A PLAN FOR PUBLIC EDUCATION ABOUT CANCER IN VICTORIA.

Prepared by Public Education Sub-Committee of the Anti-Cancer Council of Victoria, June, 1976.

PART 1

Introduction:

The mission of the Anti-Cancer Council's program in public education is to use all available ethical methods of communication and persuasion to induce in the public patterns of voluntary behaviour that enhance cancer control through both primary and secondary prevention. As such it is a part of the Community's overall effort in health education which aims to enable the individual to become increasingly responsible for his own health care. Thus, cancer education of the public is closely inter-related with other aspects of health education.

In accepting its mission, the Committee makes two biological assumptions. It does not regard defence of these assumptions as part of its role. Decisions upon the validity of the assumptions should rest with the Medical and Scientific Committee.

Assumptions:

1. At least some cancers are environmentally induced by agents that are potentially identifiable.

2. At least some cancers can be diagnosed before metastasis has occurred and when treated in a localised stage can be cured.

Objective:

The objective of reducing cancer death rates has four major components:

1. To prevent the occurrence of certain cancers whose environmental cause is known by persuading populations at risk to avoid those causes.

2. To prevent the development of cancer by promoting recognition of pre-cancerous lesions that may be treated.

3. To enhance the cure rates of cancer treatment by persuading populations at risk voluntarily to undertake measures that lead to early diagnosis.

4. To use only techniques of persuasion that do not engender neuroses focussed on cancer.

Present Situation:

Each year some 10,000 new cases of cancer are expected in Victoria among a population of 3½ million.

A detailed review of the impact of past public education has not been prepared. However, a checklist of points for consideration is presented.

* Recognition of cancer "warning signs" is high.
* Preparedness to talk openly about cancer is more general than before.
* Majority of women under 40 have had smear test.
* Women with breast cancer are reporting earlier.
* Acceptance of hazards of smoking is high.

* Older people are giving up smoking.
* Continuing smokers are tending to adopt low-tar smoking, especially in Victoria.
* Materials on smoking in schools now pervasive and widely used
* Effect of television in producing early reporting of breast lumps demonstrated.

Much still remains to be done.

* Lengthy delay is still seen in cancer patients.
* Many older women remain unscreened by cervical cytology.
* Breast self-examination remains, at best. a minority practice among women.
* One third of the adult population still smoke cigarettes.
* The 20-30 age group are heaviest smokers.
* Children appear to be taking up smoking younger.
* Girl smoking is catching up with boy smoking.
* Many doctors remain apathetic towards cancer education.
* A program for the early detection of mouth cancer is needed.

Resources:

1. Authority of Anti-Cancer Council of Victoria (deriving from statute, history and consensus).
2. Committee structure encompassing certain skills and authorising executive action.
3. Wide community support, including some 80,000 people who donate money regularly and active interest of a number of service organisations.
4. Funds (upwards of $150,000).
5. Professional staff as follows :

   Director (doctor, available for public education part-time)

   Education Director (psychologist, full time)

   Education Officers (x 2) - (Trained teacher, full time)
   - (Graduate secretary, full time)

   Secretary (full time)

   Junior (half time)

   Lecturers (doctors, available sessionally)

   Volunteers (as required for despatch work).
6. Publications - Victorian Cancer News

   Various pamphlets and posters
7. Specialised reference library (small).
8. Film library.
9. Audio-visual equipment, including video-tape recorder.
10. Access to considerable free time and space in the mass media.

Future trends:

Certain trends can be forecast as bearing upon the strategy to be adopted in public education.

1. An increasing proportion of the population will have received tertiary and higher secondary education.

2. People will want to know more about the nature and rationale of their medical treatment.

3. People will become more assertive and conscious of their rights as consumers.

4. Greater community resources, both in terms of funding and personnel, will be devoted to preventive medicine programs, if only because of the high costs of health care.

5. People will demand better control on "involuntary" exposure to cancer hazards in their environment.

Strategy:

The basic strategy proposed is a "seeding" one. Clearly, direct access by a small organization to the entire population is not possible. The general problem is conceived as one to be solved by the application of sociological principles of innovation.

Innovation of knowledge, ideas, attitudes and practices is sought at two levels :

1) professionals, into whose work role can be incorporated elements of the public education program,

2) the public, into whose personal habits it is sought to innovate attitudes conducive to prevention and cure of cancer.

Generally speaking, the strategy will seek innovation at level 1 (professional) through person-to-person methods including the active involvement of such professional training bodies and organizations as already exist (eg. universities, medical colleges, nursing, dental associations).

At level 2 (public), innovation will occur through the influence of professional programs (as above) involvement of community groups and through the use of mass-media.

PART 2.

Policies

1. Maximise involvement of non Anti-Cancer Council professionals in bringing public education programs directly to the public. (We lack resources to bring pervasive programs directly to public: there is a growing number of appropriate 'health professionals' employed at a community level, many of whom are in search of roles to fill).

2. Minimize direct involvement of Anti-Cancer Council staff in delivering programs, except to the extent that involvement is required to keep "in touch".

3. Utilize media goodwill to provide an "umbrella" of mass communication to enhance the community-based programs it is hoped to prosecute under 1 above.

4. Co-operate as far as possible in activities sponsored by the Australian Cancer Society without allowing such co-operation to jeopardize ongoing programs.

5. Employ parliamentary lobbying and mobilization of public opinion where necessary to support programs of public education.

6. Constantly review the need for new film and printed material to meet the needs of specific programs and to have these produced where indicated.

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Conduct research bearing upon the objectives of education about cancer, develop soundly-based programs out of the research findings forthcoming, and rigorously evaluabe materials, programs and progress in general.

Goals

1. Universal awareness of the problem of cancer and of the personal relevance of the risk.
2. Universal appreciation of the nature of cancer as a progressive disease that is irreversible unless treated by orthodox medicine.
3. Universal ability to recognise signs of ill health that require medical attention.
4. Attendance by all adult women every 2 years for cervical cytology.
5. Practice by all women monthly of BSE.
6. Universal awareness of the health hazards of smoking.
7. Reduction of cigarette smoking in the community, preferably to a level of zero consumption.
8. Without implying that any cigarettes are "safe", convert smokers who would otherwise be smoking more hazardous cigarettes to brands low in tar content.
9. It is noted that the Council has, or may have, certain goals that are not specifically educational but are closely related to educational goals.

   These include :

   * Increase in the availability of low tar cigarettes in relation to high tar cigarettes.
   * Increase in the use of low tar cigarettes at the expense of high tar brands among people who continue to smoke.
   * Obstruction of the promotion of tobacco by all possible means, including legislation.
   * Discouragement of the consumption of cigarettes by any reasonable means, ineluding higher excise and support for "non-smokers rights".

Programme

The following list of programs is presented for the purpose of example and is not meant to be exhaustive.

1. Extension of Community Programs :

   a) Training Seminars for staff of Community Health Centres (CHC).
   b) Visits by an education officer to CHCs.
   c) Training of CHC staff to run "Stop Smoking Program".
   d) Training seminars for Health Education Lecturers at Teachers Colleges.
   e) In-service contact with school teachers to stimulate use of A.C.C. ideas and teaching materials.
   f) U.I.C.C. project on Doctor Involvement.
   g) Mouth cancer project involving dentists.
   h) Country Womens' Association project.

2. Media Program

Our expectations for the results to be obtained by advertising should not be too high. Media advertising is unlikely, by itself, to bring about profound changes in the public's behaviour towards cancer. Research shows the limited powers of media advertising to bring about rapid or substantial changes in the opinions held by the public, let alone the actions it takes. Nevertheless, the background ethos that a comprehensive media campaign can provide is potentially a useful facilitating factor for the overall program. Advertising consultants should be engaged to develop and deliver through the mass media an appropriate advertising campaign.

W.A. Dick.
Chairman,
Executive Sub-Commttee.
Public Education.

ANTI-CANCER COUNCIL OF VICTORIA

MINUTES of MEETING of PUBLIC EDUCATION SUB-COMMITTEE held at the Anti-Cancer Council of Victoria, 90 Jolimont Street, East Melbourne, on MONDAY, 13th DECEMBER, 1982 at 12.30 p.m.

PRESENT:

Mr. W. A. Dick (In the Chair)
Mr. T. H. Ackland
Dr. David Fearon
Mrs. A. V. Jackson
Mr. David Swift
Dr. Fedora Trinker

IN ATTENDANCE:

Dr. Nigel Gray, Director
Mr. David Hill, Education Director
Miss Adrienne Holzer, Secretary

APOLOGIES:

Dr. M. Heffernan
Dr. B. Hocking

BY INVITATION:

Mr. John Bevins

CONFIRMATION OF MINUTES:

Minutes of the previous meeting having been circulated to members were approved and signed by the Chairman as a correct record.

BUSINESS ARISING FROM MINUTES:

Working Party on Solariums:

The Committee received the previously circulated document written by Dr. Robin Marks and noted that it would be re-written and used as a handout to the public.

Tar Testing:

Although Dr. Gray stated that there was nothing further to report at this stage, he requested that it remain as an agenda item.

Review of Patient Education Literature:

Mr. Hill reported that he had collected some patient education literature from the Peter MacCallum Hospital. However, as he did not wish to pre-empt any decisions arising from the review of the Council's welfare program, nothing further has been done at this stage.

Dates of Meetings for 1983:

The Secretary reported that following a survey of Committee members, suitable dates had been chosen for 1983 meetings. Members had already been circulated with the meeting dates.

BUSINESS ARISING FROM MINUTES: (Ctd.)

Staff Stop Smoking Program:

Mr. Hill reported that he was very pleased with the progress of this program. The aim was to develop a method to take into the workplace to facilitate stop smoking groups. This has been tried very successfully with our own staff and a draft manual has now been produced.

A training workshop has been held at the Council with ten people from different organisations present.

The Committee agreed to an initial budget of $1,000 to enable the manual to be produced in a more elegant format.

LUNG CANCER:

Schools Program:

A series of meetings had been held at the Council with representatives of the schools participating in the peer leadership project and the Education Department.

As a result the meeting identified some of the problems associated with the program as well as some of the good points. A number of constructive suggestions had resulted. These will become a basis for future discussions with the Education Department to disseminate the program into more schools next year.

Anti-Smoking Racing Team:

Mr. Hill reported that Mr. Fowler had not been successful in attracting sponsors and had apparently withdrawn his proposal.

Adolescent TV Campaign:

The Committee discussed the proposed campaign in some detail with Mr. Bevins. There were four main areas of concern:

(a) that the Council should be seen using a 'pub' scene in their advertisement which will be shown in children's TV time;

(b) that the anti-smoking message is not forceful enough;

(c) that the impact weakens towards the end; and

(d) that the message is directed towards boys exclusively.

Mr. Bevins explained the reasoning behind using the 'pub' scene which he and Garry Eggar believe to be fundamental to the success of the advertisement. The bar is a forbidding type of environment - smoking is seen as a tough thing to do, and the situation has to show tough imagery, such as a bar. Other alternative settings had been considered but are thought not to have the inherent drama of a bar setting. Because children react adversely to a direct anti-smoking message, it was felt that the message should err onthe side of subtlety. Although the imagery is rather nebulous in script form both Eggar and Bevins are convinced it will work.

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and a draft manual

ING CANCER: (Ctd.)

The problem with any advertising campaign is that it needs to be directed towards a defined target group and the target for this campaign was the 10-14 year old boys.

The Committee all agreed that the campaign was an experimental one and that it should proceed in the knowledge that it may not fully succeed.

Mr. Hill was requested to write a summary of the discussion to put before the Executive Committee. The decision would also be referred to the Chairman of the Executive Committee so that there is an independent control over the 'pub' scene.

Survey of Children's Smoking Rates:

At a recent meeting of smoking/health professionals in Sydney, the need was expressed for adequate national baseline smoking rates among children, Dr. Gray had agreed to explore the problem further and to suggest a strategy for remedying the situation.

The Committee agreed in principle to the proposal that the Council develop a measurement method and trial it in Victoria. However, it requested that the organisational aspect of the scheme be discussed at ACS level.

CERVIX CANCER:

This item was deferred to the next meeting.

SKIN CANCER:

Launching of Summer Campaign:

A most successful launching of the Council's Summer campaign was held in the City Square on Wednesday, 1st December. Coupled with this was an Appeals Committee project of advertising in the "AGE" and an editorial on skin cancer prevention.

The Committee then viewed the 60, 30 and 10-second television advertisements.

GENERAL:

Review of Education Policy Document:

The Chairman reported that the Executive Committee had requested all Council committees to review the policy documents first written in 1976.

The Committee agreed that the Chairman, Dr. Hocking and Mr. Hill form a working party to bring forward proposals for discussion by the full committee.

Victorian Cancer News:

The Committee discussed the four options available: To try and -

(a) fund VCN from Public Education budget (present arrangement)

GENERAL: (Ctd.)

(b) find a major sponsor for each issue

(c) sell advertising space throughout the issue

(d) ask donors to pay separately

It was agreed that the second option be discussed with the Appeals Committee. It was also agreed that a readership survey of VCN sometime in the future would be advantageous.

Visit of David Simpson:

Dr. Gray reported that the visit had been most successful. David Simpson had been used as a focal point for all people in Melbourne interested in the tobacco problem.

DATE OF NEXT MEETING:

The next meeting will be held at the Anti-Cancer Council on WEDNESDAY, 9th FEBRUARY, 1983 at 4.00 p.m.

.....
Chairman

Confirmed

Date .....

ANTI-CANCE

MINUTES of MEETING of PUBLIC EDUCATION SUB-COMMITTEE held at Anti-Cancer Council of Victoria, 90 Jolimont Street, East Melbourne, on MONDAY, 11th October, 1982 at 12.30 p.m.

PRESENT:

Mr. W.A. Dick (In the Chair)
Mr. T.H. Ackland
Mrs. A.V. Jackson
Mr. D. Swift
Dr. F. Trinker

IN ATTENDANCE:

Dr. Nigel Gray, Director
Mr. David Hill, Education Director
Miss Adrienne Holzer, Secretary
Dr. Garry Egger

APOLOGIES:

Dr. D. Fearon
Dr. M. Heffernan
Dr. B. Hocking

CONFIRMATION OF MINUTES:

Minutes of the previous meeting having been circulated to members were approved and signed by the Chairman as a correct record.

BUSINESS ARISING FROM MINUTES:

Working Party on Solariums:

After consultation with Professor B.W. Holloway, Chairman of the Medical & Scientific Committee, Associate Professor H.K. Muller and Dr. Robin Marks have been nominated to the working party, together with Dr. Bruce Hocking from this Committee. Mr. Hill reported that he would proceed to convene a meeting with those concerned. Associate Professor Muller was on the first working party and would therefore have the necessary background, and Dr. Marks is the spokeman for the College of Dermatologists on skin cancer.

Tar Testing:

Dr. Gray reported that no decision had yet been taken to send the samples to England. Mr. Hill reported that whilst attending a recent meeting in Adelaide he had heard of the possibility that the Federal Government may discontinue its tar testing operation. The item is to be kept on the agenda.

Patient Education Literature:

The Committee agreed with the suggestion that Mrs. Apakian's letter should be considered by the Patient Welfare Committee as part of its review. It also agreed that a review be undertaken of current literature available.

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ONG CANCER:

School's Program:

Five schools, representing both technical and high schools, have agreed to conduct trials in peer leadership; one of the schools is from Portland. Two meetings have been held at the Council, the first with interested teachers, the second with teachers and older children selected to teach the younger children. The trials should be completed by the end of the year.

Teachers are very enthusiastic and a great deal of interest has been shown in the project from an educational rather than just an anti-smoking view. Hopefully the Council will achieve a club of teachers who know the problems of the program and can be used as a working group to present a more concrete proposal for 1983.

Staff Stop Smoking Program:

A training manual is in final draft form and hopefully will be the basis for the training staff in industry to conduct groups in the workplace.

Endorsement of Anti-Smoking Motor Racing Team:

Mr. Hill reported that a proposal had been forwarded by Mr. Peter Fowler, a prestige car dealer from Shepparton. Mr. Fowler proposes to race a Porche 935 Twin-Turbo - a 1982 championship winning car and previously driven by Allen Jones, and a Mercedes-Benz Chev under an anti-smoking logo and team name. He would like to recruit as many medical and health organisations behind him as possible.

The Committee discussed this at some length and finally agreed in principle to endorse the proposal. Mr. Hill was authorised to define our objectives and to develop the concept for the team. It was agreed that to maximise the impact of the advertising we may need to use professional advice.

Adolescent TV Campaign:

Garry Egger tabled and presented recommendations for an anti-smoking television campaign aimed at 10/14 year old males. Based on the results of previous research and the pilot program, Dr. Egger and Mr. Bevins presented a script for a 60-second commercial featuring a character called "Crusher" who will present himself as a symbol for non-smokers. A one-year campaign would be based upon this advertising concept. Concern was expressed about only one option presented to the Committee and the need to spend up to $45,000 for the campaign. Dr. Egger satisfied the Committee that other options had been thought through prior to presentation.

After some discussion the Committee agreed to the following:

(1) to spend up to $45,000 for the production of the campaign;

(2) that "Stage 1" should be self-contained. If it is successful then the Council can proceed with further commercials; and

(3) that the Council underwrite the commercial and not assume other States will share the costs.

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BREAST CANCER:

The Committee noted that Dr. Margaret Brumby, Monash University Department of Education, has applied for a Commonwealth grant to undertake research on teaching breast self-examination to adolescent school girls. Dr. Brumby may request the Council's advice and assistance if her application is successful.

CERVIX CANCER:

The Committee noted that Monahan Dayman & Adams are currently working on a brief arising from results of a survey on cervix cancer. A series of short radio advertisements regarding the 'pap' smear test are being prepared.

SKIN CANCER:

Plan for Summer Campaign:

The Committee received a written report from Miss Larcombe on the Slip Slop Slap campaign. It noted that the Summer campaign will again be launched at the City Square on the 1st December. The campaign is to be media oriented centred around Sid the Seagull with new 60, 30 and 10-second TV commercials being made. The chemists are again supporting us and the Crusade Units will act as main activity centres in their areas.

A new five-lesson Teachers' Guide "LIVING WITH SUNSHINE" was tabled at the meeting and the Committee commended Isobel Larcombe on its presentation.

Hillier Allan Advertising Project:

The Chairman reported that he had agreed to a fundraising proposal involving a commercial organisation which would involve the Slip Slop Slap campaign and help offset some of the costs of the program. The Committee ratified the Chairman's decision. 1)

GENERAL:

Seattle Congress:

The Committee received Mr. Hill's report on the Seattle Congress. They noted particularly the report concerning Nicorette (nicotine chewing gum), UK research assessing BSE, and silicone models in the US teaching women how to locate lumps accurately.

DATE OF NEXT MEETING:

As some members were finding difficulty in attending lunch-time meetings, the Secretary agreed to circulate the Committee to try and establish a more suitable time/day.

.....
CHAIRMAN

CONFIRMED

DATE .....

A.J.H.

ANTI-CANCER COUNCIL OF VICTORIA

PUBLIC EDUCATION SUB-COMMITTEE

MEETING - MONDAY, 11th OCTOBER, 1982 @ 12.30 PM.

A G E N D A

1. APOLOGIES

2. CONFIRMATION OF MINUTES

3. BUSINESS ARISING FROM THE MINUTES

   3.1. Working Party on Solariums

   3.2. Tar Testing

   3.3. Patient Education Literature

4. LUNG CANCER

   4.1. Schools' Program (Peer Leadership Report)

   4.2. Staff Stop Smoking Program

   4.3. Endorsement of Anti-Smoking Motor Racing Team (Attachment 1)

   4.4. Adolescent TV Campaign - Proposal from Dr. Egger & Mr. Bevins

5. BREAST CANCER

   5.1. Proposed Research Project at Monash University on Teaching about Breast Cancer.

6. CERVIX CANCER - Progress Report

7. SKIN CANCER

   7.1. Plan for Summer Campaign

   7.2. Hillier Allan Advertising Project

8. GENERAL

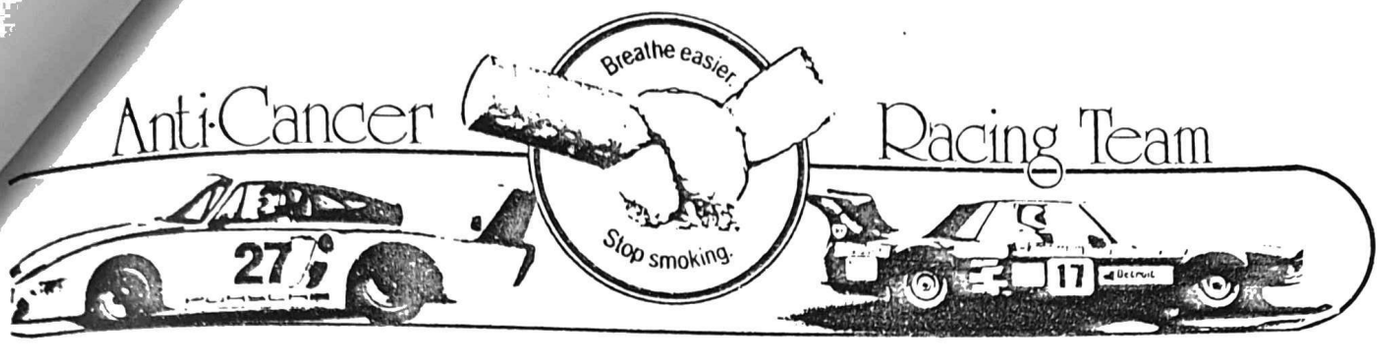
   8.1. Seattle Congress - Report - for noting.
   v. w'while trip - Ch. seeking a dr. involved.

9. DATE OF NEXT MEETING:

   The next meeting will be held at the Anti-Cancer Council on MONDAY, 13th DECEMBER, 1982 at 12.30 pm.

ADRIENNE J. HOLZER
SECRETARY TO THE COUNCIL

5/10/82



ANTI-SMOKING MOTOR SPORT PROJECT.

P.F. Motor Racing,
Mitchell Rd.,
Kialla, 3630.

Motor Sport throughout the world enjoys one of the highest ratings for crowd appeal and T.V. coverage. Hence the heavy involvement of the cigarette companies.

Australia being no exception..

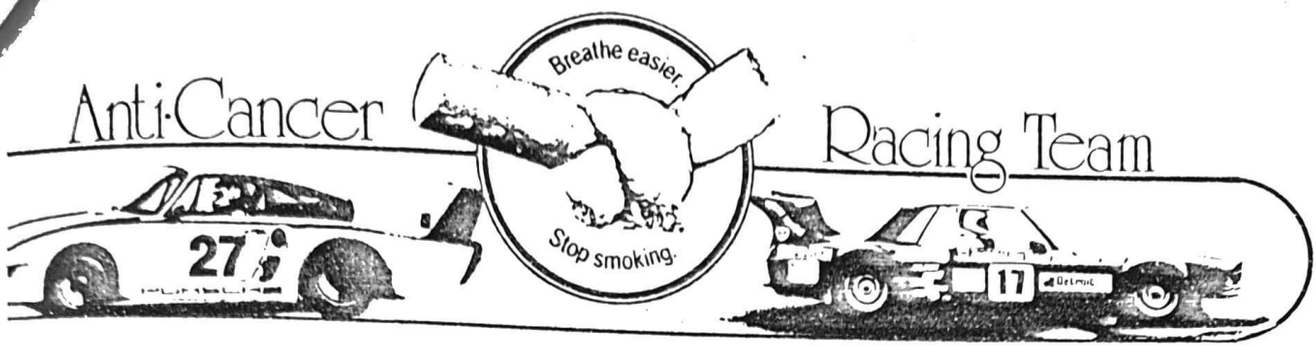
THE AIMS OF THIS PROJECT.

1. To display and promote non-smoking, anti-cancer in Australian Motor Sport and associated areas.

2. Assist where possible in promotion to the adolesent.

3. Raise funds throughout the year to aid the Anti-Cancer Council.

The formation of a two car team, running under the ANTI-CANCER RACING TEAM and using the Breathe Easier logo, would be the catilist to achieve these aims.



PROPOSED FUNDING OF THE PROJECT.

1. Formulate a basic 12 month program of competition and promotion.

2. Seek support and endorsement for the program from:

   A. Anti-Cancer Council.

   B. A.M.A.

   C. Doctors.

   D. State and Federal Health Dept. and Ministers.

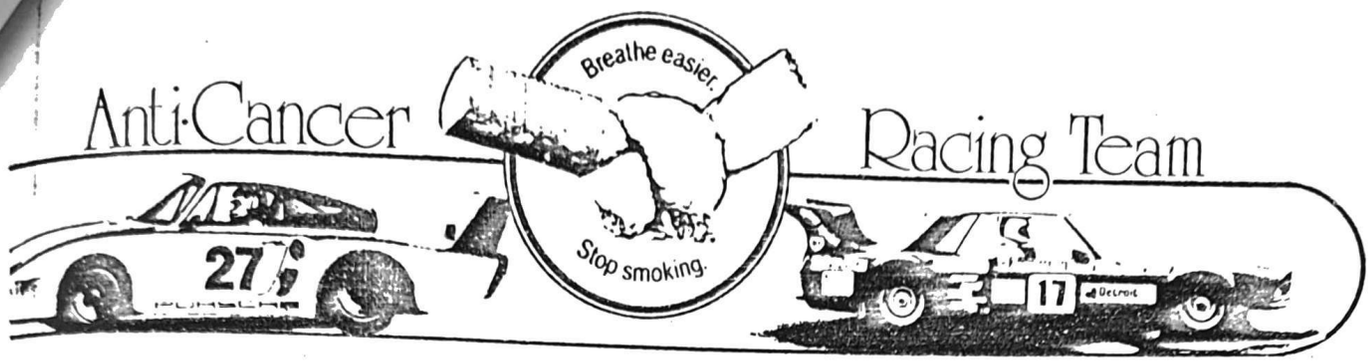
   E. Any other interested parties.

