

Forever cool: the influence of smoking imagery on young people

July 2008

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A publication from the BMA Science and Education department and the Board of Science.

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Declaration of interest

For information about the authors please see page ii. For information about the editorial secretariat or Board members please contact the BMA Science and Education Department which holds a record of all declarations of interest: info.science@bma.org.uk

Abbreviations

BBFC	British Board of Film Classification
B&H	Benson & Hedges
CSR	Corporate Social Responsibility
EU	European Union
FCTC	Framework Convention on Tobacco Control
FTPP	Florida Tobacco Pilot Program
GHS	General Household Survey
HBSC	Health Behaviour in School-aged Children
NCI	National Cancer Institute
NICE	National Institute for Health and Clinical Excellence
SALSUS	Scottish Adolescent Lifestyle and Substance Use Survey
SHS	Scottish Health Survey
TAPA	Tobacco Advertising and Promotion Act
TMSA	Tobacco Master Settlement Agreement
UK	United Kingdom
USA	United States of America
WHO	World Health Organization

Foreword

For 175 years the BMA has promoted medicine and the allied sciences as part of its founding principle to maintain the honour and interests of the medical profession. One element of this work is to be advocates for the health of the public. Smoking remains the leading cause of morbidity and mortality in the United Kingdom (UK). Nearly one in four adults still smoke and many others continue to take up the habit.

The vast majority of individuals start smoking before the age of 25. During this time, young people are exposed to a mix of personal, social and environmental influences that serve to normalise the habit and encourage the onset of smoking. These influences are reinforced by the positive images created by pervasive tobacco industry marketing and persistent media portrayals of smoking. Young people therefore represent a key target group for tobacco control policies. Recent years have seen a number of encouraging developments including the introduction of smokefree legislation throughout the UK, an increase in the minimum age of sale of tobacco, and a continued decline in smoking prevalence rates among the general population. It is essential that in building on these successes, further action is taken to promote a tobacco-free lifestyle that both deglamourise and 'denormalise' its use.

The BMA has developed comprehensive policy on tobacco control. This report was commissioned after a survey of over 2,000 BMA members who identified tobacco use, in particular among young people, as a continuing health promotion priority. The aim of this report is to identify policies that limit young people's exposure to pro-smoking imagery, thereby helping to prevent a new generation falling victim to tobacco addiction. It continues the work of the Board of Science on tobacco and health promotion which has resulted in a number of publications including *Breaking the cycle of children's exposure to tobacco smoke* (2007), *Smoking and reproductive life* (2004), and *Towards smoke-free public places* (2002).

As with other BMA Board of Science publications, this report is intended for a wide audience including health professionals, policy makers, and members of the public. The approach of the BMA Board of Science is to provide a clear synthesis of the available research, and to develop evidence-based recommendations for policy.



Sir Charles George
Chair, Board of Science

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Section 1

Introduction

Young people^a are greatly influenced by their sense of what is normal and attractive; and this in turn is affected by the messages and imagery attached to different behaviours. Thus, particular fashions, music styles and forms of recreation become more or less popular over time. Young people's smoking is susceptible to these same forces, but in this case the associated imagery seems, for some young people at least, to remain consistently positive. This capacity to remain 'forever cool' belies the reality: smoking continues to be the leading cause of ill health and premature death in the UK.

Pro-smoking imagery originates from three overlapping sources.

First, it is part of the social milieu: young people see others – parents, peers and public figures – smoking and this reinforces the normalcy of the habit. In Great Britain, smoking still has around 10 million role models. The detritus of smoking also provides a reminder of the apparent normalcy of the behaviour.

Second, entertainment media depict smoking on a regular basis. Images of smoking are commonplace in films, television shows and magazines, and can influence the attitudes and behaviours of young people. Other forms of media such as the internet represent a growing concern in this respect.

Third, young people are exposed to the positive images of smoking generated by tobacco industry marketing. The ban on tobacco advertising in the UK has greatly restricted the more traditional forms of marketing (eg billboards); however, ubiquitous distribution, increasingly elaborate point-of-sale displays, attractive pack liveries and evocative brand imagery continue to provide key marketing opportunities that influence young people.

These sources of pro-smoking imagery are not isolated phenomena; they are intimately linked to society's ambivalent relationship with tobacco and the fact that over a fifth of the population continue to smoke.

Reducing the prevalence of tobacco use remains a key public health priority. As the leading professional organisation representing doctors in the UK, the BMA aims to promote the development and implementation of comprehensive tobacco control policies. This report considers the effect of smoking imagery on young people. It begins by examining trends in smoking prevalence and initiation, and goes on to review the different forms of pro-smoking imagery and the evidence for how they can affect behaviours and attitudes among young people. It concludes by exploring effective ways of reducing young people's exposure to positive images of smoking – and increasing their exposure to positive images of health.

a For the purpose of this report, a young person is defined as under the age of 25 years.

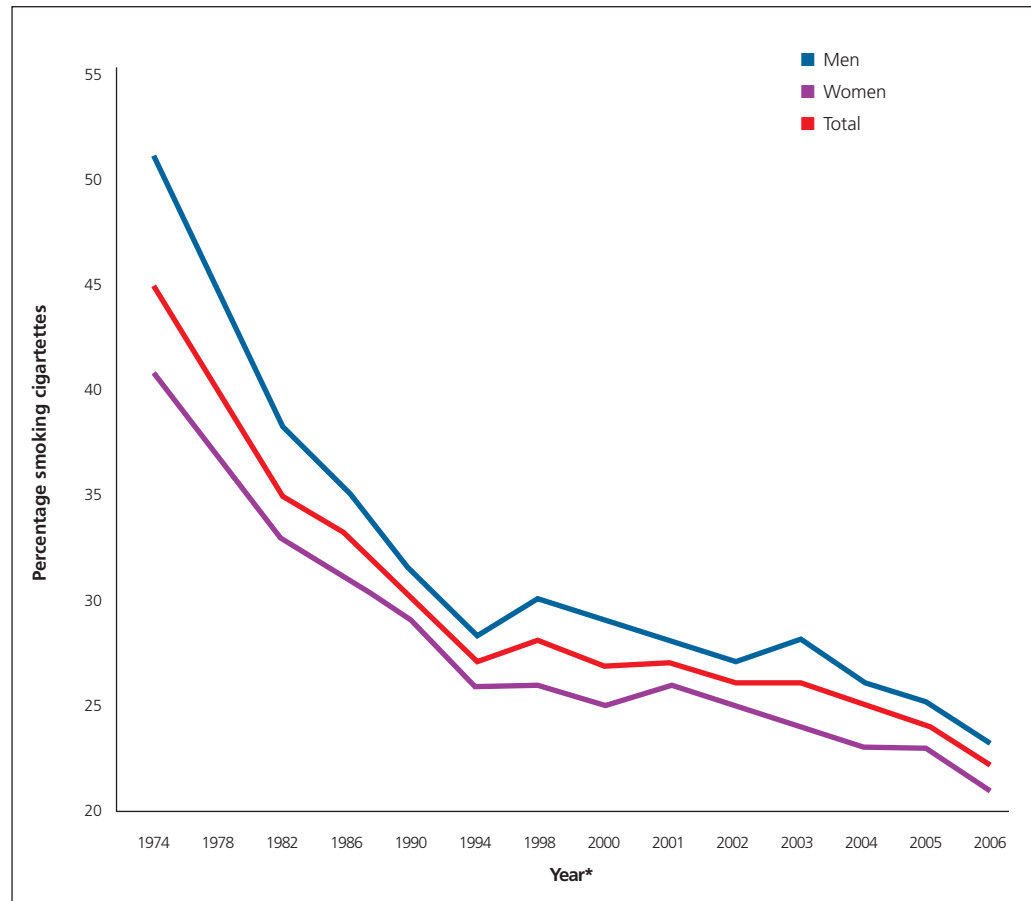
Section 2

Smoking trends

2.1 Smoking prevalence

Smoking prevalence in the general population of Great Britain has shown a broad decline since the mid 1970s to 2006 (see **Figure 1**). The overall prevalence of smoking in the adult population (aged 16 and over) was 22 per cent in 2006, with prevalence higher among men (23%) compared to women (21%).¹ These figures have halved since 1974, however, the rate of decrease in smoking prevalence has slowed markedly in the last six years when compared to the decrease in prevalence from, for example, 1974 to 1982.¹ Some commentators have argued that this suggests a need to strengthen population level activity.^{2,3}

Figure 1: percentage of adults who smoke cigarettes by sex in Great Britain, 1974 to 2006



* Data for 1974 to 1998 are unweighted; data for 1998 onwards are weighted. Weighting was introduced in the GHS 2000 to compensate for differential non-response. The effect of weighting on the smoking data is slight, increasing the overall prevalence of cigarette smoking by one percentage point.

Source: *General Household Survey, 2006* (Office for National Statistics, 2008).

Various national surveys provide an indication of smoking prevalence for different age groups in the UK; however, there is no single figure for smoking prevalence for those aged under 25 as surveys study different age groups within the various countries. The surveys tend to fall into groups of individuals aged under 16 or over 16.

2.1.1 Under 16

The youngest age group surveyed for smoking prevalence recently in the UK was included in the 2003 *Scottish Health Survey* (SHS). This surveyed 3,324 eight to 15-year-olds in Scotland using a self-completion questionnaire during a home interview. It found that 5 per cent of eight to 15-year-olds reported having smoked in the previous week.⁴ This increased with age: 2 per cent at age 12 compared with 29 per cent at age 15.⁴ Between 1 and 8 per cent of eight to 10-year-olds self-reported ever smoking.⁴ The proportions of eight to 15-year-olds reporting ever trying a cigarette and regularly smoking at least one cigarette per week were similar in 2003 compared to 1998; however, the proportion of girls reporting smoking in the previous week was significantly higher in 2003.⁴

In England, the 2006 *Smoking, drinking and drug use among young people in England* survey of 8,200 school pupils found nine per cent of 11 to 15-year-olds to be regular smokers (smoking one or more cigarettes per week).⁵ The prevalence of regular smoking increased with age: one per cent of 11-year-olds usually smoked at least one cigarette a week compared with 20 per cent of 15-year-olds.⁵

A comparable survey in Scotland, the 2006 *Scottish Adolescent Lifestyle and Substance Use Survey* (SALSUS) (conducted in schools in Scotland with 23,180 13 and 15-year-old pupils) also found that the prevalence of regular smoking (smoking one or more cigarettes per week) increased with age.⁶ Four per cent of 13-year-olds and 15 per cent of 15-year-olds were regular smokers.⁶ Between 1982 and 2006, the percentage of male and female 13-year-old regular smokers halved.⁶ Over the same time period, the percentage of male 15-year-old regular smokers declined from 29 per cent to 12 per cent; however for 15-year-old females, the decline was smaller (26% to 18%).⁶

2.1.2 Over 16

The 2006 *General Household Survey* (GHS) provides data on smoking prevalence for individuals aged over 16. This survey was conducted at home with 2,573 16 to 19-year-olds and 2,819 20 to 24-year-olds living in households in England, Scotland and Wales. According to the GHS 2006, 20 per cent of 16 to 19-year-olds and 31 per cent of 20 to 24-year-olds in Great Britain were cigarette smokers.⁷ As with the general population, smoking prevalence among these age groups has continued to show a broad decline since 1974 (see **Figure 2**), although female smokers have declined at a slower rate.⁷ Since the early 1990s, the prevalence of cigarette smoking has been higher among those aged 20 to 24 years than among those in other age groups. This could be due to the fact that up until their early 20s, more young people were starting to smoke than were quitting.⁷ **Figure 2** also shows considerable fluctuation in prevalence rates among those aged 16 to 19.⁷ This is mainly due to the relatively small sample size in this age group and has occurred within an overall pattern of decline in the prevalence rates among 16 to 19-year-olds.⁷

Figure 2: percentage by gender of 16 to 19 and 20 to 24-year-olds who smoke cigarettes in Great Britain, 1974 to 2006



* Data for 1974 to 1998 are unweighted; data for 1998 onwards are weighted. Weighting was introduced in the GHS 2000 to compensate for differential non-response. The effect of weighting on the smoking data is slight, increasing the overall prevalence of cigarette smoking by one percentage point.

