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.

The death toll from tobacco: a crime against humanity?

EDITOR.—On 17 July 1998, by the Rome statute of the international criminal court, the United Nations resolved to establish a permanent court having power to exercise jurisdiction over persons for the most serious crimes of international concern. As of January 1999, 73 member states (excluding the United States) have become signatories to the statute. Few have yet ratified it. Article 126 requires ratification by 60 member states before the statute comes into effect. Article 5 of the statute confers jurisdiction on the international criminal court with respect to crimes such as genocide, war crimes, and “crimes against humanity”.

A list of “crimes against humanity” is provided which covers events such as extermination, enforced prostitution and sterilisation, and religious persecution when committed as part of a widespread or systematic attack directly against any civilian population. Significantly, the definition of a crime against humanity includes “other inhumane acts of a similar character intentionally causing great suffering, or serious injury to body or to mental or physical health”.

This definition begs the question of whether the death toll from tobacco does not constitute a crime against humanity, susceptible to prosecution in the international criminal court. The World Health Organization (WHO) estimates that one in 1.1 thousand million smokers in the world, 50% will die prematurely from tobacco-attributable illness, half in middle age. This means that in excess of 500 million people, or about 10% of the existing population, will die from smoking. Based on current trends, WHO estimates that the death toll from smoking will rise to 10 million people per year by the year 2025. No other consumer product in the history of the world has come even close to inflicting this degree of harm on the world community.

If anything else posed a threat to life of this magnitude, whether human induced or naturally occurring—be it world war, genocide or “cultural cleansing”, natural disaster, or disease—it would demand immediate international action. The international responses to war crimes (both current and dating back to world war two), germ warfare, nuclear weapons, HIV, or even climate change are but a few examples.

The jurisdiction of the international criminal court means that the directors and executives of the major transnational tobacco companies are at risk of being charged with a “crime against humanity” were the death toll from tobacco to increase from its present three million to anything like 10 million a year by the year 2025. It is at least arguable that such a consequence is the result of an inhumane act of a character similar to murder, causing great suffering, or serious injury to body or to mental or physical health committed as part of a widespread or systematic attack directed against the civilian population of the world as a whole.

Given what is now known about smoking and disease, the decades-old deceit and duplicity of the tobacco industry, and given that directors of the major transnational companies must now have knowledge of the consequences of their activities, then each of them must face the prospect of such a charge in the international criminal court if those activities continue. The consequences of prosecution include penalties of imprisonment, fines, and forfeiture of assets (article 77). Provision is also made for reparations to victims (article 75).

The court has jurisdiction only with respect to crimes committed after the entry into force of the statute (article 11). In addition, the statute is not retroactive, in the sense that no person may be criminally responsible under the statute for conduct before the entry into force of the statute (article 24).

This means that the opportunity exists for these directors to escape liability under the provisions of the statute providing there is no increase in mortality from tobacco use. Arguably they are criminally responsible for a reduction. Because of the inevitability of an increase in mortality from past smoking, every effort would need to be made to reduce consumption to avoid a significant increase in the current death toll. Certainly continuing expansion in less developed countries should not occur.

Trigger mechanisms for the exercise of the jurisdiction of the international criminal court include a complaint lodged by a state party (articles 13 and 14). Alternatively, the prosecutor may initiate investigations on the basis of information on crimes within the jurisdiction of the court (article 15).

It may be argued that the definition of “crime against humanity” is directed rather more toward “intentional” crimes in the stronger sense: that is, not only did the perpetrators intend the death toll while knowing the harm that would flow from the acts, but also they desired that very harm (either in itself, or as necessary means towards goals sought to be achieved). In this respect it could be argued that the directors and executives of cigarette companies do not intend to cause their customers to suffer, nor do they need the suffering, injury, and death of their customers to achieve their goals—these consequences are merely an incidental result of their marketing activities. Even so, such conduct is comparable to manslaughter where death is an unintended consequence of a recklessly negligent act. In some jurisdictions, such conduct is also classified as a lesser degree of homicide or as “murder” as compared with “wilful murder”.

In any event, in a case where a person is put on notice that a consequence of their conduct is that large numbers of people may die, then it may be that the necessary intentional element is established. Accordingly, the scope exists for those working in the field of tobacco control to prepare a brief of relevant material and arrange for it to be formally served on the directors and senior executives of all the major transnational tobacco companies, at the same time as sending it to the office of the prosecutor, requesting an investigation. Representations could also be made to state parties requesting a referral to the prosecutor. Thereafter, if the WHO projections began to be realised, those responsible could be progressively prosecuted, jailed, fined, and made to forfeit assets and pay reparations.

