



Department
of Health

Equalities Analysis

Standardised Packaging of Tobacco Products

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Introduction

This equalities analysis examines the potential impact of a policy of standardised packaging of tobacco products on equalities in the UK, in accordance with the Equality Act 2010. In addition, in respect of England, this document considers issues relevant to the Secretary of State's duty to reduce inequalities in relation to the health service, under the National Health Service Act 2006.

In 2012, the Department of Health and Devolved Administrations consulted on a policy proposal that would require the packaging of tobacco products to be standardised, with the aim of improving public health.¹ Alongside this, an Equalities Analysis was published, and this represents an update of that document taking consideration of more recent evidence and the responses to the 2012 consultation.

The Government has not yet made a final decision on whether to introduce standardised packaging of tobacco products. The consultation published alongside this document will inform decision-making by the Department of Health and Devolved Administrations on whether to introduce standardised packaging. We want to hear the views of interested people, businesses and organisations, and we particularly seek new or additional information relevant to standardised packaging that has arisen since the 2012 consultation.

For more detail on the proposals, the consultation document includes draft regulations at Appendix B which set out the proposed requirements for standardised packaging, should it be introduced. An illustration of how a cigarette pack may look if the draft regulations were introduced is included at Appendix C. An Impact Assessment has also been published by the Department of Health alongside these documents.

Policy Objectives

Tobacco use remains one of the most significant challenges to public health in the United Kingdom. Smoking is the primary cause of preventable morbidity and premature death, accounting each year for over 100,000 deaths in the United Kingdom. One out of two long-term smokers will die of a smoking-related disease.² Due to exposure to secondhand smoke, smoking is harmful not only to smokers but also to the people around them. Around 20 per cent of adults in the United Kingdom smoke.³

¹ *Consultation on standardised packaging of tobacco products*. Available at: <https://www.gov.uk/government/consultations/standardised-packaging-of-tobacco-products>

² Doll, R. et al. (2004). "Mortality in relation to smoking: 50 years' observations on male British doctors" in *British Medical Journal*, 328, pp.1519–27.

³ Office for National Statistics (2012) Integrated Household Survey 2012.

The Department of Health and the Devolved Administrations want to take action to reduce the uptake of smoking by young people. Smoking is an addiction largely taken up in childhood and adolescence, so it is crucial to reduce the number of young people taking up smoking in the first place. The report of the Chantler Review reflected evidence that although the number of children taking up smoking has been falling since the 1990s, an estimated 207,000 children aged 11-15 still take up smoking each year in the United Kingdom. A key aspect in deciding whether to introduce standardised packaging will be the potential benefit for the health and wellbeing of young people.

The United Kingdom is a Party to the World Health Organization's *Framework Convention on Tobacco Control* (FCTC). The FCTC is the world's first public health treaty and places obligations on Parties to meet the treaty objective to '*reduce continually and substantially the prevalence of tobacco use and exposure to tobacco smoke*' and to implement comprehensive tobacco control strategies.⁴ Since the United Kingdom became a Party to the treaty in 2004, the Government has taken its FCTC obligations very seriously. Guidelines for the implementation of the FCTC encourage Parties to consider adopting measures for standardised packaging.⁵

The Department of Health and the Devolved Administrations each have tobacco control plans in place.⁶ If introduced, standardised packaging would form an element within these wider comprehensive strategies to contribute to reducing rates of smoking.

The objectives of a policy for standardised packaging would be to improve public health by:

- discouraging people from starting to use tobacco products
- encouraging people to give up using tobacco products
- helping people who have given up, or are trying to give up, using tobacco products not to start using them again
- reducing the appeal or attractiveness of tobacco products
- reducing the potential for elements of the packaging of tobacco products other than health warnings to detract from the effectiveness of those warnings
- reducing opportunities for the packaging of tobacco products to mislead consumers about the effects of using them
- reducing opportunities for the packaging of tobacco products to create false perceptions about the nature of such products
- having an effect on attitudes, beliefs, intentions and behaviours relating to the reduction in use of tobacco products
- reshaping social norms around tobacco use to promote health and wellbeing

⁴ From Article 3 (objective) and Article 5 (general obligations) of the World Health Organization's *Framework Convention on Tobacco Control*. Available at: <http://www.who.int/fctc>

⁵ Further explanation is at section 4 of the 2012 consultation on standardised packaging.

