



Integrating tobacco industry and tobacco use control: Tackling harm and dependence in a culture of consumption

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Seek simplicity and distrust it

A.N. Whitehead



Overview

- Talk about my research in context
- Need for theory
- Review where we are
 - *Tobacco Use Control*
 - *Tobacco Industry Control*
- Options for the future



My context

- **Work in Australia**
 - *Encourages generalists*
- **Work in other cultures**
 - *The dominant myths and assumptions by which we lead our lives differ*
- **Work in a cancer control organisation**
 - *They do population health*
 - *Research users*
 - *Need to be applied and practical*



The Cancer Council Victoria: Pioneer of research – practice integration

- **1970s**
 - *National smoking surveys*
 - *Research to support programs*
- **1980s**
 - *School drug surveys begin (1984)*
 - *Quit campaigns start (annual since 1984)*
 - Strong evaluation
 - Systematic development of campaigns
 - *Centre for Behavioural Research in Cancer (1986)*
 - *VicHealth –dedicated tobacco tax for health promotion (1987)*



Theoretical frame

- **Big picture issues**
 - *Systems thinking*
 - *Sociology of science*
- **Proximal approach**
 - *Cognitive-behavioral theory*
 - *Two sources of action:*
 - Rational appraisal
 - Conditioned and innate impulses



Maximizing individual freedom

- Providing the information needed to allow informed choices
- Facilitating the choice to not smoke
 - *Removing unnecessary forces that promote smoking*
 - *Providing assistance to resist those that remain*
- Tobacco industry freedoms come at the expense of individual freedoms



Tobacco use is

- A major cause of disease and death,
- Addictive,
- A perpetuator of poverty, and perhaps
- Reduces coping capacity

In doing these things

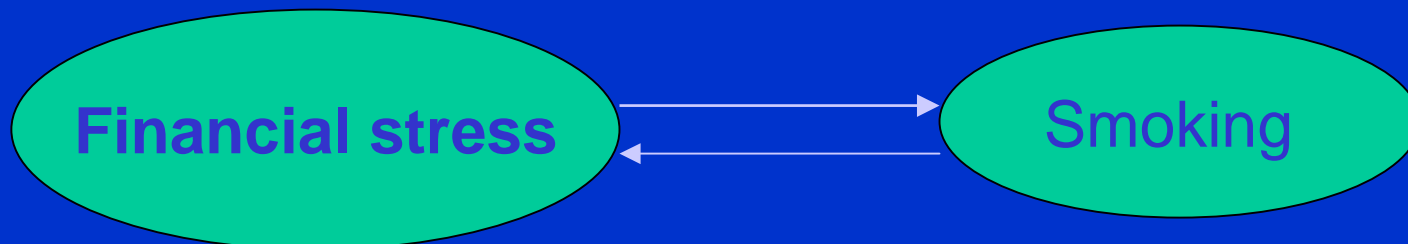
- It diminishes human autonomy

Controlling it requires a comprehensive set of policies and programs



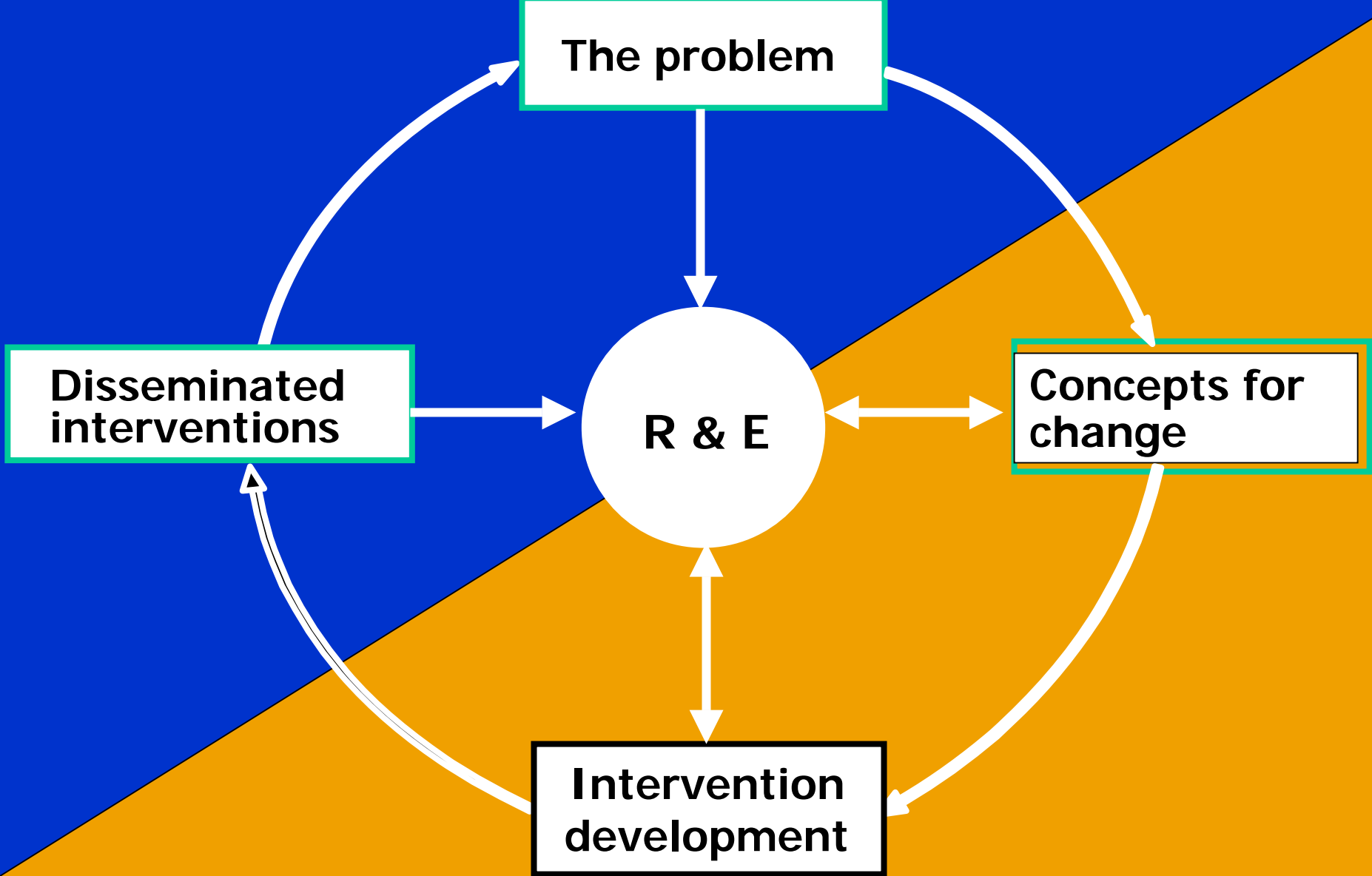
Smoking and financial stress

- The financially stressed spend more on smoking
- Those who see smoking as a cause of financial stress are more likely to try to quit; but
- Smokers with more fin. stress were less likely to quit ($p = .008$), and ex-smokers with more fin. stress were more likely to relapse ($p < .001$).
- Smoking cessation reduces financial stress ($p=0.02$) and enhances material well-being ($p=0.02$).
- The relationship is reciprocal:



Data from Siahpush & Carlin, (2006) and Siahpush et al, (in press)





The Wheel of change

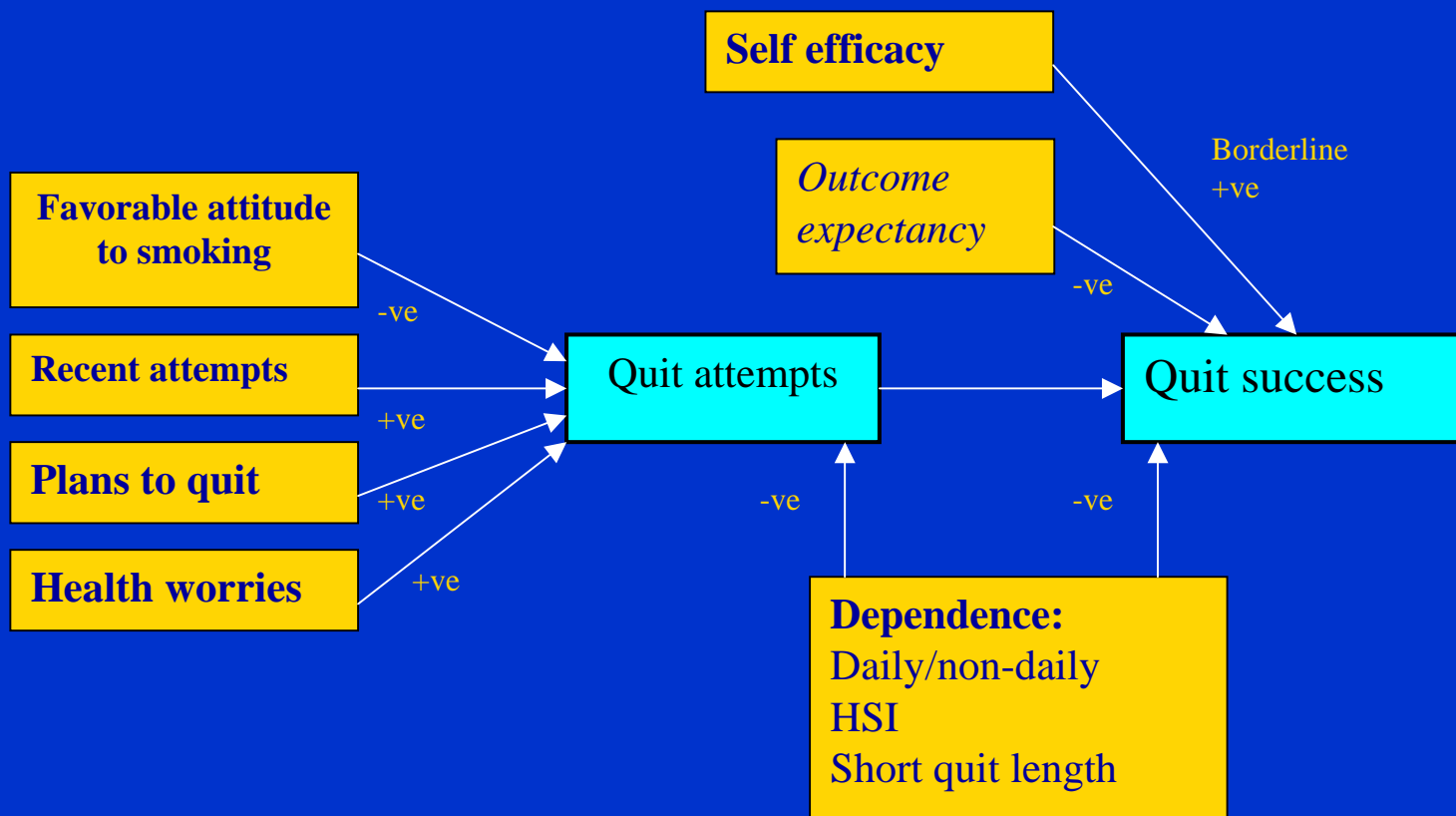
Why is tobacco control so hard?

- Pleasure is strongly linked to the act of smoking
- The dysphoria is strongly linked to non-use
 - *Use removes it*
- The health harms are psychologically unrelated to use

A failure of conditioning to protect us

- Reduced control over use





A schematic model of the main predictors of making quit attempts and of the success of those attempts. Hyland et al (2006). Tobacco Control



Estimates of risk of smoking causing a fatal illness.

Risk of death	Percentage	Proportion
20% or less	22 (3 cats)	48 (4 cats)
30%-40%	10 (2)	13 (1)
50%	29 (1)	15 (1)
More than 50%	36 (5)	5 (1)
Can't Say	4	_19

Percentage: 0% - 100% in 10% increments (11 options).

Proportions: 1/1000, 1/100, 1/10, 2/10, 3/10, 5/10, 9/10 (7 options)

Data from Australia 1989-1992 Face to face interview with show cards.

