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Title: The Impact of Implementing Tobacco Control Policies: The 2017 Tobacco Control Policy Scorecard

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Funding: Funding was received by Dr Levy and Ms Tam from the National Institute on Drug Abuse, under grant R01DA036497, and from the Cancer Intervention and Surveillance Modeling Network of the Division of Cancer Control and Population Sciences, NCI under grant U01-CA97450

Financial Disclosure: Drs Fong and Levy received funding from the National Cancer Institute under grant P01-CA200512. Dr Chaloupka has received funding as an expert witness in litigation filed against the tobacco industry.
Conflicts of Interest: The authors declare that they have no conflicts of interest.

Acknowledgements:

Abstract

Context:

Objectives:

Design:

Eligibility Criteria:

Study Selection:

Main Outcome Measures:

Results:

Conclusions:

Include 3-5 key words that describe the contents of the article

KEY WORDS: effectiveness, review, tobacco control policy

Systematic/narrative reviews should be kept to 3500 words or fewer

Word Count: excluding abstract, tables, figures, references, Implications for Policy & Practice: 2633
Introduction

In 2001, the U.S. Community Preventive Services Task Force’s Guide to Community Preventive Services: Reducing Tobacco Use and Second-hand Smoke Exposure1 (the “Task Force”) reviewed the empirical literature on the effectiveness of tobacco control interventions. An independent Task Force panel of public health and prevention experts appointed by the Centers for Disease Control assessed the evidence-base and provided a range of effect sizes for price, mass media, smoke-free air and health care provider interventions. Shortly thereafter, the Tobacco Control “Scorecard,” published in 2004, 2 provided estimates of policy effect sizes on smoking initiation, cessation and prevalence for a broader set of policies that included health warnings and advertising bans.

Methods

We confine the review to analyses of interventions traditionally used to reduce cigarette demand, including cigarette taxes, SFALs, marketing restrictions, comprehensive tobacco control programs, media campaigns, graphic health warnings, and cessation treatment policies. These policies have received the most attention in the tobacco control literature and are explicitly recognized in the World Health Organization MPOWER Reports.13,14

We conducted a search of the PubMed database for reviews and articles published from January 1, 2000, to June 30, 2016. We also included articles from Task Force reviews and other reviews obtained from our search.12

We used the following key word search terms: (“cigarette,” or “smoking,” or “tobacco control”) and (“effectiveness,” or “evaluation,” or “impact”) and descriptors for a particular policy (eg, “price,” “tax,” “smoke-free air,” “clean air,” etc).

Results

Price policies

The Task Force1 (103 studies from 2 systematic reviews16,17 combined with 13 more recent studies from January 2009 to July 2012) obtained a price elasticity for overall cigarette consumption of −0.37 (a 3.7% decrease in quantity demanded resulting from a 10% price increase), with −0.18 attributed to reduced prevalence and −0.19 to the reduced quantity of cigarettes consumed. The Task Force also obtained a price elasticity of +0.38 for adult cessation and −0.42 for initiation. Higher prevalence elasticities were found for youth, young adults, and low-income individuals.
**Figure-Flowchart**

Cite figures consecutively in your manuscript

*Note*: Figures should be submitted as separate files

To adhere to current manuscript standards, please lowercase “n”

Please include a flowchart showing the breakdown process of included and excluded studies as a Supplemental Digital Figure

Number figures in the order in which they are discussed, and give description here

If superscripts are used within figure, specify what they represent

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**FIGURE 1** New York State ExPS Pilot Project Outcomes
Abbreviations: ExPS, Expanded Partner Services; NYS, New York State; PLWH, persons living with diagnosed HIV infection

*This subset of out-of-jurisdiction cases constitute the “not eligible for ExPS Intervention” comparison group.*

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Each table should be in a separate document; number tables consecutively.

