

[REDACTED]

From: [REDACTED]
Sent: 05 May 2016 09:08
To: [REDACTED]
Subject: FW: Ireland passes Standardised Packaging legislation

From: [REDACTED]
Sent: 04 March 2015 08:55
To: [REDACTED]
Subject: Ireland passes Standardised Packaging legislation

Encouraging news from Ireland on standardised packs ahead of expected vote on regs (?next week?)

[REDACTED]

Sent: Wednesday, 4 March, 2015 1:17 AM
Subject: [fca_all] Ireland passes Standardised Packaging legislation
Importance: High

Dear all

On behalf of the Irish Cancer Society, I am pleased to inform you that the legislation to introduce standardised packaging of tobacco has now passed all stages in Parliament. It finally passed the Upper House after a short debate this afternoon and will now be passed to the President for his signature within 7 days.

Ireland becomes only the second country in the world to pass such legislation and the Bill commits to the introduction of plain packaging for all tobacco manufactured from 20 May 2016. A one year 'washout' period will be permitted for the switchover.

The Irish Cancer Society has been working with an alliance of health and children's charities to ensure the passage of the Bill and below is our press release from today.

Thoughts now turn to the inevitable legal action from the tobacco industry. At the start of February, JTI issued the Minister for Health and Minister for Children with an ultimatum stop the plain packaging legislation within 10 days or face legal action. Both Ministers stood firm and the deadline has come and gone. Imperial Tobacco has also issued a letter threatening legal action. We fully expect the tobacco industry to take the State to court in the coming weeks. Our legal advice on the issue of intellectual property is that - like the case in Australia - public health trumps the branding rights of Big Tobacco.

We continue the battle!

Best wishes

[REDACTED]



LANDMARK DAY AS PLAIN PACKAGING BILL PASSES OIREACTHAS

Tobacco Industry's vain attempts to challenge public health initiative doomed to fail

3 March 2015 – Fewer children will take up smoking as a result of legislation introducing plain packaging of tobacco, an alliance of health and children's charities have said. The successful passage of the Bill through the Oireachtas today with cross-party backing shows the scaremongering by the tobacco industry has only reinforced support for the initiative.

The tobacco industry now has only one option left – to take the State to court. The experience of Australia clearly shows that any attempt by Big Tobacco to assert its rights to intellectual property, for instance, will be defeated by the public health argument, since tobacco is a product that kills one in two long term users.

JTI and British American Tobacco (owners of PJ Carroll) alleged that Australia's right to introduce plain packaging in 2012 was unconstitutional. The High Court found the interest of public health trumps branding rights and called the case taken by Big Tobacco 'delusive' and 'unreal'. The industry lost the case so spectacularly they were forced to pay Australia's legal fees.

The coalition of health and children's charities, including the ISPC, Barnardos, the Children's Rights Alliance, the Asthma Society of Ireland, the Irish Thoracic Society, COPD Support Ireland, ASH Ireland, the Irish College of Ophthalmologists, the Irish Cancer Society and the Irish Heart Foundation, believe plain packaging is a proportional response to the health damage caused by smoking.

"The tobacco industry's allegation that restricting their branding is in breach of intellectual property laws and potentially unconstitutional has no basis", says Kathleen O'Meara, Head of Advocacy and Communications at the Irish Cancer Society. "Nor is there any requirement in the Irish Constitution for the State to pay compensation when restricting property rights in accordance with the common good/social justice as alleged by the tobacco industry.

"In fact, we already restrict tobacco branding through a ban on advertising and the inclusion of health warnings on the packaging, and other industries such as pharmaceuticals are subject to branding restrictions."

"This is a day when people should be proud of their politicians," says Chris Macey, Head of Advocacy at the Irish Heart Foundation. "They have refused to be cowed by the power of the global tobacco industry and this legislation will save the lives of many young people who would otherwise have been condemned to lives blighted by chronic disease and premature death."

"The tobacco industry is against plain packaging because they know that it will mean a massive blow to their profits," says Sharon Cosgrove, CEO of the Asthma Society of Ireland. "Fewer children being enticed into trying cigarettes, means fewer lifelong addicted customers for big tobacco. The passing of the Bill today represents a great move to protect the health of Irish children."

"Many people now suffering from chronic life limiting diseases were hooked on highly addictive tobacco products when there were no restrictions on advertising. This bill will help to save lives and prevent a new generation from being hoodwinked by glamorous branding to take up smoking", says Damien Peelo, Director of COPD Support Ireland.

Big tobacco has deep pockets and is not afraid to spend it on legal firms. But children's rights trump the rights of an industry that causes 5,200 deaths every year in Ireland.

Plain packaging works and that's why tobacco companies are fighting it tooth and nail.

The group of health and children's charities are confident that any challenge to plain packaging by the tobacco industry will ultimately fail.

ENDS

[REDACTED] Advocacy Officer
Irish Cancer Society, 1-43 /45 Northumberland Rd, Dublin 4
T: [REDACTED]
E: [REDACTED]
W: <http://www.cancer.ie>
National Cancer Helpline Freephone 1800 200 700
Registered in Dublin no. 20868 CHY 5863

Daffodil Day will take place on Friday, 27th of March. Click [here](#) to find out more or call 1850 60 60 60. We Won't Give Up Until Cancer Does.

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[REDACTED]
Chief Executive

ASH Scotland
8 Frederick Street
Edinburgh, EH2 2HB

Telephone: [REDACTED]

[REDACTED]

From: [REDACTED]
Sent: 05 May 2016 08:47
To: [REDACTED]
Subject: FW: following up

From: [REDACTED]
Sent: 05 March 2015 16:16
To: [REDACTED]
Subject: FW: following up

Dear [REDACTED]

I spoke with [REDACTED] of Crimestoppers today. Here's what I learned

- Their interest centres on serious organised crime and they describe themselves as apolitical and non-judgemental
- They had started conversations with the TMA about a year ago and were convinced tobacco smuggling is intrinsically linked with SOC and helps fund it (which is true)
- They were aware of potential reputational risks and in initial discussions with PMI found that Philip Morris was not content only to stick to SOC stuff so they did not pursue a partnership with them
- They have made a conscious decision only to become involved in campaigns where there is a) law enforcement backing and b) the focus is only on SOC – they went back to TMA on that basis, only JTI expressed an interest
- JTI was interested in a lower level campaign aimed at retailers selling illicit (JTI said they had removed their products from 7 retailers distributing illicit) – Crimestoppers felt they would only support this campaign if Customs were involved
- He was aware of positive and negative media around TI involvement in illegal tobacco but did not seem aware of JTI being under investigation for smuggling at European level
- They have since allowed JTI to use their logo on ads where there is HMRC involvement in the campaign
- HMRC pleaded austerity and no extra money for campaigns, so JTI funds the project management fees, materials, and pays for using the Crimestoppers logo on materials. He disputes that JTI funds Crimestoppers, but they do give them funding.
- There is also a general arrangement for annual funding from companies in return for intelligence so for example Crimestoppers shares info relating to that company's products but this is one way and not tied to campaign messages.
- I mentioned the January dodgy Crimestoppers tweets (see below) – he said the previous CE pretty much got drawn into supporting anti-standard packs arguments in an interview and they have since backed right off that subject and are clear any media must only emphasise SOC – he wasn't aware of tweets venturing into that terrain
- He has undertaken to follow up re tweets with his communications team. He asked me to let him know if anything else comes up of concern to me.

The key issues seem to be a focus on SOC without necessarily factoring in any public health concerns, the money being needed by the charity and not available elsewhere, believing that the safeguards put in place on working with the industry are adequate.

Below is the follow up email I sent him after our phone conversation today. He said it would be helpful for us to keep in touch, which I agree with. He said they are in discussions with Police Scotland but not specifically on tobacco.

Thanks for your support in following this up, [REDACTED]

All the best

[REDACTED]

Dear [REDACTED]

Good to speak with you today and thank you for making time in a very busy schedule to explain to me the background to your partnership working with JTI. I agree it would be helpful to stay in touch and am happy to meet up if you are in Scotland.

Below are the Crimestoppers tweets which I was aware of and believe are unhelpful – it would be good if your communications team were well briefed on tobacco industry tactics, and I suggest it would be worth their while browsing the excellent Tobacco Tactics website run by the University of Bath, for example on JTI:

http://www.tobaccotactics.org/index.php/JTI_Involvement_in_Smuggling

and on industry opposition to standardised packaging:

http://www.tobaccotactics.org/index.php/Plain_Packaging_Opposition_in_the_UK

I'll let you know if I become aware of anything further

Kind regards

[REDACTED]



Crimestoppers Plain cig packs could be here next year - good for health but may be also good for taxers. What's your take? pic.twitter.com/3q1N71024K



Crimestoppers www.crimestoppers-uk.org Jan 23

Aus has plain cig packaging, illegal tobacco increased – mainly in branded packs! It's Friday & we're confused...! bbc.in/1GHuLBB.

1 2

His response just received:

Thanks

I've spoken to my digital team and they have taken them both off I have explained to them that we are not to enter into these types under any circumstances

Thanks for your time

[REDACTED] Director of Operations
Crimestoppers Trust, PO Box 324, Wallington, SM6 6BG
T: 020 8835 3710 | M: 07917 440 183 | F: 020 8835 3701 | E: [REDACTED]
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ASH Scotland's vision is of a healthier Scotland, free from the harm and inequality caused by tobacco.



CLICK ON IMAGE FOR MORE DETAILS

[REDACTED]

From: [REDACTED]
Sent: 28 April 2016 11:37
To: [REDACTED]
Subject: FW: following up

Categories: Purple Category

Regards,

[REDACTED]

Acting Head of Health Improvement | Population Health Improvement Directorate | Scottish Government | 3 East St
Andrews House, Regent Road, Edinburgh EH1 3DG | 0131 244 2174

From: [REDACTED]
Sent: 05 March 2015 16:30
To: [REDACTED]
Subject: RE: following up

Thanks, [REDACTED]

Regards,

[REDACTED]

Team Leader, Tobacco, Alcohol, Diet and New Food Body Programme | Public Health Division | Population Health
Improvement Directorate | Scottish Government | 3 East St Andrews House, Regent Road, Edinburgh EH1 3DG |
0131 244 2174

From: [REDACTED]
Sent: 05 March 2015 16:16
To: [REDACTED]
Subject: FW: following up

Dear [REDACTED]

I spoke with [REDACTED] of Crimestoppers today. Here's what I learned

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- They had started conversations with the TMA about a year ago and were convinced tobacco smuggling is intrinsically linked with SOC and helps fund it (which is true)
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Below is the follow up email I sent him after our phone conversation today. He said it would be helpful for us to keep in touch, which I agree with. He said they are in discussions with Police Scotland but not specifically on tobacco.

Thanks for your support in following this up, Alastair.

All the best

[REDACTED]

Dear [REDACTED]

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and on industry opposition to standardised packaging:

http://www.tobaccotactics.org/index.php/Plain_Packaging_Opposition_in_the_UK

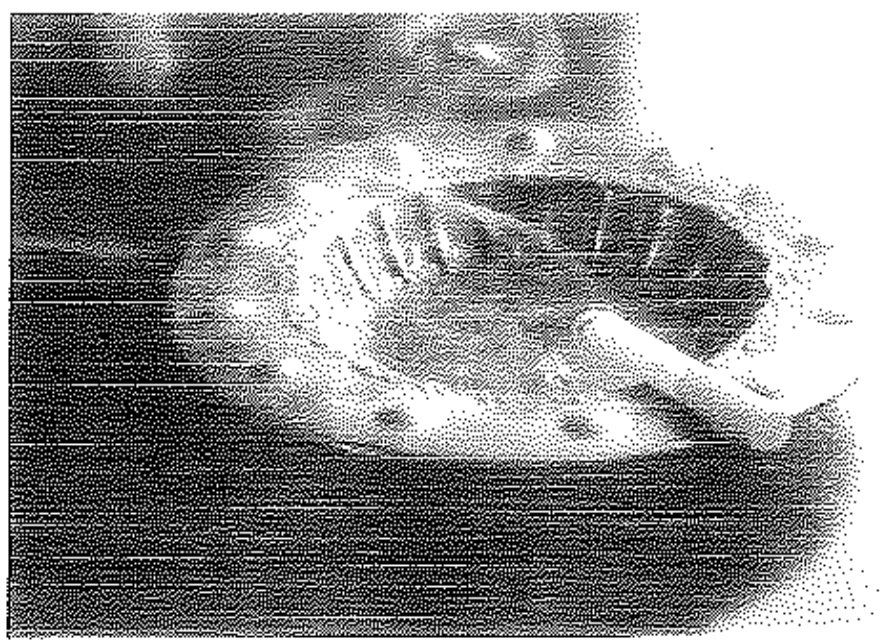
I'll let you know if I become aware of anything further

Kind regards

[REDACTED]



Crimestoppers
 Please report any crime or help you if you have information about a crime or
 someone who is a danger to the public. You can call us on 020 8835 3700



Crimestoppers you are a legend! Jan 23
 Aus has plain cig packaging, illegal tobacco increased - - mainly in branded
 packs! It's Friday & we're confused...! bbc.in/1GHULBB.

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Thanks for your time

[Redacted] | Director of Operations
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[Redacted]
 Chief Executive

[REDACTED]

From: [REDACTED]
Sent: 05 May 2016 09:08
To: [REDACTED]
Subject: FW: Legal Opinion on standardised tobacco packaging - rebuttal of industry claims

From: [REDACTED]
Sent: 06 March 2015 09:39
To: [REDACTED]
Subject: FW: Legal Opinion on standardised tobacco packaging - rebuttal of industry claims

For information

[REDACTED]

From: [REDACTED]
Sent: 06 March 2015 09:10
To: [REDACTED]
Subject: Legal Opinion on standardised tobacco packaging - rebuttal of industry claims

ASH news release: Embargo 00.01 Monday 9th March 2015

Standardised Packaging: Tobacco industry claims for compensation “blown out of the water”

On the day MPs are debating the Regulations prior to a vote, a Legal Opinion has been published which concludes that standardised (“plain”) packaging of cigarettes and other tobacco products is compatible with European law, and compensation would therefore NOT be due the tobacco industry.

The Opinion [1] was commissioned by Action on Smoking and Health (ASH) and Cancer Research UK from Alberto Alemanno, Jean Monnet Professor of Law at HEC Paris and Global Clinical Professor at NYU School of Law, and Amandine Garde, Professor of Law at Liverpool University. They conclude that: *“In this Legal Opinion, we have focused on the compatibility of the UK draft Standardised Packaging of Tobacco Products Regulations with EU law. We concluded that all the packaging requirements they propose are compatible with both the EU TPD [2] and, more generally, EU law.”* They also state that: *“Our analysis suggests that the UK Department of Health enjoys a broad margin of discretion to introduce a standardisation scheme of tobacco products... The evidence supporting standardised packaging keeps accumulating. The Chantler Review [3] adds to the calls for standardised packaging ... The UK’s proposed regulations and its Impact Assessment draw on this evidence and present it is as clearly as possible [given] the conditions the TPD and the EU Treaties lay down to determine the validity of a national scheme standardising tobacco products.”*

The Opinion also states that the Regulations are lawful under EU law relating to trademarks, and “fundamental rights”, both of which do not prevent Member States from introducing legislation to protect public health.

The tobacco industry has claimed that the industry would be due billions of pounds in compensation [4] if standardised packaging were to proceed in the UK, but this Opinion demonstrates these claims are not substantiated.

