Health and Community Care Committee

2nd Meeting, 2002

Wednesday 23 January 2002

The Committee will meet at 9.30 am in Committee Room 1, Committee Chambers, George IV Bridge, Edinburgh

1. **Item in private:** The Committee will consider whether to take item 4 in private.

2. **Community Care and Health (Scotland) Bill:** The Committee will consider the Bill at Stage 2 (Final Day).

3. **Tobacco Advertising and Promotion (Scotland) Bill:** The Committee will take evidence from—

   Dr John Wrench, Director of Public Health & Health Policy, Highland NHS Board

   Maureen Moore, Chief Executive and Tanith Muller, Parliamentary, Press and PR Manager, ASH Scotland

   Dr Sally Haw and Lindsay MacHardy, Health Education Board for Scotland (HEBS)

4. **Hepatitis C:** The Committee will consider its response to the Executive.

Jennifer Smart
Clerk to the Committee
Room 2.5
email jennifer.smart@scottish.parliament.uk

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The Following papers are attached for this meeting:

**Agenda Item 3**

Written Submission from Dr Wrench  
Written Submission from ASH Scotland  
Written Submission from Health Education Board for Scotland

**Agenda Item 4**

Cover note by clerk
TOBACCO ADVERTISING AND PROMOTION (SCOTLAND) BILL

REPORT FROM THE DIRECTORATE OF PUBLIC HEALTH (INCLUDING HEALTH PROMOTION), HIGHLAND NHS BOARD

1 Have you been consulted on this Bill?

As far as I can gather we have not been specifically consulted on the Bill, although one of our Senior Health Promotion Advisers has worked closely with ASH regarding issues concerned with banning tobacco advertising. The same Health Promotion Adviser commented to the Department of Health in London regarding the proposed EU Directive on Advertising and Sponsorship of Tobacco Products. She made the point that to be effective, the EU Directive must be accompanied by a UK directive to ban all forms of advertising and sponsorship excluded from the EU directive including posters, cinema advertising and indirect advertising. She noted the timescale for introduction of legislation and stressed that we are keen to see that there is no extension to the time given to sports like Formula 1 Motor Racing to find alternative sponsors for events.

2 If so, do you feel that your views have been taken into account in the Bill?

Yes, we do feel that our views have been taken into account regarding the Bill. We fully support the aims of the Tobacco Advertising and Promotion (Scotland) Bill.

3 Do you support the general principles of this Bill?

We support the general principles of the Bill and are concerned that similar legislation is not being introduced at UK level. We have some concerns about the “defences” outlined in Section 4 of the Bill. No doubt these will have to be tested in practice to give an indication as to whether they will provide too easy a “defence”

4 Do you feel that there are any significant omissions in this Bill?

In relation to significant omissions in this Bill, we do appreciate that the Scottish Parliament is endeavouring to work within the full extent of its powers. There are three areas where we think further action might be considered. The first is in relation to “brand stretching” i.e. taking a name already established for one tobacco product and using it for a quite different type of product. When this happens, the advertising of each product indirectly promotes the other because they share a brand name in common. This has already happened with certain well-known tobacco brands. The EC directive lays down provisions, which will make it illegal to advertise tobacco products indirectly using other products. We wondered if specific mention of this should be made in the Scottish Bill. Another related area is “direct marketing” i.e. distribution of free cigarettes, cigarette coupon schemes and other brand
loyalty incentive schemes. We assume that the Scottish Parliament Bill will address any commercial communication, which has the aim or effect of promoting a tobacco product. The other area where we thought action might be required would be in relation to banning cigarette vending machines and associated advertising in areas, which are frequented by teenagers and young people.

5 Your reasons for supporting the Bill, or otherwise

Our reasons for supporting the Bill are as follows. Smoking is the most important preventable cause of ill health and premature death in Scotland. It accounts for at least two-thirds of the excess deaths due to inequalities in health. Each year, smoking accounts for more than 13,000 deaths (1 in 5 of all deaths) in Scotland and the NHS in Scotland spends in excess of £140 million per year on treating smoking related diseases. Smoking rates among children and young people, particularly girls, and pregnant women are a special cause for concern. In Highland, as in other areas of Scotland, our main causes of death are coronary heart disease and cancer, particularly lung cancer, and these conditions are heavily related to smoking cigarettes. We feel very strongly that restrictions on advertising of tobacco products are a key part of the strategy, particularly to prevent recruiting young people into the smoking habit.

