

is an answer: the skull and crossbones, not just familiar from the flags of cartoon pirate ships, but widely used on containers of poisonous chemicals and other dangerous products and on electrical installations. Together with graphic images of diseased organs, the government included the skull and crossbones in its wish list. But it was not to be.

In a lengthy period of debate, it emerged that the tobacco industry did not just oppose disease-related graphic warnings (though some more than others) but was particularly desperate to prevent the skull and crossbones from appearing. This may at first sight appear surprising, but the manufacturers of bidis, the leaf-wrapped, local product used by millions of lower income smokers, were especially desperate to prevent the government imposing a warning that was particularly effective at reaching their customers.

But how could tobacco interests counter such a simple, universally recognised symbol of poison and danger, especially when it was already part of the government's plans, which meant that an amendment would have to be debated in parliament? The debate generated much favourable comment and media coverage for the government's plans, which should have been quite sufficient for it to stick to its guns. However, a pernicious argument was then wheeled out by industry interests: the skull symbol would be offensive in a religious sense, especially to those people, such as Muslims, who bury their dead.

Public health researchers swung into action. A survey of more than a thousand people not only confirmed that the symbol was the most widely understood to mean danger, especially by less literate, rural people, but also that the religious argument was nonsense. More than nine out of ten Muslims shown the symbol said it would not hurt their religious sensibilities, with only 1.4% saying it would do so. Similar figures for Hindus and followers of other religions showed how baseless it was, but for reasons that may never be known, the industry prevailed and the amendment to remove the skull and crossbones warning was passed. But with proven and growing public and parliamentary support for more effective tobacco control, will the government not show greater political courage and let the roller coaster pick up speed again next time?

Mauritius: poorer people like tough warnings

Another country where health advocates have been researching the acceptability of



Mauritius: cigarettes marked with a skull and crossbones received overwhelming approval in a survey, even by smokers.

having a skull and crossbones on cigarette packs, as well as on each individual cigarette, is Mauritius. Health organisation ViSa carried out a detailed survey with people visiting prison inmates, which among other benefits got responses from a sample of the country's less affluent citizens. Both their mocked up packs and cigarettes got highly favourable ratings as to general acceptability, and concurrence with the view that such warnings might help smokers quit and deter those who do not yet smoke from starting. Such ideas would have been unlikely to be taken up by the government in the past when British American Tobacco (BAT), the dominant player in this small country with Africa's highest per capita cigarette consumption, seemed to hold great sway. However, times are changing, and in the face of declining tobacco consumption, BAT recently closed its factory in Mauritius. Perhaps the large sums BAT used to spend on schemes such as its undergraduate

scholarship scheme for gifted young people to study at the University of Mauritius may turn out not to have been money well spent.

South Africa: Swedish snus snare

British American Tobacco (BAT) recently sent a delegation of South African members of parliament to Sweden on a "fact finding" trip, to learn about the blessings of snus oral tobacco. The trip was organised by a group called the Association of Reduction of Tobacco-related Harm (ARTH).

When a draft programme came to light just two weeks before the start of the trip, it revealed that the snus manufacturer Swedish Match and other pro-snus promoters were to entertain members of the group, who were to stay at the most prestigious hotels and dine at the very best restaurants during their five days in Sweden. Strangely, no tobacco control experts or government officials in Sweden seemed to know anything about the visit until a copy of the draft programme came to the attention of Doctors Against Tobacco (DAT). In order to offer the group a broader picture of Swedish conditions and the snus issue in particular, DAT members then emailed the chairs of the two chambers of the visitors' parliament, inviting the group to a meeting during their stay in Stockholm.

A few days before the group's arrival, DAT was contacted by the South African embassy in Stockholm, expressing the



Mauritius: a Pall Mall cigarette pack from Thailand and one sold in Mauritius: Mauritian smokers strongly supported the idea of their government adopting Thai-style health warnings.

group's strong interest in a meeting. It appeared that efforts to arrange meetings with government officials and snus-friendly Swedish parliamentarians had been unsuccessful, perhaps in part because of the approaching summer holidays. The visitors were able instead to have a full morning's meeting with Swedish doctors, a health-friendly Swedish parliamentarian and a youth representative from Sweden's Non-smoking Generation national youth anti-tobacco programme. Also present at the "harm reduction by snus" information and discussion session, held at the famous Karolinska University Hospital, were representatives of BAT and ARTH.

