

# 7.7

## Community Interventions: Protecting the Youth from Tobacco

In 1996, Peto *et al.* estimated that unless current trends changed, some 30%–40% of the 2.3 billion children and teenagers in the world would become smokers in early adult life. Unless action is taken now, about 250 million of these future smokers will be killed by smoking.<sup>105</sup>

It is estimated that, as in other developing countries, the most susceptible time for initiation of tobacco use in India is during adolescence and early adulthood, i.e. in the age group of 15–24 years. The majority of users start using tobacco before the age of 18 years, while some even start as young as 10 years. It is estimated that 5500 adolescents start using tobacco every day in India, joining the 4 million people under the age of 15 years who already use tobacco regularly.<sup>106</sup> This early age of initiation points to an urgent need to plan effective interventions for this vulnerable age group.

The Government of India has been actively working towards enforcing legislations to prevent young people from having any access to tobacco. The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 enforced from 1 May 2004 has provisions to protect the youth in India. The Act prohibits the sale of tobacco products to minors as well as within 100 yards of any educational institution.

One of the major goals of any tobacco control effort is to prevent people from starting or experimenting with tobacco. The target group

should be the youth who are primarily non-users and are vulnerable as the industry especially targets them.

### Issues involved

#### Availability

The youth start using tobacco even before they can understand its consequences, and the fact that tobacco is addictive prevents them from quitting when they become aware of its harmful effects later in life. One of the goals of any tobacco control policy should be to ensure that tobacco products are neither available by direct sale nor accessible through other sources to youth.

#### Ban on sale to minors

Article 16 of the FCTC mentions about banning sale to minors. The existing literature provides mixed evidence on the effects of banning sale to minors in reducing tobacco use among youth.

Wassermann *et al.* studied the impact of state laws that restricted the sale or distribution of cigarettes to minors. They found that although these laws reduced the teenager's probability of taking to smoking, it did not affect the average consumption by young smokers. They attributed the latter to the weak enforcement of these laws and vendors' poor compliance with the law.<sup>107</sup> A study by Jones *et al.* showed that enforcement of youth access laws led to a decrease in minors purchasing in stores but there was a significant increase in giving someone else money (social source) to buy cigarettes for them.<sup>108</sup>

There have been different viewpoints opposing the ban on sale to minors. It has been commented that youth access programmes which prevent the sale of cigarettes to teenagers are ineffective and a drain on limited resources. It has also been expressed that such bans are counterproductive because they reinforce the tobacco industry's 'smoking is a way to look adult' message.<sup>109</sup>

### Non-availability of tobacco products around educational institutions

To restrict free availability of tobacco products to minors, one easy strategy is to ensure that tobacco products are not sold near educational institutions.

### Increasing prices through taxation

One of the mechanisms to raise tobacco prices is taxation. A fundamental principle related to taxation is that taxes which generate substantial revenues while minimizing welfare losses associated with the higher prices resulting from the taxes, are preferable to those that result in higher welfare losses. In the short run the demand for tobacco products is relatively inelastic. Thus, an increase in tobacco taxes, although leading to reduction in use, will lead to significant increases in revenue.<sup>110</sup> Increasing prices through tax increases is the single most effective intervention to reduce tobacco demand. It has been seen that a 10% price rise will lead to a 4% reduction in demand (price elasticity of  $-0.4$ ) in high-income countries, and 8% reduction in low- and middle-income countries (price elasticity of  $-0.8$ ). It has been seen that young people, people belonging to a low socioeconomic group and less educated people are more price responsive.<sup>111</sup> It has been estimated that tax increase which would increase the real price of cigarettes by 10% worldwide will lead to 42 million smokers of the 1995 cohort quitting and would prevent 10 million premature tobacco-related deaths among them.<sup>111</sup> In a study in the USA, it was seen that increasing the price of cigarettes increases the number of young adults who quit smoking. The average price elasticity of cessation was  $-0.35$ , i.e. a 10% increase in price will lead to 3.5% reduction in demand.<sup>112</sup>

Increases in the price of cigarettes will decrease the prevalence of smoking and the number of cigarettes smoked both by the youth and adults. Lower-income and minority smokers were more likely than other smokers to be encouraged to quit in response to a price increase and would thus obtain health benefits attributable to quitting.<sup>113</sup>

