

# A message from those who do... to those who don't

Some non-smokers are annoyed by cigarette smoke. This is a reality that's been with us for a long time.

Lately, however, many non-smokers have been led to believe that cigarette smoke in the air can actually cause disease.

And yet there is little evidence and nothing which proves scientifically that cigarette smoke causes disease in non-smokers.

The London Times reported findings from the Institute of Cancer Research in Surrey, England, published in this month's edition of the 'British Journal of Cancer,' that 'passive smoking' for life-long non-smokers carries no significant increase in the risk of lung cancer, bronchitis or heart disease (all allegedly associated with smoking).

The Institute's conclusions are based on a wealth of statistical detail from a study involving 12,000 people.

In a study by a Vice-President

of the American Cancer Society in 1981 which involved 175,000 people, it was reported that 'passive smoking' had "very little, if any" effect on lung cancer rates among non-smokers.

In the follow-up study published in 1985, no statistically significant increase in risk was reported.

Researchers at the Harvard School of Public Health found that a non-smoker would have to spend 100 hours straight in the smokiest bar to "absorb" the equivalent of a single filter tip cigarette.

**Major reviews on 'passive smoking' over the last few years have concluded that 'passive smoking' cannot be shown to be a health risk. The weight of evidence is summed up in the remarks at the conclusion of the 1984 Vienna Health Conference which was held in co-operation with the World Health Organisation: "should law makers wish to take legislative measures**

**with regard to passive smoking, they will, for the present, not be able to base their efforts on a demonstrated health hazard from passive smoking."**

Often our own concerns about health can take an unproven claim and magnify it out of all proportion; so what begins as a misconception turns into a frightening myth.

Alright, cigarette smoke may be annoying to some non-smokers, but how shall we deal with these problems? Confrontation? Segregation? Legislation

No.

We think annoyance is neither a governmental nor a medical problem. It's a people problem. Smokers can help by being more considerate and responsible. Non-smokers can help by being more tolerant. And both groups can help by showing more respect for each others rights and feelings.

**Don't let intolerant minority pressure groups use you to create divisions between Australians.**

Authorised by John Dollisson, Tobacco Institute Gold Fields House, Sydney.

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# A follow-up to — “A message from those who do... to those who don’t”

A notice under the heading referred to above appeared in this newspaper in July 1986.

The notice was directed to the controversy about “passive smoking” and health hazard, and it referred in particular to conclusions expressed in a study reported by the London Times on 20 June 1986. It contained a statement that the conclusions “are based on a wealth of statistical detail from a study involving 12,000 people”.

It has been suggested that this statement was misleading, in that the study was based on a much lesser number than 12,000. The Tobacco Institute of Australia does not accept that suggestion, but wishes to make available the following information so that readers may judge the matter for themselves.

1. Overall 12,693 interviews were conducted including 3,832 interviews of married cases and controls where the passive smoking questionnaire was completed.
2. Using data obtained from the interviews, the researchers identified subjects who were married and who reported that they had never smoked. They also identified appropriate controls.
3. Several statistical analyses were conducted and the final conclusions expressed in the study were as follows:  
“Our analyses showed no significant effect of passive smoking on lifelong non-smokers as regards risk of chronic bronchitis, ischaemic heart disease or stroke. In all the analyses relating the various indices of passive smoke exposure to these diseases, no significant

differences were seen and slight decreases in risk were as common as slight increases.”

“While more data would be desirable for these diseases, lung cancer continues to be the major smoking associated disease for which passive smoking comes under suspicion. Since all the difficulties of carrying out good research have clearly still not yet been overcome, further research is certainly needed. Our findings appear consistent with the general view, based on all the available evidence, that any effect of passive smoking on risk of lung cancer or other smoking-associated diseases is at most quite small, if it exists at all. The marked increases in risk noted in some studies are more likely to be a result of bias in the study design than of a true effect of passive smoking.”

The notice also referred to two studies by Dr Garfinkel, a Vice-President of the American Cancer Society. It has been claimed that the reference to those studies was misleading in that it suggested that the second (1985) study was the “follow-up” to the first (1981) and that the findings of the two were linked. The second study was referred to as the follow-up to the first.

The second study was separate and dealt with different people. It was conducted by the same researcher along with two others. The elevated risk of lung cancer that the second study found in women exposed to the smoke of others was reported as not being statistically significant.

The notice has been criticised for describing remarks made at the conclusion of the 1984 Vienna Health Conference as summing up

the “weight of evidence” of the Conference.

The reference to the “weight of evidence” was not intended to convey that the concluding remarks expressed the only views put forward at the Conference – rather that they summed up the view of a substantial majority. During the proceedings various views were expressed on matters related to the issue of “passive smoking”.

The concluding remarks referred to in the notice were contained in a press release by two of the organisers of the Conference (Professor H. Valentin, Bavarian Academy of Occupational and Social Medicine, and Professor E. Wynder of the American Health Foundation) as follows:

“A drawback in all epidemiological studies up to now consists in the fact that they have been conducted without sufficient quantification of the contamination from passive smoking. Further epidemiological investigations, in which the problem of registering the amount of passive contamination will have to be dealt with more, are urgently needed. New attempts at doing so have been indicated. Since, due to the annoyance connected with passive smoking and the possible hazard to high-risk groups, it also further constitutes a controversial social problem, international co-operation among the various scientific disciplines is the order of the day. Should lawmakers wish to take legislative measures with regard to passive smoking, they will, for the present, not be able to base their efforts on a demonstrated health hazard from passive smoking.”

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