



Public Health
England

Submission to the Independent Review into Standardised Packaging of Tobacco

January 2014

About Public Health England

Public Health England's mission is to protect and improve the nation's health and to address inequalities through working with national and local government, the NHS, industry and the voluntary and community sector. PHE is an operationally autonomous executive agency of the Department of Health.

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1. Executive summary

Public Health England strongly supports the introduction of standardised packaging.

1. There is strong evidence from recent literature reviews that standardised packaging (also referred to as plain packaging) reduces the attractiveness of cigarette packaging, increases the salience of the health messages and increases people's intention to quit.
2. Young people are significantly affected by standardised cigarette packaging and are significantly less likely to buy standardised packets of cigarettes.
3. Standardised packaging will build on the success of initiatives to reduce smoking prevalence, including legislation to prevent smoking in public places, increasing the minimum age for cigarette purchases, prohibiting advertising and increasing the cost of cigarettes through taxation.
4. There is very strong professional support for the introduction of standardised packaging. Local government and directors of public health firmly support both its feasibility and applicability. A new survey eliciting views of directors of public health (who are lead officers in local authorities) demonstrates that:
 - 100% of directors recommend standardised packaging
 - 94% of directors agreed that standardised packaging would have a positive impact on reducing health inequalities, particularly in relation to children and young people, those from deprived communities, people with health needs, such as mental health and long-term conditions, and respiratory illness

2. Introduction

The Independent Review into standardised packaging of tobacco was established by the Secretary of State for Health in November 2013, to report by March 2014.

The review's terms of reference state that it should "*take into account the existing and any fresh evidence, as to whether or not the introduction of standardised packaging is likely to have an effect on public health (and what any effect may be), in particular in relation to the health of children*".ⁱ

On 16 December 2013 the review published a method statement and invited research-based evidence by 10 January 2014. This document provides PHE's written response.

Public health impact

Smoking is a major public health issue, is the single largest preventable cause of ill-health, and causes 80,000 premature deaths each year.ⁱⁱ Smoking is responsible for a major burden of disease, including cardiovascular and respiratory conditions, and disproportionately affects the health of deprived communities and vulnerable groups such as children, young people and pregnant women.

Standardised packaging will be fundamentally important in helping to reduce the incidence and prevalence of smoking, and there is significant evidence to support its introduction.

This paper restates PHE's support for the introduction of standardised packaging at the earliest opportunity and outlines the arguments that support that position. It includes three main elements:

1. Epidemiology (with an emphasis on populations "at risk" from smoking).
2. Interpretation of the published literature.
3. The views of professionals, public and industry, including the results of a dedicated survey of the views of local directors of public health in relation to standardised packaging.

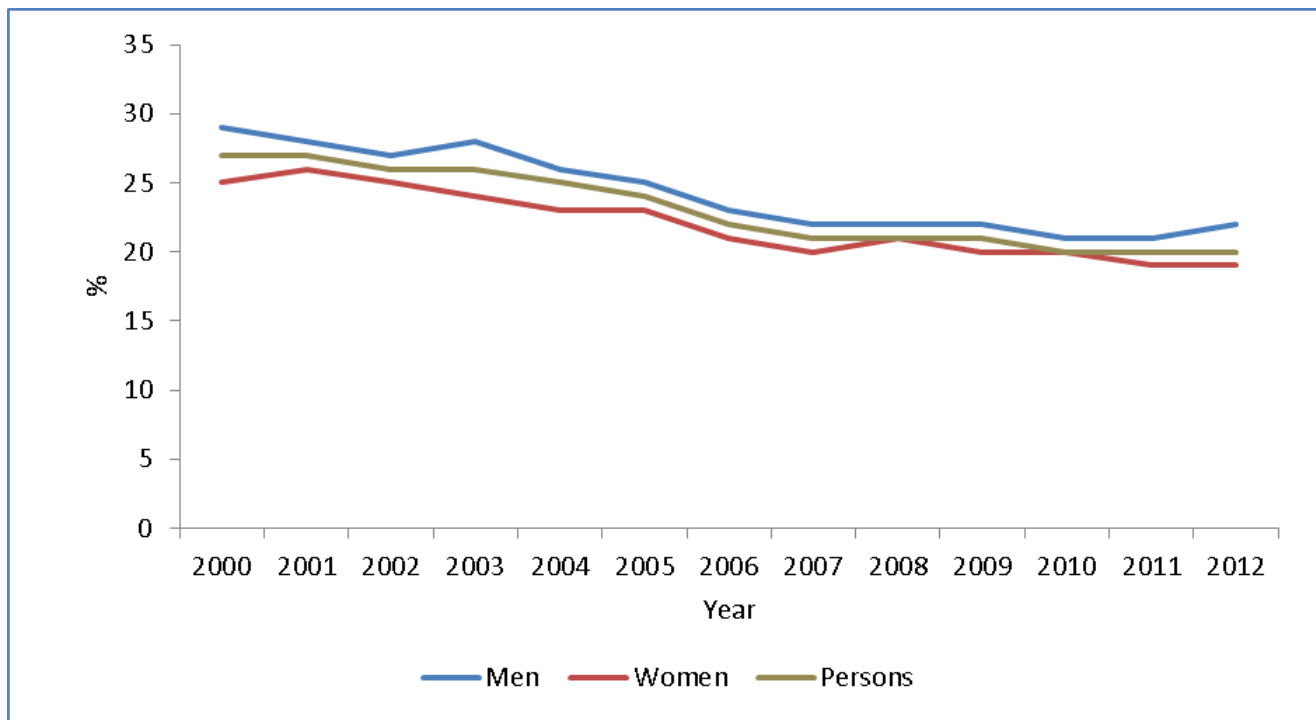
Pertinent and credible systematic review evidence from expert bodies is available to the review team. The most telling analysis includes that published by the Centre for Tobacco Control Research, UK Centre for Tobacco and Alcohol Studies, and the Stirling University/Open University Institute for Social Marketing.ⁱⁱⁱ PHE sees no need to replicate such work as this has already been commissioned and undertaken by expert bodies with whom PHE works closely. This paper provides PHE's commentary on such evidence.

