

NEWS ANALYSIS

Phillies win the World Series...of tobacco spitting

Yes, the Toronto Blue Jays won the 1993 World Series in baseball. But according to *Newsday* (Long Island, New York) the Philadelphia Phillies won the 1993 World Series of Tobacco Spitting – by a landslide. During that October week, the newspaper's sports section ran a "Chaw Talk" scoreboard, which on a daily basis tallied the number of spit tobacco sightings captured by television cameras during the Series. At the end of the event, the Phillies led the Blue Jays in each of three categories: tobacco spitting, open-mouth chewing, and "cud sightings" (figure 1).

Chaw Talk				
The cumulative number of incidents that were captured by TV cameras:				
	Phillies		Blue Jays	
	Yesterday	Total	Yesterday	Total
Tobacco spitting	15	120	7	58
Open-mouth chewing	10	106	7	44
Cud sightings	4	41	0	6

Figure 1 Tabulation of spit-tobacco sightings on television during the 1993 World Series, by *Newsday* (21 October 1993).



Figure 2 Philadelphia Phillies' star spitter Lenny Dykstra.



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For three days, spitting images of Phillies youth hero Lenny Dykstra (figure 2) and Toronto Blue Jay Paul Molitor graced *Newsday's* sports page. A full-page article in the newspaper's 20 October edition reported that spitting tobacco use has increased eight-fold for players under 20 since the 1970s.

In some ways, smokeless tobacco use among baseball players is understandable. After all, the game requires standing in the outfield in the parched sun waiting for a ball to fly by, and sitting in the dugout for much of the afternoon with nothing to do. The players have told *Newsday* reporter David Behrens that they mostly chew gum and spit sunflower seeds to pass the time, but a recent article (*Am J Public Health* 1992; 82: 417-21) reported that 45% of Major and Minor League players use spit tobacco.

Thirty-year-old Phillies star center-fielder Lenny Dykstra – affectionately known as "Dude", "Nails", and by one sportswriter, "Pigpen" – has not been deterred by talk of the dangers of smokeless tobacco use. Dykstra may have quit other risky behaviours (gambling, after being placed on probation; and drunk driving, after a

May 1991 car crash nearly fatal to both himself and teammate Darren Daulton). However, "the most intelligent hitter in baseball" (*Philadelphia Inquirer*, 22 October 1993) still smokes cigarettes and piles "relaxing" Red Man Chew into his mouth.

In game two of the Series, Dykstra swallowed a wad of chew, after which he hit a home run. Does he know that Babe Ruth, a heavy user of snuff, chew, and cigars, died at age 53 from throat cancer? Did Dykstra miss the March 1993 visit to his team's clubhouse by a cancer victim, half of whose jaw and tongue had been cut away because of chewing tobacco? Lenny's teammate, pitcher Terry Mulholland, didn't; a snuff dipper for 17 years, Mulholland quit on the spot (*Philadelphia Inquirer*, 20 October 1993).

Besides being a Phillies' trademark, spitting is even a topic of research at the Baseball Hall of Fame in Cooperstown, New York. Researcher Bill Deane places the onset of baseball's spitting tradition at the late 19th century when the game, originally the province of the gentlemen elite, became a money-making professional sport.

Many of the baseball greats, such as Nellie Fox of the Chicago White Sox and Don Zimmer, now coach of the Colorado Rockies, were noted for the big lumps in their cheeks. In fact, Major League teams once supplied free chewing tobacco to their players. During the 1980s, although players' smoking and tobacco chewing decreased, their use of moist snuff increased, thanks to an aggressive industry marketing campaign which delivered free samples to team clubhouses (*Am J Public Health* 1992; 82: 351-3). As veteran Mets pitcher Jeff Inness, a recent convert to gum chewing, told *Newsday*: "It [spitting tobacco] is something from childhood. You pick it up imitating the pros when you're a kid."

