LETTERS TO THE EDITOR

Letters intended for publication should be a maximum of 500 words, 10 references, and one table or figure, and should be sent to the editor at the address given on the inside front cover. Those responding to articles or correspondence published in the journal should be received within six weeks of publication.

Whose standard is it, anyway?

EDITOR—In their recent article in Tobacco Control Bialous and Yach criticise the impression that international standards for the machine smoking of cigarettes were foisted on the smoking public unilaterally by the tobacco industry and its influence on the International Organization for Standardization (ISO) through control of CORESTA (Centre de Co-operation pour les Recherches Scientifiques au Tabac). They also allege, inter alia, that the tobacco industry (has, through CORESTA, changed the methodology in order to produce lower smoke yield values to get round the European “tar” ceiling directives, and (2) misled the public by developing lower “tar” cigarettes to “beat” the smoking machine, and then makes unjustified health claims about them. (“Standards” are documented agreements containing technical specifications or concise criteria to be used consistently as rules guidelines.

In their article, Bialous and Yach concentrated predominantly on a few highly selective quotes from internal tobacco company documents. They appear not to have consulted much of the very large volume of scientific literature published on the subject. When this information is taken into account it becomes obvious that the very narrow and restricted literature base of Bialous and Yach’s analysis has resulted in them making factual errors, drawing wrong conclusions and writing inaccurate statements on many aspects of the subject.

A thorough review of the published literature on the subject shows clearly that the broad facts are as follows:

(1) Techniques relevant to the machine smoking of cigarettes were developed and refined throughout the 20th century. The first standard was specified by the Federal Trade Commission (FTC), a US federal government agency, in 1966 and first used to test cigarettes in 1967. The CORESTA recommended method, similar in many respects to that of the FTC, was developed after the FTC standard and was published in 1969.

(2) There were small differences in the details of the smoking machine procedures in the various standard methods developed by the FTC and subsequently CORESTA, ISO and authorities in the UK, Germany, Canada and elsewhere between 1969 and the late 1970s. These differences resulted in about a 10% difference in the “tar” yield of the same cigarette measured by authorities in Britain and Germany, for example. By the late 1980s it was recognised that this situation was unacceptable in view of pending European directives which specified “tar” ceilings for all cigarettes sold in member states across Europe from 1993. Consequently, the differences in methodology were harmonised in a common ISO standard method in 1991, developed following a considerable amount of inter laboratory comparisons of the developing methodology undertaken within CORESTA across 29 laboratories from 15 countries. This revised standard method is now used worldwide in all countries except the USA where the slightly different FTC method still continues to be used, and in Japan where some minor differences are used in their national standard. Changing to the ISO standard in the early 1990s, “tar” yields determined in the UK, for example, decreased by up to 0.5 mg while “tar” yields in Canada, for example, increased by up to 3 mg for some brands.

(3) The purpose of the smoking machine standards is to determine the “tar”, nicotine, and carbon monoxide content of cigarette smoke when the cigarette is smoked under precisely defined conditions, and hence to allow a comparison of the yields from different cigarettes. Such yields are not predictive of the yields humans obtain when smoking, nor were they ever expected to be so, since no two smokers smoke the same nor does a smoker smoke a cigarette the same way on every occasion. This purpose has been stated consistently many times, originally by the FTC in 1967, and subsequently in the scientific literature, published by the tobacco industry and health/regulatory authorities, over the last 35 years, e.g.

(4) Compensation by smokers when switching to a lower “tar” cigarette has been discussed in the scientific literature for 40 years. The phenomenon was first published by the tobacco industry and tobacco industry scientists have published books and papers on the subject, e.g. The available evidence, albeit limited, indicates that compensation is partial in the short term (up to a few weeks), and that smokers switching from a higher to a lower “tar” yield cigarette in general obtain a reduction in smoke delivery.

