Tobacco control and standardised packaging in the UK Overseas Territories:

Report on a Qualitative Research Project for Public Health England

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Dr Sarah Hill[1], Dr Evgeniya Plotnikova[1], Prof Linda Bauld[2], Prof Jeff Collin[1].

[1] Global Health Policy Unit, School of Social & Political Science, University of Edinburgh, Chrystal Macmillan Building, 15a George Square, Edinburgh, EH8 9LD

[2] Usher Institute, Old Medical School, University of Edinburgh, Teviot Place, Edinburgh EH8 9AG

Corresponding author: Jeff.Collin@ed.ac.uk Tel: +44 (0) 131 651 3961

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Executive Summary

Many of the UK's Overseas Territories (UKOTs) have made substantial progress in tobacco control, including implementation of measures consistent with key Articles under the WHO Framework Convention on Tobacco Control (FCTC). Since 2016, Public Health England has been working with tobacco control leads across a range of territories to help build capacity and to support this important area of health policy. This work is funded by the UK government under the Conflict, Stability and Security Fund (CSSF) in recognition of its commitment to "provid[ing] assistance to the territories as part of its objectives to improve global health and to ensure the UK's international health obligations are met". Several territories have expressed interest in applying to have the FCTC formally extended to them, in recognition and support of their work in tobacco control.

Tobacco use is variable across the territories, with relatively low smoking prevalence in some (e.g. 5.8% of adults in Anguilla) and high use in others (e.g. 21% in St Helena). Nevertheless, tobacco exposure (including second-hand smoke) is a significant health issue for all territories, particularly given quite high reported use among young people. The status of tobacco control legislation is similarly variable, with some territories not yet having any specific tobacco control measures in place, while others have passed Tobacco Control Acts including bans on advertising (Article 13) and smoking in public places (Article 8) and requiring text-based health warnings on tobacco products (Article 11). Graphic health warnings are currently only mandated in Turks and Caicos Islands, although other territories (e.g. Anguilla) are currently considering legislation.

Standardised packaging of tobacco products is still a relatively recent innovation in tobacco control, having been first introduced in Australia in 2012. Nevertheless, there is a growing evidence base for the effectiveness of this measure in reducing the appeal of tobacco products, increasing users' attention to health warnings, and potentially reducing consumption and increasing quit attempts. The tobacco industry has invested heavily in trying to obstruct or delay the introduction of standardised packaging in many countries, suggesting that the widespread adoption of this measure is seen as a significant threat to their global operations due to reduced product appeal.

Survey responses from 126 individuals across eight territories reflect a range of views regarding barriers and opportunities for tobacco control. The majority of respondents regarded smoke-free policies and raising public awareness as the key priorities for tobacco control in their respective territories, with bans on advertising, smoking cessation support, health warnings and taxation also seen as important measures. Insufficient human resources and the need for better enforcement of existing legislation were highlighted as the principle barriers to effective implementation of tobacco control, with a lack of political support, limited financial resources and poor inter-sectoral coordination also seen as relevant obstacles. Support from local politicians and community leaders were seen as the key factors needed to progress tobacco control in these territories. The role of international and regional organisations (such as PAHO and the WHO), the FCTC, and Public Health England were also regarded as important, though less so than local factors. Several respondents commented on the importance of generating local evidence to raise public and political awareness about the need to tackle tobacco use as an important health and economic issue.

Standardised packaging of cigarettes was seen as a priority area by two thirds of survey participants, with 14% disagreeing or strongly disagreeing that this should be prioritised. Insufficient political support and a sense of competing policy priorities were regarded as the key obstacles to the introduction of standardised packaging. It was also apparent from many free-text responses that there is a degree of uncertainty and confusion relating to the practicalities of implementing and enforcing standardised packaging in the UKOTs,

where almost all tobacco products are imported from overseas. Increased support and buy-in from both politicians and the public were seen as the most important factors in taking forward this policy initiative, alongside increased technical knowledge and support in the practicalities of introducing standardised packaging

We also undertook semi-structured interviews with 34 individuals, comprising 31 from across four territories - Anguilla, Bermuda, the Cayman Islands and St Helena – and three from outside the territories. Emergent findings from the interviews echoed many of the results of the survey, and also emphasised the extent to which progress in tobacco control in UKOTs can be hindered by distinctive contextual challenges. Geographical isolation, small and highly connected societies, a narrow economic base, political and cultural sensitivities, and the limited institutional capacity and human resources of governments can all interact to impede the development of effective tobacco control policies. In understanding progress to date and considering how to further advance tobacco control, the interview data highlighted the strategic significance of successfully addressing economic concerns; of building effective relationships with key potential allies and developing support across local communities; and of effectively engaging with regional organisations and international networks. The role of local policy advocates – or 'tobacco control champions' – emerged as particularly significant in keeping tobacco control issues on the policy agenda, building relationships and drawing on available opportunities to make progress on key measures.

The introduction of standardised packaging for tobacco represents one such measure, and one that may act as a catalyst to advance tobacco control more broadly in the UKOTs. Several territories have expressed interest in taking this forward. While packaging issues can be a complex area for the UKOTs (which tend to import cigarette packs designed for larger markets), there are several factors that create a promising opportunity for this measure – including the potential to draw on standards that have already been successfully introduced in other jurisdictions, and (in some cases) the capacity to introduce this measure under existing legislation. Additionally, the introduction of standardised packaging can also represent an opportunity to strengthen other key areas of tobacco control, including a comprehensive ban on advertising and promotion and the prohibition of single cigarette sales. The prospect of introducing standardised packaging – and of receiving an FCTC extension in their own right – highlights the potential for UKOTs to become regional and global leaders in tobacco control, as well as addressing one of the key drivers of non-communicable disease and growing health care costs in these communities.

Acknowledgments and statement of contribution

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1. Introduction

The United Kingdom has an important historical relationship with its 14 Overseas Territories (UKOTs), 11 of which have permanent local populations, their own legal systems, and their own democratically-elected Governments (Department of Health, 2010). While responsibility for health policy is devolved to the territories, the UK retains responsibility for external relations – including international obligations under global treaties such as the World Health Organization's Framework Convention on Tobacco Control (FCTC) (WHO 2003). The UK ratified the FCTC in 2004 (UN, 2019), but – to date – the Treaty has not been formally extended to any of the territories. Nevertheless, many territories have made substantial progress in implementing key Articles of the FCTC, including bans on tobacco advertising (Article 13), restrictions on smoking in public places (Article 8), and the introduction of health warnings on tobacco packaging (Article 11).

In 2016, Public Health England (PHE) embarked on a four-year project to help support the UKOTs towards implementation of key elements of the FCTC, focusing on Articles 8, 11 and 13. This project was funded by the UK's Conflict Stability and Security Fund (UK Govt, 2018) in the context of the Foreign and Commonwealth Office's 2012 White Paper on the Overseas Territories (FCO, 2012), under which the UK Department of Health is committed to "provid[ing] assistance to the Territories as part of its objectives to improve global health and to ensure the UK's international health obligations are met" (p68). Since 2018, PHE has held a series of capacity-building workshops with health policy advisors from participating territories and provided bespoke support to help these advisors strengthen tobacco control within their territories.

This report was commissioned by Public Health England to explore both challenges and opportunities for tobacco control in the territories, in order to support implementation of the FCTC. It includes a specific focus on the potential for introducing standardised packaging of tobacco products (SPoT) after a number of territories expressed specific interest in advancing this measure. The research on which this report is based was carried out by the University of Edinburgh between January and June 2019. It comprised four main strands of work, i.e. a documentary review, a literature review, a survey of key stakeholders in the territories, and semi-structured interviews with stakeholders from selected territories. Both the documentary review (describing current levels of tobacco consumption and existing tobacco control policies) and the semi-structured interviews focus on experiences in Anguilla, Bermuda, the Cayman Islands and St Helena. These four territories were selected by PHE because they provided for variation in the likelihood of introducing standardised packaging in the near future. Thus the report offers both a broad overview of experiences across the UKOTs and a more in-depth analysis based on the experience of this sample of four territories. It also reviews evidence on the impact and effectiveness of introducing standardised packaging for tobacco products and considers the potential for this measure to act as a catalyst in progressing tobacco control within the UKOTs.

2. Tobacco control in Anguilla, Bermuda, the Cayman Islands and St Helena

Tobacco consumption

This subsection provides a brief overview of the context of tobacco consumption in Anguilla, Bermuda, the Cayman Islands and St Helena, using territory-specific estimates for smoking prevalence in adults and young people. These data are primarily sourced from national reports, including the STEPS Chronic Disease Risk Factor Survey[1] and the Global School-based Student Health Survey[2]. Where similar reports were not available, the relevant data were obtained from other national sources, e.g. the Cayman Islands Student Drug Use Survey (CISDUS, 2016) and the population census data from 2015 in St Helena. The variety of sources employed in this document explains the limited coherence in the reported data; where possible, corresponding clarifications are provided on whether the indicator of smoking prevalence refers to the current use of cigarettes, or other types of smoked or smokeless tobacco products. The variation in reported age groups of young people has been also noted across different survey data.

The comparative overview of smoking prevalence across the four Overseas Territories, indicates that tobacco consumption among adults is highest in St Helena and lowest in Anguilla (see Table 1). According to St Helena's 2015 population census, the prevalence of tobacco smoking in the adult population (15+) is 21%. The Cayman Islands and Bermuda share similar levels of smoking prevalence among adults (around 15%). The Cayman Islands STEPS survey in 2012 found adult smoking prevalence of 15%, with a higher prevalence of 21% in men (Ministry of Health, Environment, Youth, Sports & Culture, 2012). Similarly, the STEPS survey in Bermuda in 2014 found an adult smoking prevalence of 14% with prevalence among men reaching 20% (Ministry of Health Seniors and Environment 2016). By comparison with other UKOTs addressed here, smoking prevalence in the adult population in Anguilla is relatively low. The STEPS survey published in 2016 found an adult smoking prevalence of 6%, with prevalence among men being significantly higher at 10% (Ministry of Health and Social Development, 2018).

Although smoking prevalence among young people cannot be formally compared across the selected Overseas Territories due to variation in both the sampled age groups and the survey designs (see notes for Table 1), the following observations can be made:

- In Anguilla, the past-30-day prevalence of cigarette smoking was reported at 6% for 13-15 year olds in the 2016 Global Student Health Survey (Government of Anguilla 2016).
- Young people in Bermuda had a reported past-30-day cigarette smoking rate of 3% among 10-18 year olds according to the 2015 National School Survey (Department for National Drug Control 2016). This survey covers a wider age group than that used in other surveys, which may contribute to the relatively low reported prevalence (reported tobacco use was higher among older respondents, with a prevalence of 8.7% among students in their final school year).

[1] Most recent available STEPS reports are employed for each territory: Anguilla (2016), Bermuda (2014), The Cayman Islands (2012), St Helena (N/A).
[2] Most recent available GSSHS reports are employed for each territory: Anguilla (2016), Bermuda (N/A), the Cayman Islands (2007), St Helena (N/A).

- Past-30-day cigarette use in the Cayman Islands was reported at 3% among students in school years 7 and 8 (age range 10-15 years) and 9% among students in school years 9-12 (age range 13-18 years, based on the 2016 Cayman Islands Student Drug Use Survey (National Drug Council, 2017).
- St Helena has the highest youth smoking rate of the four territories, with the 2015 population census indicating a smoking prevalence of 13% among 15-19 year olds (Government of St Helena, 2015).

Table 1. Smoking prevalence across four OTs

Overseas Territory	Adults			Youth	
	Total	Men	Women	Total	Age range (yrs)
Anguilla*	5.8%	10.2%	1.5%	6.0%	13-15
Bermuda**	13.9%	19.8%	7.4%	3.1%	12-18
Cayman Islands***	15.0%	20.7%	9.0%	2.7% 9.1%	10-15 13-18
St Helena****	20.8%	26.9%	14.2%	12.8%	15-19

Data sources: **Anguilla**: Adults: Ministry of Health and Social Development, 2018; Youth: Ministry of Health and Social Development, 2016. **Bermuda**: Adults: Government of Bermuda, 2016; Youth: Department for National Drug Control, 2016. **Cayman Islands**: Ministry of Health, Environment, Youth, Sports & Culture, 2012; Youth: National Drug Council, 2017. **St Helena**: Government of St Helena, 2015.

Tobacco control policies

This subsection provides a brief contextual summary of existing tobacco control policies in the four selected UKOTs (see Table 2). While Overseas Territories are not parties to the WHO Framework Convention on Tobacco Control (FCTC), several territories have implemented relevant provisions. Tobacco control measures are therefore presented here in relation to the relevant FCTC articles – i.e. protection from exposure to tobacco smoke (Article 8); regulation of the packaging and labelling of tobacco products (Article 11); and bans on tobacco advertising, promotion and sponsorship (Article 13).

Table 2. UKOTs tobacco control legislation and provisions relevant to FCTC Articles 8, 11, and 13

UKOT	Tobacco control legislation and relevant policy frameworks	Implementation of FCTC articles		
		Article 8 (smoke-free environments)	Article 11 (health warnings / packaging)	Article 13 (ban on advertising)
Anguilla	*Currently no tobacco control legislation*	None	None	None
Bermuda	Tobacco Control Act 2015	Comprehensive	Text warning (30%)*	Restricted
Cayman Islands	Tobacco Control Law, 2008 Tobacco Regulations, 2010	Comprehensive	Text warning (30%)*	Complete prohibition
St Helena	Tobacco Control Ordinance, 2011 Strategic Health Framework, 2018	Partial	No**	Via UK law***

*The government has expressed interest in introducing standardised packaging of tobacco products (SPOT)
** Draft legislation including SPoT is in progress
*** Subject to UK Tobacco Advertising and Promotion Act 2002

While Anguilla currently has no existing tobacco control legislation in place, the territorial government has developed an NCD action plan and committed to developing tobacco control legislation in the near future. The proposed legislation will introduce provisions corresponding with Articles 8, 11 and 13 – including a ban on smoking in public places and indoor workplaces, tobacco advertising restrictions (including at point-of-sale), and the introduction of graphic health warnings on tobacco products (personal communication, Health Authority of Anguilla). As things stand, standardised packaging of tobacco products is not currently included in this prospective legislative framework.

The primary law governing tobacco control in Bermuda is the Tobacco Control Act 2015 which includes provisions covering Articles 8, 11, and 13 of the FCTC (Government of Bermuda 2015). This Act prohibits smoking in enclosed work spaces, including bars and restaurants, and places heavy restrictions on tobacco advertising (advertising is still permitted, but cannot include any product image or branding) (personal communication, Dept of Health). The accompanying regulations require text health warnings over 30% of both the back and the front of tobacco packaging, but do not require graphic health warnings or prohibit the sale of single cigarettes. The Bermudan Government has expressed interest in strengthening this Act, including via the adoption of additional controls on advertising and the possible introduction of standardised packaging.

The Cayman Islands passed its Tobacco Control Law in 2008, with subsequent regulations introduced in 2010 covering Articles 8, 11 and 13 (Tobacco Law 2008; Tobacco Regulations 2010). While these prohibit smoking in government facilities and indoor workplaces, implementation of these provisions is reportedly somewhat uneven. The legislation requires text-based health warnings on cigarette packs and prohibits sale of individual cigarettes, although the latter is still known to occur (personal communication, Health Services Authority). The Cayman Islands have expressed interest in the possibility of introducing standardised packaging and are also preparing to submit a formal request for FCTC extension.

St Helena passed a Tobacco Control Ordinance in 2011 which covered Article 8 (smoke-free environments), albeit with some exceptions (Government of St Helena 2011). A ban on smoking in indoor public places has been implemented across all government offices in the last two years; given the importance of the government as a local employer, these offices represent a significant proportion of all indoor workplaces on the island. The English Law Ordinance 2005, which applies most English law before this date to St Helena, technically covers Article 13 of the FCTC through the UK's Tobacco Advertising and Promotion Act 2002 (English Law Ordinance 2005). In practice, there is no reported evidence of tobacco advertising on St Helena. St Helena law does not require health warnings on tobacco packaging, although most imported tobacco products do have health warnings (reflecting requirements for their sale in other markets). St Helena launched their Strategic Health Framework in May 2018 and is currently drafting legislation which will strengthen tobacco control provisions provided under the previous Ordinance. This legislation would serve to extend existing restrictions on smoking in enclosed spaces (including vehicles) and on advertising (including point-of-sale display), and would introduce standardised packaging of tobacco products (Government of St Helena 2018).

3. Standardised Tobacco Packaging: Overview of the literature

There is an extensive international literature on tobacco packaging and health warnings, and more recently, a growing literature on standardised tobacco packaging. This has been critically assessed in systematic reviews. This section of the report outlines key findings from these systematic reviews to provide important context regarding the rationale for, and evidence regarding, the impacts of standardised tobacco packaging. It also highlights findings from several more recent studies published since these systematic reviews were completed.

Systematic reviews

Three systematic reviews of standardised tobacco packaging have been published in the peer-reviewed literature in recent years. These are described in Box 1.

In addition to the systematic reviews mentioned in Box 1, a methodological paper (Melendez-Torres et al. 2018) outlined the results of a multilevel meta-analysis that re-analysed the results of the Stead et al (2013) review. The focus of this paper was to discuss how a relatively new development in systematic review methods can be used to improve or enhance more traditional methods, such as the narrative synthesis used in the Stead et al review. This new approach validated the main findings of the Stead et al review but highlighted how multilevel meta-analysis can enhance the robustness of future reviews on this or other topics when the original studies included used diverse study designs. Here we do not discuss this paper in depth but it will be of interest to those interested in systematic review methodology.

Box 1. Systematic reviews of standardised tobacco packaging

McNeill et al (2017) *Tobacco packaging design for reducing tobacco use*. This was a Cochrane review including all relevant studies published up to January 2016 that also included early results of the implementation of standardised packaging in Australia.

Hughes et al (2016) *Perceptions and impact of plain packaging of tobacco products in low and middle income countries, middle to upper income countries and low income settings in high income countries: a systematic review of the literature*. This review focused on the potential impact, effectiveness and perceptions of plain packaging in low income settings from papers identified in a search conducted in December 2015.

Stead et al (2013) *Is consumer response to plain/standardised tobacco packaging consistent with framework convention on tobacco control guidelines? A systematic review of quantitative studies*. This review included studies up to July 2011 and a more detailed version of the review (which also included qualitative research) can be found in the original report (Moodie et al. 2012). This review was updated in a subsequent report (Moodie et al. 2013, available online) for the UK government.

The Cochrane review (McNeill et al. 2017) is the most recent systematic review of standardised packaging. It is also, arguably, the most robust, using a well-established approach developed by the Cochrane collaboration. Its findings are consistent with the earlier Stead et al review, but have the advantage of 'real world' evidence from Australia, where standardised packaging was introduced from 2012 and some studies evaluating impact in Australia were included. In addition, the findings of the Hughes et al (2016) review may be particularly relevant for some small-island jurisdictions as the

authors specifically sought studies from more diverse settings across low and middle income settings. Thus below we focus on results from these two most recent reviews in particular.

Key Findings from Systematic Reviews

With the exception of studies from Australia after the introduction of standardised tobacco packaging there, the evidence included in the systematic reviews is from experimental or observational studies that examined responses to packaging. Key findings can be grouped into several themes:

Smoking prevalence

There is some evidence from Australia that the introduction of standardised packaging contributed to a reduction in smoking prevalence of around 0.5% following implementation, relative to what prevalence would have been without standardised packaging.

