Warn about the dangers of tobacco

People have a right to accurate information about the harms of tobacco use

Consumers of tobacco products have a fundamental right to accurate information about the risks of smoking and other forms of tobacco use (5). The WHO FCTC recognizes that a basic requisite for reducing tobacco use is that every person be informed of the health consequences, addictive nature, and potential for disability and premature death posed by tobacco consumption and exposure to tobacco smoke.

Education about the dangers of tobacco use and second-hand smoke exposure can influence an individual’s decision to start or continue using tobacco. Ultimately, one of the objectives of warning the public about the dangers of tobacco is to change social norms about tobacco use. This will cause many individuals to choose not to use tobacco, and also increase support for other tobacco control measures.

Many people are unaware of the harms of tobacco use

Despite clear evidence about the dangers of tobacco use, many tobacco users worldwide underestimate the full extent of the risk to themselves and others (6). Although a large number of people know in general terms that tobacco use is harmful to their health, many aspects of tobacco use have not been
Proven policies to reduce tobacco use include mandatory health warning labels on tobacco packaging and hard-hitting mass media campaigns that show the harms of tobacco use.

adequately explained and as a result are not well understood by most tobacco users. Many tobacco users are unaware of the harmful chemicals in tobacco products and tobacco smoke, as well as the wide spectrum of specific illnesses caused by tobacco use (7), and frequently do not know that smoking also causes cancers other than lung cancer as well as heart disease, stroke, and many other diseases (8). Many smokers also incorrectly believe that “light” or “low-tar” cigarettes are less harmful (9–11). This lack of knowledge leads to a substantial misperception of the risks involved with tobacco use. As a result, smokers tend to grossly underestimate the health risks of tobacco use to themselves and of second-hand smoke exposure to others. Smokers often do not accurately assess the likelihood of disability and death from long-term tobacco use, or the full extent of harm caused by second-hand smoke exposure. Many non-smokers are also not aware of the dangers of second-hand smoke (12).

The extreme addictive nature of tobacco is also not widely acknowledged. Many people, including smokers, incorrectly

![Graph: KNOWLEDGE ABOUT THE HARMs OF TOBACCO IS HIGHER IN COUNTRIES WITH TOBACCO PACKAGE WARNINGS](image)

Source: (6).
believe that tobacco use is simply a “bad habit”, not an addiction (13). They often do not fully comprehend the speed with which people can become addicted to nicotine, or the degree of addiction, and grossly overestimate the likelihood that they will be able to quit easily when desired and before health problems occur.

Showing the truth about the dangers of tobacco use requires evidence-based health warnings. These warnings should appear directly on tobacco product packaging, be included within tobacco advertising and on marketing materials (where not yet banned), and be contained in anti-tobacco advertisements in various types of media. Proven measures to reduce tobacco use include mandatory health warning labels on tobacco packaging and hard-hitting mass media campaigns that show the harms of tobacco use (14).

**Both youth and adults benefit from adult-focused approaches**

Because people are most likely to begin to use tobacco as adolescents (15), it is especially important to inform young people about the harms of tobacco use before they start. Health warnings can be conveyed using many different methods, including warning labels on tobacco packaging and anti-tobacco mass media campaigns. Although there is a prevalent belief that effectively providing youth with warnings requires approaches different from those used for adults, broad educational efforts that reach all age groups have been shown to be more effective in influencing youth behaviour than efforts targeted specifically at them (16). Anti-tobacco programmes directed at children to keep them from starting tobacco use are politically popular and have broad public appeal, but do not contribute substantially to reducing youth smoking experimentation or initiation when conducted as part of health education classes in schools (17, 18). Focusing anti-tobacco educational initiatives on children could also weaken a more comprehensive population-wide approach that would have a greater long-term impact (19).
People have a fundamental right to information about the harms of tobacco; countries have a legal obligation to provide it.
Health warning labels on tobacco packaging

Health warning labels are effective

Effective warning labels on tobacco packaging serve several purposes, including disrupting the marketing value of the packages. Because traditional avenues for marketing tobacco products have become increasingly restricted due to wider adoption of bans on tobacco advertising, promotion and sponsorship, the tobacco industry has become increasingly more reliant on cigarette packaging as a primary marketing vehicle (16, 20, 21). Warning labels reduce the marketing effect of tobacco product packaging, making it more difficult for tobacco companies to reinforce brand awareness.