The tobacco industry needs to maintain levels of smoking prevalence and recruit new smokers to replace those who die and give up smoking. There is evidence to suggest that the tobacco companies have deliberately undermined voluntary regulations on tobacco advertising, and attempted to expand the market for cigarettes by recruiting new smokers and targeted vulnerable groups such as the young and the socially/economically deprived.

Advertising either encourages people to start smoking or to maintain their smoking prevalence. Research shows that children are more aware of tobacco advertising and are more influenced by it than adults. There is strong evidence that children are influenced by the most heavily advertised brands regardless of cost. This contradicts the claim of the tobacco companies that their advertising is only intended to encourage adults to switch brands and has no impact on children. The tobacco industry has increasingly targeted both its product and its advertising at women. This systematic targeting of women is reflected in increasing levels of lung cancer and heart disease among Scottish women and the fact that nearly twice as many women as men under the age of 65 are at risk of developing small cell lung cancer.

In general, tobacco advertising tends to have greatest impact on those from the poorest backgrounds and tends to exacerbate health inequalities.

Sports sponsorship is also a highly cost effective form of advertising for the tobacco industry. The industry is keen to associate itself with popular events, which attract a largely youthful audience. It is very important that the Scottish Parliamentary Bill adequately addresses the prohibition of sports and other types of sponsorship within Scotland.

There is evidence that bans on tobacco advertising are effective. A report carried out by the Department of Health’s Chief Economic Adviser in 1992 showed that advertising bans reduce tobacco consumption. More recent research confirms that in the four countries where a ban on tobacco
advertising has been introduced as part of a comprehensive tobacco control strategy – Norway, Finland, New Zealand and France – per capita consumption of cigarettes has dropped between 14 – 37% after the implementation of the ban.

6 Do you support the further control of tobacco advertising?

We would strongly support the further control of tobacco advertising at both Scottish and UK level. We assume there will be close monitoring of this current tobacco advertising Bill for Scotland and that perhaps further action in relation to “brand stretching” and “direct marketing” could be taken. We would very strongly support action at UK level. It is very disappointing that the Westminster parliament has not already taken action to ban tobacco advertising.

7 Public Health Issues

We do believe that in the longer term the results of the Scottish Bill would lead to an improvement in public health. There is ample evidence to show that tobacco advertising does recruit children and younger adults into cigarette smoking and we feel there would be a major public health benefit in reducing the numbers of young people recruited into smoking. This inevitably would lead to a reduction in the ill health and mortality caused by cigarette smoking in the longer term. The other major impact would be in relation to health inequalities. Smoking, more than any other identifiable factor contributes to the gap in healthy life expectancy between those most in need and those most advantaged. There is ample evidence that whereas overall smoking rates in the population have fallen, those for the most socio-economically deprived have barely fallen at all. Such differences are reflected in the impact of smoking on health. A higher rate of smoking among people in the lower socio-economic groups is matched by higher rates of disease such as cancer and coronary heart disease. We believe that a ban on advertising would make a significant contribution to reducing these inequalities. The close link between smoking and health inequalities was highlighted in the Acheson Report which concluded that the relatively stable rate of smoking in the least advantaged groups suggests that simply intensifying current approaches would not be sufficient to tackle the problem. We also see economic benefits for the most disadvantaged groups in society if less money is spent on buying tobacco.

The cost of smoking is high in terms of people’s health. But the cost of smoking is high in other ways too. In Scotland, it is estimated to cost the NHS in the region of £150 million per year. It costs families, especially the poorest, a great deal too. It is estimated that approximately 50% of lone parents on income support in the UK smoke cigarettes regularly. Any legislation, which will increase the disposable income of such disadvantaged groups, is to be welcomed.

8 Business Issues

In terms of the National Health Service in Scotland, we feel this legislation will have an impact on our overall business in that in the longer term the incidence of smoking related diseases will be reduced, there will be corresponding decreased demand on primary and secondary care services
and it may well be possible to channel resources into other key areas within the health service.