Source: *General Household Survey, 2006* (Office for National Statistics, 2008).

In Northern Ireland the figures are similar. The 2005-06 *Health and Social Wellbeing Survey* (a home interview conducted with 403 16 to 24-year-olds) found that 27 per cent of 16 to 24-year-olds were current smokers (usually smoking at least one cigarette per week) compared to 34 per cent in 2001.^{8,9} In Scotland, the 2003 SHS (which surveyed 8,148 adults aged 16 or over at home) found that 32 per cent of male and 29 per cent of female 16 to 24-year-olds were current cigarette smokers.⁴ In line with data from the GHS 2006, there has been a decline in prevalence among young Scottish adults since 1995.⁴

2.1.3 Socio-economic inequalities and smoking prevalence

Smoking disproportionately affects those already disadvantaged by poverty and is a major contributor to health and premature mortality inequalities.¹⁰ Although smoking prevalence is falling among adults, the GHS 2006 found a marked difference between smoking levels of people in manual occupations (28%) and non-manual occupations (17%).⁷ Social class, educational level and residential deprivation level are independently related to cigarette smoking in both men and women.^{11, 12} The highest smoking rates measured in the GHS 2006 (using the household reference person's occupation) were among those who were unemployed (economically inactive^b) at the time of interview but whose previous occupation was manual (46%).⁷ Families on low incomes where the parents are smokers are more likely to lack funds for basic amenities due to the proportion of income spent on tobacco as a priority.^{13, 14, 15}

2.1.4 Limitations of prevalence data

As with most quantitative surveys of this type, there are some limitations on the data, particularly as these surveys mainly rely on self-reported data. With in-the-classroom and in-home surveys, confidentiality is always assured, and most surveyors provide envelopes for finished questionnaires to encourage honest answers. In-home surveys use self-completion booklets and showcards so others in the household do not overhear responses. Recall of behaviour can be problematic as patterns of substance use in early- to mid-teens can be experimental or episodic and a respondent may not class it as 'usual' behaviour – thus respondents may not identify themselves as smokers or past smokers. This has implications not only for determining smoking initiation ages (see section 2.2) but also on the potential impacts and influence imagery has at different stages of smoking behaviour. The *Smoking, drinking and drug use among young people in England* survey corroborated smoking behaviour with cotinine saliva tests in previous waves and consistently found that children were largely honest about their smoking behaviour.⁵ The 2003 SHS also substantiated smoking using cotinine saliva tests but found a slight under-representation of self-reported smoking.⁴

2.2 Initiation age

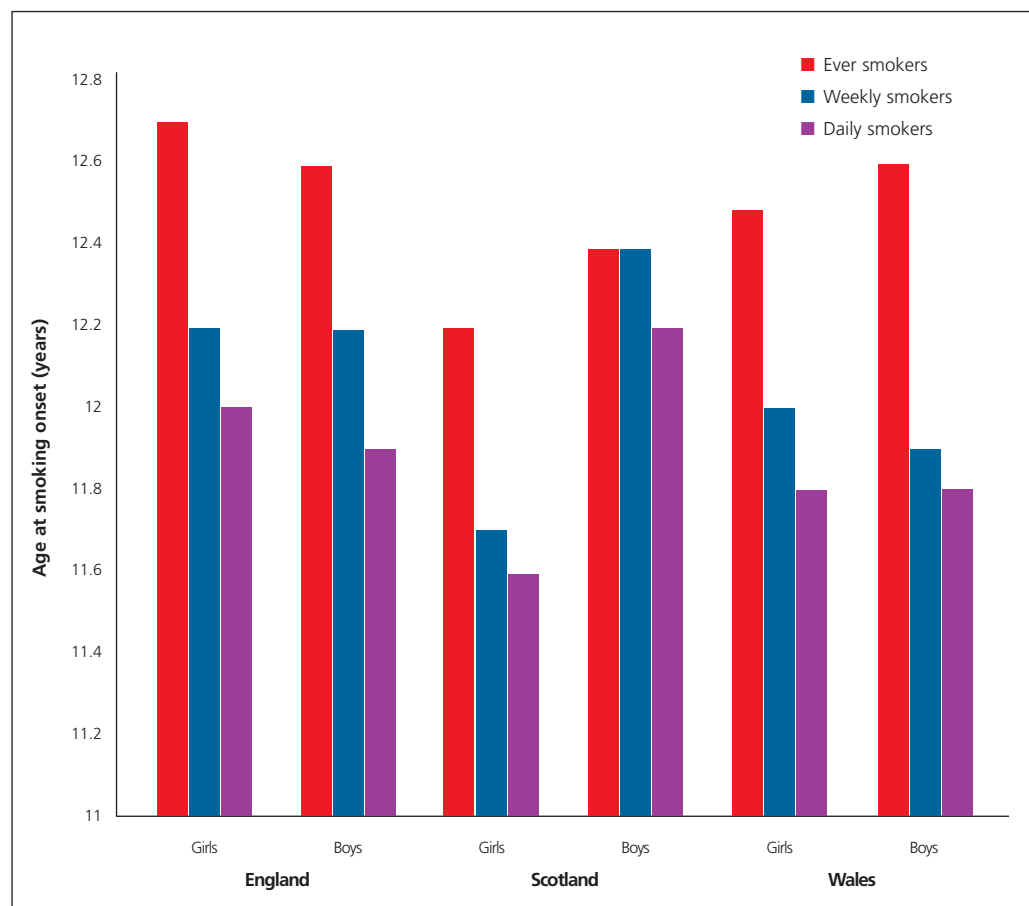
There are limited data available for a complete picture of smoking initiation ages among younger people. According to the GHS 2006,^c approximately two-thirds of respondents started smoking under the age of 18 and almost two-fifths under 16 years.¹ There was a tendency for more men (41%) than women (36%) to have started before they were 16 years old.¹ Between 1992 and 2006, the proportion of women adopting cigarette smoking before their 16th birthday increased from 28 per cent to 36 per cent.¹ The proportion of men adopting cigarette smoking before the age of 16 changed little over the same period. It should be noted that in the GHS, adults within different age cohorts were asked to recall smoking initiation ages; thus the older a cohort, the further back in time they have to remember their behaviour.

b 'Economically inactive' is defined according to the International Labour Organisation as individuals who are not in work, and who do not want a job, have not sought employment in the last four weeks and are not available to start employment in the next two weeks.

c The GHS only collects data from adults aged 16 and over. Information on the smoking initiation age is available for respondents who were either regular smokers or who had smoked regularly.

A number of surveys of school-age children (11 to 16) provide a contemporary picture of initiation age. The World Health Organization's (WHO) *Health Behaviour in School-aged Children* (HBSC) study^d provides data on initiation of cigarette smoking for 15-year-olds in Great Britain measured between February and April 2002.¹⁶ **Figure 3** shows the age at smoking onset for 15-year-old self-reported 'Ever smokers' (smoke at least one cigarette, cigar or pipe), 'Weekly smokers' (smoke at least once a week or every day) and 'Daily smokers' (smoke every day) in Great Britain in 2002. The age at smoking onset ranged from 11.6 to 12.7 years.¹⁶ **Figure 3** also shows little gender difference in smoking onset in England or Wales; however, the Scottish figures show that girls reporting weekly or daily smoking recalled starting to smoke at a younger age than the boys.¹⁶

Figure 3: age at smoking onset for 15-year-olds in England, Scotland and Wales, 2002

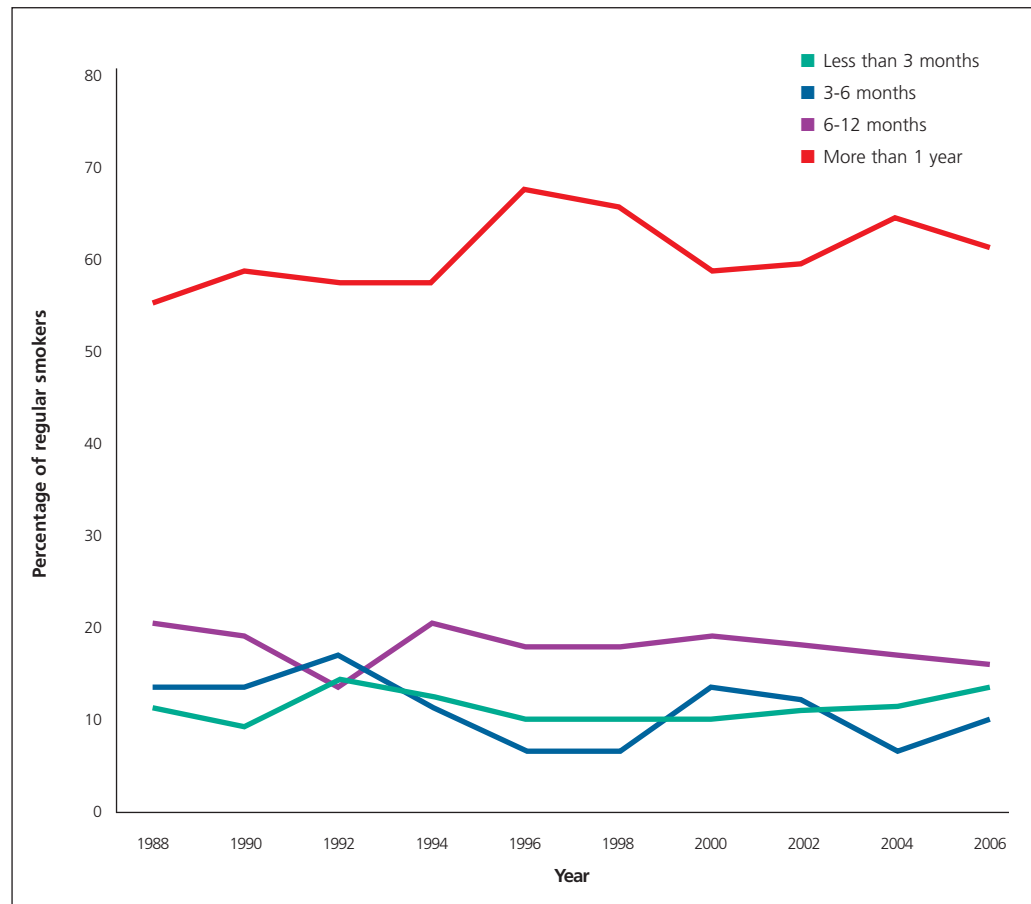


Source: Currie C, Roberts C, Morgan A et al (2004) *2001/02 HBSC international report: young people's health in context*. Geneva: World Health Organization.

d The HBSC study is a cross-national research study conducted in collaboration with the WHO Regional Office for Europe. The 2001-02 survey collected data from 35 countries and regions using a common research protocol to survey 11, 13 and 15-year-olds, and included England, Scotland and Wales. Northern Ireland did not provide HBSC data in 2001-02. Only 15-year-olds were asked "At what age did you first do the following things ... Smoke a cigarette (more than a puff)?" with the answer options, "Never" and "I was __ years old." The younger respondents were not asked about smoking initiation as recall periods would be unequal and an unbiased estimate of behaviour could not be given.

The 2006 *Smoking, drinking and drug use among young people in England* survey of 11 to 15-year-olds did not measure initiation ages as such, but identified the length of time respondents had been regular cigarette smokers (see **Figure 4**).⁵ Sixty-one per cent had been smoking for more than one year, 16 per cent for six to 12 months, 10 per cent for three to six months and 13 per cent for less than three months.⁵ Since 1988, the majority of regular smokers have always been found to have smoked for more than one year, starting at 55 per cent in 1988 and peaking at 67 per cent in 1996.⁵ In terms of gender differences, in most years more boys than girls had smoked for longer than a year but there was not a vast difference.⁵

Figure 4: length of time as a regular smoker (aged 11 to 15) in England, 1988 to 2006



Source: *Smoking, drinking and drug use among young people in England in 2006* (Information Centre for Health and Social Care, National Centre for Social Research, National Foundation for Educational Research, 2007).

