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. 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 another idea—“Forget about smoking...GO FOR A QUICKIE. No tar with nic, adds context to the written report of market-

One of the most interesting proposals came from Ian Ross from a Finland subsidiary, who later became the head of international brand business at BATCo in the early 1990s. Ross’s proposal, the “LDC (less developed counties) Project”, called for individually heated sealed cigarettes designed to lengthen the shelf life of cigarettes in arid climates found in Africa and the Middle East. This rather ingenious idea for stick sales would be sold to tobacco vendors in reels with visible brand imaging, containing 200 cigarettes that could be pulled off along perforations one at a time.

What the 80 or so page written report did not include, the audiocassette captured with clarity. The taped conversations of the BAT conference participants offered rarely ob-
tained loose discourse regarding product design proposals and a derogatory discussion of the people intended for end product use.

Ross relays that he wants to make “stick purchases seem like a consumer benefit” by supplying “factory sealed and factory freshness” every time. As for marketing the heat sealed stick product, Ross states: “...if you just say, this is a cheap cigarette for you dirt poor black farm-

Another conference participant ruminates, “We could sell them to the Palestinians if we made the plastic hard enough that you could rip the end off and put your shells in them...”

This discourse, not found on the written presentation, between the BAT marketing and product development personnel was obvi-
ously not meant for public consumption, nor is it new information that the tobacco industry targets the developing world. A patent search in the UK resulted in no individually heat sealed cigarette applications.

What is of great interest to those of us who spend our time searching 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 publicly or legally against the company.3 This leads to the obvious question: Are we overlooking important research tools in the form of non-written material?

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Eclipse: does it live up to its health claims?

We read the recent article by Slade et al4 with great interest and agree that reasonable regu-
lation focused on the development and appropriate evaluation of potential reduced risk cigarettes is warranted. Furthermore, we agree with Slade et al4 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 raised in Slade’s article. However, we briefly address pertinent issues below and encourage interested parties to independently evaluate all of the available information.

Slade et al4 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 is risk-free or that Eclipse is a health benefit to smokers. Any reduction in risk of cardiovascular disease or complications with pregnancy.

In addition 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.5 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.eclipsescience.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 ciga-

ET al

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http://www.tobaccocontrol.com


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Comparisons of Eclipse mainstream smoke constituent yields to the yields of very 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 than Carlton Soft Pack under all 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-of-the-evidence approach, including studies in smokers, be used to characterise potential differences between Eclipse and other cigarettes.1 Urine mutagenicity 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 in the urinary excretion of certain studies conducted in smokers have demonstrated reductions in bronchial inflammation and inflammation of the lower lung when smokers switched to Eclipse.3,4 These findings are consistent with reductions in smoker exposure to smoke constituents under actual smoking conditions and support RJRT’s conclusion that Eclipse may reduce the risks of certain smoking related diseases relative to other cigarettes currently on the market.

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References

Author’s reply
Swauger argues that based on the weight of the evidence, Eclipse, compared to other cigarettes, may present smokers with less risk of cancer and other smoking related diseases. He bases this conclusion on “weighing” the scientific research RJ Reynolds Tobacco (RJRT) has conducted on Eclipse. Our study drew the opposite conclusion.7 Our analysis of the Eclipse research suggests that Eclipse is as toxic or more toxic than a number of conventional cigarette brands.

RJRT claims “there is no cigarette like Eclipse” based on a comparison of the smoke chemistry of Eclipse with a typical ultra light. Merit. We tested Eclipse against two other ultra light cigarettes, Now and Carlton, and found the smoke concentrations of four major carcinogens to be between or lower. RJRT’s claim that “there is no cigarette like Eclipse” may be misleading to consumers.

We tried to “weigh” the evidence but found that to be difficult since the control cigarettes kept changing between the studies. The smoke chemistry research used a commercial “ultralight” as a reference, the in vitro research a Kentucky “light” cigarette and the human research the “usual” or brand of cigarettes (40 + cigarettes per day) smokers. The “usual” brands were not identified. We also examined changes in smoke chemistry between the 1996 version of Eclipse and the 2000 version and found that concentration of four major carcinogens doubled in the 2000 version. The concentration of NNK was 123% greater than RJRT’s early 1988 version of Eclipse called Premier.

In 2001, the Institute of Medicine’s report “Clear the Air” determined that there was insufficient evidence to conclude that any current cigarette marketed in the USA and in other countries.