Professor Alemanno said:

"Our analysis demonstrates that under current EU law the UK Government is entitled to regulate the packaging of tobacco products well beyond what the EU prescribes. The UK government therefore enjoys considerable freedom of action in regulating the presentation of tobacco products, particularly given the overwhelming evidence of the harm that tobacco consumption causes. There is also a carefully established and strong evidence base supporting the introduction of standardised packaging. For these reasons, we believe that any challenge by the tobacco industry against standardised packaging under European law is unlikely to succeed."

Deborah Arnott, Chief Executive of health charity ASH said:

"The Legal Opinion we are publishing today blows out of the water the ludicrous and unjustified claims by the tobacco industry that it would be due billions of pounds in compensation if the UK proceeds with standardised packaging. It clearly demonstrates that the UK Government has a robust case for the regulations under European law. We are also confident that MPs will vote for the standardised packaging regulations by a large majority this week. There is strong support amongst parliamentarians from right across the political spectrum for this important public health measure to protect children and save lives."

Alison Cox, Director for Cancer Prevention at Cancer Research UK added:

"The public health community has been united in calling for the introduction of plain, standardised packaging of tobacco products across the UK. The growing weight of peer-reviewed evidence that standard packs reduce the appeal of smoking to children has crushed the tobacco company counter claims. Now international legal experts have exposed the fatal weakness of the industry threats against EU countries who want to protect their children from tobacco marketing. This report systematically knocks away every leg of Big Tobacco's arguments, and leaves them floored. Standardised packaging is evidenced based, legal and supported by 72 per cent of UK adults. We urge MPs to vote to for this vital public health measure when they get the opportunity."

The authors of the Opinion also warn that the tobacco industry will try to mount legal challenges to standardised packaging under international trade rules, through the World Trade Organisation, as they have done with respect to the Australian plain packaging laws. On 5 May 2014, the Director-General of the WTO appointed panellists to examine the complaints made against Australia's plain packaging law by Ukraine, Honduras, the Dominican Republic, Cuba and Indonesia. Most legal experts on trade law and public health consider the challenges are likely to fail. [5]

ENDS

Notes and Links

[1] Please contact ASH if you would like a full copy of the Legal Opinion

[2] The revised EU Tobacco Products Directive came into force on 19th May 2014. It contains requirements for tobacco packaging to include prominent health warnings, although it does not mandate standardised packaging. EU Member States must bring their national legislation in line with the revised Directive by the first half of 2016.

[3] Standardised Packaging. A report of the Independent review undertaken by Sir Cyril Chantler. April 2014.

[4] BBC News. Big tobacco fuming: Philip Morris threatens to sue over plain cigarette packaging. August 13th 2014.

[5] See for example <http://www.mccabecentre.org/focus-areas/tobacco/dispute-in-the-world-trade-organization>

Action on Smoking and Health is a health charity working to eliminate the harm caused by tobacco use. For more information see: www.ash.org.uk/about-ash

ASH receives core funding from Cancer Research UK and the British Heart Foundation.

Contact: 

Action on Smoking and Health

[REDACTED]

From: [REDACTED]
Sent: 27 April 2016 14:35
To: [REDACTED]
Subject: FW: draft ASH Scotland 3 year funding application
Attachments: 2015-18 Scottish Govt application - ASH Scotland (2).pdf

Importance: High

Categories: Purple Category

[REDACTED]

From: [REDACTED]
Sent: 09 March 2015 17:23
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: draft ASH Scotland 3 year funding application
Importance: High

Hi [REDACTED]

Apologies that it has taken a few weeks to respond to you.

Thanks for getting this to us and all the work that has gone into it.

I've made some specific comments within the body of the document itself but that isn't easy to do on a PDF so I also offer the following comments below. As you heard at the outcomes workshop a few weeks back, with increasing tightening of resources comes the need to demonstrate ever more efficiency. The comments I've provided attempt to suggest how you might want to further demonstrate this in your bid and I also hope that the workshop itself provided some good ideas. Overall I think my main advice would be to not spread yourself too thin but to identify key actions that you can follow through over the course of the 3 year bid. For me, it feels like your Children's Charter and alliances work should be front and centre of all of this but that is your decision.

Finally, and most importantly, I also wanted to let you know that we will not be in a position to agree funding until our budgets are confirmed. That won't be until after the current spending review. However, [REDACTED] has agreed that the Division can commit to funding for all our stakeholders for quarter 1 at this time. I will keep you updated but that gives us more time to finalise the performance framework around your bid.

Happy to meet again to discuss once you've had the opportunity

Best wishes

[REDACTED]

Section 1-3: good background and context. See PDF for any specific comments.

Section 4: this section sets out the bulk of the detail for what you are proposing over the next 3 year period linked to your 5 strategic outcomes which is good. In addition to specific comments in the PDF I have the following comments / suggestions / questions:

Young people

- could you say how the work in this section might help reduce inequalities, what are you doing to work with young people in communities most affected by tobacco?
- Youth work activity – worth clarifying that this is an addition to separate youthwork funding and how this work will link to that.
- Enforcement activity – would be good to clarify what this activity looks like and why, does ASH S have a role to maintain oversight of enforcement or is this more about monitoring? If so, what is the purpose, what will be done with the information and why must SG fund over and above our existing work to monitor enforcement activity?

SHS

- Collating evidence on impact of SHS – a lot has already been done around the member's bill and the SG awareness campaign so worth mentioning that here. Worth re-framing this point to focus more on what action ASH S will take based on evidence.
- Develop public debate about outdoor areas – worth adding what action will be take beyond the debate.
- More generally, would be worth reflecting on the inequalities dimension. As you know we have a lot of information about the challenges that our target audience face in making their homes smokefree so how might ASH S act on that?
- Would be good to describe how you will build on the legacy of REFRESH – it feels like there is a gap by not referencing all the work done under REFRESH.

Quitting

- We know that fewer and fewer people are looking to quit through NHS services but that smoking rates in our most deprived communities have at best stalled and at worst risen. What can ASH S do to understand what is happening and engage / facilitate engagement between communities and relevant organisations.

Tobacco – Free Generation

- For me, I wonder if this is the section you should put up front with everything drawing down from that. The Children's Charter is great and it feels like that should become the central driver for your activity going forward. Just a thought.
- ASH S has a unique and key role in relation to alliance activity, again, it feels like this should be at the centre of most of the things you do and more could be made of this. ASH S can't deliver everything relating to tobacco control but you are the key facilitator to help others collectively deliver change. For me, I think this needs to come out more and a lot of actions need to link back to this.

Drive wider change

- There feels some duplication with the previous area in relation to monitoring alliance activity. Would be good to see these brought together with some key identified actions about what you want alliance activity to focus on / achieve over and above sharing information. Is this activity measured in any way to evaluate outcomes?

Section 5 / 6: maybe a typo as section 4 goes straight into section 6

Driver Diagram – this is good but feels like it needs a bit more refining. I think there is a section missing between high level outcomes and the work activity. Perhaps there needs to be a section

on medium-level outcomes? For example on young people, what are the outcomes that ASH S can specifically demonstrate it has delivered – these are probably things like 'young people have more information', or 'people that work with young people have more information and have been supported to develop policies'. It would be good to map these out as these are the outcomes that we should specifically be able to tie activity and costs back to. As drafted, the high-level outcomes are probably too high level for ASH S to be able to demonstrate key impact year on year. I'm happy to be involved in a discussion to think these through if it would help.

Detailed workplan: as this is a 3 year bid, it would be good to have a sense of how this fits into a 3 year workplan and what the core activity / outputs / outcomes are across the 3 years. It may be that section 4 already does some of that and the activity to map out medium term outcomes might help bring this together.

Budget: grateful for an explanation as to how the identified activities have been costed and what comes out of the 3 different lines (core funding / info services / youth and inequalities), in doing this, you may want to link your workplan to the 3 different lines. Also, does 'youth and inequalities' remains an appropriate title for this workstream? I'm not sure it does but it will depend on what you want this line to cover.

Appendices: not attached. Grateful for inclusion of organisational chart.

From: [REDACTED]
Sent: 10 February 2015 16:43
To: [REDACTED]
Cc: [REDACTED]
Subject: draft ASH Scotland 3 year funding application

Dear [REDACTED] and [REDACTED]

Please find appended a draft 3 year funding application from ASH Scotland for the period 2015-18 as previously discussed.

Following feedback from your Analytical Services team regarding the outcome indicators proposed in the detailed workplan, and any further comments and feedback you have for us on the overall application, we will make changes as indicated, complete the formatting, appendices etc and send you a final version.

Kind regards

[REDACTED]

[REDACTED]
Chief Executive

ASH Scotland
8 Frederick Street
Edinburgh, EH2 2HB

Telephone: 0131 220 9487



ASH SCOTLAND
FUNDING APPLICATION
2015 - 2018

ASH Scotland Proposal for Scottish Government Funding 2015-18

CONTENTS	page
Scotland's success depends on reducing the harm from tobacco	3
Demonstrating ASH Scotland's impact and added value	5
ASH Scotland and the context for this proposal	7
Laying the foundations for a Generation Free From Tobacco: ASH Scotland's strategic plan 2015-2018	8
Driver diagram for 2015-18	
Monitoring, evaluation and reporting	

1) Scotland's success depends on reducing the harm from tobacco

Creating a Generation Free From Tobacco -- Scotland's Tobacco Strategy

The programme set out in this proposal closely relates to and helps to deliver the current national tobacco strategy, *Creating a Generation free from Tobacco*. Our attached work-plan explicitly links specific areas of work for which we are seeking Government funding to the numbered actions in the national strategy. We have adopted the target of creating a tobacco-free generation by 2034 as an overarching focus for our work.

Beyond the tobacco strategy, our work contributes to a number of other Scottish Government aims.

Strategic Objective -- A Healthier Scotland

Stopping smoking is the single best thing that a smoker can do to improve their health. Quitting smoking leads to improved general health and mental wellbeing, and reduces the risks of developing serious illnesses, many of which require high levels of care; these include stroke, dementia, heart disease and cancers.

Research on tobacco control activities and measures has shown these to be highly cost-effective health interventions, given the devastating costs that tobacco use imposes on individuals and society.

Strategic Objective -- A Wealthier and Fairer Scotland

Treating smoking attributable disease costs the NHS £271 million a year, with productivity losses due to excess absenteeism, smoking breaks and lost output due to premature death depriving the Scottish economy of another £692 million a year. Total societal costs from tobacco use significantly outweigh the revenue raised in taxation.

The smoking rate is 4 to 5 times higher in the poorest areas than in the most affluent, so that smoking is both a cause and an effect of health inequalities. The personal cost to a 20-a-day smoker is over £3000 a year. A 1% drop in the smoking prevalence in the poorest 20% of Scottish society would put £30,000 a day (£11 million a year) directly into the pockets of the most needy in our society.

National Indicator -- We live longer, healthier lives

Tobacco is a uniquely harmful substance, implicated in the deaths of half of long-term smokers. In Scotland, there are an estimated 56,000 tobacco-related hospital admissions, with around 13,000 early deaths, each year, often after years of debilitating illness. Those who die in middle age lose on average 22 years of healthy life.

National Indicator -- We have tackled the significant inequalities in Scottish society

In wealthier areas, some 15% of deaths are attributable to smoking, whilst for the most economically disadvantaged the figure rises to 32%. Professor Sir Michael Marmot in his review 'Fair Society, Healthy Lives', noted that tobacco control is "central to any strategy to tackle health inequalities".

National Indicator -- We have improved the life chances for children, young people and families at risk

Two thirds of smokers start before their 18th birthday, so that a decision taken as a child may have health, financial and social impacts throughout their life. Children growing up in a household where someone smokes are several times more likely to take up smoking themselves, so that the harm and inequality caused by tobacco use is passed on to future generations.

Performance Indicator – Reduce the percentage of adults who smoke

Although the smoking prevalence has halved over the last 40 years, there are still around 1 million smokers in Scotland, each with greatly increased risk of cancer, heart disease, stroke, dementia, arthritis and diabetes.

As we know that most smokers started as children, and the great majority now say that they want to quit, it is clear that very few of these are engaging in an informed adult choice.

National Indicator – Improve children's services

The survey information we have suggests that there is a particularly high smoking rate amongst looked after children and amongst the disadvantaged groups supported by community-based youth services. We are aware that while most professional staff are aware of the concerns over smoking, services often prioritise drugs or alcohol issues yet are open to the provision of support to improve their own tobacco policies.

Performance Indicator – Increase the proportion of babies with a healthy birth weight

Every year over 11,000 Scottish babies are affected by smoking in pregnancy, which is a serious risk factor in low birth weight, birth complications and Sudden Unexplained Death in Infancy (SUDI). 30.6% of pregnant women in the most deprived categories smoke at booking, compared to 6.1% in the least deprived categories. Guidance on tobacco policies for maternity services exists, yet implementation is still patchy.

Performance Indicator – Improve self-assessed general health

In addition to the health concerns, there are social and economic costs to families and communities who care for the ill, mourn for the dead and expend money which is badly needed elsewhere.

The latest Scottish Household Survey indicated that 'Smokers were less likely than non-smokers to describe their health as 'good' or 'very good' (64 per cent and 77 per cent, respectively) while 12 per cent of smokers said their health is 'bad' or 'very bad' compared with 6 per cent of non-smokers.'

Performance Indicator – Improve mental well-being

Some 40% of tobacco consumption is by people with mental health issues and the more severe the mental illness the more likely the person is to be a smoker. Smoking is commonly regarded as a support or a means of coping, yet research shows that stopping smoking is linked with improved mental health and that mental health services implementing smoke-free policies have reported positive outcomes for both staff and patients.

Contribution to other Scottish Government strategies

In terms of the National Parenting Strategy, we contribute to and help monitor implementation of work to support cessation of tobacco use in pregnancy through MCQUIC

and addressing SHS at the 24-30 month health visitor review. Our work supports areas of the 'Breaking the Cycle' element of the Early Years Framework and is informed by the GIRFEC and SI ANARRI principles, which are reflected in our Children's Charter for a Tobacco-free Generation.

We also contribute to the aims of the Health & Social Care integration programme. The Route Map to the 20:20 Vision for Health and Social Care specifically mentions smoking with Key Deliverable 20 - new restrictions on tobacco advertising - being seen as a driver to reduce youth smoking prevalence. Promoting understanding of and supporting implementation of such advertising restrictions are a key part of our work.

We have contributed to both shaping and disseminating the learning from Equally Well initiatives, including supporting actions around the health of looked after children and early years, as highlighted in the 2010 review of Equally Well.

Through our work aimed at tackling poverty and inequalities, we support the Achieving Our Potential framework, and within the Child Poverty Strategy we actively support work to improve life chances and better physical and mental health for children from low income households through our early years and community engagement work. Plain packaging for tobacco is specifically mentioned under the Prospects – Improved life chances (children from low income households have improving levels of physical and mental health) section.

Our activities help to support the Refreshed Framework for Maternity Care, the Healthcare Quality Strategy for Scotland, the mental health strategy 2012-2015, and the dementia strategy. There is also a mention of exposure to tobacco smoke in a review of the Good Places Better Health strategy on health and environment, and we maintain an interest in and partnership engagement on reducing tobacco related litter in communities.

