

# NEWS ANALYSIS

## Big Apple breathes easy

On 10 January 1995, New York City Mayor Rudolph Giuliani signed into law a bill that frees the city's approximately seven million people from the hazards of secondhand smoke in public and private workplaces. After nearly a year of debate, the city council voted overwhelmingly to strengthen the 1988 Clean Indoor Air Act by banning smoking in workplaces, except in physically separated, separately ventilated smoking rooms and private offices. The new law also prohibits smoking in restaurants seating over 35 patrons (bars and some bar areas excluded), daycare centres, and playgrounds. The law even reaches outside to sports and recreation areas and to patios of restaurants, where at least 75% of seating must be set aside in a contiguous smoke-free section. According to the city council, the vast majority of the 11000 restaurants in the city will be covered under the new law.

Although a few exceptions still allow for some public smoking, millions of employees and patrons in the city will be working and breathing in smoke-free environments after the law goes into effect on 10 April 1995. Ironically, thousands of the employees of the New York City-based tobacco companies, Philip Morris, RJ Reynolds, and Lorillard, will also be

working in smoke-free workplaces and perhaps making business deals in smoke-free restaurants.

Council members' statements were clear on the negative health impact of secondhand smoke and the need for effective public health protection. There was, however, a significant volley of debate over the economic costs of such protection. After survey results, testimony, and research were presented, city council members carefully weighed and dismissed claims of economic loss.

Tobacco companies concerned about the public image of their product initiated a barrage of often clumsy campaign tactics to give the appearance of a grass-roots lobbying base opposed to the city's smoking restrictions. The Coalition for a Smoke-Free City, the New York City Department of Health, health organisations, concerned physicians, and hundreds of volunteers organised aggressive support for the legislation and responded effectively to each campaign tactic sponsored by the tobacco industry. "This is a health issue," said Speaker of the City Council, Peter Valone, "I don't know anyone who doesn't understand that." At hearing after hearing, chambers were packed with tobacco interests, health advocates, hospitality industry representatives, and those suffering from lung cancer, emphysema, and other tobacco-related diseases. The line to get into one of the

hearings stretched beyond the outside corner of the city hall (figure 1).

### Health perspectives

Health concerns figured prominently in the city council deliberations. Lung cancer and emphysema survivors, employees, and health advocates argued the importance of removing cancer-causing chemicals from places where people gather and work. As expected, tobacco industry representatives denied the health consequences of secondhand smoke published by the US Surgeon General, the US Environmental Protection Agency, and leading scientists around the world. Council members not only shared their personal experience with exposure to secondhand smoke but were quick to trounce attempts to dismiss health concerns.

Local hospitals, health organisations, and many business owners spoke out openly about the important health protection benefits of the Smoke-Free Air Act. Some of the most compelling testimony came from former Lucky Strikes model Janet Sackman, who lost her larynx to smoking. Through her "oesophageal speech", Sackman slowly forced out her passionate testimony in favour of the law. During the signing of the new law, one lung cancer victim said, "It's too late for me, but it might not be too late for the people of New York."

### Economic perspective

Opinion polls, surveys, and other data from smoke-free cities reflected opposite results. Tobacco companies predicted millions of dollars in lost revenues for restaurants if smoking restrictions were tightened. Some restaurant, hotel, and other hospitality industries based their testimony on these predictions and asserted that losing customers who smoked would translate into long-term financial disaster, fired employees, and other business losses.

Other polls showed New Yorkers overwhelmingly in favour of smoke-free restaurants. According to a Gallup Public Opinion Survey, the proportion of New Yorkers who said that they would be more likely to eat out if restaurants were smoke-free (25%) was twice the proportion who

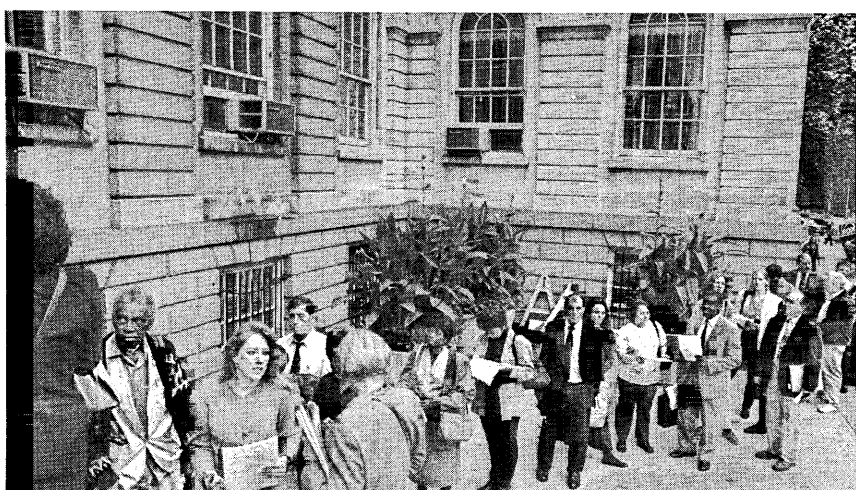


Figure 1 People lined up outside New York City Hall to testify at a September hearing on the Smoke-Free Air Act