Tobacco consumption

There is evidence from Australia and also experimental studies regarding consumption. One Australian study couldn't identify any significant reductions in the number of cigarettes smoked by existing smokers one year after full implementation, although another study, consisting of a simple online survey, did find some evidence of reduction. Two experimental studies in the UK had conflicting results - one found no reduction in cigarettes smoked when participants switched to a plain pack for 24 hours, while another did identify self-reported reductions in smoking when participants switched to a plain pack over several days.

Smoking behaviour

Changes in smoking behaviour from modest changes (hiding the pack, transferring cigarettes into other containers) to more substantial changes (attempts to quit, cutting down) are apparent from the literature on standardised packaging.

Evidence from both experimental studies in the UK prior to the introduction of standardised packaging and 'real world' evidence from Australia suggests that smokers felt uncomfortable using plain packs and avoided showing them in public (i.e. avoiding putting the pack on the table in bars and restaurants, avoiding removing them from a pocket). One Australia study found fewer people smoked outdoors at cafés following the introduction of standardised packaging, particularly in venues where children were present. UK studies found mixed results in terms of people foregoing cigarettes or smoking less when asked to use a plain rather than branded pack, with one experimental study showing no change over 24 hours, but a longer term observational study identifying that participants cut down when using standardised packs.

In terms of quitting behaviour, one study in Australia found a significant increase in calls to the telephone smoking quitline following the introduction of standardised packaging, particularly in the first four weeks following implementation, but an increased volume of calls was also sustained over a longer period (43 weeks).

No studies were identified in the Hughes et al review (on standardised packaging in low and middle income countries) that explored smoking prevalence or tobacco consumption. However, three studies (in Brazil, India and among socio-economically disadvantaged smokers in Australia) in the review did report changes in perceptions of the impact on smoking behaviour. Purchase intentions (whether participants would buy tobacco in standardised packs) were affected and also participants reported that they thought the packaging would play a role in preventing smoking uptake, but may be less likely to affect the behaviour of regular adult smokers.

Eye-tracking and pack selection

Some studies have aimed to employ objective physiological measures including eye tracking that can measure how long a research participant spends looking at different aspects of the pack. These consistently find that in both adults and young people, participants spend more time looking at the health warning on a standard vs branded pack. This is particularly the case among young never smokers suggesting that standardised packaging could add to other youth smoking prevention measures.

Other studies from several different countries have involved experiments assessing whether participants will choose branded (with varying health warnings and warning sizes) or standardised packs when involved in a choice experiment. These studies suggest that participants (both smokers and non-smokers) are significantly less likely to choose standard packs compared with alternatives. This was found in studies in both high income and low resource settings.

Smoking intentions

There is mixed evidence that standardised packaging can increase intentions to quit and motivation to quit amongst existing smokers. Studies in Australia found no strong evidence that new, standardised packs increased desire to quit but did increase awareness and recall of graphic health warnings that prompted consideration of future quit attempts. One study in France did find that smokers using standard packs in an experiment were more likely to search for information online about smoking cessation.

Appeal

There is a substantial body of evidence from studies in a variety of countries that when asked to view standard vs branded packs, non-smokers and smokers find standard packs less appealing. This includes studies with young people and in low resource settings in the Hughes review (Brazil, India and with low SES smokers in Australia).

Health warnings

Standardised packaging increases the visibility and recall of health warnings. This evidence is available from both observational and experimental studies with smokers and non-smokers, including young people and in high and low resource settings.

Perceptions of harm

In line with the results on health warnings, most studies suggest that standardised packaging increases perceptions of harm from cigarettes. However, these results are tempered by a variety of

factors including the type, size and style of pack, the health warnings used and whether participants are smokers or non-smokers.

More recent research

Since the most recent systematic review was published (McNeill et al. 2017) the evidence on standardised packaging has continued to develop. Overall, the most recent studies do not change the findings of the Cochrane review in terms of the outcomes that can be achieved by the policy. What they do show, in contrast, is how tobacco companies and other actors in the tobacco supply chain respond to the policy. These studies either describe the action taken by tobacco companies to try and challenge or weaken the policy when it was being developed, or explore how these companies or other organisations behaved during the implementation of the policy.

Several recent studies document steps taken by tobacco companies and others to challenge the policy. This type of research is by its nature retrospective, so takes some time to be published after the policy has been introduced. This explains recent articles on this subject, particularly from Australia and the UK (MacKenzie et al. 2018).

Studies have examined the arguments used by tobacco companies to challenge the policy as it was being developed or debated, including: that the policy would have negative economic consequences; would be ineffective; and would increase crime or affect existing legal frameworks. These arguments were used in public information campaigns to challenge the policy, often organised by organisations receiving funding from, but not directly linked to, tobacco companies. Attention was drawn to impacts on less affluent groups and also that the illicit tobacco trade would increase as a result of standardised packaging (Lie et al. 2018).

Other studies have examined industry arguments over a longer period, including attempts to delay or derail larger health warnings pre-standardised packaging. In these studies there has been a focus on how the tobacco industry has criticised public health policies for infringing trade, intellectual property or investment rights (Crosbie, Eckford, and Bialous 2019). These studies may be useful to jurisdictions preparing to introduce standardised packaging in terms of preparing for industry challenges and ensuring that adequate evidence is available to counter attempts to derail or delay the policy.

Recent studies also describe what can happen in countries that introduce standardised packaging in a phased manner or with lead in times, as was the case in Australia and the UK. Clearly a variety of changes need to occur to the supply chain for tobacco products as a result of the policy and these can take time to implement. Evidence from the UK in particular suggests that tobacco companies introduce changes to pack design (including graphics and structure) and the product (such as introducing new or novel filters) to promote sales in the lead up and phase in period of the policy (Moodie et al. 2018).

Post implementation, there is some evidence that tobacco companies may try to find ways to undermine the policy or continue to promote their brands. This includes tactics such as retailer incentives to direct customers to particular products, or encouraging retailers to stockpile branded

packs for sale in the immediate post implementation period (Moodie et al. 2018; Purves et al. 2018). Governments who introduce the policy need to consider the rights or needs of producers, distributors and retailers and provide adequate time and support for change to occur. However, this lead in time can result in unintended consequences and recent studies highlight issues that should be considered by governments and civil society organisations when considering how best to proceed with implementation.

Future research and policy

Now that standardised packaging is being implemented in a range of countries, including most recently Belgium and Canada, researchers and policy makers are looking beyond plain packs to other measures that may enhance and strengthen the policy. Four future measures have been examined in existing research, although this literature is at an early stage.

The first of these is dissuasive cigarettes. This involves adding a health warning to tobacco products themselves (such as 'smoking kills' appearing on each individual cigarette) or changing the colour of products to unappealing dark colours. Both approaches show promise from proof of concept studies (Ford et al, 2014; Hoek and Robertson, 2015; Moodie et al, 2017).

Other suggestions include mandatory pack inserts that provide information about smoking cessation or harm reduction. Already used in Canada pre-standardised packaging (Thrasher et al. 2015), governments in other countries are now considering adding inserts to standard packs, in particular to communicate with smokers who may be considering quitting. More experimental suggestions at the current time include audio packs (where a verbal health message is played when the pack is opened, e.g. see Mitchell, Moodie, and Bauld 2019) and novel health warnings (moving images and messages designed to communicate immediate health or social consequences of smoking to young adults in particular). These developments require new technologies to be employed in conjunction with the pack, but could provide future avenues for exploration in jurisdictions where standardised packaging is in place.

4. Methods

Original data for this report were collected in two phases, including an online survey of stakeholders across the UKOTs and more in-depth interviews with stakeholders from the four case-study territories (Anguilla, Bermuda, the Cayman Islands, and St Helena). Ethical approval for both phases of the research was obtained via the University of Edinburgh's School of Social & Political Science.

Online survey

We aimed to survey local stakeholders in nine Overseas Territories: Anguilla, Bermuda, the British Virgin Islands, the Cayman Islands, Falkland Islands, Gibraltar, Montserrat, St Helena, and Turks & Caicos. Out of the 14 officially-recognised UKOTs[3], these nine territories are those that had agreed to collaborate with Public Health England in a four-year project assessing and supporting progress on implementation of key articles of the FCTC (PHE had also contacted Tristan de Cuna and Ascension, but they had not participated in the programme). Territories that were not included in the programme – or our survey – were those with very small or no permanent populations (such as the British Antarctic Territory and the Pitcairn Islands) and UK military bases (such as the British Indian Ocean Territory).

The survey questionnaire was presented using Qualtrics software and could be accessed via smartphone or computer interface; it included 15 substantive questions with additional space provided for free-text comments[4]. Survey questions assessed respondents' views on priorities, challenges and opportunities for tobacco control in these territories, as well as including specific questions on the potential introduction of standardised packaging for tobacco products.

As the purpose of this survey was exploratory, we employed a 'snowball' sampling approach to identify and reach our survey respondents. The survey link was sent (by the research team) to the civil servant with lead responsibility for tobacco control in each of the participating territories. This person was asked to forward the survey questionnaire to government officials, health professionals, charitable organisations and local community leaders (including local businesses people) who they believed to have some interest or involvement in tobacco control issues.

The survey was conducted from 25 March – 25 April 2019. Where no survey responses had been received from a territory one week after the initial invitation, we re-contacted tobacco control leads and asked them to send a reminder email, with final re-contact made one week later if there were still no responses from the relevant territory. Only one of the nine territories contacted had not submitted any responses by the survey closing date, giving an overall response rate of 89% at the territory level. We are unable to estimate the response rate at an individual level, since most of those invited received their invitation via a third party.

[3] FCO (2019). Overseas Territories. UK Foreign & Commonwealth Office. Accessed from web archive https://www.webcitation.org/68e5D4Buo?url=http://collections.europarchive.org/tna/20080205132101/www.fco.gov.uk/servlet/Front?pagename=OpenMarket%2FXcelerate%2FShowPage&c=Page&cid=1013618138295 on 22 May 2019.

[4] See Annex 1 for the full list of survey questions.

As mentioned above, the purpose of this survey was exploratory. Since the survey is not intended to be representative of a defined population (i.e. the findings are not intended as estimates of a 'true' population prevalence), we have reported results as simple proportions without confidence intervals. Although our sampling approach does not allow broad claims to be made about the generalisability of the findings, the survey's results do offer an informative background in considering current issues in tobacco control within the UKOTS.

Interviews

We aimed to interview a range of people with involvement or interest in tobacco control in four UK Overseas Territories – i.e. Anguilla, Bermuda, the Cayman Islands, and St Helena. These territories were selected by Public Health England (PHE) because they varied in their likelihood of introducing standardised packaging in the near future - with St Helena having committed to this measure, Bermuda and the Cayman Islands expressing interest, and Anguilla having indicated this was not currently on their policy agenda. The majority of interviews were carried out with people based in these four territories, although a small number were also conducted with people from outside the territories in relevant roles (including policy advisors at PHE, and a representative of a regional NGO with a strong focus on tobacco control).

With the exception of those interviewees from outside the territories, all participants were approached via the civil servant with lead responsibility for tobacco control in each of the participating territories. Tobacco control leads were asked to extend an invitation to interview to government officials, health professionals, charitable organisations and local community leaders (including local businesses people) whom they believed to have substantial interest or involvement in tobacco control issues. Efforts were made to include a range of actors from each territory, including at least person working for a non-governmental organisation and one person from the wider community (e.g. someone with a leadership role in business, sports or some other collective activity). Since interview invitations and responses were arranged by third parties (the tobacco control leads in each territory), we were unable to systematically identify which potential participants had declined interview. While we were very successful in recruiting participants from health policy and public health roles, we were able to interview politicians, local NGO workers and local business people in only half the participating territories, so our data may not capture all relevant views from these groups.

A total of 34 individuals were interviewed, including 32 one-to-one interviews and one paired interview (i.e. two participants were interviewed together). Interviews in Bermuda (12) and the Cayman Islands (6) were conducted in person, while those in Anguilla (6) and St Helena (7) were conducted remotely (via telephone or digital audioconferencing). One representative of a regional (Caribbean) NGO was interviewed in person, and two policy advisors from PHE were interviewed via telephone. Interviewees comprised health policy advisors (10), health workers (5), public health advisors (4), other civil servants (4), politicians (4), NGO workers (4), business people (2) and one teacher. The distribution of interviewees is shown separately by location and role (see Table 3) to maintain anonymity.

Interviews followed a semi-structured approach, designed to elicit responses on key issues but also providing scope for participants to provide broader insights and reflections in accordance with their specific role and position in relation to tobacco control issues. After obtaining consent in either written (in-person interviews) or verbal (remote interviews) form, participants were asked to reflect on both barriers and opportunities for tobacco control in the UKOTs as well as being questioned more specifically on the possible introduction of standardised packaging. Interviews varied in length from 20 to 68 minutes, with an average duration of just under 45 minutes. All interviews were audio-recorded and transcribed (with consent).

Qualitative hermeneutic analysis was undertaken using a semi-deductive approach (Crabtree and Miller 1999). Repeated reading of transcripts was undertaken to verify data saturation and identify an initial set of themes, which were further refined via discussion among the research team. The lead author (Sarah Hill) used this framework to code data from all 33 interviews, with further consultation undertaken with team members to resolve any emergent issues. Coded data were then used to develop a narrative analysis, highlighting both obstacles and opportunities for tobacco control within the study territories and specifically in relation to the introduction of standardised packaging. Discussion of emergent findings and development of this analysis were informed by broader awareness of health policy literature and issues relating to health governance in small island territories.

Table 3. Interviewees by location and role

Location	Number
Anguilla	6
Bermuda	12
Cayman	6
St Helena	7
Other	3
TOTAL	34

Role	Number
Health policy	10
Public health	4
Civil servant	4
Politician	4
Health worker	5
NGO	4
Business	2
Teacher	1
TOTAL	34

Roles are defined as follows:
Health policy: those working for the government in roles focused on broad health policy issues, including provision of advice on strategy and priorities for the sector;
Public health: those working for the government in operational roles relating to health, including environmental health, health education;
Civil servant: those working for government in roles not specifically focused on health (including drafting legislation and policy and operations in non-health sectors);
Politician: elected representative;
Health worker: those working in health services (including nurses, doctors and health counsellors);
NGO: those working for charities with a health focus;
Business: those working in the local business community (including business associations);
Teacher: those working in other roles (the one person in this category was a middle-school teacher).

5. Stakeholder survey across nine UKOTs

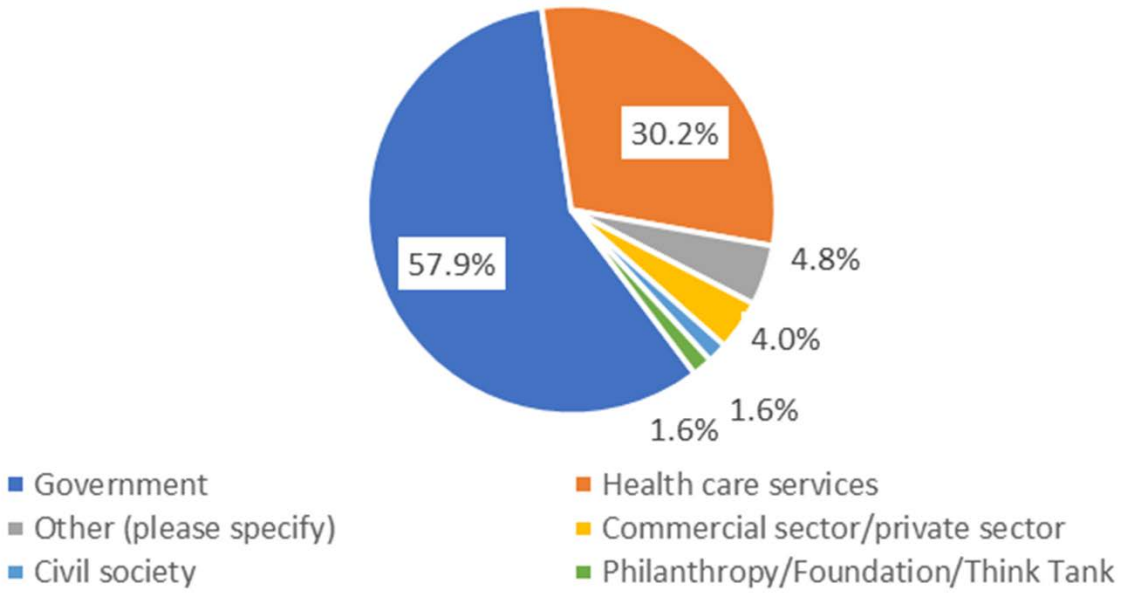
Overall, we received 126 complete survey responses, with half the participating territories represented by 10 or more survey submissions (Table 4). Half of all responses (50.8%) came from Bermuda, with a further third of survey participants based in Anguilla (16.7%), the Cayman Islands (10.3%) and St Helena (7.9%). The remaining four territories contributed fewer than 10 responses each and collectively comprised just under 15% of the total survey numbers.

Table 4. Distribution of respondents across UKOTs

Territories	N	%
Bermuda	64	50.8%
Anguilla	21	16.7%
Cayman Islands	13	10.3%
St Helena	10	7.9%
Falkland Islands	7	5.6%
Turks and Caicos Islands	7	5.6%
British Virgin Islands	3	2.4%
Gibraltar	1	0.8%
Total	126	100.0%

More than half (58%) of the survey respondents worked for the government, and one in three (30%) was employed in the health sector. Other sectors and institutions - including the commercial/private sector, civil society organisations, and foundations and think tanks - were each represented by less than 5% of survey participants (Figure 1).

Figure 1. Respondents' main area of work or institutional affiliation



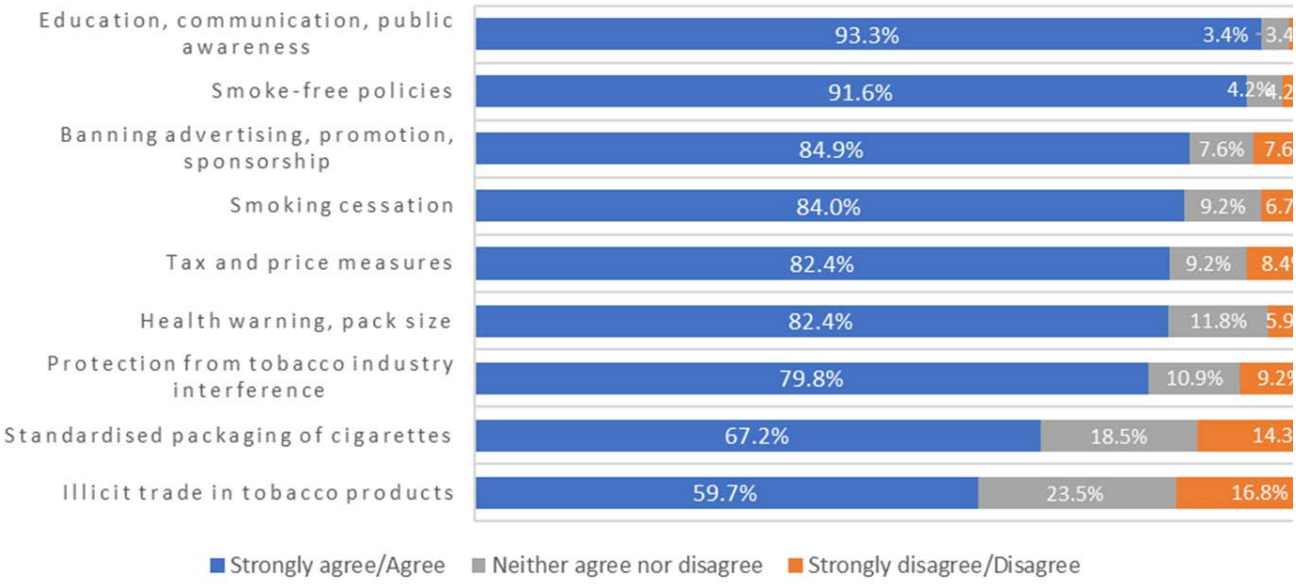
*Category 'Other' included the following responses: Retired (2), Politicians (2), Museum (1), Agency (1).

