LETTERS TO THE EDITOR

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

Do men and women differ in exposure per cigarette?

Borrero. A recent report has suggested that women smokers may be more susceptible to lung cancer of all major histological groupings than men smokers. Efforts to assess differential exposure to tobacco combustion products using daily cigarette consumption or pack-years, however, might be misleading because of gender differences in body weight, body fat, smoking topography (puff volume, puff number), etc, that could result in the same number of cigarettes producing male-female differences in exposure.

Plasma concentration of cotinine, a metabolite of nicotine with a half-life of approximately 18-20 hours, generally reflects amount of exposure to cigarette smoke and its associated hazards. Self-reported smoking status (smoking vs non-smoking) has generally been shown to be reliable except in participants engaging in a smoking cessation intervention, although the reliability of self-reported daily cigarette consumption is less well documented. The availability of a database that includes measures of both self-reported cigarette smoking and concentrations of plasma cotinine during ad libidum smoking enabled a comparison of mean exposure/cigarette (calculated by dividing plasma cotinine by cigarettes/day) for men and women. Subjects were 162 men and 93 women recruited to participate in experiments in our laboratory. Although inclusion/exclusion criteria varied across studies, subjects were generally selected for being moderate-to-heavy smokers in otherwise good health. Plasma cotinine concentrations were analysed using the high performance liquid chromatographic (HPLC) method developed by Harharan et al. Subject characteristics, demographic data, and smoking patterns are shown in the table.

Table 1: Subject characteristics, demographic data, and smoking patterns (mean (SD))

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Men (n=162)</th>
<th>Women (n=93)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>31.1 (8.7)</td>
<td>35.0 (11.1)</td>
</tr>
<tr>
<td>Height*** (cm)</td>
<td>1.76 (0.07)</td>
<td>1.63 (0.07)</td>
</tr>
<tr>
<td>Weight*** (kg)</td>
<td>78.2 (12.4)</td>
<td>65.1 (12.4)</td>
</tr>
<tr>
<td>Body mass index (kg/m²)</td>
<td>24.5 (3.8)</td>
<td>23.4 (5.4)</td>
</tr>
<tr>
<td>Race (% white)</td>
<td>94</td>
<td>92</td>
</tr>
<tr>
<td>Education (years completed)</td>
<td>13.9 (1.9)</td>
<td>14.1 (1.7)</td>
</tr>
<tr>
<td>Cigarette consumption (cigarettes/day)</td>
<td>25.5 (8.7)</td>
<td>23.0 (8.1)</td>
</tr>
<tr>
<td>Plasma cotinine (mg/ml)</td>
<td>238.1 (142.4)</td>
<td>242.5 (109.1)</td>
</tr>
<tr>
<td>FTO (tasting 9-11)</td>
<td>6.9 (1.9)</td>
<td>6.9 (1.7)</td>
</tr>
<tr>
<td>Nicotine yield of usual brand cigarette (mg/cigarette)*</td>
<td>0.93 (0.28)</td>
<td>0.83 (0.29)</td>
</tr>
</tbody>
</table>

*P<0.05; **P<0.001.

Failure to detect any gender differences in either plasma cotinine per cigarette or estimated nicotine intake per cigarette in a relatively large sample suggests that daily cigarette consumption or pack-years are in fact reasonably good measures of exposure for the purposes of assessing possible gender differences in the health effects of smoking. Similar levels of exposure, however, probably lead to higher concentrations of toxins in the smaller lungs of women—a factor that should be ruled out before prematurely inferring greater biological susceptibility in women.

CYNTHIA S PORTERLEAU
COWIDE P. PORTERLEAU
Department of Psychiatry, University of Michigan, 475 Marston Hall, Suite 2, Ann Arbor, Michigan 48109, USA; email: cpom@umich.edu

New legislation in Turkey

Editor.—The Prevention of the Harms of Tobacco Products law (no 4207) has been accepted by the Turkish National Parliament and approved by the president. It came into effect on 7 November 1996. The main provisions of the law are as follows:

(1) The legislation bans the advertising and promotion of all tobacco products. Billboard advertising by tobacco companies is to be removed within one year. Tobacco advertising in print and broadcast media, and in cinemas, and the sponsorship of sporting and cultural events, had been previously recommended to be banned in 1991 but the ban was vetoed by the previous president. Those violating the legislation banning advertising and promotion of tobacco products can be fined US$100–5000.

(2) The sale of tobacco products to minors (less than 18 years of age) is prohibited. Selling to minors can attract a fine of between US$100 and $5000.

(3) Smoking is banned in all public areas including on public transport, in government offices, hospitals, clinics, private health centres, schools, cinemas, theatres, and closed places in which five or more people work. Those who smoke in prohibited places and those responsible for these places who do not prevent smoking can be fined between US$100 and $5000.

(4) Separate places must be provided for smokers in enclosed public areas where smoking is banned.

(5) National and private television must broadcast educational programmes about the harmful effects of smoking and the benefits of quitting, with the duration being not less than 90 minutes per month. No "sunner" clause—that is, one that would allow the policy to end after a designated period of time—has been included in this provision.

(6) All places where smoking is banned must display visible warnings.

(7) The health warning dating from 1986 ("Smoking is harmful to your health") must continue to appear on all cigarette packs, but in a way that can be read easily. Companies not displaying this warning clearly on any pack can be fined US$100–5000.

We are grateful to all the national/international governmental organisations that encouraged and supported us with tactics, strategies, logistics, and the visits of experts during the struggle to have the law passed.

SALIH EMRI
Hacettepe University School of Medicine, Department of Chest Diseases, Ankara, Turkey 06100; email: m06-k@servis.net.tr

See page 9 of this issue.—ED
New legislation in Turkey

Salih Emri

*Tob Control* 1997 6: 61
doi: 10.1136/tc.6.1.61a

Updated information and services can be found at:
http://tobaccocontrol.bmj.com/content/6/1/61.2.citation

**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/