3. Epidemiology of smoking

Prevalence of smoking

Within Great Britain there has been a great decline in smoking prevalence among both sexes over the last 40 years. However, in 2012, the Opinions and Lifestyle Survey reported that 22% of men aged 16 and over and 19% of women still smoked (see Figure 4).

Figure 4: Trends in prevalence of cigarette smoking in persons aged 16 and over in Great Britain, 2000-2012

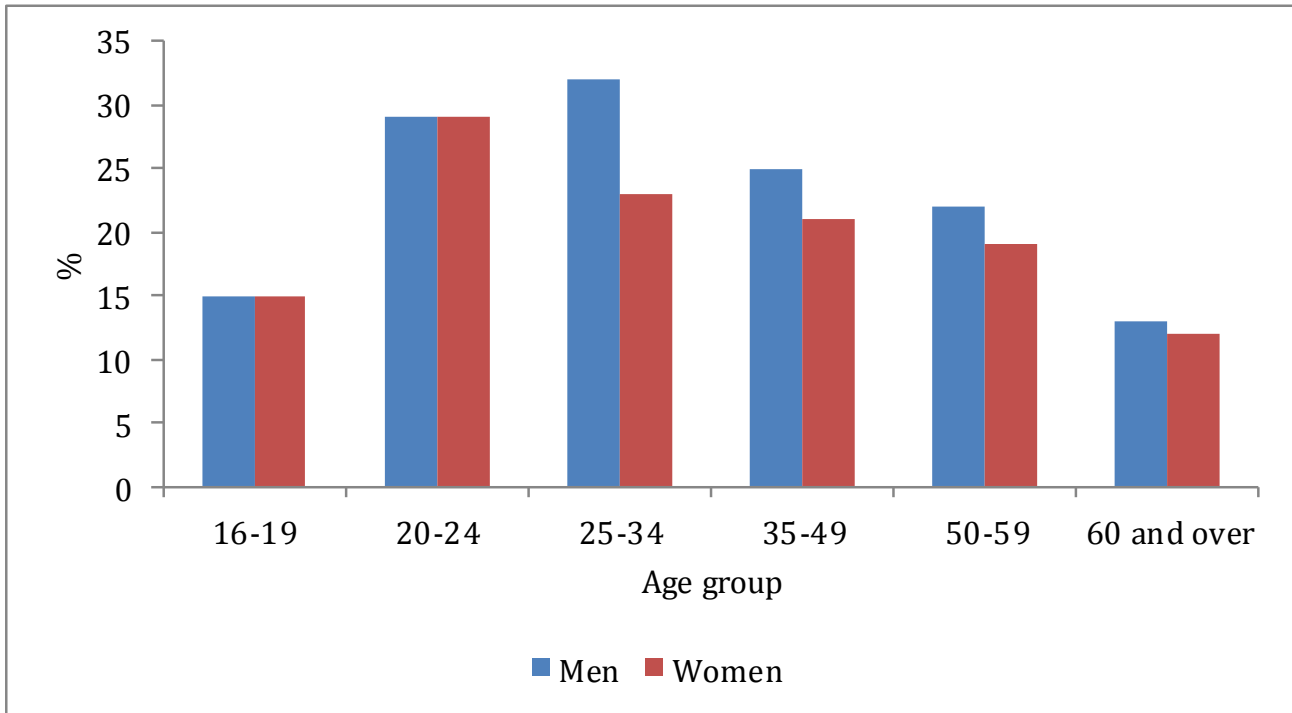


Source: General Lifestyle Survey and Opinions and Lifestyle Survey, Office for National Statistics

Smoking prevalence is highest in the 25-34 age group among men (32%) and in the 20-24 age group among women (29%) (Figure 5).^{iv}

Overall trends in smoking rates among adults mask variations in trends by age group. Although there has been a continued decline in recent years in smoking among 16-19 year olds and in age groups over 35 among both sexes, the trends in men aged 20-34 are less clear and more data is needed to establish a consistent trend.^{iv}

Figure 5: Prevalence of cigarette smoking in persons aged 16 and over by age group and sex in Great Britain, 2012



Source: *General Lifestyle Survey and Opinions and Lifestyle Survey, Office for National Statistics*

Inequalities in smoking prevalence

There remain large inequalities in smoking prevalence between social groups. A third (33%) of men and women who work in routine and manual occupations (eg bar staff and delivery drivers) still smoke, compared to 20% in the total adult population.^{iv} Smoking rates in the routine and manual occupations are equivalent to the average rates seen in the total adult population at the end of the 1980s.

In 2012, people who are unemployed were almost twice as likely to be smokers (39%) than people who are employed (21%).^{iv} Over half (54%) of 25 to 34 year olds who were unemployed smoked.^{iv}

A summary on the London Health Observatory website states that ^v.