Health was identified as a key focus of work by more than 70% of all survey participants (see Appendix 2, Q4), and around two thirds (68%) gave 'overseas territories' as the main geographical focus of their work[5].

Priority issues for tobacco control

When asked to indicate which aspects of tobacco control should be prioritised, those policies receiving the highest levels of support were 'Education' (including communication and public awareness) and 'Smoke-free policies', with over 90% of respondents indicating agreement or strong agreement that these should be priorities for tobacco control in their respective territories (Figure 2).

Figure 2. Priorities for tobacco control



The measures least often identified as priorities were illicit trade in tobacco products and introduction of standardised packaging for cigarettes (Figure 2). (These two measures also received the highest levels of disagreement in terms of their prioritisation.) The issue of illicit trade may be seen as a relatively lower priority for these territories given their geographical isolation and lack of land borders with neighbouring jurisdictions. Standardised packaging was identified as a priority by two thirds of respondents, although only half of these indicated strong agreement with the premise that standardised packaging should be a priority for their territory (Table 5).

[5] The regional level was indicated by 25% of respondents, whereas less than 10% of the survey participants recognised that their primary work focused at the international level (see Appendix 2, Table 3).

Table 5. Priorities for tobacco control

To what extent do you agree or disagree that the following issues should be priorities for tobacco control in your territory?	Strong agreement*	Overall agreement**
Smoke-free policies	81.5%	91.6%
Education, communication, training and public awareness	80.7%	93.3%
Smoking cessation	70.6%	84.0%
Banning advertising, promotion and sponsorship	58.0%	84.9%
Tax and price measures to reduce demand	58.0%	82.4%
Other aspects of cigarette packaging, e.g. health warnings, pack size	52.9%	82.4%
Protection from tobacco industry interference	52.9%	79.8%
Illicit trade, smuggling and counterfeit tobacco products	35.3%	59.7%
Standardised or 'plain' packaging of cigarettes	35.3%	67.2%

*This column shows % of respondents who selected position 'Strongly Agree';
**Overall agreement is an aggregate of responses 'Strongly agree' and 'Agree'.

When asked about any other priorities for tobacco control, other issues emerging from participants' free-text responses included:

- "Restriction of e-cigarettes and vaping" [mentioned by several respondents]
- "Control of sales and use of tobacco products by minors"
- "Banning sale of single cigarettes"

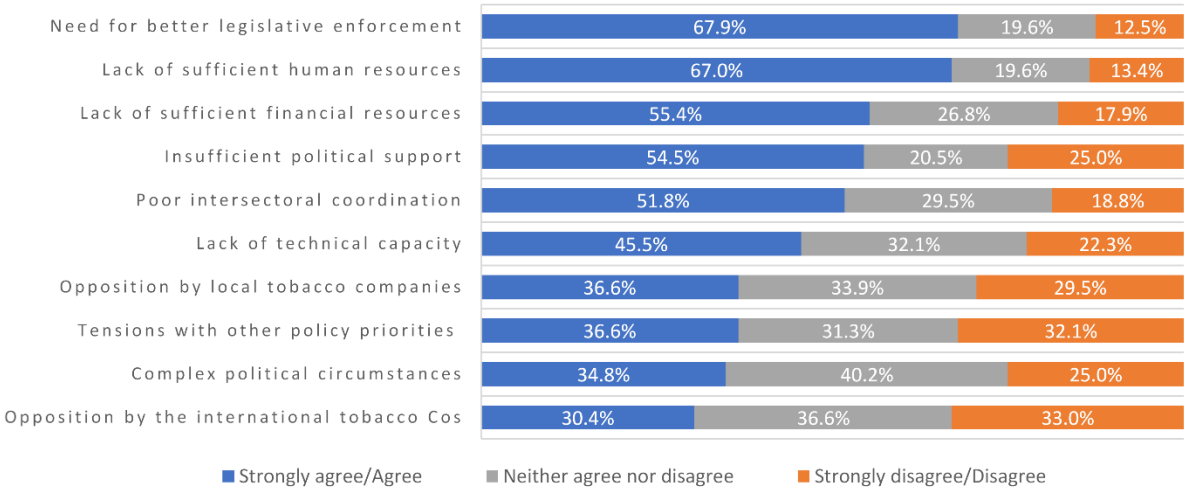
A few statements provided further contextual insights for understanding tobacco control issues in UKOTS. For instance, some respondents indicated that tobacco smoking was not a major issue in their territories as compared to, for instance, the use of alcohol or illegal drugs. Furthermore, one survey participant expressed the view that tobacco control measures, in particular those aimed at protection from tobacco industry interference, could potentially divert already limited resources from other policy priorities:
"…the location, size and circumstances of our territory mean that we do not suffer any tobacco industry contact at all, nor would we. Therefore, efforts to prevent tobacco industry interference would actually divert resources from other, higher impact activities and measures".

Barriers and catalysts for tobacco control

When asked about barriers to effective tobacco control in their territories, the *'Need for better legislative enforcement'* and a 'Lack of sufficient human resources' were highlighted by the greatest proportion of respondents, with more than two thirds of survey participants expressing overall agreement that these are barriers to the effective implementation of tobacco control policies in their territories (Figure 3). The other three factors which were mentioned by more than a half of survey respondents were:

- 'Lack of sufficient financial resources' (55%)
- 'Insufficient political support' (55%)
- 'Poor intersectoral coordination' (52%)

Figure 3. Barriers to implementation of tobacco control



Interestingly, only a third of respondents saw 'Tensions with other policy priorities', 'Interference by the international tobacco industry' and 'Interference by local tobacco companies, wholesalers or employers' as barriers to the effective implementation of tobacco control policies, with almost as many disagreeing that these represented barriers to tobacco control. Only 7% of respondents strongly agreed that interference from the international tobacco industry represents a barrier to effective implementation of tobacco control, although a somewhat higher proportion (12.5%) indicated that resistance from local tobacco companies was an issue (Table 6).

Table 6. Barriers to implementation of tobacco control

To what extent do you agree or disagree that the following factors are barriers to effective implementation of tobacco control in your territory?	Strong Agreement	Overall agreement
Need for better legislative enforcement	30.4%	67.9%
Lack of sufficient human resources	23.2%	67.0%
Lack of sufficient financial resources	17.9%	55.4%
Insufficient political support	26.8%	54.5%
Poor intersectoral coordination	18.8%	51.8%
Lack of technical capacity	15.2%	45.5%
Tensions with other policy priorities	13.4%	36.6%
Opposition or interference by local tobacco companies, wholesalers or employers	12.5%	36.6%
Complex political circumstances	10.7%	34.8%
Opposition or interference by the international tobacco industry	7.1%	30.4%

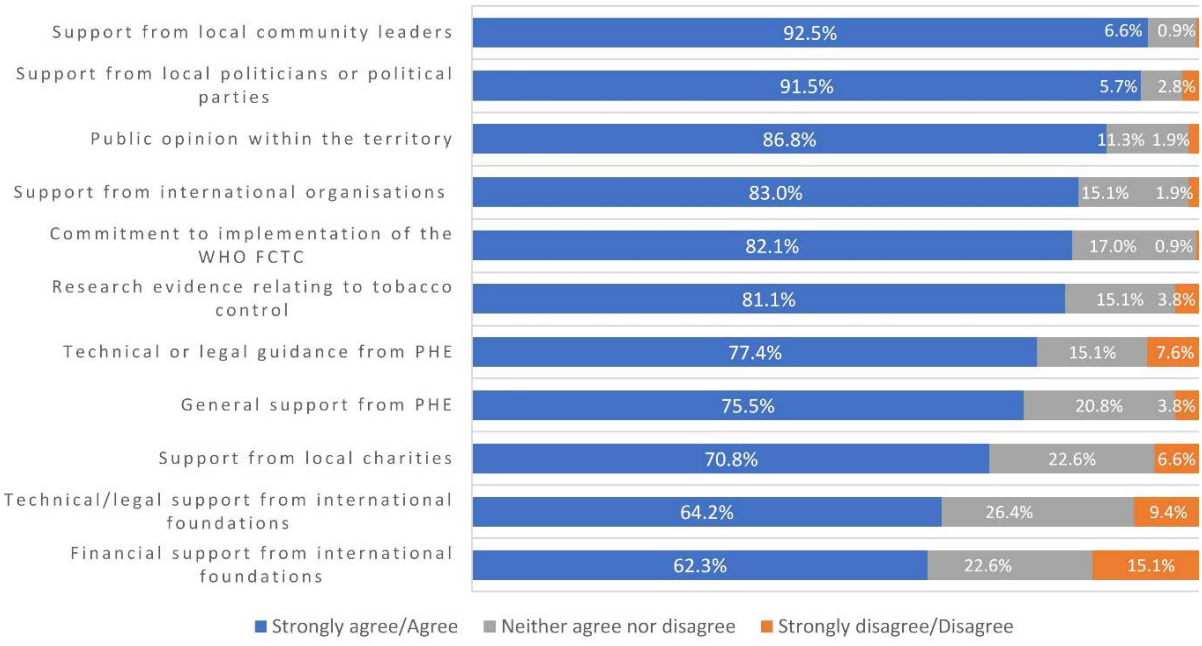
When asked about specific local factors that act as significant barriers to tobacco control, several respondents referred to a lack of political will on the part of decision makers, with some also mentioning conflicts of interest (where politicians are directly involved in businesses that benefit from selling cigarettes). Another challenge noted was competing priorities, where tobacco control is often not seen as important compared with other pressing policy issues. A few respondents were

also concerned with the potentially negative economic effects of measures that might reduce tobacco importation or sales, as illustrated by the quotes below:

- "Tobacco products raise additional revenue for the island's budget, removing these imports would require increasing taxes on other streams, which will in fact impact on our low financial economy."
- "… falling revenues from tobacco products means increasing taxes in other areas."

In relation to opportunities and catalysis for tobacco control, support at a local (territory) level was the factor most commonly identified as important for accelerating progress on tobacco control (Figure 4). Over 90% of respondents agreed or strongly agreed that support from local politicians and community leaders was important, while 87% agreed that public opinion within the territory was important for progress in implementing tobacco control. Two thirds of respondents strongly agreed that support from local politicians was important (table 5), the factor receiving highest levels of strong support. The role of external actors was also seen as relevant, though with slightly lower levels of agreement among respondents. Over 80% identified support from international or regional organisations (such as PAHO) and a commitment to implementing the WHO FCTC as catalysts for progressing tobacco control. Finally, more than three-quarters of respondents either agreed or strongly agreed that general support and technical and legal guidance from Public Health England could play an important role in accelerating progress in the implementation of tobacco control policies in their territories.

Figure 4. Factors accelerating progress in tobacco control



Interestingly, there was somewhat less agreement that support from charitable organisations comprised an important catalyst for tobacco control. Only a quarter of respondents strongly agreed with the view that support from either local or international charities was important for progress on tobacco control (Table 7).

Table 7. Factors accelerating progress in tobacco control

With reference to tobacco control in general, to what extent do you agree or disagree that the following factors are important for accelerating progress in the implementation of tobacco control in your territory?	Strong Agreement	Overall Agreement
Support from local community leaders	48.1%	92.5%
Support from local politicians or political parties	66.0%	91.5%
Public opinion within the territory	51.9%	86.8%
Support from international organizations (eg PAHO)	33.0%	83.0%
Commitment to implementation of the WHO FCTC	37.7%	82.1%
Research evidence relating to tobacco / tobacco control	37.7%	81.1%
Technical or legal guidance from Public Health England	39.6%	77.4%
General support from Public Health England	29.3%	75.5%
Support from local charities	25.5%	70.8%
Technical or legal support from international charities or foundations	24.5%	64.2%
Financial support from international charities or foundations	29.3%	62.3%

Other potential catalysts for progressing tobacco control emerged from respondents' free-text comments. Several of these emphasised the relevance of local evidence to raise public and political awareness about the need to tackle tobacco use as an important health and economic issue:

- "[local evidence on] increas[ing] use of tobacco smoking especially among young persons"
- "Health care costs to show the effects of tobacco in our community"
- "Health expense is one of the island's biggest challenges, which is a very current topic. Being able to articulate the health benefits both clinically and financially will help."
- "Maybe economic analysis of cost of smoking to health system and the economy"
- "Champions for the cause with real testimonies"

Other free-text comments pointed to specific tobacco control measures that were seen as important for accelerating progress in tobacco control, including:

- Health education campaigns (particularly targeting young people) highlighting the health risks associated with tobacco use;
- Enforcement of existing tobacco control measures (including smoke-free areas);
- Taxation (with a particular emphasis on increasing duties on loose tobacco);

Participants also indicated that strengthening local capacity (particularly in terms of human resources) for tobacco control would help accelerate progress in this area. One participant mentioned the creation of a public health office that's independent of health care services. Other comments indicated areas where current activity and impact were felt to be limited by insufficient capacity. For example, one respondent mentioned the need for more trained smoking cessation advisors, while another noted that "*There are some local organizations that promote healthy living and/or youth anti-drugs/smoking/alcohol [messages]. [The] Issue is they are small and have limited reach/ impact."*

Standardised packaging for tobacco products

In order to facilitate respondent engagement, questions concerning standardised packaging for tobacco were introduced by an image and brief explanation of this measure (see Box 2).

Box 2. Survey explanation and illustration of standardised packaging for tobacco control

A number of countries have now introduced standardized packaging of tobacco (also known as plain packaging) as a measure to reduce the attractiveness of tobacco products, particularly for young people.

ASH image: Packaging compliant with EU Tobacco Products Directive and Standardised Packaging regulations.

When questioned specifically about the place of standardised packaging in local tobacco control, over half of respondents (53%) indicated they were unaware of whether their territory was considering introduction of this measure.

Among the one-in-five respondents (21%) who indicated that standardised tobacco packaging was being considered in their territory. Free-text comments provided a sense of what steps were seen as important for moving forward with this measure. These fell into four themes: i) the need for political support to promote and pass legislation; ii) the need for legal and/or drafting expertise to develop the relevant regulations; iii) the need for appropriate enforcement measures; and iv) the need for consulting with commercial stakeholders (see Table 8).

Table 8. Key steps for moving forward with standardised packaging of cigarettes

Key steps	Selected quotes
Political support	"Sensitisation and political will for buy in" "Political support" "Maintaining and developing / enhancing political support… political agreement; inclusion in throne speech" "Ministerial buy in" "Political backing via public/voter pressure" "Political will" "Getting Cabinet approval"
Technical expertise for drafting / amending legislation	"Legislative support" "Development / drafting of legislation" "Completion of and enactment of legislation" "Amendment of Tobacco Control and Prevention Act"
Measures for enforcement of legislation	"Enforcement" "Enforcement of legislation" "Governmental enforcement" "Industry compliance"
Consultation with commercial stakeholders	"Consultation with the importers/wholesale distributors" "Educate local vendors of [the] need [for standardised packaging] and increase motivation to comply" "Discussion with tobacco companies" "Consultation with industry"

Those respondents who indicated that the introduction of the standardised tobacco packaging was not being considered in their territory (26%) were invited to suggest (in free-text comments) why this might not be a current priority. Key themes emerging from these comments included a lack of political will, and competing policy priorities:

- "lack of interest, lack of political will, left to the local health care services to sort"
- "lack of political will and resources"
- "no political will or power"
- "no political appetite and competing health reform priorities"
- "…because we have other problems that are far more pressing - alcohol abuse, drug abuse and non-communicable disease like diabetes are far more urgent and threatening here"
- "other policy priorities"

More extensive comments, including from respondents in territories where standardised packaging is under active consideration, provided a sense of *why* standardised packaging might not be seen as a policy priority in some territories, with three key elements emerging:

a) A sense that politicians see this as a potentially unpopular measure, and one that is likely to be resisted by local businesses. For instance, one participant commented: "*Likely, government fear the backlash of the public who do smoke, and don't want to ruffle too many*

feathers as it may impact them in next election"; while another wrote (somewhat cryptically) "*perhaps political and deep pockets*".

b) A fairly common perception that regulation of cigarette packaging is not relevant for the territories since cigarettes are imported and their packaging therefore regulated elsewhere. This view was reflected in comments such as "*We do not produce this product locally so I do not think this [is] even a matter for consideration*"; "*We have no factories that package tobacco*"; and "*Imports come from the UK*".

c) Questioning standardised packaging as part of a wider scepticism about the significance of prioritising tobacco control more broadly, reflecting a perception of that levels of tobacco use are relatively low in relevant territories. For instance, it was commented that *"we have very few smokers"*, and that "*smoking marijuana is more common than cigarettes… Local people, particularly young people would choose weed over cigarettes"*.

In addition to the territories' reliance on imported cigarettes, there were other local factors that were seen as detracting from the relevance or effectiveness of standardised packaging as a measure to discourage tobacco use. Some respondents noted that standardised packaging was unlikely to have an impact since many local retailers sell single cigarettes (meaning that those buying them don't actually see the packaging): *"The number of persons buying packages of cigarettes has reduced, a lot of retailers sell cigarettes as "singles" – I am not sure if packaging will have that much of an impact".* Others noted that there is insufficient local capacity to enforce the legislation, with *"too much legislation that is already not being enforced to add another one."* There was also a sense that resources should be focused on implementing those regulations already in existence before new measures were introduced: "*Further enforcement of law which is already in place (pictorial warnings etc.) needs to happen first."*

In a slightly different vein, some respondents were aware that local regulations could still be applied to imported products (such as cigarettes), but noted that jurisdiction for enforcing such regulation fell outside the health sector, thus presenting a potential obstacle to the effective introduction of standardised packaging. Thus it was noted that "*Tobacco [is] not manufactured here so [we] would need assistance of customs to control imports of non-standardised packaging. This would have to be regulated by H.M.S. Customs."*

A number of responses pointed to other challenges involved in introducing, implementing and enforcing new regulations – including a lack of legislative capacity, and potential cost issues. One respondent noted that "*this is not the highest priority item on our national agenda, nor is it the only measure we can take to reduce tobacco consumption. In our case, non-legislative measures are more cost effective."*

When asked about factors that might facilitate the introduction of standardised packaging, a number of participants mentioned the need for support and buy-in from both politicians and the public. There was a sense that local evidence would be helpful in explaining the need for measures such as standardised packaging, with support more likely if politicians and the public were more aware of data on the health risks of smoking, the negative economic impacts of smoking, and the effects of

branding on smoking uptake. For instance, survey respondents highlighted that the following factors might facilitate the introduction of standardised packaging of tobacco products in their territories:

- 'Recent studies/research on the effects on Tobacco especially as it relates to young people'
- 'Economic analysis to generate political will'
- 'Demonstrate the link with branding and smoking uptake in minors'

Finally, several responses pointed to the need for more technical knowledge and support in understanding how the introduction of standardised packaging would work in practice, reflecting the distinctive context of small islands where all tobacco products are imported. For example, one respondent commented as follows:

> *"I don't know where the policy needs to sit - packaging comes from the manufacturer. If their packaging is standardized, then by default it would be here. If they are determined to brand and promote via packaging, then standards would need to be set with the distributors and importers specifying the acceptable standards."*

6. The distinctive contexts of UK Overseas Territories: Shaping tobacco control

The UK Overseas Territories face distinctive challenges in advancing their tobacco control programmes and in adopting and implementing WHO's Framework Convention on Tobacco Control (FCTC). The next two chapters of the report draw on interview data to examine these challenges and to identify emergent opportunities. Chapter 6 examines the relevance of the distinctive contextual characteristics of UKOTs and how these shape tobacco control and health policy. Chapter 7 draws on this understanding of context to explore strategies via which territories can and do advance tobacco control.