(From Borland 1997: Psychology and Health)



Environment: Physical, institutional, communication, policy, legal, scientific, cultural, social & inter-personal

Tobacco industry

Tobacco marketing

Individuals: Awareness, appraisals, experiences, habits, values, expectancies, choices, etc

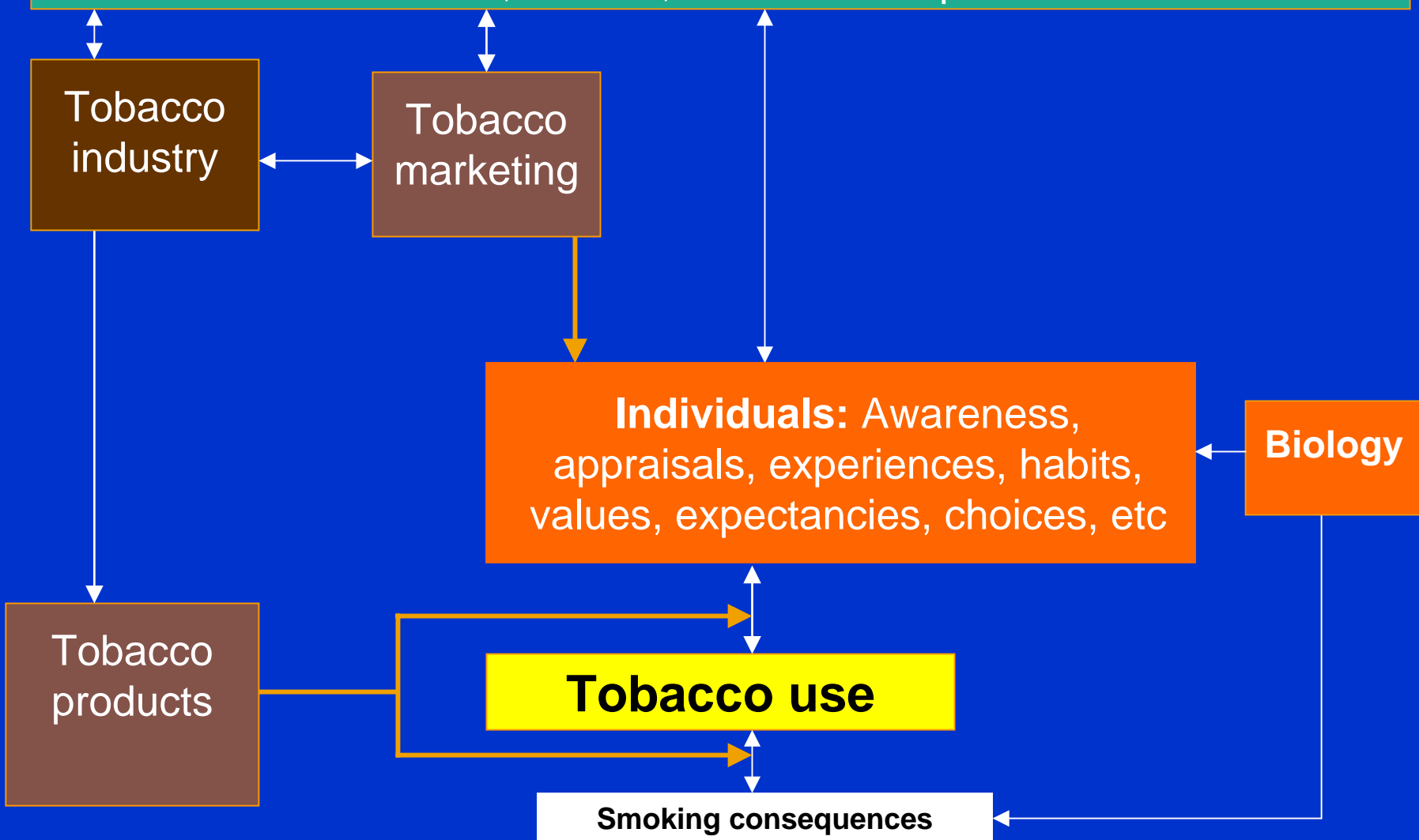
Biology

Tobacco products

Tobacco use

Smoking consequences

A model of tobacco use



Environment: Physical, institutional, communication, policy, legal, scientific, cultural, social & inter-personal

Tobacco industry

Tobacco marketing

Tobacco Use Control

Tobacco Industry Control

Individuals: Awareness, appraisals, experiences, habits, values, expectancies, choices, etc

