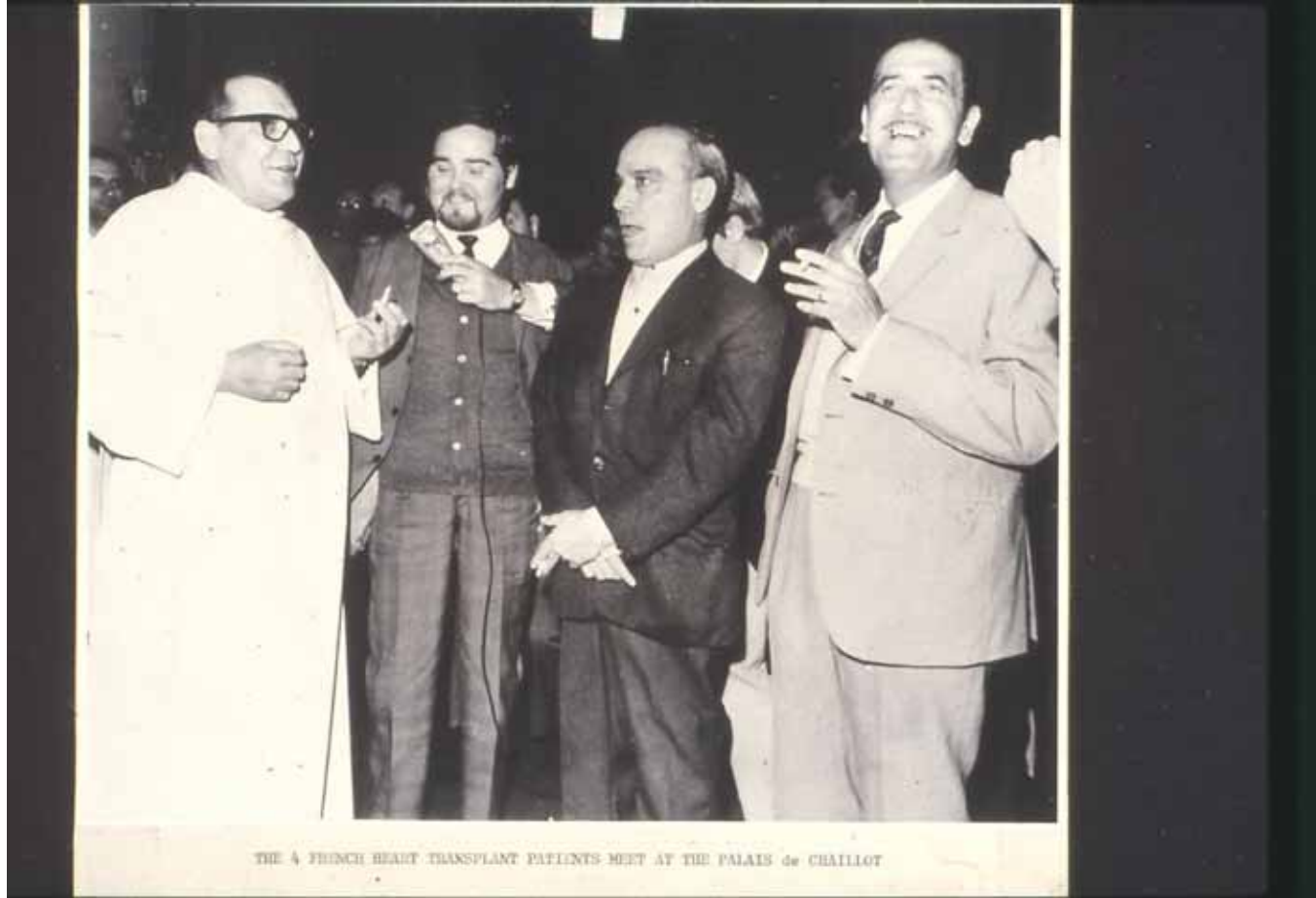


TOBACCO CONTROL– THE STATE OF THE ART (and lots of slides)

Acknowledgements: Royal College of
Physicians, R. Peto, M. Raw, P. Gupta, G.
Connolly, M. Swanson, D. Sullivan, M. Scollo,
F. Edwards, S. Chapman, S. Schroeder, S.
Dhaliwal, J. Colin, D. Weerasooriya

MANY OF THE THREATS TO US, P.M. (Philip Morris), ARISE FROM CONCERNS WHICH HAVE LOST TOUCH WITH COMMON SENSE AND REALITY . PEOPLE (AND POLITICIANS) DO NEED CAUSES, AND IN A WORLD WHICH IS GENERALLY MORE PEACEFUL AND AFFLUENT THAN EVER BEFORE, THERE'S A SHORTAGE OF BIG CAUSES . THAT'S WHY WE HEAR SO MUCH ABOUT REALLY RATHER LITTLE CAUSES : SMOKING, DRINKING, DIETARY HAZARDS.....

Hamish Maxwell, Chairman and CEO, Philip Morris, Washington DC, September 8, 1986



THE 4 FRENCH HEART TRANSPLANT PATIENTS MEET AT THE PALAIS de CHAILLOT

SMOKING – A GLOBAL PROBLEM

- 20th Century - 100m Deaths
- Currently 5m deaths p.a.
- 21st Century - 1 billion deaths

What is smoking?

- Chronic relapsing dependence syndrome
- Smoking is use of the addictive drug nicotine
- Delivered to the brain by tobacco smoke via lungs and blood
- Reinforced by sensory, behavioural and social conditioning
- Entrenched by powerful withdrawal syndrome
- Great harm caused by toxins in the smoke
- Promoted commercially
- Regulated to some extent

Why do people smoke?

“The first cigarette is a noxious experience to the novice....that the beginning smoker will tolerate the unpleasantness we must invoke a psychological motive.

Smoking a cigarette for the beginner is a symbolic act. I am no longer my mother's child, I'm tough, I am an adventurer, I'm not square....the act of smoking remains a symbolic declaration of personal identity....

...As the force from the psychological symbolism subsides, the pharmacological effect takes over to sustain the habit.”

Philip Morris, 1969,

**WHAT IS IN THE PRODUCT –
AND WHAT IS THE HARM?**

Cause of harm

• Tobacco smoke contains over 4,000 identified compounds, including:

- 2-nitropropane
- Acetaldehyde
- Acrolein
- Acrylonitrile
- Ammonia
- Aromatic amines
- Arsenic
- Aza-arenes
- Benzo (a) pyrenes
- Carbon monoxide
- Carboxylic acids
- Dimethylnitrosamine
- Formaldehyde
- Hydrazine
- Hydrogen cyanide
- Insecticide residues
- Isoprenoids
- Naphthalenes
- Nickel
- Nicotine
- Nitrogen oxides
- Non-volatile nitrosamines
- Phenols
- Polonium-210
- Polynuclear aromatic hydrocarbons
- Pyridine
- Urethane
- Vinyl chloride

Table 1: Ten leading causes of death, 2002

Males			Females		
Cause of death and ICD-10 code	No	% of all deaths	Cause of death and ICD-10 code	No	% of all deaths
Western Australia					
1 Ischaemic heart disease (I20–I25)	1,056	18.5	1 Ischaemic heart disease (I20–I25)	954	17.7
2 Lung cancer(C33, C34)	473	8.3	2 Cerebrovascular disease (I60–I69)	529	9.8
3 Cerebrovascular disease (I60–I69)	365	6.4	3 Dementia & related disorders (F01–F03, G30–G32)	311	5.8
4 Chronic obstructive pulmonary disease	233	4.1	4 Breast cancer (C50)	226	4.2
5 Colorectal cancer (C18–C21)	225	3.9	5 Lung cancer (C33, C34)	220	4.1
6 Suicide (X60–X84)	188	3.3	6 Colorectal cancer (C18–C21)	177	3.3
7 Prostate cancer (C61)	185	3.2	7 Chronic obstructive pulmonary disease (J41–J44)	166	3.1
8 Diabetes (E10–E14)	140	2.4	8 Diabetes (E10–E14)	155	2.9
9 Transport related accidents (V01–V99)	128	2.2	9 Organic psychotic conditions (F00–F09)	142	2.6
10 Diseases of the arteries, arterioles & capillaries (I70–I79)	122	2.1	10 Pneumonia & influenza (J10–J18)	134	2.5
Total leading causes	3,115	54.4	Total leading causes	3,014	56.1
All deaths	5,721	100	All deaths	5,376	100
Australia					
1 Ischaemic heart disease (I20–I25)	13,855	20.1	1 Ischaemic heart disease (I20–I25)	12,209	18.8
2 Cerebrovascular disease (I60–I69)	4,969	7.2	2 Cerebrovascular disease (I60–I69)	7,564	11.7
3 Lung cancer (C33, C34)	4,760	6.9	3 Dementia & related disorders (F01–F03, G30–G32)	3,024	4.7
4 Chronic obstructive pulmonary disease (J41–J44)	3,327	4.8	4 Breast cancer (C50)	2,698	4.2
5 Prostate cancer (C61)	2,852	4.1	5 Lung cancer (C33, C34)	2,543	3.9
6 Colorectal cancer (C18–C21)	2,448	3.6	6 Chronic obstructive pulmonary disease (J41–J44)	2,270	3.5
7 Suicide (X60–X84)	1,817	2.6	7 Colorectal cancer (C18–C21)	2,201	3.4
8 Diabetes (E10–E14)	1,771	2.6	8 Pneumonia & influenza (J10–J18)	1,731	2.7
9 Dementia & related disorders (F01–F03, G30–G32)	1,461	2.1	9 Diabetes (E10–E14)	1,558	2.4
10 Diseases of the arteries, arterioles & capillaries (I70–I79)	1,382	2.0	10 Diseases of the arteries, arterioles & capillaries (I70–I79)	1,259	1.9
Total leading causes	38,642	56.1	Total leading causes	37,056	57.2
All deaths	68,885	100	All deaths	64,822	100

Sources: NHW 2004; ABS mortality data.

- In 2002, ischaemic heart disease was the leading cause of death in WA and Australia for both males and females, accounting for around one in five deaths. Variations in the order of the leading causes between WA and Australia may be partly due to the younger age structure of the WA population.
- Among WA males, lung cancer was responsible for the second highest number of deaths (8.3% of all male deaths) followed by cerebrovascular disease (6.4%) and chronic obstructive pulmonary disease (4.1%). Nationally, cerebrovascular disease was the second most common cause of death for males, accounting for 7.2% of all male deaths. Lung cancer (6.9%) and chronic obstructive pulmonary disease (4.8%) were the next most common causes among Australian males.
- Among WA females, the second most reported cause of death after ischaemic heart disease was cerebrovascular disease (9.8%), followed by dementia and related disorders (5.8%), breast cancer (4.2%) and lung cancer (4.1%). These four causes were also the leading causes of death after ischaemic heart disease for Australian females, responsible for 11.7%, 4.7%, 4.2% and 3.9% of all female deaths, respectively.
- The younger age distribution of the WA population may account for some of the differences from the Australian population in the order of the leading causes.

Other conditions associated with smoking

- Angina risk 20 x risk
- Buerger's disease
- Cataracts 2 x risk
- Crohn's disease
- Depression
- Duodenal ulcers
- Chronic rhinitis
- Fertility 30% lower
- Graves' disease
- Hearing loss
- Immune system impaired
- Decreased lung function
- Ocular Histoplasmosis
- Optic neuropathy 16 x risk
- Menopause 2 years early
- Sudden Infant Death syndrome
- Osteoporosis
- Peripheral vascular disease
- Psoriasis 2 x risk
- Rheumatoid arthritis
- Reduced sperm count
- Tuberculosis
- Macular degeneration 2 x risk
- Low child birth weight 4 x risk
- Vocal chord polyps
- Increased sperm abnormalities



