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 Hampshrie, UK in June 1984, British American Tobacco (BAT) addd context to the written report of market- and product applications.1 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,2 “front end lift” cigarette design to give the smoker more “impact” on the first puff3 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 audocassette captured with clarity. The taped conversations of the BAT conference participants offered rarely obtained 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 fresh” every time. As for marketing the heat supplying “factory sealed and factory fresh-purchases seem like a consumer benefit” by containing 200 cigarettes that could be pulled off along perforations one at a time.

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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 regulation focused on the development and appropriate evaluation of potentially reduced risk cigarettes is warranted. Furthermore, we agree with Slade et al 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 al 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 presents a “low risk” of cardiovascular disease or complications with pregnancy.

In the absence of any existing regulatory standard, RJRT assumed 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 cigarette brands, Eclipse may present smokers with less risk of cancer, chronic bronchitis, and possibly emphysema. An independent panel of scientific experts reviewed the science and reached conclusions consistent with RJRT’s claims.6

RJRT’s comparative studies were conducted using Kentucky reference cigarettes (K1RF and K1RF4) and leading low “tar” and ultra low “tar” commercial brand styles. Combined, the cigarettes selected for comparison to Eclipse are representative of the vast majority of cigarettes sold in the US market.7 By contrast the entire market segment of the very low yielding ultra low “tar” cigarettes used by Slade et al as a comparison collectively represent less than 1% of the market. Furthermore, one of the two cigarettes selected as a comparison (Now Box) does not have a measurable US Federal Trade Commission (FTC) “tar” yield.
Comparisons of Eclipse mainstream smoke constituent yields to the yields of very low yielding ultra low "tar" cigarettes (Now Box and Carlton Soft Pack) obtained by machine smoking conditions. In addition, Eclipse was significantly less mutagenic than Now Box when evaluated under all machine 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. On a per cigarette basis, Eclipse was less mutagenic than Carlton Soft Pack under all machine smoking conditions tested and was significantly less mutagenic on a per mg "tar" basis than either Carlton Soft Pack or Now Box over a wide range of machine smoking conditions. On a per cigarette basis, Eclipse was less mutagenic than Carlton Soft Pack under all machine 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,1 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 cigarettes of ultra low "tar", full flavour low "tar", and full flavour "tar" cigarettes all experience substantial, statistically significant reductions (p < 0.05) in mutagen exposure when they switch to Eclipse.2 Furthermore, additional studies conducted in smokers have demonstrated reductions in bronchial inflammation and inflammation of the lower lung when smokers switch to Eclipse.2 These findings are consistent with reductions in smoke 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. 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 ultralight, Merit. We tested Eclipse against two other ultralight cigarettes, Now and Carlton, and found the smoke concentrations of four major carcinogens to be significantly 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 studies. The smoke chemistry research used a commercial “ultralight” as a reference, the in vitro research a Kentucky “light” cigarette and the human research a low "tar", brand of hand-rolled 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.

Cigarette smoking is the leading public health problem in the USA, contributing to over 400 000 deaths a year.1 Given its importance, the tobacco control community should be aware of all significant patterns in the consumption of cigarette varieties 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 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.2 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 the sales of cigarettes by wholesalers that are 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.2

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Reference


2 Clearing the Air. Determining national estimates of cigarette consumption. Clearing the Air determined that there was insufficient evidence to conclude that any current cigarette marketed by RJRT would reduce risks of lung cancer and other diseases, the company should request the FDA to evaluate its scientific research and claims before marketing it at the retail level nationally.

3 Seasonal in cigarette sales: patterns and implications for tobacco control

Cigarette smoking is leading the public health problem in the USA, contributing to over 400 000 deaths a year.1 Given its importance, the tobacco control community should be aware of all significant patterns in the consumption of cigarette varieties 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.

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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 a seasonal component, 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 values in table 1, column 3 correspond to the null hypotheses of no stable seasonality in sales. At a significance level of 5%, the null hypothesis of no seasonal components were selected, and the spectrogram was significantly (5% level) different from that produced by a uniform random process (table 1, column 2).

Next, to identify the months for which sales were uniformly high or low for any state, for any one year cycle in the data, the two months with the highest and the two with the lowest seasonal components were selected, and the frequency of the appearance of the months in the “high-2” and “low-2” months is about 30%. To put this in perspective, assuming a price elasticity of −0.4, a 30% drop in sales would require a 75% increase in cigarette prices!