A 2000 survey of 4,774 12 to 15-year-old schoolchildren in Scotland found that 57 per cent self-reported being regular cigarette smokers (usually smoking at least one cigarette a week) for more than a year, compared to 52 per cent in 1990 and 61 per cent in 1996.¹⁷ In terms of gender differences, since the early 1990s more boys than girls self-reported that they had been regular smokers for more than a year, with the 2000 figures at 63 per cent for boys and 54 per cent for girls.¹⁷ The 2006 SALSUS found that 54 per cent of Scottish 13-year-olds and 67 per cent of 15-year-olds had been regularly smoking (usually smoking at least one cigarette a week) for more than a year.⁶ In terms of newer smokers, 19 per cent of 13-year-olds and 8 per cent of 15-year-olds had been smoking cigarettes for less than three months.⁶

Key message

The data on smoking prevalence and initiation age show that young people are a major sector of the tobacco market. Most smokers start before they are 18 years old, and virtually all do by the age of 25, which makes this age group a key target for tobacco industry marketing and tobacco control.

Section 3

Why do young people smoke?

The way tobacco is perceived and how this integrates with self image is a crucial determinant of youth smoking. With the exception of tobacco marketing, these influences are often subtle and unintentional. The combination of circumstances prevails to create an environment in which both the prevalence and acceptability of smoking become exaggerated and eases the transition into the habit.

A mix of personal, social and environmental influences have been shown to encourage both the onset and continuance of youth smoking.

Personal

An individual's personal influences, including low self esteem, lack of confidence and a heightened sense of vulnerability, can affect smoking attitudes and behaviour. These needs tend to be matched by a heightened belief in the benefits of smoking – that it can help in social situations, or is simply enjoyable.¹⁸ Regular smokers, for instance, are much more likely to feel that smoking can help you keep calm, compared with non-smokers.¹⁹ Young smokers and would-be smokers are also more likely to see tobacco as a means of expressing rebellion,²⁰ reducing boredom²¹ and controlling weight.²² Young people, especially girls, have a desire to appear more mature and one way of projecting this image is to start smoking. Research with teenage girls in England found that they believed they were creating an 'adult social identity' and they valued being 'cool' and 'popular'.²³ A strong association between anxiety and depressive symptoms and youth smoking has also been found, particularly in boys.²⁴ With respect to the physical properties of tobacco, initial and continued smoking is related to underestimation of its addictiveness and health damaging properties – and an overestimation of how easy it is to quit.²⁵ Lack of success at school (both academically and behaviourally), and early leaving are also predictors of smoking.^{5,26} It is also associated with higher levels of alcohol and drug use.²⁷

Social

A young person's immediate social environment – especially the smoking behaviour and attitudes of significant others – has an important influence. Smoking by parents,^{28,29} siblings,³⁰ and friends and peers³¹⁻³⁴ are all important predictors of tobacco use. The ready availability of cigarettes both in the home and local community also predicts onset.^{35,36} Legislation preventing smoking in local communities can raise young people's perception of the social unacceptability of smoking.³⁷

The accessibility of tobacco products also forms an influential dimension of young people's social context. From studies conducted in the United States of America (USA), a ready supply of cigarettes can be a stronger predictor of a young person's smoking behaviour than demand variables such as rebelliousness, psychopathology and peer smoking.³⁸⁻⁴⁰ In the UK, surveys conducted in 2006 found that two-thirds of regular smokers (individuals smoking at least one cigarette per week) aged between 12 and 15 years in England, and three quarters of 15-year-olds and two-fifths of 13-year-olds in Scotland, reported buying their cigarettes from a tobacconist, newsagent or sweetshop.^{5,6} Just under a quarter of the 12 to 15-year-old current (regular and occasional) smokers in England reported that they found it difficult to buy cigarettes from a shop.⁵

Environmental

Wider environmental factors are also an important consideration in determining smoking attitudes and behaviours. Social disadvantage can significantly impact on quit rates. Once started, young people from lower socio-economic backgrounds are much less likely to give up smoking than their wealthier peers.^{41,42} Media portrayals of smoking and the pervasive processes of tobacco marketing also form important additional parts of the wider environment.⁴³⁻⁴⁸ Both are known to have a great influence on youth smoking, and are discussed in detail in sections 4.2 and 4.3.

Section 4

Smoking imagery

Young people typically encounter pro-smoking imagery from three sources: their social environment, the popular media and tobacco industry marketing.

4.1 Social environment

The immediate and wider environment is an important factor in promulgating positive images of smoking to young people. It is a pervasive and subtle phenomenon where much of the messaging comes from the fact that over a fifth of British adults still smoke,⁷ and in doing so, continue to reinforce the normalcy of the behaviour to young people. Smoking by peers, siblings and friends brings the behaviour even closer to home, and can acquire particular prominence because it is so visible. In this way, young people's relationship with tobacco reflects that of society as a whole. This emphasises the need for comprehensive, population level tobacco control policies.

4.2 Popular media

The popular media – films, television, magazines and more recently the internet – form an extremely pervasive dimension of young people's social environment, and they frequently include references to tobacco.⁴⁸⁻⁵⁰ These references are not designed to promote smoking and any deliberate messaging is prohibited by UK legislation (for further information on legislation on tobacco advertising and promotion see **Appendix 1**).⁶ Nonetheless, popular media may be having this effect and also generating pro-smoking imagery. As referenced in the sub-sections to follow, much research has been conducted into the extent of this messaging and imagery, and the influence it may be having on young people's smoking knowledge, attitudes and behaviour.

4.2.1 Films

Films have undergone the most extensive scrutiny, through a combination of content analysis, qualitative research and cross-sectional and longitudinal surveys, with most of the published research conducted in the USA. Images of smoking have been found to be commonplace in films (see **Figure 5**), with frequency of portrayals decreasing between 1950 and 1990, but then increasing subsequently.⁵¹ A tendency for smoking to occur more commonly in youth-orientated rather than adult targeted films has also been found since 2002 in the USA.⁵¹ Content analysis studies of internationally distributed films from the USA and India show that portrayals rarely identify the drawbacks of smoking – particularly the serious health consequences⁵¹ – and that the intensity of smoking has not reduced in line with prevalence rates.^{52, 53} Nor does film smoking reflect the socio-economic reality of the habit, with smokers commonly portrayed as being rich and successful. These studies also show that smoking is frequently used to denote positive aspects of smoking, such as rebelliousness,⁵⁴ relaxation and celebration.^{51, 55}

The effects of film smoking on young people have been well documented. Qualitative studies show that young people are aware of smoking in films, feel that it is a realistic reflection of actual life and do not see it as influencing their own decisions.⁵⁶⁻⁵⁸ Findings from experimental studies, however, suggest that young people who are exposed to smoking in films tend to recall the references very accurately and take pro-smoking messages from it.^{51, 59} These effects diminish significantly if the films are preceded by an anti-smoking commercial.^{51, 59}

e In the USA, the introduction of the Tobacco Master Settlement Agreement (TMSA) between the major US tobacco companies and US states has led to voluntary restrictions on advertising and marketing of tobacco products in the USA. One of the provisions of the voluntary agreement was the prohibition of tobacco product placement in television shows and films, many of which are exported to the UK and would be exempt from current UK or European Union (EU) legislation.

Figure 5: a poster for the 1994 film 'Pulp fiction'

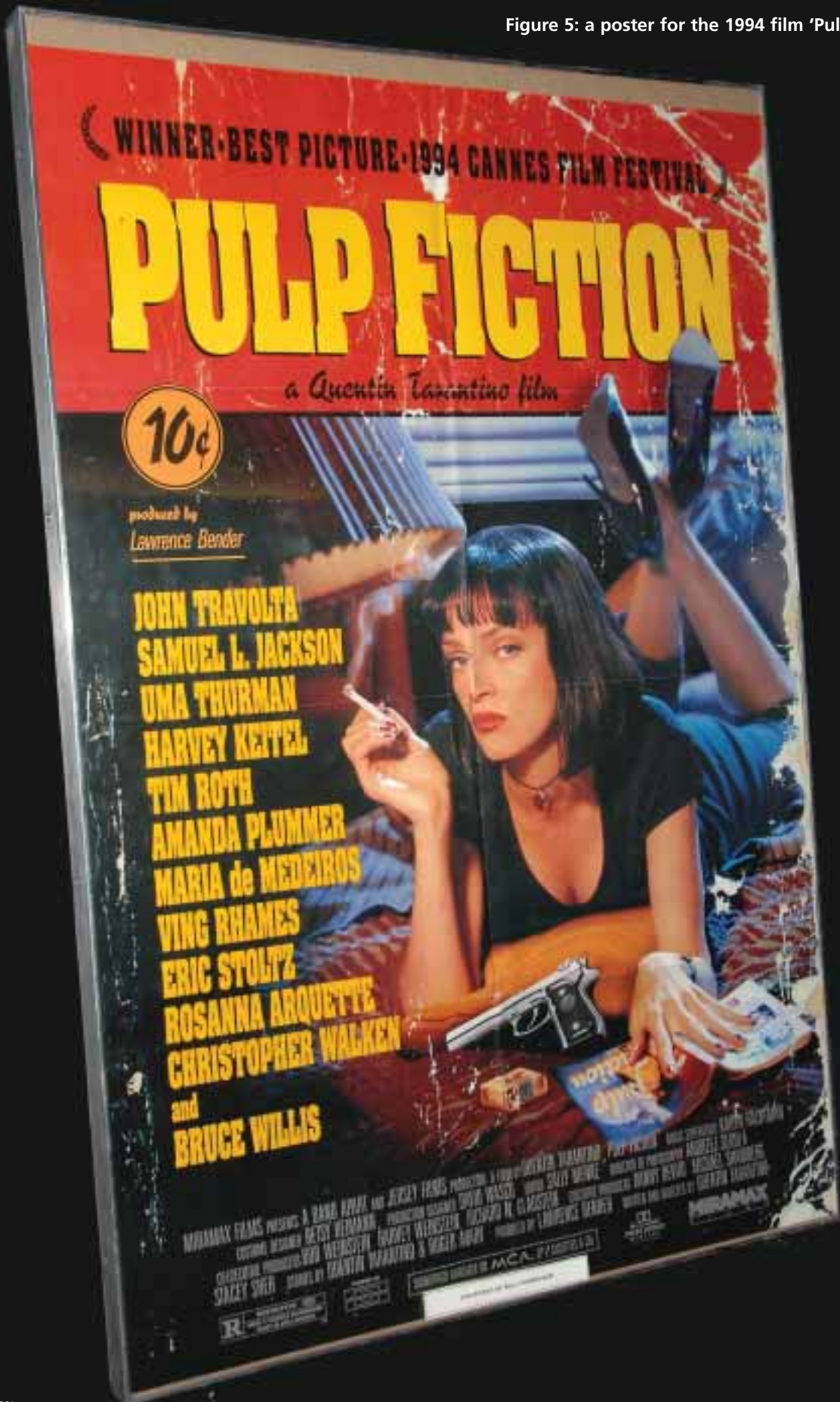


Image source:
Getty Images Creative.

