The Persuasive Tobacco Control Brief:
A TOOL TO PROPEL TOBACCO CONTROL

Global Tobacco Control Branch Office on Smoking and Health
Outline

- Before You Write a Brief
- Steps for Writing Briefs
- Developing Content: Elements of a Brief
- Examples of Briefs
- Activity
Translating Data for Action

Surveillance and research help inform national and local tobacco prevention and control strategies and public health priorities

Moving tobacco control forward:
MPOWER: Demand Reduction Strategies

- Monitor tobacco use and prevention policies
- Protect people from tobacco smoke
- Offer help to quit tobacco use
- Warn about the dangers of tobacco
- Enforce bans on tobacco advertising, promotion and sponsorship
- Raise taxes on tobacco

http://www.who.int/tobacco/mpower/en/
Data and Themes

Monitor

Raise

Enforce

Warn

Protect

Offer
Translating Data for Action

Primary and Secondary Sources of Data
(GATS, GYTS, TQS)

Tobacco Control Briefs
Translating Data for Action

Information Briefs

Before You Write a Brief
A Definition of a Brief

A succinct presentation of a problem, its context, and options to address a problem

• Around 1–4 pages

• THE PROBLEM: A short and concise, summary of what is known about a particular issue or problem

• THE EVIDENCE: Evaluates options regarding the issue or problem
  o Typically for non-specialized audience

• OPTIONS: Provides recommendations based on available evidence
A Brief is **NOT**

- A technical or scientific review
- A detailed, peer-reviewed publication
- A restatement of what the target audience already knows
- A document advocating for particular action support without evidence
- A one-size fits all document
A Brief Should...

- Educate the reader on evidence-based strategies and options
- Clearly and briefly describe the options
- Analyze the impact(s) of each option
- May or may not include the selection of a particular option
Steps for Writing Briefs
Steps For Writing Briefs

1. Identify your audience
2. Conduct audience research
3. Determine your objective
4. Choose your template
5. Develop content
6. Include visuals that convey or support the main message
1. Identify your Key Audience

- Define your audience
  - Potential audiences: health ministry leadership; government and nongovernment policy makers; or other stakeholders
  - General vs. Specific audience

https://www.cdc.gov/policy/polaris/policy-resources-writing-briefs.html
1. Identify your Key Audience

**GENERAL AUDIENCE**

- Brief, non-technical, focus is primarily on the problem
- Indicate that the problem actually has policy options that are relevant or that previous policy interventions have not worked

**SPECIFIC AUDIENCE**

- Focused description of why the problem is relevant to the specific audience
- Brief, focus on the problem, but also more detail about why it is relevant to the audience
- Discount options that have not worked for this audience and focus on the recommended option in general terms
2. Conduct Audience Research

- Get to know your audience
  - What do they know? What do they need to learn?
  - What is important to them?

- Address gaps in knowledge

- If possible, test the brief with people who are similar to your target audience

https://www.cdc.gov/policy/polaris/policy-resources-writing-briefs.html
3. Determine your Objective

- Make your material contain one obvious main message
  - What you need to know
  - The main message should reflect the key takeaway from the evidence and the purpose of the brief.

- Emphasize the main message with visual cues
  - Examples: **boldface**, color, shapes, lines and arrows, font and size, alignment, spacing, and HEADINGS

https://www.cdc.gov/policy/polaris/policy-resources-writing-briefs.html
4. Choose the Type of Brief

<table>
<thead>
<tr>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informational</td>
</tr>
<tr>
<td>A summary of the evidence on a policy method, approach, or other related topic. Describes how the topic applies to policy and provides examples from the evidence if possible.</td>
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<table>
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<tr>
<th>What is your objective?</th>
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<td>To provide a research or policy audience with a summary of a policy method, approach, or other related topic.</td>
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<table>
<thead>
<tr>
<th>How much do you know? What is the level of evidence on the topic?</th>
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<tbody>
<tr>
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<tr>
<td>Use to present any level of evidence on the topic.</td>
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<table>
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<tr>
<th>How do you structure your brief?</th>
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<tr>
<td>Informational</td>
</tr>
<tr>
<td>4-6 pages (including graphs and tables)</td>
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</tbody>
</table>
5. Develop Content

- Develop content for the type of brief you want to create

- Things to remember:
  - Write clearly and impactful
  - Use active verbs
  - Avoid using jargon or technical terms

- Remember your audience
  - Define and explain terms that may be unfamiliar to audience
  - Use graphs, maps, charts, and lists strategically
  - Be thoughtful about the layout and length

https://www.cdc.gov/policy/polaris/policy-resources-writing-briefs.html
6. Include visuals that convey or support the main message