Main messages for the individual smoker

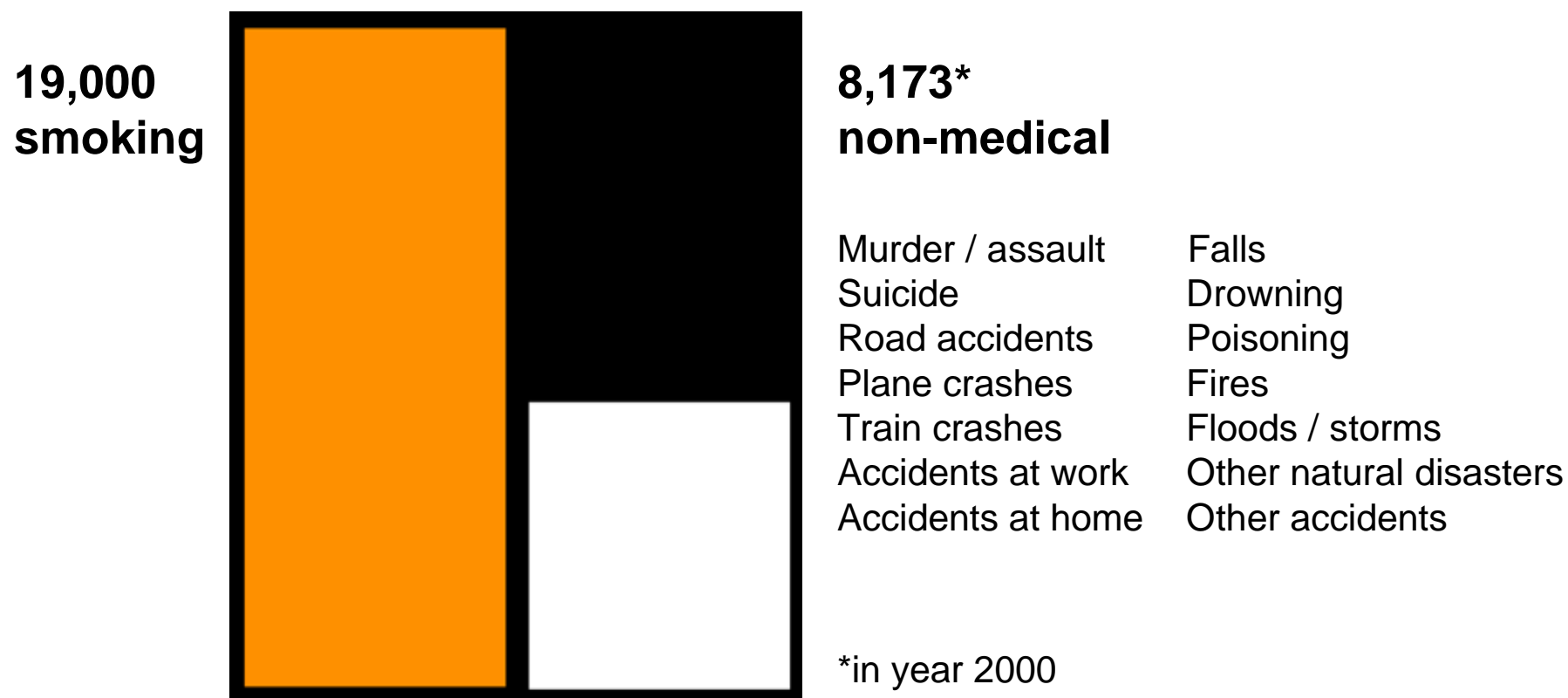
- The risk is big: about **half** are killed
- Those killed in **middle** age may well lose 10, 20, 30 or more good years
- **Stopping** smoking works

www.deathsfromsmoking.net



Australia, year 2000

Smoking causes about twice as many deaths as all non-medical causes put together



The Health Consequences of Involuntary Exposure to Tobacco Smoke

A Report of the Surgeon General



Department of Health and Human Services

"I am here to say the debate is over, the science is clear."

"Secondhand smoke is not a mere annoyance.
It is a serious health hazard."

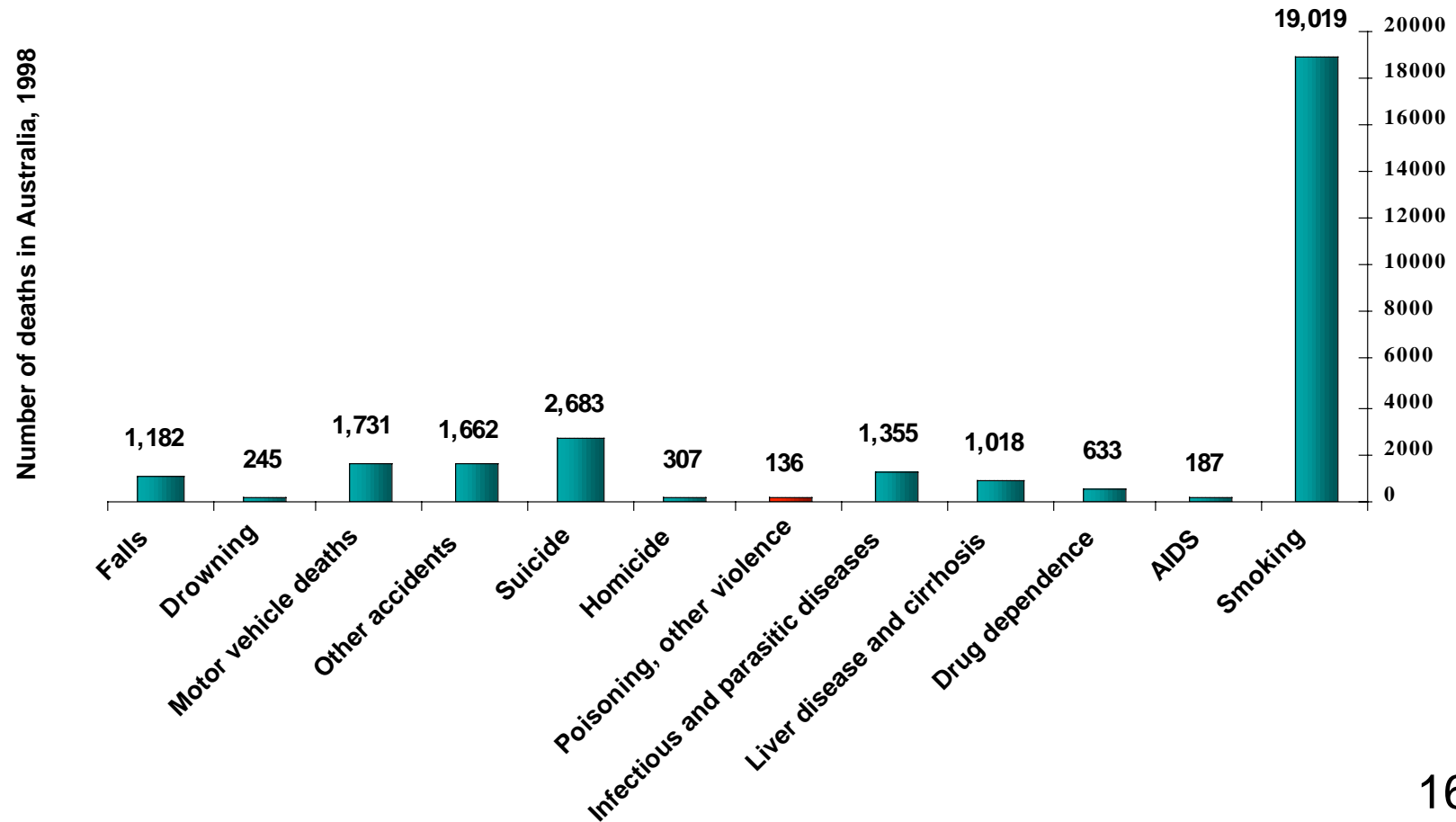
Richard H. Carmona, US Surgeon General, 2006

Major Conclusions

This report returns to involuntary smoking, the topic of the 1986 Surgeon General's report. Since then, there have been many advances in the research on secondhand smoke, and substantial evidence has been reported over the ensuing 20 years. This report uses the revised language for causal conclusions that was implemented in the 2004 Surgeon General's report (USDHHS 2004). Each chapter provides a comprehensive review of the evidence, a quantitative synthesis of the evidence if appropriate, and a rigorous assessment of sources of bias that may affect interpretations of the findings. The reviews in this report reaffirm and strengthen the findings of the 1986 report. With regard to the involuntary exposure of nonsmokers to tobacco smoke, the scientific evidence now supports the following major conclusions:

1. Secondhand smoke causes premature death and disease in children and in adults who do not smoke.
2. Children exposed to secondhand smoke are at an increased risk for sudden infant death syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma. Smoking by parents causes respiratory symptoms and slows lung growth in their children.
3. Exposure of adults to secondhand smoke has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer.
4. The scientific evidence indicates that there is no risk-free level of exposure to secondhand smoke.
5. Many millions of Americans, both children and adults, are still exposed to secondhand smoke in their homes and workplaces despite substantial progress in tobacco control.
6. Eliminating smoking in indoor spaces fully protects nonsmokers from exposure to secondhand smoke. Separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate exposures of nonsmokers to secondhand smoke.

Smoking vs Other Causes of Death



A GLIMPSE INTO PRE-HISTORY

(1982 and onwards)

BENSON and HEDGES



20



Extra Mild

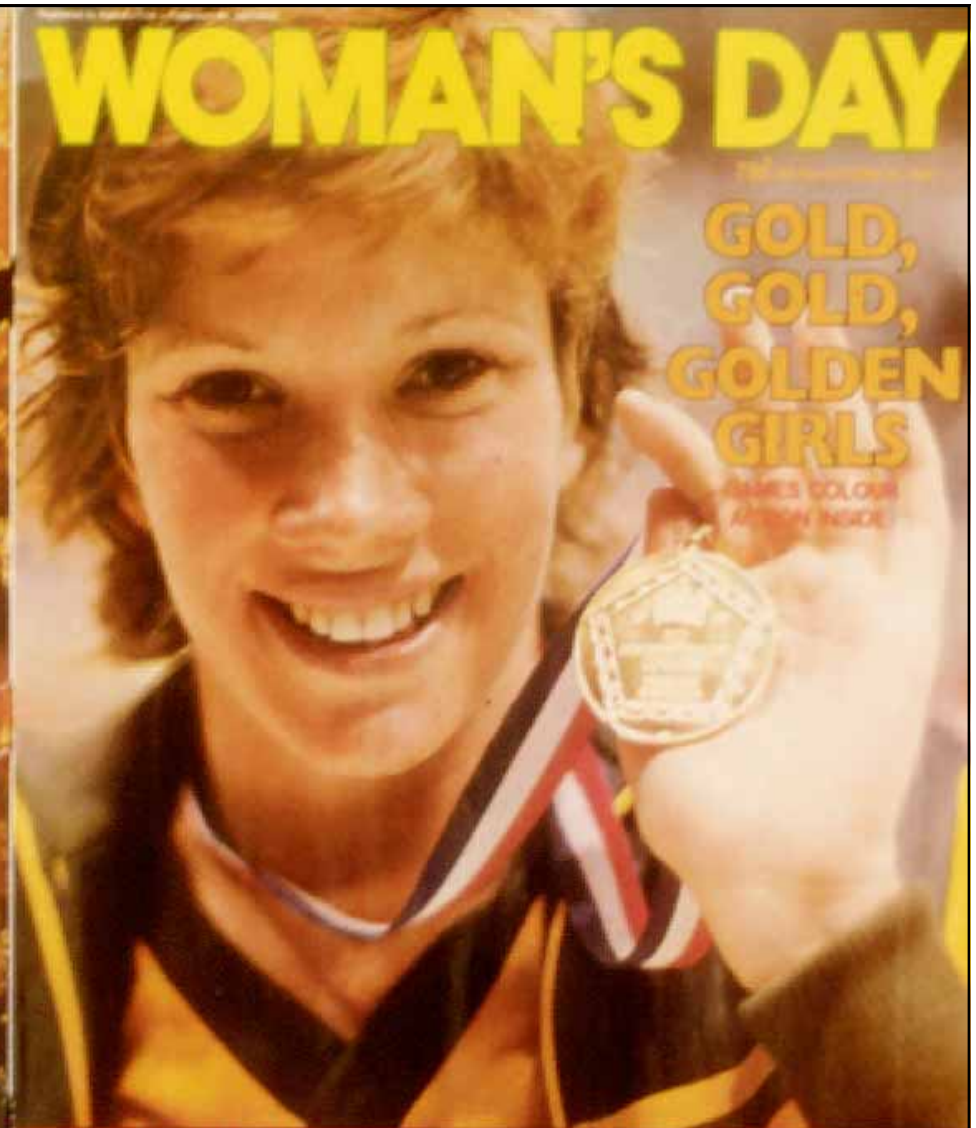
WARNING - SMOKING IS A HEALTH HAZARD

Excellence... in an extra mild cigarette.

WOMAN'S DAY

**GOLD,
GOLD,
GOLDEN
GIRLS**

JAMES DOLORE
AMY HODGE



**ELIGIBLE
PLAYBOY PRINCES**

Andrew, England's new
heart-throb
Albert, Monaco's heir apparent

**COUNTRY PRACTICES
SECRET OF SUCCESS**

16-PAGE ZIP-OUT
COLLECTOR SERIES

**The Peter
Russell-Clarke
COOK BOOK**
*'My favourite
beef recipes'*

COOK BOOK



LA Games
souvenir



The Herald



Girl of the Games

Lukin
lifts
Gold!



The moment of triumph for Australia's girl of the Games, Dajana Puk, who became



Five
smokes
ahead of
the rest

...anyhow*
have a Winfield 25^s



Princess at home



The Prince and Princess of Wales at home in London. Prince Charles, aged 10, and Princess Diana, aged 10, are seen with their 18-month-old son Prince William and their 18-month-old daughter Princess Charlotte. The Prince and Princess of Wales are seen with their 18-month-old son Prince William and their 18-month-old daughter Princess Charlotte. The Prince and Princess of Wales are seen with their 18-month-old son Prince William and their 18-month-old daughter Princess Charlotte.

