

painfully and prematurely as adults, a direct and certain consequence of leaving control of the product in the hands of the cigarette makers.

In my editorial,<sup>1</sup> I observed that the Ford Motor Company had to change its defective Pinto car when it was found to be killing people in low-speed crashes, an analogy I used to help explain why cigarette companies should likewise be forced to change their products. Shatenstein responds by noting that "there are no more Pintos on the roads these days" and that "[c]onsumers moved on to more trustworthy models". He notes in the same paragraph that American consumers chose not to switch to the Next (denicotinised) cigarettes when they were marketed briefly in the early 1990s. First, Shatenstein overlooks the fact that the Pinto is merely one example of a much larger phenomenon, in which government safety authorities around the world have required improvements in the design and manufacture of all motor vehicles. In the United States, every mass-marketed automobile has long been required to meet strict safety standards, which have been progressively strengthened over time. Thus, once the Pinto was deemed hazardous, it could no longer be sold without first being fixed.

As for the example of Next cigarettes, he fails to recognise that consumers failed to buy the denicotinised product in part because its manufacturer, Philip Morris, deliberately neglected to inform the public that the product was not only non-addicting, but was also, through the extraction of nicotine, nearly bereft of tobacco-specific nitrosamines, which are among the most lethal of cigarette smoke carcinogens. In short, Next probably was a less hazardous cigarette, but the public did not know it.

In stark contrast to the automobile example, no country has yet to subject tobacco products to meaningful health and safety standards. The historic failures of political will in the face of the industry's money and power are no excuse for failing now to regulate the manufacture of tobacco products in light of the recent disclosures regarding cigarette makers' design of those products to addict unsuspecting consumers, millions of children among them.

Jarvis and Bates make the misplaced argument that the AMA proposal<sup>2</sup> "embodies a degree of coercion and compulsory withdrawal". Shatenstein similarly likens the AMA proposal to "foist[ing] nicotine-reduced cigarettes on an unwilling public". First, the only coercion and withdrawal that could conceivably be at issue involves nicotine itself, since tobacco products would continue to be readily available to adult consumers. Under the AMA proposal, nicotine, too, would continue to be made readily available through increasingly effective alternative delivery systems. Any withdrawal experienced by the nicotine-dependent consumer would come as a result of a choice, freely made, not to use any nicotine delivery product. That is precisely the choice that should remain available to adults. Moreover, as Laugesen notes, to take but one example, more than eight of 10 smokers in New Zealand have tried to quit, but with extreme difficulty. Helping them—and millions of others like them around the world—conquer their addiction to nicotine-containing cigarettes could hardly be characterised as coercive, especially since the drug itself

would still be readily available to them in other forms.

Finally, Shatenstein asserts that proposing the gradual reduction of nicotine in tobacco products will spawn accusations of nannyism and the hurling of the "health Nazi" insult, and that this will place us, not tobacco products, in the bull's-eye. On the contrary, while the tobacco industry and its sympathisers will always reserve their choicest epithets for their adversaries, the proposal to phase out nicotine should help to shift the focus of public anger squarely toward the tobacco industry. The AMA report should be used as a platform for focusing on the industry's malfeasance, not on the assertive good intentions of the public health and medical communities. The tobacco companies' misconduct caused the nicotine-fuelled calamity from which we now seek to extricate society, and they must be challenged as to their "right" to continue to make and sell products that they deliberately render addictive at the same time that they fail to render them less hazardous.

The letters assailing the AMA report essentially wave the white flag of surrender, ceding to the tobacco industry the extraordinary discretion to use, manipulate, and freely adulterate their products to exploit the effects of a highly addictive drug on a planet of human guinea pigs. This position inevitably brings to mind an observation I once heard made by my friend Garfield Mahood. In his inimitable style, the Canadian tobacco-control leader intoned to an audience of health advocates, "Those who say it cannot be done should not get in the way of those who are doing it".

The dramatic first step toward eradication of the tobacco epidemic must be taken thoughtfully and cautiously, not fearfully or timidly.

