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## LETTERS

## Factors influencing attitudes to legislation banning the manufacture and sale of tobacco products

Despite a growing body of scientific evidence that has demonstrated the toxic, carcinogenic and addictive effects of tobacco, tobacco products remain unique in being the only carcinogenic and addictive product sold legally.<sup>1,2</sup>

On 22 February 2006 a petition stipulating the implementation of a ban on the manufacture and sale of tobacco products phased over the next 10 years in Korea, was filed at the National Assembly.

This petition can only succeed if it is supported by national consensus. To perceive the attitude towards this act among

the general population, and to elucidate factors associated with support of or opposition to the act, a nationwide telephone interview survey was conducted in Korea in June 2006 by the Korean branch of the Gallup International Association.

A sample of 1508 individuals (741 men and 767 women) aged between 20 and 91 years, representative of the general adult Korean population in terms of age, sex, and geographic area was assembled. For all participants, specific questions on the support of or opposition to the act on banning the manufacture and sale of tobacco products were asked.

The questions were formulated as follows: "Jae-Gahb Park, President of the National Cancer Center in Korea, has submitted a legislative petition for prohibiting the manufacture and sale of tobacco products entering into force ten years after the date of its promulgation. Do you agree or disagree that

this bill should be passed?" The question had a structured four-item score (strongly in favour to strongly against). The response rate to the survey was 88.1%.

Each sociodemographic factor and smoking status and exposure to anti-smoking advertisement was assessed separately by univariate analysis. Factors determined to be significant by univariate analysis were further analysed using multivariate analysis.

Overall, 24.6% of the study population reported being current cigarette smokers (men 47.5%, women 2.5%).

In all, 68.9% of the study population approved the act (men 60.6%, women 77.0%). Current smokers showed lower approval rate (51.1%) than ex-smokers (79.8%) or never smokers (89.4%).

In a univariate analysis, the approval rates were higher among the older subjects ( $p<0.001$ ), non-smokers ( $p<0.001$ ), individuals without exposure to antismoking

**Table 1** Adjusted odds ratios for attitudes to the act on banning the manufacture and sale of tobacco products by gender

	All		Men		Women	
	Odds ratio (95% CI)	p Value	Odds ratio (95% CI)	p Value	Odds ratio (95% CI)	p Value
Age						
20–29	1.83 (0.95 to 3.52)	0.071	2.42 (1.06 to 5.53)	0.031	1.73 (0.66 to 4.56)	0.269
30–39	1.14 (0.60 to 2.16)	0.694	1.37 (0.62 to 3.00)	0.435	1.05 (0.4 to 2.68)	0.925
40–49	1.13 (0.60 to 2.11)	0.704	1.35 (0.62 to 2.94)	0.445	0.99 (0.39 to 2.54)	0.986
50–59	1.02 (0.54 to 1.90)	0.962	1.29 (0.59 to 2.82)	0.528	0.81 (0.27 to 2.38)	0.696
60+	1 (reference)		1 (reference)		1 (reference)	
Education					NA	
Middle school	1 (reference)		1 (reference)		–	
High school	0.87 (0.51 to 1.48)	0.610	1.27 (0.65 to 2.49)	0.489	–	
College -	1.08 (0.59 to 1.96)	0.805	1.66 (0.79 to 3.49)	0.185	–	
Income (\$)					NA	
–1990	1 (reference)		1 (reference)		–	
2000–3990	1.26 (0.62 to 2.58)	0.530	0.94 (0.38 to 2.30)	0.889	–	
4000+	1.22 (0.59 to 2.55)	0.595	0.87 (0.35 to 2.16)	0.760	–	
No comment	1.81 (0.90 to 3.65)	0.097	1.54 (0.63 to 3.77)	0.349	–	
Occupation						
Agriculture, forestry, fishery	1 (reference)		1 (reference)		1 (reference)	
Self-employed	1.90 (0.87 to 4.15)	0.106	1.72 (0.71 to 4.16)	0.229	1.63 (0.26 to 0.17)	0.601
Blue-collar worker	1.24 (0.56 to 2.75)	0.596	1.14 (0.47 to 2.81)	0.771	1.16 (0.18 to 7.35)	0.876
White-collar worker	2.28 (1.00 to 5.19)	0.050	1.99 (0.77 to 5.15)	0.154	2.16 (0.40 to 11.56)	0.368
Housekeeper	0.88 (0.37 to 2.08)	0.764	–	–	0.86 (0.19 to 3.99)	0.849
Student	1.74 (0.66 to 4.57)	0.262	1.07 (0.34 to 3.39)	0.913	2.77 (0.45 to 17.08)	0.274
No occupation	1.46 (0.65 to 3.30)	0.358	1.39 (0.55 to 3.47)	0.487	1.20 (0.20 to 7.17)	0.844
Exercise					NA	
No	1 (reference)		1 (reference)		–	
Yes	1.20 (0.57 to 1.19)	0.310	1.35 (0.49 to 1.13)	0.160	–	
Smoking						
Never smokers	1 (reference)		1 (reference)		1 (reference)	
Ex-smokers	2.18 (1.27 to 3.75)	0.005	2.33 (1.24 to 4.39)	0.009	0.66 (0.09 to 5.06)	0.689
Current smokers	7.66 (4.71 to 12.46)	<0.001	7.54 (4.23 to 13.45)	<0.001	13.33 (4.13 to 42.12)	<0.001
Exposure to anti-smoking advertisement	NA					
No	–		1 (reference)		1 (reference)	
Yes	–		1.07 (0.73 to 1.55)	0.743	0.46 (1.25 to 3.74)	0.006
Sex			NA		NA	
Male	1 (reference)		–		–	
Female	0.87 (0.67 to 1.98)	0.610	–		–	

