

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Public support for tobacco control policy extensions in Western Australia: A cross-sectional study
AUTHORS	Michael Rosenberg, Simone Pettigrew, Lisa Wood, Renee Ferguson and Stephen Houghton

VERSION 1 - REVIEW

REVIEWER	Shane Allwright Associate professor in epidemiology Department of Public Health and Primary Care Trinity College Dublin Republic of Ireland I have no competing interests
REVIEW RETURNED	11/01/2012

THE STUDY	Description and representativeness of participants: Sampling frame was derived from electronic household telephone directory. Need to state whether this includes mobile phones. If not, then need to know what proportion of households now have a landline. Unless this proportion is high, the sampling frame is unlikely to be representative of the general population (e.g. young people and non-nationals less likely to have landline). Also the 60% response rate limits generalisability. The implications of this need to be discussed.
GENERAL COMMENTS	In the last paragraph of the Introduction you say that "Information relating to variations in attitudes among different stakeholder groups can assist in ensuring that new policies are effectively communicated to enhance acceptance and compliance." I think it would be of interest if you were to discuss (in the Discussion) the communications implications of your findings regarding the demographic differences in levels of support for the 2 policies.

REVIEWER	Janet Hoek, Professor of Marketing, University of Otago, New Zealand Statement of Conflict: I know Professor Pettigrew but have not collaborated with her on any research projects. I have neither met nor collaborated with other authors
REVIEW RETURNED	14/01/2012

THE STUDY	I have raised some questions about the low proportion of smokers within the sample that I think need further discussion.
RESULTS & CONCLUSIONS	I felt the results lacked novelty and the authors presented them in a

	<p>rather descriptive manner. I would have liked to see some discussion of anomalies within them. Further, I thought the authors should have acknowledged a much wider body of research. It is difficult to recommend my own work, but studies by Wakefield and Hammond should definitely have been referenced. Overall, I did not get the impression the researchers really had control of their topic.</p>
<p>REPORTING & ETHICS</p>	<p>General Comments:</p> <p>Studies examining public support for policy measures are important, since politicians often require evidence of public support before implementing proportionate and evidence-based regulations. However, I think it is worth noting that some measures (such as the smokefree bars and restaurants legislation in NZ) did not have majority public support when passed into law. There is a difference between acting on public opinion and acting on research evidence; I would like the authors to acknowledge , tease out, and discuss this difference more carefully.</p> <p>The authors report on a study examining public perceptions of measures relating to plain packaging and smokefree outdoor areas. The data come from Western Australian respondents and are of interest, given Australia’s leadership in introducing plain packaging. I offer some comments to the authors below.</p> <p>Specific Suggestions:</p> <ol style="list-style-type: none"> 1. For completeness, it might be worth nothing the removal of POS displays to the list of measures provided in para 1. 2. The list of studies documenting likely effects of plain packaging could be extended. Arguably the most important Australian research has been conducted by Melanie Wakefield and her team at Cancer Council Victoria. The authors should also cite Dave Hammond’s extensive collection of papers. Hoek et al. 2011 also illustrated how plain packaging would increase the likelihood of smokers performing cessation related behaviours. I think the literature review would be stronger if it acknowledge a more comprehensive body of earlier work. 3. I suggest outlining tactics used by the tobacco industry to oppose plain packaging (the “Ideservetobeheard” and “nonannystate” websites, for example). I would also be interested to learn more about the anecdotal evidence suggesting plain packaging is contentious among the general public. Evidence from New Zealand suggests support for plain packs (and stronger TC measures more generally); see (and I suggest reference): http://www.hsc.org.nz/sites/default/files/publications/In%20Fact-Public%20opinion%20tobacco%20control-110218.pdf 4. As I have noted in my general comments, I think there is an argument that politicians should act not merely on evidence of public support, but on research evidence documenting potential public health benefits. In NZ, public support for smokefree bars and restaurants was around 35% before the legislation was passed; now it has been in place for several years, public support for the measure is around 80%. Public attitudes often change in response to environmental change brought about by political leadership. I think this point requires more detailed attention (para 2, p.5). 5. I think the tobacco control research community uses the term “smokefree” rather than “anti-smoking”. I suggest updating the MS to ensure consistency with this practice. 6. It would be worth defining ‘regular’ smokers (para 2,p.5) 7. The response rate of 60% for a telephone survey is very good and the methodology (10 call-backs) appears rigorous. I would like some discussion of the publicity surrounding plain packaging at the time of

the survey. Although the authors note that the government had announced its intention to introduce this measure in April, it would be helpful to have some discussion about publicity occurring around or during the data collection period.