The maximum reduction in the marketing effect of tobacco packaging would be achieved through the use of generic (i.e. “plain” or “standardized”) packaging, which uses only standard type fonts in a single colour on a plain background to provide the minimum information necessary to identify a product, without the use of logos, stylized fonts, colours, designs or images, or any additional descriptive language. Because generic packaging may increase accurate perceptions of the risk of tobacco use and decrease smoking rates (21), efforts to prohibit the use of logos, colours, brand images and other promotional information are gaining traction. The plainer the package and the fewer branding elements included, the less favourably smokers will perceive the packs and the greater the impact pictorial health warnings may have (22). The Australian Parliament is debating the adoption of a bill to require generic tobacco packaging in 2011, which would make Australia the first country to mandate generic packaging beginning in July 2012.

Warning labels also shift the value of packaging away from marketing and towards public health messaging. Effective warning labels increase smokers’ awareness of health risks (6) and increase the likelihood that they will think about cessation and reduce tobacco consumption (23–25). Prominent health warning labels that fully comply with WHO FCTC

Australian government’s proposed design for plain packaging of tobacco products
requirements provide the most direct health messages to smokers (6, 26, 27) and potentially reach smokers every time they purchase or consume tobacco products (28, 29). Warnings are also seen by non-smokers, affecting their perceptions of smoking and decisions about initiation, and ultimately helping to change the image of tobacco and "denormalize" its use (30) (the previous chapter gives details of specific guidelines contained in the WHO FCTC for characteristics of effective warning labels).

Although most of the evidence currently available has examined the impact of health warning labels on the packaging of manufactured cigarettes, pictorial health warning labels are also effective in reducing the appeal and increasing the perception of risk of smokeless tobacco products among youth (31).

**Pictorial warning labels are especially powerful**

Pictorial labels are more effective than text-only warnings (6, 28, 32–38), in part because they are noticed by more people, provide more information, and evoke emotional responses to the images (28, 39). Pictorial warnings are even more important in countries with low literacy rates where many people cannot understand written messages. Stronger health warnings tend to sustain their effects longer than weaker or more general warnings (28). Because smokers recall more readily the warnings they have seen recently (40), it is important to rotate warning labels periodically and to introduce new ones regularly.

Warning labels that include pictures are most likely to be noticed and rated effective by smokers (27, 32), and increasing the size of warning labels also increases their effectiveness (28). The three countries that currently have the largest pictorial health warning requirements for cigarette packages (as an average of the package front and back) are Uruguay (80%), Mauritius (65%) and Mexico (65%).

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**INTRODUCTION OF GRAPHIC WARNING LABELS IN CANADA INCREASES SMOKERS’ INTENTION TO QUIT**

![Graph showing proportion of smokers intending to quit before and after introduction of pack warnings.](image-url)

Source: (29).
The size of the warning on the front of the package is most critical for immediate impact, as packs are generally displayed with the front showing and smokers are most likely to take cigarettes from packs while looking at the package front (28). The placement of warning labels at the top of the pack, rather than at the bottom, is also likely to increase their visibility and make it more difficult to conceal the warnings in retail displays.

After Canada became the first country to introduce large, graphic health warning labels on cigarette packages in 2001, smokers who had read, thought about and discussed the labels were more likely to have quit, made a quit attempt, or reduced their smoking (29). About three in 10 former smokers reported that the labels had motivated them to quit and more than a quarter said that labels helped them remain abstinent (41). In another Canadian study, about a fifth of smokers reported reducing their consumption as a result of seeing the pack warning labels (42).