3. With this program and endorsements, lobby the Health and Life Insurance Companies for financial Support.

In our present society the increase in penetration of the cigarette promotions, particularly to young people, must be of great concern the the Health and Life Companies, for they are the future insurance risks.

This project is an opportunity to promote the non-smoking campaign in an area in which the cigarette companies are heavily involved.

It is hoped that sufficient financial support can be gained from the insurance industries to make this program viable and expanding in the future.



PROMOTION AND EDUCATION PROGRAM.

The magnitude of this area is directly proportional to the funds, man power and time available.

Possible Areas.

1. Team tee shirts and stickers either as give aways or for sale, funds going to the Anti-Cancer Council, very labour intensive.

2. Team car posters.

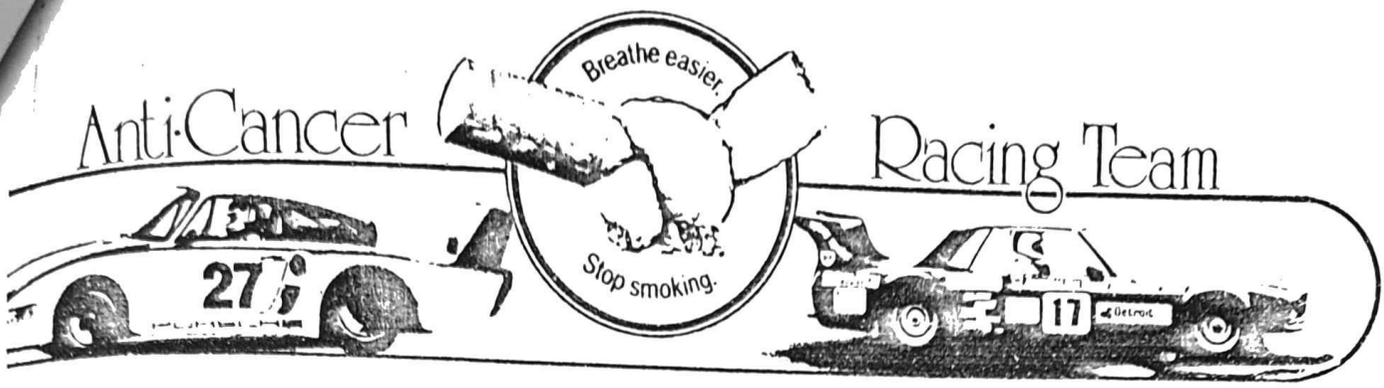
3. Team clothing, jackets etc.

4. Anti-Cancer Racing Team sponsor various other sporting activities

5. Anti-Cancer Racing Team sponsor non-smoking days in various towns.

6. Combine Anti-Cancer Racing Team into school programmes.

7. Any of these activities would include fund raising for the Anti-Cancer Council.



THE TWO CAR TEAM.

Competing in the new highly competitive and technical G.T. class.

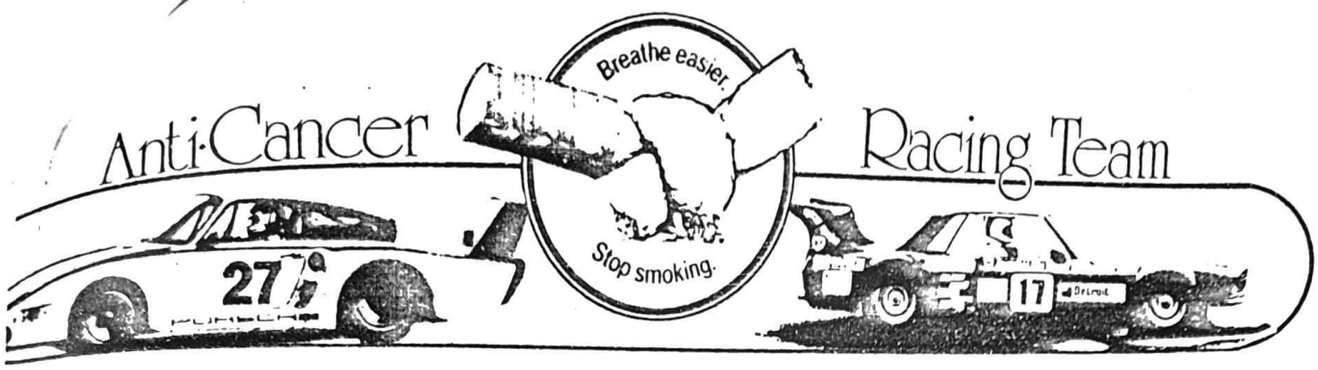
The race cars proposed are;
Porche 935 Twin Turbo.
Mercedes Benz-Chev.

The Porche is the 1982 Championship winning car, driven by ex World Champion Allen Jones and would be owned and driven by well known Shepparton business-man and popular motor racing identity Bryan Thomson.

The Mercedes Benz is owned and built by Peter Fowler and is driven by very talented 22 year old Brad Jones from Albury.

Current changes to car regulations will allow further modifications of the Mercedes to bring it into a competitive format with the Porche.

The team will be run and both cars prepared by Peter Fowler and crew from the workshop at Kialla.



1983 PROGRAM.

Approximately 12-14 meetings starting February running through to November. (Exact dates will be available in late October.)

VENUES.	February	Sandown	Vic.
	March	Calder	Vic.
	April	Sandown	Vic.
	May	Winton	Vic.
	June	Oran Park	N.S.W.
		Lakeside	Q.L.D.
	July	Adelaide	S.A.
	August	Calder	Vic.
		Surfers Paradise	Q.L.D.
	September	Sandown	Vic.
		Symmons Plains	Tas.
	October	Baskerville	Tas.
		Winton	Vic.
	November	Calder	Vic.

Throughout the year fund raising and educational programmes would be conducted within the time schedule of the racing program.

(A.B.C. T.V. 1983 possible 19 meetings.)

At this stage it would seem that most major meetings in 1983 will be nationally telecast by the A.B.C.

ANTI-CANCER COUNCIL OF VICTORIA

Extract from Finance Committee Minutes 11.11.1982:

"POSTAGE COSTS:

Victorian Cancer News is also quite costly. However, the minimum number of issues that can be circulated each year with the discounted registration is four. Two alternatives could be discussed by the Education Committee - firstly, issues could be sponsored or, secondly, the possibility of allowing advertising to help defray costs could be examined."

Alis Holyer

7-03

ANTI-CANCER COUNCIL OF VICTORIA

PUBLIC EDUCATION SUBCOMMITTEE

MEETING - MONDAY, AUGUST 9, 1982 - 12.30 p.m.

A G E N D A

* indicate items for discussion. Those items not asterisked will be covered by a consolidated report given by David Hill. It is hoped that this will give us more time to hear a talk by

Dr. Richard Windsor
President
Society of Public Health Educators (USA)

1. APOLOGIES

2. CONFIRMATION OF MINUTES

3. BUSINESS ARISING FROM MINUTES

   3.1 Grants-in-aid - report

   *3.2 Solariums - UV standards (Attachment 1.)

4. LUNG CANCER

   *4.1 Egger and Bevins brief - report

   4.2 Schools Program - report

   4.3 Staff Stop Smoking Program - report

   4.4 Municipal Councils

   4.5 Tar Testing - report

5. BREAST CANCER

   5.1 Booster Campaign in August

6. CERVIX CANCER

   *6.1 Recent survey on public beliefs (attachment 2)

   *6.2 Proposal for a media campaign.

7. SKIN CANCER

*7.1 Slip Slop Slap story board

*7.2 Costing and financing proposal

8. GENERAL BUSINESS

*8.1 Expenditure estimates 1982/83 (Attachment 3)

*8.2 Correspondence (Attachment 4) - proposal for joint subcommittee with Patient Welfare representative/s

9. DATE OF NEXT MEETING

The next meeting of the Public Education Committee will be held on Monday, October 11, 1982.

Adrienne J. Holzer
Secretary to the Council

August 3, 1982

Chris Holzer

ANTI-CANCER COUNCIL OF VICTORIA

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MINUTES of MEETING of the PUBLIC EDUCATION SUB-COMMITTEE held at the Anti-Cancer Council of Victoria, 90 Jolimont Street, East Melbourne, on Monday, 9th August, 1982 at 12.30 p.m.

Present:

Mr. W. A. Dick (In the Chair)
Mr. T. H. Ackland
Dr. D. Fearon
Dr. M. Heffernan
Dr. B. Hocking
Mrs. A. V. Jackson
Mr. D. Swift
Dr. F. Trinker

In attendance:

Dr. Nigel Gray, Director
Mr. David Hill, Education Director
Miss Adrienne Holzer, Secretary

Apologies:

Professor N. Carson

The Chairman reported that Mr. Jim Beveridge had telephoned to apologise for his non-attendance at the meeting and expressed the wish to retire from the Committee. The Committee unanimously expressed their gratitude to Mr. Beveridge for his long and loyal service to both the Committee and the Council.

CONFIRMATION OF MINUTES:

Minutes of the previous meeting having been circulated to members were approved and signed by the Chairman as a correct record.

BUSINESS ARISING FROM THE MINUTES:

Grants-in-Aid:

Mr. Hill reported that four grants-in-aid for local cancer education projects have been made. They are as follows:

Brunswick Community Health Centre - $500 for an anti-smoking campaign in October with special emphasis on the needs of migrants.

La Trobe Valley Smoking Control Project - $500 for equipment to conduct schools' programs on short term effects of smoking.

The equipment will be retained as a teaching resource for the region.

Mountain District Community Health Service - $500 for breast and cervix programs among local women; and in the Kiewa and Ovens Valley Community Health Service - $350 for a Stop Smoking Program and a Breast Self-Examination Program.

Solariums:

The Committee discussed the previously circulated documents on UV standards and agreed that our solarium statement should be revised. Accordingly the Committee recommended that the Medical & Scientific Committee establish a working party including a representative from this Committee to investigate the problems and come forward with a revised policy statement.

LUNG CANCER:

Egger and Bevins Brief:

A report from Dr. Garry Egger on the results of his preliminary research was tabled. Dr. Egger had spent some time in Melbourne studying groups of children from years 7 and 8. Results of the preliminary search appear in his report. The Committee agreed that an amount of $3,000 be approved as expenditure to develop the second stage of the project.

Schools Program:

The Committee noted that little progress had occurred in implementing a peer leadership trial. However, it is anticipated that the Council will be directly working with teachers on the project in term III.

Staff Stop Smoking Program:

Mr. Hill reported that the Shell Company program appears to be going well and that the medical department want to undertake more programs. The participants have not been followed up at this stage but will be in the future. Mobil Oil Company is now planning to undertake the same program.

Municipal Councils:

Mr. Hill reported that 53 councils have now banned cigarette advertising on council property and media coverage on the activities has been excellent. The Committee suggested that a list of councils who have not supported the ban should be circulated amongst members as well as to Crusade Units so that pressure can be brought to bear on local council members.

Tar testing:

Dr. Gray stated that there was nothing further to report on this question as he was waiting for a meeting with the Minister for Health in Canberra before proceeding.

BREAST CANCER:

A booster campaign is being undertaken by all TV stations during the month of August. This will be the last run of the commercials before replacements are planned for the current financial year.

VIX CANCER:

Mr. Hill's paper on "Motivating Women to Participate in a Screening Program" which he had delivered at a seminar on cervical cancer screening had been previously circulated to the Committee. The majority of women surveyed knew that the smear test would find early cancer of the cervix. However, too many women did not think it a curable disease. Mr. Hill stated that he and Dr. Richard Windsor had been discussing cervical programs in detail during the week. Developmental work needs to be undertaken on a new campaign which could possibly incorporate both media and organisational aspects. The Committee authorised expenditure of $2,000 for this work. The Committee also noted that the Australian Cancer Society was currently undertaking a review of cancer screening guidelines, and therfore the basic policy will be modified within the next six to twelve months.

The Committee was then introduced to Dr. Richard Windsor from the University of Alabama specialising in health education and President of the Society of Public Health Educators in the United States. Dr. Windsor is visiting the Council for two weeks under a UICC technology transfer grant. He spoke to the Committee specifically on a cervix campaign conducted in one of the counties of Alabama. He said that during his stay in Melbourne mutual topics of interest were being discussed such as breast cervix, lung and skin cancer. There is a possibility of some collaborative work being undertaken in the future. One of the main points of interest to come out of his discussion was the increase developing of lay leadership training and standard packages.

SKIN CANCER:

The Slip, Slop, Slap storyboard was tabled and Mr. Hill pointed out that the only reference to skin cancer was through mention of the Anti-Cancer Council itself. The story emphasises precautions for outdoor activities and advises against sunburning. The Committee approved the basic storyboard and gave its authority for the program to proceed. There are no final estimates of cost. However, Mr. Hill stated that all members of the Australian Cancer Society except New South Wales wish to use the material. It is therefore probable that some funds from the ACS summer campaign budget can assist towards the development of the advertisements.

GENERAL BUSINESS:

Expenditure Estimates 1982-83:

The Committee received the expenditure estimates for 1982-83. Whilst expenditure has increased members agreed that a great deal of publicity was given to the Council through its education programs. The question of staff numbers arose, and whilst it was noted that there have been no increases for a number of years, performance and needs of the section were constantly under review.

Correspondence:

A letter was received from Mrs. Lorraine Apakian. The Committee discussed this in some detail and agreed that doctor/patient communication was an extremely important problem. General public knowledge of services and facilities available to patients was not widely known. Members generally agreed that it was the function of this Committee to deal with the problem and Dr. Gray and Mr. Hill agreed to discuss the matter further and bring forward recommendations to the next meeting.

DATE OF NEXT MEETING:

The next meeting will be held at the Anti-Cancer on MONDAY, 11th OCTOBER, 1982 at 12.30 p.m.

.....
Chairman

Confirmed

Date .....

ADOLESCENT SMOKING CAMPAIGN

for

The Victorian Anti-Cancer Council

Preliminary Research

METHOD: Eight groups of 10 chi idren from years 7 and 8 were studied. Moderators were chosen from year 10 to lead the groups, and were given some training in group techniques the day before the sessions. One researcher was also present in each group. He/she aided in questioning if this became difficult. Groups were divided into males and females.

Results in summary are presented below:

RESULTS:

Media Used

.There is no clear cut distinction between those who watch early morning T.V. and those who don't, although it appears that at least 50% do watch at some time during the morning. Evening viewing rates rise from about 4p.m. up to 9-10p.m.

.Saturday mornings and Sunday afternoons are also heavy viewing periods with some viewing (particularly sport) on Saturday afternoon.

.One radio station in Melbourne (3XY) stands out as most listened to by the target group. A distant second is 3EONFM and there was some mention of 3MP by girls (but not boys).

.Radio is listened to in the mornings by about 50% of the target group. Other prominent listening times are 9-10p.m. at night (going to bed), on Saturday night(top 40), and sunday mornings. There is also some listening at other times during the weekend.

Concepts

.The most popular TV programs according to the Broadcasting Tribunal and the current research appear to be comedy shows (Benny Hill, Paul Hogan, Mash, The Fonze etc.).

.Most popular media characters are Paul Hogan, Benny Hill,Fonzy, Mork and Mindy. The

PTO

'trickster' type is popular (i.e. Hogan), but there are few Australians that fill this role.

.Unpopular characters are Victoria Nicolls, Bernard King, Jeannie Little,Don Lane.

.Norman Gunstan is well known and is both loved and hated. Many said they liked his jokes, but no-one would like to be like him. He was generally regarded as a 'dag' or an 'idiot' but he did 'make you laugh'.

.It was generally thought that if Norman Gunstan advertised cigarettes they would disappear off the market because no-one would buy them.This raises the possibility of using Norman as a negative smoking image, particularly as he has done a cigarette commercial some time ago (Duke) which bombed badly for this reason.

.Kids smoke 'to act tough'. This view is almost universal, even though the smokers say they don't do it for this reason. Boys think even the girls smoke to look tough or to 'pose'. The other admitted pressure is friends. If all one's friends smoke it's especially hard to resist. Parental habits were not regarded as significant.

.Major brands smoked are Winfield, Marlboro and B & H (and Alpine for girls -"because they don't smell so much"). Although the older (15-16 year olds) recognise the image of each of these brand smokers, this is more confused amongst the younger (12-14 year olds). They are aware of all the ads and images portrayed, but don't seem to be able to relate this to themselves.

,There is little knowledge or disrespect for cigarette manufacturers and little awareness of people like BUGA UP. All these are too distant and vague to be possibilities for a campaign direction.

BRIEF:

1.Any campaign must be in the language of the 15-17 year old, even though it is targeted and time slotted for the 10-14 year old.

2.T.V. ads should recognise the time slots available (mostly mornings, some evenings and Saturdays), radio should utilise mornings, late evenings and weekends (basically 3XY).

3.The campaign should not be authoritarian/straight or directive

4. It should involve comedy/satire, and music as these are the 'hooks' which attract the young viewer.

5.There should be an emphasis on an image (any image, but preferably positive) for the non-smoker. At present the non-smoker desperately lacks an identification stamp (a behaviour, hand signal, item of clothing - anything),to give him/her support against the obvious stamp a smoker has. The weight needs to be shifted to allowing the non-smoker to feel 'tough' (because in reality, as one child said; "you've gotta be tough not to smoke").

6.The campaign should utilise the 'trickster' characteristics that are so readily acceptable to this group. As Paul Hogan was a trickster for Winfield, who always came out on top through stealth and cunning, a similar character is needed for the non-smoking image.

Attachment 3

ANTI-CANCER COUNCIL OF VICTORIA

CANCER NEWS

COST OF PUBLICATION FOR TWELVE MONTHS - FOUR ISSUES

1.	POSTAGE	ISSUE No.	99	$12,658-08	
			100	15,218-77	
			101	15,776-79	
			102	16,000-91	$59,654-55
2.	INSERTION & MECHANICAL ADDRESSING	ISSUE No.	99	$4,243-87	
			100	4,540-25	
			101	4,730-38	
			102	4,788-40	$18,302-90
3.	FREELANCE EDITORIAL WORK	ISSUE No.	99	$282-40	
			101	291-60	
			102	255-00	$829-00
4.	PRINTING OF CANCER NEWS	ISSUE No.	99	$3,580-00	
			100	3,829-60	
			101	3,964-00	
			102	3,900-00	$15,273-60
5.	OTHER EXPENSES			$15,356-38	$15,356-38
		TOTAL:			$109,416-43

NO. OF COPIES	ISSUE No. 99	$174,300	
	100	175,360	
	101	175,000	
	102	176,000	$700,660

SUMMARY

				$
1.	POSTAGE : 59,654.55 ÷ 700,660	=		0.09
2.	INSERTION & MECHANICAL ADDRESSING : 18,302.90 ÷ 700,660	=		0.03
3.	FREELANCE EDITORIAL WORK : 829.00 ÷ 700,660	=		0.00
4.	PRINTING OF CANCER NEWS : 15,273.60 ÷ 700,660	=		0.02
5.	OTHER EXPENSES : 15,356.38 ÷ 700,660	=		0.02
	TOTAL:			$0.16 per copy

THEREFORE POSTAGE INCLUDES 1 & 2 = 0.12 : PRINTING & ENGRAVING 0.02
OTHER EXPENSES INCLUDE ENVELOPES, PAPER & LABELS = 0.02

5.11.1982

AJH

ANTI-CANCER COUNCIL OF VICTORIA

PUBLIC EDUCATION SUB-COMMITTEE

MEETING - MONDAY, 13th DECEMBER, 1982 @ 12.30 P.M.

A G E N D A

1. APOLOGIES

2. CONFIRMATION OF MINUTES

3. BUSINESS ARISING FROM MINUTES

   3.1. Working Party on Solariums - Draft Report from Dr. R. Marks attached (Attachment 1)

   3.2. Tar Testing

   3.3. Review of Patient Education Literature

   3.4. Dates of Meetings for 1983 — Wednesday 4pm

   3.5. Staff Stop Smoking Program

4. LUNG CANCER

   4.1. Schools Program

   4.2. Anti-Smoking Motor Racing Team

   4.3. Adolescent T.V. Campaign

   4.4. Survey of Children's Smoking Rates

5. CERVIX CANCER

   5.1. Progress Report

6. SKIN CANCER

   6.1. Launching of Summer Campaign

   6.2. T.V. Material

7. GENERAL

   7.1. Review of Education Policy Document (1976 document enclosed) (Attachment 2)

   7.2. Victorian Cancer News - Postage costs (Attachment 3)

   7.3. Report on David Simpson's visit

8. DATE OF NEXT MEETING

   The next meeting will be held at the Anti-Cancer Council on WEDNESDAY, 9th FEBRUARY, 1983 at 4.00 pm.

Adrienne J. Holzer
Secretary to the Council

6.12.1982

SOLARIUMS

Solariums are advertised as producing a long wavelength component of ultraviolet light known as UVA to develop a suntan. It is stated that UVA is safe and does not cause sunburn in the short term and skin ageing and development of skin cancer in the long term. It is also stated that the tan (pigmentation) induced by exposure to UVA protects individuals against sunburn, premature ageing and skin cancer when those persons are then exposed to natural sunlight.

There are several points which need to be challenged in the above statements:-

(1) It has been shown that solariums may emit not only UVA, but also UVB and UVC, the short wavelength ultraviolet light ranges which are known to be definitely associated with sunburning, premature ageing and the development of skin cancer.

(2) UVA when given in sufficient quantity can be associated with the development of erythema (sunburn) as well as pigmentation. There is also no convincing evidence to date that UVA itself does NOT produce skin ageing and skin cancer in the long term.

(3) Natural pigmentation of the skin does protect individuals from sunburn and skin cancer, e.g. the incidence of skin cancer is significantly lower in dark skinned races compared to fair skinned ones. However the level of pigmentation which is induced by UVA in fair skinned people with e.g. Irish or British background is insufficient to protect such people from the harmful effects of the amount of natural sunlight that they will receive in Australia, e.g. farmers with Anglosaxon backgrounds develop marked premature ageing of the skin and many skin cancers even though they tend to have a constant suntan due to the constant sun exposure.

Keeping in mind that the individual has the right to choose what sun exposure he is going to receive, we believe that people in Australia should not use solariums. For the reasons outlined above, we believe that it is unwise for individuals to expose themselves to artificial ultra violet light in a range which we know is potentially harmful in an attempt to develop skin pigmentation which we also know is not necessarily protective from the harmful effects of sunlight exposure in Australia. We feel it is merely artificially adding further radiation to that which is naturally received and which we know is too much for many people already.

ATTACHMENT I

David

This is relevant info I mentioned when discussing hazards of solaniums.

Bruce Hoff
28/6/82

? For next Pub Affairs Office or Scientific Office.

TLVs®
Threshold Limit Values for Chemical Substances and Physical Agents in the Workroom Environment with Intended Changes for 1979

AMERICAN CONFERENCE OF GOVERNMENTAL INDUSTRIAL HYGIENISTS

ULTRAVIOLET RADIATION*

These threshold limit values refer to ultraviolet radiation in the spectral region between 200 and 400 nm and represent conditions under which it is believed that nearly all workers may be repeatedly exposed without adverse effect. These values for exposure of the eye or the skin apply to ultraviolet radiation from arcs, gas, and vapor discharges, fluorescent, and incandescent sources, and solar radiation, but do not apply to ultraviolet lasers.* These values do not apply to ultraviolet radiation exposure of photosensitive individuals or of individuals concomitantly exposed to photosensitizing agents (Fitzpatrick, et al., eds., Sunlight and Man, Univ. Tokyo Press, Tokyo, Japan, 1974). These values should be used as guides in the control of exposure to continuous sources where the exposure duration shall not be less than 0.1 sec.

These values should be used as guides in the control of exposure to ultraviolet sources and should not be regarded as a fine line between safe and dangerous levels.

Recommended Values:

The threshold limit value for occupational exposure to ultraviolet radiation incident upon skin or eye where irradiance values are known and exposure time is controlled are as follows:

1. For the near ultraviolet spectral region (320 to 400 nm) total irradiance incident upon the unprotected skin or eye should not exceed 1 mw/cm² for periods greater than 10^3 seconds (approximately 16 minutes) and for exposure times less than 10^3 seconds should not exceed one J/cm².
2. For the actinic ultraviolet spectral region (200 — 315 nm), radiant exposure incident upon the unprotected skin or eye should not exceed the values given in Table 9 within an 8-hour period.
3. To determine the effective irradiance of a broadband source weighted against the peak of the spectral effectiveness curve (270 nm), the following weighting formula should be used:

$$E_{eff} = \sum E_\lambda S_\lambda \Delta\lambda$$

*See Laser TLVs.

where:

E_{eff} = effective irradiance relative to a monochromatic source at 270 nm in W/cm² (J/s/cm²)

E_λ = spectral irradiance in W/cm²/nm

S_λ = relative spectral effectiveness (unitless)

$\Delta\lambda$ = band width in nanometers

4. Permissible exposure time in seconds for exposure to actinic ultraviolet radiation incident upon the unprotected skin or eye may be computed by dividing 0.003 J/cm² by E_{eff} in W/cm². The exposure time may also be determined using Table 10 which provides exposure times corresponding to effective irradiances in μW/cm².