2) Demonstrating ASH Scotland's impact and added value

As Scotland's national charity seeking to reduce the harm and inequality caused by tobacco, ASH Scotland is uniquely placed to deliver the impacts and benefits of tackling tobacco, as set out above. We were recently audited by independent consultancy IOD Parc, on behalf of the Scottish Government. Their 2014 report set out how we work to deliver the impacts and benefits of tobacco control, and concluded that *"ASH Scotland is effective in achieving its aims, and in delivering value for money for the Government"*. The report praised ASH Scotland for its *"strong vision"*, *"working effectively with a wide range of partners and alliances"*, *"strong governance"* and *"effective decision making processes"*.

We work in partnership with other health interests in Scotland, across the UK and internationally and aim to bring information and experience to bear on thinking about how Scotland best tackles the tobacco epidemic and moves towards a society where smoking is out of fashion. Our partnership working with both the Scottish Tobacco Control Alliance (STCA) and the Scottish Coalition on Tobacco (SCOT) have proved to be useful channels for disseminating Scottish Government consultations and channelling views and suggestions on developing tobacco policies and emerging areas of practice, as well as taking a longer view of the progress needed to deliver a generation free from tobacco.

We play a prominent role in building awareness and consideration of the impact of tobacco across other sections of public life, as part of supporting a culture change towards achieving communities throughout Scotland where smoking and tobacco use are completely out of fashion. Given the concentration of smoking behaviours in disadvantaged groups we are able to approach a wide range of organisations engaging in community support, confident

that tobacco will be impacting negatively on the groups they are working with. We have developed an effective and efficient model whereby we engage, inform and support professionals, enabling them to develop their own tobacco policies and practice and thus to reach a much wider segment of society than we could ever reach on our own.

Beyond the work in our initial workplan, we adapted to events and developments as they rose, for example adding value through our dialogue with the organisers of major national events such as the Commonwealth Games and Ryder Cup, as we positively influenced their decisions about policies and messaging relating to tobacco.

Amongst the specific impacts achieved with our most recent round of Government funding are that we:

- informed the development of Scotland's new tobacco control strategy, collating and communicating the evidence to inform the strategy and involving a range of stakeholder organisations in considering the proposals;
- made significant inroads in persuading community based youth organisations to engage the young people they work in making health choices on tobacco, including producing a policy guide for services and winning around the main national organisations to supporting work on tobacco and health;
- engaged family support services around Scotland in supporting their clients to protect their families through making their homes smoke-free;
- produced a comprehensive evidence review on the links between smoking and dementia, which has enabled us to initiate relationships with some of the key dementia interests;
- produced a new analysis of the financial impact of smoking in our most deprived communities and initiated partnership working with financial support services;
- mapped tobacco policies amongst services for Looked After and Accommodated children and developed and promoted a model tobacco policy in response;
- ran a successful summit as part of our 2013 national conference bringing together 40 representatives to consider tobacco issues for black and minority ethnic groups, setting up a network of interest which we continue to support;
- handled 779 information enquiries in 2014, up from 549 in 2011
- grew the STCA from 169 to 187 members at a time of overall reduction in staff numbers, organising successful seminars to facilitate sharing on topics from illicit tobacco and electronic cigarettes to smoking in pregnancy;
- developed Tobacco Awareness Raising Sessions (TARS), delivering to organisations from mental health residential units and dementia support groups to children's charities; and
- supported smoke-free events and spaces, including at the 2014 Commonwealth Games.

Tobacco control is working for Scotland. Taking together the three surveys published in 2014 (Scottish Household Survey, Scottish Health Survey and Integrated Household Survey) the number of smokers in Scotland fell below 1 million for first time since the Second World War. At the same time the latest SALSUS figures showed that teenage smoking rates continue to drop – only 2% of 13 year olds were regular smokers in 2013 (down from 3% in 2010), while 9% of 15 year olds were regular smokers in 2013 (down from 13% in 2010) - the lowest rates since current surveys began in 1982.

If we were not able to continue in our role as Scotland's national charity taking action to reduce the harm and inequality caused by tobacco there would be no central evidence resource, informing debates and driving forward evidence-based change, no co-ordinated push to encourage and enable family support, mental health and youth work services to

address the impact of tobacco on their client groups and no forum linking and informing tobacco control activity around Scotland and across sectors.

3) ASH Scotland and the context for this proposal

ASH Scotland has developed a new organisational strategic plan, covering the three year period from April 2015 to March 2018, the timescale of this funding request. The new strategy (attached as appendix) focuses on engaging across Scottish society, to make the links and connections that work towards laying the foundations for a generation free from tobacco in 2034. Our funding proposals to the Scottish Government are in line with our strategy.

ASH Scotland's new organisational strategy was developed in consultation with staff, Board and stakeholders and informed by a SWOT and PEST analysis.

We identified as a key strength that we are Scotland's experts on tobacco and health, handling a well-established evidence base with credibility. We have built up strong partnerships and good working relationships, and are a hub for tobacco control activity in Scotland. Amongst our staff we have a broad range of skills, allowing us to engage with the different needs for action on tobacco. We add value and capacity to help others meet their goals.

Moving forward, we recognise the danger that we may be dismissed as a single-issue group, or deliberately presented as being anti-smoker. We face organised commercial opposition in a way experienced by few other charities.

We are able to connect with many of the issues at the forefront of public concern, such as poverty/food banks and health inequality and to show that tobacco is connected to health concerns at the forefront of public and political concern, such as diabetes and dementia. We are keen to develop further opportunities to reach out and engage with community groups.

Our work keeps tobacco on the public awareness agenda, whereas without us it could be in danger of being squeezed out by funding pressures or competing issues.

The political context in which we present this bid is led by the Scottish Government's commitment to achieving a 5% adult smoking prevalence rate by 2034. This vision drives our work, along with the target of reducing the proportion of children exposed to second-hand smoke in the home to 6% by 2020. We are aware that an expected Public Health Bill in 2015 will bring opportunities and demands, as will the legislation for and implementation of standardised tobacco packaging, and the implementation of European Tobacco Products Directive measures in May 2016.

The economic outlook continues to be challenging, with both statutory and charitable funding continuing to be under pressure for the foreseeable future. Scotland's tobacco control budget will be maintained at least at current levels until 2018, but there may be further cutbacks to enforcement staff and in research and public awareness funding. Tobacco taxes will continue to rise, at least for the next couple of years.

We anticipate concerns over health inequalities will be a continuing high-profile dialogue, with smoking rates being an important ongoing factor. Various regulatory measures should continue to see the visibility of tobacco use wane, including a ban on smoking in cars with children present; smoke-free health services, prisons and local authority premises; and a growing discussion on other smoke-free outdoor areas. Electronic cigarettes have raced

ahead of the regulatory framework to become a mainstream consumer item, with questions around patterns of use and appropriate regulation to be addressed in the next few years.

Technological considerations for the three-year lifetime of this strategy include the emergence and marketing of new nicotine delivery devices, including those developed by tobacco industry interests. We expect media, marketing and information provision to move further online, with a greater accessibility and affordability of webinars, Skype, etc. We are interested in the trend for air quality monitoring devices to get cheaper and simpler to use, increasing the possibility to provide measurements and feedback on tobacco smoke not just in homes but in other public places, such as stairwells.

In developing our strategy, ASH Scotland also conducted a survey of our external stakeholders, some extracts of which are attached in appendices. The survey elicited very positive responses from across health service, voluntary sector, local government and academic audiences, and illustrated the large number of strong, lasting partnerships which underpin and add value to our work.

4) Laying the Foundations for a Generation Free From Tobacco: ASH Scotland's strategic plan 2015-2018

Scottish Government funding will help us to deliver on the 5 strategic outcomes in the strategy, each focusing on the changes we feel are needed to take us forward towards the end game target:

1. more young people will have chosen not to smoke

Over the three-year period, ASH Scotland will work to ensure that tobacco becomes less attractive and available to young people. In particular we will:

- continue to mainstream tobacco interventions across the youth work sector - collaborating with the main youth work organisations, ensuring that information and support materials are available and promoted through youth work networks, and directly supporting individual youth work services so that more young people engaging with services are able to make positive choices on tobacco;
- support the introduction of standardised packaging, expected in May 2016, collating evidence, informing and influencing debates and responding to the inevitable tobacco industry opposition so that the public (including smokers themselves) understand the rationale for the change;
- work with student union bodies to promote and help implement smoke-free college and university campuses, starting with pilot work with interested student unions we will develop positive case studies and template policies which we will promote across Scotland;
- maintain careful oversight of the enforcement of existing regulation of the tobacco market, and engagement with trading standards, the police, etc, ensuring that measures intended to reduce young people's access to tobacco are well understood and adequately enforced; and
- lead a discussion on the real and manufactured concerns over illicit tobacco, ensuring that public awareness of illicit tobacco is not only high but accurate, and that tobacco industry attempts to skew media coverage, retailer perceptions and policy responses are robustly dealt with.

2. more people of all ages will live their lives free from second-hand tobacco smoke

Over the three-year period ASH Scotland will work to ensure that more people choose to make their homes and cars smoke-free and to develop Scotland's approach to designating certain outdoor areas as smoke-free. In particular we will:

- engage with more family support services, to maximise the support given to parents wishing to protect their family through making their home smoke-free;
- collate evidence on the impact of second-hand smoke and the effectiveness of smoke-free policies in protecting the public, and use this to inform public awareness of the need for smoke-free policies and political debates around smoking in cars with children present;
- develop public debate over which outdoor public spaces would be appropriate to designate as smoke-free, starting with children's space such as play parks; and
- engage services for Looked After and Accommodated Children, to improve policy and practice and hence to ensure that the corporate parent takes full account of the benefits of smoke-free homes and environments in reducing immediate harm to children and their likelihood of going on to smoke themselves

3. more people will have stopped smoking, particularly from deprived communities

Over the three-year period ASH Scotland will work to ensure that more smokers want to quit and that the environment in which smokers live is more supportive of quit attempts. In particular we will:

- monitor and collate new evidence on the links between tobacco and a range of equality issues, ensuring that tobacco is understood as both cause and effect of health inequalities and that tobacco control is part of the process of reducing inequality;
- continue to monitor the emerging evidence base on electronic cigarettes and harm reduction approaches, ensuring that the debate over the rightful place for electronic cigarettes seeks to encourage the potential benefit in quitting smoking while minimising the risk of attracting new generations into nicotine addiction;
- engage with mental health organisations and front-line services to challenge any lingering consideration that smoking can be beneficial in coping strategies for people with mental health issues or that moves towards smoke-free mental health services could be harmful for patients and/or staff; and
- seek to develop new opportunities to hear the voices and perspectives of smokers themselves, so that tobacco control policies and messages can be developed with the needs and responses of the end-users in mind.

4. there will be greater public support for a tobacco-free generation

Over the three-year period ASH Scotland will work to ensure that more people support the 2034 target and understand what it means and that policy and practice will shift to reflect the vision of a tobacco end-game. In particular we will:

- monitor and engage with international discussions on end-game thinking and policy ideas, ensuring that Scotland's progress is informed by ideas from other countries and in turn influencing developments elsewhere;
- map, monitor and engage with local alliance activity around Scotland, providing advice, information and support as local areas develop and implement their own local tobacco action plans;
- monitor tobacco industry activity and map Scotland's performance with regard to Article 5.3 of the Framework Convention on Tobacco Control; and
- promote the Charter for a Tobacco Free Generation to a wide range of organisations interested in children's welfare, seeking Charter signatories but also changes to policy and practice in line with the six Charter principles.

5. ASH Scotland will effectively drive wider action on smoking and health

Over the three-year period ASH Scotland will work to achieve that other organisations are able to make a greater contribution to tobacco control work and that ASH Scotland itself is well-run, efficient and effective. In particular we will:

- provide a top-quality Information Service providing the best available evidence on tobacco and health;

ASH Scotland Proposal for Scottish Government Funding 2015-18

- co-ordinate the Scottish Tobacco Control Alliance, to enable networking, consultation and information exchange relating to tobacco control in Scotland;
- effectively demonstrate good governance, including supporting the maintenance of suitably constituted Board and the development and delivery of clear, outcome-focused workplans; and
- identify and secure long-term, sustainable and diverse funding to underpin the ongoing activities of the organisation and the achievement of its long-term goals.

6) Monitoring, evaluation and reporting

The driver diagram below sets out how we believe our activities deliver impact around our over-arching aim to reduce the harm and inequality caused by tobacco. A detailed work-plan for the first year of the grant is also attached below. This is drawn from our organisational annual work-plan and breaks down our 5 Strategic Outcomes and 10 High Level Outcomes into a series of 41 specific Operational Outcomes (only those relating to Scottish Government funding are included in the annual work-plan presented here).


We have identified a number of outcome indicators to go with each of the 41 Operation Outcomes, providing the specific measures of impact against which we will report. We believe that this new, impact-driven, means of planning and evaluation will provide a simple, clear and effective framework by which to frame our regular reports to funders.

We propose to submit further detailed annual work-plans ahead of years 2 and 3 of the funding.

7) Driver diagram for 2015-18

<p>ASH Scotland's Vision This is what we want</p>	<p>Strategic Outcomes With a particular focus on inequalities, these are the areas in which we will contribute to achieving that vision</p>	<p>High Level Outcomes And those changes are brought about by meeting these conditions</p>	<p>Work Programme and Activity Our detailed workplan sets out activity in these areas to bring about those conditions</p>
<p>A healthier Scotland, with reduced harm and inequality caused by tobacco</p>	<p>More young people will have chosen to remain free from tobacco</p>	<p>tobacco is less attractive to young people</p>	<p>plain packs, smoke-free events and play areas, youth work policies, LAC services policies, young people leading campaigning, smoke-free campuses</p>
	<p>More people of all ages will live their lives free from second-hand tobacco smoke</p>	<p>tobacco is less available to young people</p>	<p>enforcement of legislation, higher prices, reduced illicit greater awareness of, and action on, messaging in Right Outside campaign, more family support services focusing on smoke-free homes,</p>
	<p>More people will have stopped smoking, particularly from deprived communities and equalities groups</p>	<p>more people choose to make their homes and cars smoke-free</p>	<p>legislation on smoking in cars with children present, smoke-free children's play spaces, smoke-free hospital grounds, smoke-free events,</p>
	<p>There will be greater support for a tobacco-free generation</p>	<p>there are fewer outdoor public places where people are exposed to SHS</p>	<p>link made with inequalities, finance services promote cessation, mental health services adopt policies, e-cigs available but regulated, smokers' views heard,</p>
	<p>ASH Scotland will effectively drive wider action on smoking and health</p>	<p>more people support the 2034 target and know what it means</p>	<p>fewer retail outlets, smokers' understand that never too late to quit, prices high, new links (e.g. dementia), public understanding of tobacco industry, adults don't supply to youth, people understanding that helping people not controlling, develop end-game ideas,</p>
		<p>policy and practice changes to reflect the 2034 vision</p>	<p>organisations sign up to the Charter and evidence behaviour change, tobacco industry marginalised, local tobacco plans</p>
		<p>other organisations are able to make a greater contribution</p>	<p>info service, STCA, SCOT, guidance, TARS, training, support in developing policies and practice</p>
		<p>ASH Scotland is well-run, efficient and effective</p>	<p>effective management, funding, budgets, facilities, administration, policies, appropriate skills</p>

