



## OPINION

### Clearing the smoke or muddying the water?

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The time may be ripe for the *SAMJ* to adopt evidence-based news reporting. This may help ensure that items in *Izindaba* are fair and accurate.

The article in the January *SAMJ*, 'No smoke without fire',<sup>1</sup> is little more than a propaganda piece for the tobacco industry. It focuses narrowly on aspects of the new Tobacco Products Control Amendment Bill that the industry believes can help undermine this bill. The public health intent behind the legislation is not considered, nor were stakeholders such as the Cancer Association, the Heart Foundation or the National Council Against Smoking asked for comment.

The article states that the 'aggressively' promoted draft laws will 'torch tens of millions of rands annually in social transformation projects'. It then uncritically repeats the Tobacco Institute of South Africa (TISA)'s claim that the bill will increase smuggling and 'fuel criminal activity such as drug trafficking, prostitution and illegal firearms'.

The ending of tobacco industry financial contributions to sports, arts, and other organisations is one of the pillars of international tobacco control policy. Nevertheless, the issue of whether 'bad money' can be used to do good is a vexed one. Tobacco industry donations have been compared to a 'Mafia godfather going to church on Sunday and putting a thousand dollars on the collection plate'. Can and should we ignore how the money was earned? Are charities that accept tobacco money not profiting from the sale of a deadly drug?

Beyond the moral dilemma there are good practical reasons for curbing tobacco industry donations. Simply put, there are no free lunches. The US Surgeon General has noted that institutional dependence on tobacco spending may create political support for, or mute opposition to, the industry's marketing and policy objectives. There is ample evidence from South Africa that the industry uses its money and donations for political ends:

- In 1989, Dr Anton Rupert threatened to withdraw his company's sponsorship of the Cape Town Symphony Orchestra and refused to support a City of Cape Town AIDS awareness campaign because the city's Medical Officer of

Health had wanted to regulate smoking in restaurants. The regulations were subsequently squashed.

- In 1996 R&R Tobacco (now part of British American Tobacco South Africa (BATSA)) withdrew its advertising from *The Star* newspaper in the wake of an editorial which supported the regulation of tobacco advertising. This threat to editorial independence passed with little comment in the South African press.
- Recipients of tobacco industry largesse, such as sports bodies, lined up to oppose the 1999 tobacco laws in Parliament.

The ability of the tobacco industry to use its wealth to influence policy has led the World Health Organisation (WHO), the International Union Against Cancer and other organisations to recommend that all tobacco industry advertising, sponsorships and promotions be ended. The 1999 Tobacco Act gave effect to this recommendation, and the new bill seeks to strengthen it.

Nonetheless, the clause in the bill prohibiting financial donations by the industry does appear to be too broad because it includes retailers of tobacco products. A case can be made for excluding retailers, who earn only a small part of their income from tobacco sales, from the prohibition. This clause merits review by the Department of Health.

The claim by TISA that the bill will increase cigarette smuggling and aid 'unscrupulous crime syndicates' at the expense of 'legitimate, responsible and law-abiding' manufacturers is risible.

After reviewing internal corporate documents released during litigation in the USA, the International Consortium of Investigative Journalists (ICIJ) concluded that BAT had 'for decades secretly encouraged tax evasion and cigarette smuggling in a global effort to secure market share and lure generations of new smokers'.

The Consortium added: 'Contrary to tobacco companies' long-standing claims that cigarette smuggling is the work of organized crime or rogue employees beyond their control, the files show that senior personnel of the parent company and its subsidiaries sought to control and exploit smuggling as part of a worldwide marketing strategy to increase revenue.'

In a 1997 trademark dispute in the UK courts between the Rembrandt Group and Philip Morris, each cigarette manufacturer accused the other of allowing its cigarettes to be smuggled into South Africa. Philip Morris's chief counsel in



Europe reportedly claimed that 'the most prevalent unauthorized tobacco product on the South African market is Peter Stuyvesant and second is Rothman's', implying that Rembrandt was turning a blind eye to extensive smuggling of its brands. So, who exactly is aiding and abetting unscrupulous crime syndicates?

The new bill brings South African law into line with the recommendations of the WHO's Framework Convention on Tobacco Control. Already 87 countries, including South Africa, have signed the treaty and five have ratified it. The treaty will become international law when 40 countries have ratified it. Among important new measures in the bill, which the *SAMJ* did not mention are:

- The introduction of picture-based health warnings on tobacco packaging.
- The removal of misleading descriptors, such as 'light', 'mild' and 'low-tar', from tobacco packaging. Such labels imply these products are 'safer' but they are in effect a deliberate consumer confidence trick, which has caused extra avoidable deaths.
- Control of the ingredients in and emissions from cigarettes.
- An end to the sale of duty-free cigarettes — smuggling is aided by the existence of tax-free zones and tax-free sales.
- The strengthening of the current Act by for instance including meaningful fines for allowing smoking in public places, and curbing continued promotion of cigarettes through new strategies such as 'guerrilla marketing', 'viral marketing' and 'personal amplifiers'.

How issues are framed in the media can help to shape public attitudes and beliefs. This in turn plays an important role in determining the policy agenda. It is regrettable that the *SAMJ*, which has long been an advocate of tobacco control, should on this occasion elect to present one-sided and biased information on an important public health bill.

1. Bateman C. No smoke without fire (Izindaba), *S Afr Med J* 2004; **94**: 11-12.
2. Beelman MS, Campbell D, Ronderos MT, Schelzig EJ. Major tobacco multinational implicated in cigarette smuggling, tax evasion, documents show. International Consortium of Investigative Journalists, the Center for Public Integrity. Web posted 31 January 2000. [http://www.publici.org/story\\_01\\_013100.htm](http://www.publici.org/story_01_013100.htm) (accessed 26 January 2003).

## IN BRIEF

### Atypical manifestations of GORD

Common symptoms of gastro-oesophageal reflux disease (GORD) include heartburn and acid regurgitation. Apart from this typical presentation, extra-oesophageal reflux disease often results in other manifestations. The primary defect may be dysfunction of the upper oesophageal sphincter.

Atypical manifestations of GORD include:

- Reflux laryngitis — erythematous arytenoids, a greyish appearance of the interarytenoid region or a combination of the two, often accompanied by oedema.
- Reinke's oedema — bilateral oedema of the subepithelial space of the vocal cords, mostly found in elderly female smokers. Treated by microsurgery, proton pump inhibitors, cessation of smoking and speech therapy.
- Subglottic laryngeal stenosis — usually associated with laryngeal trauma and GORD combined.
- Postnasal drip — many patients are convinced that this originates from the nose or sinuses, but mostly there is no evidence of disease in these sites. Damage to the ciliated epithelium may result in disruption of tracheal clearance, leading to constant throat clearing. Proton pump inhibitors may prove useful.
- Globus pharyngeus — the most common symptom reported by patients with laryngopharyngeal reflux.
- Effects on tooth enamel.
- Asthma — up to 60% of patients with asthma have GORD. Reflux may generate bronchoconstriction by stimulation of vagal reflexes, or theophylline may relax the muscles of the lower oesophageal sphincter.
- Non-cardiac chest pain — the possibility of reflux should be considered in cases of atypical angina pectoris with normal ECG findings.
- Carcinoma of the upper aerodigestive tract — reflux is suspected of being a factor, particularly in smokers.

Issing W J et al. *J Roy Soc Med* 2003; **96**: 477-480.