

TOBACCO CONTROL

A N I N T E R N A T I O N A L J O U R N A L

Editorial

Ten years and (body) counting . . .

With this issue, *Tobacco Control* completes its first decade. In this period, there has been a revolution in our field, mostly arising from the implications flowing from the courage of US tobacco industry whistleblowers and the work of scholarly activists like Stan Glantz, John Slade, and Lisa Bero who first interpreted and publicised the materials initially provided by the whistleblowers.¹ The courtroom revelations that followed, and the avalanche of internal industry documents released through the Master Settlement Agreement, completely changed some of the key terms on which tobacco control is now debated. Cornered by its own private/public duplicity, the industry uttered the “c” word (tobacco *causes* disease) for the first time in 2000 and now says publicly that it agrees that nicotine is addictive.²

This has produced an entirely different discourse at the heart of tobacco control. Instead of denying that smoking causes untold harm, the industry is now apparently pleased to concede that its products kill millions worldwide each year. It is nonplussed about this because it chooses to believe that those who die are all making an informed choice in the matter. Even illiterate villagers in Bangladesh, presumably.³ The next decade will see tobacco uptake and deaths skyrocket in less developed nations, while the architects of this in the boardrooms of Philip Morris, British American Tobacco, Japan Tobacco and others will busy themselves seeking to build Faustian “partnerships” with health groups they say are “stakeholders” with them in helping smokers decide to take knowing risks. The next decade will doubtless see some fascinatingly depressing examples of corporate seduction, with the Nottingham University fiasco being an early example.⁴

With children, the industry has turbo charged its fork-tongued mantra that it does not want youth to smoke . . . that is, until the millisecond after they turn 18 when suddenly they hope it will occur to every one that without realising it previously, they now want to smoke. With its global campaigns here, the Pied Piper has simply updated his clothes to become a sort of knight in shining Armani to conservative governments gormless enough to buy this rot. Ostensibly “adult” targeted tobacco advertising is aspirational to youth: as advertising writer Lance Crain said in 1995: “Cigarette people maintain peer pressure is the culprit in getting kids to start smoking and that advertising has little effect. That’s like saying cosmetic ads have no effect on girls too young to put on lipstick . . .”⁵ This next decade will see the industry experimenting with far more subtle ways of insinuating its products into young people’s minds (see Ad Watch on p 391), presenting new challenges for tobacco control researchers and advocates.

In the last decade, tobacco control has begun to engage seriously with the concept of harm reduction. While

Geoffrey Bible *et al* must bless their cotton socks that nicotine is addictive, even they are unlikely to be mendacious enough to arrive at work each day actually glad that their product kills. If there is any area where tobacco control might have genuine dialogue with the industry, it is here. The dream of an addictive, benign product may disturb moralists but if it could eliminate tobacco’s death toll, opposition from public health could not be anchored in health concerns. For all such thoughts, the science of harm reduction through product modification is in its infancy, and the floundering ruminations on it at the Chicago world conference in 2000 showed just how far we have to go before any policy details can be responsibly articulated.

Rapid advances in genetic epidemiology associated with the human genome project hold promise to predict both who will smoke, find it very hard to stop, and die from tobacco caused diseases.⁶ If genetic determinism fulfills the promises its advocates hold out for it, population wide strategies in tobacco control will be complemented by high risk group targeted activities. In a forthcoming issue, we plan to publish a major review of present knowledge and the hopes that some hold for this area.

How is the journal travelling?

The sophistication of tobacco control research has grown exponentially in the last decade. *Tobacco Control* has been a home to much of this. Earlier this year we were issued with our first impact factor by the Institute of Scientific Information. We hit the charts with a very creditable 1.717, eclipsing a good many well known journals that have been established far longer. An impact factor is a measure of the average number of times all papers in an index year are cited in other peer reviewed journals in the two years after they are published, and as such is a measure of the interest of other researchers in a journal’s contents. Sixty three percent of all indexed journals have impact factors less than 1.

