



ASH Scotland's response to the Department of Health Consultation on the Future of Tobacco Control

Introduction	2
Part A: Reducing smoking rates and health inequalities caused by smoking ..	2
Part B: Protecting children and young people from smoking	5
Part D: Helping those who cannot quit.....	9
Conclusion	10
Sources.....	11

September 2008

Introduction

ASH Scotland is pleased to submit a response to the Department of Health's consultation on the Future of Tobacco Control. Our response will focus on those aspects of tobacco control policy that are reserved to the UK Government, but will also touch on devolved issues where ASH Scotland has a particular interest, including tobacco retail licensing and the removal of all retail tobacco displays. We have not responded to questions relating to public service delivery in England.

The areas where ASH Scotland would like to see strong action by the UK Government include the following:

- The establishment of a Nicotine and Tobacco Regulatory Authority, to ensure that the regulation of NRT and tobacco products takes place in a consistent and coherent fashion
- Strong action on the supply of illicit tobacco products, the sale of which undermines many of the government's tobacco control policies
- Tax increases faster than the underlying rate of inflation, to ensure that tobacco becomes progressively less affordable in real terms
- A commitment to the plain packaging of tobacco products, as part of measures to reduce the numbers of young people becoming smokers.

Part A: Reducing smoking rates and health inequalities caused by smoking

Question 2: What more do you think could be done to reduce inequalities caused by tobacco use?

There is a strong correlation between smoking prevalence and socio-economic background, and the gulf in smoking rates, tobacco consumption and accessing stop-smoking services between rich and poor is growing.

The web of interactions linking smoking, ill-health, reduced quality of life, reduced economic wellbeing and deprivation is complex. While there is strong evidence to show that people in deprived communities are more likely to smoke¹, there are also potentially powerful feedback mechanisms at work. The ill-health caused by smoking, for example, can lead to reduced earning power and lower economic wellbeing. The financial stress that this causes can mean that people in this situation are more likely to continue to smoke and less likely to quit.²

ASH Scotland considers that the following policies all have a part to play in tackling smoking prevalence, particularly in deprived communities:

- Ensuring that all smokers have easy access to effective, supportive and ongoing cessation services
- Incrementally raising the price of tobacco products through tax, while clamping down on the supply of illicit tobacco

- Embedding health education messages about smoking within all schools and children's services, and encouraging all schools and youth groups to adopt clear no-smoking policies
- Taking steps to engage with harder to reach groups, including those not in employment, education or training, or those who are in occupations or settings with higher than average smoking levels
- Developing cessation services and prevention policies which meet the specific requirements and circumstances of those groups with the highest smoking levels
- Taking steps to minimise the availability, visibility and affordability of tobacco products to young people
- Reducing the social acceptability and cultural ubiquity of smoking within the most deprived sections of society
- Encouraging other agencies with whom smokers from deprived communities are likely to come into contact (benefits agencies, social work departments etc) to consider offering advice on smoking cessation.

Question 3: Do you think the six-strand strategy should continue to form the basis of the Government's approach to tobacco control into the future? Are there other areas that you believe should be added?

ASH Scotland advocates the Framework Convention on Tobacco Control as a suitable foundation for government action and endorses the WHO's MPOWER approach:

- Monitor tobacco use and prevention policies
- Protect people from tobacco smoke
- Offer help to quit tobacco use
- Warn about the dangers of tobacco
- Enforce bans on tobacco advertising, promotion and sponsorship
- Raise taxes on tobacco.

The six strands of the UK Government's existing strategy are all to be welcomed, but ASH Scotland considers that to the final strand should be added the goal of reducing the affordability in real terms of tobacco products.

Question 4: How can collaboration between agencies be enhanced to contribute to the inland enforcement against illicit tobacco?

Closer collaboration between the UK Government and the devolved administrations will contribute to more effective inland enforcement against illicit supplies of tobacco. Likewise, closer working relationships between UK Government agencies – such as HM Revenue and Customs – and local authority trading standards departments will have a vital role to play in maximising efforts against tobacco smuggling.

ASH Scotland urges the UK Government to sign up to the international agreements, entered into by the European Commission and several members

of the European Union on the one hand, and Philip Morris International (PMI)³ and Japan Tobacco International (JTI)⁴ on the other. The legally binding nature of these agreements, together with their requirement for the tobacco companies to make seizure payments in the event of their products being seized as contraband, contrasts with the voluntary nature of the Memoranda of Understanding that are currently in force between HM Government and BAT, Imperial Tobacco and Gallahers.