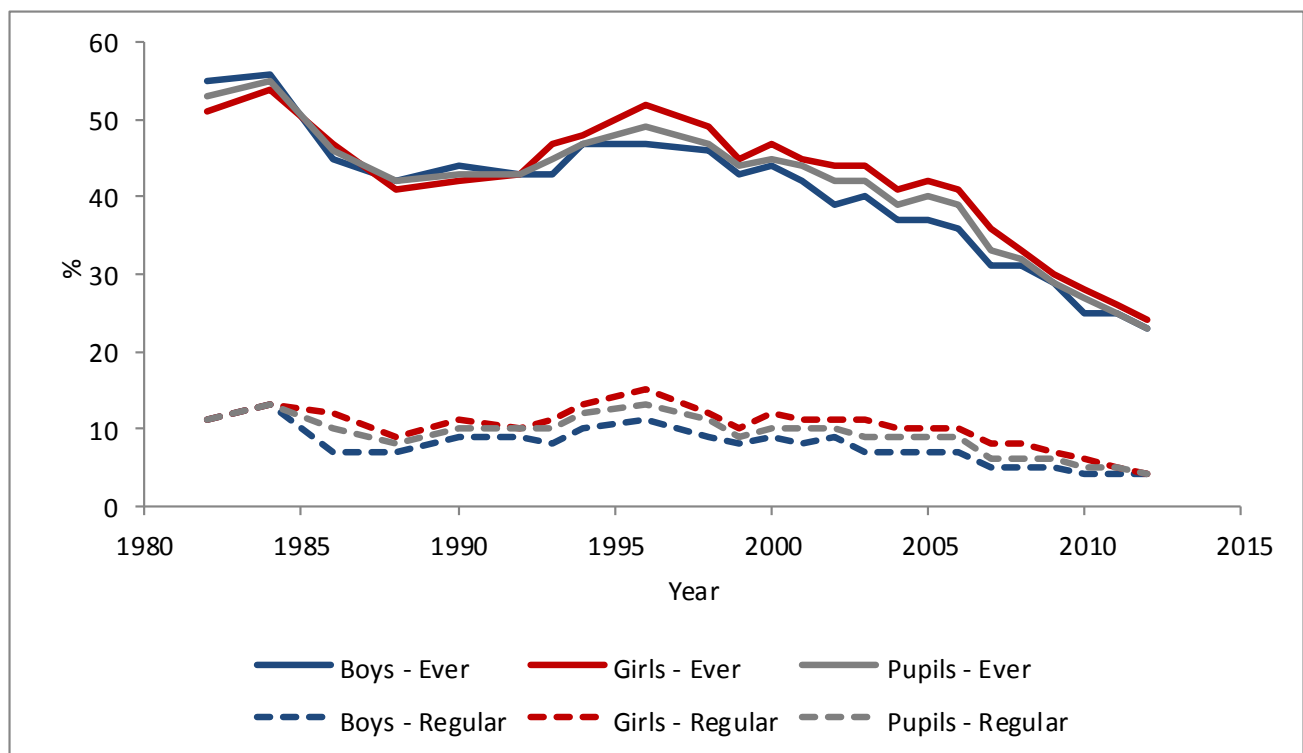
- Bangladeshi men were 43% more likely (risk ratio of 1.43) and Irish men were 30% more likely (risk ratio of 1.30) to smoke cigarettes than the general male population after accounting for age. Indian men were less likely (risk ratio of 0.78) to smoke cigarettes than the general male population in England
- smoking is less common among women in most – but not all – minority ethnic groups compared to the general female population, when age is taken into account. Compared to the general female population, Bangladeshi women were the least

likely to smoke cigarettes (risk ratio of 0.11), followed by Pakistani women (risk ratio of 0.19), Indian women (risk ratio of 0.23), Chinese women (risk ratio of 0.32) and Black African women (risk ratio 0.34). However, Irish and Black Caribbean women were as likely to report cigarette smoking as the general population for women

Smoking among young people (11-15 year olds)

There has been a continued decline in England since the mid-1990s in the percentage of young people aged 11-15 years who have ever smoked, or who are regular smokers (see Figure 6). In 2012, 23% of boys and 24% of girls had ever smoked.^{vi} Regular smoking is defined as usually smoking at least one cigarette a week. Trend data show that girls have in the past been more likely to be regular smokers than boys, but following a recent rapid decline in smoking among girls, both 4% of girls and boys were regular smokers in 2012.^{vi}

Figure 6: Trends in 11-15 year olds who are regular smokers or have ever smoked, England, 1982-2012



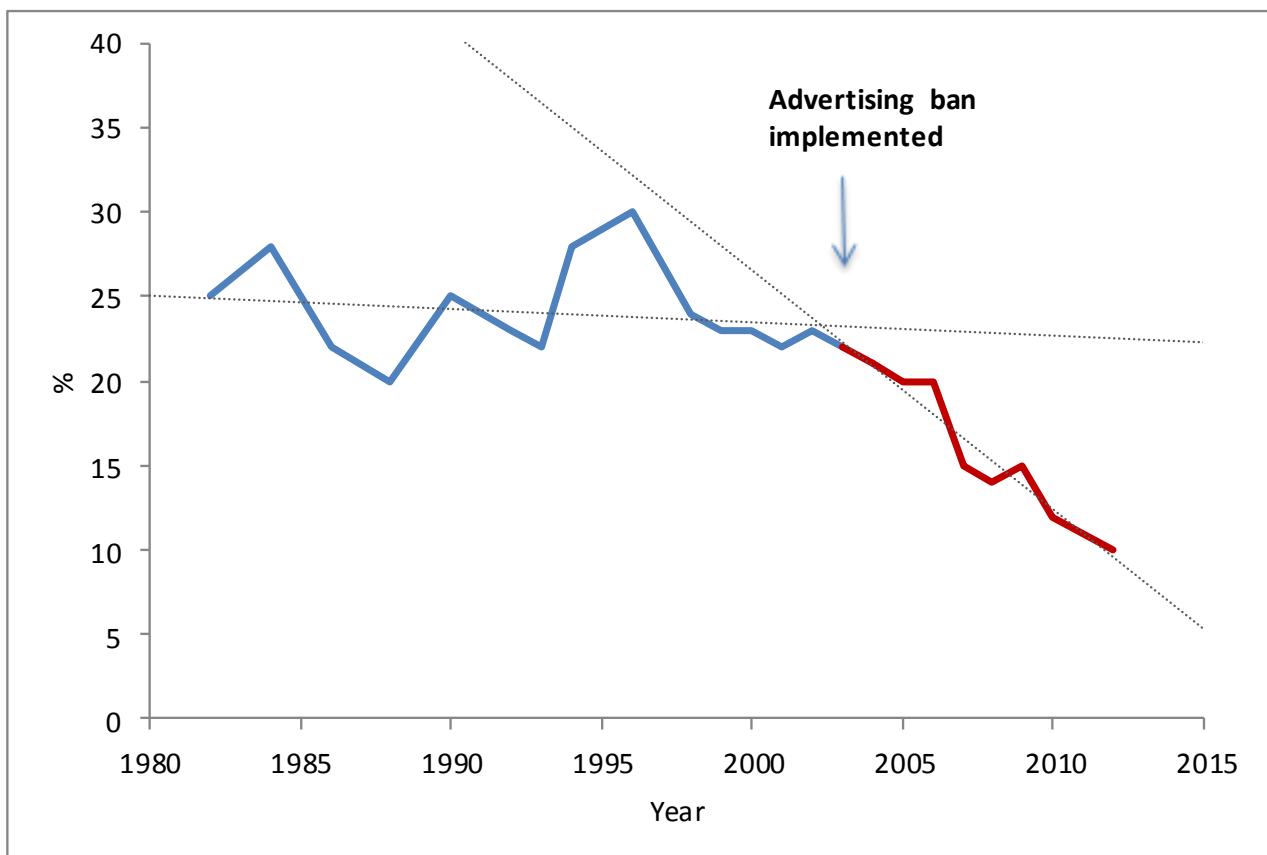
Source: Health & Social Care Information Centre

