

Consultation: Standardised packaging for all tobacco products

Action on Smoking and Health (ASH) response

ASH is a public health charity established by the Royal College of Physicians in 1971 to advocate for policy measures to reduce the harm caused by tobacco. ASH receives funding for its full programme of work from the British Heart Foundation and Cancer Research UK.

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General points or evidence

- **Provide any general points or evidence on standardised packaging of tobacco products. (optional)**

There is a clear rationale for extending standardised or 'plain' packaging to all tobacco products, not just cigarettes and roll-your-own (RYO) tobacco. Standardised packaging is effective for reducing the appeal of tobacco products and limiting the industry's ability to market to children and young people. The introduction of standardised tobacco packaging in the UK was associated with a significant reduction in smoking prevalence, increased smokers' consideration of quitting and reduced the attractiveness of cigarette packs to young people.^{1 2 3 4}

However, over the last decade non-cigarette tobacco use in England has risen sharply, with 5 times as many people exclusively smoking non-cigarette tobacco products (eg. cigar/pipe/shisha).⁵ As of September-2023, there were around 772,800 adult non-cigarette tobacco smokers in England; around five times more than a decade earlier. The rise in prevalence differed by age, with more pronounced increases among younger age groups.

Non-cigarette tobacco products are not subject to the same packaging requirements as cigarettes. Due to the strict limits on advertising tobacco products in the UK, packaging is the main source of tobacco promotion. Tobacco companies have acknowledged the importance of packaging as "an important means of differentiating brands and [...] a means of communicating to consumers".⁶ This is as true for non-cigarette tobacco products as it is for cigarettes.

Tobacco companies have a long track record of exploiting loopholes in regulations to continue marketing their products, for example in relation to mentholated cigarillos.⁷ It is therefore necessary to ensure that all tobacco products are covered by standard packaging regulations.

- **Provide any international evidence and examples of standardised packaging of tobacco products, cigarette papers and herbal smoking products, and their impact on public health outcomes. (optional)**

The international evidence is clear that standardised packaging is effective for reducing the appeal of tobacco and increasing quit attempts. In December 2012 Australia became the first country in the world to introduce standardised tobacco packaging under the Tobacco Plain Packaging (TPP) Act.⁸ The 2016 post-implementation review by the Australian government found that smoking prevalence in Australia declined from 19% in 2012 to 17% in 2015, with approximately 25% of the decline attributable to the introduction of plain packaging.⁹

Calls to smoking quitlines increased significantly after standardised packaging was implemented with one study finding a 78% increase in the number of calls to the Quitline in New South Wales.¹⁰ The increase was sustained for a significantly longer

period of time than the increase experienced following the introduction of graphic health warnings in 2006.

Other studies have found that plain packs reduced the appeal of cigarette packaging to adolescents and reduced the likelihood of smokers openly displaying their cigarette packs.^{11 12} The authors conclude that this is likely to reduce smoking-related social norms, thereby weakening an important influence on smoking uptake and supporting quit attempts.

Evidence following the introduction of plain packs in New Zealand in 2018 and Canada in 2020 found an increase in the proportion of smokers reporting that they disliked the look of their cigarette pack and increased awareness of health warnings on packaging.^{13 14}

A 2019 systematic review of the international evidence found that graphic health warnings and plain packaging appear to increase adolescent awareness of the dangers of tobacco use.¹⁵

- **Provide any evidence and examples of pack inserts in the packaging of tobacco products, cigarette papers and herbal smoking products, and their impact on public health outcomes. (optional)**

We welcome the Government's commitment to mandate pack inserts in cigarette packs and RYO tobacco packaging. We recommend that inserts are included in all tobacco products where possible. Pack inserts can complement the existing warnings on tobacco packaging by providing smokers with additional information on the harms of smoking or positive messaging on quitting and information on the best methods of doing so.

Inserts in cigarette packs and RYO tobacco packaging have already been adopted in Canada and Israel with great success.^{16 17} One Canadian study found that around a third of smokers had read the insert at least once in the past month and around a fifth had read them a few times or more.¹⁸ It found that those reading the insert a few times or more in the past month were more likely to make a quit attempt. Given that the major tobacco companies operating in Canada are also operating in the UK, pack inserts would be simple to implement and could be adopted quickly.