8) Detailed workplan for April 2015 – March 2016

 Indicates match funding from: British Heart Foundation

<p>Strategic Outcome 1: More young people will have chosen to be free from tobacco</p> <p>High Level Outcome 1a: Tobacco is less attractive to young people</p>	
<p>Operational outcome 1: Youth work services develop more effective responses to tobacco (Tobacco Strategy actions – 13: work with youth sector; 14: work with service providers; 15: 15-24 age group; 34: local authority grounds)</p> <p>Activities. We will:</p> <ul style="list-style-type: none"> - Support Greater Glasgow and Clyde and Lanarkshire health boards on developing youth work service policies, including providing information, guidance and TARS for youth work staff - Seek opportunities to support development of youth work tobacco policies in other parts of Scotland 	<p>Outcome indicators:</p> <ul style="list-style-type: none"> Work with 4 services to develop policies. No of TARS session and participants.
<p>Operational outcome 3: More public, private and third sector bodies make their events smoke-free (Tobacco Strategy actions – 15: 15-24 age group; 34: smoke-free policies)</p> <p>Activities. We will:</p> <ul style="list-style-type: none"> - Compile a list of target organisations, such as children's charities, we believe should be open to the idea of smoke-free events - Engage organisations asking them to adopt policy of smoke-free events, providing basic guidance and support to help them in doing so 	<p>Outcome indicators:</p> <ul style="list-style-type: none"> Number of organisations approached and number agreeing policy Number of resulting smoke-free events and feedback from event organisers and participants
<p>Operational outcome 4: More further and higher education campuses become smoke-free (Tobacco Strategy actions – 15: 15-24 age group)</p> <p>Activities. We will:</p> <ul style="list-style-type: none"> - Work with NUS Scotland to develop guidance and supporting information on smoke-free campuses, integrate this with Healthy Bodies Healthy Mind programme and engage some keen campuses in pilot work 	<p>Outcome indicators:</p> <ul style="list-style-type: none"> Number of campuses making progress on tobacco policies Feedback from student and staff surveys
<p>Strategic Outcome 1: More young people will have chosen to be free from tobacco</p> <p>High Level Outcome 1b: Tobacco is less available to young people</p>	

<p>Operational outcome 7: There is stricter enforcement of existing regulations (Tobacco Strategy actions – 20: tobacco retailers register; 21: rigorous enforcement)</p> <p>Activities. We will:</p> <ul style="list-style-type: none"> - Co-locate information on the enforcement of existing legislation, such as age of sale and proxy purchasing, for example using Trading Standards reports and FOI requests 	<p>Outcome indicators: Production of briefing, with recommendations</p>
<p>Strategic Outcome 2: More people of all ages will live their lives free from second-hand tobacco smoke High Level Outcome 2a: More people choose to make their homes smoke-free</p>	
<p>Operational outcome 9: More family support organisations are promoting smoke-free homes (Tobacco Strategy actions – 26: supporting families; 28: REFRESH follow-on; 29: children's exposure to SHS; 30: awareness campaigns; 34: local authority grounds)</p> <p>Activities. We will:</p> <ul style="list-style-type: none"> - Engage organisations delivering support to families in the early years, to raise awareness of smoking and its impact. - Offer short workshops and/or facilitate working meetings to engender interest in topic and discuss ways forward - Support such organisations to review and develop tobacco policy, engaging staff and services users to increase compliance 	<p>Outcome indicators: 10 organisations have workshops/meetings, with approx 50 attendees in total 6 orgs supported</p>
<p>Operational outcome 10: More LAACYP settings have developed and implemented tobacco policies (Tobacco Strategy actions – 11: looked after children; 14: parenting strategy; 15: 15-24 age group; 26: smoke-free homes; 29: children's exposure to SHS; 34: local authority grounds)</p> <p>Activities. We will:</p> <ul style="list-style-type: none"> - Engage LAACYP services and national organisations, promoting our best practice tobacco policy and encouraging uptake - Engage regulatory bodies to ensure tobacco policies are brought in to inspection regime 	<p>Outcome indicators: No of local authorities and/or services adopting policy Responses to follow-up questionnaire Any changes to regulations or standards Organisational policy changes and feedback</p>
<p>Strategic Outcome 2: More people of all ages will live their lives free from second-hand tobacco smoke High Level Outcome 2b: There are fewer outdoor spaces where people are exposed to second-hand smoke</p>	
<p>Operational outcome 11: Legislation to prohibit smoking in cars with children present has progressed (Tobacco Strategy actions – 29: children's exposure to SHS)</p> <p>Activities. We will:</p> <ul style="list-style-type: none"> - Update our evidence review on smoking in cars and circulate it to MSPs and other 	<p>Outcome indicators: Production and dissemination of updated evidence review</p>

<p>stakeholders involved in Scotland's forthcoming Public Health Bill</p>	<p>Operational outcome 12: There will be increased understanding of, and support for, having certain outdoor areas smoke-free (Tobacco Strategy actions – 33: NHS grounds; 94: local authority grounds) Activities. We will: - Produce a review of policies on smoke-free outdoor spaces in other countries Outcome indicators: Production and dissemination of evidence review</p>
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**Strategic Outcome 3: More people will have stopped smoking, particularly from deprived communities
High Level Outcome 3a: Smokers live in an environment which is more conducive to stopping**

<p>Operational outcome 15: Tackling tobacco is accepted as a key part of tackling health inequalities (Tobacco Strategy actions – 2: health inequalities)</p>	
<p>Activities. We will:</p> <ul style="list-style-type: none"> Monitor and collate new research on the relationship between tobacco and inequalities 	<p>Outcome indicators:</p> <p>Monitor and evaluate media coverage for messaging on inequalities</p>
<p>Operational outcome 16: An appropriate, bespoke regulatory framework for electronic cigarettes is implemented (Tobacco Strategy actions – 45: harm reduction)</p>	
<p>Activities. We will:</p> <ul style="list-style-type: none"> Monitor emerging evidence and evolving debates; producing updated briefings and background notes and disseminating these to politicians and to partner organisations and through the STCA research group Engage with media representation of the issue, challenging commercial interests and seeking an appropriate balance between potential benefits and concerns We will participate in advisory boards for research to inform approaches on electronic cigarette use, as and when opportunities arise 	<p>Outcome indicators:</p> <p>Production of updated statements and briefings on the subject</p> <p>Monitor and evaluate media coverage of ASH Scotland statements on the issue.</p>
<p>Operational outcome 17: Mental health support services more robustly address tobacco use (Tobacco Strategy actions – 32: mental health facilities) (Route map to 20:20 vision for health and social care – key deliverable 2)</p>	
<p>Activities. We will:</p> <ul style="list-style-type: none"> Engage organisations supporting people with mental health issues, to increase understanding of the negative impact of smoking on people with mental health issues Offer short workshops and/or facilitate working meetings to engender interest in topic and discuss ways forward Support mental health organisations to review and develop tobacco policy, engaging staff and services users to increase compliance Provide learning for staff on how to encourage behaviour change around smoking in the home (carers and service users) and preparing service-users for smoke-free hospitals 	<p>Outcome indicators:</p> <p>10 organisations have workshops/meetings, approx 50 attendees in total. Meeting evaluation forms. Policy and practice changes communicated</p> <p>6 orgs supported</p> <p>Collate follow-up actions taken by organisations</p> <p>Evidence of policy and practice change.</p> <p>6 one day training, approx 60 attendees in total, evaluation and 3/6 month follow-up</p>

<p>Strategic Outcome 3: More people will have stopped smoking, particularly from deprived communities High Level Outcome 3b: More people want to stop smoking</p>	<p>Operational outcome 18: Arguments for reducing the density of tobacco retail outlets in our communities are developed (Tobacco Strategy actions – 20: review of retailers register)</p>	<p>Activities. We will:</p> <ul style="list-style-type: none"> - Carry out an initial review of the alcohol licensing regime and its impact and collate case studies of restrictions on tobacco sales in other countries 	<p>Outcome indicators: Review carried out and written up</p>
<p>Operational outcome 20: New approaches to engaging communities on smoking cessation will be trialled (Tobacco Strategy actions – 2: health inequalities; 27: people-centred services)</p>	<p>Activities. We will:</p> <ul style="list-style-type: none"> - Explore alternative approaches, eg food banks, credit unions, charity shops 	<p>Outcome indicators: Survey communities involved Evaluate feedback from workers involved</p>	
<p>Strategic Outcome 4: There will be greater support for a tobacco-free generation High Level Outcome 4a: More people support the 2034 vision and know what it is</p>	<p>Operational outcome 21: There will be greater understanding of what it means to have a generation free from tobacco (Tobacco Strategy actions – 2034 target)</p>	<p>Activities. We will:</p> <ul style="list-style-type: none"> - monitor ideas and international discussions of end-game targets and the policies which could help to deliver them - take every opportunity to deliver a positive message on how the target merely restricts smoking to the informed adults who choose to do it - develop and utilise “Next Generation” badging to encompass a range of youth prevention work 	<p>Outcome indicators: New website page highlighting developments in 2034 target and end-game thinking Monitor and evaluate media coverage of end-game discussions Development of badging and pick-up from schools, youth services, smoke-free events,</p>
<p>Strategic Outcome 4: There will be greater support for a tobacco-free generation High Level Outcome 4b: Policy and practice changes to reflect the 2034 vision</p>	<p>Operational outcome 23: More local planning structure takes forward a comprehensive tobacco plan (Tobacco Strategy actions – 3, 11, 19 local tobacco plans)</p>	<p>Activities. We will:</p> <ul style="list-style-type: none"> - Carry out a formal mapping exercise to establish current activity and maintain a database 	<p>Outcome indicators: Production of activity map, with plan for keeping up to date.</p>

<ul style="list-style-type: none"> - to record progress on a selection of tobacco control activities. Telephone and site visits. - Produce example local tobacco control plan ideas as reference for local tobacco control alliances - Compile and maintain a directory of tobacco control professionals willing to provide information and advice regarding tobacco control plan development and specialist issues. - Organise 4 regional meetings to allow inter-alliance networking and sharing of good practices. 	<p>Creation of set of policy and practice examples and case studies, collating feedback and instances of these being used.</p> <p>Directory created and maintained. No of approaches made for advice or engagement</p> <p>No of meetings held, attendance/engagement and feedback</p>
<p>Strategic Outcome 5: ASH Scotland will effectively drive wider action on smoking and health</p> <p>High Level Outcome 5a: Other organisations are able to make a greater contribution</p>	
<p>Operational outcome 25: Other community groups are able to address the impact of tobacco on their members</p> <p>(Tobacco Strategy actions – Action 2, 3 – health inequalities, 26, 28, 30, 33, 34 – protection</p>	
<p>Activities. We will:</p> <ul style="list-style-type: none"> - On a reactive basis, as opportunities arise, work with community groups outside of our specific target groups, mentioned above, to encourage them to think about the impacts of tobacco in their context and how it fits with their aims and priorities 	<p>Outcome indicators:</p> <p>Collate information on approaches received and responses made.</p> <p>(6 meetings, 30 attendees/2 receive further support/2 trainings 20 attendees)</p>
<p>Operational outcome 26: Our international conference will run successfully in finance, numbers and impact</p> <p>(Tobacco Strategy actions – Action 2, 3 – health inequalities, 26, 28, 30, 33, 34 – protection</p>	
<p>Activities. We will:</p> <ul style="list-style-type: none"> - Finalise a comprehensive programme of speakers and parallel sessions - Effectively market the event to audiences in Scotland, the rest of the UK and beyond - See that that the administration of delegates and of the day itself is of the highest standard 	<p>Outcome indicators:</p> <p>Conference programme finalised in good time for marketing effort</p> <p>At least 250 attend event</p> <p>Event runs smoothly and meets financial target</p>
<p>Operational outcome 27: We will provide a top quality information service providing the best available evidence on tobacco and health</p> <p>(Tobacco Strategy actions –</p>	
<p>Activities. We will:</p> <ul style="list-style-type: none"> - Produce daily, weekly, library and research bulletins in a reliable and consistent manner - Maintain Scotland's only tobacco-based library and up-to-date research database - Provide a free enquiry service on all matters relating to tobacco in Scotland - Carry out 2 more detailed evidence reviews 	<p>Outcome indicators:</p> <p>Bulletins prepared and sent timeously</p> <p>Numbers subscribing to bulletins</p> <p>Amount catalogued</p> <p>Enquiries answered within target timeframe</p>

ASH Scotland Proposal for Scottish Government Funding 2015-18

<p>Weekly research trails</p> <ul style="list-style-type: none"> Provide information content for Chief Executive presentations Carry out website maintenance, training and development Produce 4 new information briefings and update 6 briefings; produce 4 fast facts Engage with the STCA Research Group and SCOT coalition 	<p>Each presentation prepared within agreed timescale</p> <p>Targets for producing briefings and fast facts met</p> <p>No of downloads of briefings from website</p>
<p>Operational outcome 28: The STCA effectively co-ordinates networking, consulting and information exchange relating to tobacco control in Scotland (Tobacco Strategy actions -</p> <p>Activities. We will:</p> <ul style="list-style-type: none"> Maintain and facilitate the Scottish Tobacco Control Alliance in partnership with a co-ordinating group elected by the membership Widen and develop membership of the STCA (both: by geography and sector), maintain records and develop brand recognition Maintain and develop STCA web presence and deliver weekly bulletin Organise and facilitate national and local meetings/events to discuss issues agreed by the membership as pertinent. STCA meetings will act as a bridge between researchers, research commissioners and practitioners. Support and facilitate a relevant short-life special interest group. Topic as agreed by members. 	<p><i>Outcome indicators:</i></p> <p>Annual plan developed and reported on.</p> <p>Annual increase in number and diversity of members.</p> <p>Membership evaluates usefulness highly.</p> <p>Meetings and events held and evaluate well.</p> <p>Evidence base on topic collated; mechanisms for engagement established; case studies and recommendations produced and reported on.</p>
<p>Operational outcome 30: ASH Scotland makes submission to all relevant consultations (Tobacco Strategy actions -</p> <p>Activities. We will:</p> <ul style="list-style-type: none"> Scan for relevant consultations (Scottish, UK, EU) and make a judgement as to which merit an ASH Scotland response In each case conduct an evidence review and prepare ASH Scotland conclusions and recommendations Where appropriate, publicise consultations and ASH Scotland responses to wider networks 	<p><i>Outcome indicators:</i></p> <p>No of consultations responded to and, when available, any measurement of impact on eventual outcome or on the views of other stakeholders</p>
<p>Operational outcome 31: ASH Scotland contributes to national advisory bodies (Tobacco Strategy actions -</p>	

ASH Scotland Proposal for Scottish Government Funding 2016-18

<p>Activities. We will:</p> <ul style="list-style-type: none"> - For each of the below groups, send representation to each meeting and provide any evidence reviews or background papers requested, having had internal discussion of the agenda items and areas on which to input - Ministerial Advisory Group, - Ministerial Sub-Group on Research - Ministerial Sub-Group on Enforcement - Ministerial Sub-Group on Youth Prevention 	<p>Outcome indicators:</p> <p>Attendance at groups, and consideration of presentations, papers and other inputs made and estimated impact or feedback from other members.</p>
<p>Operational outcome 33: ASH Scotland informs public opinion on tobacco and health (Tobacco Strategy actions -</p>	
<p>Activities. We will:</p> <ul style="list-style-type: none"> - Scan the media each day to identify and collate relevant articles - Identify opportunities to respond to negative or incorrect messages or to proactively or reactively present an ASH Scotland view and/or information and evidence on tobacco control - Participate in the annual YouGov survey of public opinion on a range of tobacco issues ensuring that Scottish population figures are obtained and communicated 	<p>Outcome indicators:</p> <ul style="list-style-type: none"> No of media comments and press releases issued Analysis of media clippings to assess quantity and quality of media coverage achieved Positive trends in support for key TC measures, with remedial action identified where there are concerns
<p>Operational outcome 34: Opportunities to engage with and inform other networks are sought and taken (Tobacco Strategy actions -</p>	
<p>Activities. We will:</p> <ul style="list-style-type: none"> - Give due consideration to other invitations or approaches received, from groups outwith the priority areas listed above - Decide on a case-by-case basis how to respond to requests for articles, presentations, meetings or partnership working 	<p>Outcome indicators:</p> <ul style="list-style-type: none"> No of invitations received and acted upon. Feedback from engagement and any indicators of impact
<p>Strategic Outcome 5: ASH Scotland will effectively drive wider action on smoking and health High Level Outcome 5b: ASH Scotland is well-run, efficient and effective</p>	
<p>Operational outcome 35: ASH Scotland demonstrates good governance practice</p>	
<p>Activities. We will:</p> <ul style="list-style-type: none"> - Support the maintenance of a suitably constituted Board (meetings, recruitment, training 	<p>Outcome indicators:</p> <ul style="list-style-type: none"> Board members feed back that they are satisfied that Board