said they would be less likely to eat out (12%); another 62% said it wouldn't make any difference. A survey by Rubenstein Associates reported that 70% of diners and travelers to New York want all smoking banned in restaurants. Many owners from both small and large New York restaurant establishments testified that business improved and, in some cases, sales doubled after voluntary smoke-free policies were adopted.

Independent research was presented to council members from a study published in the *American Journal of Public Health* (1994; 84: 1081-5) on the effects of smoke-free ordinances on restaurant sales. The research, based on publicly reported sales tax data on restaurants in 15 smoke-free cities over several years, showed no adverse economic consequences for restaurants when smoke-free ordinances were in effect.

Leon Ransom, legislative aide to Health Committee Chair Enoch Williams, indicated that the restaurant study and testimony from smoke-free restaurant owners convinced many city council members to see through tobacco industry claims of economic loss. The council's awareness that the new law might have a neutral or positive economic impact on businesses was reflected in a strongly favourable 36-8 margin in the final vote.

### Tobacco industry manoeuvres

Attempts by the world's largest tobacco companies to derail the Smoke-Free Air Act often appeared ungainly and desperate, perhaps because the effects of the law would be hitting so close to their home. Most notable was Philip Morris's threat to move its international headquarters, employing 2000 workers, from New York City if the proposed bill was passed. This strong-arm tactic even drew fire from an unlikely supporter, Brooklyn Councilman Anthony Weiner. "I don't know if that's how you lobby in the tobacco country of North Carolina," said Weiner, "but New Yorkers don't like to be threatened. What does not add to the debate is a company saying that 'if we don't get our way, we're going to take our ball and go home.' Well, you know, my view is, go home now." Similar comments were voiced by other council members who characterised the move as a hard-fisted lobbying technique.

Tobacco companies launched three separate attempts to build a facade of grass-roots opposition. The most obvious attempt occurred when the United Restaurant, Hotel and Tavern

The Proposed Smoking Ban

# The City Council has it abrwkbad

**They're supposed to help New York, not hurt New York.**

The New York City Council is considering this Monday new legislation which, if passed, would amount to a total citywide smoking ban in New York City.

In their zeal to have government intrude further into the lives of New Yorkers, the Council is ignoring two important points:

First, New York City already has one of the toughest smoking laws in the entire country.

Second, this ban would hurt the already fragile economy of this city. And the negative economic impact would be felt, in some way, by every New Yorker.

Restaurants, for instance, stand to lose as much as 25% of their business as smokers — or those wishing to dine with smoking friends or business associates — opt to stay home.

On a larger scale, New York stands to lose millions of dollars as the meetings and conventions that bring visitors from all over the world take their business and vacations elsewhere. New York today has over 25 million visitors every year. Tourism is a \$14 billion industry. This helps support our city. It means jobs. Other big cities that compete for this business will be very glad to see this smoking ban pass.

The current New York City smoking restriction law works extremely well. It's tough but fair.

As long as non-smokers and smokers are both able to choose, what's wrong with that? If it ain't broke, don't fix it. That's something the City Council should get straight.

**We urge New Yorkers to call their City Council members at 212-788-7210 and the Mayor's office at 212-788-3000 and tell them this proposal is completely unnecessary and could hurt our city.**



Sponsored by the United Restaurant, Hotel, Tavern Association of New York State, Inc.

Figure 2 An advertisement in the New York Times (23 September 1994) by the United Restaurant, Hotel, Tavern Association, opposing the Smoke-Free Air Act. The advertisement speaks of the importance of tourism to "our city", but the Association has no office in the city.

Association of New York State (URHTA) placed full-page advertisements in the *New York Times* (figure 2), advertisements in other daily newspapers, and commercials on local radio stations. The advertisements claimed that New York would lose millions of dollars from foreign visitors if businesses were required to become smoke-free. The association pretended to reflect a genuine statewide effort showing unity among diverse hospitality industries in opposition to the bill.

Joe Cherner, Policy Chair of the

Coalition for a Smoke-Free City campaign, discovered and later testified that there was no telephone number listed for the Association in New York City and that its chapters in Manhattan, Queens, Brooklyn, the Bronx, and Staten Island were all defunct. When pressed by council members during the September hearing, the URHTA representative confirmed that the advertisements were paid for by tobacco interests. Numerous health organisations protested against the scandal and the bogus claims of economic loss with a full-page ad-



# PHILIP MORRIS

## Shame on you!

Smoke-Free Restaurants Will Let Us All Breathe Easier — And Businesses Won't Lose A Dime!

