

Tobacco Control Strategy Includes Graphic Warnings

BY ALICIA AULT

FROM THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

The Department of Health and Human Services issued a sweeping new tobacco control strategy that would require cigarette makers to place photographs and graphic depictions of the harms of smoking prominently on the packages or in advertising.

The graphic warnings – which will be regulated by the Food and Drug Administration – were part of a proposed rule issued by the agency. They were required by the Family Smoking Prevention and Tobacco Control Act and are the centerpiece of the 66-page strategy released by the HHS.

“Every day, almost 4,000 youth try a cigarette for the first time and 1,000 youth become regular, daily smokers,” HHS Secretary Kathleen Sebelius said in a statement. “Today marks an important



The FDA says graphic depictions of the dangers of smoking should take up half a cigarette package.

milestone in protecting our children and the health of the American public.”

HHS estimates that 443,000 Americans die from tobacco-related diseases each year, with 50,000 of those deaths caused by secondhand smoke. Some 8.6 million Americans have smoking-related chronic diseases.

FDA Commissioner Margaret Hamburg said, “When this rule takes effect, the health consequences of smoking will be obvious every time someone picks up a pack of cigarettes.”

The agency is going to require a disturbing photograph or cartoon graphic that takes up half a package of cigarettes or is prominently placed in an ad. The graphic would depict one of the following warnings: “Cigarettes are addictive,” “Tobacco smoke can harm your children,” “Cigarettes cause fatal lung disease,” “Cigarettes cause cancer,” “Cigarettes cause strokes and heart disease,” “Smoking during pregnancy can harm your baby,” “Smoking can kill you,” “Tobacco smoke causes fatal lung disease in nonsmokers,” and “Quitting smoking now greatly reduces serious risks to your health.”

The cancer warning might have a photograph of an obviously terminally ill person in a hospital bed, or a close-up of

a mouth riddled with rotting teeth and sores. The heart disease warning might have a photograph of a man clutching his chest, in the throes of a myocardial infarction.

The FDA is seeking the public’s input on which graphic depiction to use for each warning. It is accepting comments until early January. Then, the agency will select one graphic for each of the nine warnings and publish the choices in a final rule to be issued by June 22, 2011. Manufacturers would have 15 months from that time – by October 2012 – to come into compliance. If they do not comply, their product will be banned from sale in the United States.

Public health advocacy groups applauded the HHS plan and the FDA proposal. “The new warnings represent the most significant change in U.S. cigarette warnings since they were first required in 1965,” Matthew L. Myers, president of the Campaign for Tobacco-Free Kids, said in a statement.

The American Cancer Society Cancer Action Network said that current warnings are ineffective “because of their inability to attract attention due to their size and placement on the packaging.” The group said that the proposal is important and timely. “The FDA has the opportunity to make an enormous impact on effectively informing the public of the actual harms of using tobacco products and inducing the desire to quit among users,” ACSAN said in a statement.

The HHS strategy paper recommended expanding tobacco cessation services, including Medicare and Medicaid; accelerating the adoption of smoke-free laws across the country; increasing the number of tobacco-free workplaces and campuses; and adopting evidence-based intervention strategies. Health care providers should receive enhanced incentives for offering interventions and treatments, and federal agencies should increase research into tobacco cessation strategies and treatments and surveillance and monitoring of control efforts, said the HHS strategic paper.

The HHS also called for a national media campaign to prevent kids from smoking, which Mr. Myers characterized as a critical element of tobacco control.

“The administration and Congress must now provide sufficient funding for these initiatives if they are to succeed,” he said.

According to the HHS, if the agency receives funding and all of the initiatives were to go forward, the country could meet the Healthy People 2010 objective to reduce the smoking rate to 12% of U.S. adults. ■

Alcohol Tax Boost Touted to Yield Public Health Benefits

BY BRUCE JANCIN

FROM THE ANNUAL MEETING OF THE AMERICAN PUBLIC HEALTH ASSOCIATION

DENVER – Doubling the currently low alcohol tax would result in roughly a 35% reduction in direct alcohol-related mortality as well as substantial benefits across a range of other important public health outcomes, a meta-analysis has shown.

