The Persuasive Tobacco Control Brief:

A TOOL TO PROPEL TOBACCO CONTROL

Global Tobacco Control Branch Office on Smoking and Health

GTSS GLOBAL TOBACCO SURVEILLANCE SYSTEM

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Outline

- Before You Write a Brief
- Steps for Writing Briefs
- Developing Content: Elements of a Brief
- Examples of Briefs
- Activity

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Translating Data for Action

Surveillance and research help inform national and local tobacco prevention and control strategies and public health priorities

Moving tobacco control forward:

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MPOWER: Demand Reduction Strategies

- **M**onitor tobacco use and prevention policies
- **P**rotect people from tobacco smoke
- **O**ffer help to quit tobacco use
- **W**arn about the dangers of tobacco
- **E**nforce bans on tobacco advertising, promotion and sponsorship
- **R**aise taxes on tobacco

http://www.who.int/tobacco/mpower/en/

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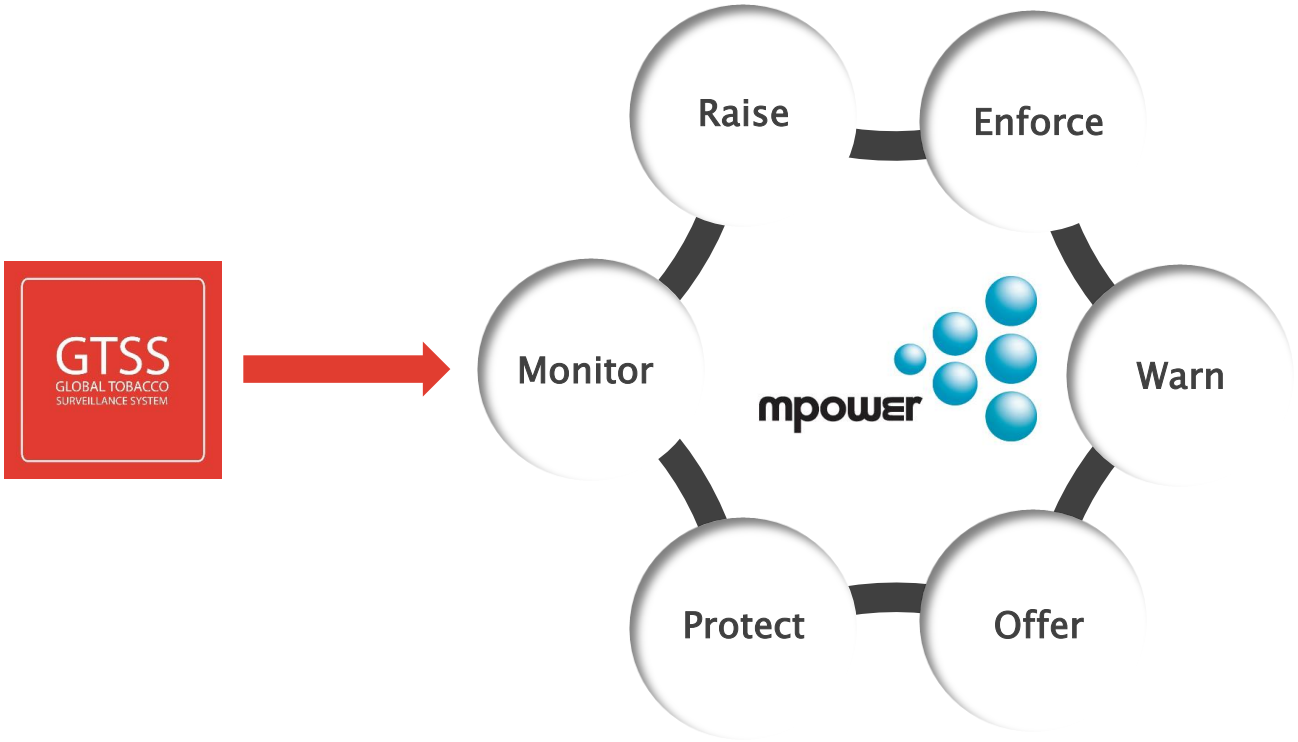
Data and Themes



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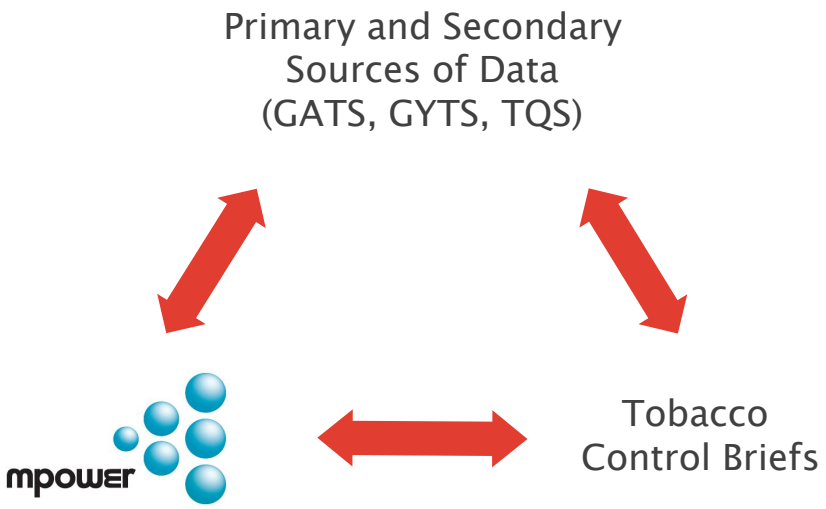

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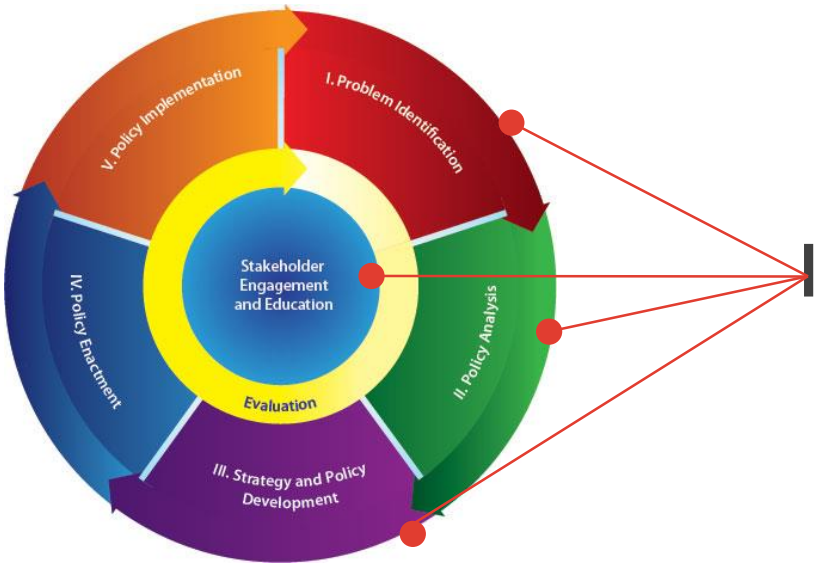

Information Briefs

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https://www.cdc.gov/policy/polaris/policy-cdc-policy-process.html

Before You Write a Brief

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A Definition of a Brief

A succinct presentation of a problem, its context, and options to address a problem

- Around 1-4 pages
- **THE PROBLEM**: A short and concise, summary of what is known about a particular issue or problem
- **THE EVIDENCE**: Evaluates options regarding the issue or problem
  - Typically for non-specialized audience
- **OPTIONS**: Provides recommendations based on available evidence

http://www.jhsph.edu/research/centers-and-institutes/womens-and-childrens-health-policy-center/de/policy_brief/index.html, https://prd-idrc.azureedge.net/sites/default/files/idrcpolicybrieftoolkit_0.pdf

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A Brief is NOT

- A technical or scientific review
- A detailed, peer-reviewed publication
- A restatement of what the target audience already knows
- A document advocating for particular action support without evidence
- A one-size fits all document

A Brief Should...

