

National Health Warnings Campaign Questions and Answers

The graphic warnings

From 1 March 2006, all tobacco products manufactured or imported have graphic warning labels on packages. Each pack has a warning message covering 30 percent of the front and 90 percent of the back with the same graphic, a corresponding explanatory message, the Quitline logo and phone number. Seven new warnings were introduced in March 2006 and a second set will be introduced from 1 November 2006.

One of the new health warnings is about **mouth and throat cancer** caused by smoking. It features an image of a mouth which has been affected by cancer. The text on the pack explains briefly how smoking can lead to mouth and throat cancer. Below and right are the graphics for the front and back of the pack.



The National Health Warnings Campaign

State and territory smoking and health programs have collaborated to mount a new national campaign featuring the graphic health warnings in a series of television advertisements.

The first was called 'Amputation' and was a dramatisation of the warning about peripheral vascular disease. The second advertisement is called 'Mouth Cancer' and depicts a middle aged woman with mouth and throat cancer caused by her smoking.

The concept for the media campaign was tested with smokers of various ages and from different backgrounds. They found the proposed scene with a woman with mouth and throat cancer talking to have a strong impact, is potentially motivating and a powerful way of conveying the consequences of smoking. The concept also showed to have the potential to strengthen the impact of the health warning on cigarette packs in a personally relevant manner by giving a face to the disease.

The first phase of the National Health Warning Campaign was launched on Monday 8 May and the second phase will be launched on Wednesday 26 July and will run to the end of August in some states. The 'Mouth Cancer' advertisement is graphic but realistic. It has been given a PG (parental guidance) rating. This means that, on weekdays, it can be shown from 8.30am to 4.00pm and from 7.00pm to 6.00am. On weekends, it can be shown from 12am to 6am and after 10am.

Campaign support for smokers

The 'Mouth Cancer' advertisement aims to motivate and remind smokers to quit. An important part of the campaign is making sure that smokers know they can get professional help to quit by phoning the Quitline on 13 QUIT (137 848) for the cost of a local call. It is a confidential and non-judgmental service run by specially trained professionals. Quitline advisers provide callers with information on any aspect of giving up smoking. The Quitline sends free self-help materials and offers a free telephone call-back support service to help smokers through the quitting process.

Q&A on the campaign

Who is behind this campaign and who has paid for it?

Nationally, the campaign partners are the state and territory smoking and health programs. The two the lead agencies are Quit Victoria and the Cancer Institute NSW, supported by National Heart Foundation, Queensland Health, Quit SA, NT Health and Quit Tasmania.

Is the woman in the advertisement an actor?

Yes. The advertisement was produced by The Campaign Palace and filmed at Ryde Hospital in Sydney.

What disease does the woman in the advertisement have?

She has mouth and throat cancer (see below for more information). This is only one of a broad range of diseases caused by smoking. Scientists are continuing to find new evidence of the enormous impact that smoking has on the human body. See Appendix 2 for a current list of the diseases known to be caused by active and passive smoking.¹

The scientist who established the link between smoking and lung cancer more than fifty years ago, Sir Richard Doll, commented: "That so many diseases – major and minor – should be related to smoking is one of the most astonishing findings of medical research ... less astonishing perhaps than the fact that so many people have ignored it."²

Isn't she too young to be shown suffering from a smoking-related disease?

No. It is not only older people who get sick because of their smoking. Around half of people who smoke throughout their lives will die early from diseases caused by smoking.³ In Australia, one-third of these deaths occur in middle age⁴.

These diseases don't just appear out of nowhere sometime later in life. Every cigarette contributes to the process. Diseases of the mouth and throat can be developing for years before a diagnosis is made. A sore in the mouth that does not heal, persistent swelling, a lump in the mouth or thickening in the mouth are just some of the early signs of mouth cancer that can become crippling or fatal.

Do media campaigns actually work in getting smokers to quit?

Yes. Research has shown that mass media campaigns are one of the most effective means to reduce smoking, especially when they offer smokers services and resources to help them quit.