⁶ Scotland: *Creating a Tobacco Free Generation: A Tobacco Control Strategy for Scotland* (2013); Northern Ireland: *Ten-Year Tobacco Control Strategy for Northern Ireland* (2012); Wales: *Tobacco Control Action Plan for Wales* (2012); England: *Healthy Lives, Healthy People: A tobacco control plan for England*, (2011).

Age

Smoking uptake by young people is a significant public health concern. Smoking is an addiction largely taken up in childhood and adolescence, so it is crucial to reduce the number of young people taking up smoking in the first place.

One of the objectives of standardised packaging would be to discourage people from starting to use tobacco products. Given that the majority of smokers are regularly smoking before turning 18 years, then age is an important consideration.

Young people can rapidly develop nicotine dependence and symptoms of dependence can develop soon after a young person's first puff on a cigarette. The Government is particularly concerned about the early age at which people become regular smokers in England and that nicotine addiction for most people starts in adolescence. In England, almost two-thirds of current and ex-smokers say that they started smoking regularly before they were 18 years old, with 39 per cent saying that they were smoking regularly before the age of 16.

Very few people starting smoking for the first time after the age of 25 (around 95 per cent of all smokers have started before the age of 25). Analysis of existing data has shown that currently in the UK, around 207,000 children aged between 11-15 start smoking every year. That equates to around 600 children (aged between 11-15 years) starting smoking in the UK every day.¹

The Tobacco Control Plan for England suggests that young people who live with smokers are much more likely to become smokers:

“If smoking is seen by young people as a normal part of everyday life, they are much more likely to become smokers themselves. A 15 year old living with a parent who smokes is 80 per cent more likely to smoke than one living in a household where no one smokes. About one-third of children under the age of 16 live with someone who smokes. The latest research in social psychology and behavioural economics suggests that reducing the uptake of smoking is best achieved by influencing the adult world in which young people grow up.”⁷

There is also evidence to suggest that tobacco packaging contributes to this uptake of smoking by young people. In 2009, the Public Health Research Consortium (PHRC) published a review of young people and smoking in England.⁸ One of the conclusions of the PHRC's review was that *‘tobacco marketing continues to be a major problem. Notwithstanding the proven success*

⁷ *Healthy Lives, Healthy People: A tobacco control plan for England* (2011). Available at: <https://www.gov.uk/government/publications/the-tobacco-control-plan-for-england>

⁸ Amos A, Angus K, Bostock Y, Fiddler J, Hastings G (2009): A review of young people and smoking in England. York: Public Health Research Consortium

of the Tobacco Advertising and Promotion Act 2002 (TAPA), tobacco brands are still influencing youth smoking. The key remaining transmitters of this branding are point of sale (PoS) presence and the pack.”. It is therefore concluded that generic packaging is an essential next step’. Legislation is already in place to end the open display of tobacco in retail environments.

Moodie et al. summarise the different research undertaken on tobacco advertising and smoking uptake by young people, and describe that:

“Research has consistently revealed that tobacco advertising and promotion increases the likelihood that adolescents will start to smoke”...“Furthermore, we know that tobacco branding is continuing to drive UK teen smoking even after TAPA.”⁹

Similarly, a Cochrane Review of the impact of tobacco advertising and promotion on increasing adolescent smoking behaviours was published in 2008. This review looked at a wide range of evidence, and concluded that:

“...tobacco advertising and promotion increases the likelihood that adolescents will start to smoke. From a policy perspective, attempts to eliminate tobacco advertising and promotion should be supported.”¹⁰

Research exploring young people’s perceptions of tobacco packaging found that youth can be attracted to tobacco packaging design. Branded packaging presented positive user imagery and functional and emotional benefits to young people. Conversely plain cigarette packaging was perceived as unattractive, reduced emotional attachment to the packaging and enforced negative smoking attitudes among young people. Plain packs with different shapes were also found to influence young people’s perceptions, suggesting that a standard shaped plain pack is the most effective approach to reducing the ability of packaging to communicate with young smokers and potential smokers.¹¹

There is also evidence suggesting¹² that younger people may respond more negatively to standardised packets than older people (i.e finding them less attractive). One of the key findings of the Public Health Research Consortium report was that non-smokers and younger people responded more negatively to plain, standardised packs than smokers and older people, noting that across the evidence *“young respondents were more likely than older respondents to perceive that plain packs would discourage the onset of smoking, encourage cessation or*

⁹ Moodie, C. et al. (2008). ‘Tobacco marketing awareness on youth smoking susceptibility and perceived prevalence before and after an advertising ban’ in *European Journal of Public Health*. 2008, 18(5).

