Constituting a Model for Obesity Control:

Possible Experience From the WHO Framework Convention on Tobacco Control

Xiangcheng Wang
Zhou Enlai School of Government, Nankai University
Tianjin, China
wangxiangcheng@mail.nankai.edu.cn

Tao Sun
Zhou Enlai School of Government, Nankai University
Tianjin, China
suntao@nankai.edu.cn

***Abstract*—The World Health Organization Framework Convention on Tobacco Control (WHO FCTC) has effectively controlled tobacco use worldwide, and its successful experience could be drawn to control obesity, which poses increasing dangers to people's health globally. Although the policies and regulations included in the WHO FCTC could not be adapted for controlling obesity wholesale, the WHO FCTC can indeed constitute a model to constrain the market availability of unhealthful foods and beverages for obesity control. The key measures suggested by the WHO FCTC, which are economic approach, educational strategies, labeling measure, restrictions on marketing as well as clinical intervention, can be applied to restrain the market availability of unhealthful foods in order to control obesity. However, the issue of obesity control is more complicated than tobacco control, since not all the foods are lethal, and the food companies are much more powerful than tobacco companies. Governments and organizations should cooperate globally and closely, and apply those measures comprehensively to create synergy in order to better control obesity. Though the potential model for obesity control may face some challenges such as the difficulty of implementation and obstruction of food industry, it has already made some achievements at current stage, for example, the WHO Global Strategy on Diet, Physical Activity and Health has been endorsed, which indicates that the future of the model for obesity control will possibly be bright.**

Keywords-global health policy; public health policy; obesity control; tobacco control

I.INTRODUCTION

The World Health Organization Framework Convention on Tobacco Control (WHO FCTC) has enjoyed tremendous success in restraining the market availability of tobacco product, which is a lethal commodity and is responsible for millions of deaths every year. It is suggested that the model, seminal ideas and key measures of WHO FCTC can be used to inform the policy-making to restrain the market availability of unhealthful foods and beverage in order to effectively control obesity, which poses increasing dangers to people's health globally. To explore whether the model of the WHO FCTC can be applied in obesity control, this paper firstly examines the achievements of the WHO FCTC in controlling tobacco use; secondly, it discusses the differences and similarities between tobacco and obesity control; thirdly, it introduces the key measures which are included in WHO FCTC and could be used in obesity control; fourthly, it discusses the challenges and achievements of the potential model for obesity control; and finally it will come to a conclusion that although there are differences between tobacco and obesity control, and the policies could not be adapted in the movement of obesity control wholesale, the WHO FCTC could indeed constitute a model to constrain the market availability of unhealthful foods and beverages for obesity control.

II. THE ACHIVEMENT OF THE WHO FCTC

The WHO FCTC is believed to have successfully restrained the market availability of tobacco products. As the global health interdependence accelerates, the governments and international organizations recognize the necessity for cooperation to solve essential public health problems, such as the non-communicable diseases, among which tobacco is one of the most serious culprits. Numerous scientific evidences have shown that tobacco products are responsible for nearly six million people's deaths every year, which accounting for about 10% of all deaths worldwide (1). Both the WHO and its member states have political will to fight against the harm caused by tobacco products, and the WHO FCTC is the achievement of their long-period negotiation. The WHO FCTC, which entered into force in 2005, "has enjoyed tremendous global success, with more than 170 Parties, and is often called the most powerful tool in the fight against tobacco related morbidity and mortality" (1, p.847).

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The WHO FCTC raises the states' and international organizations' awareness of the benefits of using legal instruments to achieve public health goals (1). The achievements of the WHO FCTC have led to calls to translate its successes to other global public health issues, particularly to the non-communicable diseases factors, such as the issue of obesity, which poses increasing dangers to people's health globally (1).

