Listening between the lines: what BAT really thinks of its consumers in the developing world

In an audio recording of the “Structured Creativity Conference” held in Hampshire, UK in June 1984, British American Tobacco (BAT) adds context to the written report of market- and product applications. Employees are taped brainstorming creative ways to push their product in light of future marketing constraints and social pressure towards a smoke-free society. Project proposals included the “front end lift” cigarette design to give the smoker more “impact”, the “LDC (less developed counties) business at BATCo in the early 1990s. Ross’s later became the head of international brand strategy utilised was consistent with strategies outlined by the Institute of Medicine Committee that addressed this subject. The taped conversations of the BAT presentation, between the BAT marketing and product development personnel was obviously not meant for public consumption, nor is it new information that the tobacco industry targets the developing world. A patent search in the UK resulted in no individually heat sealed cigarette applications. What is of great interest to those of us who spend our time sifting through page after page of internal tobacco industry documents is the significant difference between what is written and what is said. David Schechter, the former BAT lawyer, recently explained the “mental copy rule” to the US Department of Justice, which assumed that anything one write could end up being used publicly or legally against the company. This leads to the obvious question: Are we overlooking important research tools in the form of non-written material?

M E Muggli
R D Hurt
St Paul, Minnesota, USA

Correspondence to: Monique E Muggli, 1345 Osceola Avenue, St Paul, MN 55103, USA, mmuggli@attbi.com

References

Eclipse: does it live up to its health claims?

We read the recent article by Slade et al with great interest and agree that reasonable regulation focused on the development and appropriate evaluation of potentially reduced risk cigarettes is warranted. Furthermore, we agree with Slade et al that the results of our evaluation indicate that Eclipse may offer potential benefits to smokers. However, we disagree with several of the other conclusions drawn by the authors.

The article challenges the merits of Eclipse and questions the fundamental differences between Eclipse and other cigarettes. It is not possible within the context of this letter either to fully describe the scientific data that has been developed to characterise Eclipse or to address many of the critical issues raised in Slade’s article. However, we briefly address pertinent issues below and encourage interested parties to independently evaluate all of the available information.

Slade et al have inaccurately represented the claims that RJ Reynolds Tobacco Company (RJRT) has made regarding Eclipse. No cigarette is without risk, including Eclipse. Our advertising for Eclipse states: “The best choice for smokers who worry about their health is to quit. But Eclipse is the next best choice for those who have decided to continue smoking.” Our advertising also makes it clear that RJRT does not claim that Eclipse presents less risk of cardiovascular disease or complications with pregnancy.

In the absence of any existing regulatory standard, RJRT assessed Eclipse’s risk reduction potential using a four step scientific methodology that included chemical testing and analysis, biological and toxicological testing, human testing, and independent scientific verification. In general, the evaluation strategy utilised was consistent with strategies outlined by the Institute of Medicine Committee that addressed this subject. RJRT has conducted an extensive comparative evaluation of Eclipse and has presented this research at scientific meetings in both the USA and internationally. The results of these and other studies may be reviewed on the Eclipse website (www.eclipsescience.com).

In addition, much of this research has been published in the peer reviewed literature. The weight of the evidence from this research clearly shows that, compared to other cigarettes, Eclipse may present smokers with less risk of chronic bronchitis, and possibly the risk of cancer, chronic bronchitis, and possibly emphysema. An independent panel of scientific experts reviewed the science and reached conclusions consistent with RJRT’s claims.

RJRT’s comparative studies were conducted using Kentucky reference cigarettes (K1RF and K1RF4) and leading low “tar” and ultra low “tar” commercial brand styles. Combined, the cigarettes selected for comparison to Eclipse are representative of the vast majority of cigarettes sold in the US market. By contrast the entire market segment of the very low yielding ultra low “tar” cigarettes used by Slade et al as a comparison collectively represent less than 1% of the market. Furthermore, one of the two cigarettes selected as a comparison (Now Box) does not have a measurable US Federal Trade Commission (FTC) “tar” yield.

