Submission to  
Joint Oireachtas Committee on Health and Children  
Public Hearings on the Public Health  
(Standardised Packaging of Tobacco) Bill 2013  

06 February 2014  

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Key points

1. IPH supports the introduction of standardised packaging under the Public Health (Standardised Packaging of Tobacco) Bill 2013.

2. The introduction of standardised packaging of tobacco is a logical and necessary development to addressing the unacceptable burden of tobacco-related harm in Ireland. It will support the achievement of the goals set out in Tobacco-Free Ireland and the HSE Tobacco Control Framework 2010-2015 as well as assist Ireland in meeting its commitments as a signatory to the Framework Convention on Tobacco Control.

3. This submission presents evidence relating to the public health impact of standardised packaging in four sections
   - Introduction
   - Epidemiology of smoking and tobacco-related harm in Ireland
   - Interpretation of the published literature on standardised packaging, including early findings from Australia
   - Conclusions and recommendations.

4. Tobacco control works. A trend of lower uptake of smoking among young people in Ireland is consistent 1998 – 2010 and is the direct result of a stepwise introduction of tobacco control measures which have succeeded in reducing the appeal and accessibility of smoking to young people. Such measures have included banning of advertising, removal of point of sale display and the introduction of smoke-free environments in workplaces and public spaces. International evidence shows that the more comprehensive the basket of tobacco control measures, the better the results - standardised packaging is a logical progression for policy in Ireland.

5. The young age at which children are trying their first cigarette is significant. Their developmental age leaves them uniquely susceptible to sophisticated marketing techniques employed by the tobacco industry.

6. Standardised packaging is an evidence-based and cost-effective intervention which has the potential to contribute to reductions in the proportion of children taking up smoking and an increase in the proportion of smokers who are prompted to try and quit. There is sufficient international evidence to support the effectiveness of standardised packaging of tobacco as a means to
   - reduce the appeal of tobacco to young people, smokers and non-smokers
   - restrict tobacco industry strategies to communicate messages relating to product quality and the risk of harm and weaken attachment to brands
   - project a less desirable smoker identity and further denormalise smoking as a regular consumer product
   - increase salience and recall of health warnings on packs.
1. Introduction

1.1 The Institute of Public Health in Ireland (IPH)
The remit of the Institute of Public Health in Ireland (IPH) is to promote cooperation for public health between Northern Ireland and the Republic of Ireland in the areas of research and information, capacity building and policy advice. Our approach is to support Departments of Health and their agencies in both jurisdictions, and maximise the benefits of all-island cooperation to enhance population health.

1.2 IPH tobacco control portfolio
IPH has a significant portfolio of work relevant to tobacco control\(^1\) on the island of Ireland over the past fifteen years. We are committed to supporting the implementation of Tobacco-Free Ireland (Dept of Health, 2013) in the context of the wider public health policy Healthy Ireland (Dept of Health, 2013). Addressing tobacco-related harm remains a public health priority and is integral to IPH outputs such as

- reports and briefing papers on patterns of smoking and tobacco-related harm to inform evidence-based policy making and review
- responses to consultations on policies relevant to tobacco control and public health
- the development and evaluation of policies and practices that protect and enhance public health and address health inequalities
- prevalence modelling and forecasting of chronic disease including heart disease, stroke and hypertension
- IPH staff involvement in working groups and partnerships across a range of public health priorities including the Tobacco Strategy Research and Information Subgroup of the Steering Group overseeing the implementation of the Ten Year Tobacco Control Strategy for Northern Ireland (DHSSPS, 2012).

As a North South body IPH submitted views to the United Kingdom consultation on standardised packaging of tobacco in 2012. This consultation response can be accessed at http://www.publichealth.ie/document/iph-response-department-health-uk-standardised-packaging-tobacco-products

1.3 Context of the IPH submission
IPH welcomes the opportunity to contribute a written submission and oral presentation on the proposed Public Health (Standardised Packaging of Tobacco) Bill 2013. The brief provided by the Joint Committee invites IPH to comment on the expected impact of the proposed legislation on public health.

