



Removing the last billboard for the tobacco industry: Tobacco standardized packaging in Ireland

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ABSTRACT

The World Health Organization's Framework Convention on Tobacco Control (FCTC) implementation guidelines recommend that governments adopt plain packaging (also known as standardized packaging (SP)) along with pictorial health warning labels covering 50% or more of the tobacco package. The 2014 revised European Union Tobacco Product Directive also supports EU member states to introduce SP. Following these developments and recommendations, in 2013 the Department of Health launched a "Tobacco Free Ireland" policy which aimed to reduce the smoking prevalence rate to less than 5% by 2025. Tobacco Free Ireland set out 60 recommendations and measures to reach the 2025 target, including introducing SP. Tobacco companies and trademark and intellectual property organizations opposed the SP proposal claiming it would; 1) not work to reduce smoking levels, 2) increase illicit tobacco trade, 3) create unnecessary problems for retailers, and 4) violate domestic and international laws governing trademarks. However leading health groups in Ireland presented evidence on how SP would communicate the harms of tobacco to smokers and discourage young people from beginning to smoke. These efforts combined with strong political will helped Ireland to become the second country in the world to enact standardized packaging for all tobacco products.

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1. Purpose or idea of the policy

Tobacco use remains the leading preventable cause of disease and death in the world, killing more than seven million people annually [1]. Unless drastic measures are taken, it is projected that one billion people will die from tobacco use in the 21st century [2]. To address the tobacco epidemic, governments, with assistance from civil society groups and lawyers, helped create the first and only international health treaty, the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) in 2003 [3]. The FCTC, which has been ratified by 181 countries, provides guidelines for member states regulating the sale, production, distribution, marketing and taxation of tobacco [3]. In particular, Articles 11 and 13 implementation guidelines recommend that governments adopt plain packaging (also known as standardized packaging (SP)) along with pictorial health warning labels (HWLs) covering 50% or more of the tobacco package [4]. SP removes the promotional elements of tobacco packs by prohibiting the use of

logos and brand images and requiring a uniform and standardized dull drab color on all surfaces apart from the HWL with the only trademarks permitted being the brand name in a standard typeface (Fig. 1).

A growing body of research demonstrates that SP is effective at reducing the appeal of tobacco packs, and increases the salience and noticeability of larger, pictorial HWLs [5–9]. The implementation of pictorial HWLs and SP have significantly reduced tobacco consumption and youth smoking initiation rates as well as lowered government health expenditures and tobacco industry sales [10–12].

While SP is being considered as a policy option in several countries and spreading globally, as of July 2019, only a handful of countries have implemented the measure, including Australia, Ireland, the United Kingdom, New Zealand, France, Norway, Hungary and Saudi Arabia and a few have passed the measure awaiting implementation, including Uruguay, Thailand, Slovenia, and Israel [13]. While there are comparative analyzes of SP in these countries [14–16], outside of Australia there lacks detailed case studies explaining the process of SP in each of these countries. This study examines SP in Ireland to offer some insights into the policy process and better understand how other governments can adopt and implement SP.

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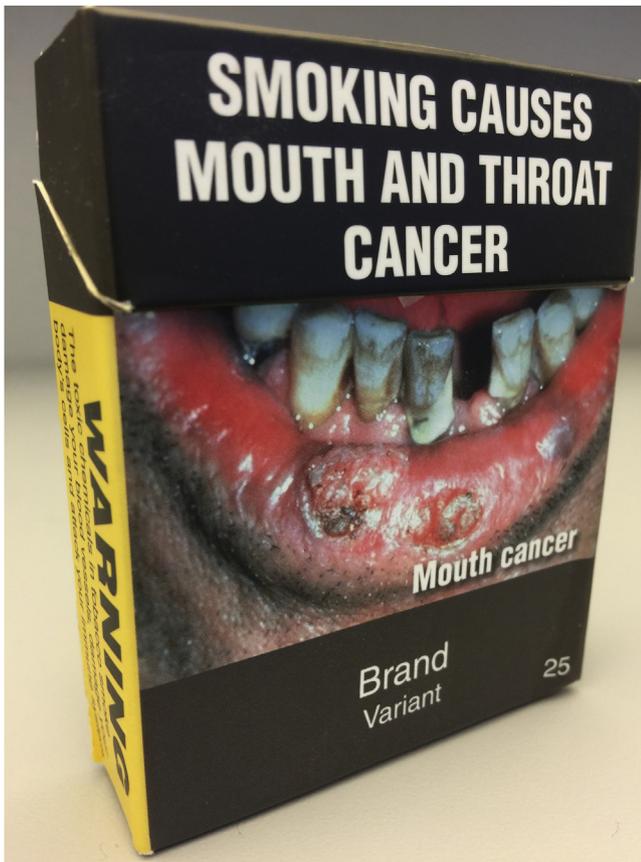