Analysis of interview data highlighted ways in which the distinctive characteristics of UKOTs create particular challenges for the advancement of tobacco control. Emergent themes are organised under three broad categories relating to the territories' *political economy*, *social context*, and *institutional constraints*, reflecting issues explored in recognisably similar ways in the political science and policy studies literature examining small islands developing states (SIDS) (Corbett and Connell 2015; Corbett and Veenendaal 2016; Partnerships for SIDS 2019). Please note that all quotations are drawn from interviewees working in the four case-study UKOTs (Anguilla, Bermuda, the Cayman Islands and St Helena), other than where a different context is specifically indicated.

A. Political economy

Reflecting their geographical isolation and limited size, the UKOTs all have small economies that are largely dependent on only one or two industries, and (in some cases) on development aid from the UK government. This creates a sense of economic vulnerability that can be exacerbated by the risk of external and environmental stresses, such as hurricanes. In St Helena, for example, the territory's heavy reliance on UK aid makes it highly vulnerable to fluctuations in foreign currency markets:

> At the moment Britain provides 69 per cent of our recurrent budget […] So our economy is really subject to all those kinds of variations. You know, when Brexit came about it was a real shock to our economy because the pound actually had a big dip. [Politician]

Economic concerns or tensions were frequently mentioned in interviews as both a direct and an indirect obstacle to tobacco control.

Importers and other business interests

Most UKOTs are highly dependent on imported products, and wholesale importers are important social, political and economic actors in these settings. The interests of local importers and business people, articulated via umbrella organisations, were among the most commonly cited obstacles to advancing tobacco control:

> Pushback here, retail, Chamber of Commerce especially. The owners of the smoke shops, retailers selling it, wholesalers especially. [Civil servant]

> And the Chamber of Commerce was ruthless with us. You know, they were pounding the table and they were saying, 'We were never consulted'. [Health policy advisor]

In the Caribbean territories, in particular, larger retailers were likely to resist any measures viewed as imposing an additional regulatory burden (such as restrictions on point-of-sale display or changes in cigarette packaging). Several interviewees commented that politicians had been reluctant to take steps that might create tensions with the business community:

> And then, the Chamber of Commerce got involved […] So, they [the government] were really, like, what's going on? And all the powerbase, which is in our law firms. Our law firms are there to present the existing business interests. You know, that's what lawyers do. [Health policy advisor]

In island contexts, even small local businesses can represent a significant constituency for some political parties or actors. This was seen as the main reason policy-makers in Bermuda had been unable to pass a ban on sale of single cigarettes:

> … it was like the cracks were starting to show because this party was then starting to say, oh, all our small businesses and our community clubs, it's going to be unduly harsh on them and they rely on people having a drink and being able to have a smoke somewhere on the premises. [Health policy advisor]

Role of tourism and finance industries

Economic and development strategies of UKOTs in the Caribbean countries, as in many SIDS, have long placed a strong emphasis on tourism with the "association between small (especially tropical) islands and tourism [being] one of the best branding exercises in the history of marketing" (Baldacchino 2010):

> Everything that is big business is related to tourism in some shape or form… We don't have any other investments; it's the only industry, the only way to make money. [Public health advisor]

The significance of tourism for the Caribbean territories has been seen as an important source of resistance to increased regulation of tobacco. Restrictions on marketing, sale and use of tobacco products, and imposition of excise tax, are often framed as being potentially damaging to tourism. This is particularly the case for those islands whose status as a tourist destination is closely aligned with their image as a relaxed place, via what one civil servant referred to as "Sea, sun, sand, smoke":

> I remember in the House of Assembly that one of the politicians got up and said, Oh, what's this going to mean? You can't smoke a Cohiba if you're a tourist on the beach? and all this stuff. [Health policy advisor]

> I think there have been kind of rumblings that, you know, [Territory] is a place you'd come to chill and why are you hassling us with all this legislation? Very rich people are coming here and they can't smoke their cigars, why would you stop that? [Public health advisor]

Participants noted that some politicians have close relationships with the hospitality industry, making it more difficult to generate political support for bans on smoking in restaurants and bars:

> So it's not going to be easy, I don't know how it's going to work, because of the relationship that all the leaders have with these entities, these hotels. [Public health advisor]

The importance of the financial and insurance industries for some UKOTs was seen as being linked with the privileging of wider business interests over health goals:

> So, for all I know, some of these tobacco companies have enormous policies for being sued and stuff, and maybe illegal interests. We actually have deep connections with London and other multinational banking and legal sectors and insurance sectors that go across the globe. There may be other interests linked with tobacco interests. Maybe they all play golf together, I don't know. [Health policy advisor]

Limited public revenue

Interviewees in all territories mentioned limited public resources as an obstacle to tobacco control. Pressures on public revenue were seen as contributing to under-resourcing of key aspects of tobacco control – including implementation of existing regulations, and enforcement of sales and indoor smoking restrictions:

> Our lack of resources when it comes to inspectors is what causes a problem […] even though we made it pretty sound in the legislation, we don't have the resources to enforce it. [Civil servant]

A lack of financial resources meant some features of a comprehensive tobacco control programme (such as publicly-funded cessation support) were viewed as being out of reach for some UKOTs:

> And it requires training, it requires setting up infrastructure, and I'm not seeing that on the horizon. I mean, I'm starting to read around feasible programmes, how you set them up, but the funding is not there, and that's the reality. [Health policy advisor]

More broadly, there was a sense that territories' weak economic positions made it more difficult to prioritise tobacco control over other issues that were often seen as more urgent:

> … even when you talk about tobacco legislation, there are still some persons that say, oh, we have bigger issues, why put energy into that? [Health policy advisor]

Tobacco industry interference

While tobacco industry interference was seen as of limited relevance by many in the UKOTs (see Chapter 0), those interviewees who had direct experience in developing new legislation were very aware of industry efforts to undermine such initiatives. This was evident in both the Cayman Islands and Bermuda, the two territories to have passed new tobacco control legislation within the past 10 years. In both cases, representatives of major multinational tobacco companies had attended meetings with the Minister of Health at the invitation of local business leaders:

> But then the merchants were really hard on us, to the point that they actually brought in […]in this lobbyist from a tobacco company to discredit all the work… this lobbyist, actually they had sort of a press conference, and the Minister was present. He was invited. [Local NGO worker]

> … we were having all this pressure from the outside, like I told you, British American Tobacco, Japan Tobacco, Philip Morris. They were in Bermuda, they were sending us lawyers' letters […] they were asking for private meetings with the minister and were advising the minister not to [support the legislation]. [Health policy advisor]

> [T]hey actually did take our complete bill and they hired some lawyer at an enormous cost, I'm sure because I'm sure their billable hours were like 500 dollars an hour or something, to rewrite the entire bill in the same font, whatever's used, in the same spacing and everything – it looked like a whole other bill – and submit that to our minister as an alternative to be tabled in the House, on the floor of the House of Assembly. Incredible. The amount of expense and the lawyers' letters going back and forth. Crazy! [Health policy advisor]

Most interviewees did not regard local suppliers and distributors as part of 'the tobacco industry' – which may contribute to the perception that tobacco industry interference is not a notable problem for UKOTs. Only a few participants understood local distributors to be acting as part of, or in the interests of, the tobacco industry:

> I mean, there was resistance. I remember being lobbied, in fact […] being lobbied by the tobacco industry. And what it really was, was one of the biggest distributors of [Territory], importers of tobacco products, and he had us come to his offices and spoke about [proposed tobacco control legislation]. And I walked out thinking, I'm being lobbied by tobacco. [Politician]

While the global tobacco industry does have a presence in these territories via importers and distributors, there are also some instances of local, small-scale production which can heighten political sensitivities. For example, two interviewees described tobacco as being produced by a residential rehabilitation unit in the Cayman Islands as a way of increasing resources, while several interviewees identified a small producer in Bermuda, the "Smoke Shop", as importing loose leaf tobacco for the manufacture of cheap cigarettes for local sale.

B. Social context

The populations of the UKOTs are small, and there is a strong sense that 'everyone knows everyone', creating particular constraints and challenges for officials and for the nature of policy-making that are widely recognised within the literature on small island states (Corbett 2015; Veenendaal 2013). Close personal relationships and the limited economic base of small islands can combine to create potential conflicts of interests; personal and professional goals can thereby come into tension with one another, and individuals who advocate for measures that are unpopular with key individuals or groups can often be subjected to significant social pressure (Farrugia 1993). These factors can make it more difficult for politicians to show leadership in relation to health promotion, with the close-knit nature of local social networks mean residents are often uncomfortable with efforts on the part of public agencies to collect data or to promote behaviour change. In some Caribbean territories, tobacco use isn't widely regarded as a significant problem, while in other territories (such as St Helena), smoking is still seen as relatively normal and an area in which government intervention may be unwelcome. While the younger residents of territories tend to be well-connected with global

fora, there is a strong conservative ethos in many communities and a tendency to resist what can be viewed as external pressures to change.

Conflicts of interest and close social networks

Several interviewees alluded to potential conflicts of interest, where those in influential positions stood to gain personally from the success of particular industries or businesses. Politicians in the Caribbean territories were seen as particularly protective of the tourism and hospitality industries. The concern to protect tourism was sometimes seen as having functioned as a brake on tobacco control measures such as the introduction of smoke-free bars and restaurants.

The divide between personal life and professional roles can also be blurred by the intensive nature of social networks and ties in small island contexts. Those involved in health advocacy or policy would often receive direct complaints or even discriminatory treatment from individuals who disliked what they were doing:

> So then after that, it was quite interesting, the restaurants themselves now started actually banning me from going to these restaurants […] It's funny, but it wasn't funny at all. Yeah, I was getting phone calls… just sort of saying, just stop this. You're interfering with commercial gains […] It was quite intimidating, even to me. [Local NGO worker]

Conversely, however, the high levels of connectedness across these communities was sometimes seen as enabling change to happen quickly – particularly where a person or group of people were very motivated and well placed to advance action on a particular issue:

> … it's a small community and […] if you have a driving force and you have people who are passionate about certain ideals or principles, then if they know how to effect change and speak to the different groups, I think things can be improved more quickly. [Health worker]

> As you know, we've got a small population, very close-knit community, and whilst I suspect there will be some people who might not like [the proposed legislation], I think it's about how we present it at the end of the day and how we're able to persuade people this is the right thing. [Politician]

Finally, the social connectedness of these communities meant people were widely seen as being suspicious of efforts to establish routine data systems (such as cancer registries with mandatory reporting of new cases), reflecting a concern that such systems would not be able to protect the anonymity of individuals. This was seen as making it more difficult to establish effective local health surveillance systems, undermining the prospect of obtaining strong local data to support tobacco control efforts:

> Generally, in [territory] the whole IT thing, the stats collection is poor […] [territory] is such a small place, that people are very sensitive about… it's too easy to identify people, do you know? [Public health advisor]

Distinctive cultural and social norms

Participants' observations underlined the extent to which individual territories have their own local norms and customs, and exist as distinct communities:

> … I collaborate frequently with my colleagues in other overseas territories, [and I'm aware] there is a significant difference between St Helena, the Falklands for instance, the Falklands is very much like us, but significant difference in the Caribbean overseas territories, their beliefs and their culture is really quite different to ours I think. [Politician]

Local norms were seen as relevant in relation to tobacco and other forms of recreational consumption:

> I think [reference to Caribbean territory], I think that we are, as much as possible, a free kind of, free-flowing people, and I think that tobacco use or smoking has just been part of our history and culture forever. I think we have a huge marijuana usage, and so people utilise tobacco if they can't get access to marijuana. [Local business person]

While smoking prevalence was relatively high in some territories (such as St Helena), in others reported prevalence was much lower – meaning that tobacco control was sometimes seen as less of a priority:

> … I was kind of taken aback by the low rates of smoking. In the UK it's like 21-22 per cent, here it's kind of 6-7 per cent. […] Going to meetings with the other overseas territories, again they're reporting really low rates, so that's a huge difference. And that could be a barrier, maybe, to tight controls. [Public health advisor]

While reference was made to low smoking prevalence in these territories, some interviewees also reported higher levels of use among some parts of the community that might not be evident in overall population data, thereby contributing to reducing the perception of tobacco as a broader problem:

> … it seems like smoking is actually more popular when it comes to certain social groups, like construction workers. We know that they have a cigarette and they have a beer, or dock workers, or things like that. So, the groups kind of have their own little silos […] So, if the average, and I say that with air quotations, if the 'average' person doesn't smoke cigarettes, that's seen as, kind of, a 'their problem', not an 'us problem.' [Health worker]

Perceptions about the extent to which tobacco use was a 'problem' were important in terms of whether or not this was seen as a priority area, or something in which the government had a mandate to intervene. In the Caribbean territories, marijuana use was widely regarded as a more pressing issue than tobacco use, especially among adolescents and young men:

> I think in [Caribbean territory], the issue is not the smoking of cigarettes, it's smoking of marijuana. I believe that's the issue. Cigarettes is not something the children want to worry about. Marijuana is more what they tend to lean towards. [Teacher]

Several interviewees in the Caribbean territories noted that local people who smoked were often dual users of marijuana and tobacco:

> … even a lot of people in [territory] that don't identify as smokers use tobacco to mix with their marijuana, to make it stretch. [Health worker]

> I think we have a huge marijuana usage, and so people utilise tobacco if they can't get access to marijuana. [Local business person]

While most interviewees regarded marijuana use as a significant health problem, there was a sense that the broader public might be less convinced of the desirability of addressing this:

> There isn't a lot of uniformity in belief about whether or not marijuana is problematic. [Health worker]

> And also people think, 'If you want to tackle something, tackle marijuana. And by the way, don't tackle marijuana because it's a rite of passage.' [Public health advisor]

In contrast to the Caribbean territories, participants in St Helena emphasised how smoking is widely viewed as a normal and routine behaviour:

> Because there are a lot of people who smoke, younger people are exposed to it as well, and it becomes kind of the norm. Well, mum smokes and dad smokes, so when the young person is of the legal age to smoke, then they begin to take up that trend as well. And so it was really as if, well, what's all the fuss about? [Public health advisor]

Related to this, the limited range of recreational facilities mean that socialising and relaxation took place in more informal settings, and were viewed as almost synonymous with smoking:

> It's a small island, a small population, not an awful lot of pleasures and things to do, I guess, so alcohol and smoking are two of the favourites. [Health worker]

> … we'd go into pubs and stuff and there were always alcohol and cigarettes associated with almost every activity in the community […] Nine out of ten of the social environments in which adults, young adults and children are, does have alcohol or tobacco one way or another [Politician]

Globally connected but locally oriented and protective of autonomy

Several interviewees spoke about the importance of being socially connected to the world outside their home island(s), and how many UKOT residents (especially younger people) saw themselves as being part of a global community – particularly those who travelled to attend higher education in the UK, Canada or the USA. Interviewees talked of how rapidly global trends or new products could impact on local behaviours. Use of shisha was cited as a relevant example:

> And then also the [local] culture is one that follows trends, and once the trend dies off it's kind of dead […] When they first opened, everybody was going to Café Cairo. Everybody… you know, all their staff chat on Instagram was shisha. And then once it died, it died, you know? [Health worker]

In similar vein, the increasing availability of e-cigarettes was also evident in many interviewees expressing concern about reported growth in their use among young people:

> I think probably the vaping is a big issue that we're going to have to look at, particularly because the National Drug Council does a student drug use survey every other year and they are seeing that the numbers of kids in the high school years that are reporting that they have tried or are frequent vapers has increased. [Health policy advisor]

> I'm particularly concerned about the e-cigarette use, and particularly in teenagers. We know it's happening and we know that they're using it at school. [Local NGO worker]

Importantly, wider global trends were also seen as creating important opportunities to advance tobacco control in the UKOTs:

> [Our people] are quite fluent travellers and they go to New York or the East Coast quite often and because you were seeing that trend and that shift [to smokefree environments] in those places, it was just natural for us…a natural progression to say, let's do it here. [Politician]

Alongside recognition of the significance of international trends for UKOT communities, interviewees also emphasised the salience of local politics and institutions. There was a clear sense that these communities valued and actively asserted their autonomy, sometimes linking this with concerns to promote constitutional independence. Any sense that new norms or expectations were being promoted or imposed by external actors (particularly the UK) would be particularly problematic:

> … politically, at the minute, certainly our attorney general's office, they really don't want to be adopting or just, you know, taking UK legislation and making them [local]. There's a big push politically to be their own people. There are discussions about independence and stuff, comes and goes. [Public health advisor]

> And people don't like people from the UK coming over, and they perceive it as telling them what to do, and it's their choice. [Health worker]

In smaller territories, there was sometimes also a specific sense of mistrust in relation to working with people coming from the UK, seemingly reflecting negative or short-term interactions in the past:

> It's really hard to get the locals to trust you and to build a relationship, and a part of that I think, is 'cause people like myself come and go, so maybe they've built relationships and they've seen them fall apart, or we've made promises and we've walked away from them. [Health worker]

Sometimes concerns about international influences were articulated as a scepticism about the scope to transfer lessons from other contexts, and particularly to simply transfer policies that have been adopted in the UK:

> … [A] policy that is being taken and is quite distinct in the UK might not be suitable or a good idea to suddenly put out to all of the UK territories. [Health policy advisor]

A perception that some UKOT communities were still largely conservative in social terms was also seen as relevant in this context. At the time the interviews were conducted, there were vocal campaigns in both Bermuda and the Cayman Islands opposing the legalisation of same-sex marriage, and this was frequently cited by interviewees as indicative of a wider conservatism.

Interviewees noted there was something of a paradox in terms of territories' tendency to adopt international trends that were congruent with established local norms while also resisting those that were seen as more challenging:

> So, I think that anything that supports the conservative culture, we're kind of on board with it. Yeah, there is this saying that when the United States sneezes, [territory] catches a cold. So, I do agree that if there are any major pushes or major, you know, culture changes or health changes, whatever, that fit into [our] conservative culture, I think that we're usually very consistent with picking up and adopting those types of things. [Health worker]

C. Institutional constraints

UKOTs' experiences in attempting to advance tobacco control are inevitably shaped by the significant institutional constraints they confront. Many of these reflect difficulties familiar across small-island states more broadly, particularly as they relate to limited human resources and governmental capacity.(Farrugia 1993; Corbett and Connell 2015) But for UKOTs, these difficulties can be compounded by issues arising from their distinctive legal status, reflected in ambiguity and uncertainty with regard to international treaties, as well as by the limited presence and resources of both civil society and research institutions to support a tobacco control agenda.