Cross-sectional studies in the US involving young people show a strong correlation between viewing films which include smoking, and pro-tobacco attitudes and behaviour. Among other effects, it is linked with overestimation of population prevalence rates among both smokers and non-smokers; a greater desire to smoke both now and in the future; more positive feelings about the habit among smokers; and more positive attitudes towards smoking among non-smokers.⁶⁰⁻⁶³ Conversely, on the rare occasions when smoking is portrayed in a consistently negative light these effects are reversed: a study with cinemagoers aged over 15 based around the tobacco industry whistle-blowing film *The Insider* showed a reduction in intentions to smoke.⁶⁴

Longitudinal surveys from the USA have also demonstrated a clear dose-response relationship between exposure to film smoking and increases in the likelihood of adolescents starting to smoke.^{62, 65} A cohort study of over 3,500 10 to 14-year-olds, for example, found that 52 per cent of smoking onset could be attributed to smoking in the films.⁶⁶ Other studies have also shown that adolescents who have a favourite film actor who smokes are more drawn to smoking,^{67, 68} and that this effect was particularly strong among adolescent girls – although the direction of causation is unclear.⁶⁹

As noted, most of the research on smoking imagery in films has been conducted in the USA. Films from the USA, however, are widely viewed in the UK and elsewhere in the world. According to the UK Film Council, for example, seven to 24-year-olds made up 45 per cent of cinema audiences of the top 20 films released in the UK in 2006.⁷⁰ Of these, all 20 wholly or partly originated from the USA.^{f, 70} The single published study on UK youth audiences used cross sectional analyses of data collected from 19-year-olds in Scotland from a longitudinal cohort surveyed previously as 11-year-olds.⁷¹ No association was found between the estimated number of occurrences of smoking seen in films and current or ever smoking at 19 years.⁷¹ In comparison, three recent studies examining the effect of films from the USA on youth audiences in Germany,^{72, 73} and Hong Kong.⁷⁴ The findings from Germany and Hong Kong accord with the general trend from the research conducted in the USA described previously.^{62, 65, 66} The authors of the UK study concluded that more research should be conducted to determine whether the UK's discrepancy is due to age differences, cultural differences (including smoking prevalence) or methodological considerations.⁷¹

4.2.2 Magazines

Research has found pro-smoking imagery to be commonplace in magazines. Content analysis demonstrates that smoking is portrayed in adverts, pro-tobacco editorial content and features (see **Figure 6**).^{75, 76} It is also found in incidental images (particularly following advertising bans) such as photo-shoots, fashion spreads, photos of celebrities and of everyday life, and images of events sponsored by tobacco companies.^{75, 76}

A 1999 study in the UK of the top 12 youth magazines established that those magazines targeting young men had a significant amount of pro-tobacco advertising and editorial, whereas the women's magazines studied had none of the former and much less of the latter.⁷⁶ Qualitative work with a sub-sample of these images shown to first-year higher education students (17 to 18-year-olds) revealed that the smoking imagery was attractive, sociable and reassuring, and reinforced respondents' smoker identities and perceptions of smoking.⁷⁶ A study with individuals aged 12 to 13 and 15 to 16 found a strong relationship between smoking and images of smokers in fashion shoots taken from four style magazines.⁷⁷ The younger age group were generally anti-smoking and interpreted the pictures on this basis.⁷⁷ This age group showed less 'abstract' thought processes in interpreting the magazine images by describing their composition rather than what the images

f This excludes viewing figures for DVD rentals and sales, televised films and downloaded films.

Figure 6: Life magazine cover July 22, 2005

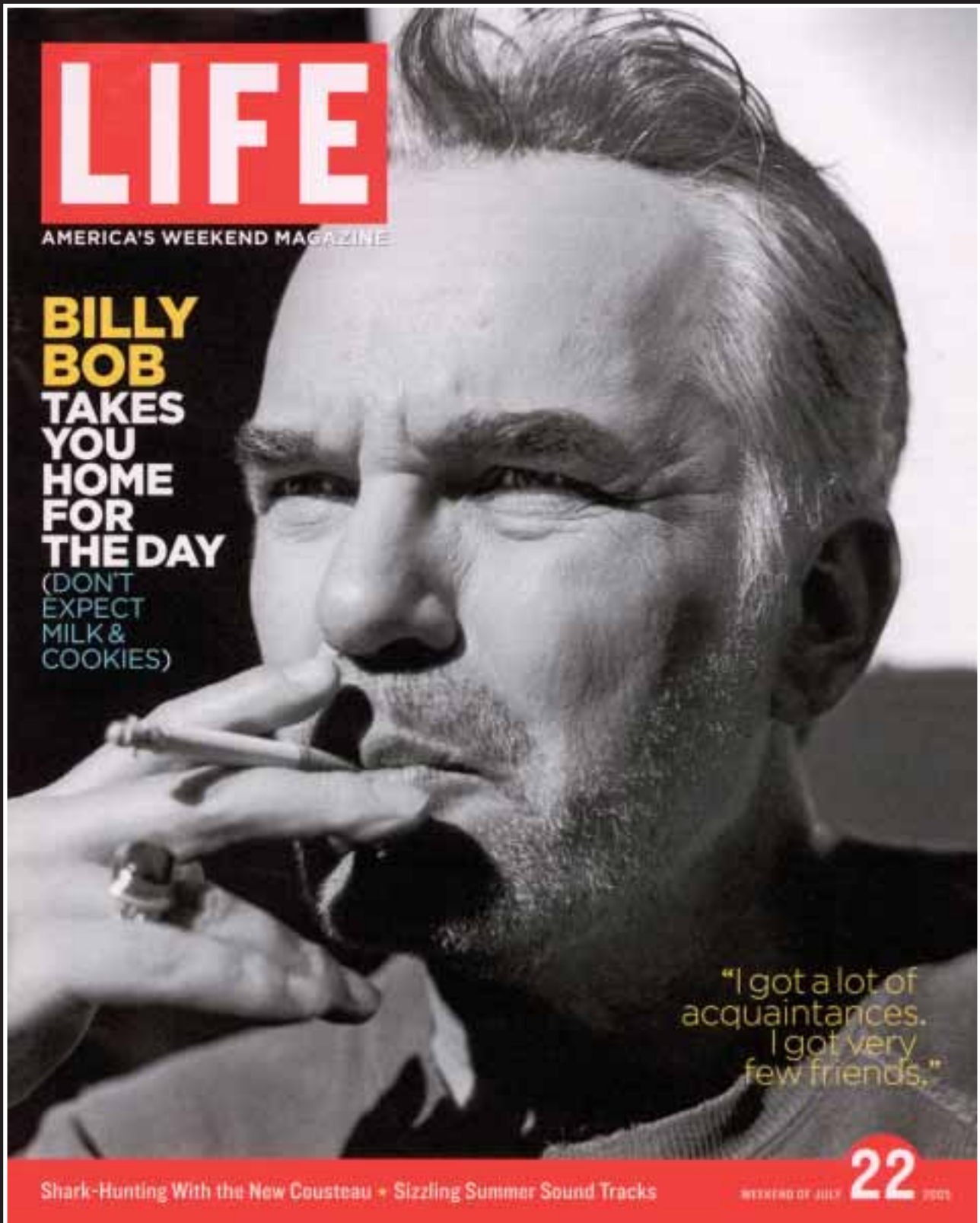


Image source:
Getty Images Creative.

represented, as the older age group did.⁷⁷ The 12 to 13-year-old age group was opposed to inclusion of the cigarettes in the fashion shots and found the smoking models' images intimidating, suggesting they looked 'tough'.⁷⁷ The 15 to 16-year-old age group showed indifference and neutrality towards the presence of the cigarette in pictures which can be interpreted as illustrating how 'ordinary' smoking is for this age group.⁷⁷

Much of the smoking imagery in magazines is not overtly pro-tobacco but studies show that it does have an impact on young people. They identify with the social and stress-relieving aspects of smoking despite being aware of its harmful effects, and they perceive smoking in the media to be normal.⁷⁸ Thus smoking images in magazines act to reinforce the normalcy of smoking.^{79, 80}

It should be noted that published research conducted in the UK on magazines and pro-smoking imagery predominantly comes from the previous decade and was conducted before the UK's tobacco advertising ban. The most recent post-ban evidence base is from international research, notably Australia. Carter et al (2007) argue that following the tobacco advertising ban in Australia, there was an increase in the prevalence of incidental smoking portrayals in Australian magazines.⁴⁹ In their study, 14 to 17-year-old smokers and non-smokers were randomly assigned to a mock-up of a smoking or non-smoking youth magazine which they read before being interviewed using a structured questionnaire. Forty-two per cent of those who viewed the smoking magazine made unprompted mention of the smoking imagery.⁴⁹ The imagery in the smoking magazine increased female non-smokers' intention to possibly take up smoking.⁴⁹ This and an earlier UK study from 1998 found smokers view the general image of smoking more positively than non-smokers.^{49, 79} Female smokers were attracted to male models who smoked while female non-smokers were repelled.^{49, 79} Male smokers did not differ in response by magazine type.

4.2.3 Other media

Other forms of entertainment media have not been as extensively researched as films and magazines, but it is clear that smoking imagery is widespread. The internet raises particular concerns in this respect due to the difficulty in regulating the content of websites. There is clear evidence that pro-smoking imagery is very extensive on the internet, and is frequently linked to tobacco purchase opportunities, sex and excitement.^{50, 81, 82} This material, including social networking sites and user-generated video sites, is so pro-smoking that senior figures in tobacco control have suggested that the tobacco industry may be behind it.⁸³ As highlighted in *Breaking the cycle of children's exposure to tobacco smoke* (BMA, 2007), it has been estimated that nearly all (98%) young people aged nine to 19 are internet users, and nearly three quarters (74%) have online access at home, although this drops to around six in 10 (61%) for young people from a lower socio-economic background.⁸⁴ The possibilities of using new media to reach this market are enormous. These include marketing techniques that are not covered under current legislation banning tobacco advertising. Viral marketing, for example, uses the internet and mobile phone media to create 'word of mouth' awareness of marketing messages, commonly by encouraging consumers to pass on weblinks and downloads to their social networks.

Key message

The entertainment media are full of images that normalise smoking, making it appear both more common and acceptable than it really is. In this way it influences how young people perceive and attribute meaning to their own and others' smoking.⁷⁶ It also reinforces the idea that cigarettes have social and cultural significance.

4.3 Tobacco marketing

Tobacco marketing is extremely pervasive and encompasses the development, distribution, pricing and promotion of tobacco products. All of these activities focus on the construction and refinement of evocative brands and have the capacity to promulgate pro-smoking imagery and hence encourage tobacco use. There is now an extensive evidence base showing they succeed in doing so.

4.3.1 Mass media advertising

A large body of research has focused on mass media advertising by tobacco companies, and this clearly demonstrates a causative link to both the onset and continuance of youth smoking. This evidence base comes in three forms: correlational studies, advertising ban studies and consumer studies.

Correlational studies

Numerous researchers over the past three decades have looked for correlations between the amount of tobacco advertising and the amount of smoking taking place in a particular jurisdiction.⁸⁵⁻¹¹⁹ It is hypothesised that, if advertising has an effect, smoking rates should shadow temporal variations in the amount of advertising. Establishing such a link is complicated by the effect of confounding factors (eg personal influences, peer pressure) and the fact that changes in the amount of tobacco advertising tend to be slight (except when bans are introduced). Despite these difficulties, around half the studies have found a clear link between tobacco advertising and smoking prevalence.

Advertising ban studies

The introduction of tobacco advertising bans in many countries has provided valuable research opportunities. A review conducted in 2000 found consistent evidence that there is a significant fall in tobacco consumption following the introduction of advertising bans – ranging between 4 per cent and 18 per cent.¹²⁰

Evidence from correlational and advertising ban studies clearly show that tobacco advertising increases smoking prevalence. These studies cannot, however, distinguish between recruitment and retention effects, nor test for differential influence on sub-sections of the population (eg young people). Such information can be obtained from consumer studies.

Consumer studies

Consumer studies comprise surveys, typically of young people, asking them about their smoking habits and awareness of, and attitudes towards, tobacco advertising. There have been many studies, some taking a snapshot,¹²¹⁻¹⁴¹ and others adopting a longitudinal perspective, following up respondents over time.¹⁴²⁻¹⁴⁴ The consistent finding is that there is a strong link between advertising and smoking in young people: the more aware, familiar and appreciative youngsters are of tobacco advertising, the more likely they are to smoke or say they intend to smoke in the future. These effects have been shown to be independent of confounding factors discussed in section 3 (eg peer and parental smoking, gender and social class).