In percentage terms, the seasonal effect is large—as column 4 shows, the mean annual range (difference between high and low factors) across the 17 years is about 30%. To put this in perspective, assuming a price elasticity of −0.4, a 30% drop in sales would require a 75% increase in cigarette prices!

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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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Figure 1
Months with high and low seasonal factors (with possible reasons for prominent months).

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 1977 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. 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 Kieth D Kilburn to CI Ayres, expressing

References
3 Orzechowski W, Walker RC. Monthly state-level data on tax-paid cigarette sales. Electronic file provided to Frank Chaloupka. (See also, for example, Orzechowski W, and Walker RC. The tax burden on tobacco: historical compilation, 1999. Arlington, Virginia: Orzechowski and Walker.)
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 µg per day would be sufficient to create an addictive craving for the source. He also claimed that the required delivery of around 7 ng 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 unruled animals. Reputedly, a mere scratch from an etorphine dart has been sufficient in some cases to provide 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 basic quality standards and this is more likely to happen. 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. A consultation 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)?
2. Did they calculate data, when extrapolated/aggregated, agree with other standard data sources—for example, government statistics?
3. Could the consultant's findings be reproduced to shed light on the methods used? Using a subset 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 almost identical sets 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. Only then, if 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.

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 Sciollo 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.

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. However, very little research has carried out with NRT during pregnancy and the level of interest in using NRT is not known. 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 written consent via the clinic pharmacist. 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”), “Are you thinking at any time about stopping?” (“yes” or “no”). Those expressing interest in receiving help were asked “Some forms of nicotine replacement therapy (NRT) can 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 surveyed (fig 1) the majorit large majority were not in professional/managrial occupations (85.0%, 1)76(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, 10.3, df = 3, 17)}
p = 0.006; mean (SD) cigarettes a day: interested in NRT (n = 67) = 9.5 (6.3), not interested 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; 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. This is likely to be because of the high number of Asian women in the local population. Encouragingly, those women who were heavier smokers, and were therefore eligible for NRT, showed most interest in NRT. Around a quarter 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 pregnant smokers. The ultimate test of the acceptability 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 identified a new tobacco product called Voodoo cigarillos. They are exclusively manufactured in India for the US based Kretek International, a specialty tobacco distributor whose exclusive product line includes Djarum clove tobacco and in any substance containing tobacco. If Voodoo cigarillos are defined as a cigar product, it is possible that Voodoo cigarillos would get around the ban on bido sales in some states. This new product emerges at a time when bido sales are vulnerable to increased regulation at the state, and possibly the federal level, as well as higher tobacco excise taxes in 19 states in 2002. The Voodoo cigarillo may be a clever way for the tobacco industry to circumvent the regulations and restrictions imposed on bidos. Voodoo cigarillos should be reliably tested to determine if manufacturers and vendors are in compliance with federal and state laws.

**Figure 1 Participant flow. PAS, patient administration system.**

**References**

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.
**BOOK REVIEW**

*Smoke-filled rooms: a postmortem on the tobacco deal*


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 smoking no less harmful. The government should focus on giving smokers information about the risks posed by different types of cigarettes, which would fos- ter more informed 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*. If cigarette smoke hasn’t already caused one to become short of breath, reading this book surely will. Viscusi’s selective presentation of data on what consumers of cigarettes believe they do not know about the risks of smoking, the dangers of secondhand smoke, the benefits of filtered and low tar cigarettes, and ultimately who should be held accountable for the massive death toll caused by smoking cigarettes is breathtaking. This book leaves one with the impression that the cigarette industry and not the American public has been the victim in what has been a massive money grab by greedy trial lawyers and starved state attorneys general. It appears that Dr Viscusi has spent a few too many hours in smoked filled rooms to be able to reasonably separate fact from fiction. How- ever, one fact is crystal clear—Viscusi is not the unbiased observer of the tobacco industry. He acknowledges that he has served as an expert witness for the cigarette industry. Thus, his diatribe against plaintiff lawyers, some of whom have risked their own personal fortunes to shed light on the lies and deceit of the cigarette industry, seem misplaced. Viscusi ought to take a look in the mirror.

