Editorial

From tobacco mythology to science: will policy research ever guide practice?

Anyone involved in tobacco control in the United States cannot help but feel a little bit like Alice, swept through the keyhole into a wondrous new world where tobacco stories appear almost daily in the news, public opinion turns against North America's most profitable industry, civil servants bring tins to their knees, and once mortal enemies face each other across the bargaining table. For those who have toiled long against the wasteful loss of three million deaths worldwide per year to tobacco-related illness, each small gain looks sweet. The movement looks better than ever.

Yet in the United States, debates rage about which tobacco control strategies are "right". Will restricting availability of tobacco products to young people produce decreased use or be a waste of time? Should tobacco tax increases be supported, if all of the funding doesn't remit to tobacco control? Does focusing on preventing tobacco use by young people create a "forbidden fruit" aura that tempts even more kids to use? Should state attorneys general bargain with the industry? Should anyone bargain with the enemy? How much money is enough to punish the tobacco industry for wrongdoing? What advertising and promotion restrictions will actually work? Will banning cartoon characters and promotional gear affect prevalence or merely carry symbolic meaning? Will licensing establishments that sell tobacco make enforcement more effective? What does effective enforcement cost? What impact does it have on prevalence? What policies are best for helping "hardcore" tobacco addicts quit?

Science should replace mythology in the tobacco policy realm as it does in clinical practice. For some of these questions, perhaps there are no definitive answers. Yet, for most, good science will provide reasoned paths to follow. Unfortunately, funding for tobacco policy research remains sporadic and largely unsupported by the federal research enterprise and the philanthropic community in the United States and worldwide.

This supplement to Tobacco Control provides rich insights for policy work from a series of secondary analyses of data from 10 pairs of communities in the United States that were part of the Community Intervention Trial for Smoking Cessation, conducted from 1988 to 1993. The work is important, not only for its scientific content, but because it symbolises what can be accomplished with relatively modest ($127 000) funding for policy-relevant analyses. Although the original intervention trial was funded by the federal government, no support was available for exploring other policy questions in this extensive data set.

Brand preference behaviour remains hotly contested, with tobacco control forces asserting that advertising and promotion seek to lure new, young customers, while the industry claims its purpose is to encourage veteran, adult smokers to switch brands. Cummings et al demonstrate the disparity in brand choices between the young and adults, with young smokers more likely to use the most heavily marketed brands and to be more brand loyal. They also find that the top-selling premium brands lost four times as many adult smokers as they gained, with over half the losses attributed to smokers quitting or dying. Only 9.5% of adult smokers switched brands, with 7.6% switching to another company's brand each year, most likely to a discount or generic brand. Cummings and colleagues report a dramatic increase in the use of discount and generic cigarettes (from 6.2% in 1988 to 23.4% in 1993), associated with lower income, older, more heavily addicted smokers who were less likely to quit than those using premium brands. The price of tobacco products remains a potent means of affecting consumption, yet few governments appear willing to increase prices to levels that would substantially affect prevalence. Lewit et al provide further evidence of the association between price and consumption among young people, finding significant negative price elasticities for ninth-grade boy smokers (~1.51 to ~1.02), but not for girls (~0.32 to ~0.06). Intent to smoke within a year, however, was significantly affected for both sexes (~0.92 to ~0.84 for boys, ~1.26 to ~0.99 for girls). They also provide intriguing insights, albeit from a limited view of a select sample of ninth-graders, into the potential effectiveness of some of the access and advertising provisions of the US Food and Drug Administration (FDA) tobacco regulations and the proposed tobacco settlement. Manley and colleagues also demonstrate the power of pricing, noting that Philip Morris' 20% reduction in the price of its premium brand cigarettes in 1993, when matched by their competitors, arrested the decline in consumption in ASSIST programme states and reversed it in the comparison states.

Cost and coverage policies also affect our ability to help the most heavily addicted to quit. Cummings et al report that nicotine patch users are more than twice as likely to quit successfully. Patch users were more likely to be heavy smokers, female, middle-aged or older, and have a higher income. The most successful quitters used the patch for 1-3 months. Those with annual household incomes under $10 000 were least likely to use the patch; however, public insurance coverage of the patch was associated with greater use and higher quit rates. Improved insurance coverage, subsidy programmes (like those for other expensive treatments or the proposed industry settlement), and repackaging doses into smaller, more affordable units should be explored.

These important policy insights might have remained buried within intervention trial data had it not been for the foresight of Mike Cummings and the COMMIT co-investigators. In 1994 they received a grant under the Tobacco Policy Research Programme of the Robert Wood Johnson Foundation. Since 1994, the Foundation has awarded $8.7 million in 46 grants to explore important tobacco policy questions. A 1997 review of the programme by the Lewin Group found that the programme generated
high-quality policy research, was associated with a doubling of peer-reviewed policy research articles, was able to attract accomplished investigators (some new to the field of tobacco policy), and generated work that was used by the press, the courts, legislative bodies, and the FDA.¹¹

These findings point out the value of tobacco policy research. Yet, sadly, precious little funding exists for new policy research, unless it relates directly to the evaluation of a particular programme intervention. A virtual treasure-trove of insights lies buried within data from other large intervention trials or hidden from potential meta-analyses among multiple, smaller research projects—unmined for want of funding for policy analysis work. Many important policy questions today involve exploring the legal and regulatory frameworks of government or the effects of marketing techniques and product pricing—calling for investigators with credentials in law, political science, marketing, and behavioural economics. Processes for attracting, reviewing, and funding investigators and methods that deviate from the norm of US National Institutes of Health study sections must be a priority.

The papers in this supplement bring to mind some intriguing questions that would benefit from such examination.

• How much does availability of discount and generic cigarettes or price cuts affect quitting or initiation?
• What level of tax or price increase is optimal for decreasing consumption without causing massive shifts to less expensive cigarettes?
• Should the price of tobacco products be regulated, like other products—for example, price changes reviewed by public commissions for utilities and government postage rates—to avoid the effects on consumption of rapid price shifts?
• What effect would ad velorum taxation (taxes indexed to inflation) have on consumption or brand choice?
• Should governments make access to the patch and other pharmacotherapeutics more affordable for those with low incomes by supporting a bulk-buying programme similar to those for vaccine-preventable diseases in children?
• Should the patch be a mandatory benefit under insurance or public coverage for healthcare?

• What packaging/pricing configurations would make the patch more attractive to lower income smokers?
Better science should replace rhetoric in tobacco control. The current debates about which strategies to follow, the impact of the FDA regulations, and the outcome of the measures contained in the proposed tobacco industry settlement in the United States would be well-served by higher-quality information inputs into the political process. The FDA provisions, additional measures proposed by the settlement, and the many natural experiments taking place in American states and throughout the world provide exciting opportunities to test new policy approaches. Why waste the moment?

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