8. I suggest listing the venues tested in a table with information about each venue's current smokefree policy, visitor profile etc. alongside. I think it would also be helpful to explain how open or enclosed each space is as support might vary according to the perceived effect on others (and the more open the space, the lower this perceived effect might be). These details will make it easier for readers unfamiliar with WA to appreciate the range of venues (and the responses reported later). I suggest extending and relocating Table 3 to provide these details earlier in the MS.

9. I think the funding statement on p.7 should be relocated (it does not fit logically within a section entitled statistical analyses).

10. The sample contains fewer smokers than the population prevalence (12.3%) cf. around 19% overall. Do the authors have any comments on why this might be so? Is the WA prevalence in line with the 12%? Given they weighted their data to match census age and location statistics, could they comment on whether they considered weighting to match smoking prevalence? Given smokers generally opposed or had weaker support for the measures tested, under-representing them in the sample could introduce a problematic bias to the estimates. I would be interested in how the authors addressed this potential problem,

11. I would prefer to see the data reported in para 2, p.8 presented in a table. I would also be interested in smoking prevalence among the different age groups. To what extent does the lower support for plain packaging among 16-29 year olds reflect the higher smoking prevalence among this group?

12. It is interesting that women generally (though not always significantly) supported smokefree venues more than men, but the reverse pattern seemed to apply to plain packaging. Do the authors have any comments that might explain this pattern?

13. As noted in point 8, I think some detail about the perceived openness of spaces would create a helpful context for non-WA readers. Although the authors provide these details in Table3, I think this should come earlier in the MS, for the reasons noted above.

14. I think it would be helpful to create more of a context for the plain packaging responses. On p.12, the authors note majority support for the measure; in my experience, this level of support is high, given the measure was only proposed at the time the data were collected (a point the authors make (para 2) in relation to smokefree outdoor policies). Further, I suggest aligning the comments in the discussion with the abstract; the evidence shows majority support for plain packaging; I suggest reporting this rather than the minority disagreement with the measure.

15. I would like to see more specific suggestions for future research; given the lack of clear demographic support patterns, what specifically do the researchers think should be explored further in future work? What questions arise from their work that could guide and inform future studies?

16. While I agree that stigmatising smokers is unlikely to be helpful, I found the comments in para 2, p.13 rather speculative. Under-reporting occurs more among social smokers, who do not see themselves as smokers and so are less likely to identify as a smoker if asked. If there is evidence that restrictions on smoking areas have led to under-reporting and reduced cessation support use, the authors should cite this. If such evidence does not exist, I suggest excising this para. Similarly, I think the 'right to autonomy' argument

	is not consistent with their evidence (as they go on to note) and, even if it was, should be balanced against the right to attend outdoor venues without encountering the irritation of smoke drift. Reference to the debate between Chapman and Thomson et al. might be helpful if the authors wish to retain this point. I would also suggest considering the fact that over 80% of smokers regret having started smoking (see Nick Wilson's ITC work and other ITC studies); this could help explain smokers' support for the measures tested in this study. That is, smokers may welcome more supportive cessation environments that remove cues (sight and smell of other smokers) that could otherwise prompt lapsing.
GENERAL COMMENTS	A well-written MS that examines a very important area. I hope my comments are useful and best wishes with future work.

