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11 August 2003

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Welcome to the 2003 Tobacco Control in the 21st Century course. As in previous years, those of you undertaking the MPH degree will be joined in this course by participants from outside the University. This year we have students from New South Wales health, the federal Department of Health, and from New Zealand. A warm welcome to everybody.

The course has its own website which can be found at <http://www.health.usyd.edu.au/tob21c/>. This site has 20 multi linked modules covering different topics in tobacco control which will be useful to you in preparation of your assignments.

Also see <http://tobacco.health.usyd.edu.au/> (surf around in Resources, Links and News) There is an abundance of web-based material available to assist you.

In addition, all PowerPoint presentations made throughout the course can be found at http://tobacco.health.usyd.edu.au/share/Tobacco21C_2003/

The timetable is on the next page, together with details of the assignment for MPH students only.

Time	Day 1 Friday 15 Aug	Day 2 Sat 16 Aug	Day 3 Sun 17 Aug	D
9.00-10.30	Introductions History of tobacco use & control SC	Harm reduction through product modification - RB	Tobacco control film festival	TI &
10.30-45	Morning break	Morning break	Tobacco control film festival	M
10.45- 11.30	Burden of illness from active smoking SC	Public information campaigns & the National Tobacco Strategy - RB	Tobacco control film festival	TI C T
11.30- 12.30	Secondhand smoke - SC	Prevention: Schools and preventing sales to minors -RB	Tobacco control film festival	A c S
12.30-1.30	Lunch	Lunch	Lunch	L
1.30-3.00	Secondhand smoke – strategies for control - SC	Tobacco advertising & promotion: SC	Economic issues in tobacco control (tax, trade) – SC	A c S
3.00-3.15	Afternoon break	Afternoon break	Afternoon break	A
3.15-5.00	Measuring tobacco use, uptake & cessation & International trends in tobacco consumption - RB	Promoting smoking cessation – RB	Information technology in tobacco control + Using tobacco industry documents (demonstration & exercises)- SC	E to

SC= Simon Chapman, professor, Public Health, Uni. Sydney
RB= Ron Borland, director, VicHealth Centre for Tobacco Control
MA= Mary Assunta, Public Health, Uni Sydney

TOBACCO CONTROL ASSESSMENT (for MPH students only)

Dear student:

You are enrolled in the double unit *Tobacco Control in the Twenty First Century* course (15-18 August 2003 inclusive). As it is a double unit, it must have an assessment that reflects the expected workload for such a unit. Accordingly, you will be required to prepare two essays of no less than 3000 words (2 x 1500).

This should be handed in by **5pm on Monday 29 September**. Any early submissions will be very appreciated (although not given bonus marks!)

Simon Chapman

Tobacco control invites many debates about ethical issues concerning governmental, corporate, community and individual behavior. One of the modules during the course will consider some of these issues.

For your assignment, consider the following scenarios and the proponent and opponent positions, together with the recommended readings. Select two and write at least 3000 words (ie: in total for the two you select) addressing the following issues for each of the two problems:

1. What ethical principles or issues are at stake in the scenario? Summarise these, and
2. Select and then argue for either the proponent or opponent position, as stated in each scenario
3. Please ensure that you write the question which you are answering at the top of each of your papers. I do not want to have to guess which question you are addressing.
4. Recognising that you would have to defend your position in public against those opposing it, outline a strategic advocacy plan that you believe would be likely to maximise the likelihood of your position being widely supported, particularly by decision-makers like politicians.

Topics

1. Smoking in Nursing Homes

A major government report on passive smoking has recommended that all nursing homes introduce policies on smoking by staff and residents that reflect the same principles of safeguarding the health and amenity of non-smokers that the report recommends should apply in the general community. You work in a nursing home where smoking by some semi-ambulant elderly patients has traditionally been allowed in common indoor lounge areas. There are 20 elderly residents who spend hours in this area each day. Eight of them smoke heavily. Of those who do not, three regularly object to the smoking. One staff member argues that the nursing home serves as a final home for these patients; that the state has no right to intrude into private homes; that any health effects from passive smoking are unlikely to significantly alter the health "outcomes" for the residents anyway; and that smoking represents one of the few remaining pleasures for these people.