- Educate the reader on evidence-based strategies and options
- Clearly and briefly describe the options
- Analyze the impact(s) of each option
- May or may not include the selection of a particular option

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Steps for Writing Briefs

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Steps For Writing Briefs

1. Identify your audience
2. Conduct audience research
3. Determine your objective
4. Choose your template
5. Develop content
6. Include visuals that convey or support the main message

https://www.cdc.gov/policy/polaris/policy-resources-writing-briefs.html

1. Identify your Key Audience

- Define your audience
  - Potential audiences: health ministry leadership; government and nongovernment policy makers; or other stakeholders
  - General vs. Specific audience

https://www.cdc.gov/policy/polaris/policy-resources-writing-briefs.html

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1. Identify your Key Audience

GENERAL AUDIENCE

- Brief, non-technical, focus is primarily on the problem
- Indicate that the problem actually has policy options that are relevant or that previous policy interventions have not worked

SPECIFIC AUDIENCE

- Focused description of why the problem is relevant to the specific audience
- Brief, focus on the problem, but also more detail about why it is relevant to the audience
- Discount options that have not worked for this audience and focus on the recommended option in general terms

http://intranet.cdc.gov/od/adp/prado/briefingdocs/steps-for-writing-briefing-documents.pdf

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2. Conduct Audience Research

- Get to know your audience
  - What do they know? What do they need to learn?
  - What is important to them?
- Address gaps in knowledge
- If possible, test the brief with people who are similar to your target audience

https://www.cdc.gov/policy/polaris/policy-resources-writing-briefs.html

3. Determine your Objective

- Make your material contain one obvious main message
  - What you need to know
  - The main message should reflect the key takeaway from the evidence and the purpose of the brief.
- Emphasize the main message with visual cues
  - Examples: ***boldface***, color, shapes, lines and arrows, font and size, alignment, spacing, and HEADINGS

https://www.cdc.gov/policy/polaris/policy-resources-writing-briefs.html

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4. Choose the Type of Brief

	Informational	Persuasive
Definition	A summary of the evidence on a policy method, approach, or other related topic. Describes how the topic applies to policy and provides examples from the evidence if possible.	A summary of evidence--based best practices or policy options for a public health problem. Also includes background and significance of the issue and may include current status and potential next steps as relevant to the audience.
What is your objective?	To provide a research or policy audience with a summary of a policy method, approach, or other related topic.	To provide decision makers with a summary of evidence--based best practices or policy options for a public health problem.
How much do you know? What is the level of evidence on the topic?	Use to present any level of evidence on the topic.	Use when strong evidence exists on the issue's burden and significance, as well as best practices or policy options. There may be emerging evidence on the impact of policy options and the pros and cons of intervention.
How do you structure your brief?	4-6 pages (including graphs and tables)	2-4 pages (including graphs and tables)

https://www.cdc.gov/policy/polaris/policy-resources-writing-briefs.html

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5. Develop Content

- Develop content for the type of brief you want to create
- Things to remember:
  - Write clearly and impactful
  - Use active verbs
  - Avoid using jargon or technical terms
- Remember your audience
  - Define and explain terms that may be unfamiliar to audience
  - Use graphs, maps, charts, and lists strategically
  - Be thoughtful about the layout and length

https://www.cdc.gov/policy/polaris/policy-resources-writing-briefs.html

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6. Include visuals that convey or support the main message

- Make your brief visually appealing when appropriate and critical
  - Will depend on your audience
- Use simple, well-designed visuals to help people grasp information quickly
  - Examples: photographs, graphs, and infographics

https://www.cdc.gov/policy/polaris/policy-resources-writing-briefs.html

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Developing Content

Elements of a Brief

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Elements of a Brief

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Elements of a Brief

Title

- Sets the agenda
- An overview of the brief that entices readers
  - State the audience and purpose
- **Examples:**
  - "The state of tobacco use prevention and cessation in Ohio: Environmental scan and policy implications"
  - "Smoke-free Policies — Clean Indoor Air Changes Social Norms and Leads to Healthier People"

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Elements of a Brief

Brief Type

- Informational
- Persuasive

	Informational	Persuasive
Definition	A summary of the evidence on a policy method, approach, or other related topic. Describes how the topic applies to policy and provides examples from the evidence if possible.	A summary of evidence--based best practices or policy options for a public health problem. Also includes background and significance of the issue and may include current status and potential next steps as relevant to the audience.
What is your objective?	To provide a research or policy audience with a summary of a policy method, approach, or other related topic.	To provide decision makers with a summary of evidence--based best practices or policy options for a public health problem.
How much do you know? **What is the level of evidence on the topic?**	Use to present any level of evidence on the topic.	Use when strong evidence exists on the issue's burden and significance, as well as best practices or policy options. There may be emerging evidence on the impact of policy options and the pros and cons of intervention.
How do you structure your brief?	4-6 pages (including graphs and tables)	2-4 pages (including graphs and tables)

Steps for Writing Briefing Documents on file with the CDC Office of Associate Director of Policy

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Elements of a Brief

Define the Issue

- The problem of issue
- Provide background information on the importance of issue
  - Use data or statistics to assess the burden
  - (i.e. prevalence of tobacco use, extent of death, disease, disabilities, and morbidities attributable to tobacco use)
- State how the issue is relevant to audience

Steps for Writing Briefing Documents on file with the CDC Office of Associate Director of Policy

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Elements of a Brief

- Your Evidence-based option to address identified pubic health problem
- After thorough research, analysis, expert inputs, and feasibility analysis
- Consider:
  - Infrastructure
  - Personnel
  - Resources
  - Acceptability

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Elements of a Brief

Present Options to Address Issue

- Your Evidence-based options to address the defined public health problem
- Highlight benefits and opportunities

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Elements of a Brief

Present Options to Address Issue

Implications of option presented is clearly described

- **Examples:**
  - Strong education and proper signage improves compliance
  - Smoke-free laws can be designed to also prohibit all forms of tobacco use or expand to the buildings and grounds of certain venues (e.g. colleges, hospitals, etc.)
  - Permitting smoking in designated areas undermines the benefit of smoke-free environments

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Elements of a Brief

References

- List **all** your sources
  - Use peer-reviewed sources
  - Use documents and reports from government and nongovernment organizations
  - Text references may be used
- Around 5-15 references