The IPH submission relates in particular to the Head of Bill 3: Purpose of Legislation.

\(^1\) A field of public health science, policy and practice dedicated to reducing tobacco use and tobacco-related harm.
1.4 Structure of the IPH submission

Evidence relating to the public health impact of standardised packaging is presented under these headings:

- Epidemiology of smoking and tobacco-related harm in Ireland
- Interpretation of the published literature on standardised packaging, including early findings from the introduction of standardised packaging in Australia
- Conclusions and recommendations

2. Epidemiology of smoking and tobacco-related harm in Ireland

2.1 Smoking among adults and children in Ireland


Data from the Growing Up in Ireland Longitudinal Study found that around 17% of expectant mothers smoked in pregnancy in 2008. Across a number of data source, the prevalence of smoking in pregnancy fell by around a third over a ten year period (McAvoy et al, 2013). The declines in smoking among pregnant women were greater than those observed among women generally over the same time period.

In late 2013, IPH and the Tobacco Free Research Institute (TFRI) published the report *A Tobacco-Free Future An All-Island report on tobacco, inequalities and childhood* (McAvoy et al, 2013). This report presents findings on smoking behaviours that affect children on this island including maternal smoking in pregnancy, uptake of smoking in adolescence and exposure to second-hand smoke in childhood. Some preliminary findings on tobacco-related harm among children were presented – principally in terms of outcomes for newborns associated with smoking in pregnancy as well as asthma outcomes associated with active smoking and exposure to second-hand smoke.

In 2010, 12% of children aged 10 to 17 were current smokers and just over one in four 10 to 17 year olds reported that they had ever smoked. Successive waves of the Health Behaviour in School-Aged Children Survey ([http://www.nuigalway.ie/hbsc](http://www.nuigalway.ie/hbsc)) reveal convincing declines observed in smoking among children over the period 1998 to 2010. For example, the proportion of children aged 10 to 17 years reporting that they had ever smoked fell from 36% to 27% between 2006 and 2010.

It is estimated that around a quarter of all children try a cigarette (more than a puff) and that half of those children who try a cigarette become a smoker. Despite improvements over time, many children are trying their first cigarette at a very young age and this is particularly the case for children growing up in disadvantaged circumstances. Between 2002 and 2010 there was a significant decline in the proportion of young people reporting that they had their first cigarette aged 13 or younger. IPH and TFRI analyses found that children who try cigarettes
at a very young age (age 13 or younger) were more likely to progress to established smoking and a daily smoking habit thereafter (McAvoy, 2013).

The young age at which children are trying their first cigarette means their developmental age leaves them uniquely susceptible to sophisticated marketing techniques employed by the tobacco industry. Our analyses of data on children in Ireland suggest that further progress in addressing child smoking will need to succeed in a number of domains including

- reducing the overall proportion of children who ever try a cigarette
- increasing the median age at which children are trying their first cigarette
- reducing the proportion of ‘tryers’ who progress to established smoking.

Further reducing the appeal and acceptability of cigarettes among children and teenagers will be critical to achievement of these goals. The evidence shows that standardised packaging has a role to play in the issues evident in data on children in Ireland.

2.2 A snapshot of tobacco-related harm in Ireland

- 2008 estimates suggest that around one in six children in Ireland are born to a mother who smoked in pregnancy. Smoking in pregnancy is significant in patterns of low birthweight, prematurity and small for gestational age and has been found to be associated with long-term adverse outcomes in 9 year olds (McAvoy et al, 2013; Niedhammer, 2011). Smoking in pregnancy is estimated to account for approximately 20% of low birthweight babies and increase perinatal mortality by 150% (Schneider, 2010).

- Among infants in Ireland, having a primary caregiver who smoked was associated with an increased risk of consulting health services for respiratory illness and ear infections in the first 9 months of life (McAvoy et al, 2013).