- Make your brief visually appealing when appropriate and critical
  - Will depend on your audience

- Use simple, well-designed visuals to help people grasp information quickly
  - Examples: photographs, graphs, and infographics

https://www.cdc.gov/policy/polaris/policy-resources-writing-briefs.html
Developing Content

Elements of a Brief
Elements of a Brief

Title

Brief Type

Define the Issue

Identify Evidence-based Strategies

Present Options to Address Issue

References
Elements of a Brief

• Sets the agenda
• An overview of the brief that entices readers
  o State the audience and purpose
  • Examples:
  o “The state of tobacco use prevention and cessation in Ohio: Environmental scan and policy implications”
  o “Smoke-free Policies — Clean Indoor Air Changes Social Norms and Leads to Healthier People”
# Elements of a Brief

**Brief Type**

- **Informational**
- **Persuasive**

<table>
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<th>Brief Type</th>
<th>Informational</th>
<th>Persuasive</th>
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<td><strong>Definition</strong></td>
<td>A summary of the evidence on a policy method, approach, or other related topic. Describes how the topic applies to policy and provides examples from the evidence if possible.</td>
<td>A summary of evidence–based best practices or policy options for a public health problem. Also includes background and significance of the issue and may include current status and potential next steps as relevant to the audience.</td>
</tr>
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<td><strong>What is your objective?</strong></td>
<td>To provide a research or policy audience with a summary of a policy method, approach, or other related topic.</td>
<td>To provide decision makers with a summary of evidence–based best practices or policy options for a public health problem.</td>
</tr>
<tr>
<td><strong>How much do you know? What is the level of evidence on the topic?</strong></td>
<td>Use to present any level of evidence on the topic.</td>
<td>Use when strong evidence exists on the issue’s burden and significance, as well as best practices or policy options. There may be emerging evidence on the impact of policy options and the pros and cons of intervention.</td>
</tr>
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<td><strong>How do you structure your brief?</strong></td>
<td>4-6 pages (including graphs and tables)</td>
<td>2-4 pages (including graphs and tables)</td>
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Elements of a Brief

Define the Issue

- The problem of issue
- Provide background information on the importance of issue
  - Use data or statistics to assess the burden
  - (i.e. prevalence of tobacco use, extent of death, disease, disabilities, and morbidities attributable to tobacco use)
- State how the issue is relevant to audience
Elements of a Brief

Identify Evidence-based Strategies

- Your Evidence-based option to address identified public health problem
- After thorough research, analysis, expert inputs, and feasibility analysis
- Consider:
  - Infrastructure
  - Personnel
  - Resources
  - Acceptability
Elements of a Brief

Present Options to Address Issue:

- Your Evidence-based options to address the defined public health problem
- Highlight benefits and opportunities
Elements of a Brief

- Examples:
  - Strong education and proper signage improves compliance
  - Smoke-free laws can be designed to also prohibit all forms of tobacco use or expand to the buildings and grounds of certain venues (e.g. colleges, hospitals, etc.)
  - Permitting smoking in designated areas undermines the benefit of smoke-free environments

Implications of option presented is clearly described
Elements of a Brief

References

• List all your sources
  o Use peer-reviewed sources
  o Use documents and reports from government and nongovernment organizations
  o Text references may be used

• Around 5–15 references
Examples of Briefs
**Example 1**

**Protect people from tobacco smoke**

The WHO Framework Convention on Tobacco Control states:

**Article 8**

...scientific evidence has unequivocally established that exposure to tobacco smoke causes death, disease and disability.

Each party shall adopt and implement measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, public places and, as appropriate, other public places.

**Clean air – a basic human right**

**Second-hand smoke exposure is deadly**

There is a strong body of evidence showing that exposure to tobacco smoke is a major health risk. Second-hand smoke causes about 600,000 premature deaths each year.

**Only 100% smoke-free environments protect health**

If people have a fundamental right to breathe clean air, they must also have the freedom from exposure to tobacco smoke. Only 100% smoke-free environments protect health.

**Do not allow exemptions**

Protection from tobacco smoke should be universal and not subject to exemptions. At the same time, governments should be encouraged to ensure as many smokers as possible to quit, and also to protect the health of non-smokers.

**Smoke-free laws are popular**

Evidence consistently shows that smoke-free laws and policies, especially those that ban smoking in indoor workplaces, are extremely popular with the public.

**Smoke-free laws do not hurt business**

Studies show that smoke-free policies have a positive effect on business. In fact, they often lead to increased revenue and reduced costs.

