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.

Variation within global cigarette brands in tar, nicotine, and certain nitrosamines: analytic study

Editor,—While the content of food, pharmaceutical products, drugs, and many other consumer goods are tightly regulated by governments, tobacco products, surprisingly, are not. Tar and nicotine yields of cigarettes have progressively, but not universally, appeared on cigarette packets and advertising since 1967. These figures have been used to justify terms such as “light” and “mild” in descriptive advertising. They are, however, not regulated by governments, tobacco products, surprisingly, are not.

Some early reports concluded, plausibly, that a decrease in lung cancer mortality could be ascribed to smoking reduced tar cigarettes, although more recent data suggest that there is little if any difference in the long term outcome of smoking “low tar” as against “regular” cigarettes. Further there has been an increase in adenocarcinoma relative to squamous carcinoma, more pronounced in women than men, and this may be caused by the increases in tobacco specific nitrosamines in cigarettes plus more intense (compensatory) smoking and deeper inhalation associated with modern cigarettes.

We decided to test three global brands (Camel, Lucky Strike, and Marlboro) for consistency of tar and nicotine yields and certain nitrosonornicotin (NNN) yields, and comparison to other consumer goods are tightly regulated by governments, tobacco products, surprisingly, are not.

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Figure 1 Results of testing for NNK yields from three brands of cigarettes in various countries.
Carbon monoxide in the expired air of smokers who smoke so-called “light” brands of cigarettes

EDITOR—Tobacco smoke is an important source of carbon monoxide (CO). Smokers with expired CO values of 11–21 parts per million (ppm) are defined as mild smokers, whereas those with expired CO values of more than 21 ppm are defined as heavy smokers. We report on the expired CO readings of smokers who smoke “light” brands compared to those who smoke regular brands. The approach chosen was designed to reflect real smoking habits, and was not laboratory based. Many health agencies measure tar and CO values using smoking machines under standardised laboratory conditions. However, cigarettes are not smoked by machines, and smokers may titrate their nicotine intake by varying their smoking inhalation and cigarette consumption.1 Here we show that there is no difference in CO concentrations in the expired air of smokers who smoke “light” brands versus smokers who smoke regular brands.

The study assessed 178 smokers (83 males, 95 females; mean age 49.05 years), whose cigarette consumption was diagnosed according to the Vienna Standard Protocol.1 (This protocol includes the measurement of CO in expired air). The sample consisted of first visit clients attending publicised information meetings held by the Nicotine Institute, Vienna, during a three week sampling period. The smokers were divided into two groups: those who smoked a brand of cigarette with the word “light” indicated on the packaging (n = 63), and those who smoked a brand that did not carry this message (n = 115). This information was gained by asking smokers whether they smoked “light” cigarettes, and by checking their cigarette packs. There was no difference in sex distribution between the two groups. Tobacco dependence was measured by the Fagerström test for nicotine dependence (FTND).2 The two groups (“light” and regular smokers) did not differ in this respect. Expired CO measurements were obtained with the Bedfont EC-50-Micro Carbon Monoxide Monitor. The smokers were not informed of the test before the measurement, which was performed at 5 pm. None of the smokers refused this measurement, and none were excluded from the analysis. None of them had changed their cigarette brand during the previous three months.

Analysis of the data focused on the relation between the “light” claim and the expired CO measurement, intentionally not taking into account the (relatively unreliable) information on cigarette packages. No significant difference (p > 0.55) was found in the distributions of CO readings of the “light” cigarette smokers compared to regular cigarette smokers (fig 1). The mean CO value achieved by the regular cigarette smokers was 27.85 ppm (SD 12.34, SE 1.15), and the mean value of the “light” cigarette smokers was 29.63 ppm (SD 10.90, SE 1.37). These results support the findings of other studies that questioned the possible advantage of cigarette brands claiming to be “light”.3–7

8 Kozlowski L. Smokers are unaware of the filter vents now on most cigarettes: results of a national survey. Tobacco Control 1996;5:265–70.

**Tobacco war**


For a decade, since voters there approved a referendum question raising the state’s cigarette excise tax and assigning a portion of the revenue to a campaign to reduce tobacco use, California has been a cockpit of conflict between public health forces and the tobacco industry. For most of that time, Stanton Glantz, Professor of Medicine at the University of California, San Francisco, has been an important figure in the struggle. This is his history of it, written with Edith Balbach, Director of the Community Health Program at Tufts University in Boston.

For readers of this journal, Tobacco war is most useful not for its accounts of tobacco industry perfidy, but for describing the evolution of tactics used by health advocates to counter the industry’s political strategy. In California, the war has been fought at the local and state levels, and in the electoral, legislative, and administrative arenas.

The authors’ main theme is that tobacco control advocates most effectively influence public policy by mobilising public opinion, rather than employing traditional lobbying techniques. Glantz and Balbach repeatedly demonstrate that the converging of political, legislative, and administrative arenas.

