

LETTERS

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Availability of smokeless tobacco products in south Asian grocery shops in Sydney, 2004

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TO THE EDITOR: Smokeless tobacco products (with the possible exception of Swedish “snus”¹) are carcinogenic.² They cause oral cancer, sometimes rapidly (within 7 years of use).³ A pinch of smokeless tobacco held in the mouth for 30 minutes delivers as much nicotine as 3–4 cigarettes.⁴

In Australia, the sale of smokeless tobacco was first banned in 1986, in South Australia.⁵ Thereafter, all states enacted legislation outlawing its sale, and, in 1991, an amendment to the federal *Trade Practices Act 1974* banned the manufacture, importation and commercial supply of the products.⁶ Nevertheless, permits to import smokeless tobacco for personal use were issued on application, and, in March 2002, an amendment to the federal *Customs (Prohibited Imports) Regulations 1956* allowed importation without a permit of amounts up to 1.5 kg for personal use.⁷ Between September 2000 and March 2002 (when permits were still required for all importations), 2270 permits were issued, while between March 2002 and December 2004, a further 88 permits were issued for amounts exceeding 1.5 kg (Mr Tim Pulford, Australian Competition and Consumer Commission, Canberra [which administers permits], personal communication).

Following observations of smokeless tobacco being sold in south Asian shops in Sydney, New South Wales, we sought to assess its availability. We selected 14 Sydney suburbs with large populations of residents from south Asia (defined as the Indian subcontinent), and surveyed all south Asian mixed businesses in the shopping precincts of these suburbs in March 2005. If no smokeless tobacco products were displayed, the person serving was asked if they had any “paan masala or guthka” (Hindi expressions for smokeless tobacco) for sale.

Fifty of the 53 shops surveyed (94%) sold smokeless tobacco: 31 (62%) of these kept it under the counter, 14 (28%) on display behind the counter, and five (10%) on shelves accessible to consumers. No shopkeeper advised that sale of the products was illegal. The prevalence of “under the coun-



Sachet of smokeless tobacco

ter” storage suggests widespread awareness that it is illegal to sell the products.

The federal Customs (Prohibited Imports) Regulations do not restrict the number of times a person may import up to 1.5 kg of smokeless tobacco for personal use without a permit. A typical sachet of guthka (Box) weighs 4.6 g, meaning that around 320 sachets could be legally imported for personal use. It would be entirely legal for a shopkeeper and each family member to import up to 1.5 kg on a daily basis if it was intended for personal use. Diversion of this into retail trade appears easy.

The ease with which we were able to obtain smokeless tobacco suggests that the law prohibiting sale is not being enforced. The New South Wales *Public Health Act 1991* empowers officers, such as environmental health officers, to investigate breaches of the Act. These officers should undertake surveillance of the readily identifiable shops in the manner that we did, confiscate the products being sold and warn that future sales will result in prosecution.

1 Foulds J, Ramstrom L, Burke M, Fagerstrom K. Effect of smokeless tobacco (snus) on smoking and public health in Sweden. *Tob Control* 2003; 12: 349-359.

2 Critchley JA, Unal B. Health effects associated with smokeless tobacco: systematic review. *Thorax* 2003; 58: 435-443.

3 US Department of Health and Human Services. Spitting into the wind: the facts about dip and chew. Bethesda, Md: National Institute of Dental and Craniofacial Research, US National Institutes of Health, 2000. Available at: <http://www.nidcr.nih.gov/HealthInformation/DiseasesAndConditions/SpitTobacco/SpittingIntoTheWind.htm> (accessed Aug 2005).

4 National Cancer Institute, Cancer Control and Population Sciences. Smokeless tobacco: just the facts! Bethesda, Md: US National Institutes of Health. Available at: http://dcccps.nci.nih.gov/tcrb/less_facts.html (accessed Aug 2005).

5 Chapman S, Reynolds C. Regulating tobacco — the South Australian Tobacco Products Control Act, 1986. Its development and passage through Parliament. *Community Health Stud* 1987; 11 (1 Suppl): 9s-15s.

6 *Trade Practices Act 1974* (Cwlth). Available at: <http://scaleplus.law.gov.au/html/pasteact/0/115/top.htm> (accessed Aug 2005).

