Letters to the Editor

concer council plans

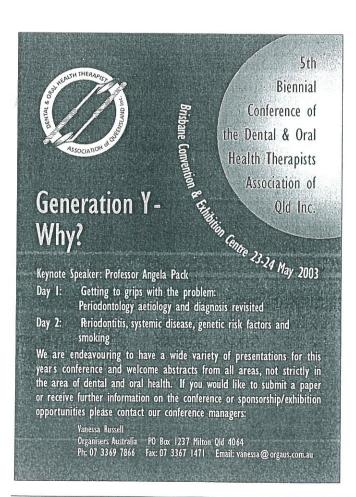
antenatal setting accesses most pregnant women and provides a population base for comprehensive anti-smoking strategies for them and for their partners. Failure to implement such strategies would be to miss the opportunity for a cost-effective and disseminable public health intervention for pregnant women and their male partners.

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Trojan Horses: how the tobacco industry infiltrates the smokefree debate in Australia

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Recently, a peer-reviewed paper published in the *Tobacco Control* journal exposed the long-standing relationships that have existed in the United States between hospitality associations and tobacco companies. As Australian governments grapple with 'smokefree' legislation covering the hospitality industry, attention needs to be paid to the role of industry groups such as the Australian Hotels Association (AHA) in the public debate over such legislation.

The AHA has a legitimate role to play in this important community discussion; however, it is critical for governments and health organisations to be aware of the AHA's strategic and financial links with the tobacco industry in opposing smokefree legislation.

These relationships deserve scrutiny, given current efforts by the AHA to develop a code of practice to thwart comprehensive smokefree legislation. The draft code aims to promote the "sensible use of tobacco products in our hotels".²

The draft code advocates banning smoking within one metre of hotel bars, rotating staff through smoking and non-smoking areas and the use of ventilation in venues. The document suggests a desirable ventilation system that "directs air from outside the premises to be blown past bar staff. Thus staff exposure to environmental tobacco smoke is minimised".³

The draft code suggests managing environmental tobacco smoke through accommodating smokers using ventilation and segregating smokers and non-smokers. These accommodation arguments are the same as those espoused by British American Tobacco Australasia's (BATA's) *A Fresh Look* program. On the AHA's website John Galligan, BATA's corporate regulatory affairs manager, says *A Fresh Look* is, "designed to elevate the issue of effective ventilation and filtration in the minds of hotel and bar owners".⁴

The draft code also claims that smokefree legislation banning smoking in restaurants in Tasmania "led to a dramatic reduction in income for some hospitality operators". The claims were based on an AHA-sponsored survey conducted four weeks after the implementation of smokefree legislation affecting restaurants and some bar areas, which asked hotel operators of their impressions of sales and their views on why any change was apparent. There is an obvious limitation on impressions as opposed to independently collected, audited (or subject to audit) statements of sales to government authorities. Studies using objective restaurant sales data consistently find no adverse impact on restaurant business, including in Australia. 5-10

The draft code of practice is, in a large part, based on the UK-based AIR initiative. The organisation claims that the intiative

"identifies and promotes practical techniques to resolve the public smoking issue, in line with the hospitality industry's self-regulatory Public Places Charter on smoking". "The AIR initiative receives funding from the Tobacco Manufacturers Association."

Australia has seen many examples of the tobacco industry cultivating relationships with hospitality organisations such as the AHA. For example, several of the State and Federal branches of the AHA receive funding from tobacco companies or their subsidiaries, or promote the products of the tobacco industry, including:

- The AHA's Western Australian Branch has received sponsorship from British American Tobacco Australia, Imperial Tobacco Australia, Cigars Esplendido and Philip Morris.¹³
- The AHA national organisation promotes Philip Morris subsidiary Kraft while British American Tobacco was, until recently, a sponsor.^{14,15}
- The AHA in NSW lists Philip Morris and British American Tobacco as 'official partners'.¹⁶
- In 1993, the AHA in NSW also requested \$100,000 sponsorship from Philip Morris to "have a half-day session on smoking accommodation at next year's International Hotel's Association Conference".

The relationship between the AHA and the tobacco industry has made it more difficult to introduce smokefree legislation.

The national director of the AHA, Richard Mulcahy, was the former head of the Tobacco Institute of Australia (TIA). He was employed by the organisation at the time it was involved in efforts to block smokefree legislation in the Australian Capital Territory (ACT). This campaign was critical as the ACT was the first State or Territory to introduce widespread smokefree legislation. Mr Mulcahy's TIA successor, Donna Staunton, told Philip Morris in 1994: "The Tobacco Institute did not want to turn the debate into one about health. The Institute instead provided assistance to the national body of the Australian Hotels Association ... You will probably be aware that Richard Mulcahy (an ex-CEO of the TIA) is now the national CEO of the AHA." 18

In 2001, the tobacco industry financially supported the AHA in Tasmania to oppose smokefree legislation, funding surveys, promotional videos and information packages for Members of Parliament.¹⁹

It is curious that in the collaborative approach between the AHA and the tobacco industry to oppose smokefree legislation, neither organisation has promoted research conducted by the AHA and Philip Morris in Melbourne.

The AHA Victoria commissioned Sweeney Research to undertake a survey of 617 Melbourne hotel patrons which asked, with no prompting, what they found most unappealing about hotels. ²⁰ The most frequently nominated complaint (by a considerable margin) was that pubs were too smoky. An Auspoll survey by Philip Morris in January 2000 (816 respondents) found that people would be more likely to go to pubs and clubs if they were smokefree. ²¹ If hotels went smokefree:

- 42.9% of respondents said they would go to pubs more often;
- · 46.5% said it would make no difference; and

· 10.6% said they would go less often.

In Australia, the AHA effectively has a similar view to the tobacco industry. Governments need to rely upon objective, peerreviewed scientific evidence in making decisions about legislating for smokefree hospitality venues.

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