**Smoke-free laws protect worker health**

The workplace is a setting where workers should be able to breathe clean air, free from the harmful effects of tobacco smoke.

**Source:**
http://www.who.int/tobacco/mpower/publications/en_tfi_mpower_brochure_p.pdf?ua=1
Example 1

Source: http://www.who.int/tobacco/mpower/publications/en_tfi_mpower_brochure_p.pdf?ua=1
Policy Brief: Kansas Statewide Smoking Ban
February 19, 2009

Introduction
Annually, 440,000 deaths in the United States are smoking-related. Secondhand smoke kills an estimated 38,000 non-smoking Americans each year. The U.S. Centers for Disease Control and Prevention (CDC) reports consistently that secondhand smoke causes coronary heart disease, lung cancer, and adverse respiratory illness in children and adults. As of April 2008, 29 states had completely banned smoking from public places and workplaces.

• With the passage of SB93, Kansas will be able to ensure the health of its citizens to breathe safe, uncontaminated air in public places and workplaces.
• Over 70 percent of Kansans support a statewide smoke-free, clean indoor air law.

Public Health Concerns
• Smoking is the number one preventable cause of death in Kansas and 93% of adult residents believe it is a serious health hazard.
• The California Environmental Protection Agency estimated that secondhand smoke exposure causes approximately 3,400 lung cancer deaths and 22,700-69,000 heart disease deaths annually among adult smokers in the United States.
• During an eight hour shift in a smoky bar, a non-smoking employee inhaled the equivalent of 10 cigarettes.

Economic Impact
• A Statewide smoking ban would negate the idea that locally chosen smoking bans lead to uneven playing fields as businesses compete with one another.
• Kansas taxpayers spend $146 million annually to cover the costs of smoking-related illness in the Medicaid program alone.
• Studies show that businesses in the hospitality industry do not lose jobs or taxable revenue when smoke-free policies are implemented.

Positive Impact on Kansas
• In Kansas, 1.4 million working adults would benefit from working and living in a smoke-free environment.
• Once comprehensive smoke-free policies are adopted, the health benefits are immediate, both among workers as well as the general population. Levels of indoor air pollution decrease by about 50%, providing significant benefits to respiratory and cardiac health.
• Evidence has shown that statewide smoking bans decrease the smoking rate among active smokers by 8 percent, a potential decrease of 18,000 smokers in Kansas.

Source:
Example 3
Two-page policy brief

Nonsmokers’ Exposure to Secondhand Smoke

What is already known on this topic?
Secondhand smoke exposure to infants and children causes chronic disease and lung cancer in non-smoking adults. Secondhand smoke also can cause sudden infant death syndrome, asthma, respiratory infections, middle ear disease, ear infections, asthma, coughing, wheezing, and increased lung function in children. No levels of secondhand smoke exposure exist. Levels of secondhand smoke exposure among U.S. nonsmokers have declined substantially during the past 20 years. However, millions of nonsmokers remain exposed to secondhand smoke in homes, workplaces, public places, and vehicles.

What is added by this article?
Using data from the National Health and Nutrition Examination Survey (NHANES) from 1999 to 2008, this report identifies trends in secondhand smoke exposure among nonsmokers by analyzing levels of nicotine in the hair. Despite a decline in overall exposure to secondhand smoke, approximately 48 million adult nonsmokers—either 2 years of age or younger or 18 years of age or older—were exposed to secondhand smoke from 2007 to 2009. Of these, 12 million were younger than 18 years old. This finding shows that children are more likely than nonsmoking adults to live with someone who smokes inside the home and are more likely to be exposed to secondhand smoke.

What are the implications for public health practice?
Reducing secondhand smoke exposure is a priority for reducing heart disease and stroke risk among adults and respiratory infections among children. Public health professionals can use the data from this report to develop and implement programs to reduce exposure to secondhand smoke in public places.

Data to Action

Example 4
Four-page policy brief

The NCD Alliance
Putting non-communicable diseases on the global agenda

NCDS, TOBACCO CONTROL AND THE FTC

"The most urgent and immediate priority is tobacco control."
The Lancet April 2011

"Concerning efforts to the implementation of the Government's commitment on Tobacco Control should play a central role in the WHO Framework Convention on Tobacco Control."
"No country can hold its head up with pride and also condone the suffering of its citizens due to either the health or economic implications of smoking."

Evidence for some key FTC interventions

- In 2005, the NCD Alliance released an NCD brief on tobacco control, calling for "A roadmap to fighting NCDs through tobacco control," pointing to "The Lancet" as having provided "a strong evidence-based case for tobacco control interventions in NCDs."