III. DIFFERENCES AND SIMILARITIES BETWEEN TOBACCO AND OBESITY CONTROL

Although the history of the epidemic of obesity and obesity-related diseases is comparatively short, obesity can exert negative impact on people's health to a large degree. It is one of the most blatantly global public health problems at the current stage. Obesity is not only a medical disorder, but also a harbinger of other diseases, such as cardiovascular disease, type 2 diabetes, obstructive sleep apnea, osteoarthritis, and several types of cancer (2). It is one of the most important risk factors contributing to the overall burden of disease and one of the most serious public health problems of the 21st century (3). More than one –third of American children born in 2000 are expected to suffer from diabetes sometimes in their lives, largely due to expected overweight or obesity (4). Besides, the mortality and health care costs of obesity-related diseases in the United States may possibly surpass those of tobacco-related diseases in recent years (4). Therefore, a series of measures and policies should be implemented to fight against obesity. Figure 1 makes a sketch of "globesity"—the escalating global epidemic of obesity problems.

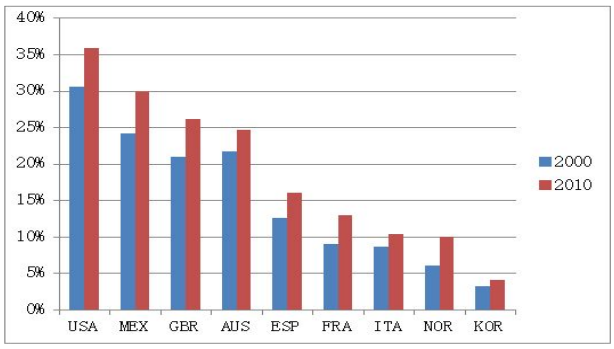

Figure 1. The obesity rate of the chosen countries in 2000 and 2010. Adapted from the OECD Fact Book 2013 (5).

It is argued that the approaches for obesity control must be different from tobacco control. Tobacco product is not necessaries for most people, and is a lethal commodity for a much higher proportion of its users (6). While the obesity issue, which is related to food and physical activity, is much more complicated than tobacco issue. Specifically and in direct contrast with tobacco, both appropriate food and physical activity are essential to life and must available to all people, and only the improperly intake of food and the physical activity levels that do not match energy intake could result in obesity, if regardless of the genetic factor (1). Therefore, due to the inherent challenges, it is suggested that the WHO FCTC cannot constitutes a model in controlling obesity.

However, the obesity issue has numerous similarities with tobacco issue. Firstly, some overweight or obese individuals struggle with similar compulsive tendencies as smokers by eating food for gratification beyond their nutritional requirement; besides, and overweight individuals as well as smokers are affected by social influences and advertising pressures to consume much more (8). Moreover, the profit-pursuing multinational companies in both tobacco and food area play an important role, which is obstructive and negative in most times, in the tobacco control as well as obesity control (4). Those similarities suggest that there may possibly be overlap between the points involved in the control of obesity as well as tobacco, and the successful experience of the WHO FCTC can be drawn for obesity control.

Therefore, both differences and similarities exist between the issue of tobacco and obesity. The WHO FCTC can be used for reference in constituting the model to control obesity. At the same time, when drawing lessons from the success of the WHO FCTC for the efforts to control obesity, governments and international organizations should consider more about the nuanced difference.

IV. A MODEL FOR OBESITY CONTROL

The key issues to control obesity are to regulate the policy in the food area as well as to encourage people to do more physical activities, in which the former issue is comparatively more important and complicated. "The template of the WHO FCTC can be used to consider the components potentially useful to the development of national diet and nutrition policies" (6, p.276). This part generally introduces the key measures and provisions included in the WHO FCTC and discuss their potential

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application to obesity control, in particular to the area of food. The keys measures include: price and tax measures; educational strategies; labelling requirements; restrictions on advertising, sponsorship and promotion; clinical interventions.

A. Price and tax measures

The FCTC uses the price and tax measure, which is a key approach, to reduce tobacco consumption. Economic theory suggests that the demand for a product will decline as its price increases, and adolescents as well as individuals in low-and-middle-income countries are particularly sensitive to the increasing prices (7). That theory can be applied in the tobacco control. The Article 6 of the WHO FCTC (8, p.7) points out that the "price and tax measures are an effective and important means of reducing tobacco consumption by various segments of the population, in particular young persons". In other words, raising the tax of tobacco product is a very effective way to decrease the affordability of cigarettes and to reduce people's demand and the behaviour to purchase cigarettes, especially for those youngsters and adolescents that are comparatively sensible to the price change (7). It is estimated that a 10% increase in the price of tobacco products will lead to a 3-5% and 6-10% decline in overall consumption in high-income countries and low-and-middle-income countries respectively (9).