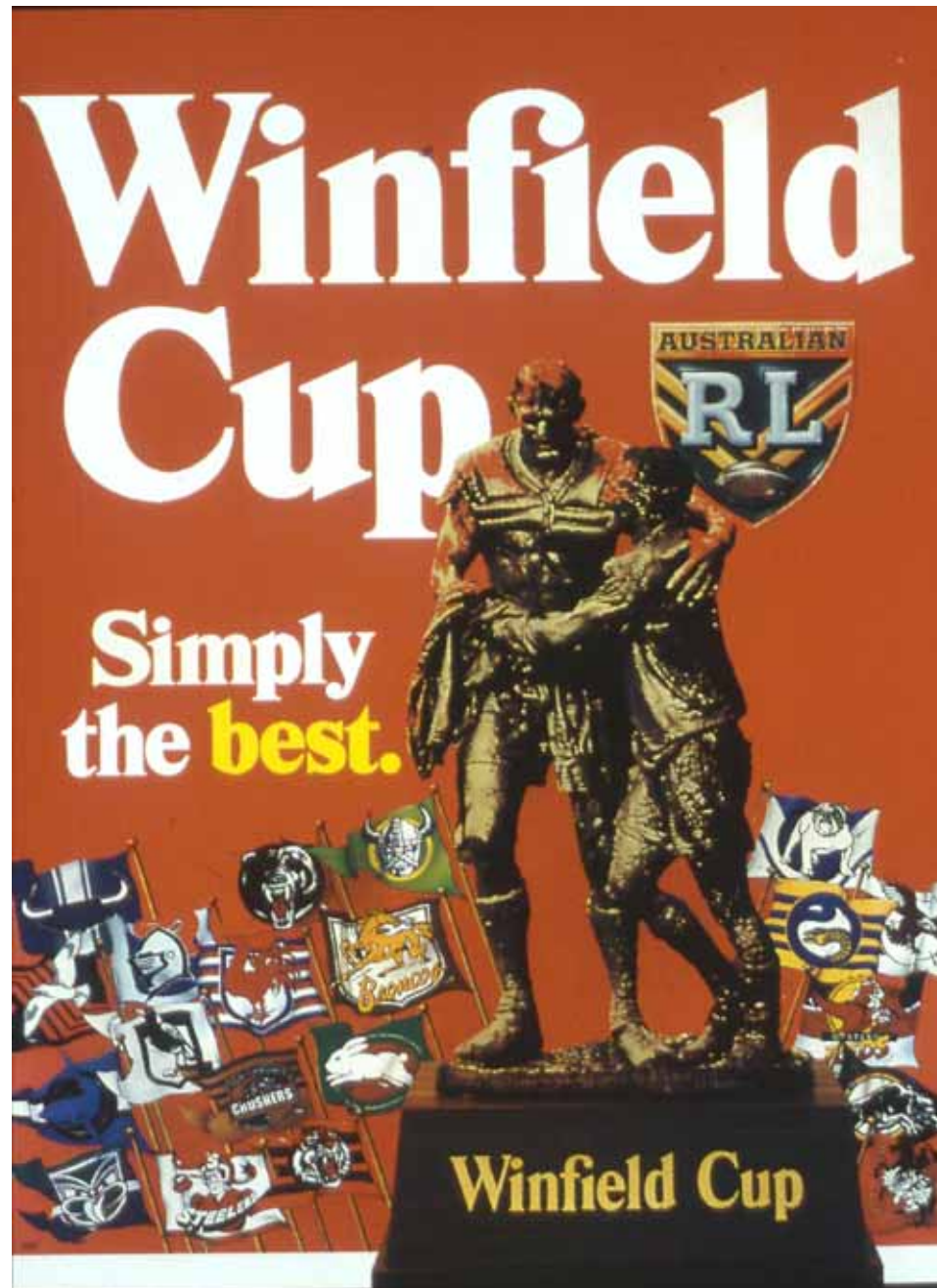
Photo: Bob D'Amico



Princess Diana, the Princess of Wales, is seen in a portrait. She is wearing a white blouse and has a ring on her finger. She is smiling and looking towards the camera.



When only the best will do.



“It is not known whether cigarettes cause cancer”

Chairman, R.J. Reynolds, 1982

“Statistical data is far from conclusive”

Chairman, British American Tobacco (BAT), 1982

“The issues, including causation, are still very much open”

BAT 1982

“The company never comments on views expressed by members of the medical profession”

Chairman, Rothmans, 1982

“It is important to know as much as possible about teenage smoking patterns and attitudes.....Today’s teenager is tomorrow’s potential regular customer....”

Internal memo, Philip Morris, 1982

“The activity shown should be one which is practiced by young people 16 – 20 years old or one that these people can reasonably aspire to in the near future.... “

Player’s Filter 1981 Creative Guidelines

We do not try to entice kids to smoke. We never have.....

Ernest Pepples, Brown and Williamson, 1982






WARNING!

Western Australians' freedom of choice is under attack.

Read about the Bill proposed to State Parliament.

STATEMENTS BASED ON LEGAL OPINION.
SMOKING AND TOBACCO PRODUCTS
ADVERTISEMENTS ACT 1982. (as per the First Reading.)

- 1 The Bill creates criminal offences punishable by fines and/or imprisonment.
- 2 If anyone acts innocently in breach of the Bill they have to prove their innocence. The Bill breaches the essential principle of Criminal Law whereby intent to commit an offence must be proved by the Prosecution. There is no need to prove intent in this Bill. In that sense it is loaded against the Citizen.
- 3 Prima Facie an offence appears to be committed if anyone in any way (whether in writing, printing, by pictures, by voice whether broadcast or not) communicates to another person (unless that person is a trader in tobacco goods) the name of a brand of tobacco goods or the name of a company or any other body of people which incorporates the name of a brand of tobacco goods.
- 4 This means that you can be charged with a criminal offence because of something you say to a friend in conversation if that conversation is overheard. It breaches the basic right of every Australian to freedom of speech.
- 5 It appears that no literature or overseas newspapers or magazines which contain tobacco advertisements can be supplied or distributed to any person who purchases or subscribes to any newspaper which is published or printed in Western Australia. This validity covers grey sale as well.
- 6 It would also appear that no television programme which contains even a background picture of a tobacco goods advertisement can be broadcast in or into Western Australia.
- 7 It would appear that a shop selling tobacco will only be able to display on a single notice the names of the brands of tobacco goods which he sells. He will be guilty of a criminal offence if he shows on that notice the price at which he offers to sell the tobacco goods.
- 8 It would appear if anyone offers a cigarette to a friend and in so doing displays the pack to him he is committing a criminal offence.
- 9 It would appear that a company whose name incorporates the name of a tobacco goods brand would, prima facie, be committing a criminal offence if it despatched its annual report to a Western Australian newspaper or if it displayed its corporate name on or in its registered office in Western Australia. In the latter event it would be committing a breach of The Companies Act if it failed to do so.
- 10 It would appear that a brand name or a tobacco goods package would be an advertisement in terms of the Act and hence it would be a criminal offence for people to show it to people.
- 11 It would appear that it could be illegal for a newspaper or TV or Radio Station or even a member of the public to refer to a company whose name incorporates the name of a brand of tobacco goods.

Inserted by:
 The Australian Association of National Advertisers.
 The Advertising Federation of Australia.
 The Authorized Newspapers Co-operative Limited.

In the interests of Freedom of Choice.

From Hansard, 11 October, 1983

Hon John Williams “.....It is the most diabolical bill put through this house since I have been a member. The censorship contained in it is worse than the censorship of Goebbels and Hitler, and we do not want it in this State.....I would say that Adolf Hitler would not have had the power that this Minister will have under this Bill.”

Mr Spriggs: “Hitler would have blushed.”

Mr Williams: “He would have done...things like this will turn this state into a dictatorial state or police state.”






**If you smoke,
please give up now...
before it's too late!**

Dr. Fiona Stanley MBBS MD MPH
Medical Researcher

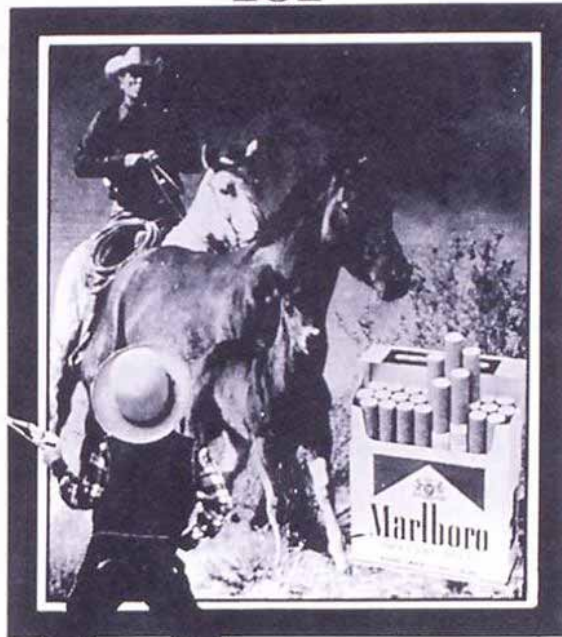


**For advice and information about quitting,
please ask your doctor.**

Quit 

Australian Council on Smoking & Health 

Community Action for



Smoking Control

Association of Independent Schools (W.A.), Asthma Foundation of W.A., Australian and New Zealand Society for Epidemiology and Research, Australian Medical Association (W.A.), Australian Tuberculosis and Chest Association, Cancer Foundation of W.A., Department of Health (W.A.), Doctors' Reform Society of W.A., Endocrine Society of Australia, Headmasters' Conference of Australia (W.A. Branch), National Association of General Practitioners of Australia, National Heart Foundation (W.A.), Royal Australasian College of Physicians, Royal Australasian College of Surgeons, Royal Australian College of General Practitioners, Royal Australian College of Obstetricians and Gynaecologists, Royal College of Pathologists of Australasia, Seventh Day Adventist Conference, Society of Hospital Pharmacists of Australia (W.A.), Thoracic Society of Australia (W.A.), West Australian Council for Social Services, Western Australian Alcohol and Drug Authority, Western Australian Council of State Schools





Tobacco Company Alternative Report 1987

Each year, tobacco companies issue to shareholders an annual report which speaks proudly of cigarette sales and promotions throughout the year. The medical profession believes that these annual reports are cynical in the extreme, given that more than 23 000 Australians die each year because they have smoked. Accordingly, an alternative report has been produced. This report is the type of report which doctors believe should be issued.

Sponsored by corporate donation.

THIS IS NOT A TOBACCO COMPANY ANNUAL REPORT. IT IS WHAT THE MEDICAL PROFESSION BELIEVES THAT THE TOBACCO INDUSTRY SHOULD BE TELLING ITS SHAREHOLDERS.



BID TO SUE TOBACCO FIRMS

Woman tells court: I was hooked

MELBOURNE: A woman dying of lung cancer told a bedside court sitting yesterday that publicity about links between cancer and smoking made no difference to her.

"I was hooked ... I was an addict. The habit, Pauline Bonfield told the Supreme Court today at Melbourne's ...

... for the ... pregnancy ...

... she worried about the ... for most ...

... she ...

Pyjamas

... Mr Justice ...

... Mrs Bonfield ...

... Mr Justice ...

... At ...

... She ...

... The ...

Last December she ...

In March a doctor told ...

After Mrs Bonfield's ...

Mr Justice ...



People Behind the Statistics



Smoking and Disease

The young notice tobacco ads: study

By PAMELA BONE

Children like and remember advertisements for Alpine cigarettes far more than they do advertisements for Faberge jeans and Milo, which are designed specifically to appeal to them, according to a survey.

And, although cigarette advertising codes prohibit the use of models under 25 or of characters who appeal to young people, more than eight out of 10 teenagers see the model in the Alpine advertisement as being younger than 25.

The survey of 300 children between 10 and 15 found that 66 per cent recognised an advertisement for Alpine cigarettes, while 22 per cent recognised an advertisement for Milo and only 15 per cent recognised an advertisement for Faberge jeans.

The Australian Council on Smoking and Health, which conducted the survey with the department of medicine at the University of Western Australia, has strongly criticised the tobacco industry for promoting smoking as a healthy and fun-filled activity despite 30,000 scientific studies showing smoking as a big cause of

disease and death.

The council's director, Ms Ruth Shean, says the survey results prove that the industry does aim advertisements at children.

"Regardless of what the tobacco industry says to the mass media about all this, underneath there must be enormous satisfaction about the success of their marketing strategies," Ms Shean said. She said the council would take the issue to the Advertising Standards Council.

The Tobacco Institute of Australia has described the report as "the annual ACOSH Christmas bash" and questioned the survey's research methodology and design. The chief executive officer, Dr Blair Hunt, said the institute was concerned at the increased use by "vested interests" of surveys and research that were not subject to peer review.

Dr Blair said the World Health Organisation in 1986 had published a survey that concluded there were no systematic differences in smoking habits between countries with restrictive tobacco advertising laws and those without.