Proponent position: that all staff and residents must not smoke inside the nursing home.

Opponent position: that residents who choose to smoke should be allowed to do so inside the nursing home.

Suggested reading to start with:

Goodin RE. The ethics of smoking. *Ethics* 1989;99:574-624.

Also see any of the recent major reviews on passive smoking and health.

2. Tobacco sponsorship and the Grand Prix

The Premier of your state has made a big political play of securing a grand prix motor race. It is argued that the event will attract many millions of dollars into the state economy, create jobs etc. Tobacco sponsorship is banned, but provision exists for exemptions for special events where the event's existence will be compromised by not having tobacco sponsorship. The health minister has secured this exemption, arguing that the event would have otherwise moved to a neighbouring Third World nation where the tobacco advertising allowed there would have been subject to no controls at all. He argues that at least in Australia, there will be health warnings on the ads.

Proponent position: that there should be a total ban on all forms of tobacco advertising and sponsorship.

Opponent position: that limited forms of tobacco advertising should be allowed.

Suggested reading to start with:

Chapman S. The ethics of tobacco advertising and advertising bans. in: Doll R, Crofton J (eds.) Tobacco and health. Br Med Bull 1996;52:121-31.

3. Surgical waiting lists and smokers

A vascular surgeon in your department argues that smokers should go to the end of the waiting list for coronary bypass surgery, allowing non-smokers to move up in the queue. He argues that they have contributed to their own condition, make little effort to quit smoking, and have a poor prognosis.

Proponent position: that smoking should be a relevant factor in decisions about priority in surgical waiting lists.

Opponent position: that smoking should be irrelevant to decisions about places on waiting lists.

Suggested reading to start with:

Underwood MJ, Bailey JS. Coronary bypass surgery should not be offered to smokers. BMJ 1993;306:1047-9. See also four letters in reply BMJ 1993;306:1408-9; Higgs R. Should smokers be offered coronary bypass surgery? Human frailty should not be penalised. BMJ 1993;306:1049-50.

4. Medical Research Funding by the tobacco industry

You are the head of a research-based department in a teaching hospital. Funding is scarce and you are looking to have to lay off several staff through lack of funding. A member of your staff wants to accept a lucrative grant from the tobacco industry's Tobacco and Health Research Foundation to study the delivery of CO and nicotine to smokers via a new "tar free" cigarette thought likely to be a significant step in the direction of harm reduction. The usual conditions of "hands off" scientific independence apply.

Proponent position: that good research is good research, regardless of who funds it -- including the tobacco industry: the Department should apply for the money.

Opponent position: that medical researchers should not accept research funding under any circumstance from the tobacco industry.

Suggested reading to start with:

Walsh RA, Sanson-Fisher RW. What universities do about tobacco industry research funding? *Tobacco Control* 1994;3:308-15.

See also: <http://tc.bmjournals.com/cgi/content/full/8/1/70>

Roberts J, Smith R. Publishing research supported by the tobacco industry - journals should reverse ban on industry sponsored research. *BMJ* 1996;312:133-4.

5. Is tobacco tax regressive?

The Federal Minister for Health seeks your advice on raising significantly the price of cigarettes. Evidence suggests that through the population, there is an elasticity of demand for cigarettes of -0.5 (i.e., for a 10% rise in price, a 5% fall in demand results) and that this elasticity is even higher for low income groups. However, the Salvation Army and the St Vincent de Paul Society have criticised the proposal, saying that there will be many low income families who will keep on smoking regardless of the price rise and that many will reduce the amount and quality of food and educational expenses they outlay for their children as a result.

Proponent position: that cigarettes should rise in real terms by 10% per year above the CPI.

Opponent position: that cigarette tax should never rise beyond CPI-linked increases.

Suggested reading to start with:

Townsend J, Roderick P, Cooper J. Cigarette smoking by socioeconomic group, sex, and age - effects of price, income, and health publicity. *BMJ* 1994; 309:923-7.

Boren P, Sutton M. Are increases in cigarette taxation regressive? *Health Econ* 1992;1:245-53.

6. Should aid agencies provide cigarettes as part of “comfort packages” to refugees?

Controversy arose when the Red Cross refused to provide cigarettes as part of “comfort packages” to Kosovo refugees. In WWI and II the Red Cross provided cigarettes to troops. Read the two papers here published in Tobacco Control that debate this issue.