The change in smoking behaviour is most dramatic among the youth exposed to the largest price increases, suggesting a sustained impact of higher price on cigarette consumption. Large cigarette tax increases would result in both substantially higher quitting rates and a considerable drop in smoking intensity.<sup>114</sup>

### Gender difference

Young men are much more responsive to changes in the price of cigarettes than young women. The price elasticity for young men is almost twice as large as that for young women.<sup>115</sup>

### Restricting access through regulating packaging sizes

Ensuring that cigarettes and *beedis* be sold only in bigger packs of twenties or more will restrict purchase by the youth who have limited resources to buy these products. Similarly, chewable tobacco (such as *gutka*, *khaini*, etc.) is

#### Box 7.10 Tobacco tax policy

A good tobacco tax policy will seek to do the following:<sup>116</sup>

1. Raise the price of tobacco products substantially. To maximize impact, each tax increase should increase consumer prices by at least 20%.
2. Ensure that tax levels are not eroded by inflation. In some countries, for example, in Australia and New Zealand, tax rates are increased regularly in line with increases in consumer prices. Tobacco taxes should be increased frequently and should account for the rise in disposable incomes.
3. Prevent loopholes that would direct consumers to switch to cheaper tobacco products. This entails that there be no price differentiation between various forms of tobacco products.
4. Link the tobacco tax policies to overall tobacco control policies to highlight the health basis to the tax, i.e. to show the health benefits in terms of reduced consumption and the fact that the revenue generated can be used for promoting health. Tobacco taxes should not only be a mechanism for revenue generation but can also be used for tobacco control measures, such as spreading health awareness among youth and adults, and providing tobacco cessation strategies such as nicotine replacement therapy (NRT).
5. Take measures that will prevent the smuggling of tobacco products.

currently available in sachets, which make these products available at a very low cost. It is important that the packaging sizes of all tobacco products be regulated in India. Increasing the sizes of tobacco product packages would ensure that the cost is high enough to make it less affordable for the youth, who are tempted to experiment with these tobacco products due to their small packaging size which makes the product easily accessible to them for purchase and concealment.

### Awareness and advocacy

It has been well established that awareness and advocacy related to tobacco avoidance and control prevents or reduces tobacco use among youth.<sup>117–119</sup> In India, it has been seen that students in whom school-based interventions were carried out were less likely to receive offers, experiment with or intend to use tobacco.<sup>117</sup> Among regular smokers, it was found that those who were engaged in anti-tobacco advocacy were more likely to reduce their own use. The decrease was sustained even after six months. The goal of the advocacy programme was to increase the student's awareness of the factors in the school and community environment that promote cigarette use.<sup>118</sup>

A well-designed public education campaign that is integrated with community- and school-based programmes, strong enforcement efforts, and help for smokers who want to quit, can successfully counter tobacco industry marketing. Such integrated programmes have been demonstrated to lower smoking among young people by as much as 40%.<sup>119</sup> A 15-year follow-up study as part of the North Karelia Youth Project showed that the reduction in tobacco use produced by a mass media intervention combined with a school- and community-based education programme lasts over time. The mean lifetime cigarette consumption was 22% lower among programme subjects than among control subjects.<sup>119</sup>

The Massachusetts Tobacco Control Campaign, which has a sizeable public education

component, has been effective in increasing public perception of the harms of cigarette smoking, and is associated with a substantial decline in cigarette consumption. A 1997 independent evaluation of the Massachusetts campaign found that tobacco consumption dropped by 31% from 1992 to the first half of 1997—more than triple the rate of decline observed for the rest of the nation.<sup>119</sup>

In its early years, the California Tobacco Control Programme produced a 10%–13% long term decline in cigarette consumption, with about a fifth of the decline caused by the media campaign alone. A study found that the California anti-tobacco media campaign reduced sales of cigarettes by 232 million packs between the third quarter of 1990 and the fourth quarter of 1992.<sup>119</sup> A 1995 study of California's anti-smoking programme found that anti-smoking media campaigns are an effective way of reducing cigarette consumption, and noted that higher funding levels produced more powerful results.<sup>119</sup>