BAT has made it clear that it wants to get into the snus market, with South Africa a major target. Swedish health advocates, knowing that the visiting South African delegates might be meeting only pro-snus advocates from the tobacco industry, were glad to have been able to invite them to a meeting. Perhaps it may have served as a vaccination against any excesses of those who may later have put commercial interests before a balanced, science-based examination of the complex topic they were studying.

Belgium: retail incentives are child's play

The British tobacco company Imperial Tobacco has been supplying Belgian retailers with an unusual gift with which to reward their loyal customers, presumably to encourage them to buy even more of the company's cigarettes. It is illegal to supply free gifts with tobacco products but so far giving a supply of gifts to retailers, to be handed out to customers at their discretion, has not been challenged by the government.

However, instead of something that might be suitable mainly for smokers themselves, Imperial Tobacco has gone for something rather more homely or at least more appropriate for homes with children. It is a game called Jenga, which normally costs €15–18 (US\$21–26). Jenga is a game of physical and mental skill marketed by Hasbro, which describes itself as a worldwide leader in children's and family leisure time entertainment. Players of the game first build a tower from 54 wooden blocks, then take turns to remove them one by one from a layer other than the top one, placing them on top until the tower collapses. The player who caused the collapse is the loser.

By contrast, when children play the game of smoking, the loser is the one who keeps taking the cigarettes, which can



Belgium: Jenga, the game supplied by BAT to Belgian retailers to reward their best customers and a pack of its Bastos cigarette brand.

cause the eventual collapse of the lung and other organs. This is why tobacco companies say they do not want children to start smoking. But while Jenga is described as suitable for children aged 6 years and above, its packaging has the same colours as Bastos, a leading Imperial Tobacco cigarette brand in Belgium. Whatever can Imperial Tobacco be thinking of?

Canada: health workers agree next targets

Canada has long been a world leader in tobacco control, especially with its early triumphs on banning virtually all promotion and its subsequent triumph over a furious tobacco industry in pioneering graphic health warnings illustrating diseases caused by smoking. One might assume that by now, Canada has done it all. However, tobacco control leaders meeting at their annual conference in Edmonton, Alberta in September took stock of progress to date and focussed on the one major area still requiring attention. It is the need for total protection from second-hand smoke in all public places and in the workplace. The conference duly set targets for achieving this, as well as for reducing overall tobacco consumption.

Around 700 delegates agreed a national position summary and target list, the Edmonton statement, calling for Canada to become the second smoke-free country in the Americas (after Uruguay) by the end of 2008. They set a target to reduce Canada's overall smoking prevalence to 12% by 2011. The statement also challenged the government to fulfil its obligations under the World Health Organization's Framework Convention on Tobacco Control (FCTC) and to make

Canada a global exemplar of tobacco control by fully meeting all its FCTC obligations, in every province and territory, by 2011. The statement has been sent to the Canadian minister of health and to all the provincial and territorial governments.

Thailand: planning ahead

Last year, 2006, ended with new restrictions on smoking in public places in Thailand, including in transport stations, public parks, at bus stops and in telephone booths. Although there are some places where smoking is still permitted, 36 specific types of location have had smoking prohibited or restricted. There has been heightened activity for smoke-free places through world no tobacco day and the second conference (COP 2) of the parties of the World Health Organization's Framework Convention on Tobacco Control (FCTC) took place in Bangkok in the summer. Thailand's Dr Hatai Chitanondh was selected as the new conference president to preside over COP 3, to be held in South Africa in 2008.

Despite impressive achievements in 2006 and 2007, next year promises new opportunities, with smoking cessation and tobacco control research the areas likely to get special attention. While Thailand has made rapid tobacco control progress through legislation and regulatory policies, it has been unable to take advantage of the restrictions on public smoking or the research information available because of a lack of infrastructure for population-based cessation and science-based collaborative research.

Fortunately, the new Thai health professionals alliance against tobacco brings prospects for progress in these areas. Aided by the new tobacco control research and knowledge management centre of Mahidol University, this alliance of nine health professional groups has been working to build capacity in these areas. Plans are under way for a national smoking cessation "quitline" system. In addition, new opportunities for nicotine and tobacco research are on the horizon through the first Asian regional conference of the Society for Research on Nicotine and Tobacco, SRNT Bangkok 2008, scheduled for 28–31 October.

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USA: still welcome in the community

Despite suffering revelations that might have driven other companies out of