ASH Scotland is aware of the reasons cited by HM Government for their refusal to enter into these binding anti-smuggling agreements, but does not consider that these arguments stand up to scrutiny. The agreements would not be in any way incompatible with the Finance Act legislation that is currently in force, nor would they limit the law enforcement powers of the European Commission or any signatory member states.

Question 5: What more can the Government do to increase understanding about the wider risks to our communities from smuggled tobacco products?

The supply of illicit tobacco undermines the UK Government's policy of using tax to maintain the high price of tobacco and help to reduce smoking, especially among the young. By importing into the country large quantities of tobacco that has not been subject to UK duty, smugglers increase demand for cigarettes and tobacco,⁵ particularly among those on low incomes who already suffer significant health inequalities as a result of smoking.⁶ There is considerable evidence that smuggled tobacco is targeted at the most vulnerable groups: young people and those on low incomes, and that the cost of tobacco is a major factor in any decision to start or quit, or in relapse.⁷ Low cost smuggled tobacco weakens the influence of price on these decisions.

For all these reasons, ASH Scotland considers that all education and information initiatives designed to raise awareness – particularly among young people – of the risks posed by tobacco both to individual health and to wider society should be clear about the specific dangers posed by the supply of illicit tobacco products.

There is evidence⁸ of a perception within deprived communities that the suppliers of illicit tobacco products are providing a valuable service, and it is vital that this "Robin Hood" myth be vigorously challenged. The known links between tobacco smuggling networks and organised crime⁹ ¹⁰ and terrorism¹¹ ¹² should be more widely publicised.

Finally, it very important that Government efforts to publicise the negative impacts of counterfeit tobacco supplies should be carefully worded to avoid giving the impression that genuine tobacco is in any way safer. ASH Scotland was pleased to read the passage in the present consultation document acknowledging the lack of evidence to suggest that counterfeit tobacco poses a greater health risk than the genuine product.

Part B: Protecting children and young people from smoking

Question 6: What more do you think the Government could do to:

- **reduce demand for tobacco products among young people?**

ASH Scotland considers that the demand for tobacco products among young people can be reduced using four main mechanisms:

- More effective education campaigns
- Tackling the visibility and promotion of tobacco products via a removal of all retail tobacco displays and the introduction of plain packaging
- Steady annual increases in the price of tobacco, faster than the underlying rate of inflation
- Cessation support for young smokers

Within Scotland, some of these fall under the devolved powers of the Scottish Parliament, while others are within the remit of the UK Parliament at Westminster.

Areas that are devolved to the Scottish Parliament include education campaigns, improved cessation support for young smokers, and measures to tackle the visibility of tobacco products by legislating to remove tobacco displays at the point of sale. ASH Scotland is campaigning for all of these measures to be adopted by the Scottish Government, and was pleased to see many of them incorporated into the recently published Smoking Prevention Action Plan. The Scottish Government recently pledged to introduce legislation during the coming year to restrict visible retail displays of tobacco.

Tobacco demand reduction policies that are reserved to the UK Parliament include the introduction of plain packaging and measures to increase the price of tobacco by the use of taxation.

ASH Scotland is strongly supportive of measures to introduce plain packaging, believing that cigarette packaging represents one of the last marketing opportunities open to the tobacco industry (see answer to Question 10 below).

Furthermore, given the price sensitivity of young people, we would urge the UK Government to reintroduce a real price escalator for tobacco of at least three percent above the underlying rate of inflation.

- **reduce the availability of tobacco products to young people?**

Young people access not only genuine duty-paid tobacco from shops but also contraband or counterfeit tobacco from the illicit marketplace. Measures to reduce the availability of tobacco products to young people must therefore address both of these sources. Again, these measures will encompass both devolved and reserved issues.

Reducing the availability of tobacco from shops relies on existing laws governing the minimum purchase age for tobacco being effectively enforced. ASH Scotland welcomed the increase in the minimum purchase age from 16 to 18 in October 2008, but expressed concern that young people were experiencing little difficulty in accessing cigarettes from shops: in a survey of Scottish adolescents carried out in 2006, over 80% of 15 year old regular smokers reported buying their own cigarettes from shops.¹³ To that end, ASH Scotland is supporting a proposed Members' Bill in the Scottish Parliament¹⁴ that would introduce a system of licensing for retail tobacco sales. ASH Scotland considers that a system of positive licensing would facilitate far more effective enforcement of the tobacco purchase age than is currently the case. The Scottish Government's legislative programme for the coming year includes a Health Bill that will introduce a register of tobacco retailers in order to restrict the availability of tobacco products to young people.