TABLE 9

Relative Spectral Effectiveness by Wavelength

Wavelength (nm)	TLV (mJ/cm²)**	Relative Spectral Effectiveness S_λ
200	100	0.03
210	40	0.075
220	25	0.12
230	16	0.19
240	10	0.30
250	7.0	0.43
254	6.0	0.5
260	4.6	0.65
270	3.0	1.0
280	3.4	0.88
290	4.7	0.64
300	10	0.30
305	50	0.06
310	200	0.015
315	1000	0.003

**1 m J/cm² = 10^{-3} J/cm²

TABLE 10

Permissible Ultraviolet Exposures

Duration of Exposure Per Day	Effective Irradiance, E_{eff} (μW/cm²)***
8 hrs.	0.1
4 hrs.	0.2
2 hrs.	0.4
1 hr.	0.8
30 min.	1.7
15 min.	3.3
10 min.	5
5 min.	10
1 min.	50
30 sec.	100
10 sec.	300
1 sec.	3,000
0.5 sec.	6,000
0.1 sec.	30,000

All the preceding TLV's for ultraviolet energy apply to sources which subtend an angle less than 80°. Sources which subtend a greater angle need to be measured only over an angle of 80°.

***1 μW/cm² = 10^{-6} W/cm²

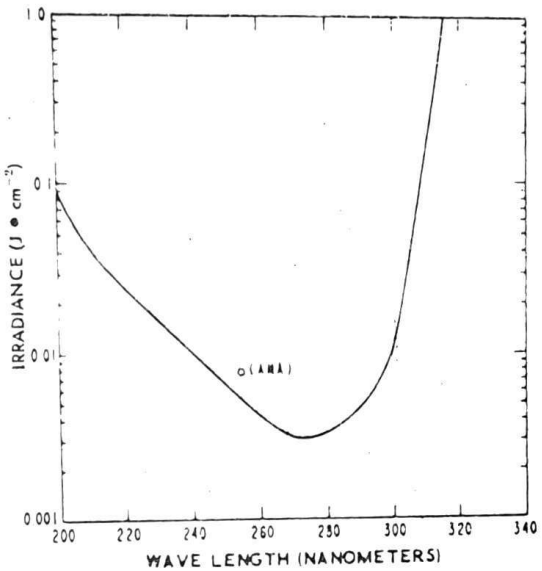


Figure 8 — Threshold Limit Values for Ultraviolet Radiation

Conditioned (tanned) individuals can tolerate skin exposure in excess of the TLV without erythemal effects. However, such conditioning may not protect persons against skin cancer.

NOTICE OF INTENDED CHANGES
(for 1979)

These physical agents, with their corresponding values, comprise those for which either a limit has been proposed for the first time, or for which a change in the "Adopted" listing has been proposed. In both cases, the proposed limits should be considered trial limits that will remain in the listing for a period of at least one year. If after one year no evidence comes to light that questions the appropriateness of the values herein the values will be reconsidered for the "Adopted" list.

ATTACHMENT I

SOLARIUMS

Most of the new "Solariums" emit mainly a component of ultra-violet light, known as UVA. It is the UVB part of ultra-violet light which is mainly responsible for tanning, burning and skin cancer. UVA does produce a short-lived tan in people capable of tanning. But some people with very fair skins will not tan, even under a solarium.

It is known that long-term skin damage leads to skin cancer. There is some evidence that UVA can induce skin damage in animals. However, there is no evidence available as to the effects on humans of excess exposure to UVA over a number of years.

Ordinary sun lamps which have been available for years imitate the effects of the sun by delivering a UVB-induced tan. As with sunlight exposure to these lamps should be gradual and brief. UVB-induced tans proved some protection against sunburn. UVA-induced tans may provide partial protection against sunburn. However, the degree of protection is variable so it is very important to take extra precautions when out in the sun.

The following points should be considered by everyone who will be exposed to the sun, whether or not you have a tan or have been to a solarium.

1. Try to avoid the sun during the hottest part of the day - 11 a.m. - 3 p.m.

2. Take account of your skin type when going out into the sun. Fair skinned people burn more easily than others and will need extra protection.

3. Use a good sunscreen lotion. Leaflets listing the various suncreens are available from your chemist. Sunscreens should be re-applied about every two hours and after swimming and perspiring.

4. Wherever possible wear protective clothing such as a T-shirt, and wear a hat to shade your head and neck.

Note: Certain drugs may induce oversensitivity to sunlight. These drugs include some tetracyclines, nalidixic acid, sulphonamides and the phenothiazines, thiazides, para-aminobenzoic acid, griseofulvin, promethazine and chlorpropamide.

Anti-Cancer Council of Victoria

February 1981

Attachment 2

25-05

Motivating Women To Participate In A Screening Program

David Hill
Deputy Director
Anti-Cancer Council of Victoria

Seminar on "Cervical Cancer Screening - Achievements and Aspirations"

July 14, 1982

at

Prince Henry's Hospital
Melbourne

Motivating Women to Participate in a Screening Program

(slide 1)

I believe much of what we need to know about why women would voluntarily have a regular Pap test can be incorporated in this simple model. Intention to have or not have the test is jointly determined by a set of expectations held by the woman about the likely positive and negative outcomes of doing so and her estimate of the opinions of other people who are important to her. Once a positive intention is formed it will lead to action unless the barriers are too great or else new information is acquired which leads to a change of intention.

In terms of this model, it is plain that the balance of perceived positive and negative outcomes of an action will be crucial in the decision to act or not.

Contemplation of whether to have a cancer screening test may place a person in what is known as an approach-avoidance conflict. Approach-avoidance is roughly analogous to love-hate, bitter-sweet - but it is a more dynamic concept. Screening tests have attractive and repelling qualities. Attractive, in that they offer safeguards or reassurance. Repelling, in that they are capable of bringing down the verdict of cancer.

(Slide 2)

Studies in experimental rats have helped quantify the relationships between the distance from a desired or feared object and the strength of the tendency to

roach or avoid it. A hungry rat running a learned maze will go faster the closer he gets to food. This relationship can be represented by the 'gradient of approach'.

(Slide 3)

Conversely, when stimulated by shock, he will at first run away fast, then slow down. This relationship is expressed in the gradient of avoidance. In neither of these last two situations has there been any conflict. The rat either wants to get to, or away from something. But what happens when the cheese can't be got without, at the same time, getting an electric shock?

(Slide 4)

Well, of course you get a worried rat. The point about this relationship is that we now see that the gradients of approach and avoidance differ. Avoidance tendencies override approach when the animal is near to the desired-cum-feared goal. This explains why the rat will vacillate anxiously; actually run back and forth at an intermediate distance from the goal. It also explains the indecision and vacillation of a patient worried about a symptom that's possibly cancer. At a safe distance from the doctor, she can make a telephone appointment to be examined, then later find an excuse to break the appointment as the time draws near. Or, when facing the doctor, lose courage, present the doctor with a trivial complaint, and only sometimes blurt out ~~his~~ her real worry when half way out the door. The psychodynamics that operate in relation to cancer screening tests are

robably similar, though less intense, than when symptoms are present. Effective strategies to increase participation in screening need a plan which both emphasises the approach attributes and breaks down the avoidance ones.

(blank slide)

I shall now describe a very recent study done by Judy Rassaby and me in which 101 women, mostly between 18 and 40, were questioned in terms of the model I presented earlier. More than half were working women from a range of occupational levels; just over half had married and one-third had children. Educational level attained ranged from junior secondary to tertiary. There was also a diversity of experience with the test - 25% had never had one, ranging to 11% claiming to have had 6 or more. Two-thirds of those with Pap test experience had had the most recent smear within the past two years and 25% had had it done at their own request rather than doctor's initiative. We had not sought a representative sample but rather one containing enough diversity to study factors related to Pap test behaviour during those first 20 years of adult life when the Pap test should become a regular health habit. We were interested in explanatory relationships within the data, not so much in estimating population norms from it.

The survey was a two stage process. The questionnaire finally used for precise measurement needed to be in tune with the way women naturally think and express themselves about the Pap test. An earlier separate sample of women was

ked to write down the advantages and disadvantages of; barriers to; and people who would have opinions about them; having the test. From this elicitation survey a questionnaire was constructed which we were confident included only common salient beliefs about the test.

(Slide 5)

A total of 7 questionnaire items covered personal expectations about having a Pap smear every two years. The 4 positive items are listed on this slide together with the distribution of responses. A bare majority (53%) believed having the Pap test every two years would mean any cancer found would be curable. Disturbingly, 39% evidently believed it unlikely a cancer found by the Pap test would be curable. The vast majority expect the test to give a sense of relief that nothing is amiss and most that it will give reassurance about cancer. 77% believe it likely that any cancer found would be in the early stages. Taking the findings for the first item (about curability) with those for the last (about early detection) we must conclude that a large number of women believe the test finds early but not necessarily curable cervical cancer. This is a serious deficiency in knowledge and suggests an urgent priority for our health education programs . . . unless, of course, these particular beliefs are unrelated to Pap test intentions and behaviour. This is a question I shall address later.

(Slide 6)

Women also have some negative expectations for the Pap test. 39% believe it would make them feel embarrassed with the doctor and over half (53%) expect it to be physically unpleasant. Half would worry until told the test results. Presumably these negative expectations go into the avoidance side of our potential screenee's approach-avoidance conflict over the cancer test.

(Slide 7)

Negative aspects were confirmed and expanded when subjects were asked to respond directly to a list of possible barriers to action. Simple forgetting (for 69%) was the commonest reported barrier to action and, in confirmation of the previous slide, embarrassment, discomfort and fear of the result were the next most common barriers to action. About one third found indignity of the test and lack of time to be barriers. Barriers related to doctors were relevant to about one quarter. It is of concern that 28% should feel obstructed by the perception that their doctor doesn't believe in the Pap test. One trusts this is a mis-perception on the patient's part but it may nevertheless be a negative influence on her intentions and behaviour. The cost of the doctor's service was seen as a barrier by 25%. Whilst this is worrying it reminds us how lucky we are in Victoria that cytology is free to the patient.

What are the origins of the beliefs these women hold about the Pap test? To explore the relations between past experience and present beliefs, we correlated the number of smears each woman had had with scores on each

questionnaire item. You will get confused by the following slides unless you bear in mind that we are no longer looking at distributions of responses but at correlations between a score represented by the number of smears a woman has had and her score on various belief items in the questionnaire.

(slide 8

First, the expected outcomes (both positive and negative) are listed in order of the strength of the correlation between the belief and number of Pap tests experienced. The top three listed are highly significant statistically and mean that the more Pap tests a woman has had the less likely she is to feel embarrassed with the doctor or to worry about the test results and the more likely she is to expect a sense of relief to find nothing amiss. The more tests a women has had the less likely is she to anticipate physical unpleasantness and the more likely to believe any cancer found would be in the early stages. These findings give cause for some optimism for they indicate that increasing experience of the Pap test is associated with reduced negative perceptions and strengthened positive perceptions. It is evidently desirable to encourage women to talk about the Pap test since our results suggest that initiated women will generally have more positive beliefs than the uninitiated.

On this slide, the non-significant findings are as interesting as the significant ones. Pap test experience was not associated with reassurance nor belief that the text will find curable cancer. Some findings I shall present in a moment show

that, since both these beliefs are relevant to future intentions about the test, attention should be given reassuring screened women and teaching them that any cancer the test finds is indeed almost certain to be curable. In this regard, Dr. Drake might consider an educative report being provided direct to the patient . . . not just to her doctor.

(Slide 9)

As we have already seen, there is some overlap between the content of negative expectation and barrier items. In this slide all the correlations are negative, indicating an inverse relation between perceived barriers and past experience of the Pap test. Thus women with a history of few or no smears are more likely to see embarrassment, indignity or discomfort of the examination, doctor's fee, fear of result or lack of time as barriers to action. Doctor's perceived belief was just short of significance and forgetting was quite unrelated to the amount of past experience of the test. The latter finding would be explained by the fact that twice as many women had their last smear because of the doctor's initiative, not their own. Smears are being done on many woman regardless of whether or not they remember to ask.

So much for the way past experience relates to present beliefs. I now wish to deal with the way present beliefs relate to intention to have a Pap smear every two years in future. Intention was measured on a 7 point scale on which each subject indicated how likely it was she would be to have the test in future.

Slide 10

The data on this slide indicate differences, as well as similarities among the beliefs associated with past Pap test experience and with intention for the future. The most interesting difference is for the last of the beliefs listed on this slide. Although the correlation of the belief that "any cancer found would be curable" with intention is not large, it is respectable and is highly significant. As you saw on the previous slide, the belief about curability was not associated with the degree of past experience. This finding confirms a concern I expressed earlier that important educational opportunities to influence Pap test intentions are being missed at the time smears are taken or results reported to patients.

As with past experience, absence of embarrassment is the item outstandingly correlated with intention to have the Pap test. In a pattern not much different from the results for past experience we find positive intentions associated with not expecting the test to be physically unpleasant nor to worry until told test results. The importance of the belief in curability I have already mentioned. Less significant, but not able to be disregarded, are the associations of intention with expectations of sense of relief, reassurance and finding early cancer.

Slide 11

I won't spend much time on the detail of this slide about the correlations of barrier items with intention because the pattern is similar to the earlier slide relating the perceived barriers to past Pap test experience. A general feature of

the barrier correlations, however, seems worth noting. The magnitude of these correlations is generally rather large compared with others reported in this survey. Do we have a chicken and egg problem? Are subjects who have negative intentions anyway rationalizing them by finding barriers (really excuses) for self-justification? It is an important practical as well as theoretical issue because if intentions "cause" barriers eliminating barriers will be irrelevant to changing intentions. This sort of study does not allow a firm answer but I think if barriers were just excuses, the order of the items correlating with intention would be different to the one you see before you. The best excuses usually seem to attribute responsibility to something beyond our control, yet on this list the best excuses - my doctor doesn't believe in it, forgetting, and lack of time - come last. And to me, at least, the self-disclosure evident in the more highly correlated items at the top of the list carries a ring of truth.

Slide 12

There is little doubt that much social behaviour is influenced by the expectations of others. In this study we correlated the subjects' intention to have the Pap test with her own estimate of the opinions of those people listed as to whether she should have the test regularly. Except for sons and daughters, all the social referents' perceived opinions were related to intention. The unimportance of sons and daughters is probably due to the age of this sample whose children would generally be too young to have opinions about Pap smears. This slide

means that women who intend to have a Pap test regularly tend to be surrounded by family, close friends and workmates and have doctors who are seen to favour them having the test.

I'm sure my emphasis on correlation among these data may have stirred in some of you a concern summed up in the statistical adage:

"Correlation is no proof of causation"

In a cross sectional study one can only go so far with explanation about causes of behaviour. However, in this survey we did introduce a type of questioning which I shall now explain and in which the subject has the opportunity to indicate the extent to which changes in particular beliefs would change her intention.

Slide 13

Here is an example of some questions which, to use the jargon, explore the "subjective conditional probabilities". The subject is asked "How likely would you be to have a Pap smear every two years supposing it <u>would</u> give a reassurance about cancer?" She then answers on the supposition that it <u>would not</u> give a reassurance about cancer. If she is as likely to have the Pap smear under the would and would not supposition then changing that belief has no relevance for intention. On the other hand, large differences imply that intention will change if the belief is changed. The way we use this information is to calculate what is called a "psychological relevance" score for each belief item by subtracting the scale value (ranging from 1 to 6 across the page) of one of the pair of items from

the other. Psychological relevance scores for the example on the slide are handwritten on the right.

Slide 14

This slide gives results **only** for non-intenders. After all, evidence and arguments to persuade those who already intend to have the test are of little practical importance compared with those which might persuade non-intenders.

The seven items from the expectations section of the questionnaire are listed in order of psychological relevance for non-intenders. The mean psychological relevance scores are on the right. This slide suggests that except for the last-listed item (on worry about test results) all the beliefs have psychological relevance, that is to say causal implications, for intention to have the Pap test among those presently not intending to have it.

It is of interest that for the first time in the item rankings a positive outcome (reassurance) exceeds the negative one about embarrassment. In fact, analysed this way the importance of positive outcomes is generally reasserted in comparison with negative ones. "Curabilitiy", "early stages" and "relief" all have psychological relevance scores of 2 or more.

What does all this mean about the motivation of women under 40 to participate in a cervical cancer screening program?

Slide 15

What should be our overall strategy for increasing participation of women in the cervical screening program? First, it must be acknowledged that the benign dictatorship of doctors has been largely responsible for the high screening rate in the population of women up to the age of 40 or so. This medical responsibility should be encouraged and extended but with it should go greater participation by the patient so that when she stops having obstetric or contraceptive consultations she has the motivation to continue initiating regular tests. I suspect that during the process of taking a smear and informing the patient about results (if she is informed), many teaching and reinforcing opportunities are missed by doctors. The first part of an education strategy would therefore be to involve doctors more actively as teachers about the Pap test.

To induce higher levels of voluntary participation in cervical screening and to be consistent with my earlier analysis we also need to reduce avoidance tendencies and increase approach tendencies. There are theoretical reasons - not only from conflict theory (remember the gradients of approach and avoidance for rat behaviour?) but also from psychological field theory - reasons for believing that reduction of negative avoidance factors may be relatively more influential than increasing the positives.

Our analysis suggests that programs should try to take embarrassment out of the Pap test. "Legitimizing" advertisments and publicity could help, but we might also need to think laterally about delivering the service in ways which

circumvent the embarrassment obstacle. Local Pap test drives in which 'everybody's doing it' might work. If women prefer to have smears taken by a doctor, other than their regular doctor perhaps practitioners could temporarily exchange patients for a Pap test drive. Patient discomfort and physical unpleasantness might well be related to a patient's own tensions and these tensions could be reduced by some of the suggestions just mentioned. GP retraining might, and concentrated practice certainly would, improve doctors dexterity in taking a smear. However, I do not really believe doctor performance is a big part of the problem simply because our results show that the worst expectations about embarrassment and discomfort are held by those women who've never had the test.

We cannot escape cost as a negative factor. Who wants to spend money on doctors when you feel well and have no particular reason to be worried? Again, I wonder if efficiently-organised Pap test drives using local doctors mightn't enable the test to be delivered more cheaply to the patient.

Worry about test results is queried as a specific target for several reasons. First it was not psychologically relevant for non-intenders. Second, the tendency to worry may be deeply rooted in personality and not easily alterable. Third, it may in any case disappear when we make the improvements we hope to in the part of the program devoted to increasing the approach tendencies. If women can be

persuaded that any cancer found by the Pap test is early and curable the reasons for worry about results should be largely removed.

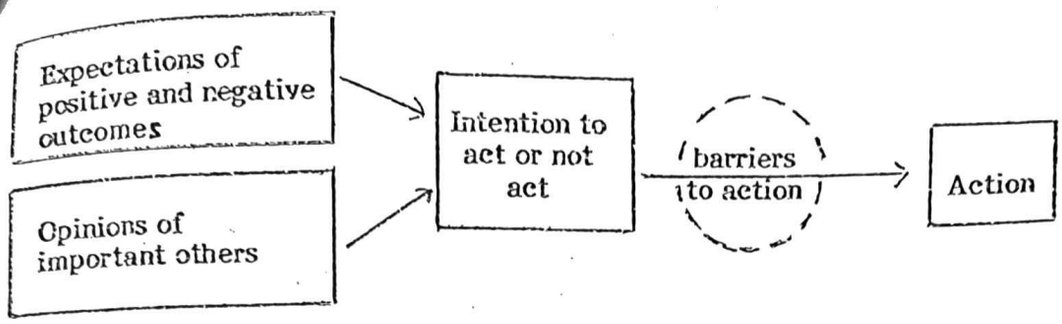
I believe that public education, including media campaigns, can do much to convince people that the Pap test detects early and curable cancer. I intend recommending to my Council that we begin a campaign based on the findings of this survey as a matter of some urgency. From a communicator's point of view far too many of our anti-cancer messages, of necessity, are equivocal. In many of these messages we are forced to talk about changed probabilities of hazard if our advice is taken or if it is ignored. But the Pap test message is so clear cut that it is quite unacceptable that so many women do not seem to understand it.

At the same time as we prove to the public that abnormalities detected by the Pap test are early and curable lesions we can demonstrate how unlikely it is that they will be found in any one individual. This means the odds are vastly in favour of relief and reassurance.

I believe media and interpersonal discussion are likely to improve public understanding, public attitudes, public participation and, incidentally, doctor involvement in cervical screening.

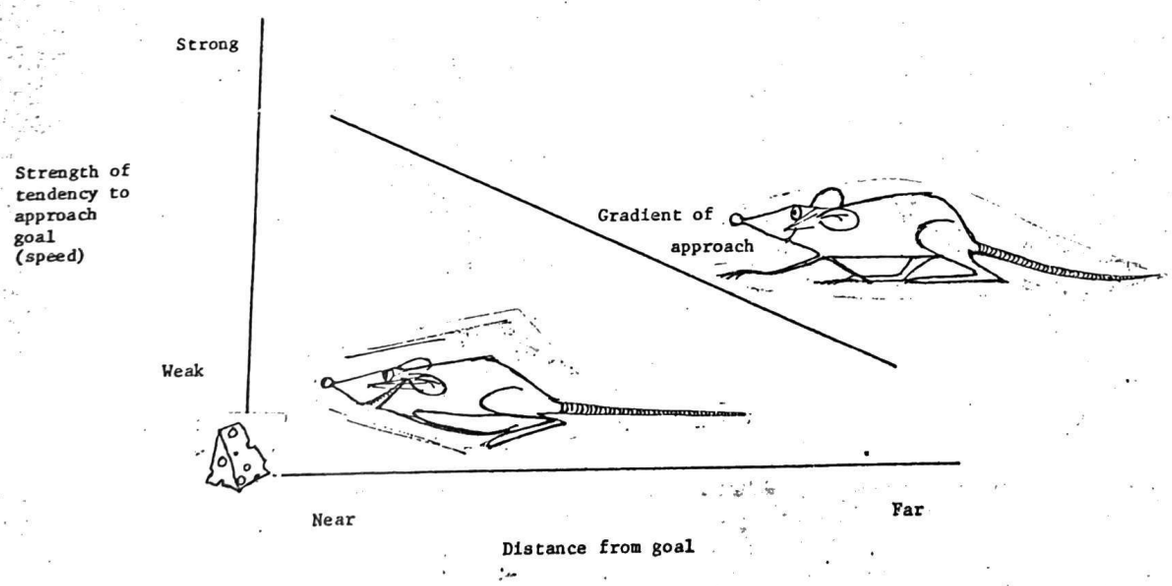
Finally, the need for a Pap smear is not triggered by a sign or symptom so it is easy to put off or forget. Regular reminders, whether they be in the media or generated by the doctor or by some computerized central records will be needed.

1.



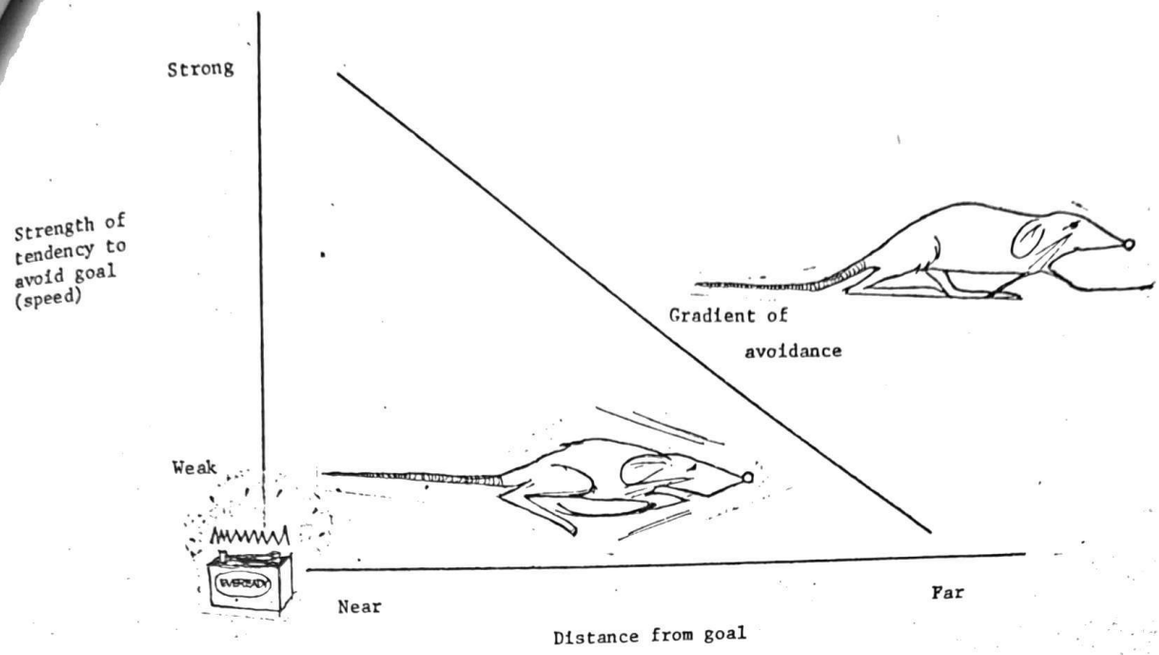
2.

Gradient of approach, showing that strength of tendency to approach increases as the desired goal is neared



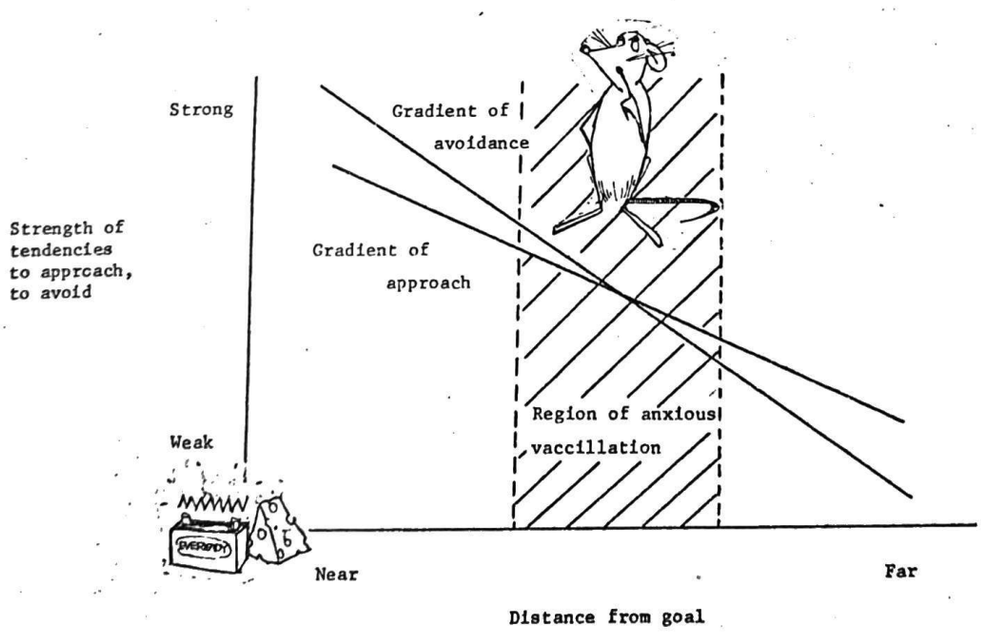
3.