Steps for Writing Briefing Documents on file with the CDC Office of Associate Director of Policy

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Examples of Briefs

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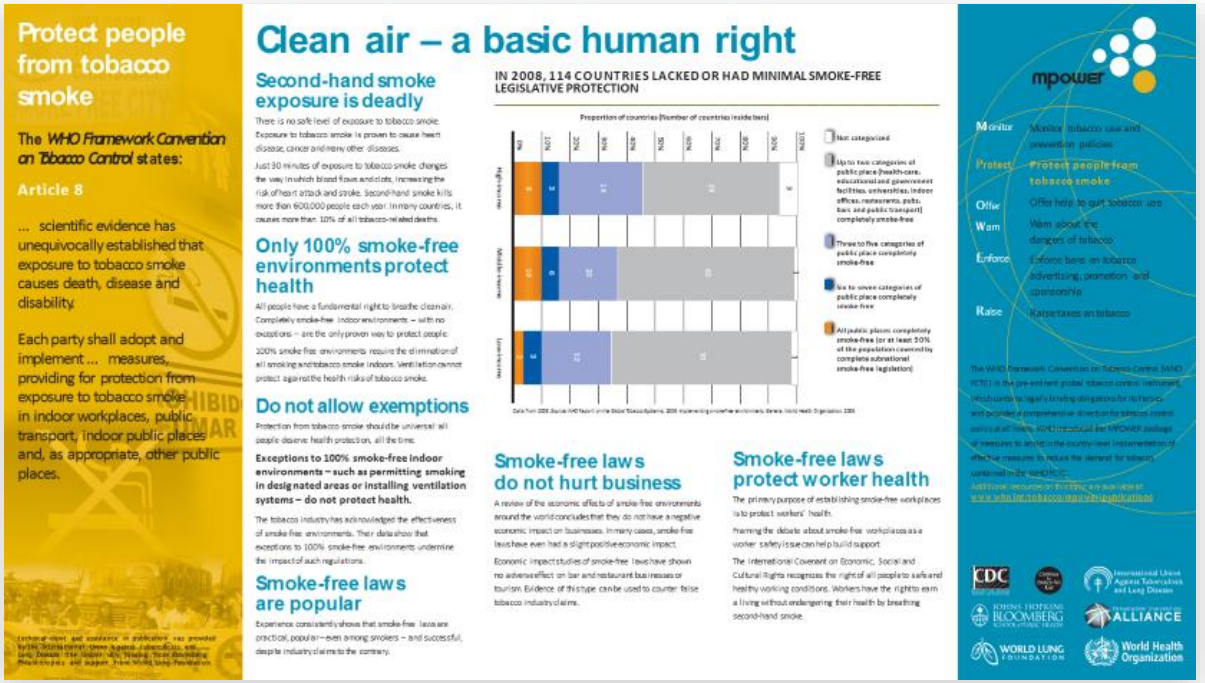
Example 1



Protect people from tobacco smoke

The *WHO Framework Convention on Tobacco Control* states:

Article 8

... scientific evidence has unequivocally established that exposure to tobacco smoke causes death, disease and disability.

Each party shall adopt and implement ... measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

Clean air – a basic human right

Second-hand smoke exposure is deadly

There is no safe level of exposure to tobacco smoke. Exposure to tobacco smoke is proven to cause heart disease, cancer and many other diseases.

Just 30 minutes of exposure to tobacco smoke changes the way in which blood flows and clots, increasing the risk of heart attack and stroke. Second-hand smoke kills more than 600,000 people each year. In many countries, it causes more than 10% of all tobacco-related deaths.

Only 100% smoke-free environments protect health

All people have a fundamental right to breathe clean air. Completely smoke-free indoor environments – with no exceptions – are the only proven way to protect people.

100% smoke-free environments require the elimination of all smoking and tobacco smoke indoors. Ventilation cannot protect against the health risks of tobacco smoke.

Do not allow exemptions

Protection from tobacco smoke should be universal: all people deserve health protection, all the time.

Exceptions to 100% smoke-free indoor environments – such as permitting smoking in designated areas or installing ventilation systems – do not protect health.

The tobacco industry has acknowledged the effectiveness of smoke-free environments. Their data show that exceptions to 100% smoke-free environments undermine the impact of such regulations.

Smoke-free laws are popular

Experience consistently shows that smoke-free laws are practical, popular – even among smokers – and successful, despite industry claims to the contrary.

IN 2008, 114 COUNTRIES LACKED OR HAD MINIMAL SMOKE-FREE LEGISLATIVE PROTECTION

Smoke-free laws do not hurt business

A review of the economic effects of smoke-free environments around the world concludes that they do not have a negative economic impact on businesses. In many cases, smoke-free laws have even had a slight positive economic impact.

Economic impact studies of smoke-free laws have shown no adverse effect on bar and restaurant businesses or tourism. Evidence of this type can be used to counter false tobacco industry claims.

Smoke-free laws protect worker health

The primary purpose of establishing smoke-free workplaces is to protect workers' health.

Framing the debate about smoke-free workplaces as a worker safety issue can help build support.

The International Covenant on Economic, Social and Cultural Rights recognizes the right of all people to safe and healthy working conditions. Workers have the right to earn a living without endangering their health by breathing second-hand smoke.

mpower

Monitor – Monitor tobacco use and prevention policies

Protect – Protect people from tobacco smoke

Offer – Offer help to quit tobacco use

Warn – Warn about the dangers of tobacco

Enforce – Enforce bans on tobacco advertising, promotion and sponsorship

Raise – Raise taxes on tobacco

The WHO Framework Convention on Tobacco Control (WHO FCTC) is the pre-eminent global tobacco control instrument. It contains the legally binding obligations for its Parties and provides a comprehensive direction for tobacco control policies at all levels. WHO introduced the MPOWER package of measures to assist in the country-level implementation of effective measures to reduce the demand for tobacco contained in the WHO FCTC.

Additional resources on this topic are available at www.who.int/tobacco/mpower/publications

CDC · International Union Against Tuberculosis and Lung Disease · Johns Hopkins Bloomberg School of Public Health · Tobacco Control Research Alliance · World Lung Foundation · World Health Organization

Source:
http://www.who.int/tobacco/mpower/publications/en_tfi_mpower_brochure_p.pdf?ua=1