Baseball officials and health authorities are trying to send the message to these role models that spitting tobacco



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is not only gross but very dangerous. Effective 15 June 1993, Major League Baseball prohibited smoking or spit tobacco use by Minor League players, coaches, and umpires anywhere in their ball parks or on team buses. Being unionised, however, Major League players are not affected by the ban; the issue is negotiable under

their collective bargaining agreement. How ironic that the home stadiums of both the Phillies (incidentally, named after the cigar with the same name) and the Blue Jays are smoke-free. For now, unfortunately, they certainly are not tobacco spit-free.

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The "expertise gap" – another reason why voluntary agreements fail

"SMALL EARTHQUAKE IN CHILE: NO CASUALTIES" is said to have been the winning entry in a private competition among newspaper journalists to see who could get the most boring headline past the editor. Those of us who report developments in tobacco control have been subjected to quite a blizzard of possible contenders in our own field of interest over the past year, as more weak and naïve governments are enticed by the tobacco companies to opt for self-regulation agreements as an alternative to legislation. Perhaps the most pathetic aspect is not the lack of effectiveness of the regulations being announced (see *Tobacco Control* 1993; 2: 183-4), but the pitiful faith of the governments announcing them. Ground down by months of tough negotiations and brain-washed by industry propaganda, they actually seem to expect praise for opting not to play for the health side, making themselves the referees instead, and then announcing a draw under rules dictated by the opponents.

One of the many advantages to the

tobacco industry of voluntary agreements with governments is that health ministries have no expertise in any of the vital areas – communications, typography, graphic design. In many cases, not a single government official even seems aware that these important areas of expertise exist. The industry, on the other hand, has the resources and the knowledge to use the best expertise that money can buy. The result is that once the idea of voluntary agreements is accepted, the industry can direct the development of regulations that will preserve the maximum possible effectiveness of its advertising, while making the government think it has achieved a major step forward in public health policy.

This "expertise gap" is well illustrated by a little saga from Canada. Unusually, it has a happy ending. In 1988, while the government was pressing for an immediate ban on tobacco billboard ads, the desperate tobacco and billboard lobbies managed to extract a concessionary three-year phase-out period instead. During negotiations, the Non-Smokers' Rights Association (NSRA) Legal Counsel David Sweanor managed to ensure that the billboards would carry health messages as prescribed by regulation. The industry proposed that billboards should carry a very detailed message in both French and English (some 65 words in total) covering the bottom 10% of billboards. Govern-

ment officials were initially impressed, but fortunately NSRA had done its homework and was able to use the opponents' own materials against them. NSRA produced a manual published by Mediacom, Canada's largest outdoor advertising company, explaining some of their trade's dark secrets to potential advertisers:

"Size is important. Lettering of 4 inches [10.2 cm] or less becomes a smudge at 200 feet. Unimportant statements can be printed at 4 inches or less. This guarantees that no one will be able to read them!"

NSRA also produced a sight chart diagram used by Mediacom, showing how the lettering size put forward by the industry would guarantee illegibility from normal viewing distances. This, together with evidence showing how the bottom portion of billboard ads is often visually obscured by bushes, or by the platforms used by maintenance personnel, turned the tide. The result was a shorter message ("Smoking causes lung cancer, emphysema and heart disease") only in the language of the ad itself, in a space occupying 20% at the top of the billboard. After considering these rules, with the help of at least one mock-up, the industry decided to stop any further billboard advertising. Clearly, cigarette manufacturers prefer to avoid informing the public rather than risk communicating any effective health message. – DS

Laos – “the land of smiles” (and smokes)

As the muddy waters of the Mekong river swirled by, thousands of Laotians gathered on the dusty banks to celebrate an annual rowing race in the heart of rural Laos. However, there was one extra boat on the river, attractively painted and strikingly different from all the other long-boats filled with teams of rowers. This motorised boat paraded up and down all day in front of the large and noisy holiday crowd, holding aloft a huge banner in striking red and white colours. Occasionally it came to shore at the point where stylish red and white umbrellas shielded the privileged from the penetrating sun. Sometimes it would ride alongside its own racing boat, whose young rowers all wore the fashionable t-shirts emblazoned with the internationally famous cigarette colours and logo, unlike many of the other teams that were dressed in old, sometimes ragged, t-shirts.