VERSION 1 – AUTHOR RESPONSE

Reviewers' comments	Response
Reviewer 1	
1. Sampling frame was derived from electronic household telephone directory. Need to state whether this includes mobile phones. If not, then need to know what proportion of households now have a landline. Unless this proportion is high, the sampling frame is unlikely to be representative of the general population (e.g. young people and non-nationals less likely to have landline).	<p>The sample does not include mobile phones, only fixed lines. The following sentence has been added on p.7 to address this point:</p> <p style="padding-left: 40px;">Although the directory includes only landlines (i.e., mobile phone numbers are not listed), the rate of landline ownership in Australia has remained high over the last decade at around 88%.(40)</p>
2. The 60% response rate limits generalisability. The implications of this need to be discussed.	<p>As noted by Reviewer 2, "The response rate of 60% for a telephone survey is very good and the methodology (10 call-backs) appears rigorous." In addition, O'toole et al. reported a response rate to a CATI survey of 3,426 adults on water usage that ranged from 30% to 39%, depending upon the denominator used for the calculation. Similarly, Leavy et al. reviewed 18 papers evaluating community-based physical activity. Among studies employing random telephone surveys, the response rate ranged from 17% to 55%.</p> <p>O'Toole J, Sinclair M, Leder K. Maximising response rates in household telephone surveys. BMC Medical Research Methodology 2008;8(1):71.</p> <p>Leavy JE, Bull FC, Rosenberg M, Bauman A. Physical activity mass media campaigns and their evaluation: a systematic review of the literature 2003–2010. Health Education Research 2011.</p>
3. In the last paragraph of the Introduction you say that "Information relating to variations in attitudes among different stakeholder groups can assist in ensuring that new policies are effectively communicated to enhance acceptance	<p>The following paragraph has been added to p.15 to address this point:</p> <p style="padding-left: 40px;">Despite some variations in support for plain packaging and outdoor smoking bans by demographic characteristics, the overall levels of support for these</p>

<p>and compliance." I think it would be of interest if you were to discuss (in the Discussion) the communications implications of your findings regarding the demographic differences in levels of support for the 2 policies.</p>	<p>policies suggest that it is not necessary to differentially accommodate age and gender in communications strategies designed to educate the community about their introduction and implementation. However, the large variations in support by smoking status indicate that smokers are a specific communications audience that may require special consideration. For example, information relating to the types of outdoor venues affected by any new smoke-free policy would need to be broadly disseminated to prevent smokers from arriving at these venues without being able to prepare for abstinence during attendance.</p>
<p>Reviewer 2</p>	
<p>4. The authors should have acknowledged a much wider body of research. Studies by Wakefield and Hammond should definitely have been referenced.</p>	<p>Now that the 25 reference restriction no longer applies after the transfer between journals, it has been possible to integrate considerably more material into the literature review. Additional references have now been cited throughout the paper. We are grateful to the reviewer for the suggestions of specific authors. We had one of Hammond's papers (Gallopel-Morvan et al. 2011), but additional references by these two authors have been added as follows:</p> <ul style="list-style-type: none"> • David Hammond, Martin Dockrell, Deborah Arnott, Alex Lee, Ann McNeill (2009) 'Cigarette pack design and perceptions of risk among UK adults and youth', <i>European Journal of Public Health</i>, 19(6): 631–637. • James F. Thrasher, Matthew C. Rousu, David Hammond, Ashley Navarro, Jay R. Corrigan (2011) Estimating the impact of pictorial health warnings and "plain" cigarette packaging: Evidence from experimental auctions among adult smokers in the United States, <i>Health Policy</i> 102: 41–48. • Juliana Doxey, David Hammond (2011), Deadly in pink: the impact of cigarette packaging among young women, <i>Tobacco Control</i>, doi:10.1136/tc.2010.038315. • G T Fong, A Hyland, R Borland, D Hammond, G Hastings, A McNeill, S Anderson, K M Cummings, S Allwright, M Mulcahy, F Howell, L Clancy, M E Thompson, G Connolly, P Driezen (2006) Reductions in tobacco smoke pollution and increases in support for smoke-free public places following the implementation of comprehensive smoke-free workplace legislation in the Republic of Ireland: findings from the ITC Ireland/UK Survey, <i>Tobacco Control</i> 2006;15(Suppl III):iii51–iii58. doi: 0.1136/tc.2005.013649. • Geoffrey T. Fong, David Hammond, Fritz L. Laux, Mark P. Zanna, K. Michael Cummings, Ron Borland, Hana Ross (2004), The near-universal experience of regret among smokers in four countries: Findings from the International Tobacco Control Policy Evaluation Survey, <i>Nicotine & Tobacco Research</i> Volume 6, Supplement 3, S341–S351. • Melanie Wakefield (2011), Welcome to cardboard country: how plain packaging could change the subjective experience of smoking, <i>Tobacco Control</i> September Vol 20 No 5 321-322. • Germain D, Wakefield MA, Durkin SJ. Adolescents'