The longitudinal consumer studies show that this engagement with tobacco advertising predates the onset of smoking, thereby demonstrating that it is helping young people to start smoking in the first place, as well as reinforcing the habit once they have started.¹⁴²⁻¹⁴⁴ A 2003 Cochrane systematic review of the impact of tobacco advertising and promotion on adolescent smoking behaviours concluded that this recruitment effect is now well established:

*'Based on the strength of this association, the consistency of findings across numerous observational studies, temporality of exposure and smoking behaviours observed, as well as the theoretical plausibility regarding the impact of advertising, we conclude that tobacco advertising and promotion increases the likelihood that adolescents will start to smoke.'*⁴⁵

4.3.2 Other forms of marketing communication

In addition to mass media advertising, tobacco promotion can take on many forms (see **Box 1**). A National Cancer Institute (NCI) Monograph details how most of these different variants have been shown to encourage smoking.¹⁴⁵ For example, young adolescents who reported seeing tobacco advertising in stores were 38 per cent more likely to experiment with smoking; 15-year-olds' awareness of brand stretching^g is independently associated with being a smoker; and product placement of cigarettes in films is strongly linked to adolescent smoking.¹⁴⁵ A summary of the NCI Monograph findings is provided in **Appendix 2**.

Box 1: different forms of tobacco marketing

- Sponsorship of sport and the arts
- Point-of-sale: promotional material in shops such as branded gantries, clocks, signage, staff clothing and product display
- Merchandising: giving away or discounting low cost items such as T-shirts, baseball hats and keyrings
- Free samples: the distribution of free product
- Loyalty schemes: promotional mail and coupons designed to encourage continued purchase
- Brand stretching: non-tobacco products with tobacco branding such as Marlboro Classic Clothes
- Pack designs to communicate brand image and to add value
- Internet sites: websites promoting tobacco companies, cigarette brands or smoking
- Product placement: paid-for placement of cigarette brands in films or television.

Source: Based on MacFadyen L, Hastings GB & MacKintosh AM (2001) Cross sectional study of young people's awareness of and involvement with tobacco marketing. *British Medical Journal* **322**: 513-7.

Perhaps more important, however, than the fact that individual types of tobacco promotion are linked with smoking, is the evidence that they also work cumulatively to encourage it. Research has shown that the more different types of tobacco advertising a young person is aware of, the more likely they are to smoke.⁴⁶ DiFranza et al's assessment of empirical research on a causal link

g Brand stretching refers to the use of an established brand name for a product in an unrelated market. See the example of Marlboro Classic Clothes in **Box 1**.

between exposure to tobacco promotion and the initiation of tobacco use by children found that exposure increases the initiation risk and that *'there is a dose-response relationship, with greater exposure resulting in higher risk'*.⁴³ This dose-response relationship is not surprising as it is precisely the effect tobacco companies seek to achieve through an integrated marketing communications mix.¹⁴⁶ This ensures that all the company's communications are synchronised to build a unified and powerful brand image.

In 2000, the UK Health Select Committee conducted an enquiry into the British tobacco industry, uncovering many internal documents from their advertising agencies in the process.¹⁴⁷ Many of these documents spoke enthusiastically about the potential benefits of brands imbued with attractive and aspirational emotional associations (see **Box 2**).

Box 2: internal tobacco industry documents

In 1999, the Cancer Research UK Centre for Tobacco Control Research, now at the University of Stirling, was asked to examine internal documents from various advertising agencies as part of the House of Commons Health Select Committee investigation into the UK Tobacco Industry and its practices. The Centre examined numerous examples of letters and memos that were sent between tobacco companies and their advertising agencies as they planned their campaigns to promote cigarettes, cigars and rolling tobacco in the UK. One example of a creative director discussing the Benson & Hedges (B&H) brand powerfully illustrates the importance of branding in the tobacco market, and how it links in with what is cool:

'What do we want this work to achieve?'

We want more 18 to 34-year-old blokes smoking B&H than ever before. We want to see these dudes ripping-up packets of Marlboro and Camel and treating them with the disdain that second rate, American filth deserves. For Christ's sake what the hell are people doing smoking brands that are made to be smoked by 'cowhands' and not by the youth of the trendiest, coolest, most happening country in the world. In many ways this brief is really a charity brief. Trying to help people recognise the error of their ways, thinking they are being cool smoking what Roy bloody Rogers smoked and opening their eyes to the unchallengeable truth that the coolest smoke in the world is a B&H.

We want to see Great, British B&H in the Ben Sherman shirt pockets of Brit-popped, dance-crazed, Tequila drinking, Nike kicking, Fast Show watching, Loaded reading, Babe pulling, young gentlemen.

So what we need is the coolest, most exciting, white knuckle ride of a campaign ever.'

Source: Collett Dickenson Pearce and Partners (1998) *Benson & Hedges 1998 Creative Briefs*. Available at tobaccopapers.com (Accessed March 2008).

4.3.3 Beyond communications: the marketing mix

Product design, packaging, distribution and pricing – the 'marketing mix' – all have a cumulative role to play in brand communication. For example, a premium brand like Marlboro will be supported by evocative mass media and other advertising, a high-quality product, wide distribution, a stylish and easily recognised pack and a price that reflects its select market

positioning. The importance of having a consistent and coherent strategy was demonstrated in the early 1990s when Philip Morris dramatically cut the price of Marlboro by almost 20 per cent in response to competition from cheaper brands.¹⁴⁸ While it did regain some market share, selling the premium brand at a cut price undermined Marlboro's distinctive, high-quality image and threatened the brand's long-term positioning at the top end of the market. Philip Morris subsequently reversed the decision and Marlboro quickly recovered its pre-eminence.¹⁴⁸

While the overall effect of the wider marketing mix has not been the subject of much public health research, the effect of individual elements has been examined. There is a well-established evidence base showing that the price of tobacco is linked, not just with brand image as in the Marlboro example, but with tobacco consumption by young people.^{149, 150} Packaging is also implicated in young people's smoking where liveried packs have been shown to reinforce brand image and encourage consumption among the young.¹⁵¹⁻¹⁵⁸ Wide distribution adds to the pro-smoking milieu: as noted previously, cigarette accessibility is associated with youth smoking.^{35, 36, 38-40} Similarly, the display of product at point-of-sale (as well as the associated advertising) also has the effect of promoting pro-smoking imagery to young people (see **Figure 7**).¹⁵⁹⁻¹⁶⁵ A UK study, for instance, measured the number of brands 15-year-olds could recall seeing displayed in shops.¹⁶⁶ Analysis showed that for every additional brand recalled, the odds of a child professing an intention to smoke increased by 35 per cent.¹⁶⁶

The image promotion opportunities provided by the development of new products – especially harm reduction products – has also been highlighted as an area of concern.^{167, 168} For example, Lucky Strike snus (oral moist snuff) is potentially a less harmful product than Lucky Strike cigarettes; however, both offer the same opportunity for the tobacco company to promulgate the brand. The introduction of new products will also reinforce the idea that tobacco use is normal.

Tobacco companies have also sought to manage and promote their image through corporate social responsibility (CSR) initiatives (see **Box 3** on page 25 for an example of CSR in relation to the development of harm reduction products).¹⁶⁹ CSR covers the voluntary actions that business can take, over and above compliance with minimum legal requirements, to address both its own competitive interests and take account of the economic, social and environmental impacts of the way it operates. The use of CSR is finding favour across the business sector, and is likely to be particularly attractive to tobacco firms because they have suffered such criticism in recent years. From a tobacco control perspective, the crucial point to keep in mind is that the impact is not only philanthropic or about benefiting a good cause, but will also enhance and maintain shareholder value, and the strength of the corporate body. As Niall FitzGerald, former CEO of Unilever, describes it: *'Corporate social responsibility is a hard-edged business decision. [We do it] not because it is nice to do or because people are forcing us to do it...but because it is good for our business'*.¹⁷⁰ This hard edge is illustrated by an analysis of the broadcast timings of corporate image media campaigns run by Philip Morris in the USA which found that they were timed to maximize exposure during critical threats to Philip Morris's public image.¹⁷¹

Key message

Tobacco marketing in all its forms is a central influence on the initiation and continuance of youth smoking. In particular, evocative tobacco brands appeal to young people.

Figure 7: point-of-sale display of tobacco products



Section 5

The way forward

Tobacco control policies in the UK are among the most comprehensive in Europe.^{172, 173} Smokefree legislation and an increase in the minimum age of purchase^h have now been added to a comprehensive advertising ban, steady taxation increases, high-profile health warnings, and widely available cessation support. The data on smoking prevalence outlined in section 2 suggest these policies are having a positive effect. Among the UK general population, smoking has halved since the 1970s, and while the long-term patterns among young people have been less well mapped, there has been a steady decline since rates began to be carefully monitored in the 1990s. This downward trend, however, has slowed in recent years, but could be accelerated through the implementation of population measures aimed at changing the social norms about smoking.

It is apparent that young people in the UK remain exposed to many pro-smoking images and messages. This helps keep the habit ‘cool’, despite its addictiveness, expense and adverse health consequences. Changing this – deglamourising smoking and tobacco use – will need to combine reductions in the amount of pro-smoking imagery on the one hand with increases in the amount of anti-smoking (or pro-health) imagery on the other. The tobacco industry’s sophisticated and well resourced marketing strategies must be combated with similarly robust approaches. This requires long-term action in three related areas:

- limiting pro-smoking imagery in entertainment media
- reducing tobacco marketing opportunities
- increasing pro-health imagery.

Given that young people’s ambivalent relationship with tobacco is a microcosm of society’s, these actions must form part of a comprehensive *social marketing*ⁱ tobacco control strategy which has the clear aim of making the UK tobacco free by 2035.¹⁷⁴ This would follow the example set in Australia where it has been predicted that they will be tobacco-free by 2030.¹⁷⁵

In 2007, the BMA Board of Science report *Breaking the cycle of children’s exposure to tobacco smoke* highlights the need to reduce parental smoking rates, the level of children’s exposure to secondhand smoke, and the prevalence of smoking among children and young people. The 2007 report outlines a range of evidence-based policies including targeted and adequately funded smoking cessation services; increased taxation on tobacco products; legislation banning the sale of packs of 10 cigarettes; an increase in the minimum age of sale of tobacco products; increased support and advice from healthcare professionals; media campaigns on the health effects of exposure to secondhand smoke; and international cooperation on tobacco control.

h Following the implementation of the Children and Young Persons (Sale of Tobacco etc.) Order 2007 and the Smoking, Health and Social Care (Scotland) Act 2005 (Variation of Age Limit for Sale of Tobacco etc. and Consequential Modifications) Order 2007, the minimum age for buying tobacco in England and Wales, and Scotland was raised from 16 to 18 on 1 October 2007. The minimum age remains 16 in Northern Ireland.

i ‘Social marketing is concerned with the application of marketing knowledge, concepts, and techniques to enhance social as well as economic ends. It is also concerned with analysis of the social consequence of marketing policies, decisions and activities.’ (Lazer & Kelley 1973: pix).

5.1 Limiting pro-smoking imagery in entertainment media

The evidence base shows clearly that smoking in films is widespread, promulgates a misleadingly positive conception of tobacco use and encourages youth smoking. The research base is less well established for other media, but the precautionary principle compels us to assume that depictions on television and the internet and in magazines will also be influencing young people.

The policy implications of these findings need careful consideration as they relate to the creative and editorial freedom of media producers. It is essential, however, that producers consider the impact that the depiction of smoking may have on younger people. Any such inclusion must therefore be editorially justified by, for example, historical context. All those involved in the production of entertainment media therefore need to be informed of the potential damage done by the depiction of smoking.