**Table**

Effect Sizes* and Implementation Issues for High-Income Countries

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Short Run&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Long Run&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tax increase by 50% of current price with no value-added tax</td>
<td>-90% -6.7% -11.25%</td>
<td>-18.0% -13.5% -22.5%</td>
<td>Tax may be implemented as specific or ad valorem tax. Price per pack of cigarettes is expected to increase on average by the amount of the specific tax and less with an ad valorem tax. Ad valorem taxes tend to increase price dispersion, which may be reduced by laws that set a minimum price. The effects may be eroded by smuggling or price inflation.</td>
</tr>
<tr>
<td>Comprehensive smoke-free air laws, including all indoor workplaces, restaurants, and bars</td>
<td>-10.0% -5.0% -15.0%</td>
<td>-12.5% -7.0% -19.0%</td>
<td>Effectiveness may be reduced if private workplaces have already implemented smoke-free restrictions, if partial restrictions are already in place, or if compliance with law is weak (e.g., due to lack of antitobacco norms or lack of enforcement).</td>
</tr>
<tr>
<td>Media campaigns implemented at a high level</td>
<td>-8.0% -4.0% -12.0%</td>
<td>-10.0% -6.0% -14.0%</td>
<td>Effectiveness depends on whether the mass media campaign is well tested, implemented on multiple media platforms, of sufficient scale, and sustained over time. The effectiveness of a media campaign may be enhanced if implemented alongside other interventions that increase the visibility and reach of the campaign.</td>
</tr>
<tr>
<td>Comprehensive programs, including media, other educational and cessation programs</td>
<td>-8.0% -4.0% -12.0%</td>
<td>-12.0% -6.0% -18.0%</td>
<td>Effectiveness may depend on how funds are implemented (e.g., between media campaigns, cessation treatment and local campaigns), and may be less if campaigns have been previously implemented, are not of sufficient scale, or if campaigns are not sustained over time.</td>
</tr>
<tr>
<td>Health warnings: large, bold, rotating, and graphic</td>
<td>-5.0% -2.0% -8.0%</td>
<td>-10.0% -5.0% -15.0%</td>
<td>Effectiveness depends on previous text warnings. Plain packaging and media campaigns may further enhance the effectiveness of health warnings.</td>
</tr>
<tr>
<td>Marketing restrictions with direct bans on all advertising</td>
<td>-4.0% -2.0% -8.0%</td>
<td>-6.0% -3.0% -9.0%</td>
<td>Effect sizes are based on empirical studies of TV, radio, print, and point-of-sale tobacco advertising. Online advertising and indirect marketing efforts may offset these effects.</td>
</tr>
<tr>
<td>Complete cessation policies include financial coverage of treatments, quit lines, and health care provider interventions</td>
<td>-5.5% -2.75% -8.25%</td>
<td>-11.0% -5.5% -18.75%</td>
<td>Cessation treatment policies primarily increase quit success and may act synergistically with other policies that act primarily to increase quit attempts. Media campaigns may be needed to publicize cessation programs.</td>
</tr>
<tr>
<td>Financial coverage of treatments alone, especially pharmacotherapies</td>
<td>-2.0% -0.8% -3.25%</td>
<td>-4.0% -2.0% -6.0%</td>
<td>Effective unless the intervention is well publicized and enforced.</td>
</tr>
<tr>
<td>Active quit lines alone</td>
<td>-0.8% -0.25% -1.25%</td>
<td>-1.5% -0.75% -2.25%</td>
<td>Effectiveness depends on the quit line being publicized and may be increased substantially with the provision of no-cost pharmacotherapy.</td>
</tr>
<tr>
<td>Health care provider interventions alone</td>
<td>-1.6% -0.8% -2.4%</td>
<td>-3.2% -1.6% -4.8%</td>
<td>Effectiveness depends on the percentage of smokers visiting health care providers each year and the percentage of providers who provide comprehensive interventions (e.g., through enforcement or effective monitoring).</td>
</tr>
</tbody>
</table>

*Effect sizes are in terms of the percentage reduction in smoking prevalence.

<sup>a</sup>Short term is a 5-year horizon.

<sup>b</sup>Long term is a 40-year horizon.

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Implications for Policy & Practice

- The literature on policy effect sizes for tobacco control policies has increased substantially in the last 15 years, providing a stronger base for justifying specific policies.
- Raising cigarette taxes, implementing smoke-free air laws, comprehensive marketing bans, media campaigns, cessation treatment policies, and graphic health warnings each have important roles in reducing smoking prevalence in HICs. Large increases in cigarette taxes relative to initial prices continue to be the most potent policy.
- Studies of supply-oriented policies, such as regulating the content of tobacco products, are needed.

Discussion

The policy effect sizes presented in the Table update the 2004 Tobacco Control Scorecard with findings from a rapidly accumulating evidence base over the past 15 years. The estimates of policy impact can be used to rank the relative effectiveness of different policies for HICs.

Raising cigarette taxes; implementing comprehensive SFALs; banning all tobacco advertising, promotions, and sponsorships; and funding comprehensive tobacco control programs, particularly those that include media campaigns, are highly effective strategies for reducing smoking prevalence. Cessation treatment policies and prominent graphic health warnings are likely to be especially effective in increasing quit success when combined with other policies that increase quit attempts. The Scorecard effect sizes are broadly consistent with recommendations previously issued by the Task Force10 and those reported in the previous Scorecard analysis2 but now reflect the larger evidence base evaluating the impact of health warnings and advertising bans.

Supplemental Digital Content

…and priorities (see Supplemental Digital Content Table S1, available at http://links.lww.com/JPHMP/A295).

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