PostScript

LETTERS

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.
Comparisons of Eclipse mainstream smoke constituent yields to the yields of very low yielding ultra low “tar” cigarettes (Now Box and Carlton Soft Pack) obtained by machine smoking do not change the fact that Eclipse cigarettes may present smokers with less risk of certain smoking related diseases than other cigarettes. RJRT scientists have recently demonstrated Eclipse is significantly mutagenic on a per “mg” basis than either Carlton Soft Pack or Now Box over a wide range of machine smoking conditions. On a per cigarette basis, Eclipse was less mutagenic than Carlton Soft Pack under all machine smoking conditions tested and was less mutagenic than Now Box when evaluated using the machine smoking conditions mandated by both the Massachusetts Department of Health and the Canadian federal government. In addition, Eclipse was significantly less cytotoxic on both a per “mg” tar basis and a per cigarette basis under the same range of machine smoking conditions.

As noted by Slade et al., smokers typically take larger and more frequent puffs than those specified by the US Federal Trade Commission puffing regimen and they typically smoke Eclipse differently than their usual brand. Therefore it is essential that a weight-of-the-evidence approach, including studies in smokers, be used to characterise potential differences between Eclipse and other cigarettes. Urine mutagenicity studies conducted in smokers demonstrate that smokers of ultra low “tar”, full flavour low “tar”, and full flavour “tar” cigarettes all experience substantial, statistically significant reductions (p < 0.05) in tobacco specific mutagen exposure when they switch to Eclipse. Furthermore, additional studies conducted in smokers have demonstrated reductions in bronchial inflammation and inflammation of the lower lung when smokers switched to Eclipse. These findings are consistent with reductions in smoker exposure to smoke constituents under actual smoking conditions and support RJRT’s conclusion that Eclipse may reduce the risks of certain smoking related diseases relative to other cigarettes currently on the market.

J E Swauger
RJ Reynolds Tobacco Co, Winston-Salem, North Carolina, USA

Correspondence to: James E Swauger, PO Box 1487, Winston-Salem, NC27102-1487, USA; swauger@rjrt.com

Seasonal smoking patterns may well be relevant to efforts aimed at tobacco control, both in the USA and in other countries. In this letter, monthly data for cigarette sales at the state level for the USA are analysed to test for the presence of seasonality and to characterise the phenomenon. The results reveal a seasonal pattern that is significant both in the statistical sense and in magnitude. This includes a drop in the winter months of January and February, and an increase during the summer months of June, July, and August. Because seasonality in sales does not reflect seasonality in production, it must be inferred that the seasonality is driven by wholesale and retail phenomena, including consumption.

The data used in this study are monthly figures for sales of cigarettes by wholesalers aggregated at the state level between January 1983 and July 2000. Until December 1997, the Tobacco Institute was responsible for their collection. For the period following this, the firm Orzechowski and Walker produced the data.
Two methods were used to examine seasonality. The first was spectral analysis, which identifies cyclical patterns in the data. If a cycle of a particular length is revealed to be significant, then a systematic phenomenon may be inferred to underlie the pattern. In the case of seasonality, a cycle of period 12 months would stand out, and the spectrogram would put this in perspective, assuming a price elasticity of −0.4, a 30% drop in sales would be expected. As an example, let’s compute this in perspective, assuming a price elasticity of −0.4, a 30% drop in sales would be expected.

Next, to identify the months for which sales were uniformly high or low for any state, for any one year cycle in the data, the two months with the highest and the two with the lowest seasonal components were selected, and the frequency of the appearance of the months in the “high-2” and “low-2” months was computed by state. Columns 5–10 show the most frequent high month, the second most frequent high month, the most frequent low month, and the second most frequent low month for the 17 years.

In percentage terms, the seasonal effect is seasonal. The second, the time series were seasonally decomposed. This involved splitting the series into trend, seasonal, and irregular components. Using the seasonality analysis, a number of indicators were generated. The p values in table 1, column 5 correspond to the null hypotheses of no stable seasonality in sales. At a significance level of 5%, the null hypothesis of no seasonality is rejected for all states. The most frequent high month is a “high-2” month for all states, and June appears as a “high-2” month for 42 states. Figure 1 shows that the “high-2” and “low-2” months was computed by state. Columns 5–8 show the most frequent high month, the second most frequent high month, the most frequent low month, and the second most frequent low month for the 17 years.

In percentage terms, the seasonal effect is large—column 4 shows the mean annual range (difference between high and low factors) across the 17 years is about 30%. To put this in perspective, assuming a price elasticity of −0.4, a 30% drop in sales would require a 7% increase in cigarette prices.