NA, not applicable; CI, confidence interval.

Odds ratios are adjusted for other variables significant in univariate analysis.

Odds ratios >1.00 represent an increased opposition to the act, whereas odds ratios <1.00 represent an increased support of the act.

advertisements ( $p = 0.029$ ), individuals with lower education ( $p < 0.001$ ) and lower income ( $p = 0.002$ ) and blue-collar workers ( $p = 0.009$ ) for men. For women, the approval rates were higher among those in their 30s and older ( $p = 0.012$ ), non-smokers ( $p < 0.001$ ) and individuals with exposure to antismoking advertisements ( $p = 0.005$ ).

In multivariate analysis (table 1), the approval rates for the legislation were lower among current smokers (both men and women), men in their twenties and women with no exposure to anti-smoking advertisements.

Among current smokers, men who wanted to quit smoking were more in favour of the legislation ( $p < 0.001$ ).

The tobacco industry and some current smokers advocate that this act disregards smokers' basic human rights. However, the findings reported here show that many people are in favour of the act. Even among smokers, more than half (51.1%) were in favour of the act. These findings are contrary to the belief that smokers actively reject legislation banning the manufacture and sale of tobacco products in general. Among current smokers, "reluctant" smokers and "easygoing" smokers may serve as potent reminders of the declining social acceptability of smoking.<sup>3</sup> They may appear willing to support restrictions on smoking.

Current smoking was the most important factor influencing attitudes to the act. Before passage of the act, it is essential to further lower the rate of cigarette smoking.

It is proposed that this act shall enter into force 10 years after the date of its promulgation to allow an adequate period of preparation. After 10 years, we will be able to register the remaining smokers for specialised treatment to help them stop smoking and begin to enforce the ban on tobacco.

In this study, positive attitudes towards the act are encouraging for popular acceptance of such aggressive public health legislation. Eventually, it is hoped that a total ban on tobacco products will become the standard social norm as naturally as the current attitudes to the manufacture and sale of addictive drugs.

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## REFERENCES

- International Agency for Research on Cancer.** *IARC monographs on the evaluation of the carcinogenic risk to chemicals to humans. Vol 83. Tobacco smoke and involuntary smoking.* Lyon: IARC press <http://monographs.iarc.fr/ENG/Monographs/vol83/volume83.pdf> (accessed Feb 2, 2007).
- US Department of Health and Human Services.** Tobacco use as drug dependence. In: *The health consequences of smoking: nicotine addiction. A report of the Surgeon General.* Washington, DC: Government Printing Office, 1988:145-216.
- Poland BD, Cohen JE, Ashley MJ, et al.** Heterogeneity among smokers and non-smokers in attitudes and behaviour regarding smoking and smoking restrictions. *Tab Control* 2000;**9**:364-71.

