

# ASH policy recommendations

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## *Run a comprehensive programme*

- No single measure is sufficient to tackle tobacco – it is important to move on many fronts at once in a comprehensive effort to reduce smoking prevalence. The eight measures set out below form the basis of a comprehensive tobacco policy.
  - [Ban tobacco advertising in all its forms](#)
  - [Raise taxes and prices](#)
  - [Tackle tobacco smuggling](#)
  - [Move towards a smoke-free society](#)
  - [Run a mass communications campaign](#)
  - [Develop smoking cessation in the health care system](#)
  - [Impose consumer protection measures such as labelling](#)
  - [Reduce harm to those that continue to use tobacco or nicotine](#)

These strategies are described in more detail in the rest of this document – click on the links in the list above to access the relevant section.

- In the UK, the programme should be funded by a levy of just two pence in the pound of revenue from tobacco duties;  
*... more about comprehensive policies on the ASH web site*  
*... how to run a national campaign*
- The lead role should be taken by national governments of the UK through domestic policy and legislation and through the European Union where necessary.  
*...legislation, policy and agreements in the UK and European Union*
- ASH sees an important role for international action through the WHO Framework Convention on Tobacco Control and in mounting a global response to the tobacco industry;  
*... more on global tobacco control on the ASH web site*
- ASH sees value in community based activity to engage many different partners and ensure that the overall policies are implemented properly and grounded in community support;  
*... more on community and alliance activity on the ASH web site*

- It is important to spend resources – money, personnel, legislative time, political capital – on those measures that are most effective, and to give low priority to ideas that may have appeal, but little evidence of effectiveness. Measures with little evidence of effectiveness include:
  - Most youth smoking prevention initiatives;
  - Youth access measures such as age restrictions or retailer compliance laws;
  - Schools programmes (except straightforward education);
  - Partial marketing restrictions;
  - ‘Accommodation’ programmes for coexistence of smokers and non-smokers;
  - Reduction of ‘tar’ yields as measured by smoking machines.

These measures form the core of the tobacco policies advocated by tobacco companies and should be given low priority.

*...why to be sceptical about youth-focussed tobacco control*

***Advertising,  
promotion and  
sponsorship***

- Introduce a comprehensive ban on all forms of tobacco advertising, promotions, and sponsorship. Tobacco advertising is a major ‘vector’ (carrier) of tobacco-related disease;
- Legislation should be formulated as a ban on every form of promotion not specified as an exemption, rather than an attempt to list what forms of advertising are prohibited;
- Voluntary agreements or partial advertising bans are ineffective, because the advertising budgets just flow from what is banned to what is not banned, and restrictions can be a spur to advertising creativity;
- Exemptions should be the minimum practicable (for example trade within the tobacco industry, small circulation publications from third countries);
- Tobacco advertising should be defined to include any activity that promotes a tobacco brand – even if that brand is shared with other non-tobacco products – like clothing, adventure holidays or fashion accessories. Tobacco companies have used such ‘brand-stretching’ to try to circumvent tobacco advertising legislation;
- Cross border advertising (Internet, satellite TV, sponsorships, radio etc. should be tackled through international agreement at EU and global level);
- ASH supports creative freedom and does not support bans on

showing smoking in films or on TV, unless this is paid for in order to promote tobacco and therefore an advertisement. However, smoking should be a factor in deciding the age certificate of a film;

- Tobacco companies should be required to disclose promotional expenditures by brand;
- Action to control tobacco advertising should *never* be regarded as an unjustifiable trade barrier – even though its effect can be to protect the market leader at the expense of entrants.

*.... more on tobacco advertising, promotion and sponsorship on the ASH site*

### **Tobacco taxation**

- Raising tobacco taxes is effective in lowering consumption, and the policy is supported by the World Bank on both health and economic grounds;
- It is a sound economic policy to raise government revenue from damaging activities like smoking rather than on beneficial activities like employment or investment;
- Tobacco use should become less affordable over time, meaning that prices should rise at no less than the rate of growth in *incomes*;
- The aim of the policy should be to raise the lowest prices – for example hand-rolling tobacco, budget brands (and black market sales) and narrow the range of prices on the market to remove incentives to ‘trade down’;
- There must be recognition of the ethical dilemma of raising the price of an addictive product and the regressiveness of tobacco tax given the high rates of smoking among the poorest. For this reason, it must be an integral part of a high tax policy to do everything possible to help smokers quit and avoid the tax;
- Cross-Channel shopping for cigarettes should not be permitted and duties should be payable on all imports, even if only for personal use. It is more important to protect national tax policy and public health than to extend the European single market to every aspect of life.
- Tax rates should never be adjusted in response to smuggling – this will be ineffective in reducing smuggling; but it will increase demand in the legal market and reduce revenue;
- Ban duty free sales globally – a completely unjustified tax break to travellers and the transportation industry;