If people in the most socio-economically disadvantaged groups are not buying cigarettes then they will have money and be able to buy other goods and this will apply to the retail businesses that have been selling tobacco

Dr John Wrench  
Director of Public Health & Health Policy  
Highland NHS Board
Committees' Consultation on the general principles of the Tobacco Advertising and Promotion (Scotland) Bill

ASH Scotland’s Response

Introduction
ASH Scotland is the leading voluntary organisation in Scotland campaigning for effective tobacco control policies and legislation.

Tobacco use is the largest single cause of preventable ill-health and death in Scotland, causing 22% of all deaths. 13,000 people die every year from tobacco-related diseases in Scotland. Tobacco use causes 90% of lung cancers, the biggest cancer killer of both men and women in Scotland. Tobacco use is responsible for a third of all cancers, and is a major cause of heart disease and chronic pulmonary disease.

Evidence shows that tobacco advertising bans reduce consumption of tobacco – and that any tobacco control strategy must include a ban on tobacco advertising. A ban was promised in the 1998 UK White Paper, *Smoking Kills*. The Scottish Executive pledged a ban in its first Programme for Government, and placed a tobacco advertising ban at the heart of its cancer prevention strategy. Without a tobacco advertising ban, tobacco control policies and strategies to address cancer and heart disease are seriously compromised.

The tobacco industry spends about ten times as much on tobacco promotion as the Government spends on tobacco prevention.

The evidence disproves the tobacco manufacturers’ arguments that this money is spent merely to promote brands among existing smokers. The tobacco industry needs to maintain consumption of its products and replace the 330 smokers who die every day in the UK. Internal documents from the UK tobacco industry's main advertising agencies show how tobacco companies have deliberately undermined voluntary regulations on tobacco advertising, attempted to expand the market for cigarettes by recruiting new smokers, and targeted vulnerable groups such as the young and the poor.

The tobacco industry’s failure to adhere to voluntary regulations on advertising, and the way in which tobacco advertising targets children show the need to ban tobacco advertising to protect public health.

Tobacco Advertising and Promotion (Scotland) Bill Consultation
ASH Scotland has not participated in previous consultations on this Bill.

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6 The Lord Clement Jones, HL Written Answers. 30 July 2001, (HL681)
7 Platt et al., Effectiveness of anti-smoking telephone helpline: follow up survey. BMJ, 1997 316: 929-931
General principles
ASH Scotland supports the general principles of the Bill. We believe that a tobacco advertising ban is essential.

Any ban on tobacco advertising must be seen in its wider context. Governments are negotiating the WHO Framework Convention on Tobacco Control. The European Commission is consulting on a new EU Directive on tobacco advertising. In the UK, a Private Member’s Bill to ban tobacco advertising is going through the House of Lords, but the Government has yet to commit itself to find parliamentary time if the Bill reaches the Commons.

ASH Scotland supports all of these initiatives. We believe that a UK-wide ban would be the most effective measure to control tobacco advertising, and hope that the Private Member’s Bill in the House of Lords will become law. However, ASH Scotland believes that the public health impact of tobacco advertising in Scotland is such that we cannot wait indefinitely for the Government in Westminster to introduce a ban. The Scottish Parliament should legislate to ban tobacco advertising in Scotland, in the absence of action from Westminster.

ASH Scotland believes that the Scottish Parliament should be wary about waiting for another body to legislate. The UK Government proposed to use EU Directive 98/43/EC on tobacco advertising and sponsorship as a mechanism to ban tobacco advertising. The Directive was annulled by the European Court of Justice in October 2000, leaving the UK Government without legislation to introduce a ban. By December 2000 when the Tobacco Advertising and Promotion Bill was introduced, there was insufficient time to pass the Bill in a form acceptable to the Government before the General Election.

Prohibiting the main forms of advertising and promotion in Scotland would have a major impact on tobacco consumption in Scotland and would help to combat the normalisation of tobacco use in society. Children and young people – the prime target for tobacco advertisers - would be less exposed to images that make tobacco use appear normal and desirable. The World Bank has concluded that this is a major consideration when considering tobacco advertising bans.

