



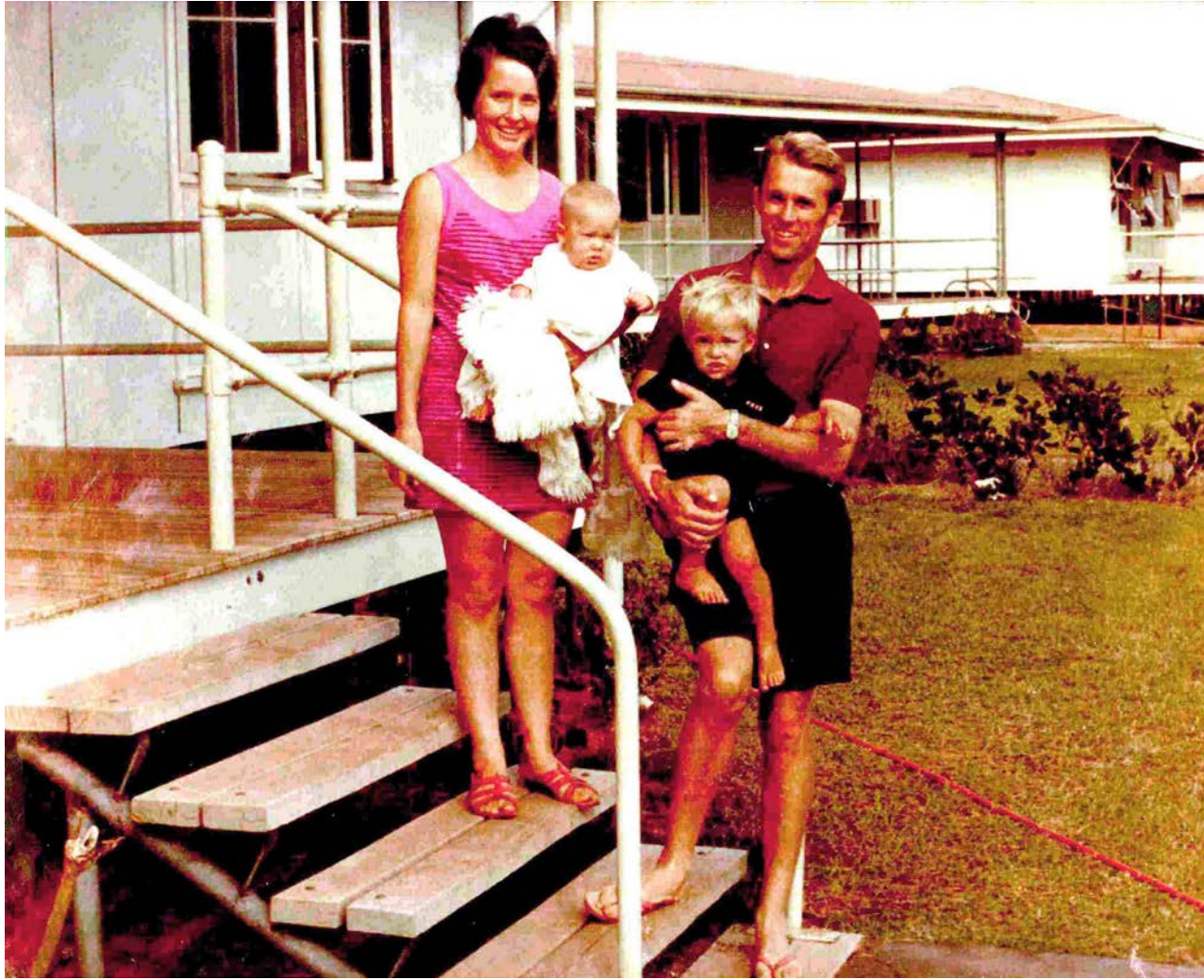
and the Tobacco Pandemic

40th Anniversary of Advocacy in Action

UWA, November 2011

Professor Kingsley Faulkner

University of Notre Dame Australia



ACOSH OBJECTIVES (1971)

- Legislation
 - Advertising
 - Labelling
 - Health Warnings
 - (Excise)
- Education
- Research

BRITISH MEDICAL JOURNAL

LONDON SATURDAY SEPTEMBER 30 1950

SMOKING AND CARCINOMA OF THE LUNG

PRELIMINARY REPORT

BY

RICHARD DOLL, M.D., M.R.C.P.

Member of the Statistical Research Unit of the Medical Research Council

AND

A. BRADFORD HILL, Ph.D., D.Sc.

Professor of Medical Statistics, London School of Hygiene and Tropical Medicine; Honorary Director of the Statistical Research Unit of the Medical Research Council

In England and Wales the phenomenal increase in the number of deaths attributed to cancer of the lung provides one of the most striking changes in the pattern of mortality recorded by the Registrar-General. For example, in the quarter of a century between 1922 and 1947 the annual number of deaths recorded increased from 612 to 9,287, or roughly fifteenfold. This remarkable increase is, of course, out of all proportion to the increase of population—both in total and, particularly, in its older age groups. Stocks (1947), using standardized death rates to allow for these population changes, shows the following trend: rate per 100,000 in 1901–20, males 1.1, females 0.7; rate per 100,000 in 1936–9, males 10.6, females 2.5. The rise seems to have been particularly rapid since the end of the first world war; between 1921–30 and 1940–4 the death rate of men at ages 45 and over increased sixfold and of women of the same ages approximately threefold. This increase is still continuing. It has occurred, too, in Switzerland, Denmark, the U.S.A., Canada, and Australia, and has been reported from Turkey and Japan.

Many writers have studied these changes, considering whether they denote a real increase in the incidence of the disease or are due merely to improved standards of diagnosis. Some believe that the latter factor can be regarded as wholly, or at least mainly, responsible—for example, Willis (1948), Clemmesen and Busk (1947), and Steiner (1944). On the other hand, Kennaway and Kennaway (1947) and Stocks (1947) have given good reasons for believing that the rise is at least partly real. The latter, for instance, has pointed out that “the increase of certified respiratory cancer mortality during the past 20 years has been as rapid in country districts as in the cities with the best diagnostic facilities, a fact which does not support the view that such increase merely reflects improved diagnosis of cases previously certified as bronchitis or other respiratory affections.” He also draws attention to differences in mortality between some of the large cities of England and Wales, differences which it is difficult to explain in terms of diagnostic standards.

The large and continued increase in the recorded deaths even within the last five years, both in the national figures and in those from teaching hospitals, also makes it hard to believe that improved diagnosis is entirely responsible. In short, there is sufficient reason to reject that factor as the

whole explanation, although no one would deny that it may well have been contributory. As a corollary, it is right and proper to seek for other causes.