This needs to be complemented by regulations that protect young people. In the UK, broadcasting guidance from Ofcom^j on protecting individuals under the age of 18 states that smoking:

- must not be featured in programmes made primarily for children unless there is strong editorial justification
- must generally be avoided and in any case must not be condoned, encouraged or glamorised in other programmes broadcast before the watershed, or when children are particularly likely to be listening, unless there is editorial justification
- must not be condoned, encouraged or glamorised in other programmes likely to be widely seen or heard by under 18s unless there is editorial justification.¹⁷⁶

It is essential that pro-smoking content is taken into account for film classification.^k This will help to protect children and influence the decision of producers to depict images of smoking in their films. A further approach should be a requirement that any film or television programme with significant pro-smoking content be preceded by an anti-smoking advertisement. There is evidence that this will mitigate the effects of smoking portrayal in the subsequent film.¹⁷⁷ This is similar to the 'fairness doctrine' applied in the USA in the early 1970s, where any television advertisement for tobacco had to be matched with an anti-smoking advertisement. This led to the tobacco companies in the USA voluntarily withdrawing from television advertising. Mandating anti-smoking advertisements will also help to counter tobacco industry marketing (see section 5.3). A stronger approach has been adopted in India where the portrayal of smoking or other uses of tobacco has been banned in all new films and television serials produced since January 2006. Films and television serials produced prior to this date also have to be accompanied by health warnings.

j Ofcom has statutory responsibility for regulating the UK communications industries including television, radio, telecommunications and wireless communications services. Under the Communications Act 2003, Ofcom has a duty, in carrying out its functions to (a) further the interests of citizens in relation to communications matters; and (b) further the interests of consumers in relevant markets, where appropriate by promoting competition.

k The British Board of Film Classification (BBFC) is responsible for classifying films in the UK on behalf of local authorities. Guidelines from the BBFC set out the key areas to be taken into consideration in classifying films, videos or digital material: theme, language, nudity, sex, violence, imitable techniques, horror and drugs.

Recommendations

The UK Governments should:

- implement programmes aimed at informing those involved in the production of entertainment media of the potential damage done by the depiction of smoking
- introduce legislation requiring all films and television programmes which portray positive images of smoking to be preceded by an anti-smoking advertisement.

The British Board of Film Classification should take pro-smoking content into consideration for the classification of films, videos and digital material in the UK. This should consider whether the depiction of smoking is condoned, encouraged or glamourised in the absence of editorial justification.

5.2 Reducing tobacco marketing opportunities

The UK advertising ban has greatly reduced the impact that tobacco marketing has on young people. It has produced significant declines in both awareness of tobacco advertising and the perceived prevalence of smoking among adolescents.¹⁷⁸ Both of these measures are clearly linked with teenage smoking, and hence will deliver a substantial public health benefit.

On the other hand, branding continues to influence young people's smoking.¹⁷⁹ A recent study of adolescents showed that, post the advertising ban, brand image and familiarity remain powerful predictors of intention to smoke.¹⁷⁹ The authors concluded that *'through their branding activities, manufacturers are still able to influence the image of their products, consequent attitudes towards smoking and, most importantly, intention to smoke. This confirms that the marketing practices of tobacco manufacturers continue to impact on adolescent smoking even after the introduction of advertising bans'*.¹⁷⁹

This reflects the fact that, as noted previously, tobacco marketing incorporates far more than advertising; it includes all the activities the tobacco industry uses to further its ends: distribution and point-of-sale display, pricing, new product development and corporate reputation management. All of these activities are strategically focused on the creation and sustenance of evocative brands. Thus, while the UK legislation is favourably broad, prohibiting any *'advertisement (a) whose purpose is to promote a tobacco product, or (b) whose effect is to do so'*,¹⁸⁰ it still leaves significant loopholes. The English High Court endorsed the wide ranging scope of the advertising restrictions. In 2004, a case brought by a number of major tobacco companies against the English Minister of Health claiming that the provisions of the UK advertising ban were disproportionate was comprehensively dismissed.¹⁸¹ The presiding judge, Mr Justice McCombe, remarked in his adjudication – *'I also bear in mind that the Minister took into account that flexibility and "loopholes" in the rules would be likely to be ruthlessly exploited by the industry: the evidence suggests that he was entirely reasonable in so doing'*.¹⁸¹

The evidence base also confirms a need to think beyond communications towards other elements of the marketing mix. At an international level, the WHO Framework Convention on Tobacco Control (FCTC) has done precisely this by defining tobacco advertising and promotion as *'any form of commercial communication, recommendation or action with the aim, effect or likely effect of promoting a tobacco product or tobacco use either directly or indirectly'*.¹⁸² In particular the word *'action'* takes the focus way beyond advertising and overt communication efforts. Ultimately young people will only be truly protected from the promotion of tobacco when tobacco companies cease to exist.

In the meantime, there are a number of policy initiatives that could be taken to increase young people's protection from tobacco marketing:

Point-of-sale display

The display of tobacco products at the point-of-sale – including behind the counter and on vending machines – functions as a form of tobacco advertising that reinforces deceptive notions about the glamour and normalcy of smoking to young people, as demonstrated by research from North America and Australia.¹⁵⁹⁻¹⁶⁵ It is essential that this is prohibited. Such legislation has already been successfully introduced in New Zealand, Singapore, Iceland and a number of Australian and Canadian states and territories. Point-of-sale display restrictions have now been agreed in the Republic of Ireland (legislation has been passed and implementation is pending) and in Scotland (the Scottish Government has now committed itself to legislation).¹⁶³ The rest of the UK should follow suit and legislate to ensure that all tobacco products are completely out of sight at point-of-sale. Making tobacco an 'under the counter' product will protect children from tobacco promotion and reinforce the increasing unacceptability of smoking.

Generic packaging

Notwithstanding the written health warnings – which are soon to be supplemented with pictorial warnings – research from Australasia and North America have found that liveried tobacco product packs continue to communicate strong pro-smoking messages and, most damagingly, reinforce evocative brand images.¹⁵¹⁻¹⁵⁸ This demonstrates a need to move to generic packaging – plain packaging with only the name of the cigarette brand, health warnings and any other mandatory consumer information – which would eliminate the power of brand liveries as well as incidental marketing opportunities such as product placement. Generic packaging has also been shown to increase and maximise the impact and believability of health warnings.^{184, 185}

Price differentials

To date, policy development on price has been used at a macro level and focused on overall rates of taxation, seeking to decrease the general affordability of tobacco products. Price is also a marketing tool used by tobacco companies at a micro level. Specifically, they have produced an array of attractive economy and mid-range brands, which make smoking more appealing – especially to young people. Recent data show that the most popular brands among underage smokers are Lambert & Butler, Mayfair and Richmond; all of which are positioned by the industry as cheaper options.¹⁶⁶ These pricing strategies also undermine the effectiveness of broader fiscal measures. In the alcoholic beverage market, similar concerns have led public health advocates to call for minimum pricing policies,¹⁸⁶ which mandate a base price for the product,¹⁸⁷ and policy makers are responding. A similar approach should be taken for the pricing of tobacco products in the UK.

I In the UK, picture warnings will be introduced on cigarette packs from the end of 2008, and on other tobacco products from the end of 2009.

Product regulation

The development of new tobacco products also requires careful scrutiny and strict regulation. The regulation of smoked and smokeless tobacco products in the UK is inadequate. Smoked tobacco products are subject to limited controls on content, delivery and safety. At present tobacco companies have the freedom to introduce and develop new tobacco-based products into the market with relative ease. The exception is snus (oral snuff) which is prohibited in the UK.^m This prohibition, however, is narrow and only applies to oral snuff intended to be sucked, while other smokeless tobacco products are subject to minimal regulation. By contrast, medicinal nicotine products are tightly regulated, thereby restricting new product development.

Those products that claim to reduce harm are of particular concern because they provide tobacco companies with valuable branding and public relations opportunities. Several major tobacco brands, including Marlboro, Lucky Strike and Camel, have for example, recently been strengthened by being extended into the snus market. Claims about reduced harm also enable tobacco companies to blur the public health message and attempt to build legitimacy within the public health community. A recent advertisement taken out by British American Tobacco in *New Scientist* illustrates this risk (see **Box 3**). Arguably this advertisement comes very close to promoting tobacco and therefore contravenes the advertising ban; it certainly demonstrates the public relations potential of harm reduction products for tobacco companies.

There is a clear need to strengthen the regulation of nicotine products in the UK. Regulations must be in place to ensure that tobacco companies are prevented from introducing new tobacco products – including those that could be marketed as harm reduction measures. In addition, strengthening the regulatory framework would facilitate the development of pure nicotine products (which like the current medicinal products on the market contain only nicotine and not any other tobacco products). Such regulation should be facilitated through the establishment of a body to regulate nicotine products, as recommended in both the ASPECT and the Health Select Committee reports.^{147, 188}

m The supply and sale of snus (moist oral snuff) was first prohibited in the UK under the 1988 Consumer Protection Act. With the exception of Sweden, the marketing of tobacco products for oral use by all EU member states has been prohibited since the introduction of the European Council Directive 92/41/EEC, which was subsequently recast in 2001. In response to the European Council Directive, new regulations prohibiting the ban on oral snuff were introduced in the UK under The Tobacco for Oral Use (Safety) Regulations 1992. The use of snus in the European region is therefore predominantly restricted to Sweden and neighbouring Scandinavian countries.

Box 3: British American Tobacco 'Scientific Communications Manager' advertisement

**'Scientific Communications Manager'
c. £55k plus excellent benefits – Central London**

Harm reduction is an important part of our business strategy. Backed by increased investment, our scientists are heavily focused on developing innovative products that could significantly reduce the health risks of tobacco use. Seeking support and consensus with external scientists and public health professionals is vital to our ability to do this.

As an experienced communicator, with a sound scientific background and excellent writing skills, you will play a key role in developing the understanding of our Research & Development work into potentially less harmful products among specialist scientific and public health audiences.

You will, among other responsibilities, guide the development of our new website www.bat-science.com, manage pro-active communications with scientific and public health media and support our scientists in the communication of their research findings.

British American Tobacco is the world's second largest international tobacco group and one of the biggest and best performing companies in the FTSE100. Our goals are more than financial – the principles of corporate social responsibility can be found at the heart of our strategy. Find out more at www.bat.com and www.bat-science.com – we may surprise you.'

Source: *New Scientist*, 3 May 2008 (p58)

Corporate social responsibility

Tobacco industry CSR campaigns enhance public relations and consumer marketing. As such, they should be tightly regulated. The consequence of CSR, as discussed in section 4.3.3, is not just to 'do good' but to boost shareholder value and the success of the corporate body in delivering this. For most companies this should not cause concern, but anything that benefits tobacco companies is likely to damage health. Tobacco industry CSR should therefore be treated in the same way as its other marketing activities and regulated under the terms of the advertising ban. It is important to note that this is not just a problem of the advertising that typically accompanies CSR; there are also the CSR itself. The target groups for such campaigns are often very specific – in the example of the British American Tobacco activities highlighted in **Box 3**, the target is public health professionals – and these groups can, and will, be accessed using non-advertising channels. Taking a strong stance on CSR will also keep the UK Governments in line with the FCTC. Tobacco companies have a responsibility to make reparations for the harm caused by tobacco use, but this should be mandated not volunteered. It should also be completely divorced from their marketing activities.

Limiting access to tobacco

Reducing the accessibility of tobacco products would indirectly limit tobacco marketing opportunities. There are no clear data on the density and number of tobacco outlets in the UK. A recent Scottish Government survey estimates there are approximately 20,000 outlets in Scotland, which suggests around 200,000 tobacco outlets across the UK.¹⁸⁹ It is clear, however, that there are many places where tobacco can be bought. Smokers acknowledge this ubiquity, and typically know where they can get tobacco 24 hours a day. At a population level such ease of access is undesirable; from a young person's perspective it also presents a misleading message that tobacco is a commonplace and normal product – and is directly linked to underage smoking. Careful consideration should therefore be given to reducing this distribution network. Currently, retailers do not need a licence to sell tobacco as is the case for selling alcohol. This makes it difficult to identify and control the number of locations where young people can buy tobacco, and reduces the ability to enforce age of sale restrictions. The introduction of a positive licensing scheme – where retailers are required to obtain a licence from their local authority to sell tobacco products – would address this problem.