Evaluation research of Australia's National Tobacco Campaign ('Every cigarette is doing you damage') shows that after the first six months of the mass media campaign smoking rates in Australia dropped by 1.4 percent (representing 190,000 fewer smokers).⁵ An economic evaluation has shown that the campaign was excellent value for money and resulted in significant savings to the health system.^{6,7,8}

We also have early results which show that the first wave of the National Health Warnings Campaign, the 'Amputation' ad, has proved effective in encouraging smokers to quit. The response to the campaign in calls to the Quitline was extremely positive, with calls to the Quitline increasing by 85% in the four weeks following the launch of the campaign on May 8, when compared to calls nationally four weeks prior to the launch.

Why does this campaign use such an alarming scene?

Disability, disfigurement and early death due to smoking is real and cannot be ignored. The campaign aims to evoke an emotional response in smokers strong enough to help them quit. Campaigns that show people the consequences of their behaviour really do work.⁹

Smokers already know that smoking is bad for them - they've been told that for years - aren't you just telling them something they already know?

While people are generally aware that tobacco smoking is harmful, many still underestimate the extent of the danger relative to other lifestyle risks. Very few smokers are able to accurately estimate their chances of dying in middle age.¹⁰ Most are able to name only a handful of the numerous diseases caused by smoking.¹¹ Smokers also have little understanding of how tobacco-related illnesses could affect the quality of their lives.¹²

What exactly is mouth and throat cancer?

Cancer is a disease of the body's cells. Our bodies regularly produce new cells to repair after injury, for growth and to replace old worn-out cells. This process is controlled by the DNA of the cells. Research suggests that chemicals in tobacco damage the DNA of cells, interfering with the cells' instructions for repair and growth.¹³ These damaged cells may multiply and develop into a malignant (cancerous) or benign (non-cancerous) tumour.

Any part of the mouth, nose and throat can be affected by cancer. It may start in the cells that form the lining of the mouth, nose, throat or voice box or in the thyroid or salivary glands.¹⁴ If a cancer that develops in the mouth, nose or throat is left untreated, it can spread to surrounding tissue and other parts of the body.¹⁴ Mouth and throat cancers generally spread to other parts of the body slowly. Advanced cancers of the mouth and throat can cause chronic pain, loss of function and disfigurement.

Can smoking really lead to mouth and throat cancer?

Yes. The mouth and throat are used for breathing, talking, eating, chewing and swallowing. People who smoke expose their mouth to the 4000 chemicals found in tobacco smoke.¹⁵

Smoking is a major cause of cancer affecting the mouth (oral cavity) and the throat (pharynx). Cancers of the mouth include tumours of the cheek, gum, tongue, lip, and the roof, floor and lining of the mouth. Cancers of the throat include tumours in the area behind the nose and mouth that connects to the oesophagus eg. the base (back third) of the tongue, tonsil, soft palate, the walls of the throat.¹⁶

Mouth and throat cancers attributed to tobacco use are 52% men and 42% women.¹⁷ The risk of developing mouth cancer increases with the length of time a person has smoked and the amount they smoke.¹⁸

Smoking is not the only thing that causes mouth and throat cancer, is it?

No, heavy alcohol use is also a major risk factor for mouth and throat cancer¹⁹ and when combined, tobacco and alcohol account for most cases of mouth and throat cancer.²⁰

Cancer of the lip may also be caused by over-exposure to ultraviolet radiation from the sun and cancers of the nose have been linked to inhaling chemicals such as hardwood dusts.¹⁴

What are the symptoms?

There are a number of symptoms that may indicate cancer of the mouth or throat however these can also be caused by other less serious problems. If any of the following symptoms persist, they could indicate possible cancer of the mouth and throat:¹⁴

- a sore in the mouth that does not heal
- swelling or a lump in the mouth or neck
- persistent blocked nose, earache, cough or sore throat
- white patch on tongue, gum or lining of mouth (leukoplakia)
- red patch on tongue, gum or lining of mouth (erythroplakia)
- blood stained mucus or sputum
- changes in voice such as hoarseness
- pain in mouth or throat
- difficulty moving tongue, jaw, chewing or swallowing
- swollen lymph nodes in the neck

How is mouth and throat cancer treated and can it be cured?