Over the last few days, you may have seen or heard ads sponsored by the "United Restaurant, Hotel, Tavern Association of New York" opposing legislation now under consideration by the New York City Council—legislation which would eliminate tobacco smoke in food establishments, except in bars. It would be perfectly understandable if you assumed that the United Restaurant, Hotel, Tavern Association represented dozens, hundreds, or even thousands of restaurants in New York City.

It would be understandable, but wrong.

In fact, the United Restaurant, Hotel, Tavern Association of New York doesn't have an office in New York City. It doesn't have a telephone number in New York City. And its Manhattan, Queens, Brooklyn, Bronx, and Staten Island chapters are all defunct! When you think about it, it isn't surprising to learn that the outfit behind the campaign attacking the City Council for protecting the health of New Yorkers is none other than — Philip Morris, the giant tobacco company, whose executives still deny that tobacco smoke causes cancer or any other disease.

Four states and more than 100 cities have enacted smokefree air legislation. The largest, most reputable, objective, independent economic study conducted on the effects of smokefree restaurant legislation on restaurant revenues performed for three years by the Institute for Health Policy Studies at the University of California, San Francisco, found that smokefree restaurant legislation does not hurt restaurant sales. In fact, the study concluded, "Elected officials and public health officials can protect patrons and employees from the toxins in secondhand smoke without any fear of adverse economic consequences."

No wonder. According to another study done at the University of California, San Diego, 20% of the population said they would be *more likely* to eat out if restaurants were smokefree. Only 7% said they would be less likely.

Philip Morris also claims that tourism would suffer, but it's ridiculous to think that people won't come to New York to see a Broadway show, or visit our world-famous museums, stores, and tourist attractions, simply because they can't smoke in a restaurant. Even cities that depend heavily on tourism, like Aspen and San Francisco, have experienced overwhelmingly positive feedback about their smokefree restaurants.

Successful corporations, like McDonald's, which serves food to millions, studied the economic impact of smokefree restaurants and decided it would be good for business to go smokefree. So did Taco Bell, Arby's, Dairy Queen, Boston Chicken, White Castle, and Au Bon Pain.

Earlier this year, Delta Airlines, America's largest transatlantic carrier, surveyed 22,000 passengers in seven major languages on its international flights and found overwhelming support for smokefree air. Beginning January 1, Delta will fly smokefree on all its transatlantic flights—because it's good for business!

So to the New York City Council, and especially its Speaker, Peter Vallone, a man of genuine integrity and caring, we say, "Congratulations on your courage for standing up to the tobacco cartel and for fighting for the health and well-being of all New Yorkers."

And to the tobacco industry, especially Philip Morris and the front groups it uses to cynically scare New Yorkers, we say, "Shame on you!"

Brought to you by a coalition of concerned physicians, health organizations, and associations who deal every day with the death and destruction caused by the tobacco industry. Paid for by SmokeFree Educational Services, Inc., (and we're not ashamed to say so).

American Cancer Society, NYC Division  
Bedford Stuyvesant Healthy Heart Program  
New York State Thoracic Society  
Sierra Club New York City Group  
White Lung Asbestos Information Center  
1199 National Health and Human Svcs. Employees Union

American Lung Association of New York  
Cancer Care, Inc.  
Chinatown Health Clinic  
Allanza Dominicana, Inc.  
Everett Foundation

American Council on Science and Health  
East Harlem Healthy Heart Program  
Cancer Prevention Research Institute  
Roswell Park Cancer Institute  
Harlem Center for Health Promotion and Disease Prevention  
Greater New York March of Dimes Birth Defects Foundation

SmokeFree Educational Services, Inc.  
P.O. Box 3316, New York, NY 10008-3316

Figure 3 A response from SmokeFree Educational Services, Inc (published in the New York Times on 30 September 1994), shaming Philip Morris "and the front groups it uses to cynically scare New Yorkers"

vertisement in the *New York Times* in September, entitled "Philip Morris — Shame On You" (figure 3).

The second strong-arm attempt to broaden the base of opposition was aimed at non-profit cultural institutions that have received programme funding from tobacco companies. Tobacco sponsors reportedly asked these cultural institutions to speak out against the bill, with the implicit message that they would risk losing their funding if the bill passed. According to one source, these institutions were also asked to single out

Hispanic and African American council members to oppose the bill. Only one such group actually testified against the bill during the December hearing, and none of these groups released their names to the press.

Finally, the National Smokers Alliance began early on in the campaign to gather signatures throughout the city to oppose the bill. Recruitment even occurred outside the city hall during one hearing where Smokers Alliance representatives recruited signature gatherers, offering \$10–30 per hour. One effect of this campaign was

a day-long flood of preprinted faxes that hit council members' offices during key deliberations.

