What in the World Works?

International Consultation on Tobacco and Youth
Singapore, 28-30 September 1999
Final Conference Report
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Preface

The 20th century has witnessed remarkable accomplishments in reducing the global burden of disease. Yet great contradictions and challenges in the distribution and equitable growth of health benefits persist.

Tobacco is a “silent epidemic” and remains a major killer, particularly in developing countries. And it targets children and youth. If current patterns continue, tobacco use will result in the deaths of an estimated 250 million children and young people alive today. Tobacco control is a major public health issue of the new millennium. Its eradication touches on the full spectrum of the economic, social, cultural and political forces within countries, and globally.

The *International Consultation on Tobacco and Youth: What in the World Works* highlights interventions that are effective and provides countries with guidance on the best mix of policy and program interventions for tobacco control. It marks what is hoped to be a critical global turning point in tobacco control efforts; one that will usher in a change in the roles of the key players and a shift in the tactics associated with major control interventions.

At the centre of this change is a renewed commitment to the rights of children and youth to health and well-being.

The Consultation provides no simple answers. But it does suggest how interventions can be strengthened and it points to some critical issues for the future. Equally important, it reaffirms the need to work even more closely with young people, across all sectors, in ongoing global efforts to reduce the unacceptable burden of disease associated with tobacco.
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1. A Call to Action: Tobacco Control and Youth

1.1 Tobacco Use and Trends
About one in three, or 1.1 billion people worldwide smoke. Of these, about 80 percent live in low and middle-income communities. The number of smokers is expected to grow to about 1.6 billion people by 2025, partly a result of growth in the adult population and partly because of increased consumption. Recent consumption increases may be attributed to several factors with a central one being the direct actions of the tobacco industry, particularly in the form of significant increases in advertising and promotional campaigns. A recent World Bank study concludes that increased trade liberalization has also “contributed significantly to cigarette consumption, particularly in the low and middle-income countries.”

Cigarette consumption in the male populations of low and middle-income countries has been increasing since about 1970. Consumption climbed steadily throughout 1970 and 1980. However, this upward trend may have slowed slightly since the 1990s. Smoking has been in decline among men in the high-income countries over this same period. Per capita consumption has also dropped, although among certain groups such as teenagers and young women, the proportion who smoke has grown in the 1990s. The prevalence of smoking among women varies significantly among different world regions. For example, in Eastern Europe and Central Asia 26 percent of women smoked in 1995 while in East Asia and the Pacific, the prevalence of women smoking was 4 percent.

There are about 4 million deaths from tobacco each year. This figure is expected to rise to about 10 million by the 2020s, or early 2030s. By that date, based on current smoking trends, tobacco is predicted to be the leading cause of disease burden in the world, causing about one in eight deaths. At least one in three teen-age smokers will die prematurely as a result of smoking.

For the tobacco industry to survive, these adult deaths and the millions of those who quit, must be replaced by new smokers. These are the children and youth of today and tomorrow. In ever-increasing numbers this is happening, among youth in countries like China, India, Egypt and Thailand.

Growing evidence indicates that children are smoking more and starting to smoke at younger ages. The majority of smokers start before age 18, often in childhood or adolescence. In the high-income countries, eight out of ten people start to smoke in their teens. In the low and middle-income countries where data is available, it appears that most smokers start by the early twenties, but the trend is toward younger ages. A similar decline in the age of starting has been observed in the high-income countries. If current patterns continue, tobacco use will result in the deaths of an estimated 250 million children and young people alive today, many of them in developing countries.
"We calculated that the number of children and young people taking up smoking ranges from 14,000 to 15,000 per day in the high-income countries as a whole. For low and middle-income countries, the estimated numbers range from 68,000 to 84,000. This means that every day, worldwide, there are between 82,000 and 99,000 young people starting to smoke and risking rapid addiction to nicotine."

The World Bank

Compelling new evidence on smoking among children and youth is beginning to emerge from the Global Youth Tobacco Survey (GYTS). This survey is funded by the UN Foundation and is implemented as a joint project of the Tobacco Free Initiative (TFI)/WHO and UNICEF, in cooperation with other international agencies. The project brings together new evidence, technical support and strategic alliances to address the negative impacts of tobacco and to encourage and support children and young people to lead healthy, tobacco-free lives. (For further discussion of the GYTS see Figure 12 on page 25).

1.2 The WHO Tobacco Free Initiative (TFI)

The present and future impact of tobacco on health, combined with its serious negative economic consequences for governments, led the WHO Director General, Dr Gro Harlem Brundtland to give explicit and strong support to tobacco control on a world wide basis through establishing a Cabinet project, the Tobacco Free Initiative in July 1998. Its object is to coordinate an improved global strategic response to tobacco as an important public health issue and to decrease the prevalence of global tobacco use.

The following goals guide the work of the TFI:

- stimulate global support for evidence-based tobacco control policies and actions
- build new, and strengthen existing, partnerships for action
- heighten awareness of the need to deal with tobacco at all levels of society
- accelerate implementation of national, regional and global strategies
- commission policy research to support rapid, sustained and innovative action
- mobilize resources to support required actions.

The TFI takes a global leadership role in promoting effective policies and interventions that make a real difference to tobacco prevalence and associated health outcomes. Notwithstanding the seriousness of the problem some very encouraging tobacco control interventions are underway worldwide including tobacco taxation, bans on advertising and promotion, health education and cessation, and controls on smoking in public places. These successful initiatives demonstrate the importance of considering the best mix of specific interventions required to achieve the goals of increased cessation and lowered initiation.

A new and critical partnerships emerging from the TFI is an international project focusing on tobacco control activities among young people. This initiative brings together the global and regional levels of WHO, and selected country offices, UNICEF, the World Bank, Centres for Disease Control and Prevention, the International Development Research Centre, the Campaign for Smoke-Free Kids and many other non-governmental organizations. The project is funded through a generous grant from the United Nations Foundation. Inc., the largest single contribution given for international tobacco control activities.
Figure 1
The Framework Convention on Tobacco Control

In May 1996, in World Health Assembly resolution WHA49.17, Member States of WHO requested the Organization to initiate the development of a binding international instrument on tobacco control. The specific form of legal instrument called for by the World Health Organization is a Framework Convention for Tobacco Control (FCTC).

A framework convention is a treaty which is an international instrument between States, or between States and international organizations, governed by international law. The approach being proposed consists of two parts: a framework convention that calls for cooperation in achieving broadly stated goals and establishes the general norms and institutions of a multilateral legal structure; and protocols which elaborate additional or more specific commitments and institutional arrangements designed to implement these goals.

The FCTC represents the first time that the WHO has exercised its constitutional mandate under Article 19 to encourage nations to develop a convention. Further, if this convention is adopted and enters into force, it will be the first time that a convention approach has been specifically applied to address a public health problem.

The aim is to have Member States adopt the Convention and protocol agreements at the Health Assembly no later than 2003.

The World Health Report 1999: Making a Difference

1.3 International Consultation on Tobacco and Youth: What in the World Works?

The WHO Tobacco Free Initiative convened an International Consultation on Tobacco and Youth on September 28 - 30 in Singapore to find effective and feasible ways to address the growing concerns about tobacco use among children and youth. The Consultation was co-sponsored by the Singapore Ministry of Health and the Singapore Cancer Society and organized in cooperation with the WHO Regional Office for the Western Pacific. The meeting also constitutes an integral part of the UN Foundation funded WHO/UNICEF project on tobacco and youth.