One study in the UK found that a majority of smokers would support the introduction of pack inserts and felt that pack inserts were a good way to provide information about quitting.¹⁹ Another study in Scotland found that pack inserts were viewed favourably and were generally viewed as having the potential to alter behaviour.²⁰

Pack inserts are not just effective but also have public support, with 67% of adults in Great Britain supportive of introducing pack inserts in 2024.²¹

- **Provide evidence of wider impacts of standardised packaging of tobacco products, cigarette papers and herbal smoking products, such as on the environment, enforcement authorities, illicit trade. (optional)**

Contrary to tobacco industry claims, there has been no evidence that the introduction of standard packs has increased the use of illicit tobacco either in the UK²² or Australia.²³ The illicit market for cigarettes in the UK has declined from 22% of the market in 2000 to 11% in 2022 thanks to a robust national enforcement strategy.²⁴ The introduction of tough anti-smoking policies such as plain cigarette packs in 2015 did not lead to an increase in illicit sales. The most effective way to reduce demand for illicit tobacco is to encourage more people to quit smoking.

Nor is there evidence that the introduction of standard packs has burdened small retailers. In 2022, ASH surveyed small retailers and found that 75% of businesses felt the introduction of standardised packaging of cigarettes and RYO had had either a positive impact or none at all on their business.²⁵ Tobacco represents a small and declining part of small retailers' profits. New analysis from the University of Edinburgh shows that small retailer profit margins for tobacco are 8.5%, compared to 21% across all product types.²⁶ Contrary to claims by the tobacco industry, tobacco is a declining driver of "footfall" in small retailers, included in 13% of transactions in 2022 compared to 21% in 2016.

Cigars

- **Provide any evidence on the current prevalence or use of cigars in the UK. (optional)**

The 2020 ITC Four country smoking and vaping survey found that cigars were the most used non-cigarette tobacco in England.²⁷ The ITC UK survey data from August to December 2022 found that 5.7% of surveyed adults who use nicotine products, currently smoke or recently quit have smoked a cigar in the past 30 days.²⁸

- **Provide any evidence on the health harms of cigars. (optional)**

Cigar smoke causes multiple cancers, and significantly increases the risk of gum disease and tooth loss.^{29 30} Heavy cigar use is associated with an increased risk of developing coronary heart disease and lung diseases, such as chronic obstructive pulmonary disease (COPD).^{31 32}

- **Provide any evidence on how cigars are currently sold, such as branding or pack sizes. (optional)**

Cigars are required to have a text warning and a general health warning stating “Smoking kills – quit now”. Cigars are not required to display picture warnings and cigar packaging varies in size, colour, and includes branding and graphics. Cigars are harmful tobacco products and should be covered by the same packaging regulations as cigarettes. This would also prevent tobacco companies from using the weaker regulation of cigars to undermine public health regulations.

For example, the below picture was taken in a pub popular with young people and opposite a further education college where cigars with a ‘quality mark’ are promoted on every table in the venue:



Such marketing strategies are clearly an attempt to appeal to people in a setting where relapse is common and to position cigars for a younger market. Such strategies undermine the government's efforts to create a smokefree country.

Cigars are typically sold by specialist tobacconists which are exempt from point-of-sale regulations and the 2007 indoor smoking ban. The exemption to smokefree legislation was originally intended to allow customers to sample cigars or pipe tobacco before making a purchase.³³ However, in practice this has enabled the continued operation of cigar lounges attached to specialist tobacconists, bars and hotels.³⁴ Many of these lounges appear to allow smoking indoors not just for the purpose of sampling products but as a core part of their business. The number of cigar lounges appears to be increasing with some attached to high-end hotels and shops such as Harrods.³⁵ This clearly goes beyond the purpose of the original exemption for specialist tobacconists.