Efforts to reduce the availability of genuine, UK duty-paid tobacco must be complemented by concerted measures to tackle the supply of illicitly traded contraband and counterfeit tobacco. See the answers to Questions 4 and 5 above.

Question 7: Do you believe that there should be restrictions on the advertising and promotion of tobacco accessories, such as cigarette papers?

Yes. ASH Scotland considers that anything that promotes the use of tobacco, regardless of whether it carries tobacco branding, should be captured in legislation designed to regulate the promotion and advertising of tobacco products.

Question 8: Do you believe that there should be further controls on the display of tobacco products in retail environments? If so, what is your preferred option? We are particularly interested in hearing from small retailers and in receiving information on the potential cost impact of further restrictions on display. What impact would further controls on the display of tobacco have on your business, and what might the cost be of implementing such changes?

Yes. ASH Scotland is strongly supportive of policies designed to reduce the visibility of tobacco products. ASH Scotland campaigned for and is strongly supportive of the comprehensive ban on tobacco advertising and promotion, but considers that the continued display of cigarettes and other tobacco products within the retail environment represents a significant loophole.

Just as children and young people have been found to be more susceptible than adults to advertising in general,¹⁵ there is considerable evidence that young people are disproportionately influenced by displays of tobacco within shops.¹⁶ The presence of visible displays of tobacco, even in the absence of overt advertising materials, has been found to affect young people's perceptions about ease of access to cigarettes and about brand recall, both factors that increase the risk of taking up smoking. In-store advertising has

similar effects and may also weaken young peoples' intentions not to smoke in the future, a measure that strongly predicts smoking uptake.¹⁷

An American study demonstrated that shops frequented by teenagers had over three times more in-store tobacco marketing of cigarette brands popular with adolescents than other shops in the same communities.¹⁸ Other studies indicate that adolescents who reported at least weekly exposure to retail tobacco marketing were more likely to have experimented with smoking,¹⁹ and that teen smokers preferred whichever brand of cigarettes was advertised most heavily in the convenience shop closest to their school.²⁰

In addition to having a powerful negative effect on young people, visible displays of tobacco within shops have been shown to act as cues to smoke, including among those not intending to buy cigarettes and those trying to avoid smoking. When shopping for items other than cigarettes, around one quarter of smokers reported buying cigarettes on impulse. Almost two fifths of smokers who had tried to quit in the previous year had experienced an urge to buy cigarettes as a result of seeing the retail tobacco display.²¹

Furthermore, highly visible displays of cigarettes undermine the health messages that the government is striving to get across to children and young people about the dangers of smoking. A government survey carried out in 1983 showed that 44% of smokers agreed with the proposition that "smoking can't really be dangerous, or the government would ban cigarette advertising".²² It is likely that visible displays of cigarettes and other tobacco products have a similarly negative effect on government health messages. Children accustomed to seeing cigarettes displayed adjacent to sweets, chewing gum and football cards might very well question official health warnings. Only removing tobacco displays from the point of sale will avoid this normalising effect.

ASH Scotland's preferred option is the complete removal of all visible tobacco and related products from the point of sale.

Question 9: Do you believe that there should be further controls on the sale of tobacco from vending machines to restrict access by young people? If so, what is your preferred option?

Yes. Scottish data from 2006 showed 10% of 15 year old regular smokers naming vending machines as a source of their cigarettes²³; the corresponding figure from England was 17%²⁴. Conversely, more Scottish young people report buying their own cigarettes from shops (up to 82%) than was the case for England (77%).

It remains to be seen what impact the recent increase in the minimum purchase age for tobacco will have on the proportion of under-age smokers who report sourcing cigarettes from vending machines in Scotland. ASH Scotland's current position is that vending machines should be restricted to locations to which the under-18s do not have access; however, we will keep

this policy position under review as more up to date evidence becomes available.

Question 10: Do you believe that plain packaging of tobacco products has merit as an initiative to reduce smoking uptake by young people?

Yes. With the coming into force of the Tobacco Advertising and Promotion Act, there are few remaining marketing opportunities for the tobacco industry beyond in-store displays and tobacco packaging. Just as every cigarette gantry is a proxy billboard for the entire tobacco industry, every visible cigarette packet acts as a proxy advertisement for that brand.