Gradient of avoidance, showing that strength of tendency to avoid increases as closer to feared goal



4.

Approach-avoidance conflict results when goal is both desired and feared



5.

PAP TEST BELIEFS *

POSITIVE BELIEFS

Pap test would	Unlikely	Undecided	Likely
- mean any cancer found would be curable	39%	8%	53%
- give me a sense of relief to find nothing amiss	4%	4%	92%
- give me reassurance about cancer	9%	17%	74%
- mean any cancer found would be in the early stages	11%	12%	77%

* ACCV survey,1982

6.

PAP TEST BELIEFS *

Negative Beliefs

Pap test would	Unlikely	Undecided	Likely
- make me feel embarrassed with doctor	51%	10%	39%
- be physically unpleasant	39%	8%	53%
- cause me to worry until told test results	41%	8%	50%

* ACCV survey,1982

7.

PAP TEST BELIEFS*

Barriers to Action

Forgetting	69%	Indignity of test	35%
Embarrassment	47%	Lack of time	35%
Discomfort	46%	Doctor doesn't believe in test	28%
Fear of result	36%	Doctor's fee	25%

*ACCV survey,1982

8.

PAP TEST BELIEFS

CORRELATIONS WITH NUMBER OF PREVIOUS TESTS (1)

Expectations	r
Not feeling embarrassed with the doctor	.38**
Getting a sense of relief to find nothing amiss	.27**
Not worrying until told the test results	.26**
Not finding it physically unpleasant	.20*
Mean any cancer found be be in the early stages	.17*
Give me reassurance about cancer	.10
Mean any cancer found would be curable	.07

**$p < .01$ *$p < .05$

9.

PAP TEST BELIEFS

CORRELATIONS WITH NUMBER OF PREVIOUS TESTS (2)

Barriers	r
Embarrassment	-.51**
Indignity of examination	-.46**
Discomfort of examination	-.43**
Doctor's fee	-.38**
Fear of result	-.35**
Lack of time	-.19*
Doctor doesn't believe in it	-.16
Forgetting	-.05

**p<.01 *p<.05

10.

PAP TEST BELIEFS

CORRELATIONS WITH INTENTION TO HAVE TEST (1)

Expectations	r
Not feeling embarassed with doctor	.56**
Not finding it physically unpleasant	.30**
Not worrying until told test results	.25**
Mean any cancer found would be curable	.24**
Give me a sense of relief to find nothing amiss	.22*
Give me reassurance about cancer	.18*
Mean any cancer found would be in the early stage	.16*

**p<.01 *p<.05

PAP TEST BELIEFS

CORRELATIONS WITH INTENTION TO HAVE TEST (2)

Barriers	r
Embarrassment	-.72**
Indignity of test	-.65**
Discomfort of test	-.55**
Fear of result	-.43**
Doctor's fee	-.41**
Lack of time	-.11
Forgetting	-.07
Doctor doesn't believe in it	-.01

**p<.01

PAP TEST BELIEFS

CORRELATIONS WITH INTENTION TO HAVE TEST

Opinions of :	r	Opinions of	r
Sister(s)	.40 **	Workmates	.23*
Close friends	.38 **	Father	.18*
Husband/boyfriend	.34 **	Brother(s)	.18*
Mother	.32 **	Daughter(s)	.01
Doctor	.26 **	Son(s)	.00

** p<.01 *p<.05

How likely would you be to have a Pap smear every 2 years ...

(PSYCHOLOGICAL RELEVANCE)

	Extremely unlikely	Quite unlikely	Slightly unlikely	Neither	Slightly likely	Quite likely	Extremely likely	
Supposing it would give a reassurance about cancer?						✓		
Supposing it would not give you a reassurance about cancer?						✓		0
Supposing it would mean any cancer found would be curable?						✓		
Supposing it would mean any cancer found would not be curable?		✓						4
Supposing it would be physically unpleasant?					✓			
Supposing it would not be physically unpleasant?						✓		1

PAP TEST BELIEFS

BELIEFS "PSYCHOLOGICALLY RELEVANT" FOR NON-INTENDERS

Change toward these beliefs should lead to more positive intentions

Beliefs	Psychological relevance†
* Give me a reassurance about cancer	2.3
* Not make me feel embarrassed with the doctor	2.2
* Mean any cancer found was curable	2.1
* Mean any cancer was in the early stages	2.1
* Give me a sense of relief to find nothing amiss	2.0
* Not be physically unpleasant	1.8
* Not cause me to worry until told test results	0.4

†Min.= 0, Max.= 6

EDUCATIONAL STRATEGY FOR PAP TEST

Involve doctors more actively

Decrease avoidance tendencies

Reduce
- embarrassment
- discomfort and physical unpleasantness
- cost
- worry about test results (?)

Increase approach tendencies

Increase
- belief that cancer detected by Pap test is early.
- belief that cancer detected by Pap test is curable.
- feelings of relief and reassurance

Encourage discussion

Remind regularly

How likely would you be to have a Pap smear every 2 years ...

(PSYCHOLOGICAL RELEVANCE)

	Extremely unlikely	Quite unlikely	Slightly unlikely	Neither	Slightly likely	Quite likely	Extremely likely	
Supposing it would give a reassurance about cancer?						✓		
Supposing it would not give you a reassurance about cancer?						✓		0
Supposing it would mean any cancer found would be curable?						✓		
Supposing it would mean any cancer found would not be curable?		✓						4
Supposing it would be physically unpleasant?					✓			
Supposing it would not be physically unpleasant?						✓		1

ATTACHMENT 3

BUDGET ESTIMATES 1992/93

PUBLIC EDUCATION	ACTUAL 1991/92	BUDGET 1992/93	VARIATION	
		$		
AUDIO VISUAL PRODUCTION	–	60,000	+ 60000	–
VICTORIAN CANCER NEWS	129683	150000	+ 20317	+ 15.7
COMPUTER PROGRAMMING	2767	4000	+ 1233	+ 44.6
GENERAL EXPENSES	16,766	20,000	+ 3234	+ 19.3
LECTURE FEES	2092	2,500	+ 408	+ 19.5
MOTOR VEHICLE EXPENSES	2633	3,500	+ 867	+ 32.9
PRINTING	43621	60,000	+ 16379	+ 37.5
SALARIES, SUPERANNUATION	145939	150,500	+ 4561	+ 3.1
TRAVEL EXPENSES	3366	10,000	+ 6634	+ 197.1
SUPPLIES – APPARATUS +		30,000	+ 872	+ 3.0
COPY OF FILMS	29128	4,000	+ 4000	
TECHNICAL INFORMATION SERVICE	–	–	–	
PROF. F.R. WAKE	1809	8,000	+ 8000	
Casual Staff	–	–	–	
PROVISION FOR GRANTS IN AID	5000			
TOTAL	382806	502,500	+ 119,694	+ 31.3%

1. Casual Staff – $8000 TO BE SET ASIDE AND USED TO PAY CASUAL LABOUR EMPLOYED ON SURVEYS, AS CODING CLERKS AND V.D.U. OPERATORS.

2. SALARIES – CALCULATION IN 1991/92 BUDGET YEAR WERE BASED ON EIGHT PERSONNEL, ESTIMATES FOR 1992/93 BASED ON SEVEN STAFF. (PROF. WAKE INCL. FROM JULY TO NOVEMBER

4

20/7/82
16 Blair St.,
Bentleigh
3204.

22 JUL 1982

Dear Sir or Madam,

May I commend your organization for the fine work they are doing.

My father died of Lymphthoma this January after being diagenoged the previous March 1981. Looking back on this now I feel again the sense of inadequacy that overcomes the family. — the deep need to help and assist fettered by the lack of information. Information on what to expect in the form of treatment. We went to the library for Medical books, personally spoke to the local doctors and the hospital specialists and Oncologists. and sifted through what my father was told. We wasted the time of the hospital staff asking for explanations of statements that went over our heads and yet what else could we do? our father was dying, we wanted to know everything so we could help him and make his time with us loving and filled with dignity. finally Dad was lent a book by the hospital social worker. This explained the Cytoxic drugs used to fight different cancers and the side effects caused by them. This little book passed among family and friends became the anchor when the days darkened. When our time with Dad became shorter and shorter and the times when he lay in pain lengthened we returned to the book- pre warned we functioned better. This book helped to dispell many myths kind souls told us - the cold facts were our solace against this disease.

I feel that your organization could fill this gap with a booklet - possibly along the lines of the one published by the heart foundation - for heart attack victims and their families. To many people facing a doctor in a major hospital is an ordeal and they cannot remember all that was said after the interview - a booklet read in the quiet of ones home, can be a great aid to handling the illness and imminent death of a special person. We found out too late that the Peter Macallum hospital offered at home services - possibly these services could also be listed. And the book would need to be published in many languages. and freely available at clinics and the local doctors surgery. If I or my family could assist you and your organization in compiling such a booklet we would be delighted.

Yours Sincerely

Lorraine Apakian (MRS.)

AJH.

Anti-Cancer Council of Victoria

KEOGH HOUSE
90 JOLIMONT STREET
EAST MELBOURNE
AUSTRALIA, 3002

TELEPHONE: 654 2411
Cables: ACCOVIC MELBOURNE

Telex: VCCG AA 34158

Director: Dr. Nigel Gray A.M.
MB, BS, FRACP, FRACMA.

MEMO TO: MEMBERS OF PUBLIC EDUCATION SUB-COMMITTEE

MEMO FROM: MISS ADRIENNE HOLZER, SECRETARY TO THE COUNCIL

RE: MEETING DATES:

At its last meeting the Education Committee requested me to try and find a more suitable time for meetings as some members were finding difficulty in attending.

It would be appreciated if you would complete the attached form and return it to me by FRIDAY, 5th NOVEMBER, 1982.

Adrienne J. Holzer (Miss)
Secretary to the Council

22nd October, 1982

Att.

Please indicate those times which are NOT SUITABLE for you to attend meetings. Shaded areas represent times not suitable to the Council

		Monday	Tuesday	Wednesday	Thursday	Friday
1st week of the month	Lunch time					
	4 p.m.					
	5 p.m.					
2nd week of the month	Lunch time					
	4 p.m.					
	5 p.m.					
3rd week of the month	Lunch time					
	4 p.m.					
	5 p.m.					
4th week of the month	Lunch time					
	4 p.m.					
	5 p.m.					

Name _____

A.J.H

ANTI-CANCER COUNCI

PUBLIC EDUCATION SUB-COMMITTEE

MEETING - MONDAY, 21st JUNE, 1982 - 12.30 PM.

A G E N D A

1. APOLOGIES — H. Hoffman

2. CONFIRMATION OF MINUTES

3. BUSINESS ARISING FROM MINUTES

   3.1. Grants-in-Aid

   3.2. ACS Film "Tissue"

   3.3. Resource Library

   3.4. International Health Education Conference

4. LUNG CANCER

   4.1. Egger & Bevins Brief (Attachment 1)

   4.2. Schools' Program - Report

   4.3. Staff Stop Smoking Program - Report

   4.4. Municipal Councils - Advertising Survey

   4.5. Tar-testing - Recommendation (Attachment 2)

   4.6. Motor Racing - Anti-Smoking Advertising

5. BREAST CANCER

   5.1. T.V. Booster Campaign

   5.2. Brief to Monahan Dayman & Adams

6. CERVIX CANCER

   6.1. VC(G)S Seminar to mark three millionth smear

7. SKIN CANCER

   7.1. Brief to Monahan Dayman & Adams

8. GENERAL BUSINESS

   8.1. Visit of Dr. Richard Windsor, Director, Division of Health Education-Health Behavior - Proposal for Committee Luncheon (Attachment 3)

Dated heart Mtg — Reg 9a.

Adrienne J. Holzer
Secretary to the Council

16th June, 1982

Anti-Smoking Media Campaign

brief presented by Dr. Garry Egger

The brief for the project in detail is as follows:

1. Analyse available media times and the characteristics of the audience at those times (this would include assessment of the time slots which are available to the VACC).

2. Isolate a potential target audience from this analysis. This may be done by defining the most popular cigarette amongst this group and analysing the motivation used by marketers to sell this cigarette.

3. Develop some draft campaign concepts based on the findings of 2 above to attempt to reverse the pro-smoking message.

4. Run 4-5 focus groups in schools using the selected target group i.e. Winfield smokers if these are those selected. The focus groups would be used to generate ideas for a campaign as well as test possible concepts developed above.

5. Develop a strategy for a comprehensive campaign to be carried out to implement the findings of this research. A report at this stage should include:

   * parameters of the target group
   * potential time slots and media to be used
   * media strategy
   * media timetable
   * media concepts
   * a research design for evaluation of the campaign

This would complete phase 1 of the campaign. Phase 2 would then involve developing the campaign and setting up an evaluation protocol. Phase 3 would be running the program and phase 4 would be the follow-up evaluation. I suggest that the campaign be piloted on a three month trial basis in a select area before being offered to the capital cities.

KEOGH HOUSE
90 JOLIMONT STREET
EAST MELBOURNE
AUSTRALIA, 3002

TELEPHONE: 654 2411
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Telex: VCCG AA 34158

Director: Dr. Nigel Gray A.M.
MB, BS, FRACP, FRACMA.

Attachment 2

...BS, FRCS, FRACS, FACS, D.Sc. Punjabi (Hon.)

...ouncil of Victoria

...e 9, 1982

23-33

Memorandum to: EXECUTIVE COMMITTEE

From: Nigel Gray

Re: Tar Testing in Australia

Australian cigarettes are low tar because of the tar testing program originated by the ACCV. We gave the program to the Commonwealth who set up a special laboratory; overstaffed it; had problems with a non smoker on the staff who demanded rebuilding of the whole laboratory (successfully); which works at a very low speed; which consults closely with the industry; obtains its testing samples directly from the industry; and in general, is very slow in producing results.

Current issues include :

1. We hear that the laboratories will not be able to publish new assays until next year. This means a 3 year gap between publications.

2. Some brands may have changed and there are a number of major new brands as yet untested.

3. There is a problem of misleading labelling in relation to published tar content. It may be that our case against the industry here could be undermined by out of date results.

David and I have discussed this and would like the Committee to consider the following action :-

(1) That we commission a commercial tar testing laboratory in the UK to do some testing for us.

(2) That we test the top 20 brands and the new consequential brands.

(3) That we run a publicity campaign concerning the results.

tives of the campaign -

(i) Political. Our Federal Ministers have let us down by allowing poor labelling of cigarettes and delaying its introduction until 1983. Publication of assays performed because of government delays would stir up the Federal Health Minister, Parliament and the testing laboratory.

(ii) Public Health. Attention should be directed to misleading labelling; to the higher risk of the high tar cigarettes; and, as a corollary, to the association between tar and disease.

(iii) Public Relations. This is a favourable opportunity for us and might well cement our relationships with the smoking community - we are slightly (only slightly!) concerned about some of the strong anti-smoker stances taken by other groups in that they may antagonise the smokers and we may be identified with this stance. A campaign that explained tar and helped the smoker choose a low tar cigarette would be a positive event.

Recommendation

1. That the Executive Committee endorse the above objectives and action and authorise $10,000 for the purpose (I think this would be adequate).

2. That we invite the Education Committee to consider the form of the campaign to be run, bearing in mind its political aspects.

ama in Birmingham
~~chool of Community and Allied Health~~
blic Health/Division of Health Education-Health Behavior

ctober 2, 1981

Dr. D. J. Hill
Anti-Cancer Council of Victoria
Melbourne, Victoria
Australia

Dear Dr. Hill:

I am contacting you in part because of the exemplary work that you have done in cancer control in Australia. I am familiar with it through the UICC Technical Report Series and discussions at IUHE meetings. In the last few months, I have made contact with a number of individuals involved in health promotion in Australia, principally to indicate that I will be attending the International Union meeting in Tasmania in August of 1982 as a participant and as President of the National Society for Public Health Education (SOPHE). As you may know, SOPHE is the standard-setting body for professional preparation and practice in public health education in the United States.

At this point in time, I anticipate spending a month in Australia prior to the conference for travel and professional activities. I have to date made contact with Dr. Davidson, Dean, Commonwealth Institute of Health and he has very graciously extended an invitation to spend several weeks with his faculty in Sydney. I have also made contact with Paul Hindson in June at the Inter-American Symposium on Health Education in San Juan. Paul is exploring several possibilities of my participating in professional activity with him during my visit. I should also mention that I have made contact with Mr. Bernie Ayers, Director of the Health Promotion Unit in Canberra. He has extended an invitation.

With that as prelude, the purpose of this letter is to make you aware of my visit to Australia and express my interest in having the opportunity to meet with you and Nigel Gray and others of your staff. My major purpose would be to meet with individuals involved in cancer control program development and research. My initial thinking is to spend at least one week but preferably two in your area. I have enclosed selected materials, some of which may not be available to you, to give you an idea of my involvement in cancer related behavioral research. One of my principal purposes, then, in visiting Australia is to be involved in a "technology transfer" with your group, focusing on program evaluation. You may be aware of the International Cancer Research Technology Transfer

October 2, 1981

through this mechanism that I am seeking travel and per diem one part of my activities in Australia. Although I suspect that familiar with this program, I have included the information and material to my application to the UICC if you are not. One of the requirements that a formal letter of invitation be extended by key individuals from the host country to me confirming their interest in such a technology transfer. While I feel slightly uncomfortable about being so direct in requesting an invitation from you on behalf of the Victoria Anti-Cancer Education Council, I don't see that I have an alternative. I am confident that our discussions of common issues, problems, and constraints in conducting behavioral/ communications research related to cancer control will be mutually enriching. In the on-coming months we could develop an itinerary. I would certainly take the opportunity to present formally or in other forums the work that I have done and would be equally interested in your current activities.

Looking forward to hearing from you. If I can provide you with additional information, or if there is a need for clarification, please don't hesitate to contact me at your earliest convenience. Thanks in advance for your help.

Sincerely,

Richard A. Windsor

Richard A. Windsor, Ph.D., M.P.H.
Director, Division of Health Education-
Health Behavior

RAW:dl
Enclosures

P.S. I have also enclosed a current resume for your review.

A.J.H

ANTI-CANCER COUNCIL OF VICTORIA

MINUTES of PUBLIC EDUCATION SUB-COMMITTEE MEETING held at Anti-Cancer Council of Victoria, 90 Jolimont Street, East Melbourne, on Monday, 21st June, 1982 at 12.30 p.m.

PRESENT:

Mr. W. A. Dick (In the Chair)
Mr. T. H. Ackland
Dr. David Fearon
Dr. Bruce Hocking
Mrs. A. V. Jackson
Mr. David Swift
Dr. Fedora Trinker

IN ATTENDANCE:

Dr. Nigel Gray, Director
Mr. David Hill, Education Director
Miss Adrienne Holzer, Secretary

APOLOGIES:

Dr. M. Heffernan

CONFIRMATION OF MINUTES:

Minutes of the previous meeting having been circulated to members were approved and signed by the Chairman as a correct record.

BUSINESS ARISING FROM THE MINUTES:

Grants-in-Aid:

Mr. Hill reported that letters had been sent to Community Health Centres in April, and an advertisement was also included in the College of General Practitioners newsletter. Approximately 20 enquiries from Health Centres had been received. However, no firm applications have, as yet, been received.

ACS Film "Tissue":

The Committee noted that the Australian Cancer Society had persuaded other sponors to support the film and a government grant had also been received. It is hoped that filming will be done by August. When the Council receives a copy it will be used as resource material for professional groups.

Resource Library:

A VDU has been installed and the programming is half way to completion. A position had become vacant in the section and the Council advertised for an educational resource assistant to look after the film library. A great number of applications was received many of whom were highly qualified. Miss Jill Damerow has been appointed. Jill has just finished her Bachelor of Education degree at Rusden State College specialising in film and video. The library will shortly be developed to a much higher potential when it will be necessary to up-grade the current position.

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(Ctd.)

BUSINESS ARISING FROM THE MINUTES:

International Health Education Conference:

Mr. Hill reported that the conference is proceeding and will take place in August. The section had submitted two papers - one on the breast cancer programme and the other on Slip, Slop, Slap skin cancer programme. It was agreed that Judy Rassaby should represent the Council on this occasion and noted that the costs would be approximately $700.

LUNG CANCER:

Egger & Bevins Brief:

Dr. Garry Egger has been briefed to conduct developmental work for a media campaign on smoking aimed at young school age children. A copy of the brief presented by Dr. Egger had been previously circulated to the Committee.

The Committee expressed their misgivings regarding testing the advertising concepts solely in New South Wales, and after some discussion agreed that comparative tests should also be conducted in Melbourne. If results are the same then the project can continue.

Schools' Program:

Progress has been very slow on this program. Fruitful discussions have been held with senior education department officials concerning the introduction of peer leadership programs into Victorian secondary schools. It is proposed that initially 5 - 10 willing schools will be recruited to test the packages. The Committee noted the report and requested that the item be kept on the agenda.

Mr. Hill also mentioned that one of the principals in the peer leadership program in the United Kingdom, Dr. Gammage from Bristol University, will be attending the IHEC Conference in Hobart and will spend one day with Council staff discussing the program.

Staff Stop Smoking Program:

Mr. Hill reported that the Shell Company had already run one course for executives, which was held at the Health Commission, and now wish to run another three courses.

BHP workers have also approached the Council to conduct a similar program. It is hoped that Shell will become a good model for other companies to use.

Municipal Councils - Advertising Survey:

A document detailing responses to a letter to municipal councils regarding cigarette advertising was tabled. Two hundred and twelve letters had been sent, and as at 18th June, 1982 one hundred and twelve councils had replied. Of these, twenty-nine had decided to ban cigarette advertising as a result of the letter; twenty-three had already banned cigarette advertising prior to the letter being received; twenty-five had no cigarette advertisements on council property, but no mention of policy was made; and eighteen councils offered the Council equal opportunity to advertise.

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The Committee agreed that the results should be sent to the Department of Youth Sport & Recreation and a press release issued. Those councils who have not yet replied should be reminded, and all councils should be notified of the results.

Tar-Testing Recommendation:

Following the Executive Committee's decision to authorise expenditure of up to $10,000 for the purpose of commissioning an independent commercial tar-testing laboratory in the United Kingdom, the Committee discussed various aspects relating to the form of the campaign, including the possibility of the National Heart Foundation sharing costs. It was agreed the item be brought forward to the next meeting with a set of recommendations relating to the form of the campaign.

Motor Racing - Anti-Smoking Advertising:

The Committee ratified the decision made by the Chairman in authorising expenditure on anti-smoking advertisements on two motor racing cars. Some TV publicity has already resulted. Port Melbourne and Oakleigh Councils had agreed to anti-smoking signs being erected on their football grounds, and the Chairman's approval of this expenditure was also ratified.

BREAST CANCER:

T.V. Booster Campaign:

The Committee noted that the TV advertisements were being revived once more for one month and that this was probably the last time they would be used for this purpose as the key to good TV exposure was fresh material.

Brief to Monahan Dayman & Adams:

Mr. Hill foreshadowed that the costs of new breast cancer material being produced could be approximately $25,000 from next year's budget. The Chairman raised the idea that videotex and cable TV could alter the environment with media material, and educational media approaches could change dramatically over the next few years. Mr. Hill noted that the report on cable TV enquiry was now available and agreed to investigate it further.

A suggestion was also made that the old TV advertisements be video-taped and sent to regional libraries with a press release announcing their availability.

Expenditure of $20,000 - $25,000 for new material was approved for 1982-83.

CERVIX CANCER:

The Committee noted that Dr. Michael Drake had now examined his 3,000,000 smear and a seminar being opened by the Minister for Health was being held on 14th July. Both Mr. Hill and Dr. Gray had been invited to speak.

SKIN CANCER:

A paper outlining plans for the 1982 skin cancer advertising campaign was tabled. Various suggestions were made:

* that the question of UVA and broad spectrum sunscreens be examined;

* that outdoor workers be encouraged more to wear hats and shirts as they are more applicable than sunscreens;

* that sunburn could be one of the major causes of melanoma;

* that Kevin Heinze be approached to wear a Slip, Slop, Slap T-shirt on his gardening session;

* that sports sessions (3AW?) be asked to promote the use of sunscreens.

The Committee also agreed on the importance of including information on the use of solariums in the campaign. A follow-up letter to the Health Minister regarding a warning leaflet to users should be written, and a copy of a recent MJA article sent to the Minister as background material. It was agreed that more information was needed before writing to the Minister with a recommendation, e.g. on dosages and length of exposure. Opthalmologists were expressing concern regarding the danger to a user's eyes as the wearing of goggles is optional.

It was agreed that an expert committee of the Medical & Scientific Committee be established to investigate the problems, and that the item be brought forward for discussion at the next meeting.

GENERAL BUSINESS:

Visit of Dr. Richard Windsor:

The Committee noted that Dr. Richard Windsor would be spending two weeks with the Council in August. It was agreed that he be invited to the next meeting and that he be given time for discussion.