ASH Scotland Proposal for Scottish Government Funding 2015-18

<p>etc)</p> <ul style="list-style-type: none"> - Underpin arrangements for meetings of the Board and sub-committees (papers, minutes, timings etc) - Carry out necessary functions to comply with regulatory requirements 	<p>and sub-committees operate effectively (papers, minutes, timings etc) All regulatory requirements are complied with</p>
<p>Operational outcome 36: A comprehensive, forward looking strategic plan underpins all of our work</p>	
<p>Activities. We will:</p> <ul style="list-style-type: none"> - Create, review and monitor strategic and operational plans on an ongoing basis - Ensure that all staff have clear objectives to meet the organisational outcomes and that progress to meet them is monitored and supported 	<p>Outcome indicators: Plan is delivered and on time Organisational outcomes are achieved Annual staff survey indicates staff understanding of and satisfaction with plan and process</p>
<p>Operational outcome 37: Long term, sustainable and diverse funding is secured to fund all of our work</p>	
<p>Activities. We will:</p> <ul style="list-style-type: none"> - Maintain and strengthen mutually beneficial relationships with our long-term partners. - Develop innovative projects, with clear health and social impacts, enabling us to develop partnerships with new funders. - Increase supporter donations and earned income from events and commissioned work. 	<p>Outcome indicators: Close, ongoing dialogue with existing partners New projects developed and funding bids tabled. Number of successful bids and earned income Level of new income from commissioned work</p>
<p>Operational outcome 38: Detailed annual budgets are prepared and year end outcomes match projections</p>	
<p>Activities. We will:</p> <ul style="list-style-type: none"> - Maintain financial systems to accurately record and report on all financial activity. - Ensure budgeting and reporting systems provide accurate, up-to-date information to the management team and Board. - Ensure that detailed analysis of costs per activity are available to inform decision making 	<p>Outcome indicators: Information can be accessed as and when needed. Systems run smoothly and provide information required with no errors</p>
<p>Operational outcome 39: The premises and services are maintained to a high standard and provide best value</p>	
<p>Activities. We will:</p> <ul style="list-style-type: none"> - Review expenditure on an ongoing basis to ensure best value and quality is achieved. - Review quality of services on an ongoing basis to ensure standards are maintained. - Maintain office premises to a high standard, meeting health and safety and 	<p>Outcome indicators: Savings indicated and acted upon Views or premises expressed in staff survey <input type="checkbox"/> feedback from staff and engagement with SCVO</p>

<p>environmental requirements</p> <ul style="list-style-type: none"> - Monitor and update IT systems to ensure they are fit for purpose and operate efficiently 	
<p>Operational outcome 40: Effective administrative support is provided to the whole organisation to support achievement of objectives</p>	
<p>Activities. We will:</p> <ul style="list-style-type: none"> - Provide effective support to the Chief Executive, SMT and Management team and maintain high administrative standards to support all staff - Hold accurate, verified and updated central information including Simply Personnel 	<p>Outcome indicators:</p> <p>Organisation operates effectively and deadlines met Required information is up to date and readily available</p>
<p>Operational outcome 41: Staff are equipped and supported to contribute to the delivery of organisational objectives</p>	
<p>Activities. We will:</p> <ul style="list-style-type: none"> - Complete review of organisational staffing requirements and put new structure in place - Set staff objectives in line with the strategic plan and give staff clear guidance on responsibilities and expectations - Ensure all staff receive regular support through the review and planning structure - Develop, review and maintain appropriate policies and procedures to recruit, develop and support staff 	<p>Outcome indicators:</p> <p>New structure in place. Staff views noted in next staff survey Reviews done to plan Staff feedback in annual survey All staff are aware of and comply with policies and procedures</p>

9) Budget overview.

The budgets below are based on the staff and resources required to deliver the workplan outlined above. This work is only part of our total workplan and the budgets exclude costs related to work delivered for other funders. Our budget projections are based on full cost recovery methods to ensure that our work is adequately funded and sustainable. We endeavour to achieve best value by negotiating fixed price contracts for services and getting several competitive quotes for all purchases.

As staffing costs is the key element in the budget we have endeavoured to accurately estimate the time involved in delivering the workplan and believe that this is a realistic budget. If we were unable to secure sufficient funding then we would not be able to fully deliver the workplan.

The same presentation and approach as in previous Government funding bids has been followed. ASH Scotland's funding from Government has been static funding since 2008 and with the dissolving of the PATH partnership, the funding requested has decreased from a total of £860,000 to £584,100. We are actively seeking to generate income and diversify our funding streams and working with partners to submit joint funding bids and increase the overall impact of the work that we do.

Budgeted Expenditure 2015-16

Expenditure	Core	Information Service*	Youth & Inequalities	Total
Staffing	164,400	67,400	238,000	469,800
Property, services & equipment	50,700	14,200	44,800	109,700
Resources	3,500	4,600	4,900	13,000
Meetings & travel	10,300	2,500	5,900	18,700
Events	14,000			14,000
Professional services	7,200	1,900	3,700	12,800
Depreciation/capital expenditure	4,800	1,500	1,100	7,400
Total expenditure on Government Work Plan	254,900	92,100	298,400	645,400
Funding contributed by ASH Scotland		14,400	47,000	61,400
Funding Requested:				
2015/16	255,000	77,700	251,400	584,100
2016/17**	256,614	78,374	253,780	588,768
2017/18**	258,304	79,055	256,184	593,543

*This represents half of the information Service expenditure. The other half is funded by the British Heart Foundation and ASH Scotland is requesting matched funding of £77,700.

**Includes a 1% cost of living increase each year

Appendices

- ASHS 2015-18 strategy
- Summary report from IOD Parc review report for Scottish Government
- Extract from stakeholder survey

[REDACTED]

From: [REDACTED]
Sent: 27 April 2016 14:34
To: [REDACTED]
Subject: FW: draft ASH Scotland 3 year funding application

Categories: Purple Category

[REDACTED]

From: [REDACTED]
Sent: 10 March 2015 10:00
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: draft ASH Scotland 3 year funding application

[REDACTED]

I'd particularly support Siobhan's comments around the driver diagram and workplan about connecting particular activities to the outcomes. Please do rest assured that this is about being able to articulate the work and value we get from ASH Scotland as already tight budgets constrict.

Regards,

[REDACTED]

Team Leader, Tobacco, Alcohol, Diet and New Food Body Programme | Public Health Division | Population Health Improvement Directorate | Scottish Government | 3 East St Andrews House, Regent Road, Edinburgh EH1 3DG | 0131 244 2174

From: [REDACTED]
Sent: 09 March 2015 17:23
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: draft ASH Scotland 3 year funding application
Importance: High

Hi [REDACTED]

Apologies that it has taken a few weeks to respond to you.

Thanks for getting this to us and all the work that has gone into it.

I've made some specific comments within the body of the document itself but that isn't easy to do on a PDF so I also offer the following comments below. As you heard at the outcomes workshop a few weeks back, with increasing tightening of resources comes the need to demonstrate ever more efficiency. The comments I've provided attempt to suggest how you might want to further demonstrate this in your bid and I also hope that the workshop itself provided some good ideas. Overall I think my main advice would be to not spread yourself too thin but to identify key

actions that you can follow through over the course of the 3 year bid. For me, it feels like your Children's Charter and alliances work should be front and centre of all of this but that is your decision.

Finally, and most importantly, I also wanted to let you know that we will not be in a position to agree funding until our budgets are confirmed. That won't be until after the current spending review. However, Donald has agreed that the Division can commit to funding for all our stakeholders for quarter 1 at this time. I will keep you updated but that gives us more time to finalise the performance framework around your bid.

Happy to meet again to discuss once you've had the opportunity

Best wishes

Section 1-3: good background and context. See PDF for any specific comments.

Section 4: this section sets out the bulk of the detail for what you are proposing over the next 3 year period linked to your 5 strategic outcomes which is good. In addition to specific comments in the PDF I have the following comments / suggestions / questions:

Young people

- could you say how the work in this section might help reduce inequalities, what are you doing to work with young people in communities most affected by tobacco?
- Youth work activity – worth clarifying that this is an addition to separate youthwork funding and how this work will link to that.
- Enforcement activity – would be good to clarify what this activity looks like and why, does ASH S have a role to maintain oversight of enforcement or is this more about monitoring? If so, what is the purpose, what will be done with the information and why must SG fund over and above our existing work to monitor enforcement activity?

SHS

- Collating evidence on impact of SHS – a lot has already been done around the member's bill and the SG awareness campaign so worth mentioning that here. Worth re-framing this point to focus more on what action ASH S will take based on evidence.
- Develop public debate about outdoor areas – worth adding what action will be take beyond the debate.
- More generally, would be worth reflecting on the inequalities dimension. As you know we have a lot of information about the challenges that our target audience face in making their homes smokefree so how might ASH S act on that?
- Would be good to describe how you will build on the legacy of REFRESH – it feels like there is a gap by not referencing all the work done under REFRESH.

Quitting

- We know that fewer and fewer people are looking to quit through NHS services but that smoking rates in our most deprived communities have at best stalled and at worst risen. What can ASH S do to understand what is happening and engage / facilitate engagement between communities and relevant organisations.

Tobacco – Free Generation

- For me, I wonder if this is the section you should put up front with everything drawing down from that. The Children's Charter is great and it feels like that should become the central driver for your activity going forward. Just a thought.

- ASH S has a unique and key role in relation to alliance activity, again, it feels like this should be at the centre of most of the things you do and more could be made of this. ASH S can't deliver everything relating to tobacco control but you are the key facilitator to help others collectively deliver change. For me, I think this needs to come out more and a lot of actions need to link back to this.

Drive wider change

- There feels some duplication with the previous area in relation to monitoring alliance activity. Would be good to see these brought together with some key identified actions about what you want alliance activity to focus on / achieve over and above sharing information. Is this activity measured in any way to evaluate outcomes?

Section 5 / 6: maybe a typo as section 4 goes straight into section 6

Driver Diagram – this is good but feels like it needs a bit more refining. I think there is a section missing between high level outcomes and the work activity. Perhaps there needs to be a section on medium-level outcomes? For example on young people, what are the outcomes that ASH S can specifically demonstrate it has delivered – these are probably things like 'young people have more information', or 'people that work with young people have more information and have been supported to develop policies'. It would be good to map these out as these are the outcomes that we should specifically be able to tie activity and costs back to. As drafted, the high-level outcomes are probably too high level for ASH S to be able to demonstrate key impact year on year. I'm happy to be involved in a discussion to think these through if it would help.

Detailed workplan: as this is a 3 year bid, it would be good to have a sense of how this fits into a 3 year workplan and what the core activity / outputs / outcomes are across the 3 years. It may be that section 4 already does some of that and the activity to map out medium term outcomes might help bring this together.

Budget: grateful for an explanation as to how the identified activities have been costed and what comes out of the 3 different lines (core funding / info services / youth and inequalities), in doing this, you may want to link your workplan to the 3 different lines. Also, does 'youth and inequalities' remains an appropriate title for this workstream? I'm not sure it does but it will depend on what you want this line to cover.

Appendices: not attached. Grateful for inclusion of organisational chart.

From: [REDACTED]
Sent: 10 February 2015 16:43
To: [REDACTED]
Cc: [REDACTED]
Subject: draft ASH Scotland 3 year funding application

Dear [REDACTED]

Please find appended a draft 3 year funding application from ASH Scotland for the period 2015-18 as previously discussed.

Following feedback from your Analytical Services team regarding the outcome indicators proposed in the detailed workplan, and any further comments and feedback you have for us on the overall application, we will make changes as indicated, complete the formatting, appendices etc and send you a final version.

Kind regards

[REDACTED]
[REDACTED]
Chief Executive

ASH Scotland
8 Frederick Street
Edinburgh, EH2 2HB

Telephone: 0131 220 9487
Tel: 0131 225 4725
Fax: 0131 225 4759
Web: <http://www.ashscotland.org.uk>

ASH Scotland's vision is of a healthier Scotland, free from the harm and inequality caused by tobacco.



CLICK ON IMAGE FOR MORE DETAILS

As a charity, we need your donations to continue working towards a tobacco-free Scotland. You can donate to us securely online at <http://ashscotland.workwilhus.org>

Action on Smoking & Health (Scotland) (ASH Scotland) is a registered Scottish charity (SC 010412) and a company limited by guarantee (Scottish company no 141711).

[REDACTED]
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This email has been received from an external party and

[REDACTED]

From: [REDACTED]
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To: [REDACTED]
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Categories: Purple Category

From: [REDACTED]
Sent: 11 March 2015 10:58
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: draft ASH Scotland 3 year funding application

Thanks [REDACTED] and [REDACTED] for the feedback – appreciated and we will work through the comments. We also appreciate the confirmation of the extension of funding provision into the first quarter of the coming financial year, and will let our Board know at its meeting next week.

Kind regards

[REDACTED]

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Kind regards

[REDACTED]

[REDACTED]

Chief Executive

ASH Scotland
8 Frederick Street
Edinburgh, EH2 2HB

Telephone: 0131 220 9487
Tel: 0131 225 4725
Fax: 0131 225 4759
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Action on Smoking & Health (Scotland) (ASH Scotland) is a registered Scottish charity (SC 010412) and a company limited by guarantee (Scottish company no 141711).

[REDACTED]

From: [REDACTED]
Sent: 05 May 2016 09:13
To: [REDACTED]
Subject: FW: THE LANCET: Experts call for a tobacco-free world by 2040

From: [REDACTED]
Sent: 11 March 2015 11:05
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: THE LANCET: Experts call for a tobacco-free world by 2040

Just noticed the embargo is to tomorrow not Friday – so might get lost in standardised packaging reporting.

From: [REDACTED]
Sent: 11 March 2015 10:55
To: [REDACTED]
Cc: [REDACTED]
Subject: FW: THE LANCET: Experts call for a tobacco-free world by 2040

For information noting embargo – I spoke with [REDACTED] and supplied info about Scotland and Ireland – and he has picked up the formulation 'out of sight, out of mind, out of fashion' which we use.

Best wishes

[REDACTED]

From: [REDACTED]
Sent: 10 March 2015 10:57
To: [REDACTED]
Subject: FW: THE LANCET: Experts call for a tobacco-free world by 2040

Note Friday embargo.