(5) Since the 1950s numerous health scientists have advocated lower “tar” cigarettes should be developed on the grounds that they may represent a less hazardous form of smoking, e.g. Health authorities have consistently advised smokers to quit, but for those who choose to continue to smoke that they should smoke lower “tar” cigarettes, e.g. The tobacco industry has responded to these health authorities by developing cigarettes with lower “tar” but has also followed public health advice by not advertising lower “tar” cigarettes as safe cigarettes.

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1 Bialous SA, Yach D. Whose standard is it, anyway? In: The tobacco industry’s attempt to influence the international Organization for Standardization (ISO) standards for tar and nicotine yield. Tobacco Control 2001;10:69–74.
18 British American Tobacco. Whose standard is it, anyway? How the tobacco industry determines any way? How the tobacco industry determines which ISO standards are approved as recommended technical specifications or concise criteria to be used consistently as rules guidelines.

Editor—In a recent article, Bialous and Yach attempt “to describe the extent of the tobacco industry involvement in establishing international standards for tobacco and tobacco products.” They assert that “it is clear that the tobacco industry, through [CORESTA], plays a major role in determining the scientific evidence and suggesting the standards that are eventually developed as international standards.” Finally, they conclude that “ISO’s tobacco and tobacco products standards are not adequate to guide tobacco products regulatory policies, and no health claims can be made based on [these] standards.” Moreover, along the way, these authors seem to suggest that in CORESTA’s involvement in the standards setting process and offer some examples that, they believe, support a contention that is in fact untrue.

CORESTA (Co-operation Centre for Scientific Research Relative to Tobacco) is an organisation devoted entirely to issues related to tobacco science. Those issues range from plant breeding and genetic practices to technological aspects of manufacturing and analytical determination of smoke yields. That the majority of worldwide tobacco science expertise resides within the tobacco industry should come as surprise to no one (as would be true for most industries facing technical challenges). That many of these experts find themselves involved in CORESTA and International Organization for Standardization (ISO) TC-126 activities should, likewise, be of no surprise. Development of technical standards, whether within CORESTA or ISO or elsewhere, without relying on the best available technical expertise would, of course, be irrational.

Regarding the suggestion of impropriety, Bialous and Yach outline three areas they believe support their case. First, they claim “[ISO] standards are approved as recommended technical specifications or concise criteria to be used consistently as rules guidelines.” (Draft www.tobaccocontrol.com

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International Standard) will be published as an international standard with no changes other than editorial. What Bialous and Yach apparently fail to appreciate is that the ISO approval process leading up to the DIS stage involved a development period of at least four years and multiple balloting stages (opportu-
nities) for significant amendments. For example, balloting at the previous committee draft stage (ISO/TC 126 N 537, July 1995) generated nine pages of comments from 12 countries. The 1997 CORESTA minutes reflect only that at the DIS stage in the over-
all ISO process, no changes had been requested by ISO members other than those of an editorial nature.

Secondly, Bialous and Yach made a compound assertion, that “CORESTA works with ISO directly or that CORESTA works through one of ISO’s member bodies”. CORESTA does have a liaison member status with ISO, but does not work with any of ISO’s member bodies.

Lastly, Bialous and Yach assert “CORESTA resists any interference with its process and wishes to keep overall control of the situation and the outcomes of ISO meetings”. Offered as support is a matter concerning updates to the ISO smoking methods. Again, an egregious misunderstanding has resulted. A CORESTA working group and the British Standards Institution (BSI) independently prepared editorial commentary on similar issues within the text of the ISO smoking methods. Wishing to defer to the ISO process, CORESTA postponed an update to the existing CORESTA methods, instead wishing to wait for ISO to finish their deliberations.

Concerns of impropriety, Bialous and Yach offer examples that do not support their contention. Rather to the contrary, these examples serve as testament to the pro-
piety of the CORESTA-ISO relationship.

We look forward to a continued dialogue in the area of tobacco related morbidity and mortality.