DATE OF NEXT MEETING:

The next meeting will be held at the Anti-Cancer Council on MONDAY, 9th AUGUST, 1982 at 12.30 p.m.

.....
CHAIRMAN

CONFIRMED

DATE .....

Miss Holzer

ANTI-CANCER COUNCIL OF VICTORIA

PUBLIC EDUCATION SUB-COMMITTEE

MEETING - MONDAY, 19th APRIL, 1982
at 12.15 pm.

AGENDA

1. APOLOGIES: Dr. B. Hocking

2. CONFIRMATION OF MINUTES

3. BUSINESS ARISING FROM MINUTES
   - 3.1. Grants-in-Aid
   - 3.2. A.C.S. Video Tape Film "Tissue"
   - 3.3. Film Library Display Terminal
   - 3.4. IAC Submission (Attachment 1)

4. LUNG CANCER
   - 4.1. Children's T.V. - Proposal to appoint Egger & Bevins to develop strategy.
   - 4.2. Schools Programme Report
   - 4.3. Staff Stop Smoking Progress Report
   - 4.4. Health Centre Progress Report

5. SKIN CANCER
   - 5.1. Licensing of Sid the Seagull - Report
   - 5.2. Copyright
   - 5.3. Research - Progress Report
   - 5.4. Budget for 1982-83 Advertising.

6. INTERNATIONAL HEALTH EDUCATION CONFERENCE, HOBART - AUGUST 1982
   - 6.1. Staff Attendance

7. AUSTRALIAN CANCER SOCIETY - REPORT

8. DATE OF NEXT MEETING:

   The next meeting will be held at the Anti-Cancer Council on Monday, 21st June, at 12.30 p.m.

(Adrienne J. Holzer) (Miss)
Secretary to the Council

7th April, 1982

Attachment 1

A Submission to the Industries Assistance Commission

on

THE AUSTRALIAN TOBACCO INDUSTRY

by the

ANTI-CANCER COUNCIL OF VICTORIA

March 12, 1982

Introduction

The health consequences of smoking have been well documented and have received widespread acknowledgement, both internationally and in Australia.

The Senate Standing Committee on Social Welfare in its report to the government on drug problems in Australia (the Baume report) stated that "there is an undoubted association between smoking and a wide range of significant diseases". This statement was based on the view of the Commonwealth Department of Health and supported by consideration of reports such as the Report of the Royal College of Physicians, Report of the US Surgeon General and Report of the Expert Committee on Smoking for the World Health Organisation. In addition, leading Australian medical colleges, the Australian Medical Association, the National Heart Foundation and the Australian Cancer Society, have publicly expressed concern at the health risks associated with smoking and called on the Government to legislate to counter the smoking problem. A uniform international policy, which suggests areas for legislation for smoking control, is endorsed by major international bodies (appendix 1). The eminent cancer epidemiologist, Sir Richard Doll, in a discussion of the causes of cancer has stated:- "No single measure is known that would have as great an impact on the number of deaths attributable to cancer as a reduction in the use of tobacco or a change to the use of tobacco in a less dangerous way."(1) While this was referring to the United States, there is no reason to doubt that such a statement is equally applicable to Australia.

The Government in response to the Baume Report agreed in March 1980 "to determine as national policy a commitment to a decrease in per capita

consumption of tobacco".(2) Similarly, a reply on behalf of the Minister for Health in the Senate in March 1980 pledged the continued support of the Health Department in promoting non-smoking as the norm, while acknowledging the "very high health care and social welfare expenditures" resulting from smoking.(3)

Health Costs of Smoking

This inquiry has called for submissions relating to external costs associated with smoking. The detrimental effects of smoking on society have been clearly stated. "It should be recognized that smoking is a practice where risks are not confined to the smoker. Families suffer when deprived of breadwinners, babies suffer from their mothers smoking, nations suffer when deprived of productivity and when required to fund substantial excess use of hospital and medical services by smokers".(4)

Estimates of the cost to Australian society performed over regular intervals (5,6,7) list directly related medical costs, e.g. hospital bills, physicians' services, prescription drugs; indirectly related medical costs, e.g. wage losses due to smoking associated illness and deaths, payment of pensions to incapacitated persons; and non-medical costs, e.g. fire damage, research costs, expenditure for anti-smoking campaigns, imports of cigarettes and cigarette materials, dividends paid overseas.

Costs are calculated for the three major disease categories which are related to smoking - carcinoma of the lung, trachea and bronchus; ischaemic heart disease, chronic bronchitis and emphysema. The ranges in these cost estimates (low to high) reflect the differing proportions of these diseases which are believed to be directly attributable to smoking. For example, for cancers of the lung, trachea and bronchus, the low estimate would be that 90% of these cancers are caused by smoking, while the high estimate is 95%.

Financial benefits to society - customs and excise, wages and salaries, advertising, exports and shareholder dividends - have also been recorded.

A comparison of the costs and benefits for the three time periods 1971/2, 1975/6 and 1979/80 has been prepared for the Anti-Cancer Council of Victoria by Dr. Garry Egger and is shown in Table 1.

Table 1

Estimated costs and benefits of smoking

1971/2 - 1979/80

($ millions)

Cost estimate	1971/2 High	1971/2 Low	1975/6 High	1975/6 Low	1979/80 High	1979/80 Low
Productivity losses (death)						
MALES	196.91	142.37	364.96	265.48	411.51	309.05
FEMALES	38.46	27.45	74.57	52.68	105.62	80.21
Productivity losses (illness)	58.30	39.85	116.87	80.13	115.22	168.16
Hospital costs	8.66	7.00	31.18	20.61	58.32	50.37
Physicians' services	3.47	2.14	8.18	4.90	12.25	7.47
Prescription drugs	3.18	1.90	11.55	5.93	19.25	10.83
Pension payments	5.18	3.42	18.41	11.83	54.15	33.30
TOTAL MEDICAL COSTS	314.16	224.14	625.73	441.57	829.26	606.45
Imports of tobacco products	62.92		110.03		136.86	
Fire Damage	28.43		62.48		68.73	
Avoidance costs	0.5		1.0		0.5	
Dividends paid overseas	4.76	-	7.14	-	7.14 (e)	-
TOTAL NON-MEDICAL COSTS	97.72	92.92	181.10	173.96	214.48	207.34
GRAND TOTAL COSTS	411.88	317.06	806.83	615.53	1043.74	813.79

Table 1 cont.

BENEFITS

	1971/2	1975/6	1979/80
Customs and Excise	340.08	541.54	703.24
Wages and Salaries	80.68	146.84	173.94
Advertising	14.00	15.81	15.00 (est)
Exports	4.17	5.10	5.85
Shareholder dividends	10.93	17.26	17.26 (est)
TOTAL BENEFITS	449.86	726.54	915.26

Given a ten percent inflation rate it can be determined that while estimated benefits have shown a -0.6% annual growth in 'real' terms, estimated costs have shown a 2.3% annual growth. This factor is illustrated in a summary table - Table 2. The greater increases in smoking costs than smoking benefits have resulted in a situation where costs to society now outweigh the financial benefits.

Table 2

Total Estimated Costs and Benefits of Smoking

1971/2-1979/80

($ millions)

	1971/2	1975/6	1979/80
Costs			
Low	317.06	615.53	813.79
High	411.80	806.83	1043.74
Midpoint	364.47	711.18	928.77
Benefits	449.86	726.54	915.26
Margin (benefits - costs)	+85.39	+15.36	-13.51

While this analysis has demonstrated the equivalence of the costs and benefits of smoking, the need to present such a financial costing should itself be questioned. The financial aspects of smoking are merely one consideration. Human suffering due to ill health and deaths associated with smoking cannot be measured. The social problems resulting from the health consequences of smoking provide sufficient justification for vigorous attempts to reduce the smoking habit.

Government Intervention

Given the Government's declared national policy of reducing tobacco consumption, the question arises as to how best to tackle this problem. Two major thrusts available to Government intervention will be considered here.

Increases in Taxation

Definitive proof of the inverse relationship between price and tobacco consumption is to be found from a variety of sources, namely: an examination of both the historical and current tobacco price increases in Britain, disclosures by tobacco journals and companies of falling sales which accompany price increases, and finally, an inspection of the effects of the six tax increases on tobacco in the 1970s in Australia.

In Britain a study of tobacco prices and consumption among men from 1946 to 1971 [8,9] has revealed a striking relationship between the two variables. Consumption was found to show a marked response to price changes, resulting in a call for systematic price increases to immediately and progressively affect consumption for health reasons.

Five tax increases in the United Kingdom from 1974 to 1978 [10] have led to a 9% fall in cigarette sales. Recent reports by the tobacco industry describe "severe disruption to cigarette sales patterns".[11] However ASH (Action on Smoking and Health - a body sponsored by the Royal College of Physicians) after reviewing the price of tobacco found that in real terms the cost of smoking is less than in the early and mid-sixties.[12] This has prompted a renewed call in Britain for a further increase in taxation - a move which has Government backing, a surprisingly high acceptance by the public and is based on recent trends in disease and deaths.

The tobacco industry is fully aware that price increases lead to a reduction in consumption. Recent information from tobacco journals reveals that tax increases have resulted in falling sales in West Germany, Japan, Ireland, France, South Africa, Australia and Britain (appendix 2). The actual reduction in sales is presumably dependent on the severity of the increase.

In response to tax increases tobacco industry bodies have mounted large-scale advertising campaigns appealing to the public to stop further increases. In America in 1977 the Carolina Leaf Tobacco Company, Inc. asked consumers to take on City Hall "to beat the tax problems - and beat the sales problems that accompany excessive taxation". Today in Britain a similar campaign sponsored by the National Federation of Retail Newsagents and the Retail Confectioners and Tobacconists Association calls for an end to further taxation on cigarettes. (appendix 3)

In Australia there have been six tax increases on tobacco in the 1970s, the most recent being a 20.2% increase in 1975 which was followed by a 27.8% increase in 1978. In their 1977 Annual Report Rothmans states that subsequent upon the 1975 increases, sales had been "severely affected". A review of the situation in 'The Australian' in June 1981 confirmed a reduction in cigarette sales with these increases in taxation.

On the basis of this overwhelming evidence the Anti-Cancer Council of Victoria has repeatedly requested both State and Commonwealth Governments and again invites the Industries Assistance Commission to make provision for regular large taxation increases on tobacco and tobacco products. We believe that the justification for such increases is - and should be publicly promoted as - the improved health of the population, the attainable goal of a reduction in smoking associated illness and mortality. Increases in taxation should not be instituted merely to provide for rises in Government revenue.

Health Measures

The Commission has called for comments on the Government's health policy and the appropriateness of existing health measures.

A variety of measures aimed at reducing tobacco consumption are available. These include:

1. A ban on the advertising of tobacco products
2. The printing of tar and nicotine levels on cigarette packets together with a reduction in tar and nicotine levels
3. Restrictions on sales of tobacco to minors
4. Restrictions on smoking in public places
5. Introduction of a health levy to provide funds for health education

While the Government has banned direct advertising of tobacco products on TV, indirect advertising still occurs in the form of corporate advertising, and incidental advertising of tobacco products in relation to other promotions, particularly sport. A recommendation contained in the Baume Report called for a ban on such advertising but was rejected by the Government. Corporate advertising allows the establishment of a relationship between sport and a particular tobacco company or brand of cigarettes. This form of advertising is often directed at children - a high recognition rate of tobacco company sponsorship of sport among children has been found in a recent survey [13]. Such advertising, while associating cigarette smoking with a healthy sporting image, has no requirement for the health warning, mandatory in direct tobacco advertising. The Anti-Cancer Council of Victoria supports the recommendation of the Baume Report and suggests that existing legislation - the Broadcasting and Television Act - be modified to include a ban on corporate advertising.

The Commonwealth Government in response to the Baume Report agreed to a recommendation "that tar and nicotine contents be stated on cigarette packets". However, after recent negotiations with the tobacco industry, the Government has introduced a voluntary agreement. This agreement states that broad tar bands rather than specific levels are to be printed on cigarette packets.

This situation interferes with the ability of the consumer to make an informed choice based on the tar levels of different cigarette brands. It will also lead to a reduction in competition in the low tar market. In America the publication of precise tar levels has resulted in fierce competition for the low tar end of the market. In Australia precise tar levels are prepared by the Australian Government Laboratories and published by the Australian Cancer Society. The Australian Cancer Society has lodged a formal protest against the voluntary agreement and has restated its demand for the printing of precise tar and nicotine levels on cigarette packets.

Several variations on a health levy on tobacco have been suggested. A levy could take the form of a direct tax on tobacco where the revenue gained was used to offset some of the economic costs to society of smoking, e.g. hospital costs, pension payments. By this method, smokers would be helping to pay for some of the external costs associated with smoking which are currently borne by the whole community. Alternatively a health levy could be introduced whereby a sum of money equal to the amount spent on promotion of tobacco products was provided, either by the Government or the tobacco companies. This money could then be used for health education programs. Currently it is estimated that sixty million dollars is spent annually on tobacco promotion [14]. The discrepancy between this figure for total advertising and Egger's figure for paid advertising probably reflects the high proportion of indirect advertising. We suggest that the provision of even one tenth of this sum would be extremely beneficial

and allow the health authorities to develop effective, large scale health education campaigns, although it would seem both proper and logical for tobacco education to be funded at least as well as tobacco promotion.

Response to IAC Discussion Paper

The following section represents a direct response to issues raised in the Industries Assistance Commission discussion paper and, as such, contains some information included in the previous section.

1. On page 1 of the Discussion Paper, the guidelines of the Industries Assistance Commission are briefly stated, i.e. "to promote the well-being of the community", "to achieve sustained growth through balanced industry development; improve the efficiency of resource use", "ensure consistency between industrial assistance and other policies."

   We submit that the provision of a high degree of assistance to the tobacco industry is totally inconsistent with these policies. Tobacco is a toxic product and thus should **not** receive assistance from the Government for its growing, manufacturing or marketing. It is at direct variance with the Government's declared intention of reducing tobacco consumption and also with the IAC's goals of promoting the well-being of the community to allow such high levels of assistance to the tobacco industry to continue.

   The provision of high effective rates of assistance to the tobacco industry makes a complete mockery of the concept of balanced industrial development. Tobacco receives this level of assistance while other crops more important to the well-being of our society such as wool and wheat receive only a fractional amount of this assistance (15). It is not the position of the Anti-Cancer Council of Victoria to fully explore the

economic and political ramifications of removal of assistance to the tobacco industry. However, we would like to suggest to the Industries Assistance Commission that removal of subsidies to growers, together with removal of tariffs currently imposed on imports of tobacco, may result in significant gains for some of our other primary industries. It has been intimated that Australia may gain more favourable export concessions on some of her other crops, for example, wool, if the tobacco industry were not so highly protected (appendix 4). We believe that such areas should be fully investigated with the aim of providing growth through balanced industry development.

2. On page 13 the question is raised as to whether price increases are effective in reducing consumption. "If the consumption of tobacco products was generally unresponsive to price changes then the imposition of excise duties on tobacco products would be largely ineffective in reducing consumption". (emphasis added)

We contend that an inverse relationship does exist between price and consumption and have offered convincing evidence in our submission to support this view. We also note the statement on page 12 of the Industries Assistance Commission Discussion paper that "there is a reduction in demand due to the higher prices as a result of excise duties".

Given that such a relationship exists we believe that regular large increases in taxation on tobacco are one of the most effective ways of reducing consumption. It should be remembered that due to the addictive nature of nicotine, increases in the price of tobacco will not result in an immediate and continued reduction in consumption. Hence such increases will not severely affect either the profits or the employment

level of the tobacco industry in the short term. Rather, increases in taxation will result in a gradual reduction in consumption accompanied, however, by a measurable reduction in smoking associated mortality.

3. On page 13 of the Discussion paper comments are invited on "The Government's health policy and the appropriateness of existing measures in achieving its objectives."

This issue has also been covered in our submission. To restate our view, we fully support the declared goal of the Commonwealth Government to effect a reduction in tobacco consumption. The mere statement of this policy is not however a reason for according congratulations to the Government - the acceptance of any other policy would amount to a complete denial of the well-acknowledged harmful affects of tobacco consumption.

While recognising that taxation increases are one very effective means of reducing consumption, the Government can also introduce a number of other health measures. The Anti-Cancer Council of Victoria therefore calls on both Commonwealth and State Governments to support their commitment to a reduction in tobacco consumption and implement the following policies:-

a. A complete ban on promotion of tobacco products.

b. The printing of precise tar and nicotine levels on cigarette packets, together with a progressive reduction in the permitted upper levels of tar and nicotine.

c. The introduction of a health tax on tobacco to raise revenue for health education programs.

4. On page 17 in relation to levels of excise duties, the following issues are raised.

"How much revenue should the Government raise from this source and what principles should govern revenue raising from this source?"

"Are there external costs (that is, costs not borne by smokers) associated with smoking? If so, what are the nature and extent of these costs? Should excise revenue be obtained to meet these costs?"

While we shall not address the question of precise levels of revenue to be raised from taxation on tobacco, the principles which should determine this matter are those based on health considerations. In Britain the Government has promoted the increased taxation of tobacco as a measure which will result in a reduction in illness and death associated with the consumption of tobacco. We firmly believe that this should be the guiding principle for the Australian Government to similarly institute repeated large increases in taxation of tobacco.

The costs to society of smoking have been presented earlier. Medical and non-medical costs can be attributed to smoking and measured to provide estimates of the financial burdens placed on society by the consumption of tobacco. Also to be considered are the immeasurable social consequences of the smoking habit - the suffering imposed on family and friends due to chronic illness or death of the smoker; the loss of property and life in accidents resulting from carelss smoking, e.g. fires, car accidents; the filling of our hospital wards and the drain on our resources of medical staff and equipment by patients whose conditions are completely preventable.

We again submit that excise revenue be obtained both to meet the costs which the smoker imposes on society and also to develop health education programs aimed at reducing tobacco consumption.

5. On page 19 the question is asked, "What are the advantages and disadvantages of the existing forms of assistance?"

The disadvantages of assistance to the tobacco industry are as follows:-

a. Given the existence of a tobacco growing industry in Australia, there will be consistent opposition within Parliament to a national health policy aimed at reducing tobacco consumption. At least some of this opposition arises through the interests of parliamentarians whose seats cover the tobacco growing areas. Hence tobacco growers constitute a powerful lobbying force to promote the continued production and consumption of tobacco.

b. The provision of assistance to the tobacco industry is obviously designed to increase the financial well-being of the industry, and thus to increase sales of tobacco. Again this is in direct conflict with the declared policy of reducing tobacco consumption.

c. The high levels of protection afforded the Australian tobacco industry may adversely affect sales of other Australian crops and thus do not support the concept of balanced industry development.

6. Finally on page 20 of the Discussion Paper, the following issues are raised.

"Whether there is any prospect of an Australian tobacco growing industry being economically viable at the level of protection generally available to other industries?"

"Does the importance of tobacco growing to certain communities match the cost to the whole community of maintaining them?"

"Is there a case for the Government to provide assistance for farm or other regional adjustment?"

The Anti-Cancer Council of Victoria submits that the removal of high levels of assistance to the tobacco growing industry would be financially beneficial to the Australian Government. A precedent for this situation has been set in New Zealand.

In New Zealand the government is paying tobacco growers not to grow tobacco - farmers are receiving a sum of $6,772 per hectare to take their land out of tobacco cultivation (appendix 5). This contrasts with the situation in Australia where tobacco growers receive an annual sum of over $3,000 per hectare for growing tobacco [16]. It can be seen that the payment of a lump sum to tobacco growers, equivalent to twice the annual subsidy or even four times the annual subsidy, not to grow tobacco, would release the government from the financial burden which the tobacco industry now places on it.

Given this gain in revenue the Government should investigate alternative crops to tobacco to protect the livelihood of those currently employed in tobacco growing. In New Zealand it has been found that the growing of kiwi or stone fruit is more profitable than growing tobacco and that both these crops will actually grow on tobacco soil [17]. The importance of tobacco growing is not matched by the costs to the whole society - alternative crops can and should be found.

Conclusion

Tobacco smoking is acknowledged to be the major avoidable cause of premature death in Australia resulting in immeasurable social and economic costs to the community. The Commonwealth Government, in recognition of this problem, has determined a national commitment to a reduction in tobacco consumption.

The Anti-Cancer Council of Victoria appeals to the Industries Assistance Commission to affirm its own commitment "to promote the well-being of the community" by advising the Government to implement the following measures:

1. Removal of subsidies to tobacco growers.
2. Provision for regular large increases in taxation of tobacco.
3. Introduction of a health levy on tobacco.

These measures should be instituted with the aim of achieving a significant reduction in tobacco consumption, hence, a significant gain in the overall health and well-being of the community.

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4. "Guidelines for Smoking Control", 2nd ed. UICC Technical Report Series Volume 52. Edited by N. Gray and M. Daube, p. 124, 1980.

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10. op. cit. (4) p. 124

11. Tobacco Reporter, December 1981, "A time of testing for the the British Tobacco Trade", p. 34

12. ASH, Action on Smoking and Health, 21 January 1982, p. 1.

13. Chapman, S. and Fitzgerald, B., "Brand preference and advertising recall in adolescent smokers: some implications for health promotion". Division of Drug and Alcohol Services. Health Commission of New South Wales, 1980.

14. Rydges, February 1982 "Cigarette fight for low tar sales"

15. Industries Assistance Commission Statistical Compendium, Australian Tobacco Industry, December 1981, Table 16

16. Industries Assistance Commission Report "Manufactured Tobacco", 23 January 1981, No. 256, p. (i)

17. Gaiser, J., Auckland Division Cancer Society of New Zealand (Inc.). Personal communication March 1982.

Appendix 1

International Policy

There is an international policy which is appropriate to the public health control of tobacco smoking. It is endorsed by the World Health Organisation, the International Union Against Cancer, the International Union Against Tuberculosis, the International Society and Federation of Cardiology, The Australian Medical Association, and all medical colleges in this country. It is as follows:

1. Achievement of lower smoking rates in all age groups of the population. This implies the application of whatever downward pressures on smoking rates that are practical. These might include health warnings on packets, taxation manipulation, restrictions on smoking opportunities, encouragement of the rights of the non-smoker, as well as measures such as are involved in political, publicity and education programs.

2. The encouragement of non-smokers to remain non-smokers. The emphasis of this program is on youth.

3. The cessation of all forms of tobacco promotion.

4. Those who have not yet stopped smoking, and therefore remain at high risk, should be encouraged to reduce, as far as possible, their exposure to harmful components of tobacco smoke (e.g. use lower tar cigarettes).

5. To maintain liaison with other health organisations and authorities to ensure maximum effectiveness and avoid conflict of activities.

6. To achieve public health control of relevant industrial and environmental factors which contribute to lung cancer.

Appendix 2

World Tobacco — The quarterly magazine of the international tobacco industry

World Tobacco

April 1980

SOUTH AFRICA

PRICE RISE EFFECT

Increases in prices for tobacco products are the main reason for a further decline in consumption of all major classes of manufactures in 1978, for which Tobacco Board analysis has just been issued. It shows a 3.7% drop in total consumption by weight, with cigarettes having fallen by 3.2% to a total of 21.27m kg and the other major category of consumption, pipe tobacco, having sold 4% less, at 11.23m kg. Over this same period, however, consumer spending on tobacco products rose.

The figures above relate to home manufacture. South Africa also has some import tobacco products. About 7% of the cigarette market was in 1978 supplied by imports, presumably from Zimbabwe Rhodesia, and 37% of the cigar and cigarillos that South Africans consume (270,000kg in all) were imported. The nation also has a very small turnover in cut tobacco for hand-rolling, all imported.

World Tobacco

October 1981

DUBAI

DISCOURAGEMENT TAX

The motive for the 30% cigarette tax introduced in September in oil-rich Dubai is to discourage smoking, not revenue-raising, a purpose more familiar in the rest of the world.

World Tobacco

October 1981

FRANCE

CONSUMPTION SETBACK?

A price rise on August 3 seems likely to have depressed cigarette consumption, at least in the short term. The government decided to raise by an average of 15% the prices of both French and imported products. This added 50c (US 8c, 4½p) per pack to the prices of SEITA's two best-selling brands, making a pack of *Gauloises* Fr3.40 (57c, 31p) and one of *Gitanes* Fr4.40 (74c, 40p). Prices of major imported brands went up by 80c (13c, 7p) for 20, since their prices were already well above those of traditional French-made products.

The two main price categories of imported products now become Fr5.90 (99c, 54p) for 20 for such brands as *Peter Stuyvesant*, and Fr6.30 ($1.06, 57p) for *Marlboro, Winston, Rothmans* and others in that price group.

The rise came little more than a year after a 15% price increase in 1980. Its result was to pull consumption back. While in the first six months of 1980, it was running 4.4% ahead of that for the same period of 1979, the year 1980 ended with consumption 0.2% below 1979's. Consumption in the first half of this year was 4.4% below that of the corresponding period of 1980, meaning that the effect of the previous price-rise had not worn off when the new one came into effect.

The impact of the price rise is not uniform for SEITA-made products and imported ones. While SEITA products, with a 71% market share, are still dominant, sales are currently almost 10% behind those of 1980; imported products, however, are enjoying rising popularity.

World Tobacco

January 1980

AUSTRALIA

☐ Heavy cost increases explain the decision of all three major tobacco companies to raise their cigarette prices. But Philip Morris is holding its *Peter Jackson* brand at 88c (US 98c, 47p) per pack —the lowest recommended retail cigarette price in the country. PM is assumed to reckon that, with national consumption falling, a price advantage is the best way to increase market share.

The manufacturers attribute market sluggishness entirely to the still-persisting effects of the 28% increase in excise duty in August 1978. Even the government must reflect that it was excessive, when officials contemplate a shortfall of 4% in tobacco excise earnings, compared with the estimate for the 1978–79 financial year. Part of the loss is explained by consumers smoking less, and part by heavy wholesale stockbuilding in advance of the widely-leaked duty increase.

