as scientifically designed controlled trials. COMMIT, the most touted such intervention to date, fell short in this endeavor several years ago. ASSIST, IMPACT, and the Smoke-Less States programme have taken us past it.

Glantz does not draw the line between the funding of tobacco control activities per se and support of research on its consequences. His proposed SCIENCE programme comprises large-scale interventions and evaluation research. I heartily endorse the latter. Given our current understanding of the limitations of community intervention research, and the expanding dissemination of tobacco control programmes, I find the former indefensible. When it comes to funding tobacco control evaluation research, we should hold NCI’s feet to the fire. We will burn ourselves, however, if we hold NCI responsible for footing the bill for more population-based, large-scale tobacco control programmes.

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Building on the foundation of ASSIST

Tobacco control activities continue to raise more questions than they answer.

- How high must a cigarette tax be to decrease consumption?
- Does strong emphasis on measures to reduce access by young people result in a “forbidden fruit” effect, which results in more, not less, smoking in the young?
- Can small amounts of counter-advertising impact cessation rates?
- Have the contents of cigarettes been altered recently to make them more addictive?
- Does reducing access to tobacco products have any effect on adult smokers?
- How should coalitions be structured to achieve maximum tobacco control policy change?

Tobacco control policy research in the United States remains limited even as the opportunities to apply the research results are increasing. Within the past two years, Oregon and Maine have earmarked cigarette tax dollars for tobacco control programmes, and Mississippi and Florida have received settlement funds counted in billions of dollars. Health professionals in these places found themselves putting together comprehensive statewide programmes in very short time frames.

As more funds become available, this situation will be repeated. Health professionals will be allocating new monies and launching interventions without the benefit of the best scientific information on the effectiveness of tobacco control strategies.

The tobacco industry, in contrast, uses up-to-the-minute research in every aspect of its campaign to design, advertise, market, price, and sell tobacco products and reinforcing use through the policies it promotes and those it blocks. The Tobacco Institute studies, understands, and takes advantage of the political system in ways that health advocates find difficult to counter.

Calculating how much the industry spends on all its research would be a Herculean task. Even if we knew the final amount, we could not begin to match it. But when we see smoking rates in the young increase despite all our attention and efforts, it is clear we understand far less about how to reach the next generation than do the tobacco companies.

Certainly, the NCI has an obligation to the citizens of the United States to play a major role in reducing the epidemic of tobacco-caused cancers. We have entered a new era where prevention research by the NCI must involve large populations, diverse cultural and ethnic groups, policy interventions, and measurements of media impact. We need to know how to influence the outcome of reduced smoking prevalence by designing the best interventions possible. We need to understand culture change surrounding smoking and do that requires entering the culture.

The American Cancer Society has been the NCI’s partner of record for the eight years of the ASSIST project. During this time, we have seen the effects of the NCI’s resources devoted to systematic and innovative approaches to
tobacco control. The laboratories for this great experiment are the states and local communities; the studies are being conducted by health advocates using tools of advocacy and media.

Now is the time to continue those studies. Now is the time for the National Cancer Institute to build on the foundation of ASSIST and move to the next level of tobacco control research.

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The future of NCI’s smoking research agenda

Stan Glantz has joined a small chorus beseeching the National Institutes of Health in general and the NCI in particular to greatly expand its tobacco control research agenda.25 26 As usual, Glantz does it provocatively and articulately and puts forth his own proposed agenda.

Glantz is correct in asserting that the NCI has not had a programmatic tobacco research programme since the Smoking and Tobacco Control Program developed by Joe Cullen culminated in the ASSIST programme. It is also hard to avoid the implications of the huge discrepancy Glantz noted between the impact of tobacco on cancer morbidity and mortality and the proportion of the NCI’s budget devoted to tobacco control research. The NCI may well feel that, given the relatively large expenditures for the COMMIT25 and ASSIST24 community and state-level trials, tobacco research has been taken care of and it is time to move on to other risk factors. I strongly agree with Glantz’s argument that such a move would be greatly premature and unfortunate. There are major gaps in our knowledge about tobacco control that need to be addressed via research. Given the size of its budget and its prior history, the NCI should take the lead in developing a plan for tobacco research.

Glantz’s particular “wrinkle” is to argue for large population studies that would take off from the accomplishments of ASSIST and capitalise on variation in state activities—which exist in part because some states are now engaged in tobacco control funded by dedicated tax monies—to learn about the relative effectiveness of population-level tobacco control interventions. Glantz has, in effect, drafted the essentials of a persuasive Request for Proposals (RFP) that the NCI might issue. It is an RFP that would likely have an expensive price tag attached. Such research would be worth paying for, given the mortality and morbidity stakes that are involved.

Some of the elements in Glantz’s RFP are consistent with research directions that I proposed26 in a paper that was commissioned by the NCI. Both Glantz’s recommendations and mine could and should be addressed through investigator-initiated proposals. I would urge investigators to take on portions of Glantz’s agenda. Building upon the accomplishments of ASSIST, however, requires that ASSIST submit its methods and results for review by the science community. As Glantz notes, the CDC has important evaluation expertise to contribute, and state health divisions are getting into the act as they monitor the smoking control programmes supported by dedicated tax monies.

But the NCI retains primary responsibility for advancing the science of population-based tobacco control. Glantz is correct in noting that innovative methodologies will be needed to tease out causation in population studies where experimental control may be quite limited. Let us hope that NCI’s newly reorganised Division of Cancer Control and Population Science takes the latter part of its new name seriously.

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Tobacco control in the United States: the next generation of demonstration and research projects

As noted in the above commentary by Glantz, the landscape for tobacco control in the United States is changing dramatically due to unprecedented leadership in our national government,28 29 state-based efforts to increase tobacco taxes and to sue tobacco companies,30 31 and local measures to restrict the use of and access to tobacco.32 Based largely on the favourable evaluation results of the NCI’s ASSIST trial, Glantz calls for a new NCI-coordinated programme (SCIENCE) for tobacco control research and development.

It is worth noting that the primary goal of ASSIST is to “reduce smoking prevalence