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BIALOUS SA, Yach D. Whose standard is it anyway? How the tobacco industry determines the International Organization for Standardi-

Author’s reply

EDITOR—Mr Jacob and Dr Baker’s criticisms of our paper mostly indicate an incomplete reading of it. We believe our paper reached its

(1) From the description of the ISO standards approval process, the majority of work is done at the Technical Committee (TC) level, and final approval of a DIS (Draft International Standard) is by the TC as well. In the case of TC 126, with a majority of members representing the tobacco industry, and CORESTA being the organisation conducting the work on the proposed standards, amendments are referred back to the TC and to CORESTA. In the example offered, ISO/DIS 11454, reference 34 in our paper describes some of these comments and how they represent the tobacco industry’s perspective.

We appreciate the opportunity to address these comments, and Mr Jacob’s offer for a continued dialogue in the area of tobacco standards


2 Strutton, K, Shetty, P, Wallace, R, et al, eds. Clearing the smoke: the science base for tobacco harm reduction. Commissioned by the Science Base for Tobacco Harm Reduction, Board on Health Promotion and Disease Prevention, Institute of Medicine, Washington DC: Institute of Medi-


tions and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco products. Brussels: Commis-
sion of the European Communities, 1999/27/EC.


9 Physicians for a Smoke-Free Canada & Non-
Smokers’ Rights Association. Misleading ciga-


11 Short PL. Smoking and health item 7: the effect on marketing. 14 April 1977. BAT Co Minnesota Trial Exhibit 10,865.

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Daily smokers among intermittent and daily smokers: a population-based study

EDITOR—An important fraction of all smokers are intermittent, non-daily smokers,1 and the proportion of intermittent smokers may even be rising.1,4 Intermittent smokers are younger and have a higher educational and occupational status than daily smokers.3 Some intermittent smokers are either in the uptake phase of smoking, or are preparing for smoking cessation. However, intermittent smoking can also be a long term behaviour.1,4

Intermittent smokers are more likely than daily smokers to have a strong intention to quit smoking. They are also more likely to actively start the process of smoking cessation.1,4 Intermittent smokers probably also suffer less severe withdrawal symptoms during cessation attempts than do daily smokers and, therefore, have a greater potential for success.1 Intermittent smokers perceive quitting as not being very difficult.4 However, there are no studies concerning the prevalence of the desire to stop smoking among intermittent compared to daily smokers.

The public health survey in Malmö 1994 is a cross sectional study. A total of 5600 individuals born in 1913, 1923, 1933, 1943, 1953, 1963, 1968, and 1973 were randomly selected from the general Malmö population and interviewed by a postal questionnaire in the spring of 1994. In each age group, 700 participants (350 men and 350 women) were interviewed. The participation rate was 71%. The desire to stop smoking item, “Do you want to stop smoking?”, had two alternative answers, “yes” and “no”, and the item was dichotomised accordingly. The smoking item contained four alternatives: never smoked, stopped smoking, daily smoker, and intermittent (non-daily) smoker. The sex differences in daily smoking, intermittent smoking, never smoked, and stopped smoking were calculated using v2 tests (results only presented in text). The proportions of daily and intermittent smokers that report a desire to stop smoking were also calculated with v2 tests (results only presented in text). The proportions of daily and intermittent smokers that express desire to stop smoking were calculated separately using logistic regression in order to analyse associations between sociodemographic variables and desire to stop smoking (table 1). The SPSS software package was used.

Table 1

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Country of origin

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Education

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<td>76</td>
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<td>&lt; 9 years</td>
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Snuff user

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<th>%</th>
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have been documented in cognitive and psychomotor performance.10 The smoking of intermittent smokers may be motivated by these effects.

The results further support the notion that intermittent smokers are a specific group of smokers with smoking cessation characteristics that differ from the characteristics of daily smokers.

