BRITISH AMERICAN TOBACCO
SALES & MARKETING

British American Tobacco Sales & Marketing Singapore Pte. Ltd.
Regn No.: 197300339D
18 Ah Hood Road #12-51
Hiap Hoe Building at Zhongshan Park Singapore 329983
Tel (65) 6258 8155
Fax (65) 6258 7772
www.bat.com

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Ministry of Health
16 College Road
College of Medicine Building
Singapore 169854
Email: Tobacco_Control@moh.gov.sg

Attention: Director, Epidemiology and Disease Control Division

Dear Sirs/Madam

Re: Study on Standardised Packaging in relation to Non-Cigarette Tobacco Products

We refer to your e-mail dated 11 June 2018, inviting comments on the new Research Study on Singapore Residents' Perceptions and Behaviours in Relation to Tobacco Packaging, dated June 2018 (the "Study").

The Study seeks to assess Singapore residents' perceptions and reactions towards standardised packaging of non-cigarette tobacco products through a series of focus group discussions. The Study concludes, based on these focus group discussions, that standardised packaging would contribute towards reducing the overall appeal and attractiveness of these products, and increasing the perceived harm to health and noticeability of graphic health warning labels.

However, in our view, qualitative studies like this – which explore how people perceive, feel about, or view a proposal – may not be capable of predicting actual policy effects. As you will be aware, focus groups may be useful as an exploratory first step in developing a more formal study, but focus group findings are not representative of the general population and cannot generate reliable evidence of actual behaviours. The outcomes of focus group discussions are also very sensitive to the leadership of the moderator. In addition, focus groups have well-known shortcomings in that participants may say things to maintain their self-image during the focus group discussions or may be unduly influenced by an outspoken member of the group. The results do not have statistical validity since the statements by the individuals are not independent of one another and also are not independent of the influence and potential bias of the focus group moderator.

In addition, as we explained in our response to the *Public Consultation Paper on Proposed Tobacco-Control Measures in Singapore,* pre-implementation survey data on "intermediate outcomes", including this Study, cannot answer the question of whether standardised packaging is likely to cause an increase or a decrease in smoking so as to demonstrate the efficacy of the measure. This is because by its very nature, this data provides no actual evidence of changes in smoking behaviour, namely changes in initiation or quitting.

Given the limitations of this Study, along with the other pre-implementation predictive survey data and post-implementation survey data from Australia that is relied on by the Government, we reiterate the importance of the new expert reports by Professor Viscusi and Compass Lexecon (Mr Dryden), which we provided with our response to the *Public Consultation Paper on Proposed Tobacco-Control Measures in Singapore.*

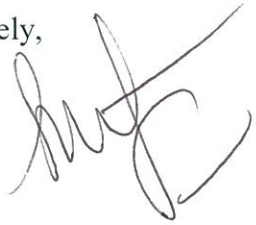
These expert reports include extended and new analyses which are the most extensive and up-to-date analyses of the Australian data that is available. This data, including the empirical data of the actual effect of standardised packaging on behaviour, must be preferred to conclusions based on studies of intentions and perceptions when assessing the efficacy of the standardised packaging. In particular, we note that:

1. Professor Viscusi's analyses of the Cancer Institute Tobacco Tracking Survey ("CITTS") data from February 2009 to June 2016 (providing 3½ years of data in the post-standardised packaging period) and the Australian Government National Tobacco Plain Packaging Tracking Survey ("NTPPTS") data, both of which track the actual changes in individual perceptions, attitudes and behaviours before and after the implementation of standardised packaging in Australia, provide more meaningful information than does the evidence from pre-implementation focus groups such as this Study. Professor Viscusi's analyses of the CITTS and NTPPTS data indicate an unfavorable association of standardised packaging with a number of intermediary metrics (e.g., increasing the efficacy of health warnings) even setting aside issues pertaining to the efficacy of these intermediate variables in predicting actual smoking behaviors. Accordingly, it cannot be presumed that the outcomes of the Study will be maintained in the real world following the introduction of standardised packaging.

2. Even more critically, the analyses provided by Professor Viscusi and Mr Dryden confirm that the introduction of standardised packaging and enlarged graphic health warnings have not reduced smoking prevalence or consumption in Australia. Accordingly, even to the extent that standardised packaging has any impact on consumers' perceptions of packaging and warnings, this has not lead to any reduction in smoking.

Accordingly, we again respectfully urge the Government to fully consider this evidence before proceeding with any decision to implement standardised packaging.

Sincerely,



S J Heng (Ms)
General Manager