

## LETTERS TO THE EDITOR

Letters intended for publication should be a maximum of 400 words and 10 references and should be sent to Simon Chapman, deputy editor, at the address given on the inside front cover. Those responding to articles or correspondence published in the journal should be received within six weeks of publication.

### Tobacco-free United Nations

To the Editor - United Nations (UN) buildings can be ash-speckled smokey places, especially in lounge areas. This may all change in the next two years after the recent meeting of the World Health Assembly in the UN Palais des Nations in Geneva. At that assembly, Australia sponsored a resolution to ban the sale and use of tobacco products in buildings owned, operated, or controlled by the UN system.

During the debate no country spoke against the resolution, although some tobacco producers asked that the World Health Organisation re-double its efforts to work with the Food and Agricultural Organisation on crop substitution.

Countries which included themselves as co-sponsors included: Australia, Austria, Bahamas, Benin, Bhutan, Botswana, Canada, China, Cook Islands, Côte d'Ivoire, Finland, France, Ghana, Hungary, Iceland, India, Iran (Islamic Republic of), Ireland, Jamaica, Jordan, Kiribati, Kuwait, Malaysia, Malta, Mauritius, Micronesia (Federated States of), Morocco, Netherlands, New Zealand, Norway, Papua New Guinea, Philippines, Republic of Korea, Saint Kitts and Nevis, Samoa, Singapore, Solomon Islands, Sri Lanka, Thailand, Tonga, United Kingdom, United States, and Vanuatu. An additional 15 countries added their names to the list of co-sponsors during the debate.

Implementation of this ban is set for May 1995, and I urge readers of *Tobacco Control* to assist in the monitoring process.

MARGARET CONLEY

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### Tobacco-free schools in a tobacco-growing state

To the Editor - Fayette County is the third largest burley-producing county in Kentucky, the US state which leads the nation in smoking prevalence and where burley tobacco is the leading legal cash crop. Tobacco enjoys considerable economic clout in Kentucky, and designated smoking areas for students are the norm in Kentucky high schools. Despite this, we implemented a smoking policy in Fayette County Public Schools in 1992. Our purpose in writing this letter is to outline the steps we found to be effective in implementing a tobacco-free schools policy in a tobacco state.

The Substance Abuse Resource Teacher (LM) first developed a Smoke-Free Schools

Committee. Committee membership consisted of five teachers, three principals, two administrators, two non-teaching staff, four students, three parents, and three community members, and represented groups within the school system and the community at large.

Based on scientific evidence, the Committee easily reached consensus that smoking harms the smoker and that the health risks extend to the use of all tobacco products. Because of the research concerning environmental tobacco smoke (ETS), we realised that going tobacco-free could be easily justified for legal purposes. Because of the importance of role modeling as an educational tool, and concern about the effects of ETS, we decided that the schools should be completely tobacco-free.

The Committee recommended to the Superintendent that "...the use of all tobacco products be prohibited by employees, students, and visitors on all property of the Fayette County Public Schools, and at all events sponsored by Fayette County Public Schools".

We undertook implementation steps as soon as our policy had been formulated. These included awareness campaigns for students, staff, and the community, and strategies for smoking cessation.

We then approached the Fayette County School Board. Media coverage of the Board meetings at which the Tobacco-Free Schools policy was discussed was extensive. To prepare for these meetings, we solicited testimony from experts in health education, medicine, and drug abuse, as well as parents and representatives of community agencies. We also encouraged parents, teachers, staff members, and students to write letters and make phone calls to Board members stressing their support.

After vigorous discussion and three meetings, the School Board voted 3 to 2 in favour of implementation of the plan. We planned an implementation date of 1 July 1992, so that the beginning of the school year would begin the tobacco-free policy. Implementation was fairly uneventful. Smoking cessation programmes provided were not utilized by students.