- Asthma symptoms and severe asthma are significantly more prevalent among 13 to 14 year olds in Ireland who smoke than among those who do not. Asthma is the most common chronic disease among 9 year olds in Ireland (McAvoy et al, 2013).

- Tobacco is significant in the generation and maintenance of poverty. Tobacco products were one of the highest expenditure items among children from lower socio-economic groups in Ireland – with disadvantaged children spending three times more on tobacco than their more advantaged counterparts (Office of Tobacco Control, 2006).

- The World Health Organization has estimated that 20% of all mortality among males and 16% of all mortality among females in Ireland is attributable to tobacco (WHO Tobacco Control (2005) in Tobacco-Free Ireland, Dept of Health, 2013).

- Lung cancer ranks first amongst the most common invasive cancer deaths in Ireland – there are around 2,165 new cases each year. A quarter of all lung cancer deaths occur among persons under the age of 65 (National Cancer Registry of Ireland, 2013).

- Premature mortality from smoking-related causes has been estimated to cost the Irish Exchequer €3,500 million annually (Dept of Health, 2013).

- Tobacco-use is highly significant in health inequalities. In Northern Ireland the standardised death rate for smoking-related diseases in the 20% most deprived areas was double the rate in the 20% least deprived areas and the inequality gap widened in the period 2006-2010 (DHSSPS, 2012).

2.3 What influences children’s decision to smoke?

Children’s risk of trying a cigarette and progressing to become a regular smoker is determined by both internal factors (personality/attitudes to risk/self-esteem) and external factors relating to the wider context of their lives. Children who are struggling academically or who are growing up in adverse social and economic circumstances are especially vulnerable to taking up smoking, as are children growing up in families and communities where there is a high prevalence of smoking.

Marketing and price are critical determinants of child smoking and interact with both internal and external factors. Cigarette marketing has two goals – to develop brand identity and to entrench feelings and ideas related to the product (Grant-Braham, 2011). In order to firstly attract and secondly retain new smokers, the tobacco industry has developed a strategy that aims to keep prices low in the ultra-low market segment and to promote products with youth appeal. For example, the use of Roll-Your-Own tobacco has increased significantly among young people driven partly by its affordability in many countries but aided by packaging and marketing that promotes the product incorrectly as ‘natural’ and less harmful (Devlin, 2003; McDaniel, 2007; Young, 2010; Wray, 2012).

With the removal of point of sale display as an opportunity for promotion of cigarettes, tobacco companies have predicted that pack design alone will drive brand imagery (Philip Morris Limited, 1990; Cummings, 2002). The tobacco industry has maintained that product promotion is only about brand loyalty in current customers and brand-switching in current smokers. However, internal industry documents demonstrate that companies invest in package design with the aim of attracting new smokers including young people and younger women (Cummings, 2002; Chaloupka, 2002; Carter, 2003; Krugman, 2005; Perry, 1999; Pollay, 2000). Smokers take their cigarette packs out of their pocket or handbag many times a day and therefore pack designs can influence not just a single consumer but also their friends and even casual contacts (Poland, 2000).
2.4 What have we learnt about the impact of tobacco control measures on smoking?

Changes in the overall prevalence of smoking require long periods of observation but the trend for lower uptake of smoking among young people in Ireland is consistent since 1998. The declines in smoking among children are not an accident but rather the result of a stepwise introduction of tobacco control measures which have succeeded in reducing the appeal and accessibility of smoking to young people. Such measures have included banning of advertising, removal of point of sale display and the introduction of smoke-free environments in workplaces and public spaces. No one intervention is effective, rather a comprehensive basket of tobacco control measures is required, of which standardised packaging is a logical progression.

Smoking among adults has declined significantly but progress with further reducing smoking prevalence is slower and requires significant investment in comprehensive smoking cessation programmes including media campaigns. Comprehensive smoking cessation services are a cost-effective investment for health systems – nonetheless the cost of such programmes must be met through State finances with opportunity costs for investment in health promotion and health services elsewhere in the system. Standardised packaging of tobacco offers particular promise at a time when State finances are constrained and difficult decisions are made in terms of health system funding in Ireland. The cost to the Exchequer from the introduction of standardised packaging are minimal whereas the economic return from reductions in meeting the health and social costs of tobacco-related illness are likely to be significant.