Australia introduced graphic health warning labels in 2006 that caused more than half of smokers to believe that they had an increased risk of dying from smoking-related illness, with 38% feeling motivated to quit (40). Other countries with pictorial warning labels, including Brazil (26), Singapore (43) and Thailand (44), report similar effects on smoking-related behaviour. Graphic warnings also persuade smokers to protect the health of non-smokers by smoking less inside their homes and avoiding smoking near children (43, 45).

Health warning labels can be used to promote quit lines

Smokers are more likely to reduce tobacco consumption and think about quitting as a result of seeing strong graphic warning labels (25). Providing direct information about cessation services on tobacco packaging, in addition to health warnings, may further motivate smokers to make a quit attempt. Promoting quit lines by including telephone numbers directly on
tobacco packaging raises awareness of the availability of quit line services (46), and the experience of several countries shows that it increases calls by smokers who are seeking assistance to quit (46).

**Youth respond to warning labels**

Youth respond to graphic health warning labels similarly to adults (16). Graphic warning labels are more likely to prevent adolescents from initiating smoking (47) or, if they are already smokers, to think about cutting down or quitting (48). Studies of children and adolescents find that mentioning specific diseases on health warning labels makes them more believable than general warnings and that pictorial warnings are effective in making youth think about the health dangers of smoking and about reducing consumption (49–51).

**Governments benefit from warning labels**

Warning labels on tobacco packaging can be implemented at virtually no cost to government (28, 32). In general, warning labels are overwhelmingly supported by the public, often with levels of support at 85–90% or higher (52–54), and even most smokers support labelling requirements. Warnings also help gain public acceptance of other tobacco control measures such as establishing smoke-free environments. It is important for national tobacco control programmes to monitor compliance with warning labelling requirements, as tobacco companies in some countries do not follow regulations even when enacted with force of law (55).

**Health warnings in many countries can be made much stronger**

Many countries, especially low- and middle-income countries, have health warning labels that are ineffective, and some do not mandate any warnings at all. In many

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In general, warning labels are overwhelmingly supported by the public, often with levels of support at 85–90% or higher, and even most smokers support labelling requirements.
countries, warnings are weakly worded and vague, provide only general information without mention of specific health risks, and use small-sized print with no pictures. In some countries, warnings are not printed in a local language.

Some countries mandate stronger warning labels for manufactured cigarettes than for other tobacco products or for loose tobacco (56), which leads many people to believe that these products are less harmful (57). This is especially problematic in countries where there are high rates of use of local tobacco products other than manufactured cigarettes; these locally marketed products have typically not been covered by warning label requirements, and implementation of new labelling guidelines for them has been inconsistent.

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**Tobacco industry arguments against effective warning labels can be countered**

The tobacco industry regularly fights implementation of health warnings because they are effective in changing attitudes about smoking (58), and the industry is especially resistant to large, graphic pictorial warnings (59). To prevent or delay implementation of health warnings, the tobacco industry makes various false claims, such as: people already know the risks of tobacco use; there is no evidence that pictorial warnings work; large, graphic health warnings violate tobacco company trademark and intellectual property rights; mandating warnings is too expensive; more time is needed to implement warnings; people who buy tobacco out of packaging (such as single cigarettes) will not see the warnings; graphic warnings demonize tobacco users;

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**Warning labels on tobacco packaging can be implemented at virtually no cost to government.**

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and governments should pay for their own advertising if they want to issue health warnings (60, 61). These false claims have often been used to attempt to block health warning legislation, but these spurious arguments can be countered with facts about the effectiveness and legality of warning labels. In Australia, some tobacco manufacturers have started including cards in cigarette packs that encourage smokers to complain to the government about the impending requirements for generic packaging and other tobacco control policies, including smoking bans and increased taxes (62).

**WHO FCTC requirements and recommended guidelines on warning labels**

Article 11 of the WHO FCTC requires that health warning labels on tobacco packaging conform to specified characteristics, including that they be approved by the competent national authority; cover at least 30% and preferably at least 50% of principal pack display areas; be large, clear, visible and legible and not use misleading terms (e.g. “light” or “mild”); be rotated either by using multiple warnings that appear concurrently or by introducing new warnings after a period of time; display information on constituents and emissions of tobacco products; and appear in the principal language(s) of the country. The guidelines to Article 11 (2) include a number of other recommendations for health warning labels (see the previous chapter for full details of WHO FCTC warning label requirements and recommendations).

