

Stop-smoking Television Advertisements: A Necessary Evil?

Dear Editor:

On 20 March 2007, Singapore's Health Promotion Board (HPB) ran its first 3-month long smoking control campaign. Its 2-pronged approach began with a multimedia campaign featuring hard-hitting messages with the theme "Quitting is hard. Not quitting, is harder." This was immediately followed up with a community outreach programme themed "Ready to quit, give it a try", which comprised community road shows in various locations with counsellors offering support and advice to those who wanted to quit smoking.

The campaign kicked off with a television commercial that was aired on Singapore's 4 main language channels. The 30-second commercial showed a woman who contracted oral cancer as a result of smoking. This was aimed to jolt smokers into seriously thinking about quitting smoking.¹ However, the graphic nature of the commercial raised much controversy. There were some complaints that these anti-smoking commercials were visually disturbing and thus too disconcerting for children.² In an effort to address public concern, these commercials were subsequently screened only after 8 pm and advertisements were posted away from schools, childcare centres and other areas frequented by children.³ Notwithstanding this, it was hoped that parents would still take this opportunity to educate their children about the hazards of smoking, instead of shielding them from the truth.

A tabloid newspaper, *The New Paper*, also highlighted that a model was used in the said anti-smoking commercial, casting some doubt on its credibility.⁴ In response to this, the HPB explained that it is often difficult to get someone suffering from unsightly and painful cancers to come on air. The board affirmed that extensive research had been conducted to ensure that the commercial gave a realistic portrayal of one who had contracted oral cancer. An article written by 6 senior doctors from Alexandra Hospital indicated that the graphic commercial used in the campaign was only the tip of the iceberg and a small taste of the gruesome realities of smoking seen in their daily practice.⁵ The article also highlighted the vital role that healthcare professionals could play in reducing the prevalence of smoking. Surveys have shown that smokers are more likely to quit smoking if advised frequently by their physician to improve their health through smoking cessation.⁶ Three minutes of brief physician advice can significantly increase long-term quit rates compared to no advice being given at all.⁷ In recognition of this, the theme of the World Health Organisation's (WHO) World No Tobacco Day 2005 focused on the important role of healthcare professionals in

tobacco control.⁸ In line with this, Singapore also rolled out a campaign with heavy involvement and support from the public healthcare institutions.⁹

During the 2007 campaign, all health professionals were encouraged to emphasise the message to quit smoking and to disseminate various literature and smoking cessation aids to smokers. In this way, the hard-hitting messages that were screened were reinforced by encouragement and support from health professionals.

Notwithstanding the pockets of negativity, the campaign had its fair share of compliments and support from the public, and was successful in raising public awareness and encouraging smoking cessation. Just a week after the launch of the campaign, there was a 5-fold increase in the number of calls made to the toll-free telephone service QuitLine, a service run by the HPB to help smokers towards smoking cessation.¹ This increase comprised not only calls regarding more information on smoking, but also those from smokers requesting help on smoking cessation. The response to the community road shows also saw a substantial increase compared to previous years where no such hard-hitting messages were featured.

Questions have also been raised by some members of the public regarding the necessity for the use of such graphic methods in campaigning against smoking.¹⁰ However, the concern of the HPB in using such harsh methods is justifiable. Findings by the WHO have shown smoking to be the second largest cause of death worldwide.¹¹ In addition to this, it is estimated that 1 in 2 smokers die as a result of smoking. Such appalling statistics are an indication that there is a crucial need for messages that effectively convey the dire consequences of smoking. Cigarette smoking has long been known to play a significant role in the aetiology of lung cancer, coronary heart disease and stroke.¹² Moreover, smoking also contributes to an increased risk of developing ocular conditions such as cataract and age-related macular degeneration.¹³

The high morbidity caused by smoking has led Singapore to embark on the adoption of hard-hitting measures against smoking. Indeed, it has won for her a reputation of being "the world's most hostile environment for the tobacco industry" due to its strict tobacco bans.¹⁴ In 1971, Singapore banned all tobacco advertisements and was the first Asian country to make this bold move. This was followed by the launch of the National Smoking Control Programme (NSCP) in 1986. The NSCP aimed to encourage smokers to quit and to prevent non-smokers from picking up the habit via a multi-faceted strategy. The strategy encompassed

public education, legislation, tobacco taxation, partnerships and provision of smoking cessation services, working with the theme of “Towards a Nation of Non-Smokers”.¹⁵ This direction taken by Singapore saw a reduction in the prevalence of daily smoking from 18.3% in 1992 to 12.6% in 2004.¹⁶ In further exercises to reduce the prevalence of smoking, graphic health warning labels were first printed in 2004 on cigarette packs sold in Singapore and were subsequently updated in 2006.