Strong commitments and collaboration across government

- For some of the most effective tobacco control interventions, governments work with the help of international and local NGOs as well as other stakeholders. These collaborations can play a crucial role in strengthening national tobacco control policies and programs.

STOP tobacco industry interference in health policy

- The challenge of eliminating tobacco control policies is ongoing, as the tobacco industry has been successful in undermining tobacco control measures and attempting to influence decision-makers. The industry uses various tactics, including financial incentives, political influence, and media campaigns, to hinder progress in tobacco control.

Source:
http://www.fccc.org/images/stories/NCDs_tobacco_co_brief_June11.pdf
Four-page policy brief

Example 4

Tobacco: a peril to health

Tobacco use is considered to be a significant risk factor for a number of diseases, including cancer, heart disease, and respiratory problems. It is estimated that tobacco use accounts for more than 6.5 million deaths worldwide each year. The health impacts of tobacco use are not limited to individuals who smoke, as exposure to secondhand smoke can also lead to serious health problems. For example, children exposed to secondhand smoke have an increased risk of respiratory infections and asthma.

The global tobacco epidemic is one of the greatest public health threats of our time. In 2018, it is estimated that more than 1.1 billion people used tobacco products worldwide. In addition, secondhand smoke affects an estimated 600 million non-smokers, mostly women, children, and the elderly.

Tobacco: a barrier to development

Tobacco use not only affects health but also has economic and social implications. Tobacco production, transportation, and consumption generate significant income for countries where tobacco is grown and consumed. However, the costs associated with tobacco use far outweigh the benefits. Tobacco-related diseases result in significant economic losses, both for individuals and society as a whole. In addition, the costs associated with tobacco use are often borne by the poorest and most vulnerable populations, exacerbating existing inequalities.

Tobacco: an evidence-based tool

Effective tobacco control policies are necessary to reduce the public health and economic burden of tobacco use. Countries that have implemented comprehensive tobacco control policies have seen significant reductions in smoking prevalence and increases in tobacco control spending.

WHAT ARE THE NEEDS?

A commitment to:

Global tobacco control can and should be the head engine

The World Health Organization (WHO) has identified tobacco control as a priority area for global health. Tobacco use is one of the leading causes of preventable disease and death worldwide, and it is estimated that more than 8 million people die each year from tobacco-related diseases.

The Framework Convention on Tobacco Control (FCTC) is a legally binding international treaty that aims to reduce tobacco use and its harmful effects. As of 2018, 178 countries have ratified the FCTC, making it one of the most widely ratified international treaties in history.
Activity
Identifying the Elements of a Brief
Activity: Identifying the Elements of a Brief

DIRECTIONS: Identify each element within the brief example, “Cleaner Air and Healthier Lives in Starland — Extinguishing the tobacco epidemic with smoke-free policies”

The elements of a brief:

- Title
  - Set the agenda
- Brief Type
  - Is the brief Informational or persuasive?
- Define the Issue
  - What issue is being addressed? What is their main message?
- Identify Evidence–based Strategies
  - What evidence is provided to support the policy option?
- Present Options to Address Issue
  - What is the recommendation / option being offered?
- References
Hypothetical example:
No not quote or distribute

Title

Define the Issue

Lead with a short statement

Problem or issue clearly identified

Provides background information

Healthier Lives & Cleaner Air in Starland

EXTINCTION THE TOBACCO EPIDEMIC WITH SMOKE-FREE POLICIES

“A smoke-free policy would mean no more cigarette butts on the floor, and no more people smoking in walkways. It’s an environment where we can all breathe easier — literally. And it would feel good just knowing that everyone is making an effort to help a healthier country.”

Tobacco Kills

Primary Exposure:
- Tobacco consumption is the leading preventable cause of death and disabilities around the world.
- Smoking harms nearly every organ of the body, causes many diseases, and increases risk for death from all causes in men and women.
- Approximately 7 million people die from tobacco each year.

Secondary Exposure:
- Secondhand smoke can cause:
  - Heart disease
  - Lung cancer
  - Respiratory disease
  - Adverse effects on the health of infants and children

Protections against Secondhand Smoke in Starland

- The WHO Framework Convention on Tobacco Control (FCTC) was ratified in 2013, but is not yet fully compliant with Article 8 of the framework, which requires parties to adopt effective smoke-free laws to protect citizens from exposure to tobacco smoke.
- Currently, there is no comprehensive smoke-free law that protects people from secondhand smoke. The Tobacco Control Act of 2013 banned smoking in indoor public places and some workplaces such as government facilities, healthcare, and educational institutions; however, it is allowed through designated smoking areas in bars, nightclubs, and workplaces.
- In 2016, the Starland National Health Survey found that 84% of adults would support a law that prohibits smoking in all public places.