Next, to identify the months for which sales were uniformly high or low for any state, for any one year cycle in the data, the two months with the highest and the two with the lowest seasonal components were selected, and the frequency of the appearance of the months in the “high-2” and “low-2” months was computed by state. Columns 5–10 show the most frequently appearing high and low months. One state, and June appears as a “high-2” month for all 42 states. Figure 1 shows that the “high-2” and “low-2” months was computed by state. Columns 5–8 show the most frequent high month, the second most frequent high month, the most frequent low month, and the second most frequent low month for the 17 years.

In percentage terms, the seasonal effect is large—column 4 shows the mean annual range (difference between high and low factors) across the 17 years is about 30%. To put this in perspective, assuming a price elasticity of −0.4, a 30% drop in sales would require a 7% increase in cigarette prices.

Next, to identify the months for which sales were uniformly high or low for any state, for any one year cycle in the data, the two months with the highest and the two with the lowest seasonal components were selected, and the frequency of the appearance of the months in the “high-2” and “low-2” months was computed by state. Columns 5–10 show the most frequently appearing high and low months. The seasonal effect is large—column 4 shows the mean annual range (difference between high and low factors) across the 17 years is about 30%. To put this in perspective, assuming a price elasticity of −0.4, a 30% drop in sales would require a 7% increase in cigarette prices.
sales, and June, July, and August, a “high” season.

Possible causes of seasonality include the effect of climate on smoking behaviour (low in cold weather and high in mild weather, especially in view of now widespread indoor smoking restrictions across the USA), the timing of tax changes (December-January or June-July), the timing of the new fiscal year (June-July), the timing of school year (August-June), and the timing of quitting efforts tied to New Year’s resolutions (December-January). In the obvious extension to this research, the determinants of this potentially important statistical phenomenon will be analysed in detail.

The present findings demonstrate that sales of cigarettes in the USA have a strong seasonal component. This has potential implications for the timing of cessation initiatives and other time-dependent policies. The seasonal component is that of compounds (such as etorphine) which are very addictive. It is theoretically possible (if politically unthinkable) to add analytically undetectable quantities of such materials to cigarettes to create brand allegiance. But this thought may suggest the possibility of such compounds occurring naturally.

We are grateful to Dr Green for clarifying what “brand allegiance” really means for the tobacco industry.

Way-out development 2: “Another way-out development, which arises from work done in a quite different area, is that it would now be quite feasible and quite inexpensive to produce an unacceptable off-taste in cigarettes from some factories for a prolonged period without approaching nearer than half to one mile.”

In the same spirit of scientific curiosity which no doubt motivated the BATCO researchers, we would be very interested to know the formula for this substance.

On a more serious note, while we were not able to come up with any plausible candidates for a substance that could make way-out development 2 feasible, we are concerned that Green was right about the feasibility of adding etorphine or some other addictive substance to cigarettes.

Green’s report followed an earlier memo from Keith D Kilburn to CI Ayres, expressing
How to critique consultancy reports?

The recent proposals for smoke-free legislation in many countries have spawned a multitude of studies which attempt to predict the financial impact of such legislation. As described by Scollon et al in this issue of Tobacco Control, many of these studies fail to achieve basic quality standards and this is more likely when the tobacco industry funds the study. However, findings from such flawed studies can influence policy makers and it is essential that public health advocates have strategies to counter their impact.

In Hong Kong in March 2001, the government proposed to make all workplaces, including catering venues, smoke-free.1 A consultancy report for the catering industry, funded by the tobacco industry, was published shortly after and concluded that the legislation would cause catering industry revenues to drop by 10.6% leading to job losses. This report was based on a survey of customers to catering venues, self reported spend on eating and drinking out, and self predicted changes in the event that catering venues were made smoke-free. Since the methods used were not made clear in the report, we had to attempt to validate or refute the report mainly by an assessment of its findings. We found the following questions useful:

(1) Was the sample used for the consultant’s survey representative of the population being studied (customers of catering venues)?
(2) Did the data, when extrapolated/aggregated, agree with other standard data sources—for example, government statistics?
(3) Could the consultant’s findings be reproduced to shed light on the methods used? Using a small fraction of data based on random sampling, we tried to recreate the consultant’s findings by deliberately introducing biases and incorrect aggregations which we suspected were present in the consultant’s report. In this way we were able to produce an almost identical set of results from the new data. On the other hand, when we analysed the new data in an appropriate fashion, we predicted a rise of 5% rather than a drop of nearly 11% in catering revenues.