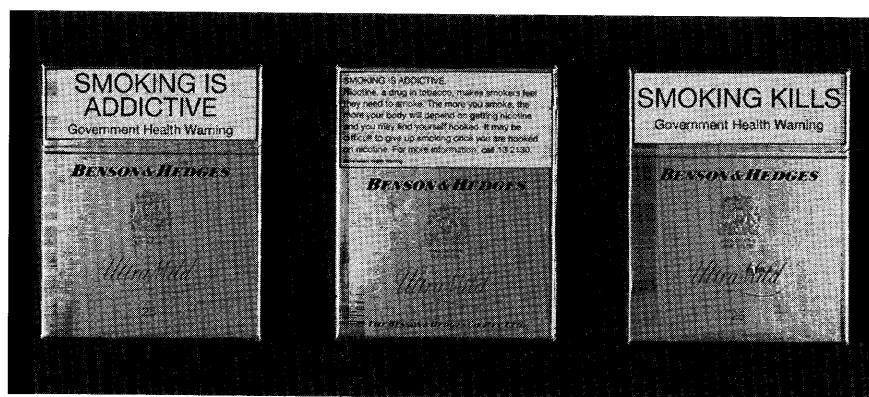
Despite the deceptive campaign tactics and thousands of dollars spent to defeat the bill, New York City now has a smoke-free law on the books. The Coalition for a Smoke-Free City and its many volunteers proved effective in their efforts to organise the community. In the end, more than 130 elected officials and more than 160 restaurant, business, and social organisations provided letters to the New York City Council in support of the Smoke-Free Air Act. The biggest winners will be the employees, business patrons, and children, who will no longer have to be exposed to the debilitating effects of environmental tobacco smoke in the workplace.

LISA RA SMITH  
Olympia, Washington, USA

## Industry down again down under

As signalled in a previous issue (*Tobacco Control* 1992; 1: 92–4), Australia now has a new set of pack warnings. From 1 January 1995, all Australian cigarette packs must bear one of six warnings, rotated evenly during manufacture, on the front of the flip-top section of packs. The six warnings are: "Smoking kills" (figure); "Smoking is addictive"; "Smoking when pregnant harms your baby"; "Smoking causes lung cancer"; "Smoking causes heart disease"; and "Your smoking can harm others". Similar to their Canadian counterparts (front cover and pages 10–14), these warnings take up 25% of the front face of the pack and must appear at the top. A third of the rear of each pack is taken up with information elaborating on the front warning, together with a telephone number for people to seek further information or counselling to quit.

The local tobacco industry struggled hard to overturn the Government's decision. It commenced legal proceedings against the Centre for Behavioural Research in Cancer, which had been commissioned by the Ministerial Council on Drug Strategy to undertake the research that led to the recommendations for new warnings. The writ was eventually dropped. Now having to wear some of the toughest and largest warnings in the world, the industry's only victories were to halve the number of warnings from 12 to six and to reduce the back elaboration from the full side to a third.



New health warnings on cigarette packs in Australia

The industry publicly wailed that the costs involved in resetting the design for packs would be “more than \$A10 million”. Public health advocates ridiculed these claims by pointing out that the industry was quite capable of printing special packs embossed with “Specially packed for Qantas” and without a health warning for the inflight market, packs without warnings for export to the tiny neighbouring Solomon Islands (adult population 195 000), and local brands available only in small states such as Tasmania.

SIMON CHAPMAN  
Deputy Editor

## Give a pint, take a puff

Of the following locations in Winston-Salem, in the state of North Carolina, which, would you guess, is the one with the smoke-free environment – the YMCA, the American Red Cross Blood Donation Center, or the Krispy Kreme Donut Shop? Surprisingly, the only one of the three to ban smoking is also the one without a public health mission: the doughnut shop.

The American Red Cross, in fact, goes to rather extraordinary lengths to accommodate the use of tobacco products in its Winston-Salem office, as Elin Zaccaro discovered last August. Ms Zaccaro was happy to respond to a local newspaper article announcing a shortage of her type of blood, particularly because she had been a regular donor until her recent move to the area. This would be her first visit to her new neighbourhood's Red Cross.

She was greeted by a cheery volunteer, who gave her a number and a place to sit in the lobby. Another volunteer took her blood pressure and temperature, while a third entered her demographic information into a com-

puter. A scoured, rubber-gloved nurse tested the level of iron in Ms Zaccaro's blood, and then asked a series of questions covering everything from recent cold and influenza symptoms to details of her sexual history. The nurse apologised for the personal nature of the interrogation, but all precautions possible were taken to ensure the purity and hygiene of the blood supply.