Just as the perpetrators of the Nazi holocaust are still being pursued as war criminals, there will undoubtedly be demands that current directors and executives of transnational tobacco companies be called to account in the international criminal court during the first decades of the 21st century if the death toll from tobacco predicted by WHO is inflicted on the world community.

NEIL FRANCHEY
Wentworth Chambers, 180 Philip Street, Sydney 2000, Australia; neilfranchey@emaustralia.com.au

The “success” of Philip Morris’ campaign on environmental tobacco smoke in the Netherlands

EDITOR.—In the early summer of 1996, Philip Morris Europe launched a European campaign: “Secondhand smoke in perspective” to counter the growing public concern about the health effects of environmental tobacco smoke (ETS). In recent years, several governments in Europe and elsewhere had banned or restricted smoking in public places and in workplaces.1 Philip Morris wanted to put a stop to these regulations by demonstrating that all concerns about ETS were unfounded.

Advertisements appeared in the main Dutch newspapers. These tried to place the relative risk of lung cancer from living with a smoking spouse in the context of risks associated with other, everyday activities. According to Philip Morris, scientific data demonstrate that ETS does not present a meaningful health risk to non-smokers; the relative risks of lung cancer from passive smoking are lower than the risks of diseases from drinking chlorinated tapwater, or eating a biscuit or a pepper. The campaign was based on a report of a European Working Group,2 funded by Philip Morris and Rothmans. The advertisements cited the relative risk of ETS for lung cancer produced by the Environmental Protection Agency in the United States.3 The health risks of the other activities were based on single studies.

Reactions to the campaign

Immediately after Philip Morris started their campaign, Stivoro (the Dutch Foundation on Smoking and Health) issued a press statement. Stivoro claimed that the campaign was highly misleading, in that the purported relationships between the foodstuffs mentioned and serious diseases were based only on single studies, and that ETS causes more diseases than just lung cancer, as was implied in the Philip Morris campaign.

The Dutch Union of Epidemiologists issued a fierce attack on Philip Morris’ interpretations of scientific research: “Data on risk factors for chronic diseases are interpreted in an unjustified manner. The campaign makes light of the health risks of ETS. We earnestly object to the way in which the campaign uses scientific research data.”


To access the full article, please visit http://tobaccocontrol.bmj.com/; To cite this article: Jerrold I Levy et al. 2006. The “success” of Philip Morris’ campaign on environmental tobacco smoke in the Netherlands. Tobacco Control 16:221–224
Public opinion in the Netherlands on environmental tobacco smoke (ETS) before (1996–I) and after (1996–IV) Philip Morris’ campaign (n = 6244) 1996–I (%) 1996–IV (%)

ETS is harmful to my health
Agree 74 73
Neutral 11 13
Disagree 9 10
No opinion 5 5

ETS can cause lung cancer
Agree 60* 57*
Neutral 14* 17*
Disagree 12 13
No opinion 14 13

In public places separate areas for smokers and non-smokers should be created
Agree 75* 85*
Neutral 11* 11*
Disagree 11* 8*
No opinion 3* 2

In enclosed places smokers should ask permission to smoke
Agree 74* 79*
Neutral 10* 8*
Disagree 14* 12*
No opinion 3* 1

Every employee should be able to do his/her work without being bothered by ETS
Agree 80* 84*
Neutral 11* 9*
Disagree 6* 5
No opinion 3* 2

*Significant change between 1996-I and 1996-IV.

Leading experts in the field of cancer research and epidemiology, alerted by Stivoro, added to these condemnations. From the start, the campaign met with fierce criticism, not only from the health lobby, but also from media commentators and journalists.

In the first days of publicity, the Dutch participant in the industry-funded European Working Group, Professor PHM Lohman, from Leiden University, dissociated himself from the report.

Soon after the start of the campaign, a number of complaints were lodged with the Advertising Control Board, a self-regulating body of the Netherlands advertising community that seeks to prevent misleading campaigns. Complaints were lodged by the Asthma Foundation, the non-smokers’ union, CAN (Claub actieve niet-rokers), the federation of tapwater companies, a spice producer, and several private citizens. These complaints were publicised and generated a lot of negative publicity for Philip Morris. Although Philip Morris’ goal was to open public debate on ETS, they refused nearly all invitations to respond to criticisms of their campaign in the media. Most importantly, the minister for health, Mrs Els Borst, condemned the campaign as being “really misleading”.

The Advertising Control Board found the campaign to be misleading and formally recommended that it be ended. Philip Morris stopped the campaign prematurely, with the pretext of having reached their goal: “We have created enough discussion about this issue.”