Possible Causes of the Increase

Two main causes have from time to time been put forward: (1) a general atmospheric pollution from the exhaust fumes of cars, from the surface dust of tarred roads, and from gas-works, industrial plants, and coal fires; and (2) the smoking of tobacco. Some characteristics of the former have certainly become more prevalent in the last 50 years, and there is also no doubt that the smoking of cigarettes has greatly increased. Such associated changes in time can, however, be no more than suggestive, and until recently there has been singularly little more direct evidence. That evidence, based upon clinical experience and records, relates mainly to the use of tobacco. For instance, in Germany, Müller (1939) found that only 3 out of 86 male patients with cancer of the lung were non-smokers, while 56 were heavy smokers, and, in contrast, among 86 “healthy men of the same age groups” there were 14 non-smokers and only 31 heavy smokers. Similarly, in America, Schrek and his co-workers (1950) reported that 14.6% of 82 male patients with cancer of the lung were non-smokers, against 23.9% of 522 male patients admitted with cancer of sites other than the upper respiratory and digestive tracts. In this country, Thelwall Jones (1949—personal communication) found 8 non-smokers in 82 patients with proved carcinoma of the lung, compared with 11 in a corresponding group of patients with diseases other than cancer; this difference is slight, but it is more striking that there were 28 heavy smokers in the cancer group, against 14 in the comparative group.

Clearly none of these small-scale inquiries can be accepted as conclusive, but they all point in the same direction. Their evidence has now been borne out by the results of a large-scale inquiry undertaken in the U.S.A. by Wynder and Graham (1950).

Wynder and Graham found that of 605 men with epidermoid, undifferentiated, or histologically unclassified types of bronchial carcinoma only 1.3% were “non-smokers”—that is, had averaged less than one cigarette a day for the last 20 years—whereas 51.2% of them had smoked more than 20 cigarettes a day over the same

Sir Richard Doll

28/10/1912 – 24/07/2005 92 years



Sir Austin Bradford Hill

08/07/1897 – 18/04/1991 93 years



King George VI

14/12/1895 – 06/02/1952



Australian Smokers (Men)

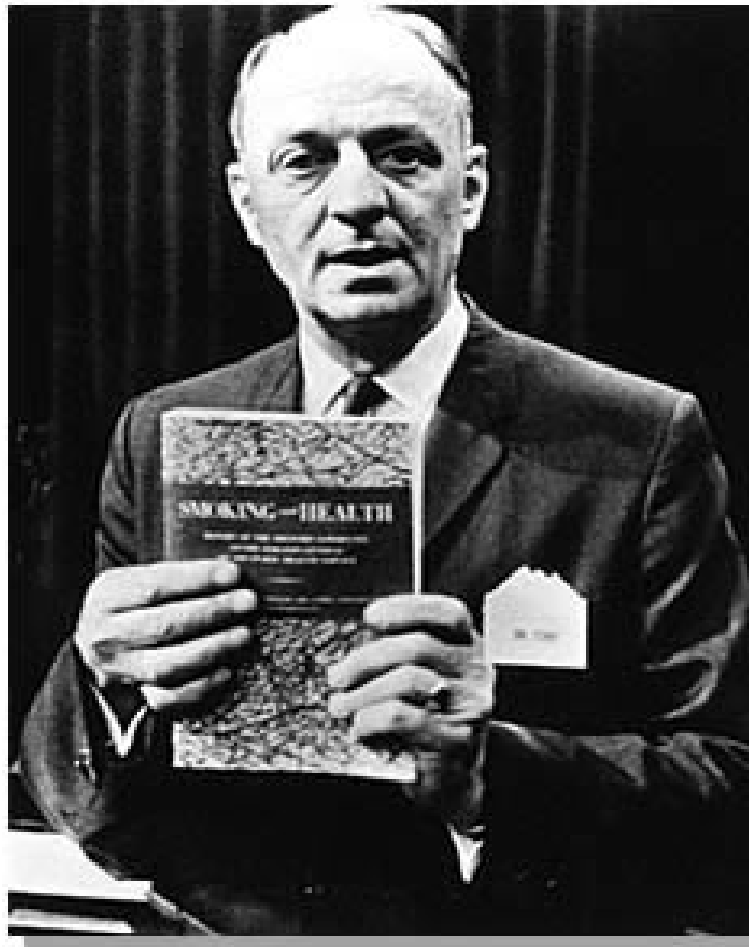
- 1945 72%
- 2010 18%

- **Medicine and the public: the 1962 report of the Royal College of Physicians and the new public health.**
- [Berridge V.](#)
- **Source**
- London School of Hygiene and Tropical Medicine, University of London, UK.
virginia.berridge@lshtm.ac.uk

Dr Luther Terry

15/09/11 – 29/03/85 73 years

- Dr Luther Terry holding the first United States Surgeon General's report on smoking in 1964



Obstacles

- Tobacco industry
- Socially acceptable
- Individual addiction (and peer pressure)
- Media
- Governments
 - Revenue source
 - Reluctance to legislate

Tobacco Companies

- Financial Clout
- Lobbying Strength
- Political Influence
- Public Propaganda

Tobacco Industry in Australia

- British American Tobacco Australia (BATA)
- Philip Morris International (Australia) (PMA)
- Imperial Tobacco Australia (ITA)

Tobacco Growing in Australia phased out in October 2006



Tobacco Sponsorship

- Sports
- Arts

Tobacco Advertising

- Print Media
- Radio
- Television
- Films
- Billboards

Benson & Hedges Logo Cricket



Mr Iain MacLeod

11/11/1913 – 20/07/1970 56 years



ACOSH SYMPOSIUM

Nanny State fears or
just a smokescreen.