	<p>perceptions of cigarette brand image: does plain packaging make a difference? J Adolesc Health. [Randomized Controlled Trial Research Support, Non-U.S. Gov't]. 2010 Apr;46(4):385-92.</p>
<p>5. It is worth noting that some measures (such as the smokefree bars and restaurants legislation in NZ) did not have majority public support when passed into law. There is a difference between acting on public opinion and acting on research evidence; I would like the authors to acknowledge, tease out, and discuss this difference more carefully.</p>	<p>This has now been noted in the following text introduced on p.5:</p> <p>Restrictions on smoking in public places have been found to be effective in terms of achieving compliance among smokers and reducing exposure to second-hand smoke.(4) They can also contribute to the prevention of smoking uptake among children and young people by reshaping the perceived social acceptability of smoking. (26) The ability of smoke-free policies to normalise non-smoking is evident in the dramatic increases in support for such policies that have occurred in numerous countries post implementation. (4, 27-29) Of note is that many of these policies have been introduced on the basis of research evidence despite only minority support pre-implementation.</p>
<p>6. For completeness, it might be worth nothing the removal of POS displays to the list of measures provided in para 1.</p>	<p>Done, p.4.</p>
<p>7. The list of studies documenting likely effects of plain packaging could be extended. Arguably the most important Australian research has been conducted by Melanie Wakefield and her team at Cancer Council Victoria. The authors should also cite Dave Hammond's extensive collection of papers. Hoek et al. 2011 also illustrated how plain packaging would increase the likelihood of smokers performing cessation related behaviours.</p>	<p>This section (p.4) has now been expanded with the addition of the following text:</p> <p>In line with work demonstrating that the visual characteristics of cigarette packages convey important information to consumers and influence their perceptions of the healthiness and desirability of the product (15), recent research indicates that plain packaging may reduce demand for cigarettes. In Australia, Wakefield and colleagues (16, 17) demonstrated that as branding symbolism is reduced on packages, associations of the types of people who would use the product and assessments of the appeal of the product become progressively more negative. Similarly, Hoek et al.'s (18) research with young adult smokers in New Zealand indicated that the brand information displayed on cigarette packages can be important for identity construction and communication for this age group, and hence that the minimisation of this information and the inclusion of more prominent health warnings can reduce the attraction of the product. Attitudinal research conducted in the US (19), Canada (20), the UK (15, 21), and France (22) has reached the same general conclusions.</p>
<p>8. I suggest outlining tactics used by the tobacco industry to oppose plain packaging (the "Ideservetobeheard" and "nonannystate" websites, for example). I would also be interested to learn more</p>	<p>We have partially addressed this point as described in point 10 below, but feel that an extended discussion of industry activity is beyond the scope of this study.</p>