Effect on public opinion
By coincidence, in early 1996, a few months before the Philip Morris’ campaign, Stivoro had commissioned an opinion poll by the Dutch survey institute NIPO about ETS. To measure the influence of the Philip Morris campaign on public opinion we repeated this survey in the last quarter of 1996, three months after the campaign was withdrawn. A random sample (n = 6244) of the adult population was interviewed face to face.

The table shows that Philip Morris succeeded in one respect: the number of people who said that ETS is harmful to health had fallen after the campaign, although not significantly, by 1% to 73%. Ten per cent of the Dutch population thought that ETS was not harmful. Fewer people thought that ETS can cause lung cancer. This is a significant change.

However, the ultimate goal of the campaign failed in the Netherlands: more people said that separate areas for smokers and non-smokers in public places are needed; that smokers should ask permission before lighting up; and that employees should be able to work without being bothered by cigarette smoke.

Philip Morris’ purpose in running the campaign was to calm serious concern about ETS and forestall more smoking restrictions from the government. They tried to influence public opinion and the decision making process, so that state regulations to protect non-smokers would not be introduced in Europe. Philip Morris failed to achieve its goal of convincing the public that ETS does not warrant more regulation.

Tobacco control lobbyists in the European Union experienced great satisfaction when their hard work bore fruit in May 1998, when the European parliament voted in favour of a proposed directive which bans all tobacco advertising and sponsorship, and which will come into force in all member states of the European Union during the period July 2001 to July 2006.

In the final analysis, the Philip Morris campaign should probably be applauded for its role in facilitating the advertising ban. The campaign antagonised the Dutch government and the Commission on Health of the European parliament. As the commission was debating the advertising ban at the time Philip Morris launched its ETS campaign, it is likely that the campaign probably helped to reduce the tobacco industry’s political and public support.

MARIELLE E A H NELLEN
BOUDEWIJN A M DE BLIJ
Dutch Foundation on Smoking and Health
PO Box 84370, 2508 AJ The Hague, The Netherlands; mullen@zivore.nl

The United States navy attracts young women who smoke

EDITOR,—In the United States, smoking rates continue to be higher in male and female active duty military personnel than among their civilian counterparts. Other countries have similarly reported higher smoking rates among their military personnel. Several studies have investigated whether the United States navy attracts or “attracts” non-smokers—that is, whether the higher prevalence of smoking among navy active duty personnel is due to self-selection of smokers into the navy, or by navy institutional norms that promote smoking. Studies to date have had methodological limitations—for instance, small samples, limited age ranges, use of active duty personnel rather than new enlistees, or no adjustments for differences in civilian-military sociodemographic factors—and results have been conflicting. The present analysis addressed the “attracting” aspect of the question by studying a large sample of women as they entered the navy.

The smoking rate of the navy recruit sample was compared with that of a large, representative civilian sample equated to the navy population in terms of age, race/ethnicity, and education using a direct standardisation procedure.

During a one-year period, all female recruits (n = 5903) responded to a national survey as they entered the navy. Refusals were virtually nonexistent. Civilian data were obtained from the tobacco use supplement (TUS) to the 1992–1993 United States Bureau of the Census’ current population survey. Almost 63 000 unweighted cases were extracted from the TUS for women between the ages of 17 and 35 years to correspond with the complete age range of the navy recruit sample. Software analysis (SUDAAN) was used to weight and standardise the civilian data to the joint distribution of the navy recruit sample in terms of education and race/ethnicity, and then comparisons were made within the age strata. Estimates for civilians can be interpreted as those that would be obtained if the civilian population had had the same sociodemographic distribution as the navy recruit population. For recruits and civilians, current smoking was defined as having smoked 100 cigarettes in one’s life and being an everyday or someday smoker.

The comparison of current smoking between navy women recruits and civilian...
women, stratified by age category, is presented in the figure. Comparisons for women aged 17–18 years and those aged 19–23 years were statistically significant, with navy women recruits having higher rates of current smoking in both of these age strata. Navy women recruits who were 17–18 years old had over 2½ times the smoking rate of civilians, and women aged 19–23 had over 1½ times the rate of civilians. Smoking rates were not significantly different for recruits and civilians in the 24–35 age range.

Although this analysis cannot rule out the role that the navy environment may play in the "producing" smokers, it provides more definitive evidence that the navy attracts young female smokers from the outset. Further, this high rate of smoking cannot be accounted for by sociodemographic characteristics. The specific factors that might account for the high rate of smoking among women entering the navy are not known.