The price and tax measures can be used in the food area for obesity control. The governments could raise the taxes on the processed food, snack and beverage while do not raise taxes on or even subsidize fruit and vegetable, so that the fruit and vegetable are more affordable (10). Besides, it has been suggested that taxes on low-nutrient foods could be used to reduce the consumption of them as well as fund health promotion programmes (11). Therefore, economic forces can clearly affect food choices and consumption patterns, and deserved to be used by the governments in the food area for obesity control.

Numerous studies have already supported the positive effect of the price and tax measures on obesity control with solid data or evidence to a considerable degree. For instance, to exercise or increase 10% tax for all of the cheese and butter products, sugar and fat products, as well as ready-made meals could decrease the body weight by 1.3kg per year in France (12); to exercise or increase 20% tax on the solely salty snack food could decrease the body weight by up to 0.17kg per year in the United States (13); to exercise or increased 10% tax on solely sugared soft drink could result in a drop in body weight by up to 1.4 kg per year in the United States (14); to increase the price of meat, butter and fact by 5% and the tax on fat, saturated fat and sugar by 15% could result in 8% decrease of saturated fat consumption fat and 16% decrease of sugar consumption in Denmark (15); to increase the price of the fats and oils by 24% could decrease 17.5% of energy consumption as well as 20% of the fat consumption in Scotland (16).

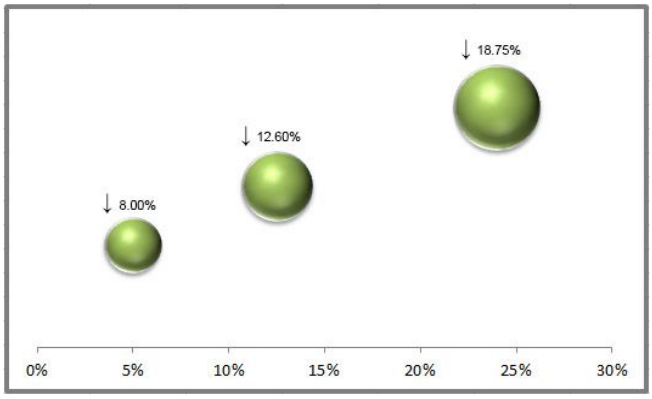

Figure 2a

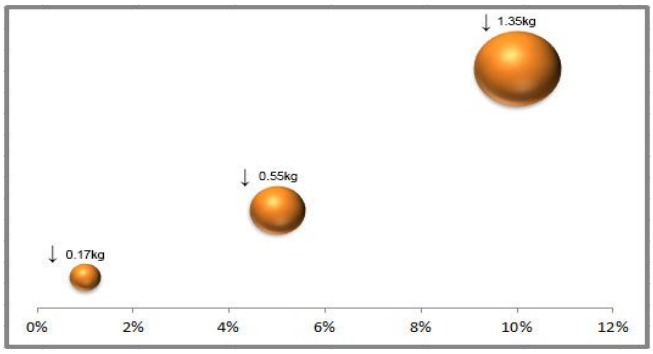

Figure 2b

Figure 2. The general trend in the relationship between the the increase in price or tax on food and drinks causing obesity per year (the bottom lines) and the decrease in the consumption (2a) as well as the decrease in body weight per year (2b). Adapted from the studies of Cash et al (12), Kuchler (13,14), Smed et al (15), Santarossa and Mainland (16).

However, the issues of price and taxation need to be considered much more cautiously in the food area, which is essential to life. Firstly, the price elasticity of processed foods which is of low nutrient value is not clear (10). Secondly, the low income groups are possible to be

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greatly impacted by the taxes on processed foods. Those groups of people are likely to buy the food of comparatively low price, which includes the so called "junk food" or the food of low nutrient value, so if the price of such kinds of food increases, then those people's life could possibly be impacted. Thirdly, it is argued that the taxation of certain foods may not sufficiently viable to tackle the problems of diet and nutrition, and it needs more research to assess the impact of the price and tax policies. Therefore, the price and tax policies for the obesity control are rather complex and should be considered prudently by the governments or the World Health Organization.