Finally, when the questions and other preliminaries were finished and she was ready to enter the donation area, a nurse wearing a surgical mask and rubber gloves led her to one of the six donation stations. As the intravenous line was inserted and as the desired pint of O-positive blood was drawn off, Ms Zaccaro thought she smelled tobacco smoke, but decided her sensitive nose must have been mistaken – this was, after all, the Red Cross!

She noticed the low partition walls that separated the centre into areas,

but never quite reached the ceiling to divide rooms from each other. Ms Zaccaro squeezed her hand every 20 seconds as advised, and pondered which type of cookie she would feast on in the recovery room next door.

When she had finished giving the blood and was sent to the recovery room, instead of her anticipated treat Ms Zaccaro was greeted with an unpleasant surprise: a cloud of cigarette smoke. She was amazed to discover that the Red Cross's blood donor recovery room was also its “designated smoking area”! In fact, smoking is not only allowed in the recovery room, it's encouraged – every one of the tables in the room has a sign declaring permission to light up.

The building contains no alternative recovery room, or any other way to exit the building after a donation. All concern for safety and hygiene that is made so clear at the beginning of the donation process seems to be forgotten at the end. Although well-meaning Red Cross nurses advise donors to “be careful” until they fully recuperate, all donors are forced to begin their recovery in a cloud of smoke.

These policies directly contradict the advice of health care providers and even the recommendations of other officials of the Red Cross. Roanne Rutman, the American Red Cross Blood Services Associate Administrator for the Missouri-Illinois region, co-authored in 1985 an article with Stefania Di Pascuale-Barrios entitled “Donor reactions” for the periodical *Donor Room Policies and Pro-*



In the 1940s and earlier the American Red Cross purchased Old Gold cigarettes from Lorillard at a discount and distributed them to US military servicemen and to patients at Veterans Hospitals. Lorillard affixed the Red Cross stamp to the packs in place of a tax stamp. Source: John Slade.



cedures. These two healthcare professionals advocate a smoke-free environment for all donors, smokers and non-smokers alike. They argue that donors who smoke experience changes in their cardiovascular and nervous systems as a result of their exposure to nicotine; the nicotine first induces a higher blood pressure and heart rate but, after a few minutes, they experience a decreased blood flow, leading to hypotension, dizziness, and fainting.

From these effects, Rutman and Di Pascuale-Barrios conclude that "donors should be advised not to smoke for a period of time ranging from  $\frac{1}{2}$  hour to 1 hour after donation, in order to allow the vascular system to adjust to the fluid loss. The prohibition of smoking in the canteen or donor recuperation area is also a protective measure for the non-smoking donor, whose cardiovascular and nervous systems are more sensitive to even slight nicotine exposure in the environment."

Incensed by the disregard for health and the safety of its donors by an organisation as prestigious and committed to public health as the American Red Cross, Ms Zaccaro sought an explanation from regional and national executive officers. She and a group of friends, mostly health professionals who shared her outrage, wrote a letter to Elizabeth Dole, President of the American Red Cross, and Jerry Squire, the Principal Officer of the Carolinas Blood Region, explaining the situation and requesting a change in the policy. "Smoking is prohibited in health care facilities across the United States," they wrote. "This makes the Red Cross policy of promoting smoking seem especially inappropriate."

The response the group received (from Marcia Cole, Executive Director of the Northwest North Carolina Chapter of the American Red Cross) only served to reinforce the group's ire. It seems that the primary reason for the Red Cross's lack of a clean indoor air policy was that the RJ Reynolds Tobacco Company was headquartered in Winston-Salem. The "close and very productive partnership" between the Winston-Salem Chapter of the American Red Cross and RJ Reynolds, according to Ms Cole, had to be taken into consideration when discussing the possibility of a smoke-free policy, and the consequences it could have on that relationship.

Ms Cole's letter explained that RJR had contributed substantially to the construction of the Red Cross facility

and continued its support through corporate monetary donations and the volunteer efforts of its employees. "These are only two examples of how our Chapter has and continues to benefit from the support of the RJ Reynolds Tobacco Company. The list is endless, and we value this partnership we share with them," wrote Ms Cole. "As you can see, the issue of smoking is a difficult challenge for our chapter."

As RJ Reynolds is a major employer in the region, its employees represent a large number of potential donors, volunteers, and consumers. Local businesses and organisations in tobacco towns are often hesitant to risk offending the local tobacco companies by implementing a smoke-free policy. In fact, local stores sometimes ignore their own chains' national smoke-free policies: for example, the Winston-Salem branch of Sears, the national chain of department stores, is the only Sears location anywhere that still permits smoking. Additionally, despite a mandate from the national headquarters that all of their restaurants would be smoke-free, Arby's fast-food outlets in the Winston-Salem area ignore the policy: after posting "No Smoking, Please" and "A Smokefree Environment" signs, Arby's was the target of pressure from RJR executives and their employees to change the ban and Arby's complied, exemplifying the power the corporation can wield in the town.