SEX _____
 CAUSE OF DEATH _____
 ELECTORAL DISTRICT (LEGISLATIVE ASSEMBLY) _____
 DOCTOR _____
 AGE _____
 DATE _____
 SIGNED _____



**AUSTRALIAN MEDICAL ASSOCIATION
WESTERN AUSTRALIAN BRANCH**

A patient of mine who lived in your electorate has died of _____

It is my opinion that the major cause of this person's death was cigarette smoking.

Doctor _____

Signed _____



**AUSTRALIAN MEDICAL ASSOCIATION
WESTERN AUSTRALIAN BRANCH**

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Doctor _____

Signed _____

**MENTAL
AMINATION**

10 THE WEST AUSTRALIAN MONDAY JUNE 20 1988

The West Australian
PERTH MONDAY JUNE 20 1988

Quit takes aim

IT IS no coincidence that women are the major target group in this year's anti-smoking Quit campaign.

Although men in increasing numbers are being persuaded to give up the habit, women — particularly teenagers — seem impervious to widely publicised warnings about the health dangers that go hand in hand with smoking. In some age groups, female smokers now clearly outnumber their male counterparts. And the trend seems to be growing.

Part of the cause can be traced to cigarette advertising featuring attractive young women in glamorous surroundings and conveying the impression that smoking is a natural pastime in sophisticated lifestyle. The tobacco companies vociferously deny it, but advertising seems to be pitched to younger women.

THE WEST AUSTRALIAN FRIDAY JULY 29 1988

The West Australian
PERTH FRIDAY JULY 29 1988

Stubbed out

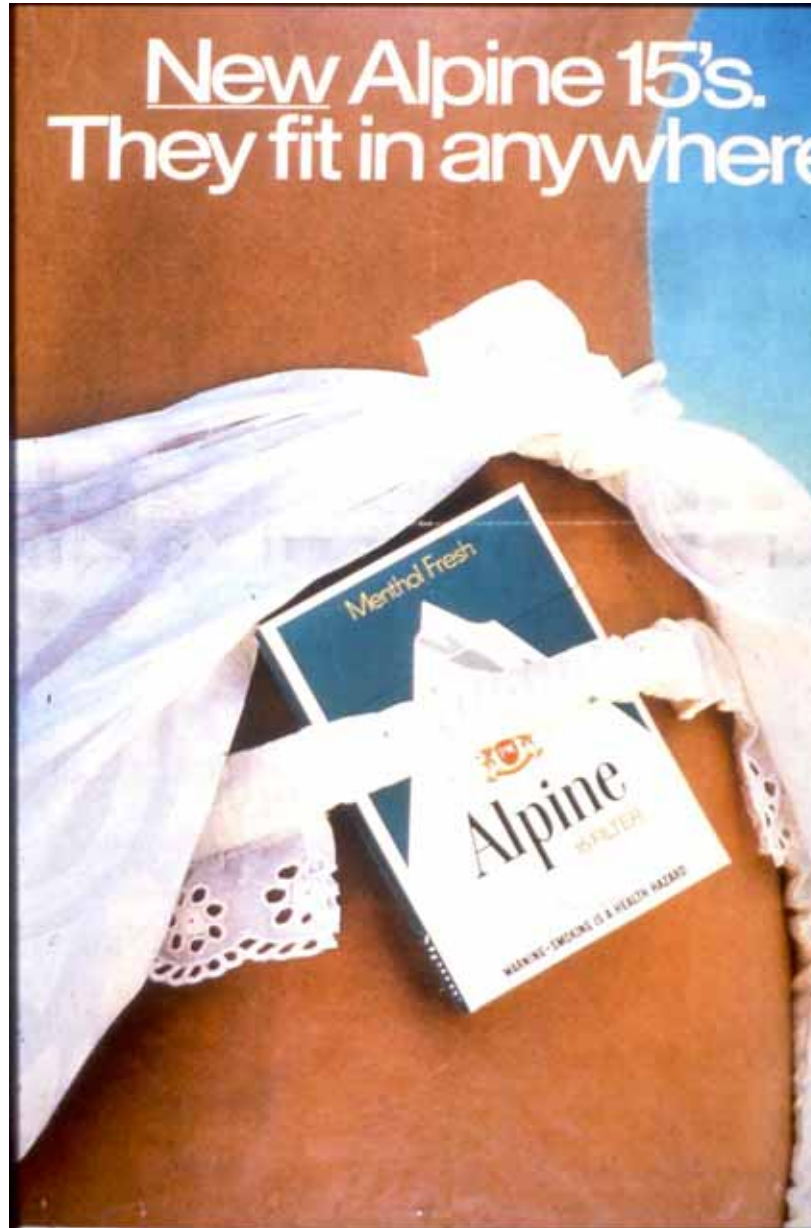
GIVEN growing evidence of the harmful effects of smoking, most West Australians will applaud the State Government's proposals to eliminate the habit from all workplaces.

The guidelines formulated by the Government, major employer groups and trade unions sensibly puts the emphasis on a voluntary approach. Presumably, individual businesses will decide when and on what basis they will move to a smoke-free environment. Even so, there is bound to be resentment from the dwindling number of people who insist on smoking at work.

Where smoking is concerned, however, workplaces have to be viewed differently from public venues. If they are to do their jobs properly, employees have to spend a big part of their day at the workplace. They cannot simply walk out when colleagues decide to light up.

At this stage...

New Alpine 15's.
They fit in anywhere



‘Whatever you do,
just don’t smoke.’

Yul Brynner



Quit 
Smoking & Health Project
Health Department of Western Australia

By Courtesy of the American Cancer Society

DAILY NEWS

**BAN ON
DYING
ACTOR'S
CANCER AD**



11
The West Australian
Monday August 14 1989

Nationals want ban on tobacco ads

THE State Government's anti-smoking campaign has received an unexpected boost from the National Party.

The Nationals' state conference decided after a strong debate that all forms of tobacco advertising in WA should be banned.

Party leader Hendy Cowan and health spokesman Hilda Turnbull immediately called on the Government to introduce legislation in the next session of Parliament to ban advertising.

But the Minister for Health, Mr Wilson, yesterday would not commit the Government to the legislation.

Instead, he referred to com-

By PETER KENNEDY
and KENT ACOTT

ments earlier this month by the Premier, Mr Dowding, that the matter needed a full investigation and would be closely examined.

Mr Wilson said the Government introduced legislation to ban cigarette advertising in 1984 but it was defeated because National Party MPs in the Upper House refused to support the Bill.

"It's all very well for Mr Cowan to call on us to introduce the legislation but when we did in 1984 it was his National Party colleagues who moved to defeat it," Mr Wilson said.

"We would call on Mr

Cowan to guarantee that his members would support the legislation when, and if, we introduce it."

The party's decision comes after Quit Week, which was sponsored by the Government.

The Australian Medical Association has also called for both an advertising ban and the creation of a foundation, based on a 30c levy on cigarette packets, to "buy out" tobacco industry sponsorship of sport and the arts.

Mr Cowan said later he could not give any guarantee that the party's three MLCs, who hold the balance of power in the Upper House, would support legislation to ban tobacco advertising.

He called for a review of the use made of the tobacco franchise levy, urging that more emphasis be given to active participation in sport as part of a health promotion campaign.

The chairman of the Australian Council on Smoking and Health, Dr Kingsley Faulkner, said further delay in banning tobacco advertising would only lead to more misery.

"Such legislation will be primarily important for dissuading children from starting to smoke because 90 per cent of all smokers start regularly before it is legal for them to do so," he said.

● Cleaner air bid, page 12;
Nat conference, page 27

MR PREMIER

The West Australian
 PERTH SATURDAY AUGUST 26 1989

Another strike at free choice

THE State Government's proposed phasing out of tobacco advertising and sponsorship of sports and the arts is another attempt to take away from citizens the right to make their own choices.

The move has all the odious implications of heavy-handed prohibition by a Government arrogantly scornful of civil liberties. It is working to censor the advertising of a product which can be legally produced, sold and consumed.

The Government's revenue from insignificant part of its revenue from cigarette advertising. Government of cigarette advertising. Government of cigarette advertising. Government of cigarette advertising.

But money is not the central issue here. What is at stake is the liberty of Western Australians to make their own judgments about their lives and their lifestyles.

The Government intends to ban all advertising on radio, cinema and video promotions, tobacco-related competitions and printed advertisements depicting people. Adding to the farce is the fact that imported magazines with cigarette propaganda won't be touched.

The Government is being hypocritical in trying to exempt sporting events of "national significance", such as cricket and racing, which, according to M. Dowling's odd logic, lack wide appeal to young people. It is obvious that cricket, at least, has a host of avid young fans.

If the Government had the courage of its convictions, it would have made this ban apply to all advertising. Instead, it would ban cigarette advertising.

Why has the Government launched an advertising crackdown now when there was no word about it during the state election campaign or since? There has been no public clamour for such action.

Today tobacco advertising is the largest...

Public opinion is overwhelmingly in favour of the continuation of cigarette sponsorship of sport. Independent surveys in Western Australia show that nearly *91% thought that sports, arts and concert organisers should be allowed to choose their own sponsors. Come on, let's get back in step with the people.

* Roy Morgan Research.

SELF REGULATION

Someone's trying to bully innocent West Australians.

Right now, a vocal minority is trying to pass the bully act on every West Australian.

They're trying to force our State Parliament to pass a law banning all tobacco advertising in the West.



It's something no West Australian should stand for. If they have their way with the ban, any shopkeeper caught displaying even a cigarette poster could be punished with a fine, and given a criminal record which will stand against his name forever.

And that's just for starters. It'll be more like living in Russia than good old Western Australia. In one fell swoop, this vocal minority will be killing our freedom of choice in the West.

Shouldn't our State Government

be more interested in fighting our rising unemployment and inflation, than having to push around innocent West Australians?

Don't let a small group of people bully you into a ban on tobacco advertising.



Fight back now. Call your local MP at Parliament House on (09) 322 1344. And get our politicians to vote against the ban. For the sake of common sense.

THINK.

Is it best for the West?

The Australian Government • The Australian States and Territories • The Australian Capital Territory • The Australian Defence Force • The Australian Education System • The Australian Health System • The Australian Legal System • The Australian Media • The Australian Parliament • The Australian Police • The Australian Public Service • The Australian Transport System • The Australian Defence Force • The Australian Education System • The Australian Health System • The Australian Legal System • The Australian Media • The Australian Parliament • The Australian Police • The Australian Public Service • The Australian Transport System

Someone's trying to make this against the law.

This month, a vocal minority in our State is threatening the freedom of every West Australian.

They're trying to force our Parliament to pass a law banning all tobacco advertising in the West.

If they get their way, you won't be allowed to wear even a simple little T-shirt to the beach, if it's printed with anything that's claimed to be tobacco advertising.

And that goes for beach umbrellas, sun hats, you name it.

Our Government would be wasting its time with trivialities, when it should be concerned with



more important matters, like our unemployment crisis.

It'll mean Western Australia will join such countries as Ethiopia, East Germany, Iran, Bulgaria, Afghanistan, Somalia and Poland, where things like tobacco advertising are banned and freedom of choice is definitely a luxury.

No West Australian should stand for it.

Call your local MP at Parliament House now on (09) 322 1344.

And get our politicians to vote against the ban.

At least our freedom of speech isn't against the law. Yet.

THINK. Is it best for the West?

A Message To Our MPs

WHERE THERE'S SMOKE...

The Australian Sports Medicine Federation supports the Government ban on cigarette advertising and tobacco sponsorship.

WESTERN AUSTRALIANS! SEE THROUGH THE SMOKE SCREEN!

Dear Members of Parliament, the advertisement of all tobacco and health products can affect our health.

SWATS
SPORTS WITHOUT ANY TOBACCO SPONSORSHIP

Your SWATS representative will help you lobby your MP for tobacco-free sport.

A GOAL FOR SPORT A GOAL FOR BETTER HEALTH

Although we represent many different international, national and state sports, we Australian sports women all have one thing very much in common.

AUSTRALIAN CRICKET ASSOCIATION

We, Test cricketers of Western Australia, support taking tobacco sponsorship OUT of sport.

KEEP KIDS ALIVE KILL SMOKE ADS!

Australian Council on Smoking & Health

“Irrespective of how many children take up smoking in a year, no-one’s immortal – everyone dies sooner or later”

Ron Berryman, Tobacco Institute, 1989

(Cigarettes are harmful, but....) “....so are potatoes. Tobacco is in the same family. You inhale the fumes of potatoes when you’re cooking them”.