Recommendations

The UK Governments should:

- prohibit the display of tobacco products at the point-of-sale
- prohibit the sale of tobacco products via vending machines
- mandate plain packaging for all tobacco products, restricting information on the packet to the name of the cigarette brand, health warnings and any other mandatory consumer information
- introduce minimum price levels for the sale of tobacco products
- establish a body with responsibility for the regulation of all nicotine products
- recognise that tobacco industry CSR is a form of marketing, and as such it should be prohibited under the terms of the tobacco advertising ban
- reduce the number of outlets selling tobacco through the introduction of a system of positive licensing.ⁿ

5.3 Increasing pro-health imagery

The continued success of the tobacco industry in promoting smoking, even in an increasingly regulated market place, is regrettable – but it also offers important positive lessons for public health. The marketing techniques that have been, and continue to be, used to push tobacco can also be used to counter pro-smoking imagery and promote a tobacco-free lifestyle (see **Box 4**). Communications provide one dimension of this. There is good evidence that mass media programmes aimed at young people can be effective tobacco control measures. Six major reviews have looked at their effectiveness in recent years and consistently concluded that they can encourage quitting and prevent smoking onset.¹⁹⁰⁻¹⁹⁵ A recent systematic review by the National Institute for Health and Clinical Excellence (NICE) suggests that mass media campaigns can be effective in encouraging cessation among the population as a whole, and that new media such as

n The BMA previously called for the introduction of a positive licensing scheme as well as legislation prohibiting point-of-sale displays and tobacco product vending machines in the 2007 Board of Science publication *Breaking the cycle of children's exposure to tobacco smoke*.

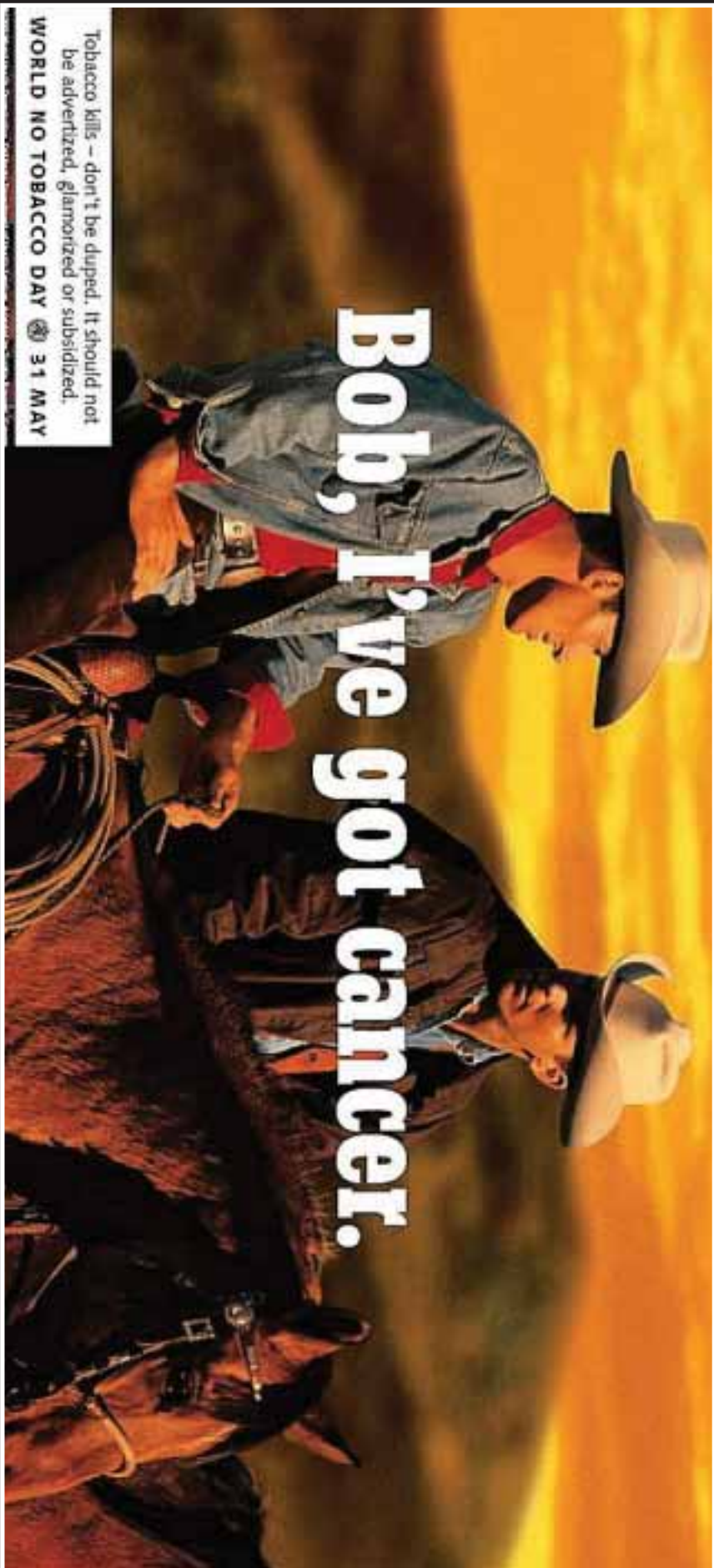
mobile phones and the internet show particular potential with young people.¹⁹⁰ On the preventive side, a number of the reviews concluded that media campaigns have a positive role to play in influencing young people's smoking behaviour.¹⁹⁰⁻¹⁹⁵

Box 4: World No Tobacco Day 2000

As part of World No Tobacco Day 2000, the WHO launched a campaign aimed at raising awareness of, and countering, the global marketing practices of the tobacco industry. The media campaign focused around the message 'Tobacco Kills – Don't be Duped'. This initiative aimed to systematically reframe public perception of the tobacco problem by giving the health and political community the tools needed to begin to expose and combat the enormous resources and tactics of the transnational tobacco companies.¹⁹⁶ Various promotional materials were developed as part of this initiative including a poster based on the 'Marlboro Cowboy' advertising campaign (see page 28).

The success of communication campaigns depends on how the media are used. Focusing on prevention and young people in isolation is potentially counterproductive,¹⁹² as it can promote the idea that smoking is acceptable for adults but not children. On the other hand, experience from Australia suggests that population-wide campaigns can have a considerable impact on young people. There is also evidence that formative research with the target audience can improve campaign efficacy,¹⁹⁴ as does using a mix of media formats.¹⁹⁰ Particular attention should therefore be given to the use of new media such as the internet and mobile communications (see **Box 5**).

Figure 8: World No Tobacco Day 2000 promotional poster



Reproduced with the permission of the World Health Organization.

Box 5: NHS smokefree advertising 'I wanna be like you' campaign

On 2 June 2008, the Department of Health in England launched a £5.2 million campaign aimed at highlighting to parents the risk that their smoking will dramatically increase their children's chances of also becoming a smoker. The campaign was developed to run on television, the internet, radio, and ambient and outdoors media. The television advertising is set to the music of 'I wanna be like you' from the film 'The Jungle Book' and starts by showing seemingly harmless examples of how young children copy their parents as they go about daily life – relaxing at home, doing household chores and even watching television. The advertisement then ends with a little girl picking up a crayon to copy her mother as she takes a drag on a cigarette. A poster campaign used the same theme, featuring a child's crayon resting on an ashtray, along with press adverts showing childish artistic portrayals of their parents smoking. The 'I wanna be like you' campaign was also supported by a separate advertising campaign promoting the help available to people wishing to go smokefree at local NHS Stop Smoking Services.

A 'social norms' approach to mass media tobacco control policy is also required. Misleading social cues can lead young people to acquire distorted descriptive and injunctive norms^o about smoking; and thus exaggerate the prevalence and acceptability of the habit. It is well established that when perceived norms of either type vary from actual norms in favour of a particular habit – in this case smoking – young people are significantly more likely to take up and continue with that habit.^{197, 198} Research has found denormalisation programmes to be effective in schools and through the media. A seven-county campaign directed at 12 to 17-year-olds in Montana successfully reduced smoking prevalence and delayed smoking uptake using the normative message '*Most of Us (70%) are Tobacco Free*'.¹⁹⁹ This was delivered using a wide variety of channels that research had identified as useful. Only 10 per cent of young people initiated smoking following the campaign, compared with 17 per cent in the control counties.¹⁹⁹ At the Wisconsin University at Oshkosh, a 29 per cent reduction in smoking rates was achieved from a multi-component intervention which included a normative media campaign.²⁰⁰ Significantly, rates at a control campus remained unchanged.²⁰⁰

Denormalising tobacco use requires the implementation of interventions aimed at improving descriptive norms. These would emphasise the fact that smoking is very much a minority pursuit, and that even among smokers, most are ambivalent about their habit. Reinforcing this message is likely to be particularly important in low income communities where higher prevalence rates may create particularly false impressions about the normalcy of smoking. It is therefore essential that normative messages are considered as part of any public education tobacco control programmes.

Normative programmes also need to move beyond media and education interventions. As the 2008 Scottish Smoking Prevention Action Plan states, there is a need '*to facilitate the adoption of a holistic approach to health and well-being in Scottish schools ... , which will be aimed at ensuring the school ethos, policies, services and extra-curriculum activities all foster the health and wellbeing of all the pupils*'.¹⁸³ Such comprehensive strategies need to extend into the wider community through the initiatives discussed in sections 5.1 and 5.2.

o Descriptive norms refer to the level of others' behaviour (eg smoking prevalence) and injunctive norms refer to the level of others' disapproval (eg the acceptability of smoking).

Consideration should also be given to who delivers the pro-health message. Commercial advertisers have long recognised the value of ‘source effect’ where the power of any message increases if it is seen to come from someone with high credibility.²⁰¹ In public health, the Government is not necessarily the most credible source for young people, so consideration should be given to establishing an independent body responsible for delivering tobacco-free campaigns. Many local groups and stakeholders such as health charities, cessation providers (both in the health service and elsewhere) and youth groups have considerable energy and expertise in this field. With a view to partnership working, these groups should be fully engaged and involved in campaign development and delivery. A degree of independence may also enable challenging creative approaches such as the overtly anti-industry Florida ‘Truth’ campaign (see **Box 6**).^{202, 203}

Box 6: the Florida ‘Truth’ campaign

In 1998, the Florida Tobacco Pilot Program (FTPP) launched the ‘Truth’ programme which aimed to reduce youth tobacco use by changing the attitude of Florida teens aged 12 to 17 about tobacco and the tobacco industry. This youth movement was promoted through grassroots advocacy and a creative, youth-driven advertising campaign which utilised various communication strategies including:

- conferences, concerts and seminars run in conjunction with a 13-city tour
- television commercials, billboard and print media advertising
- creation of a website offering facts and statistics on tobacco, and information on advocacy activities
- programme sponsorship
- merchandising (eg T-shirts, baseball caps)
- youth advocacy groups
- the use of celebrities and politicians to encourage petitioning of the entertainment industry to portray smoking more accurately and to denormalise its use.