M Daube 2008

Tobacco Addiction

Individuals

Nicotine

Tobacco Dependency

Governments

Excise Revenue

Sports / Arts

Sponsorship

Media

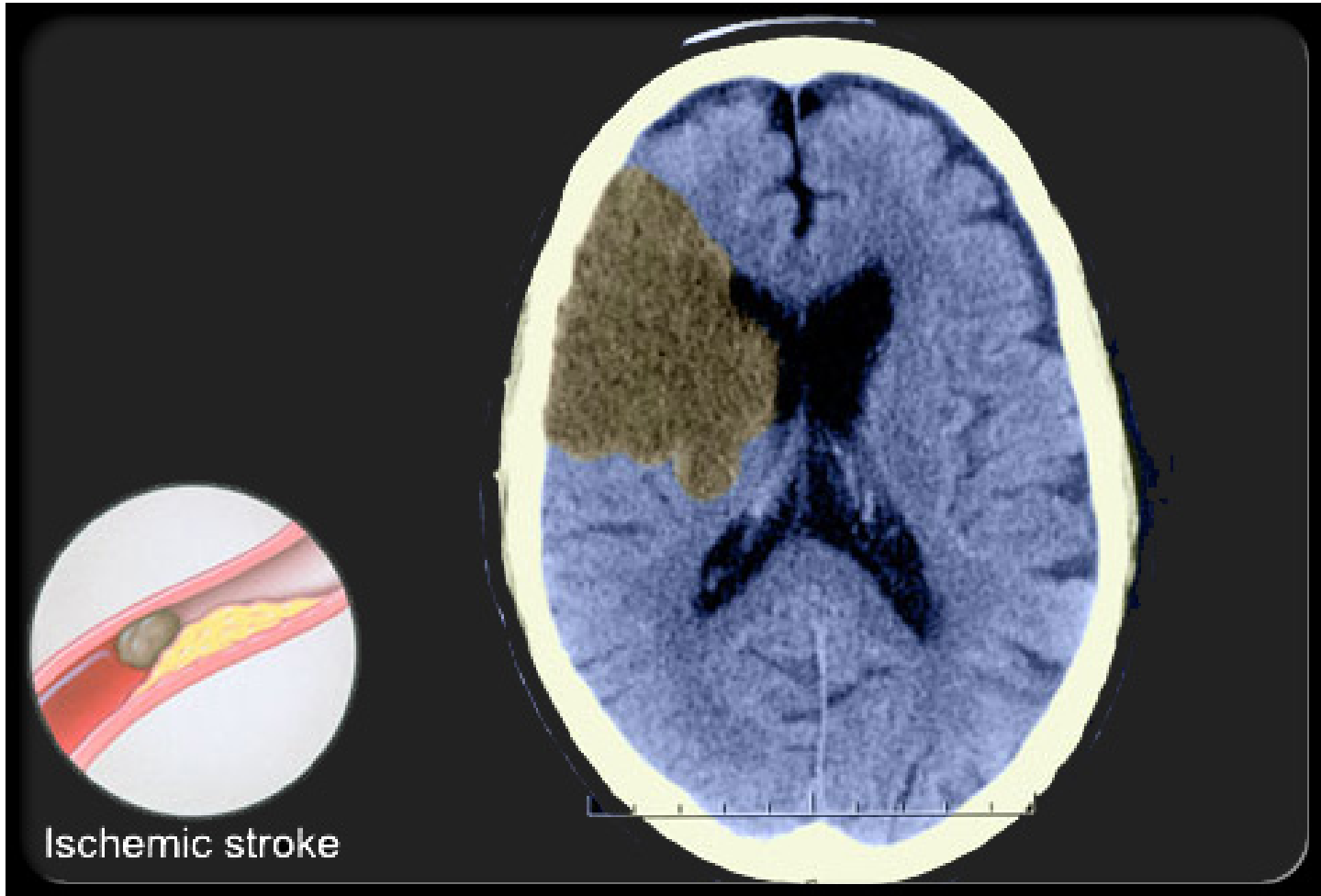
Advertising



Myocardial Infarction



Ischemic Stroke Brain Image