The best means of influencing policy on smoke-free catering venues is to use objective data. On the other hand, when we analysed the new data in an appropriate fashion, we predicted a rise of 5% rather than a drop of nearly 11% in catering revenues. However, findings from such flawed studies can influence policy makers and it is essential that public health advocates have strategies to counter their impact.

In Hong Kong in March 2001, the government proposed to make all workplaces, including catering venues, smoke-free.1 A consultancy report for the catering industry, funded by the tobacco industry, was published shortly after and concluded that the legislation would cause catering industry revenues to drop by 10.6% leading to job losses. This report was based on a survey of customers to catering venues, self reported spend on eating and drinking out, and self predicted changes in the event that catering venues were made smoke-free. Since the methods used were not made clear in the report, we had to attempt to validate or refute the report mainly by an assessment of its findings. We found the following questions useful:

(1) Was the sample used for the consultant’s survey representative of the population being studied (customers of catering venues)?
(2) Did the data, when extrapolated/aggregated, agree with other standard data sources—for example, government statistics?
(3) Could the consultant’s findings be reproduced to shed light on the methods used? Using a small fraction of data based on random sampling, we tried to recreate the consultant’s findings by deliberately introducing biases and incorrect aggregations which we suspected were present in the consultant’s report. In this way we were able to produce an almost identical set of results from the new data. On the other hand, when we analysed the new data in an appropriate fashion, we predicted a rise of 5% rather than a drop of nearly 11% in catering revenues.

The best means of influencing policy on smoke-free catering venues is to use objective data. On the other hand, when we analysed the new data in an appropriate fashion, we predicted a rise of 5% rather than a drop of nearly 11% in catering revenues. However, findings from such flawed studies can influence policy makers and it is essential that public health advocates have strategies to counter their impact.

In Hong Kong in March 2001, the government proposed to make all workplaces, including catering venues, smoke-free.1 A consultancy report for the catering industry, funded by the tobacco industry, was published shortly after and concluded that the legislation would cause catering industry revenues to drop by 10.6% leading to job losses. This report was based on a survey of customers to catering venues, self reported spend on eating and drinking out, and self predicted changes in the event that catering venues were made smoke-free. Since the methods used were not made clear in the report, we had to attempt to validate or refute the report mainly by an assessment of its findings. We found the following questions useful:

(1) Was the sample used for the consultant’s survey representative of the population being studied (customers of catering venues)?
(2) Did the data, when extrapolated/aggregated, agree with other standard data sources—for example, government statistics?
(3) Could the consultant’s findings be reproduced to shed light on the methods used? Using a small fraction of data based on random sampling, we tried to recreate the consultant’s findings by deliberately introducing biases and incorrect aggregations which we suspected were present in the consultant’s report. In this way we were able to produce an almost identical set of results from the new data. On the other hand, when we analysed the new data in an appropriate fashion, we predicted a rise of 5% rather than a drop of nearly 11% in catering revenues.
The distinction between a cigarette and a cigar has important legal and financial implications. Since the wrapper of a cigar contains tobacco, cigars are taxed at the same rate as cigarettes.
Smoking in children’s picture books

The other day, one of the authors went to a public library with his 3 year old daughter to read some picture books to her. Various picture books, from classic to newly published, were available. Classic books are her favourite. First, she chose a book portraying adventures of a naughty monkey named Curious George (by HA Rey). He came to an industrialised country with a man in a yellow hat. My daughter pointed to a picture of the man holding a pipe between his lips. A smoking scene in a picture book for small children!

The next book she chose depicted an elephant named Babar (by Jean De Brunhoff) that fled from his country to Europe after his mother was killed by men. After coming back to his country with western technologies, he changed elephant society into Western-style society and became a king. Again, the King Babar was holding a pipe.

The third book was depicting a monster named Barbapapa living with François’ family (by Tison and Taylor). He had a mysterious ability to metamorphose into anything he desired. Unfortunately, in this attractive book, François’ father was always holding a pipe. Another supporting character was smoking a cigar. Smoking seems to be a symbol of manhood in these children’s picture books.

My daughter then opened books about Moominvalley (by Tove Jansson) and Tintin’s adventures (by Herge) in which some characters were smoking. Finally, I myself selected a book depicting Father Christmas (by Raymond Briggs). On Christmas Eve, Father Christmas delivered presents to children all over the world. After the labourious job, he took a rest smoking a cigar and a pipe.