3. Interpretation of the published literature on standardised packaging, including early findings from the Australian experience

3.1 How would standardised packaging influence smoking behaviours and what is the goal?

Standardised packaging of tobacco is considered to alter the perception of tobacco products in a variety of ways:
- reduce the appeal of tobacco products to young people, smokers and non-smokers
- restrict tobacco industry strategies to communicate messages relating to the quality of the product and the risk of product harm (for example, lights/natural)
- weaken attachment to brands
- project a less desirable smoker identity
- increase salience and recall of health warnings on packs
- further contribute to denormalising smoking as a normal consumer product

The intended outcomes are a reduction in the proportion of children taking up smoking and an increase in the proportion of smokers who are prompted to try and quit.
3.2 The evidence - systematic reviews

There are two key systematic reviews that address the evidence on standardised packaging of tobacco.

An Australian review of the evidence was published in 2011. In addition to reviewing 24 published studies, it documents examples of increasing reliance by the tobacco industry on packaging as a marketing tool. The latter obtained from both trade press and internal company documents released as part of the settlement of legal action between tobacco companies and attorneys general in the United States of America. It also describes some of the tobacco industry’s major arguments against plain packaging (Quit Victoria, 2011).

The authors conclude: “In summary there are strong grounds for believing that current packaging glamourises smoking and that tobacco products packaged in a standardised colour, typeface and form would:
• improve the effectiveness of health warnings
• reduce misconceptions about relative harmfulness of various brands and
• reduce the overall appeal of smoking

The intensity of opposition to plain packaging legislation by tobacco companies suggests that tobacco industry executives believe that such measures will reduce sales and company profits.”

A systematic review published in 2012 by the Collaboration for Public Health Research is a rigorous academic review (Moodie, 2012). It considered 37 studies identified from screening 4,518 citations. Key findings are listed (note that the terminology of these reviews was “plain packs” and this has been used in this section for consistency):

**Appeal (28 studies)**
- Plain packs consistently considered less attractive than branded packs, by both adults and children
- Cigarettes contained within plain packs, were consistently considered to be poorer quality (taste, quality, smoothness and cheapness), by adults and children
- Plain packs rated lower on “popular” and “cool” than branded. Plain packs were associated with “older” and “less fashionable” people
- 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 found that plain packaging was considered less attractive by younger rather than older respondents, and women found it less appealing than men.

**Health Warnings (12 studies)**
- 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.

**Perceptions of harm (16 studies)**
- 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.
Smoking behaviour (15 studies)
- Findings on how plain packs might impact upon smoking in general were mixed but tended to support a deterrent effect
- 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 systematic 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.”

Using the same search criteria as in their initial review, the Stirling-led review team identified a further 17 studies published between the original search cut-off date of August 2011 and mid-September 2013 (Moodie, 2012; Moodie, 2013). These were conducted principally in Australia, New Zealand and the UK and found:

**Appeal** (9 additional studies)
- Plain packs consistently reduced appeal of the pack and also the appeal of cigarettes and smoking
- Plain packs were associated with negative attributes, (eg cheap, ugly, embarrassing)
- No significant interaction with age was found relating to pack appeal ratings.

**Health Warnings** (8 additional studies)
- 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
- In a Canadian survey, the odds of recalling health warnings were increased by plain packaging
- In a New Zealand focus group, plain packs with the same health warnings as current packaging were perceived as clearer, more direct and to the point.

**Perceptions of harm** (7 additional studies)
- 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.

**Smoking behaviour** (8 studies, 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
- Support tends to be higher among non-smokers and ex-smokers and among older people.

In summary, the reviewers concluded that the continued growth of the relevant literature provided further support for the benefits of plain packaging.
3.3 The evidence from other countries

Standardised packaging has been introduced in one country, Australia for a period of around 13 months. At this early stage, there is evidence that the introduction of standardised packaging resulted in increased contact with smoking cessation services (quitlines).