Cigarillos

- **Provide any evidence on the current prevalence or use of cigarillos in the UK. (optional)**

The ITC UK survey data from August to December 2022 found that 4.6% of adults who have recently quit, smoke or are nicotine product users have smoked cigarillos in the last month.³⁶ In 2024, 33% of 11-18 year olds who had tried smoking had tried using cigarillos, and 43% of those who were regular smokers.³⁷

- **Provide any evidence on the health harms of cigarillos. (optional)**

Due to their similar composition, cigarillos likely pose the same threats to health as cigarettes, exposing smokers to a similar composition of toxicants.³⁸

- **Provide any evidence on how cigarillos are currently sold, such as branding, pack sizes. (optional)**

Although cigarillos look like cigarettes, they are taxed at a much lower rate and are not subject to regulations such as requiring standardised packaging, minimum pack sizes or prohibition of characterising flavours.³⁹ Tobacco companies have introduced new cigarillos which are clearly aimed at smokers and closely resemble cigarettes: the only difference is that they are wrapped in tobacco leaf which covers a cigarette-like paper tube containing tobacco. Cigarillos only need to display written health warnings and can be displayed in eye-catching colourful packs, with graphics and logos. Smaller minimum pack sizes mean that a pack of 10 Sterling cigarillos, can be bought for £6.90, compared to around £12 for 20 cigarettes.⁴⁰

The tobacco industry takes advantage of the weaker restrictions on cigarillos to undermine regulations designed to reduce smoking prevalence. In May 2020, both Japan Tobacco International (JTI) and Imperial Brands launched mentholated cigarillos, targeting cigarette smokers and bypassing the ban on menthol cigarette flavours.⁴¹ Mentholated cigarettes are addictive, popular and a gateway for young smokers.⁴² Approximately a million adults reported still smoking menthol cigarettes in Great Britain, with the exception of Wales, in the first quarter of 2023 despite the prohibition in 2020.^{43 44} There is no indication that this was driven by illicit purchases and was likely thanks to the production of mentholated cigarillos that mirror cigarettes, as well as mentholated filters and cigarette papers.^{45 46}

Extending standardised packaging to cigarillos would close down a clear avenue for marketing cigarette-like products. We also urge the government to classify cigarillos as factory-made cigarettes to prevent manufacturers using these products to continue undermining tobacco policy.

Pipe tobacco

- **Provide any evidence on the current prevalence or use of pipe tobacco in the UK. (optional)**

Pipe tobacco is a harmful and addictive combustible smoking product, generally made up of loose-leaf tobacco. The most recent ITC UK survey in 2022 found that 2.3% of adults who have recently quit, smoke or use nicotine products have smoked pipe tobacco in the past 30 days.⁴⁷

- **Provide any evidence on the health harms of pipe tobacco. (optional)**

Smoking pipe tobacco is harmful; pipe users have a 50% increased mortality from tobacco-related cancers compared to non-smokers.⁴⁸

- **Provide any evidence on how pipe tobacco is currently sold, such as branding or pack sizes. (optional)**

Pipe tobacco packaging is required to feature combined health warnings consisting of text and picture warnings and the text 'Get help to stop smoking at www.nhs.uk/quit'. Pipe tobacco packaging includes marketing content such as branding and graphics. Pipe tobacco is harmful to health and should be covered by the same packaging regulations as cigarettes.

Waterpipe tobacco products

- **Provide any evidence on the current prevalence or use of waterpipe tobacco in the UK. (optional)**

Waterpipe tobacco products, also known as shisha or hookah, are addictive and pose significant harms to health. The most recent ITC UK survey in 2022 found that 3.4% of adults who smoke, have recently quit or use nicotine products have smoked a waterpipe in the last 30 days.⁴⁹

Use of waterpipe tobacco, specifically shisha, is much more prevalent in ethnic minority communities.⁵⁰ The ASH Smokefree GB survey carried out by YouGov found that almost 30% of South Asian, Black/African/Caribbean and Other/mixed ethnicity respondents had ever tried shisha compared to only 12% of white respondents.⁵¹ Evidence suggests that British ethnic minorities are already at higher risk of smoking related diseases like diabetes, cardiovascular disease and certain cancers so further efforts are needed to reduce tobacco use in these groups.^{52 53 54}

The ASH Smokefree GB Survey also finds that shisha use is much more common among younger age groups. In 2023, 10% of those aged 18-24 reported using shisha at least once a year (3% at least monthly) compared to 0% of those over 50.