Perhaps unsurprisingly, these issues were raised most frequently by civil servants and politicians, who were presumably more aware of such constraints than other interviewees (such as health professionals, health charity workers and local businesspeople). Across the territories, participants in these roles frequently spoke of struggling with limited capacity and resources, and the need to balance competing priorities in relation to governance and public investment.

Limited public resources and capacity

Across the territoriess, restricted governmental capacity featured as a common theme in discussion of obstacles to effective tobacco control. Scarce public resources and limited personnel and infrastructure were regularly cited as limiting factors:

> … it's not like what's in the UK, we do not have whole teams of persons to do this specific thing, it's literally the same people all the time. The system does not have as much to give. [Health policy advisor]

The small size of health departments meant a single civil servant typically had responsibility for multiple portfolios, making it difficult for them to spend sustained periods of time on a single area such as tobacco control. There was a sense that staff were constantly juggling multiple priorities, with different issues competing for policy space:

> But, again, resources, because we're such a small jurisdiction we don't have these large teams of people. And the group of people that we have are doing so many different things around so many different hats, things can tend to slip through the cracks. [Civil servant]

> …there's not many people with tobacco control experience here. And even in the Ministry of Health where you have people who are… doing malaria, doing H1N1, they're doing everything, they're doing ten things. There's no dedicated tobacco control. None, no country in the Caribbean. [Regional NGO worker]

Participants felt that a lack of capacity meant that existing tobacco control measures weren't always implemented or enforced to the extent that it should be:

> And we find it a lot with our legislation actually, the enforcement of it is the most difficult part. Because we can put all this framework in place, but if we don't have the resources in order to do it, it's just a piece of legislation that looks good on our statute books. [Civil servant]

> … there is a huge willingness to support the work I'm doing from senior management in Government, but then there are capacity gaps in terms of general organisational development. So, for example, in terms of managers enforcing and having the skills to enforce policy is the general issue. [Health policy advisor]

Several participants made particular reference to the limited legal expertise with regard to drafting capacity that existed in their territories, and how this created something of a log-jam in relation to the passage of new legislation:

> Because of human resource constraints, our [attorney general's] chambers has not made inroads in that direction. [Health policy advisor]

> Because they have a lot on their plate as well, they're drafting legislation for every sector, and this is now something new on their plate, so this would have taken a while no matter how we push it. [Health policy advisor]

Given this context, interviewees referred very positively to examples of additional legal support being having been brought in from outside the territory:

> …through networking we are able to link up with the CARICOM secretariat, because they incidentally have a consultant that's assisting Caribbean countries with legislation along those lines. [Health policy advisor]

Capacity issues were also seen as making it more difficult to work across government sectors – something that was also highlighted in our survey findings (Chapter 0). Limited scope to actively promote inter-sectoral engagement and collaboration presented an obstacle to aspects of tobacco control such as enforcing packaging requirements or smokefree environments, where multiple government agencies have roles to play:

> … the environmental health officers … we are probably understaffed there, and we have other concerns. I think you also have to collaborate a lot with customs... And I know, right now, there's not a lot of – I should say there's not any like customs officers responsible for port health, there's not that sort of training within that staff. [Health policy advisor]

Alongside the challenges associated with diverse portfolios and multiple roles, civil servants often experienced a degree of professional isolation, since these constraints implied limited opportunities to discuss such challenges with colleagues working in the same area. This also

meant they had limited opportunities to learn how comparable difficulties were being tackled in other jurisdictions.

Some interviewees working in health policy reported benefitting from regional links, notably those organised via the Pan American Health Organisation and through meetings organised by Public Health England. This seemingly was not the case for those involved in drafting health legislation, who reported little formal support and identified a need for further networking opportunities.

> We generally tend to be the standalone, and parliamentary counsel are like that across the world […] But I think reaching out and finding out, that is something that we need to start doing more in our office. Because it will be interesting to see if they had any issues with regard to implementation, how they dealt with the resources et cetera, especially when it comes to the legislation and how they work their way around those issues. [Civil servant]

UKOTs experience high turnover in many public service roles, with time-limited recruitment of external professionals sometimes exacerbating difficulties in developing institutional knowledge and continuity:

> There's a lot of 'acting' people here. I don't know how long they're going to last, but I get onto somebody who I know shares the same passion. [Local NGO worker.]

> … some of them don't have the skills, and that's the trouble, we're brought here because we have the qualifications and skills to provide these services. We need to train on island, for these positions, so that they can run with it, that would be the ideal. [Health worker]

Finally, while links with the UK were seen as providing much needed access to resources and technical expertise, there was a sense that colleagues sometimes took insufficient account of their limited capacity or the distinctive contextual challenges of UKOTs:

> It can sometimes be burdensome, especially when they don't understand what our context looks like here. Like, there's an assumption that we have all the services that the UK has, and I'm like, 'No we don't, we're very different from what the UK structure looks like.' [Health policy advisor]

Political constraints

While all governments have to manage tensions between health and other goals, the smallness and geographical isolation of territories can throw such conflicts across policy domains into stark relief. Interviewees in government roles spoke of the substantial influence of key industries as diminishing the policy space available for effective health leadership. As noted above, many territories are heavily reliant on just one or two key industries for their economic sustainability; this creates particular pressures for the Ministry of Health's ability to develop effective policy in areas requiring public investment, or where measures are seen as potentially constraining the interests of local industries. Alongside the importance of the tourism industry for Caribbean territories, there was also a sense that many politicians were particularly reluctant to take action in areas that might be unpopular with constituents:

> There might be people making a lot of money out of [selling single cigarettes]. I've heard again, just kind of talking to people generally in the community, that there is a huge mark-up where people can buy a pack, break it up and then sell it on the street in deprived areas for huge mark-up, so I've heard there's a load of money there. But why has that filtered to the politicians? Well, the politicians as far as I can see here are very – well, are very close to the community and very close to the community in deprived areas, so it might be… again, that might be a potential difficulty, you know. [Public health advisor]

A number of interviewees spoke of the importance of political leadership. There was a clear sense that politicians who were convinced of the need to promote and protect health could make a real difference. This was particularly highlighted in smaller territories where constituencies were less formally organised, and politicians less subject to partisan constraints. In St Helena, for example, the legislative council (comprising 12 elected counsellors) appeared relatively unified in their support for new tobacco control legislation:

> … being a small population and quite a close-knit community, we don't really have any pressure groups here, although we get individuals who have really strong opinions on certain issues […]. But I think the public consultation that we had and the way we targeted it, I think, really allayed a lot of the fears, because the legislation went through and it was eleven to one with one abstention. That has to be a pretty high approval rating by any standards. [Politician]

Legal complexity and ambiguity

The distinctive status of the UKOTs – as British territories, but also self-governing entities – can create substantial complexity and sometimes leads to confusion in relation to their legal processes and status:

> I think people fail to realise we are an overseas territory but we're self-governing and we have a constitution. That in and of itself creates its challenges. [Civil servant]

Thus there is often a lack of clarity regarding territories' status in relation to international treaties – which are signed by the UK (as a sovereign state), but can be extended to UKOTs under certain conditions:

> … we have to keep consulting with the FCO to ensure, okay, are we complying, what are we doing, is this extended? And we don't, believe it or not, there is nothing on our [territory's] laws or on our statute books, referencing treaties that are extended to [territory]. There's nothing. So we generally call the governor's office and then the FCO gets involved to let us know, oh, these treaties are extended to [territory] and this is what you need to do from your end… [Civil servant]

Reflecting this broader ambiguity with international conventions, there was often a sense of confusion regarding territories' position with respect to the FCTC. Civil servants working in tobacco control were all aware of the Treaty, and articulated a need to adhere to its articles as far as possible. But the relevance of the UKOT's legal status in regard to the Convention was often not clear to respondents.

In one case, those involved in developing tobacco control measures had previously been worked under the assumption that their territory was subject to commitments under the FCTC, only

becoming aware that it was not in the context of recent discussions with PHE about the possibility of treaty extension:

> But we've actually found that we're not […] I thought we were signatory but … there were a whole bunch of things which we were a party to, and then we lost record of it. [Health policy advisor]

This confusion appeared to reflect broader ambiguity over UKOTs' legal position in relation to international treaties. In discussing the Convention on the Rights of the Child, for example:

> … [P]eople were like, Of course we are [party to it]... Are we? And then, where's the documentation? It's very convoluted sometimes how these things are extended to [territory] […] and then there were these notes that happened through in Washington, and the UK office in Washington extending it. It seems like it's chaotic, even [with] the Human Rights legislation. And [territory] had very poor record keeping around it. [Health policy advisor]

Limited civil society and research capacity

The wider policy landscape in the territories was also notable for both a recognised lack of research capacity and the limited presence and activity of non-governmental organisations (NGOs), both of which were seen as impeding the prominence of tobacco control issues on the policy agenda.

Several participants spoke of the relevance of local evidence in generating support for tobacco control measures. A lack of local research capacity made it difficult for health departments to access this kind of evidence, however:

> …we have limited…we have some statistics, some research, but it's very limited. [Politician]

> We don't have any research, education or anything. [Public health advisor]

The Cayman Islands was unusual in having an excellent source of data on tobacco use in young people. This was generated by the National Drug Council, which conducted a regular survey of drug use (including tobacco) among young people. In the case of Anguilla, generation of local survey data had been possible only with substantial technical and financial input from external actors, notably CARPHA and PAHO (providing technical support and funding respectively).

There are relatively few NGOs with an interest in tobacco control, which was also cited as an obstacle to securing political priority. Only one territory had a local health NGO with a general interest in tobacco control (as opposed to individual interventions, including smoking cessation). In other territories, health-related NGOs often focused on advocating principally for improved access to diagnostic or medical care for patients with specific conditions:

> We have a group that focus on diabetes, we have a group that focus on cancer, but even though they focus on cancer, a lot of their talks are [about] early screening, early detection […] We don't have anyone focusing on tobacco at the moment, to be honest. [Health policy advisor]

The lack of engaged NGOs made it more difficult to raise public awareness and to obtain support for measures to reduce smoking, although policy advisors often had limited awareness of the significance of this gap this until they learned about the role of NGOs in other island contexts:

> And another thing I realised, that in Jamaica, Jamaica has a strong [tobacco-focused] NGO and I realised that getting NGOs to [engage]… so it wasn't only health pushing the agenda or government pushing the agenda, but when you actually have strong partners in the community pushing that agenda, you've got more traction in terms of legislation. [Health policy advisor]

The absence of civil society was generally seen as less of an issue in the smaller territories, where limited population size meant advocacy and lobbying were typically conducted at an individual level.

7. Opportunities and strategies for advancing tobacco control in the UKOTs

This chapter builds on the analysis developed in Chapter 6 to consider how tobacco control can be advanced in the UKOTs. Drawing on themes emerging from interviews, our analysis explores the potential for territories to advance tobacco control via three key strategies – i.e. addressing economic and political concerns, working with local communities and allies, and constructive engagement with international and regional tobacco control networks. While these themes were reflected across the range of interviews, evidence in support of their strategic value came particularly from those who had worked to advance tobacco control over an extended period of time. Specific examples and manifestations of such strategies varied somewhat across the four UKOTs in which interviews were conducted, but were broadly in evidence in all four contexts. As in the previous chapter, quotations are drawn from interviewees working in the four case-study UKOTs (Anguilla, Bermuda, the Cayman Islands and St Helena), except where specifically indicated.

A. Addressing economic concerns

As noted previously, the distinctive economic and political context in UKOTs creates specific challenges for introducing tobacco control measures – particularly where these are seen as placing additional burdens on key businesses (including wholesale importers) and/or posing a potential threat to tourism, most notably in Caribbean territories. Interviewees highlighted a range of strategies that were seen as being potentially helpful in addressing such concerns and facilitating the introduction of tobacco control measures.

All UKOTs struggle with limited resources, so politicians are understandably sensitive to changes that may have impacts on public revenue. The potential for tobacco taxes to generate additional income was seen as helpful in encouraging decision-makers to consider increases in excise tax. In the same vein, the potential for future savings in terms of health care costs was seen as a motivating factor in politicians' enthusiasm for progress in tobacco control:

> Smoking causes a lot of health issues, and because we have a limited budget… if you look at how much is actually spent on sending people away or treating people, and those are actually smoking diseases... We looked at that, so what we're trying to do is have a more proactive approach and opposed to a reactive approach. [Politician]

As noted above, the centrality of tourism to the economic development of Caribbean territories shapes debate of potential tobacco control initiatives. While a perceived need to protect the image of 'sea, sun, sand and smoke' was sometimes presented as an obstacle to progress on smoke-free environments, several participants also highlighted the potential scope to reframe the relationship between tourism and tobacco control. Given that many tourists prefer smoke-free restaurants and bars, indoor smoking restrictions could even increase activity in the hospitality sector:

> … we have a large percentage of expatriate population that come here, that have come from jurisdictions where it's already been done, it's already in place, their expectation is that I should be able to go out for dinner and not be subjected to tobacco smoke. [Health policy advisor]

A number of interviewees also pointed out that many tourists from key markets are used to such measures in their home countries, so the presence of similar restrictions in the territories seems very unlikely to be a significant issue for them.

Alongside challenging the assumption that tobacco control jeopardises tourism, participants noted that in some territory contexts with low smoking prevalence exposure to second-hand smoke constitutes a health risk that is effectively imposed on local populations by outsiders:

> … 90 per cent of the tourists coming in cannot smoke where they're coming from. So why they want to come down here and smoke and come kill off us people? So the fact is that… they can't do it where they are. So why do they think they should come and do it here? [Regional NGO worker]

This framing was seems as helping to make the case for indoor smoking restrictions in order to protect the welfare of the local population and ensure this was not compromised in order to satisfy the expectations of foreign visitors.

Reflecting the close social networks within territories, participants also emphasised the importance of effectively and proactively communicating with key stakeholders in this context. This was seen as important in managing any potential resistance to proposed tobacco control initiatives, in identifying and understanding practical implementation issues that would need to be worked out, and as sometimes helping to secure buy-in from relevant actors (particularly retailers).

While those working in health policy were generally clear about the importance of not involving the tobacco industry in such discussions, there was some variation in which actors were regarded as part of the 'industry'. For example, some participants included importers and wholesalers as part of this group, while others did not. Consultation with local commercial actors focused primarily on local and logistical issues – such as the practical changes that would be required by any new regulation, and any logistical challenges that needed to be addressed. Policy advisors were generally clear about the need to actively direct the tobacco control agenda, and not to allow this to be deflected by commercial concerns. But they also spoke to the importance of communicating and working with local commercial actors so as to maintain effective working relationships and manage the practical aspects of new policies:

> Generally, what I think is very important in this regard is not to consult, but to tell them what's coming. That can prepare them. [Civil servant]

Consultation and communication were seen as particularly important in relation to changes in regulation of cigarette packaging. The remoteness of many territories and the risk of interruptions in supply routes mean that distributors tend to keep substantial stock-piles of non-perishable goods, including tobacco. Importers therefore identify the need for a long lead-in period in order to respond to changes in product or packaging requirements, as in the case of Bermuda's 2015 change in health warning labels:

> The difficulty with us is that we stock. So we had stocks and stocks of tobacco products, cigarette products, and they didn't have the labels as were prescribed. So rather than make all of those obsolete, which would have caused hardship on the wholesaler and the retailers, [the health policy team] asked me whether I thought it would be viable for them to create stickers […] [So we] had a transitional provision that allowed them a three-month grace period, with the provision that with these labels they will be able to sell those products but the labels had to be in compliance with what was required in the Act. [Civil servant]

B. Building relationships and working with communities

The importance of working with communities was widely recognised across all four territories. Interviewees spoke of the need to invest time and effort in engaging with local populations so as to generate understanding and public support for tobacco control measures. Particularly in the smaller territories, the close-linked nature of the community meant that personal relationships and social expectations were often as important as official processes or formal regulations in changing behaviour and practice:

> … in order for something to work it has to be not only a top down approach, it has to be a bottom up approach. It has to be from the grass roots […] There needs to be a community outreach in terms of getting the public involved in what's being done. [Public health advisor]

Linking tobacco control with local priorities and concerns

There was a clear sense that government agencies should be "sending messages in a way that is meaningful to the population that we serve" (to quote one civil servant). Participants noted that community buy-in would occur only if people saw tobacco control as contributing to the things they value:

> So our first challenge was to get the community to… consider, if not accept, that there is an issue here regarding tobacco use, that it's injurious to health, it's injurious to the social conditions and perhaps even to the cultural emancipation of the island. Because there's this pride in the island and its continuity and intergenerational continuation. [Health policy advisor]

Relevant framings included the promotion of health within the community, presenting reduced tobacco exposure as a source of freedom (e.g. from addiction, from exposure to second hand smoke), and enhancing opportunities and resources for community development.