Smoking among young people increases with age. In 2012, 2% of 13 year olds and 5% of 14 year olds were regular smokers, but 10% of 15 year olds were regular smokers.^{vi} For 15 year olds this is a reduction from a peak of 30% regular smokers in 1996 (see

Figure 7). It is notable that this decline accelerated markedly in the middle years of the last decade, showing a strong temporal relationship to the implementation of advertising bans and restriction of promotions or sponsorship by tobacco companies that took effect between 2003 and 2005.

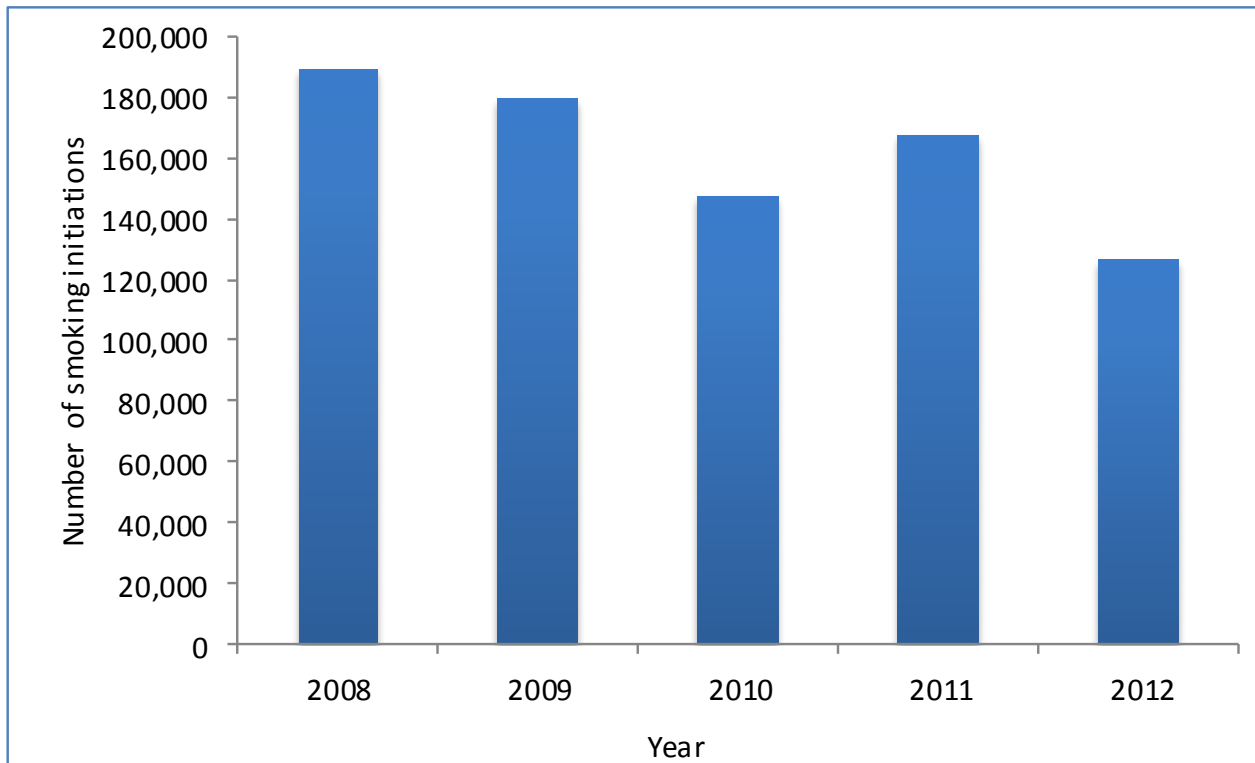
Although direct attribution of cause is problematic at a population level, this provides strong circumstantial support for the assertion that advertising restriction has a greater impact upon the young.

Figure 7: English prevalence of regular smoking in 15 year olds



Source: Health & Social Care Information Centre

Figure 8 : Smoking initiations per year in England for persons aged 11-15



Source: Health & Social Care Information Centre

The downward trend in smoking prevalence illustrated for young people is also demonstrated in the calculation of the numbers of young people aged 11 to 15 initiating smoking each year. Around 150,000 children and young people initiate smoking each year in the UK. Using the method described by Hopkinson,^{vii} applied to unrounded data for England, indicates a year-on-year fall of, on average, about 14,000 (see Figure 8). The higher figure seen in 2011 may be attributed partly to an anomalous figure in one age band. The most recent calculation for England suggests around 130,000 initiations.

Data from the General Household Survey in 2005 indicates that adult heavy smokers are more likely than other current or ex-smokers to have started smoking at an early age: “Of those smoking 20 or more cigarettes a day, 51% started smoking regularly before they were 16, compared with only 34% of those currently smoking fewer than 10 cigarettes a day.”^{viii}

PHE is aware of one recent survey on young people’s reactions to packaging. In April 2012, 844 residents of the London borough of Hackney, aged between 11 and 19, were interviewed about various lifestyle behaviours including smoking.^{ix} One of the survey aims was to understand young people and smoking. The survey found that four in five young people who smoked used cigarettes from packets and that 65% do not really notice the health warnings on the packets. When presented with images of plain packaging, with pictures of the impact of smoking on health, 56% of smokers who

responded said that they would continue to buy the packeted cigarettes while 43% stated they would not buy them. A subsequent survey of 469 Hackney residents of the same age group in July 2012 found that 66% of respondents would not buy packeted cigarettes with the same images.