A gleaming red and white van, emblazoned with cigarette name, is hard to miss as it darts along the streets of downtown Vientiane. It starts from smart offices, instantly recognisable by the red and white plastic signs outside, and delivers its goods to its sales outlets. Even deep in the rural countryside, reachable only by dirt track, large Marlboro cowboy posters dominate village stores.

Laos, bordered by China, Vietnam, Cambodia, Thailand, and Myanmar, is ranked one of the poorest countries in the world. Laos is mostly rugged mountains, dense jungle and plateau, except along the lower reaches of the Mekong river. The population is only 4.2 million people, of whom 85 % live in rural and often very remote areas.

Life expectancy is 51 years, and the main causes of death are still malaria, respiratory infections, and infant diarrhoea, but a new epidemic has arrived – “the brown plague”.

Data on tobacco

No accurate figures are available, but it is estimated that 60 % of adult males smoke, although few women do so. Among certain minority groups the prevalence rates for both men and women are thought to be as high as 70 % to 90 %. Rural people use cigarette smoke to repel mosquitoes, a factor to be taken into consideration in a country whose leading cause of death is malaria.

Today, the health problems of



tobacco use are insignificant compared with those caused by infectious diseases. While tobacco-related deaths among today's adults are more difficult to predict because of unknown past variables, the impact on Laotian children and teenagers in the future is more predictable. Professor Richard Peto of Oxford University has estimated that 200 000 of the two million children and teenagers alive today in Laos will eventually die from tobacco use (as with other developing countries – if present smoking patterns continue, if the cigarettes smoked are manufactured cigarettes, if the pattern follows that of western countries, and as other diseases decrease). Most of these deaths will be among males, but if smoking increases among females in the future, then the prediction would be much worse.

Tobacco industry

Most tobacco is grown for local consumption. There is only one cigarette factory, owned by Thais. The American and British tobacco companies are already penetrating the country with sophisticated advertising and sponsorship, never seen before in Laos. Posters for Marlboro and 555 brands are everywhere, even in remote villages. The Lao national sports team was recently sponsored by a cigarette company to participate in the (smoke-free) South East Asian Games in Singapore, and sponsorship of popular boat racing teams by Marlboro and 555 is common in Laos.

Tobacco control activities

As in many developing countries, awareness of the harmfulness of tobacco has only evolved very recently, and up to now there has been no national policy on tobacco. World No-

Tobacco Day was celebrated on 31 May 1993, some posters have been produced, and the harmfulness of tobacco has occasionally been featured in television spots on health.

There is still no tobacco control legislation, although in the summer of 1993 the Ministry of Health was successful in requiring Philip Morris to remove a large Marlboro advertisement from the first tobacco advertising billboard to be erected in Vientiane. In August 1993 the health ministry proposed guidelines on forbidding tobacco advertisements (these guidelines are rather vague, and are not yet implemented).

There are some voluntary measures to restrict smoking in hospitals, public transport (eg, all domestic air flights under one hour), theatres, cinemas, places of work, and some government premises, but these measures are just beginning.

Activities accelerated in mid-1993, when the Vice Minister of Health fortuitously visited Thailand on other matters, but had discussions with the Thai Ministry of Health about tobacco control (luckily Thailand and Singapore have the best tobacco control programmes in Asia). In 1993 the Ministry of Health established a joint Ministry/Non-Governmental Organisation Committee to cooperate with the International Union Against Cancer (UICC) in planning a November 1993 meeting on tobacco or health in Vientiane. This Committee is expected to continue in existence to further tobacco control action.

Meeting in Vientiane, 10–11 November 1993

The conference was attended by 40 key officials from the Ministry of Health, the medical school, and the

Anti-Tuberculosis Centre, as well as three regional delegates (two representing the UICC), and the World Health Organisation (WHO).

The meeting was opened by the Vice Minister of Health, Dr Rasmy Khamphay, who spoke of the many health problems his country faced. He commented on the difficulties for a country like Laos in dealing with the tobacco industry, and of tackling such a new style of epidemic.