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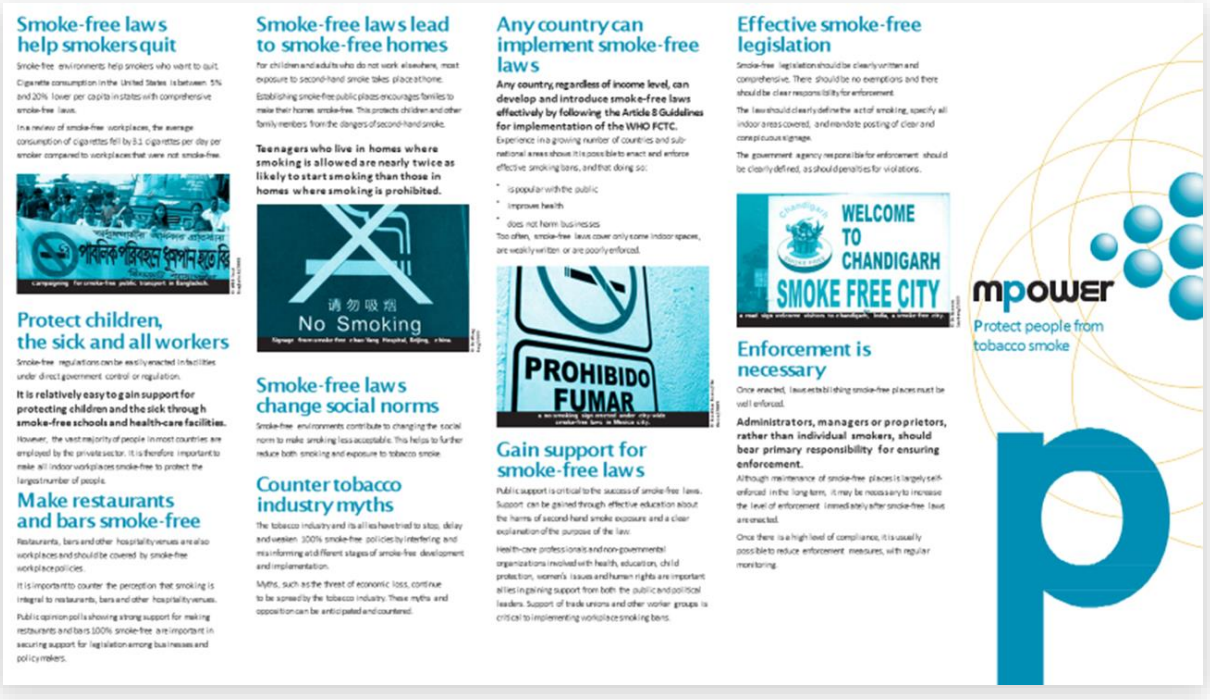
Example 1



Smoke-free laws help smokers quit

Smoke-free environments help smokers who want to quit.

Cigarette consumption in the United States is between 5% and 20% lower per capita in states with comprehensive smoke-free laws.

In a review of smoke-free workplaces, the average consumption of cigarettes fell by 3.1 cigarettes per day per smoker compared to workplaces that were not smoke-free.

Campaigning for smoke-free public transport in Bangladesh.

Protect children, the sick and all workers

Smoke-free regulations can be easily enacted in facilities under direct government control or regulation.

It is relatively easy to gain support for protecting children and the sick through smoke-free schools and health-care facilities.

However, the vast majority of people in most countries are employed by the private sector. It is therefore important to make all indoor workplaces smoke-free to protect the largest number of people.

Make restaurants and bars smoke-free

Restaurants, bars and other hospitality venues are also workplaces and should be covered by smoke-free workplace policies.

It is important to counter the perception that smoking is integral to restaurants, bars and other hospitality venues.

Public opinion polls showing strong support for making restaurants and bars 100% smoke-free are important in securing support for legislation among businesses and policy makers.

Smoke-free laws lead to smoke-free homes

For children and adults who do not work elsewhere, most exposure to second-hand smoke takes place at home.

Establishing smoke-free public places encourages families to make their homes smoke-free. This protects children and other family members from the dangers of second-hand smoke.

Teenagers who live in homes where smoking is allowed are nearly twice as likely to start smoking than those in homes where smoking is prohibited.

Signage from smoke-free Chao Yang Hospital, Beijing, China.

Smoke-free laws change social norms

Smoke-free environments contribute to changing the social norm to make smoking less acceptable. This helps to further reduce both smoking and exposure to tobacco smoke.

Counter tobacco industry myths

The tobacco industry and its allies have tried to stop, delay and weaken 100% smoke-free policies by interfering and misinforming at different stages of smoke-free development and implementation.

Myths, such as the threat of economic loss, continue to be spread by the tobacco industry. These myths and opposition can be anticipated and countered.

Any country can implement smoke-free laws

Any country, regardless of income level, can develop and introduce smoke-free laws effectively by following the Article 8 Guidelines for implementation of the WHO FCTC.

Experience in a growing number of countries and sub-national areas shows it is possible to enact and enforce effective smoking bans, and that doing so:

- is popular with the public
- improves health
- does not harm businesses

Too often, smoke-free laws cover only some indoor spaces, are weakly written or are poorly enforced.

Gain support for smoke-free laws

Public support is critical to the success of smoke-free laws. Support can be gained through effective education about the harms of second-hand smoke exposure and a clear explanation of the purpose of the law.

Health-care professionals and non-governmental organizations involved with health, education, child protection, women's issues and human rights are important allies in gaining support from both the public and political leaders. Support of trade unions and other worker groups is critical to implementing workplace smoking bans.

Effective smoke-free legislation

Smoke-free legislation should be clearly written and comprehensive. There should be no exemptions and there should be clear responsibility for enforcement.

The law should clearly define the act of smoking, specify all indoor areas covered, and mandate posting of clear and conspicuous signage.

The government agency responsible for enforcement should be clearly defined, as should penalties for violations.

A road sign welcome visitors to Chandigarh, India, a smoke-free city.

Enforcement is necessary

Once enacted, laws establishing smoke-free places must be well enforced.

Administrators, managers or proprietors, rather than individual smokers, should bear primary responsibility for ensuring enforcement.

Although maintenance of smoke-free places is largely self-enforced in the long term, it may be necessary to increase the level of enforcement immediately after smoke-free laws are enacted.

Once there is a high level of compliance, it is usually possible to reduce enforcement measures, with regular monitoring.

mpower

Protect people from tobacco smoke

Source: http://www.who.int/tobacco/mpower/publications/en_tfi_mpower_brochure_p.pdf?ua=1

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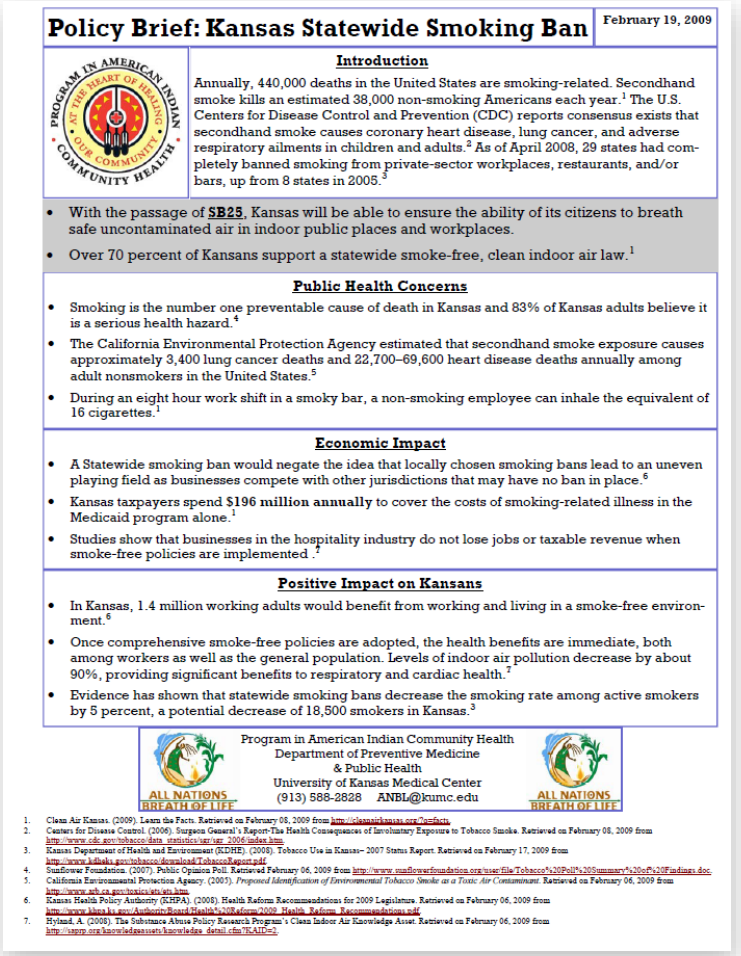
Example 2

