LETTERS TO THE EDITOR

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Support from retailers for tightening the Western Australian Tobacco Control Act 1990

EDITOR,—In 1996, 29% of 12–17 year old smokers in Western Australia were able to purchase cigarettes from a retail outlet despite the Western Australia Tobacco Control Act (1990) prohibiting the sale and supply of tobacco products to persons under the age of 18 years.† The fines imposed on retailers prosecuted under the Act ($A5000 and $A20 000 maximum for an individual retailer and a corporate body, respectively) have not deterred retailers from selling cigarettes to minors, suggesting additional measures are needed to reduce adolescent access to cigarettes. We conducted a postal survey to determine the level of support among owners and managers of retail outlets in Western Australia for making it illegal for minors (under 18 years of age) to sell cigarettes and other tobacco products, removing all indoor point-of-sale advertising and having to store cigarettes and other tobacco products out of sight, under the counter.

We chose a random sample of 630 from the 4120 eligible retail outlets in Western Australia listed in the current online Australian Yellow Pages directory. We telephoned each outlet to verify that it was still in business, obtained the name of the owner and manager of the outlet, and confirm willingness to receive the survey.

Consenting owners or managers were asked to complete a 25 item questionnaire regarding their level of support using five point Likert scales (“strongly agree” to “strongly disagree”). In view of anecdotal reports of tobacco companies underwriting the advertising of retail shops in return for guaranteed access to a significant proportion of the display area, we asked whether each outlet had received an offer of this kind. We also sought respondents’ age, sex, country of birth, and smoking status.

Of 446 (70%) outlets agreeing to participate, 236 (53%) returned a questionnaire, yielding a 37% response from our original sample. The majority of respondents (71%) felt that cigarettes and other tobacco products were important in attracting passing trade, and 88% reported that, at least half of their products were important in attracting passing trade, and an additional 19% were undecided. There was little support for storing cigarettes and other tobacco products under the counter (13%). The reasons behind the low level of support for storing cigarettes and other tobacco products under the counter were not explored, but might include the high cost for remodelling the counter area of shops to accommodate additional storage space for tobacco products.

While further studies should be conducted to verify our results, there is already a foundation on which to build support among retailers for strengthening tobacco control legislation in Western Australia.

CRYSTAL L LAURVICK
Department of Public Health, University of Western Australia, Australia

KONRAD JAMORZIK
Imperial College of Science, Technology and Medicine, London, UK

Correspondence to: Crystal Laurvick, Department of Public Health, University of Western Australia, 35 Stirling Highway, Crawley, Western Australia 6009, Australia; claurvic@cyllene.uwa.edu.au

This project was suggested by the advocacy committee of the Smarter Than Smoking project which is funded by Healthway, the Health Promotion Foundation of Western Australia.


Origins of “denicotinised” tobacco

EDITOR,—It has been known for more than 150 years that nicotine is the chemical in tobacco that is responsible for the perceived salutary as well as the adverse effects among users. Efforts to market “denicotinised” tobacco have repeatedly failed. The 1964 report of the advisory committee to the US Surgeon General stated, “Denicotinized tobacco has not found general public acceptance as a substitute for cigarettes.” Philip Morris Companies withdrew “Next”, their low nicotine cigarette brand, because of poor sales. However, Liggett Group chief executive officer Bennett Lebow plans to market a genetically engineered “low nicotine” tobacco in 2002 as an aid for smoking cessation. What are the origins of tobacco companies’ interest in marketing low nicotine brands?

The following sketch from an 1852 issue of Scientific American, quoted in its entirety, sheds some light on this question:

“Great Discovery for Tobacco Smokers. It will be seen by noting the tobacco advertising columns that a new preparation of smoking tobacco has been offered in our market, the peculiar excellence of which consists in the extraction of the poisonous qualities without affecting the fine flavor and aroma of the weed. The proprietors placed in our hands some time since a package of this tobacco for trial and we can speak from experience when we say it is a most delicious and wholesome article. It takes away from the antitobacco men their chief argument, for it has no nicotine in it and can be used with safety as well as pleasure by persons whose nerves are affected by smoking. For ourselves, we intend never to be without this denicotinized tobacco, and trust that its proprietors will be liberally patronized by the public. Sold by Bennet & Beers.—[Richmond Va.] Republican.”