¹⁰ Lovato, C. et al. (2008). Impact of tobacco advertising and promotion on increasing adolescent smoking behaviour (Review). *The Cochrane Collaboration*. John Wiley & Sons.

¹¹ Cancer Research UK (2012). The packaging of tobacco products. The Centre for Tobacco Control Research funded by Cancer Research UK, University of Stirling and the Open University, Stirling.

¹² Bansal-Travers M, Hammond D, Smith P, Cummings KM (2011). The impact of cigarette pack design, descriptors and warning labels on risk perceptions. *American Journal of Preventive Medicine*, 40: 674-682

reduce consumption."¹³ An elicitation study of international experts' estimates of the impact of introducing standardised packaging in the United Kingdom was undertaken by Pechey et al which found:

"The median estimate for the impact on adult smoking prevalence was a 1 percentage point decline... and for the percentage of children trying smoking was a 3 percentage point decline... the latter estimated impact being larger than the former"¹⁴

In the report of the Chantler Review, Sir Cyril Chantler concluded that 'Having reviewed the evidence it is in my view highly likely that standardised packaging would serve to reduce the rate of children taking up smoking'.¹⁵

The evidence suggests that standardised packaging may have a greater positive effect for young people, discouraging them from the uptake of smoking and, as a consequence, improving their health into their adult life. The legitimate aims of the policy would justify any potential differential effect.

Socio-economic groups

While smoking prevalence has fallen steadily in England since its peak in the mid 20th century, smoking rates are today higher than average among particular groups meaning that smoking has emerged as one of the most significant contributors to health inequalities in England. The association between smoking and inequalities is today apparent from evidence of which people are smoking. Smoking is most common among those who earn the least, and least common among those who earn the most. Smoking prevalence is much higher among people in routine and manual occupations than people in managerial or professional occupations.¹⁶ The link between deprivation and smoking has recently also been confirmed by Office for National Statistics analysis using data from the *Integrated Household Survey*.¹⁷

¹³ Amos A, Angus K, Bostock Y, Fiddler J, Hastings G (2009): A review of young people and smoking in England. York: Public Health Research Consortium

¹⁴ Pechey R., Spiegelhalter D., Marteau T. (2013). "Impact of plain packaging of tobacco products on smoking in adults and children: and elicitation of international experts' estimates" in *BMC Public Health*. 2013;13:18.

¹⁵ *Standardised packaging of tobacco: Report of the independent review undertaken by Sir Cyril Chantler*. Available at:

<http://www.kcl.ac.uk/health/packaging-review.aspx>

¹⁶ Office for National Statistics. (2012) General lifestyle survey overview: A report on the 2010 general lifestyle survey.

¹⁷ Office for National Statistics.(2014) Do smoking rates vary between more and less advantaged areas? *British Medical Journal* 348, g2184

Smoking is the main cause of differences in illness and death between the poor and wealthy. The Government's *Healthy Lives, Healthy People* White Paper¹⁸ published in 2010 sets out that one of the Government's key objectives will be to improve the healthy life expectancy of the population, improving the health of the poorest, fastest. The independent review into health inequalities in England, *Fair Society, Healthy Lives* proposed "the most effective evidence-based strategies for reducing health inequalities in England" and made the following recommendation:

"Tobacco control is central to any strategy to tackle health inequalities as smoking accounts for approximately half of the difference in life expectancy between the lowest and highest income groups. Smoking-related death rates are two to three times higher in low-income groups than in wealthier social groups".^{19,20}

Some responses to the 2012 consultation suggested that standardised packaging could lead to the lowering of the price of tobacco if the market became commoditised with tobacco companies competing primarily on price. Some respondents also suggested that if standardised packaging led to an increase in the availability of illicit tobacco, this could also lead to higher affordability. There is particular concern that higher affordability could lead to an increase in the prevalence rate in lower socio-economic groups. This could also apply to children, as young people are particularly sensitive to price.²¹

Making tobacco less affordable is proven to be an effective way of reducing smoking prevalence and the Government continues to follow a policy of using tax to maintain the prices of tobacco products at levels high enough to have an impact. The *Chantler Report* concludes that a risk of the price of tobacco falling should standardised packaging be introduced is small, and that if it were to occur then it could be mitigated by taxation. Tax policy is a matter for HM Treasury and tobacco taxation is kept under review as part of the usual Government Budget process.