Ron Berryman, Tobacco Institute, 1989

WESTERN AUSTRALIA

TOBACCO CONTROL ACT 1990

(No. 104 of 1990)

ARRANGEMENT

PART 1—PRELIMINARY

Section

1. Short title
2. Commencement
3. Purpose of Act
4. Interpretation

PART 2—CONTROLS RELATING TO TOBACCO PRODUCTS

5. Certain advertising prohibited
6. Competitions
7. Free samples
8. Prohibition of sponsorships
9. Labelling of packaged tobacco
10. Supplying tobacco to persons under 18 years
11. Vending machines
12. Packages of cigarettes
13. Smokeless tobacco
14. Exemptions

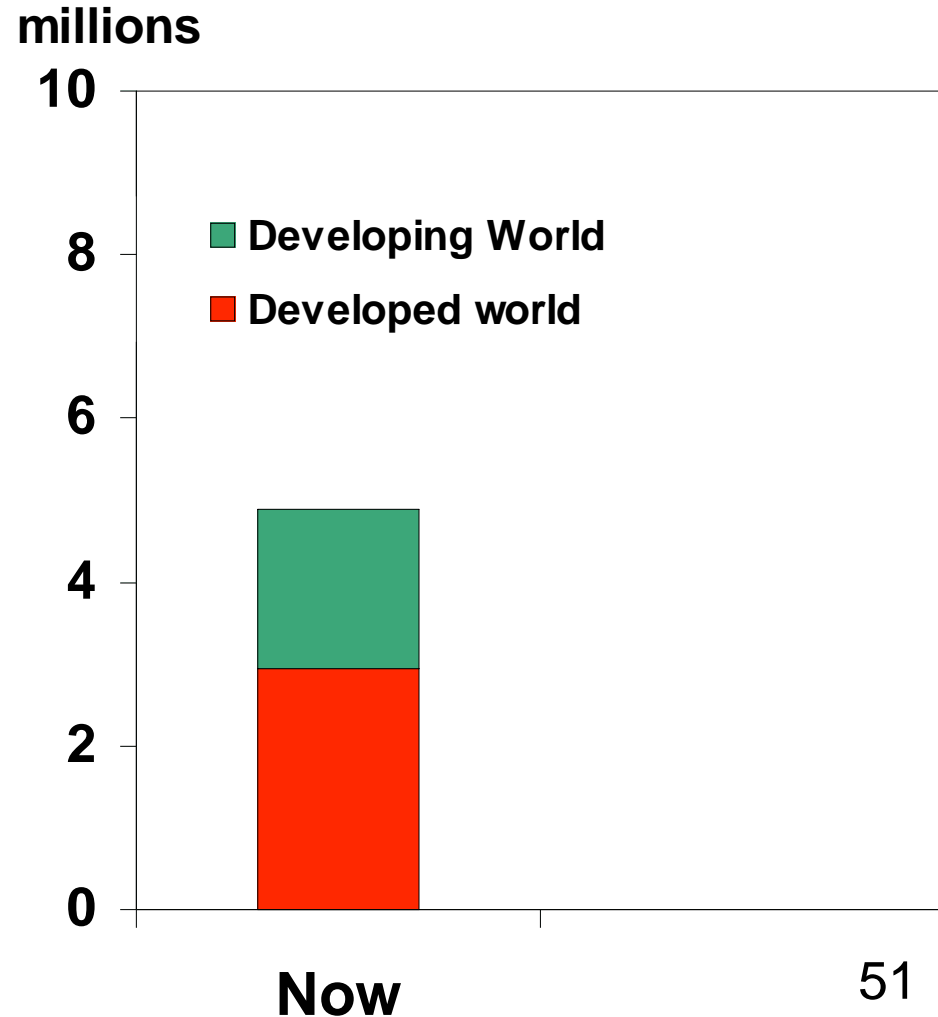
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WHO SMOKES – AND ARE WE WINNING OR LOSING?

Smoking related deaths - worldwide

Now:

- **4.9 million deaths per year**
- **40% in developing countries**

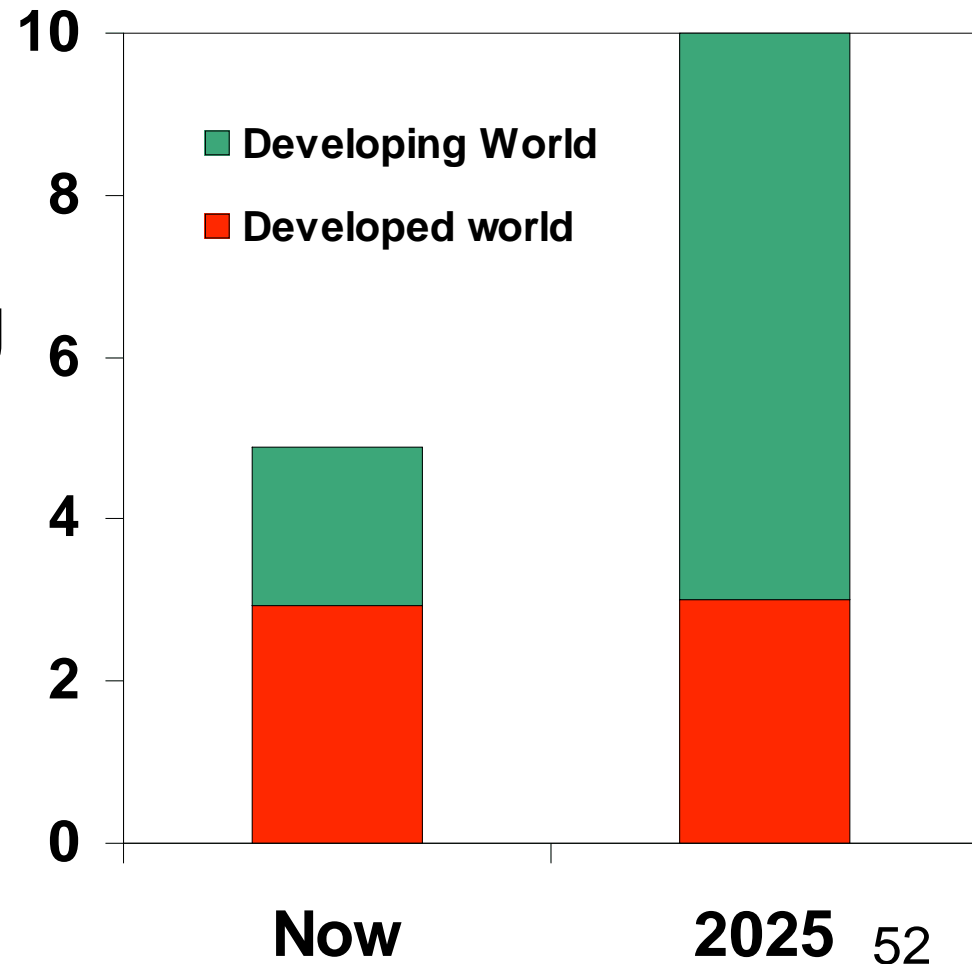


Smoking related deaths - worldwide

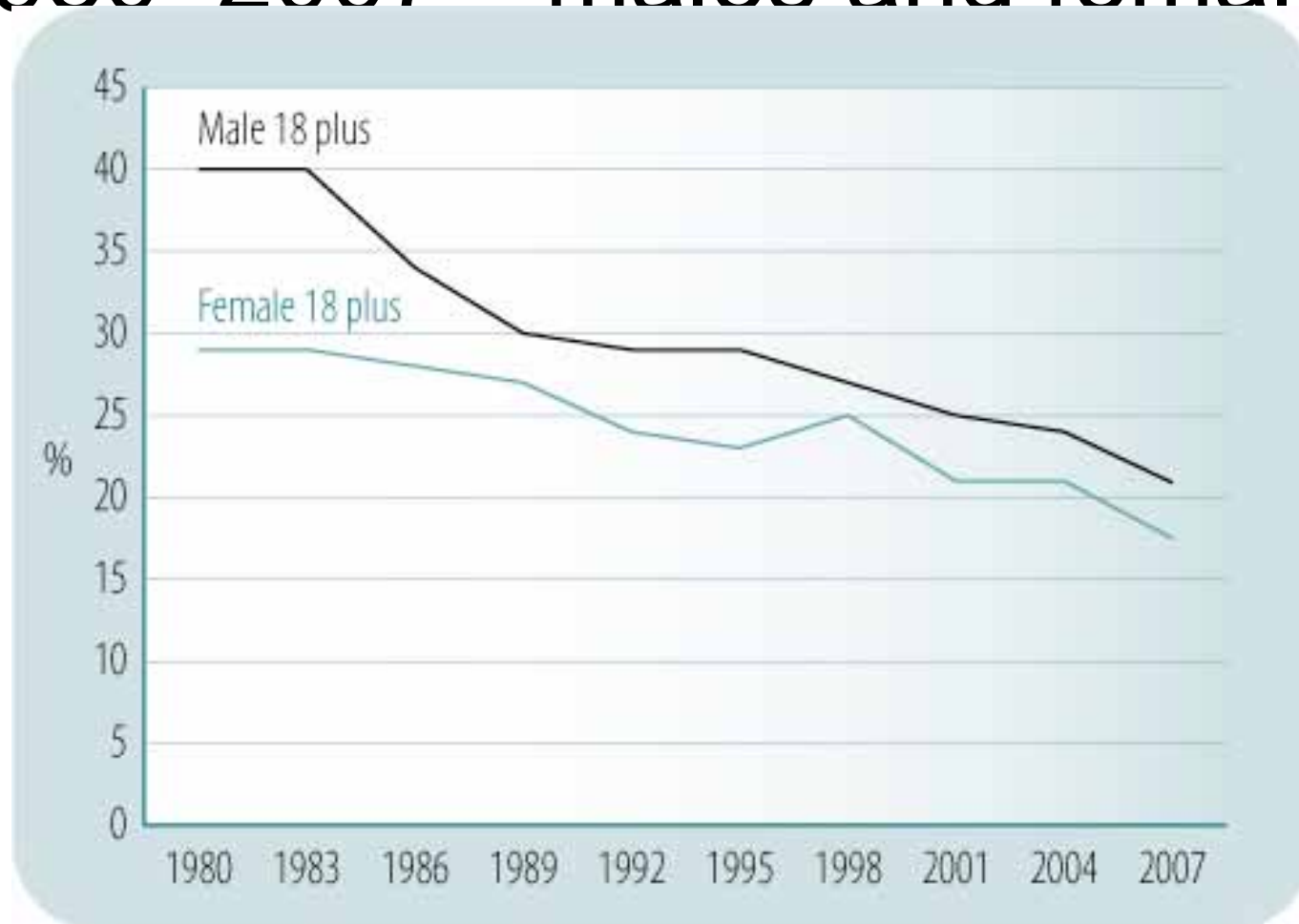
By 2025:

- **10 million deaths per year**
- **70% in developing countries**

millions



% current smokers Australians 18+, 1980–2007—males and females



% secondary school students who smoke at least weekly, Australia 1984–2005—12–15-yr-olds & 16-&-



Smoking in Indigenous Australians

	1995	2001	2004-05
Australia	46%	49%	50%
Remote		53%	58%
Non-remote		47%	49%
NSW			51%
Vic			50%
Qld			50%
WA			44%
SA			53%
Tas			50%
ACT			41%
NT			54%

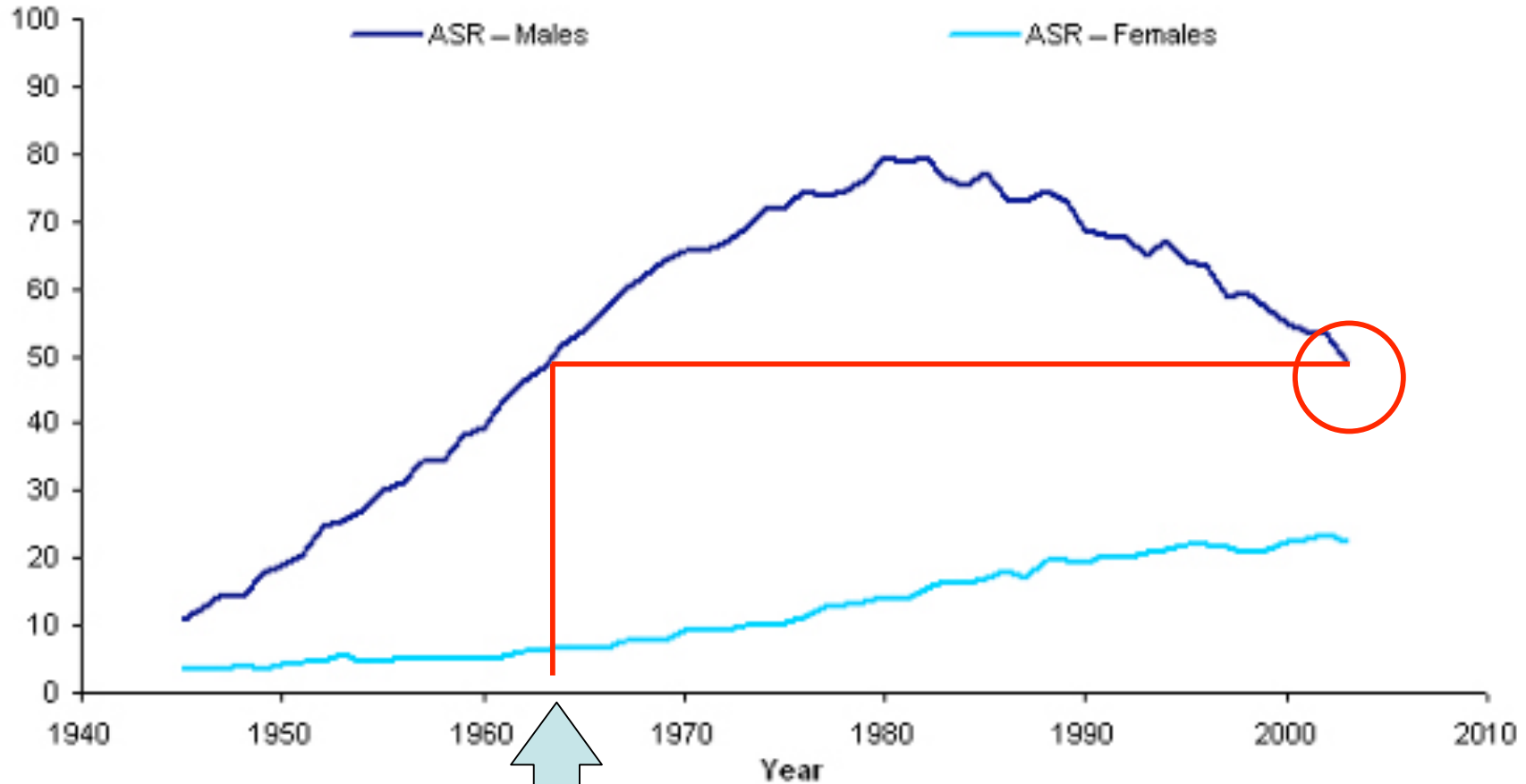
Source ABS. 4715.0 National Aboriginal and Torres Strait Islander Health Survey, 2004-05, 2001 & 1995