Exposure to second-hand smoke

In 2012, two thirds (67%) of 11-15 year olds reported being exposed to smoke in either their family's home or car, or someone else's car or home within the past year. Seventeen per cent of 11-15 year olds were exposed to second-hand smoke at home every day or most days.^{vi}

A 2007 report from the British Medical Association's Board of Science reported on the impact of second-hand smoke on children, noting that their risk of adverse health effects is even greater than for adults because of children's more rapid respiratory rates, developing organs and immature immune systems.^x The report noted that there is conclusive evidence that exposure to second-hand smoke can lead to respiratory illnesses, impaired lung function in childhood and adulthood, cot death, and asthma attacks in those already affected. There is substantial evidence that second-hand smoke can also lead to the development of asthma in children previously unaffected.^x The rate of emergency admissions for asthma in children aged under 16 in England has declined overall between 2007/08 and 2011/12, since the introduction of smoke-free legislation, however, there was an increase for one year in 2008/09.^{xi}

It is estimated that there was an overall reduction in emergency hospital admissions for myocardial infarction of 2.4% (confidence interval 0.66%-4.06%) (excluding readmissions within 28 days) in the first year following smoke-free legislation.^{xii} These reductions represent only the immediate impact of the legislation on health and health care and do not include the long-term effect of reduced second-hand smoking or any impact of the legislation in reducing smoking prevalence.

Smoking in pregnancy

Within England, there has been a continued decline in the percentage of women smoking at the time of delivery (child birth) since 2006/07 from 15.1% to 12.7%.^{xiii} Wide inequalities between local authorities in England persist.

4. Interpretation of the evidence for standardised packaging

Given that standardised packaging has been introduced in only one country for a period of just over 13 months, it is inevitable that the evidence supporting the case for this approach is based upon measures of process rather than measures of outcome.

Changes in the initiation rates of smoking among children and young people will take many years to be properly discerned, and have wide confidence intervals that are a consequence of limitations upon survey size. Similarly, changes in overall prevalence of smoking require long periods of observation.

At a population level, attributions of change to specific initiatives or changes in the milieu are highly problematic. Measurements that depend upon historical comparators rather than contemporary controls are unreliable, since they may fail to recognise underlying secular trends.

Standardised packaging is one of a range of activities to “de-normalise” smoking as a socially acceptable behaviour. Approaches of this kind are substantially the most potent in driving down prevalence. The interdependency and synergy of multiple simultaneous tracks of tobacco control activity mean that it may become meaningless to attribute specific outcome changes to specific elements of policy.

For these reasons, evidence relating to process may be as, or more, reliable an indicator of the usefulness of a specific approach as evidence of a composite outcome.

In the case of standardised packaging, there is substantial *process-based* evidence.

There are two key reviews that address in detail the evidence base, these are:

- Plain Packaging of Tobacco Products: A Review of the Evidence. Cancer Council Victoria 2011^{xiv}
- Plain Tobacco Packaging: A Systematic Review. Collaboration for Public Health Research 2012^{xvii}

Both are useful; the first is more readable and accessible, and considers industry behaviours and responses as well as study evidence; the second is a more rigorous academic approach by a very highly and internationally respected group of tobacco researchers, and which was commissioned under the Department of Health Policy Research Programme.

In summary, the systematic review considered 37 studies identified from screening 4,518 citations. Key findings are listed here (note that the terminology of these reviews was “plain packs” and this has been used in this section for accuracy):

- 19 studies examined perceptions or ratings of the attractiveness of plain packs, with plain packs consistently considered less attractive than branded packs
- 12 studies examined perceptions of quality, this covered taste, quality, smoothness and cheapness. Plain packs, and the cigarettes contained within plain packs, were consistently considered to be poorer quality by adults and children
- 13 studies examined perceptions of smoker identity and personality attributes associated with packs. Plain packs rated lower on “popular” and “cool” than branded. Plain packs were associated with “older” and “less fashionable” people
- 10 qualitative studies found that plain pack colours have negative connotations; plain packs weaken attachment to brands; plain packs project a less desirable smoker identity, and plain packs expose the reality of smoking
- studies examining sub-groups differences that plain packaging was considered less attractive by younger rather than older respondents, and women found it less appealing than men
- 12 studies examining whether plain packs increase salience and recall of health warnings on packs, or whether plain packs affect the perceived seriousness and believability of the warnings, found that plain packaging tends to increase the recall of health warnings, the attention paid to them and their perceived seriousness and believability. Findings were moderated by the type, size and position of health warning used
- 16 studies examined perceptions of harmfulness and strength. Harm was associated with pack colour, plain packs generally perceived as more harmful than branded packs if in a darker colour, such as brown, and less harmful than branded packs if in a lighter colour, such as white
- two studies found plain packs were associated with more negative feelings about smoking
- findings on how plain packs might impact upon smoking in general were mixed but tended to support a deterrent effect, with three of five studies examining perceptions of the impact upon young people suggesting a reduction in onset of smoking. In three of four studies exploring the potential role of plain packaging in encouraging quitting, an effect was anticipated on smokers in general
- four studies examined the potential impact of plain packs on participant’s smoking behaviour. Glasgow young people using their own cigarettes but in plain packs were more likely to think about quitting.^{xv} A survey in New Zealand found a similar perception^{xvi}
- in general, plain packs were more likely to impact upon non-smokers and lighter smokers rather than upon heavier smokers. Younger respondents were more likely than older respondents to perceive plain packs as a discouragement to onset of smoking

The review concluded: *“There is strong evidence to support the propositions set out in the Framework Convention on Tobacco Control relating to the role of plain packaging in helping to reduce smoking rates; that is, that plain packaging would reduce the attractiveness and appeal of tobacco products, it would increase the noticeability and effectiveness of health warnings and messages, and it would reduce the use of design techniques that may mislead consumers about the harmfulness of tobacco products. In addition, the studies in this review show that plain packaging is perceived by both smokers and non-smokers to reduce initiation among non-smokers and cessation-related behaviours among smokers.”*^{xiii}

Subsequent analyses

Using the search criteria from their initial review, the Stirling-led systematic review team identified a further 17 studies published between the original search cut-off date of August 2011 and mid-September 2013. These were conducted principally in Australia, New Zealand and the UK.^{xvii}

To summarise their findings briefly:

Appeal – nine additional studies assessed appeal as a consequence of packaging design. For those studies that compared plain and branded packs, plain packs consistently reduced appeal of the pack and also the appeal of cigarettes and smoking. For instance a survey of 11-16 year-olds found plain packs to be rated consistently lower than branded packs on a range of criteria (eg cool, fun). In qualitative studies plain packs were associated with negative attributes, (eg cheap, ugly, embarrassing).^{xviii} For a study exploring the impact of descriptive terms on the appeal of plain packs, descriptors such as “Gold” or “Premium” were associated with greater quality.^{xix} No significant interaction with age was found relating to pack appeal ratings.