Proponent position: Aid agencies such should provide cigarettes to refugees who smoke as a non-judgmental act of compassion.

Opponent position: Aid agencies should not provide cigarettes to refugees.

Suggested reading: Shatenstein S. Should referees be given cigarettes by aid agencies? Tobacco Control 1999;9:421-4.

<http://tc.bmjournals.com/cgi/content/full/8/4/421>

7. Should health care facilities ban smoking outdoors?

Several local health care authorities are in the process of updating their policies to extend bans on smoking in health care facilities in hospitals to also cover smoking on any part of hospital or health care facility property (ie: including in grounds and gardens).

Proponent position: That, without exception, smoking should be banned on all property managed by health care authorities.

Opponent position: Smokers (staff, patients, visitors) should be allowed to smoke in outdoor areas providing that they do not involuntarily expose non-smokers to their Environmental Tobacco Smoke.

Suggested reading:

<http://tc.bmjournals.com/cgi/content/full/9/1/95>

<http://tc.bmjournals.com/cgi/content/full/9/1/98>

<http://tc.bmjournals.com/cgi/content/full/9/1/99>

8. Should we “scare” people out of smoking?

You work in a Health Department. Research shows that many tobacco awareness campaigns bore people and have poor recall. The same research suggests that new and “arresting” information is probably needed to make young people think about quitting or not starting to smoke. As a result an advertisement has been made that shows a young man in an artificial limb factory. He says to camera “some people think smoking makes them look glamorous and sexy. But I don’t think there’s much that’s glamorous about having to wear an artificial leg, do you?” The voice-over then explains that

smoking can cause peripheral vascular disease, which can cause gangrene and lead to amputation.

Parents of children with artificial limbs have been calling radio stations and complaining that the ad is upsetting their children and should be taken off.

Proponent position: "Scare" campaigns should be used in tobacco control if they are shown to be effective

Opponent position: It is unethical to use scare tactics in tobacco control.

Suggested reading to start with:

Chapman S. For debate: the means/ends problem in health promotion. Med J Australia 1988; 149:256-260.

Hill D, Chapman S, Donovan R. The return of scare tactics. Tobacco Control 1998;7:5-8 <http://tc.bmjournals.com/cgi/content/full/7/1/5>

9. Tobacco company offers money to dissuade youth from smoking

You live in a low or middle income nation where you work for the health ministry. There is no money to run any substantial tobacco control program. A transnational tobacco company offers \$5m to pay for an extensive campaign to be run both in schools and the mass media designed to convince youth that they should "make their own decisions" about smoking and not yield to peer pressure to smoke. The tobacco company says that its policy is firmly one of discouraging youth smoking and that smoking is an "adult decision".

Argue a case for why you would support or oppose this proposal.

Suggested reading to start with:

Trust us ... we're the tobacco industry
<http://www.health.usyd.edu.au/tobacco/worddocs/TrustUs.pdf>

And

Danger! PR in the playground: Go to <http://www.ash.org.uk/> then click "tobacco industry" on left hand side, then "tobacco industry page"

10. Provision of smoking rooms in hospitality venues

The hotels association argues that all hotels should be free to introduce "smoking rooms" like those at many airports, where the air would be ventilated to the outdoors and no staff would work in the rooms. Drinkers could take their drinks into them room and smoke with others.

Proponent position: that such rooms should be allowed
Opponent position: that such rooms should be opposed.

11. Recreational nicotine

A non-tobacco company applies to be able to sell a nicotine impregnated gum through any retail outlet (corner shops etc) called "Satisfaction", targeted at smokers who cannot smoke during working hours. It is not to be promoted as a cessation product, but as a way of getting nicotine when one cannot smoke.

Reading: <http://tc.bmjournals.com/cgi/content/full/9/2/237>
<http://tc.bmjournals.com/cgi/content/full/9/2/240>
<http://tc.bmjournals.com/cgi/content/full/9/2/241>
<http://energycommerce.house.gov/108/Hearings/06032003hearing928/hearing.htm>

Proponent position: that such products should be allowed
Opponent position: that such rooms should be opposed.