One of us (JM), serving as the regional chair of the UICC Tobacco and Cancer Programme, noted that the meeting was timely, given the penetration of the foreign tobacco companies, and also given the future impact of tobacco on the health and the economy in Laos. Dr Francois Canonne, the WHO representative in Laos, noted that the Lao tradition has been to encourage or at least to facilitate tobacco smoking by women and, even more surprisingly, by chil-

dren as young as five or six years old in the minority groups.

The delegates showed intense interest in the topics presented by the three regional delegates, particularly in national tobacco control programmes, especially legislation; in the economic costs of tobacco; in health education; and specifically in the Thai experience (Thailand borders Laos and the written and spoken languages are very similar). For most of them, the information was totally new. The delegates from Laos mainly presented global information, as there are as yet few data from Laos itself; for example, there has not yet been a smoking prevalence survey.

It was an active meeting, and the debate was extremely lively. The conference ended with resolutions, calling for health education, establishment of a national coordinating agency on tobacco control, and adoption of a national tobacco control

policy, including appropriate tobacco price policy and (especially and urgently) a ban on advertising and promotion. The meeting was shown on national television, and the resolutions were disseminated in full on national radio, the widest public prominence given to smoking to date.

This small national conference is a typical example of many such meetings taking place in the Asia Pacific region, among countries that have little awareness of, or experience in dealing with, the tobacco epidemic. With minimal funding, and with only a few foreign experts, national awareness on tobacco can be raised, expertise and experience shared, and assistance given to establish and implement national tobacco control policies.

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BOUNTHAPHANY BOUNXOUIE
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It's a legal product

"IT'S A LEGAL PRODUCT..." – how often do we hear this plea for tobacco, cited as the definitive, incontestable argument in favour of its continued promotion? A ban would not only be an unacceptable infringement of freedom of speech, argue its opponents, but also, for a legal product, it would be illogical and wrong. Tobacco control advocates in Britain have certainly had to sit through more than their fair share of performances of this tired refrain in recent years. It is, of course, a tobacco industry argument, but the British government's cosy relationship with the industry allows it ready access to the industry's rhetoric. Much use has been made of the arrangement in the government's many efforts to wreck the chances of the European Directive on tobacco advertising becoming law. Unfortunately, last December the industry's friend shot itself in the foot. Badly.

The UK Ministry of Agriculture, Fisheries and Food announced a proposal to ban advertising of manufactured baby milk, except to health professionals. It even tried to get a ban written into two European Directives on infant formula and follow-on formula, in accordance with the World Health Organisation's International Code of Marketing of Breastmilk

Substitutes. Having succeeded only in getting a permissive power for member states to introduce bans, it decided to go ahead with its own ban anyway. Where did the poor folks at Nestlé's go wrong? – DS

Not so Kool

An increasingly common tactic of the tobacco industry in its desperate search for respectability is to try to create goodwill by associating with some of the most deserving but least recognised areas of human activity, especially among minority groups and in pioneering social programmes. Much less common is for someone offered an award under such a scheme to take a stand of principle. Special congratulations, then, to Ronald Johnson, a former gang member now working in a US government gang prevention programme, who refused an award sponsored by the Kool cigarette brand of BAT's US subsidiary Brown & Williamson, which would have given US\$5000 to the charity of his choice. Only 14 community activists across the USA were chosen to receive the "Kool Achiever" award last September.

Johnson declined the prize at the awards ceremony in front of a stunned

audience of 150, citing nicotine addiction and the drug culture as having turned into a "war on black men... Each year, America jails more black men than does the Union of South Africa. Most of those brothers are in jail for economic crimes...related to doing drugs or selling drugs." He called nicotine the "number one most addictive drug on the planet", and the audience at the ceremony gave him a standing ovation.

In an interview, Johnson explained his decision: "I decided to use my short time under the spotlight to protest against the madness in this community... For all the children who will start smoking this year, for all the Americans who would die of throat and lung cancer, I declined."