Following the unsatisfactory reply to their first letter, Ms Zaccaro and the group wrote a second letter to the International Red Cross Headquarters asking why the Red Cross did not "actively discourage donors from smoking after their donation" and admonishing the Winston-Salem chapter for the "lack of regard [the] local chapter has demonstrated for the health and comfort of its donors. ... It is for these reasons that [we] once again ask you to change your policy and make the Winston-Salem facility completely smoke-free." They are still waiting for a reply.

Meanwhile, if the Winston-Salem chapter does decide to change its smoking policy, will it, like health care facilities everywhere else, simply ban smoking on the premises? Well, as Ms Cole explained in her letter: "Our current [floor plan] does not easily accommodate the needs of smokers and non-smokers, and we are currently wrestling with the possibility of a design change. [This] will require substantial financial investment." And where will they get the money they need for the design

changes? "We will be approaching RJR soon," wrote Ms Cole, "for their help with this situation."

REBECCA CAIN  
PHILLIP WILBUR  
Advocacy Institute,  
Washington, DC, USA  
DANIEL J ZACCARO  
Bowman Gray Medical School,  
Winston-Salem, North Carolina, USA

## Sinking to new depths

The Tobacco Institute of Australia has apparently hired its best minds to calculate non-smokers' exposure to environmental tobacco smoke (ETS). In two consecutive sentences from a new publication they are circulating to Australian businesses they write: "In short, ETS is thousands of times less concentrated than what a smoker inhales. ... [A] non-smoker's exposure to ETS is a little like pouring a nip of vodka into an Olympic-size swimming pool and then after it had all been mixed in, trying to find the vodka."<sup>1</sup>

With a typical Olympic swimming pool containing 2.4 million litres, and a standard nip of liquor being 30 ml, the Tobacco Institute is proposing that exposure from passive smoking can be considered 80 million times less than active smokers' exposure to tobacco smoke.

The Institute's misleading calculation is contradicted by the fact that non-smokers exposed to ETS have nicotine levels that are approximately 1% of those in active smokers.<sup>2</sup> To the scientists advising the Institute, one in 80 million may be not all that different to one in 100 and may perfectly justify their vodka analogy but we have never seen a worse case of statistical elasticity. If readers have more astonishing examples of such mendacity, we would be happy to publish them. - sc

1 *Clearing the air for all. Environmental tobacco smoke. Another side of the story.* Sydney: Tobacco Institute of Australia, October 1994: 5.

2 US Environmental Protection Agency. *Respiratory health effects of passive smoking: lung cancer and other disorders.* Washington, DC: Office of Health and Environmental Assessment and the Office of Research and Development, 1993: chapter 3. (EPA/600/6-90/006F.)

## LASH for health

Ladakh Action on Smoking and Health (LASH) is an active smoking control group which is doing much to foster public opinion against smoking in the remote and beautiful mountain kingdom of Ladakh, north of India.

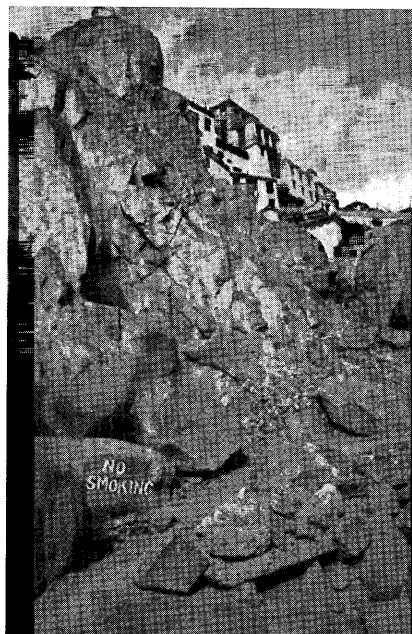
Lying between the Himalayas and the Karakoram mountain ranges at an altitude of 3000 to 5000 m, Ladakh straddles the Indus River. Chest disease is common not only due to tuberculosis but also as a result of living in smoky kitchens in winter, when temperatures often fall to  $-20$  or  $-30^{\circ}\text{C}$ . In addition there are frequent storms carrying very fine dust (*loess*), which causes bronchitis and silicosis even in the absence of occupational hazards such as mining. Smokeless *chullas* (stoves) and dust suppression measures including simple masks are helping to control dust inhalation. More recently, an additional cause of chest disease has entered the kingdom – cigarette smoking.