- Eliminate the Common Agricultural Policy subsidies to tobacco growing – there is no justification for spending almost €1 billion on tobacco farm subsidies in the EU;

... *more on tobacco tax on the ASH web site*

### Smuggling

- Tobacco smuggling undermines health and economic policy, supports organised crime, and increases demand for tobacco and preventing it is an important health measure;
- Smuggling is caused by many factors. It is *not* caused primarily by the differences in tax rates between neighbouring countries as often assumed (this is a minor effect). Most smuggling avoids all taxes by diversion of large consignments – freight containers of 10 million cigarettes – into the black market, while these are in transit with ‘duty suspended’.
- High rates of smuggling have been found in the countries with the lowest tobacco taxes in the European Union – such as Spain and Italy.
- Tobacco companies are intimately involved in tobacco smuggling and have been accused by the European Union of running a “smuggling enterprise” in which they control and optimise the black market in their own products through intermediaries. Company documents released through litigation establish this beyond doubt.
- Smuggling can be tackled with two main strategies:
  1. **Eliminate perverse incentives to smuggle.** Change the wholesale tobacco trade so that manufacturers and wholesalers have incentives to prevent smuggling, rather than to promote it. This means ensuring that traders and manufacturers, not just national finance ministries, lose money if they are careless or calculating in selling on to black market traders. This means introducing measures like export taxes, duty of care regimes, liability, redeemable bonds, and criminal actions for racketeering, aiding and abetting, or conspiracy against tobacco executives.
  1. **Secure the distribution chain.** Make it much more difficult, expensive, and risky for criminal organizations to be engaged in cigarette smuggling and for tobacco manufacturers and wholesalers to be involved in its management. This means introducing the ability to track and trace a product as it moves through the distribution chain, stronger customs controls in each jurisdiction, prior consent for transit movements, end-market

destination labeling, licensing of all wholesalers internationally, confiscation of proceeds of crime, high levels of policing, container X-ray detection at ports and intelligence and Customs co-operation and mutual assistance.

... *more on tobacco smuggling on the ASH web site*

### **Smoke-free places**

- Tobacco smoke is established beyond reasonable doubt as a cause of serious diseases in non-smokers – including, cancer, cardiovascular disease and numerous respiratory conditions in adults – including asthma.
- There are numerous less serious effects ranging from increased cough, wheeze and phlegm production, to irritation of eyes, to the nuisance of foul smelling clothes and hair;
- Children are especially vulnerable: parental smoking affects the child:
  - as a foetus – exposure in the womb causes low birth weight and pregnancy complications;
  - as an infant - causing disease like cot-death, middle ear disease, and respiratory problems
  - as an adolescent – through a role model effect, children are 2-3 times as likely to smoke if their parents smoke;
- In terms of the risks and response, environmental tobacco smoke should be regarded more like asbestos or dioxins than merely an unpleasant odour.
- ASH supports the ‘denormalisation’ of smoking through progressive restrictions on where it is possible to smoke. There are broadly three categories of places where people smoke: workplaces, public places and homes or private places. These all overlap – a pub is both a public place and workplace, and a hospital can be regarded as a workplace, public place for visitors, and home for long-stay patients;
- Workers should not be exposed to fumes known to cause fatal diseases where this can be avoided. As there are workers in all public places – such as bar staff in pubs, and waiters in restaurants – smoking should be prohibited in these places too;
- Employees should be protected through health and safety legislation – guaranteeing their right to a smoke-free workplace;
- The process of reaching entirely smoke-free workplaces requires broad-based public support and increased awareness of the dangers of passive smoking. Resources must be allocated to building awareness of the risks and showing that the economic

consequences would be minimal;

- The policy in public places such as shops, restaurants, pubs and clubs should be driven primarily by the needs of the workers in such places, but consumers and visitors should always be given information on the smoking status of the premises;
- Smokers should be encouraged to impose self-control on smoking in the home – an approach now increasingly common. We do not believe that legislation is appropriate for the home. Some argue that smoking near children is a form of child abuse, if the parents know or should know about the harmful impacts on children. ASH does not take this view, but recognises that smoking is a complex addictive syndrome that most would like to stop and regret ever starting. We support awareness raising and support for quitting rather than judgemental condemnation;
- Where smoking is permitted, the norm and default should always be ‘no-smoking’ with ‘smoking-allowed’ areas specified, signed and separated.