Warning salience and effectiveness – eight studies assessed warning salience by pack design. Two experimental studies used eye-tracking to explore visual attention to health warnings, showing greater movements towards health warnings than branding on plain packs, but an equal number of movements to both on non-plain packaging. An Australian survey study showed that plain packaging reduced elements of brand appeal more than did increasing the size of health warnings.^{xx} In an intervention study in Scotland, where smokers used plain packs for a week with their cigarettes inside, they reported looking more closely at health warnings on plain packs and thinking more about their messages.^{xxi} In a Canadian survey, the odds of recalling health warnings were increased by plain packaging.^{xxii} In a New Zealand focus group study plain packs with the same health warnings as current packaging were perceived as clearer, more direct and to the point. Women were found in one study to recall warnings on plain packs more than men. No significant interactions were reported in these studies with age.

Perceptions of product harm – seven studies assessed pack design and harm perception. Most relevantly, studies of perceptions among young people suggested that regular or “slim” designs were seen as being less harmful than cigarettes from plain packs. Plain packs were perceived to be “cheap and inferior” and associated with greater harm.

Attitudes, beliefs, intentions and behaviour – eight studies assessed these characteristics, with mixed results. Experimental substitution of regular packs for plain packs reduced self-reported consumption and increased thoughts of quitting. Plain packs in general use may increase the priority given to quitting, but this is not yet clear. Studies showed a general perception that attractive packaging encourages young people to experiment, both among the public and among tobacco control experts. One study of the views of 33 international experts on tobacco control from the UK, Australasia and North America, asked that they estimate the likely impact upon smoking prevalence of plain packaging. The study concluded: *“Tobacco control experts felt the most likely outcomes would be a reduction in smoking prevalence in adults, and a greater reduction in the numbers of children trying smoking, although there was substantial variability in the estimated size of these impacts. No experts judged an increase in smoking as a likely outcome.”*^{xxiii}

Facilitators and barriers – two Australian studies showed a majority of the public in favour of standardised packaging, with a (not much smaller) minority of smokers in favour.^{xxiv xxv} A New Zealand web survey estimated public support at 69%^{xxvi}. Support tends to be higher among non-smokers and ex-smokers and among older people. The UK government consultation on standardised packaging ran between 16 April and 10 August 2012. A report of the consultation was published by the Department of Health on 12 July 2013. It provides a factual overview of the consultation responses and the main themes set out in the responses.^{xxvii} Although a majority of the responses favoured standardised packaging, the consultation report is correctly explicit in stating that it cannot be considered as a survey of public opinion.

The independence and objectivity of the review work referred to here were criticised in tobacco industry submissions to the former Department of Health consultation^{xxviii} on the grounds that the authors “*have well-established links with, and receive funding from organisations that actively pursue a tobacco control agenda and/or have been well known advocates of standardised packaging for many years*”.^{xxix} PHE rejects this criticism unreservedly. The work in question was conducted in line with best practice for systematic reviews, and the methods employed were transparent and replicable.

In summary, the reviewers concluded that the continued growth of the relevant literature provided further support for the benefits of plain packaging.

5. Professional, public and industry views

Professional views: survey of directors of public health on standardised packaging

At the end of December 2013, PHE, the Faculty of Public Health and the Association of Directors of Public Health jointly undertook a brief online survey of all directors of public health in England to elicit their views on the issue of standardised packaging and the likely impact on local communities.

Since April 2013, directors of public health have held responsibility, as lead officers of local authorities, for improving the health of their local population. They are the chief source of advice and expertise for local government on tackling health inequalities, with a focus on health improvement, health protection and healthcare public health. This remit includes responsibility for wider tobacco control activities and smoking cessation (including NHS Stop Smoking Services). Given the status and influence of directors of public health, it was considered important to add their views, as additional evidence to inform the current debate on standardised packaging.

As at November there were 131 director of public health posts across the 152 top-tier local authorities. Some of the 131 directors of public health in post (including acting and interim) are employed across more than one local authority, and some substantive directors of public health are acting directors of public health in neighbouring local authorities.

The brief online survey was conducted between 23 December and 7 January 2014. A total of 75 (57%) responded. Responses to the survey were limited owing to the two-week Christmas holiday period.

The key points highlighted by the survey are:

- 65% of local authorities had considered the issue of standardised packaging and the majority discussed this at the Health and Wellbeing Board or with full council/cabinet or with lead members. This response indicates that local authorities are aware of the importance of standardised packaging, as a topical issue, that has implications for their local community. A total of 27% of councils had adopted a formal position on standardised packaging, preferring to use existing structures and mechanisms to consider the issue
- it is significant that 100% of those who responded supported the introduction of standardised packaging and considered the major impact to be to discourage

children and young people from taking up smoking, while also having a positive impact on encouraging smokers to quit

- 94% of directors of public health suggested that standardised packaging would have a positive impact on reducing health inequalities, particularly in relation to children and young people, those from deprived communities, people with health needs, such as mental health and long term conditions, and respiratory illness

Public views

Given the short turnaround time for submission of evidence to the review, there has not been the opportunity to conduct new surveys of public opinion on the introduction of standardised packaging.

However, weighted online opinion polling by YouGov for Action on Smoking and Health, based upon the Australian pack design suggested a majority (62%) of the public in favour of its introduction during early to mid 2012.^{xxx} This is in line with similar polling prior to the successful introduction of smoke-free workplaces in 2007.

