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 marketing and product applications.1 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 following: low sidestream smoke cigarettes, “front end lift” cigarette design to give the smoker more “impact” on the first puff, pleasant smelling sidestream smoke, and nicotine inhalers—“Forget about smoking and product applications. What is of great interest to those of us who spend our time thinking 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 would 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 55105, USA, mmuggli@atbti.com

LETTERS

Eclipse: does it live up to its health claims?

We read the recent article by Slade et al2 with great interest and agree that reasonable regulation focused on the development and appropriate evaluation of potential 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 criticisms of 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.3 RJRT has conducted an extensive comparative evaluation of Eclipse and has presented this research at scientific meetings in the both the USA and internationally. The results of these and other studies may be reviewed on the Eclipse website (www.eclipse-science.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 cancer, chronic bronchitis, and possibly emphysema. An independent panel of scientific experts reviewed the science and reached conclusions consistent with RJRT’s claims.4

RJRT’s comparative studies were conducted using Kentucky reference cigarettes (K1RF and K1MF) 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.5 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.
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 less mutagenic on a per mg "tar" basis than 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-based on the assumption that ultra low "tar" cigarettes present less risk to the smoker than the full flavour low "tar" cigarettes used in RJRT's studies. This is contrary to the published position of the National Cancer Institute, which recently concluded that all existing tobacco burning cigarettes present equivalent risk.

Furthermore, additional 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 mutagen exposure when they use Eclipse cigarettes. This argue that to be difficult since the control cigarettes do not change the fact that an equivalent risk.

Eclipse cigarettes may present smokers with less risk of lung cancer and other diseases than other cigarettes. RJRT scientists using the machine smoking conditions mandated by both the Massachusetts Department of Health and the Canadian federal government. In addition, Eclipse was significantly less mutagenic and cytotoxic on both a per mg "tar" basis and a per cigarette basis under the same range of machine smoking conditions.

The toxicologist – an official publication of the Society of Toxicologists and abstracts issues of toxicological sciences; abstracts of the 42nd annual meeting, March 2003 (in press).

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 Eclipse 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 important, then a systematic phenomenon describes the time series. The first was spectral analysis, which identifies cyclical patterns in the data. If a cycle of a particular length is revealed to be important, then a systematic phenomenon describes the time series. 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 3 correspond to the null hypotheses of no stable seasonality in sales. At a significance level of 5%, the null hypotheses of no stable seasonality in sales are rejected for all states.

In percentage terms, the seasonal effect is large—as 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 75% 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 5–8 show the most frequently appearing high and low months. February appears as a “low-2” month for all but one state, and June appears as a “high-2” month for 42 states. January and February are a “low” season for most states.