Brown & Williamson said later that Johnson had been stripped of his "Kool Achiever" award. A spokesperson for the company said, "It is unfortunate, but we will respect his wishes." Johnson's decision received support in a *Milwaukee Journal* editorial, which ran the following comment: "If Brown & Williamson wants to spotlight community achievers, fine. It would be even finer if this company and the rest of the tobacco industry stopped blanketing inner cities with billboard advertisements for cigarettes. Best of all would be an end to cigarette ads aimed specifically at young people. Kudos to Ronald Johnson, meanwhile, for jabbing at the corporate conscience." – DS

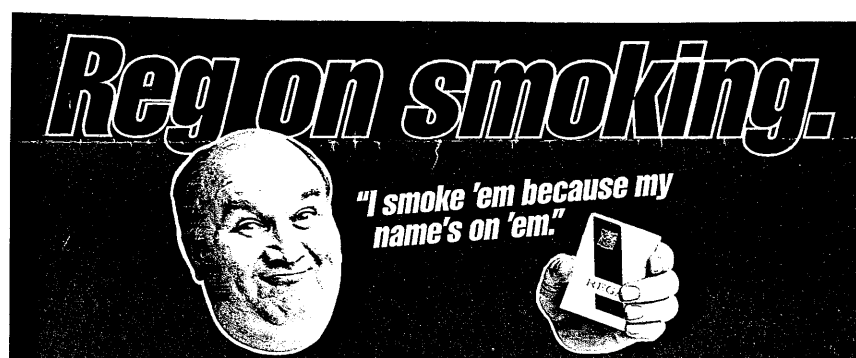
Regicide

Many would regard the withdrawal of a cigarette advertising campaign found to be especially effective with children as a victory for health, as when a reluctant Imperial Tobacco, a major UK cigarette manufacturer, announced the end of a much-lauded campaign for its Regal brand. While health had won a skirmish, overall, the whole sorry saga can be seen as valuable service by the insidious "voluntary agreement" (self-regulation) system of advertising controls, whose continuance is so passionately championed by the tobacco manufacturers in their war against public health.

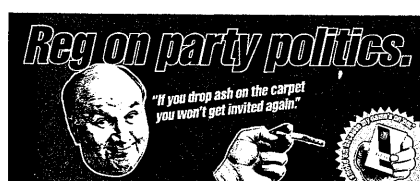
In the USA, where cartoon figures play a big part in children's popular culture, the development of characters like Joe Camel and Kool's Willy the Penguin by cigarette companies is of particular concern (see *Tobacco Control* 1992; 2: 132-3). In the UK, a different but no less effective approach has emerged, using the sort of obvious jokes and simple wordplay with which British children make their peers laugh in the playground and their parents and teachers groan at home and in school. The Embassy brand has been employing a corny joke series of "Tips" with hand-drawn images reminiscent of small ads of the 1930s. Benson and Hedges has been showing strange images as clues for crossword-type questions. And Regal went one better by developing, on a regional test basis, a potential cult hero of the classic irreverence and preposterousness which British children love. Reg ("I smoke 'em because my name's on the packet"), a claim also made in some ads by Reg's toupé-wearing twin brother, Al), was a comical, balding, middle-aged man who made terrible jokes.

Seeing their obvious appeal to youth, Action on Smoking and Health (ASH) wrote to the UK's Advertising Standards Authority (ASA) in July 1982, complaining that the ads clearly breached several of the rules which are supposed to govern cigarette advertising, particularly those proscribing ads likely to appeal more to children than to the public as a whole. The authority which clears all cigarette ads in the UK before they are published, replied that it had carefully assessed each ad and saw no evidence that they were acquiring any cult following. It refused to investigate further.