Fig. 1. Example of tobacco standardized plain packaging in Ireland.

In Ireland, approximately 6000 people die annually (16 people a day) from diseases caused by tobacco use [17]. The prevalence of weekly cigarette smoking in Ireland was 22% in 2012, and higher among men (24%) than women (21%) [18]. Several socioeconomic disparities exist in tobacco use in Ireland, particularly among women in lower social classes [18]. To address these issues related to tobacco use, Ireland ratified the FCTC on November 11, 2005 and implemented several progressive tobacco control measures, including prohibiting tobacco sponsorship (2000), prohibiting the advertising and display of tobacco products in retail outlets (2009), and the introduction of graphical warnings on cigarette packages (2013) [18]. Ireland also played a key role in the development of the EU Tobacco Product Directive during its presidency of the Council of the European Union [15] (see below). The Irish government's announcement of the proposed introduction of SP in 2013 was viewed as the next logical step to build upon a long history of success in tobacco control in Ireland [19]. In particular, it aimed to remove the last billboard for the tobacco industry as tobacco packaging is a critically important form of tobacco promotion, especially in jurisdictions like Ireland that have comprehensive marketing and advertising restrictions. In Ireland, the approach of SP was to reduce consumer appeal among youth, reduce false beliefs about the risks of smoking, increase the efficacy of health warnings, and promote smoking cessation for current smokers [19].

2. Content of reform

The evolution of tobacco packaging and labeling began in the United States in 1966 when the U.S. government mandated that all cigarette packages contain textual HWLs on the side of the pack. By the 1970s governments began requiring textual HWLs on the front of the pack and then began rotating different HWL messages about

the harms of smoking. As the size of textual warnings on the front the package increased during the 1980s, in 1985, Iceland became the first country in the world to require pictorial HWLs on cigarette packages [20]. While Iceland eventually abandoned the pictorial HWLs in 1996 due to tobacco industry pressure, Canada in 2000 followed by Brazil in 2001 and then a host of countries implemented pictorial HWLs. 118 countries have implemented pictorial HWLs since 2000 [13], and pictorials have expanded to the front and back of the package and include larger and more graphic images [13].

The concept of requiring cigarettes be sold in plain, generic or standardized packages was first discussed and proposed in New Zealand and Canada in the 1980s and was eventually introduced both in the Canadian and Australian parliament in 1994. Previously secret internal tobacco industry documents reveal that during the 1990s the main tobacco companies mounted a global coordinated campaign to block the diffusion of SP worldwide [21]. This consisted of threatening governments with international trade lawsuits if the SP proposals were implemented and in response both the Canadian and Australian governments withdrew their SP proposals [22]. This had a chilling effect and delayed SP globally in the late 1990s and early 2000s [22].

In 2010, the Australian government reintroduced the concept of SP, which was enacted in November 2011 and implemented in December 2012 [23]. Meanwhile in 2012, the United Kingdom (UK) and New Zealand began discussions on the possibility of introducing SP [24]. (The UK and New Zealand government eventually implemented SP in February 2015 and September 2018 respectively). The Irish government took notice of the global momentum for SP [19], and in 2013 the then Minister for Health James Reilly announced that the Irish Government had approved the development of SP legislation.