<p>about the anecdotal evidence suggesting plain packaging is contentious among the general public. Evidence from New Zealand suggests support for plain packs (and stronger TC measures more generally); see (and I suggest reference): http://www.hsc.org.nz/sites/default/files/publications/In%20Fact-Public%20opinion%20tobacco%20control-110218.pdf.</p>	
<p>9. There is an argument that politicians should act not merely on evidence of public support, but on research evidence documenting potential public health benefits. In NZ, public support for smokefree bars and restaurants was around 35% before the legislation was passed; now it has been in place for several years, public support for the measure is around 80%. Public attitudes often change in response to environmental change brought about by political leadership. I think this point requires more detailed attention (para 2, p.5).</p>	<p>Additional text has been added to p.6 to address this point:</p> <p>While high levels of community support are not a prerequisite for successful policy implementation due to the normalisation outcomes noted above, they are likely to be of value in facilitating policies through the relevant legislative processes and minimising the costs associated with community consultation and education. Evidence relating to levels of support for new tobacco control policies is useful for informing governments of (i) the extent to which legislative changes are aligned with community attitudes and (ii) any variations in attitudes among different stakeholder groups. This information can assist in ensuring that new policies are effectively communicated to enhance acceptance and compliance.(2, 32) Awareness of public attitudes is particularly important in the context of sophisticated lobbying and public relations activities by the tobacco industry (33) and the potential for media coverage to influence support for tobacco control policies. (34, 35)</p>
<p>10. I think the tobacco control research community uses the term “smokefree” rather than “anti-smoking”. I suggest updating the MS to ensure consistency with this practice.</p>	<p>The one instance of ‘anti-smoking’ in the body of the paper has been replaced with ‘smoke-free’. We cannot alter the other instance as it is in a journal article title in the list of references.</p>
<p>11. It would be worth defining ‘regular’ smokers (para 2,p.5)</p>	<p>This has been rephrased as ‘current daily smokers’ to make the meaning clear. This is the terminology used by the Australian Bureau of Statistics and is therefore consistent with their data collection methodology.</p>
<p>12. I would like some discussion of the publicity surrounding plain packaging at the time of the survey. Although the authors note that the government had announced its intention to introduce this measure in April, it would be helpful to have some discussion about publicity occurring around or during the data collection period.</p>	<p>Unfortunately we do not have reliable data relating to media coverage at the time. A search of www.news.com.au between the dates 1/10/10 and 30/11/10 (i.e., around 9 weeks) using the term ‘plain packaging’ yielded 1,102 articles. An analysis of the content and tone of these articles is beyond the scope of this study, especially considering that this relates only to press/internet coverage and inclusion of television coverage would considerably increase the data set to be analysed. The comparison of media coverage and public attitudes at the time policies are being proposed would make for interesting future research as now noted in the relevant section of the paper (p.15).</p>

<p>13. I suggest listing the venues tested in a table with information about each venue's current smokefree policy, visitor profile etc. alongside. I think it would also be helpful to explain how open or enclosed each space is as support might vary according to the perceived effect on others (and the more open the space, the lower this perceived effect might be).</p>	<p>A table outlining the characteristics of each venue has been included earlier in the paper (p.8/9). In addition, the following text has been added to p.8:</p> <p style="padding-left: 40px;">Almost all the venues, with the exception of the Royal Show, had an estimated 90% or more open space within the venue boundaries.</p>
<p>14. The funding statement on p.7 should be relocated (it does not fit logically within a section entitled statistical analyses).</p>	<p>Done – the funding statement is now at the end of the Introduction section on p.6.</p>
<p>15. The sample contains fewer smokers than the population prevalence (12.3%) cf. around 19% overall. Do the authors have any comments on why this might be so? Is the WA prevalence in line with the 12%? Given they weighted their data to match census age and location statistics, could they comment on whether they considered weighting to match smoking prevalence? Given smokers generally opposed or had weaker support for the measures tested, under-representing them in the sample could introduce a problematic bias to the estimates. I would be interested in how the authors addressed this potential problem.</p>	<p>The smoking rate in WA is substantially lower than the national average (12% vs 19%). This is now stated as follows (p.6):</p> <p style="padding-left: 40px;">Attitudes to smoke-free policies have become more prevalent over the last decade,(14) and the proportion of the adult population classified as current daily smokers has decreased to 19% nationally and 12% in Western Australia.(36, 37)</p>
<p>16. I would prefer to see the data reported in para 2, p.8 presented in a table.</p>	<p>A table has been added (p.10).</p>
<p>17. I would also be interested in smoking prevalence among the different age groups. To what extent does the lower support for plain packaging among 16-29 year olds reflect the higher smoking prevalence among this group?</p>	<p>The smoking rate among 18-24 year olds is the same as the adult population prevalence (Scollo and Winstanley 2008). There is therefore not a story to be told about differential rates of support between age groups reflecting smoking prevalence.</p>
<p>18. It is interesting that women generally (though not always significantly) supported smokefree venues more than men, but the reverse pattern seemed to apply to plain packaging. Do the authors have any comments that might explain this pattern?</p>	<p>Given other feedback relating to speculation we are wary of going out on a limb here, but hope the addition of the following text on p.14 will address this question:</p> <p style="padding-left: 40px;">The reasons for women's lower support for plain packaging are not clear and would require further research to understand whether this outcome relates to weaker beliefs about the potential effectiveness of this approach or stronger involvement with brands per se.(46)</p>
<p>19. I think some detail about the perceived openness of spaces would create a helpful context for non-WA readers. Although the authors provide these details in Table 3, I think this should come earlier in the MS, for the reasons noted above.</p>	<p>See response to point 13 above. Unfortunately we do not have data on patrons' perceptions of the openness of the spaces.</p>
<p>20. I suggest aligning the comments in the discussion with the abstract; the evidence shows majority support for plain packaging; I suggest reporting this rather than the minority disagreement with the</p>	<p>This one has us a little stumped as the relevant statement in the abstract is:</p> <p style="padding-left: 40px;">Around half of the survey respondents supported plain</p>