In summary, standardised packaging is a population level measure to which everyone will be equally exposed, and therefore at the very least should not increase health inequalities and may help to reduce them. If the policy leads to reduced smoking uptake then it should have a positive effect on health inequalities between socio-economic groups because the impact would be greater in those groups in which smoking prevalence is the highest.

¹⁸ *Healthy Lives, Healthy People: Our strategy for public health in England* (2010). Available at: <https://www.gov.uk/government/publications/healthy-lives-healthy-people-our-strategy-for-public-health-in-england>

¹⁹ Marmot, M. et al (2010). *Fair Society, Healthy Lives: Strategic review of health inequalities in England post-2010*. Marmot Review Secretariat, London.

²⁰ Gruer, L., Hart, C., Gordon, D. and Watt, G. (2009). "Effect of tobacco smoking on survival of men and women by social position: A 28 year cohort study" in *British Medical Journal*. 339, p.643.

²¹ Emery, S. White, M, Pierce, J. (2001) Does cigarette price influence adolescent experimentation? *J Health Economics*; 20: 261 - 270.

Sex

Today, smoking prevalence in the United Kingdom is approximately equal for males and females.²²

Packaging can be important in influencing female smoking. According to Wakefield, who conducted a review of disclosed tobacco industry documents:

“Packaging to appeal to women has been the subject of careful research. Cigarettes for women are often packaged in slim, long packs, often with pastel or toned down colours, to meet perceived desires to appear feminine and sophisticated”²³

While both females and males find standardised packaging less appealing, one study found that females are particularly negative about standardised tobacco packaging.²⁴ However, other studies²⁵ have found no significant differences between sexes. If females find standardised packaging less appealing, this could lead to a greater reduction in smoking prevalence among females than males. The legitimate aims of the policy would justify any potential differential effect.

Disability

Sight difficulties

This policy could potentially have an impact on partially sighted people if they are no longer able to recognise their usual brand of tobacco because of the removal of colourful branding and logos from the packaging. Evidence shows that smokers are very loyal to their preferred brand^{26,27} and therefore the extent to which consumers need to be able to identify individual brands when purchasing them does not appear great, although some partially sighted people could encounter additional difficulties if they wish to change brands, if their identification is

²² Office for National Statistics (2012) *Opinions and Lifestyle Survey: Smoking habits amongst adults, 2012*. ONS, Newport.

²³ Wakefield, M. (2002). “The cigarette pack as image: New evidence from tobacco industry documents” in *Tobacco Control*. 11, Supplement I, pp.i73-i80.

²⁴ Gallopel-Morvan K, Moodie C, Hammond D, Eker F, Beguinot E, Martinet Y (2011). “Consumer understanding of cigarette emission labelling” in *European Journal of Public Health*,21: p.373-375.

²⁵ Bansal-Travers M, Hammond D, Smith P, Cummings KM (2011). “The impact of cigarette pack design, descriptors and warning labels on risk perceptions” in *American Journal of Preventive Medicine*, 40: 674-682.

²⁶ Cowie G., Swift, E., Borland R, et al (2014). “Cigarette brand loyalty in Australia: Findings from the ITC Four Country Survey” in *Tobacco Control*. 23: p.i73–i79.

²⁷ DiFranza J., Eddy, J., Brown L. et al. (1994). “Tobacco acquisition and cigarette brand selection among youth” in *Tobacco Control*. 3: p.334–8

based on the colour or branding scheme of a pack. However, partially sighted people may already have difficulties in identifying some different brands and variants, particularly where the pack design uses a complex typeface, is not contrasted with the background or is otherwise not in accordance with clear print guidelines. The use of standard typeface may therefore assist some partially sighted smokers in identifying alternative brands compared to packs that are currently on the market.

Some responses to the 2012 consultation suggested that standardised packaging could give the opportunity to require information in appropriate typefaces and colours, and possibly to be given in Braille, to benefit the blind and partially sighted. In drafting regulations for consultation, we have followed guidelines from the Royal National Institute of the Blind.²⁸ For example, the draft regulations have avoided italicised typefaces and specified size 14 point typeface for brand names, and there is contrast between the background colour and the text colour (as outlined in the draft regulations at Appendix B of the consultation document.)