The Lancet: Experts call for a tobacco-free world by 2040

****Embargo: 00:01 [UK time] Thursday 12 March, 2015****

Leading public health researchers today [Friday 13 March 2015] call for the sale of tobacco to be phased out by 2040, showing that with sufficient political support and stronger evidence-based action against the tobacco industry, a tobacco-free world – where less than 5% of adults use tobacco – could be possible in less than three decades.

Writing in a major new Series in *The Lancet*, an international group of health and policy experts, led by Professors Robert Beaglehole and Ruth Bonita from the University of Auckland in New Zealand, call on the United Nations (UN) to lead a “turbo-charged” effort against the sale and consumption of tobacco [see [Paper 1](#)].

The Series will be launched in Abu Dhabi, United Arab Emirates, at the 2015 [World Conference on Tobacco or Health](#), the world's largest gathering of tobacco control advocates, policy makers, researchers, public health and clinical experts.

One billion deaths from smoking and other forms of tobacco use are expected by the end of this century if efforts to tackle tobacco use are not accelerated. More than 80% of these deaths will be in low- and middle-income countries, whose populations will be most severely affected by the devastating economic and social burden of tobacco illness caused by tobacco in coming decades.

According to Professor Beaglehole, “The time has come for the world to acknowledge the unacceptability of the damage being done by the tobacco industry and work towards a world essentially free from the legal and illegal sale of tobacco products. A world where tobacco is out of sight, out of mind, and out of fashion – yet not prohibited – is achievable in less than three decades from now, but only with full commitment from governments, international agencies, such as UN and WHO, and civil society.”*

A decade on from WHO's landmark introduction of the Framework Convention on Tobacco Control (FCTC), only 15% of the world's population have adequate access to smoking cessation programmes. Moreover, less than one in ten people worldwide are covered by tobacco taxation at levels recommended by the FCTC, despite research showing that increasing the cost of tobacco to the consumer through taxation is one of the most effective ways to reduce consumption. In the same period, 50 million deaths have been caused by tobacco, indicating that the FCTC alone is insufficient to achieve substantive reductions in the use of tobacco.

In a [new research Article](#), published in *The Lancet* to accompany the Series, Professor Kenji Shibuya from the University of Tokyo, Japan, and colleagues show that although overall rates of smoking are slowly declining, the prevalence of tobacco usage is actually expected to increase in some countries over the next decade, notably in Africa and the Middle East. And because the world's population is rising, there will still be more than one billion smokers in 2025, unless global action against tobacco accelerates markedly.

Although implementation of the FCTC has been successful in some countries (particularly in those such as Australia, New Zealand, Finland, United Kingdom, Ireland, Scotland and some Pacific Island countries, which have led the way in implementing strong tobacco reduction policies), global tobacco regulation now needs to be “turbo-charged”, say the Series' authors. This can be achieved by accelerating the FCTC in individual countries where implementation has been slow or incomplete, including tobacco reduction goals in the Sustainable Development Goals - which are expected to strongly influence UN member states' agendas and political policies over the next 15 years -, and for the UN to take a leading role in galvanising global and national action to eliminate the sale and use of tobacco.

While FCTC regulations have done much to reduce tobacco usage, the Series' authors argue that until now, regulatory efforts have been too focused on reducing demand for tobacco, and further progress will be threatened unless the supply of tobacco – dominated by just four major international companies, and the state-owned Chinese National Tobacco Company – can be tackled through stronger regulations and closer scrutiny of the industry's conduct.

Falling rates of tobacco usage in high-income countries have increased the need for the “big four” tobacco companies to turn their attention to low- and middle-income countries, especially in Africa and Asia [see [Paper 3](#)]. Tactics include industrial litigation, lobbying through third-party groups (whose links to industry aren't always clear), and covert maintenance of political pressure disguised as “corporate social responsibility”, including sponsorship of social projects, and events aimed at women or young people.

“Contrary to industry claims, tobacco marketing deliberately targets women and young people,”³ says Professor Anna Gilmore, from the University of Bath, UK. “The tobacco industry continues to interfere with governments’ efforts to implement effective tobacco control policies. If the world is to become tobacco free, it’s vital that the industry’s appalling conduct receives far closer scrutiny and countries which stand up to the industry’s bullying tactics receive better global support.”⁴

While the “big four” tobacco companies dominate the industry in much of the world, in China, tobacco production is controlled by the state-owned Chinese National Tobacco Company [see [Paper 2](#)]. Here, implementation of effective tobacco regulations has been hindered by the fact that tobacco production, sales, and regulation are all effectively controlled by the same, state-owned, body. With China thought to have 300 million smokers – more than any other country on Earth – the government now needs to build on the progress it has made in some areas of tobacco control, and separate out tobacco regulation from a powerful industry whose interests rely on smoking continuing.

According to Professor Gonghuan Yang, from the Peking Union Medical College in Beijing, China, “The prevalence of tobacco use among adult men in China is one of the highest in the world and is increasing; 1.4 million deaths in China were attributed to tobacco use in 2010.”⁵

While some promising developments in nationwide legislation are under consideration – including protecting people from second-hand smoke and banning all forms of tobacco advertising, promotion, and sponsorship – the next challenge will be to increase cigarette tax and changes to health warnings on standardised cigarette packaging to reduce tobacco consumption. Professor Yang states “China has the potential to be successful in tackling the pandemic of tobacco use among Chinese people, but only if the governmental structure is changed to allow tobacco regulations to be implemented independently from the tobacco industry.”⁶

A [research Article](#) published in *The Lancet Global Health* alongside the Series uses extended cost-effectiveness analysis (ECEA) to show that in China a substantial (e.g. 50%) increase in tobacco price through excise tax can be a pro-poor policy instrument that brings substantial health and financial benefits to households in China, especially concentrated among the poorest socio-economic groups.

NOTES TO EDITORS:

³Quote direct from author and cannot be found in text of Article.

For interviews, please contact the Series authors:

Name	Institution	Country	Phone	Email	Paper
Emeritus Professors [redacted] and [redacted]	University of Auckland	New Zealand	+64 9 4463376 [office] or +64 21024 98065 [mobile] NZ is 13 hours ahead of GMT – please check local time before calling	[redacted]	Series leads & paper 1
Dr [redacted]	The Vitality Institute	USA	+1 203 240 7321	[redacted]	Series Paper 1
Professor [redacted]	Public Health Foundation of India	India	+91 981 836 4844 Please text (sms) before calling	[redacted]	Series Paper 1
Dr [redacted]	World Lung Foundation	Hong Kong, China	+852 2719 1995 [office] or +852 9302 5558	[redacted]	Series Paper 1

Professor [redacted]	University of Bath	UK	[mobile] Contact [redacted] Media and PR Officer, University of Bath +44 (0)1225 386319 [office] or +44 7966 341431 [mobile]	[redacted]	Series Paper 3
Dr [redacted]	American Cancer Society	USA	+1 404 329 7618 [office] or +1 404 565 3215 [mobile]	[redacted]	Series Paper 3
Professor [redacted]	China Center for Disease Control (CDC)	China	+86 13601033911	[redacted]	Series Paper 2
Professor [redacted]	University of Tokyo	Japan	+81 3 5841 3688	[redacted]	Research article -- global tobacco trends & projections
Dr [redacted]	Harvard T.H. Chan School of Public Health	USA		[redacted]	Research article – household health and financial consequences of tobacco tax in China

For full *Lancet* Series paper 1, 'A tobacco-free world: a call to action to phase out the sale of tobacco products by 2040' see: <http://press.thelancet.com/tobacco1.pdf>

For full *Lancet* Series paper 2, 'The road to effective tobacco control in China' see: <http://press.thelancet.com/tobacco2.pdf>

For full *Lancet* Series paper 3, 'Exposing and addressing tobacco industry conduct in low-income and middle-income countries' see: <http://press.thelancet.com/tobacco3.pdf>

For *Lancet* Article, 'Global trends and projections for tobacco use, 1990–2025: an analysis of smoking indicators from the WHO Comprehensive Information Systems for Tobacco Control' see: <http://press.thelancet.com/TLtobacco2025.pdf>

For *The Lancet Global Health* Article, 'The consequences of tobacco tax on household health and finances in rich and poor smokers in China: an extended cost-effectiveness analysis' see: <http://press.thelancet.com/TLGHtobaccochina.pdf>

NOTE: THE ABOVE LINKS ARE FOR JOURNALISTS ONLY; IF YOU WISH TO PROVIDE A LINK TO THESE PAPERS FOR YOUR READERS, PLEASE USE THE FOLLOWING, WHICH WILL GO LIVE AT THE TIME THE EMBARGO LIFTS: <http://www.thelancet.com/series/tobacco-free-world>

[REDACTED]

Chief Executive

ASH Scotland

8 Frederick Street

Edinburgh, EH2 2HB

Telephone: 0131 220 9487

Tel: 0131 225 4725

Fax: 0131 225 4759

Web: <http://www.ashscotland.org.uk>

ASH Scotland's vision is of a healthier Scotland, free from the harm and inequality caused by tobacco.



CLICK ON IMAGE FOR MORE DETAILS

As a charity, we need your donations to continue working towards a tobacco-free Scotland. You can donate to us securely online at <http://ashscotland.workwithus.org>

[REDACTED]

From: [REDACTED]
Sent: 12 March 2015 08:59
To: [REDACTED]
Subject: RE: standard packs

Tracking:

Recipient	Read
[REDACTED]	
[REDACTED]	
[REDACTED]	Read: 12/03/2015 09:24

Indeed, [REDACTED] did a very good piece on the radio yesterday afternoon, specifically recognising the DA contribution, only for the R4 presenter to end the piece with – “this would only apply to England and Wales” a bit lazy and I asked John to alert comms.

But the headline is great news.

Regards,

[REDACTED]

Team Leader, Tobacco, Alcohol, Diet and New Food Body Programme | Public Health Division | Population Health Improvement Directorate | Scottish Government | 3 East St Andrews House, Regent Road, Edinburgh EH1 3DG | 0131 244 2174

From: [REDACTED]
Sent: 11 March 2015 17:30
To: [REDACTED]
Subject: RE: standard packs

Great, thanks [REDACTED] have passed it on to comms. We are taking a similar approach including continuing to issue lines making clear that Scottish Parliament has already agreed that this legislation will apply to Scotland.

Equally pleased with the result!

[REDACTED]

From: [REDACTED]
Sent: 11 March 2015 17:11
To: [REDACTED]
Cc: [REDACTED]
Subject: standard packs

Just to let you know I've been doing some radio interviews (Global this morning, Forth as a prerecord with something earlier, Central and Kingdom after the vote) and there seems to be some uncertainty about Scotland's place and intentions. I have said that Scotland has a long standing and principled commitment to this measure since 2013, stood back to allow it to be brought in at UK level so children throughout the devolved administrations would be protected and that we gave legislative consent when it was proposed at Westminster – and that I'm delighted to see them catching up.

Issues of this being a complementary measure to point of sale have come up and restating the purpose (making packaging more truthful and stopping tobacco companies using glitzy targeted imagery to lure kids into experimentation).

I understand the Minister might be doing TV so hope you can pass this on to comms to make her aware? Happy to be called on my mobile [REDACTED] if that would be helpful

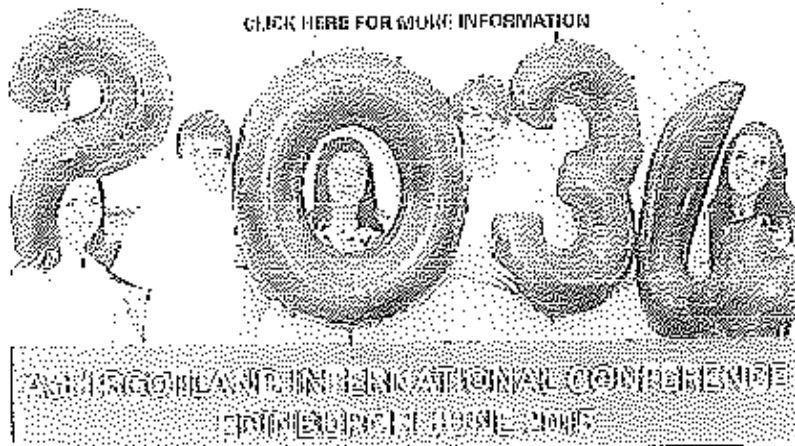
Best wishes – and delighted with the 3 to 1 result! Esp despite all the cash and effort thrown against it by TI

[REDACTED]
Chief Executive

ASH Scotland
8 Frederick Street
Edinburgh, EH2 2HB

Telephone: 0131 220 9487
Tel: 0131 225 4725
Fax: 0131 225 4759
Web: <http://www.ashscotland.org.uk>

ASH Scotland's vision is of a healthier Scotland, free from the harm and inequality caused by tobacco.



CLICK ON IMAGE FOR MORE DETAILS

As a charity, we need your donations to continue working towards a tobacco-free Scotland. You can donate to us securely online at <http://ashscotland.workwithus.org>

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[REDACTED]

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[REDACTED]

From: [REDACTED]
Sent: 05 May 2016 09:07
To: [REDACTED]
Subject: FW: New BMJ Tobacco Control supplement on plain packaging

-----Original Message-----

From: [REDACTED]
Sent: 19 March 2015 10:28
To: [REDACTED]
Cc: [REDACTED]
Subject: FW: New BMJ Tobacco Control supplement on plain packaging

For information

[REDACTED]

Subject: New BMJ Tobacco Control supplement on plain packaging

Dear Colleagues,

As many of you will have already seen, Tobacco Control Journal has released a supplement of 14 new studies that evaluate Australia's plain packaging laws after implementation.

This is the information you have been waiting for!

Cancer Council Victoria who undertook most of the research have put up a webpage that contains media releases, Q & As, audio files of interviews with researchers and a video file of clips of the researchers and CCV staff that can also be used by media.

I was recorded answering questions particularly about what this means in the international context and for other countries. There is an audio file you can access on the website. There is also a video file that is not on the website but that I can send if useful.

Please feel free to use this information in whatever way is useful in your own countries.

Regards, [REDACTED]

<http://medianet.multimediarerelease.com.au/bundles/00c88263-2031-4fd8-bc0d-d7ee8dd8ed0b>

http://tobaccocontrol.bmj.com/content/24/Suppl_2.toc

[REDACTED]
Chief Executive

ASH Scotland
8 Frederick Street

[REDACTED]

From: [REDACTED]
Sent: 05 May 2016 09:08
To: [REDACTED]
Subject: FW: NFRN Campaign
Attachments: DOC001.pdf; DOC005.pdf
Categories: Red Category

From: [REDACTED]
Sent: 09 March 2015 13:41
To: [REDACTED]
Subject: NFRN Campaign

Dear [REDACTED]

Further to my earlier email about the new NFRN campaign, appended are scanned images of four of the campaign postcards being distributed through newsagents.

Best wishes

[REDACTED]

[REDACTED]
Chief Executive

ASH Scotland
8 Frederick Street
Edinburgh EH2 2HB

Tel: 0131 220 9487

Web: <http://www.ashscotland.org.uk>

ASH Scotland's vision is of a healthier Scotland, free from the harm and inequality caused by tobacco.

Action on Smoking & Health (Scotland) (ASH Scotland) is a registered Scottish charity (SC 010412) and a company limited by guarantee (Scottish company no 141711).