### Table 1
Summary statistics on seasonality of cigarette sales

<table>
<thead>
<tr>
<th>State</th>
<th>Spectral analysis (p value for Bartlett’s test)</th>
<th>Stable seasonality test (p value)</th>
<th>Seasonal factor range</th>
<th>Months with extreme seasonal effects (month name and number of times the month is a high-2 or low-2 seasonal factor)</th>
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</thead>
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<tr>
<td>Alabama</td>
<td>0.0133 &lt;0.0001</td>
<td>23.97 Oct(13)</td>
<td>Oct(13)</td>
<td>Most frequent high month: Jun(10) Feb(17) Jan(5)</td>
</tr>
<tr>
<td>Alaska</td>
<td>&lt;0.0001</td>
<td>56.45 Jul(11)</td>
<td>Jun(14)</td>
<td>2nd most frequent high month: Aug(9) Feb(13) Nov(9)</td>
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<tr>
<td>Arizona</td>
<td>0.0016</td>
<td>22.69 Jan(10)</td>
<td>Oct(7)</td>
<td>Most frequent low month: Mar(17)</td>
</tr>
<tr>
<td>Arkansas</td>
<td>0.0175</td>
<td>27.73 Jun(17)</td>
<td>May(7)</td>
<td></td>
</tr>
<tr>
<td>California</td>
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<td>21.67 Jun(14)</td>
<td>May(7)</td>
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<td>Colorado</td>
<td>&lt;0.0001</td>
<td>28.50 Sep(12)</td>
<td>Jul/Aug(8)</td>
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<tr>
<td>Connecticut</td>
<td>&lt;0.0001</td>
<td>24.17 Jun(11)</td>
<td>Aug(7)</td>
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<td>61.65 Jun(11)</td>
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<td>&lt;0.0001</td>
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<td>&lt;0.0001</td>
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<td>Mar/Apr(9)</td>
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<tr>
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<td>Hawaii</td>
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<td>Jun(8)</td>
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<td>Aug(12)</td>
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<td>May/Aug(2)</td>
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<td>27.35 Jun(17)</td>
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<td>0.0237</td>
<td>38.51 Aug(12)</td>
<td>Jun(10)</td>
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*All 34 (17×2) possible occurrences of “high-2” or “low-2” months are represented by the two tied “most frequent” months.
†This was confirmed by parallel analyses of production data and discussions with an expert on the production of tobacco.
Figure 1  Months with high and low seasonal factors (with possible reasons for prominent months).

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 phenomenon of seasonality could hold the key to significant advances in tobacco control and in the management of a leading public health problem.

**Way-out developments at BATCO**

Working in tobacco control, it is easy to get the impression that the tobacco industry is a united front, with all parties carefully avoiding internal divisions that might undermine the greater struggle against the “antis”. However, tobacco industry documents that have been made public as a result of litigation in the USA frequently reveal ruthless competition for market share, as well as intense suspicion about competitors’ activities. This was brought home to us recently when reading a 1977 document on “developments in the scientific field” by Dr Sydney J Green, then British American Tobacco’s (BAT’s) senior scientist for research and development.1

After several pages of unremarkable reports on industry and external research on low tar cigarettes and smoking and health, Green informed his readers about two “way-out” developments at BAT:

- **Way-out development 1:** “A way-out development is that of compounds (such as etorphine) which are 10,000 times as effective as analgesics [such as morphine and 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.”

- **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,2 expressing the excellent research assistance of Ascarya and Djamaludin Abubakar are also gratefully acknowledged.

**References**

3. Orzechowski W, Walker RC. Monthly state-level data on tax-paid cigarette sales. Electronic file provided to Frank Chaloupka. (See also, for example, Orzechowski W, and Walker RC. The tax burden on tobacco: historical compilation, 1999. Arlington, Virginia: Orzechowski and Walker.)
concern about what BATCO's competitors might be doing to their “low delivery cigarettes” (that is, low machine measured tar and nicotine yield cigarettes) in order to create brand allegiance. Kilburn proposed that a regular etorphine dose of as little as 0.2 μg per day would be sufficient to create an addictive craving for the source. He also claimed that the required delivery of around 7 ng per cigarette (or around half the delivery of benz[a]pyrene) would be analytically difficult to measure.

Etorphine is a powerful drug with heroin-like effects, which include respiratory failure in the case of overdose. It may be more familiar to readers as “elephant juice”—a veterinary drug with such high potency that a tiny quantity injected from a dart can immobilise an elephant.

The dangers of etorphine to humans have been dramatically demonstrated in accidents during veterinary use, as there have been fatal overdoses to veterinarians attempting to dart large unruly animals. Reputedly, a mere scratch from an etorphine dart has been sufficient in some cases to provide a fatal overdose. As a consequence of these fatalities, veterinarians who are registered to use etorphine must now have an assistant standing by with a dose of an etorphine antagonist in hand.