B. Educational strategies

The FCTC uses education campaigns to raise people's awareness of health risks and to reduce the consumption of tobacco products. The Article 12 of the WHO FCTC stresses the importance of health education, communication, training and public awareness. It suggested that health education campaigns which contain a range of public-determined messages can promote the public awareness of health risks of tobacco use, and of the benefit of tobacco-free lifestyle (10). Once people receive the correct knowledge and alter their minds, they would possibly change their behaviors too. Therefore, a large number of people have been influenced by the health education campaigns to different degrees, and some of them decide to quit or not to start smoking.

Education campaigns can also be used in obesity control and would probably exert great influence. Education campaigns can be spread in schools, workplaces and public sites, and then most students and adults could understand the correct knowledge and information about healthy food and physical activity in avoid being obese (7). For the people who have already been obese, education campaigns could inform them of how to eat healthily and do physical exercise effectively to lose weight. The education campaign can be taken in various forms, such as posters, lectures, media programs and public service advertisements.

However, education campaigns may not achieved desired effect in the absence of external support. According to the study of King (17), education campaigns have relatively limited impact on the general public when being carried out without other interventions. For example, if the price of fruit and vegetable are comparatively higher than that of the food of low nutrient value, people may still prefer to purchase the latter one, even if they know the former one is much healthier. Therefore, the government, food industries along with the NGOs should cooperate jointly to ensure that not only the health knowledge and information are properly and effectively delivered to the general public, but also the healthy choices become easy choices (10).

C. Labeling requirements

The regulations on packaging and labeling of tobacco products are also a method of the WHO FCTC to reduce the consumption of cigarettes. Many tobacco companies use deceptive descriptions such as "mild", "light", and "low tar" on their products' labels and packages to mislead people, and use some lovely and charming pictures which may create erroneous impression on the cigarette cases to attract people to purchase. To deal with the problem, the Article 11 of the WHO FCTC (8, p.9) states that the packaging and labeling of tobacco product should not "promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions". This measure is believed to be rather effective and to achieve desired effect in some countries.

The labels and packages of food can also be misleading by using the confusing health claims, and need to be strictly regulated and reformed. It is argued that the nutrition labeling can always be difficult for the public to understand, and it lacks unified nutrition labeling and health claims both internationally or regionally (10). To tackle with this problem, Codex Alimentarius, the Food and Agriculture Organization and World Health Organization international food code, has been developing guidelines on health claims to supplement the General Guidelines on Claims and Guidelines for Use of Nutrition Claims; in which the former one establishes general principles to ensure that no food and drink is presented in a approach which is misleading and deceptive, and the latter one defines the health, nutrient content and nutrient comparative claims (18). People would eat food comparatively rationally and properly if

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the packaging and labeling of foods comply with those guidelines and the science- supported criteria for health claims. In other words, the consumer purchase behaviors would be affected significantly by nutrient labeling (7).

However, the labeling measures may exert little influence on consumer's choices of foods and drinks in some conditions. Foods are not like tobacco products and have different tastes; sometimes people like to eat some foods for just for their taste rather than nutrients. Therefore, it is argued that if substitution effect is large, the consumption of less healthful foods may not be changed by nutrient labeling (7).

D. Restriction on advertising, sponsorship and promotion

To enforce restriction on various forms of promotion is another strong measure of the WHO FCTC. The Article 13 of the WHO FCTC (8, p.11) requires all the Parties "undertake a comprehensive ban of all tobacco advertising, promotion and sponsorship" to reduce the consumption of tobacco products. Before the WHO FCTC came into being, to raise the awareness and visibility of products in order to gain as much profit as possible, many tobacco companies invest a lot into advertising and promotion, and sponsor some public games and events (19). The FCTC's restriction, preferably a complete ban, on all forms of advertising and promotion have been supported by governments in many member states of the WHO, and have reduced the tobacco companies' influence on the general public to a certain degree (20).