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11 Pomerleau OF, Pomerleau CS. Neuroregulators qualification as PHN and midwives, respectively. The survey was conducted in October 2000 using self reported questionnaires. Between selected schools and carried out on all students in the selected schools. The return rates were 93% (3866/4169) for the nursing schools, 91% (554/604) for the PHN schools, and 95% (322/337) for the midwifery schools. After excluding incompletely answered questionnaires, 3762, 530, and 303 responses were analysed, respectively. The smoking of prevalence among women was 25% in the nursing schools, 13% in the PHN schools, and 22% in the midwifery schools. In the nursing schools, the prevalence of smoking increased as the grade advanced. In the third year, the prevalence of smoking was 31%, higher than that among the general population in their 20s (23%). As to male students in third year, the prevalence of smoking was nearly the same as that of the general male population in their 20s (60%). Furthermore, the nicotine dependency among female daily smokers in the nursing schools was higher than that in the PHN schools or midwifery schools. Therefore, anti-smoking education in nursing schools is urgently needed. In this survey, smoking prevalence was lower among students in the PHN and midwifery schools. The difference occurred among those who had already qualified as nurses and wished to continue studying to acquire another qualification were less likely to smoke than those who were not in the same career level. It is therefore suggested that the prevalence of smoking among less educationally motivated students is lower. Adriaanse and colleagues12 reported that nurses who were motivated in their jobs had a tendency not to smoke, which is consistent with the results although our subjects were nursing students.

SMOKING AMONG JAPANESE NURSING STUDENTS: A NATIONWIDE SURVEY

EDITOR—In some developed countries including Japan, smoking prevalence among nursing students tends to be the same or higher than that of the general female population of the same age group.13 In Japan, an increase in the prevalence of smoking among women in their 20s was recently reported,14 and this trend is assumed to be

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This survey was supported in part by a Health Science Grant from the Ministry of Health and Welfare, Japan (currently called Ministry of Health, Labor, and Welfare, Japan).


On-line teen smoking cessation: what’s porn got to do with it?

EDITOR—As part of our research on adolescent smoking, we conducted a search of the internet for on-line support for teen smoking cessation. We searched google.com using the words “teen quit smoking” (without quotation marks) which resulted in hundreds of potential links. In order to narrow the search to more specific tobacco-related sites, we used an advanced exact-phrase search of the key words “teen quit smoking” (with quotation marks) on the same search engine. To our amazement, seven out of the top 20 sites (35%) were teen pornography. The phrase “teen quit smoking” was deliberately placed among the descriptors for each of these seven pornography links. On further review, several of these sites were associated with on-line smoking cessation material or links to actual cessation sites. Although we are unsure why this phrase would be placed among the descriptors for pornography sites, it raises concerns about a teenager’s ability to find legitimate on-line cessation support. This unexpected placement of “teen quit smoking” potentially encourages teenagers to access on-line pornography, an activity that certainly would be discouraged by many proponents of teen smoking cessation. Fortunately, the same search strategies did not yield the same results with other popular internet search engines. Health educators need to be aware of this potential problem, as more and more teenagers are encouraged to access the internet for smoking cessation support and other health related information.

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SMOKING IN MOVIES IN 2000 EXCEEDED RATES IN THE 1960S

EDITOR—Smoking in movies has been linked to increased smoking among teens.15 We have previously published data from 1960 through 1997 that shows that smoking fell from the 1960s through the 1980s, then increased during the 1990s.16 We used singular methods (analysis of a random sample of five of the top 20 grossing US films each year) to extend the data set through 2000 (fig 1).

We conducted a regression analysis of these data by filling a quadratic equation in time to the amount of tobacco use per hour. The equation, smoke/hour = 801 − 0.405 (± 0.19, p = 0.04) year + 0.0124 (± 0.0044, p = 0.005) year2, confirms that, after falling during the early part of this period, smoking

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is now increasing significantly. Based on this regression equation, on average there were 7.3 instances of tobacco use per hour in films in 1960 compared with 10.9 in 2000. The messages continue to reflect tobacco industry marketing themes of glamour, rebelliousness, and independence, rather than the realities of addiction, suffering, and death.

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Figure 1 Frequency of tobacco use (events per hour) in a random sample of top grossing films from 1960 through 2000. The films were watched in five minute intervals and each use of tobacco in a given interval was counted as a single event. The total number of events was then divided by the duration of the film. 4

Smoke in their eyes


There have been memorable dates, both glorious and infamous, that have defined and charted progress and setbacks for the US tobacco control movement. The most notable of these events have had global repercussions.