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- 1 Douglas CE. Taking aim at the bull's eye: the nicotine in tobacco products. *Tobacco Control* 1998;7:215-8.
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### "Schools, Internet, and Nonsmoking": the use of new media in tobacco control and health promotion

EDITOR.—Whereas different techniques have been proven to effectively prevent and reduce cigarette smoking,<sup>1</sup> few attempts have been made to involve the internet in such activities. It can be hypothesised that the active participation of pupils in using this medium could produce positive attitudes towards non-smoking. The general objective of the project "Schools, Internet, and Nonsmoking" is the development, implementation and evaluation of an internet platform for smoking prevention. This platform will be open to pupils, teachers, parents, and researchers.

In a first step, a web site will be created, where the idea of the platform is introduced. On this site, facts and data about non-smoking and current smoking prevention projects will be presented. The site will be updated regularly. To make schools and pupils aware of this platform and to increase

prevention-related activities, a yearly competition will be carried out, in which pupils create their own web pages. These pages will be rated by a jury of experts. The best page will be awarded a prize.

The schools participating in the competition would at first create their own "smoking prevention page" showing preventive activities that they carry out in school. Furthermore, the schoolchildren could present their attitudes toward smoking and smoking prevention, their individual work (such as paintings, songs, and writings) and their personal achievements (for example, percentage of pupils who quit smoking).

A competition between schools via the internet appears to combine the following different goals in an ideal way.

- The development of individual web pages is in itself a fascinating activity for schoolchildren, thereby providing attractive and reinforcing behavioural alternatives.
- The positive experiences gained during the project become associated with the subject of smoking prevention.
- The publishing of own smoking prevention activities on the internet—which is accessible worldwide—provides powerful ways of public commitment for schoolchildren as well as teachers. This kind of presentation of results and achievements will create pride in the pupils.

The competition is open to schools in Germany and the United Kingdom. Further information about the project can be found at <<http://www.ift-nord.de/in>>.

A process and outcome evaluation of the project is currently in progress.

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1 Sussman C, Dent CW, Burton D, et al. Developing school-based tobacco use prevention and cessation programs. Thousand Oaks, California: Sage, 1995.

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### A new smoking cessation programme using the internet

EDITOR.—Starting in 1997, we introduced a new programme of smoking cessation, the "Quit-smoking marathon", open to smokers wishing to quit and who have access to the internet.

The programme consists of three components.

- A home page on the world wide web <<http://www.kin-en.com>> provides facts on smoking and health, and information on how to take part.
- On the first day of each course, all participants stop smoking. Daily guidance emails are sent from the organiser to the participants throughout the 60-day programme.

- A mailing list offers a prompt contact forum between the participants and supporters. (Supporters, who are selected by the organiser, are doctors who are interested in the programme and volunteers who have succeeded in stopping smoking through the programme.)

In the first run in 1997, participants enrolled only through the internet. Since then, it has also been possible for people to enrol through newspapers and journals.

A questionnaire was used to evaluate the smoking status of the participants immediately after the programme, and at six and 12 months after finishing each course.

"Marathons" have now been held three times, starting on 9 June 1997, 9 October 1997, and 1 June 1998. In the first run, 12 months after having completed the programme, 52.0% of 102 smokers (daily consumption of cigarettes less than 30) and 43.4% of 122 heavy smokers (daily consumption more than 30) were judged to have successfully stopped smoking. Thirty per cent of the participants in the first run, who came to the authors' clinics and confirmed that they had successfully stopped smoking, were interviewed face to face and their breath tested for carbon monoxide. All those tested were negative for smoking. Comparable results are expected from the two most recent courses as their quit rates immediately after completing the programme and after six months have been similar to those obtained in the first course.

The advantages of such a programme are clear.

- It is accessible 24 hours from any place in the world where internet access is available to Japanese speakers.
- There is no physical limitation to the number of participants.
- Continual support is available to participants day and night, provided by rostered supporters.
- Timely personal emails encourage participants in difficulty, and promote a feeling of solidarity.

Currently a shorter, 30-day trial is being tested with a view to making the programme compact and more efficacious; in the past, email communication spontaneously decreased in volume after the first three weeks.