Tobacco industry views

In preparing this submission, PHE has focused on the evidence relating to standardised packaging and health, and has not attempted a point-by-point refutation of the extensive arguments put forward by the tobacco industry – these have been substantially addressed elsewhere.^{xxxi xxxii} However, PHE wishes to comment briefly on two key claims that have been made on its potential impacts; namely that standardised packaging will not affect smoking prevalence, and that it will lead to increased illicit trade.

With regard to impact upon smoking prevalence, PHE notes that Imperial Tobacco, in its response to the Department of Health consultation on standardised packaging of tobacco products, stated:

“People smoke because they choose to do so. They do not start or continue smoking because of the packaging or branding of tobacco products. Branding helps their choice by identifying different products. Standardised packaging will not stop people from smoking.”^{xxxiii}

However, in a recorded interview on Imperial Tobacco’s half-year results for 2013 (30 April 2013), its chief executive Alison Cooper stated:

“I should also mention Australia, we’ve had the first six months of the plain pack environment in Australia. We’ve seen the market decline roughly 2% to 3%, so maybe not as bad as we might have anticipated.”^{xxix}

An impact upon smoking, it appears, was expected not only by tobacco control experts, but by the industry itself.

With regard to illicit trade, the industry has also argued that plain packaging would make it easier for criminals to counterfeit cigarette packs and thereby increase supply of illegal tobacco products. However, this is not supported by the evidence^{xxxiv}. Counterfeiters are already able to replicate existing packs extremely well and are highly sophisticated in doing so. The design of standardised packs is no less a deterrent than current packaging.

In any case, large quantities of illicit tobacco products sold in the UK are either not counterfeit, or are counterfeits of non-UK brands.

For a more extensive refutation of arguments on illicit trade PHE advises reference to the Memorandum to the All Party Parliamentary Group on Smoking and Health Inquiry into the Illicit Trade in Tobacco Products by Luk Joossens, Advisor to the Framework Convention Alliance on Illicit Tobacco Trade.^{xxxv}

6. Conclusion

Public Health England believes there is substantial and compelling evidence to support the introduction of standardised packaging, and this is the right policy for the country.

The evidence suggests that standardised packaging reduces the attractiveness of cigarette packaging, increases the salience of health messages and increases people's intention to quit. This is particularly important when considering that most smokers take up smoking as children and become addicted to nicotine before they are adults. The exploitation of children who are drawn to cigarette packaging designed to attract them can be countered by the introduction of standardised packaging.

The statistics for smoking mortality and morbidity are stark. Although there has been a decline in the numbers of people smoking, we must not be complacent. There are 218 deaths in England every day caused by tobacco.

Professionals are strongly in favour of the need to take action on the issue of standardised packaging. The results of a recent survey of directors of public health in England showed 100% support for standardised packaging. In particular, 94% believed that the major impact would be to contribute to a reduction in health inequalities, particularly with regard to children and young people, and those living in deprived communities and with health needs.

In conclusion, PHE is convinced that standardised packaging is a crucial component of broader efforts to reduce the incidence and prevalence of smoking, improving the health and wellbeing of children and young people, and reducing premature mortality.

Appendix 1. Background to standardised packaging

The Tobacco Atlas, produced by the American Cancer Society and promoted by the World Health Organization (WHO), stated:

“Of all the laws on tobacco control, there are few the tobacco industry fears more than plain or standardized packaging. Even where tobacco advertising is banned, the pack is the tobacco’s silent salesman calling out from retailers’ shelves and displayed by smokers 20 times a day. The ad men don’t simply use the pack to tell us which brand is for women and which for men, or which brands are youthful and which are sophisticated. They can also use them to send out misleading, illegal signals giving the impression that one is less harmful or less addictive than another.”^{xxxvi}

The Framework Convention on Tobacco Control (FCTC) proposes that standardised or “plain” packaging would have three benefits:

- reducing the attractiveness and appeal of tobacco products
- increasing the noticeability and effectiveness of health warnings and messages
- reducing the use of design techniques that may mislead consumers about the harmfulness of tobacco products^{xxxvii}

Research findings to date (summarised later in this paper) bear out these assertions, however it is useful first to consider the context within which the issue of standardised packaging is being considered.

What is standardised packaging?

The term “plain packaging” is something of a misnomer for what may better be termed “standardised packaging” – the packages that would be used are far from plain (see Figure 1).

Figure 1. Examples of standardised packaging from Australia



Source: Cigarette pack plain packaging as released by the Department of Health and Ageing, Australia

Market research results informed the form of illustrated Australian designs to ensure the most effective colour scheme and appropriate prominence of warnings. Apart from the brand name (written in a standard typeface, colour and size), all other trademarks, logos, colour schemes and graphics are prohibited. The package is required to be plain coloured and to display only the product content information, consumer information and health warnings required by law.^{xxxviii}

The necessity for standardised packaging has developed with the tobacco industry's increasing use of packaging as its "store-front" for advertising. Packaging has been increasingly used to target specific parts of the smoking market – notably, for example, young women, with fashion-oriented, handbag-friendly products (see Figure 2).