In this letter, monthly data for cigarette sales at the state level for the USA are analysed to test for the presence of seasonality and to characterise the phenomenon. The results reveal a seasonal pattern that is significant both in the statistical sense and in magnitude. This includes a significant drop in the winter months of January and February, and an increase during the summer months of June, July, and August. Because seasonality in sales does not reflect seasonality in production, 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 cigarettes by wholesalers to retailers 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.

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Seasonality in cigarette sales: patterns and implications for tobacco control

Cigarette smoking is the leading public health problem in the USA, contributing to over 400 000 deaths a year. Given its importance, the tobacco control community should be aware of all significant patterns in the consumption of cigarettes and the potential health impacts that may be relevant to efforts aimed at tobacco control. Unfortunately, little attention has been paid to the seasonal nature of smoking. Findings on seasonal patterns may have major implications for the timing of interventions designed to manage the tobacco problem, both in the USA and in other countries.

In this study, monthly data for cigarette sales at the state level for the USA are analysed to test for the presence of seasonality and to characterise the phenomenon. The results reveal a seasonal pattern that is significant both in the statistical sense and in magnitude. This includes a significant drop in the winter months of January and February, and an increase during the summer months of June, July, and August. Because seasonality in sales does not reflect seasonality in production, 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 cigarettes by wholesalers to retailers 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.

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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 may be inferred to underlie the pattern. In the case of seasonality, a cycle of period 12 months would stand out, and the spectrogram was significantly (5% level) different from that produced by a white noise or uniform random process (Bartlett’s test). The values in table 1, column 3 correspond to the number of indicators were generated. The p-value for seasonality hypothesis of no seasonality is rejected for all states.

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 seasonal components. At a significance level of 5%, the null hypothesis of no seasonality is rejected for all states.

In percentage terms, the seasonal effect is large—as column 4 shows, the mean annual reduction of tobacco production was significantly (5% level) different from that produced by a uniform random process (table 1, column 2). 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 seasonal components.

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sales, and June, July, and August, a “high” season.

Possible causes of seasonality include the effect of climate on smoking behaviour (low in cold weather and high in mild weather, especially in view of now widespread indoor smoking restrictions across the USA), the timing of tax changes (December-January or June-July), the timing of the new fiscal year (June-July), the timing of school year (August-June), and the timing of quitting efforts tied to New Year’s resolutions (December-January). In the obvious extension to this research, the determinants of this potentially important statistical phenomenon will be analysed in detail.

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.

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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 1997 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.”

We are grateful to Dr Green for clarifying what “brand allegiance” really means for the tobacco industry.

• 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
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 mg per dart would be sufficient to create an addictive craving for the source. He also claimed that the required delivery of around 7 mg 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 produce 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 in the 1970s. Because 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”.

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1 Green SJ, C A C, – Salamander. S & H Item 1. In 1977, because of ethical concerns, only a small number of studies were published. The legislation would have to be implemented to make the proposed legislative changes in effect. Our approach may be helpful to policy makers faced with a similar situation in their own locality.

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 Scollo et al 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.1 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 spend on eating and drinking out, 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)? Since we could not find any details of the 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?

(2) Did the consultants use other 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. If, in 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 new set 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 outcome measures and data collected both before and after the intervention, as recommended by Siegel.14

This study used to be able to refute would have failed Siegel’s quality criteria. However, since much of the lobbying against smoke-free legislation is done before such policies are put in place, local objective, before and after data are inevitably not available. In our case, presenting our rebuttal of the consultant’s findings along with the evidence accumulated from overseas studies that smoke-free policies do not harm catering industry revenues, greatly reduced the harm that the consultant’s report could have done to the proposed legislative process. Our approach may be helpful to policy makers faced with a similar situation in their own locality.

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.1 However, very little research has been carried out with NRT during pregnancy and the level of interest in using NRT is not known.2 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 consent via the receptionist. Women 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 about how might you stop smoking?” (“yes” or “no”). Those expressing an interest in stopping were asked “Do you think you might want to stop in the next month, or might you prefer to try a bit later on?” and “Would you be interested in receiving some help from the hospital with stopping?” (“yes” or “no”). Women stating an interest in receiving help were asked “Some forms of nicotine replacement therapy (NRT) may now be used by pregnant smokers who feel they wouldn’t be able to stop without it. Would you choose to use NRT to help you to stop smoking?” (“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,
p = 0.006; mean (SD) cigarettes a day: interest
ested in NRT (n = 67) = 9.5 (6.3), not interest-
ed in NRT (n = 83) = 7.1 (4.2). Following
current licensing regulations, 39.3% (59/150)
of the women wanting to stop smoking
reported smoking sufficient cigarettes per day
(≥10) to be considered eligible for NRT.
Interest in using NRT was significantly higher
for those smoking at least 10 cigarettes a day
(χ²: χ² = 5.0, p = 0.03; 10 or more cigarettes a
day: interested in NRT = 55.9% (33/59), less
than 10 cigarettes a day: interested in
NRT = 37.4% (34/91)). Overall, 22% (33/150)
of those reporting wanting to stop smoking
were both interested in NRT and eligible for
NRT.