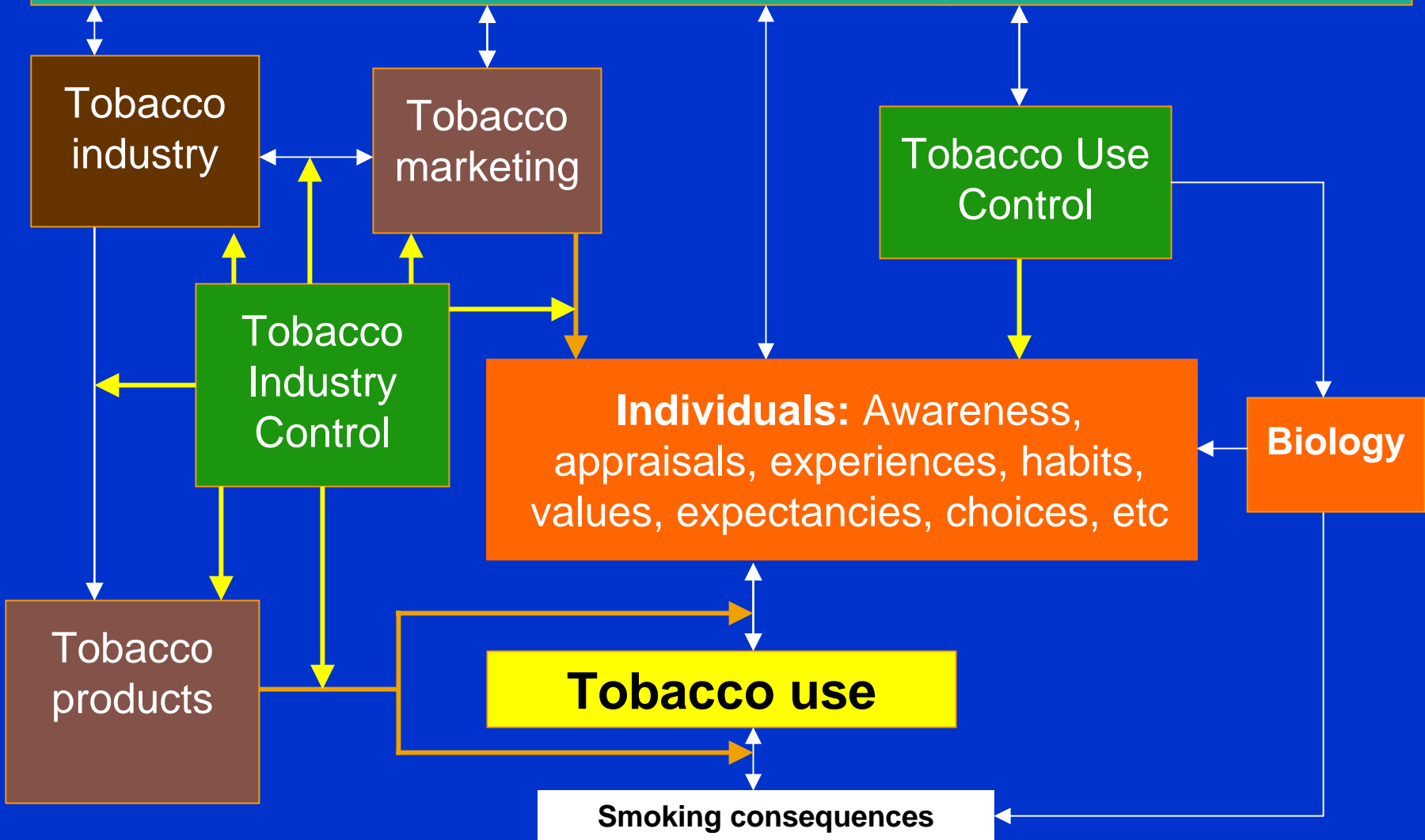
Biology

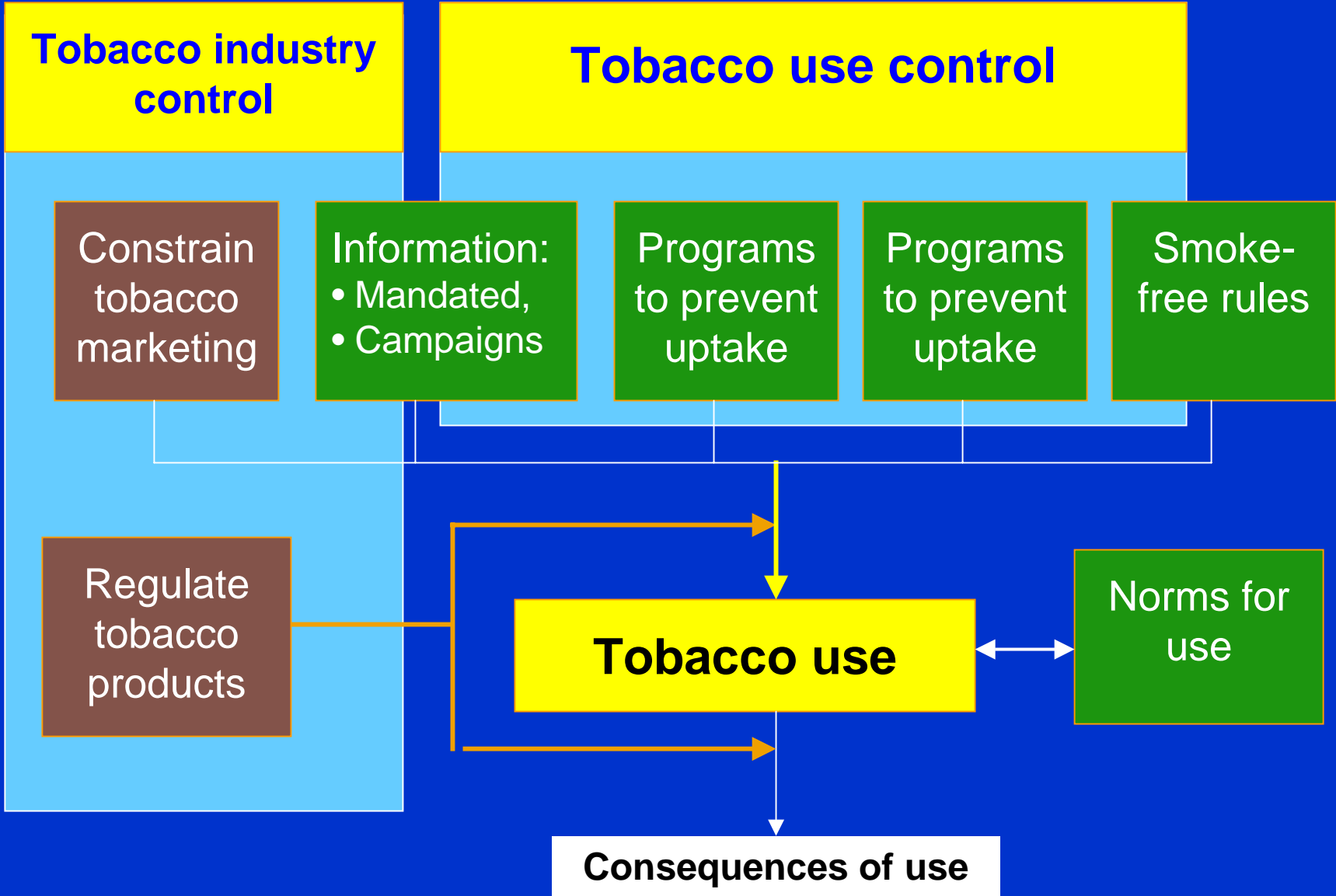
Tobacco products

Tobacco use

Smoking consequences

A model of tobacco control





Tobacco industry control

Tobacco use control

Constrain tobacco marketing

Information:
• Mandated,
• Campaigns

Programs to prevent uptake

Programs to prevent uptake

Smoke-free rules

Regulate tobacco products

Tobacco use

Norms for use

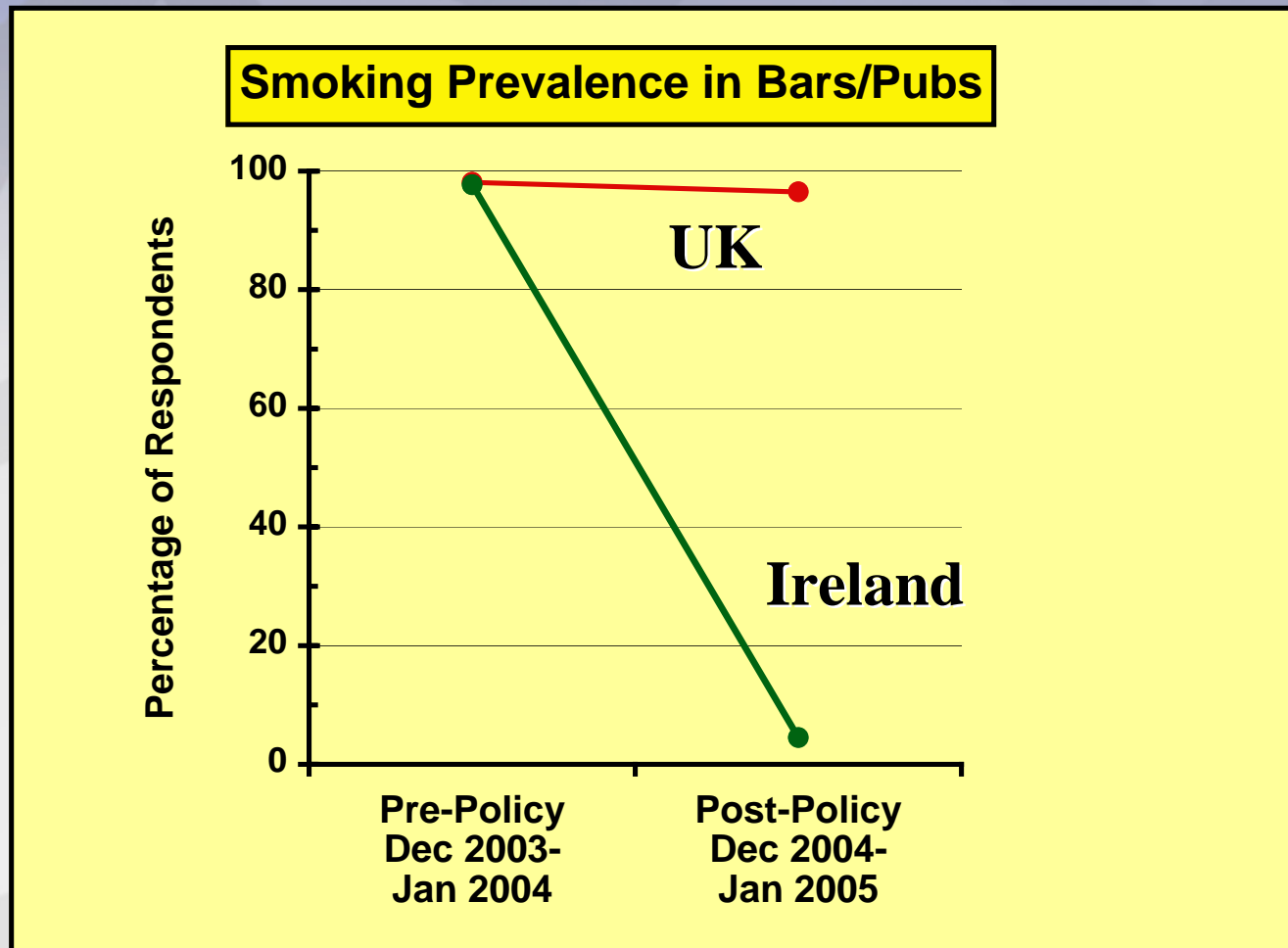
Consequences of use

Elements of tobacco control

International tobacco control policy evaluation project (ITC)

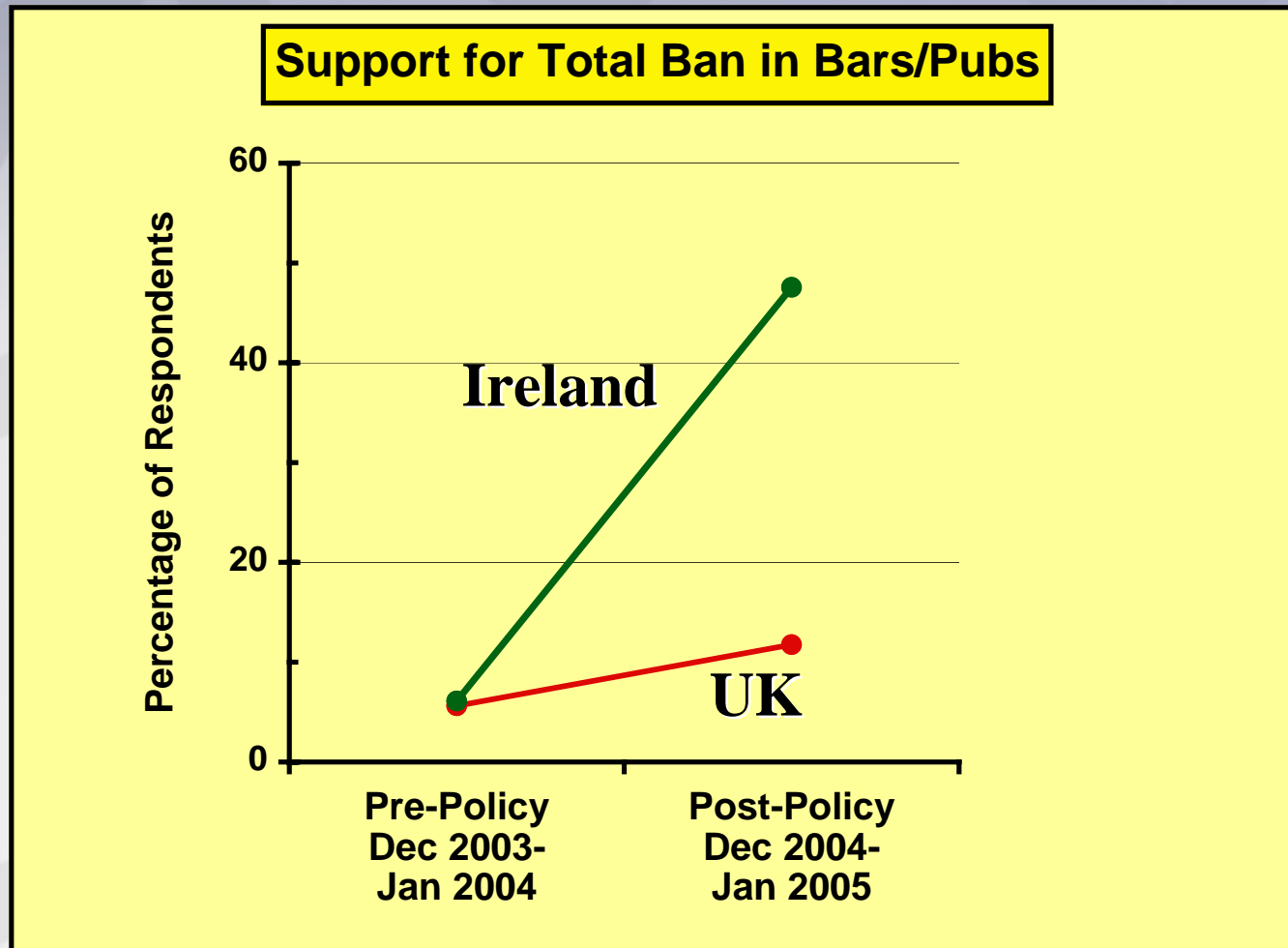
- **Cohorts of smokers in different countries**
 - *Initially USA, UK, Canada, Australia*
 - *Expansion to Ireland, Malaysia, Thailand, China etc*
- **Measures of all relevant policy domains**
- **Measures of theoretical pathways of influence**
- **Capacity to explore cultural differences**
- **Provides surveillance and evaluation of community-wide change**
 - *Role in evaluation of FCTC*
- **Framework for understanding the big picture**
 - *Invites efforts at theoretical integration*

Impact of smoke-free Ireland



From Fong et al, Tobacco Control (2006)

Smoke-free Ireland



From Fong et al, Tobacco Control (2006)

Smoke-free places

- Smoke-free protects non-smokers
- They lead to reduced consumption by smokers
 - *But not necessarily reduced exposures*
- They may increase cessation and reduce uptake
- Make smoking less normative
- Smoke-free public places encourage smoke-free homes

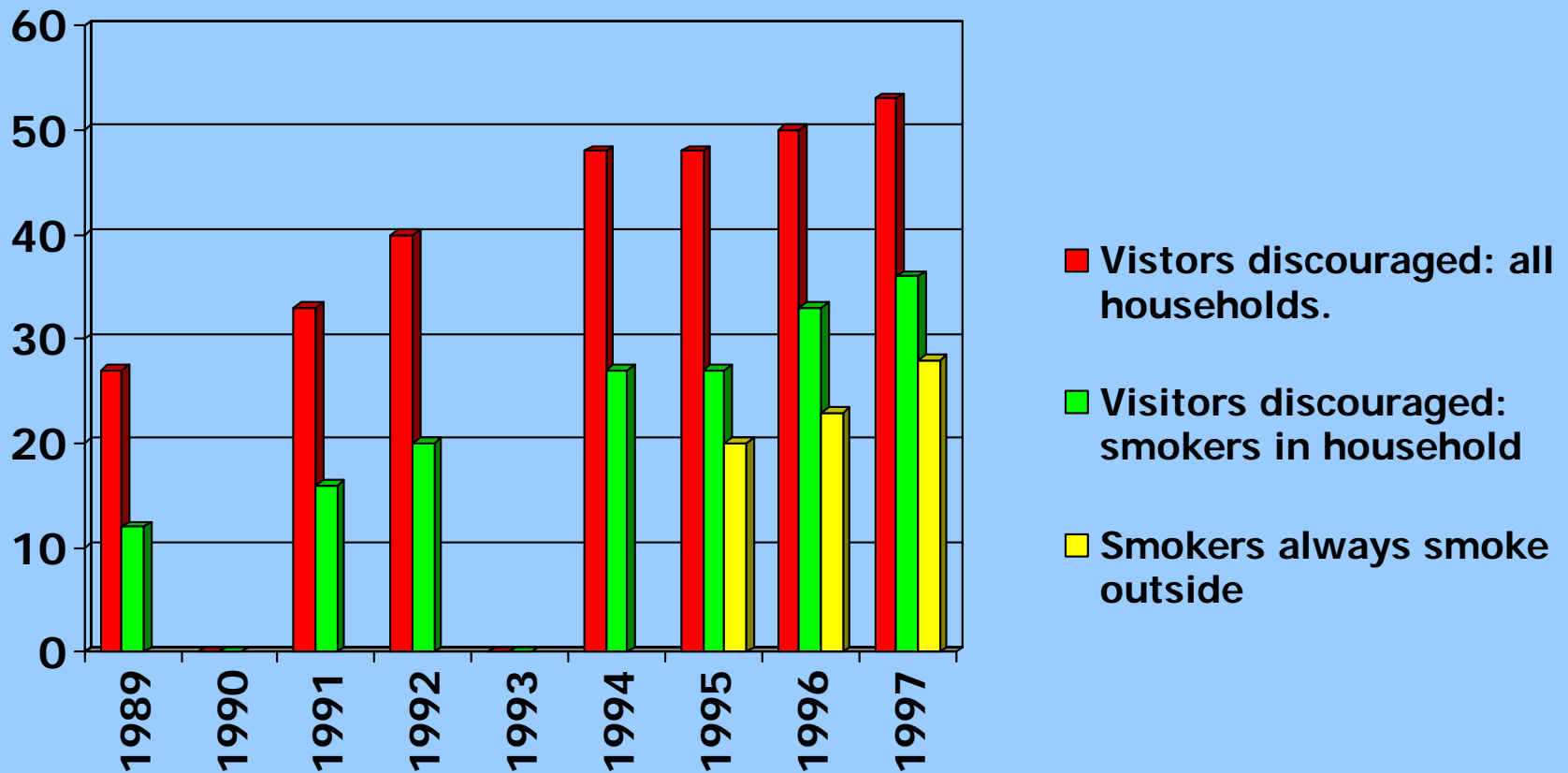


Interventions to eliminate passive smoking in the home

- **Several good trials**
 - *Interventions of varying intensity*
- **Findings either null or modest**
 - *Where found lost on follow-up*
 - Catch-up of controls
- **Conclusion from trials:**
 - *Getting parents to implement home bans is difficult, only possible with intense interventions, even when they have a child at risk*



Smoking restrictions in the home: Victoria, Australia



An informed population

- **Smokers may know smoking is harmful**
 - *But not how harmful*
- **Need to bring the harms to life**
 - *Both their diversity and magnitude*
- **Public information campaigns**
- **Mandated information**
 - *E.g., Health warnings on packs*