*.... more on passive smoking health effects on the ASH web site*

*.... more on smoke-free places on the ASH web site*

### **Communication campaigns**

- One of the most important drivers of change in smoking rates is an effective well-funded and executed public communications campaign –comprising both paid mass media and unpaid PR.
- The aim of a campaign should be to:
  - Create strong emotional responses in the target audience;
  - Deconstruct the glamour and the normalisation of smoking created by years of advertising, pro-smoking media imagery and smoking by role models like parents, colleagues, older friends or celebrities;
  - Challenge the various rationalisations that prevent action and bring to the surface the underlying dissonance that most smokers experience (the dissonance is revealed in the high proportion who wish to quit and regret starting);
  - Persist through the difficulties of quitting an addictive product/habit;
  - Add credibility and legitimacy to the whole package of measures by engaging non-smokers, opinion-formers, policy-makers and legislators.
- Spending should be substantial – equivalent to the California

spend of \$1/capita on communications - or about £35 million per year for the UK (this would be only half a penny in every pound of tobacco duty raised.)

- Media campaigns must have sufficient ‘weight’ (opportunities to be seen) to make an impact – use of existing material from around the world can increase the budget for media weight;
- It is important to link this policy to banning tobacco advertising so that the publicly funded communications campaign is not ‘swimming against a tide’ of tobacco advertising drawing tobacco users the other way;
- The conduct and business practices of the tobacco industry should be exposed to public scrutiny and its lies and denials challenged as part of a broad campaign;

*...more on communications campaigns on the ASH web site*

*...how to run a national tobacco campaign*

*...more on the conduct of the tobacco industry*

### **Smoking cessation**

- Addiction to tobacco should be recognised as a disease in its own right – a chronic relapsing dependency syndrome – treatable with psychological techniques such as counselling, and drugs such as nicotine replacement therapy and bupropion;
- Treating tobacco dependence is extremely good value for the health care system – effectively treating 50 different disease before they can develop;
- Health care providers, including the National Health Service, have an ethical obligation to address smoking, as the single largest contributory avoidable risk factor for fatal disease;
- Specialist treatment services should be established so as to be accessible to all communities – providing counselling and pharmacological treatments, and sponsoring smoking cessation activity in other parts of the health care system;
- Smoking cessation should be the business of all health care professionals, not only specialist treatment services, including and especially: general practitioners, nurses, dentists, pharmacists, midwives, and hospitals;
- A basic minimum commitment to treat tobacco dependence should be underpinned by contractual obligations for relevant health-care professionals and properly compensated where more than the basic minimum is offered;
- Claims made for products or techniques should be backed by

reliable and verifiable evidence. There are proven drugs for treating tobacco dependence which are highly cost-effective and should be available on normal prescriptions;

- Cautions to particular classes of smokers (young, pregnant, heart disease etc.) about use of effective treatment products should not inhibit uptake of these products as the risks of using them is far outweighed by the health risks of continuing to smoke;
- Access to treatment for tobacco dependence should be at least as straightforward as access to tobacco – and the drugs like NRT should be available as far as possible on general sale.

*...more on smoking cessation and the NHS on the ASH web site*

### **Consumer protection and packaging**

- Every consumer should be made aware of the risks of tobacco use through information provided on the packaging;
- At least 50 percent of the main display surfaces (front and back) of the packaging should be given over to warnings or other messages, and this should increase over time;
- Pictures and graphics communicate in a different and more immediate way and should be used on all packaging;
- Packs should contain an insert analogous to those required in pharmaceutical products detailing all known harmful ‘side-effects’ associated with the use of the product;
- Packaging should always contain a source of information on how to quit – for example a telephone help-line;
- Manufacturers should have a clear legal obligation to warn consumers about the hazards, irrespective of what warnings are imposed by the authorities. Statutory warnings should never absolve tobacco companies of liability;
- Tobacco packaging is an important ‘advertising’ space and should become ‘generic’ – with no branding or other attractive features. The brand name would be displayed in a black sans serif type face;
- Misleading claims implicit in branding or the packaging should be banned – such claims include branding descriptors like ‘light’, ‘mild’, ‘ultra’;
- Display of information about tar, nicotine and carbon monoxide yields provides no useful information to the consumer and is deeply misleading as it implies one product may be less hazardous than another – when that is not true. Display of such information should never be required by the authorities, and should not be

permitted;

- Consumers should have access to information on all ingredients used in tobacco products, though not necessarily in the packaging;