- **Provide any evidence on the health harms of waterpipe tobacco products. (optional)**

Shisha is commonly misunderstood by shisha users globally to be less harmful than cigarette smoking.^{55 56} The number of shisha cafes and bars in the UK increased by 210% between 2008 and 2012.⁵⁷ Shisha exposes smokers to similar cancer-causing toxins and carcinogens as those in cigarettes. A literature review found that shisha smoking consistently produces significant levels of noxious chemicals and various carcinogens.⁵⁸ Shisha has also been demonstrated to cause heavy metal contamination of the blood and urine.⁵⁹ One study found that a session of shisha smoking for 40 minutes was equivalent to smoking 100 or more cigarettes.⁶⁰ Second-hand smoke exposure from shisha is also extremely dangerous given that it is a mixture of smoke exhaled by the smoker and smoke from the fuel used to heat the pipe.

- **Provide any evidence on how waterpipe tobacco is currently sold, such as branding or pack sizes. (optional)**

Waterpipe packaging is currently sold with both text and pictorial health warnings but includes marketing content such as branding and graphics. Waterpipe tobacco, can be sold in a variety of sizes from 50 grams to 1 kilogram. It is possible that the lighter regulation of waterpipe tobacco packaging has contributed to the widespread harm misperceptions for shisha. Waterpipe tobacco is harmful to health and should be covered by the same packaging regulations as cigarettes. Standardised packaging will not, however, impact customers in shisha bars as they will not see health

warnings as staff add the tobacco to the waterpipe. The government should consider further measures to raise public awareness about the harms of waterpipe tobacco products.

Nasal Tobacco

- **Provide any evidence on the current prevalence or use of nasal tobacco in the UK. (optional)**

Nasal tobacco (snuff) is a smokeless tobacco product consumed via the nose. There is limited data on nasal tobacco prevalence, but it is not believed to be widely used in the UK.

- **Provide any evidence on the health harms of nasal tobacco. (optional)**

There is limited data on the health risks from nasal snuff but there is some evidence that it is linked to an increased risk of nasal cancer.^{61 62}

- **Provide any evidence on how nasal tobacco is currently sold, such as branding or pack sizes. (optional)**

Snuff packaging is required to carry a health warning but includes marketing content such as branding and graphics. Nasal tobacco products are harmful to health and should be covered by the same packaging regulations as cigarettes.

Chewing tobacco

- **Provide any evidence on the current prevalence or use of chewing tobacco in the UK. (optional)**

Chewing tobacco covers a variety of smokeless tobacco (ST) products which are intended to be chewed. This category includes Paan masala, Gutka and tobacco-containing betel quid (tumbaku-paan).

In the UK, these products are mainly consumed by South Asian Britons of Bangladeshi, Indian and Pakistani origin. The 2019 ASH smokefree GB survey included a boosted 500-strong South Asian sample and found that 9% of men and 7% of women from South Asian backgrounds are current users of smokeless tobacco products, many of which are chewed.⁶³ The survey will have also systematically under-sampled those with limited English as it is conducted online. The most recent ITC UK survey in 2022 found that 4.6% of British adults who currently smoke, have recently quit or use nicotine products had used chewing tobacco in the last 30 days.⁶⁴

- **Provide any evidence on the health harms of chewing tobacco. (optional)**

There is a lack of direct evidence identifying the negative health impacts of chewing tobacco. Most research looks at the risks from ST products as a category, rather than the risk from individual products. Data extracted from cancer registries does suggest a significantly higher risk of oral and pharyngeal cancers among South Asians ethnic groups, as compared to the general population.⁶⁵ Global evidence on ST use suggests strong associations with oral and pharyngeal cancers, ischaemic heart disease, stroke and adverse perinatal outcomes.^{66 67 68}

- **Provide any evidence on how chewing tobacco is currently sold, such as branding or pack sizes. (optional)**

Chewing tobacco regulations only require one minimal text warning ('This tobacco product damages your health and is addictive'). There is no minimum purchase requirement, meaning that chewing tobacco products can be bought as individual items, as well as be sold in a variety of flavours. Chewing and other oral tobacco products are harmful to health and should be covered by the same packaging regulations as cigarettes. Despite having less stringent requirements, less than 50% of chewing tobacco products were observed to comply with existing regulations in 2010.⁶⁹ Stronger regulation and enforcement is needed to address the illicit market in chewing tobacco and smokeless tobacco products.