The results indicate a high level of interest
in stopping smoking among pregnant women
still smoking following their first antenatal
booking and a moderate level of interest in
using NRT. Fewer women were recorded as
smokers at their first antenatal visit than
would be expected from national data.1 This
is likely to be because of the high number of
Asian women in the local population. Encour-
ingly, those women who were heavier
smokers, and were therefore eligible for NRT,
showed most interest in NRT. Around a quar-
ter of the smokers wanting to stop were both
eligible for NRT and interested in using NRT.
These findings add support to the argument
for conducting further trials of NRT for preg-
nant smokers. The ultimate test of the accept-
bility of NRT for these women will be the
degree to which NRT is utilised.

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 identi-
fied a new tobacco product called Voodoo
cigarillos. They are exclusively manufactured
in India for the US based Kretek Inter-
national, a specialty tobacco distributor whose
exclusive product line includes Djorum clove
cigarets, Darshan bids, and Dreams multi-
coloured and flavoured cocktail cigarettes.1
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 cigar as any roll of tobacco wrapped
in leaf tobacco or in any substance containing
tobacco.2 Voodoo cigarillos appear to be
wrapped in tendu leaf, which do not naturally
contain tobacco.

So we ask, is this new product a cigarillo or
a bid with new packaging? Federal regula-
tions define a cigarette as any roll of tobac-
co wrapped in paper or in any substance not
containing tobacco.3 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.4

The distinction between a cigarillo and a
bid has important legal and financial
implications. Since the wrapper of a cigarillo
contains tobacco, cigarillos are taxed at the
same rate as small cigars. In 2002, the US fed-
eral tax rate for small cigars was 4 cents per
pack of 20, while the rate for cigarettes was
39 cents per pack of 20.5 While all 50 states
impose a tax on cigarettes, only 45 states
impose a tax on cigars, which are lower than
their cigarette tax.6 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 con-
sumers.

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.7 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.8 Also,
federal legislation to halt the importa-
tion of bids into the USA was introduced in
2001.9 By being sold as a cigarillo, Voodoo
bid
The new product emerges at a time when
bidi sales are vulnerable to increased regula-
tion at the state, and possibly the federal
level, as well as higher cigarette excise taxes in
19 states in 2002.10 The Voodoo cigarillo may be
a clever way for the tobacco industry to circum-
vent 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.

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4 Bureau of Alcohol Tobacco and Firearms. Access date: October 2000. URL:
http://www.atf.treas.gov/regulations/27cfr290.htm#290.186

Figure 1 Voodoo cigarillo and Darshan bidi.

The distinction between a cigarillo and a
bid has important legal and financial
implications. Since the wrapper of a cigarillo
contains tobacco, cigarillos are taxed at the
same rate as small cigars. In 2002, the US fed-
ernal tax rate for small cigars was 4 cents per
pack of 20, while the rate for cigarettes was
39 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
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Figure 1 Voodoo cigarillo and Darshan bidi.
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.

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Getting them while they’re young in China. Submitted by Professor TH Lam, Hong Kong.
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 unwar- ranted since public awareness of these risks are now universal. Filters and low tar technology have made cigarette smoking safer, but make cigarette smoking no less addictive. Anecdotal and scientific evidence suggests that smokers who use filters are less likely to die from smoking related illnesses. One can argue that this makes filters a misnomer. The government should focus on giving smokers information about the risks posed by different types of cigarettes, which would fos- ter 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 entitled, Smoke-filled rooms: a postmortem on the tobacco deal. The book leaves one with the impression that the tobacco industry, and not the American public, has long been aware of medical reports showing that the public is not aware of the health risks of smoking until after they begin smoking. Claims such as those made in the book that smokers were fully informed of health risks. Smoke-filled rooms: a postmortem on the tobacco deal 


Smoke and mirrors

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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.

The lighter side

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