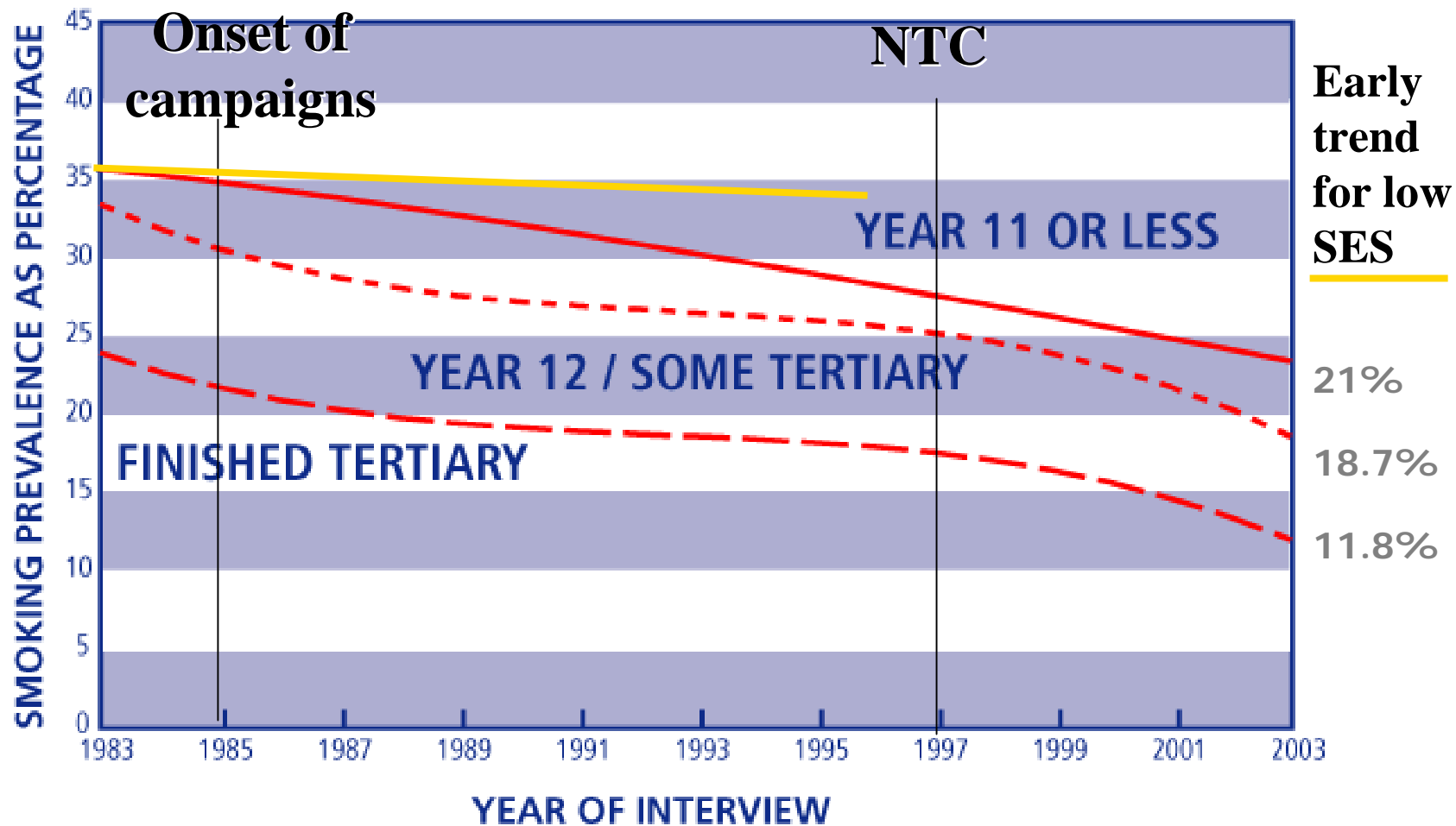


Informing the public

- Paid ads and other media coverage both encourage quitting
- Realistic graphic depiction of consequences is effective
 - *especially if immediate and salient*
- Leads to increased use of help and self-quitting and discourages uptake
- Helps change social norms
- Good for reaching the disadvantaged
 - *? Less so for the totally marginalised*
- **Needs to be better resourced**



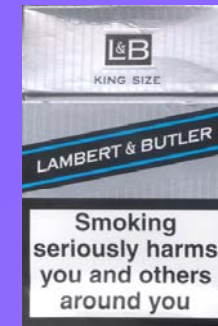
Percentage of Victorians Aged 18 & Over Who Regularly Smoke, by Education Level



October 2002

May 2003

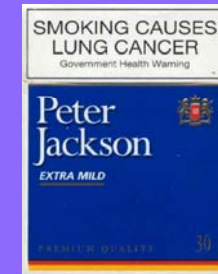
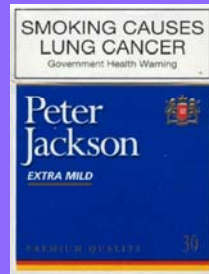
U.K.



Canada



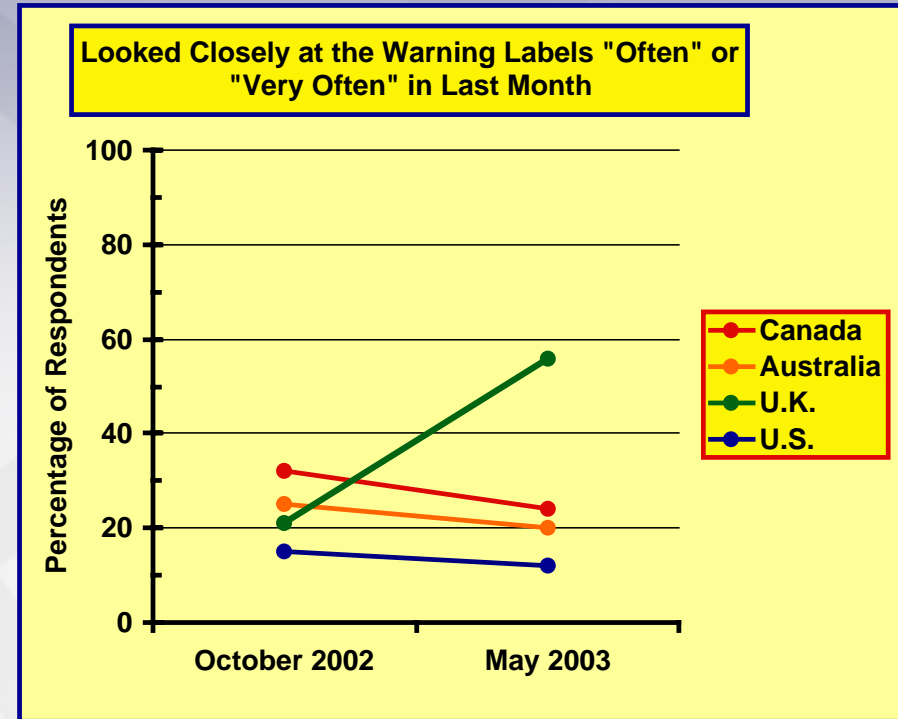
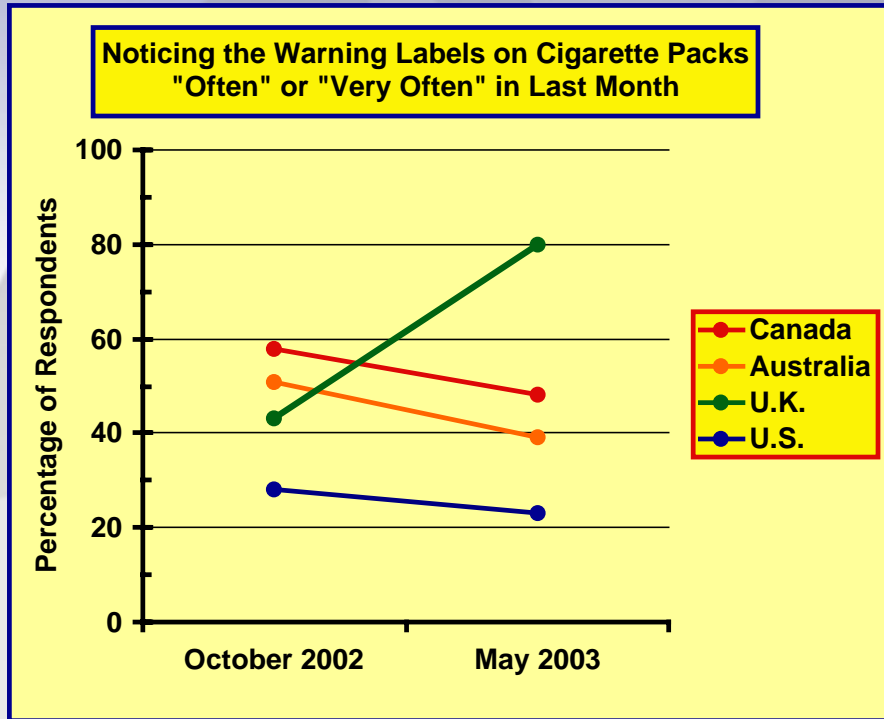
Australia



U.S.

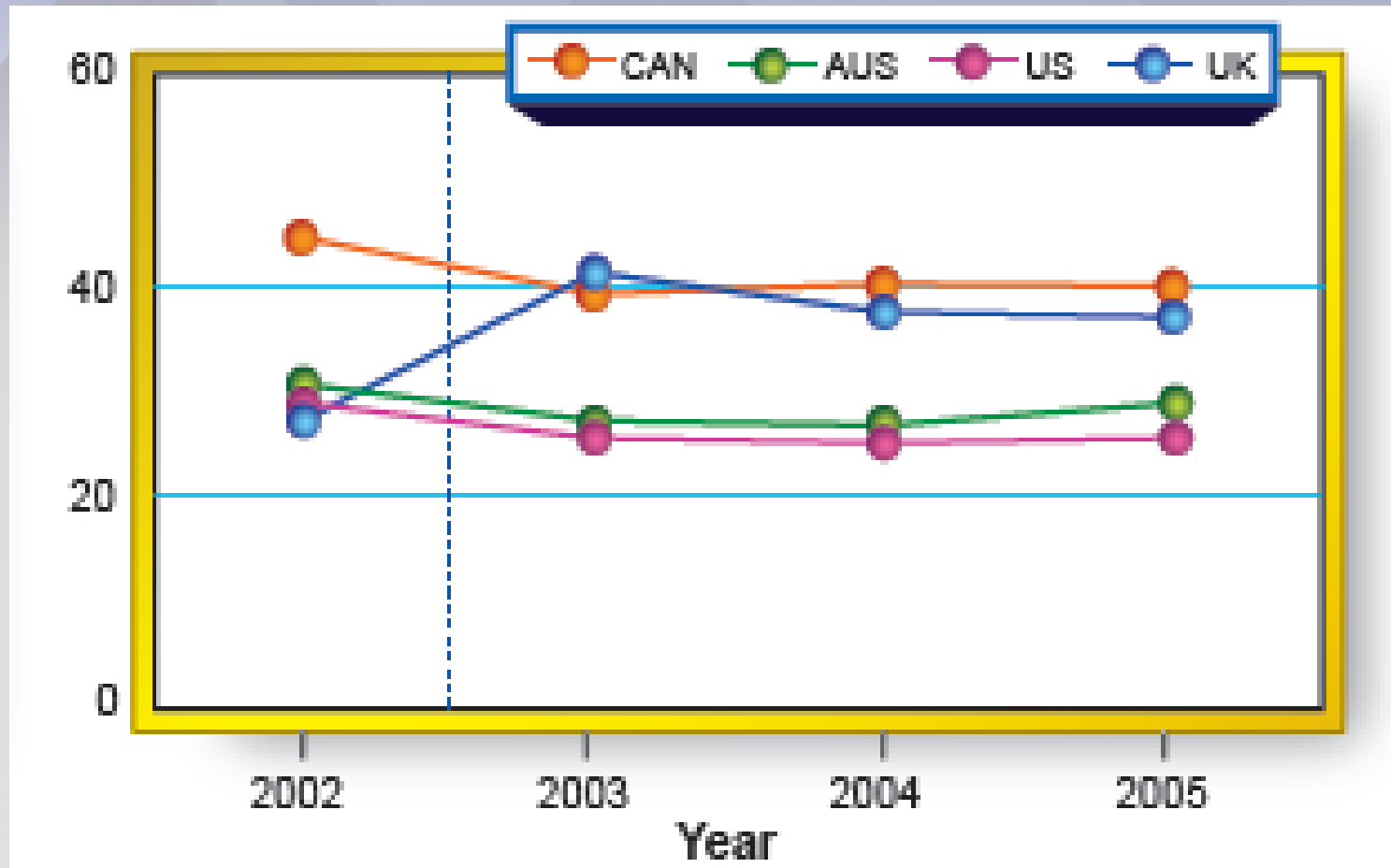


Noticed/Read Closely the Warning Labels in Last Month

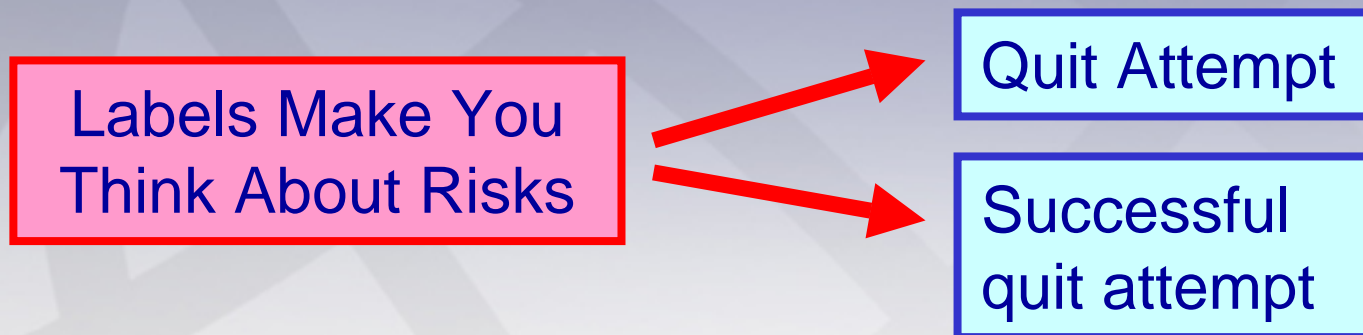


Huge increase in the U.K. compared to the other countries ($p < .0001^*$)—above all countries at W2

