

considered included various combinations of the following words: smoking, tobacco, nicotine, journal, international, prevention, cessation, reduction, problems, disease, and health.

We chose *Tobacco Control* for three main reasons: (a) it reflects our intention to focus on the control of the problem, as opposed to effects of tobacco use on disease processes; (b) it subsumes the major interventions in this area, including public education, prevention, cessation, and policy; and (c) it is pithy, as are the names of other journals published by the BMJ Publishing Group – for example, *Eye*, *Gut*, and *Thorax*. In the masthead on the front and back cover of the journal, we have added “An International Journal” as a subtitle to emphasise our goal to include material from throughout the world.

The issue you raise, though, is an important one. “Control” has many meanings. When people hear “tobacco control”, do they think of control by government, by a “smoking police”, by “smoking Nazis” (a term used recently by a spokesman for Newt Gingrich, Speaker of the US House of Representatives)? Or do they think of well-intended efforts to reduce tobacco use, appropriate regulation of the manufacture and marketing of tobacco products, or control of behaviour by nicotine?

The *Random House Dictionary of the English Language* (unabridged edition) provides 16 definitions of “control”, one of which is particularly relevant to tobacco control: “prevention of the flourishing or spread of something undesirable: rodent control” (emphasis in original).²

“Control” also seems to be an accepted, if not standard, term in public health circles. One of the leading textbooks in public health has included chapters entitled “Communicable disease control”, “Occupational and environmental health control”, and “Smoking: health effects and control”.³ The US Centers for Disease Control and Prevention has a National Center for Injury Prevention and Control, a Division of Cancer Prevention and Control, and a Measles Control Unit.⁴ A directory of state public health agencies shows “control” in the names of many of their organisational units, including “Radiation Control” (Alabama), “Diabetes Control” (Alaska), “Zoonosis Control” (Colorado), “Tuberculosis Control” (Florida), “Litter Control” and “Vector Control” (Hawaii), “Drug Control” (Maryland/Rhode Island), “AIDS Prevention and Control” (New Jersey), “Environmental Quality Control” and “Air Quality Control” (South Carolina), and “HIV and STD Control” (Texas).⁵

We can speculate about whether the term “tobacco control” helps or hinders our efforts. Or better yet, someone could do a bit of research to see what the term means to consumers, policy makers, and other targets of our work.

RONALD M DAVIS
Editor

Atlanta, Georgia: Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry, October 1994.
5 Association of State and Territorial Health Officials. 1994 *Directory of state public health agencies*. Washington, DC: ASTHO, 1994.

Smokers in Marvel Comics

To the Editor – Marvel Comics has recently received praise from such sources as the *New England Journal of Medicine* (1994; 330: 1321) and the *Columbia Journalism Review* (January/February 1995: 20) because they cancelled trading cards showing characters (heroes and villains) smoking. In addition, trade advertisements stating “These Spokespeople will Never Smoke...” (published in *Tobacco Control* 1994; 3: 199) demonstrate Marvel’s commitment to health via communication with kids. Marvel’s comic books, however, the major communicator of the company, tell a different story.

A recent survey of the popular *X Men* titles, reveals an abundance of characters (the heroes, the role models) smoking. Some of these are established adult characters whose smoking is, unfortunately, part of their persona. “Wolverine”, the mutant warrior, can smoke with impunity because he has a “healing factor” which protects him from harm. Teenagers, who consider themselves immune from the health effects of tobacco, will surely be consoled by this character. “Gambit”, the Cajun thief, lives for adventure and risk-taking, and smoking enhances the image. Although the behaviour of these characters may be excused because they are adults, recent actions by Marvel have exceeded these limits when they introduced teenage smokers.

The new character of “Skin” is an egregious example of this (figure). He is a 16-year-old, extremely ugly Hispanic teenager, insecure about his appearance, who gets by with attitude. Part of this “attitude” is his

smoking behaviour. His character sends just the wrong message to teenage readers: if you’re upset about your looks and your standing in the world, use tobacco to calm down/project a tough attitude. A recent issue of *Generation Next* (March 1995) takes this even further. Here we have “Shadowcat”, a teenage character who is talented, tough, and beautiful. For no apparent reason (and in a change from her previous characterisation) we see her casually smoking after a fight scene. The message is clear: even respected, dominant teenagers smoke, either to relieve stress or for no reason at all.