For essentially homogenous products such as cigarettes, packaging is a vital way to differentiate between different brands. Marketing literature speaks of the importance of packaging design as a “promotional tool” and as a “silent salesman”.²⁵

A study²⁶ of internal tobacco industry documents shows just how conscious the industry is of young smokers’ brand awareness and sensitivity; one young smoker was quoted as saying:

“If everyone else is doing it you don’t want to stick out. It’s a fashion thing ... in the pubs you’re all in big groups with your Hooches and Marlboro Lights”

For this individual, their choice of brands, as communicated by the cigarette packaging, was making an important statement about themselves as a member of a group. The packaging was a badge that enabled them to fit in. With so many young smokers being brand sensitive, the packaging of tobacco is a key part of the tobacco industry’s attempts to give smoking a youthful image, presenting it as a glamorous lifestyle choice²⁷, a “rite of passage”²⁸ enabling young smokers to identify themselves with an adult activity, an activity that embodies “style, coolness and aspiration”.²⁹

ASH Scotland considers that the introduction of plain packaging would close an important loophole in the existing regulation of tobacco advertising and promotion.

Question 11: Do you believe that increasing the minimum size of cigarette packs has merit as an initiative to reduce smoking uptake by young people?

ASH Scotland considers that additional research is required to ascertain the extent to which young people in Scotland purchase cigarettes in packets of fewer than 20. In addition, ASH Scotland would be interested in any research carried out through specialist smoking cessation services with adults trying to quit, to establish whether the availability of packs of less than 20 cigarettes is an important factor in cutting down and/or quitting smoking.

In Ireland, the sale of packs with fewer than 20 cigarettes has been prohibited since May 2007; the impacts of this legislation should be monitored and

evaluated very closely, and its lessons taken into account – along with the research described above – in any debate on the issue of banning packs of fewer than 20 cigarettes.

Part D: Helping those who cannot quit

Question 17: Do you support a harm reduction approach and if so can you suggest how it should be developed and implemented?

The goal of health professionals, and the first advice to give tobacco users, should always be for smokers to stop using tobacco altogether. ASH Scotland strongly recommends that efforts to ensure good access to effective NHS cessation services remain paramount in relation to implementation of harm reduction strategies and products.

ASH Scotland recommends that additional funding and resources are allocated to smoking cessation services to better support hard to reach smokers, heavily addicted smokers, and young people who smoke. Effective monitoring and evaluation is essential to ensure that delivery and management of services is in line with good practice.

However, while smoking cessation remains the ideal outcome towards which tobacco control practitioners should always aim, there will always be individuals for whom smoking cessation is not a viable option. For such individuals, a harm reduction approach consisting of access to medicinal nicotine replacement products is preferable to an approach consisting of successive failed quit attempts.

Currently, tobacco, the nicotine-containing product that causes the most harm, remains the least regulated. Medicinal nicotine replacement products that are demonstrably less harmful are subject to far greater product regulation. So it remains easier for a smoker to continue using tobacco than to access less harmful nicotine replacement products.

ASH Scotland supports a situation whereby smokers who find it difficult to quit have greater access to less harmful products. Were nicotine replacement products to be easily available and at a lower cost than tobacco, this would provide choice while reducing the morbidity and mortality of nicotine users.

ASH Scotland recommends that an independent expert committee be established in the UK to examine the institutional options for nicotine and tobacco regulation. In addition, it should report on the appropriate future regulation of nicotine products and the management and prevention of nicotine and tobacco addiction in the UK.

ASH Scotland urges the UK Government to introduce legislation to develop an effective UK nicotine and tobacco regulatory authority, in order to assess and minimise the risks associated with tobacco harm reduction strategies and maximise potential benefits. At present, it is virtually impossible to assess the

true harm reduction potential of tobacco industry products. The approach taken by the UK Government to the regulatory challenges associated with nicotine and tobacco will be a crucial factor in determining the extent of tobacco-related disease in the future.

Conclusion

ASH Scotland welcomes and supports efforts by the UK Government to reduce the health impacts caused by smoking tobacco.

Many tobacco control issues are devolved to the Scottish Parliament, but there remain areas where resolute action by the UK Government will have an important effect within Scotland. These include:

- A commitment to reintroduce a real price escalator for tobacco of at least three percent above to underlying rate of inflation, in order to reduce the affordability of tobacco to young people
- Legislation to introduce a nicotine and tobacco regulatory authority to assess and minimise the health risks associated with a harm reduction strategy
- An uncompromising stance on the supply of illicit tobacco products which risks undermining the Government's existing tobacco control policies
- A commitment to the plain packaging of tobacco products in an attempt to minimise the attractiveness of tobacco to young people and to reduce the numbers of young people becoming smokers
- Full implementation of the Framework Convention on Tobacco Control.