Warning labels that include pictures are most likely to be noticed and rated effective by smokers.
Anti-tobacco mass media campaigns

Media are important to tobacco control efforts

The media, which encompass journalistic reporting and commentary, entertainment programming and paid advertising and promotion, play a key role in shaping tobacco-related knowledge, opinions, attitudes and behaviours, and can be extremely powerful in influencing both individuals and policy-makers regarding tobacco use and tobacco control issues (16, 63, 64). As a result, mass media advertising campaigns have become a key component of tobacco control programmes (16, 65, 66).

In November 2010, the COP adopted guidelines for implementation of Article 12 of the WHO FCTC (Education, communication, training and public awareness) to assist Parties in meeting their treaty obligations (see the previous chapter for more details on Article 12 guidelines) (4).

Anti-tobacco mass media campaigns can reduce tobacco use

Anti-tobacco mass media campaigns are used to increase awareness of the harms of tobacco use and of second-hand smoke exposure, and in particular the harmful effects on health (67). Anti-tobacco advertising can also be used to explain the benefits of a tobacco-free society, or to reveal tobacco industry tactics that the public might find objectionable. Such campaigns contribute to changes in attitudes and beliefs of smokers that lead to changes in their smoking-related behaviour, specifically by reducing tobacco consumption and increasing motivation to make cessation attempts, as well as reducing exposure to second-hand smoke among non-smokers (16).

Anti-tobacco advertising sustains messaging about the dangers of tobacco. Advertising campaigns can be run in all types of media (television, radio, print, billboards and other outdoor display advertising, and online) (16), as well as on other items (e.g. matchbook covers) that are likely to be seen.
Anti-tobacco mass media campaigns can be cost effective compared with other interventions despite the expense required, and can have a greater impact because they reach large populations quickly and efficiently.

Television is the most effective advertising medium

Television is generally considered to be the most powerful communications medium, and television advertising is especially effective (16). Anti-tobacco television advertising has higher recall than do advertisements in radio or print media (76, 77) because television facilitates the use of graphic imagery, which helps reinforce the association of tobacco with dangerous health consequences. These images more accurately depict the human impact of tobacco use by graphically showing suffering and illness, and can clearly portray tobacco use as socially undesirable and negative. In

by smokers (68). Anti-tobacco mass media campaigns can be cost effective compared with other interventions despite the expense required (69), and can have a greater impact because they reach large populations quickly and efficiently (16).

Advertising can also help to counteract positive images of tobacco use portrayed by tobacco industry marketing and reverse the erroneous perception that tobacco use is a low-risk habit (67). Changing social norms about tobacco use in this way also increases support for other initiatives to reduce tobacco consumption (70).

A well-funded and intensive anti-tobacco mass media campaign is most effective as part of an ongoing, multi-faceted tobacco control programme, in part because synergies created by multiple interventions are capable of producing greater reductions in smoking than might be expected by merely adding together expected impacts of individual interventions (16, 71, 72). However, even in the absence of other tobacco control interventions, mass media campaigns have been shown to be effective on their own.

As is the case with health warning labels, most current evidence has examined the impact of mass media campaigns on cigarette smoking in high-income countries. However, evidence from low- and middle-income countries and for other types of tobacco use is growing (73–75).
countries where funding for anti-tobacco advertising campaigns is limited, use of less-expensive radio advertising may be an effective supplementary or alternative communications medium, especially in places where radio broadcasts reach a larger population than does television programming (78).