One page policy brief



Policy Brief: Kansas Statewide Smoking Ban

February 19, 2009

Introduction

Annually, 440,000 deaths in the United States are smoking-related. Secondhand smoke kills an estimated 38,000 non-smoking Americans each year.[1] The U.S. Centers for Disease Control and Prevention (CDC) reports consensus exists that secondhand smoke causes coronary heart disease, lung cancer, and adverse respiratory ailments in children and adults.[2] As of April 2008, 29 states had completely banned smoking from private-sector workplaces, restaurants, and/or bars, up from 8 states in 2005.[3]

- With the passage of **SB25**, Kansas will be able to ensure the ability of its citizens to breath safe uncontaminated air in indoor public places and workplaces.
- Over 70 percent of Kansans support a statewide smoke-free, clean indoor air law.[1]

Public Health Concerns

- Smoking is the number one preventable cause of death in Kansas and 83% of Kansas adults believe it is a serious health hazard.[4]
- The California Environmental Protection Agency estimated that secondhand smoke exposure causes approximately 3,400 lung cancer deaths and 22,700–69,600 heart disease deaths annually among adult nonsmokers in the United States.[5]
- During an eight hour work shift in a smoky bar, a non-smoking employee can inhale the equivalent of 16 cigarettes.[1]

Economic Impact

- A Statewide smoking ban would negate the idea that locally chosen smoking bans lead to an uneven playing field as businesses compete with other jurisdictions that may have no ban in place.[6]
- Kansas taxpayers spend **$196 million annually** to cover the costs of smoking-related illness in the Medicaid program alone.[1]
- Studies show that businesses in the hospitality industry do not lose jobs or taxable revenue when smoke-free policies are implemented .[7]

Positive Impact on Kansans

- In Kansas, 1.4 million working adults would benefit from working and living in a smoke-free environment.[6]
- Once comprehensive smoke-free policies are adopted, the health benefits are immediate, both among workers as well as the general population. Levels of indoor air pollution decrease by about 90%, providing significant benefits to respiratory and cardiac health.[7]
- Evidence has shown that statewide smoking bans decrease the smoking rate among active smokers by 5 percent, a potential decrease of 18,500 smokers in Kansas.[3]

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1. Clean Air Kansas. (2009). Learn the Facts. Retrieved on February 08, 2009 from http://cleanairkansas.org/factfacts.
2. Centers for Disease Control. (2006). Surgeon General's Report-The Health Consequences of Involuntary Exposure to Tobacco Smoke. Retrieved on February 08, 2009 from http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_2006/index.htm.
3. Kansas Department of Health and Environment (KDHE). (2008). Tobacco Use in Kansas– 2007 Status Report. Retrieved on February 17, 2009 from http://www.kdheks.gov/tobacco/download/TobaccoReport.pdf.
4. Sunflower Foundation. (2007). Public Opinion Poll. Retrieved February 06, 2009 from http://www.sunflowerfoundation.org/user/file/Tobacco%20Poll%20Summary%20of%20Findings.doc.
5. California Environmental Protection Agency. (2005). *Proposed Identification of Environmental Tobacco Smoke as a Toxic Air Contaminant*. Retrieved on February 06, 2009 from http://www.arb.ca.gov/toxics/ets/ets.htm.
6. Kansas Health Policy Authority (KHPA). (2008). Health Reform Recommendations for 2009 Legislature. Retrieved on February 06, 2009 from http://www.khpa.ks.gov/Authority/Board/Health%20Reform/2009_Health_Reform_Recommendations.pdf.
7. Hyland, A. (2008). The Substance Abuse Policy Research Program's Clean Indoor Air Knowledge Asset. Retrieved on February 06, 2009 from http://saprp.org/knowledgeassets/knowledge_detail.cfm?KAID=2.

Source:
https://melindaklewis.files.wordpress.com/2009/06/brokenleg_policy_brief.pdf

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Example 3

Two-page policy brief

SCIENCE-IN-BRIEF

TURNING SCIENCE INTO ACTION

Nonsmokers' Exposure to Secondhand Smoke

The following is a synopsis of "Vital signs: Nonsmokers' exposure to secondhand smoke—United States, 1999–2008," published in the September 10, 2010, issue of *Morbidity and Mortality Weekly Report*.

What is already known on this topic?

Secondhand exposure to tobacco smoke causes heart disease and lung cancer in nonsmoking adults. Secondhand smoke also can cause sudden infant death syndrome, acute respiratory infections, middle ear disease, exacerbated asthma, respiratory symptoms, and decreased lung function in children. No risk-free level of secondhand smoke exposure exists. Levels of secondhand smoke exposure among U.S. nonsmokers have fallen substantially during the past 20 years; however, millions of nonsmokers remain exposed to secondhand smoke in homes, workplaces, public places, and vehicles.

What is added by this article?

Using data from the National Health and Nutrition Examination Survey (NHANES) from 1999 to 2008, this report describes recent trends in secondhand smoke exposure among nonsmokers by analyzing levels of nicotine in the blood. Despite a decrease in overall exposure to secondhand smoke, approximately 88 million American nonsmokers older than 3 years of age were exposed to secondhand smoke from 2007 to 2008. Of these, 32 million (36%) were younger than 19 years old. This finding shows that children are more likely than nonsmoking adults to live with someone who smokes inside the home and are more likely to be exposed to secondhand smoke.

What are the implications for public health practice?

Breathing secondhand smoke increases a person's risk for heart attack and other heart conditions. Even brief exposure to secondhand smoke can trigger a heart attack. Because of the increased risks of coronary heart disease morbidity and mortality among men and women exposed to secondhand smoke, protecting nonsmokers is essential.

Although this study indicates that secondhand smoke exposure in the United States has decreased during the past two decades, continued efforts are needed to further reduce exposure. This decline is attributable to a number of factors, including decreased smoking prevalence, increases in local and state laws prohibiting smoking in indoor worksites and public places, increases in voluntary smoking restrictions in workplaces and homes, and changes in public attitudes regarding social acceptability of smoking near nonsmokers and children.