<p>measure.</p>	<p>packaging and almost a further quarter reported being neutral on the issue. Only one in three smokers disagreed with the introduction of a plain packaging policy.</p> <p>And the relevant statement in the Discussion is:</p> <p>In terms of community support for plain packaging, approximately half of the survey respondents supported the initiative and almost a quarter were neutral. Of note is that only one in three current smokers, who constitute 12% of the Western Australian adult population, disagreed with the policy.</p> <p>Both thus state support first and then note low disagreement even among smokers. In case the issue was related to the article summary, we have now reversed the order of the sentences to state support first (p.2).</p>
<p>21. I would like to see more specific suggestions for future research; given the lack of clear demographic support patterns, what specifically do the researchers think should be explored further in future work? What questions arise from their work that could guide and inform future studies?</p>	<p>A new paragraph extending the existing suggestions for future research has been added on p.15 as follows:</p> <p>Other areas of possible areas future research include (i) investigation of public support for plain packaging legislation once it has been fully implemented, (ii) analysis of venue management and community support for voluntary versus mandatory smoke-free policies in outdoor areas, and (iii) assessment of the impact of media coverage of proposed tobacco control policies on levels community support. In addition, further research analysing associations between smoke-free policies and children's normative beliefs about smoking (such as their estimates of peer or community prevalence and views on social acceptability) would be a valuable contribution to youth smoking prevention research.</p>
<p>22. While I agree that stigmatising smokers is unlikely to be helpful, I found the comments in para 2, p.13 rather speculative. Under-reporting occurs more among social smokers, who do not see themselves as smokers and so are less likely to identify as a smoker if asked. If there is evidence that restrictions on smoking areas have led to under-reporting and reduced cessation support use, the authors should cite this. If such evidence does not exist, I suggest excising this para.</p>	<p>Paragraph deleted as suggested</p>
<p>23. Similarly, I think the 'right to autonomy' argument is not consistent with their evidence (as they go on to note) and, even if it was, should be balanced</p>	<p>This relates to the same paragraph as referred to in point 23 above. This paragraph has now been deleted.</p>

<p>against the right to attend outdoor venues without encountering the irritation of smoke drift. Reference to the debate between Chapman and Thomson et al. might be helpful if the authors wish to retain this point.</p>	
<p>24. I would also suggest considering the fact that over 80% of smokers regret having started smoking (see Nick Wilson's ITC work and other ITC studies); this could help explain smokers' support for the measures tested in this study. That is, smokers may welcome more supportive cessation environments that remove cues (sight and smell of other smokers) that could otherwise prompt lapsing.</p>	<p>This has now been noted on p.13 in the following additional text:</p> <p style="padding-left: 40px;">In the light of a primary aim of plain packaging policy being to discourage new adopters (14, 42), this may reflect high levels of regret for smoking initiation among current smokers. (43, 44)</p>