7 *Customs (Prohibited Imports) Regulations 1956* (Cwlth). Available at: <http://www.comlaw.gov.au/comlaw/management.nsf/lookupindexpagesbyid/IP200400519?OpenDocument> (accessed Aug 2005). □

Clinicians prescribing exercise: is air pollution a hazard?

Chris E Rissel

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TO THE EDITOR: The editorial by Sharman about exercise and air pollution¹ makes the point that cars contribute substantially to air pollution, and air pollution is known to have adverse health effects. Therefore, Sharman posits that exercise, which is unequivocally good for human health, is best done away from sources of air pollution.

This “common-sense” maxim to avoid air pollution when exercising is superficially reasonable as far as it goes, but is a very weak response to the health and social problems generated by motor vehicles or the need for increased levels of physical activity in the population. With only half the Australian population achieving adequate levels of physical activity,² recommendations to patients to be more physically active are essential. To simultaneously promote exercise and then put a health warning on this physical activity effectively undermines the recommendation.

Part of the difficulty in judging the actual risks from air pollution and benefits of physical activity is that the science of pollutant exposure is not well understood at the individual level. It is not currently possible to say that exercising in a particular environment will have a net negative effect. Thinking laterally, perhaps physical activity even boosts the immune response in a way that helps the body resist adverse effects of air pollution? Perhaps only under more extreme conditions would outdoor activities need to be curtailed.

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One body of relevant research that Sharman did not consider is the research on pollutant exposure by travel mode, which clearly indicates that car drivers and passengers have pollutant exposures at least twice that of pedestrians walking on the same street.^{3,4} The longer people sit in cars, the greater their exposure to air pollutants, not to mention the increased risk of obesity.⁵ Therefore, a highly sensible approach is to recommend to patients that they avoid travelling in cars, particularly if the patient is sensitive to air pollutants or if traffic is congested.

The most obvious common-sense solution to reduce air pollution and increase individual and population levels of physical activity is to recommend to patients that they replace short car trips with walking or cycling. As little as two 15-minute active transport trips per day can achieve recommended levels of physical activity to maintain health. It is possible to change travel behaviour, and this is a far better recommendation for all patients than telling them not to exercise near traffic.

1 Sharman JE. Clinicians prescribing exercise: is air pollution a hazard [editorial]? *Med J Aust* 2005; 182: 606-607.

2 Australian Institute of Health and Welfare. Armstrong T, Bauman A, Davies J. Physical activity patterns of Australian adults. Canberra: AIHW, 2000. (AIHW Cat. No. CVD-10.)

3 Taylor D, Fergusson M. The comparative pollution exposure of road users – a summary. *World Transp Pol Pract* 1998; 4: 22-26.

4 Chertok M, Voukelatos A, Sheppard V, Rissel C. Comparison of air pollution exposure for five commuting modes in Sydney – car, train, bus, bicycle and walking. *Health Promot J Aust* 2004; 15: 63-67.

5 Frank L, Andresen M, Schmid T. Obesity relationships with community design, physical activity, and time spent in cars. *Am J Prev Med* 2004; 27: 87-96. □

Louis A du Plessis

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TO THE EDITOR: Health professionals in the Sydney Greater Metropolitan Region have been found to be less aware of air pollution and its health effects than are patients susceptible to such effects.¹ Therefore Sharman's brief review of the harmful effects of air pollution is welcome.²

In offering advice on how to minimise the exacerbation of pollution-induced harm by exercise, Sharman concentrates on the spatial distribution and temporal variation of traffic. The advice is sound for the metropolitan population, but incomplete for non-metropolitan residents exposed to smoke from burning biomass.

Australia's National Environment Protection Measure defines limits for inhalable

particulate matter suspended in ambient air (PM₁₀). The NSW Department of Environment and Conservation operates a network of monitoring stations to measure PM₁₀ and other pollutants, and posts the results daily on its Internet site <www.epa.nsw.gov.au/index.htm>. The National Environment Protection Measure requires environmental authorities to work towards reducing the number of days on which PM₁₀ exceeds the daily limit to no more than 5 days per year. This goal is far from being realised in some places.