Policy advisors who had been recruited from outside the territories were particularly conscious of the need to avoid being seen as paternalistic or as telling people how to behave:

> … to do it in such a way that people don't just put earplugs in once you start speaking, because it's a place where people don't like being told what to do. So it was quite a fine balance between creating an awareness about the risks, the challenges, the harm, as well as being very culturally sensitive about not being this colonialist who's just arrived, this health fascist who's going to tell us what to do. [Health policy advisor]

Provision of cessation support services was widely seen as important to the prospects of securing greater community buy-in for measures such as increasing taxes. Participants spoke of the need to be seen as providing alternatives to smoking:

> So when we talk about – we're enforcing, and we want all these things to happen – what have we put in place, though? […] If we're not going to provide resources for change, how do we put policies in place that say you can't do this, you can't do this? [Civil servant]

> …if somebody's been smoking for 20 years, 30 years, and all of a sudden you increase the taxes, so the price of a pack of cigarette doubles… there will be some public outcry as a result, so you must have supporting measures in place to support these groups of people. [Politician]

In island contexts where 'everyone knows everyone', drawing on local experiences and personal stories and accounts was seen as particularly powerful in making the case for tobacco control. Participants felt that public education campaigns would be more effective if they used images and messages that were clearly based in the local community:

> With the posters, we do try and make sure it's locals that are on the posters. [Health worker]

> I think if there was a national campaign around smoking, and there were people in that campaign that were reflective of the people that need to make that change the most […] I think if the imagery was actually related to a specific Bermudian person, like identifiable person, then it will make a difference. [Local business person]

One interviewee talked about an anti-tobacco stall at a local dog fair as an effective way of engaging with the community:

> We got asked to do the dog show one year, and we did this whole thing on how tobacco affects your pets. We didn't say, 'No, we're not going to show up because it's a pet show'. We said, 'How do we make our message fit? So how does tobacco affect your dog?' And people were all over it… because sometimes people are more interested in how they're going to save their dog or their children, than saving themselves. [Civil servant]

Interviewees also emphasised the particular significance of local evidence (such as survey data) in informing policy development and communicating with both the public and decision-makers:

> … since I've been in the government, statistics has played a very, very important part to us as part of the evidence and decision-making, if you know what I mean. And from what I can see in our health service now… how much we're spending on our health service, how much we're spending because people are smoking too heavily. [Politician]

In Anguilla, a recent survey highlighting the problem of second-hand smoke exposure had been instrumental in demonstrating why tobacco use was an important issue for this community:

> … we never really, anecdotally, thought of tobacco use as a problem... However, what was striking from the STEPS survey that we conducted… we noted that yes, the prevalence was low at some 5.6 per cent, however, more strikingly, the exposure in the workplace was almost double that, I think it was 13 or 15 point something, it's something like that, two or three times the exposure, which was alarming. [Health policy advisor]

Many interviewees spoke about the influence of local media, and particularly of local radio stations. Since television coverage comes from overseas (and thus reflects external agendas and events), local radio provides an important source of information and communication in the territories. In St Helena, local radio and social media campaigns were seen as important in generating public awareness and buy-in for efforts to reduce smoking:

> What we have done in recent months is given a high level of publicity… we often go on the radio, we've got two radio stations on the island and [X] and myself and various others do go on the radio on a regular basis, keep the public informed, tell them the progress that is being made and sort of inspire other people. [Politician]

> …what you'll find in a really small community is that people's perception is that you're ramming something down their throats all the time and then they become... they sort of shut it out. So by taking the approach of how we're working … we're calling it 'Saints Together'… for the first time on this island, people are buying into it because they feel a part of. [Public health advisor]

Building relationships with key allies

Developing effective relationships with tobacco control 'allies' – including any health charities or NGOs, community groups and government agencies beyond health – was widely identified as an important source of support in advancing tobacco control within territories. While tobacco-focused NGOs were largely absent in many territories (as discussed above), where they existed (e.g. the Cayman Islands) these organisations were seen as an important source of ongoing advocacy that maintained pressure for addressing tobacco as a health issue:

> … having NGOs like that […] who are pushing from other directions and helping also to educate the public is really important as well, because it's one thing if you hear the medical officer of health saying smoking is bad, but if you are at a cocktail party talking to somebody who's involved with the Cancer Society who's saying 'Oh my god, what are you doing having a cigarette?' I think we need those community partners as well to help. [Health policy advisor]

Support for tobacco control was also evident among some community groups, particularly sports clubs. While sports clubs were sometimes identified as a source of resistance to tobacco control (particularly those relying on sports bars and social events to generate revenue), sports coaches sometimes acted as de facto tobacco control advocates within their communities. This was particularly evident among those working with youth teams, who articulated a concern to protect young players and spectators from exposure to tobacco use:

> I'm involved with football, that's something we're trying to stamp out at football games… you can't, like you can't come into a hotel, a public building, you cannot smoke, that's banned. But near the football field or at open spaces that's what you smell all the time. So we're trying to stamp that out through, with the clubs. [Teacher]

Relationships with other government agencies were also mentioned as an important source of support in promoting tobacco control measures, particularly where these were relevant to broader social goals. Schools were often seen as an important context in which to advance the smokefree message, which was also promoted at community events. In the Cayman Islands,

there was also strong support for extending indoor smokefree environments from both the National Drug Council and the Prison Service:

> … poor people, who have their family incarcerated, have to come and bring these expensive cigarettes and so on. So we felt that in participating and contributing to tobacco cessation was going to address a lot of issues across the board. [Civil servant]

The identification of shared interests across government departments was seen as useful in developing alliances to support new tobacco control initiatives, as well as in identifying opportunities to strengthen implementation of existing measures. As in many aspects of policy development, close personal relationships were clearly important in building and maintaining such alliances.

Successful tobacco control advocates invested considerable time and effort in building relationships with relevant individuals and organisations. These relationships provided invaluable information and insight about issues and concerns relating to the policy context, and also ensured that supportive partnerships that could be mobilised on at key moments within lengthy campaigns to advance tobacco control:

> … It took us about four or five [election cycles]… but in the end it was [the Minister of Health], who is still at the moment in the government. … It took a long time. The two [health] secretaries were very, very instrumental, like [Secretary of Health and Senior Health Policy Advisor], so those were pushing…like putting it on top of the list and they are pushing it, lobbying. And the last couple of years we knew that it was the moment that this could come true. [Local NGO worker]

> Partnerships, partnerships not only with government but with NGOs and the continued work of the advocates, will support any further progression in relation to tobacco control. [Public health advisor]

Alongside this recognition of the importance of such networks, interviews clearly emphasised the extent to which advances in tobacco control within specific territories had been driven by the activities of individual tobacco control 'champions' within health departments:

> I think like most things, probably like most areas of work, it's the people. And if you have that champion who's going to push it, then you're going to get progress. [PHE advisor]

Successful tobacco control 'champions' acted as policy entrepreneurs by seeking and exploiting policy opportunities (or 'windows'), actively building key alliances, and articulating a clear and consistent message about the benefits of tobacco control:

> She [local tobacco control lead] has used workshops to leverage getting things onto cabinet papers, she's used them to develop strategies. She's really brought the most out of it. She's just been tenacious and she's been targeted and she's been determined and she's just carried on going. [PHE advisor]

While clearly motivated to make progress on tobacco control, such champions were conscious of the risks of trying to push too far or too soon in relation to policy change and typically pursued a long game over the pursuit of quick wins. For example, participants in Bermuda spoke about how an attempt to ban sale of single cigarettes had to be abandoned in order to pass a broader package of legislation:

> … we got to the House of Assembly and there was very little support for it… Our minister was having a hard time advocating for it and that's why when this came about, the sale of singles... And we knew that she had very few people on her own side standing behind her. So, we didn't want to see the whole thing cave. [Health policy advisor]

Small populations and limited size of governments in territories can serve to increase access to ministers and key officials. Tobacco control champions may therefore have the opportunity to work very closely in support of those politicians who are willing to show leadership on tobacco control, ensuring they have the arguments and the evidence needed to persuade their colleagues and advance policy initiatives:

> I spent about three months making sure that when they stand on that podium they are able to both feel personally safe and maintain their integrity… [that] they understand the intricacies of what it is that they are trying to promote and that there is no pressure to change everything overnight. [Health policy advisor]

C. Engaging with regional organisations and international tobacco control

Interviewees often spoke in very positive terms about the opportunities offered by fora that allowed them to link up with other UKOTs and/or other small island jurisdictions. Such opportunities were seen as enabling the creation of a larger community with potential to share experiences and approaches, which might help compensate for the relative isolation and smallness of the health communities in individual UKOTs. There was also a strong appreciation of the efforts of PAHO to engage UKOTs in their information-sharing programmes, while PHE's support in enabling participation in key tobacco control meetings and in facilitating communication and exchange across the UKOTs were similarly regarded very positively by public health staff. In particular, international tobacco control meetings and conference were viewed as both a source of support, and as offering opportunities for policy-relevant learning and for advancing tobacco control.

Health staff in the Caribbean territories often mentioned key regional organisations as sources of support, most obviously PAHO, but with the contributions of the Organisation of Eastern Caribbean States (OECS), the Caribbean Public Health Agency (CARPHA) and the Caribbean community (CARICOM) all recognised as valuable. PAHO was widely referenced as the most significant external ally for those in the Caribbean, providing territories with information, technical and financial support to advance non-communicable disease prevention (including tobacco control):

> We get a lot of technical support from PAHO… we're under the Jamaica office with Jamaica, Bermuda and the Cayman Islands, and it's been that way throughout the time I've been here which is coming up to ten years, and I believe it was that way for some time before that. We've really been able to get very good technical support from PAHO. [Health policy advisor]

> … actually PAHO paid over 60 per cent of the cost to implement the survey and the government of Anguilla matched the difference. [Health policy advisor]

PAHO's interest in tobacco control was seen as helping to maintain its position on the health policy agenda, and as encouraging territories to review progress in implementing key FCTC measures:

> So, PAHO sends us a questionnaire annually and says, well, here's the MPOWER, you know, how do you rate yourself? […] this questionnaire arrives and then you have to circulate to colleagues and customs and they're like, Oh, this is serious, this is from PAHO. And then, you actually have to get data. Yes, it's great. It's fantastic. [Health policy advisor]

Participants working in public health particularly valued the opportunity to participate in regional meetings (such as those hosted by PAHO). The experience of meeting with colleagues from neighbouring islands and territories was seen as a key source of encouragement and motivation. Interviewees spoke of learning from others' experiences and being inspired by success stories from elsewhere in the region:

> … more collaborative networking meetings to include UKOT and other countries of the Caribbean are very useful. It was the first time we were all meeting together and we learned so much from each other. [Public health advisor]

Knowledge of measures that had been taken elsewhere and the existence of recommendations from regional organisations were viewed as additional sources of political leverage in advocating for progress in tobacco control:

> If we have a policy proposal or a legislative proposal, not just in tobacco control but in health, we will include in our advice [to the minister] to say what other UKOTs have done or what PAHO has recommended or what CARPHA has done. So it lends extra strength I guess to any arguments that we're making, we can say that it's in accordance with best practice or others have done it. [Health policy advisor]

For territories outside the Caribbean, opportunities to link with regional organisations or share experiences with neighbouring countries are more limited. In St Helena, a recent visit to Mauritius (funded by WHO) was cited by several participants as a very valuable experience that is hoped will lead to further exchange and sharing:

> We wanted to see how Mauritius deal with their chronic diseases because research showed that they had similar problems like we have [...] We were able to look at the patterns of chronic diseases, what support measures they had in place, and see what we could take from them in terms of lessons learned. [Politician]

Public Health England was frequently cited as having become established as a significant source of support for tobacco control in the UKOTs since commencing its work in this area:

> And so then Public Health England of course, and [X has] been stellar, the whole team, they've been stellar, in encouraging the UKOTs to move forward with this plan of action. [Public health advisor]

> Public Health England has been a tremendous support as well, pointing us in the right direction, giving us technical support. I mean, [local tobacco control lead] came back from that meeting and now we have a lawyer who's going to help us. [Health policy advisor]

There was particular enthusiasm for PHE's efforts to link tobacco control leads from across the UKOTs and to enable them to engage with broader tobacco policy research and developments via attendance at conferences:

> Public Health England does a wonderful job co-ordinating efforts among the UKOTS. Over the last two years, they have given us exposure to attend the tobacco conferences, the one in Cape Town [World Conference on Tobacco or Health], the one in San Francisco [SRNT]. So we do get that updated information [and] a broader level of awareness. [Health policy advisor]

Among participants in the Caribbean territories, increased collaboration between PHE and PAHO was welcomed as supporting progress in public health, including in areas beyond tobacco control:

> Well, we've had a long, longstanding relationship with the Pan-American Health Organisation. Our relationship with Public Health England is new… But what I do find is that both organisations are working more closely together for the same goals. And I think that can only strengthen a country's cause… We are even happier now that we have two technical organisations that can provide us with that assistance that we need to move things forward in the different areas of public health; because obviously tobacco control is [only] one. [Public health advisor]

While health policy staff in the Caribbean territories were clearly enthusiastic about PHE's involvement in tobacco control, there was also a sense that their relationship with PAHO was more sustained and therefore perhaps seen as the most significant in the longer term:

> She said, 'This work with PHE is great, but PAHO is our grandfather.' So that relationship is really important. [PHE advisor]

Several participants who were directly involved in tobacco control mentioned the value of attending international meetings and conferences, which provided an opportunity to learn about developments in other countries and regions, and were often referenced as a catalyst to moving forward with specific measures within their own territories:

> …both [X] and myself were able to attend [the World Congress on Tobacco or Health], and that's what sparked our interest in applying for the FCTC, and that's where our work began. [Public health advisor]

International meetings also provided the opportunity to review progress on tobacco control in a more global context:

> … it was amazing to see everybody reporting on the FCTC and recognising what a powerful convention that is. And then, some of these countries that were standing up and saying, you know, tobacco-free Ireland. And some of the Scandinavian countries […] You're like, holy cow, this is public health! It really reenergises you, you know, because you can get a little bit discouraged sometimes… […] So, I'm grateful for the support and to actually have that big picture view. [Health policy advisor]

Finally, participants also spoke about the value of receiving input from 'external experts' – notably from and via Public Health England. Legal and technical expertise were both seen as useful in supporting policy advancement. Interviewees in Anguilla spoke of receiving support from a legal consultant hired by CARICOM after PHE had put them in touch:

> …the lawyers were and are still very useful in the drafting of the legislation. [Health policy advisor]

Interestingly, engagement from the UK was sometimes welcomed as providing additional political leverage for progressing tobacco control policy. This clearly co-existed alongside recognition of concerns about autonomy, meaning that anything that risked the appearance of colonial interference had to be handled with great care:

> … sometimes a little extra nudge [from] the outside gets [politicians] working a bit better. It doesn't have to be overt… you never want it to seem like England is forcing us to do this, because there are other persons who are also opposed to England being our governing power and would like independence. So they look at those sorts of directives … those sort of authoritarian, 'you must do these things' as England being it's colonial self and just hammering things in here. So you have to craft that, in a way, so that it's not direct pressure that's going to look bad for them politically. [Health policy advisor]

The health team in St Helena had received technical support from WHO to model different approaches to tobacco taxation. This input was seen as valuable in both technical and political terms, since it enabled them to present politicians with clear information on the most effective level of taxation to introduce, but also provided a message that St Helena's approach to tobacco control was of interest and importance to the WHO:

> …the taxation bit, we've got a model done by WHO. So when somebody is saying, 'This is going to impact on our revenue,' I say, actually this model was done by the world experts on tobacco taxation – so you can't do any better than the team that did this modelling. [Health policy advisor]

In a slightly different way, the WHO FCTC itself was also frequently invoked as already being a valuable point of reference for UKOTs, notwithstanding the fact that the territories aren't formally covered by it:

> … we will be increasing the taxes in order to meet the Framework Convention on Tobacco Control set by the World Health Organisation. [Politician]

> … when we were drafting the law, that [the FCTC] was our guiding document, and so that's why we've been able to draft the law in such a way that it's compliant with almost all the articles, so that was our guiding tool, our guiding document. [Public health advisor]

8. Standardised packaging: A catalyst for advancing tobacco control in the UKOTs

The analysis presented in the previous two chapters demonstrates the significant and distinctive challenges that confront efforts to advance tobacco control in the UKOTs. Their contexts as closely-knit small communities, with a narrow economic base, and often geographically isolated, can compound the difficulties entailed in overcoming resistance from key local industries, political concerns, and limited human resources and institutional capacity. Notwithstanding such constraints, officials and advocates committed to tackling the diverse health and social impacts of tobacco use have managed to build relationships and secure political support, and have thereby made significant progress on key measures across several territories. Yet it is also clear that there remains substantial room for improvements to protect public health, and our data demonstrate widespread awareness that tobacco control in the UKOTs currently enjoys real opportunities to accelerate progress.

Picking "low-hanging fruit": Extending the FCTC

Most obviously and broadly, there is clear recognition of the potential benefits of extending the FCTC to cover the UKOTs as a means of advancing compliance with best practice and achieving fuller engagement with the FCTC process and international tobacco control more broadly. The evidence base is very clear that participation in the FCTC has been associated with accelerated implementation of effective tobacco control across diverse national contexts (Gravely et al 2017, Uang et al 2016). As noted in the recent impact assessment undertaken by a WHO expert group, while it is difficult to prove the FCTC's causal role, the experiences consistently reported across multiple countries pointed to the strong positive impact of the Convention:

> *"the FCTC has in numerous countries been a strong catalyst for action, a guide for evidence-based measures, and a strong support for withstanding the lobbying and other influences of the tobacco industry."* (Puska and Daube 2018)

This highlights scope for similarly transformative potential in terms of tobacco control in the UKOTs with extended coverage of the FCTC. Interviewees were very clear about the benefits the FCTC offers their territories, not only in terms of providing a best practice guide, but also as a source of political leverage and support:

> It sort-of gives more credibility, more gravitas to proposals that we might bring forward to say 'this is the Framework Convention, this is the global standard, the global expectation.' It's not that we've just come up with this out of the clear blue sky. It sort-of helps us to be able to say this is the best practice, and I think that that helps a lot. Particularly for decision-makers, when they're being faced with potentially having to make a decision that might not be popular with some of their constituents in the business community, to have something like the FCTC to say this is what the UK is committed to, this is what people around the world, governments around the world are looking at. I think that helps a lot. [Health policy advisor]

The prospect of having the coverage of FCTC formally extended to specific territories was therefore seen as attractive in terms of signalling their leadership in tobacco control within the region:

> … it would be almost a low-hanging fruit to be able to say, yep, we had [the FCTC] extended to us, we're compliant, look at us, we're leaders in the region. [Health policy advisor]

Standardised packaging: A game changer for tobacco control in the UKOTs

If extending coverage of the FCTC constitutes "low-hanging fruit", there is also significant enthusiasm for this occurring alongside a more ambitious leap forward via adoption of standardised packaging. Our interview data demonstrated awareness of the specific benefits of introducing standardised packaging for tobacco in the UKOTs, and several territories have expressed interest in taking this forward. While packaging issues can appear a complex area for the UKOTs (which tend to import cigarette packs designed for larger markets), there are several factors that create a promising opportunity for this measure – including the potential to draw on standards that have already been successfully introduced in other jurisdictions, and (in some cases) the capacity to introduce this measure under existing legislation.

Part of the appeal of standardised packaging undoubtedly lies in the prospect of being seen as a regional leader and international innovator. In persuading politicians of the value of introducing standardised packaging, policy advisors were conscious that being seen as a leader in the region was an attractive position to hold. The introduction of standardised packaging was often seen as being linked with the aim of FCTC extension, and as being very difficult to achieve in isolation from extending the convention:

> Yeah, it would go together. I think we would struggle to impose the standardised packaging without the oomph of the FCTC. [Health policy advisor]

Interestingly, several participants saw introduction of standardised packaging as more politically feasible than measures that internationally have been adopted much more widely and might generally be regarded as constituting 'easier wins' – most notably banning the sale of single stick cigarettes:

> *[Interviewer] Would you think that [introduction of standardised packaging] would be more feasible or a more achievable goal than banning the sale of single cigarettes??*
>
> Yes, I do, very much so. [Politician]

There would indeed be something internationally distinctive about making the move to adopt standardised packaging without having previously introduced graphic warnings, and when some territories don't yet enjoy comprehensive protections against tobacco advertising, promotion and sponsorship. This is reflected in some interviewees feeling that, given such contexts and omissions in existing measures, standardised packaging should not be seen as a high priority:

> I think, quite frankly… if I have a choice between smokefree, Article 13 and plain packaging, I'm going with smokefree or Article 13… Only two [Caribbean] countries, three countries have graphic health warnings now. So let us, if we can, get to the graphic health warning, because it's easier, we have a CARICOM standard... And that was done through CROSQ which is the regional standards body… So tomorrow, if Antigua decides they want [graphic health warnings] … they don't have to wait on legislation because the standard is approved by every Bureau of Standards. [Regional NGO worker]

In Anguilla, for example, while health policy advisors understood the desirability of standardised packaging, they felt it wasn't politically feasible to introduce it in the current context. Instead, they were focused on generating sufficient political support to address the most significant legislative gaps in tobacco control, with more advanced measures seen as a longer-term goal:

> … it may be more effective to have a graded approach, so looking at the thing that people most agree on at first, and then trying to build on that. Because if we go with [standardised packaging] first, it might … impede us from doing this whole thing. [Health policy advisor]

For its advocates, however, the case for adopting standardised packaging does not rest solely on the specific evidence base of its effectiveness, but rather as an opportunity to take a leap forward in tobacco control more broadly. Interview data highlighted several specific tobacco control measures that might be seen as complementing or enhancing the effectiveness of standardised packaging, and as being enabled by its adoption. These included graphic health warnings, a ban on sale of single cigarettes, and extension of advertising bans. For most territories, these measures would require new legislation, so their inclusion alongside standardised packaging would help to maximise the impact of any new regulations.