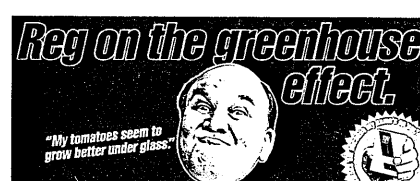
Three months later, the ads swept



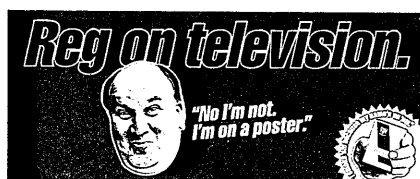
REGAL KING SIZE 13mg TAR 1.1mg NICOTINE REGAL FILTER 11mg TAR 1.0mg NICOTINE
SMOKING CAUSES FATAL DISEASES
Health Departments' Chief Medical Officers



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the board in the prestigious CAMPAIGN Poster (billboard) Awards, with their "outrageous cheekiness" winning fulsome praise along with, among other prizes, both gold medals. As CAMPAIGN magazine's Editorial Director wrote, "My only reservation about them is that they obviously have a very powerful appeal to young people and might encourage some of them to take up smoking."

ASH wrote to the ASA again, but this time did not even receive a reply. So the Health Education Authority of England (HEA), whose resources do not lightly stretch to having to prove the obvious, commissioned detailed research on the Regal campaign. This found that 91 % of teenagers surveyed in the North of England, where the campaign was running, had seen the ads, compared with less than 50 % of adults. The ads appealed to young teenagers more than they did to adults; and 21 % of children between the ages of five and 10 years said they liked them. The youngsters who smoked particularly liked the campaign, identified with the humour, and said it gave them a reason to continue smoking. The findings also suggested that in areas where Regal could be seen on advertising billboards, there had been significant increases in the rate of regular smok-

ing among 11- to 15-year-olds while in other areas prevalence had remained steady. In one Northern town, a local survey found that 80 % of underage smokers chose Regal cigarettes.

The HEA then made its own complaint to the ASA, which in December 1993, although still not admitting a breach, stated that further use of the campaign would be unwise. Imperial Tobacco said that the HEA's research was "highly selective" and "misleading", but it decided to withdraw the campaign anyway. It did not say "If it might jeopardise the cosy gentlemen's agreement with the present government, whose strongest action on tobacco advertising has been to promise not to legislate, then we'd better drop it". Nor did it point out that the campaign had in any case run for 18 months, a venerable age compared to some, and had won an enviable market share in a sector of the population offering bright prospects of repeated purchases over many years. At the end of the day, cigarette companies are still free to devise stunning visual images - to link their products with amusing, attractive, stimulating messages rather than with lung cancer, emphysema, and heart disease. As the industry so often reminds us, self-regulation works. - DS

Inspiration in the Caribbean

One of the architectural gems on Barbados, the Eastern-most island in the Caribbean (166 square miles, population 265 000) is the Bridgetown Synagogue, built in 1833. Its congregation dates to the mid-1600s when the island's early Jewish traders are said to have helped introduce sugar cane and diversify the economy from one largely dependent on tobacco.

By the turn of the 20th century, the Jewish community had all but vanished and the synagogue, having fallen into disuse, was sold and converted into law offices. In the 1980s the synagogue was about to be destroyed by the government to build a new courthouse when it was sold to a group led by realtor Paul Altman, whose family has lived on Barbados for generations. Altman undertook a costly and meticulous restoration effort that has recreated one of the most beautiful sanctuaries in the world – and one which is supported each Sabbath by a resurgent Bajan (as natives of Barbados are called) Jewish congregation, joined by tourists from all over the world.

During the past decade, another Bajan hero has emerged, this time in the field of tobacco control. Dr Tony Gale, 71, a robust, recently retired, general practitioner, has single-handedly sparked island-wide public awareness of the serious problems caused by smoking (figure 1). A member of one of Barbados' leading families (a grandfather founded one of the two daily newspapers), Dr Gale received his medical training in Canada and the United Kingdom. Actively involved in the Barbados Cancer Society since its founding in 1981, Dr Gale has served on its council since 1985 and has led its anti-smoking campaign.

Dr Gale takes a highly motivational, skills-based approach to tobacco control. "I've concluded after several years of running smoking cessation programmes that the use of nicotine chewing gum or the nicotine skin patch is unnecessary and is unlikely to be successful in accomplishing long-term abstinence from tobacco smoking," he has written in a local publication. "Education which changes smokers' beliefs, attitudes and behaviour through accurate information about the physical, psychological and social aspects of tobacco smoking is far more likely to have the successful outcome desired by smokers and their doctors."