Content of the Bill
We recognise that the Advertising and Promotion (Scotland) Bill is more limited than the UK Tobacco Advertising and Promotion Bill on which it is based. While ASH Scotland is aware of these limitations, it is important to note that:

- All tobacco advertising restrictions have an impact on the prevalence and location of tobacco images
- There is no such thing as a fully comprehensive tobacco advertising ban – it is inevitable that tobacco industry promotional budgets will be diverted to be used in new and unforeseen ways

The evidence is clear that the most comprehensive tobacco advertising bans are most successful. ASH Scotland believes that any tobacco advertising ban must be as comprehensive as possible. The World Bank uses the term “comprehensive” to mean bans that affect more than one medium; and “partial” to mean one affecting only one medium. This Bill covers multiple media and promotional activities, and is – with a few exceptions – as comprehensive as it can be within the powers of the Scottish Parliament.

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Banning tobacco advertising reduces the prevalence of tobacco images in society. The UK banned TV advertising of cigarettes in 1967. The ban contributed to the growing public awareness that smoking was harmful. 25 years on, more action is needed. A recent ICM survey showed that well over half of Britons believe that tobacco isn’t really that dangerous, because other forms of advertising are still allowed.14

The TV ban was followed by a huge increase in tobacco sponsorship of (televised) sport, to exploit a loophole. This has moved legislators to consider banning tobacco sponsorship, rather than causing them to repeal the TV advertising ban because it has been undermined. The TV tobacco advertising ban was undoubtedly a factor in reducing smoking rates from over half of the adult population in the early 1960s to around 1 in 3 now.

Countries with comprehensive advertising bans have revisited legislation as loopholes have appeared. Norway’s tobacco advertising ban of 1973 omitted indirect advertising such as brand stretching, because it did not exist. By 1982, adverts for Camel Boots had begun to appear. Norway banned indirect tobacco advertising in 1995. Finland and Sweden have also acted to reinforce existing tobacco advertising bans.15

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The limitations of the Scottish Parliament’s devolved powers has led to one key omission from the Bill. The absence of a specific ban on brand stretching is a major flaw. Brand stretching is a major growth area for tobacco marketing. Recent research has shown that children who own tobacco product branded clothing and accessories are four times more likely to smoke than other children.16

Some specific areas within the Bill are a cause for concern:

- Section 1.3 & 1.4: Distribution of tobacco advertisements in electronic form – this looks like only Scottish-registered websites would be covered, which could lead to a major loophole for advertising on the net
- Section 3.1.a: Tobacco trade publications – must be defined to exclude publications on general sale
- Section 3.1.b: communications in response to a particular request for information – should apply to unsolicited requests only, companies should not be allowed to hold mailing lists
- Section 3.1.c: publications published outside Scotland and not for distribution in Scotland. ASH Scotland believes that this covers Scottish editions of UK publications where they are published outside Scotland. Legislation should cover Scottish editions.
- Section 3.2.b: Regulations on point of sale advertising – these must be tightly drawn, and exclude all branded advertising. There is a case for including a ban on point of sale advertising within the legislation
- Section 5: Specialist tobacconists – these are exempted through an agreement outlined in Smoking Kills. There is no necessity for them to be allowed to advertise outwith their premises; the definition of specialist tobacconist should not include chewing or smokeless tobacco – a growth market for the tobacco industry, which could attract young health-conscious users

Tobacco advertising bans are more effective if introduced as part of a tobacco control strategy.17 Scotland has an existing strategy for tobacco control, outlined in Smoking Kills, and subsequent white papers on health.

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15 Joossens L How to circumvent tobacco advertising restrictions, the irrelevance of the distinction between direct and indirect advertising Brussels: International Union Against Cancer 1997
16 Bonn, D. Tobacco promotion bans will work. The Lancet 20-27 December 1997 p1831
Further Tobacco Advertising Controls

Because tobacco advertising legislation can never be absolute, ASH Scotland believes that all tobacco advertising legislation must be consistently monitored, with provision for new regulatory controls to be introduced if loopholes appear.

ASH Scotland supports further action on advertising at Scottish, UK, EU and International levels.

Public Health Issues

In the absence of UK Legislation, ASH Scotland believes that the bill will make a major contribution to improving Scotland’s public health.