The meeting brought together about 120 people with unique experience and expertise, all of whom share concerns about the high rates of initiation, consumption and prevalence of tobacco use among youth and who wish to work together to develop viable solutions. Participation was by invitation, with participants including key representatives from the UN Project, along with a broad range of people and organizations from other developing and developed countries with an interest in promoting healthy practice in the area of tobacco control among young people. The participants list is included as Appendix A. Participants addressed the questions of what policies, programmes and interventions are known to work and are successful and those that experience and evidence suggest may work and warrant further efforts and/or research. Throughout, there was an emphasis on identifying best practices to guide future actions. The Conference program is included as Appendix B.
Figure 2

Selected Objectives of the Singapore International Consultation

The key objectives of the Consultation were:

• to highlight the range of approaches and interventions that are effective, or that show promise in addressing the threats of tobacco to young people, across a range of countries at different levels of development;
• to provide practical guidance and direction to countries on the best mix of interventions that help to prevent and reduce tobacco use and tobacco problems among children and youth; and
• to showcase the experiences in Singapore in addressing tobacco and young people.
2. Breaking Out of the Pack: Building Tobacco Control on Youth Rights and Development

"There are key periods in the life cycle of the child when we have opportunities to intervene in ways that contribute to human development and rights, opportunities that if not taken are frequently lost. If we fail to protect children's rights during these periods it not only has serious implications for the present but also for the future, for this generation and often for the next. Tobacco undermines children's rights throughout the life cycle, and meeting and protecting the rights of children will be central in the war against tobacco."

Bruce Dick, Keynote Speaker

Economic discourse about tobacco often focuses on its importance to countries as a source of tax revenues, foreign exchange and job creation. It also tends to emphasize the adverse impacts that many associate with price increases and other more stringent tobacco control measures. There is considerably less attention paid to the fact that premature death as a result of smoking constitutes a significant economic and social loss. For example, WHO estimates that in the developed world, where data is available, half of tobacco related deaths in 1998 occurred in middle age where, on average, 20-25 years of life are lost prematurely.

These latter economic considerations have been corroborated by the health discourse. This usually focuses on the substantial direct and indirect burden to individuals, families and society of illness and death (expressed in terms of disability-adjusted years of life, or DALY) associated with smoking and increasingly, with environmental tobacco smoke.

The debate in both sectors is beginning to move beyond rhetoric and onto a more solid evidence base. This is likely to strengthen the health considerations and allay some of the key economic concerns that have hindered more significant progress toward tobacco control. At the same time, a comparatively new and compelling argument for tobacco control is emerging in form of concerns for the rights and development of children and young people.

The Convention on the Rights of the Child provides a global framework for advancing this discourse. While it does not explicitly include reference to tobacco, several of the Convention's articles speak to overarching values essential to safe and healthy child development. For example, article 3 commits States to ensure that the best interests of the child are a primary consideration in all actions concerning children. For tobacco, this means that the interests of the child will take precedence over the interests of the tobacco industry and adult smokers.
Figure 3
The UN Convention on the Rights of the Child

The human rights of children and the standards to which all governments must aspire in realizing these rights for all children, are most concisely and fully articulated in one international human rights treaty: the Convention on the Rights of the Child. The Convention is the most universally accepted human rights instrument in history – it has been ratified in every country in the world except two – and therefore uniquely places children centre-stage in the quest for the universal application of human rights. By ratifying this instrument, national governments have committed themselves to protecting and ensuring the full range of children’s rights and they have agreed to hold themselves accountable for this commitment before the international community.

UNICEF

Other articles speak specifically to various rights of the child that are relevant to key tobacco issues. Tobacco directly undermines children’s right to the highest attainable standard of health through mother’s and other family member’s smoking during pregnancy; through environmental tobacco smoke; and through nicotine addiction. It undermines their rights indirectly through collateral effects, for example, the diversion of household money that could otherwise pay for children’s health and education. It also undermines children’s right to protection from information and materials injurious to their well-being through advertising and other forms of promotion by the tobacco industry. Finally, it undermines their right to be protected from economic exploitation and work that is hazardous; it interferes with their education; and is harmful to their development through their coerced participation in the cultivation and production of tobacco in many parts of the world.7

Solutions to these violations lie in a commitment by all countries to act in the best interests of the child: to interventions that ensure children of a healthy birth through adequate pre and post natal care, informed, responsible and loving parenting and equitable access to primary health care. In addition, longer-term interventions are needed that increase children’s capacities (for example, knowledge, life skills and livelihood skills); their opportunities (for example, for education, recreation and participation); and their safety and support - at home, at school, and in the community.8

2.1 Challenges to Strengthening Youth Involvement

"There is a Maori saying: Kaa puu te ruuhaa, ka hao te rangatahi - the old net lies in tatters, the new net goes fishing. The new net is the young people who will be our leaders of tomorrow; we need to be able to stand aside and let them grow."

Anaru Waa, New Zealand. Consultation Participant

There are many challenges associated with strengthening the involvement of children and youth in tobacco control efforts. One of the biggest and most complex lies in establishing the terms of their involvement. Two major players and adversaries are the public health professionals and the tobacco companies. In the words of one participant, “The battle is being waged over the heads of children and youth.” As is discussed later on, this is partly the case. However, in many other respects the battle is being waged in the heads of young people, as the tobacco industry has effectively penetrated the developmental space of adolescents in its marketing of cigarettes. There is a growing conviction that if we are to “win this space back” we have to focus on the platform that has been so effectively used by the industry: youth empowerment.
Thus, positive youth development must become the central feature of efforts to prevent and control smoking and youth. In this context, tobacco control efforts would also contribute to strengthening other aspects of the knowledge, attitudes and behaviours essential to young peoples’ successful transition to adulthood. Interventions should be conceived in a holistic context, taking into consideration important features associated with peer relationships and supports, cultural and religious beliefs, and so on. A particular kind of youth involvement and participation is also required. Realistic, equitable and respectful partnerships need to be developed between young people and adults, where adults have the capacity and will to “listen, let go and be supportive.” Further, the opportunities afforded youth in participating in these initiatives must contribute to the development of real-life skills, capacities and opportunities, in the context of voluntary engagement, remunerated employment and life-long learning.

At the same time, there is a challenge among youth themselves to find appropriate balances between promoting their own local, regional and national cultures and pursuing their desire and need to be connected with other peoples and cultures from around the world, literally and virtually. On the one hand, young people want to affirm and strengthen ties with their national identity and culture. At the same time they often seek to be a part of the ‘global’ village in terms of music, entertainment and film, sports, print and electronic communications, and so on.

Another key challenge is putting a stop the exploitation of the many young people around the world through activities associated with the cultivation and production of tobacco and tobacco alternatives, particularly bidis.

2.2 Developing New Strategies

Figure 4
Maori Youth and Tobacco in New Zealand

Historically, tobacco use was unknown to the Maori culture. However, its prevalence among youth and young adults aged 15-24 is alarming today: 56 percent among women and 38 percent among men. Maori women start smoking at a particularly early age and female lung cancer rates are among the highest in the world.

Maori smoke free initiatives build on generic legislation, policy and programme interventions and fit within the wider context of tobacco control in New Zealand. They are rooted in a commitment to the participation of all stakeholders, and especially youth, in smoke free initiatives in a meaningful and empowering way.

Maori tobacco control measures are health promoting and holistic. They associate being smoke-free with Maori identity in the context of youth development, through a wide range of “by Maori for Maori” measures. Thus, a smoke-free lifestyle is promoted as an integral part of Maori development. For example, a major social marketing initiative, “Auahi Kore” comprises a media campaign and related community capacity-building activities designed to reaffirm a smoke-free Maori culture as a central source of positive identity for young Maori people. A complementary initiative, “Te Hotu Manawa Maori -The Beat of the Maori Heart” - supports a role model register of Maori celebrities and promotes Smokefree at major venues and events. It has been suggested that one indicator of positive social change is the point when the Smokefree “kaupapa” or strategy, becomes central to a community or tribe's identity.
A number of strategies for promoting effective and sustained youth development and participation in tobacco control interventions emerged in the course of the Consultation. Some of the central themes are:

- youth tobacco control efforts need to place young people at the centre, with a focus on the responsibility of all countries to give precedence to the best interests of children and youth and to ensuring their right to the enjoyment of the highest attainable standard of health and development;

- policies and programmes should be developed within a framework that builds on the goals and strategies of healthy child and youth development and the life cycle process and that addresses the key challenges and opportunities associated with play, learning, relationships, work, and so on;

- meaningful youth involvement is critical to the conception, development, implementation, monitoring and evaluation of tobacco control measures. This can be realized through a variety of ways but requires political will and commitment, along with support and flexibility on the part of adults, generally;

- interventions should equip youth with the knowledge, attitudes and practices that will minimize the potential for adopting risk behaviours and maximize the opportunities for engaging in health-promoting behaviours. The latter calls for holistic policies and programmes and the creation of healthy and supportive environments;

- youth empowerment is achieved in the context of trusting and respectful relationships with young people. These relationships need to engage and support youth on the basis of transparent commitments to their rights and to contributing to their health and the health of all peoples of the world.