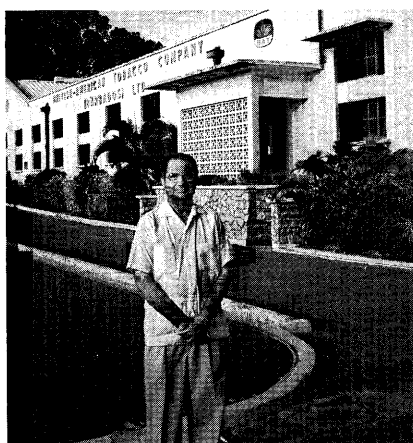


Figure 1 Dr Tony Gale

As in all too many countries, organised medicine is lagging sorely behind. Referring to the 200-member Barbados Association of Medical Practitioners, Dr Gale says "They've been vocal on AIDS – they have a committee that issues statements – but they do nothing on smoking." He has been able to publish only one article in the association's semi-annual bulletin and has been invited to give a solitary address at its semi-annual continuing medical education conference. "I had difficulty in getting to speak for eight minutes three or four years ago," he told me during a visit to his modest home overlooking the Caribbean Sea in 1993.

When he began conducting smoking cessation classes, he wrote to every member of the medical, dental, and nursing professions, as well as to the heart foundation. The response was hardly overwhelming, but he has since gained the support of the senior pediatrician at the island's venerable Queen Elizabeth Hospital, the former head of the military reserves, at least one governmental health official, and an Adventist minister who has co-ordinated pan-Caribbean conferences on drug and alcohol dependence. By and large, the Health Ministry and the government in general have been lackadaisical, but he did receive acknowledgement of one letter from the Attorney General.

On the whole, Gale believes that the general public has responded favourably to his campaign to ban smoking in the hospital. "The only

people who've gotten really angry have been the odd doctor who smokes," he says. He cites one surgeon and one geriatrician who openly flaunt the smoking ban. As for the Pan American Health Organisation (PAHO), "they have a position on it, but the local director is rumored to smoke."

"Some years ago tourist interests helped get rid of billboards," Gale pointed out, but small shop signs for cigarette brands are ubiquitous and signs for duty-free cartons of Benson & Hedges are the first thing one sees at the airport. Ten-packs of British American Tobacco's (BAT's) Embassy and 555 brands are big sellers in the tiny shops that proliferate throughout the island. Marlboro is the most popular American brand and Marlboro logos appear above the headlines in the sports pages of the most widely circulated regional weekly newspaper, *Caribbean Week* (figure 2).

Although overt cigarette advertising has long since been withdrawn voluntarily from television by BAT, I watched four hours of a test cricket match between the West Indies and Australia live from Perth, during which Benson & Hedges logos provided a virtually continuous, in-focus backdrop to the action.

"Some test cricketers have happened on TV to talk about getting exercise and eating the right food – but never smoking," notes Dr Gale.

In addition to cricket, the tobacco industry funds art exhibits, horse shows, and other cultural activities. Dr Gale tells of a tobacco company executive, a former Boy Scout, who regularly gave \$1000 a year of the company's money to the Scouts but asked that its source not be identified.

A tireless polemicist whose letters frequently appear in local newspapers and whose earnest smoking cessation messages are shown daily on the national television channel, CBC, Dr Gale expresses cautious optimism over the recent reduction in the number of employees at the BAT factory (approximately 100) and the increasing restrictions on smoking in the workplace, including one of the shipping and trading companies that transports tobacco.



Figure 2 Sports page banner of Caribbean Week

Caribbean Week, Jan. 9-22, 1993, Page 27

The 1992 Report of the PAHO, *Tobacco or Health: Status in the Americas*, is a valiant attempt to provide a comprehensive, nation-by-nation review of tobacco control activities. Its excellent chapter on Barbados concludes optimistically "Barbados is well situated to prevent additional chronic diseases caused by tobacco through coordinated educational, regulatory, advocacy, and research programs. The small size of the country, the high literacy rate, and the relative affluence of the population provide an encouraging setting in which to prevent diseases associated with tobacco."