The international evidence is that tobacco advertising bans lead to significant reductions in tobacco consumption. The Department of Health estimates that a UK-wide advertising ban would reduce consumption by 2.5%. We believe this to be a conservative estimate – the World Bank has estimated a 7% reduction in consumption following an EU ban. Recent research in four countries with a ban introduced as part of a comprehensive tobacco control strategy - Norway, Finland, New Zealand and France – shows that per capita consumption of cigarettes dropped between 14 and 37% after the implementation of the ban.

The effect of a Scottish advertising ban has to be measured in the long term, but ASH Scotland would expect it to impact significantly on the long-term health of children and young people and on the health of communities with a high degree of social exclusion.

Numerous studies have established that advertising targets children and young people. There is a direct correlation between childhood brand awareness and smoking. The overwhelming majority of smokers start smoking at a young age – more than 90% before they are 19. By stopping children from starting to smoke, the numbers of addicted adults will fall. There is evidence that developing lungs are more susceptible to long term damage. If smoking onset is delayed, then long term health impacts could be minimised.

Tobacco is the single biggest cause of health inequalities in Scotland – and the highest smoking rates are persistently found in the most deprived communities. In 1998, men from Social Class V were 6.5 times more likely to smoke than men in Social Class I; women living in the most deprived communities were 12 times more likely to smoke than women in Social Class 1. These class inequalities had not changed since 1995.

Tobacco use is a social norm in areas of social deprivation, and the prevalence of advertising contributes to the acceptability of tobacco use. There is also evidence that the tobacco industry actively targets low income communities. Banning tobacco advertising is one plank of a strategy to reduce tobacco use in these communities.

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24 Weincke, JK et al. Early Age at Smoking Initiation and Tobacco Carcinogen DNA Damage in the Lung. Journal of the National Cancer Institute, Vol. 91, No. 7, 814-619, April 7, 1999
communities, with a positive impact on health.

**Business Issues**

Again the impact of a tobacco advertising ban must be measured in the long term, as tobacco consumption is reduced over time.

A major study of the impact of reducing tobacco use on business in the UK has concluded that reducing tobacco consumption has a positive impact on the economy as a whole. Reducing tobacco use creates jobs, as consumers divert money spent on tobacco to other products, and because it lowers the cost to business caused by high smoking rates.\(^{28}\)

These results have been replicated elsewhere. The World Bank’s review of independent studies into the impact of tobacco control policies concludes that reducing consumption has little or no negative effect on total employment. In countries like Scotland, which do not produce tobacco, jobs will be created as consumers spend money on other goods and services.\(^{29}\)

A Scottish study has concluded that that the annual cost of employee smoking in Scotland is in the region of £500 million each year - £450 million as a result of lost productivity, £40 million from higher rates of absenteeism among smokers, and £4 million as a result of fire damage.\(^{30}\)

\(^{28}\) Buck, D et al Tobacco and Jobs - the impact of reducing consumption on employment in the UK. York: University of York. 1995


\(^{30}\) Parrott S, Godfrey C, Raw M Costs of employee smoking in the workplace in Scotland Tobacco Control 2000; 9:187-192 ( Summer )
TOBACCO ADVERTISING AND PROMOTION (SCOTLAND) BILL

WRITTEN EVIDENCE

to the

HEALTH AND COMMUNITY CARE COMMITTEE

of the

SCOTTISH PARLIAMENT

HEALTH EDUCATION BOARD FOR SCOTLAND

JANUARY 2002.
The Health Education Board for Scotland (HEBS) supports the principle of a tobacco advertising ban as this would lead to significant health improvement in Scotland. However, HEBS also believes that a UK-wide ban would be more comprehensive, effective and enforceable as a measure than a Scotland-only ban.

Introduction

1. This paper has been prepared by the Health Education Board for Scotland in response to a request for written evidence by the Health and Community Care Committee as lead committee for the Tobacco Advertising and Promotion (Scotland) Bill. In this paper we outline the evidence in support of the HEBS position.

2. Smoking tobacco is a major cause of cardiovascular disease, chronic respiratory disease and is the main cause of lung cancer in Scotland. Smoking is also a major cause of other cancers including cancers of the mouth, oesophagus, stomach, pancreas, cervix, kidney and bladder. Smoking accounts for 90% of deaths from lung cancer and about one third of all deaths due to cancer. It also accounts for about one fifth of deaths due to cardiovascular disease. On average smokers die 6 to 7 years earlier than those who have never smoked and half of smokers will eventually die because of their smoking. In Scotland it is estimated that 13,000 people die every year because of smoking-related diseases.