What are the suggestions for policy change?

Tobacco control policy can drive social, environmental, and systems changes, and it has a substantially greater impact than interventions targeting individuals. A policy approach engages the larger community and empowers it to establish healthy social norms. The suggested policy changes to protect nonsmokers are:

- Eliminate smoking in indoor spaces, including workplaces, public places (e.g., restaurants and bars), and private places (e.g., homes and vehicles) through smoke-free laws and policies.
- Reduce tobacco use by making tobacco products less accessible, affordable, desirable, and accepted.
- When contracting services for conferences or meetings, only use vendors and sites that have smoke-free policies in place.
- Consider the World Health Organization's **MPOWER** strategies in efforts to prevent and control tobacco use.

Monitor tobacco use and prevention policies
Protect people from tobacco smoke
Offer help to quit
Warn about the dangers of tobacco use
Enforce bans on tobacco advertising
Raise taxes on tobacco

Resources

Environmental Protection Agency
Smoke Free Homes and Cars Program
http://www.epa.gov/smokefree

U.S. Department of Health and Human Services
Communities Putting Prevention to Work Initiative
http://www.hhs.gov/recovery/programs/cppw/factsheet.html

Institute of Medicine
Secondhand Smoke Exposure and Cardiovascular Effects
http://www.cdc.gov/tobacco/basic_information/health_effects/heart_disease/iom_report

Citations

Centers for Disease Control and Prevention. Vital signs: Nonsmokers' exposure to secondhand smoke—United States, 1999-2008. MMWR. 2010 Sept 10;59(35):1141–6.

Wsotzky M, Albuquerque M, Pechacek T, Park B. The National Tobacco Control Program: Focusing on policy to broaden impact. Public Health Reports. 2004;119:303–10.

National Center for Chronic Disease Prevention and Health Promotion
Division for Heart Disease and Stroke Prevention

For more information please contact Centers for Disease Control and Prevention
1600 Clifton Road NE, Atlanta, GA 30333
Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov **Web:** www.cdc.gov

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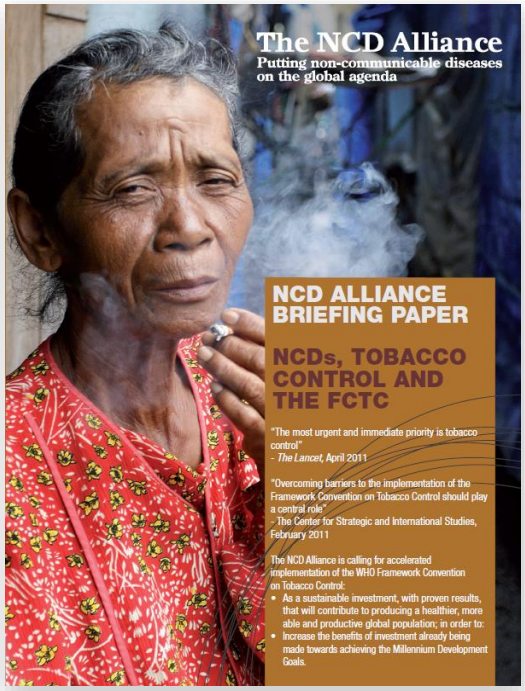
Source: https://www.cdc.gov/dhdsp/pubs/docs/sib_feb2011.pdf

Example 4

Four-page policy brief



Source:
http://www.fctc.org/images/stories/NCDs_tobacco_brief_June11.pdf

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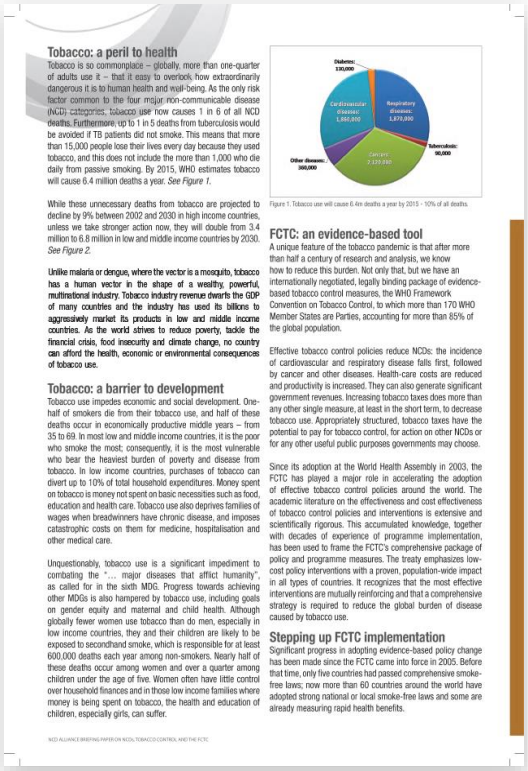
Example 4

Four-page policy brief



Tobacco: a peril to health

Tobacco is so commonplace – globally, more than one-quarter of adults use it – that it easy to overlook how extraordinarily dangerous it is to human health and well-being. As the only risk factor common to the four major non-communicable disease (NCD) categories, tobacco use now causes 1 in 6 of all NCD deaths. Furthermore up to 1 in 5 deaths from tuberculosis would be avoided if TB patients did not smoke. This means that more than 15,000 people lose their lives every day because they used tobacco, and this does not include the more than 1,000 who die daily from passive smoking. By 2015, WHO estimates tobacco will cause 6.4 million deaths a year. *See Figure 1.*

While these unnecessary deaths from tobacco are projected to decline by 9% between 2002 and 2030 in high income countries, unless we take stronger action now, they will double from 3.4 million to 6.8 million in low and middle income countries by 2030. *See Figure 2.*

Unlike malaria or dengue, where the vector is a mosquito, tobacco has a human vector in the shape of a wealthy, powerful, multinational industry. Tobacco industry revenue dwarfs the GDP of many countries and the industry has used its billions to aggressively market its products in low and middle income countries. As the world strives to reduce poverty, tackle the financial crisis, food insecurity and climate change, no country can afford the health, economic or environmental consequences of tobacco use.

Tobacco: a barrier to development

Tobacco use impedes economic and social development. One-half of smokers die from their tobacco use, and half of these deaths occur in economically productive middle years – from 35 to 69. In most low and middle income countries, it is the poor who smoke the most; consequently, it is the most vulnerable who bear the heaviest burden of poverty and disease from tobacco. In low income countries, purchases of tobacco can divert up to 10% of total household expenditures. Money spent on tobacco is money not spent on basic necessities such as food, education and health care. Tobacco use also deprives families of wages when breadwinners have chronic disease, and imposes catastrophic costs on them for medicine, hospitalisation and other medical care.

Unquestionably, tobacco use is a significant impediment to combating the "… major diseases that afflict humanity", as called for in the sixth MDG. Progress towards achieving other MDGs is also hampered by tobacco use, including goals on gender equity and maternal and child health. Although globally fewer women use tobacco than do men, especially in low income countries, they and their children are likely to be exposed to secondhand smoke, which is responsible for at least 600,000 deaths each year among non-smokers. Nearly half of these deaths occur among women and over a quarter among children under the age of five. Women often have little control over household finances and in those low income families where money is being spent on tobacco, the health and education of children, especially girls, can suffer.