3. Political and economic background

Tobacco control policy in Ireland has largely been a non-partisan issue as legislation has been introduced by governments and health ministers of different parties [25]. For example, in 2004 Fianna Fáil, a conservative party, introduced and enacted the world's first legislation creating smoke-free enclosed workplaces that included bars and restaurants, [26] while Fine Gael, a center-right party, initiated the SP legislation in 2013.

In 2009, the Fine Gael Party assumed power in Ireland under the leadership of Prime Minister Enda Kenny. In March 2011, Dr. James Reilly, a physician, became Health Minister (2011–2014) and in October 2013 launched the “Tobacco Free Ireland” policy which aimed to reduce tobacco use and achieve a tobacco free Ireland by 2025 (reducing smoking prevalence rate to less than 5%) [18]. Tobacco Free Ireland set out 60 recommendations and measures to reach the 2025 target, including prohibiting smoking in cars where children are present, increasing tobacco taxes, and implementing SP [18].

Meanwhile regionally on February 26, 2014, the European Union (EU) revised the 2001 *Tobacco Product Directive* that “sets in place more stringent rules for tobacco products, with the aim of limiting their appeal, in particular to young people” [27]. The EU Directive requires all member states to introduce combined pictorial and textual HWLs covering 65% of the front and back of the package. Although the EU Directive does not require SP, it supports EU member states to introduce these measures where they are justified on grounds of public health, are proportionate and do not lead to hidden barriers to trade between Member States [27]. The EU Directive entered into force in May 2014. Tobacco companies challenged the EU Directive in the European Court of Justice but the Directive was subsequently found to be valid [28].

4. Health policy processes

The launching of Tobacco Free Ireland and the EU Tobacco Product Directive revisions helped lead the Irish government to approving and publishing the General Scheme of the Public Health (Standardised Packaging of Tobacco) Bill in November 2013 [29]. The government announced that the SP legislation aimed to reduce appeal of tobacco and tobacco products, increase the effectiveness of health warnings on tobacco products, and reduce the ability of tobacco packaging to mislead consumers about the harmful effects of smoking. On December 5, 2013 the Joint Committee on Health and Children invited written submissions and held a series of meetings with stakeholders.

The main opposing stakeholders to the SP Bill in Ireland that submitted comments to the government included tobacco companies, business groups, trademark associations, intellectual property organizations, retailer groups and individual smokers (Supplementary Figure 1). Global tobacco companies represent close to 95% of the tobacco market in Ireland, led by JTI Ireland (formerly Gallagher, now subsidiary of Japan Tobacco International, 53.2%), P.J. Carroll (Irish subsidiary of British American Tobacco, 17.5%), John Player and Sons Ltd. (Irish subsidiary of Imperial Brands, formerly Imperial Tobacco, 17%), and Philip Morris International (6.6%) [30]. These tobacco companies opposed SP in Ireland employing four distinct arguments used in other countries, [14–16,31], claiming that SP would; 1) not work to reduce smoking levels, 2) increase illicit tobacco trade, 3) create unnecessary problems for retailers, and 4) violate domestic laws and international treaties governing intellectual property (e.g. trademarks, patents, copyright) and investment [32,33]. In particular, tobacco companies lobbied policymakers, wrote letters to top government officials, and commented in the media attempting to frame SP as a trade and investment issue, emphasizing the potential legal and reputational costs of SP [19]. Additionally, tobacco companies threatened to sue the Irish government through the EU in an attempt to shift decision-making authority to trade and investment forums that are typically business-friendly. This form of transnational lobbying [34] can globally preempt progressive public health policies [35,36] and ultimately shape how countries govern [31].