With all due respect to the Barbados Ministry of Health, efforts to counteract tobacco use were not very apparent during the week I visited the country. Based on similar descriptions in the PAHO report of anti-tobacco strategies in other Latin American and Caribbean nations, I would surmise, sadly, that any suggestion of serious tobacco control activities in the region is premature.

In spite of all we have learned from the world conferences on smoking, it is still generally assumed that each country must learn to deal with its tobacco problem largely within its own political, economic, and cultural contexts. Yet this is how transnational conglomerates like BAT and Philip Morris have exploited consumer mar-

kets in Barbados and every other Caribbean (and Polynesian) island nation. Satellite telecasts of cigarette-sponsored cricket matches are merely glaring examples of the ways in which tobacco companies remain well ahead of local and national tobacco control activities, even in countries where televised tobacco advertisements are banned.

Walking along a moonlit road past tiny chattel houses abuzz with after-dinner conversation, I heard the voice of Dr Gale echoing everywhere. He was appearing in a TV commercial urging viewers to enroll in the Barbados Cancer Society's stop-smoking classes.

His voice was calm and sincere, with hardly a trace of finger-wagging ("I needn't tell you what smoking can do"), and above all encouraging that stopping smoking is not as difficult as it may at first seem.

Dr Gale is currently creating a new video and a series of TV commercials for schools and is attempting to establish a consortium of tobacco control activities throughout the Caribbean, but raising funds for a non-governmental public service project is a tough assignment, especially in times of recession. He recently wrote to me, "I would be grateful if you could recommend any funding or other international funding agencies that might consider our project

worthy of support." (Address: Dr Tony Gale, PO Box 1060, GPO, Bridgetown, Barbados.)

If there is to be any hope whatsoever of diminishing the omnipresence of the tobacco industry in Latin America and the Caribbean, then common sense dictates that counter-advertising strategies be instituted via satellite television. Cultural and ethnic targeting (the basis for much wasteful and redundant market research on the part of all too many individuals and organisations engaging in tobacco control) pales into insignificance when one considers the popularity of American and British films, television programmes, sports and show business stars, and product brand names and logos throughout the world.

An international satellite TV counteradvertising approach to undermine tobacco marketing could begin to provide positive reinforcement for respected local mavericks such as Dr Tony Gale. Like the preservation of the tiny Barbados synagogue by Paul Altman, the saving of Bajan lives by Dr Gale (and the Dr Gales of other island populations) is an effort that deserves public recognition and support.

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Doctors Ought to Care
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Camel lights

Bucharest, capital city of Romania, is afflicted with one of the most audacious cigarette promotions by a Western tobacco transnational company yet seen in the newly opened markets of Central and Eastern Europe. The amber filters of many of the city's traffic lights advertise the Camel brand (see figure 1).

This promotion brings to mind similar roadway promotions we've seen, such as the Marlboro name and colours on street-name and highway distance signs in the Dominican Republic (see figure 2, and article in *JAMA* 1986; 255: 993). — DS

Toxicomanies Cooperation

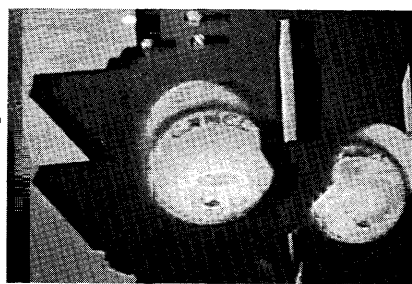


Figure 1 Bucharest, Romania, 1993

Ronald M Davis

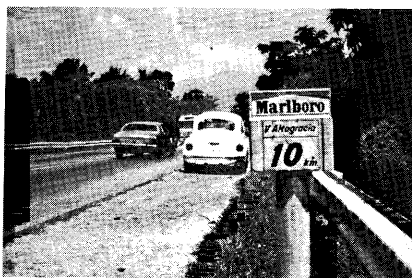


Figure 2 Dominican Republic, 1985

Ideas and items for News Analysis should be sent to David Simpson at the address given on the inside front cover.