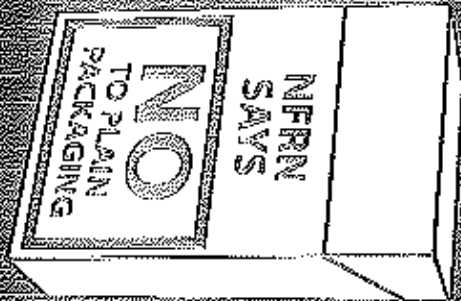
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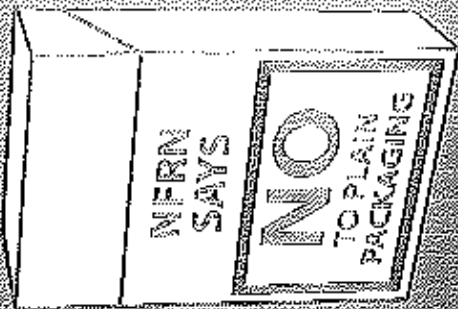
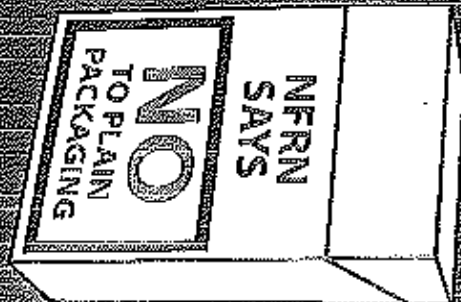
[REDACTED]

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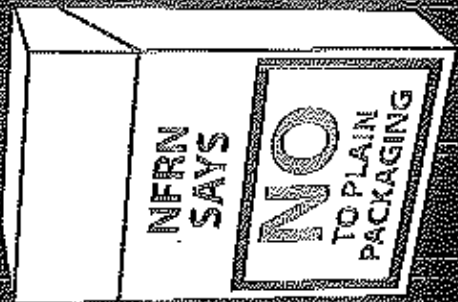
Black marketeers don't "challenge 25" – they sell to children



licit tobacco funds organised crime and terrorism



Black market cigarettes and loss of tax revenue – we all pay



Plain packs – a handbook for counterfeiters

Dear Chancellor,

As a member of the public, I want to register my opposition to standardised packaging of tobacco because less revenue will come from legitimate tobacco sources.

Name: _____

Address: _____



Rt Hon George Osborne MP
HM Treasury
1 Horse Guards Road
London
SW1A 2HQ

Dear Chancellor,

As a member of the public, I want to register my opposition to standardised packaging of tobacco because I am concerned that the policy will lead to an increase in counterfeit tobacco.

Name: _____

Address: _____



Rt Hon George Osborne MP
HM Treasury
1 Horse Guards Road
London
SW1A 2HQ

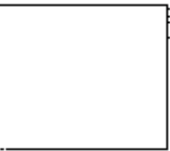
Rt Hon George Osborne MP
HM Treasury
1 Horse Guards Road
London
SW1A 2HQ

Name: _____

Address: _____

As a member of the public, I want to register my opposition to standardised packaging of tobacco because I fear that young people will be able to access tobacco through the black market more easily.

Dear Chancellor,



Rt Hon George Osborne MP
HM Treasury
1 Horse Guards Road
London
SW1A 2HQ

Name: _____

Address: _____

As a member of the public, I want to register my opposition to standardised packaging of tobacco because I fear that organised criminals will benefit most.

Dear Chancellor,

[REDACTED]

From: [REDACTED]
Sent: 05 May 2016 09:07
To: [REDACTED]
Subject: FW: Plain Packaging Evidence
Attachments: ii1.full.pdf#page=1&view=FitH.pdf
Categories: Red Category

From: [REDACTED]
Sent: 19 March 2015 10:41
To: [REDACTED]
Cc: [REDACTED]
Subject: FW: Plain Packaging Evidence

Here is a more accessible version with the myth busting outlined

Best,

[REDACTED]

Subject: Plain Packaging Evidence

<http://theconversation.com/cluster-bomb-of-new-research-explodes-tobacco-industry-lies-about-plain-packs-38978>
19 March 2015, 10.36am AEDT

Cluster bomb of new research explodes tobacco industry lies about plain packs

The tobacco industry warned smokers would use special covers to conceal the large-scale graphic warnings on packs. This hasn't happened. Lucas Cook/AAP

There is near-universal agreement that Australia's implementation of tobacco plain packaging in December 2012 has seen the most virulent opposition ever experienced from the global tobacco industry.

While the industry bravely insisted early in its campaigning that plain packs "would not work" their legal actions, campaign expenditure, lobbying and general apoplexy rather suggests they feared it would be a devastating policy, with long term global ramifications.

Indeed, eleven other nations (Ireland, England, New Zealand, France, Norway, Finland, Chile, Brazil, India, South Africa, Turkey) have either legislated plain packaging or are now warming up to do so.

University of Sydney researcher Becky Freeman and I catalogued the full range of industry lies in our recently released (free) book Removing the Emperor's Clothes. The Cancer Council Victoria has also published extremely detailed rebuttals to the major industry scuttlebutt.

Now today, the British Medical Journal's specialist journal Tobacco Control has published a special collection of new research which puts further 10,000 watt arc lights on specious industry claims.

Key industry claims have included that plain packs would:

- Drive prices down, as smokers turn away from buying expensive premium brands because they look exactly the same as cheap brands (other than brand names). More affordable cigarettes, they argued, would cause more smoking, including among children
- Flood Australia with illegal tobacco
- Cause smokers would stop buying cigarettes at small convenience stores
- Prompt smokers to use special covers to conceal the large-scale graphic warnings on packs.

Price falls?

One of the new Tobacco Control papers monitors changes in recommended retail prices RRP's from one year before plain packs were introduced until one year after. Prices were adjusted to 2013 prices, and for inflation and average cigarette price stick and grams of roll-your-own tobacco.

The RRP's of tobacco products were higher in real terms one year after the legislation was implemented. Importantly, these increases exceeded increases resulting from consumer price indexation of duty and occurred across all three major manufacturers for both factory made and roll-your-own brands, all three cigarette market segments and all major pack sizes.

Tobacco prices rose most for leading and premium brands 10.0% and 10.1%, respectively) and among packs of 30s (18.3%) and 50s (12.5%). So far from seeing cigarette prices fall across the board, the industry raised prices.

Floods of illicit tobacco?

The tobacco industry's most common claim was that plain packs would see smokers turn away from buying the purposefully confronting and unattractive plain packs and seek out illegal products not in plain packs.

Tobacco spokespeople made the outrageous claim that about one in seven of all cigarettes being smoked were such illegally obtained cigarettes. Apparently, while ordinary smokers across the country knew where to buy these easily, the full might and resources of the Australian Federal Police could not work out where these were being sold.

Tobacco companies have been proven wrong. [Curran Kelleher/Flickr, CC BY](#)

Another [study](#) in the collection questioned 8,679 smokers across the country in telephone surveys conducted continuously, from six months before plain packs until 15 months afterwards.

The study found no significant increases in reported purchasing of “cheap whites” (illegally imported Asian sourced brands), of international brands selling for 20% or more less than the normal retail price, or of unbranded loose tobacco (so-called “chop chop”).

Rates of purchase of cheap whites and heavily discounted products were at around half of one per cent of smokers, nothing remotely like one in seven.

Small shops losing customers?

One of the most bizarre claims the industry made was that plain packs would see smokers deserting corner stores for larger retail outlets like supermarkets. This was an appeal designed to tap into wider public sentiment about local corner store owners being crushed under the dead weight of government regulation.

Those making the claim never explained why smokers would abandon small retailers for large ones because of plain packs when the very same packs would be sold in both. Consumer preference for larger retailers is entirely driven by price discounting, something never mentioned in the industry propaganda.

A [third paper](#) in the collection examined where smokers purchased their cigarettes. Unsurprisingly, it found no changes from prior to and after the introduction plain packs in where smokers bought their supplies.

Covering up the packs?

In the month that plain packs were introduced, a Queensland small businessman got his 15 minutes of fame from publicity about special pack covers that could block out the unforgettable graphic warnings. Like children covering their eyes from scary scenes in movies, the idea was that many smokers would rush to do the same, outsmarting the hapless bureaucrats who planned the legislation.

A [fourth paper](#) which reports on unobtrusive observations of smokers handling their packs in outdoor cafés found that prior to plain packs, just 1.2% of outdoor café smokers used pack covers. This rose to 3.5% in the early months of plain packs and then fell back to 1.9% one year later.

In any event, [evidence](#) shows that smokers who actively try to avoid exposure to pack warnings by covering them up, have higher subsequent rates of quit attempts than those who don't.

Importantly too, these observations recorded that of all café outdoor patrons, one in 8.7 displayed a pack prior to the introduction of plain packs with this reducing to one in 10.3 afterwards. Such a fall is consistent with both a reduction in smoking prevalence and with growing self-consciousness among smokers about showing that they smoke in public.

Impact on adolescents?

There were several principal objectives of the plain packs legislation. But outstanding among these was the goal of making smoking less desirable among young people. This would continue the trend away from smoking, as each successive cohort of children chose not to take up the habit.

A [fifth paper](#) used school-based surveys prior to and after plain packs to examine students' ratings of the “character” of four popular cigarette brands, and variables including perceived harmfulness, look of pack and positive and negative perceptions of pack image.

Positive character ratings for each brand reduced significantly between 2011 and 2013. Significantly fewer students in 2013 than 2011 agreed that "some brands have better looking packs than others" and packs were rated more negatively, with positive ratings decreasing most in smokers.

The tobacco industry and its acolytes can be expected to try to torture these reports to spin yet more denials of the impact it fears will quickly inspire even more countries to follow Australia's lead.

Australia is fortunate in having some of the very best researchers in the world whose work has contributed to the development of plain packs and now to the evaluation of its impact.



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Death of a salesman

Gerard B Hastings and Crawford Moodie

Tob Control 2015 24: ii1-ii2

doi: 10.1136/tobaccocontrol-2015-052285

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Death of a salesman

Gerard B Hastings,¹ Crawford Moodie²

TAKING THE LEAD

In December 2012 Australia became the first jurisdiction to mandate plain (or standardised) packaging for tobacco products. Many governments have been looking on with interest, anxious to learn if this is also the next step forward in their own efforts to tackle the harms caused by tobacco. This special issue begins to answer this question by presenting a series of studies which provide an initial evaluation of the policy. What have been the early impacts of plain packaging on young people and adult smokers? And are there any unintended consequences—has it reduced prices, for instance, or encouraged illicit tobacco use?

THE LAST WORD IN TOBACCO MARKETING?

Plain packaging is the latest of many moves by policy makers to constrain tobacco marketing. It is over 50 years since the first tentative steps were taken, typically picking off TV advertising, but it was not until this century that the need for controls to be comprehensive was fully appreciated. Market forces, it became clear, dictate that any gaps will be exploited and promotional budgets moved to unregulated channels. The pack itself is one of the last of these promotional fall-backs. In recent years the literature has documented a seemingly endless flow of elaborate packaging innovations. It has also demonstrated how tobacco companies have used the pack to promote their products, mislead consumers about the harmfulness of smoking, and undermine the legally mandated health warnings. So even in markets that are otherwise dark, packaging continues to offer tobacco companies a glimmer of light, providing a last channel for conveying image, symbolism and brand meaning.¹

FROM THEORY INTO PRACTICE

Until recently the evidence base for plain packaging has, perforce, been hypothetical. Australia's lead has now delivered a real world natural experiment. The real world, of course, is messy and natural experiments less neat than custom-designed ones. As such, it remains a challenge for researchers, particularly as plain packaging has been part of a wider package of measures introduced by the Australian Government, including larger health warnings, mass media campaigns and tax increases. Separating out the effects of each can prove difficult—it was ever so. Nonetheless, the picture to emerge from the papers in this special issue suggests that plain packaging is delivering on its hypothetical promise, and the potential downsides, much vaunted by its opponents, are not materialising.

THIS ISSUE UNPACKED

The evidence suggests that plain packaging is severely restricting the ability of the pack to communicate and create appeal with young people and adults.^{2–4} For instance, school-based surveys with students aged 12–17 year in 2011 and 2013 show that the removal of branding and uniformity of pack appearance has increased negative pack ratings and decreased positive ones.⁴ Cognitive processing of the health warnings did not change, however, suggesting that pack appearance is more relevant to young people than are the warnings.⁵

A number of studies with adult smokers point to plain packaging fulfilling its core aims of reducing appeal, particularly among young adults, and increasing warning salience.³ In a cross-sectional tracking survey of cigarette smokers, plain packaging was associated with increased thinking about quitting and quit attempts.⁶ In addition, dislike of the pack, lower satisfaction from cigarettes and attributing motivation to quit to the warnings predicted daily thoughts of quitting.⁷ These findings may also help to explain why smokers were more likely to conceal their packs in outdoor venues after the introduction of plain packaging.⁸ Research with adults is not confined to cigarette smokers either, with a mixed methods study suggesting that the benefits of plain packaging may also extend to cigar and cigarillo smokers.⁹ A lesson perhaps for those governments (eg, Ireland, UK) planning to exclude such products from plain packaging legislation.

These findings highlight the potential impacts on adult smokers, a group often overlooked in the plain packaging debate. Clearly, prevention is better than cure, which is why stopping new generations from starting to smoke is a key objective of plain packaging, but adult smokers are also an important potential target. That they are amenable to change is beyond question: in Australia (as in many other markets) there are more ex-smokers than current smokers. These studies suggest that plain packaging can play a role in encouraging this transition.

This issue also examines whether plain packaging has had any unintended consequences. Did it lower prices for licit tobacco or increase the use of illicit tobacco, both of which might be expected to encourage smoking? There is no evidence for either effect.^{9–12} A review of retail magazines, for instance, shows that following the introduction of plain packaging, average inflation-adjusted recommended retail prices actually increased for cigarettes in all price segments (value, mainstream and premium).¹⁰ The rise in cost was greatest for cigarettes in the mainstream and premium segments, which may, in part, help explain the shift to value



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To cite: Hastings GB, Moodie C. *Tob Control* 2015;24:e11–82.

Special communication

brands.¹¹ As for the source of retail purchase, there was no decline in the percentage of smokers purchasing from convenience stores and no indication of increased purchase from overseas, online or duty-free.¹³ And in contrast to the findings from the tobacco industry commissioned KPMG report,¹⁴ there was no evidence of an increase in the consumption of illicit 'cheap white' cigarettes.¹²

WHAT WILL HAPPEN IF GOVERNMENTS DO NOT ACT?

This issue is focused on what happens when plain packaging is introduced, but it is instructive to consider what is likely to occur in markets where government does not act and the status quo prevails. The pack will continue to be used as a marketing channel and innovations will proliferate. New pack structures—sizes, openings, construction materials—are inevitable. Beyond visual appeal we are also likely to see: packs with special foils, varnishes or coatings that create distinct tactile experiences; audio packs that play pre-recorded messages, music or other noises, which are already available for some other products¹⁵; and packs which release fragrances (which are already patented by tobacco companies). Inks will also have an important role to play in future on-pack marketing, with phosphorescent 'glow in the dark' inks having already appeared on cigarette packs in some markets, and packs with photochromic (light-sensitive), thermochromic (heat-sensitive) or oxygen-sensitive inks likely to follow. Although only for display purposes, photochromic Camel packs which change colour appeared in retailers in the Netherlands in 2014. Conductive inks, which enable printed electronics technology and the incorporation of cheap electrical circuits into cardboard are also opening up a world of marketing opportunities.¹⁶ Cartons of Kent cigarettes, with circuit boards and touchpads enabling scrolling on-pack messages, have already appeared in duty-free outlets in Asia. As technology advances, it is possible that printed electronics may be applied to deliver moving images on tobacco packaging. Similarly, we may see cigarette packs capable of digitally communicating with consumers and allowing connectivity to their virtual worlds via smart devices (smartphones, smart watches, smart glasses).