Figure 5
Youth Specific vs. A General Population Approach

A Consultation working group considered the merits of youth-specific tobacco control initiatives. It concluded that the integration of youth approaches with initiatives directed at the broader adult population is often preferable. Nevertheless, specific youth-focused measures may also be warranted in areas such as smoking cessation.

The group suggested that youth-specific measures may be limited for a number of reasons:
- they single children and youth out and this can be counter-productive because conveys a patronizing or authoritative message
- adult role models can provide an important ingredient in prevention efforts
- family-based strategies involving all members in tobacco reduction are promising and should be developed further.
3. Reclaiming Youth: Challenging the Tobacco Industry

“No one working in malaria would consider developing policies and interventions without understanding the structure, functioning and best means to reduce the impact of mosquitoes: the vector of malaria. Yet for decades, tobacco control policy makers have not had much insight into our vector: the tobacco industry.”

Derek Yach, Keynote Speaker

3.1 Targeting Young Smokers

The onset of smoking coincides with the early-through-middle adolescent developmental stages. This is significant as young people may not fully understand the consequences of smoking. At the same time smoking may serve critical functional needs associated with key developmental tasks.

Youth are essential to the future of tobacco companies: brand loyalties are established at an early stage and are usually maintained into adulthood. The industry understands the links between the onset of smoking and adolescent development and has a legacy of studying and researching the smoking patterns of youth and has very successfully targeted underage youths or “young adults” for its advertising and promotional campaigns.9

However, the industry has consistently refuted these points, including the harmful effects of active and passive smoking and the addictive nature of cigarettes. It has argued that its advertising and promotion activities are solely designed to encourage current smokers to switch brand loyalties, and has denied that its marketing efforts are directed toward encouraging underage youth to smoke.

“Tobacco industry promises and actions concerning youth smoking should be closely scrutinized and monitored because the industry’s survival depends on underage youths to be ‘replacement smokers’ for those smokers who quit or die.”

C L Perry, The Tobacco Industry and Underage Smoking

This argument, and the credibility of the industry generally, have been seriously eroded in recent years, particularly through a series of litigations. For example, industry documents associated with the 1998 tobacco trials in Minnesota reveal that the industry has obscured the truth for decades regarding its actions relating to children and youths. Further, the documents confirm that the industry has intentionally and successfully marketed to underage youth and that it has used a wide range of tactics to prevent strong and effective government action on tobacco controls.10
3.2 Industry Tactics

In a Consultation paper presented on the tactics of the industry and the targeting of young people, it is suggested that industry efforts have concentrated on two activities: direct marketing to children and measures to prevent strong and effective tobacco control by governments.\[11\]

The industry not only denies that it markets its products to children and youth but it also argues that it does not want them to smoke. To reinforce this, it points to its support for a variety of youth prevention and cessation efforts.

However, internal documents associated with the US State of Minnesota litigations reveal that the smoking patterns of teenagers are important to the tobacco industry and closely examined. The documents also reveal that youth includes teens within the 14 - 24 age group. One company actually acknowledged that youth recruitment is crucial to the renewal of the market and essential to the survival of the industry. To support its marketing efforts, the tobacco companies have engaged in a wide range of studies of underage youth including research on youth smoking prevalence and brand preferences; research on smoking trends among youth; and research relevant to marketing.\[12\]

The tobacco companies have also engaged in direct marketing to children and youth. Cigarette advertising has been shown to reach children as young as three.\[13\] Further, where countries have successfully banned tobacco advertising, tobacco companies have circumvented these bans with indirect advertising and sponsorships. These are often associated with music, film, adventure events and sports. For example, major sports events in Malaysia are sponsored by tobacco companies and extend to all of the national mass media including television, radio, newspapers and billboards. Additional forms of promotions include the distribution of souvenirs, for example, T-shirts, caps, mugs, and so on, and free sampling and the distribution of cigarettes, frequently at youth events.

The second major tactic employed by the industry has been to divert effective tobacco control efforts. Here again the Minnesota documentation reveals examples from all over the world. These include active support for ineffective legislation such as bans on sales to minors, while vigorously opposing effective legislative measures such as bans on advertising and promotions; strong opposition to price increases that have clearly been shown to influence reduced smoking; the diversion of funds ear-marked for tobacco control to other publicly attractive purposes; and manipulating and selectively supporting ineffective health education messages, particularly those directed at young people.\[14\]

3.3 Countering the Industry

Discussions suggested many ways to effectively counter - or “jam” - the tactics of the tobacco industry. Several critical elements were identified. First is the need to move beyond the health message in prevention campaigns. For years public attention has focused on whether tobacco is addictive and whether smoking is harmful to health. The tobacco industry has largely side-stepped the debate (though recently several companies have acknowledged the harmful and addictive nature of smoking). In contrast, public education campaigns continue to emphasize the immediate and the long-term adverse health effects of smoking. But this strategy has been largely unsuccessful. A more creative approach is required to deliver effec-
tive public messages to youth. Thus, a critical element of an effective response to the industry is a different kind of public education and prevention campaign. This should be rooted in the developmental process of adolescence itself and that builds on the intrinsic youth issues of identity, personal growth, empowerment and so on.

A second element is the need to look at all industry behaviour critically, and especially partnerships and sponsorship arrangements involving the industry, governments and non-government organizations. Partnerships that directly support youth tobacco control initiatives should be rejected outright on the grounds that the parties do not really share common goals. A third element in countering the tactics of the industry is the need to move beyond single policy and programme solutions and to develop comprehensive efforts to counter the persistent tactics and unlimited resources of the industry. No single policy or program measure will be effective. Rather, a broad mix of initiatives is required, with the interventions varying according to the circumstances of each country.

Other key elements or strategies to counter the actions of the industry were also identified, ranging from drawing on local sentiments and beliefs to counter industry efforts (for example, religion has played an effective role within Muslim communities when an edict was passed declaring smoking to be forbidden), to direct prosecution of the industry. Several of these are explored further, in the sections below.

Figure 6
Using Industry Disclosures and Documents as Tobacco Control Tools

“These documents contain some gold,” exclaimed the Consultation working group that looked at industry documents and their disclosures. But the “the interesting documents take a long time to find, as they are mixed up with ...trivia.”

Repositories in Minnesota in the United States and in Guilford in the United Kingdom are indeed “gold mines” However, expertise and assistance will often be required to mine - or access and search - the data; to refine it so that its full and often unique significance to each country is extracted; and to disseminate the data in a systematic, low cost and user-friendly way to a variety of users. The data can be used to support further litigations, to counter industry arguments and tactics against regulation of its activities and to strengthen public policy on tobacco control and health.

Several suggestions were made for promoting the dissemination and use of this data. These include the development of simple user guides or pamphlets and the designation and support of in-country focal points of expertise, trained in the use of the materials and advocacy. In most countries these could be non-government organizations. Regional Offices of WHO could also support in-country and regional efforts. Very important and useful information can also be accessed through global health, tobacco and industry-related websites.
4. Policy and Programme Interventions: Getting the Right Mix

4.1 Toward Best Practices
The merits of a comprehensive approach to tobacco control that comprises a mix of policy and programme interventions are evident in Singapore’s 1986 National Smoking Control Programme. The initiative is implemented through a wide array of public education, legislation, taxation policies, community involvement and smoking cessation services. The Programme has contributed to a decrease in smoking prevalence from 18 percent in 1992 to 15 percent in 1998. (While the trend in smoking among all youth has stabilized over the last few years, there is an upward trend in the current 5.9 percent smoking rate among young female smokers aged 18 - 24 years). Comprehensive policies have been attributed to reduced adolescent and youth smoking prevalence in various countries and have been described in at least one set of “best practices.” This has been developed by the US Centres for Disease Control and Prevention and recommends an ideal mix of key policy and programme components, along with appropriate funding levels.