Respondents reporting the warnings had led them to think about quitting in the past month



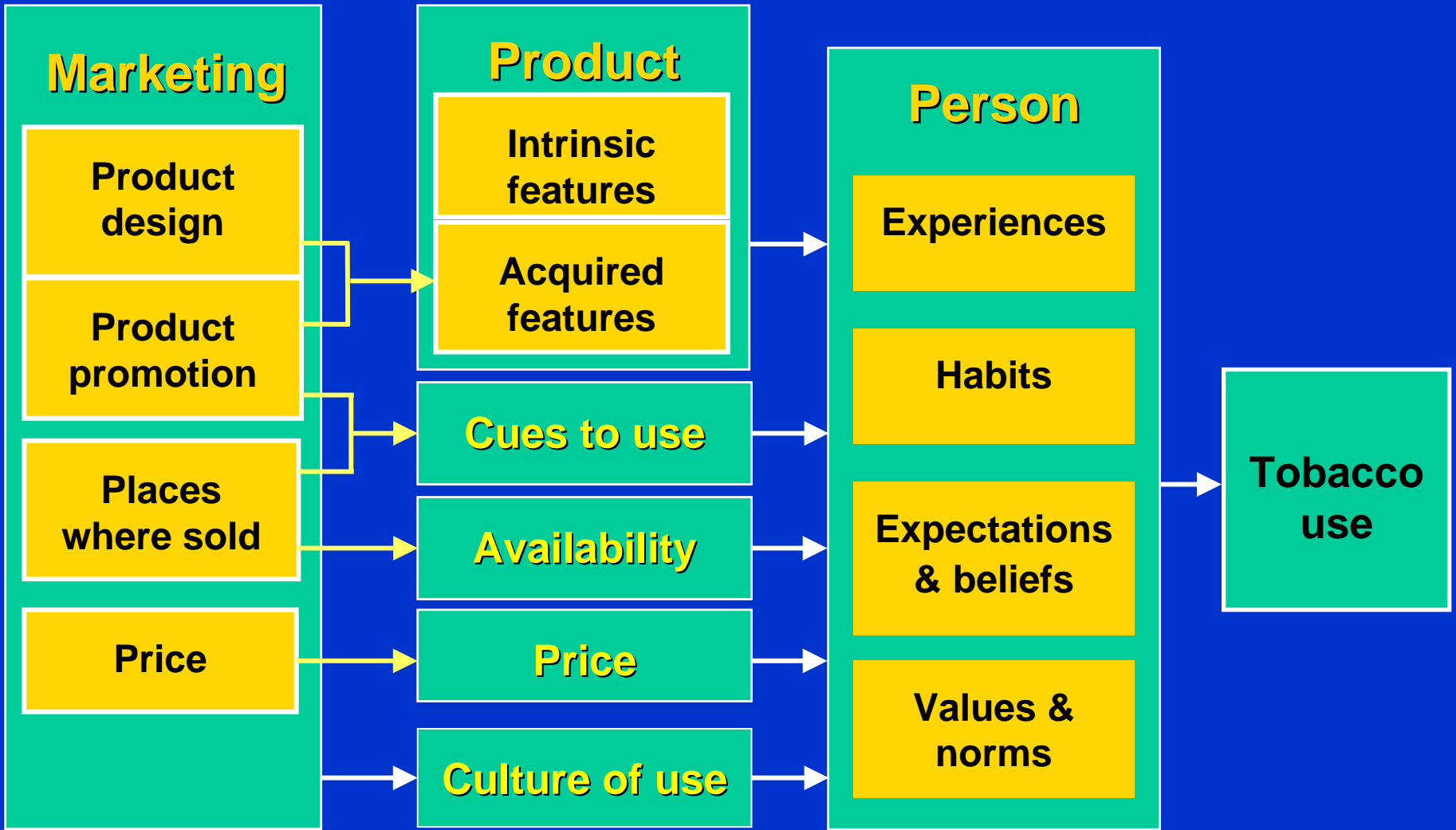
Relationship between label-specific variables and quitting



Smokers who report that the labels make them more likely to think about risks of smoking were:

- more likely to attempt to quit (OR = 1.14)
- more likely to successfully quit (OR = 1.89)

Controlling for Gender, Age, Income, Education, Ethnicity,
Prior Quit Attempts, Intentions to Quit

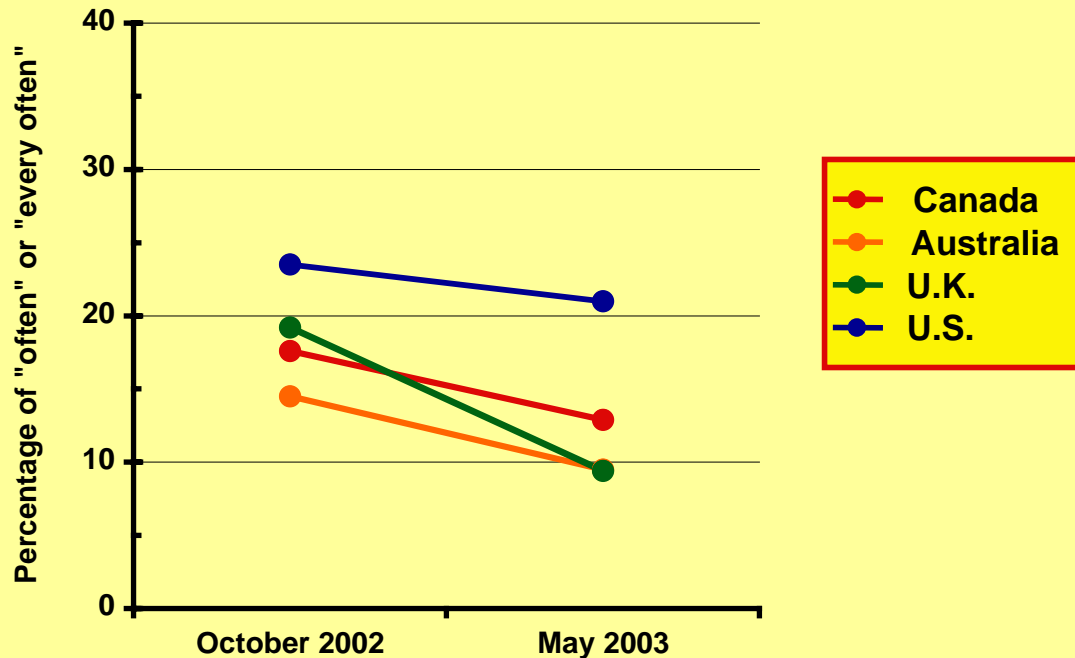


Tobacco marketing: ways it affects tobacco use



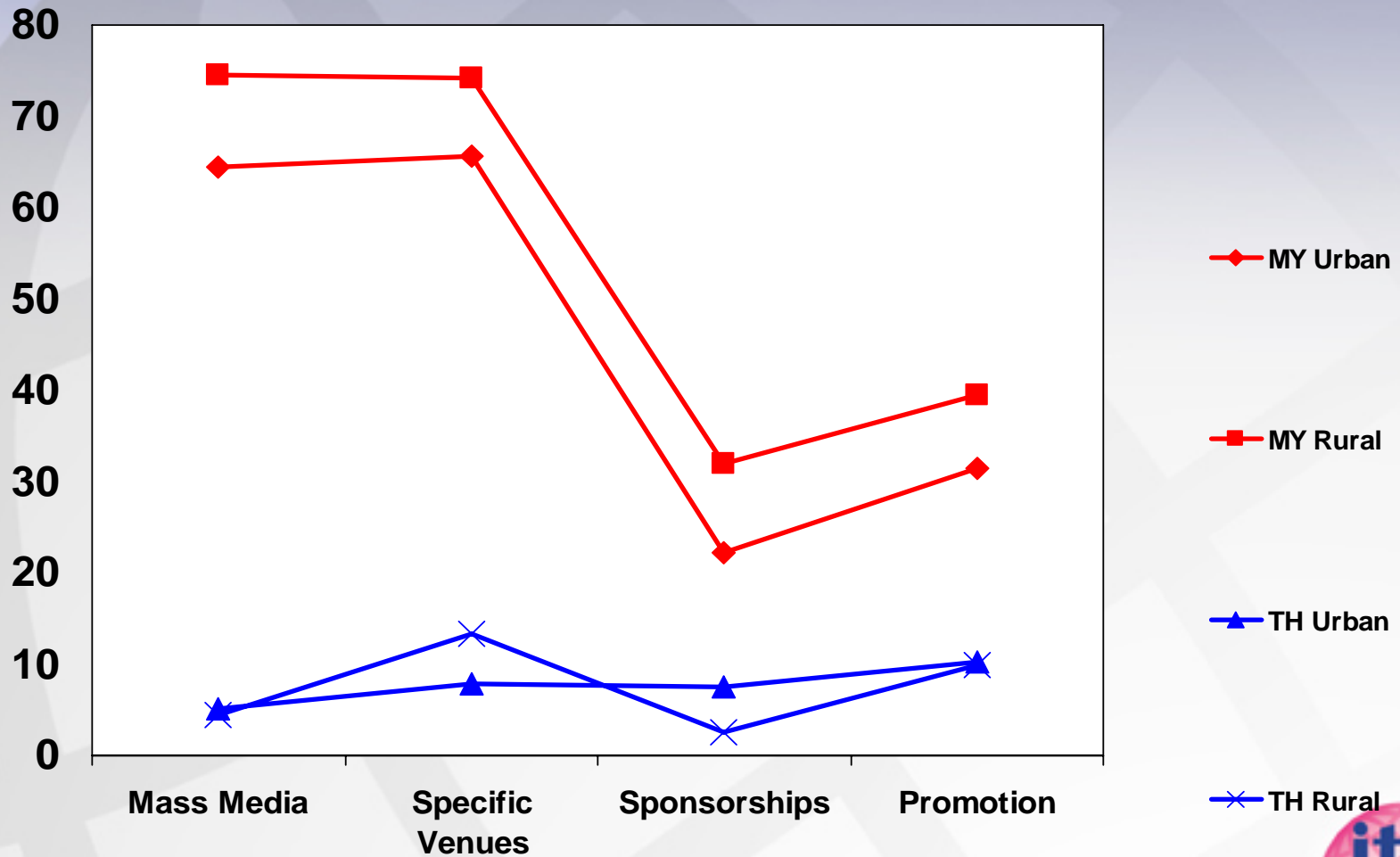
General Salience of Advertising/Promotion

Thinking about everything that happens around you, in the last 6 months, how often have you noticed things that promote smoking?"



Significantly greater decline in salience of tobacco messages in the U.K. relative to the other three countries.