3. As well as the direct effects on smokers, smoking also affects the health of others. Smoking during pregnancy is associated with spontaneous abortion, pre-term birth, low birth weight, still birth, sudden infant death (SIDS) and impaired physical and cognitive development. However, fewer than half of female smokers succeed in giving up smoking when they become pregnant and in Scotland it is estimated that one in five pregnant women continue to smoke during pregnancy. This means that every year more than 10,000 babies born in Scotland will suffer adverse health and developmental effects caused by maternal smoking during pregnancy.

4. Environmental tobacco smoke (ETS) also poses a significant health risk to non-smokers. It contains 4,000 chemicals including 60 known or suspected carcinogens and is classified as a Group A carcinogen by the US Environmental Protection Agency. ETS is a cause of lung cancer and ischaemic heart disease in the non-smoking partners and non-smoking work colleagues of smokers. It is estimated that every year there are 2-3 extra deaths due to lung cancer per 100,000 non-smokers exposed to ETS.

5. In children ETS is a risk factor for asthma, middle ear infection, bronchitis and pneumonia. Compared with infants with non-smoking parents, the risk of SIDS is 2.5 for infants with fathers who smoke and nearly 4 times for infants with two smoking parents. Constituents of ETS also cross the placenta and therefore pose a risk to the unborn children of non-smoking pregnant women who are exposed to ETS.
Nicotine in tobacco is a highly addictive psychoactive drug

6. In Scotland there are an estimated 1.4 million smokers. However, although 70% want to give up many are unable to do so. Only 2% of smokers a year are successful in quitting without help and even with the most intensive smoking cessation support only one in five smokers are successful per quit attempt. This means that one half of Scotland's young adult smokers will still be smoking when they are 60 years old.

7. Smokers continue to smoke because nicotine is a highly addictive psychoactive drug. It acts on the same part of the brain as heroin and cocaine and is believed to be as addictive as these two drugs. Cigarettes are a highly effective nicotine delivery system. They deliver nicotine directly to the brain within seconds and amongst smokers, who smoke 20 or more a day, nicotine withdrawal begins within 20 to 30 minutes of the last cigarette. Nicotine withdrawal can last for up to three months and the psychological discomfort experienced has been estimated to be equivalent to the distress experienced by psychiatric outpatients.

8. Addiction to nicotine is usually established in the teenage years, on average within one year of starting to experiment with tobacco. Signs of nicotine addiction can be detected in young smokers who smoke only one cigarette a day. In Scotland 22% of 15 year olds are daily smokers and will therefore already be showing some signs of nicotine addiction. However, young people consistently underestimate how quickly they can become nicotine dependent and continue to smoke believing that they will be able to give up easily at some time in the future. Nevertheless, we estimate that half of young people who currently smoke will still be smoking in 2050.

Tobacco advertising increases tobacco consumption and smoking prevalence

9. Tobacco advertising and promotions serve both to maintain tobacco consumption amongst current smokers and to promote smoking amongst those who do not smoke or are not yet regular smokers. There is also a positive relationship between the spend on tobacco advertising and tobacco consumption. In order to maintain tobacco consumption in Scotland at its present level it is necessary to recruit 26,000 new smokers per year to replace smokers who have died or given up.

10. At present there are voluntary agreements with the tobacco industry on advertising but they have proved ineffective. Children and young people are continually exposed to tobacco advertising. Surveys indicate that more than 9 out of 10 children say they have seen tobacco advertising in the last 6 months and the brands smoked by children are the most heavily advertised. In addition the introduction of brand advertisements that appeal to young people increase both brand share and smoking prevalence amongst young people.

11. As the majority of smokers take up daily smoking in their teens, young people are a strategically important market segment for the tobacco industry. Analyses of tobacco industry documents both from the US and the UK clearly demonstrate that young people are a core target of tobacco advertising. During the 1990s smoking rates amongst young people in Scotland increased sharply, particularly amongst girls. Between 1990 and 1998 daily smoking rates amongst 15 year old girls doubled from 12% to 24%. However, more recent data from the National Centre for Social
Research suggests that smoking rates have fallen amongst school age children, particularly amongst 14 and 15 year old boys\textsuperscript{12}.

