
The British Thoracic Society (BTS) is a membership organisation representing respiratory healthcare professionals, doctors, nurses, respiratory physiotherapists, scientists and other professionals with a respiratory interest. The BTS objectives are to develop and promote best evidenced-based standards of care for patients with respiratory and associated disorders; to disseminate knowledge and learning about their causes, prevention and treatment, to raise the profile, and to support and develop those who provide that care. Our activities cover all of the UK. We seek to work collaboratively with others and maintain a global outlook. On 1st August 2014 we had 2,923 members. We are a registered charity and a company limited by guarantee.

Consultation questions
Question 1: Do you have any observations about the report of the Chantler Review that you wish to bring to our attention?

a) BTS fully support the view from the Chantler Review that standardised packaging will lead to a reduction in smoking uptake in children, and overtime with other interventions that this will lead to a reduction in smoking incidence and prevalence and thus improve public health, especially lung health. The report’s conclusions are thoroughly researched and fair.

b) Two of the key arguments of opponents to standardised packaging are refuted in the Chantler Review. Firstly, that standardised packaging will lead to price reductions due to inability to compete on branding means, and subsequent increased appeal- there has been no evidence of this in Australia, and high prices due to taxation will continue to make cost a major deterrent. Secondly, that there will be an increase in counterfeit cigarettes, but again, the Chantler Review found no evidence of this in Australia, and it is unlikely that young people will come across more of these as a result of the change.

c) The argument that we should wait for further evidence from Australia can be countered by the fact that over 200,000 young people start smoking every year, half of all smokers will die from a smoking-related illness, and it is imperative that this addressed as soon as possible to ensure more people are not harmed by continued inaction.
We welcome and support the views from Professor Hammond report for the Irish Department of Health, Jane Ellison MP Minister for Public Health UK and Dame Sally Davis, Chief Medical Officer concurring with the conclusions of the Chantler Review.

We therefore consider that the case for standardised packaging has been made, and that the Government should lay Regulations on standardised packaging, under Section 94 of the Children and Families Act, before Parliament as soon as possible.

The Government should resist efforts by the tobacco industry and its surrogates to delay decision-making and laying of the regulations before Parliament. As outlined below, there is now strong evidence that the industry’s arguments are either weak or without foundation while their data on illicit tobacco have been shown to be highly misleading.

BTS supports the submission of ASH- Action on smoking and health submission on this consultation in addition to the points above.

Question 2: Do you have any information, in particular any new or additional information since the 2012 consultation, relating to the wider aspects of standardised packaging that you wish to bring to our attention?

a) Figures from Australia a year after the implementation of standardised packaging have shown the prevalence of smoking to have fallen by 15% in the second half of 2013, from 15.1% to 12.8%. These figures come from the Australian National Drugs Strategy Households survey. This survey also found that fewer young people were taking up smoking with the proportion of young people who had never smoked rose from 72% to 77%.

b) The Advertising Standards Authority on July 30th 2014 has ruled against Gallaher, the UK trading company of Japan Tobacco International, for running a series of adverts in April 2013 against the introduction of standardised packaging. In its ruling the authority said the advertisement was “likely to mislead and should not be run again”. This is another example of Tobacco industry trying to mislead the public on the impact of standardised packaging.

c) Plain packaging forms part of a much wider tobacco control policy that BTS advocates in the BTS Position Statement on Tobacco 2014.

d) The introduction of standardised packaging needs to be part of a comprehensive strategy that includes a mass media campaign. The current Department of Health Tobacco Control Plan for England is until the end of 2015 and will need to be refreshed for the period 2016-202, which will be the period when standardised packaging comes into effect. It will be important that this strategy capitalises on the opportunity and maximises the public health benefit.

e) There is no robust data to support the theory that standardised packaging will increase illicit tobacco that has been part of the tobacco industries’ public relations campaign to prevent this policy. Since Australia launched the standardised packaging, research in Victoria has found that there has been no increase in the availability of illicit tobacco.
f) The research and outcomes from Australia implementation of standardised packaging has in the main been positive. Young et al reported when the strategy was implemented in 2012, there was a sharp increase in smoking cessation referrals. Guillamunier et al thematic analysis demonstrated smokers perception of quality and taste of cigarettes reduced after implementation. Zacher et al supported the de-normalisation argument with a reduction of smokers displaying their packets in public especially where children were present.

g) BTS supports the submission of ASH- Action on Smoking and Health, submission on this consultation in addition to the points above.

**Question 3: Do you have any comments on the draft regulations, including anything you want to draw to our attention on the practicalities of the implementing the regulations as drafted?**

BTS welcomes the draft regulations and support the legislation of these with considerations.

a) The regulations should apply to all tobacco products including cigars and cigarillos, failing to do so will give the impression these are less harmful.

b) Change of the wording to “must contain 20 cigarettes” will prevent the promotion of adding an extra cigarette to packs (e.g.: 20+1 free), this will be a lesson learnt from the Australian legislation of prohibiting packs of less than 20.

c) The regulation states that cigarette papers can be included inside packets of hand-rolling tobacco and yet makes no regulation as to the colour, texture, printing of logos on the paper themselves. As the Smoking, Drinking and Drug use among young people in England survey in 2012, found that adolescents have a particularly high rate of smoking roll-ups, this is a potential area where promotion and branding could be used to increase the attractiveness of a brand of rolling tobacco, particularly when regulations on all other areas of cigarette appearance are so stringent.

**Question 4: Are you aware of any further evidence or information which would improve the assumptions or estimates we have in the consultation-stage impact assessment?**

BTS are part of the Smokefree Action Coalition which is supported by over 250 organisations. BTS supports ASH- Action on Smoking and Health, submission on this consultation.
References:

3. Evans-Reeves, K.A., Hatchard, J. Gilmore, A. 'It will lead to negative unintended consequences': An evaluation of the relevance, quality and transparency of evidence submitted by the tobacco industry to the UK Consultation on standardised packaging. March 2014. European Conference on Tobacco or Health
8. http://www.bmj.com/content/349/bmj.g4900.
10. Rowell et al (2014) Tobacco industry manipulation of data on and press coverage of the illicit tobacco trade in the UK
11. Scollo et al (2014) Availability of illicit tobacco in small retail outlets before and after the implementation of Australian packaging legislation

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