Awareness of tobacco promotion in Malaysia and Thailand 2005



Tobacco Products

- Minimal controls
- Where regulated: often done badly
 - *Inappropriate use of ISO testing standards*
 - *Cigarettes often least regulated*
 - Some countries ban smokeless
- Gradually changing (but too slowly)
 - *Search for better testing standards*
 - *Reduced ignition propensity (RIP) cigarettes*



The Lights Fraud

Kozlowski and others warned us decades ago.

Misleading because of misuse of ISO standards

Genesis

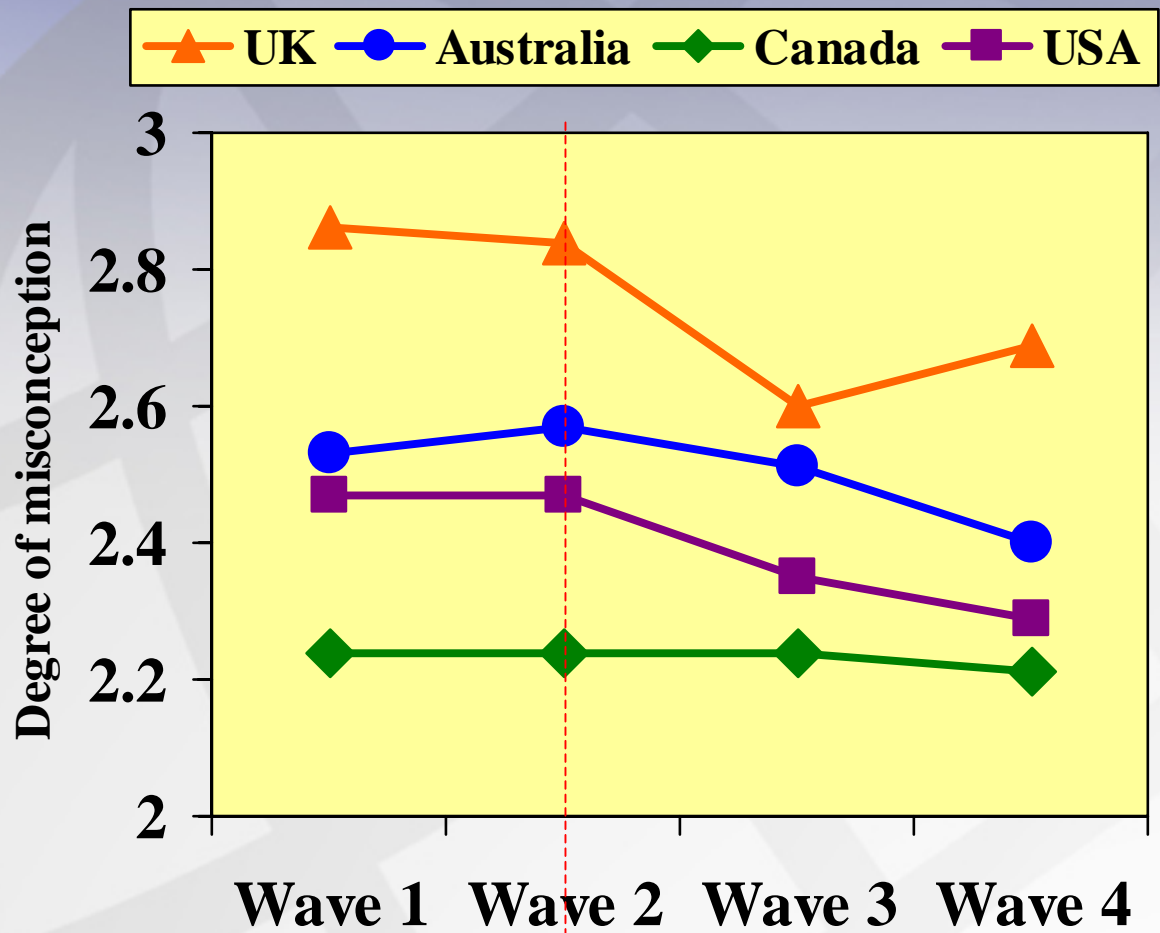
- Replacement of efficient filtration with
- Filter ventilation
 - because nobody continued to smoke effectively filtered cigarettes.

Solution?

- Ban the terms Light, Mild and Low tar



Combined beliefs about health benefit of Light cigarettes



UK ban

Smokers want tobacco products more tightly regulated

Country	% support
USA	62%
UK	68%
Canada	65%
Australia	71%

ITC survey data -2002

Controlling tobacco products

- Tobacco industry adopting harm reduction framework for products
 - *But, no methods for testing harm reduction potential of cigarettes*
 - Tobacco industry not developing one
 - Tobacco control fearful of another “Lights” fraud
 - *Potential harm reduction limited for smoked products*
- Aim to eliminate cigarettes

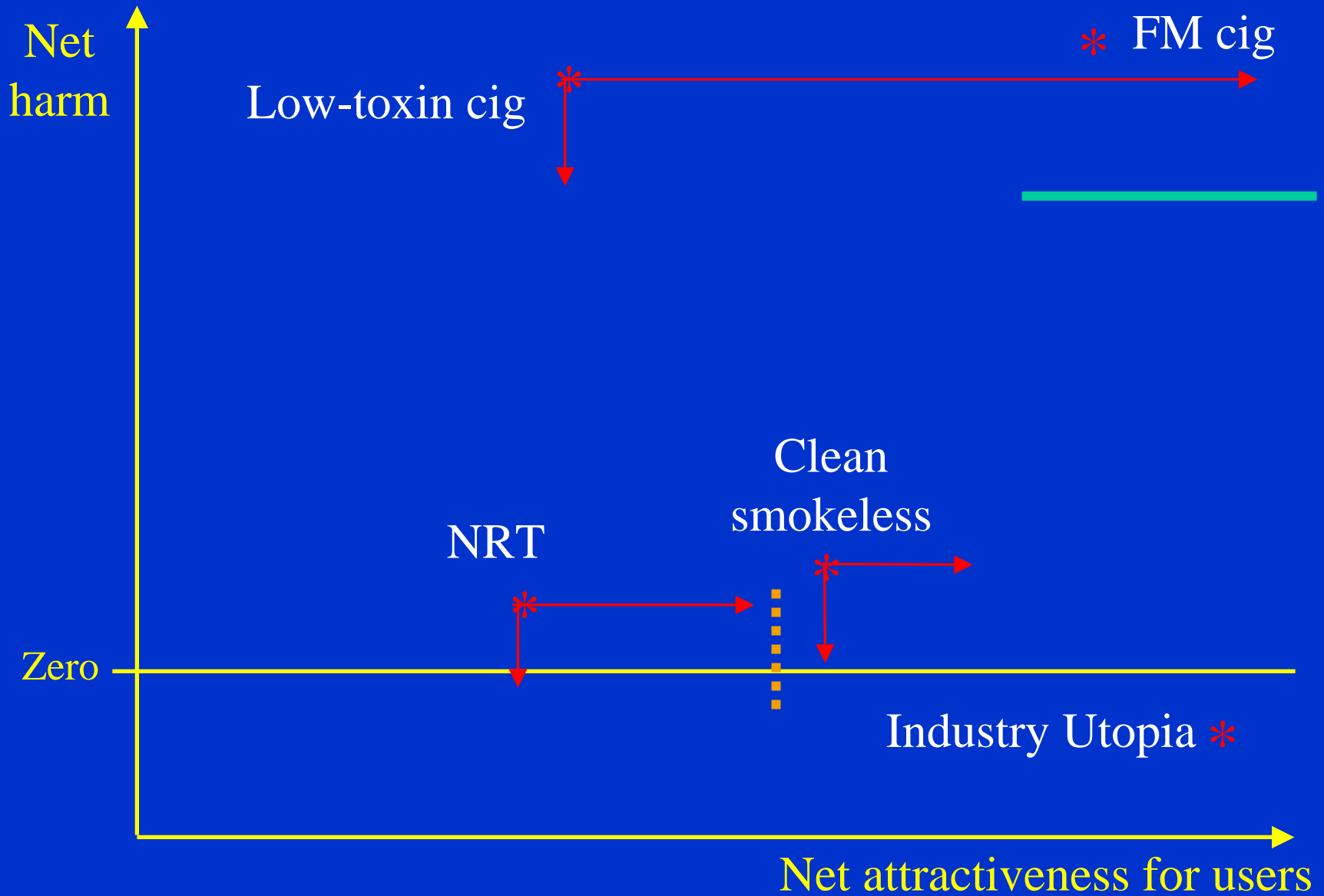


Options for product control

- Less harmful products
 - *Clean smokeless*
 - *NRT*
- Less attractive products
 - *Prevent masking inherent toxicity*
- Less deceptive products
 - *Ban filter venting*
- Less addictive products
 - *Remove nicotine*

Elimination of nicotine use unlikely





The Tobacco Control Dilemma

Smokers ignorant about relative harms

Compared with cigarettes, are nicotine products less harmful?

Country	NRT a lot less harmful	Smokeless less harmful*
USA	36%	9%
UK	55%	16%
Canada	40%	11%
Australia	43%	17%

* Assumes those not aware of product, do not think it less harmful

ITC survey data –2003 Smokeless; 2005 NRT

Is smokeless a solution to cigarette smoking?

- How easy will it be to move smokers over?
- Will it interfere with other strategies?
 - *Cessation*
 - *Prevention of any use*
- Will it be harder to get rid of (eventually)?
 - *No more addictive, so unlikely*
- Will it work for all segments of the population?
- Will it be better than the Containment agenda?



Tobacco Use Control

- Helping people
 - *Quit smoking*
 - *Prevent smoking*



Smokers don't seek help

- **Most smokers (70% in Australia) believe that all you need is to want to quit.** (Balmford & Borland, In press)
- **Only a minority use any help**
 - *Pharmacotherapy used more than coaching*



Help needs to be:

- Readily accessible
- Actively promoted to smokers
- Judged in terms of:
 - *Its capacity to attract users*
 - *How it is actually used*
 - *Not just its efficacy*



Two element Stepped care approach

- **Coaching**
 - *Motivational messages*
 - *Self-help resources*
 - ***Automated personalised help***
 - ***Mediated coaching***
 - *Face to face intensive*
- **Pharmacotherapy**
 - *NRT*
 - *Prescription medications*

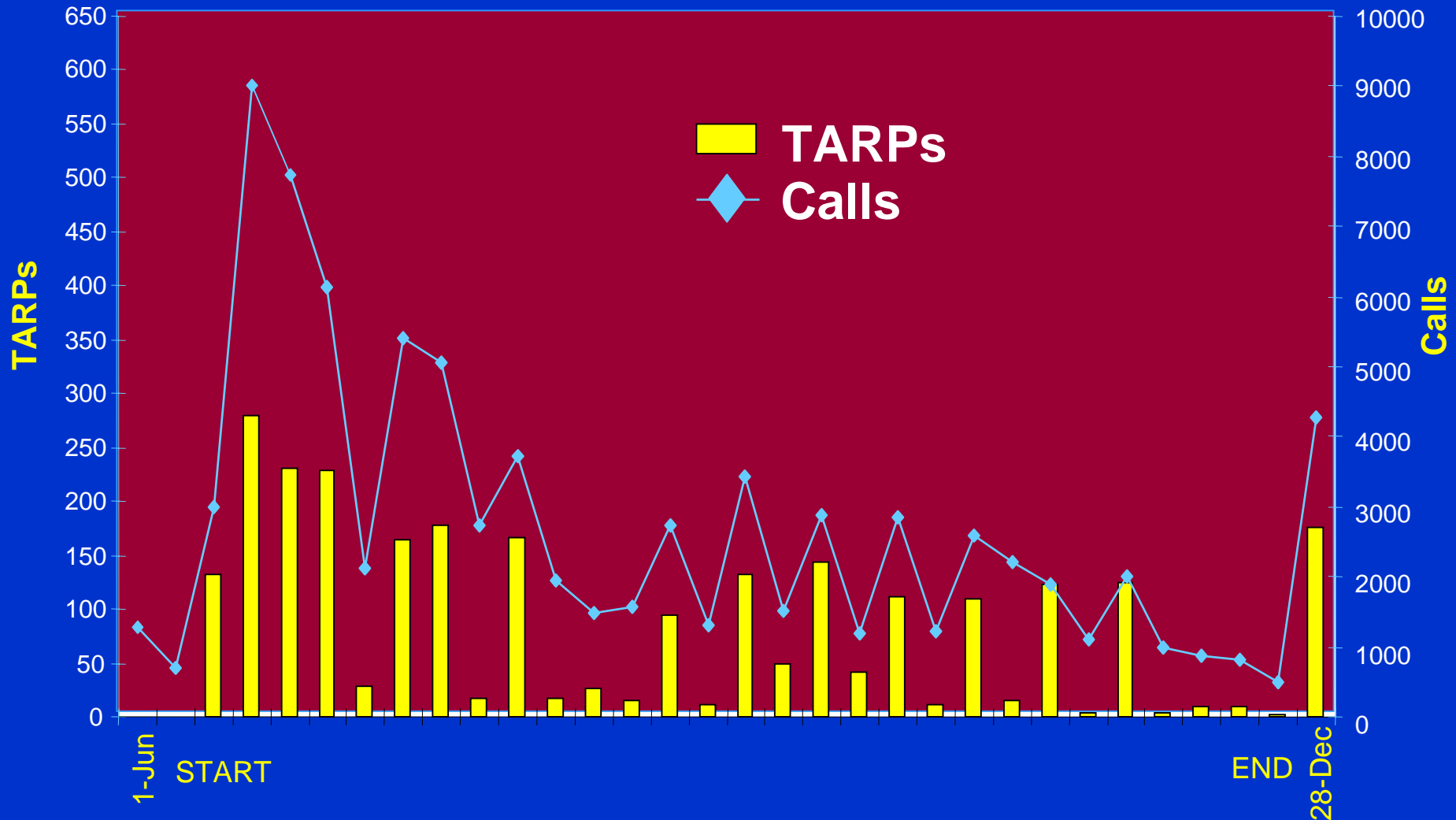


Telephone Quitlines

- Either reactive or proactive
- Offer personalised assistance to large populations
- Cost-effective
- As sole treatment or as adjunct to other treatments
- Effective with different advisors each call
(Borland et al, 2001)



