Australian Hotels Association, representing licensed premises and some restaurants. Information from Healthy Buildings International, an organisation with strong ties to the tobacco industry, 2 was much in evidence. When the ACT Government proposed its legislation, it did so in the belief that it was only a matter of time before other jurisdictions would adopt a legislative basis for smoke-free public places. Whether, when, and how this happens will depend on the success of the Australian public health community in presenting the issues in a way that is informative and persuasive to the media, the public, and elected representatives.

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1 McAllister I. Public opinion in Australia on restrictions in smoke-filled public places. Tobacco Control 1995; 4: 305–6

Adolescent use of cigarette vending machines

To the Editor—Public health officials have focused attention on the nature and extent of youth access to tobacco products in the United States. Studies have clearly shown that minors can purchase cigarettes unfettered. While model legislation calls for comprehensive measures to throttle youth access to tobacco, many communities have initially focused on regulating cigarette vending machines.

Tobacco control advocates, as well as the tobacco industry and retailers, recognise that a small percentage of youth tobacco sales is through vending machines. However, vending machines should be cause for concern because of their ubiquity and nature.

A highly publicised mail intercept survey commissioned by the National Automatic Merchandising Association (NAMA) found that teenagers (13–17 years old) generally used over-the-counter sources for purchasing cigarettes. More than 1 in 10 NAMA respondents reported the sale of tobacco to persons under 18 years of age.

The Pennsylvania Department of Health found that 75% of Pennsylvania students used vending machines to purchase tobacco.

Son of Premier

To the Editor—In 1988, the RJ Reynolds Tobacco Company (RJ) introduced a unique cigarette product called Premier. This product was unique because, unlike conventional cigarettes, Premier heated rather than burned tobacco, thereby signifying a less hazardous product. In October 1988, RJ began test marketing Premier in two American cities (Phoenix, Arizona, and St Louis, Missouri). However, it did not sell well in these cities and was removed from the market in February 1989.

The concept of a smokeless tobacco product, however, did not die with Premier. On 27 November 1994, a New York Times article revealed that RJ was testing a second generation of "smokeless tobacco" called Eclipse. Like Premier, Eclipse heats rather than burns tobacco, but is designed somewhat differently. RJ has been conducting consumer tests of Eclipse in eight different American cities, including Buffalo, New York.

One week after the New York Times story on Eclipse, we undertook an informal mail intercept survey to determine consumer awareness of and interest in trying the "smokeless cigarette". We were curious to see how smokers perceived this product, and were interested to see if non-smokers might be induced to try smoking Eclipse by seeing responses to the survey. The sample was recruited by asking individuals at three shopping malls in Buffalo to participate in a 5-minute interview on cigarette smoking. Overall, 190 interviews were completed with a sample of 94 persons, including 26 smokers, 28 former smokers, and 40 individuals who had never smoked. Only two individuals who were approached were interviewed refused participation.

While the overall volume of cigarette sales to minors in the United States is smaller than from over-the-counter sales, the younger, experimental smoker is at greater risk of purchasing from a cigarette vending machine. Tobacco control groups should be aware of this risk to such a vulnerable target audience and should adjust their educational programmes and policies accordingly.

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1 US Department of Health and Human Services, Youth Risk Behavior Surveillance System. 1991
2 US Department of Health and Human Services, Office of Tobacco Products. National Tobacco Moni-
torization and Monitoring, 1990. (Publication No OEP-02-90-02010)
4 Response Research Inc. Findings for the study of youth cigarette smoking and purchase behavior. For the National Automatic Merchandising Association, Chicago, Illi-

60 778 students were surveyed, including a random sample of 55 563 students and an over-
sampling of 5 215 students in various target areas. After excluding the oversampled respondents and unusable questionnaires, the population on which our results are based is 54 741 students.

Our study included questions about the perceived risk of purchasing cigarettes from vending machines.

For the purposes of this study, we defined "cigarettes" as a vulnerable target audience and should adjust their educational programmes and policies accordingly.

While the overall volume of cigarette sales to minors in the United States is smaller than from over-the-counter sales, the younger, experimental smoker is at greater risk of purchasing from a cigarette vending machine. Tobacco control groups should be aware of this risk to such a vulnerable target audience and should adjust their educational programmes and policies accordingly.