We note that under equality law retailers already have responsibilities to make reasonable adjustments to remove barriers to access to their services for people with disabilities. Retailers should already be used to assisting customers who are blind or partially sighted to purchase the products that they seek.

Literacy Difficulties

Similarly, there could be an impact for those who, for any reason, have difficulty reading or understanding written English as a result of a disability, including for example learning disabilities, dyslexia or dyspraxia, including consumers and shop workers. There is a possibility that these individuals could find it more difficult to recognise different brands of tobacco because of the removal of colourful branding and logos from the packaging. Difficulties with literacy may have a variety of causes arising from disability or ethnic background. Race and ethnicity are considered further in the following section of this document.

Some responses to the 2012 consultation suggested that standardised packaging could give the opportunity to make the identification of different brands easier for people with dyslexia. In developing draft regulations, we gave careful consideration to guidelines from the British Dyslexia Association²⁹ and the Plain English Campaign³⁰. For example, the draft regulations avoid italics and block capital lettering and the proposed colours would provide contrast to assist reading. “Helvetica” typeface is proposed in the draft regulations, as this clear sans-serif typeface is already used on tobacco packs for mandatory health warnings. We have not been made aware of any problems encountered with reading these health warnings.

²⁸ Available at: http://www.sensorytrust.org.uk/resources/connect/InfoSheet_ClearLargePrint.pdf

²⁹ Available at: <http://www.bdadyslexia.org.uk/about-dyslexia/further-information/dyslexia-style-guide.html>

³⁰ Available at: <http://www.plainenglish.co.uk/files/designguide.pdf>

As with those who are partially sighted, under equality law retailers already have responsibilities to make reasonable adjustments to remove barriers to access to their services for people with disabilities and also have equivalent duties in respect of employees.

On the other hand, some responses to the 2012 consultation considered that there is potential for a policy of standardised packaging to communicate the health harms of tobacco more prominently and effectively, which would have a particular benefit for people with learning disabilities or difficulty reading or understanding written English.

Mental Health

Smoking is responsible for the largest proportion of the excess mortality of people with a mental illness.³¹ If the policy aims of reducing smoking initiation and prevalence were achieved then it should have a positive effect on this particular health inequality between those who suffer from mental illness and those who do not, because the impact would be greater in those groups in which smoking prevalence is the highest.

Race and Ethnicity

A number of responses to the 2012 consultation noted that a number of smaller retail businesses are owned or run by proprietors of black or minority ethnicity and if there were to be a higher impact on small retailers, any loss of revenue associated with standardised packaging would have a proportionately larger impact upon their income.

The Impact Assessment notes³² that there is a possibility that small retailers would see lower margins due to a fall in smoking prevalence rates and from the down-trading from more profitable higher priced brands to less profitable lower priced brands. We would expect that consumers will reallocate their income expenditure to other goods and services in the economy, and so losses from reduced tobacco sales may be offset by consumption of their other products.

Planning to cope with changing demand as a result of falling smoking prevalence may be more difficult for small retailers than for larger supermarkets and chains. However, there are many trends already impacting on small retailers (e.g internet sales, economic cycles, big supermarket competition and demographic changes), and so such retailers already need to be planning their future business strategies. The assumption in the IA is that standardised packaging will not add greatly to these needs for future-proofing.

³¹ Brown, S., Barraclough, B. & Inskip, H. (2000) Causes of the excess mortality of schizophrenia. *British Journal of Psychiatry*, 177, 212–217.

³² Standardised Packaging of Tobacco Products Impact Assessment (2014).

There could also be an impact on ethnic minorities who speak English as a second language, whether retailers or customers, if they depend on distinctive branding colours and logos to distinguish between brands.

As previously outlined, the draft regulations have considered guidance from the Plain English Campaign as far as possible to mitigate the effect on this group. Some responses to the 2012 consultation considered that there is potential for a policy of standardised packaging to communicate the health harms of tobacco more clearly and effectively, which would have a particular benefit for people who have difficulty reading or understanding written English.

Additionally, smoking prevalence is higher in certain ethnic groups such as Bangladeshi and Pakistani men.³³ If the policy aims of reducing smoking initiation and prevalence were achieved then the impact would be greater in those groups in which smoking prevalence is the highest.