Treatment of mouth and throat cancer may involve surgery to remove the cancer, radiotherapy, chemotherapy or a combination of all three treatments. Cancers in the mouth are generally treated with surgery, and may involved radiotherapy with or without chemotherapy after the operation. Cancers of the throat and voice box may be treated by surgery or radiotherapy with or without chemotherapy.¹⁴

The aim of the surgery is to remove the cancer and in some cases where the cancer is detected early, only a small area may need to be removed.¹⁴

After diagnoses with mouth or throat cancer, 53% of men and 61% of women in NSW are still alive after five years.²¹ Early detection significantly increases the chances of survival.

How much mouth and throat cancer is caused by smoking?

Someone who has ever smoked is up to nine times as likely as a non-smoker to develop one of these cancers. Smokers of one pack a day are 16 times more likely than non-smokers to develop cancer of the larynx.²²

APPENDIX 1 – Script for TV advertisement

Media	30 sec TV 'Mouth Cancer'
VIDEO	AUDIO
A CIGARETTE PACK WITH MOUTH CANCER HEALTH WARNING IMAGE	
CLOSE-UP OF MOUTH CANCER IMAGE ON PACK, THE MOUTH STARTS TALKING	Smoking causes mouth cancer.
MOUTH FILLS THE SCREEN AND ZOOMS OUT TO REVEAL A WOMAN WITH MOUTH CANCER	If it didn't I wouldn't be needing radiotherapy and chemotherapy.
WOMAN WITH MOUTH CANCER TALKING	If looking at mouth cancer on your cigarettes makes you uncomfortable....look at another part of the pack.
BACK TO CIGARETTE PACK WITH MOUTH CANCER HEALTH WARNING IMAGE	
CLOSE-UP OF THE QUITLINE NUMBER ON THE PACK	
BACK TO WOMAN WITH MOUTH CANCER TALKING	Quitting is hard. Not quitting is harder.
MIX ON QUITLINE 13 QUIT A STATE & TERRITORY GOVERNMENT INITIATIVE	

APPENDIX 2. Diseases and adverse health effects of active smoking

Cancers	Respiratory diseases & adverse health effects	Cardiovascular diseases & adverse health effects	Other diseases & adverse health effects
<ul style="list-style-type: none"> • Lung • Oral cavity • Pharynx • Larynx • Oesophagus (squamous cell carcinoma) • Oesophagus (adenocarcinoma) • Pancreas • Urinary bladder • Renal pelvis • Kidney (renal cell carcinoma) • Stomach • Uterine cervix • Granulocytic cells of bone marrow (myeloid leukaemia) • Nasal cavities • Nasal sinuses • Liver 	<ul style="list-style-type: none"> • Chronic obstructive pulmonary disease (COPD) • Acute respiratory illnesses including pneumonia • Premature onset of and an accelerated decline in lung function • All major respiratory symptoms in adults including coughing, phlegm, wheezing & dyspnoea • Poor asthma control <p><i>In young people & adolescents who smoke:</i></p> <ul style="list-style-type: none"> • Impaired lung growth • Early onset of lung function decline • Respiratory symptoms including coughing, phlegm, wheezing & dyspnoea • Asthma-related symptoms (wheezing) • Respiratory effects in-utero with maternal smoking 	<ul style="list-style-type: none"> • Coronary heart disease (CHD) • Cerebrovascular disease • Aortic aneurysm • Peripheral arterial disease • Buerger's Disease 	<ul style="list-style-type: none"> • Gastric ulcer • Cataract • Periodontitis • Duodenal ulcer • Adverse surgical outcomes related to wound healing and respiratory complications • Hip fracture • Reduced fertility in women • Age-related macular degeneration • Tobacco amblyopia • Osteoporosis <p><i>Reproductive problems:</i></p> <ul style="list-style-type: none"> • Pregnancy complications • Pre-term delivery & shortened gestation • Foetal growth restrictions & low birthweight • Sudden Infant Death Syndrome

