



CASE REPORT

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| 1. Complaint reference number | 62/08 |
| 2. Advertiser | Cancer Institute of NSW (Bronchoscopy) |
| 3. Product | Community Awareness |
| 4. Type of advertisement | TV |
| 5. Nature of complaint | Other - Causes alarm and distress |
| 6. Date of determination | Wednesday, 12 March 2008 |
| 7. DETERMINATION | Dismissed |

DESCRIPTION OF THE ADVERTISEMENT

This television advertisement opens on the sound of the heavy wheezing breathing of a patient with an airway obstructed by a tumour. A doctor appears on screen explaining "Sometimes you can hear lung cancer in smokers even before you see it." A scene shows an operating theatre where a tube is being forced down a sedated patient's throat as the doctor continues "That whistling noise is air racing around...a lung cancer almost completely blocking an airway." An internal shot is shown of the tumor being removed as the doctor concludes "By the time most lung cancers are discovered it's already too late to operate." Words appear on screen "No smoker can breathe easily."

THE COMPLAINT

A sample of comments which the complainant/s made regarding this advertisement included the following:

It is quite graphic and, quite frankly, disgusting. I am not a smoker and I am sick of seeing this ad (very frequent) whilst I am eating. It has nothing to do with the times the ad is displayed, more the content. I do not see why I have to put up with these graphic images on a more than regular basis. I am aware of many smokers and these ads have not changed any of their attitudes. I appreciate this is a small proportion of society but the continual bombardment of this ad at regular intervals is disturbing.

My concern with this is, the message being sent to anyone who suspects that they need to be seen by a doctor for breathing difficulties that need further investigation, is not to even bother going to get a check up. Because it's already too late, you're going to die, as soon as you start getting any symptoms that would prompt you to go to the doctor, it's already too late, and the doctors can't do anything to help you. The advertisement does not say "stop smoking" to reduce your chances of getting lung cancer. The "expert" stating the dubious medical fact ".....it's too late to operate" is not identified as having any expertise to comment on such a subject.

THE ADVERTISER'S RESPONSE

Comments which the advertiser made in response to the complaint/s regarding this advertisement included the following:

The Bronchoscopy Campaign was launched on 16 December 2008. The objectives of the campaign are to motivate smokers to quit now rather than wait for a warning sign that smoking is damaging their health, increase awareness of the health consequences of smoking, encourage smokers to reflect on their own smoking and health, and to provide an avenue to quit smoking through NSW Quitline.

The television advertisement, referred to in the complaint aims to encourage smokers to quit by focusing on a well-established health consequence of smoking – lung cancer. Based on case

history, it delivers new information to smokers by showing what an advanced lung cancer looks and sounds like. A doctor is seen inserting a bronchoscope into a patient's windpipe. The viewer can see the bronchoscope as it travels down the windpipe and exposes a large tumour blocking the airway. The source of the whistling sound is exposed and explained, revealing the fact that lung tumours that are found at this late stage are often too late to operate. The campaign creative was researched with smokers prior to its implementation.

Tobacco is the largest cause of preventable death and disease in our community. Smoking increases the risk of many cancers and 20% of all cancer deaths in NSW are caused by smoking. The cost to the NSW community as a result of tobacco smoking in 1998-99 was estimated conservatively at \$6.6billion. However, it has been estimated that for every \$1 spent on tobacco control programs to date, \$2 has been saved on health care. Total economic returns of tobacco control programs are estimated to exceed expenditure by at least 50 to one. Trying to change behaviours where addiction is involved is an enormous challenge. We know from research that it is important to demonstrate that smoking has immediate health consequences and that there is an immediate need to quit rather than sometime in the future. In this, we have followed a similar approach in other smoking cessation campaigns.

The research carried out for the National Tobacco Campaign, for example, shows that advertising that is credible, personally relevant, provides new information and evokes a strong visceral response, encourages smokers to put quitting on 'today's agenda' and also helps exsmokers stay quit. Evaluation also found that the number of calls to the Quitline strongly reflected television TARP (target audience rating points) weights. When television advertising activity ceases, call volume to the Quitline generally drops to pre-campaign levels. Since 2003 NSW has experienced a 4.6% decline in smoking prevalence. This decline in smoking can in part be attributed to increased funding toward tobacco control, including smoking cessation campaigns. To sustain this level of decline, it is necessary to continue to prompt and remind smokers of the need to quit. For this particular campaign, it was decided to air the Bronchoscopy Campaign during the cricket to effectively reach the target audience. This was not intended to cause alarm and distress.

I hope that the Advertising Standards Bureau will appreciate that this campaign is helping to educate smokers and the general public on the dangers of smoking. By quitting now, smokers can significantly decrease their risk of smoking-related diseases and significantly improve their health.

THE DETERMINATION

The Advertising Standards Board ("Board") considered whether this advertisement breaches Section 2 of the Advertiser Code of Ethics (the "Code").

The Board noted that Section 2.2 of the Code requires that violence not be presented unless it is justifiable in the context of the product or service advertised.

The Board viewed the advertisement and noted the footage of the surgery and of the tumour being removed. The Board noted the comments of the complainants that the advertisement was "disgusting" and "graphic".

The Board agreed that the advertisement was graphic and likely to be offensive to some people. The Board noted its previous decisions relating to public health and safety campaigns, where it accepted that a higher level of violence can be shown where it is considered to be justifiable in the context of the important health message being conveyed to the public.

The Board considered that the messages in the advertisement, which also appear as text on the screen, while explicit, are part of an important public health message designed to raise awareness of smoking and to encourage quitting smoking. The Board determined that the explicit images and messages are not inappropriately violent or upsetting and that, although likely to be upsetting to some, the Board considered that the explicit descriptions in the advertisement did not breach Section 2.2 of the Code.

Finding that the advertisement did not breach the Code on other grounds, the Board dismissed the complaint.