On 15 December 1953, the heads of four major US tobacco firms met in New York City’s Park Plaza Hotel, where they launched the Tobacco Industry Research Council and hammered out the seminal text of a nationwide newspaper ad, “A frank statement to cigarette smokers”. On 11 January 1964, US Surgeon General Luther Terry released the Report of the Advisory Committee on Smoking and Health, concluding “it is the judgment of the Committee that cigarette smoking contributes substantially to mortality from certain specific diseases and to the overall death rate”. At the Waxman Hearings on 14 April 1994, the “seven dwarfs”, chief executive officers (CEOs) of the top seven US tobacco companies, were photographed for posterity as they prepared to declare that “nicotine is not addictive”. At least one more date marks the US tobacco control calendar, but it evokes no signal image, conjures no immortal quote. And yet, on 3 April 1997, at the Sheraton Hotel in Crystal City, Virginia, an extraordinary meeting did take place. That Thursday afternoon, Geoffrey Bible and Steve Goldstone, CEOs of Philip Morris and RJ Reynolds, respectively, met in secret with trial lawyers and state attorneys general, hoping to hammer out a settlement of litigation pending against the tobacco industry. Along with the CEOs, the lawyers, the attorneys general, and their minions, there was one more participant at that meeting: Matthew Myers, vice president and general counsel of the National Center for Tobacco-Free Kids.

In Smoke in their eyes: lessons in movement leadership from the tobacco wars, Michael Perschtch describes the political path that led Myers to that Virginia hotel and chronicles what happened in the meeting’s wake. Perschtch, former head of the US Federal Trade Commission, founder and co-director of the Advocacy Institute, and longtime combatant of the tobacco industry, provides a unique perspective on the challenges and successes of tobacco control advocates during that time.

At its core, Smoke in their eyes pits Myers against Stanton Glantz, University of California professor of medicine and lead author of The cigarette papers. For Perschtch, the plausible, if arguable benefits of the McCain bill could have been realised if not for the schism cleaving former allies into hostile camps. According to Perschtch, great public health gains could have been realised had Glantz and his zealous followers not factioned the debate to suit their purposes.

As a behind-the-scenes look at the personalities and polemics of both advocacy groups and political agencies, the book is a rousing success. Though there are few felicitous literary passages, Perschtch has obtained detailed accounts from former Surgeon General C Everett Koop, former head of the Food and Drug Administration David Kessler, and other principal players, with the glaring exception of Glantz. The book’s central failing, however, is Perschtch’s unwillingness or inability to focus on Myers’s secret, unilateral decision to attend that first Virginia meeting.

Myers was like Caesar crossing the Rubicon, with just a slight difference or two. Firstly, the general neglected to tell the troops he’d crowned himself emperor. Then, he realised he’d done it. He didn’t know the way to the river’s edge. Those failings are paramount. Myers’ good intentions should not be doubted, but he paved the path to acrimonious, rancorous debate. The Center for Tobacco-Free Kids was not a well established entity in 1997 and many former allies felt betrayed by Myers’ “lone ranger” tactics. Once turned off, they could not easily be convinced to follow Myers anywhere, as demonstrated by the caustic, pitched battles between the rival ENACT and Save Lives, Not Tobacco coalitions.

The what-could-have-beens of the McCain bill are still being debated. The USA is again playing a negative role on the global tobacco stage. At this time with respect to the Framework Convention on Tobacco Control. What is certain is that the tobacco industry knew what it wanted back in 1997 and still knows what it wants today.

Philosopher Isaiah Berlin famously borrowed the dictum of the Greek poet Archilochus, who wrote: “The fox knows many things, but the hedgehog knows one big thing.” The tobacco industry is a huge, knowing hedgehog. Michael Perschtch’s insight and intellect help explain how the tobacco control movement has outfoxed itself lately, but his Manichean dichotomy of Myers—good, Glantz—bad does the movement a disservice. The hedgehog rolls along. The fox needs a new game plan.

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Whose standard is it, anyway?

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