

Sir Cyril Chantler
Independent Review Chair
c/o King's College London
Room 1.2
Hodgkin Building
Guy's Campus
London SE1 1UL

8th January 2014

Dear Sir Cyril

RE: INDEPENDENT REVIEW INTO STANDARDISED PACKAGING OF TOBACCO

About ASH

I am writing to you as chief executive of Action on Smoking and Health (ASH), a campaigning health charity set up in 1971 by the Royal College of Physicians to work towards eliminating the harm caused by tobacco. ASH is transparent about its activities and its funding. For its campaigning work, funding comes from Cancer Research UK and the British Heart Foundation. It is funded by the Department of Health for work to support implementation of the Tobacco Control Plan for England.

Terms of reference

Congratulations on your appointment as Chair of the Independent Review into 'plain packaging' of tobacco products. We are pleased to see in the method statement that you will be using as a starting point the responses to the DH consultation exercise, the PHRC systematic review and the Stirling research update published in September 2013. I note that your terms of reference are *"To give advice to the Secretary of State for Health... as to whether or not the introduction of standardised packaging is likely to have an effect on public health (and what any effect might be), in particular in relation to the health of children."*

While clearly the impact on children will be the primary focus, I think it is also important to take into account the indirect effect any impact of reduction in adult smoking will have on child uptake. The risk of a child becoming a smoker is almost doubled if anyone in the household smokes and almost trebled if both parents smoke.¹

Standardised packaging as a key component of a comprehensive strategy

We also understand that your review is not concerned with assessing the merits of alternative means of tobacco control. However, it is widely recognised that the most effective way of reducing tobacco consumption and smoking prevalence is to introduce a comprehensive set of measures, as set out in the WHO Framework Convention on Tobacco Control. Plain, standardised packaging of tobacco products was introduced in Australia as part of a comprehensive strategy including increases in taxation above inflation which reduced affordability, mass media campaigns and changes to the health warnings on packs. These measures work together to reduce smoking prevalence making it difficult to identify the impact of standardised packaging alone. That is why it is important to take into account in your review intermediate indicators such as the effect of standardised packaging on the attractiveness and appeal of tobacco products, the noticeability and effectiveness of health

warnings and messages, and the use of design techniques that may mislead consumers about the harmfulness of tobacco products.

In England regular smoking amongst children 11-15 years old remained around 10% through the 1990s and up until 2002. Since then it has declined consistently and much more rapidly than amongst adults to reach 4% by 2012.² This was subsequent to the introduction of a comprehensive strategy including, in particular, controls on tobacco promotion such as the ban on advertising, promotion and sponsorship and larger health warnings both of which were introduced in 2003.

The introduction of standardised packaging is the next logical step to control promotion by the tobacco industry of its products. It follows on from the prohibition of tobacco displays in shops which has already come into effect in large stores and will come into effect in small shops in 2015.

Health Inequalities

Once tobacco displays in all shops are prohibited the exposure of children to current promotional tobacco packaging will be primarily in the home amongst those growing up with smokers. Exposure of young people to tobacco packaging will therefore be significantly higher in poorer social groups and communities – since they have higher smoking prevalence rates. Around 13% of adults in managerial and professional occupations smoke compared with 28% in routine and manual occupations. To look at it another way smoking prevalence among unemployed adults was 35% compared with 18% of adults who were economically inactive and 19% of adults who were in employment.³ This inequality in exposure to tobacco industry promotional activity can be mitigated by the introduction of standardised packaging.

This is particularly important because, as with adults, smoking rates are higher among disadvantaged groups of young people, who also tend to start smoking at a younger age. For example, there is an association between socio-economic group and the age at which people started to smoke. Of those in the managerial and professional households 31% had started smoking before they were 16, compared with 45% of those in routine and manual households.³ And almost a third of children in care aged 11 to 17 years old reported being current smokers, rising to 69% in residential care, reflecting the greater proportion of older children in these placements.⁴ Standardised packaging should, a priori, have greater impact on those young people living in environments where smoking is the norm and so help reduce these inequalities in smoking rates.

Additional research

We submitted a detailed response to the DH consultation and we will not resubmit this as you will already have access to it.

The PHRC systematic review and Stirling update covers the impact of standardised packaging on never and existing smokers. We have data, as yet unpublished, that suggests standardised packaging may also be effective with ex-smokers. As part of our annual survey we presented 4,303 ex-smokers in Great Britain with images of one of three cigarette packages (an existing branded pack, a standardised pack with a current health warning and a standardised pack with a large picture health warning). The standardised pack with large picture warning scored highest for the impact of the health warning, lowest for appeal and was considered least likely by ex-smokers to tempt them to smoke. All differences were

statistically significant. Former smokers now outnumber smokers and preventing relapse will protect the health of the children around them. We would be happy to provide you with more detail if this would be helpful.

I have also enclosed with this letter a peer reviewed piece of research published in the European Journal of Public Health after the Stirling update. This found that standardised packs with large picture warnings were less appealing than current packs to British youth. The research was commissioned by ASH with advice from an authoritative Canadian expert and adviser to WHO on tobacco packaging, Professor David Hammond at the University of Waterloo in Canada, who is the lead author on the EJPH article.

Additional academic contacts

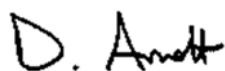
Professor Hammond was an adviser to the Australian government on the introduction of standardised packaging and is also advising the Irish Government on standardised packaging. Given that you are looking for further expert advice to assist you in the qualitative analysis of the key evidence, you might wish to consider approaching Professor Hammond who can be contacted at dhammond@uwaterloo.ca.

We have also provided some seedcorn funding for innovative research by Professor Marcus Munafò in Bristol using fMRI technology which I know he will be in contact with you about although it has not yet been peer reviewed and published.

It is excellent news that you are visiting Australia and we do hope that while you are there you will meet up with the key academics carrying out research on the public health impacts of plain, standardised packaging. We would recommend as a priority Professor Melanie Wakefield at the University of Melbourne who can be contacted at Melanie.Wakefield@cancervic.org.au.

Please do ask your team to get in touch if you have any questions or if there is any further information we can provide about any of the above.

Yours sincerely



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Enc: Hammond D et al. The perceptions of UK youth of branded and standardized, 'plain' cigarette packaging. EJPH 2013. Pub online 8 Oct 2013 doi:10.1093/eurpub/ckt142

¹ Leonardi-Bee J, Jere ML, Britton J. Exposure to parental and sibling smoking and the risk of smoking uptake in childhood and adolescence: a systematic review and meta-analysis. Thorax 15 Feb. 2011 doi:10.1136/thx.2010.153379

² Smoking drinking and drug use among young people in England in 2012. The Information Centre for Health and Social Care, 2013.

³ General Lifestyle Survey 2011. Office for National Statistics, 2012.

⁴ Mooney A, Statham J, Monck E, Chambers H. Promoting the Health of Looked After Children, A Study to Inform Revision of the 2002 Guidance. Research Report DCSF-RR125. Institute of Education, University of London 2009.