Heated tobacco and devices and other novel tobacco products

- **Provide any evidence on the current prevalence or use of heated tobacco and devices and other novel tobacco products in the UK. (optional)**

Heated tobacco products (HTPs) are relatively uncommon in England, with less than one percent of people using a HTP in July 2024 according to the Smoking Toolkit Study.⁷⁰ The ASH Smokefree GB survey found that among all adults, 19% had heard of HTPs, 2.6% had ever tried them and 0.9% currently use them.⁷¹ Current use of HTPs has more than doubled among people who smoke during the last few years, from 1.5% in 2020 to 3.5% in 2024. Less than 1% of ex-smokers are current users of heated tobacco products and 2.7% had tried them at some point. Only 0.1% of people who have never smoked and never vaped currently use heated tobacco products. Use of HTPs skews towards younger people. The ASH survey found that 18-24 year olds are 4 times more likely to have tried HTPs (4%) than those over 50 (0.9%).

- **Provide any evidence on the health harms of heated tobacco and devices and other novel tobacco products. (optional)**

There is limited research on the health impacts of HTPs. While available data, including from a 2022 Cochrane review, suggest that HTPs reduce exposure to harmful combustion products, indirect comparisons from published data and a direct comparison based on an unpublished lab study by academics from UCL suggest that HTPs have a more limited harm reduction role than e-cigarettes, providing lower reductions in biomarkers of harm such as nitrosamines.⁷² There is a need for more independently funded research on HTPs. There is very little evidence on the use of HTPs in supporting cigarette smoking cessation.

- **Provide any evidence on how heated tobacco and devices and other novel tobacco products are currently sold, such as branding or pack sizes. (optional)**

HTP packaging is required to carry a health warning but includes marketing content such as branding and graphics. HTPs are a form of tobacco product and therefore should be covered by the same packaging regulations as cigarettes. Applying different rules to different tobacco products simply creates opportunities for tobacco companies to circumvent regulations.

ASH has collected several examples of Philip Morris International (PMI) advertising their heated tobacco product IQOS in shops, despite it being illegal to advertise tobacco products at the point of sale.⁷³ In 2018, the then public health minister Steve Brine wrote to PMI stating that: “It was claimed by [Philip Morris] ... that TAPA [Tobacco Advertising and Promotion Act 2002] does not apply to IQOS as it is not a

cigarette; however, to be clear, the legislation applies to all tobacco products, including novel tobacco products. It also applies to the indirect promotion of tobacco products by promoting devices that may only be used with tobacco products, such as the IQOS device.” In a statement, Brine said “[the government] will not rule out legal action” if the company fails to take the necessary steps.⁷⁴ Despite this, PMI continue to advertise IQOS in shops in flagrant disregard for the law.

Strict regulation is needed to prevent manufacturers from circumventing public health legislation and marketing tobacco products.

Cigarette papers

- **Provide any evidence on how cigarette papers are currently sold, such as branding or pack sizes. (optional)**

The primary use of cigarette papers is to smoke tobacco. As such, ASH supports extending standardised packaging to packaging for cigarette papers. However, the government should also consider regulating cigarette papers themselves.

There is a growing body of research evidence supporting the effectiveness of what are known as ‘dissuasive cigarettes’, particularly in making cigarettes less attractive to younger adolescents and never smokers.^{75 76 77} This follows evidence that smokers become inured to some extent to existing warnings and new techniques are needed to refresh their interest.⁷⁸ Dissuasive cigarettes can include a health warning on the cigarette paper itself and changing the colour of the paper to something less appealing. Cigarette stick warnings have already been introduced in Canada⁷⁹ and Australia⁸⁰, and could be implemented by a simple amendment to the Tobacco and Related Products regulations.

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