World Tobacco

July 1980

JAPAN

DECLINE FORESEEN

Japan's ever-buoyant cigarette market could go into a 3% decline this year, the Japan Tobacco Corp. expects, largely due to the April increase adding on average 21% to the cost of tobacco products. The rise adds 20% to the cost of *Mild Seven* and *Seven Stars* cigarettes, taking them to ¥180 (82c, 35p) per pack of 20. Prices last went up late in 1975, by 48% on average.

The Australian Retail Tobacconist, 1981

May

BUDGET HITS UK CIGARETTE SALES

Britain's tobacco industry faces a 10 per cent drop in cigarette sales this year.

This is the industry assessment after the retail trade reported a sales fall of about 15 per cent in the first two weeks since prices were raised in the Budget.

Already, the two leading tobacco manufacturers, Imperial Tobacco and Gallagher, are introducing extensive short-time working. Imperial has warned that if a severe sales slump persists, manning levels will have to be examined.

A markers' price rise of 8¢ on a packet of 20 came before the Chancellor, Sir Geoffrey Howe, imposed a further 28¢.

Last year's Budget clipped sales by 5 per cent for about two months. The year ended with a 2.25 per cent fall in the numbers of cigarettes sold.

FOR THE INTERNATIONAL TOBACCO INDUSTRY

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TOBACCO REPORTER

December 1981

IRELAND:

Tobacco excise duties up; consumption still dropping

For the fourth time this year, Ireland has raised tobacco excise duties. The most recent increase brings the price of cigarettes to the equivalent of US$1.39 per pack of 20 for the best-selling brand. This same brand sold for the equivalent of 86 U.S. cents in January 1980.

Currently, the price range for a 20-pack is US$1.33 to US$1.50.

Cigarette consumption in Ireland fell an estimated two percent last year, and a similar decrease is expected to show in this year's final figures. Most likely causes: the price increases, an economic recession and a continued high level of smoking and health publicity.

Little if any growth is expected during 1982.

World Tobacco

October 1981

GERMAN FEDERAL REPUBLIC *FACING SALES DROP*

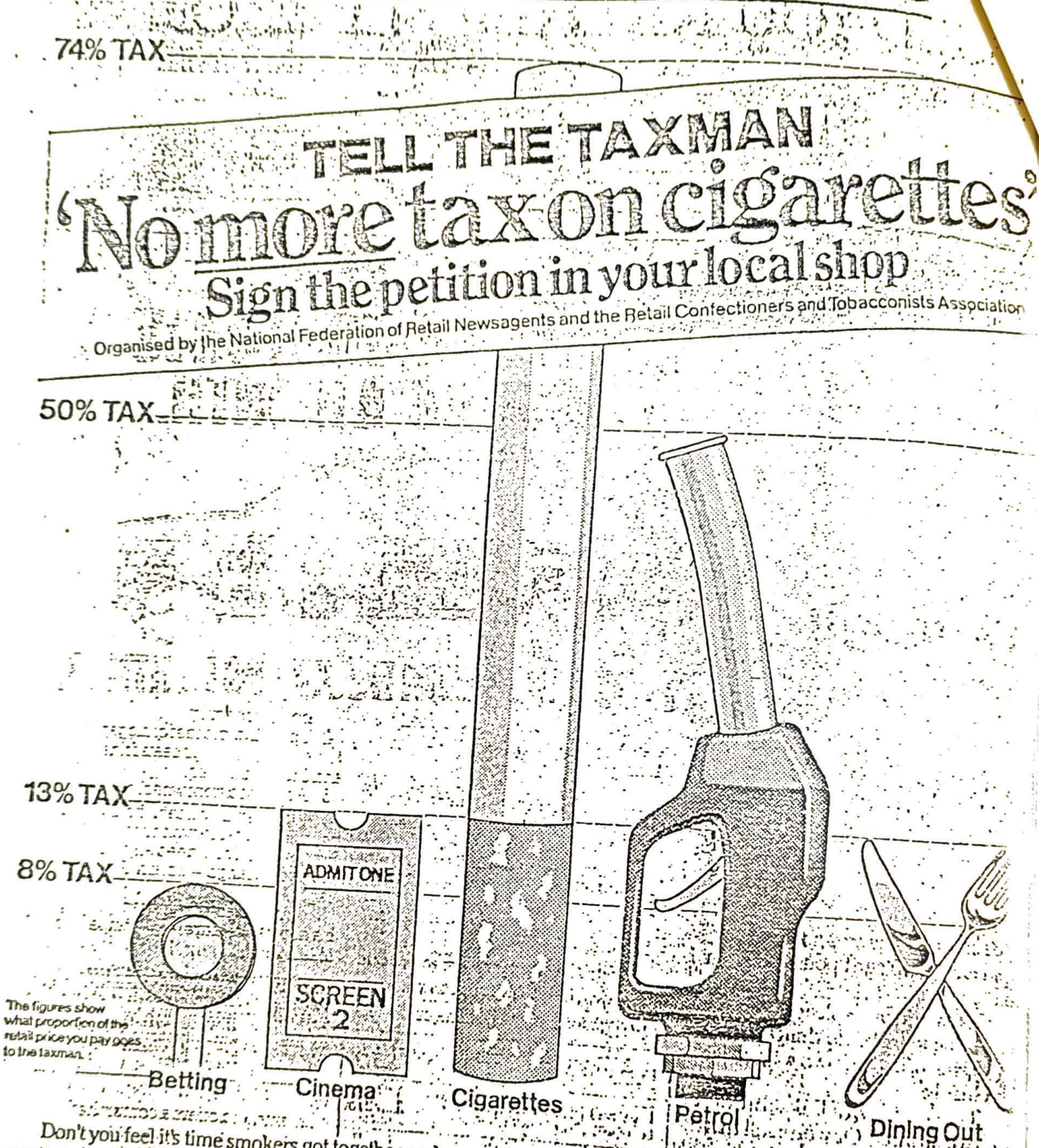
Implications of the heavy tax increase on tobacco scheduled for June 1 next year are now becoming clearer for the manufacturers and distributors, and none of them is happy. From that date, the federal government wants DM1,400m ($578m, £304m) more from tobacco tax. The price increase will also include an added-value tax element and something to restore the eroded trading margins of manufacturers and distributors. The cost to the cigarette smoker will be an additional DM1.00 (41c, 22p) per pack. About 71% of the price of German cigarettes is already tax.

Many problems will arise from Germany's having some 700,000 cigarette vending machines in use; to bring payments by users to round figures, most German cigarettes are packed in 20s for tobacco-shop and general trade but in packs of different quantities (19, 21 or other) for vending use. Variations in pack sizes when there is a major tax increase often make necessary changing the columns, as well as the coin mechanisms of machines. Main-line brands will, from June 1, vend at DM4.00 ($1.65, 87p), for which the smoker will get 22 cigarettes. Tobacco shop prices, at present mainly DM2.85 ($1.18, 62p) for 20, will go up to DM3.60 ($1.49, 78p) for 20.

Since the nation's vending machines cannot be changed instantaneously, there will be a transition period after the price rise, during which unmodified machines will sell special packs of 16 at DM3.00 ($1.24, 65p). The trade expects that when cigarette prices go up, prices of fine-cut for self-rollers will also rise.

The government has not revealed the calculations underlying the belief that a tobacco tax rise so steep will yield the amount of extra revenue expected. The industry is sceptical, recalling that the usual reaction of smokers is to buy less. After a 17% price increase on January 1 1977, sales in the subsequent 12 months dropped by 9.8% and, in fact, the effect of that increase has only recently worn off. So the sales loss effect of a massive 27% tax increase and other price adjustments is likely, predicts the trade, to be more profound and sustained.

SPEAKING UP FOR SMOKERS



Don't you feel it's time smokers got together and protested at the amount of tax they pay on cigarettes?

Your tobacconist or newsagent will have a petition in his shop which you can sign – your opportunity to tell the taxman how millions of you feel about the prospect of even higher taxation.

Already three-quarters of what you pay for your cigarettes goes directly to the taxman – to the tune of £4,000,000,000* a year. Surely there comes a point when enough is enough.

All you have to do is sign. And your tobacconist or newsagent will do the rest. Don't forget. The next time you're in your local shop Tell the Taxman how you feel. If you don't nobody else will.

For more information write for a free copy of the "Facts on Tax" leaflet to: Linda Murphy, Tobacco Advisory Council, P.O. Box 115, London SE1 3HG.

*Figures quoted are based on Government estimates 1981/82 and include [illegible] and tobacco [illegible] the VAT.

Appendix 4

QUEENSLAND OPPOSITION LEADER, MR. ED CASEY ACCUSES PRIME MINISTER OF A TRADE OFF ON TOBACCO IMPORT RESTRICTIONS IN RETURN FOR GREATER WOOL SALES TO U.S.

FROM A.M. BROADCAST
5 FEBRUARY 1979

STEVE COSSER: The Queensland Opposition Leader Mr. Ed Casey has accused the Prime Minister of a trade off on tobacco import restrictions in return for greater wool sales to the United States. Mr. Casey says confidential information in his possession indicates that when Mr. Fraser was in the United States recently he had discussions with top American negotiators on the prospect of a tobacco trade off in return for lower tariff rates on wool going to the United States. He says this will spell disaster for Australia's $22 million a year tobacco industry in the far north of Queensland. Mr. Casey is speaking to Peter Cave.

ED CASEY: I have sufficient information to know that Mr. Fraser during his recent visit to the United States did have discussions with President Carter's special trade adviser in the United States on some aspects of trade in Australia and one of them in particular was the old one of the levy on wool into the United States - 27.5cent in the dollar. Now this levy, according to Australia's wool industr is mitigating against further exports of wool into the United States, or makes it very dear, and they are trying to get it lowered and the trade off suggested, it's not a new one, it was an old one that was suggested many years ago by the Americans, is that Australia lift its restriction, or its quota restriction on the import of American tobacco into Australia.

Appendix 5

NEW ZEALAND TO PHASE-OUT TOBACCO GROWING

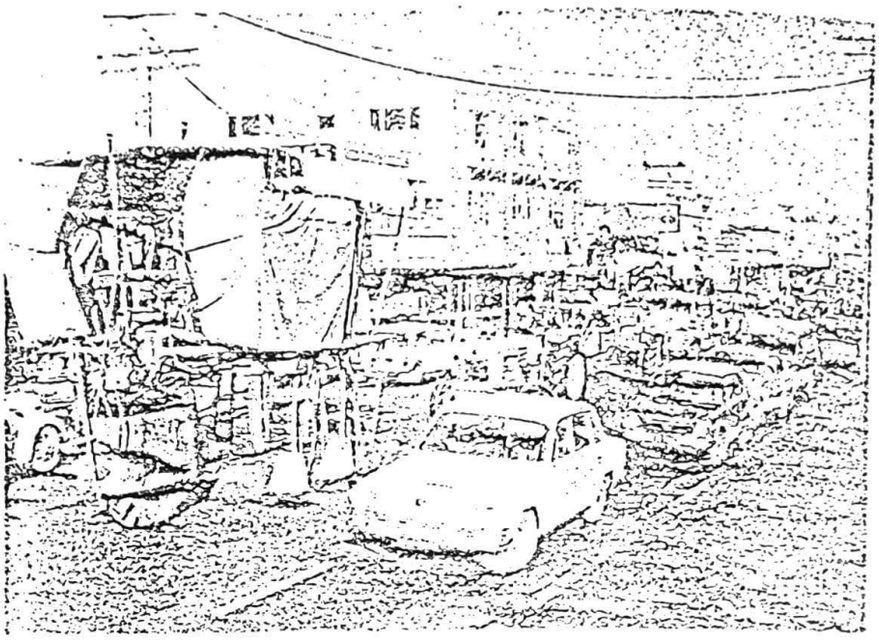
Leaf-exporting countries have new sales possibilites under an official plan to end high-cost production in New Zealand. The market for finished products will open up as well during a three-year programme that leaves growers bitter.

Complete freedom within the next three years for New Zealand's much-controlled and protected tobacco industry will be achieved if plans announced by the government on July 2 are carried out. It would mean the end of tobacco-growing in the country.

The implications are free import of leaf (at present subject to import licensing), with the US presumably the main gainer, since New Zealand wants its farm produce to have more secure access to the US market. There would also be free entry of foreign tobacco products, at present limited to 5% of total consumption; freedom to the manufacturers to set their own retail prices, at present price-controlled; and a drying-up of the funds that enable the Tobacco Board to finance the domestic crop.

The government argues that the cost of New Zealand-grown tobacco is not internationally competitive. At this season's price for flue-cured of NZ$4.20 per kg (US$1.90, 79p per lb) it is not. The government wants to see the maximum return from the land, which should, if possible, grow crops with export potential. Though New Zealand tobacco is not exported, it saved NZ$16m (US$15.8m, £6.6m) last year by import substitution. To compensate growers for the bombshell dropped on July 2, the government talks of giving money, marketing help and technical advice to assist a switch to other crops and compensation for their investments in barns and special equipment of no utility for other crops.

Some aspects of the new plans will please manufacturers. They can buy foreign tobacco more cheaply than home grown, to whose purchase cost has to be added the carrying charges during its maturing period. Some talk of consumer resistance in the cigarette market, though this is more likely to arise from the absolute level of prices than from the use of local tobacco in blends under a mixing regulation regime that is by no means new. A recent combination of tobacco and sales tax increases has added 7c (US 7c, 2.9p) to a typical pack of 20 cigarettes and 13c (12.9c, 5.4p) to a 50g (1¾ oz) pack of hand-rolling tobacco. (The government justified this inrease, and a parallel one on drink, by referring, to what it called the drain on the Treasury of treating tobacco- and alcohol-related diseases.)



When the government announced phasing-out of the production end of New Zealand's tobacco industry, farmers staged a parade through Motueka to demonstrate specialised tobacco-farming machinery that would be useless for any replacement farming activity. On the left is an American-made harvester.

Depression is deep in the small area of the South Island around Motueka, where New Zealand's tobacco is grown. Some calculations say that 15,000 people depend directly or indirectly on tobacco-growing there. The growers resent the implication of inefficiency. In the early 1960s, when a manufacturers' war led to indiscriminate issue of licences, there were up to 682 growers. But the present survivors of tougher conditions in more recent years are more efficient and have done much to follow manufacturers' guidance about the type of leaf to produce. And the cost now, it seems, to be written off has been high. For example, two imported American harvesters costing $20,000 (US$19,800, £8,200) each are lying idle because they did not pick in the way the manufacturers wanted. Some labour-saving farm chemicals are banned, although - say growers - other leaf supplying countries use them.

Down Main Street, in the protest parade, stalks one of three high-clearance tobacco sprayers newly imported into New Zealand. Also hit by the government plan are several local engineers which have lately been specialising in making equipment for tobacco farmers.

However, there could be time to make the transition out of tobacco more harmonious. No changes are to be made for this year, at least.

Appendix 5 ctd.

Tobacco Reporter May 1981

NEW ZEALAND:

Affects of price controls will be minimal

Price controls on cigarettes and on manufactured tobacco will be removed in New Zealand starting July 1; and import licensing will be gradually phased out from July 1, 1983, to June 30, 1985.

The government also intends to phase out Reserve Bank financing for crop maturation, which now totals $12.57 million, during the transition period.

In addition, legislative protection of the tobacco industry will come to an end. The government will offer tobacco growers $6,772 per 2.42 acres to take their land out of tobacco cultivation.

Tobacco companies believe that the effects of these actions on the consumer will be minimal.

Miss Holzer

ANTI-CANCER COUNCIL OF VICTORIA

MINUTES of MEETING of PUBLIC EDUCATION SUB-COMMITTEE held at Anti-Cancer Council of Victoria, 90 Jolimont Street, East Melbourne, on Monday, 19th April, 1982 at 12.15 p.m.

PRESENT:

Mr. W. A. Dick (In the Chair)
Mr. T. H. Ackland
Professor N. Carson
Dr. M. Heffernan
Dr. Fedora Trinker

IN ATTENDANCE:

Dr. Nigel Gray, Director
Mr. David Hill, Education Director
Miss Adrienne Holzer, Secretary to the Council

APOLOGIES:

Dr. David Fearon
Dr. Bruce Hocking
Mrs. A. V. Jackson
Mr. David Swift

CONFIRMATION OF MINUTES:

Minutes of the previous meeting having been circulated to members were approved and signed by the Chairman as a correct record.

BUSINESS ARISING FROM THE MINUTES:

Grants-in-Aid:

Mr. Hill reported that the notice had been finalised and the grants would be advertised publicly as well as through the AMA Gazette, Family Medicine Victorian Newsletter, College of General Practitioners Newsletter and Community Health Centres.

ACS Video Tape Film - "Tissue"

This Committee had previously allocated $2,000 towards the production of the video tape film and both South Australia and the ACT cancer societies had also agreed to financially support the venture. However, a shortfall still existed and an application has been made to the Australian Film Corporation to make up the difference. If this is successful, the film should be made mid-year.

Film Library Display Terminal:

Mr. Hill reported that following the last meeting, a visit had been made to the Victorian Film Centre to study their computerization of the film library. It had been agreed that the interests of the Council would not be best served by plugging into the Centre's system as there would be a reduction in

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BUSINESS ARISING FROM MINUTES: (Ctd.)

service for the Council's clients who get much more than just a film when they ring for advice. The Committee ratified the decision taken by the Education Director and Chairman and were notified that the changeover time would be within three months.

IAC Submission:

The Committee noted the previously circulated submission to the Industries Assistance Commission and that it was possible that tobacco subsidies could be substantially reduced.

LUNG CANCER:

Children's TV Proposal:

The Committee received a tabled letter from Dr. Garry Egger summarising his health education programmes over the past few years. Dr. Egger is a psychologist and physiologist who was the initiator of the North Coast Healthy Life Style Programme with the New South Wales Health Commission. He has now formed the Centre for Health Promotion and Research and is available as a consultant. He has worked closely with Mr. John Bevins who assisted the Council in the past in writing some of the scripts for the Alf Garnett commercials. He too was involved with the North Coast programme. Mr. Hill outlined a proposal that the Council spend $2,000 to have Egger and Bevin develop a strategy concerning children's anti-smoking TV material. The Committee agreed on the expenditure of $2,000 but made it clear that the Council would have to write a very clear brief in terms of reference for Egger & Bevins for any major work. It was also agreed that preliminary discussions held with the people concerned should not be included in the expenditure.

Schools Programme Report:

Mr. Hill reported that this programme was not moving as quickly as anticipated and that a meeting was being held shortly with representatives of the Education Department to develop targets so that work can be got underway as soon as possible. The programme would have to be promoted at school and regional levels.

Staff Stop Smoking Progress Report:

A trial programme is being run next month with Shell employees, and if numbers are not sufficient, the programme will be opened up to other companies as well. Telecom has decided not to become officially involved at this stage, and VicRail has left the way open for the Council to come back to them.

Health Centre Progress Report:

Mr. Hill reported that following an approach by a Family Medicine Programme trainee student at the Collingwood Community Health Centre, he, Dr. Gray and Miss Larcombe had spent a morning at the

/3...

LUNG CANCER: (Ctd.)

centre talking with the staff. As a result there is a possibility that the Collingwood Centre may undertake to organise an active community anti-smoking programme, although the trainee who instigated the visit had finished his term at the centre. Dr. Heffernan mentioned that the trainee may be interested in carrying on the research and funds were available for projects for up to two years.

SKIN CANCER:

Licensing of Sid the Seagull:

The Chairman reported that the licensing of Sid the Seagull had been discussed at last week's Executive Committee meeting when it had been recommended that the Council not enter into any marketing agreement as it was concerned that it may lose valuable free TV time. A recent estimate is that over $102,000 of free advertising time was given to the Council in Melbourne alone. The Committee endorsed the action of the Chairman on this matter.

Copyright:

Mr. Hill reported that the copyrighting of Sid was in hand, but that it could take up to 18 months before the action is finalised.

Research:

Preliminary results on the skin cancer campaign were tabled and Mr. Hill reported that he hoped that within the next few weeks he will have assembled all the information together including the McNair Anderson survey held in Queensland. The brief will be a basis for the development of strategies for next summer's campaign by Phillip Adams.

Budget for 1982-83 advertising:

In 1981-82 it cost the Council $15,000 to have Sid the Seagull advertisements made, and Mr. Hill recommended that $20,000 be earmarked for an updating of the advertisements in the 1982-83 budget. The Committee agreed that this was a priority decision for next year's budget.

INTERNATIONAL HEALTH EDUCATION CONFERENCE, HOBART:

The Committee agreed that a decision regarding staff attendance at the Hobart Conference should not be made until the next meeting. It was noted, however, that several overseas visitors to the Conference have asked if they could call at the Council - one of whom is Richard Windsor, who is on a UICC technical transfer grant and will be spending two weeks with the Council.

AUSTRALIAN CANCER SOCIETY:

The Committee noted the two tabled documents from recent meetings held at the Australian Cancer Society.

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AUSTRALIAN CANCER SOCIETY INC.

COUNCIL MEETING: 16 APRIL 1982

REPORT BY INTERIM CHAIRMAN
ANTI-SMOKING COMMITTEE

The Anti-Smoking Committee held its first meeting on 14 April 1982. At the invitation of the Executive Committee Dr Nigel Gray assumed the Chair as Interim Chairman.

The voting delegates present were:-

Dr J.M. Campbell (Qld); Mrs E. Henry (NSW); Mr D. Hume (Vic); Mr T.R. Osborn (SA); Professor R. Barter (WA); Mr L.J. Baillie (Tas); Dr W. Burch (ACT): Mrs L. Finch (NT).

Also present were 14 other delegates to the ACS meetings.

The meeting was opened at 10.30 pm and apologies noted from Dr K. Mowatt; Dr G. Sarfaty; Dr J. Donovan.

1. Name of Committee:

It is recommended that this new Standing Committee be known as the ACS Anti-Smoking Committee.

2. Review of Activities:

1. Corporate Advertising
The correspondence and activity taken to date was reviewed. It was noted that the new Chairman of the Australian Broadcasting Tribunal had not yet responded to the latest submission.

The Committee decided to await this response before taking further action.

2. Voluntary Code on Tar and Nicotine Labelling
The activity on this topic was reviewed and it was noted that despite submissions made the voluntary code would allow tar content to be banded rather than be shown precisely. There appeared to be no chance of altering the code during the tenure of the current Federal Minister for Health.

The Committee decided to re-open this issue when a change of Ministers occurred.

There was a discussion about the activities of tobacco companies in promoting high tar brands in Papua New Guinea and the Committee was asked to make submissions to the PNG Government.

The Committee decided to inform active groups in PNG on action taken in Australia.

There was a discussion on the possibility of the ACS engaging the services of a Canberra based lobbyist to keep the smoking issues before parliamentarians.

It was decided that the Chairman should discuss this possibility with lobbyists to ascertain what services could be provided, and at what cost.

3. Misleading Advertising
The action to have the Trade Practices Tribunal condemn misleading advertising was reviewed.

Dr Gray said that the Legal Action Committee of the ACCV was examining the possibility of court action and possible cost. It was anticipated that the tobacco industry would employ every legal tactic to make such a prosecution as expensive as possible.

4. Reduction in Smoking - State Tax Measures
Dr Gray said that submissions had been made to the former Victorian State Government and the Federal Treasurer proposing tax increases, increased funding of health education and the removal of cigarette prices from the Consumer Price Index.

It was agreed that the submissions should be made again at Federal level, and

All State organizations should approach their respective State Governments for an increase in taxation.

3. Policies and priorities:

In a wide ranging discussion of future action the Committee:

1. *Recommends that every State organization deputize its own State Government and that the ACS produce a draft submission for State use, as modified to suit local circumstances.*

   One aim of this submission is to ensure that the subject of smoking control be listed on the agenda of the next meeting of State Ministers.

2. *Recommends that submissions also be made to State Ministers for Youth/Sport/Recreation etc.*

3. Discussed the need to maintain pressure for the rights of non smokers in aircraft, restaurants etc.

4. Discussed the introduction of cut-rate premiums for life insurance and

   recommends that the ACS endorse such policies in a press release encouraging non smokers to seek this form of cover.

   A further discussion ensued on the insurance industry's investment in tobacco growing and processing and it was decided to defer any action.

5. Discussed a public education campaign to dramatize the death toll of cancer compared with road deaths. It was decided that the absence of accurate figures and the risk to the public confidence in cancer being curable ruled out this idea.

6. *Recommended the ACS approach the Federal Treasurer to examine the admissability of corporate advertising as a tax deduction when such advertising to conform to the voluntary code could not be regarded as income producing.*

7. *Recommended that State organizations approach local Health authorities to discourage the sale of cigarettes in premises controlled by them, and*

   Ask Fire Departments for a review of regulations governing hospitals.

   Dr Burch offered to provide a copy of the ACT Health Commission directive banning smoking in hospitals for use as a guide.

4. Mechanisms:

The Committee recommends that

The Committee meets twice a year, at ACS meetings

An Executive of a Chairman and Deputy Chairman be appointed to act, with reference to the President of the Society between committee meetings.

5. Proposed visit by Mr David Simpson, ASH:

It is recommended that the ACS sponsor the visit to Australia of Mr David Simpson, Director of ASH. Mr Simpson to be made available for State activities as requested.

6. BUGA UP:

The Committee expressed its general sympathy with the aims of BUGA UP but agreed that it could not condone illegal activities or be associated with groups pertetrating such acts.

MOP UP was considered to be a legitimate group and suitable for support.

7. Tar Tables:

The future of tar tables was discussed given the advent of tar banding on packets.

It was agreed that a precise listing was useful to doctors and others and the list should be produced for at least another year, provided test results could be obtained.

8. State Reports:

There were brief reports from Tasmania and South Australia and it was agreed that State Reports should be requested for future meetings.