These observations on the dangers of etorphine underscore Green's and Kilburn’s essential point: very low concentrations of certain psychoactive substances may be sufficient to produce important effects, including addiction. Fortunately, etorphine has become much more readily detectable in recent years than Green and Kilburn suggested was the case. The vast majority of forensic toxicologists have put considerable effort into developing highly sensitive detection methods. However, in a world market with minimal regulation of cigarette additives and limited testing capacity outside the industry’s own laboratories, we should remain concerned about what the tobacco industry might be willing to do in order to create “brand allegiance”.

W King, R Borland
VicHealth Centre for Tobacco Control, the Cancer Council Victoria, Victoria, Australia

M Christie
Department of Pharmacology and The Medical Foundation, University of Sydney, Sydney, New South Wales, Australia

Correspondence to: Bill King, VicHealth Centre for Tobacco Control, the Cancer Council Victoria, 1 Rathdowne St, Carlton, Victoria 3053, Australia; bill.king@cancervic.org.au

References

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.1 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 2001, the government proposed to make all workplaces, including catering venues, smoke-free.2 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 on eating and drinking outcomes, 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 sample data, when extrapolated/aggregated, agree with other standard data sources—for example, government statistics? Much of the basic data collected by the consultants was not disclosed in their report but, if their case, they had to present some—for example, average weekly spends in the different types of catering venues. From these data we could estimate (a) expected weekly revenue in the catering industry, (b) approximate market shares for the different types of venue, and (c) weekly spend on eating out per household if the consultant’s data were valid. Each of these estimates was quite implausible when compared with data from the census and other government sources.
3. Could the consultant’s findings be reproduced to shed light on the methods used? Using a subset 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 methods. 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, compare with data from the census and other government sources. Since we could not determine if sample selection was done properly, we had to look at sample characteristics. The prevalence of smokers was much higher than in other survey data indicating a bias in the sample.

S M McGhee, A J Hedley, T H Lam
Department of Community Medicine, University of Hong Kong, Hong Kong

Correspondence to: Dr Sarah McGhee, Department of Community Medicine, University of Hong Kong, 21 Sassoon Road, Hong Kong; smcgghee@hkucc.hku.hk

References

Interest in nicotine replacement therapy among pregnant smokers

In the UK nicotine replacement therapy (NRT) may now be considered for those pregnant women who cannot otherwise stop smoking.3 However, very little research has been carried out with NRT during pregnancy and the level of interest in using NRT is not known.4 This letter reports the results of a survey to assess the level of interest in using NRT among pregnant smokers.

Across a seven month period pregnant smokers were identified using the patient administration system of a large district general hospital in south west London. Ethical approval was obtained and participants gave formal consent via the verbal field identified as smokers at their first antenatal booking visit were telephoned within one week of this visit and invited to take part in the survey. The interview took place during the initial telephone call or during a further call within 48 hours of the initial call. All statistical tests were two tailed.

Demographic information was obtained from patient records. All the women were asked “Can I just check, are you still smoking at the moment?” (“yes” or “no”). Those still smoking were asked “About how many a day would you say you are smoking at the moment?” and “Are you thinking of stopping?” (“yes” or “no”). Of the 207 smokers interviewed (fig 1) the large majority were not in professional/managerial occupations (85.0%, 176/207), were white (75.8%, 157/207), and attended their first antenatal booking visit in the hospital (66.7%, 138/207) rather than in the community. The mean (SD) duration of pregnancy was 18.6 (5.6) weeks and the mean (SD) reported number of cigarettes smoked per day was 7.3 (6.1).

Of those women reporting that they were thinking about stopping smoking 44.7% (67/150) expressed an interest in using NRT. Interest in NRT was higher among women who reported smoking more cigarettes per day (analysis of variance (ANOVA); F = 7.6,
The distinction between a cigarillo and a cigarette has important legal and financial implications. Since the wrapper of a cigarillo contains tobacco, cigarillos are taxed at the same rate as small cigars. As of 2002, the US federal tax rate for small cigars was 4 cents per pack of 20, while the rate for cigarettes was 99 cents per pack of 20. While all 50 states impose a tax on cigarettes, only 45 states impose a tax on cigars, which are lower than their cigarette tax. If Voodoo cigarillos are taxed at the rate of cigars, the lower federal and state taxes mean a higher profit margin for the merchant and/or lower prices for consumers.