What suggests that a comprehensive mix of interventions is critical to preventing and controlling smoking among young people? Why is tobacco control not just about educating young people? Why are these other interventions essential? What is the evidence? One answer is that to restrict efforts to a single programme focus is to err on two counts: it simply fails to use the most effective tools in the battle for a tobacco free generation and it plays directly into the trap of the tobacco industry.¹⁵

A consideration of the range of policies and programmes from developing and developed countries reviewed in the course of the Consultation follows. While these are presented in three separate groupings, these initiatives are all very much interconnected in practice.

4.2 Community and Youth Led Approaches
Three groupings of policy and programme interventions were considered. The first consists of largely school-based prevention; the second, cessation initiatives; and the third, of initiatives targeted more toward the broader community. In practice these initiatives should really be regarded more in the context of a continuum of measures, extending from individual children and youth in the home or school, outwards into the broader community.

4.2.1 School-based Education
Some education initiatives target very young children. For example, ASH Thailand’s Care for Kids initiative includes a network of maternity nurses that teaches new parents about passive smoking. A parallel network of teachers at the kindergarten level promotes anti-tobacco activities directed at young children and their parents. Most school-based programmes are implemented primarily by teachers and concentrate on reaching students in the classroom. Many encourage parental involvement. Various other strategies are used as well, including promotion of sports and the use of peer assisted learning and leaders and interactive educational methods.
Many programmes have gone beyond using teachers as primary change agents and focus on motivating and supporting young people themselves to become peer and community educators. An example is ASH Thailand's Smokebuster Clubs. The clubs run projects within the school to educate and support other students and promote school smoke-free policies. At the same time the clubs reach out to the general public through promoting projects like “Smoke-free Towns” and creation of a Smokebuster Caravan, fitted with traveling displays and information about smoking.

**Figure 7**

**Singapore Youth to Youth Smoke-Free Campaign**

In conjunction with the Consultation a Youth-to-Youth Smoke-Free Campaign Competition was organized for tertiary students. This competition was jointly organized by the Ministry of Health, Ministry of Education, Nanyang Polytechnic, National Library Board, National Youth Council and the Singapore Cancer Society. The main aim of the competition is to involve young people themselves in designing a series of web pages on their ideas about a smoking control campaign targeted at young people aged 14 to 20 years old, to encourage them to stay smoke-free.

To determine the acceptability of the proposed strategies, young people were involved in the judging. The preliminary selection was based on polls from young people via Internet, as well as a panel of local judges. Four teams were selected for the finals where they presented their campaign strategies to an audience of about 800 adolescents and about 100 international and local smoking control experts. The adolescents present at the finals have a 50 per cent say in the marks of the participating teams. A panel of judges who looked into the content accuracy and creativity, practicality and presentation skills determines another 50 per cent. Ideas suggested by the teams include using mascot, traveling educational buses and MRT and camps for young people.

While the votes were counted, the audience was treated to an entertainment programme that highlighted healthy alternatives to smoking. This included a cheer performance, a skit that taught adolescents about the poisons found in cigarettes and ways to refuse offers to smoke and a modern dance. The audience was also involved in simple chair dancing steps.

The team, Connections from the National University of Singapore, emerged as the winner for the contest. The team proposed using short filmlets and interactive games highlighting five teenage characters that have different personalities and attitudes toward life to deliver smoking related sentiments and related issues pertaining to youths. The characters proposed include an athlete who does not want to smoke because he wants to stay healthy, and a teenager who smokes because he thinks it looks cool. The team hopes to construct the profiles such that the differing opinions and reasons of each of the characters for smoking/not smoking will reflect those with whom the target audience can identify.

The mass media messages on TV and radio will be reinforced with face-to-face programmes conducted at schools and the community level. These include inter-school competitions, camps, mentor systems to support smokers to stop smoking, smoke-free variety shows, as well as the distribution of stationery and bookmarks with smoke-free messages.

The ideas presented by the teams may be used in future smoking control programmes targeted at young people.
These interventions have many positive impacts on youth. For example, they provide them with important information about risks associated with smoking and can delay the onset of smoking. Nevertheless, there are also many shortcomings, including the fact that many young smokers and potential smokers reject school values and are the most likely to be absent from school. In addition, the more sophisticated of these programmes are often costly and have very limited reach. Certain of these weaknesses can be addressed: for example, it is often desirable to target small, specific groups with similar needs and it is important to involve youth in programme design and delivery. In addition, it is important to provide adequate training of teachers and it is equally important to involve others in program delivery, including peers and parents. Yet in the end, these programmes do not appear to prevent recruitment to smoking and are unlikely to reduce teen smoking prevalence significantly.16

4.2.2 Cessation Measures
Youth cessation interventions tend to exhibit similarly low impact in reducing teen smoking prevalence rates. Despite the existence of some strong programmes, there are significant impediments to undertaking these initiatives; for instance, there is little youth-focused research to guide new programme development; youth smoking patterns are different from those of adults and call for youth-tailored approaches to quitting; few such approaches are available and have been evaluated; continuing widespread tobacco lifestyle advertising counteracts incentives for cessation; and nicotine dependence remains a significant barrier to cessation.17 However, the need for these programmes is perceived as high among young people and their attempts to quit are “abysmal.” One study found that almost 70% of regular smokers have tried to quit, a figure consistent with international research.18

A set of guiding principles and a plan of action for the development of a smoking cessation programme for adolescents in South Africa suggest that some of the major impediments can be overcome. The South Africa work is to be grounded, for example, in an understanding that effective cessation efforts must: (i) begin with a systematic review of cessation behaviour and a thorough determinants study ensuring that programmes are tailored to cultural and gender specific needs; (ii) engage adolescents as active participants in the research design, development and implementation stages and incorporate peer led approaches to ensure adolescent acceptance of programmes as well as youth empowerment; (iii) include multi-component programmes, including nicotine replacement, stress management, weight gain and so on that speak to youth-specific concerns; and (iv) situate cessation efforts as a part of a multi-faceted effort to combat high-risk behaviour in youth, generally.19

The meeting also discussed the key importance of promoting adult cessation efforts to reduce the number of potential role models for young people.

4.2.3 Community Approaches
Community approaches may be extensions of the above efforts or they may be quite separately conceived and developed. They include efforts to reach out-of-school youth and to initiate or support community action around a specific issue that may, or may not be directly associated with tobacco (Soul City, an excellent example of the latter, is more fully described below). The following initiatives illustrate the variety of the strategies and interventions that are associated with community-based efforts:

- extensive outreach prevention and cessation initiatives in communities like Singapore, Thailand and Malaysia;
- mass media and public advocacy initiatives to advance public policy issues such as the generation of broad public discussion on the health hazards of tobacco associated with the pas-
sage of the 1977 Tobacco Act in Finland;

- the counter-advertising and broad community mobilization associated with the TRUTH campaign in Florida, to encourage youth to see through the industry and to react to the manipulation of an industry creating their images for them;

- the social marketing and role-model approach of “Auaiki Kore” and the creation of a network of smoke-free initiatives of, by and for Maori youth in New Zealand; and

- the extensive marketing and advocacy strategy to create a community platform for health and development issues in South Africa and the building of local capacity to promote excellence in important community work.

A number of challenges emerge from these interventions:

- Extending the reach - For effective interventions, there is a configuration of key stakeholders that can strengthen the prospects of success. For example, the more effective measures associated with restrictions on sales to minors, appear to be those that extend beyond targeting youth alone and promote informed, responsible action by parents, retailers and the general public.

- Settings - Smoking occurs within a constellation of personal factors associated with adolescent development along with the social, cultural, economic and political conditions within the smoker’s environment. Effective interventions frequently build on a platform of particular settings, including the home, school, the workplace and the community. For example, it is within a setting such as the school that healthy lifestyles can often be most effectively achieved for many children. The Smart Schools program of Western Australia is based on a “health promoting schools” approach including the creation of vital links to the community and strong partnerships among parents, school nurses, police officers, retailers and so on. It also stresses the importance of links to “the real world” such as having students participate in the input to a Task Force submission to Cabinet on smoke free spaces and in directly tackling the tobacco industry.