Whatever directions these innovations take, it is clear that the marketing power of the pack is only going to increase. So governments which do not act on plain packaging today will have a bigger problem to tackle tomorrow.

A CASEBOOK EXAMPLE

Plain packaging in Australia has been a casebook example of effective tobacco control—a policy measure driven by evidence, carefully designed and implemented, and now rigorously assessed. Further, it is set within the context of wider Australian tobacco control, reinforcing the most basic lesson learned over the last half century: action has to be strategic and comprehensive. There are no silver bullets. This issue demonstrates that plain packaging is beginning to deliver on its promise, and an important step forward, but it is still only part of the solution. Australia has learned and applied this lesson well and that is

why it has one of the lowest smoking prevalence rates in the world.

Competing interests None.

Provenance and peer review Not commissioned; internally peer reviewed.

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[REDACTED]

From: [REDACTED]
Sent: 05 May 2016 09:06
To: [REDACTED]
Subject: FW: Research on plain packs Australia
Attachments: PPAustralianevidence.docx

From: [REDACTED]
Sent: 24 March 2015 14:16
To: [REDACTED]
Cc: [REDACTED]
Subject: Research on plain packs Australia

Dear [REDACTED]

If the Minister is content I'd appreciate it if the attached short summary of the findings of the research articles on standardised tobacco packaging in relation to Australia could be circulated to the Ministerial Group for information. The full text of articles is freely available to access through the links in the document, so members will be able to read the research papers for themselves.

[REDACTED] mentioned a retailer representative group in Australia who had told SGF that the illicit trade had increased following the introduction of standardised packaging. It would be helpful to confirm the name of this retailer group accurately for the minutes. If it is the Alliance of Australian Retailers (AAR), there is a well-documented history of tobacco industry funded misinformation being put out through what is effectively a PR initiative for the industry, see:
http://www.tobaccotactics.org/index.php/Alliance_of_Australian_Retailers

Kind regards

[REDACTED]

[REDACTED]

Chief Executive

ASH Scotland
8 Frederick Street
Edinburgh, EH2 2HB

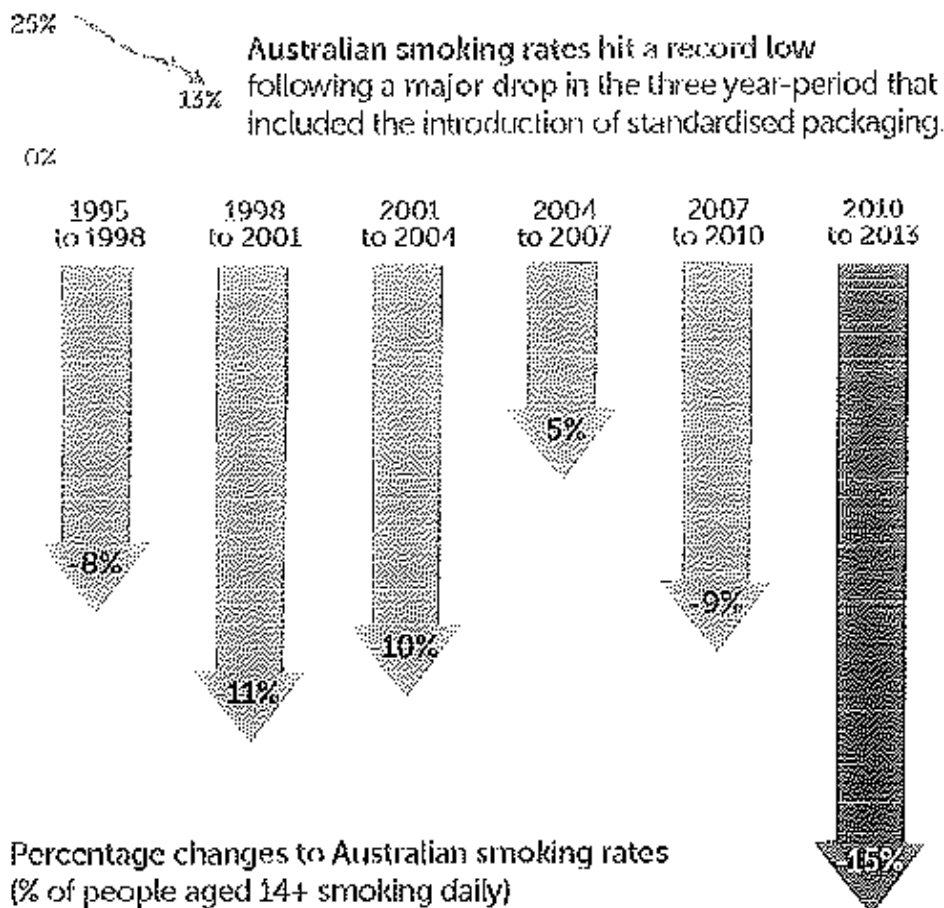
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ASH Scotland's vision is of a healthier Scotland, free from the harm and inequality caused by tobacco.

Standardised plain packs for tobacco – evidence from Australia

Note: this briefing is based on the March 2015 (volume 24, Issue 2) edition of the Tobacco Control Journal:
<http://tobaccocontrol.bmj.com/content/current> All of the research cited is available in full text.

Success of tobacco control in Australia



Graph by CANCER RESEARCH UK

Thirteen other nations (Scotland, Wales, Ireland, England, New Zealand, France, Norway, Finland, Chile, Brazil, India, South Africa, and Turkey) have either legislated plain packaging or are in the process of planning to do so.

What the tobacco industry claimed versus what has happened in Australia

Prices will be driven prices down and cheaper cigarettes will cause more smoking, including among children
The RRP's of tobacco products were higher in real terms 1 year after Australia's plain packaging legislation was implemented. These increases exceeded increases resulting from Consumer Price Index (CPI) indexation of duty and occurred across all three major manufacturers for both factory made and RYO brands, all three cigarette market segments and all major pack sizes.

Scolto M, Bayly L, Wakefield M. Did the recommended retail price of tobacco products fall in Australia following the implementation of plain packaging? Tobacco Control 2015;24:i190-i193. http://tobaccocontrol.bmj.com/content/24/Suppl_2/i190.full

Australia will be flooded with illegal tobacco

While unable to quantify the total extent of use of illicit manufactured cigarettes, a large national survey found no evidence in Australia of increased use of two categories of manufactured cigarettes likely to be contraband, no increase in purchase from informal sellers and no increased use of unbranded illicit 'chop-chop' tobacco.

Scollo M, Zacher M, Coomber K, Wakefield M. Use of illicit tobacco following introduction of standardised packaging of tobacco products in Australia: results from a national cross-sectional survey. *Tobacco Control* 2015;24:i176-i181.

http://tobaccocontrol.bmj.com/content/24/Suppl_2/i176.full

Smokers will stop buying cigarettes at small convenience stores (subtext propagated by tobacco industry - convenience stores retail business will be strangled by government over-regulation)

In fact, studies of retail outlets conducted across Australia over the period of implementation of legislation found no lasting effects on retail serving time and a study conducted in the Australian state of Victoria 1 year before (2011) and 1 year after (2013) introduction detected no changes among current smokers in usual place of purchase of tobacco products.

Scollo M, Coomber K, Zacher M, Wakefield M. Did smokers shift from small mixed businesses to discount outlets following the introduction of plain packaging in Australia? A national cross-sectional survey. *Tobacco Control* 2015;24:i108-i110. http://tobaccocontrol.bmj.com/content/24/Suppl_2/i108.full

Smokers will use special covers to hide the warnings on plain packs

There has been a sustained reduction in visibility of tobacco products and smoking in public, particularly in the presence of children, from pre-PP to 1 year post-PP. This effect is likely to reduce smoking-related social norms, thereby weakening an important influence on smoking uptake and better supporting quit attempts.

Zacher M et al. Personal pack display and active smoking at outdoor café strips: assessing the impact of plain packaging 1 year post-implementation.

Tobacco Control 2015;24:i194-i197.

http://tobaccocontrol.bmj.com/content/24/Suppl_2/i194.full

Additionally, there is some evidence to suggest that smokers who actively try to avoid exposure to pack warnings by covering them up, have higher subsequent rates of quit attempts than those who don't.

FTC Article 11, Tobacco Warning Labels, Evidence and Recommendations from the ITC Project. May 2009.

www.itcproject.org/files/FTC_Tobacco_Labels_Bro_V3.pdf

Plain packs will do nothing to lessen the appeal of smoking to adolescents

Positive character ratings for each brand reduced significantly between 2011 and 2013. Changes were found for four of five statements reflecting brand differences. Significantly fewer students in 2013 than 2011 agreed that 'some brands have better looking packs than others' (2011: 43%; 2013: 25%, $p < 0.001$), with larger decreases found among smokers (interaction $p < 0.001$). Packs were rated less positively and more negatively in 2013 than in 2011 ($p < 0.001$). The decrease in positive image ratings was greater among smokers. The introduction of standardised packaging has reduced the appeal of cigarette packs. Further research could determine if continued exposure to standardised packs creates more uncertainty or disagreement regarding brand differences in ease of smoking and quitting, perceived addictiveness and harms.

White V, Williams T, Wakefield M. Has the introduction of plain packaging with larger graphic health warnings changed adolescents' perceptions of cigarette packs and brands? *Tobacco Control* 2015;24:i142-i149. http://tobaccocontrol.bmj.com/content/24/Suppl_2/i142.full

For other detailed rebuttals also see:

- www.cancervic.org.au/downloads/plainfacts/Facts_sheets/Facts_Sheet_no_1_Impact_PP_legis.pdf
- **Removing the Emperor's Clothing**, free full text book by Simon Chapman and Becky Freeman
<http://ses.library.usyd.edu.au/handle/2123/12257>

Action on Smoking & Health (Scotland) (ASH Scotland) is a registered Scottish charity (SC 010412) and a company limited by guarantee (Scottish company no 141711). The registered office is 8 Frederick Street, Edinburgh EH2 2HD.

[REDACTED]

From: [REDACTED]
Sent: 05 May 2016 09:13
To: [REDACTED]
Subject: FW: further reading

From: [REDACTED]
Sent: 24 March 2015 15:29
To: [REDACTED]
Subject: FW: further reading

Dear [REDACTED]

The new Tobacco Atlas was launched at the World Conference on Tobacco & Health in Abu Dhabi this month:

Eriksen M, Mackay J, Schluger N, Gomeshtapeh F, Drope J. The Tobacco Atlas, fifth edition, World Lung Foundation 2015.

www.tobaccoatlas.org/

On deaths caused by tobacco use, the Tobacco Atlas wording was:
'tobacco is killing more than half and as many as two-thirds of tobacco users'.

Actual paper referred to re the two thirds was:

Banks E, et al. Tobacco smoking and all-cause mortality in a large Australian cohort study: findings from a mature epidemic with current low smoking prevalence. BMC Medicine 2015, 13:38. www.biomedcentral.com/1741-7015/13/38 (full text)

Relevant to e-cigarettes and nicotine, the Atlas states:

'Some claim that nicotine is as benign as caffeine, but studies show that nicotine is more likely to cause dependence, may help cancers grow, and is considered lethal at a much smaller dose than caffeine'.

A useful and authoritative document

Kind regards

[REDACTED]

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Chief Executive

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[REDACTED]

From: [REDACTED]
Sent: 05 May 2016 09:13
To: [REDACTED]
Subject: FW: EU PQ

From: [REDACTED]
Sent: 26 March 2015 13:00
To: [REDACTED]
Subject: EU PQ

For info:

[REDACTED] MEP from Denmark

In its work programme for 2015, the Commission is focusing on improved legislation. A decisive factor for good legislation is a suitable and predictable implementation period, which gives companies sufficient time to adjust.

In its answer to Question E-009558/2014, the Commission addressed the complications caused by delays in delegated legislative acts and implementing acts. In this answer, the Commission stated that the consequences of a delay must be ascertained when assessing a particular case. The deadline for implementing the Tobacco Products Directive, Directive 2014/40/EU, is 20 May 2016. The text of the law will be supplemented by delegated legislative acts and implementing acts. The industry -particularly the packaging sector — will need 12 to 18 months to adjust production so that it complies with the new legislation. According to the indicative plan for the implementation of the Tobacco Products Directive, some of the delegated legislative acts and implementing acts are expected to be published in the last quarter of 2015 or later. This will not give the industry the 12 to 18 months it needs to convert production. Would the Commission explain what consequences delays in delegated legislative acts and implementing acts will have?

Would the Commission give earlier examples of directives, where delays in delegated legislative acts or implementing acts made it difficult to comply with the time limit for implementation?

Would the Commission describe the steps it took to alleviate these difficulties?

[REDACTED] on behalf of the Commission

A timely adoption of the secondary legislation provided for under the new Tobacco Products Directive (TPD) (1) is a priority for the Commission. The Commission is proceeding as efficiently as possible, whilst acknowledging the need to respect legal procedures and produce well-thought-out legislation.

Further examination is required in all cases, including consultation of stakeholders. The industry is involved in the process preceding the proposals for secondary legislation. According to the Commission's information the industry is already taking the necessary preparatory steps taking into account the key elements of the directive.

Prior to the Commission proposal for a new TPD, representatives of the packaging sector were consulted. They indicated that changes to the design of cigarette packages were frequent

practice. They also stated that no major investments would be required if pictorial warnings would be made mandatory (2).

It should be highlighted that in Article 30 the TPD provides for a transitional period during which tobacco products manufactured before the transposition deadline can be placed on the market for twelve months following this date.

(1)

Directive 2014/40/EU of 3.4.2014, OJ L 127, 29.4.2014, p. 1.

(2)

http://ec.europa.eu/health/tobacco/docs/ev_20120206_mi_en.pdf

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Subject: FW: proposal for second phase of IMPACT work
Attachments: proposal for IMPACT phase 2.pdf

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Flag Status: Completed

Categories: FOI

[REDACTED]

For Inclusion in FOI

[REDACTED]

The Scottish Government
Tobacco Control Team
Health Improvement Division
Area 3 E St Andrew's House
EDINBURGH
EH1 3DG

From: [REDACTED]
Sent: 28 March 2017 10:02
To: [REDACTED]
Cc: [REDACTED]
Subject: proposal for second phase of IMPACT work

Dear [REDACTED]

As discussed yesterday please find attached an outline plan and budget for the proposed work to develop the IMPACT work on smoking and mental health. Please let me know if you have any questions or comments or if there is any area where you would like to see further detail.

With regard to the payment and fitting in with year-end accounts, it is not a problem for us to receive the funds this week and to note in our accounts that these are to be carried over for work in the new financial year. If possible a BACS transfer on Friday, that reached us on Monday (3rd April), would feature in our accounts for next year and would avoid the need to explain a carry-over - but while this would be convenient it is not essential.

With thanks again for your support for this work.

Best wishes

[REDACTED]

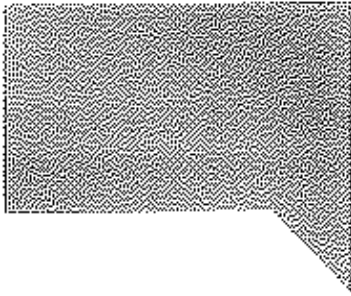
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Impact

Let's talk about smoking and mental health

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