An Australian survey study showed that plain packaging reduced elements of brand appeal more than did increasing the size of health warnings. Two Australian studies showed a majority of the public in favour of standardised packaging, with a (not much smaller) minority of smokers in favour and a New Zealand web survey estimated public support at 69% (cited in Moodie, 2013).

The move towards standardised packaging of tobacco is now beginning to gain momentum across Europe and globally. In Northern Ireland, a legislative consent motion was passed this week (04 February 2014) for the inclusion of Northern Ireland within the UK Child and Family Bill which includes provisions relating to the introduction of standardised packaging of tobacco. The UK government previously ran a consultation on standardised packaging ran in 2012 and a report of the consultation was published by the Department of Health in July 2013. This shows consistent and strong support for standardised packaging by all parties with a declared interest in public health (Pechey R, 2013).

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 of plain packaging upon smoking prevalence. 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 sustained variability in the estimated size of these impacts.” (Public Health England, 2014).

The tobacco industry opposition in Australia has been vigorous and this is seen as a direct indication of their concern regarding the impact on sales. In addition to direct lobbying, the tobacco companies also funded a mass media campaign by the alliance of Australian Retailer, with the aim of stopping the introduction of plain packaging. The tobacco industry has sought to undermine the evidence demonstrating the effectiveness of standardised packaging. At the same time, the industry has failed to provide credible evidence that standardised packaging would result in significant effects in terms of illicit trade, breaches of international trade agreements regarding intellectual property or counterfeiting (Joosens, 2013). Garda Commissioner Byrne in his statement to the committee last week stated that “there is no evidence available to An Garda Síochána to indicate that implementation of plain packaging for tobacco products sold in Ireland would lead to an increase in trade in illicit tobacco”.

4. Conclusions and recommendations

IPH strongly supports the introduction of standardised packaging of tobacco under the Public Health (Standardised Packaging of Tobacco) Bill 2013. We view this development as an evidence-based, logical, cost-effective and necessary response to the tobacco epidemic in Ireland. Around one million people in Ireland smoke tobacco products (Dept of Health, 2013). The current burden of tobacco-related disease, disability and death on this island is unacceptable and cannot continue. There is no age group, no social group and no family in this State that has been untouched by the loss of a loved one or friend through tobacco-related disease.
Over the last decade, Ireland has been successful in improving life expectancy. Many more people can look forward to living into their 80’s and beyond. However, this gift comes with an additional responsibility and that is to ensure that those extra years are spent in good health and as free of disability as possible. Successful tobacco control is an imperative if the health system is to meet the challenge of rising chronic disease and disability into the future. Reducing smoking is necessary as a means to end human suffering but it is also necessary to contribute directly to better population health, a cornerstone of human capital and a driver of economic prosperity and growth. At present in Ireland, 6 to 15% of the total health budget is spent on treating tobacco-related disease (Dept of Health, 2013).

Experience has shown that the key to success in tobacco control is to commit to and deliver as comprehensive a basket of tobacco control measures as possible and exploit synergistic effects between these measures. To be really successful in the most cost-effective way possible, tobacco control must extend beyond the use of health education and smoking cessation approaches to include evidence-based approaches to reducing the appeal and accessibility of tobacco products to young people and to denormalise smoking in society.

The development of this Bill is in line with current tobacco control policy and Ireland’s commitments as a signatory to the Framework Convention on Tobacco Control (World Health Organization, 2003). IPH seeks your support for this Bill which represents a significant and necessary step forward for tobacco control nationally and internationally and contributes to the goals of our public health policy Healthy Ireland- A Framework for Health and Wellbeing (Dept of Health, 2013) - to increase the proportion of people who are healthy at all stages of their life, to reduce health inequalities and to protect the public from threats to health and wellbeing.

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5. References


http://www.informaworld.com/smpp/ftinterface~content=a714034939~fulltext=713240928


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