Conclusions

This research was supported by the Department of Defense (DoD) Women’s Health Research Program (DAMD17-94-1-0507). This project was approved by the Human Use committees of the United States Army Research Medical and Material Command and San Diego State University. The authors gratefully acknowledge the contributions of Suzanne L Hurtado, Linda K Hervig, Shu-Hong Zhu, and Kathleen B Weaver.

SUSAN J WOODRUFF
TERRY L CONWAY
CHRISTINE C EDWARDS
JOHN P ELDER
Graduate School of Public Health, San Diego State University, 9245 Sky Park Ca. Sta 120, San Diego, California 92123, USA; woodruff@mail.sdsu.edu


In addition, black market sales were not well addressed in the AMA report. The actual problem of worldwide smuggling cannot be compared with the situation where cigarettes no longer contain nicotine: it would be rather naive to think that “improved control of manufacture of tobacco products” under take place if nicotine were totally banned. Without nicotine there will be no market for cigarettes and without a market there will be no more tobacco industry. Of course the industry will not collaborate: they will continue to organise smuggling from several countries to supply the millions of nicotine-addicted smokers unwilling to accept the prohibition policy. According to the authors, “even if there was a contraband market, the size and health impact of that market would be less than the current cigarette market”. Our concern is with the notion that only law enforcement will lead to fewer sales. The downside would be a society where police prosecute smokers of nicotine-containing cigarettes, as were alcohol drinkers in the United States in the 1920s, with all the attendant problems. The AMA resolution are not a dream to resolve the tobacco problem; they may become a nightmare.

LUK JOOSSENS
ANDREW HAYES
UCG/CEU Liaison Office, 33 Rue de Pascale, B-1040 Brussels, Belgium; joossens@globalink.org


In reply,—The letter by Joossens and Hayes on our proposal to gradually remove the nicotine from cigarettes’ raises a misconception about our views that we would like to correct. We believe that requiring the elimination of nicotine enhancers and substantial reductions of nicotine from commercially marketed cigarettes is a strategy that should only be implemented in the context of a range of other essential actions as described in the report. In fact, a major advance of our report, beyond the earlier proposals by Benowitz and Henningfield,1 is that a nicotine reduction strategy must be done as part of an overall strategy that considers issues ranging from education, treatment, legislation, and meaningful tobacco product labelling, to the need for supportive research and surveillance to guide the process as well as the importance of alternative products being available. It should be noted that the recommendation referred to by Joossens and Hayes was the fifth of eight and it was stated as follows: “The AMA encourages the FDA [Food and Drug Administration] to assert its authority over the manufacture of tobacco products” would even reduce their addictive potential at the earliest practical time, with a goal for implementation within five to 10 years.” How long such a process might actually take would depend on many factors as described in the report.

The view that such a nicotine reduction action is conditional on addressing the issues raised in the report is consistent with the earlier conclusions expressed by Slade and
Henningfield which similarly argue for a comprehensive approach to reducing the death and disease caused by tobacco. In that sense, the proposal is no more, or less, conditional, than suggestions to reduce the “tar” yield of smoke (which depends in part on prior decisions about how to measure “tar” and what “tar” is) or the dictates of the European Community and World Health Organisation which have successfully reduced the widespread marketing of tobacco product types—for example, Swedish snus or certain American moist snuff preparations—in countries that did not already have them marketed on a widespread scale. Our proposal may be more complex than the aforementioned examples, but the concept is the same, namely to restrict the currently practically unfeared ability of the tobacco industry to develop and market products that maximise addictive effects, regardless of other health consequences. As discussed earlier, the proposal may seem drastic to some, but the present course of more than 400,000 premature deaths in the United States each year, and rapidly escalating morbidity and mortality globally, is a drastic, unprecedented epidemic that could be checked. Other issues raised by Joossens and Hayes were discussed in the Spring 1999 issue of Tobacco Control.

JACK E HENNINGFIELD
Pinney Associates Inc.,
4800 Montgomery Lane, Suite 1000, Bethesda, Maryland 20814-3433, USA;
jhenning@pinneyassociates.com

JOHN SLADE
Department of Environmental and Community Medicine,
Robert Wood Johnson Medical School,
University of Medicine and Dentistry of New Jersey,
New Brunswick, New Jersey, USA

“Not for all the tea in China . . .”

EDITOR,—When Helmut Geist wrote the article on deforestation related to tobacco farming, comprehensive data on China had not been located. Since then, in 1999, the state-produced 1998 China statistical yearbook published agricultural statistics for the 20-year period from 1978 to 1997 on total sown areas of farm crops, with breakdown figures for tobacco (and the amount of this tobacco which is flue cured), grains, rice, soy, tubers, cotton, vegetables, and tea.