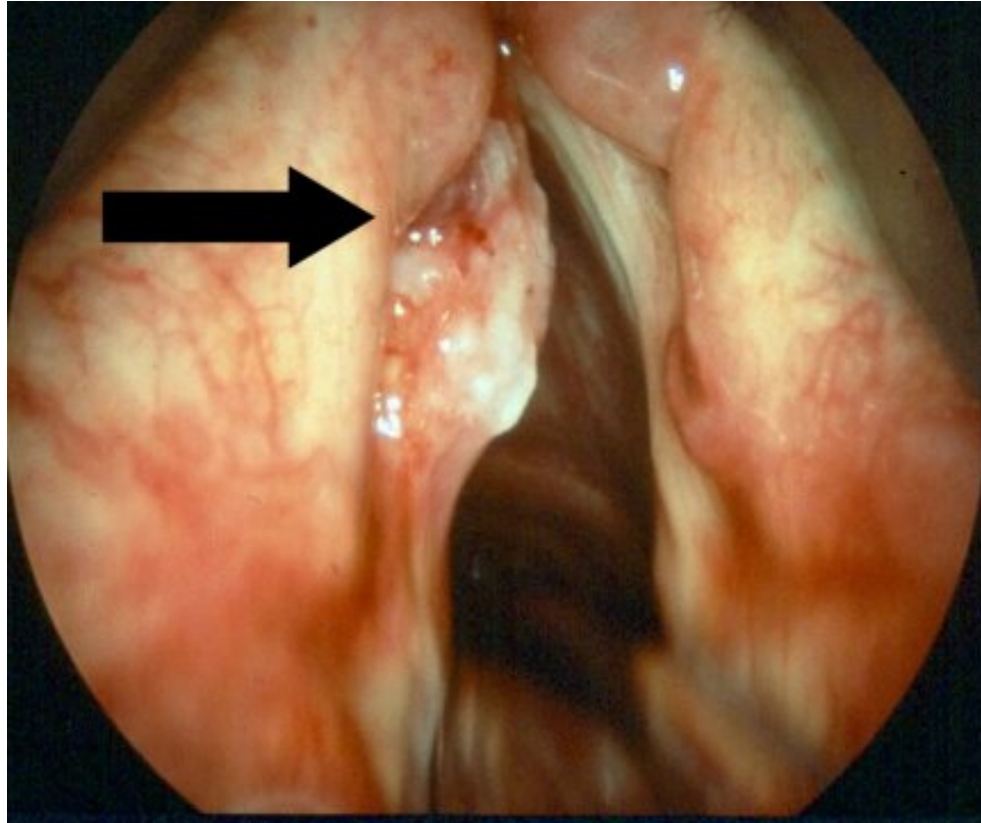


Requiring Amputation

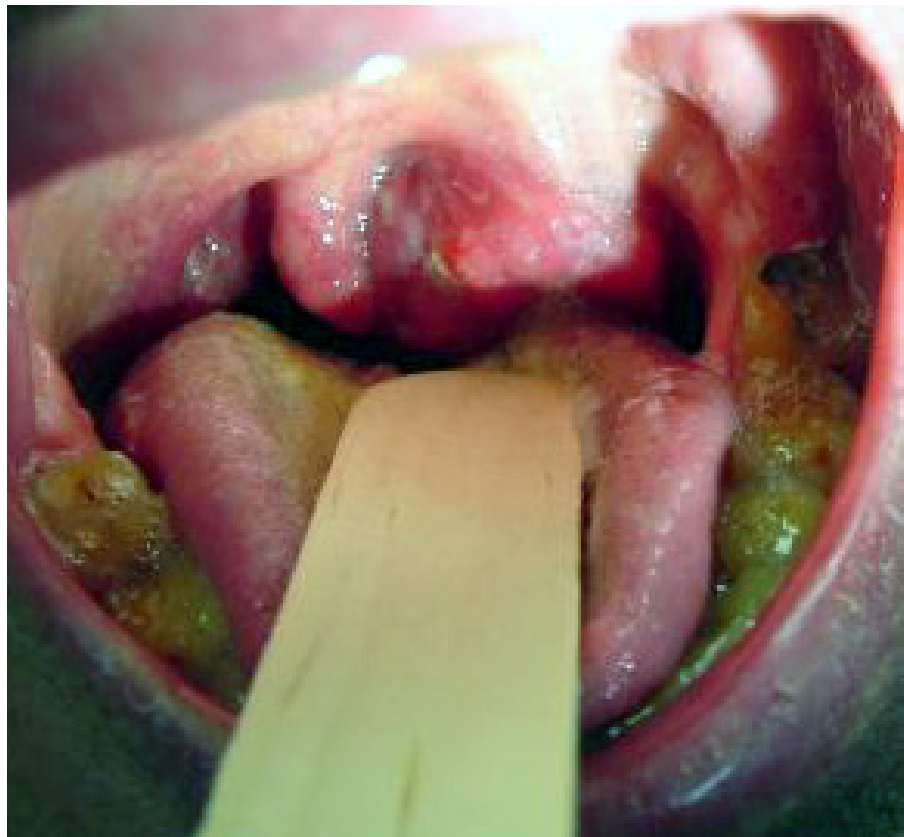
Requiring bilateral amputation



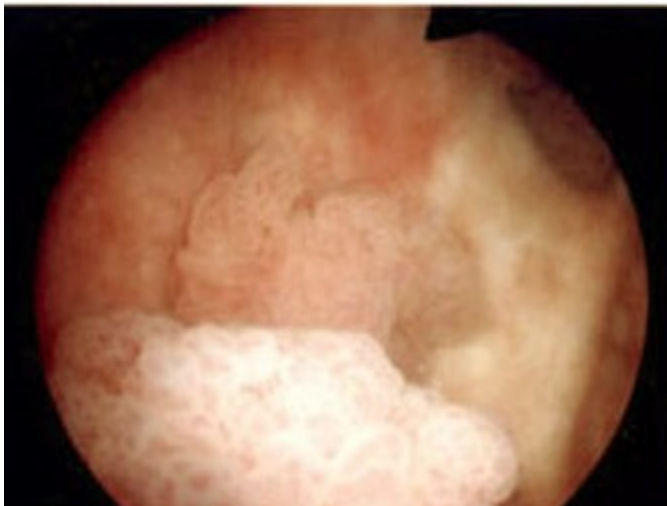
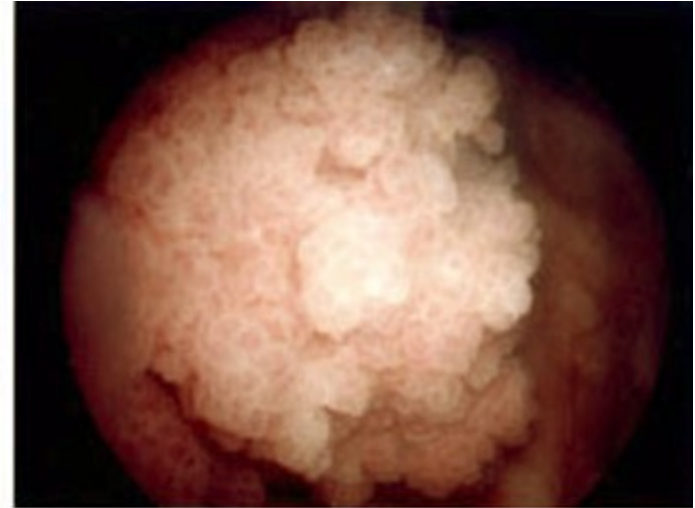
Laryngeal Cancer