Exposure to effective anti-tobacco mass media campaigns has similar effects on adults and youth, with adult smokers more likely to quit (79) and youth less likely to become established smokers (80). Advertising campaigns broadcast at sufficient exposure levels and at frequent intervals reduce adult smoking prevalence (81, 82) and decrease youth smoking (83, 84); increase the numbers of smokers seeking cessation service from telephone quit lines (85) and increase adult cessation rates (86); result in steady positive changes in attitudes, beliefs and intentions to smoke among youth (87); and increase youth abstinence rates (88). Even limited exposure to anti-tobacco television advertising can increase intentions among youth not to smoke and reduce the likelihood of their becoming smokers in the future (89).

Results from GATS show that anti-tobacco advertisements on television and radio reach large segments of the population (90). Differences between countries may be related to the frequency and duration of existing anti-tobacco media campaigns, as well as to differences in television and radio access.

### Social media is increasing in importance

Although traditional media continue to have the widest population reach, use of the Internet and other emerging social media is expanding rapidly. These newer communications methods are becoming increasingly more effective in reaching youth, who in some cases are being exposed to them to a far greater extent than they are to other media. New media forms can be used to disseminate anti-smoking messages that prevent...
Campaigns using graphic images of illness and showing people suffering or dying demonstrate the harm caused by tobacco use, and are especially effective in convincing users to quit.

Anti-tobacco mass media campaigns with hard-hitting themes help convince people to quit

Campaigns using graphic images of illness and showing people suffering or dying demonstrate the harm caused by tobacco use, and are especially effective in convincing tobacco users to quit (93–95). Young and middle-aged adults should be the focus of advertisements whenever possible, whether they are suffering from tobacco-related illness themselves or are experiencing the negative effects of someone who is ill (e.g. A parent). This

HARD-HITTING ANTI-TOBACCO CAMPAIGNS ARE MORE EFFECTIVE THAN INFORMATIONAL CAMPAIGNS IN SÃO PAULO, BRAZIL

- Said something personally important to me: 73% (Informational) vs. 82% (Hard-hitting)
- More convincing than other ads: 73% (Informational) vs. 81% (Hard-hitting)
- Made me want to try to stop smoking (among smokers): 61% (Informational) vs. 80% (Hard-hitting)

All differences shown are significant at p<0.05. Source: (74).
Exposure to effective anti-tobacco mass media campaigns has similar effects on adults and youth, with adult smokers more likely to quit and youth less likely to become established smokers.

helps counteract widely held assumptions that only the elderly are affected by tobacco-related illness.

Campaigns developed primarily for adults can be equally effective among youth (96, 97), whereas advertising focused on youth does not have a similar impact on adults (98). Advertising that focuses on the health impact and other negative aspects of smoking appear to be the most effective among youth (16, 99–101), although messages focusing on the harms of second-hand smoke and on tobacco industry deception are also promising strategies for preventing youth smoking (102, 103). Advertisements that make a strong emotional appeal are likely to increase recall among youth (104). Among adults, advertisements eliciting strong negative emotions are rated most effective, whereas humorous advertisements were seen as ineffective (16, 105). Among adult smokers who had recently quit, advertisements that depict illness attributable to smoking or that provide practical advice on remaining tobacco-free are considered most helpful (106).

Anti-tobacco mass media campaigns are generally believed to be more effective when tailored to the cultural values of various targeted racial and ethnic groups, although this is not necessarily the case (107). At least among youth, content and other characteristics of advertisements...
are more important than ethnicity or nationality in determining reactions to anti-tobacco advertising \((108–110)\). Moreover, studies have shown that adult smokers and non-smokers alike react similarly to graphic images that induce an emotional response \((105)\), despite perceived cultural or geographical differences. Use of message testing is important to ensure that the approaches chosen will resonate with target audiences.

**Anti-tobacco mass media campaigns can promote smoking cessation services**

Mass media advertising campaigns, which are an effective intervention in themselves, can also be a useful method for informing tobacco users about cessation services and directing them to quit lines \((111)\). Promoting quit lines directly through advertising encourages smokers to seek assistance to quit \((85)\). However, smoking cessation messages are most effective in an environment that aims to make smoking less socially acceptable.