A 1994 study determined that anti-smoking advertising decreased smoking beyond the effects of school-based interventions. Students who were exposed to the media plus school interventions were found to be at lower risk for smoking than those only receiving school interventions.<sup>119</sup> A 1992 study found that a five-year intervention involving a media campaign, community programmes, and school-based instruction resulted in significantly lower smoking rates. At the end of high school, just 14.6% of students in the intervention community were weekly smokers, compared to 24.1% of those in the control community.<sup>119</sup> A 1997 study found that, in terms of cost per years of life gained, mass media and education campaigns are currently among the most cost-effective methods available to prevent or reduce tobacco use.<sup>119</sup>

Researchers have mixed views on the success of awareness programmes among the youth. Though some programmes have shown a positive impact on increasing knowledge, positively altered attitudes of youth and reduced tobacco use among them, there have been a few

unsuccessful school health programmes that failed to demonstrate a positive impact.

An opposite effect was seen in a school-based programme in Montreal, where it was seen that children exposed to the programme were more likely to initiate and continue smoking than children in the control group. The reason for this was inadequate attention in programme development to the diverse cultural origins of the population targeted.<sup>120</sup> Cultural differences play an important role in comparing school health programmes globally. The strategies and channels of intervention delivery are the most crucial elements to be taken into account. In a country such as India, involving teachers in intervention delivery has proven to be very effective as teachers' viewpoints are given the highest priority by the youth when they are in school. This may not necessarily be true in other countries, especially in the West.

### Comprehensive ban on advertisements and counter-advertising

A comprehensive ban includes a ban on advertisements of tobacco products in all direct and indirect forms, i.e. print and mass media, point-of-sale advertisements, ban on surrogate advertising or brand stretching, and should also include effective counter-advertising.

Tobacco advertising and promotion increases the likelihood that adolescents will start to use the product. The impact of tobacco advertising on the youth is a well researched area globally. Non-smoking adolescents who were more aware of tobacco advertising or receptive to it were more likely to have experimented with cigarettes or become smokers at follow-up.<sup>121</sup> Receptivity to tobacco advertising and promotion is an important factor in progressing from experimentation to established smoking among adolescents.<sup>122</sup> Advertising lures gullible youth and children through glamorous and deceptive promotional stunts. Advertisements project tobacco use in congenial surroundings or associate the brand name with idolized role models, legitimize the habit in young minds

and project the use of tobacco as being socially acceptable.

There is a strong temporal and causal relationship between viewing smoking in films and initiation of smoking among adolescents. For example, it was shown that 12- and 13-year-old boys whose favourite television sports included motor racing (sponsored by tobacco companies) were twice as likely to become regular smokers compared to those who did not watch it.<sup>123,124</sup>

Point-of-sale tobacco advertising has the potential to increase significantly positive brand user imagery, and hence not only adds to long-term user imagery, but would increase the likelihood of impulse purchasing.<sup>125</sup> This is relevant to the Indian context, as the Indian Tobacco Control Bill of 2003 permits point-of-sale advertising while banning all other forms of advertising.

Evidence suggests that comprehensive bans on tobacco advertising can reduce tobacco consumption. A partial advertising ban has little or no effect because of the opportunities for substitution by other forms of advertising.<sup>111</sup> In spite of the fact that anti-tobacco advertising has a protective effect, it is unable to counteract the effects of pro-tobacco advertising.<sup>126</sup>

Anti-smoking advertising appears to have more reliable positive effects on those in pre-adolescence or early adolescence by preventing experimentation. The effects of anti-smoking advertising on youth smoking can be enhanced by the use of other tobacco control strategies, and may be dampened by tobacco advertising and marketing.<sup>127</sup> Because perceived ability to quit makes adolescents more likely to progress to experimentation and repeated use, counter-advertising should include messages about addiction and the difficulties associated with quitting.<sup>122</sup>

Advertisements designed to discredit the tobacco industry should mention specific companies, to make the counter-advertising more effective. This will ensure that people know about the

tobacco industry's corporate identities, and young people who know about these identities tend to view the company less favourably.<sup>128</sup>