12. The effectiveness of tobacco advertising on young people seems to lie in the use of image rather than the presentation of information. It capitalises on the gap between young people’s ideal self and their own self-image and implies that the gap will be narrowed. It also affects young people’s perception of the pervasiveness of smoking and its function. All of these are risk factors for initiation into smoking\textsuperscript{13}.

13. In the UK it is estimated that £130 million per annum is spent on the promotion of tobacco products. This is ten times the amount spent on anti-smoking campaigns\textsuperscript{14}. A considerable amount of ‘advertising in kind’ is also obtained, for example through sports sponsorship. In 1998 it was estimated that the news coverage on a single day that accompanied the launch of the new Jordan Team car (which carries the Benson and Hedges logo and colours) was worth over £400,000 in free advertising\textsuperscript{15}.

A comprehensive UK-wide advertising ban will reduce tobacco consumption, improve health and save lives in Scotland

14. Evidence of the impact of a tobacco advertising ban is available from a number of countries that have introduced either partial or complete advertising bans. The 1992 report from the Department of Health presents evidence from 4 countries that had introduced an advertising ban - Norway, Finland, Canada and New Zealand. When a complete ban was introduced tobacco consumption fell by between 4% and 9%\textsuperscript{6}.

15. In their recent Regulatory Impact Assessment of an advertising ban, the Department of Health anticipated a smaller reduction of 2.5% (between 0% and 5%) in tobacco consumption following the introduction of a UK-wide advertising ban, but acknowledge that this is more conservative than other estimates\textsuperscript{16}. For example, in their report the World Bank concluded that a comprehensive global ban on tobacco advertising would result in a 7% fall in tobacco consumption worldwide\textsuperscript{17}.

16. HEBS believes that a UK-wide ban on tobacco advertising will have a modest impact on tobacco consumption which will result in a reduction in tobacco related morbidity and mortality. Available evidence indicates that this will result from a reduction in tobacco consumption amongst smokers who continue to smoke, an increase in the number of successful quit attempts and a reduction in the number of young people who take up smoking. In their impact assessment the Department of Health estimate that if tobacco consumption declined by 2.5% following a complete advertising ban then this would result in an immediate saving of 1500–1600 lives per annum rising after a time lag to 3000 lives saved per annum\textsuperscript{16}. In Scotland this would mean 160–170 lives per year saved rising to 325 lives saved per annum. The later figure is equal to the number of road traffic deaths in Scotland in 2000\textsuperscript{18}.

17. However, one of the most immediate impacts of an advertising ban is likely to be a reduction in the number of babies exposed prenatally to the damaging effects of tobacco. In some countries where comprehensive advertising bans have been introduced, adolescent smoking rates have fallen. For example, in Finland and Norway adolescent rates fell by one third\textsuperscript{6}. If a similar reduction was observed in smoking amongst adolescent girls in Scotland, then we anticipate that within a few years there would also be a reduction in the prevalence of smoking amongst younger
pregnant women and a corresponding reduction in number of babies born in Scotland
that are adversely affected by maternal smoking during pregnancy.

**A Scotland-only ban will be less effective and less enforceable than a UK-wide ban**

18. The Scottish legislation currently proposed would only ban tobacco advertising in Scottish print media that was published and primarily distributed in Scotland; bill board and point of sale advertising; and tobacco sponsorship. It would not ban advertising in UK material that was published outside Scotland but distributed in Scotland either in a printed or electronic format including on the internet. Nor would it ban direct mail marketing; promotional items such as tee-shirts that promote brands; or brand stretching. This means that the Scotland-only legislation that is proposed would only result in a partial ban on tobacco advertising in Scotland. In addition, marketing strategies not covered by the Scottish legislation, for example marketing through the internet and through promotional items, are most likely to reach young people.

19. Available evidence suggests that while comprehensive bans are effective in reducing tobacco consumption, partial bans have little effect \(^6\). In their 1999 report the US National Bureau for Economic Research reviewed data from 102 countries and found that where comprehensive bans are introduced consumption fell by 8% compared with only a 1% fall in countries where partial bans were implemented \(^{19}\).

**References**

10. 11th World Conference on Tobacco or Health (2000). *Tobacco Advertising*. In Tobacco Factsheet Series.