While our debut impact factor is pleasing, we are far more interested in the potential for the material we publish to effect change in tobacco control policy and practice, and in its potential to influence the way legislators, other decision makers, and the public think about tobacco control. Several of the papers we have published have attracted worldwide news coverage.⁷⁻¹⁰

Acceptance rate

Considering all papers received since the beginning of 1999, we have accepted 33%, rejected 52%, have currently 13% under review or being revised, and 2% have been withdrawn. Thirty six per cent of all papers received are rejected without review after being discussed by the six senior editors at a three-weekly teleconference. There are

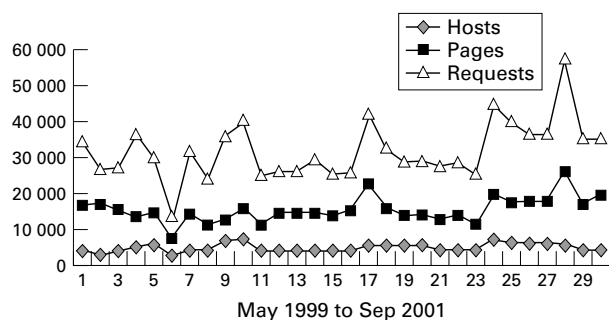


Figure 1 eTC traffic May 1999 to September 2001.

several common reasons for this, with the main one being that some papers are just numbingly dull—there is little point in trying to be more polite about it. Many of these papers are competent enough in what they have set out to do, but we judge that they are likely to be loved only by their authors. Papers that are likely never to be cited and which would interest only a handful of the authors' friends or local health workers will only drag down our impact factor and displace papers that many more will want to read. In addition to poor quality papers, we receive some that indicate their authors have no idea of the sort of journal we publish. Perhaps the most common feature of rejected papers is that they are overly parochial in their focus, and so better suited to a journal serving a national rather than an international readership.

With the advent of eTC on the world wide web, we have gained unprecedented insight into the papers and sections of the journal that readers open and download and those that go largely unread. While our subscription numbers are around 1000, we have had 404 952 pages downloaded from the website from May 1999 to September 2001—an average of nearly 15 000 each month with a peak of 25 596 in July 2001 (fig 1). Our top 10 "hit parade" for each month is featured on the home page (<http://tc.bmjournals.com/misc/top10.html>), and we are able to view the history of opening and downloading for all articles we publish.

Earlier this year, the publishers allowed free access to eTC for 65 low income countries (see <http://www.bmjournals.com:80/subscriptions/countries.shtml>). We are asked occasionally by grass roots organisations in wealthier nations if we will allow eTC to be free to

everyone. We seriously considered this option, and sought in vain for the significant sponsorship that would allow us to do this for five years. The experience of journals that have given free-to-all access to their web version is that they quickly lose paying subscribers to the print version of the journal. Unless this is being supported by a membership fee (as with the *BMJ*, *JAMA*, and the *American Journal of Public Health*), this means paying subscribers fall away and the journal slowly bleeds to death. We have decided that giving the journal away would be irresponsible in the longer term.

We are currently negotiating with several agencies and companies to support various sections of the journal's operation. Included here will be a scheme to sponsor free subscriptions for a capped number of impoverished non-governmental organisations operating in wealthier nations, and a project attached to eTC that will provide state-of-the art Powerpoint presentations on key tobacco control areas, and available in several major languages.

I cannot thank enough those who work so hard to make Tobacco Control the vital journal that it is to our field. The senior and statistical editors (listed on the inside front cover), our hundreds of unpaid reviewers, our technical editors John Weller and Rachel Harvey, and most of all, our wonderful editorial assistant Julie Leask all make it happen. Here's to the next 10 years.

SIMON CHAPMAN

Editor, *Tobacco Control*

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- 2 Philip Morris International. *Cigarette smoking: health issues for smokers* URL: http://www.pmintl.com/tobacco_issues/issues3.html Accessed 9 September 2001.
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- 4 Chapman S, Shatenstein S. The ethics of the cash register: taking tobacco research dollars. *Tobacco Control* 2001;10:1-2.
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