Intensive and sustained efforts to 'counter-market' tobacco among teenagers are essential to negate the friendly familiarity of the tobacco industry and to communicate the true health and social costs of tobacco use. These should highlight a tobacco-free lifestyle as the majority lifestyle of diverse and interesting individuals. Constructive alternatives to tobacco use should be offered and the dangers of tobacco use explained in a personal and emotional way.<sup>129</sup>

Some other examples of the positive effect of counter-advertising on the youth are discussed below:<sup>119</sup>

1. A 2002 report of the Florida Youth Tobacco Survey showed that between 1998 and 2002, current cigarette use among middle school students declined by 50%, and current cigarette use among high school students declined by 35%. These declines followed the implementation of the Florida Pilot Program on Tobacco Control, which included an aggressive counter-marketing media campaign.
2. A 2000 study showed that youth in Massachusetts, 12–13 years of age, who reported exposure to anti-smoking television advertisements at baseline, were significantly less likely to have progressed to established smoking at follow up than youth who did not report exposure to anti-smoking television advertisements.

### Establishing anti-tobacco norms

Social group interactions, through family, peer and cultural contexts, can play an important role in reinforcing, denying, or neutralizing the potential effects of anti-smoking advertising.<sup>127</sup> It has been seen that peer pressure is an important influence for tobacco use among adolescents.<sup>130</sup>

Introduction to positive, healthy role models, added to established anti-tobacco norms, can tremendously curb the desire of the youth to experiment with tobacco products.

### Restriction of smoking in schools, the home and public places

Smoke-free workplaces reduce the prevalence of smoking as well as its consumption. The combined effect of people quitting smoking and reducing consumption reduces total cigarette consumption by 29%.<sup>131</sup>

Regulations restricting smoking in public places appear to have a considerable impact on teenage smoking behaviour. In contrast to adults, regulations affect the teenager's decision to become a smoker rather than the number of cigarettes smoked.<sup>131</sup> Smoking restrictions in the home and bans in public places allow a limited opportunity for smokers to smoke. The mere existence of a school ban had no effect, but enforced school bans were associated with up to 11% reduction in the uptake of smoking.<sup>132</sup>

Schools with smoking policies have lower rates of smoking among students.<sup>133</sup> Teachers who smoke make smoking seem safe and acceptable. The school policy must address both teachers' and students' smoking. Colleges with a no-smoking policy for both staff and students have been shown to have the lowest prevalence and their students smoke fewer cigarettes.<sup>134,135</sup> An Indian study also revealed that in schools which have enforced a no-smoking policy, teachers smoked less compared to schools having no such anti-smoking policy.<sup>136</sup>

### Tobacco cessation

Many of the measures mentioned above such as raising the cost of the product, reducing access, and comprehensive tobacco education are effective in reducing tobacco use among the youth. Additionally, tobacco cessation services in the form of counselling for behavioural modification should be provided to the youth.

Tobacco cessation is described in detail in Section 6.7.

## Recommendations

Based on the evidence from global and Indian research, the following measures are recommended to protect the youth from tobacco:

1. A comprehensive tobacco control programme (including awareness and well-informed youth activism) is needed to reduce and restrict the youth from tobacco use.
2. A comprehensive ban on tobacco advertising (direct and indirect) is essential to prevent the youth from associating smoking with their role models.
3. Raising the prices of tobacco products, through taxes, and increasing the sizes of the packages are the most effective ways of preventing the youth from initiating use, as they are highly price sensitive.
4. School-based programmes should adopt a comprehensive intervention approach and ensure that the modes of communication are suitable to the targeted group's characteristics.
5. The youth, especially school students, should be encouraged to get involved in anti-tobacco advocacy and discuss policy issues related to tobacco control. Schoolteachers and parents should also be involved in these initiatives.

### 7.7 COMMUNITY INTERVENTIONS: PROTECTING THE YOUTH FROM TOBACCO

#### KEY MESSAGES

- Based on current trends, some 30%–40% of the 2.3 billion children and teenagers in the world would become smokers in early adult life.
- The most susceptible time for initiation of tobacco use in India is during adolescence and early adulthood, i.e. in the age group of 15–24 years.
- Raising the prices of tobacco products through taxes, increasing the size of the packages and a comprehensive ban on tobacco advertising (direct and indirect) are effective means of preventing the youth from initiating use.
- Youth involved in anti-tobacco advocacy are more likely to avoid tobacco use.