One such place is Wagga Wagga, NSW, where monitoring of PM₁₀ started on 11 April 2001. From that date up to 6 July 2005, the city experienced 118 days on which PM₁₀ exceeded the limit, as well as many days of pollution near but below the limit. In the same period, monitoring stations in the Sydney Greater Metropolitan Region registered between 11 and 33 days of excess PM₁₀.

Of the 118 days of above-limit PM₁₀ in Wagga Wagga, 30 occurred in the period from 30 October 2002 to 26 January 2003, when there were severe bushfires in south-eastern Australia. Most of the rest had a cause that is very evident in the surrounding countryside in autumn — the burning of paddocks to prepare them for sowing.

Rural residents' health is worse than urban residents' health for many reasons, but biomass burning is not widely recognised as one of them. The Australian Medical Association's Rural Reference Group, which is being convened to improve rural health,³ may wish to add environmental health to its agenda.

There are two steps that the Group could take to lessen the effects of smoke from burning biomass. The first is to acquaint rural doctors with information such as that presented by Sharman. The second is to persuade the Department of Environment and Conservation and NSW Health to issue rural health warnings based on the continuous, real-time output of PM₁₀ monitors in regional centres.

- 1 Sheppard V, Rutherford A, May S. Communicating with the community about air pollution – outcomes of focus group testing of air pollution health warnings. 17th Clean Air and Environment Conference; 2005 May 3–6; Hobart, Australia. Clean Air Society of Australia and New Zealand.
- 2 Sharman JE. Clinicians prescribing exercise: is air pollution a hazard [editorial]? *Med J Aust* 2005; 182: 606–607.
- 3 Flannery J. Desperately seeking rural solution. *Aust Med* 2005; 17(11): 3. □

James E Sharman

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IN REPLY: As emphasised in my editorial, regular aerobic exercise is to be encouraged, as it is of undeniable benefit to health.¹ The crux of the intended message was for people to undertake an exercise program, but not near busy roads. There was no suggestion to curtail outdoor activities.

Although the effect of traffic pollution on an individual is not well understood, there are many hundreds of scientific papers consistently finding that whole automotive pollution, or components thereof, damage biological tissue and promote disease.² The World Health Organization recognises urban air pollution as a major risk to human health, with exposure to particulate matter alone accounting for an estimated 800 000 deaths a year globally.³

Would it be ethical to confine this information to the annals of scientific literature, or should some attempt be made to inform those who may be unknowingly and *unnecessarily* exposing themselves to veritable risk? People should have access to all the available information so that they can make an informed decision on where to exercise. Not only is it common sense, but it is

entirely reasonable to suggest that people would be better off avoiding exercise alongside roadways congested with traffic.

Quite separate to the question of exercising beside busy roads, but equally important from a health perspective, is the issue of persistently high ambient levels of particulate air pollution in certain regions. The air quality problem encountered in Wagga Wagga is exacerbated by geographical and climatic factors that encourage entrapment of air pollution, owing to a temperature inversion layer that is particularly apparent during winter. Other cities, such as Launceston, Tasmania, suffer the same fate and, in both cases, smoke from domestic wood-heaters is thought to be the biggest contributor to poor air quality.

What are people to be told regarding exercise in these regions? It may be reasonably argued that habitual exercise in such environments would be detrimental to health, but it would be a very poor public health outcome if people were advised to stop exercising. In the affected areas mentioned, community education programs have been in existence for years, but these appear to be of limited value, as daily air pollution limits are regularly exceeded,⁴ as highlighted by du Plessis. Although unpopular, the answer lies in stricter regulations to clean the air, such as banning wood-heaters and tighter monitoring of rural burning.

- 1 Sharman JE. Clinicians prescribing exercise: is air pollution a hazard [editorial]? *Med J Aust* 2005; 182: 606–607.
- 2 Brook RD, Franklin B, Cascio W, et al. Air pollution and cardiovascular disease: a statement for health-care professionals from the Expert Panel on Population and Prevention Science of the American Heart Association. *Circulation* 2004; 109: 2655–2671.
- 3 World Health Organization. World health report 2002. Geneva: WHO, 2002. Available at: <http://www.who.int/whr/2002/en> (accessed Jul 2005).
- 4 Todd JJ. Review of literature on residential firewood use, wood-smoke and air toxics. Technical report No.4. Canberra: Department of Environment and Heritage, 2002. □

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