Pregnancy

If this policy achieves its aims of reducing smoking initiation and prevalence, this would have a particular benefit in groups where there are high rates of smoking prevalence amongst pregnant women, which puts at risk the health of the mother and her unborn child. According to the *Tobacco Control Plan for England*:

“Babies from less affluent backgrounds are more likely to be born to mothers who smoke. While 14 per cent of women who gave birth in England in 2009/10 said that they smoked during pregnancy, rates vary considerably across England. Smoking prevalence is particularly high among pregnant women under the age of 20”⁷

Sexual Orientation

Smoking rates are high among lesbian, gay and bisexual people and smoking by gay men is believed to be twice that of wider population levels.³⁴ If the policy aims of reducing smoking initiation and prevalence were achieved then the impact would be greater in those groups in which smoking prevalence is the highest.

Other

No effects of this policy have been identified for other groups, including for different religions

³³ Information Centre (2004). Health Survey for England 2004: health of ethnic minorities. Leeds: The Information Centre

³⁴ Covey L, Weissman J, Lo D, Duan N (2009). A comparison of abstinence outcomes among gay/bisexual and heterosexual male smokers in an intensive, non-tailored smoking cessation study. *Nicotine and Tobacco Research* 11:1374-1377.

and beliefs, or for carers or those undergoing gender reassignment.

We have also considered the need to foster good relations between those who share a protected characteristic and persons who do not share it, and are not aware of any evidence on the potential effects of standardised packaging of tobacco on such relations.

Engagement and Involvement

The Government has not made any decisions on whether to introduce standardised packaging. So that a final decision on whether to introduce this policy can be fully informed, the Department of Health and Devolved Administrations are holding a final, short consultation. The purpose of this consultation is to seek the views of interested people, businesses and organisations, with a focus on gaining any new or additional information relevant to standardised packaging that has arisen since the 2012 consultation. This equalities analysis will be published alongside this consultation and we welcome views and additional evidence that will assist us to further consider the equalities aspects that would be relevant to the introduction of standardised packaging.

To provide maximum clarity, the consultation includes draft regulations which set out the proposed requirements for standardised packaging, should it be introduced. An illustration of how a cigarette pack would look if the draft regulations is also included in the consultation document.

Summary of Analysis

The aims of this policy include discouraging young people from taking up smoking and encouraging and helping current smokers to quit. It therefore aims to affect people of all groups. However, as indicated above, the effects of standardised packaging may be greater on some groups; in particular there is evidence that it may have a greater impact on younger people.

Reducing the uptake of smoking by young people is a Government public health policy priority. Smoking is known as a disease of adolescence, and most smokers say that they were regularly smoking before turning 18 years of age. Tobacco promotion and branding is a factor in the uptake of smoking by young people. In the report of the Chantler Review,³⁵ Sir Cyril Chantler concluded that *'Having reviewed the evidence it is in my view highly likely that standardised packaging would serve to reduce the rate of children taking up smoking'*.

³⁵ *Standardised packaging of tobacco: Report of the independent review undertaken by Sir Cyril Chantler.*
Available at:
<http://www.kcl.ac.uk/health/packaging-review.aspx>

If the policy objectives of standardised packaging, as set out in the consultation, were achieved then the impact would be greater in those groups in which smoking prevalence is the highest, including those in lower socio-economic groups, those suffering from mental health issues, the LGBT community and in particular ethnic groups. This should result in a narrowing in health inequalities. This is a consideration under the public sector equality duty in the Equality Act 2010, in advancing equality of opportunity between persons who share a relevant protected characteristic. It is also a consideration in England under the Secretary of State's duty to reduce inequalities in relation to the health service.

Factors which may affect those with sight or literacy difficulties have been taken into consideration in the decisions about the nature and size of the permitted text, as set out in the draft regulations published alongside this equalities analysis.

Overall, in its assessment of the impact on equality of this measure, the Department of Health has concluded that the policy would not lead to any unlawful discrimination, harassment or victimisation of any particular group by gender, race, religion, ethnicity, sexuality, sexual orientation or disability. It is a wide-ranging public health measure. The policy has the potential to advance equality of opportunity by reducing health inequalities as set out above, and by requiring a type face that accords, as far as possible, with clear print guidelines