Table 1 China: total sown areas of farm crops (Source: “1998 China statistical yearbook”, pages 382, 400, 402)

<table>
<thead>
<tr>
<th>Year</th>
<th>Total sown area ('000 hectares)</th>
<th>Sown area of grain ('000 hectares)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1978</td>
<td>150 104</td>
<td>120 587</td>
</tr>
<tr>
<td>1980</td>
<td>146 379</td>
<td>117 234</td>
</tr>
<tr>
<td>1985</td>
<td>143 626</td>
<td>108 845</td>
</tr>
<tr>
<td>1986</td>
<td>144 204</td>
<td>110 933</td>
</tr>
<tr>
<td>1987</td>
<td>144 957</td>
<td>111 268</td>
</tr>
<tr>
<td>1988</td>
<td>144 869</td>
<td>110 123</td>
</tr>
<tr>
<td>1989</td>
<td>144 554</td>
<td>112 205</td>
</tr>
<tr>
<td>1990</td>
<td>148 362</td>
<td>113 466</td>
</tr>
<tr>
<td>1991</td>
<td>149 586</td>
<td>112 314</td>
</tr>
<tr>
<td>1992</td>
<td>149 007</td>
<td>110 560</td>
</tr>
<tr>
<td>1993</td>
<td>147 741</td>
<td>110 509</td>
</tr>
<tr>
<td>1994</td>
<td>148 241</td>
<td>109 544</td>
</tr>
<tr>
<td>1995</td>
<td>149 879</td>
<td>110 060</td>
</tr>
<tr>
<td>1996</td>
<td>152 381</td>
<td>112 548</td>
</tr>
<tr>
<td>1997</td>
<td>153 969</td>
<td>112 912</td>
</tr>
</tbody>
</table>

Table 2 China: tobacco production by year (Source: “1998 China statistical yearbook”)

<table>
<thead>
<tr>
<th>Year</th>
<th>Tobacco ('000 hectares)</th>
<th>Amount flue cured ('000 hectares)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1978</td>
<td>784</td>
<td>613</td>
</tr>
<tr>
<td>1980</td>
<td>512</td>
<td>397</td>
</tr>
<tr>
<td>1985</td>
<td>1313</td>
<td>1077</td>
</tr>
<tr>
<td>1986</td>
<td>1125</td>
<td>895</td>
</tr>
<tr>
<td>1987</td>
<td>1128</td>
<td>913</td>
</tr>
<tr>
<td>1988</td>
<td>1555</td>
<td>1304</td>
</tr>
<tr>
<td>1969</td>
<td>1798</td>
<td>1503</td>
</tr>
<tr>
<td>1990</td>
<td>1593</td>
<td>1342</td>
</tr>
<tr>
<td>1991</td>
<td>1804</td>
<td>1562</td>
</tr>
<tr>
<td>1992</td>
<td>2093</td>
<td>1849</td>
</tr>
<tr>
<td>1993</td>
<td>2089</td>
<td>1835</td>
</tr>
<tr>
<td>1994</td>
<td>1490</td>
<td>1302</td>
</tr>
<tr>
<td>1995</td>
<td>1470</td>
<td>1309</td>
</tr>
<tr>
<td>1996</td>
<td>1853</td>
<td>1683</td>
</tr>
<tr>
<td>1997</td>
<td>2253</td>
<td>2161</td>
</tr>
</tbody>
</table>

This data are important, as China is the largest producer as well as the largest consumer of tobacco in the world. A third of all the cigarettes smoked in the world are smoked by over 300 million smokers in China. In 1997, 2.4 million hectares of tobacco were under cultivation in China out of a total sown area of 154 million. Tobacco growing areas increased from 0.8 million hectares in 1978 to 2.4 million hectares in 1997; of this, the amount flue cured increased from 0.6 million to 2.1 million hectares (tables 1–3). Since 1985, China has grown more tobacco than tea. So the commonly used phrase, “I wouldn’t do it for all the tea in China” should be replaced with “I wouldn’t do it for all the tobacco in China.” It is to be hoped that “smoke” will replace “do it”.

JUDITH MACKAY
Asian Consultancy on Tobacco Control,
Riftwood, 9th Milestone DD 229,
Lot 147, Clearwater Bay Road,
Kosloem, Hong Kong, China;
jmackay@pacific.net.hk


ND = no data.
The death toll from tobacco: a crime against humanity?

NEIL FRANCEY

Tob Control 1999 8: 221
doi: 10.1136/tc.8.2.221

Updated information and services can be found at:
http://tobaccocontrol.bmj.com/content/8/2/221.1

Email alerting service

These include:
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/