Several interviewees expressed particular interest in graphic health warnings on cigarette packs, which had not been introduced in any of the territories where interviews were carried out. Changes to regulation of cigarette packs could simultaneously advance the introduction of graphic health warnings. Work already undertaken with the CARICOM Regional Organisation for Standards and Quality (CROSQ) can assist the Caribbean territories in introducing graphic warnings, while other territories would require new legislation or the adoption of new regulations to change existing health warnings. In a very practical sense, the inclusion of standardised packaging in such legislation would seem a logical step in terms of implementing best practice in tobacco packaging:

> When we first met with Public Health England to look at what articles needed to be in place for the FCTC - and packaging was one of those: we just barely satisfy the packaging requirements [for health warnings to cover] 30 per cent [of the total pack size]. So when we came back and had our first discussion with the Ministry, the Ministry had agreed from that point on to say, well if we're going to make any adjustments to include a graphic [health warning], we may as well just go standard packaging one time. [Public health advisor]

Introduction of standardised packaging involves drafting of relevant regulations, and – in some cases – passage of new legislation. The specific steps involved depend in part on what existing legislation exists. Some UKOTs would require new legislation to be passed by the legislative chamber, while in others (whose existing legislation includes provision for changes in cigarette packaging) the Minister of Health can introduce standardised packaging via changes in regulations:

> And because I drafted [the Tobacco Control Act] in the way that I did, I don't have to amend the Act [in order to introduce standardised packaging], so this doesn't have to go back to parliament. I just have to create regulations. [Civil servant]

While some interviewees expressed an expectation that laws drafted elsewhere (e.g. the UK) could be applied in the territories with minimal change, interviewees with experience of legal drafting noted that the process is more complex than this. Local legislation and regulations need to be consistent with a territory's legal framework (including its constitution, and any human rights

legislation). This means that each territory needs bespoke regulations for the introduction of standardised packaging:

> … but drafting is a whole species of law and for me to even… I remember when I first went over to Chambers and… I just have a totally different appreciation for drafting. They don't necessarily adopt something hook, line and sinker – providing the policy is exactly accurate, but they're not going to just cut and paste. And they will tell you: we don't do that. [Politician]

On the other hand, those involved in drafting legislation noted the value of drawing on regulations that had been introduced elsewhere, and felt this would be particularly valuable in the case of standardised packaging:

> But when it comes to health especially, standards and practises, because I draw up Ministry of Health legislation, the standards and practises from other jurisdictions, we generally look to them and if not word for word, we tweak it for our purposes. [Civil servant]

Moving forward on standardised packaging

Enthusiasm for moving towards standardised packs in some UKOTs co-exists with recognition of the challenges that will need to be addressed, and of areas on which further work might effectively be focused. Echoing findings from the survey (Chapter 0), interviewees noted the need to engage with decision-makers, with key stakeholders and with the wider community in order to demonstrate the value of introducing standardised packaging and boost support for this measure:

> … [we will need to hold] several meetings, sensitisation meetings, public opinion meetings. It would be similar to having the law introduced and some of the processes that we had to go through [then].. [Public health advisor]

As noted previously, changes to cigarette packaging in the UKOTs require attention to the practical aspects of importation and dealing with existing product supplies. Almost all cigarettes sold in UKOTs are imported, with most imported products designed to comply with regulations in larger markets (such as the USA or UK). Policy advisors in territories considering standardised packaging were conscious of the need to consult with importers in order to facilitate introduction of standardised packaging:

> … [we need to] prepare the tobacco vendors and importers to know that you've got whatever the timeframe is […] because they'll have to have time to get rid of the stock that they've already got. [Health policy advisor]

In preparing advice to their Ministers of Health, policy advisors in these territories have invested time in exploring where importers currently source their cigarette packs and considering how these supply arrangements would be affected by the new regulations, including what markets will offer packs that would comply with newly-drafted regulations. This work is helpful in demonstrating the feasibility of introducing standardised packaging and in helping to secure buy-in from both politicians and the wider community.

9. Conclusions

The distinctive contexts of the UKOTs do pose specific challenges for progress on tobacco control, but can also offer powerful opportunities for positive change. Most territories have a narrow economic base, small populations, and limited institutional capacity. While these factors may create barriers, they can also offer potential opportunities for policy change. For example, smoke-free environments can be regarded as desirable and increasingly expected by overseas visitors while also protecting the wellbeing of the local population; tobacco taxes are an important source of government revenue; and reducing the burden of tobacco-related disease can relieve pressure on precious public resources. Close social networks can help facilitate communication of the benefits of tobacco control for local communities, including protection of young people and enhancing freedom from addiction and disease. Links with key community groups and health charities, and engagement with regional and international allies can all help build support for progressing tobacco control in the territories.

Local businesses are important community stakeholders that warrant particular consideration in efforts to reduce the harms of tobacco for UKOTs, but policymakers and advocates also need to be mindful of the risks of tobacco industry interference. While importers and retailers are often seen as resisting efforts to regulate tobacco, their influence in the UKOTs can be harnessed in more positive ways by including them in discussions about the need to protect the health of the local population and communicating intended changes in regulation of product packaging, marketing and use. At the same time, it is important for decision-makers to be aware of the need protect health policy from the influence of the tobacco industry (as specified in Article 5.3 of the WHO Framework Convention on Tobacco Control). While there is sometimes a perception that UKOTs' size and isolation protects them from tobacco industry interference, major global tobacco companies have actively intervened to prevent some territories from introducing new health regulations, while some local businesses may also act on behalf of tobacco companies.

UKOTs have the opportunity to become regional and global leaders in tobacco control, making rapid progress by 'leap-frogging' steps in implementing FCTC measures. While progress to date has been uneven across the UKOTs, there is potential for territories to accelerate this by introducing elements of global best practice. Where appropriate, UKOTs can by-pass what have been incremental steps in implementation in other jurisdictions and thereby advance towards comprehensive tobacco control.

The introduction of standardised packaging for tobacco offers one such opportunity for dynamic leadership in tobacco control. The WHO encourages countries to consider introducing standardised packaging as part of their efforts to ensure tobacco products include accurate labelling and health messaging (Article 11) and to prevent tobacco marketing and promotion (Article 13). There is growing evidence of the effectiveness of standardised packaging in reducing the appeal of tobacco products and limiting indirect promotion and advertising via cigarette packs. Emerging evidence suggests plain packs increase the salience of health warnings and encourage quit attempts among existing smokers, while evidence from Australia (the first country to introduce standardised packaging) suggests it may help lower smoking prevalence at a population level.

Standardised packaging could act as a catalyst to advance tobacco control more broadly in the UKOTs. While packaging issues can be a complex area for the UKOTs (which tend to import cigarette packs designed for larger overseas markets), there are several factors that create a promising opportunity for this measure – including the potential to draw on standards that have already been introduced and tested in other jurisdictions, and (in some cases) the capacity to introduce this measure under existing legislation. The introduction of standardised packaging can also serve as an opportunity to advance other tobacco control measures, including use of graphic health warnings and comprehensive restrictions on advertising and promotion. The prospect of introducing standardised packaging, alongside extending the Convention, highlights the potential for UKOTs to become regional and global leaders in tobacco control, as well as addressing improving their long-term health and economic sustainability.

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11. Appendix

Appendix 1 Tobacco Control in the UKOTs: Stakeholder Engagement Survey

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Welcome to the research study 'Tobacco Control in the UK Overseas Territories: Stakeholder Engagement Survey'.
You are being invited to participate in a research survey, which is being conducted as part of a study into tobacco control in the UK Overseas Territories. The research is being carried out by an independent team of health policy researchers at the University of Edinburgh and is funded by Public Health England.

The survey should take no more than 10 minutes to complete. Your completion of this survey is entirely voluntary and you can stop at any time without penalty. The information provided will not be used in a manner which would allow identification of your individual responses.

O I consent, begin the study

O I do not consent, I do not wish to participate

Q1 Please select the territory in which you are principally based:

O Anguilla

O Bermuda

O British Virgin Islands

O Cayman Islands

O Falkland Islands

O Gibraltar

O Montserrat

O St Helena

O Ascension

O Tristan da Cunha

O Turks and Caicos Islands

O Other (please specify) _____

Q2 Please select your main area of work or institutional affiliation:

- O Government
- O Civil society
- O Health care services
- O International Organisation
- O Commercial sector/private sector
- O Philanthropy / Foundation
- O Research / Academia
- O Think tank
- O Other (please specify) _____

Q3 What is the main geographical focus of your work?

- O Overseas territory
- O Regional
- O International

Q4 Is health a key focus of your work?

- O Yes
- O No

Q5 To what extent do you agree or disagree that the following issues should be priorities for tobacco control in your territory?

Please answer each item below.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Banning advertising, promotion and sponsorship	O	O	O	O	O

Education, communication, training and public awareness	o	o	o	o	o
Illicit trade in tobacco products, smuggling and counterfeit tobacco products	o	o	o	o	o
Standardised or 'plain' packaging of cigarettes	o	o	o	o	o
Other aspects of cigarette packaging, e.g. health warnings, pack size	o	o	o	o	o
Protection from tobacco industry interference	o	o	o	o	o
Smoke-free policies	o	o	o	o	o
Smoking cessation	o	o	o	o	o
Tax and price measures to reduce demand	o	o	o	o	o

Q6 Are there any other issues that you think should be a high priority for tobacco control in your territory? (please specify)

_____

_____

Q7 To what extent do you agree or disagree that the following factors are barriers to effective implementation of tobacco control in your territory?

Please answer each item below.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Tensions with other policy priorities (e.g. agriculture, trade, revenue)	O	O	O	O	O
Insufficient political support	O	O	O	O	O
Opposition or interference by the international tobacco industry	O	O	O	O	O
Opposition or interference by local tobacco companies, wholesalers or employers	O	O	O	O	O
Lack of sufficient financial resources	O	O	O	O	O
Lack of sufficient human resources	O	O	O	O	O
Lack of technical capacity	O	O	O	O	O
Need for better legislative enforcement	O	O	O	O	O
Poor intersectoral coordination (i.e. different policy sectors failing to work together)	O	O	O	O	O
Complex political circumstances	O	O	O	O	O

Q8 Are there any specific local factors that you regard as a significant barrier to effective implementation of tobacco control in your territory? (please specify)

_____

_____

A number of countries have now introduced standardized packaging of tobacco (also known as plain packaging) as a measure to reduce the attractiveness of tobacco products, particularly for young people.

ASH image: Packaging compliant with EU Tobacco Products Directive and Standardised Packaging regulations.

Q9 To your knowledge, is the introduction of standardized packaging currently being considered by your territory?

- O Yes
- O No
- O Don't know

Q9.1 What do you see as the key next step(s) for moving forward on the introduction of standardized packaging in your territory? (please specify)

_____

_____

Q9.2 What do you see as the key reason(s) standardized packaging is not currently a priority for tobacco control in your territory? (please specify)

_____

_____

Q10 What do you see as the principal barrier(s) to the introduction of standardized packaging in your territory? (please specify)

_____

_____

Q11 With reference to tobacco control in general, to what extent do you agree or disagree that the following factors are important for accelerating progress in the implementation of tobacco control in your territory?

Please answer each item below.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Support from local politicians or political parties	O	O	O	O	O
Support from local charities	O	O	O	O	O
Support from local community leaders	O	O	O	O	O
Support from international organizations (eg PAHO)	O	O	O	O	O
General support from Public Health England	O	O	O	O	O
Technical or legal guidance from Public Health England	O	O	O	O	O
Commitment to implementation of the WHO Framework Convention on Tobacco Control	O	O	O	O	O
Financial support from international charities or foundations	O	O	O	O	O
Technical or legal support from international charities or foundations	O	O	O	O	O
Research evidence relating to tobacco / tobacco control	O	O	O	O	O

Public opinion within the territory	o	o	o	o	o

Q12 Are there any specific local factors that you see as providing an opportunity or catalyst for implementation of tobacco control in your territory? (please specify)

_____

_____

Q13 With reference to standardized packaging, what do you see as the key factor(s) that would make it more likely this measure could be introduced in your territory? (please specify)

_____

_____

THANK YOU! Thank you for taking the time to complete this survey. Your views will help us understand local perspectives on tobacco control in the UK Overseas Territories.

Appendix 2 Survey Responses

Q1 Please select the territory in which you are principally based	Count	%
Bermuda	64	50.8%
Anguilla	21	16.7%
Cayman Islands	13	10.3%
St Helena	10	7.9%
Falkland Islands	7	5.6%
Turks and Caicos Islands	7	5.6%
British Virgin Islands	3	2.4%
Gibraltar	1	0.8%
Total	126	100.0%

Q2 Please select your main area of work or institutional affiliation	Count	%
Government	73	57.9%
Health care services	38	30.2%
Other (please specify)	6	4.8%
Commercial sector/private sector	5	4.0%
Civil society	2	1.6%
Philanthropy / Foundation	1	0.8%
Think tank	1	0.8%
International Organisation	0	0.0%
Research / Academia	0	0.0%
Total	126	100.0%

*Category 'Other' included the following responses: Retired (2), Politicians (2), Museum (1), Agency (1).

Q3 What is the main geographical focus of your work?	Count	%
Overseas territory	85	67.5%
Regional	32	25.4%
International	9	7.1%
Total	126	100.0%

Q4 Is health a key focus of your work?	Count	%
Yes	90	71.4%
No	36	28.6%
Total	126	100.0%

Q5 To what extent do you agree or disagree that the following issues should be priorities for tobacco control in your territory?	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Banning advertising, promotion and sponsorship	58.0%	26.9%	7.6%	5.0%	2.5%
Education, communication, training and public awareness	80.7%	12.6%	3.4%	0.8%	2.5%
Illicit trade in tobacco products, smuggling and counterfeit tobacco products	35.3%	24.4%	23.5%	8.4%	8.4%
Standardised or 'plain' packaging of cigarettes	35.3%	31.9%	18.5%	5.0%	9.2%
Other aspects of cigarette packaging, e.g. health warnings, pack size	52.9%	29.4%	11.8%	3.4%	2.5%
Protection from tobacco industry interference	52.9%	26.9%	10.9%	5.0%	4.2%
Smoke-free policies	81.5%	10.1%	4.2%	1.7%	2.5%
Smoking cessation	70.6%	13.5%	9.2%	3.4%	3.4%
Tax and price measures to reduce demand	58.0%	24.4%	9.2%	4.2%	4.2%

Q6 Are there any other issues that you think should be a high priority for tobacco control in your territory? (please specify)
No smoking on sidewalks around the City of Hamilton and highly populated areas when citizens are traveling to from shopping areas.
ID required to purchase. no more vending machines
children have easy access
support of local tobacconists over imported tobacco companies
Smoke free public places
We need to investigate the issues surrounding VAPING amongst young persons.
Control of sales and use of tobacco products by minors
note that the location, size and circumstances of our territory mean that we do not suffer any tobacco industry contact at all, nor would we. Therefore efforts to prevent tobacco industry interference would actually divert resources from other, higher impact activities and measures
Ban smoking in open spaces, particularly sidewalks and fronts of buildings
N/A
Education of young people about the risks of smoking
No tobacco smoking is not a major issue. Marijuana and other illegal drugs awareness is more of a concern, but that's another conversation.
According to OECD stats Bermuda has one of the lowest levels of smoking worldwide. Rather than reducing smoking I think we should be striving to ban tobacco smoking it completely.
make it illegal
Reduce the cost of smoking cessation drugs such as Chantex, which worked for me but costs several hundreds of dollars.,
Banning the use of vape pens
clear laws for e-cigarettes/ vape pens as relates to youth
increase age of consent to 21, reduce the number of cigarettes per pack
The new cigarette packaging with real health results should be a priority

banning sale of single cigarettes, restriction of e-cigarettes and vaping
No
Education at Primary School level
No
Drinking
Smoking is not commonplace here. A sin tax and restriction on smoking in public places should be effective. Cigarettes are not displayed in obvious places and I do not see advertising. They are very low key here.
Taxing of property owners
More smoking cessation courses and promotion
St Helena has a high incidents of serious health issues such as high blood pressure, sugar related illness, cancers all related to smoking we have a small budget and spend a high proportion of this treating all these smoke related illnesses therefore I have no hesitation in recommending tax and price measures to reduce demand on tobacco products.
Educate the young, far to many of them smoke after leaving school.
The pending legislation, tax and measures under the HP strategy cover the above measures from 2018 and are underway
Legislation
Raise the age limit to purchase tobacco.
Consistent education on harmful effects in institutions, sporting clubs and where youth frequent
Measures/legislation on cultivation, being that it was disclosed that tobacco plants/fields are within the region. Also measures for inspection of tobacco product manufacturers; we require the ingredients for cigarettes, however we do no for any other tobacco products
banning the sale of single cigarettes
Access of tobacco products to under age children. Greater penalties/fines for establishments selling to minors. Enforcement of policies currently in place as it relates to tobacco control and regulation.
More education on electronic cigarettes especially for younger crowds
Taxes
Free smoking cessation programmes
Dangers of second-hand smoke among family households
Ban sale of single sticks, ban all display
We have no advertising of tobacco products here in the Falklands, nor do we have a problem with smuggling etc.
I feel we already have good policies and procedures in place.
N.B. Re: Q5 we already have Smoke-free in public places policies and smoking cessation courses. E-cigarettes/vaping with the youth is a real concern.

