

TOBACCO CONTROL

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Editorials

Comprehensive approaches to tobacco control

To halt or even reduce the worldwide pandemic of illness and death associated with tobacco use will necessitate action at all levels – international, national, and by jurisdictional units within nations. To achieve this will require well organised and well coordinated anti-smoking campaigns with a strong base in scientific knowledge and a thorough understanding of the factors that influence tobacco use. Such campaigns must effectively educate the public of the dangers of smoking and must support cessation. They also must include a strong programme of advocacy to promote social and legislative action. The aim should be to create a social and political climate where smoking is marginalised and smokers' attempts to overcome their addiction are supported.

In this issue of the journal an important paper by Reid *et al* reviews scientific evidence for the efficacy of a range of health promotion options directed at individuals.¹ They identify three main strategies for a comprehensive tobacco control programme: the use of paid advertising for education, the creation of unpaid publicity through the promotion of events and the publication of scientific findings, and the use of opportunistic techniques by doctors. They see these as being supported by strategies to prevent teenage smoking, by the promotion of restrictions on smoking in the workplace, and by interpersonal techniques at quit smoking clinics. The effectiveness of all of these strategies is based on solid scientific evidence.

Reid *et al* rightly note that the evidence of the long term effectiveness of preventive education campaigns is not strong. They therefore relegate prevention programmes to a supporting role. We agree with their analysis about the role of education programmes; however, this does not mean that strategies that result in reductions in uptake should not have priority. Prevention is the best long term solution to any problem and strategies that reduce the uptake of regular smoking need to be strongly promoted. Reid *et al* note that strong programmes directed at adult smokers may be effective with adolescents in preventing the uptake of smoking, perhaps because they help to dispel the impression that smoking is an adult and thus desirable behaviour.

Their paper provides an excellent review of proved strategies that can be used by government-controlled tobacco control programmes. However, perhaps because of limitations on what programmes from a government agency can do, we believe that they have undervalued the importance of legislative action as a force for tobacco control. In this context, national tobacco control strategies published by government agencies are notable in often neglecting goals relating to legislation – for example, the tobacco components of Healthy People 2000 in the United States (which do not include goals for taxation and

package labelling, for example) and the white paper entitled *The Health of the Nation* in the United Kingdom.

Legislation

Legislative action has an important role in the control of smoking. The strongest effects are likely to be among people who may be contemplating smoking or are experimenting with tobacco (mostly adolescents). This will be particularly the case with the enforcement of legislation restricting the sale of cigarettes to minors. Altman *et al* have shown that an effective campaign to increase enforcement of regulations controlling sales to minors can have a noticeable effect on cigarette sales to minors and that this reduction can be sustained for at least six months after the active intervention ended.²

Studies of the effects of taxation show that increasing the real price of cigarettes affects consumption and that this effect is greater among young people than it is among confirmed smokers.^{3,4} Keeping the real price of cigarettes high is a crucial prevention strategy for any country.

Strong laws that reduce or eliminate the opportunities of tobacco companies to promote their products are also likely to have effects both on the uptake of smoking and on prevalence. These laws should include the banning of advertising in mass media, including sponsorship agreements, and strong restrictions on point of sale promotion.

Strengthening the warnings that are provided at point of sale and on the packaging of tobacco products is also likely to contribute, in conjunction with other strategies, to the reduction of smoking uptake and prevalence.⁵ Australian governments have recently decided to implement strong new warning labels on tobacco products, placing one of 12 rotating short warnings on the front of each pack at the top in an area covering 25 % of the surface; using one side of the pack for detail on the main dangerous constituents of cigarettes; and using the whole back of the packet for elaborating the warning on the front, enumerating the main risks of smoking, and providing a telephone number for further information or advice (see *Tobacco Control* 1992; 1: 92–4). The adoption of such a warning labelling system should not only have an educative effect, but, because the warnings are more noticeable, they are likely to reduce the attractiveness of the packs to potential smokers. Of course, the most effective way to remove the positive connotations associated with tobacco packaging would be to legislate for standard (generic) packaging.

Social context

In addition to these specific targeted strategies, it is also important to consider the broader social context and to

identify opportunities to promote trends that are beneficial and to forestall ones that might interfere. Of the former, the effect of the increasing knowledge of risks associated with passive smoking is perhaps the most important. Concerns about passive smoking are leading to the promotion of restrictions in the workplace (noted by Reid *et al*¹), other public indoor settings, and increasingly in the home (especially when there are children). Just a few years ago smoking was legitimate nearly everywhere with non-smokers expected to put up with the inconveniences and health effects of passive smoking. With the now widespread acceptance that everybody is at risk, smoking is increasingly relegated to open, well ventilated areas, or, if engaged in indoors, to be done either alone or among consenting adults. Although it will be hard to prove, this profound deglamourisation of smoking is surely going to affect smoking prevalence significantly in addition to the direct effects of restrictions on smoking.⁶

Who should do what?

We do not believe that there is any universally ideal mix of strategies to control the use of tobacco. The appropriate mix will vary as a function of the circumstances of each state or nation. For example, in some countries, including Australia, the methods of remuneration discourage doctors from providing extended preventive advice. In our view, doctors' advice could play only a supportive and never a leading role in tobacco control in Australia.

Smoking control campaigns should be implementing proved strategies when possible, but they should also look for new and innovative strategies, especially when there is a strong theoretical rationale for their potential effectiveness. A well structured mix of strategies is likely to be more effective than individual strategies alone. A well structured mix needs to include strategies directed to public and professional education – strategies that not only inform but also keep the issue salient and help to move the society towards an attitude that smoking is a marginal activity. Coupled with this, there needs to be a programme of legislation that treats tobacco as the harmful drug that it is; that effectively restricts its availability; that prices it so that it is not treated as a cheap diversion; and that effectively warns the public about the risks associated with

its use without allowing those warnings to be undermined by sophisticated marketing techniques and the creation of images which are in stark contrast to the true effects of the product.

Government-controlled anti-smoking agencies can do only part of the job. They are limited in their capacity to advocate legislative and policy change. As these are crucial to any comprehensive campaign, this means that broader coalitions of interested parties are needed. Non-government organisations, activists, and academics with an interest in the subject all have parts to play. Scientists have a responsibility to ensure that governments are well acquainted with the facts. Anti-smoking campaigns have an obligation to support and foster community activism and advocate necessary change. By publicly debating the issue, the social climate for tobacco control will change, making it easier for governments to act. If we are to reverse the tobacco induced pandemic, a comprehensive programme of strong, well integrated concerted action is required. Tobacco control is too important to be left to swing with political fashions.

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- 3 Grossman M. Health benefits of increases in alcohol and cigarettes taxes. *Br J Addict* 1989; 84: 1193-204.
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