## Depictions of smoking in recent high-grossing Japanese movies

Some have argued that depictions of smoking in movies are factors that trigger the initiation of adolescent smoking.<sup>1-6</sup> Previous studies on this topic were carried out mostly in the United States. There are few data on the depiction of smoking in Japanese movies. In Japan, smoking is highly prevalent among adolescents and adults.<sup>7,8</sup> In this study, we examined the frequency with which smoking is depicted in recent high-grossing Japanese movies.

The 10 highest-grossing Japanese movies in each year from 2000 to 2006 were viewed. The box-office receipts were based on the records of the Motion Picture Association of Japan, Inc (<http://www.eiren.org/toukei/index.html>, accessed 30 October 2007, edited in Japanese). Outcome measurements were the total duration and the number of scenes in which smoking was depicted in each movie. A scene that depicted smoking was defined as one that featured any kind of tobacco or smoking-related product, such as ashtrays, tobacco packages and smoke from tobacco products. Since two of the movies were not commercially released in DVD format, the remaining 68 movies were examined.

The number of movies containing smoking scenes and the mean (SD) and range in terms of the total duration and the number of scenes are shown in table 1. Based on the Kruskal-Wallis test, there was no significant change by year in total duration and the number of scenes ( $p = 0.523$  and  $0.338$ , respectively) or in the numbers of movies containing smoking scenes ( $p = 0.404$ ).

Recent Japanese movies have, on average, depicted smoking as much as Hollywood movies. Among the high-grossing US movies released from 1998 to early 2003, 74% included scenes depicting smoking and the average occurrence (the product of scenes multiplied by people with tobacco) being 7.1.<sup>4</sup> The 10 highest-grossing movies in New Zealand in 2003 included nine US movies. For the nine, the average of the total duration and the number of smoking scenes per movie were 38.0 seconds and 3.4 times, respectively.<sup>9</sup> The present finding would be induced by some movies containing scenes that depicted smoking for longer than five minutes cumulatively or at a frequency of more than 10 scenes, such as *One Piece* (a series of animated movies popular among children and young teenage boys), *Nana* (a cartoon-based movie largely popular among girls and young women) and *Crying out Love, in the Centre of the World* (a movie based on a hit Japanese novel).

It is possible that an increase in the international export of Japanese movies containing scenes depicting smoking spreads the risk of adolescent smoking initiation, because Japanese culture has recently been influencing the overseas population, particularly >in East Asia. The World Health Organization adopted the slogan "Tobacco-free film, tobacco-free fashion: Action!" for World No Tobacco Day 2003, appealing to the entertainment industry to refrain from promoting tobacco products.<sup>1</sup> We urge Japanese movie producers to reconsider whether it is necessary to depict smoking in movies.

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**Table 1** Total duration and the number of smoking scenes in the 10 highest-grossing Japanese movies for the years 2000-6

Year	2000	2001	2002	2003	2004	2005	2006	Total
No of movies containing smoking scenes	6	5	3	6	5	8	6	39
Duration (seconds) of smoking scenes								
Mean (SD)	45.3 (44.9)	63.3 (80.8)	48.5 (117.4)	58.7 (85.4)	82.7 (170.8)	146.3 (219.5)	37.8 (52.8)	69.4 (125.8)
Range (excluded smoke-free movies)	25-128	56-221	5-367	7-263	9-528	28-713	5-132	5-713
No of smoking scenes								
Mean (SD)	5.8 (5.4)	2.6 (4.0)	3.2 (7.6)	7.0 (15.9)	4.2 (8.2)	7.3 (8.2)	3.1 (5.2)	4.7 (8.3)
Range (excluded smoke-free movies)	4-16	2-11	2-24	1-49	1-24	2-21	1-15	1-49