- Supportive public policy environments - Interventions are also more effective when they take place within a supportive public environment where policies and programmes are internally coherent and apply fairly and equitably. Schools again provide a good illustration: school-based interventions are not likely to be successful where teachers continue to smoke and youth are permitted to smoke on the school grounds. Conversely, smoke-free policies for schools that are developed from within; position tobacco not as a disciplinary but as a broad health issue; involve the active participation of students, teachers, families and parents; and address the full spectrum of relevant intervention options are likely to be most successful.

- Out of school youth - Most of the attention around tobacco and youth is directed to youth in school. However, many young smokers and potential smokers are absent from school. Research on smoking prevalence and consumption patterns and on appropriate interventions to address the needs and health of these young people are required.

- Multi-faceted approaches - To be effective, single tobacco control interventions often have to connect with collateral issues associated with youth attitudes and behaviours. Consequently, effective cessation efforts often have to address critical adolescent development issues, such as stress management and nutrition and weight gain, in addition to being supported by other tobacco-specific measures.
The need to prioritize - Comprehensiveness and multifaceted do not mean doing everything at the same time or doing everything. Circumstances differ according to population and country needs, resources, competing priorities and so on. It is also important to consider the cost-effectiveness of different interventions. Thus, there is a need to continuously assess the impacts of all interventions and place more emphasis on some and less on others.

Figure 8
Reaching Out to Out of School Youth

Being out of school often means being marginalized. However, this population of young people is very diverse and includes youth living on the street, single parents, rural and urban working youth, people who are incarcerated and so on. Thus, there is a need to segment interventions for different groups. For example, effective prevention and cessation efforts for urban street youth must often be promoted within a constellation of other, more pressing health, economic and social issues. For single parents, on the other hand, providing smoke-free spaces in safe and positive childcare settings might be of primary importance.

Successful interventions for out-of-school youth should be guided by special considerations

- it is often important to link tobacco with other kinds of interventions, including health care, life and job skills or literacy training, human resource development and so on, and to recognize that the entry point of service will often be through already-established contacts and issues;
- the creative use of nontraditional role models can be very effective;
- alternatives to the use of tobacco as a medium of exchange need to be found in societies engaging in child labour, in circumstances where people are incarcerated, and so on;
- further exploration is needed of the potential of “harm reduction” strategies to support marginalized populations whose lives often preclude access to and compliance with more traditional tobacco control approaches.

4.3 Media and Information Approaches

“It ... needs to be remembered that most use of substances is not mindless or pathological but functional .... Therefore, most young people often see substance use as a solution rather than a problem.”

John Howard, Australia. Consultation Participant

4.3.1 Media Campaigns

There is a broad range of messages and advertising strategies associated with media campaigns that promote tobacco control. One study of prominent antismoking advertising campaigns in the United States suggests that these initiatives fall into the several categories: “industry manipulation” strategies that delegitimize the industry and de glamorize smoking; cessation strategies, encouraging current smokers to quit; youth access strategies exposing the ease of youth access to cigarettes and promoting awareness and specific efforts to reduce access; strategies to portray the immediate adverse health and cosmetic effects of smoking along with strategies that emphasizes the long-term adverse health effects of smoking and finally, “romantic rejection” strategies that try to counter industry portrayals of smoking as “sexy and alluring” and to convince smokers and those contemplating smoking that they will be undesirable if they smoke. The study also looks at addiction and secondhand smoke messages.
This study found that strong media campaigns are an important component of tobacco control efforts: anti-smoking advertising is effective in reducing cigarette consumption. However, the type and target of the message are important. Further, the advertising must be aggressive. Two strategies are especially effective: those focusing on industry manipulation and on secondhand smoke. Addiction and cessation messages can also be effective, particularly when used in conjunction with these other two. Strategies emphasizing the adverse cosmetic image and health effects of smoking “are not effective strategies.” Here again, the authors indicate that paid advertising itself is most effective “when used as part of a multifaceted approach to reduce smoking, including community programs, higher taxes, and school-based programs.”

Mass media campaigns along these lines figure prominently in the efforts of many countries in both the developed and developing world. Most appear to combine elements of the short-term health/romantic image and industry manipulation approaches, with varying degrees of other messages such as addictions or environmental tobacco smoke. The Florida TRUTH campaign is designed to discredit the tobacco industry and to de glamorize smoking. Its premise is that the tobacco industry and most traditional tobacco control efforts are effectively speaking two different languages. The industry’s is a language of independence, individualism, rebellion, coolness and control and is, in effect, the language of youth. The latter’s is a language of health and facts: yellow teeth, smelly clothes, black lung and other adverse health and cosmetic impacts. Thus, the industry is able to manipulate and control the semantic environment, and by extension, young people.

The challenge is to begin to speak the same language of youth. This calls for getting to know the audience well and using some of the same tactics of the industry to give teens their rebelliousness, autonomy and so on, without tobacco as the medium.

Figure 9
The Florida TRUTH Campaign

In August 1997, the State of Florida won a landmark victory against the tobacco industry. A campaign to reduce teen smoking, the nation’s first anti-tobacco education program funded with tobacco money was created from the resulting settlement (now of about $13 billion). The State asked teens to be the programme’s leaders. They helped to make refinements through a peer-to-peer approach, helped design all aspects of the pilot programme and launched their own brand: “Truth - A Generation United Against Tobacco.” The TRUTH messages are carried throughout Florida by Students Working Against Tobacco (SWAT), a grass-roots advocacy organization created by young people.

Advertising is only one part of the campaign and accounts for about a third of the funding. The programme comprises a comprehensive, five-prong approach, with teen input in each. The components include: (i) education and training, focusing on school-age children and enlisting partners from communities, schools, voluntary agencies, professional organizations and universities; (ii) youth programming and community partnerships, with local chapters of SWAT establishing community partnerships of youth and adult organizations in Florida’s 67 counties; (iii) marketing and communications and developing commercials that make not using tobacco as rebellious and cool as using it; (iv) enforcement of efforts against sales to minors; and (v) evaluation and research. Tobacco use among middle school students decreased most significantly in the first twelve months of the TRUTH campaign. Cigarette use declined at every grade level in middle and high school in 1999 compared to 1998. Jared Perez, USA, Consultation Participant.
The Western Australian youth smoking prevention project, Smarter than Smoking, also consists of several interrelated components operating under six main strategies. These are mass media, school education, sponsorship, advocacy, research and evaluation and publications and merchandising. The project has also ensured a strong youth involvement in all aspects of its development and implementation. The messages associated with its multi-phased mass media campaigns are broad in scope: they include making the immediate and short-term health effects associated with smoking relevant to youth, de glamourizing the image and effects of smoking and suggesting that other fun social options to smoking exist. However, saying this right demands that the activities “sit within the culture that teenagers adopt” and must be seen to be owned and generated by youth. It also calls for a change in focus from traditional “just saying no” and negative health messages to decision-making and helping youth to cope with the adolescent transition period.24

"The project continues to demonstrate its ability to influence young people’s attitudes and opinions in relation to smoking. However, campaigns of this comprehensive nature require ongoing funding to maintain them at an intensity that will facilitate not only a change in attitudes but also eventually behaviour change.”

Kathryn Sydney-Smith, Australia. Consultation Participant

The Soul City initiative in Johannesburg, South Africa empowers people and communities with a broad spectrum of important health promotion and development messages through the vehicle of “edutainment.” The objectives of the initiative are to reach as many people as possible within a broad target market, generate discussion around health and lifestyles issues and encourage changing attitudes and behaviour in relation to certain diseases and health risks.24 Entertaining programmes are delivered in a complementary fashion by television, radio and print materials and these mass media campaigns are supported by related marketing and advocacy strategies and community capacity-building.