- The Global Youth Tobacco Survey (GYTS) was conducted twice: in 2011 and 2016. Among youth aged 11 to 15, 44.3% were exposed to tobacco smoke in public places in 2011 and 39.2% were exposed in 2016.

- The Global Adult Tobacco Survey (GATS) was conducted in 2013. Among adults aged 15 or older, 38.2% were exposed to tobacco smoke in restaurants, 81.9% in bars and 33.8% on public transport. Overall, 17.8% of adults were exposed to tobacco smoke at the workplace.
Identify Evidence-based Strategies

Evidence for best practices

Identify Evidence-based Strategies

Evidence for best practices

Hypothetical example: No not quote or distribute

Smoke-free air for healthier people

- Evidence-based tobacco prevention and control activities, such as smoke-free policies, have been shown to reduce the number of people that smoke and protect the public from the negative health consequences of breathing secondhand smoke.
- Studies have shown that workplace smoking bans and restrictions can reduce the amount of daily smoking among workers and increase the number of employees who stop smoking.
- Studies have also shown that challenging the perception of smoking as a normal adult behavior through smoke-free policies can change the attitudes and behaviors of adolescents. This can result in reducing the number of adolescents who start smoking.

Beware of the Tobacco Industry Myths

**MYTH**

- The tobacco industry often asserts that smoke-free laws are unpopular and that most people will not want them.
- The tobacco industry argues that legislation is not needed and that a voluntary policy will work instead.
- The tobacco industry asserts that ventilation and designated smoking areas for smokers provide adequate protection from secondhand smoke.
- The tobacco industry frequently highlights the employment and income implications of smoke-free policies for public places like restaurants and bars, claiming that smoke-free laws have adverse economic impact.

**REALITY**

- Smoke-free laws are extremely popular among the public, and they become even more popular after they are enacted.
- Voluntary smoke-free policies have been shown to be ineffective and do not provide adequate protection. In order to be effective, legislation should be simple, clear, and enforceable.
- Ventilation systems and designated smoking areas do not provide effective protection to the public and workers from the deadly effects of secondhand smoke.
- The evidence suggests that smoke-free laws have no impact on positive impact on sales and employment in restaurants and bars, and therefore the tobacco industry claim that smoke-free policies have an adverse economic impact.
Identify Evidence-based Strategies

Evidence from best practices

Present Options to Address the Issue

Implication clearly described

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**CROSS-COUNTRY RESEARCH FINDINGS**

- **Argentina**
  - In Buenos Aires, a smoke-free law led to a 27% increase in sales at bars and restaurants.

- **Kenya**
  - 95% of adults supported government efforts to prohibit smoking in all enclosed public places and workplaces.

- **Scotland**
  - 8 out of 10 supported the smoke-free law, including nearly two-thirds of the country's smokers.

- **Mexico**
  - After the implementation of their national smoke-free law, the air nicotine concentration decreased by 89% among non-smoking bar workers.

- **Uruguay**
  - The Mocho City's 2008 smoke-free law, there was no negative impact on revenues, wages and employment in restaurants, nightclubs, bars or kiosks, and revenue increased for restaurants overall.

**KEYS TO EFFECTIVE AND EFFICIENT SMOKE-FREE LAWS**

1. **Include Smoke-free Laws as Part of a Comprehensive Strategy to Reduce Tobacco Use**
   - Include comprehensive strategies for tobacco control in addition to smoke-free laws.
   - Reduce tobacco marketing by making tobacco products less palatable, affordable and attractive.

2. **Ensure Communication and Awareness**
   - Inform, counsel and involve the public to ensure support and smooth implementation.
   - Raise awareness among the public and opinion leaders.
   - Focus on harms of second-hand smoke exposure through public campaigns and educational.

3. **Implement and Enforce**
   - Clearly define legal responsibilities for health care, industries, and individuals.
   - Engage public and private sectors to implement policies efficiently.
   - Train clear goals.

4. **Monitor and Evaluate**
   - Document successes.
   - Identify efforts by tobacco industry to undermine efforts.

**SMOKE-FREE LEGISLATION TO REDUCE EXPOSURE TO SECONDHAND SMOKE**

Comprehensive smoke-free laws prohibit smoking in all enclosed public places, including workplaces, restaurants and bars, and private clubs. Comprehensive smoke-free laws do not allow smoking in attached areas or separately ventilated rooms and do not have size exemptions or include an employee number exemption greater than one.

If Stanford implements 100% smoke-free bars, thousands of lives can be saved from death and disease.
REFERENCES


The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.