Amount of TV (TARPS) determines calls to Quitline



Referral

- Referral to the Quitline produced better outcomes than encouraging GPs to provide smoking cessation support in-practice
 - *Indeed referral did not reduce what was done in-practice*

Borland et al, In prep. Australian trial





Get free advice to help you quit smoking and stay quit forever!

Current members

Username

Password

Forgotten your password?

[Click here](#)

Login

New members

Join Now

Browse

The Quit Coach is a free, interactive program of personalised advice to help you quit smoking and quit. It can help you:

- understand your smoking
- decide whether or not to quit
- go about quitting
- deal with temptations and cravings
- learn to become a non-smoker

Using the QuitCoach

Answer some questions about your smoking, and the QuitCoach will advise you.

Internet-based, intelligent programs hold promise as mass-deliverable cessation aids



QuitCoach

	Percent sustained quit for 6 months at one year follow-up (available data)	
Intervention condition	Smoking at baseline	Quit at baseline
Intervention	25%	42%
Control	12%	29%

Outcomes by smoking status at baseline

Borland et al, 2004, Addiction



Integrate messaging capacity

- Increase functionality of QuitCoach
- Rapid response to crises
- Regular short reminders and cues to act
- Capable of tracking elements of progress
- RCT being planned

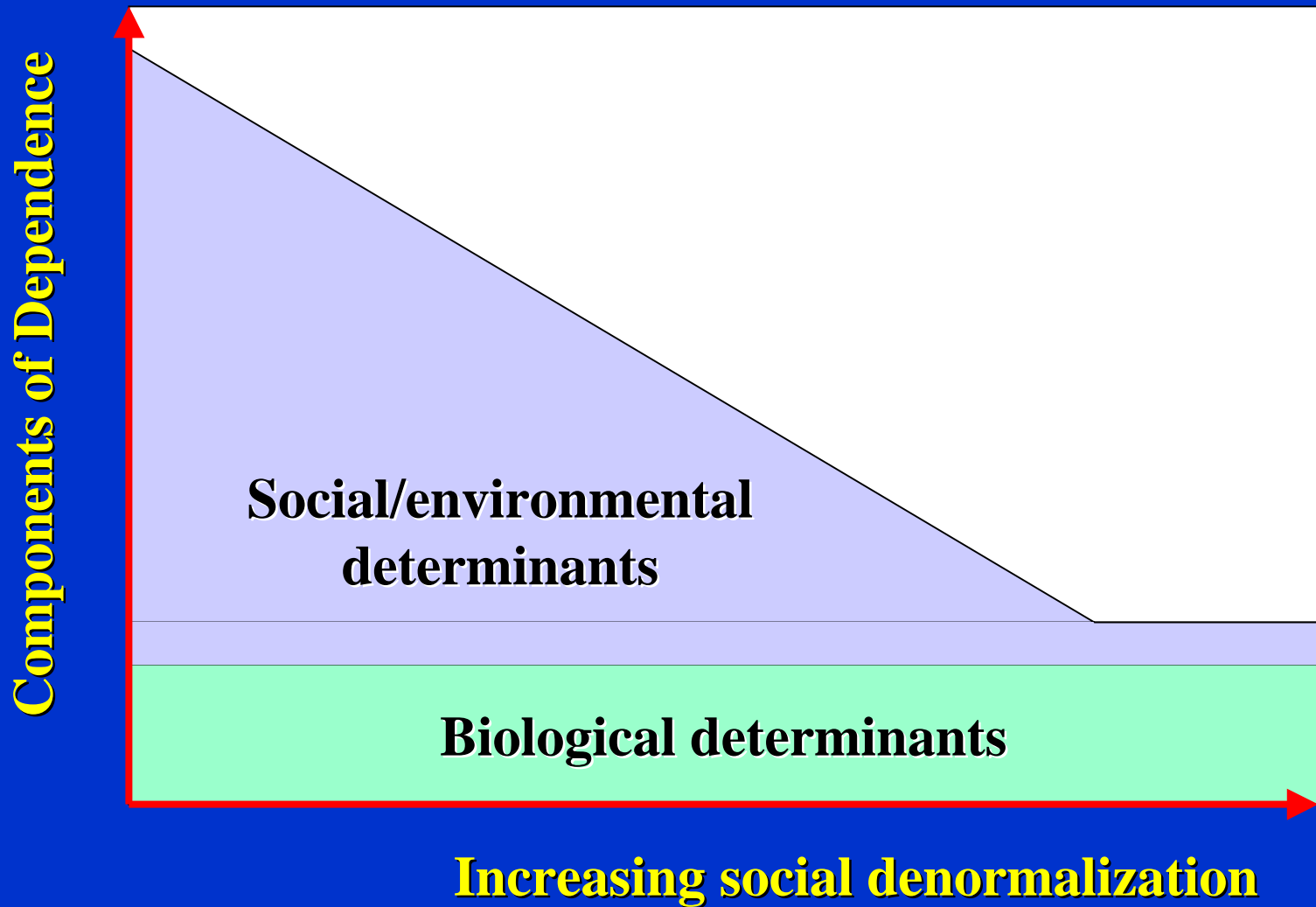


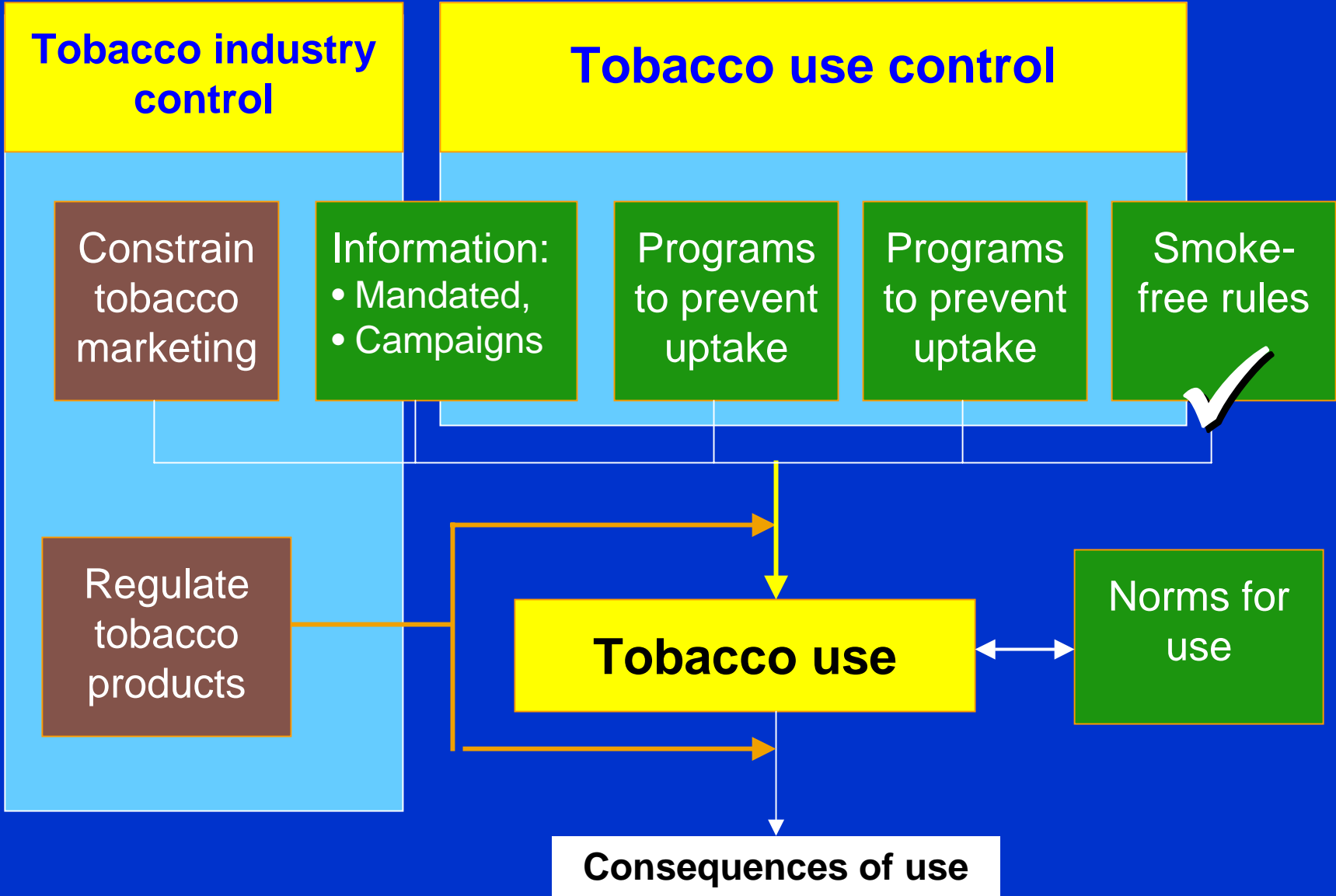
Evaluation challenges

- RCTs often difficult or compromised
- Mass delivered interventions
 - *No possibility of randomisation*
 - *Assessment of exposure and influence*
- Behavioral interventions
 - *User preferences*
 - *Different accessibility*
 - *Varying rates of engagement*
- Comparison with RCT-assessed interventions inherently biased



Is dependence decreasing? An environmental model





Elements of tobacco control

The heart of the problem

- Tobacco companies profit most by actively marketing the most attractive products
 - *Factory made cigarettes*
- While the unfortunate nexus between attractiveness and harm remains
 - *They cannot act in the interests of public health; and*
 - *Consumers will be prone to make poor choices*
- Tobacco companies are part of the problem
- Can they be made part of the solution?
 - *Is so: How?*



Tobacco: clear market failure

- Consumers seek most harmful form
- No mutual benefit
 - *Encouraging people to use products you know will harm them is criminal*
 - *Marketing addictive products reduces individual autonomy*
- The way tobacco is marketed is making the problem worse
- Inefficient
 - *Public money wasted undoing industry damage*