In addition to tax differences, labelling the Voodoo product as a cigarillo has important consequences for their regulation. Several states have expanded their definition of tobacco products to include bids, making sales to minors illegal. Illinois, Vermont, and West Virginia banned the sale of bids completely. More recently, California passed a bill prohibiting the sale, distribution or importation of bids except by businesses that prohibit minors, such as bars and casinos. Also, federal legislation to halt the importation of bids into the USA was introduced in 2002. If being sold as a cigar, the US federal cigarillos would get around the ban on bid sales in some states.

This new product emerges at a time when bid sales are vulnerable to increased regulation at the state, and possibly the federal level, as well as higher cigarette excise taxes in 19 states in 2002. The Voodoo cigarillo may be a clever way for the tobacco industry to circumvent the regulations and restrictions imposed on bids. Voodoo cigarillos should be reliably tested to determine if manufacturers and vendors are in compliance with federal and state laws.

Conflicts of interest: Robert West has previously been involved in research and consultancy sponsored by manufacturers of nicotine replacement therapy.

References


Voodoo cigarillos: bids in disguise?

As part of its routine monitoring of emerging tobacco products, “Trinkets & trash: artifacts of the tobacco epidemic”, a collection of current and historic tobacco marketing (www.trinketsandtrash.org), recently identified a new tobacco product called Voodoo cigarillos. They are exclusively manufactured in India for the US based Kretek International, a specialty tobacco distributor whose exclusive product line includes Djurum clown cigarettes, Darshan bids, and Dreams multi-coloured and flavoured cocktail cigarettes. The Voodoo cigarillos we obtained were flavoured and, as with bids, consisted of tobacco flakes wrapped in a leaf tied with a small string. Aside from a slightly larger and more uniform cylindrical shape, Voodoo cigarillos appear to be nearly identical to bids (fig 1). Only the name on the package would identify it as a cigarillo. US federal regulations define a cigarette as any roll of tobacco wrapped in leaf tobacco or in any substance containing tobacco.

So, as we ask, is this new product a cigarillo or a bid with new packaging? Federal regulations define a cigarette as any roll of tobacco wrapped in paper or in any substance not containing tobacco. The US Bureau of Alcohol, Tobacco and Firearms previously concluded the bid wrapper did not contain tobacco and, therefore, bids were subject to the federal cigarette tax.
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.
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 can be done. A less toxic way to encourage cigarette manufacturers to produce a less toxic cigarette is to give smokers more information about the risks posed by smoking. The government should focus on giving smokers information about the risks posed by different types of cigarettes, which would foster market competition 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, 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 consumers do and don't know about smoking is not in the health risks associated with smoking and addiction are not in the public's mind.

Viscusi's chapter on the health risks associated with smoking is grossly uninformative. Much of this chapter reads like it was drawn from industry sponsored websites that have been designed to spread misinformation, downplaying the evidence linking smoking to the development of cancer. In fact he argues that such efforts are counterproductive because people are likely to form unrealistic risk perceptions about smoking. Such reasoning is illogical. By analogy, if one were to accept Viscusi's premise that once the public recognises the health risks of smoking there is no need to reinforce health messages, then one would also have to accept the idea that there is no need to spend a dime advertising Marlboro cigarettes since the Marlboro Man is nearly universally recognised. Apparently, cigarette manufacturers don't accept Viscusi's logic and nor should the public health community.

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 risks posed by different types of cigarettes in the hope that this would move smokers to use less toxic cigarettes.


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.
Interest in nicotine replacement therapy among pregnant smokers

M Ussher and R West

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