Areas of tobacco control policy devolved to the Scottish Parliament include the powers to remove retail tobacco display bans and to introduce a system of licensing for retail tobacco sales. ASH Scotland would encourage the UK Government to consider implementing such measures in an attempt to minimise both the visibility and availability of tobacco products to young people.

Sources

- ¹ Health Scotland, ISD Scotland and ASH Scotland. An atlas of tobacco smoking in Scotland: A report presenting estimated smoking prevalence and smoking-attributable deaths within Scotland. [Online]. NHS Scotland/Scottish Public Health Observatory. 2007. Available from: <http://www.scotpho.org.uk/nmsruntime/saveasdialog.asp?IID=3907&slD=3256> [Accessed 12th August 2008]
- ² Siahpush et al., *Smoking and financial stress*, Tobacco Control 2003;12:60-66. Online. Available at: <http://tobaccocontrol.bmj.com/cgi/content/full/12/1/60> [Accessed 20th June 2008]
- ³ European Commission Press Release, *European Commission and Philip Morris International sign 12-year Agreement to combat contraband and counterfeit cigarettes*, 9th July 2004. Online. Available at: <http://europa.eu/rapid/pressReleasesAction.do?reference=IP/04/882&format=HTML&aged=1&language=EN&guiLanguage=en> [Accessed 14th August 2008]
- ⁴ European Commission Press Release, *European Commission and JT International (Japan Tobacco) sign 15-year Agreement to combat contraband and counterfeit cigarettes*, 14th December 2007. Online. Available at: <http://europa.eu/rapid/pressReleasesAction.do?reference=IP/07/1927&format=HTML&aged=0&language=EN&guiLanguage=en> [Accessed 14th August 2008]
- ⁵ Wiltshire et al., "They're doing people a service" – qualitative study of smoking, smuggling and social deprivation. BMJ. 2001. Online. Available at: <http://bmj.bmjournals.com/cgi/content/abstract/323/7306/203> [Accessed 7th February 2008]
- ⁶ Health Scotland, ISD Scotland and ASH Scotland. An atlas of tobacco smoking in Scotland: A report presenting estimated smoking prevalence and smoking-attributable deaths within Scotland. [Online]. NHS Scotland/Scottish Public Health Observatory. 2007. Available from: http://www.scotpho.org.uk/home/Publications/scotphoreports/pub_tobaccoatlas.asp [Accessed 7th February 2008]
- ⁷ Department of Health presentation on tobacco smuggling, 2007. Online. Available at: <http://www.freshne.com/content/editor/File/Smuggling%20Summit/Anne%20Grosskurth%20final%20version.ppt> [Accessed 7th February 2008]
- ⁸ Wiltshire et al., "They're doing people a service" – qualitative study of smoking, smuggling and social deprivation. Op Cit.
- ⁹ The Observer, *Mafia's £2.5bn smoke ring*, April 9th 2000. Online. Available at: <http://www.guardian.co.uk/smoking/Story/0,2763,180822,00.html> [Accessed 7th February 2008]
- ¹⁰ Library of Congress, *Transnational activities of Chinese crime organisations*, 2003. Online. Available from: <http://www.loc.gov/rr/frd/pdf-files/ChineseOrgCrime.pdf> [Accessed 7th February 2008]
- ¹¹ The Times, *IRA still in the business of murder, arson and smuggling*, 25th May 2005. Online. Available at: <http://www.timesonline.co.uk/tol/news/uk/article526213.ece> [Accessed 7th February 2008]
- ¹² The Times, *Real IRA suspects arrested in Spain*, May 8th 2006. Online. Available at: <http://www.timesonline.co.uk/article/0,,2-2170028.html> [Accessed 7th February 2008]