Ladakh was largely isolated until the opening of the road from Srinagar, in Kashmir, in 1962. But this has led to an invasion of traders, tourists, and the military, often bringing with them cigarettes for sale or as gifts. The likely spread of smoking from lowland India (where up to one million deaths a year are caused by tobacco use) has caused much concern to Ladakhi doctors, teachers, and religious leaders. As a result, Tsering Norboo, senior physician in the government hospital in Leh, capital of Ladakh, joined others in setting up LASH in 1986 to counter the threat.

Dr Norboo is concerned that more children are believed to be experimenting with cigarettes, and prevalence studies are being undertaken. LASH is actively campaigning in schools, whether government, Buddhist, Moslem, or Christian. On a recent visit, I gave a talk on smoking to more than 900 school children in the Tibetan School, along with Ishey Angmo, who is in charge of health education. The children squatted quietly on the floor for 90 minutes and asked many questions. The suggestion that they should one day return to Tibet as healthy non-smokers raised a great cheer.

LASH also gives talks on the local radio (especially on World No-Tobacco Day), and distributes bright "Thank You For Not Smoking" signs which are widely displayed and largely respected in buses, taxis, shops, and even in front of Buddhist *gompas* (temples) (figure).

Some studies have shown that about 30% of men but no women in Leh smoke, but it is widely believed that, as a result of LASH's activities, adult smoking has been steadily falling. Fortunately, few cigarette advertisements are seen but cigarettes are relatively inexpensive, with a packet of 10 costing about 8 rupees



*LASH's work has led to the appearance of many no-smoking signs, including this one on the path up to a Ladakhi gumpa, or temple*

(about US\$0.25). Only time will tell whether LASH's preventive measures are enough to win the tobacco war in Ladakh but, so far, it certainly seems to be capturing the high ground.

KEITH BALL  
London, UK

## Sore throat exchange

Buried in the fine print of the new, revised General Agreement on Tariffs and Trade (GATT) that President Clinton got through the US Congress last year, was a curious little deal between the US and Hungary. The US Government generously agreed to cut its tariff on Hungarian currant jam, a popular remedy in Central and Eastern Europe for sore throats. In return, Hungary agreed to reduce from 80% to 48% its tariff on American tobacco, a popular cause everywhere of throat cancer.

DAVID SIMPSON  
News Editor

## Radio rubbish

In the Croatian town of Split, the local radio station ran a scheme at the end of last year in which people were asked to collect cigarette packs of brands made by the Zagreb Tobacco Factory, for "the preservation of the environment". The aim of the scheme, it was said, was to teach the young people of Split the value of collecting cigarette waste, making the city clean and more beautiful. – DS

## Cigar puff blows back

When *Cigar Aficionado*, a new magazine for cigar smokers, announced that its "Dinner of the Century" was to be held in Paris, France last October, it added that a portion of the net proceeds were to benefit UNICEF, the United Nations Children's Fund. Alerted to this apparently incompatible association, the Executive Vice President of UNICEF's US Committee, Tsugiko Scullion, wrote to *Cigar Aficionado*'s publisher demanding that all such unauthorised use of his organisation's name be removed. In a firm and unequivocal statement that is a model for all respectable organisations, he concluded: "It is against the policy of UNICEF... to accept donations from tobacco companies."

The dinner duly went ahead but with the Cuban Medical Relief Fund as benefactors. Among those present at the \$1000 a plate feast – which, incidentally, was held one week after the Ninth World Conference on Tobacco and Health, also in Paris – were cigar-smoking US film director Francis Ford Coppola and his compatriot Rush Limbaugh, conservative media personality. Limbaugh, clearly not wanting to appear unpatriotic, was quoted as saying that he supported the US trade embargo against Cuba, presumably including the Cuban cigars that were featured prominently in the Paris gala. Like the organisers, he would no doubt have been much happier eating and smoking his way through the evening for the benefit of UNICEF.

Those, however, who attend two *Cigar Aficionado* celebrity "Big Smoke" lunches in New York City in the coming months will be more comfortable. A portion of the net proceeds of these "cabaret-style lunches bringing back the time honored tradition of combining wine and cigars" go to a new research foundation seeking a cure for prostate cancer. – DS

## Of heroes and donkeys

News of increased activity in the tobacco war in India (*Tobacco Control* 1994; 3: 201–2) has been followed by a number of interesting despatches from the front. Among these has been a success story concerning the hero of one of India's most popular TV series, Commander, who until recently was



frequently shown smoking. Since Action to Combat Tobacco (ACTION) organised letters to the programme's producer, the hero appears to have quit.

Meanwhile, in the city of Baroda, donkeys joined the protest against the sponsorship of cricket by Wills cigarettes organised by the SC Patel De-addiction Trust last November. Referring to the alleged stupidity of donkeys, the animals wore banners saying "We do it [be]cause we have no brains - why do you do it?", gaining considerable local publicity and forcing the players to take a back route from the airport to their hotel.