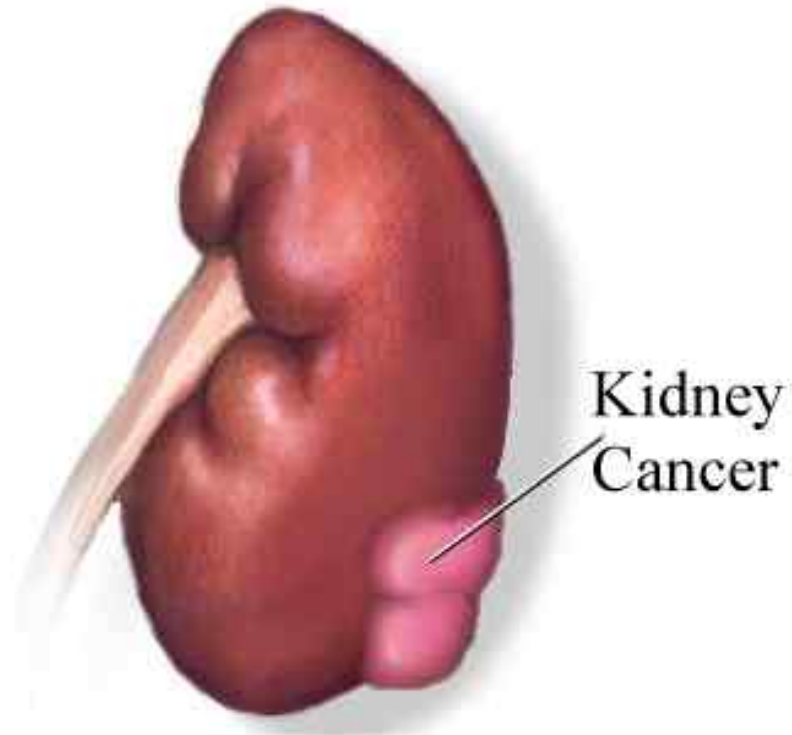
Throat Cancer



Bladder Cancer Images



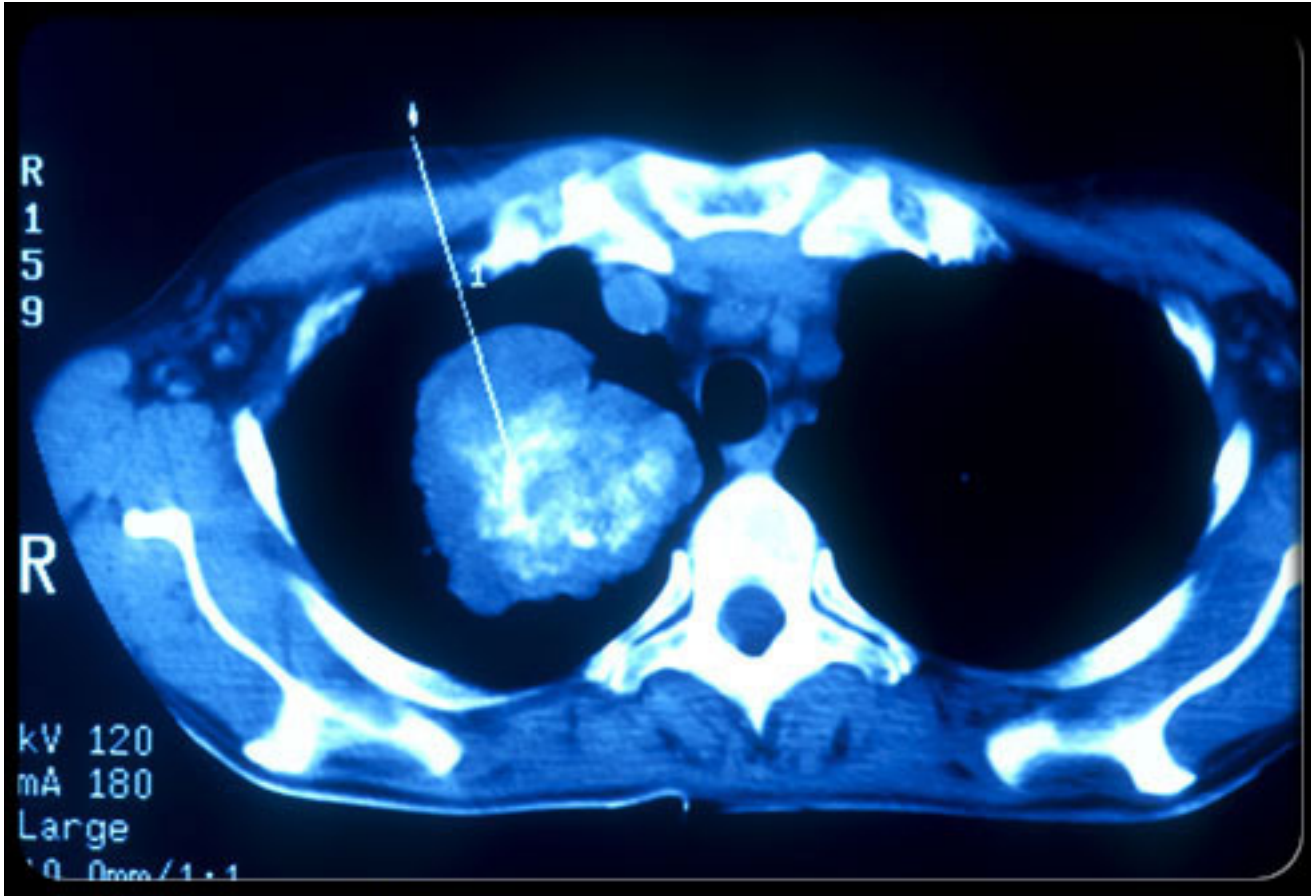
Kidney Cancer Image



Lung Cancer

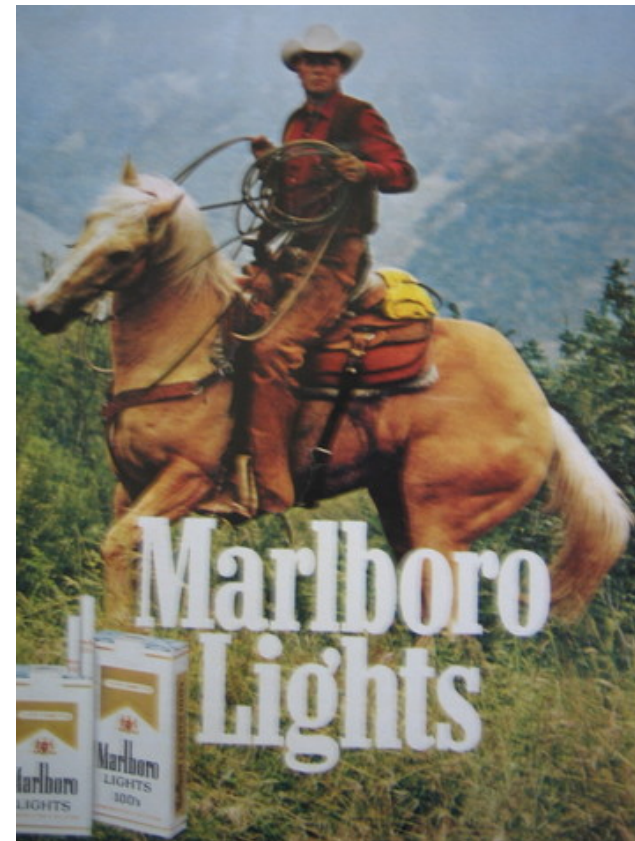
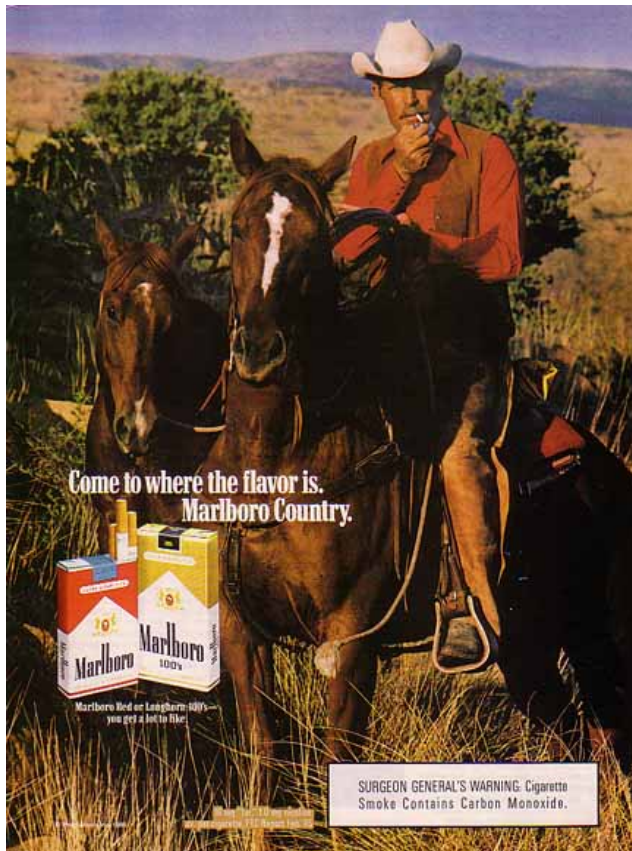