The essential components were careful planning and the following items: soliciting broad-based school, community, and health agency support; laying the political ground work with invitations of knowledgeable speakers; offering smoking cessation programmes for nicotine addicts; and approaching the issue as one of health, rather than one of behaviour. It was also critical that the policy eliminate tobacco use by faculty and staff as well as by students. This garnered support for the policy by students, reduced difficulty with enforcement, and sent a strong pro-health message to the students. Getting tobacco out of our schools is important; if it can be done in Fayette County, Kentucky, it can probably be done anywhere.

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### Smoke-free restaurants

To the Editor - The Australian Council on Smoking and Health is pleased to announce the launch of a national symbol for smoke-free restaurants (pictured).



We believe the combination of a knife/fork/plate symbol with the international non-smoking symbol gives a clear positive message of food without smoke.

Adoption of the logo followed consultations with major health organisations around Australia about the design, which was developed by the Council in conjunction with the Health Department of Western Australia.

Research has shown that demand for smoke-free dining is strong in all states and the adoption of this national logo will lead to recognition of the symbol Australia-wide. We hope that this symbol will become as much a part of our culture as the BYO (Bring Your Own) sign, indicating that patrons can bring their own wines to a restaurant and avoid paying the heavy mark-ups that are common. The response to the symbol since its release has been very positive. We are keen now to seek comments from people in other countries who may have similar designs to indicate smoke-free restaurants, or may be interested in adopting this one. Comments should be sent to ACOSH, PO Box 327, Subiaco WA 6008, Australia.

See p. 242. - ED

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### High participation rates in cigarette brand promotions

To the Editor - An elaborate catalogue redemption programme featuring gifts in exchange for packs has accompanied the recent launch of Marlboro Adventure Tours in the United States (US).<sup>1,2</sup> Interested customers are encouraged to save specially marked Universal Product Code barcodes from the sides of packages to accumulate "Marlboro Adventure Miles". Each specially marked barcode is worth five miles. Clothing, sporting gear, lighters, radios, can openers, etc, can be obtained through the programme. Philip Morris imported the programme from Germany, where it had run since 1984, to compete with the catalogue redemption programme offered by Camel (via Camel Cash coupons attached to packs of filtered Camels).

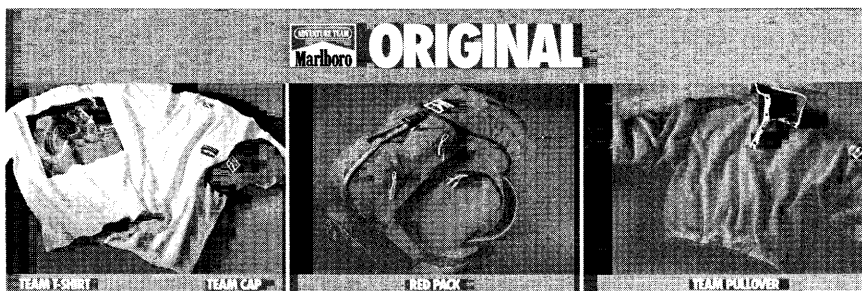
While neither Philip Morris nor RJ Reynolds readily shares data on the extent to which the barcodes are redeemed, an indirect measure suggests these are popular programmes. Empty cigarette packs were picked

up from the curbs in several US neighbourhoods during April and May 1993. Among 31 empty Marlboro packs recovered, the barcode had been stripped off 20. Only seven had the Marlboro Adventure Miles symbol intact. The remaining four had the unredeemable style of barcode. Assuming that all 20 packs from which the barcode had been stripped were Adventure Miles packs, the observed rate of participation among pack discarders (or scavengers) was 74%. The Camel Cash coupon had been removed from each of the five discarded Camel packs found. In contrast, all of the 52 discarded packs of other brands had an intact barcode.

These observations were corroborated recently by the report in the *Wall Street Journal* of a survey conducted by Philip Morris.<sup>3</sup> Among adult smokers, 17% were participating in the Adventure Team promotion. Since Marlboro enjoys a 23% market share, this suggests that 74% of Marlboro smokers collect Adventure Team barcodes.