Previously we have published articles describing anti-tobacco campaigns that featured animals in posters and on television spots (*Tobacco Control* 1993; 2: 271-4), and people dressed up as animals (*Tobacco Control* 1994; 3: 102-3). The donkey initiative takes this strategy one step further by employing animals in a live, and apparently successful, performance. - DS

## Wisdom comes with youth

It is a rare event when the views of 50 teenagers, mostly from ethnic minorities, finally end up as government policy, but that's what happened in New Zealand during 1994 following the Smoke-free Youth Summit on Tobacco.

The Summit was initiated by the Cancer Society of New Zealand as part of its tobacco control policy for the World Health Organisation's World No-Tobacco Day 1994, whose theme was "Tobacco and the media: getting the message across".

Its purpose was to give the young people present the opportunity to voice their opinions on the way the media - defined as news media, advertising, point-of-sale presentations, magazines, television, films and video - present tobacco images and information and what, if anything, should be done to control them.

For New Zealand, the presentation of tobacco-related images is a pressing problem. Although overall smoking rates have declined over recent years, rates of smoking by young people have not. Of women aged 15-24, 33% smoke, with much higher rates for Maori (New Zealand's indigenous people). Smoking by women has not decreased since 1976.

Recent research by Debra Singh of the Department of Sociology, University of Auckland, has quantified the amount of tobacco imagery in New Zealand's media after reviewing 100 popular women's magazines and 500 hours of popular television and videos.

She found that 95% of women's magazine carried tobacco imagery; 40% contained neutral or pro-smoking images; just over 50% carried anti-smoking messages; but images showing smoking as normal behaviour were noticed more often than anti-smoking images.

On New Zealand screens, some 85% of programmes contained tobacco imagery; 66% contained neutral or pro-smoking messages; 20% carried anti-tobacco messages; locally made programmes "offended" less often than those sourced from overseas (the majority); pro-smoking images tended to be white, middle class role models associated with success and wealth.

It was in this context that the youthful delegates to the Smoke-free Youth Summit on Tobacco were asked to consider critically the role of the media: a tall order for professionals, a daunting task for those for whom wisdom is deemed yet to come.

Chaired by a popular young people's media personality, guided by researchers, and using teachers to facilitate the discussion, participants' views proved remarkably cohesive. The recommendations were that visual health warnings should cover at least a third of the area of a pack of cigarettes and contain a standardised health message; non-smoking messages should be present wherever tobacco products are promoted or advertised, including the media; tobacco tax should be tied to smoke-free campaigns; and the legal smoking age should be raised from 16 to 18 years.

Strategically, the Summit aimed to raise awareness of the influences on young potential smokers. Use of the youth theme was particularly successful. News media coverage of the event was comprehensive, and sharp focus was applied to the issue of tobacco imagery in the media. Headlines such as "Survey finds TV backs smoking", and "Smoking on television under fire" were carried throughout the country.

The Summit also met other objectives. Teaching resources were developed from the kits used during the proceedings. Media managers were

brought face to face with issues that they were unlikely to have considered previously.

But the most important objective, putting the issue to political decision makers in a blunt and publicity laden atmosphere, was ultimately met in the most successful terms.

The Summit was not the only influence on the Minister of Health during the year, but it was certainly the most high profile attack on the impact of tobacco and the relative lack of control over it. Throughout 1994, health lobby groups in New Zealand, particularly the Cancer Society, the National Heart Foundation, and Action on Smoking and Health, have made life uncomfortable for the Government.

Yet it was still a surprise when, on 19 December, the Government delivered perhaps the best Christmas present of all for New Zealanders. It announced that, in 1995, it would introduce amendments to the Smoke-free Environment Act 1990 which would result in: (a) sales of tobacco being restricted to individuals aged 18 years and older; (b) sales of single cigarettes being banned, and minimum pack sizes restricted to packs of 10; (c) standard health warnings on packs being strengthened and increased in size; and (d) tighter restrictions on price list advertisements (see page 90).

Much of the Ministerial comment focused on the plight of young people. Strategically, the reform proposals have been designed to increase the price barriers to entry for young people, diminish (albeit slightly) the impact of advertisements couched in the form of price lists, and reduce the cost to the public purse of nicotine addiction.

So far, there has been little comment from the tobacco lobby. It is clear that it is keeping its counsel for the moment, although we can be sure of a significant effort to scuttle the proposals in future.

Meanwhile, it is worth reflecting on the role played by the Summit in bringing the issues to a head and, through its recommendations, providing an agenda for political decision makers to follow. Perhaps it shows that wisdom doesn't only come with age, that we have something very important to learn from those who have become the prime - and protesting - targets of tobacco company advertising and promotion.

STEVE HEATH  
Cancer Society of New Zealand  
Auckland, New Zealand