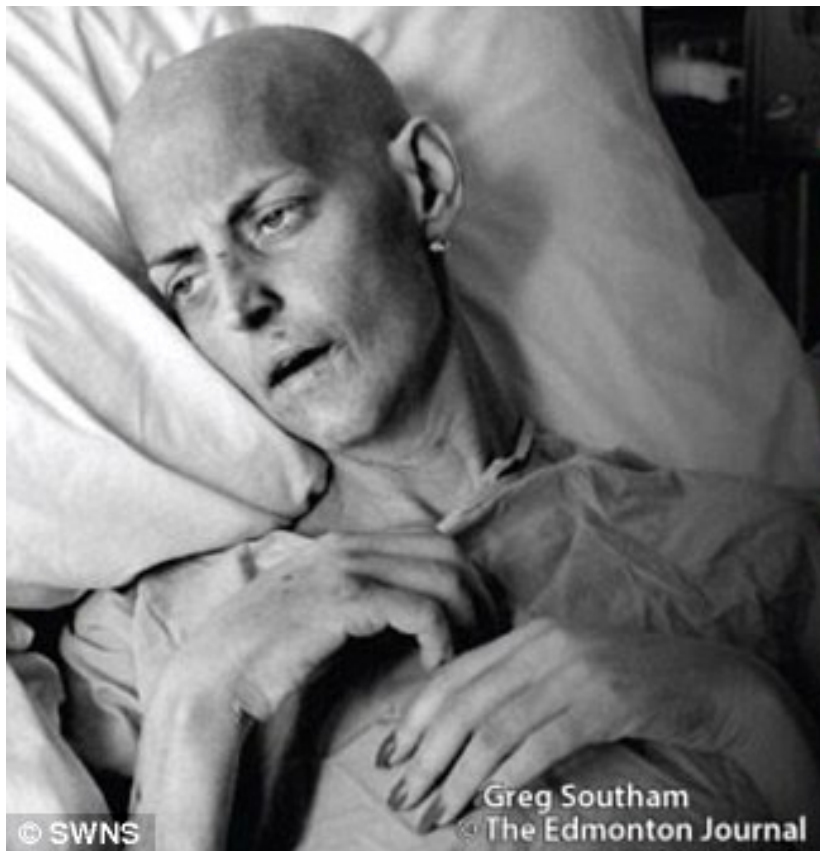
Lung Cancer





Marlboro Man on Horse Back





WARNING

**This is what
dying of
lung cancer
looks like.**

**Barb Tarbox died at 42 of
lung cancer caused by smoking.**

**You can quit. We can help.
1-888-888-8888
[internet/url.ca](http://internet.url.ca)**

© SWNS

Greg Southam
© The Edmonton Journal

Health Canada

4 Decades of Advocacy in Action

Aristotle

Ethos

Credibility / Commitment

Pathos

Passion / Emotions

Logos

Logic / Scientific Evidence

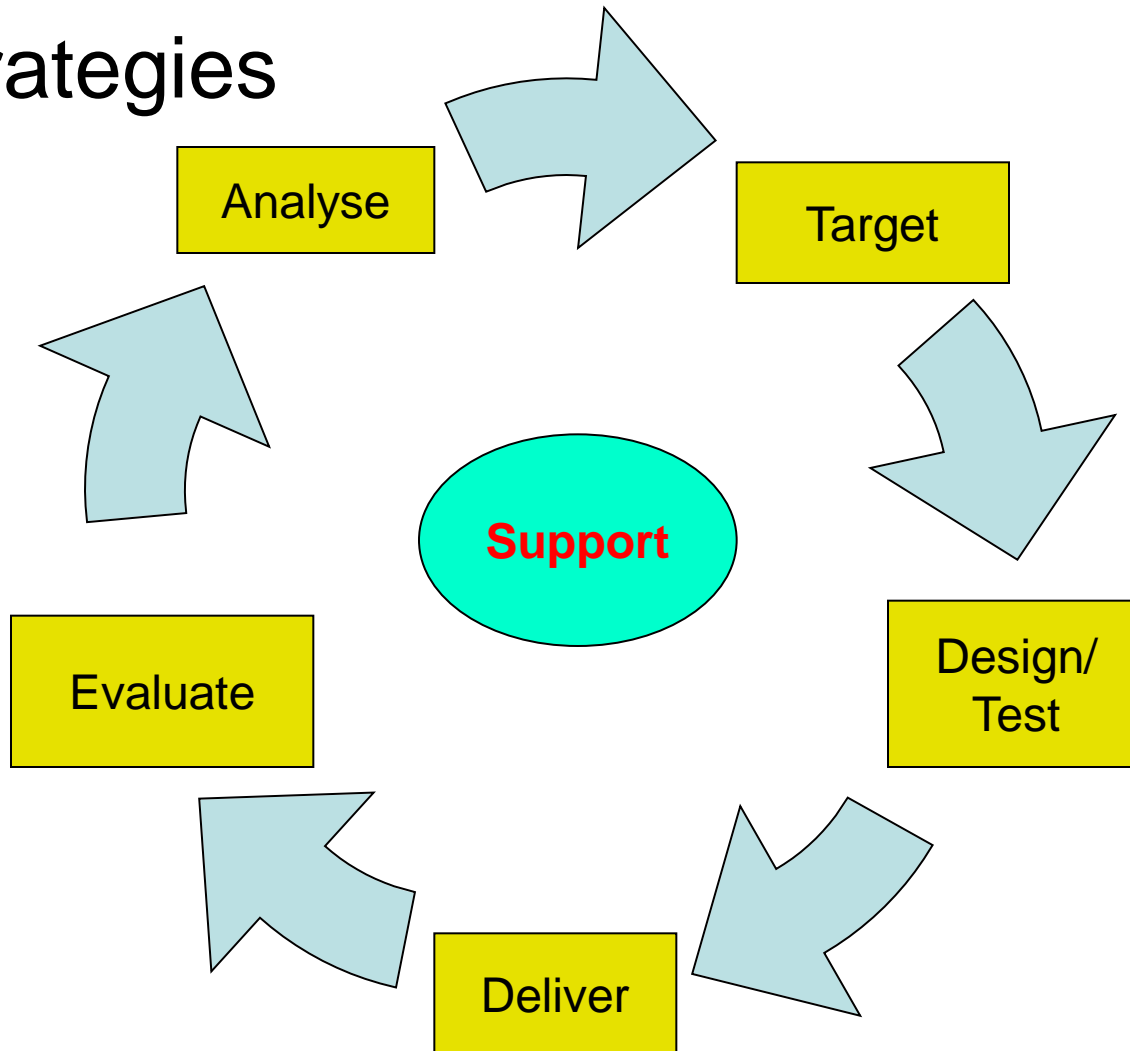
Anti Smoking Campaigns

Public Information Objectives

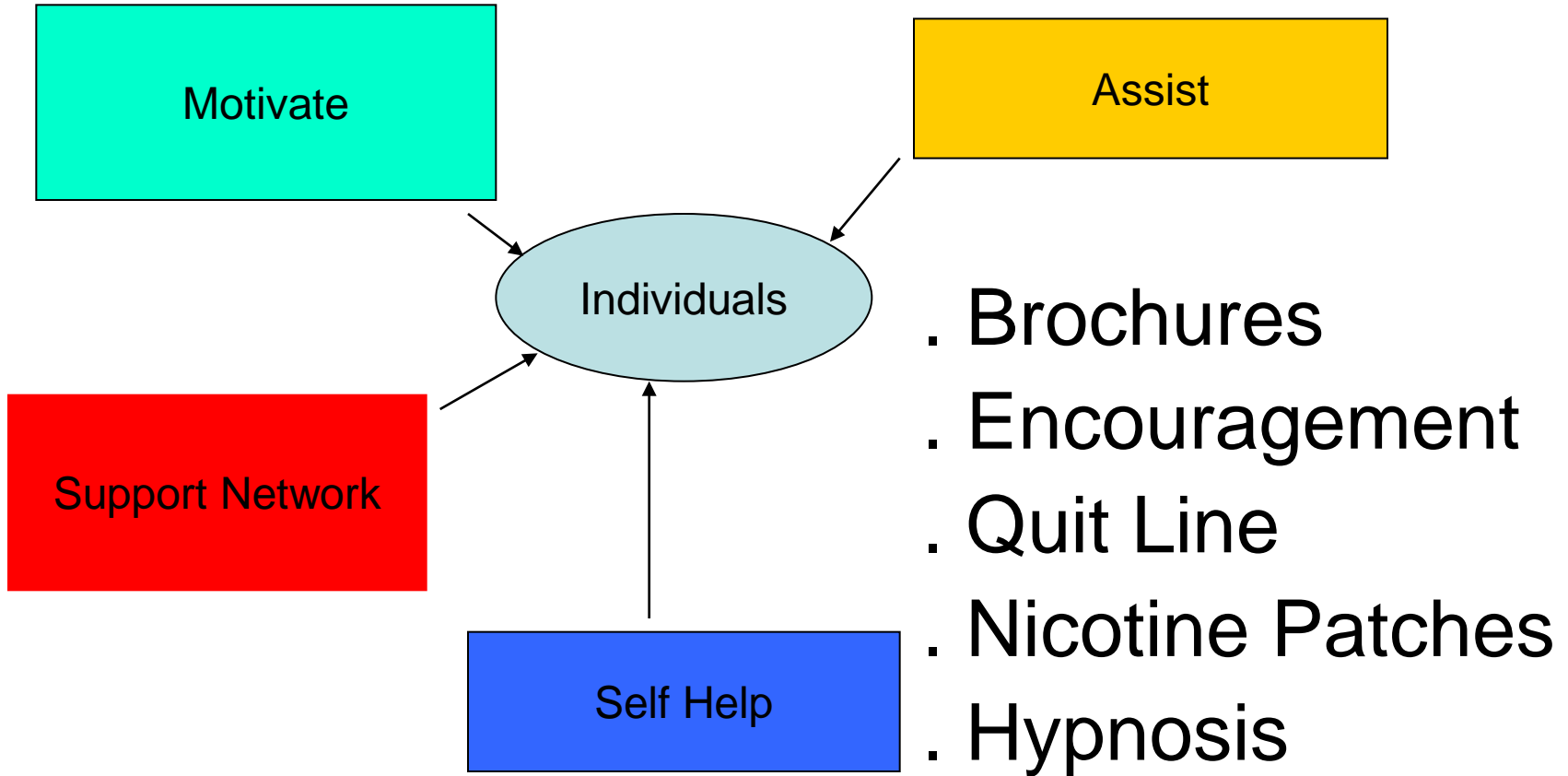
Awareness	(of public)
Persuasion	(of smokers)
Dissuasion	(of potential smokers)
Deprecate	(smoking)
Rights	(of non smokers)
Criticise/Oppose	(Tobacco industry)