“We have a lot of literature. This is probably the most studied preventive health policy issue. The magnitude of the observed effects is larger and more consistent than for most other preventive efforts that have been studied,”



A 10% tax increase and a price increase would result in a 5% reduction in drinking across all groups.

DR. WAGENAAR

Alexander C. Wagenaar, Ph.D., said at the meeting.

He presented a meta-analysis based on what he described as “an exhaustive search” of the past 50 years of published studies on the effects of alcohol tax pricing policies on a whole range of public health outcomes.

In summary, a 10% increase in the alcohol tax and a commensurate price increase would result in an across-the-board 5% reduction in drinking across all groups: underage teens as well as adults, moderate as well as heavy drinkers. The meta-analysis of 50 studies showed that doubling the alcohol tax would be associated on average with a 35% reduction in deaths due to cirrhosis, some cancers, and other directly alcohol-related causes; an 11% drop in traffic crash morbidity and mortality; a 6% decrease in sexually transmitted infections; a 2% reduction in violence; and a 1% decrease in crime and delinquent misbehavior. All of these effects were statistically significant, according to Dr. Wagenaar, professor of epidemiology and health policy at the University of Florida, Gainesville.

“This is a policy that applies at the population level. It’s not just for the high-risk group, it’s not only for the people that get into treatment. When a tax change is implemented, it changes the environment slightly across the entire population such that there’s a reduction in drinking, and that effect ripples across these whole sets of alcohol-related outcomes,” explained the researcher, whose prior health policy studies have been credited as playing a key role in establishing the uniform nationwide drinking age of 21.

Suicide was the only outcome the in-

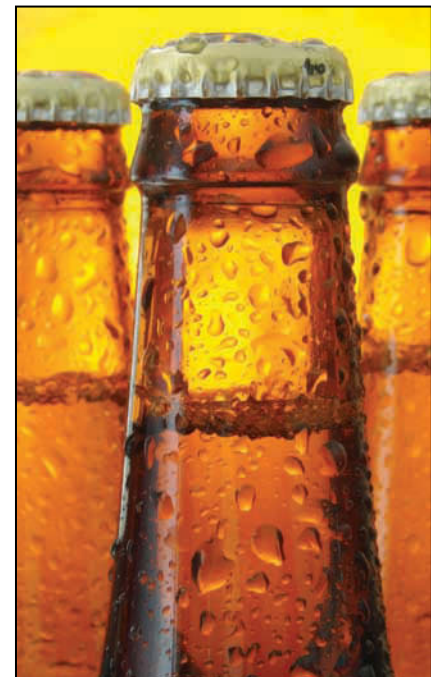
vestigators studied that didn’t show a significant decrease in response to an increased tax on alcohol. Most of the 11 relevant studies have been conducted by only two research groups.

“There’s not enough evidence yet to determine conclusively whether change in alcohol taxes influences suicide rates,” Dr. Wagenaar said.

He pointed out several practical advantages to raising the alcohol tax, beyond the striking public health benefits. An alcohol tax increase would generate additional revenues that could be used to fund other public health objectives or to bolster the general fund. No costly new bureaucratic infrastructure is required to implement an alcohol tax increase; the tax structures are already present. And alcohol tax rates are now at historic lows because they’re volume-based and aren’t adjusted for inflation.

“That’s how we’ve gotten into this situation where the tax rates now are only a fraction of what they were in the 1950s, ’60s, and ’70s. If we were to simply return the tax rates in most jurisdictions to the rates that were in place in the ’60s and ’70s, we would see the kinds of effects that we’re seeing in the meta-analysis, because in many areas that would involve a doubling of the tax rates,” Dr. Wagenaar said.

In response to an audience question,



A change in the alcohol tax has a ripple effect “at the population level.”

he said the available evidence indicates there is no threshold effect for the relationship between alcohol tax increases and public health benefits. In other words, if the alcohol tax is increased by, say, one-quarter, public health benefits will accrue, albeit not with the same large effect sizes as with a doubling of the tax.

Dr. Wagenaar’s study was funded by the Robert Wood Johnson Foundation. He said he has no relevant financial conflicts of interest. ■