The Executive Director was asked to obtain a copy of the ACOSH charter so that a decision might be taken on whether to join.

9. Application for Grant:

The Committee discussed a request for a grant of $7,626 for the ACOSH research officer in Perth.

The Committee recommends that a grant of $7,626 be made for the year 1982/83 to ACOSH.

10. Other Organizations:

A suggestion that other legitimate anti-smoking organizations be invited to send representatives to Committee meetings was deferred for discussion at the next meeting.

The meeting was closed at 12.30 pm.

N.J. GRAY
INTERIM CHAIRMAN

AUSTRALIAN CANCER SOCIETY INC.

COUNCIL MEETING: 16 APRIL 1982

REPORT BY CHAIRMAN EDUCATION COMMITTEE

The Education Committee met under the chairmanship of Dr Gray and discussed matters on the agenda previously circulated.

The voting delegates present were

Mr W.L. Rudder (Qld); Mrs E. Henry (NSW): Mr D. Hill (Vic); Mr T.R. Osborn (SA); Professor R. Barter (WA): Mr L.J. Baillie (Tas); Professor J.F. Williams (ACT): Mrs L. Finch (NT).

Also present were 12 other delegates to the ACS meetings and Dr F. Gunz, Editor 'Cancer Forum'.

The meeting was opened at 1.30 pm.

Apologies were noted from Dr Mowatt and Dr Sarfaty.

Minutes of the meeting held on 29 October 1981 were confirmed.

Matters discussed were:-

1. Retail Pricing:

The Executive Director advised that the Australian Consumers Association had still not replied to the request for an investigation into retail pricing of sunscreens (and breast prostheses) although he had been in frequent contact with them. A reply had been promised.

There was a general discussion on the high retail price of sunscreens and the retail mark-ups by pharmacists on these products.

Correspondence from Mr Hume, covering a proposal by Ross Cosmetics to produce a low cost sunscreen for sale through Woolworths stores was tabled.

There was a long discussion on the effect and implications of ACS endorsement of a product particularly in respect of the support given to skin cancer campaigns by the Pharmacy Guild.

Mr Hume was finally asked to discuss with Ross Cosmetics whether their proposal would proceed if it did not receive formal ACS endorsement. The company was to be advised that once its product had been tested and included on the official sun-screen list that acceptance could be quoted.

The Committee could not agree on whether it should endorse a product purely on the basis of low price.

2. Health Education Conference

The financial result of the Conference was noted.

3. Research Committee on Education:

Mr Hill is to write to Dr Mowatt in response to a request from Dr Mowatt about a proposed investigation into the taboos surrounding bowel cancer.

4. National Education Campaign:

Mr Rudder reported on the unqualified success of the 1981/82 'Slip Slop Slap' campaign.

It was agreed that the Executive Director should write once more to the Department of Health seeking financial relief for the re-printing of the 1981 sunscreen list.

Mr Rudder outlined plans for the 1982/83 campaign which would use the same theme of jingle with updated visual material. A pharmacists kit and a schools kit would be produced.

A proposal for commercial franchising of the seagull was rejected because of the risk to the availability of free radio and TV time.

It was agreed that materials would be made available when ready and a national launch would be arranged on 1 December.

It was recommended that a truly national campaign be run in 1982/83 with all States encouraged to participate.

The composition of the National Public Education Committee was reviewed and was confirmed as being:-

Mr W.L. Rudder (Chairman); Mr D. Hill; Mr T. Osborn; Mrs E. Henry; Mr G. Rutherford (Inform Promotions); Mr L. Wright.

5. Visit by Mr David Simpson:

The recommendation of the Anti-Smoking Committee that Mr Simpson be invited to Australia in 1983 was supported.

A budget of $3,500 was suggested to cover air fares and incidentals with participating States meeting appropriate per diem costs.

6. Breast Cancer and GPs:

1. Breast Reconstruction
Dr Melville said that a draft paper on this topic would be discussed at the MRS meeting.

2. Mammography
A draft pamphlet intended for GPs was tabled and discussed.

It was decided to circulate the draft to States for comment and also to the COSA Breast Group and the RACR for information.

The final draft to be published as an ACS position paper.

3. Workshop for GPs
A suggestion was made for a workshop for GPs to be organized in conjunction with the FMP.

Consideration of the proposal was deferred until the future of the FMP was known.

4. Terminal Care/Pain Relief

Sister Shugg said that Dr Payne of Hobart has offered to write an article on Terminal Care, Analgesia and Managing the Dying Patient at Home if a detailed brief could be given.

The proposal was discussed but considered to be too nebulous. The Tasmanian Cancer Committee to commission such a paper from Dr Payne and to bring it forward to a future ACS meeting.

Dr Reed said that the issues on pain relief had now crystalized and the time was opportune for the ACS to intervene.

Reference was made to a recent NSW seminar on pain control. Mrs Henry said a tape of the seminar was available but no edited report had been prepared. The Executive Director advised that an article on pain relief by Dr Twycross would appear in the March 1982 issue of 'Cancer Forum'.

It was decided to refer the article to the Medical & Scientific Committee and ask for a brief from them on whether it should be endorsed as ACS policy.

7. Cancer Forum:

There was a general discussion on the role, style and distribution of 'Cancer Forum' and some views were expressed in favour of replacing it with a topical newsletter.

The appointment of a working party was considered.

It was decided to ask the Editorial Committee to seek opinions on the journal both locally and interstate, using the travel budget provided, and make recommendations to the next meeting.

8. Film on Passive Smoking:

Sister Shugg tabled a proposal that the ACS fund a feasibility study on making a film on passive smoking.

The proposal was not accepted.

9. Vacation Scholarships:

Professor Williams tabled a draft proposal for implementing ACS vacation scholarships in Xmas 1982. The mechanism for the awards was discussed.

The Committee recommends the adoption of the proposal.

10. UICC Regional Programs:

Mr Rudder said that there was a possibility of an invitation to the ACS from the UICC to foster community education programs in the S E Asian region.

The Committee decided that as a UICC member the ACS could not deny such a request should it be made but it should only respond to requests from the

In closing the meeting Dr Gray commented that the Committee had provided a good forum for the exchange of ideas but had not succeeded in creating many national programs. He said he regretted that more time had not been found to discuss State Reports. The diversity of the State programs was not necessarily a disadvantage and that we should not be mesmerised by a goal of too many national programs.

The meeting was closed at 5.30 pm.

N.J. GRAY
CHAIRMAN.

SKIN CANCER CAMPAIGN

PRELIMINARY MARKET RESEARCH RESULTS FOR VICTORIA

Cause for Concern.

justifies for prog.

1. One quarter of people surveyed used neither a hat nor a sunscreen last summer.
2. One third of men never wear a hat.
3. Half of women never wear a hat.
4. Half of men never use a sunscreen.
5. One third of women never use a sunscreen.
6. Three quarters of people over 50 years never use a sunscreen.
7. One third do not know the sponsors name (ACCV).

Causes for Satisfaction

1. Two thirds recognize Sid Seagull.
2. Two thirds recall the slogan.
3. Four fifths use a hat or sunscreen during summer.
4. One third of men wear a hat 'often'.
5. One third of men use a sunscreen 'often'.
6. One quarter of women wear a hat 'often'.
7. Half of women use a sunscreen 'often'.

Other Findings

1. Women saw the TV ad more than men.
2. Young people were more aware of the advertising than old people.

April 5, 1982

7-26

Commercial Licensing of Sid Seagull

Pros

1. Adams has said we should do it.

2. An ethical Melbourne-based firm with the right resources and experience to do it is interested.

3. Commercial marketing gives us access to new channels of communication, e.g. purchased goods such as clothing, hats, beach accessories.

4. It can raise money (Victoria's share of the national program could be $46,000 in second year).

5. It deals with the criticism that we are wasting a precious resource that could;

   (a) carry our message further and more effectively than it does.

   (b) raise money, releasing donated funds for other important projects.

Cons

1. It requires a float of up to $16,000 to get it going.

2. Being a profitable side of our program, it might cause us to distort priorities in favour of skin cancer (or be judged to distort them).

3. There is a probability we would lose free electronic media time (valued on Melbourne TV at tens of thousands of dollars).

4. The negative PR aspects of "being commercial".

5. Licensing implies exclusivity, e.g. FOX FM bought the right to be Melbourne's 'Life. Be In It' station for $40,000. Presumably this meant 'Life. Be In It' was off other stations, whose listeners were therefore not reached.

6. Risks of having the staff of a marketing firm representing the ACCV to potential clients.

April 5, 1982

7-26/2

For the Executive Committee

Discussion paper on licensing Slip Slop Slap commercially

Comment and advice from a number of quarters led us to consider the possibility of commercial licensing of Sid Seagull following the successful summer campaign this year.

A precedent for commercialization of community service campaigns was set recently by Life. Be in it which is now a non-profit company, completely self-funded.

We have had discussions with Bladon Mason Nicholls P/L, the company Life. Be in it appointed.

After considering the submission and other pertinent issues last Wednesday Mr. Dick, Dr. Gray and I drew up the attached list of "pros" and "cons".

We are recommending that the Council should not enter into a marketing agreement, principally because of the probability that valuable free electronic media time would be lost, just as Life. Be in it lost its free time after going commercial.

David Hill
Deputy Director

Miss Holzer

ANTI-CANCER COUNCIL OF VICTORIA

PUBLIC EDUCATION SUB-COMMITTEE

MEETING - MONDAY, 15th FEBRUARY, 1982 @ 12.30 P.M.

A G E N D A

1. APOLOGIES

2. CONFIRMATION OF MINUTES

3. BUSINESS ARISING FROM MINUTES

   3.1. Skin & Psoriasis Foundation Leaflet

   3.2. Educational objectives or projects for Council's 50th Anniversary. (Suggestions from Committee) (Attachment 1)

4. SKIN CANCER CAMPAIGN - REPORT

   (Miss Larcombe and Miss Rassaby to attend)

5. LUNG CANCER

   1. M.J.A. Article (Report)

   2. I.A.C. Submission (Report)

6. GRANTS-IN-AID - Proposal of Sub-Committee (Attachment 2)

7. PROPOSAL FROM A.C.S. re Video Tape (Attachment 3)

8. DATE OF NEXT MEETING:

   The next meeting will be held at the Anti-Cancer Council on Monday, 19th April, 1982 at 12.30 p.m.

ADRIENNE J. HOLZER
SECRETARY TO THE COUNCIL

9th February, 1982

A.J.H.

ANTI-CANCER COUNCIL OF VICTORIA

MINUTES of MEETING of PUBLIC EDUCATION SUB-COMMITTEE held at Anti-Cancer Council of Victoria, 90 Jolimont Street, East Melbourne, on Monday, 15th February, 1982 at 12.30 p.m.

PRESENT:
Mr. W. A. Dick (In the Chair)
Mr. T. H. Ackland
Dr. David Fearon
Dr. Bruce Hocking
Mrs. A. V. Jackson
Mr. David Swift
Dr. Fedora Trinker

IN ATTENDANCE:
Dr. Nigel Gray, Director
Mr. David Hill, Education Director,
Miss Adrienne Holzer, Secretary to the Council

APOLOGIES:
Mr. J. P. Beveridge
Professor Neil Carson
Dr. M. Heffernan

BY INVITATION:
Miss Isobel Larcombe
Miss Judy Rassaby

CONFIRMATION OF MINUTES:

Minutes of the previous meeting having been circulated to members were approved and signed by the Chairman as a correct record.

BUSINESS ARISING FROM THE MINUTES:

Skin & Psoriasis Foundation Leaflet:

The Committee noted the tabled leaflet entitled "SKIN & SUN" jointly published by the Council and the Skin & Psoriasis Foundation. This leaflet will be available to the public upon request.

Educational Objectives or Projects for Council's 50th Anniversary:

A combined list of suggestions from all committees had been circulated prior to the meeting. Other ideas brought forward were:

(a) a major fund raising event for a Keogh Research Foundation

(b) A major community-wide programme based on community education about cancer.

It was requested that the item be brought forward to the next meeting for further discussion.

/2...

SKIN CANCER CAMPAIGN:

Miss Isobel Larcombe and Miss Judy Rassaby presented a report on the summer campaign. It began on 1st December, 1981 with the City Square launching, release of advertisements to TV and radio, leaflets and posters to chemists, and swimming pool promotions.

During December there were press, radio and TV PR related to those activities mentioned above with the assistance of Mr. Robin Howells. On the 27th December the beach promotions began - 55 were planned and 53 completed. These beach promotions concluded on 1st February.

Commercial TV exposure to 31st January, 1982 was as follows:

Time	Channel 10	Channel 7	Channel 9	Total Exposures
00 - 07 hrs	0	0	6	6
07 - 10	29	80	20	129
10 - 16	20	17	10	47
16 - 18	10	8	4	22
18 - 22	1	6	1	8
22 - 24	0	2	3	5
	60	113	44	217

Chemists: - 75% displayed the leaflets and 40% displayed the poster.

Use of Materials for Campaign:

Item	No. ordered	No. left in Stock
T. Shirts	5,500	1,500 approx.
Kites	10,000 + 5,000	3,000
Stickers	10,000	1,200
Balloons	10,000	800
Leaflets	200,000	18,200
Posters	5,000	300

It is proposed to use up the materials in a pilot project to be conducted in schools throughout February and March. Evaluation of the campaign is in the planning stages and will hopefully be completed by the end of the summer season when results will be announced and the TV commercials recalled.

After hearing the report, the Committee then discussed the principle of a commercial licence of Slip Slop Slap. All cancer councils except New South Wales are already involved with Sid and Slip Slop Slap and are keen to continue. Phillip

/3...

KIN CANCER CAMPAIGN: (Ctd)

Adams had originally mentioned this possibility and would be interested to help if it is decided to go ahead.

As the Council purchased the Sid commercials, our solicitors have said it is not necessary to obtain copyright.

Many questions need to be answered before a recommendation is put before the Executive Committee. Advice is needed on product liability; very strict control would need to be maintained over licensing; and the question as to whether the Council would lose free TV exposure would also have to be considered.

It was agreed that the objective of the Committee was to deliver a successful skin cancer campaign and Sid should be preserved for that purpose.

Further discussion will be held at the next meeting after preliminary enquiries have been made.

The Committee congratulated Isobel and Judy on their enthusiasm and dedication which contributed so much towards the success of the campaign.

LUNG CANCER:

M.J.A. Article

Dr. Gray and Mr. Hill published a survey of smoking and an editorial in the Medical Journal of Australia of January 9th, 1982. Both had engendered press publicity around the country, all of it helpful.

I.A.C. Submission

Dr. Gray reported that the Executive Committee had supported his intention to make a submission to the I.A.C. review of the tobacco industry in Australia.

Give up Smoking Film

Mr. Hill said that there was nothing further to report at this stage.

GRANTS-IN-AID

Proposal of Sub-Committee:

A report from the sub-committee on the pilot scheme on grants for community education about cancer was discussed. It was agreed that the original concept should remain with grants of up to $500 being awarded with the provision for a follow-up application for a further $500 if the project develops successfully. This further grant is to be approved by the Committee. Distribution of the notice about the grants will be to Community Health Centres; the Australian Family Physician; and the Victorian Branch of the F.M.P. Newsletter. Mr. Hill pointed out that this was a pilot programme aimed at trying to identify those people involved in public education programmes, and hopefully a seminar will be held next year to which successful applicants could contribute. Applicants would be required to follow broad guidelines supplied by the Council designing programmes. If the scheme is successful then it was

/4...

GRANTS-IN-AID: (Ctd.)

possible that a reference manual with details regarding the types of programmes and materials available could be written. Mr. Hill would judge the applications and seek advice from Committee members when necessary.

PROPOSAL FROM A.C.S. RE VIDEO TAPE:

The Committee received a memorandum from Mr. Laurie Wright of the Australian Cancer Society proposing support from member organisations to video tape a play called "TISSUE" which deals with the trauma of mastectomy. The play was performed in Sydney last year and all reviews and comments were most favourable. The Committee agreed that it would be a useful training film for health professionals and would be an excellent addition to our film library. The Committee therefore agreed to support the project to the order of $2,000.

PROPOSAL TO PURCHASE DISPLAY TERMINAL FOR FILM LIBRARY:

Mr. Hill reported that in 1976, 300 loans were made from the film library compared with last year when 1,200 loans were made to 700 users. This figure is expected to increase in 1982 to 1,500 loans. Four main problems exist with the present system:

1. Discovering overdue films
2. Time-consuming checks on availability of several films needed for the same period.
3. Keeping of statistics
4. Non-automated mailing list, etc.

Preliminary enquiries show that a terminal would cost $2,270 to plug into the existing Realty system and programming costs would be to the order of $1,700. The main benefits would be a much more productive use of the films and a great saving of staff time. After some discussion the Committee agreed that Mr. Hill contact the State film Centre with particular reference to the software, and to report back to the Chairman who was given power to act.

DATE OF NEXT MEETING:

The next meeting will be held at the Anti-Cancer Council on Monday, 10th April, 1982 at 12.15 p.m. and not 12.30 p.m. as previously scheduled.

.....
CHAIRMAN

CONFIRMED DATE .....

Attachment 1

ANTI-CANCER COUNCIL OF VICTORIA

SUGGESTIONS SO FAR INCLUDE:

1. A creative history of the Council

2. An international medical/educational conference

3. A special stamp issue

4. A major scientific/education study coming to fruition in 1986.

5. A special event/award in memory of Dr. E.V. Keogh

6. A number of specialist visitors covering all Council activities.

7. Series of special fund raising activities.

* * * * * *

9.2.1982

Attachment 3

Attachment 2*

Draft notice about grants-in-aid for public education

Grants for Community Education about Cancer - Pilot Scheme

The ACCV wishes to extend its public education programs by providing small grants-in-aid to community health centres and community medical practices. within Victoria.

The purpose of the grants is to facilitate local cancer education activities.

Topics Support may be given for health education programs in line with the Council's current policy and priorities.

* Lung cancer prevention through smoking control
* Breast cancer — early detection and breast self examination
* Cervical cancer - cytological screening
* Skin cancer - prevention against excessive sun exposure

Size of grants

Grants of up to $500 will be awarded

Terms

Grants may be used for any expense (other than salaries) incurred in delivering a local program of health education about cancer (e.g. printing, advertising, hire of venues or equipment).
An itemized account of expenditure and a short report of activity (together with unspent monies) must be returned at the conclusion of the project.
In cases where voluntary cancer crusade untis of the ACCV exist locally, liaison will be necessary.

How to apply

It is desirable to obtain preliminary advice from ACCV staff before submitting an application.
Applications will be assessed within 4 weeks of receipt and applicants notified promptly.

Long term aims

The Council wishes to build upon much excellent work in health education about cancer already being carried out locally. It would expect to sponsor a seminar on Community Health Education About Cancer early in 1983 to which grantees would be (expected) invited to contribute.

* Relates to item 6.1 on agenda for meeting of December 14

7-02

Address
Phone No.
Contact.

Attachment 3

AUSTRALIAN CANCER SOCIETY INC.

Rooms 311-312, 3rd Floor, Trust Building, Cnr. King and Castlereagh Sts., Sydney, N.S.W. 2000
Box 4708, G.P.O., Sydney, N.S.W. 2001, Australia: Telephone (02) 231 3355: Telegraphic address Austcancer Sydney

Our Ref.: BIII/10

18 January 1982

MEMORANDUM TO MEMBER ORGANIZATIONS

Tissue

In December last a play was presented in Sydney dealing with the trauma of Mastectomy. Called "Tissue" the original English script was amended to fit the contemporary Australian scene and the result was a moving and educational portrayal of the effect of mastectomy on the individual, family, friends and medical profession.

Unfortunately no tour has been arranged for the play and the season began and ended in Sydney last month.

The play could be videotaped and the producer is enthusiastic about this prospect. Some minor editing would be necessary to reduce the length of the play to one hour (from one hour ten minutes) to fit into a video cassette. It is thought that using the facilities of the Paddington Video Access Centre, a subsidised theatrical production unit, and the original cast and props the video could be made for less than $7,000.

The producer has not got access to further funding for the play and this sum would have to be found elsewhere if the project is to proceed.

The ACS has no budget provision for this purpose but acting in the belief that the play is both good theatre and sound education is prepared to act as a catalyst in obtaining financial support for the project to proceed. The videotape could be used with service clubs, nurses and medical students, secondary school students and probably other groups.

Attached to this letter is supporting material and statements to help in the evaluation of the merit of this Proposal. Included are:

Promotional poster
Pre-review (Australian 10 December 1981)
Review (Sun-Herald : 13 December 1981)
Stills
Comments by : Dr Joan Croll
Medical Director
Sydney Square Diagnostic Breast Clinic

Sister K M Batcheldor
Supervising Sister In Charge
NSW Cancer Council Special Unit

./..2

Mr Shaun McIlwraith
Medical Journalist

Mr Wayne Harrison
Literary Adviser
Sydney Theatre Company

The reviews and comments are all most favourable. Having seen the play myself, I can only support them in the strongest way and say that I think it would be a great waste if the opportunity is missed to make a permanent record of it.

Member organizations are asked to consider underwriting the production of a videotape of the play "Tissue" by committing funds, in principle, so that production planning can proceed. If insufficient funds are committed the project will be abandoned but it is hoped that each member organization, except Tasmania ~~and the~~ ACT, will underwrite the project up to a maximum of $2,000 each. The final cost to be apportioned amongst the major sponsors equally.

L. A. Wright
Executive Director

Encls

TISSUE

by LOUISE PAIE

"BREASTS LIKE STEREO-SPEAKERS ARE
SUPPOSED TO COME IN PAIRS. IF
FOR SOME REASON ONE IS
MISSING, DISTORTION
RESULTS. ...."

TISSUE IS A FAST MOVING
IMPRESSIONISTIC THEATRE PIECE
ABOUT THE TRAUMA OF MASTECTOMY
AND THE REACTION TO IT.

Directed by ROS HORIN

Starring ROEYNNE BOURNE
JAMES LAURIE
KATHIE THOMSON

JANE STREET THEATRE Jane Street Randwick

STRICTLY LIMITED SEASON 8 performances only.

Thursday to Sunday, 10th to 13th December
Thursday to Sunday, 17th to 20th December
at 8.30pm

Phone Bookings any time after 4pm 663 2270

Door Sales

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struction

VINETA LAGZDINA
JUSTIN FITZPATRICK
MICHAEL SCOTT-MITCHELL
HELEN ZIGMOND

KI

Morin trained at the Drama Centre in London. She worked as an actress Melbourne with the APG and the Playbox Theatre, and taught acting and irected student productions at the Victorian College of The Arts. Ros moved to Sydney in 1979 to teach and direct at NIDA until the end of 1980. With John Clark, she co-directed The Dybbuk for the 1980 Jane Street season. This year she has directed Doreen Clark's Bleedin' Butterflies at The Playbox and Jack Hibberd's Mothballs for the Universal Theatre, both in Melbourne; and worked as assistant director on Chinchilla for the Sydney Theatre Company. She is currently the recipient of a Director's Development Grant from the Theatre Board of the Australia Council.

LOUISE PAGE

Louise Page is one of a new wave of young British women playwrights. Tissue, one of her earliest plays(1978), was written for the Writers' Theatre Company at Birmingham Arts Lab, and after a successful production there, toured to the Belgrade Coventry and the I.C.A. Theatre in London. Her other plays include Lucy (Playwright's Company, Bristol), Hearing (Birmingham Rep.), Housewives (Derby Playhouse) and Cignes Dei and Saturday Late September for BBC radio. Her latest play, Salonika, has just been completed, on commission from the Royal Court Theatre .

ROBYNNE BOURNE

Toured Australia with the Chichester Theatre Company, appeared in Day After The Fear, performed in the revue Something Old, New, Borrowed and Blue, and was most recently seen in Sitting On A Fortune (a Women and Theatre Project show presented as a Nimrod Late Night show). TELEVISION: Tandarra, Homicide, The Sullivans, Skyways, Cop Shop, Bellbird, Holiday Island. FILM: Mouth To Mouth.

JAMES LAURIE

James left school in 1975, spending the next year working on the Mike Walsh Show. Graduated from NIDA in 1979. Joined the State Theatre of S.A. where his roles included Nicholas in What The Butler Saw, Joe in A Hard God, Lysumacus in Pericles, Belyayev in A Month In The Country and Touchstone in As You Like It. TELEVISION: Women Of The Sun (o/28). James has just finished work on Cyrano de Bergerac for the Sydney Theatre Company.

KATHERINE THOMSON

Kathie spent most of this year as a member of the core company of Theatre South in Wollongong, where she played Helen in Travelling North, Pegeen in Playboy of The Western World and a number of roles in a musical adaptation of Ayckbourn's Confusions. She has just finished her second season with Sidetrack Theatre, and she has also written and performed a multicultural puppet show for the Department of Education. She has appeared in Othello with the Actors' Company, Vanities at the Ensemble, Roots at The Stables, and the dazzling Bullshot Crummond at the Independent. FILM: two films for Film Australia and Hanna-Barbera's Shadow Effects.

SPECIAL THANKS: NIDA for the Jane Street Theatre;Axel Bartz;Ian Cooksley; Chris Westwood;Sue Hill;Joe Skrzynski; and all the women and members of the medical profession(especially the Breast Diagnostic Clinic) who helped with our research).

THIS PROJECT IS ONE OF A NUMBER WHICH HAVE ORIGINATED IN THE WOMEN AND THEATRE PROJECT, funded for this year through the Limited Life Program of the Theatre Board of The Australia Council.

THE AUSTRALIAN
10 DEC 81

RIA PRERAUER

Unmasking a taboo

By AMANDA HAINSWORTH

MANY things come in pairs, not the least amongst them, breasts.

Some pairs can be easily split, with few or no repercussions . . . but not breasts, because, like stereo speakers, if for some reason one is missing, distortion results.