Education packages in the form of targeted and facilitated interventions among specific groups are also developed on the issues addressed by Soul City for use in formal and informal education settings with both adult education groups and youth.25

Figure 10
The Soul City Philosophy - “Edutainment” as a Vehicle for Social Messages

Tobacco is only one of the many issues that has been dealt with by Soul City; others include mother and child health, safe motherhood, accidents and child abuse, violence against women, personal finances, energy in the home, housing and land, nutrition, diarrhoea and respiratory illnesses, HIV/AIDS, STD’s and alcoholism. The topics are identified and developed through a process of consultation, research and testing with experts and the target audience. Underlying sub-themes running throughout Soul City include empowerment of women, pro-social issues such as co-parenting, family values and nation-building and community action for health and development.

The central tobacco messages of Soul City include: smoking is not cool; people should try to resist peer pressure to smoke; it is illegal to sell tobacco to children under 16; smoking affects the health of people around you; giving up smoking is possible and beneficial and smokers need support from their families and friends to help them give up. An evaluation report of the first year (1996) in which the impact of the second phase of Soul City was assessed indicates that the storylines in the tobacco series affected knowledge about the effects of smoking and health and changed perceptions and attitudes about smoking, such as smoking not being cool, and inspired people to quit.

Soul City Evaluation Report Series Two
4.3.2 Media Advocacy
A related but different theme that emerged from the Conference is the importance of the media as a tool for advocacy around tobacco control measures. Advocacy is instrumental in creating the political will necessary for change, for building partnerships for the intersectoral action that are so often critical for the success of tobacco issues and for mobilizing individuals, organizations and communities. Soul City uses advocacy strategies as an integral part of its approach. For example, the health promotion and development issues popularized in the mass media provide a platform for public advocacy around the full range of issues described above. In addition, the initiative uses direct strategies to promote advocacy, including holding workshops for journalists and developing press releases around topics dealt with in Soul City.

Effective advocacy also requires identifying and acting on emerging issues to advance tobacco control messages. An example is seen in the effective use of the media in many countries to promote legislation associated with restrictions on smoking in public places. There are also impediments to media advocacy. It has been very difficult, for example, to publicize and use the tobacco industry revelations as a basis for building public outrage in many countries because most of these materials are only accessible in English. Additional supports will be required to use these revelations in an effective advocacy capacity. Staff training in advocacy is also important both in subject-matter content, such as health knowledge, research and access to and the use of tobacco industry documentation, and in advocacy process, for example, developing intersectoral alliances and community mobilization.

4.4 Legislative and Fiscal Measures
4.4.1 Legislation
Discussion of legislation and regulatory efforts associated with tobacco control extended across a broad range of interventions. These include the prohibition of tobacco advertising and promotion; prohibitions on the sales and supply of tobacco products to youth, including prohibitions on the use of tobacco products as free samples, prizes, and so on; labeling requirements, and particularly mandatory health warnings and regulations concerning the contents of tobacco products; and the promotion of supportive, smoke-free environments, including restrictions on smoking in public places and the workplace.

Some of the key points emerging from the discussion are as follows:

- **Labeling** - Mandatory health warnings have had some impact in reducing tobacco demand, particularly when the messages are large, prominent and hard-hitting and contain specific, factual information. Nevertheless, their impact among youth is generally low. As a rule, adolescents respond poorly to health information. More important, the messages often do not reach children and youth in low and middle-income countries where single cigarettes are available and they have ready access to bidis and alternative forms of tobacco.

- **Limits on youth access** - Access laws, including those penalizing youth for possessing or using tobacco products, may contribute to reduced availability of tobacco to youth and can be effective in shaping community norms around tobacco. However, compliance rates are problematic and have to be very high to contribute to significant reductions in youth smoking. Experience in some developed countries, like Canada, suggests that access measures are most effective when integrated within a more comprehensive approach. For example, compliance can be strengthened by broader strategies comprising information and education.
campaigns targeted at retailers and the public and designed to build a supportive environment for tobacco control generally.

• Bans on advertising and promotion - The economic literature, as well as other types of research - for example, surveys of children’s recall of advertising messages - conclude that advertising and promotion do indeed affect demand for cigarettes and attract new recruits. Evidence suggests that smoking has been reduced where there are multiple restrictions on advertising in all of the media and on promotional activities. This has been the experience in Norway and Sri Lanka, among others. On the other hand, partial bans on cigarette advertising have little effect.

• Dedicated tobacco taxes - The costs of the burden of disease associated with smoking, along with prevention and control measures, have traditionally been borne through the general tax revenues of countries. However, several alternative sources of revenues are emerging. One is financial settlements associated with tobacco industry litigations, as witnessed in the United States. Another is the formation of new partnerships and sponsorships within the corporate and voluntary sectors. A third is through the statutory dedication of tobacco tax revenues to specific tobacco related initiatives, including support for health promotion foundations and alternative sponsorship organizations. Examples of such organizations include Australia’s Victoria Health Promotion Fund, Western Australia’s “Healthway” and New Zealand’s Health Sponsorship Council.

Figure 11
Incorporating Legislative and Fiscal Measures as Part of Youth Interventions

One of the Consultation working groups concluded that youth involvement in legislative activities can take a variety of forms: young people can be engaged in an advocacy or surveillance and monitoring capacity on an established issue or strategy; they can promote public education measures that strengthen compliance with existing legislation affecting youth, for example tobacco access or smoke-free environment regulations; youth can support new legislative measures, for example, the expansion and enforcement of smoke-free public spaces, such as smoke-free schools, or homes; and they can participate in statutory agencies and structures that assure youth involvement in tobacco control issues, for example, in youth advisory bodies or in youth projects sponsored by tobacco tax revenues.

Important factors for effective youth involvement include: a desire by governments and non-government organizations for genuine youth input; sensitivity to cultural, social, religious and other factors critical to youth identity, learning and development and a willingness to incorporate these factors into policy and programme design and delivery; and focusing interventions on effective, systemic interventions while resisting temptations to “kiddify” tobacco issues, that is, to act on issues that are politically and publicly appealing and that are accessible to quick, relatively inexpensive action.
4.4.2 Fiscal measures
Evidence from countries of all income levels shows that price increases on cigarettes are highly effective in reducing demand. Higher taxes reduce consumption among smokers, induce some smokers to quit and prevent others from starting. They also reduce the number of ex-smokers who return to smoking. This measure has an even greater impact on youth and young adults who are, among other things, more sensitive to price increases than older adults. One study suggests that youth are about three times more sensitive to price than adults while another concludes that young adults are about twice as price sensitive. Further, the impacts of price increases are greater in low and middle-income countries than in high-income countries, overall.

"The most effective way to deter children from taking up smoking is to increase taxes on tobacco. High prices prevent some children and adolescents from starting and encourage those who already smoke to reduce their consumption."

The World Bank

Despite the evidence, many governments have been reluctant to act on this measure because of concerns about the adverse economic consequences. Three issues, and the corresponding evidence, received particular attention in the Consultation discussions:

• Impact of price increases on government revenues - There is a general belief that higher tobacco taxes will lead to reduced government revenues. This understanding was challenged by participants, with the support of the recent World Bank analysis that concludes that empirical evidence shows that in all countries "raised tobacco taxes bring greater tax revenues."

• Impact on smuggling - Concerns were also expressed about the conventional links between pricing policies and smuggling. Again, the World Bank analysis that suggests that foregoing tax increases is not the answer to tobacco smuggling was noted, as well as its argument that even where smuggling occurs at high rates, tax increases still result in greater government revenues and reduce tobacco consumption. The Bank concludes that the appropriate response to smuggling is to "crack down on criminal activity" and proposes a range of activities that may be effective. It also reinforces the point that the real benefit of controlling smuggling is not that it reduces supply but that it contributes to the effective implementation of price increases that reduce demand.

• Impact on disadvantaged groups - Finally, there was concern that high prices have a regressive effect on poor consumers and impose disproportionate hardship on smokers in low and middle-income countries. While these points are valid, people noted that there are compelling counter arguments: for example, money not spent by individuals on smoking is freed up for other more important needs of living.
5. Research

While many of the initiatives reviewed in the Consultation have shortcomings, and the limitations of many were highlighted, all have also demonstrated some impact in contributing to reducing smoking among children and youth. Accordingly, one might ask, “So what is new? What should be done differently?”