“When the nicotine is extracted will it be tobacco? Would we be wheat if all the starch were extracted. Nicotine gives tobacco its peculiar flavor—to me at least I like to see what kind of tobacco this was with all the nicotine gone.”

One might conclude from this piece that by 1852 tobacco companies recognised at least some of the dangers of their product, understood the "poisonous" qualities of nicotine, discovered how to remove nicotine from tobacco, and crafted an aggressive marketing effort that linked “denicotinised” tobacco and “safety”, for a leading science journal of the day. Since the nicotine content of “denicotinised” tobacco has varied widely, one can only speculate whether Bennett & Beers—and Scientific American—were marketing a nicotine-free tobacco or merely a lower nicotine content product.

STEPHEN J JAY
Department of Public Health, Indiana University School of Medicine, Indianapolis, Indiana, USA

sjay@iupui.edu


How US airlines became smoke free

EDITOR,—The development of the US Federal Aviation Administration policy to prohibit smoking in both the passenger cabin and flight deck of scheduled passenger flights† offers lessons that may be considered in other countries and workplace settings. This policy was driven by the findings that environmental tobacco smoke (ETS) is a serious occupational risk to those exposed, that air craft air quality was adversely affected by cigarette smoke, and by frequent complaints of respiratory irritation by crew and passengers.‡ Similar concerns have been raised in other occupational settings such as

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† 3 Gottsegen JJ. Tobacco. Scientific American 1852;7(2):230. (No author cited.)
smoking might adversely affect pilot performance. This summary of the policy development and the cited references may be useful in other efforts to develop smoke-free workplace settings in which there are similar challenges of impaired performance and attendant safety concerns.

In 1978, a National Institutes of Health report on cigarette smoking and airline pilots concluded that while smoking itself did not have significant effects on flight safety, the adverse effects of smoke withdrawal might adversely affect pilot performance. This finding supported the exemption of the flight deck from the commercial aircraft smoking ban that was passed by the US Congress in 1989. Nonetheless, many airlines voluntarily developed their own policies restricting smoking on the flight decks, and the successful implementation of these policies supported the April 2000 government action to ban smoking throughout commercial aircraft. To conform to the new legislation, the office of the Secretary of the US Department of Transportation and the FAA amended their smoking policies and have published updated rulings on a range of the effects of smoking and nicotine withdrawal, as well as treatment options, expanded considerably after 1978, and in 1994 the FAA requested that the National Institutes of Health assemble an expert panel to follow up on the 1978 report, re-examining the effects of smoking and smoke deprivation relevant to pilot performance. The science documenting these adverse affects supports the banning of smoking that was ordered by regulators in 2000. In brief, the panel concluded that nicotine withdrawal in dependent cigarette smokers does not generally lead to cognitive and behavioural deficits until at least four hours after the last cigarette. Because more than 94% of US commercial flights are less than four hours in duration it was assumed that there would be sufficient opportunity for pilots not able to completely cease smoking to smoke before flights. Furthermore, the panel observed that nicotine withdrawal related performance deficits could be produced by nicotine replacement medications. This knowledge and such medications were not available in 1978. The facts that less than 15% of pilots smoke and that most pilots actually reported discomfort and decreased performance as a result of ETS’ provided additional support for the policy. The ideal course recommended for tobacco using pilots of longer flights was treatment for tobacco dependence to alleviate withdrawal symptoms and sustain abstinence.

Our discussions with several airlines and government regulatory agencies suggest that the policies are not yet well understood nor have they been adequately disseminated. Nevertheless, it appears that smoking restrictions on flight decks and passenger cabins are being implemented without major problems or concerns regarding safety. In practice, the impact of such policies may be increasingly manageable as the prevalence of cigarette smoking continues to decline in many sectors of the workforce. Finally, the greater range and accessibility to effective treatments for tobacco dependence and withdrawal available both with and without prescriptions should make this goal more practical.
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CRYSTAL L LAURVICK and KONRAD JAMORZIK

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