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1. Ballin S. Marlboro adventure team. *Tobacco Control* 1993; 2 (1): 43-4.
2. Koenen H-G. Marlboro Adventure Team fascination in the land of the cowboy. *Tobacco & Internat March/April* 1993; 61-4.
3. Elliott S. Another tobacco company is trying to entice smokers with offerings of merchandise. *Wall Street Journal* May 28, 1993, D-15.



## TEAM GEAR



## STILL AVAILABLE.



### The collaborative registry of smoking cessation trials

*To the Editor* - Over the past ten years there has been a significant increase in the number of randomised controlled trials comparing the effectiveness of different interventions in smoking cessation.

Recently, substantial progress has been made to assemble systematically, collate, and maintain a register of published and unpublished randomised controlled trials of smoking cessation interventions as part of an international collaboration to facilitate the assembly of a register of randomised controlled trials in all fields of health care.<sup>1</sup> Steps have now been taken to establish a prospective registry of planned or ongoing randomised controlled trials in the area of smoking cessation.

Over the next few months a number of researchers with experience in smoking cessation interventions will be approached to support this initiative. However, it is possible that some people who are working in this field and ought to be approached may be inadvertently missed.

We are therefore seeking the help of all researchers to ensure that a registration form is completed by the principal investigator for all randomised controlled trials of a smoking cessation intervention of which they may be aware, and which is currently in progress or substantially advanced in the planning stages. To be eligible for inclusion in the registry, a trial must (a) include at least two groups, (b)

use either a randomised or quasi-randomised method (eg, alternation, year of birth, etc) for allocation of the groups, and (c) be related to an aspect of smoking cessation. Trials examining abstinence rates, relapse prevention, withdrawal symptoms, training or encouraging health professionals in smoking cessation techniques, or any other aspect of smoking cessation research are all eligible for inclusion. If one is in doubt as to whether a trial is suitable for inclusion, we suggest that a registration form be completed.

Once the register has been assembled a copy will be distributed to all contributors, as well as published in summary form on an annual or biannual basis. The registry will not collect any trial result data or participant information. However, the existence of such a register may facilitate efforts to establish collaborative groups in the future who wish to undertake more detailed systematic reviews, similar to those in other fields.

Trial registration forms are available on request from the Registry Coordinating Centre at the following address:

Department of Public Health & Primary Care  
Gibson Building  
Radcliffe Infirmary  
Oxford OX2 6HE  
UK  
(Tel: (44) 865 319 124; fax: (44) 865 310 545)

The registry would also appreciate being informed of any completed but *unpublished*

smoking cessation trials of which readers may be aware. No special form is provided for this purpose; however, any information provided will assist in up-dating our current register of completed trials and will ensure its comprehensiveness.

The success of the registry will depend on the extent to which researchers are willing to collaborate by providing information. Those who have comments or suggestions or who would like to discuss any aspect of the prospective registry should contact the Registry Coordinating Centre.

#### Members of Registry Advisory Committee

Dr G Fowler (UK), Chairman; Dr R Davis (USA), Sir R Doll (UK), Dr KO Fagerstrom (Sweden), Dr N Gray (Australia), Professor A Hirsch (France), Dr J Hollis (USA), Dr T Kottke (USA), Professor M Kunze (Austria), TS Llivina (Spain), Professor J McNeil (Australia), Professor R Peto (UK), Professor M Russell (UK), Professor R Sanson-Fisher (Australia), Dr C Silagy (UK).

CHRIS SILAGY  
Coordinator  
GODFREY FOWLER  
Chairman

1. Chalmers I, Dickersin K, Chalmers TC. Getting to grips with Archie Cochrane's agenda. *BMJ* 1992; 305: 786-8.

**TC**

## High participation rates in cigarette brand promotions

J. Slade

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