People with Mental Illness

- Generally smoke more than the general population
 - Deaths from respiratory disorders
 - 60% more likely than general population
 - Deaths from heart disease
 - 30% more likely than general population
- \$ Smoking impacts on quality of life

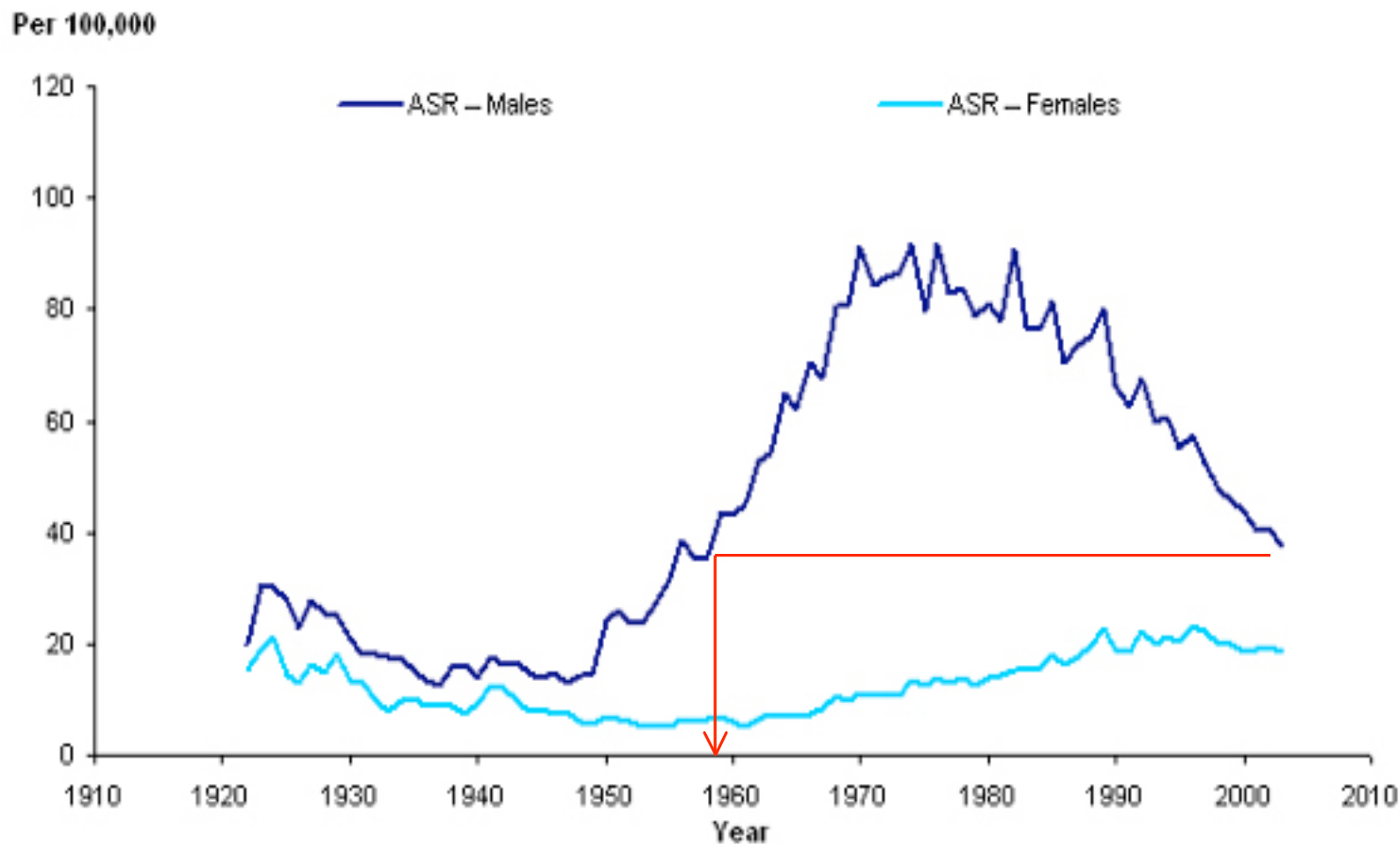
Male lung cancer rates per 100,000 today as low as they were in 1963

Per 100,000



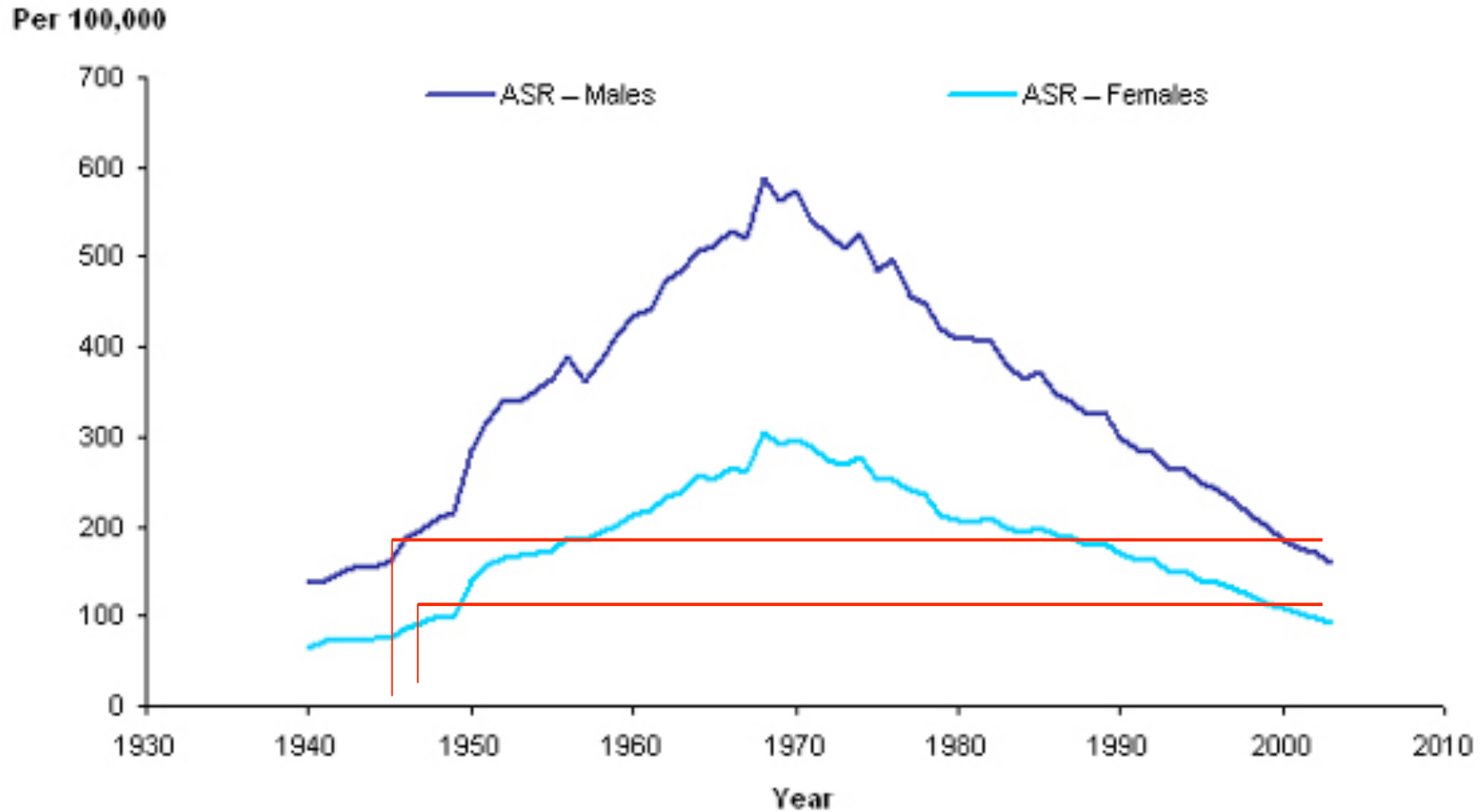
Source: http://www.aihw.gov.au/cdarf/data_pages/mortality/index.cfm

Death rates for COPD in men now as low as they were in late 1950s



Source: http://www.aihw.gov.au/cdarf/data_pages/mortality/index.cfm

Death rates for CHD now as low as they were immediately post-WWII



Source:http://www.aihw.gov.au/cdarf/data_pages/mortality/index.cfm

BIG SUCCESSES

Some Anglophone countries (e.g. Canada, Australia, Ireland, California, rest of US.....)

Some Scandinavian/Nordic countries (Sweden, Finland, Iceland.....)

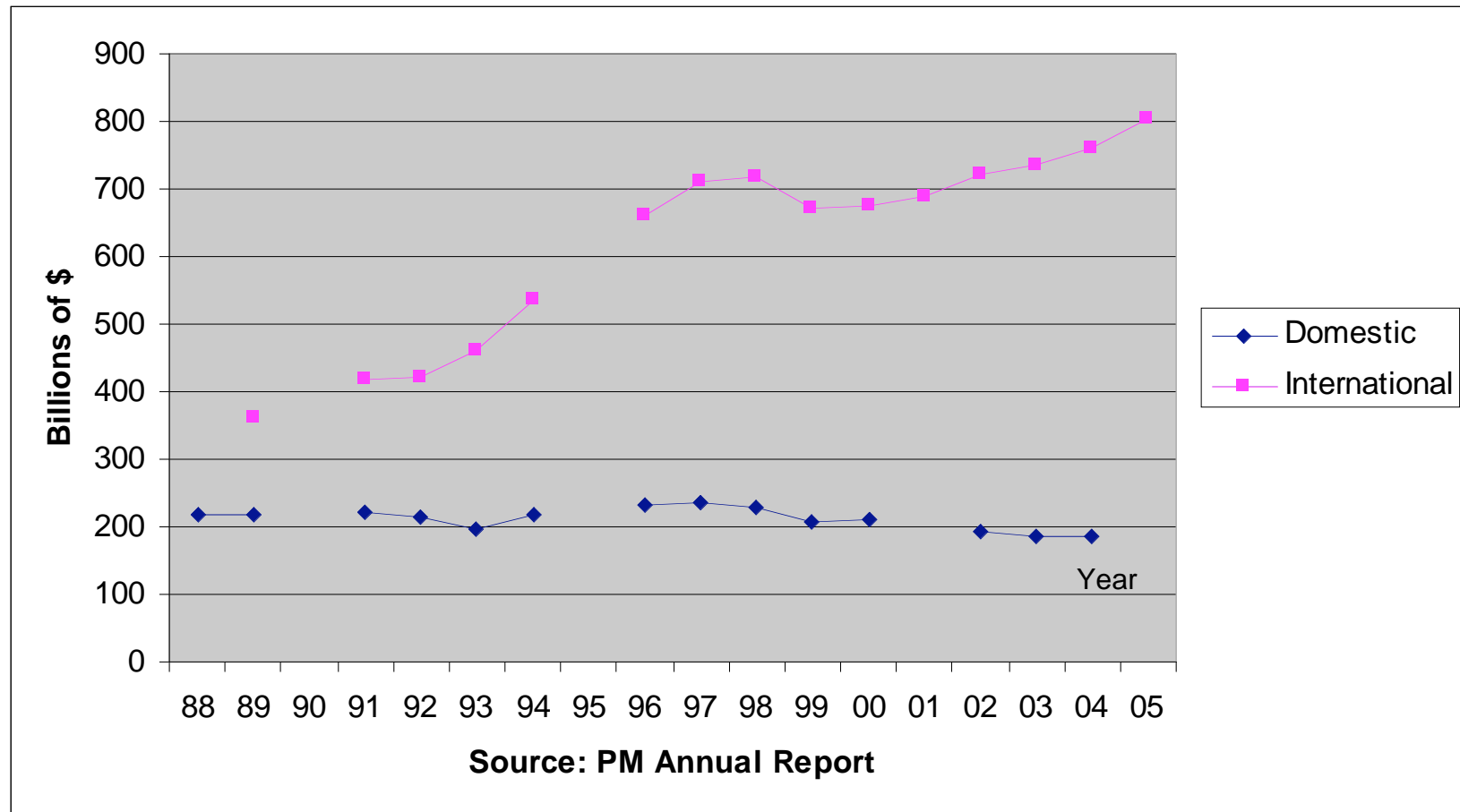
Some others (Puerto Rico, Poland....)