There was mention of new approaches to tobacco control, including harm reduction. There was also talk of new strategies, particularly advocacy relating to the tobacco industry litigations and their potential for impact on future legislative and policy action. There were also varying levels of discussion around new interventions, ranging from pharmaceutical advances associated with nicotine replacement to peer-based cessation programmes.

However, the overall themes of discussions focus around two complementary points. One is the challenge of finding new, better, more innovative ways of delivering core strategies in a comprehensive fashion. The other is the need to strengthen the evidence that demonstrates that tobacco’s ill effects are adversely affecting children around the globe and that certain interventions do work. The first has been extensively discussed in Section 4 above. A brief discussion of the challenges associated with ongoing research and some of the ideas that emerged regarding possible future directions, follows.

5.1 The Challenges

One of the challenges around current research efforts relating to tobacco control and youth is to better identify the stakeholders and clients and to develop approaches and methodologies that engage and speak to each of these groups more effectively. Discussions suggest that key stakeholders include researchers, non-government organizations, the media, youth and governments. The latter include a broad array of ministries from health, education and finance through to culture, recreation and leisure and the environment. Most of these stakeholders are also clients, with the exception perhaps of youth. Yet it is with youth that some of the greatest challenges lie: to ensure that youth considerations are central to the research methods used and the issues or problems identified for inquiry.

Another key challenge is to expand the research methods used, beyond the dominant quantitative approaches, to include more qualitative types of research. This would include the kinds of marketing research that have been so important to the work and successes of the tobacco industry. Another important method is participatory action research, particularly as relates to encouraging partnerships with children and young people themselves. It is also critical that more attention be given to ensuring that efforts are grounded in - and sympathetic to - the context of local cultures and communities.

One of the greatest challenges is to ensure that research passes through stages of “transformation, integration and communication,” from the researcher to the end user. Planning and interventions must be conceived in a context that connects research to action; in an environment that is able to move research findings into policy and programme interventions. In addition, the results must be
communicated in ways that speak clearly and convincingly to the users, be they communities, public servants or governments. This also includes effective advocacy! This transition from theory to practice can be facilitated through better coordination of research efforts among the various researchers themselves, including epidemiologist, social scientists and economists, to name just a few. Frequently, these important disciplines and sectors are on different tracks with no capacity to analyze and consolidate their respective findings into a coherent whole.

Another research challenge is to strengthen partnerships with the non-government sector, and particularly youth organizations. The sector provides an important continuity to the tobacco control issue that cannot be provided by governments and the public sector and can be especially important in participating and engaging the community in qualitative research methodologies and approaches.

5.2 Some Possible Directions

These challenges can also be seen as opportunities. Several of these were identified in the course of the Singapore discussions:

- Research needs to be situated as a part of the “bigger picture” or action plan of tobacco control efforts. For example, its objectives have to be clear, its methodologies have to be broad and versatile, extending beyond the linear medical model of health and it must have clear links to policy and programme directions.

- Research results must be packaged for key decision-makers. For example, knowing and addressing the impact of tobacco reduction efforts on a country’s foreign exchange, tax revenue and employment profiles is critical to speaking to finance ministers - as is speaking of its contribution to the burden of disease and mortality, to health ministers.

- Research is strengthened through networking and the building of constituencies. For example, the formation of broad coalitions around research improves the capacity to include creative and appropriate methodologies and to obtain buy-in to the results by diverse sectors. It is especially important to assuring that the research is done with communities, rather than “on them.”

- Research should be guided by a set of overarching principles. Examples of such principles have been included in the above discussions including the need to extend research on tobacco control beyond the traditional health models and to include methods such as marketing research. Another is the importance of linking research to policy development, programming and advocacy efforts in timely and relevant ways.

- Efforts should be made to identify outstanding research questions. Examples identified in the course of the Singapore consultation are included in the accompanying figure.
Figure 12
The Global Youth Tobacco Survey

In 1998 the World Health Organization (WHO) Tobacco Free Initiative (TFI) and the US Centers for Disease Control and Prevention (CDC) Office on Smoking and Health (OSH) began work on the development and implementation of a Global Youth Tobacco Survey (GYTS), as part of the WHO/UNICEF supported project on youth and tobacco. The GYTS is a school-based tobacco specific survey which focuses on adolescents age 13-15. It assesses students’ attitudes, knowledge and behaviours related to tobacco use and environmental tobacco smoke (ETS) exposure, as well as youth exposure to prevention curriculum in school, community programs, and media messages aimed at preventing and reducing youth tobacco use. The GYTS provides information on where tobacco products are obtained and used, and information related to the effectiveness of enforcement measures.

The GYTS aims to:
• Provide a standardized survey research instrument and methodology for collecting information on youth tobacco related issues, which can be used to build programming and advocacy efforts and provide for comparison across countries;
• provide up-to-date research evidence for action by countries and development agencies to address tobacco-related health problems affecting children and adolescents in a range of countries; and
• create opportunities, through training and networking of country-based research coordinators, to build the institutional and human capacity within selected countries to help children and adolescents lead tobacco-free lives.

Outcomes include:
• Improved evidence for undertaking concerted action to address tobacco-related harm both globally and nationally;
• ongoing support to developing countries to strengthen their capacity for programmatic efforts to support children and adolescents in leading tobacco-free lives;
• strengthened capacity among institutions and individuals to plan and implement youth tobacco surveys at country level; and
• increased opportunities for networking and exchange of experiences and issues in planning and implementing this type of research between countries and at the global level.

Methodology:
• School-based survey of students aged 13-15
• can include public and private schools
• multi-stage sample design with schools selected proportional to enrollment size
• classrooms chosen randomly within selected schools
• all students in selected classes eligible for participation
• anonymous and confidential self-administered questionnaire
• requires only 30 - 40 minutes to administer
• field work conducted in 6 - 8 weeks
• country-level data with regional level stratification possible
• 54 tobacco-specific questions on core questionnaire
• country may add optional questions to questionnaire.

The WHO Tobacco Free initiative and CDC Office on Smoking and Health provide on-going technical assistance to countries as they develop and implement a country-specific GYTS in the following areas:

Sample design and selection
• design of country-specific questionnaires
• training of survey administrators
• answer sheets and other forms
• development of survey administrator handbook
• scanning answer sheets
• general data management
• editing and weighting of data
• preliminary data report and data file
• preparation of reports.
Figure 13
Examples of Critical Research Questions Identified by Participants for Ongoing Tobacco Control Efforts

1. What is the relative effectiveness of integrating tobacco control efforts into health systems and settings associated with reducing other personal risk factors as opposed to maintaining tobacco control efforts as a separate intervention area?

2. The majority of children and youth in most countries do not smoke. What are the factors that contribute to the non-smoking behaviours of young people, and particularly children and youth who are at risk?

3. What are the factors that contribute to successful "cessation" activities among young smokers?

4. What are the most cost-effective tobacco control and prevention policies and programmes?

5. How can we facilitate the development of reliable data that addresses the critical questions that government clients both want and need to have answered?

6. What new approaches to tobacco control have demonstrated sufficient promise that they "work" that they should be the subject of further priority research?]
6. **Conclusions and Next Steps: An Agenda for Future Action**

6.1 **Conclusions**
Several major themes can be drawn from these Consultation proceedings. These contribute to a preliminary framework for ongoing action on children and youth.

- Several international instruments, the Framework Convention on Tobacco Control and the Convention on the Rights of the Child, afford important, legally binding platforms from which to launch sustained and targeted public health and human rights strategies and interventions for tobacco control. These instruments are particularly important, not so much because they contribute to new tobacco control policies and programs but more because they point to creative and innovative ways to refocus existing interventions and shape emerging alliances.

- The tobacco industry has rigorously studied youth and has manipulated them in deliberate and systematic ways. The implementation of effective tobacco control measures call for governments, non-government organizations, professional associations and others to examine and learn from the strategies and tactics of the industry and to apply these to future efforts to: (i) strengthen public education and prevention measures, including mass media campaigns; (ii) reject partnerships with the tobacco industry on tobacco control and prevention measures; and (iii) introduce measures to prohibit all advertising and promotion of tobacco products.