Picture books reflect the norms or perceptions of our societies. These classic children’s books were first published in times when smoking was not widely acknowledged as harmful and a smoking male adult was one of the sex stereotypes. In addition, pipe smoking seems acceptable in such picture books compared with cigars or cigarettes which are seldom seen.

Caregivers frequently read picture books aloud to children at home, kindergartens, or daycare centres, which may have a considerable influence on preschool children. Young children receive strong messages from pictures. Seeing adult males smoking in picture books, they may take it as a desirable behaviour.

It would be unacceptable to remove smoking scenes from these classic books or eliminate the books themselves. What we can do is to become aware of the potential influence of these books and take a negative attitude to smoking when we read to children. Fortunately, the man in a yellow hat seems to have quit smoking in the new series of George’s adventures.

S Nakahara, S Wakai, M Ichikawa
Department of International Community Health, Graduate School of Medicine, The University of Tokyo, Japan

*Correspondence to: S Nakahara, 7-3-1, Hongo, Bunkyo-ku, Tokyo 113-0033, Japan; shinji@m.u-tokyo.ac.jp

Getting them while they’re young in China. Submitted by Professor TH Lam, Hong Kong.
BOOK REVIEW

Smoke-filled rooms: a postmortem on the tobacco deal


Smoke and mirrors

Cigarettes are a major cause of premature death. Cigarettes are addictive. Secondhand smoke can be annoying, but is really not enough of a health risk to justify banning smoking in indoor environments. Payments to states in the Master Settlement Agreement were unjustified since cigarettes are self financing. States actually save money because smokers die young. Lawsuits against the tobacco industry are without merit, since smokers have long known about the health risks. Continuing efforts to warn the public about the health risks of smoking are unwarranted since public awareness of these risks are now universal. Filters and low tar technology have made cigarette smoking safer, but more could be done to encourage cigarette manufacturers to produce a less toxic cigarette. The government should focus on giving manufacturing firms incentives to compete in the development of safer cigarettes while at the same time preserving individual choice.

Such are the views expressed by Harvard Law Professor W Kip Viscusi in his new book entitled Smoke-filled rooms. If cigarette smoking hasn’t already caused one to become short of breath, reading this book surely will. Viscusi’s selective presentation of data on what constitutes smoking has led one to believe that smokers don’t know about the risks of smoking, the dangers of secondhand smoke, the benefits of filtered and low tar cigarettes, and ultimately who should be held accountable for the massive toll caused by smoking cigarettes is breathtaking. This book leaves one with the impression that the cigarette industry and not the American public has been the victim in what has been a massive money grab by greedy trial lawyers and a skewed state attorneys general. It appears that Dr Viscusi has spent a few too many hours in smoked filled rooms to be able to reasonably separate fact from fiction. However, one fact is crystal clear—Viscusi is not the unbiased observer of the tobacco industry. He acknowledges that he has served as an expert witness for the cigarette industry. Thus, his diatribe against plaintiff lawyers, some of whom have risked their own personal fortunes to shed light on the lies and deceit of the cigarette industry, seem misplaced. Viscusi ought to take a look in the mirror.

Reading this book leaves one with the impression that the cigarette industry bears no responsibility for marketing what is admittedly a lethal and addictive product that results in the premature death of one out of every two users. Viscusi dismisses the evidence that the tobacco industry knowingly misrepresented the dangers of smoking to the American public on the grounds that smokers knew everything they needed to know about smoking in order to make an informed choice. However, one needs to question whether this assumption is correct. The evidence presented in chapter 7 to support the claim that smokers are fully informed is far from compelling. Viscusi misrepresents polling data showing that the public has long been aware of medical reports linking smoking and cancer as evidence that smokers were fully informed of health risks. He must surely recognise that having a general awareness that smoking causes cancer does not necessarily translate into a belief that one is personally at higher risk of developing cancer. In fact, studies conducted by Viscusi himself demonstrate that smokers as a group are less likely to perceive health risks from smoking compared to non-smokers. He also fails to mention the knowledge that many smokers have regarding compensatory smoking, the lack of benefits from smoking filtered and low tar cigarettes, and so forth.  Viscusi ignores evidence revealing how cigarette manufacturers have designed their cigarettes to induce dependency on nicotine. He also conveniently ignores the data showing that most people begin their smoking careers during their teenage years when health concerns about smoking and addiction are not in the realm of consciousness.