Reading this book leaves one with the impression that the cigarette industry bears no responsibility for marketing what is admittedly a lethal and addictive product that results in the premature death of one out of every two users. Viscusi dismisses the evidence that cigarette manufacturers knowingly misrepresented the dangers of smoking to the American public on the grounds that smokers knew everything they needed to know about smoking in order to make an informed choice. However, one needs to question whether this assumption is correct. The evidence presented in chapter 7 to support the claim that smokers are fully informed is far from compelling. Viscusi mis- represents polling data showing that the pub- lic has long been aware of medical reports linking smoking and cancer as evidence that smokers were fully informed of health risks. He must surely recognise that having a general awareness that smoking causes can- cer does not necessarily translate into a belief that one is facing an elevated health risk of developing cancer. In fact studies conducted by Viscusi himself demonstrate that smokers as a group are less likely to perceive health risks from smoking compared to non- smokers. He also fails to mention the knowl- edge deficits that many smokers have regarding compensatory smoking, the lack of benefits from smoking filtered and low tar cigarettes, and other factors.

Viscusi ignores evidence revealing how cigarette manufacturers have designed their cigarettes to induce dependency on nicotine. He also conveniently ignores the data showing that most people begin their smoking careers during their teenage years when health concerns about smoking and addiction are not in the realm of consciousness.

Viscusi’s chapter on the factors involved in youth smoking behaviour represents an exer- cise in selective recall, laying the blame for youth smoking mainly on parents. Hardly a mention is made of the billions of dollars spent annually by cigarette companies to advertise and promote cigarettes. Viscusi also ignores the mountains of internal industry documents that openly discussed the import- ance of the youth market to the eco- nomic viability of the cigarette industry. Instead he accepts at face value the industry’s line that they don’t want kids to smoke. Viscusi’s remedy for the youth smoking prob- lem is to get parents or do more to keep their kids from smoking and to enact policies to prohibit the sale of unconventional cigarettes like bidis. The discussion of bids is especially odd since Viscusi admits products; instead teenagers smoke Marlboro, Newport, and Camel. Thus, while one can hardly argue with Viscusi’s plea for better parenting, his failure to recommend stronger measures to curb how tobacco companies market their cigarettes to attract the attention of youthful smokers makes the sincerity of his recommendations suspect.

Viscusi’s chapter on the health risks associ- ated with secondhand tobacco smoke is grossly uninformed. Much of this chapter reads like it was drawn from industry sponsored websites that have been designed to spread misinformation, downplaying the well documented scientific evidence linking secondhand smoke exposure to a wide array of health risk. Remarkably, Viscusi suggests that limits on indoor smoking are unjustified and bad for the economy because such restrictions cause smokers to consume fewer cigarettes, and, therefore, “losses accrue to society in terms of foregone taxes”.

Viscusi’s sharp criticism of current public health campaigns to warn the public about the health risks of smoking defies common sense. According to Viscusi, since public awareness of the health risks of smoking are nearly universal, there is no need to keep repeating the same messages. In fact he argues that such efforts are counterproductive because people are likely to form unrealistic risk perceptions about smoking. Such reasoning is illogical. By analogy, if one were to accept Viscusi’s premise that once the public recognises the health risks of smoking there is no need to reinforce health messages, then one would also have to accept the idea that there is no need to spend a dime advertising Marlboro cigarettes since the Marlboro Man is nearly universally recognised. Apparently, cigarette manufacturers don’t accept Viscusi’s logic and nor should the public health community.

Viscusi’s criticism of the current wave of edgy in your face counter- advertising campaigns ignores the evidence that these programmes are actually reducing cigarette consumption. Instead of continuing these effective public health campaigns Viscusi recommends that the government re- focus its efforts towards giving smokers infor- mation about the risks posed by different types of cigarettes in the hope that this would move smokers to use less toxic cigarettes.

Viscusi is correct in noting an important deficiency of the Master Settlement Agree- ment that has made it difficult for new tobacco companies to enter the market, thus dampening competition for the development of potentially safer tobacco products. How- ever, his credibility on this subject is dimin- ished by his acceptance of the view that declining cigarette consumption in the USA since the 1960s corresponds directly to in- creased efforts to inform the public of the dangers of tobacco use. Viscusi’s criticism of the current wave of edgy in your face counter- advertising campaigns ignores the evidence that these programmes are actually reducing cigarette consumption. Instead of continuing these effective public health campaigns Viscusi recommends that the government re- focus its efforts towards giving smokers infor- mation about the risks posed by different types of cigarettes in the hope that this would move smokers to use less toxic cigarettes.

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In summary, *Smoke-filled rooms* reads more like a legal brief written by a team of tobacco industry lawyers instead of a thoughtful com- mentary on the legal, financial, and social consequences of smoking. As such this book is a must read for plaintiffs’ attorneys, but for the rest of us we should stick with “smoke- free rooms”.

**References**


K M Cummings

**www.tobaccocontrol.com**


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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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