Figure 1. Tobacco use will cause 6.4m deaths a year by 2015 – 10% of all deaths.

FCTC: an evidence-based tool

A unique feature of the tobacco pandemic is that after more than half a century of research and analysis, we know how to reduce this burden. Not only that, but we have an internationally negotiated, legally binding package of evidence-based tobacco control measures, the WHO Framework Convention on Tobacco Control, to which more than 170 WHO Member States are Parties, accounting for more than 85% of the global population.

Effective tobacco control policies reduce NCDs: the incidence of cardiovascular and respiratory disease falls first, followed by cancer and other diseases. Health-care costs are reduced and productivity is increased. They can also generate significant government revenues. Increasing tobacco taxes does more than any other single measure, at least in the short term, to decrease tobacco use. Appropriately structured, tobacco taxes have the potential to pay for tobacco control, for action on other NCDs or for any other useful public purposes governments may choose.

Since its adoption at the World Health Assembly in 2003, the FCTC has played a major role in accelerating the adoption of effective tobacco control policies around the world. The academic literature on the effectiveness and cost effectiveness of tobacco control policies and interventions is extensive and scientifically rigorous. This accumulated knowledge, together with decades of experience of programme implementation, has been used to frame the FCTC's comprehensive package of policy and programme measures. The treaty emphasizes low-cost policy interventions with a proven, population-wide impact in all types of countries. It recognizes that the most effective interventions are mutually reinforcing and that a comprehensive strategy is required to reduce the global burden of disease caused by tobacco use.

Stepping up FCTC implementation

Significant progress in adopting evidence-based policy change has been made since the FCTC came into force in 2005. Before that time, only five countries had passed comprehensive smoke-free laws; now more than 60 countries around the world have adopted strong national or local smoke-free laws and some are already measuring rapid health benefits.

Figure 3. Countries/jurisdictions requiring picture warnings on cigarette packages.
Source: www.tobaccolabels.ca

"Global tobacco control can and should be the lead engine"

That is the conclusion of one of the world's pre-eminent public policy institutions, the Center for Strategic and International Studies, in its analysis of the potential of the UN High-level Meeting on NCDs (19-20 September 2011) to elevate NCDs onto the global stage. Many of the world's most knowledgeable scientists, key non-governmental organisations, and public health workers in low, middle and high income countries are already engaged in marshalling the data and proposing priority actions to make immediate and sustainable progress.

The Conference of the Parties, the governing body of the FCTC, highlighted the NCD Summit at its most recent meeting and called for the international community to accelerate FCTC implementation and mobilize additional development assistance to curb tobacco consumption.

As *The Lancet* has pointed out, the progress made on living standards in the last century are now "threatened by crises of our own creation". In the face of considerable global challenges on climate change, finance and food insecurity, we cannot fail to act to address a crisis we have the knowledge and tools to deal with – the crisis of NCDs.

WHAT IS NEEDED? A COMMITMENT TO:

At a global level

- Set a short-term global target, such as a 20% reduction in prevalence of tobacco use by 2016. This should be accompanied by ambitious but achievable national/regional targets, and the global target should be revised regularly
- Increase global spending on tobacco control, and in particular on FCTC implementation, to a specific target to be agreed between Member States
- Integrate FCTC implementation into the development assistance programmes and planning of UN, bilateral and multilateral development agencies
- Include tobacco control indicators in any successors to the Millennium Development Goals
- Encourage countries that have not yet done so to ratify the FCTC
- Protect public health policy from the vested interests of the tobacco industry.

At a national level

- Bring relevant government departments together with a strong political mandate to accelerate implementation of the FCTC
- Commit to raising tobacco excise taxes annually so that consumption declines
- Develop a national strategy to achieve ongoing and substantial consumption reductions from tobacco tax increases
- Integrate tobacco control into all relevant national plans for health, development and poverty reduction
- Identify resource and technical capacity needs for effective implementation
- Protect public health policy from the vested interests of the tobacco industry.

This policy brief was completed for the NCD Alliance by the FCTC working group, convened by the Framework Convention Alliance.
For a fully referenced version of this paper, visit, www.ncdalliance.org/tobacco or www.fctc.org

International Diabetes Federation · International Union Against Tuberculosis and Lung Disease · UICC global cancer control · World Heart Federation · Framework Convention Alliance

Front photo credit: World Lung Foundation

Source: http://www.fctc.org/images/stories/NCDs_tobacco_brief_June11.pdf

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DATA to ACTION

Activity

Identifying the Elements of a Brief

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Activity: Identifying the Elements of a Brief

DIRECTIONS: Identify each element within the brief example, *"Cleaner Air and Healthier Lives in Starland — Extinguishing the tobacco epidemic with smoke-free policies"*

The elements of a brief:

- **Title**
  - Set the agenda
- **Brief Type**
  - Is the brief Informational or persuasive?
- **Define the Issue**
  - What issue is being addressed? What is their main message?
- **Identify Evidence-based Strategies**
  - What evidence is provided to support the policy option?
- **Present Options to Address Issue**
  - What is the recommendation / option being offered?
- **References**

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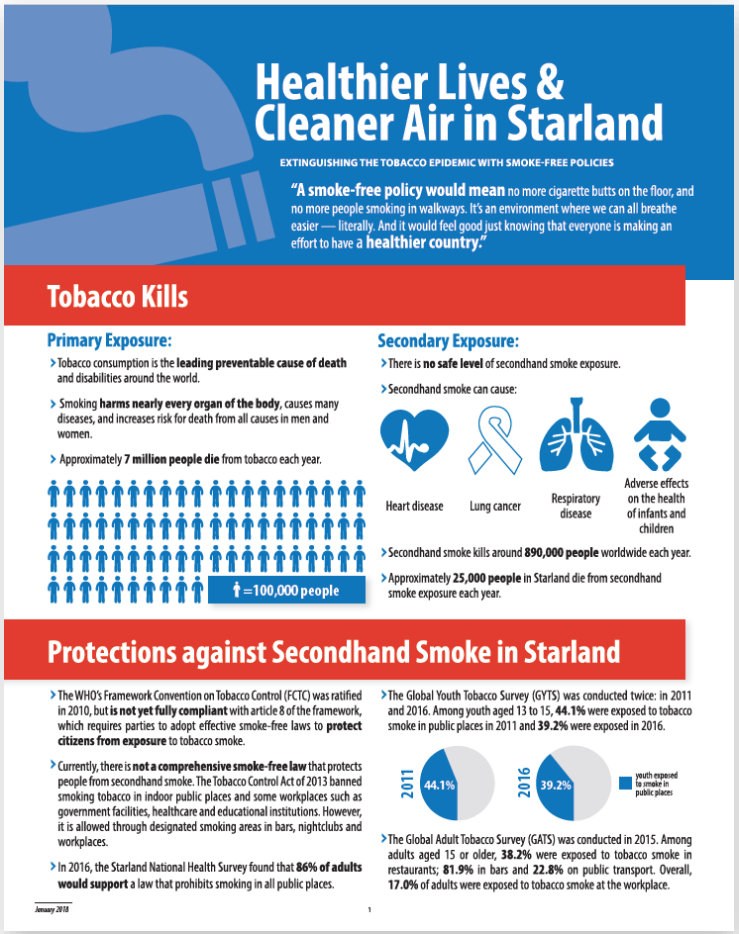
Hypothetical example:
No not quote or distribute

Title ▶

Define the Issue ▶



Healthier Lives & Cleaner Air in Starland

EXTINGUISHING THE TOBACCO EPIDEMIC WITH SMOKE-FREE POLICIES

"**A smoke-free policy would mean** no more cigarette butts on the floor, and no more people smoking in walkways. It's an environment where we can all breathe easier — literally. And it would feel good just knowing that everyone is making an effort to have a **healthier country.**"

Tobacco Kills

Primary Exposure:

- Tobacco consumption is the **leading preventable cause of death** and disabilities around the world.
- Smoking **harms nearly every organ of the body**, causes many diseases, and increases risk for death from all causes in men and women.
- Approximately **7 million people die** from tobacco each year.