Similarly, the advertising, sponsorship and promotion of some kinds of food should also be restricted in order to control obesity. Some food advertising, which includes the snacks, soft drink and fast food advertisements, can directly exert impact on the general public, especially the children and young students. Some food companies place the soft drink and snack vending machines within school campuses; some food advertisements always interrupt children's television or radio programmes; children and young students are comparatively vulnerable to those advertisements and promotions, and buy the energy-dense, nutrient-poor foods, snacks and beverages which could lead to weight gain and obesity (21). Therefore, the restrictions of some foods are needed. In fact, some countries, including Canada, European and Asian countries, have already imposed restrictions on the food marketing towards children in different degrees and achieved success to a certain extent (7).

E. Clinical interventions

The FCTC also requires governments to use clinical interventions to reduce the demand of cigarettes. The Article 14 of the WHO FCTC (8, p.13) states that each member state should take effective measures based on the scientific guidance "to promote cessation of tobacco use and adequate treatment for tobacco dependence". To achieve the goal, each Party should: design and implement effective clinical programmes in schools, workplaces and health care facilities; include diagnosis and treatment in national health and education programmes; and facilitate the accessibility and affordability for treatment of tobacco dependence (8). The clinical interventions can effectively increase the level of cessation of tobacco use, and may rapidly decline the morbidity and mortality from tobacco (7).

The clinical interventions addressed in the WHO FCTC can also be applied for obesity control. The governments could follow the methods introduced in the FCTC and make another series of policies to provide more clinical interventions and resources, such as physician counselling and pharmacotherapy, to help people to control their weight by eating healthily and doing more physical activities (7). However, at current stage, the nutritional and physical activity counselling for obesity control comparatively remains underused and imperfectly designed. Successful clinical interventions for dietary change require collaborative goal-setting, individually-tailored programmes, personalized feedback and personalized follow-up (9). Therefore, when using clinical interventions to control obesity, governments should consider more comprehensively.

The above discussion suggests that the measures involved in the WHO FCTC can be applied for obesity control, while it still needs close cooperation between governments, international organizations and civil societies to create synergy. The obesity control still cannot be dealt with by one country alone, many small countries may not have enough authority and power to implement the regulations and policies in the food industries, for example, require the multinational food

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and beverage companies to include the specific health warnings on their products' labels, as those companies may simply refuse the governments requirements relying on their high popularity and market share (4). "Only an enforced international standard would change the balance of power"(4, p.293). Relying on the international resolution and the support from the international organizations as well as civil societies, governments of most countries can have more confidence and power to restrain the market availability of unhealthful food and beverage in order to successfully control obesity. Therefore, an effective international model which is similar to the WHO FCTC is highly necessary, especially for those small or developing countries.

V. DISCUSSION: CHALLENGES AND ACHIEVEMENTS OF THE POTENTIAL MODEL FOR OBESITY CONTROL

The WHO FCTC and the potential model for obesity control may have shared the challenges. This part will firstly introduce the challenges of the WHO FCTC, and then discuss the challenges of the potential model for obesity control, and finally introduce the potential model's achievements at current stage.

Similar to all the other ambitious political movements, the WHO FCTC also has some challenges. Besides the negotiating process is relatively slow and difficult, the main challenges include the difficulty to enforce bans on advertisements, and the obstruction of tobacco industry.

The first challenge is that the anti-tobacco campaigns are difficult to be enforced. The Article 13 of the WHO FCTC, which requires all the Parties enact comprehensive bans on the advertising, sponsorship and promotion of tobacco industry, is proved to be rather difficult to implement. Firstly, the anti-tobacco advertising campaigns cannot be effective unless they are run over long periods (1). It is suggested that such strategies should run for at least half a year to affect the public awareness, and one to two years to have obvious impact on people's attitudes and behaviors (22). However, such measures are expensive, and the tobacco control programs may lack the sufficient resource, especially the financial support, to run extensive and sustained campaigns (23). Moreover, the tobacco industry always tries to act against the tobacco control programs. Many tobacco companies claim that those programs' information on tobacco use are inaccurate and misleading, and try every method to dodge and prevent the anti-tobacco advertising programs (23). The outcome is that at the current stage, there are only 19 countries enforce comprehensive bans on all forms of advertising, sponsorship and promotions of tobacco products (23).