The play *Tissue*, which opens at Sydney's Jane Street Theatre today (December 10), explores the mental, emotional and physical "distortion" a woman experiences when she loses a breast through cancer.

Louise Page, one of the new wave of young British playwrights, wrote *Tissue* for the Writers' Theatre Company at Birmingham Arts Laboratory. After a successful production there, *Tissue* toured to the Belgrade Coventry and the Institute of Contemporary Arts Theatre in London.

Page's other plays include *Lucy* (Playwright's Company, Bristol), *Hearing* (Birmingham Repertory), *Housewives* (Derby Playhouse) and *Cignes Dei* and *Saturday Late September* for BBC radio. Her most recent, *Salonika*, was commissioned by the Royal Court Theatre.

This year, actor-director Ros Horin, with a Director's Development Grant from the Theatre Board of the Australia Council, saw *Tissue* in England and, impressed by the power of the drama, brought it back to Australia.

"Even though cancer is often a very frightening and emotional subject, little dramatic work has been done on it," says Horin. "Most people can't say the word without mentally touching wood."

Since she began working on the play, the incidence and fear of cancer has been brought home in a very real way:

"Lots of people have said they know someone who has had a mastectomy, and even more women have said they've had lumps in their breasts. There's plenty of information on cancer available, but many people are afraid to talk about it and that just increases the fear and taboos."

Horin stresses that *Tissue* is a piece of theatre, not a medical treatise or a dressed-up lecture. But, although it is a work of fiction, it does have a sound, factual basis.

"The emotions of the characters are accurate too, being based on extensive interviews with mastectomy patients.

"The subject isn't easy — we don't want to be maudlin or naively optimistic. I think we've managed to be realistic, but at the same time, hopeful."

Tissue is fast moving and impressionistic, dealing with the harrowing experiences of one woman, Sally, played by Robynne Bourne. Katherine Thomson and James Laurie each take several different characters in Sally's life — mother, nurse, girlfriend, doctor, brother and father.

Tissue deals as much with the significance of breasts in today's society — the most public of private parts — as breast cancer. It raises broader, personal questions for women, about their self image and their sexuality.

Says Horin: "The play is also very confronting for men, as well as women. As Sally says: 'Women can love men who are wrecks, it's traditional,' but the reverse situation is quite different."

Cancer is not a pretty word. Nor does it make for pretty, light-hearted viewing. But as *Tissue* attempts to make clear, cancer is a drama, a very tough, personal drama, but not a sentence.

SUN-HERALD - Dec 13th 1981

on stage — Colin Menzies

Women and Theatre Project value for money

It's been a bumper 12 months for the Women and Theatre Project.

After one year, a $107,000 grant from the Theatre Board has almost gone, and a final spate of project-funded productions will be unveiled in the next few weeks.

According to the Women and Theatre Project's full-time co-ordinator and spokeswoman, Chris Westwood, such a sum has never been so wisely spent.

"There will be about three cents left over," she said.

Some of the Theatre Board grant went on "Project Es" small and mostly innovative acting groups wanting to present theatre of specific interest to women.

The groups receive an initial sum for rehearsal time and staging expenses, the rest of the time the box office has to pay actors' salaries — or a portion of them.

How does Chris Westwood feel about the results of a year tackling an area dominated five to one by men?

"We must recognise that the results will not be fully felt for another two years or so," she says.

"In the short term there have been significant changes. There is now funding for female

ROBYNNE BOURNE

writers in residence . . . Nimrod got two, Debbie Oswald and Alison Lyssa."

Chris points out that the average income of a male actor is higher than the female average because of the number of roles readily available to men. Males traditionally have had a stronger influence in theatre.

"The project has been valuable experience for something like 100 women who couldn't get the experience in mainstream theatre," she says.

"Women and theatre has elicited an extremely hungry audience. We have to keep feeding this hunger."

Part of this fresh appetite is fed by the Playreading Group, which is based at the Nimrod.

Eight plays were selected from the more than 100 submitted to the group. Four were given readings each Monday evening in February and another four are being read now (the last, Stripped, by Stephanie McCarthy, will be read tomorrow night).

Last Monday I joined a packed Nimrod Upstairs to hear the reading of Letting Go, by Jenni Hall, a play I initially thought wouldn't rise above a casual theory of female subjugation.

As it was, it went beyond the structures of oppression and personal experience on stage. A telling account of women of three generations, it spanned humanism as well as feminism.

It must surely be staged somewhere in the coming year, being too powerful to leave unproduced.

The other play I caught last week was another WTP-sponsored production, this time at the Jane Street Theatre at Randwick.

Tissue, by British playwright Louise Page, is a fast-moving, multi-faceted play with only a hint of feminist propaganda. It tells of a woman learning to cope with a mastectomy, and it does this in a series of short impressionistic scenes.

Three actors — Robynne Bourne, James Laurie and Katherine Thomson — give energetic yet sensitive performances in demanding roles. And the production has been extremely well directed by Ros Horin.

Again, not all the male characters are stereotypes. And, like Letting Go, there is room for a final optimism. Tissue's hope is found in existentialism, "Live each day as though you will die that evening."

This production deserves more than eight performances at a limited venue. But then the Women and Theatre Project has suffered with other Sydney companies the lack of available theatres.

Vertigo, the next "Project E" to be aired, found a suitable acting area at the Footbridge Theatre at Sydney University.

Described as having "stunning audio-visual techniques," Vertigo plays next Friday and Saturday.

Chris Westwood reckons you can't turn out women writers in one year.

But at the rate WTP shows are blossoming and the response women have shown the project, this year could be a turning point for establishing many more women playwrights.

With this in mind, the Women and Theatre Project has been good value for money.

Engrossing theatre from an unlikely topic

THEATRE

MARY LORD

Tissue, by Louise Page.
Jane Street Theatre, Sydney

TISSUE, playing a two-week season at the Jane Street Theatre, is an unconventional play on a most unlikely subject.

It deals, poetically and wittily, with the trauma of mastectomy and is not, as you might suppose, simply a maudlin plea for understanding and sympathy for the patient.

It is a very humane play about ordinary human beings under stress and explores the emotional reactions of mother, father, brother, lover, friend and fellow patient. All are challenged in various ways.

They respond as fallible people — inarticulate, inadequate, loving, practical, embarrassed or courageous. Male or female in the audience will find it impossible not to identify with the reactions of at least one of these characters.

Tissue is a fairly short play but an intense and powerful one. It moves in flashes from present to past to reveal Sally's consciousness of her budding breasts in puberty and her growing pride in them.

They are not symbols of her womanhood but its visible proof. To lose one is, perhaps, to be less a woman and to repel, not attract, members of the opposite sex.

We see her with her lover asking him to feel for the lump she believes is there. We see her by herself fearful of the prospects of cancer and, after the mastectomy, as joyful at her reprieve as she is uncertain about facing the future.

Louise Page, in another break from convention, makes brilliant use of prose narrative techniques to put the audience in the God-like position of being able to observe fleeting characters in action and to enter their minds and share their reactions.

Michael Scott-Mitchell's design is dominated by a large circular swivel-mirror which reflects and refracts moves, responses and attitudes in admirable harmony with the constantly shifting emotions of the play.

Ros Horin's direction gives a performance which moves at a considerable bat but is always stylish and graceful.

Her actors move from the symbolic to the realistic and from one character to another in superbly timed sequences. She has responded to the challenges of a taut and complex script to render it immediately comprehensible both intellectually and emotionally.

Robynne Bourne plays Sally, not a typical victim of breast cancer but very young, childless and single. She is on stage for the duration of the play and gives a compelling performance as the victim at various ages and in a variety of situations and relationships.

James Laurie and Kathie Thomson share the other roles between them without changes of costume or other realistic aid to credibility.

It isn't often that one comes across a performance which exhibits such creative harmony between the writer, director, designer and performers. When this happens, an unpleasant topic is transformed into engrossing theatre.

Breasts should come in

Robynne Bourne and James Laurie, in Tissue.

By GERALDINE O'BRIEN

THEATRE

TISSUE, by Louise Page
Jane Street Theatre, December 11, 13, 17-20.
Directed by Ros Horin
With Robynne Bourne, James Laurie, Kathie Thomson
Designed by Michael Scott-Mitchell.

THE press release promised a "witty and moving play about mastectomy," and I groaned.

As it turned out, the press release was right.

Tissue is both occasionally witty and frequently moving. More than that, it dissects with surgical precision the trauma of a woman undergoing mastectomy, its effects on her perceptions of self, on her relationships, family and friends.

Much of its success can be attributed to fine performances from the three actors, who manage to infuse some fairly standardised lines with a truthfulness and vitality of their own.

Tissue opens on a starkly illuminated set with the tape-recorded sounds of an operating theatre washing over the audience and Sally, the patient, with the victim's eternal cry of "Why me?"

It could be any cancer victim, any victim, pinned under a winding sheet by menacing figures in white.

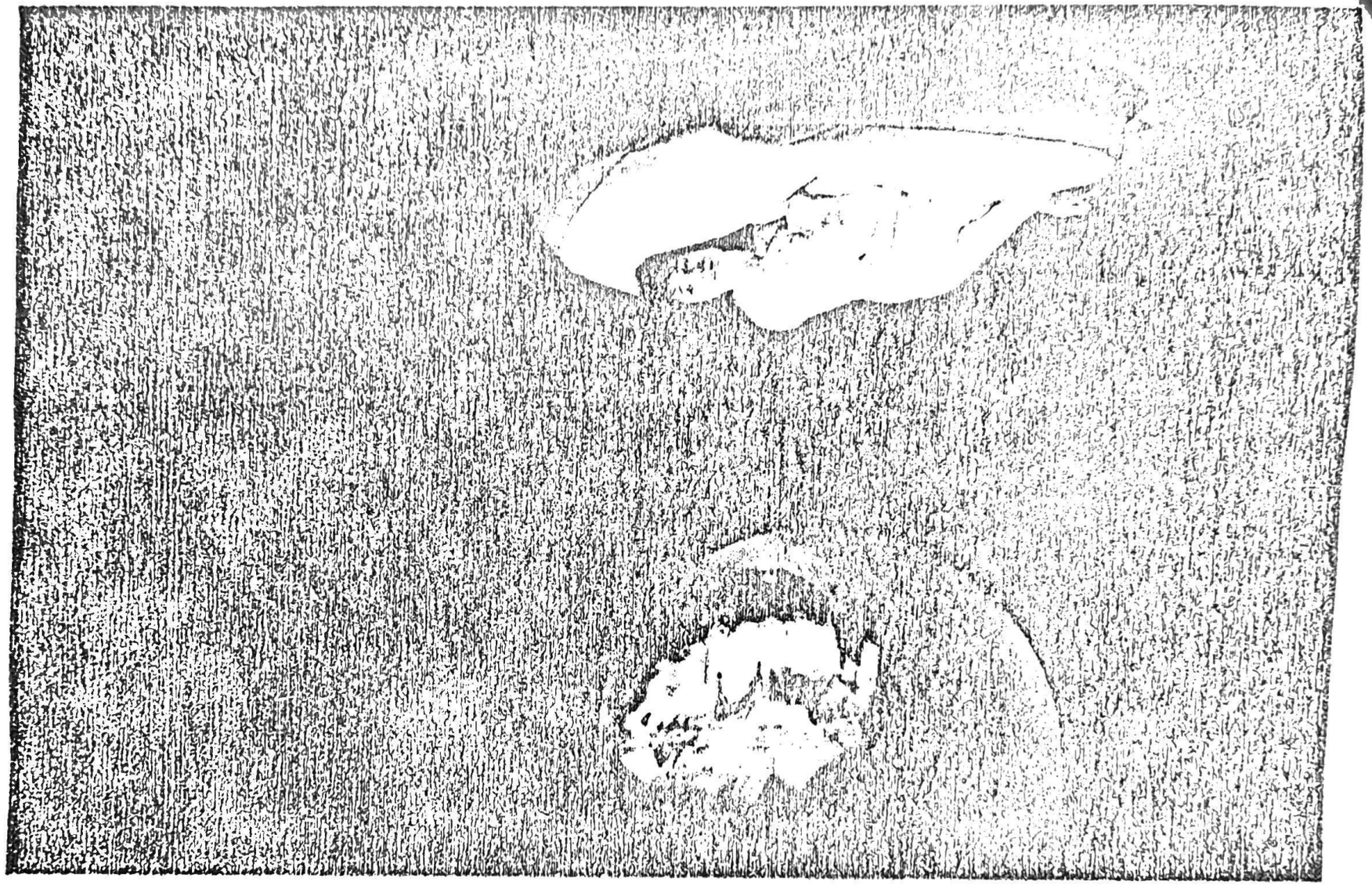
But Tissue's flashbacks and flash-forwards illuminate the special trauma of mastectomy, an assault on the preconditions of femaleness.

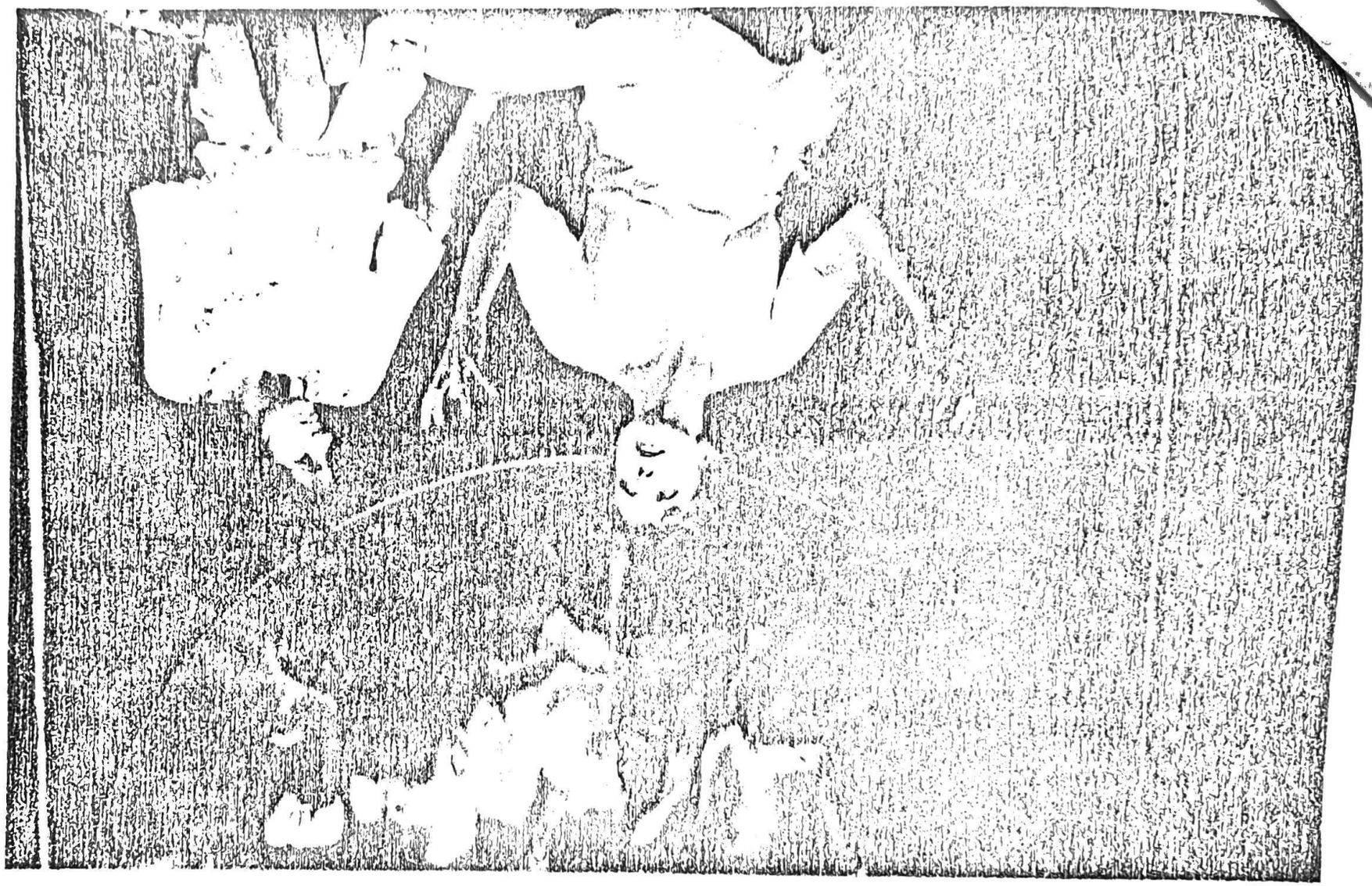
Breasts, like stereo-speakers, are supposed to come in pairs. If for some reason one is missing, distortion results.

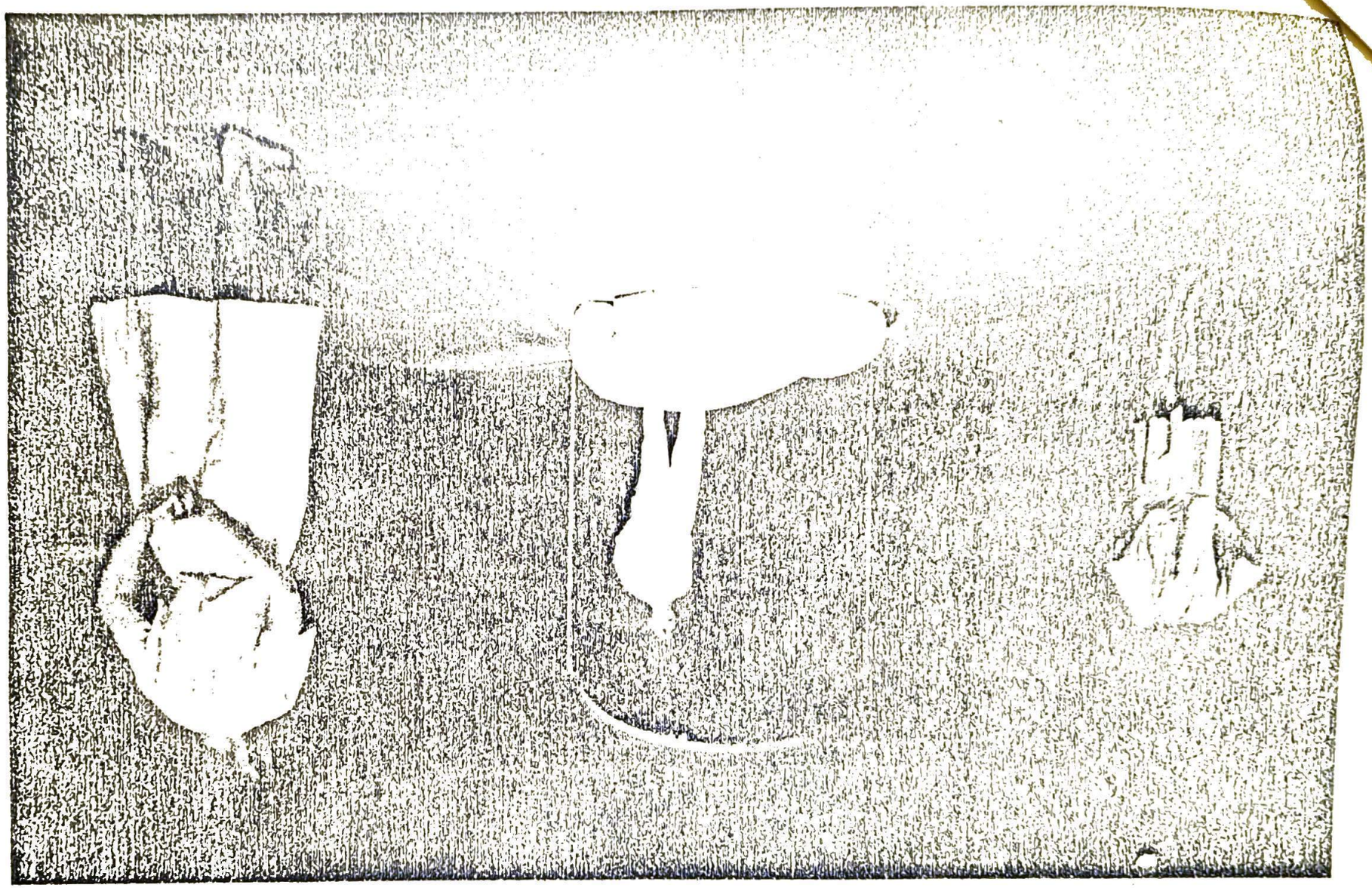
And no matter what technical jargon the doctor may use, Sally's blunt summary is that "I am cut, and stitched."

Tissue does not always shirk the grisly details that had at least two members of the audience squirming in discomfort, but it is telling in its portrayal of women's notorious reluctance to take responsibility for their own well-being, even when it most vitally affects them.

Its swift series of sketches also highlights the range of attitudes to mastectomy "It's not as if you're married"; the ex-lover smiling and fading into silence; the new lover; the parents; the brother.







Diagnostic Breast Clinic
with the A. W. Tyree Foundation

2nd Floor,
St. Andrews House,
Sydney Square, 2000.

Appointments 264-8766
Enquiries 264-7338

24th December 1981

Mr L Wright,
Secretary
Clinical Oncological Society of Australia
Box 4708 GPO
SYDNEY 2001

Dear Mr Wright,

re: Tissue.

When Ros Horin brought me the script for the play called 'Tissue', I read it and edited it where necessary, but thought it a little dull. Nevertheless my staff and I were interested in a play on this subject, and gave Ros and her cast as much help and encouragement as we could.

We taught them how to perform BSE, how a doctor should examine the breast and answered all their many questions.

My physician husband took me and other family members on opening night. The set was simple and dramatic. The acting quite incredibly believable with each of the three actors playing up to five different roles.

What could have been a maudlin flop, was a telling piece of theatre, getting the message across with the right mixture of humour and sadness.

I take much pleasure in recommending the funding for a video-tape production of this play, so that it may be seen by a much wider audience, than was possible in such a short season at such a busy time of year.

With best wishes,

Yours sincerely,

Joan Croll
Medical Director.

"TISSUE"

Recently, in company with two other nursing sisters, I saw a performance of a most interesting play - "Tissue" - at the Jane St., theatre. We were spell-bound, and I can only feel sad that the play was scheduled to run for such a short period, to such a limited audience, perhaps assuming it to have a limited public appeal.

Basically it portrays the drama of a young and attractive woman who discovers a lump in her breast, and from there we are taken through her experiences initially of getting someone to take her discovery seriously, and then through surgery, establishment of diagnosis, explanation of options, her experiences with and the reactions of her friends and family - mother, father, brother, boyfriend - of doctors, specialist, anaesthetic and nursing staff, and other patients. We are given glimpses of her childhood and adolescence, and of her emotional experiences, enabling us all to identify with her at all times.

The three actors each (except for the patient, who slipped in and out of various stages of her young life) played numerous parts.

By an English playwright - Louise Page - and adapted by the young cast and director to Australian circumstances, clinical background had been faithfully researched, and the whole partrayed with imagination and depth of feeling in all aspects, using minimum of "props", and to the accompaniment of hospital sounds.

This play is too good and true to be just pushed aside after a brief run. It could be such good teaching material, and really hold the interest from start to finish(as few lecturers can do!). I can't imagine anyone not being moved by this thought-inspiring play, and feel it would help tremendously in our Cancer Education campaign, whether the viewer is involved as a patient, a worker in the field of Oncology, or a member of the public of almost any age.

K. M. Batcheldor.

K.M. Batcheldor
Supervising Sister in Charge
N.S.W. State Cancer Council's Special Unit

41 Alleyne Avenue,
Narrabeen, N.S.W., 2101.
January 11, 1982.

Mr L. Wright,
Executive director,
Australian Cancer Society,
Hunter Street,
Sydney.

Dear Laurie,

Further to our conversation at the Jane Street Theatre last month: I went there with no great expectations and came away considerably impressed. In "Tissue" I believe the company has tackled a difficult, sensitive subject with insight into the problem and an understanding of the emotions involved. I felt the play came across well dramatically, the hurt and fear and anger of the young woman being balanced by humour which was not out of place. The quality of the acting was high, as it had to be if the audience was to be comfortable with two of the three actors taking several roles. The staging was imaginative, the same few props serving to create very different scenes, the caste helping to create the required illusions with almost ballet movement.

For me the outstanding virtue of "Tissue" was the ring of truth in its view of breast cancer through the patient's eyes. It pulls no punches. Indeed it could not survive dramatically if it did. The medical people are examined critically - realistically, I feel, rather than destructively. There are good, caring doctors, but there are also clinically remote doctors, using their superior position to retreat from a human relationship with the patient. Finally, though critical, the play is not negative. The young woman comes through her traumas to a pretty positive position about her future.

Hope to be seeing you again soon, perhaps at the Westmead conference. Best regards,

Sincerely,

Shaun McIlraith

Shaun McIlraith

19th January, 1982

TO WHOM IT MAY CONCERN

As The Sydney Theatre Company's Literary Adviser I was asked to attend a performance of TISSUE by Louise Page during its recent season at the Jane Street Theatre, Randwick.

I found the play to be an intelligent and sensitive look at mastectomy, resisting the temptations of melodrama and sensationalism. Page has combined a realistic - but structurally adventurous - narrative with an economical documentary, creating a play that is stimulating, educative, touching and - despite the sobering nature of the subject matter - entertaining.

Ros Horin's production realised the play's potential with a lean but varied direction. She illicited fine performances from her three actors and skillfully manoeuvred them on Michael Scott-Mitchell's neat, yet surprisingly theatrical, set.

I have no hesitation in recommending this production and its personnel for further engagements.

Sincerely,

Wayne Harrison,
Literary Adviser

The Sydney Theatre Company Limited

3rd Floor
153 Dowling Street
Potts Point NSW

Correspondence:
PO Box 178 Kings Cross
NSW 2011

Telephone 358 4399