The programme was designed to make the ‘Truth’ campaign into a credible brand name easily recognised by young people. Funding for the campaign was provided by the tobacco industry following an out-of-court settlement between the State of Florida and various tobacco companies in 1997. The settlement was reached after the State of Florida sought compensation for public costs caused by smoking-related illnesses. Following the campaign, research demonstrated that teenagers in Florida were less likely to have smoked in the last 30 days, to have ever tried smoking, or to have indicated possible intent to smoke in the future than their national counterparts.²⁰⁴

With the global nature of the tobacco industry, strong international links promoting a public health brand are also essential. Accordingly, the development of social marketing programmes in the UK would benefit from links with international initiatives such as the European Commission *Help: for a life without tobacco* anti-smoking campaign (www.help-eu.com). This has been running across the EU for four years and has begun to develop a putative public health brand, linking this in with actual behaviour change through the combination of an innovative website, viral marketing and an email cessation coaching service.²⁰⁵ The WHO World No Tobacco Day 2008 (31 May) focused on the theme of ‘Tobacco Free Youth’, in order to highlight the multi-billion dollar efforts of tobacco companies to attract young people to its addictive products through sophisticated marketing.²⁰⁶

Recommendations

The UK Governments should:

- implement a sustained population-wide communications programme promoting anti-smoking messages and imagery. This should include normative messages about smoking, utilise a range of media formats, and link with international activity and wider initiatives.
- establish an independent body, comprising key public and non-governmental organisations, to take responsibility for the development and delivery of this communications programme.

5.4 Strategic planning and resourcing

The success of all these measures will be greatly enhanced if they are embedded in a comprehensive social marketing tobacco control strategy. Just as the tobacco industry has developed a multifaceted marketing approach to promote tobacco use, so society needs an equally robust and sustained strategy to eliminate it.

This should start with a thorough market, stakeholder and competitor analysis of the forces influencing tobacco use, and identifying the strengths, weaknesses, opportunities and threats these present. It should also assess strategic direction and the balance that needs to be struck between population level and clinical intervention. Finally it should include a clear action plan, with realistic and measurable objectives, budget allocation, and timelines. This would incorporate all the policy initiatives outlined in sections 5.1-5.3, ensuring that they are coordinated in a way that maximises the public health benefits.

The evidence base confirms the need for such multifaceted thinking. The reviews of media campaigns discussed in section 5.3 also concluded that effectiveness is enhanced when there is a clear link with other intervention activities, most notably policy change.^{191, 192} The implementation of restrictions in the UK on the use of descriptors such as 'light' and 'mild' on tobacco products benefited greatly from supportive media activity.²⁰⁷

Strategic planning requires a sustained effort – and this is key in tobacco control.¹⁹⁰⁻¹⁹⁵ This in turn demands adequate long-term resources. The continued success of the tobacco industry is directly attributable to its robust income streams; public health, by contrast, is dependent on ad hoc and much more limited funding. There are two innovative ways of redressing this imbalance. First, consideration should be given to extracting a blinded levy from the tobacco industry to provide a sustainable source of funding. The extent of this levy could be tied to youth smoking rates (the annual value of the youth market was estimated at £135m in 1994;²⁰⁸ accounting for inflation, this is equivalent to around £188m today, not allowing for the proposed increases in the legal age of purchase from 16 to 18), with individual companies being required to contribute according to market share.

Second, the retail sector could be asked to donate its share of profits from selling tobacco. This is already happening to a small extent. In 2000, the Heart of England Co-op decided that, while it could not afford to stop selling cigarettes because of the loss of collateral sales, it would donate all its profits from tobacco to charity.²⁰⁹ Even on this small scale, £500,000 has been generated in the ensuing eight years. The East of England Co-op has now opted to join the scheme raising the anticipated income to £1m by the end of 2008. If the entire Co-operative movement follows suit, this will become the annual figure going to good causes. Consideration should therefore be given to establishing a voluntary health promotion fund that encourages retailers to donate their profits from the sale of tobacco. This has the potential to generate considerable resources for tobacco control, and would have an important symbolic value, undermining the notion that tobacco is a legitimate commodity like any other.

Recommendations

The UK Governments should:

- develop a comprehensive social marketing tobacco control strategy with the aim of making the UK tobacco-free by 2035
- ensure that the approach to reducing pro-smoking imagery and increasing pro-health imagery is underpinned by long-term strategic planning
- increase funding for tobacco control through:
 - i) a compulsory blinded levy from the tobacco industry, pro rata to their profits from youth smoking; and
 - ii) a voluntary health promotion fund into which the retail sector can donate their profits from the sale of tobacco.

Recommendations

Young people in the UK continue to be exposed to a wide range of pro-smoking imagery which encourages the initiation and continuance of tobacco use. The imagery emanates from subtle and unintended influences in the social milieu and entertainment media, as well as deliberate and pervasive industry marketing. These influences need to be combated by limiting pro-smoking imagery in entertainment media, reducing tobacco marketing opportunities and increasing pro-health imagery. These measures alone, however, will not break the cycle by which young people are eased into the habit. Young people's smoking is intimately linked to the ambivalent relationship that society as a whole has with tobacco. Action to reduce the influence of pro-smoking imagery therefore has to be bedded within a comprehensive and sustained social marketing strategy that draws together the range of tobacco control policies and focuses it on the explicit aim of making the UK tobacco-free.

Limiting pro-smoking imagery in entertainment media

The UK Governments should:

- implement programmes aimed at informing those involved in the production of entertainment media of the potential damage done by the depiction of smoking
- introduce legislation requiring all films and television programmes which portray positive images of smoking to be preceded by an anti-smoking advertisement.

The British Board of Film Classification should take pro-smoking content into consideration for the classification of films, videos and digital material in the UK. This should consider whether the depiction of smoking is condoned, encouraged or glamourised in the absence of editorial justification.

Reducing tobacco marketing opportunities

The UK Governments should:

- reduce the number of outlets selling tobacco through the introduction of a system of positive licensing
- prohibit the display of tobacco products at the point-of-sale
- prohibit the sale of tobacco products via vending machines
- mandate plain packaging for all tobacco products, restricting information on the packet to the name of the cigarette brand, health warnings and any other mandatory consumer information
- introduce minimum price levels for the sale of tobacco products
- establish a body with responsibility for the regulation of all nicotine products
- recognise that tobacco industry corporate social responsibility is a form of marketing, and as such it should be prohibited under the terms of the tobacco advertising ban.

Increasing pro-health imagery

The UK Governments should:

- implement a sustained population-wide communications programme promoting anti-smoking messages and imagery. This should include normative messages about smoking, utilise a range of media formats, and link with international activity and wider initiatives.
- establish an independent body, comprising key public and non-governmental organisations, to take responsibility for the development and delivery of this communications programme.

Strategic planning and resourcing

The UK Governments should:

- develop a comprehensive social marketing tobacco control strategy with the aim of making the UK tobacco-free by 2035
- ensure that the approach to reducing pro-smoking imagery and increasing pro-health imagery is underpinned by long-term strategic planning
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 - i) a compulsory blinded levy from the tobacco industry, pro rata to their profits from youth smoking; and
 - ii) a voluntary health promotion fund into which the retail sector can donate their profits from the sale of tobacco.

Appendix 1

UK legislation on tobacco advertising and promotion

Television advertising of cigarettes has been banned in the UK since the introduction of the Television Act 1964. The advertising of cigars and loose tobacco was permitted until 1991, at which point the introduction of an EU directive (89/552/EEC) banned all tobacco products from being advertised on television. The Tobacco Advertising and Promotion Act (TAPA) 2002 prohibits the advertising and promotion of tobacco products including the use of brand-sharing and sponsorship of cultural and sport events. The TAPA 2002 was implemented in various stages:

- February 2003** It became illegal to advertise tobacco products on billboards, in newspapers and magazines
- May 2003** Direct mailing was prohibited
- July 2003** Tobacco sponsorship of domestic sporting events was banned
- December 2004** Regulations governing advertising at the point-of-sale came into effect. These restrict advertising to one A5 sized advertisement per outlet of which at least 30 per cent must carry a health warning. The Act does allow businesses, such as specialist tobacconists, to promote the business using generic language such as cigars, but not specific branding.
- July 2005** Tobacco sponsorship of international events was prohibited. The use of brand sharing to promote tobacco products was also made illegal. This prohibits the use of a tobacco product brand name, logo or branding on a non-tobacco product, for the promotion of the tobacco product. The regulations make exception for items such as lighters and ashtrays.

The TAPA 2002 applies to the whole of the UK, although regional variation in the powers of the act exist in Scotland. The advertising of tobacco products on websites is not covered by the TAPA 2002 but this is prohibited by EU directive 2003/33/EC which bans the advertising of tobacco on websites, except for the sole purpose of business-to-business promotion. There are currently no plans to outlaw the sale of tobacco products online.

Appendix 2

The effect of different marketing strategies on smoking behaviour

Sponsorship

- Exposure to a cigarette-sponsored sports advertisement reinforces existing smoking behaviour, and for non-smokers creates favourable attitudes toward smoking, and increases awareness and liking of brands.²¹⁰
- Children show a higher awareness of the sponsoring brand and link the exposure to brand recall and understanding of brand imagery.²¹¹⁻²¹⁴
- Children's preference for motor racing is a significant independent variable in progression to regular smoking.²¹⁵
- The statement 'smoking can't be all that dangerous, or the Government would ban sports sponsorship' was put to over 4,000 11 to 16-year-olds; substantially more smokers than non-smokers agreed with it.²¹⁶

Merchandising

- Items such as branded lighters, T-shirts, baseball caps, and badges frequently reach adolescents at the point-of-sale, special events, or through competitions.²¹⁷⁻²²⁰
- There is a significant positive relationship between experience with tobacco promotions and susceptibility to tobacco use.^{132, 219, 221}
- There is a relationship between the numbers of promotional items owned and a higher likelihood of smoking.²²²
- There are relationships between smoking initiation rates and levels of promotional expenditure, and between owning/using tobacco promotional items and the onset of smoking.^{223, 224}

Brand-stretching

- For example the endorsement of holidays, cafés, and music; items that are then sold rather than given away.²²⁵
- Initial research focused mainly on advertising for such products and shows that this is consistently seen as advertising for the sponsoring tobacco brand rather than the product.^{225, 226}
- 15-year-olds' awareness of brand-stretching is independently associated with being a smoker.²²⁷

Packaging

- Tobacco packaging both reinforces brand imagery and reduces the impact of health warnings.¹⁵⁴⁻¹⁵⁷
- When fewer brand image cues were on the packaging, adolescents were better able to recall non-image health information.¹⁵⁷
- Plain packaging limits the ease with which consumers associate particular images with cigarette brands and significantly influences smoking behaviour.¹⁵⁴

Point-of-sale

- Cigarette packets are displayed in such a way at the point-of-sale as to act like advertising.¹⁵⁹
- Young adolescents who reported seeing tobacco advertising in stores were 38 per cent more likely to experiment with smoking, and the advertising enhances brand imagery.^{160, 161}
- The more youth-orientated advertisements displayed outside shops, the more often children try to buy cigarettes.¹⁶²
- There are greater levels of point-of-sale advertising in areas where there is likely to be a high prevalence of smoking (eg deprived/ethnic minority areas); young people are unduly exposed to them.¹⁶³⁻¹⁶⁵

Product placement

- The paid-for placement of cigarette products in films and on television is a controversial but documented marketing communications tactic. Strong evidence links this with adolescent smoking.^{160, 228-230}

Loyalty schemes

- There is a significantly greater participation in deprived areas, and coupons may offset the effect of price increases.²³¹
- Underage smokers illegally purchase cigarettes specifically to collect coupons for promotional items.²³²
- Loyalty schemes involvement among 15-year-olds is independently associated with smoking.²²⁷

Free samples

- A systematic search of tobacco industry documents confirms free samples as a popular strategy.²³³
- Receipt of free samples by young people is independently associated with susceptibility to smoke.²²¹

Internet

- Tobacco manufacturers have their own websites and sponsor further sites unrelated to tobacco. Also pro-tobacco sites (not related to industry) include chat rooms/message boards and images of celebrities/attractive role models smoking, which may appeal to the young.²³⁴⁻²³⁶

Marketing communications

- Young people are aware of all forms of tobacco marketing communications; over half of all smokers had participated in some form of promotion; the greater the number of tobacco marketing techniques a young person was aware of, the more likely he/she was to be a smoker.²²⁷

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