Anti Smoking Campaigns

Strategies



Anti Smoking Campaigns



SMOKERS' ODDS

your book
to life



EVENS

9

50

66

100

300

300

850

SMOKING

MOTOR ACCIDENT

HIT BY VEHICLE

DROWNING

MURDER

ILLICIT DRUGS

ASBESTOS

AIR CRASH

BAD BREATH

PUFFED OUT

EMPTY POCKETS

SWEET KISS

SMOKERS COUGH

NIC-O-TEEN

114

132

20

150

15

6



ACOSH Symposium

Living with a smoker, and thus being exposed to passive smoking, can increase the risk of heart disease by 24%.

Yul Brynner 1920 – 1985



Surgical news

Vol: 12
No: 9
October
2011

THE ROYAL AUSTRALASIAN COLLEGE OF SURGEONS



College firms up support for Federal plain packaging campaign. PAGE 16

Tobacco Taxes

Tobacco tax increases have been identified as the **most effective** single intervention to reduce the demand for tobacco.

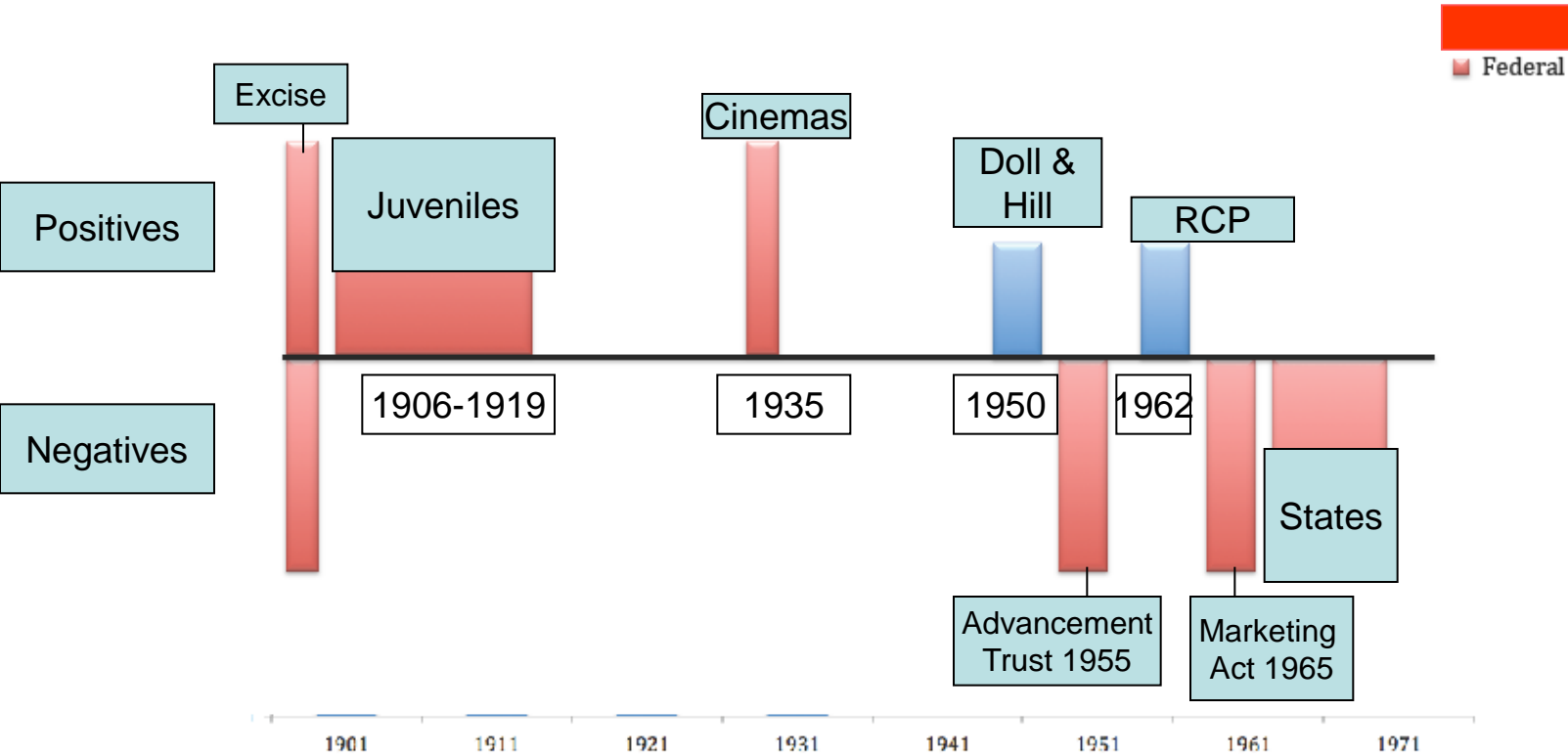
Chaloupa FJ. Nicotine Tobres 1999

Suppl1:S105-S109

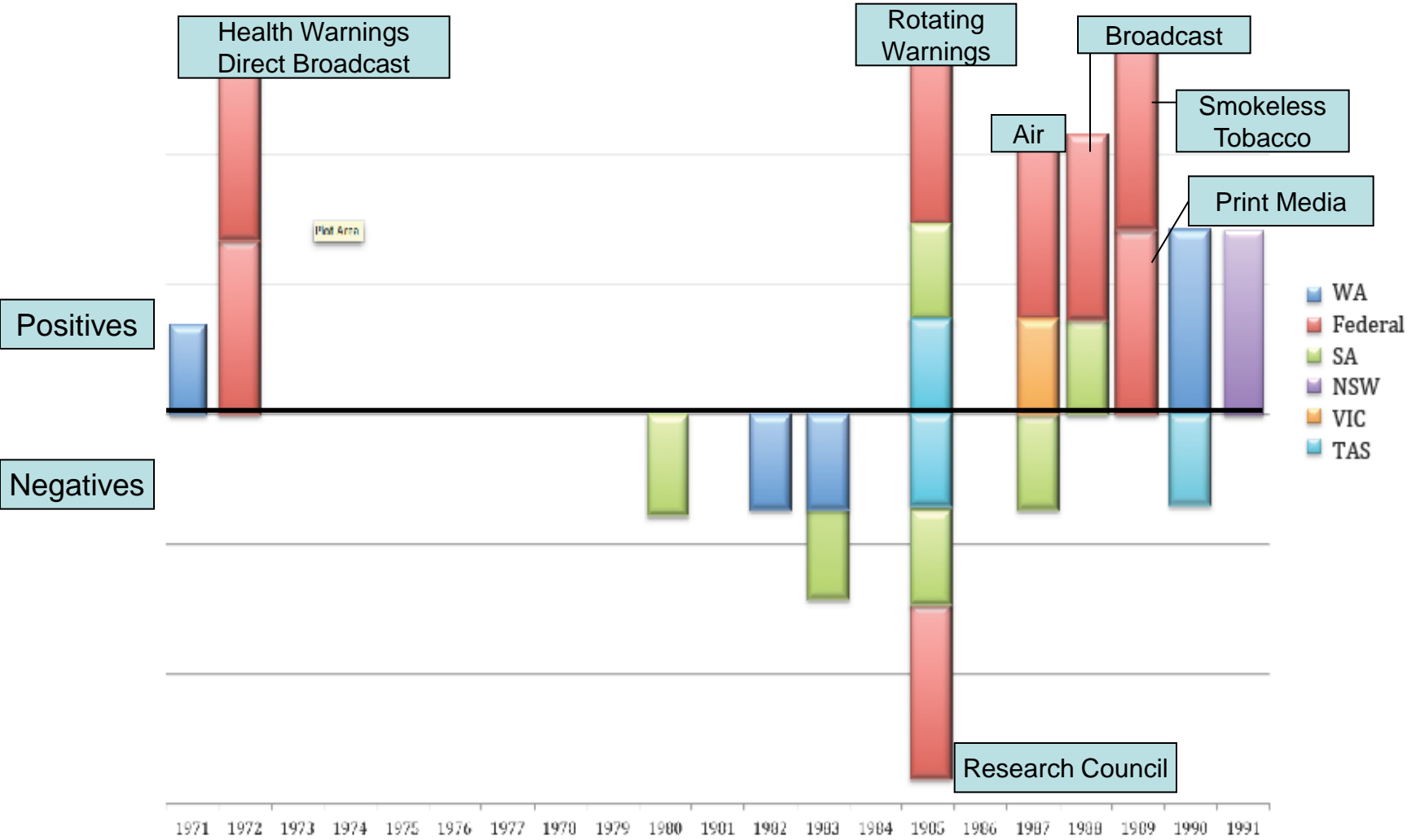
- **Philip Morris** in New York



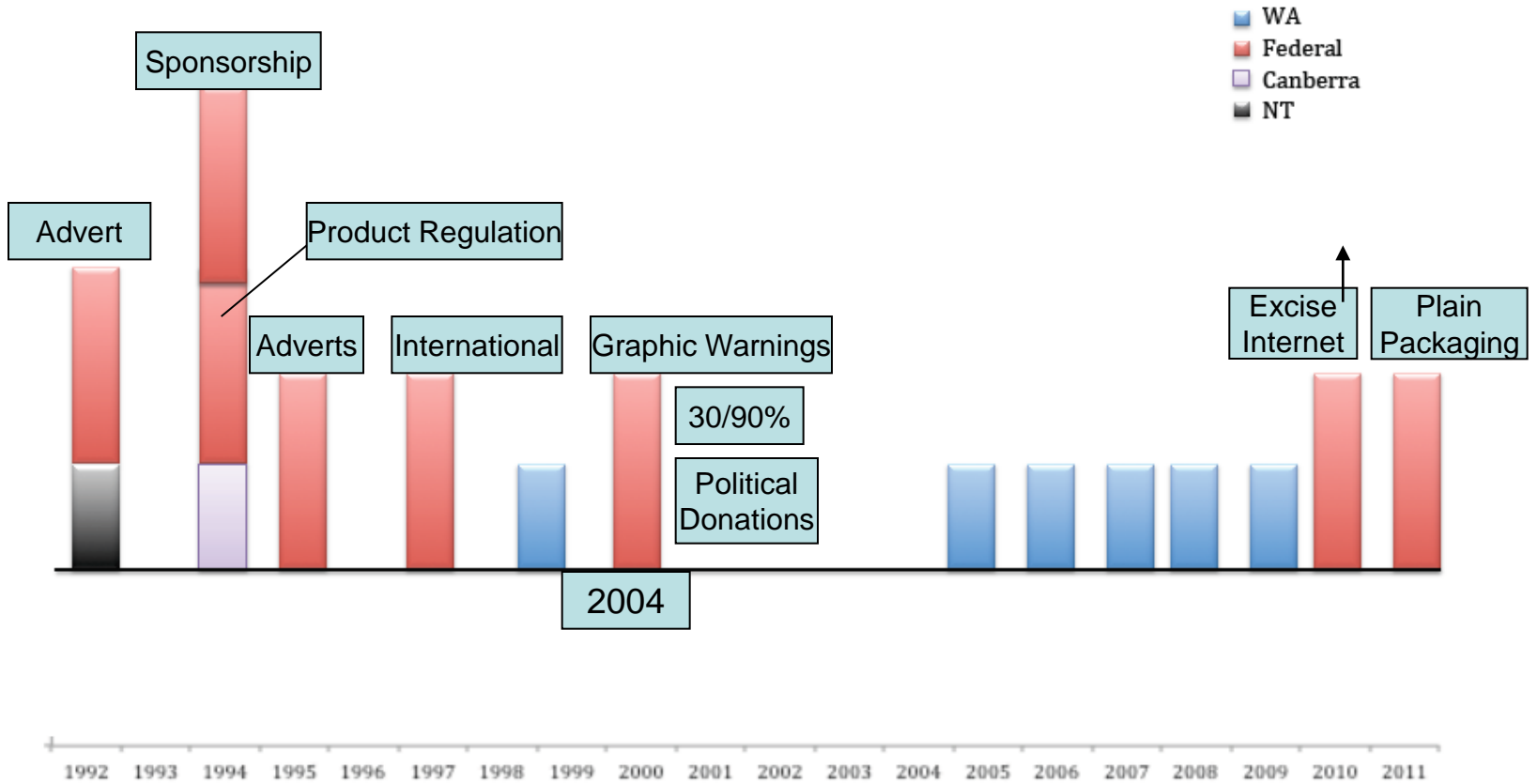
Australia's Legislative Record on Tobacco Smoking (1901 - 1971)



Australia's Legislative Record on Tobacco Smoking (1971 - 1991)



Australia's Legislative Record on Tobacco Smoking (1992- 2011)



I have set my life upon a cast and I
will stand the hazard of the die.

W. Shakespeare, Richard III