The main supporting stakeholders for the SP Bill in Ireland included the Health Service Executive, the Irish Cancer Society, the Irish Heart Foundation, Asthma Society of Ireland, Action for Smokers Health (ASH) Ireland, Institute of Public Health in Ireland, Children's Rights Alliance, Irish Medical organization (IMO), Royal College of Physicians of Ireland, and the TobaccoFree Research Institute Ireland (Supplementary Figure 1). These groups submitted comments and presented evidence on the impact of tobacco branding and SP on young people illustrating how teenagers immediately rejected packages with dull colors and graphic health warnings [32,33]. Public health groups also argued that tobacco sales accounted for only a small proportion of small retailers' profits and that SP was primarily intended to discourage young people from starting to smoke [32,33]. Public health groups also rejected framing SP as a trade issue and instead consistently framed SP as a health and protection of children issue when lobbying policymakers and talking to the media. These efforts helped build a strong policy consensus [37] among the public and policymakers to protect the health of the Irish, which was also echoed by Health Minister James Reilly throughout the policy process [38].

In March 2014, the Irish Department of Health commissioned a report to present a review of the evidence supporting the introduction of SP. The "Hammond Report", conducted by and named after Dr. David Hammond world renown expert on tobacco packaging and labeling, reviewed 69 original empirical articles from 10 countries [39]. Public health groups promoted the report to policymakers and the media, which found that there was strong evidence

that SP would be effective in regards to Ireland's four specific policy objectives: 1) prevent non-smokers including children and young people from starting to smoke, 2) encourage, motivate and support current smokers to quit, 3) reduce recidivism rates among those who have quit, and 4) limit the societal impact of smoking and protect society, especially those under 18 years, from the marketing practices of the tobacco industry [39]. Similar to New Zealand [24,40], public health groups used the report to expose how tobacco industry arguments are unsound or based on logical fallacies.

In May 2014, the Joint Committee on Health published a report summarizing the consultation submissions and hearings, which was presented to the Houses of the Oireachtas for further consideration. The report recommended that SP be implemented as soon as possible to follow a Tobacco Free Ireland and that it supports Ireland's obligations under the WHO FCTC and the revised EU Tobacco Products Directive.

In March 2015, Ireland became the second country in the world behind Australia and the first country in Europe to enact SP for all tobacco products. The SP law was implemented on September 30, 2017 but allowed non-compliant products (e.g. products placed on the market before the September date) to remain on the market for a 12-month period until September 30, 2018. Since September 30, 2018 all cigarette packages in Ireland are required to be sold in standardized plain packaging.

5. Expected or preliminary outcomes

A growing body of research demonstrates that SP is effective at reducing the appeal of tobacco packs, and increases the salience and noticeability of larger, pictorial HWLs [5–9]. Early evidence illustrates that the implementation of pictorial HWLs and SP have significantly reduced tobacco consumption and youth smoking initiation rates as well as lowered government health expenditures and tobacco industry sales [10–12].

Early studies in Ireland suggest that the law is highly popular and already having a big impact. In October 2018, Ipsos MRBI, funded by the Department of Health, produced its annual Healthy Ireland Survey, which revealed that 71% of the general population and 62% of smokers approve the SP legislation [41]. The survey also detailed how smoking prevalence in Ireland dropped from 23% in 2015 to 20% in 2018 and that the SP legislation was cited by 23% of smokers as a good motivation to quit [41].

6. Conclusion

Tobacco SP is a low cost and effective public health policy that communicates the harms of tobacco to smokers and discourages young people from beginning to smoke. The case of Ireland illustrates how public health advocacy combined with political will can produce progressive and highly effective public health policy solutions to reduce tobacco consumption. Similar to Australia and Uruguay [23,42], public health groups were effective in rejecting tobacco industry trade and investment framing diversions and instead consistently framed SP as a public health issue. Gaining policy consensus among the public helped Ireland's political leaders embrace this approach often rejecting industry arguments and prioritizing SP in a health driven agenda. Other countries should follow Ireland's lead, especially in Europe where the 2014 revised EU Tobacco Product Directive supports member states to introduce SP measures and curb the tobacco epidemic.

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Appendix A. Supplementary data

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