In New York City, for example, which implements its own comprehensive municipal tobacco control programme, telephone calls for help to quit smoking quadrupled during a period of heavy anti-tobacco advertising compared with the same period the year before when there was no campaign \((112)\). Studies also show that because people of lower socioeconomic status appear less responsive to anti-smoking television advertisements as measured by the rate of quit line calls, more needs to be done to reach disadvantaged groups \((113)\).

**Anti-tobacco mass media campaigns can be expensive, but are cost efficient**

Although advertising campaigns can be a cost-efficient means of reaching large numbers of people, they can also be expensive, and television advertising is usually the most costly component of comprehensive tobacco control programmes \((16)\). Countries can often successfully adapt advertising used elsewhere to save the time and expense needed to develop original campaign materials \((114)\). This can be most easily done if there are no people...
depicted in the campaign materials, but adaptation should also reflect differences in geographical context, racial and ethnic identity, and language. The priority should be on using or adapting existing materials that have already been evaluated for effectiveness. When no existing materials are appropriate, new ones should be pre-tested prior to widespread use whenever feasible.

In addition to the cost of broadcast air time and print media space, there are also production costs. Anti-tobacco advertisements should have the same production quality and persuasive power as tobacco industry advertising and marketing materials. Although production costs and air time or space must usually be paid for, they may also be provided free or at discount through government subsidies, funding from nongovernmental organizations and grants of air time from broadcasters (16). Tobacco control programmes can also maximize the impact of their financial resources by, for example, pooling purchases with other government agencies to obtain larger volume discounts. Additionally, some governments allocate tobacco taxes or other government revenues to cover at least some of the costs of media campaigns.

In the 1960s in the United States, before tobacco advertising was banned on television, television broadcasters were required to run free anti-tobacco advertisements; these were effective in reducing tobacco consumption, smoking prevalence and smoking initiation (115–117). Currently, some countries mandate that broadcasters provide free air time for anti-tobacco television advertising campaigns, though the quantity and content of such advertising varies widely.

According to studies, governments in high-income countries should spend about US$ 1.50–4.00 per person per year on anti-tobacco health communication and counter-advertising (about 15–20% of total tobacco control expenditures) (70). However, there is currently a lack of comparable estimates and recommendations for low- and middle-income countries.

**Anti-tobacco mass media campaigns need to be sustained**

Because the effects of advertising are often complex and indirectly diffused through other interventions (118), anti-tobacco

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**ANTI-TOBACCO MASS MEDIA CAMPAIGNS INCREASE CALLS FOR CESSATION ASSISTANCE IN VICTORIA, AUSTRALIA**

* Television Advertising Rating Points (TARPs) are a standard measure of television advertising weight and are used to indicate the number of people within a certain demographic group that were exposed to an advertisement within a given period of time. Source: (113).
advertising strategies generally require sustained exposure over long periods to have a lasting effect (119). Advertising campaigns should run at least six months to effect awareness of issues, 12–18 months to have an impact on attitudes, and 18–24 months to change behaviour (120). The longer an anti-tobacco media campaign is established, the more likely it will result in sustained declines in both adult and youth smoking (79, 81, 121). However, because many tobacco control programmes are unlikely to have sufficient resources to run campaigns of this duration, and because shorter-term campaigns can have some impact, these recommendations should be considered as a goal and should not dissuade campaigns of shorter duration.

Conversely, suspension of anti-tobacco advertising campaigns may increase smoking (122–124). Campaigns lasting as little as three weeks may have a measurable impact in reducing smoking uptake among youth, especially if they use provocative themes, are repeated in successive years, and are augmented with advertising in print and other media (125). Television advertisements that are emotionally arousing require fewer broadcasts than less engaging messages to achieve viewer recall, which can decrease the costs of a campaign (104).

Planning and evaluation are important campaign components

Ongoing planning and evaluation are necessary to develop anti-tobacco advertising campaigns and assess their effectiveness. As with any type of social marketing project, the process must include planning, implementation and evaluation phases. The table below outlines the steps to be taken in each phase and the performance objectives for each campaign component (126).