Smoke-free countries/states - and long-term compliance/support

(Ireland post ban – 95% compliance, 80% support. 2% drop in prevalence, 10% in 15 – 18 yr olds)

Impact of cessation (Peto re UK)

Philip Morris Volume International vs. U.S.

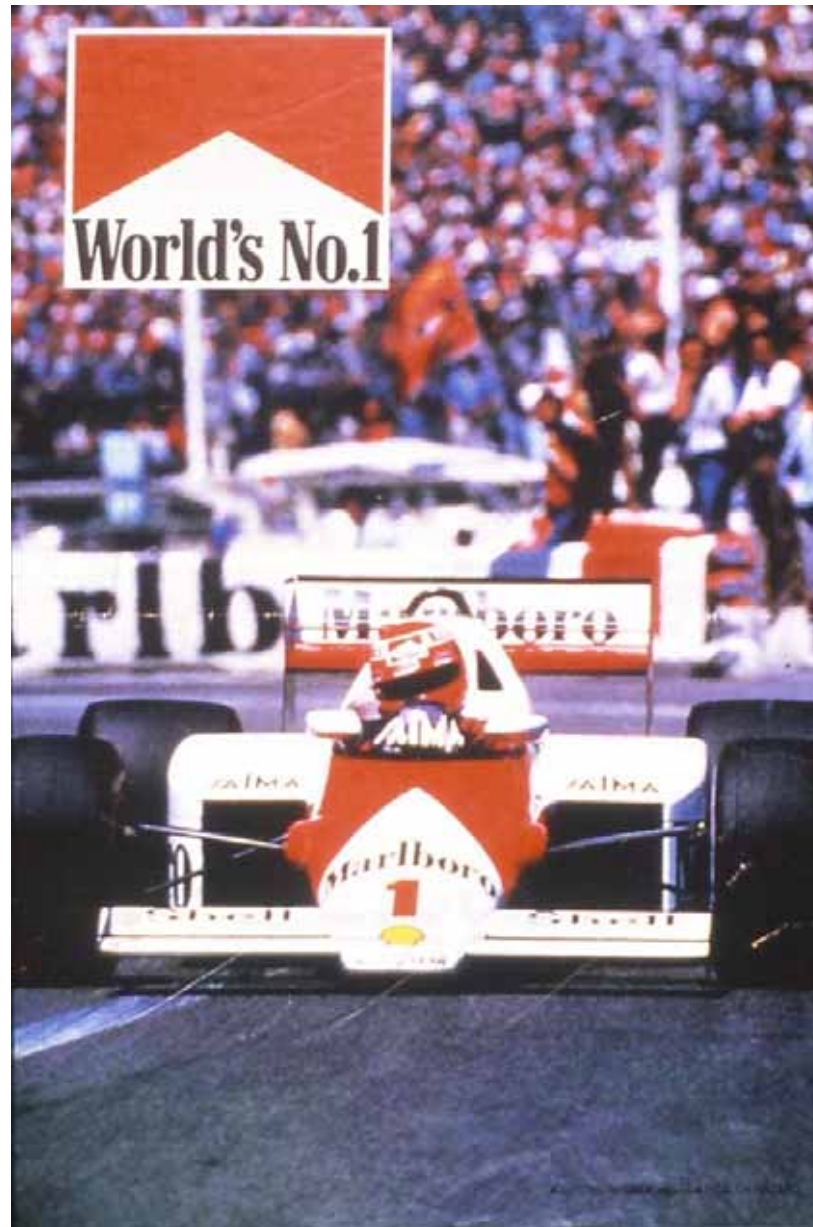


WHAT IS THE OPPOSITION?



The Tobacco Industry

- **History of lies and deceit**
 - denied or disputed that smoking causes serious disease for decades to protect commercial interests
- **It continues today**
 - disputes health research and proven tobacco control strategies
 - claim not to target youth but uses numerous strategies to get teens smoking
 - Promotes smoking wherever possible
 - Undermines effective action
 - Looks for ways around legislation/constraints
 - Targets vulnerable groups in developed and developing countries
 - Long history of deceit
 - Seeks cloak of respectability and “social responsibility”











SMOKE FREE MOVIES

The Problem

Who's Who

The Solution

Act Now!

Our Ads

In the News

Go Deeper

The Problem

[Now Showing](#) [How Movies Sell Smoking](#) [Studio Scores](#) [Brand Identification](#) [Big Tobacco & Hollywood](#) [Public vs. Private Statement](#)

Now Showing

Top Grossing Movies | Week of July 31, 2006

Smoking	Film	Rating	Director
	Miami Vice	R	Michael Mann
	Pirates of the Caribbean: Dead Man's Chest	PG-13	Gore Verbinski
	John Tucker Must Die	PG-13	Betty Thomas
	Monster House	PG	Gil Kenan
	The Any Bully	PG	John A. Davis
	Lady in the Water	PG-13	M. Night Shyamalan
	You, Me and Dupree	PG-13	Anthony Russo
	Little Man	PG-13	Keenan Ivory Wayans
	The Devil Wears Prada	PG-13	David Frankel
	My Super Ex-Girlfriend	PG-13	Ivan Reitman



Promotes smoking



Smoking with negative consequences



Smokefree

Payoffs and coverups

For the last thirty years, tobacco companies have been compelled to report, truthfully, marketing and sales results to the Federal Trade Commission. The FTC aggregates the figures to preserve trade secrets, but even a zero can be revealing.

For example, in the FTC's latest [annual report](#) to Congress: "Cigarette manufacturers reported that they paid no money or other form of compensation to have any cigarette brand names or tobacco products appear in any motion pictures or television shows. *This practice has been reported as unfunded since 1989.*" [Emphasis added]

But once-secret tobacco industry documents, recently uncovered by lawsuits, tell a different story...



Do you believe them now?

In 2004, the FTC told Congress: "The companies also reported that in 2002, they did not solicit the appearance of any cigarette product in any motion picture...or grant permission for the appearance of any cigarette product in any motion picture..."

Yet in 2002, 74% of all U.S. movies depicted smoking, including three-quarters of youth-rated movies. Eleven of the biggest box office hits — six of them rated PG-13 — showed particular brands. Big Tobacco lied twenty years ago. Can we believe them now?

To find company documents and published studies on smoking in movies, [go deeper](#).

DRAMATIC DEVELOPMENTS?

- Litigation
- Industry documents
- Bloomberg
- 10%....and thereafter?

WHAT SHOULD WE DO?

For the first offence, snuff takers
shall have their noses removed.

For the second, they shall be
executed.

Tsar of Russia

SMOKING AND HEALTH



*A report of The Royal College of Physicians on smoking
in relation to cancer of the lung and other diseases*

Controlling the smoking epidemic

Report of the WHO Expert Committee
on Smoking Control

Technical Report Series
636



World Health Organization, Geneva 1979

COMPREHENSIVE APPROACH

Recognition that:

Each component of itself is not the solution

Demands for evidence of impact should not
overrule commonsense

In less than ideal world we aim for as much as
possible

Evaluation of specific measures is complex
("unwrapping gossamer with boxing gloves")

WHAT WORKS?

(adapted from Schroeder)

- ADVOCACY
- CLEAN INDOOR AIR
- PRICE/TAXATION
- LITIGATION
- MASS MEDIA/ADVERTISING
- CESSATION EFFORTS
- VERY LOW RATES IN HEALTH PROFESSIONALS(BUT MOST DON'T DO A GOOD JOB HELPING PATIENTS QUIT. WHY NOT?)
- ACTIVATING HEALTH PROFESSIONALS
- DRAMATIC PRODUCT LABELLING

WHAT THE INDUSTRY OPPOSES

Philip Morris Asia Limited

AGAINST

Internationally determined tax rates, which go counter to the International Monetary Fund's recommendation for local and regional cigarette tax rates

Encouraging signatory countries to forgo well-established legal systems and adopt American-style litigation tactics

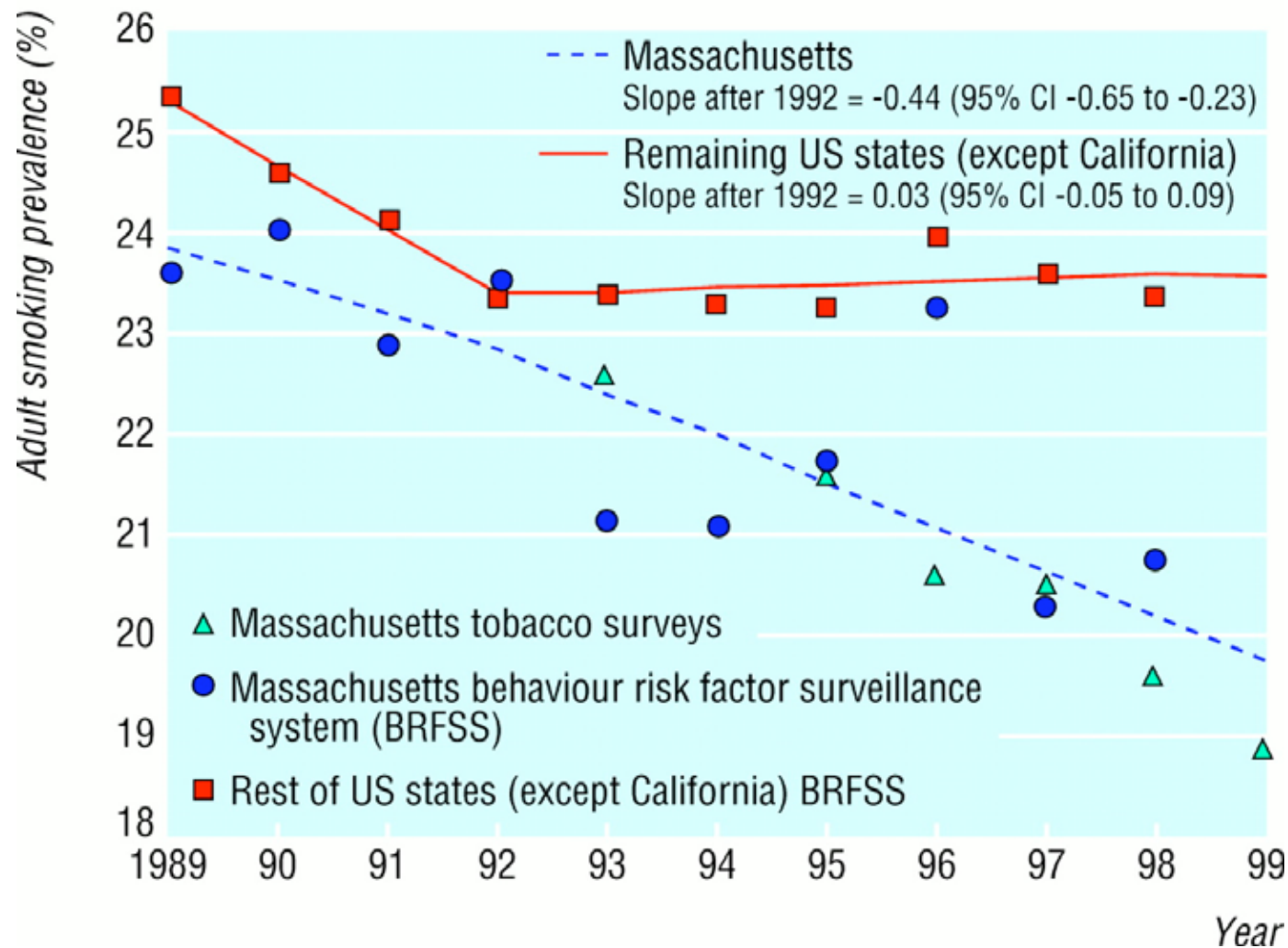
Limits on free trade in tobacco products and rejection of long-held international trade principles.

Public smoking bans that fail to allow business owners to provide smoking areas for adult smokers

Total ban on marketing cigarettes to adult smokers

Use of "shock" images in health warning designed to disparage cigarette consumers.