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4 Response Research Inc. Findings for the study of youth cigarette smoking and purchase behavior. For the National Automatic Merchandising Association, Chicago, Illi-
Global dimensions of tobacco policy research

To the Editor — A recent editorial in Tobacco Control drew attention to the need for tobacco policy research to be accelerated. Unfortunately, with the exception of a brief mention of the initiative by Canada’s International Development Research Centre, the article focused on the United States. Three critical aspects were omitted: information on tobacco policy research in other industrialised countries with substantial experience (such as Finland, Australia, and New Zealand), the implications of the effects that tobacco control policy in developed nations has on increasing exports to developing countries, and the complex problems of adapting policy developed in advanced industrialised countries to the reality of developing countries.

Experience in many developing countries shows that comprehensive measures to control tobacco developed in advanced industrialised countries need to be considerably adapted if they are to be successful. For example, making tax increases the cornerstone of reducing affordability for cigarettes is problematic in countries with low gross domestic product per capita and thereby low cigarette consumption levels. The probability of smuggling is far greater, particularly because the ability to enforce all legislation is weaker. Placing warnings on advertisements or packs is thwarted by high levels of illiteracy, multiple languages, and the powerful effects of the tobacco industry in being able to target sports, cultural, and art events for sponsorship. Intentions to reduce sales to children through bans are hampered by the reality that a significant proportion of sales in developing countries occur through informal street-side hawkers where control is problematic and often threatens the livelihood of poor hawkers. School education programmes are problematic in countries with high dropout rates, no chalk, and poorly funded teachers. Support for smokers to quit at primary health clinics throughout the developing world is weak where the emphasis remains on child survival strategies.

All this suggests that policy initiatives developed in the advanced industrialised countries need to be radically reviewed in terms of their timing, appropriateness, and the possible use of other important policy initiatives. For example, the role of the media, the role of political leadership, and the need to integrate tobacco control into broad aspects of health development on the one hand, and economic development on the other, need to be given far greater attention.

Finally, a focus on the global dimensions of tobacco policy research should emphasise the need for international solidarity. In much the same way as smaller control was realised to be impossible without global control, success in tobacco control depends upon international cooperation.

The editorial mentions that the journal, with support from the Robert Wood Johnson Foundation, is poised to assume an expanded role in the dissemination of policy research findings. A good starting point would be to follow up its editorial by addressing the issues globally as suggested, and for countries, foundations, and donors — for example, those in the USA — to allocate a proportion of their funds to reducing the use and spread of tobacco. This would be coherent with the World Health Organisation’s emerging twin themes of solidarity and equity in public health.

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In reply — Thank you for your thoughtful letter. I agree with all the points you have made.

My editorial was not meant to be a comprehensive review of tobacco policy research worldwide. It focused on the United States because of the intensity of activity in tobacco policy research in the US in recent years. This activity includes publication of hundreds of studies on tobacco policy, development of a national agenda for tobacco policy research, and the allocation of more than $10 million to fund such research.

I agree that funding agencies in the USA and other industrialised nations should make available funding for globally relevant research. As I mentioned in the editorial, Canada’s International Development Research Centre (IDRC) will direct its funding to research in developing countries. Moreover, IDRC convened a meeting in Bellagio, Italy, in June 1995, attended by 22 international organisations and individuals, to explore strategies to increase attention to tobacco control among other funding agencies. The participants invited IDRC to lead a round-table process of consulting with other agencies, countries and experts in the preparation of a broad-based funding strategy and global partnership that responds to tobacco as a major threat to equitable and sustainable development.

At Tobacco Control, we will do our part by giving serious consideration to manuscripts describing policy research in countries outside the USA, especially developing countries. Previously we have published policy research from Australia, Canada, Finland, Hong Kong, Japan, and the United Kingdom, as well as a few articles reporting multicoountry policy research. Nevertheless, a paucity of research from developing countries has been submitted to Tobacco Control, and we hope to receive a greater number of submissions from such countries in the future.

RONALD M DAVIS
Editor