Secondary Exposure:

- There is **no safe level** of secondhand smoke exposure.
- Secondhand smoke can cause:

- Secondhand smoke kills around **890,000 people** worldwide each year.
- Approximately **25,000 people** in Starland die from secondhand smoke exposure each year.

Protections against Secondhand Smoke in Starland

- The WHO's Framework Convention on Tobacco Control (FCTC) was ratified in 2010, but **is not yet fully compliant** with article 8 of the framework, which requires parties to adopt effective smoke-free laws to **protect citizens from exposure** to tobacco smoke.
- Currently, there is **not a comprehensive smoke-free law** that protects people from secondhand smoke. The Tobacco Control Act of 2013 banned smoking tobacco in indoor public places and some workplaces such as government facilities, healthcare and educational institutions. However, it is allowed through designated smoking areas in bars, nightclubs and workplaces.
- In 2016, the Starland National Health Survey found that **86% of adults would support** a law that prohibits smoking in all public places.
- The Global Youth Tobacco Survey (GYTS) was conducted twice: in 2011 and 2016. Among youth aged 13 to 15, **44.1%** were exposed to tobacco smoke in public places in 2011 and **39.2%** were exposed in 2016.

- The Global Adult Tobacco Survey (GATS) was conducted in 2015. Among adults aged 15 or older, **38.2%** were exposed to tobacco smoke in restaurants; **81.9%** in bars and **22.8%** on public transport. Overall, **17.0%** of adults were exposed to tobacco smoke at the workplace.

◀ Lead with a short statement

◀ Problem or issue clearly identified

◀ Provides background information

Hypothetical example:
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Identify Evidence–based Strategies

Identify Evidence–based Strategies

Smoke-free air for healthier people

- Evidence-based tobacco prevention and control activities, such as **smoke free policies**, have shown to reduce the number of people that smoke and **protect the public** from the negative health consequences of breathing secondhand smoke.
- 100% smoke-free policies are the **ONLY** effective way to protect nonsmokers from secondhand smoke.
- Smoke-free air laws decrease exposure to secondhand smoke, and increase the chances and ability for smokers to quit.
- Studies have shown that workplace smoking bans and restrictions can reduce the amount of daily smoking among workers and **increase the number of employees who stop smoking**.
- Studies have also shown that challenging the perception of smoking as a normal adult behavior through smoke-free policies can **change the attitudes and behaviors of adolescents**. This can result in reducing the number of adolescents who start smoking.

Beware of the Tobacco Industry Myths

MYTH	REALITY
The tobacco industry often asserts that smoke-free laws are unpopular and that most people will not want them.	Smoke-free laws are extremely popular among the public, and they become even more popular after they are enacted.
The tobacco Industry argues that legislation is not needed and that a voluntary policy will work instead.	Voluntary smoke-free policies been shown to be ineffective and do not provide adequate protection. In order to be effective, legislation should be simple, clear and enforceable.
The tobacco Industry asserts that ventilation and designated smoking rooms for smokers provide adequate protection from secondhand smoke.	Ventilation systems and designated smoking rooms do not provide effective protection to the public and workers from the deadly effects of secondhand smoke.
The tobacco industry frequently highlights the employment and income implications of smoke-free policies for public places like restaurants and bars, claiming that smoke-free laws have adverse economic impact.	The evidence suggests that smoke-free laws have no impact or positive impact on sales and employment in restaurants and bars, and therefore rejects the tobacco industry claim that smoke-free policies have an adverse economic impact.

Evidence for best practices

Evidence for best practices

Hypothetical example:
No not quote or distribute

Identify Evidence-based Strategies

CROSS-COUNTRY RESEARCH FINDINGS

Argentina
- In Buenos Aires, a smoke-free law led to a 7-10% increase in sales at bars and restaurants

Kenya
- 95% of adults supported government efforts to prohibit smoking in all enclosed public places and workplaces

Scotland
- One year after their 2006 smoke-free law was enacted, a biomarker for secondhand smoke exposure decreased by 89% among nonsmoking bar workers.

Mexico
- After the Mexico City's 2008 smoke-free law, there was no negative impact on revenues, wages and employment in restaurants, nightclubs, bars or taverns, and revenue increased for restaurants overall

Uruguay
- 8 out of 10 supported the smoke-free law, including nearly two-thirds of the country's smokers
- After the implementation of their national smoke-free law, the air nicotine concentration decreased by 91% among public places tested. *(Schools, hospitals, government buildings, airports, restaurants, and bars)*

KEYS TO EFFECTIVE AND EFFICIENT SMOKE-FREE LAWS

1 Include Smoke-free Laws as Part of a Comprehensive Strategy to Reduce Tobacco Use

A comprehensive strategy for tobacco control is helpful in reducing tobacco use and second hand smoke.

Strategies can include:
- Reduce tobacco marketing by making tobacco products less accessible, affordable and desirable
- Include a comprehensive cessation program for people that want to quit

2 Ensure Communication and Awareness
- Inform, consult and involve the public to ensure support and smooth implementation
- Raise awareness among the public and opinion leaders
- Focus on harms of second hand smoke exposure through public campaigns and education

3 Implement and Enforce
- Clearly define legal responsibilities for both parties, business owners and individuals
- An education campaign leading up to implementation is helpful
- Post clear signs
- Remove ashtrays
- Supervise and train staff
- Where possible, the use of inspectors at a local level is recommended

4 Monitor and Evaluate
- Document successes
- Identify efforts by tobacco industry to undermine efforts

SMOKE-FREE LEGISLATION TO REDUCE EXPOSURE TO SECONDHAND SMOKE

Comprehensive smoke-free air laws prohibit smoking in all enclosed public places, including workplaces, restaurants and bars, and private clubs. Comprehensive smoke-free air laws do not allow smoking in attached areas or separately ventilated rooms and do not have size exemptions or include an employee number exemption greater than one.

If Starland implements 100% smoke-free air laws, thousands of lives can be saved from death and disease.

January 2018 3

Present Options to Address the Issue

Evidence from best practices

Implication clearly described

Hypothetical example:
No not quote or distribute

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