Viscusi’s chapter on the factors involved in youth smoking behaviour represents an exercise in selective recall, laying the blame for youth smoking mainly on parents. Hardly a mention is made of the billions of dollars spent annually by cigarette companies to advertise and promote cigarettes. Viscusi also ignores the mountains of internal industry documents that openly discussed the importance of the youth market to the economic viability of the cigarette industry. Instead he accepts at face value the industry’s remonstrance that these programmes are actually reducing cigarette consumption. Instead of continuing these effective public health campaigns Viscusi recommends that the government refocus its efforts towards giving smokers information about the laws posed by different types of cigarettes in the hope that this would move smokers to use less toxic cigarettes.

Viscusi is correct in noting an important deficiency of the Master Settlement Agreement that has made it difficult for new tobacco companies to enter the market, thus dampening competition for the development of potentially safer tobacco products. However, his credibility on this subject is diminished by his acceptance of the view that declining cigarette consumption in the USA since the 1960s corresponds directly to increased efforts to inform the public of the dangers of tobacco use. Viscusi’s criticism of the current wave of edgy in your face counter-advertising campaigns ignores the evidence that these programmes are actually reducing cigarette consumption. Instead of continuing these effective public health campaigns Viscusi recommends that the government refocus its efforts towards giving smokers information about the laws posed by different types of cigarettes in the hope that this would move smokers to use less toxic cigarettes.

In summary, Smoke-filled rooms reads more like a legal brief written by a team of tobacco industry lawyers instead of a thoughtful commentary on the legal, financial, and social consequences of smoking. As such this book is a must read for plaintiffs’ attorneys, but for the rest of us we should stick with “smoke-free rooms”.

K M Cummings

References

1 Ayanian JZ, Cleary PD. Perceived risks of heart disease and cancer among cigarette smokers. JAMA 1999;281:1019-21

Worldwide, there have been debates about the health risks of smoking and the role of cigarette companies in promoting smoking. The book "Smoke-filled rooms: a postmortem on the tobacco deal" by W Kip Viscusi examines the tobacco industry's role in health risks and smoking behavior. Viscusi argues that the government's focus should be on giving manufacturers incentives to produce safer cigarettes, rather than focusing on legal actions against them. He also criticizes the idea that cigarette companies are responsible for informing the public about the health risks of smoking. Instead, he suggests that the government should refocus efforts towards giving smokers information about the laws posed by different types of cigarettes. The book challenges the idea that the tobacco industry is solely responsible for the health risks associated with smoking and questions the effectiveness of legal actions against the industry. It suggests that there is a need for a more balanced approach to public health campaigns that can attract teenagers and encourage them to use less toxic cigarettes.
4 Hurt RD, Robertson CR. Prying open the door to the cigarette industry’s secrets about nicotine – the Minnesota tobacco trial. JAMA 1998;280:1173–81.

Disclosure

K Michael Cummings is not an unbiased observer of Dr Viscusi’s research and writings. He has served as a paid expert witness on behalf of plaintiffs counsel in several of the same cases in which Dr Viscusi also served as an expert for the cigarette industry. Dr Cummings is currently employed as a senior research scientist and is chairman of the Department of Health Behavior in the Division of Cancer Prevention and Population Sciences at the Roswell Park Cancer Institute in Buffalo, New York, USA. His salary support comes primarily from Roswell Park Cancer Institute and from research funding provided by the National Cancer Institute, the Robert Wood Johnson Foundation, the American Legacy Foundation, and New York State Department of Health. Dr Cummings serves on the medical advisory board for the Flight Attendant Medical Research Institute (FAMRI) and has served on various scientific advisory boards and grant review committees for National Institutes of Health, Centers for Disease Control and Prevention, American Cancer Society, Canadian National Cancer Institute, Robert Wood Johnson Foundation, and state and local health agencies for which he has received honoraria. Dr Cummings has also received honoraria and has accepted hospitality and on a few occasions, travel costs, from pharmaceutical companies making tobacco dependence treatment products.

©The New Yorker Collection. Mark Stevens from Cartoonbank.com. All Rights Reserved.
Listening between the lines: what BAT really thinks of its consumers in the developing world

M E Muggli and R D Hurt

Tob Control 2003 12: 104
doi: 10.1136/tc.12.1.104

Updated information and services can be found at:
http://tobaccocontrol.bmj.com/content/12/1/104.1

Email alerting service

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/