Smoking Prevalence in Massachusetts and Remaining 48 States (Excluding California)



- Tobacco-industry denormalization themes in mass media campaigns may help to reduce tobacco use above and beyond more traditional communications that target social norms.
- (CALIFORNIA: Oliva, Novotny, Glantz)

AUSTRALIAN MEDICAL ASSOCIATION
WESTERN AUSTRALIAN BRANCH

SMOKING DEATH
CARDS
PROJECT



Impact of Tobacco Control Policies and Mass Media Campaigns on Monthly Adult Smoking Prevalence

Wakefield, PhD, Sarah Durkin, PhD, Matthew J. Spittal, PhD, Mohammad Siahpush, PhD, Michelle Scollo, Dip. Comm Health, Julie A. Simpson, PhD, Victoria White, PhD, and David Hill, PhD

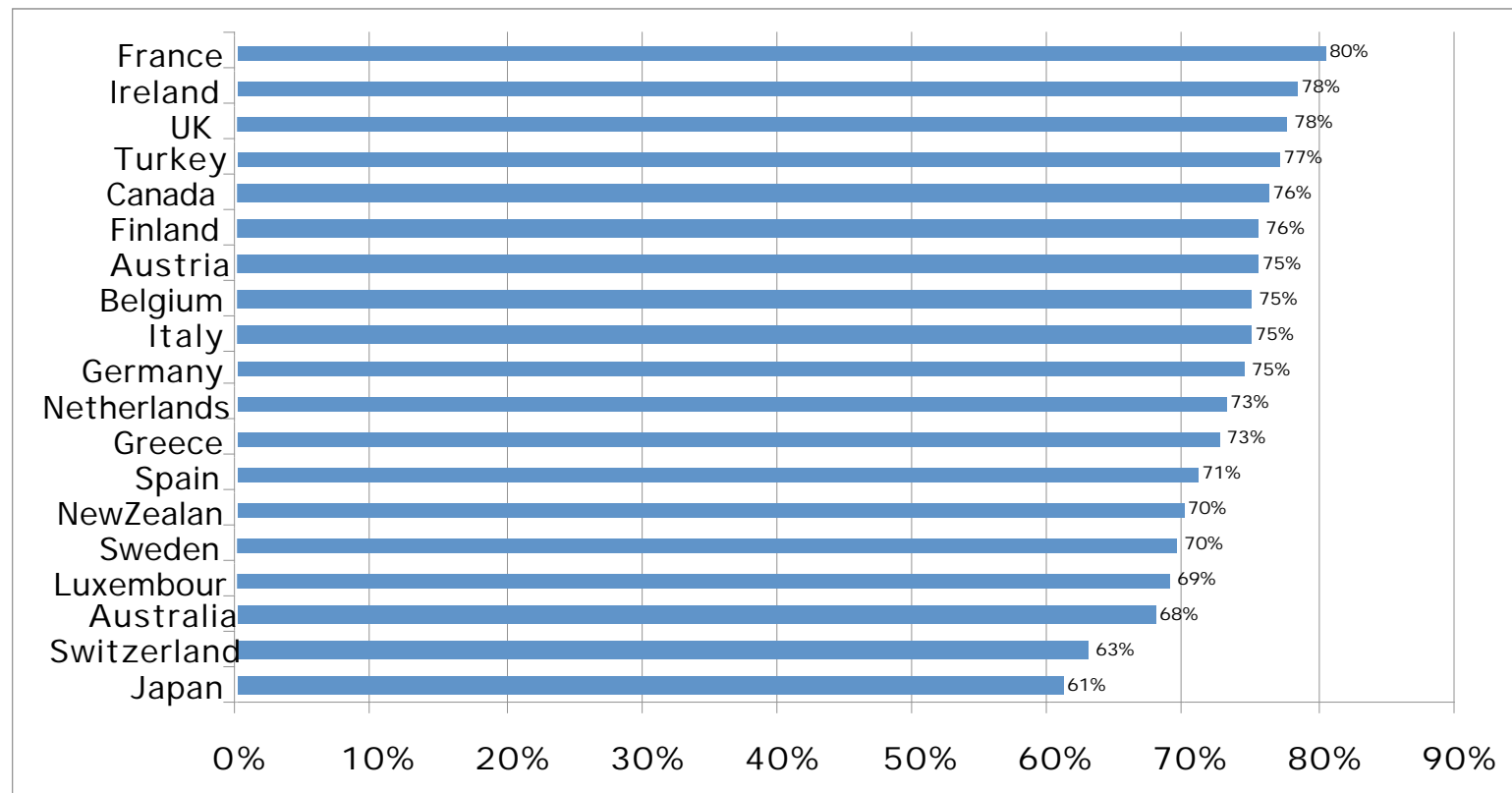
...de interventions that can reduce smoking prevalence are important for the control of tobacco-related disease. However, evaluating the effects of tobacco control policies and mass media interventions on smoking prevalence is difficult.^{4,5} Generalizing the impact of a few comparable control populations to a policy or media intervention is difficult. Tobacco policies and media interventions often co-occur, complicating assessment of the relative contribution of each. In most studies in which smoking prevalence

Objectives. We sought to assess the impact of several tobacco control policies and televised antismoking advertising on adult smoking prevalence.

Methods. We used a population survey in which smoking prevalence was measured each month from 1995 through 2006. Time-series analysis assessed the effect on smoking prevalence of televised antismoking advertising (with gross audience rating points [GRPs] per month), cigarette costliness, monthly sales of nicotine replacement therapy (NRT) and bupropion, and smoke-free restaurant laws.

Results. Increases in cigarette costliness and exposure to tobacco control media campaigns significantly reduced smoking prevalence. We found a 0.3-percentage point reduction in smoking prevalence by either exposing the population to televised antismoking ads an average of almost 4 times per month (390 GRPs) or increasing the costliness of a pack of cigarettes by 0.03% of gross average weekly

Tax paid as a percentage of final recommended retail price – OECD countries, 2003



PRICE/TAX

10% price increase = 4 – 8% decrease

“Doubling of taxes on tobacco worldwide could save about three million deaths by 2030 or more than 150 million lives over the next five decades” Prabhat Jha

YOUNG PEOPLE – WHAT WORKS

What We Know

Previous reviews have concluded that there are three effective general population approaches to prevention of tobacco use in adolescents and young adults:

- (1) increasing the price through taxes of tobacco products;
- (2) laws and regulations that affect youth access to tobacco products, exposure to smoke from tobacco, and restrictions on tobacco industry advertising; and
- (3) mass media campaigns.

Previous reviews show that school-based intervention programs aimed at preventing tobacco use in adolescents are effective in the short term. Comprehensive statewide programs have also been shown to reduce overall tobacco use in young adults.

CESSATION FOR INDIVIDUALS

Much commercial activity/stalls

Cessation papers.....guidelines.....websites

Experts of choice include: Raw, Fiore, West

Smoking in health systems (Agency for Healthcare Research and Quality)

Best website – www.treatobacco.net (Raw et al)

Brief opportunistic advice

Brief advice from a primary care physician during a routine consultation is effective in increasing the number of smokers stopping for at least 6 months

Intervention	Target population	Effect size¹	95% CI
Brief opportunistic advice from a physician to stop		2%	1-3%

¹ The difference in >6 month abstinence rate between intervention and control/placebo in studies reported

Schroeder: (given the evidence).... why won't doctors/health professionals advise, etc.?

Too busy (**“It is estimated that 7.4 hours per day would be needed by the typical GP to implement known best practice in prevention”**)

Not trained/informed

Not paid for it

Pessimistic re chances of success (don't like failure – though that doesn't seem to be the problem with e.g. pancreatic cancer....)

Stigmatising smokers

Fear of losing patients

Fear of intruding in private space

Those who smoke – hypocritical?

NO ANSWERS

DEVELOPING COUNTRIES

some progress, some admirable efforts, but overall
entirely depressing

(But 2007 – BLOOMBERG INITIATIVE – could change
all.....)

ARE WE DOING ENOUGH?

- TOTAL GOVERNMENT SPEND (Federal and States) – c. \$15 - 20m pa
- (By comparison - 2004 TOYOTA SPENT \$70m on advertising; McDonalds - \$50m)
- GOVERNMENT TOBACCO TAX TAKE - \$6bn p.a.
- COST TO ECONOMY - \$21bn p.a. (1998/9)
- TOBACCO INDUSTRY PROMOTION/MARKETING SPEND (even after ad bans) – Unknown, but well over \$100m p.a.

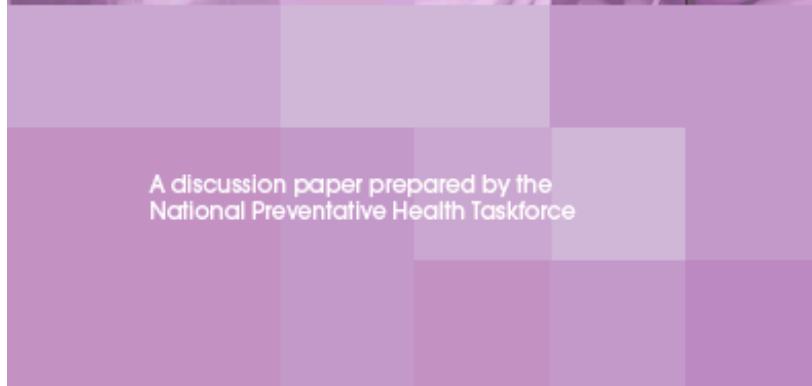
WHERE NEXT?



Australian Government
Preventative Health Taskforce



AUSTRALIA:
THE HEALTHIEST COUNTRY
BY 2020



A discussion paper prepared by the
National Preventative Health Taskforce



Australian Government Preventative Health Taskforce



National Preventative Health Taskforce



National Preventative Health Taskforce



Technical Report No 2
Tobacco Control in Australia:
making smoking history

*Prepared for the National Preventative Health Taskforce
by the Tobacco Working Group*



National Preventative Health Taskforce



Technical Report No 3
Preventing Alcohol-related Harm in Australia:
a window of opportunity

*Prepared for the National Preventative Health Taskforce
by the Alcohol Working Group*

Technical Report No 1
Obesity in Australia:
a need for urgent action

*Prepared for the National Preventative Health Taskforce
by the Obesity Working Group*



The National Preventative Health Taskforce

Chair:

- Professor Rob Moodie

Deputy Chair:

- Professor Mike Daube

Members:

Professor Paul Zimmet
Professor Leonie Segal
Dr Lyn Roberts
Mr Shaun Larkin
Ms Kate Carnell
Dr Christine Connors
Dr Linda Selvey

The Taskforce was announced on 9 April 2008.

Members have been appointed for three years.



The National Preventative Health Strategy

- To be developed by June 2009.
 - Focussed on the burden of chronic disease currently caused by **obesity**, **tobacco**, and excessive consumption of **alcohol**.
 - Will be directed at **primary prevention**.
 - Will address **all relevant arms of policy** and all available points of leverage, in both the health and non-health sectors, in formulating its recommendations.



Tobacco: Current Snapshot

- Tobacco use is currently the single-biggest preventable cause of death and disease in Australia
- Smoking rates among Indigenous Australian are more than double those in the rest of the community
- Almost one in five pregnant women report smoking during pregnancy, including 42% of teenagers and 52% of Indigenous women, posing serious risks to the mothers, and long-lasting and far-reaching effects on their offspring.

To make smoking history

- Make tobacco products much more costly
- Increase frequency, reach & intensity of public education
- Indigenous smoking and other disadvantaged groups
- End all remaining promotion of tobacco
- Plain packaging; larger, more potent health warnings
- Protecting from exposure to passive smoking
- Legislate to require full reporting & government controls over product constituents, additives, design etc



Education and Health Standing Committee

INQUIRY INTO THE TOBACCO PRODUCTS CONTROL AMENDMENT BILL 2008

On 3 December 2008, the Education and Health Standing Committee resolved to report and make recommendations on the Tobacco Products Control Amendment Bill 2008.

Terms of Reference

- 1 To consider the adequacy of the proposed actions in the Bill to protect children and adults from the harmful consequences of passive smoking.
- 2 To consider the adequacy of the proposed actions in the Bill to protect children and adults from tobacco promotion.

The members of the Committee are the Member for Alfred Cove (Dr Janet Woollard, MLA) Chairman; the Member for Albany (Mr Peter Watson, MLA); the Member for Fremantle (Hon. Jim McGinty JP, MLA); the Member for Geraldton (Mr Ian Blayney, MLA); and the Member for Southern River (Mr Peter Abetz, MLA).

Submissions

The Committee invites written submissions on matters relating to the above terms of reference. Submissions are sought from the public that:

- (a) indicate whether they are for or against the Bill;
- (b) indicate why they are for or against the main thrust of the Bill; and
- (c) summarise the main changes they want to the Bill and why.

All submissions become the property of the Committee, and may only be released following a decision of the Committee to make them public.

Submissions should be lodged no later than **Friday, 30 January 2009** and be addressed to:

The Principal Research Officer
Education and Health Standing Committee
Legislative Assembly
Parliament House
PERTH WA 6000

Submissions can be forwarded electronically to: laehsc@parliament.wa.gov.au

Further information regarding the presentation of submissions may be obtained by contacting Dr David Worth, Principal Research Officer, on 9222 7469 or Mr Tim Hughes, Research Officer, on 9420 7615.