*...more on consumer protection on the ASH web site*

### **Regulation for harm reduction**

- Smoking is extremely hazardous to health and the ideal goal of health professionals, and the first advice to give tobacco users, will always be for smokers to stop using tobacco altogether;
- However, tobacco is powerfully addictive and adult smoking prevalence in this country is likely to remain above 1 in 5 for the foreseeable future. Currently half all longterm smokers die from smoking related diseases so for those who cannot or will not quit, it is vital that the risks of continued nicotine or tobacco use are reduced. Harm reduction strategies, which involve delivering an adequate dose of nicotine in a less toxic way, offer a potential additional tool to achieve this goal. This is not inconsistent with attempts to tackle nicotine addiction at the same time or at some later stage;
- Less hazardous nicotine delivery products are practically feasible. However the current regulatory regime means that we leave the most dangerous form of tobacco use – cigarette smoking – the least regulated, while subjecting other, less dangerous, products to heightened forms of regulation (medicinal nicotine) or outright bans (smokeless tobacco).
- In order to create an environment conducive to the development and promotion of reduced harm products, we need a new independent regulatory regime for all nicotine products. This should be charged to move the market in nicotine towards reduced harm and be grounded in a proper understanding of the dynamics of smoker behaviour. The regulatory authority must be independent of the current tobacco and pharmaceutical industries and the controls applied should be in proportion to the harm caused.
- ASH does not advocate banning tobacco. Regulating to remove nicotine from cigarettes to make them less addictive won't work either. We know that smokers would 'compensate' to try to achieve their desired nicotine dose and inhale more smoke and be harmed more in the process.

There are three main product options for harm reduction which are not mutually exclusive. To be implemented all require properly resourced regulatory capacity and controls:

- Medicinal nicotine – Use of 'clean' medicinal nicotine should be authorised for use in harm reduction – to assist in cutting down tobacco consumption, temporary abstinence and long-term maintenance. Nicotine Replacement Therapy is not usually

licensed for these purposes NRT products are designed to minimise risk of abuse and dependence and therefore do not offer smokers a satisfying alternative to cigarettes. To do this would require the development of medicinal devices that deliver nicotine to the brain at a dose and rate similar to cigarettes, something that none of the currently available products achieves. The risks of allowing medicinal nicotine to be used for harm reduction are small compared to the benefits of reduced exposure to tobacco smoke. However, it is unlikely that such products would be granted licenses by the medicines regulators;

Smokeless tobacco – Use of smokeless tobacco avoids exposure to the products of combustion. Currently only tobacco for oral use that is intended to be smoked or chewed is legal, oral snuff, also called snus, which is a moist, ground, smokeless tobacco available either loose or in pouch form which is held in the mouth but not chewed, is banned. If, as a result of the legal challenge to the EU by Swedish Match, oral snuff is legalised it should be within the context of regulation for toxicity of all smokeless (and smoking) tobacco. Such regulation could ensure that smokeless tobacco products on the market are 10-100 times less dangerous than cigarettes and much closer in risk to medicinal nicotine than smoked tobacco. However, consumer information and labelling of such products should be strictly controlled by the regulator. This is to prevent them from being used to attract new audiences to tobacco use and to avoid misperception among current users of smokeless tobacco that the products they currently use are safe.

- Cigarette design – Modification of the design and ingredients of cigarettes or other smoking tobacco might reduce the toxicity of the emissions of the cigarette. Tobacco companies are keen to introduce reduced-risk cigarette designs which could in theory reduce risks by a small percentage. There are great dangers with this route:
  - Products could offer false reassurance and encourage continued smoking, thus outweighing any small benefits due to reduced risk;
  - Tobacco companies could make misleading marketing and branding claims for health benefits
  - Reductions in risk could be impossible to quantify.

Suggested next steps:

The setting up of a statutory independent Tobacco and Nicotine Regulatory Authority to regulate all nicotine products. This should be funded, as far as possible, by charges to the regulated industry.

- ‘Technical standards’ for toxins, carcinogens etc. must be set that apply to all nicotine products placed on the market;

- All new tobacco products should pass scrutiny by an independent regulatory agency and should attempt to reduce risk;
- No claims should be allowed by the manufacturers;
- Consumer information should be allowed where products cause proven and significant reductions in harm compared with cigarettes but must be under strict regulatory control;
- The current system of regulating machine-measured ‘yields’ of tar, nicotine and carbon monoxide to ISO standards does not reflect human exposure and is fundamentally flawed: humans adjust their smoking behaviour to achieve a desired intake of nicotine, machines do not – a process known as ‘compensation’. These measurements underpin false health claims implicit in ‘light’ branding and should not be used in health regulation;
- Tobacco manufacturers should be required to demonstrate the safety of any ingredient both in terms of its own toxicity in burnt and unburnt form and its effect on smoking behaviour;
- The number of approved additives should be dramatically reduced to only those for which safety can be demonstrated beyond reasonable doubt;
- Smoking materials are a major cause of fires, yet chemicals are added to cigarettes to sustain burning. Manufacturers should be prohibited from using ‘burn-enhancers’ and be required to make cigarettes ‘fire-safe’;
- More research is needed, for example into consumer understanding of the role of nicotine and other constituents in the harm done by tobacco and smokers’ willingness to utilise other forms of nicotine.

[...more on nicotine regulation and harm reduction on the ASH web site](#)

[...more on additives and emissions](#)

[...see introduction to the issues in harm reduction](#)

[...smokeless tobacco and harm reduction](#)