Marvel characters are important figures to a huge number of children and youth. There is no reason that these heroes should be modelling dangerous, addictive behaviour to project images of idealised rebellion. I call on Marvel Comics to immediately change this behaviour in their comics as they have done in their trading cards. They owe it to their loyal public.

MICHAEL LIPPMAN
Washington DC
Seattle, Washington, USA

In reply – Marvel Entertainment (including Marvel Comics) is owned by Ron Perelman, a cigar-smoking billionaire who also owns Consolidated Cigar Corporation. Perelman was featured on the cover of the Spring 1995 issue of *Cigar Aficionado*, which included an in-depth interview with him. – ED

Women and tobacco

To the Editor – We answered a letter from Deborah McLellan voicing dissatisfaction about the Ninth World Conference resolutions on 21 March 1995. Discovering that the letter has been published in the letters section of *Tobacco Control*,¹ I would like to request that our response to her also be published in *Tobacco Control*. It is unfor-



“Skin”, a mutant teenager portrayed as one of the “good guys”, lights up in the November 1994 issue of *Generation X*.

1 Dowd M. Speaking for House Speaker and enjoying the trappings. *New York Times* 1995; Jan 5: A1.

2 *Random House dictionary of the English language: the unabridged edition*. New York: Random House, 1967.

3 Last JM, ed. *Public health and preventive medicine (Maxcy-Rosenau)*, 12th ed. Norwalk, Connecticut: Appleton-Century-Crofts, 1986.

4 CDC and ATSDR communications directory.

fortunate that dissatisfaction exists concerning the Conference resolutions, as it should be remembered that a considerably important step has been taken in attempting to create an agenda for action on an international scale, by obtaining approval for the strategies from international bodies other than the conference organisers.

The pertinent portion of my reply to Ms McLellan was as follows:

You wrote, as the president of the International Network of Women Against Tobacco (INWAT), to voice dissatisfaction with the final resolutions of the 9th World Conference on Tobacco and Health, in that there was no specific call for more equitable participation by women at world conferences, and that issues of women and tobacco were not included in the International Strategy for Tobacco Control.

No recommendations for other world conferences were included in the resolutions, as it was felt that the time for joining internal recommendations with those for the greater society had passed, and that recommendations should in all cases have relevance beyond the conference itself. Rest assured, how-

ever, that we forwarded your suggested resolution to the organisers of the Tenth World Conference.

The International Strategy for Tobacco Control omits no-one and attempts to include a strategy applicable to all people throughout the world. Surely you agree that the nine points of the international strategy address women's issues? They are: legislation to ban direct and indirect advertising; legislation to protect young people from tobacco promotion and sales; policies to discourage the onset and maintenance of tobacco use; policies to increase taxes and remove taxes from the cost-of-living index, to discourage tobacco production, to control smuggling; effective health warnings and regulations; smoke-free public policies; policies to block marketing initiatives, monitoring of the pandemic and the consequent tobacco control measures.

We share with you concern for the societies where girls' and women's uptake rates are high or growing, or both, and for the societies where women do not smoke in great numbers, but who will, as they become even slightly more financially or culturally independent, be massively targeted by the tobacco industry. The carefully negotiated International Strategy can surely be improved upon

— for example, by including more specific calls for protection of girls and women. Despite its flaws, it already has the backing of numerous organisations, and is being proposed throughout the world as guidelines for action. We feel it would be counter-productive to switch or add to its contents without renegotiating with all of the national and international bodies that have given their approval. Here we can suggest that the role of INWAT might be to follow up the International Strategy with specific proposals for women in those areas where you believe that women's needs might be forgotten or underestimated.

We hope that beyond your discontent, we can find agreement by drawing upon your specific expertise concerning women and tobacco to continue to define and encourage necessary and effective actions.

KAREN SLAMA

*Ninth World Conference on Tobacco and Health,
Paris, France*

1 McLellan DL. Women and tobacco. *Tobacco Control* 1995; 4: 92.

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