The other challenge to the WHO FCTC implementation is the tobacco industry. To fight for its existence and to maximize their profit, the tobacco companies continuously adapt tactics and create loopholes to circumvent the new policies and regulations controlling their activities (1). A recent study found that when opposing the anti-tobacco legislation and programs, the tobacco industry always argue that those policies lack of jurisdiction and accuracy, and impose technical barriers to trade (24). Besides, tobacco companies have been researching how to make new and more appealing products. Therefore, the tobacco industry is the believed to be the single largest challenge to the WHO FCTC implementation (1).

Similar to the WHO FCTC, the model for obesity control may also face those challenges. The first one is the difficulty to enforce restriction on the advertising and promotion of unhealthful food and beverage. As foods and drinks are essential to people, and are much more complicated than tobacco products, it is hard for governments to enforce bans on the advertisements of some particular foods, and restrict people's choices. The second main challenge is the food industry. Food companies, especially multi-national food companies, which are believed to have more power and influence than tobacco companies, will consistently act against rein and regulations in order to maximize profit. The third one is that such a model may adversely affect food availability due to the expensive and heavy handed legal restrictions (7). Therefore, the model to control obesity faces even more challenges and needs to be considered more carefully when draw the lessons from the WHO FCTC.

Although facing many challenges and difficulties, some achievements have been made at current stage. Firstly, the WHO Global Strategy on Diet, Physical Activity and Health (GSDPAH) was endorsed by the World Health

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Assembly in 2004. The Strategy has mirrored the measures in the WHO FCTC, including the integrated economic approach, more effective labeling and package measure, tighter marketing and promotion control, and intensive educational campaign (25). It encourages all the Parties to make efforts and closely cooperate with other countries and organizations to deal with the issue of obesity. It is believed to be a big stride forward in constituting a model to restrain the market availability of unhealthful food for obesity control. Besides, under the pressures from governments and organizations, some multi-national food and beverage companies, including *Krafts* and *Pepsi*, have made compromise to different degrees. For example, Krafts announced that it would not only eliminate the trans-fatty acids and improve the nutritional content of its food and beverage products, but also stop marketing towards children (4). These achievements possibly indicate a good start and a bright future for the model to restrain the market availably of unhealthful food for obesity control.

However, a promising start does not indicate a smooth process and a favorable outcome. Some difficult points could still not be ignored. First, the GSDPAH has comparatively weak restriction force on the governments and public actors, and could only take measures in more tender forms such encourages and suggestions instead, let alone for the ambitious food and drink companies. Second, implementing the price and tax measures could possibly incur the public opposition and other technical problems. Third, the unhealthy food is just one of, rather than all of, the contributing factors for obesity; while other factors, such as unhealthy lifestyle and the lack of exercise, leave a very small space for governments to control by mainly implementing economic approach and advertisement-banning regulation. Last, unlike the desire for tobacco, the desire for food, including the high-energy and high-fat food, is probably the deep and instinctive human nature, and thus make the obesity problems more complicated. Therefore, governments could hardly walk in the fine line when controlling obesity problems to a considerable degree.

VI. CONCLUSION

In conclusion, although the policies included in the WHO FCTC could not be adapted for controlling obesity wholesale, the WHO FCTC can indeed constitute a model to constrain the market availability of unhealthful foods and beverages for obesity control. The WHO FCTC has successfully controlled tobacco use, and the key measures, which are economic approach, educational strategies, labeling measure, restrictions on marketing as well as clinical invention, can be applied to restrain the market availability of unhealthful foods in order to control obesity. However, not all the foods are lethal, the issue of obesity control may be more complicated than tobacco control. Governments and organizations should cooperate globally and closely, and apply those measures comprehensively to create synergy in order to better control obesity. Though the potential model for obesity control may face some challenges such as the difficulty of implementation and obstruction of food industry, it has already made some achievements at current stage; for example, the WHO Global Strategy on Diet, Physical Activity and Health has been endorsed, which indicates that the future of the model for obesity control will possibly be bright.

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