

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

Preeti Sachdev,* Simon Chapman†

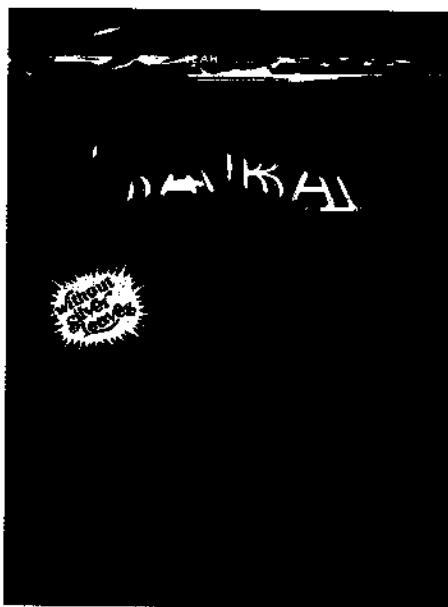
* Postgraduate Honours Student, † Professor, School of Public Health, University of Sydney, NSW 2006. simonchapman@health.usyd.edu.au

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 sub-continent), 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. *Tab 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/SpittingIn-toTheWind.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 Risse†

Clinical Associate Professor, School of Public Health, University of Sydney, Level 9, King George V Building, Missenden Road, Camperdown, NSW 2050. criss@email.cs.nsw.gov.au

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.