### FRAMEWORK FOR THE DEVELOPMENT OF AN ANTI-TOBACCO MASS MEDIA CAMPAIGN

<table>
<thead>
<tr>
<th>Phase</th>
<th>Assessment domain</th>
<th>Performance objective</th>
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</thead>
<tbody>
<tr>
<td><strong>Planning</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tobacco control strategy</td>
<td>Campaign is integral component of comprehensive tobacco control programme</td>
</tr>
<tr>
<td></td>
<td>Formative research</td>
<td>Thorough understanding of target audience knowledge, attitudes and smoking behaviour is gained to guide objectives and strategies</td>
</tr>
<tr>
<td></td>
<td>Pre-testing</td>
<td>Materials pre-tested and refined to meet campaign objectives</td>
</tr>
<tr>
<td><strong>Implementation</strong></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Advertising placement</td>
<td>Media planning and buying effectively and efficiently reaches campaign target audience</td>
</tr>
<tr>
<td></td>
<td>Earned media and public relations</td>
<td>Additional unpaid media coverage for the campaign is gained</td>
</tr>
<tr>
<td><strong>Evaluation</strong></td>
<td></td>
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<tr>
<td></td>
<td>Process evaluation</td>
<td>Assess campaign implementation</td>
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<tr>
<td></td>
<td>Outcome evaluation</td>
<td>Assess campaign impact</td>
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</table>

Source: (126).
on statements that are easily verifiable by scientific evidence will help to withstand this type of challenge. The tobacco industry has created its own anti-tobacco advertising, often in response to government actions to curtail its business practices, to avoid even more restrictive future regulation and to try to promote its image as a good corporate citizen (16, 127, 128). However, these efforts are often thinly disguised product advertisements (16), are ineffective in reducing smoking, and may even increase smoking, especially among youth (87, 101, 129–132). The guidelines to WHO FCTC Article 5.3 (133) include a number of recommendations to prevent government agencies from partnering with the tobacco industry in the implementation of youth smoking prevention and other campaigns.

“Earned” media can have a large impact

The process of obtaining media exposure without spending money on paid advertising is known as “earned” media, reflecting that the coverage is earned through public relations efforts instead of being paid for. The news media represent a key source of health information for the general public as well as a framing mechanism for the overall tobacco control agenda, which itself has become increasingly more newsworthy (16). Tobacco control efforts can be supplemented through media advocacy efforts, although this approach is often underused (16). Obtaining free news coverage can be a highly effective and inexpensive way to inform the public about the harms of tobacco, gain attention for tobacco control initiatives, and counter tobacco industry misinformation (134).

Media outreach efforts should be proactive and engage the media whenever there are developments in tobacco control. Because the media often wish to be seen as advocates for the public good (135) and are likely to report favourably on tobacco control issues (16), it is important to ensure that any news stories contain a strong tobacco control advocacy viewpoint. At a minimum, issuing press releases can sometimes result in substantial media coverage (136). Increased news coverage of tobacco control issues may reduce tobacco consumption and
increase cessation attempts (137–139) and, among youth, increases the perceptions of harm caused by smoking (140). Well-managed publicity supporting mass media campaigns can have a large impact on the number of people aware of and responding to a campaign. Earned media can also be effective in motivating smokers to quit when tobacco control policy changes are put into effect (141).

**WHO FCTC requirements and guidelines on education, communication, training and public awareness**

Article 12 of the WHO FCTC requires Parties to promote and strengthen public awareness of tobacco control issues, using all available communication tools, as appropriate. Towards this end, Parties are obligated to promote educational programmes on the health risks of tobacco use and exposure to tobacco smoke and about the benefits of cessation. They should also provide the public with access to information about the tobacco industry and about the adverse health, economic and environmental consequences of tobacco production and consumption. Awareness programmes addressed to health workers, community workers, educators, decision-makers and other concerned persons are also to be promoted. Parties are further obligated to foster the development of intersectoral programmes among public and private agencies and NGOs. The guidelines to Article 12 (4) include a number of other recommendations for education, communication, training and public awareness (see the previous chapter for full details of recommendations).