Their argument is that public health agencies, which do not make political campaign contributions or employ influential lobbyists,
cannot compete at the insider game with the cigarette manufacturers, which do both to an almost unparalleled extent. But, “[t]he agencies . . . enjoy high name recognition and credibility with the public. By contrast, the tobacco industry has very low public credibility. The very difference in public standing means that outside strategies are likely to be the public health community’s best means to achieve good tobacco policy, because the skills and resources of the voluntary health agencies tend to be amplified in public arenas while those of the tobacco industry are muted. But outsider strategies require a commitment of resources to a continuous public information effort. Equally important, they require a willingness to anger powerful clinicians and interest groups by publicizing their misdeeds.”

Glantz and Balbach understated the importance and necessity of effectively playing the inside game. Effective legislative advocacy helps assure that public opinion is translated into effective, not cosmetic, policy. And they may overestimate the depth and durability of the public’s goodwill, once health agencies begin to use it. But the point is well taken. Their halo of disinterested concern for public health is the best weapon voluntary agencies have in fighting the tobacco industry, and its judicious use, combined with effective lobbying, is the secret path to success.

The recent infusion of tobacco settlement money into the US states has changed the political dynamics of tobacco control advocacy. Voluntary agencies, which only recently have had an aggressive stance towards Big Tobacco, are now learning that they must confront both the industry’s allies in public office and other interests, some of them quite worthy, competing for the funds. The California experience is sure to be repeated, and careful attention to the history recounted in Tobacco war will help others avoid some of the mistakes made there.

A most depressing element of the California story is the role played by organized medicine. The California Medical Association (CMA) paid lip service to the 1988 Proposition effort while working behind the scenes to undermine it because the CMA wanted to avoid alienating the tobacco industry, with which it had made common cause in weakening medical and product liability laws. When the Proposition was defeated, CMA embarked on a year-long effort to shift money from the tobacco control programme into medical care accounts (and, incidentally, doctor’s pockets).

One hopes that most physicians would not endorse this kind of political deal making at the expense of public health. But the people they hire through their associations to represent them, committed to playing the inside game, are not now allowed to sell our tobacco control over pocketbook issues until the membership tells them to do otherwise. Providers concerned about tobacco control need to do more to hold their professional organizations accountable for tobacco control advocacy.

Despite Glantz’s involvement in many of the events described, Tobacco war is a largely even-handed account of the major issues confronting California’s tobacco control movement, particularly during the 1990s. In writing Tobacco war, the authors drew on interviews with many of the players (both inside and outside the tobacco control movement), contemporaneous memoranda and news reports, and internal company documents uncovered through state lawsuits against the cigarette manufacturers. These last help elucidate the industry’s strategy and its analysis of the health advocates’ activities.

This reader would have appreciated a brief description of the research methodology, particularly the interview procedures. Not everyone’s viewpoint is adequately represented, and there are occasions when the actions of tobacco control advocates are questioned by the authors or by other participants, without any response from the accused. This is jarring in view of how much of the text consists of verbatim quotes from participants.

But, all in all, this is an important book for those concerned about tobacco control policy advocacy will benefit from.

RUSSELL SCIANDRA
Center for a Tobacco Free New York, 1450 Western Avenue, Suite 303, Albany, New York 12203 USA, Russciandra@email.msn.com

Political history of smoking and health


The British Civil Service documents everything, and eventually makes its papers available to researchers. David Pollock has used some of the papers provided in the Public Records Office at Kew in London to tell the story of how action on smoking was delayed between 1951 and 1964, coincidently a period of Conservative government. Little did we know at the time how true the 1964 Labour election slogan “Thirteen Wasted Years” would prove to be.

Pollock’s story is limited, for as he points out he has essentially in his hands only one of the various sets of documents available, and his book is less a “political history” than an illustrated journey through official documents. But it is a fine piece of research and provides much splendid material to demonstrate the caution of civil servants, the short sightedness of politicians, and—as ever—the ineptitude of the tobacco industry.

The story has plenty of gems but few stars. In 1947, when “a large scale statistical study” on smoking and lung cancer was under consideration, Austin Bradford Hill recommended “…a very good worker to whom it is well we refer” and only one of the various sets of documents available, and his book is less a “political history” than an illustrated journey through official documents. But it is a fine piece of research and provides much splendid material to demonstrate the caution of civil servants, the short sightedness of politicians, and—as ever—the ineptitude of the tobacco industry.

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Denial and delay: the political history of smoking and health

Scientists, Governments and Industry

as seen in the papers at the Public Records Office.


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with the tobacco industry, but also with its many active and passive allies in government.

MIKE DAUBE
Cancer Foundation of Western Australia,
334 Roekeby Road,
Subiaco, WA 6008, Australia
mdaube@highway1.com.au

The horrors of smoking


I have never read a book by Stephen King. But I couldn’t resist buying Blood and smoke, available only as an audiobook and read engagingly by King himself. It comes in a flip top box, resembling the pack of Marlboro that contains a CD or three audiocassette tapes, depending on the version you buy. The “book” is actually a series of three short stories, which, according to the packaging, take the listener “inside the world of yearning and paranoia, isolation and addiction . . . the world of the smoker”. “The new politically incorrect habit plays a key role in the fates of these different men in three unabridged stories of unfettered suspense.”