Figure 2: A Vogue cigarette packet



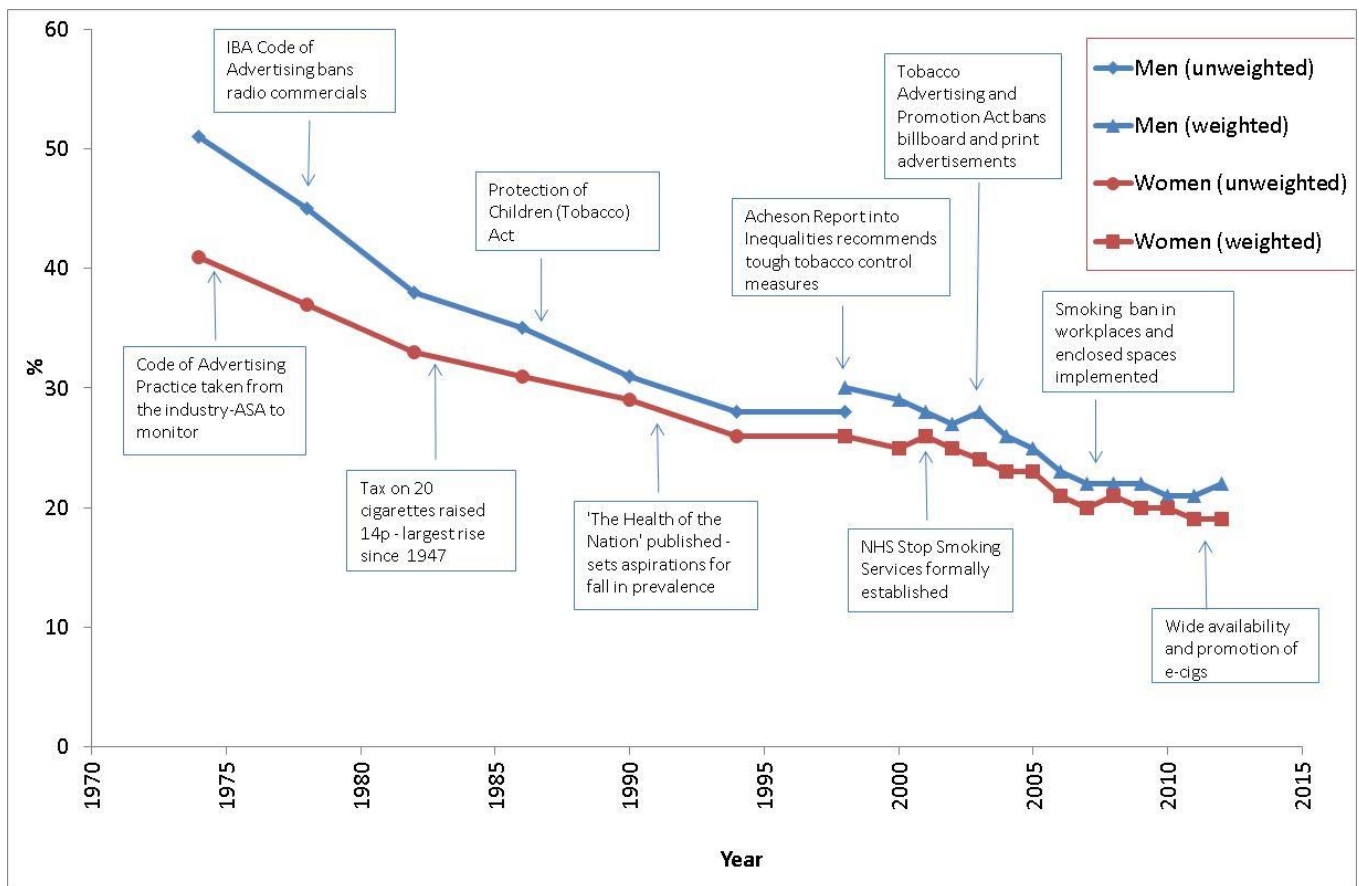
Source: Robson Brown for Fresh Smokefree North East

Targeting of products in this manner has become a matter of international concern.^{xxxvi}
xxxvii

Appendix 2. Context and relevance

Progress on reducing tobacco consumption has been achieved through the accumulation of many initiatives and pressures over a very long period. Figure 3 traces the fall in cigarette smoking prevalence from 1974 to 2012 and illustrates just some of the milestones of progress along the way – far more are omitted than can be included – serving also to illustrate the difficulty of identifying and attributing change specifically to any intervention.^{xxxix}

Figure 3: Trends in smoking prevalence in Great Britain 1974-2012 indicating milestones of progress



Source: Data from General Lifestyle Survey and Opinions and Lifestyle Survey, Office for National Statistics

The appearance of the fall in smoking prevalence over this period, at first sight, suggests greatest effect during the 1970s – a period largely of voluntary codes and non-statutory approaches. Although true for absolute numbers of smokers, this is somewhat misleading.

The most rapid proportional fall in smoking took place during the middle years of the last decade – accompanied by much tougher controls on advertising, restriction of smoking in public places and workplaces, major media campaigns and universal access to NHS Stop Smoking Services.

These measures in combination supported by a broad array of local and national supporting activities constitute a “denormalisation” approach to the status of tobacco and smoking within society. This type of approach, as it implies, is intended to change the perception of a behaviour over time such that it becomes perceived to be unusual or inappropriate. Quite subtle changes in people’s perceptions of what is an appropriate behaviour for a particular circumstance can markedly, consciously or unconsciously, alter their choices. As such, the concept of denormalisation is quite closely related to “nudge” type thinking, although it is more open to compulsory and legislative approaches.

A more sophisticated and broad approach to “nudging” is described in the approach to policy making known as “MINDSPACE”, which has been defined as “a checklist of influences on our behaviour for use when making policy”.^{x1} MINDSPACE is an acronym, constructed thus:

Messenger	We are heavily influenced by who communicates information
Incentives	Our responses to incentives are shaped by predictable mental shortcuts such as strongly avoiding losses
Norms	We are strongly influenced by what others do
Defaults	We “go with the flow” of preset options
Saliency	Our attention is drawn to what is novel and seems relevant to us
Priming	Our acts are often influenced by subconscious cues
Affect	Our emotional associations can powerfully shape our actions
Commitments	We seek to be consistent with our public promises, and reciprocate acts
Ego	We act in ways that make us feel better about ourselves

Within the MINDSPACE framework, standardised packaging addresses specifically the issues of Saliency (our attention is drawn to what is novel and seems relevant to us),

Priming (acts are often influenced by sub-conscious cues), Affect (emotional associations can powerfully shape our actions) and Ego (we act in ways that make us feel better about ourselves).

The government's preferred general approach to public health interventions also considers the scale of interference in choice described by the Nuffield Council on Bioethics as an "intervention ladder".^{xii} Standardised packaging occupies a very low rung of that ladder – probably somewhere between "enabling choice" and "guiding choice through a default policy".

What incentive or disincentive exists arises purely through the understanding and perception of future benefits or consequences for individuals, and there is no element of restriction or elimination of choice in terms of product availability.

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