Q7 To what extent do you agree or disagree that the following factors are barriers to effective implementation of tobacco control in your territory?	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Tensions with other policy priorities (e.g. agriculture, trade, revenue)	13.4%	23.2%	31.3%	25.0%	7.1%
Insufficient political support	26.8%	27.7%	20.5%	17.9%	7.1%
Opposition or interference by the international tobacco industry	7.1%	23.2%	36.6%	24.1%	8.9%
Opposition or interference by local tobacco companies, wholesalers or employers	12.5%	24.1%	33.9%	19.6%	9.8%
Lack of sufficient financial resources	17.9%	37.5%	26.8%	15.2%	2.7%
Lack of sufficient human resources	23.2%	43.8%	19.6%	11.6%	1.8%
Lack of technical capacity	15.2%	30.4%	32.1%	19.6%	2.7%
Need for better legislative enforcement	30.4%	37.5%	19.6%	8.9%	3.6%
Poor intersectoral coordination (i.e. different policy sectors failing to work together)	18.8%	33.0%	29.5%	14.3%	4.5%
Complex political circumstances	10.7%	24.1%	40.2%	19.6%	5.4%

Q8 Are there any specific local factors that you regard as a significant barrier to effective implementation of tobacco control in your territory? (please specify)
There is insufficient advertisements and health education to show the short and long-term effects of smoking, second hand etc.
lack of will by politicians
Political Will- not considered a priority by decision-makers.
Tobacco is not seen as a real drug with addictive qualities and health hazards.
unethical political decisions i.e. tax rates
Perhaps some push back from the tourism industry
Leaders who are quite ignorant of the negative effects of tobacco.
small numbers of politicians means that individual preferences can influence efforts
no
No
Smoking among government ministers!
No
It's gradually improved over the years from when people smoked in offices. Still a long way to go as smoking, along with drinking, remain a big part of society, as kids grow up thinking it's cool and start doing it to fit in, then struggle to quit later in life.
None of which I am aware
lack of political will, conflict of interest - politicians who are directly involved in sale of tobacco products, financial impact on local importers/retailers, effect or tourism
A local company has recently begun producing very cheap cigarette products for the local market - this should never have been allowed.
Not seen as a priority
Political connections

The will to implement.
I suspect that smoking marijuana is more common that cigarettes. I see cigarette smokers as being older 40+, in manual, outdoor type work (eg boat captains), very stuck in their ways....if we see smokers they are more likely to be tourists (British in particular) than local. As such, with no advertising or promotions, subtle displays and restrictions on smoking in public spaces, I feel that the BVI controls smoking of cigarettes well. Local people, particularly young people, however, would choose weed over cigarettes.
local production means local products not subject to deterrent taxation via customs duties
Competing priorities in so much as falling revenues from tobacco products means increasing taxes in other areas
Tobacco products raise additional revenue for the islands budget, removing these imports would require increasing taxes on other streams which will in fact impact on our low financial economy. Educating would have a bigger impact on informing those who smoke or likely to take up smoking than increasing prices.
Please note the measures that are noted as priorities are already being undertaken as part of the Health Promotion Strategic Framework, with technical leadership on island and also technical support from FCTC unit on tax measures and WHO comments on our legislation being put forward.
Capacity of the human resources needed to take forward the legislation and subsequent regulations deriving from this.
Illegal immigration and human trafficking, crime an gun violence, are a the forefront of Government's priority list, therefore this remains at a low level. Lack of support by the heads of the main enforcers (Police), is a major issue, however this is on the back burner as their efforts are focused on the above
I don't see any.
Community and sports clubs and small black business selling tobacco. Use of tobacco to blend with cannabis
We have no problems progressing what we need to within the Islands to enable people to go "smoke free" and our retailers are already on board too. I would like to see higher tax tariffs on tobacco products, although out government would argue that these products are already highly taxed.

Q9 To your knowledge, is the introduction of standardized packaging currently being considered by your territory?	Count	%
Yes	23	20.7%
No	29	26.1%
Don't know	59	53.2%
Total	111	100.0%

PLEASE NOTE, Q9.1 was open for response only to those survey participants who selected position ‘Yes’ to Q9.

Q9.1 What do you see as the key next step(s) for moving forward on the introduction of standardized packaging in your territory? (please specify)
there are only a few might be 5 different brands that our imported, don't know if it would have any relevant impact.
sensitization and political will for buy in, past the acceptance of the principle
political and legislative support and enforcement.

maintaining and developing / enhancing political support; consultation with key stakeholders; political agreement; inclusion in throne speech; development / drafting of legislation; potential challenge from tobacco companies; introduction and enforcement of legislation
lack of target marketing to vulnerable groups
Funding
allow branding and support local manufactures over commercial chemical filled brands
We already have this facility in place
We already have plain packaging with aggressive medical imaging on them. Our tobacco imports come from the UK only.
The completion of and enactment of Legislation
Sound policy development Ministerial buy in Industry compliance
Public education and consultation with the importers/wholesale distributors.
Political support
Political backing via public/voter pressure.
Policy development and support of stakeholders and political will
None
It is import of PP tobacco that we have included in the draft legislation. Manufacture is not the issue here.
Governmental enforcements.
Getting Cabinet approval.
Educate local vendors of its need and increase motivation to comply
Discussion with tobacco companies
Consultation with industry.
Amendment of Tobacco Control and Prevention Act

PLEASE NOTE, Q9.2 was open for response only to those survey participants who selected position 'No' to Q9.

Q9.2 - Q9.2 What do you see as the key reason(s) standardized packaging is not currently a priority for tobacco control in your territory? (please specify)
Wherever we are importing our tobacco products from or not too upset the apple cart so to speak of those making huge profits off of it.
laziness in legislation...more worried about banning gay marriage and ignoring education
Bermuda cheap
we import 100% of all products, mostly from the UK but also from South America.
Unsure
It will promote the already established brands
Likely, government fear the backlash of the public who do smoke, and don't want to ruffle too many feathers as it may impact them in next election.
We do not produce this product locally so I do not think this was even a matter for consideration.
We have no factories that package tobacco. All tobacco used on the island is imported
lack of political will and resources
Don't know
lack of interest, lack of political will, left to the local health care services to sort

Because we have other problems that are far more pressing - alcohol abuse, drug abuse and non-communicable disease like diabetes are far more urgent and threatening here.
working with all agencies to ensure that the dangers of smoking is highlighted and increasing taxes on tobacco to reduce demand
The number of persons buying packages of cigarettes has reduced, a lot of retailers sell cigarettes as "singles"--i am not sure if packaging will have that much of an impact --however for those who do buy packages it may be discouraging somewhat
Tobacco law/legislation is fairly new here, the ordinance should have incorporate this initially. We have already had amendments to the ordinance, to add another may prove difficult to obtain approval by cabinet. Further enforcement of law which is already in place (pictorial warnings etc) needs to happen first.
Not legislated therefore not a requirement
It is on the agenda for discussion
It may impact investment and Tourism in the Islands.
too much legislation that is already not being enforced to add another. tobacco use is only now becoming slightly popular
No political appetite and competing health reform priorities
No political will or power.
Other policy priorities.
Imports come from the UK and as export products don't seem to have to comply with the UK packaging standard this creates another barrier to overcome.
All packages of cigarettes imported to the Cayman Islands from the US are labelled as dangerous for health.
Not sure

Q10 - Q10 What do you see as the principal barrier(s) to the introduction of standardized packaging in your territory? (please specify)
Cost and perhaps political and deep pockets interference.
Laziness
Bermuda doesn’t care
Tobacco not manufactured here so would need assistance of customs to control imports of non-standardized packaging.
Unsure, but possibly where products are being imported from.
I see that opinion of citizens will not care to have the standardized packaging.
None
Cost
Iyiy
I just don't think it's a priority. In reality we have very few smokers, so it's just not an area I would put money, but that's me.
Leaders do not appreciate and understand the need for standardized packaging.
limited legislative resources - this is not the highest priority item on our national agenda, nor is it the only measure we can take to reduce tobacco consumption. In our case, non-legislative measures are more cost effective
Unsure

legislation and resources
cigarettes are not packaged locally
compliance by local vendors
Not sure.
Lack of political interest to resist pressure from the retailers.
The smoke shop! (duh)
Cigarettes are not packaged in Bermuda; they are imported.
Tobacco isn't packaged here. This would have to be regulated by H.M.S. Customs
It creates a monopoly for the already established brands. For example, Marlborough will even do better because that's the name of the cigarettes people will remember.
we don't package in Bermuda
country is reliant on importing brands (therefore) packaging from overseas
Public's influence on government with issues like these. Cost factors as well in packaging as it wouldn't be able to be produced locally.
Small country which imports all tobacco products from overseas. No manufacturing in Bermuda. Packaging must be modified overseas & Bermuda importers must purchase from these companies
None unless we are responsible for the cost of the packaging. We should not though, as the packaging should be required to come from the big tobacco companies.
Lack of political will.
lack of political will
Not sure - I fully support this.
Tobacco companies wanting to promote their own brand. Standardized packaging will hinder sales of their specific brand.
lack of political will
Not applicable
We do not package tobacco on the island. All tobacco is imported
resources and understanding of the long term community issues of smoking
Politics
seeing that the majority of tobacco products are imported, local vendors will have the task of identifying a new supplier who can provide the type of packaging required
The appetite to get anything done. Low priority.
lack of political interest and will
Don't know
none specifically - just priority levels.
None
Vast majority of product is imported, therefore at mercy of availability of plain packaged products from exporting countries.
none just needs to be lead by an appropriate agency
affordability by the importers.
Surplus of existing stock Industry push back
objections by merchants/suppliers and possibly tobacco users.

The signs of political support for this are good. The key issue will be addressing the sourcing side so that merchants import from a country with PP. We are proposing tax changes at the same time to avoid cheaper imports from a new PP country (rather than UK which is current main source)
Completion and enactment of Legislation
All tobacco is imported so requires the packaging to be changed in those countries too
the demand for the cigarettes
"Sin taxes' (duty) have a big impact on cigarettes as is --I don't believe that there is so much opposition -- no one in Bermuda is looking to hit the "jackpot" off of selling cigarettes
Cabinet Approval. Companies selling tobacco products are reluctant to adhere to established laws and have noted that this is partially because they will bear the brunt of the financial strain as other companies and illegal trade will not stop. This again weakens enforcement and with low human support it makes an already difficult situation worse
concern over potential challenge from tobacco industry
Amending legislation
None
not sure
Push back from local suppliers
Opposition from Private sectors/business. Political agreement.
I have no idea I'm afraid
other issues are priority areas i.e. human trafficking, illegal immigration, crime and gun violence etc
Political will and human resource to advance it
Cayman imports everything and has no manufacture plants here
None
Determining who would implement the standardized packaging - who would control it?
Bad advertisement
Industry will claim lack of jobs as they have changed packs in 2015. Reality is that this will make sourcing tobacco easier for wholesalers rather than using packs tailored for Bermuda
we don't package in the islands what is sold is how it is brought in
Nil
n/a
as previous response
opposition from traders, business
The distributors possibly having to switch up where they obtain their products for resale ... i.e. we have primarily US tourism and I do not think US packaging is plain packaging (yet).
Willingness of suppliers to absorb the cost for the new packaging. Political complications; relationships with the suppliers.
Preferential support of a particular cigarette brand
The location of where the tobacco is being imported from and whether standardised package already is established in those countries.
No barriers
importation of plain packaging cigarettes from other countries

Q11 With reference to tobacco control in general, to what extent do you agree or disagree that the following factors are important for accelerating progress in the implementation of tobacco control in your territory?	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Support from local politicians or political parties	66.0%	25.5%	5.7%	0.9%	1.9%
Support from local charities	25.5%	45.3%	22.6%	4.7%	1.9%
Support from local community leaders	48.1%	44.3%	6.6%	0.9%	0.0%
Support from international organizations (eg PAHO)	33.0%	50.0%	15.1%	1.9%	0.0%
General support from Public Health England	29.3%	46.2%	20.8%	2.8%	0.9%
Technical or legal guidance from Public Health England	39.6%	37.7%	15.1%	5.7%	1.9%
Commitment to implementation of the WHO Framework Convention on Tobacco Control	37.7%	44.3%	17.0%	0.9%	0.0%
Financial support from international charities or foundations	29.3%	33.0%	22.6%	12.3%	2.8%
Technical or legal support from international charities or foundations	24.5%	39.6%	26.4%	8.5%	0.9%
Research evidence relating to tobacco / tobacco control	37.7%	43.4%	15.1%	2.8%	0.9%
Public opinion within the territory	51.9%	34.9%	11.3%	0.9%	0.9%

Q12 - Q12 Are there any specific local factors that you see as providing an opportunity or catalyst for implementation of tobacco control in your territory? (please specify)
Health care costs to show the effects of tobacco in our community.
There is still little understanding/awareness of the effects of second-hand smoke on others, both in the home and in public places.
No
Smoking is not that prevalent in Anguilla
Education on the issues associated.
No
Increase use of tobacco smoking especially among young persons.
The National Drug Council completes their drug use survey annually but it is (in my view) only a paper exercise as the results are not used to derive better laws and policies in this country.
no
No
We already have a low rate of smoking and the main resistance to change has been political. Health expense is one of the islands biggest challenges which is a very current topic. Being able to articulate to the health benefits both clinically and financially will help. However, Bermuda has minimal HR resources to dedicate the time to producing the data.
lack of treatment for nicotine addiction, enforcement of smoking offences,

Public and private school initiatives.
no
There are some local organizations that promote healthy living and/ or youth anti-drugs/ smoking/ alcohol. Issue is they are small and have limited reach/ impact. Locally, it's a mindset change that is needed to decrease smoking, along with other choices/ behaviours that risk health/ life (e.g. drunk-driving).
Marketing
no
The new business making cigarettes locally.
Taxes on tobacco products.
Dept. of health initiative in schools
No
Ministry of Health {government}
Use of other drugs
recent creation of an office for public health that is independent of the health care services
I feel that if this was the project that was pushed, given the minority that smoke cigarettes, you may well face resentment - we still have people with inhabitable houses since the storm, we have an epidemic of diabetes and cancer, we are burning plastic causing respiratory disease, no support for those suffering with mental health or substance abuse, grooming is not recognized and we have no real measurement of child sexual abuse (which I believe is rife).....if resources were focused on this areas and not in the areas we have real need, you are likely to meet with negative response. It would be the wrong priority at this time.
none
Ban smoking on public beaches and in public parks, camp grounds etc.
There is already very good political support and work within our community on the health risks are well publicize
reducing health issues and cost on our Public health budget, but like I said earlier it will also have impacts on our revenue. It might be wise to ban smoking in all public places.
None that I can think of presently
The number of young people that smoke is significantly lower in Bermuda than in other territories or countries and will be more receptive of tobacco control strategies.
The strategic framework on health promotion - and the support to create this by the political and Govt leaders has been the key factor. The groundwork undertaken in the prior period along with high prevalence of NCD and economic issues - general and high cost of medical evacuations from acute NCD-related has changed the tide in favour... The signs from the measures so far 2018-19 suggest that quitting in particular is moving - as well as increased public awareness around eg SHS and potentially from that greater disposition towards tobacco control being necessary.
none
national sport governing bodies
No
Increased number of tobacco users within the islands. Increased dependence by users of tobacco related products.
Maybe economic analysis of cost of smoking to health system and the economy in productive years of life lost

Difficult to comment as we have a huge number of workers here who are already smokers when they start work here brining their habits with them.
The rising cost of importing tobacco is hitting user's pockets.
It would be helpful to see another trained member of staff providing smoke-free clinical advice.
Although import duties are high on cigarettes they remain low on loose tobacco, increasing these to match could assist.
No; currently the Cayman Islands has a Tobacco Law implemented in 2008 and The Tobacco Regulations implemented in 2010.
Political and Public support
The youth cohort that would gravitate towards taking up the habit of smoking, can be reached in schools before the habit forms. Eg. Through health education programs about tobacco awareness and health issues associated with tobacco use.
Champions for the cause with real testimonies; strong political support at the highest level of Government
No
implementation of tobacco law and regulations already in place , areas can be improved

Q13 With reference to standardized packaging, what do you see as the key factor(s) that would make it more likely this measure could be introduced in your territory? (please specify)
The benefits of preventing young people to try tobacco in the first place and the hazardous of smoking.
International requirements so that products, no matter where they are produced, have appropriate packaging.
None
Not sure
None
Legislators and those responsible must care - there appears to be a lack of initiative to want to move this forward. Therefore the Health practitioners must put this forward strongly.
adoption in the UK and in Chile - leading to other packaging no longer being available.
not sure
I don't believe we produce packaging on island and I think we probably import from the US, where standardized packaging may not be enforced.
I do not know where they are imported from - if they came from somewhere that used that packaging obviously it would help - they might come from US though
Application to all cigarette brands
Political backing.
Public referendum
Should it be an issue if the location cigarettes are sourced from are already using standardized packaging as most items are imported
To give years of warning before implementing any new laws
Public buy-in. Financial support for packaging.
Bermuda is dependent on companies located overseas to adopt standardized packaging
Graphic pictures
No

Public will, backing from public health.
Agreement with tobacco companies and sellers of these products.
No local industry, so we are at mercy of manufacturers
Not applicable
NA
public/political awareness
Political and community buy in
identification of company that manufactures tobacco packages with graphic and text health warnings
not sure
I don't know where the policy needs to sit - packaging comes from the manufacturer. If their packaging is standardized then by default it would be here. If they are determined to brand and promote via packaging then standards would need to be set with the distributors and importers specifying the acceptable standards.
Don't know
International spread of this being the accepted norm.
Buy in from all key sectors
We import all tobacco products, so this would be a big factor on importation. The products would need to be standardized from the manufacturer.
Conversations are already taking place with the necessary stakeholders around implementing standardized packaging.
Passage of our draft legislation which is currently being put through committees / to the island's policy bodies
Legislation,
cooperation from South Africa etc
the packaging makes the product look less appealing
Legislation.
collective consultation among all stakeholders -Public and private sectors
The only way I can see this being implemented is if there was a means of penalizing companies that do not adhere, so that funds can be generated. Once there is some form of financial benefit the likelihood of implementation increases.
political and community support
Amending legislation to make is a requirement
Education and awareness
Political By-In Recent studies/research on the effects on Tobacco especially as it relates to young people. Greater support from England and other International Organizations.
if England made it mandatory. If all other UKOT's implemented it
A resource to do it and economic analysis to generate political will
Funding to implement it.
Government/Charities ie. TB Cancer and Health
Demonstrate the link with branding and smoking uptake in minors
we only import we do not package
we have this in place.
already in place

If export products also had to comply with UK law in regard to packaging.
Political support Public awareness and support
Getting buy in from distributors servicing the US market factor here locally - and political will if politicians are getting representations from these distributors to remain with the non-standardised US packaging,
Political Support
As the territory already has the Tobacco Law and Regulations in force, standardised packaging should not present a real challenge but further public awareness and health education would help to advance this process
There should be no issues, we already have legislation in place to control selling etc
political acceptance that it can work and will not affect trade with countries we currently receive tobacco products from

Q15 - Please provide any additional comments or feedback (optional):
one size does not fit all when it comes to implementing measures in an OT. Each OT must decide what mix of measures will work for them - in our case, legislated solutions are not necessarily the most cost effective, given that we have limited legislative drafting resources and multitudes of priorities across all areas of government. therefore, non-legislated measures (behaviour change) must be tried first. There is evidence (import statistics) that the consumption of tobacco is decreasing.
While smokers can only be educated and not forced to quit I don't feel that my health should be compromised by being exposed to second hand smoke. Progress has been made in this regard but there is still more work to be done in this regard.
With Bermuda's small size it has the potential to implement nationwide change that has a clear impact on the population. However, the main challenge is academic/knowledge support. We have the same challenges as most developed nations. However, we don't have the data infrastructure or local expertise (or time) to push for change backed by research and data. This gives the politicians and policy makes an easy out when trying to resist change.
It would be useful to underpin this study with a study that uses appropriate segmenting to clearly understand the extent of tobacco use in each country and invest where it is a significant problem and where the trend is showing increasing usage.
good luck!
Judging by the way smoking is now being approached worldwide it might be best to stop importing and exporting tobacco products. Those countries who grow tobacco will have to look at other means of substituting the product and the world will eventually be free of tobacco or there will be an uprising. Personally for someone who used to smoke occasionally it is down to the individual and the best solution would be education, not rising prices.
email additionally summarising the measures underway on SH sent. Data available from mid 2019 (compared to baseline using WHO standard TQS) may be key in showing if we are getting some shift
St Helena has limited legal capacity and therefore there are constraints to draft and pass legislation and the subsequent regulations thereafter. A healthy lifestyle campaign is running and the majority of the community are involved and on board.
Concern with an addiction facility in Grand Cayman which is growing Tobacco for cigars. It seems counter-intuitive.
Very good survey. I really hope it will shed some light and bring about some measures to control tobacco use in my local territory.

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