In accordance with international best practices and the WHO’s Framework Convention on Tobacco Control, Singapore has adopted a bilateral approach towards reducing tobacco consumption. In addition to the employment of strict legislation in controlling tobacco use, public education also plays a vital role in reducing the prevalence of smoking in Singapore. This is especially so in the case of the education of children. The importance of children understanding the effects of smoking on health cannot be understated as providing such education at an earlier age will prevent them from picking up the habit in their later years.

Ultimately, smoking habits are entirely a product of an individual’s behaviour and by facing this hard reality about smoking, Singaporeans will be better equipped with the knowledge that enables them to make an informed choice with respect to their own health. Smokers are a diverse group requiring different approaches and educational messages to encourage them to quit smoking and it is through such efforts that we can cultivate the optimal environment to educate and assist Singaporeans to lead smoke-free and healthier lives.

REFERENCES

1. Tan HL. Shock anti-smoking TV ads rescheduled after complaints – but they’re effective. *Today* 29 March 2007:p6.
2. Sim M. Don’t shield kids from shocking anti-smoking ads, say some. *The Straits Times Interactive* 8 April 2007.
3. Graphic anti-smoking TV ads can air only at night. *Asia One Health* March 29 2007. Available at: http://health.asiaone.com.sg/wellnessatwork/20070329_001.html Accessed 20 May 2007.
4. Ng HH. Frightful but fake: girl in quit-smoking ad turns out to be model. *The New Paper* 31 March 2007:p2.
5. Johan A, Tan EC, Mok PKH, Sin FL, Mak K, Au Eong KG. Don’t shield the young from truths on smoking. *The Straits Times Forum* 3 April 2007.
6. Lancaster T, Stead L. Physician advice for smoking cessation. *Cochrane Database Syst Rev* 2004;4:CD000165.
7. U.S. Department of Health and Human Services. Clinical Practice Guidelines. Treating Tobacco Use and Dependence. Atlanta: U.S. Department of Health and Human Services, Public Health Service 2000.
8. World No Tobacco Day 2005. Tobacco Free Initiative. World Health Organisation. Available at: <http://www.who.int/tobacco/communications/events/wntd/2005/en/index.html>. Accessed 28 May 2007.
9. World No Tobacco Day 31 May 2005. Health Promotion Board and Health Professionals Work Together to Fight Against Tobacco. Media Release 27 May 2005.
10. Chiam FPH. Why put graphic anti-smoking ad on TV? *The Straits Times Forum* 27 March 2007.
11. WHO World Health Report 2002: Reducing Risks, Promoting Healthy Life. Geneva, Switzerland: World Health Organisation, 2002.
12. Bartecchi CE, MacKenzie TD, Schrier RW. The human costs of tobacco use. *N Engl J Med* 1994;330:907-12.
13. Handa S, Au Eong KG. Time to raise awareness of blindness as another smoking-related condition. *Ann Acad Med Singapore* 2006;35:379-80.
14. Assunta M, Chapman S. “The world’s most hostile environment”: how the tobacco industry circumvented Singapore’s advertising ban. *Tob Control* 2004;13 Suppl 2:ii51-7
15. Health Promotion Board – National Smoking Control Programme (NSCP) Available at: http://www.hpb.gov.sg/hpb/default.asp?pg_id=979. Accessed 20 May 2007.
16. Health Promotion Board – Prevalence of Daily Smoking by Gender and Ethnic Group. Available at: http://www.hpb.gov.sg/hpb/default.asp?pg_id=1287. Accessed 20 May 2007.

Deborah HL Ng,^{1,2} BMedSc, Michelle Marie Lee,³ BSc (Hons)

Psychology & MSc Health Psychology, Norman Chong,³ BSc(Hons),

Kah-Guan Au Eong^{1,4-7} MMed (Ophth), FRCS (Edin, Glas), FAMS (Ophth)

¹ Department of Ophthalmology and Visual Sciences, Alexandra Hospital, Singapore

² Ninewells Hospital and Medical School, University of Dundee, United Kingdom

³ Smoking Control Programme, Health Promotion Board, Singapore

⁴ Jurong Medical Centre, Singapore

⁵ Department of Ophthalmology, Yong Loo Lin School of Medicine, National University of Singapore, Singapore

⁶ Singapore Eye Research Institute, Singapore

⁷ Department of Ophthalmology, Tan Tock Seng Hospital, Singapore

Address for Correspondence: A/Prof Kah-Guan Au Eong, Department of Ophthalmology and Visual Sciences, Alexandra Hospital, 378 Alexandra Road, Singapore 159964.

Email: kah_guan_au_eong@alexhosp.com.sg