- ¹³ Maxwell, C., Kinver, A., Phelps, A. *Scottish Schools Adolescent Lifestyle and Substance use Survey (SALSUS) National Report: Smoking, Drinking and Drug Use among 13 and 15 year olds in Scotland in 2006*. [Online] Drug Misuse Information Scotland (DMIS) 2007. Available from: http://www.drugmisuse.isdscotland.org/publications/local/SALSUS_2006.pdf [Accessed 14th August 2008]
- ¹⁴ Christine Grahame MSP, 2007. Proposal for a Bill to introduce licensing for tobacco sales. Online. Available at: <http://www.scottish.parliament.uk/s3/bills/MembersBills/pdfs/TobaccoSalesConsultation.pdf> [Accessed 20th August 2008]
- ¹⁵ Lewis, E., *Children's views on non-broadcast food and drink advertising - Report for the Office of the Children's Commissioner, National Children's Bureau*, 2006. Online. Available at: https://www.childrenscommissioner.org/documents/Report_NCB_FoodDrinkAdvertising_Text_Only_TA_1.0.pdf [Accessed 20th August 2008]
- ¹⁶ Wakefield et al., *An experimental study of effects on schoolchildren of exposure to point-of-sale cigarette advertising and pack displays*, Health Education Research, 2006. Online. Available at: <http://her.oxfordjournals.org/cgi/reprint/21/3/338?ck=nck> [Accessed 20th August 2008]
- ¹⁷ Wakefield et al., *An experimental study of effects on schoolchildren of exposure to point-of-sale cigarette advertising and pack displays*. Op cit.
- ¹⁸ Henriksen et al., *Reaching youth at the point of sale: cigarette marketing is more prevalent in-stores where adolescents shop frequently*, Tobacco Control, 2004. Online. Available at: <http://tobaccocontrol.bmj.com/cgi/reprint/13/3/315> [Accessed 3rd September 2008]
- ¹⁹ Schooler et al., *Seventh graders' self-reported exposure to cigarette marketing and its relationship to their smoking behaviour*, American Journal of Public Health, 1996. Online. Available at: <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1380582> [Accessed 20th August 2008]
- ²⁰ Wakefield et al., *Association of point-of-purchase tobacco advertising and promotions with choice of usual brand among teenage smokers*. Journal of Health Communication, 2002. Online. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/12049420> [Accessed 18th August 2008]
- ²¹ Wakefield et al., *The effect of retail cigarette pack displays on impulse purchase*, Addiction 2007. Online. Available at: <http://www.blackwell-synergy.com/doi/pdf/10.1111/j.1360-0443.2007.02062.x> [Accessed 19th August 2008]
- ²² Wakefield et al., *The effect of retail cigarette pack displays on impulse purchase*. Op cit.
- ²³ Maxwell, C., Kinver, A., Phelps, A. *Scottish Schools Adolescent Lifestyle and Substance use Survey (SALSUS) National Report: Smoking, Drinking and Drug Use among 13 and 15 year olds in Scotland in 2006*. [Online] Drug Misuse Information Scotland (DMIS) 2007. Available from: http://www.drugmisuse.isdscotland.org/publications/local/SALSUS_2006.pdf [Accessed 20th August 2008]
- ²⁴ National Statistics, 2007. *Smoking, drinking and drug use among young people in England in 2006*. Online. Available at: <http://www.ic.nhs.uk/webfiles/publications/smokedrinkdrug06/Smoking%20Drinking%20and%20Drug%20Use%20among%20Young%20People%20in%20England%20in%202006%20%20full%20report.pdf> [Accessed 22nd August 2008]

²⁵ Freeman, B., Chapman, S. & Rimmer, M. *The case for the plain packaging of tobacco products*, School of Public Health, University of Sydney, 2008. Online. Available at: <http://tobacco.health.usyd.edu.au/site/futuretc/pdfs/generic.pdf> [Accessed 22nd August 2008]

²⁶ Hastings, G. & MacFadyen, L. *Keep smiling, no one's going to die: an analysis of internal documents from the tobacco industry's main UK advertising agencies*. BMA 2000. Online. Available at: <http://www.tobaccopapers.com/keepsmiling/index.htm> [Accessed 22nd August 2008]

²⁷ Hastings, G. & MacFadyen, L. *Keep smiling, no one's going to die: an analysis of internal documents from the tobacco industry's main UK advertising agencies*. Op cit.

²⁸ Hastings, G. & MacFadyen, L. *A day in the life of an advertising man: review of internal documents from the UK tobacco industry's principal advertising agencies*. BMJ 2000. Online. Available at: <http://www.bmj.com/cgi/content/full/321/7257/366?ijkey=plXMEblPL4yts> [Accessed 12th March 2008]

²⁹ Hastings, G. & MacFadyen, L. *A day in the life of an advertising man: review of internal documents from the UK tobacco industry's principal advertising agencies*. Op cit.