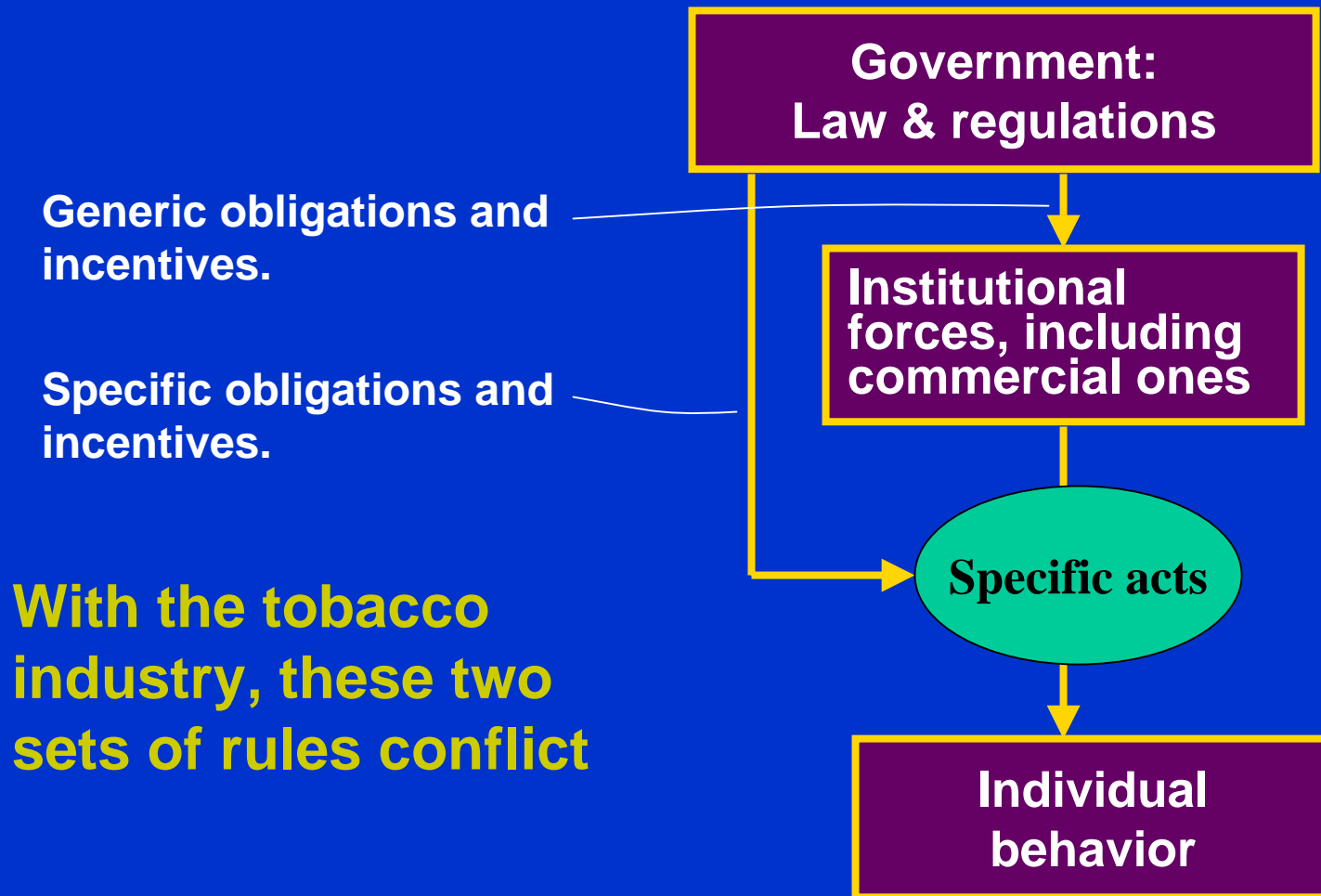


It is hard to control the industry

- The fox in charge of the hen-house
 - *Can put in rules to limit them taking hens, but...*
- Tobacco corporations are legally programmed to do all they can to outwit the regulators
- Hard to ban indirect advertising
- It is time to try another way



Two ways governments can regulate industry to benefit society

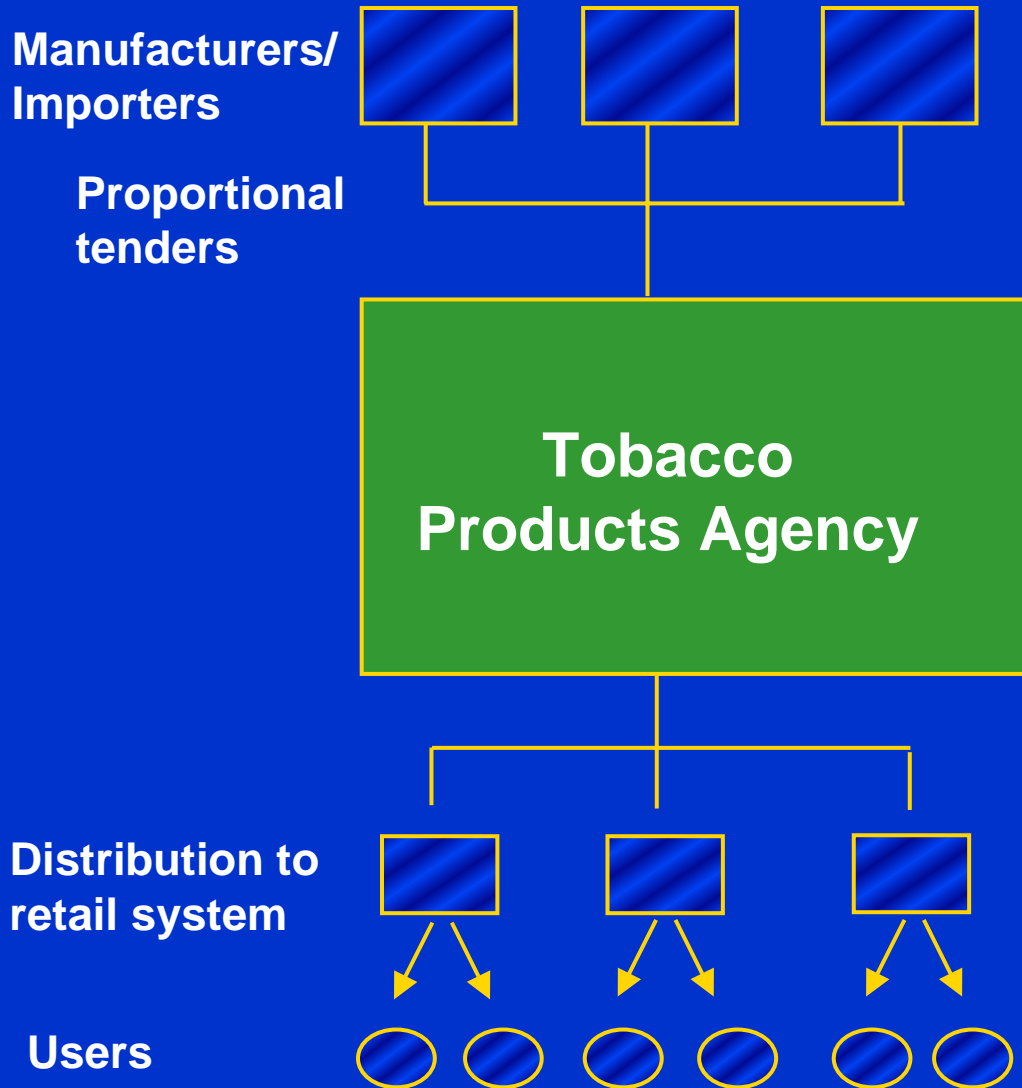


Possible solutions

- **Governments control tobacco marketing**
- **Some other non-profit-maximizing entity or entities do**
 - *New entities*
 - *Restructured current entities*
- **Important symbol**
 - *Regardless of whether it happens*



Regulated market model



- Tobacco controlled substance
- TPA meets demand
- Determines packaging
 - Generic
- Controls promotion
- Sets conditions for sale
- Controls price
- Incentives for harm reduced products
 - to make and to use
- Eliminate cigarettes

Eliminate cigarettes

- Rapidly introduce clean nicotine and, perhaps cleanest smokeless
 - *If sufficient consumer acceptance*
- Likely to avoid most of the problems with an industry driven gradual approach
- No need to encourage smokeless
 - *Just permit it*
- Containment agenda retained for smokeless

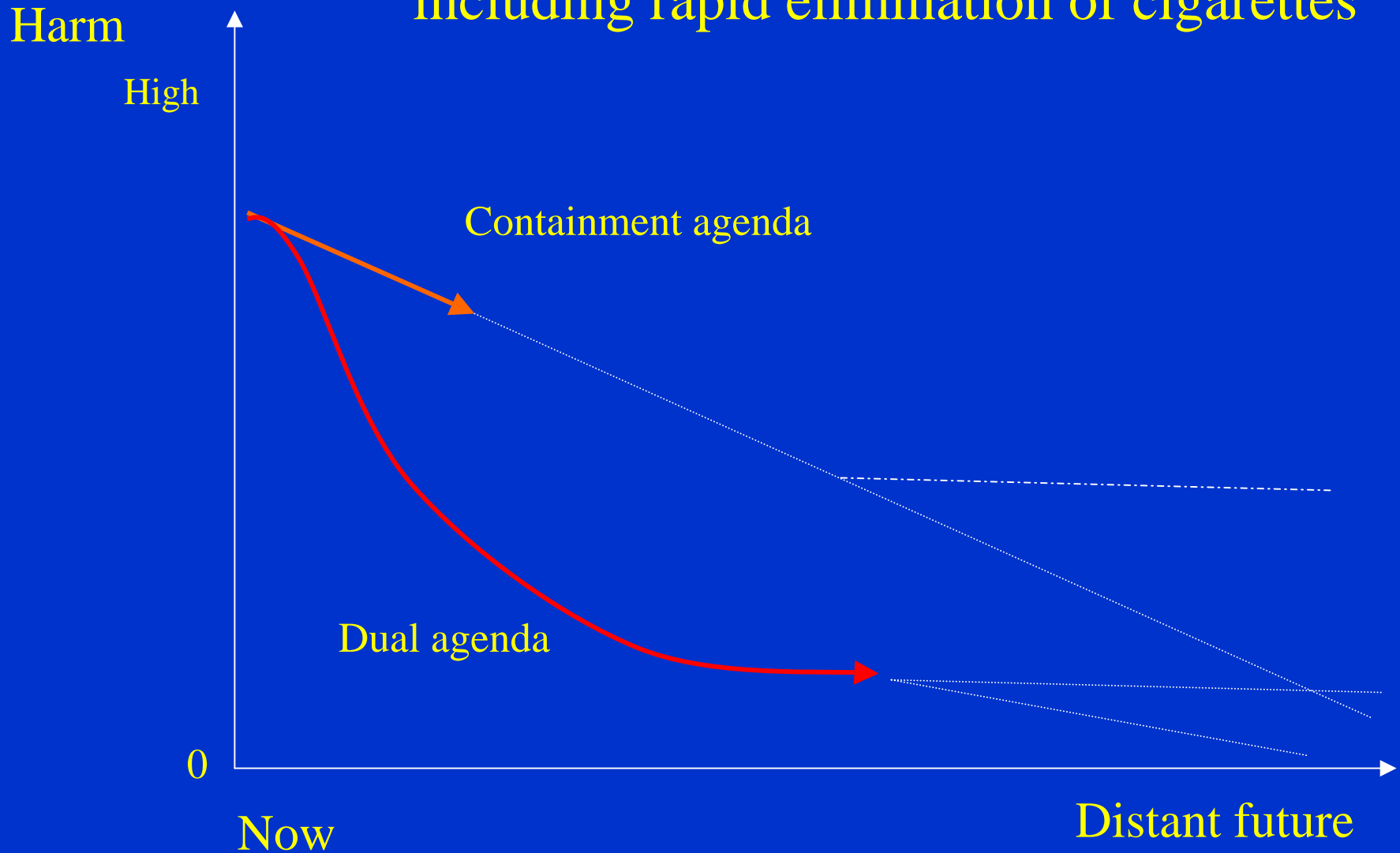


An agenda for systemic change

- Tobacco industry control
 - *Effectively control marketing*
 - Restructure profit making incentives
 - *Effectively control tobacco products*
 - Eliminate smoked
 - ? Use smokeless as the means
- Tobacco use control
 - *Compelling information*
 - *Quit smoking assistance*
 - *Prevent uptake*
- Research to maximize impact



Theoretical benefit of doing all we can including rapid elimination of cigarettes



Agenda for researchers

- Continue to find better ways to resource the containment agenda
- And models to evaluate it
 - *Eg ITC*
- Model changes to industry
- Research viability of rapidly eliminating cigarettes
- Rethink criteria for evidence
 - *Remove bias favouring some interventions*
- Advance theory



Main ITC Research Support



Roswell Park
TTURC (P50
CA111236)

Other research support



International Tobacco Control
Policy Evaluation Project
<http://www.itcproject.org>
<http://www.roswelltturc.org>



Environment: Physical, institutional, communication, policy, legal, scientific, cultural, social & inter-personal

Tobacco industry

Tobacco marketing

Tobacco Use Control

Tobacco Industry Control

Individuals: Awareness, appraisals, experiences, habits, values, expectancies, choices, etc

Biology

Least harmful tobacco/nicotine products

Nicotine use

Consequences of nicotine use

A possible new model of tobacco control