In Lunch at the Gotham Café, Steve Davis is distraught after his wife leaves him. Two days later he quits smoking, after a 20 year history of smoking 20–40 cigarettes a day. For the later he quits smoking, after a 20 year history of smoking 20–40 cigarettes a day. For the three di—

...t h e y e s , i n s t e e l i n g a ni te r e a l n e s s. N i c i n e t e (
...t h e r e n t i d y d ys le x i a....T h e most "another fallen soldier in the tobacco wars". But the writer always carries a cigarette behind his ear, replacing it each day with a fresh one, explained as “part affection, part superstition”. In his 70 minutes in room 1408, Enslin experiences horrifying distortions of reality, and finds himself vanquished by “the room”. He ignites his shirt with a hotel matchbook, and the room—perhaps because of its distance for “cooked meat”—allows him to flee into the corridor. The matches and the fire, ironically, save him from an “unspeakable end”. Another hotel guest, returning from the ice machine, puts out Enslin’s flames. However, Enslin is left with severe emotional and physical scars, and can no longer write—another in the long list of victims of room 1408.

In the Deathroom features Mr Fletcher, a New York Times reporter being interrogated in a Central American stronghold. Authorities are using electric shock to extract information from him about an upcoming Communist coup against the country’s fascist dictatorship. Escobar, his chief interrogator, offers Fletcher a Marlboro—“the preferred cigarette of third world peoples everywhere”. At first Fletcher, having quit smoking three years previously, declines. But at the moment of greatest peril, he accepts Escobar’s offer. In launching his dramatic escape, he thrusts his lit Marlboro into the eye of one of his captors, grabs his gun, shoots three of his captors, and kills the fourth with his own electric shock machine. One month later, back home in New York City, Fletcher lives out a vision he had during his captivity. He buys a pack of Marlboro from a newsstand kiosk, smokes a cigarette, and then discards the rest of the pack. In a brief exchange, Fletcher and the vendor agree that smoking is a “very bad habit” and that “We’re lucky to be alive”.

Each of these stories is creative, suspenseful, and well narrated. Character development is quite strong. As one reviewer on amazon.com commented, “this is bloody good stuff”. My main interest in the stories, though, was in their portrayal of smoking. And King’s treatment of the subject is unmistakably pro-health. Listeners are left with the belief that smoking is harmful and addictive. A particularly compelling example is this excerpt from Lunch at the Gotham Café:

“There are two phases of withdrawal from tobacco, and I’m convinced that it’s the second that causes most cases of recidivism. The physical withdrawal lasts 10 days to two weeks, and then most of the symptoms—sweats, headaches, muscle aches, mood swings, mood swings, mood swings, mood swings, mood swings, mood swings—disappear. What follows is a much longer period of mental withdrawal. These symptoms might include mild to moderate depression, mourning, some degree of anhedonia (emotional flatness, in other words), forgetfulness, even a species of transient dyslexia. . . . The most common symptom of phase two withdrawal is a feeling of mild unreality. Nicotine improves synaptic transfer and improves concentration—widens the brain’s information highway, in other words. It’s not a big boost and not really necessary to successful thinking, although most confirmed cigarette junkies believe differently. But when you talk it away, you’re left with a feeling—a pervasive feeling in my case—that the world has taken on a decidedly dreamy cast.

Why has King focused on the evils of tobacco in Blood and smoke? The most likely reason is the trauma he suffered when he was hit by a Dodge van in June 1999, while walking alongside a country road in his hometown of Bangor, Maine. He was rushed to hospital for three weeks, underwent at least six operations to repair broken bones in his right leg and hip, and suffered broken ribs, a punctured lung, and a laceration of the scalp. He told the Bangor Daily News in August that he hadn’t had a cigarette since the night before the crash. “I took the Dodge van cure,” he quipped (www.bangornews.com/cgi-bin/ article.cfm?storynumber=10392).

Two months later King told the Associated Press: “to be able to walk and talk and occasionally crawl on my belly like a reptile has made me intensely grateful to be alive.” No doubt he recognises that smoking is incompatible with the joy of being alive. Now, with his message about tobacco in Blood and smoke, King aims to preach that gift of life to millions of others.

RONALD M DAVIS
Center for Health Promotion and Disease Prevention,
Henry Ford Health System,
One Ford Place, 5G,
Detroit, Michigan 48202-3450, USA
rdavis1@hfhs.org

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Variation within global cigarette brands in tar, nicotine, and certain nitrosamines: analytic study

NIGEL GRAY, DAVID ZARIDZE, CHRIS ROBERTSON, L KRIVOSHEEVA, N SIGACHEVA, PETER BOYLE and THE INTERNATIONAL CIGARETTE VARIATION GROUP

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