Diseases and adverse health effects caused by passive smoking

In adults	In children	Other adverse health effects for both adults and children
<ul style="list-style-type: none">• Lung cancer• Coronary heart disease• Onset of symptoms of heart disease• Asthma attacks in those already affected• Worsening of symptoms of bronchitis• Stroke• Reduced foetal growth (low-birth-weight baby)• Premature birth	<ul style="list-style-type: none">• Cot death (Sudden Infant Death Syndrome)• Middle-ear disease (ear infections)• Respiratory infections• Development of asthma in those previously unaffected• Asthma attacks in those already affected	<ul style="list-style-type: none">• Shortness of breath• Nausea• Airway irritation• Headache• Coughing• Eye irritation

References

1. Tobacco or Health in the European Union: past, present and future. A report for the Director-General for Health and Consumer Protection, 2004.
http://europa.eu.int/comm/health/ph_determinants/life_style/Tobacco/Documents/tobacco_fr_en.pdf
2. Doll R (1999). Tobacco: a medical history. *Journal of Urban Health*; 76: 289-313
3. Doll et al. Mortality in relation to smoking: 50 years' observations on male British doctors. *BMJ*. 2004 Jun 26;328(7455):1519
4. Peto et al. Mortality from smoking in developed countries, 1950 to 2000
<http://www.ctsu.ox.ac.uk/~tobacco/C5020.pdf>
5. Hassard K ed. Australia's National Tobacco Campaign. Evaluation Report Volume 1. Commonwealth of Australia, 1999
6. Hassard K. Australia's National Tobacco Campaign: Evaluation Report Volume 2. Commonwealth of Australia, 2000
- 7 Hurley, SF. Short-term impact of smoking cessation on myocardial infarction and stroke hospitalisations and costs in Australia. *MJA*, 2005, 183(1):13-17
http://www.mja.com.au/public/issues/183_01_040705/hur10832_fm.html
- ⁸ Hurley, SF. Hospitalisation and costs attributable to tobacco smoking in Australia: 2001-2002. *MJA*, 2006, 184(1):45
http://www.mja.com.au/public/issues/184_01_020106/letters_020106_fm-2.html
9. Hill D, Chapman S, Donovan R. The return of scare tactics. *Tobacco Control* 1998, 7;1: 5-8
10. Mullins R, Morand M, and Borland R. Key findings of the 1994 and 1995 Household Survey. *Quit Evaluation Studies No. 8, 1994-1995*. 1996, Melbourne: Victorian Smoking and Health Program. 1-23
11. Tan N, Wakefield M, and Freeman J. Changes associated with the National Tobacco Campaign: results of the second follow-up survey, in Australia's National Tobacco Campaign. Evaluation Report Volume Two, Hassard K, Editor. 2000, Commonwealth Department of Health and Aged Care: Canberra. p. 21-75
12. Weinstein N, Slovic P, Waters E, and Gibson G. Public understanding of the illnesses caused by smoking. *Nicotine & Tobacco Research*. 2004; 6:(2): 349-55
13. US Department of Health and Human Services. The Health Consequences of Smoking: A Report of the surgeon General. Atlanta, GA: US Department of Health and Human Services. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2004.
14. The Cancer Council Victoria. *Cancers of the Mouth, Nose and Throat*. April, 2003.
15. IARC Working Group on the Evaluation of Carcinogenic Risks to Humans. *Tobacco smoke and involuntary smoking*. Lyon, France: International Agency for Research on Cancer; 2004.
16. Background brief Smoking and the mouth. *Quit Victoria*. 2006
17. Cancer in 2001. Australian Institute of Health and Welfare. 2004
18. American Council on Science and Health. *Cigarettes: What the warning label doesn't tell you*. Second edition. New York, American Council on Science and Health, 2003.
19. American Cancer Society. *Oral Cavity & Oropharyngeal Cancer Detailed Guide*, URL:
http://www.cancer.org/docroot/CRI/content/CRI_2_4_7x_CRC_Oral_Cavity_and_Oropharyngeal_Cancer_PDF.asp
Accessed October 2005.
20. Johnson N. Tobacco use and oral cancer: a global perspective. *J Dent Educ* 2001;65(4)
21. Cancer in NSW: Incidence and Mortality 2003. Cancer Institute NSW. 2003
22. Homan & Armstrong et al. The quantification of drug caused morbidity and mortality in Australia 1988. Canberra: AGPS. 1990.