- A comprehensive mix of measures is required to prevent and control the use of tobacco in youth efficiently and effectively. This includes a spectrum of legislation and pricing measures, prevention and cessation and community-based strategies and activities. All are important and must be developed and implemented in accordance with country priorities, needs and resources. Nevertheless, there are cascading levels of impact of various measures. Every effort must be made to prioritize and deliver policies and programs in a way that will contribute to maximum overall effectiveness in combating the tobacco control epidemic.

- The centre-piece of tobacco prevention and control efforts must be the process of positive youth development and the transition of young people to adulthood. Thus, measures must speak to and contribute to youth rights and empowerment and promote young peoples’ opportunities and capacities for health and well-being. They must build around and engage youth directly and integrally in the conception, development, implementation and monitoring and evaluation of tobacco control policies and programmes.

- Experience and evidence suggests that the challenge for the future is not so much to develop new programmes as it is to come up with innovative and effective ways of packaging and delivering current ones.
• The cultural context in which policies and programmes are conceived, delivered and monitored is both important and critical to the success of interventions. More effort is required to distinguish between universal principles, strategies and tools and resources that can be effectively applied globally and those factors that are unique to particular countries and cultures and cannot readily be transposed and transferred.

• Experience also suggests that there is substantial knowledge associated with tobacco control efforts to date: we are beginning to know what works, and we have many more ideas about what works. We are also beginning to dismantle some of the traditional arguments and tactics used by vested interests to preclude more effective and immediate action on tobacco control. To support these developments, there is a need to continue to pursue a rigorous research agenda that is multi-faceted and that will guide future action, from the community to the global levels.

6.2 Next Steps
The TFI has been instrumental in laying the groundwork to “fast track” international cooperation on tobacco control in the early 21st century. This has already begun, with the GYTS. For the first time, the international public health community has unified against the tobacco industry to confront the threat of the impending epidemic.

The TFI, and initiatives such as the Singapore International Consultation on Tobacco and Youth, bring together researchers, policy makers, programmers, educators, media, youth, their families and communities - and many others around the world - to provide a renewed dynamism and focus, along with compelling new evidence, to the global anti-tobacco movement.

The Consultation did not conclude with an action plan or declaration. Nevertheless, future action could be shaped around the following kinds of activities:

• Strategies will need to be developed and modest resources allocated to systematically strengthen youth participation in the TFI at all levels. This could include resources to strengthen youth involvement in international, regional and sub-regional activities (this might include monies for pre-event training and travel assistance) and the development and maintenance of a youth specific TFI web site. (The makings of such a site are already in place on the WHO TFI site).

• A commitment to incorporating a youth perspective in upcoming international and regional tobacco control meetings (e.g. Oslo, Norway), wherever appropriate. This could take various forms including youth representation in the planning of meetings, youth participation, the structuring of agendas to incorporate youth concerns and points of view, etc.

• The development of a dialogue, perhaps through a virtual network of selected participants from the Singapore Consultation, to establish a consensus statement of key principles associated with “tobacco and youth: what works.” This would include such points as comprehensiveness, youth involvement, community infrastructure/support; perhaps issues of rights, the critical importance of pricing, partnerships, and even harm reduction.

• The institution of a process for systematically analyzing experiences around the world, drawing on the experiences from Singapore - and Kobe- and the development of a template for “what works.” This would include criteria for best practices in tobacco control as well as
examples of best practices and the factors associated with their successful implementation in developing and developed countries throughout the world.

• The development of a strategy and modest resources to extract lessons from the tobacco industry disclosures and a simple and practical “how to” guide, or primer, to access and use this information to contribute to in-country advocacy, lobbying and policy intervention around tobacco control issues.

• The development of a research agenda, including both extension of the GYTS and continuation of important epidemiological work, as well as strengthened study of the causes of smoking and the behaviours associated with both smoking initiation and cessation.
References

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Appendix A
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Appendix B
Conference Final Program

TUESDAY, SEPTEMBER 28, 1999

8:00 – 9:00  Registration of delegates. Guests to be seated by 8:45am.

9:00 – 9:05  Welcome address, Prof R Nambiar, Vice-Chairman, Singapore Cancer Society

9:05 – 9:15  Opening address, Mr Peter Chen, Senior Minister of State (Education)

9:15– 9:25  Citation and presentation of WNTD 1999 Medal to Singapore Ministry of Environment, WHO Regional Director, Dr Shigeru Omi

9:25 – 9:30  Dikir Barat on Smoking, Temasek Polytechnic Dikir Barat Group

9:30 – 10:00  Keynote Address: Children’s health or tobacco industry profits—we can make the difference! Dr Derek Yach, Tobacco Free Initiative, WHO

10:00 – 10:30 Reception with KIV music by Chinese music chamber group

10:30 – 11:00 Second Keynote address: A rights based approach to tobacco control, UNICEF representative.

11:00 – 12:30 Panel 1 – Threats of tobacco to children and youth.
   Moderator: Dr Matthew Hodge, Panelists: Ana Maria De Menezes, Brazil; J.P Sun, China; Prakash Gupta, India; Jawad Al-lawati, Oman; Witold Zatonski, Poland; Maylene Shung King & Teresa Guthrie, South Africa.

12:30 – 14:00 Lunch

14:00 – 15:00 Panel 2 – Expanding the notion of “youth interventions”.
   Moderator: Ms Jane Ferguson. Panelists: Donald Reid, UK; Anne Charlton, UK; Murray Laugeson, NZ; Chng Chee Yeong, Singapore.

15:00 – 15:30 Break
15:30 – 17:00 Working Groups on Themes:
   1. Using research results to guide advocacy and programming.
   2. Comprehensive programming: getting the mix right.
   3. Making school-based interventions more effective.

WEDNESDAY, SEPTEMBER 29, 1999

9:00 – 10:00  Panel 3 - Media and information approaches:
              Moderator: Mr Donald Reid  Panelists: David Hill, Australia; Jared Perez, USA;
              Aadeliah Maker, South Africa; Katheryn Sydney-Smith, Australia.

10:00 – 10:45  Panel 4: Industry Tactics and Advertising, Marketing and Promoting Tobacco
               Moderator: Dr Harley Stanton.  Panelists: Dr Judith Mackay, Hong Kong; Judith
               Glantz, USA; Mary Assunta, Malaysia; Dehran Swart, South Africa.

10:45 – 11:15  Break

11:15 – 12:30  Working Groups on Themes:
               1. When to take a youth specific approach versus general population approaches.
               2. Combatting industry approaches/tactics.

12:30 – 13:30  Lunch

13:30 – 15:00  Panel 5 – Youth Programs/Approaches that Work
               Moderator: Dr Rose Vaithinathan.  Panelists: Diyanath Samarasingh, Sri Lanka;
               Bung-on Rittipakdee, Thailand; Priscilla Reddy, South Africa; Tom Glynn, USA;
               John Howard, Australia.

15:20  Departure for Youth Event (to be held at another venue, transportation provided)

THURSDAY, SEPTEMBER 30, 1999

9:00 – 10:45  Panel 6 - Role of Fiscal and legislative measures.
              Moderator: Dr Judith Mackay.  Panelists: Frank Chaloupka, USA; Luc Ladouceur,
              Canada; Kjel Bjartveit, Norway; Prof Witold Zatonski, Poland; Yee Shen Kuan,
              Singapore.

10:45 – 11:15  Break

11:15 – 12:30  Working groups on Themes:
               1. Balancing cessation with preventing youth initiation.
               2. Promoting youth participation.
               3. Incorporating fiscal and legislative measures as part of youth interventions.

12:30 – 14:00  Lunch

14:00 – 15:00  Conclusion & Wrap-up

16:00  Seminar: Community and school interventions with young people.  Chair: Judith
       Mackay.  Speakers: New Zealand Young Person, Jared Perez, USA; Katheryn
       Sydney-Smith, Australia.