Although improved methods for ascertaining the individual smoking status still need to be developed, this new approach is considered to be very promising and also adaptable to other areas of health promotion, particularly in view of increasing internet use throughout the world.

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### Cigarette taxes

EDITOR.—It is estimated that provisions of the proposed settlement of the United States attorney general with American tobacco companies would add about US\$0.52 to the cost of a packet of cigarettes.<sup>1</sup>

Although cigarettes in the highest taxing American states—Hawaii, Alaska, Washington and California—are among the most expensive in the developed world, cigarettes in low-taxing states are among the least expensive. Even with the increases that would result from the proposed settlement, the average cost of cigarettes in the United States would still be only half the cost of cigarettes in the United Kingdom, and considerably less than cigarette prices in countries such as Denmark, Ireland, Australia, New Zealand, and the highest taxing Canadian provinces (table 1).

Taxes are only one contribution to the price of cigarettes. As is evident from the tax incidence figures in table 2, manufacturers' costs and margins, and retail margins must also vary considerably between countries.

The low percentage that tax makes up the final price of American cigarettes gives manufacturers considerable scope to adjust prices to maximise sales and profits. This might be done, for instance, by having some low-price brands for price-sensitive consumers and higher margins for brands favoured by less price-sensitive smokers. In a country where specific taxes make up a major share of the price of cigarettes, the manufacturers have far less ability to establish significantly differentiated pricing. Even with the estimated \$0.52 increase that would result

Table 1 Global cigarette prices, most popular brands, selected countries. Average price of 20 cigarettes on 3 June 1998

Country	Price (US\$)*‡
Sweden†	5.73
United Kingdom†	5.51
Denmark	4.44
Ireland	4.35
Finland	4.08
Canada (highest)	4.04
France	3.27
New Zealand	3.31
Belgium	2.89
Australia†	3.32
Germany	2.97
Austria	2.57
Netherlands	2.30
Italy	2.12
US current (highest)	3.02
US estimated post-settlement (highest)	3.54
Greece	1.99
Portugal	1.76
Canada (lowest)	2.17
Spain	1.26
US current (average)	2.06
US estimated post-settlement (average)	2.60
US current (lowest)	1.67
US estimated post-settlement (lowest)	2.20

\*Prices and taxes are supplied by Treasury sources, as at 3 June 1998 for a pack of 20 of the most popular brand family, or for 20 cigarettes where the most popular brand family is not sold in 20s.

†Since 3 June 1998, prices have decreased significantly in Sweden (US\$1.30), have increased significantly in the United Kingdom (US\$0.75) and have increased slightly in Australia and in several American states.

‡Exchange rates are from Bank of Montreal, noon exchange rates, 3 June 1998.

from the settlement, the currently moderate-to-low levels of tax paid in the United States and the extremely low tax incidence combine to leave vast pricing power in the hands of the tobacco trade.

Table 2 Global cigarette prices and taxes on 3 June 1998, and tax incidence

Country	Per 20 cigarettes (US\$)		
	Total tax	Average retail price	Tax incidence‡ (%)
Sweden	4.36	5.73	76
United Kingdom†	4.34	5.51	79
Denmark	3.63	4.44	82
Ireland	3.36	4.35	77
Finland	3.11	4.08	76
Canada (highest)	2.79	4.04	69
France	2.46	3.27	75
New Zealand	2.36	3.31	71
Belgium	2.15	2.89	74
Australia	2.13	3.32	64
Germany	2.06	2.97	69
Austria	1.90	2.57	74
Netherlands	1.76	2.30	76
Italy	1.58	2.12	75
US current (highest)	1.50	3.02	50
US estimated post-settlement (highest)	1.50	3.54	42
Greece	1.45	1.99	73
Portugal	1.45	1.76	82
Canada (lowest)	1.17	2.17	54
Spain	0.92	1.26	73
US current (average)	0.71	2.06	34
US estimated post-settlement (average)	0.71	2.60	27
US current (lowest)	0.34	1.67	20
US estimated post-settlement (lowest)	0.34	2.20	15

\*Prices and taxes are supplied by Treasury sources, as at 3 June 1998 for a package of 20 of the most popular brand family, or for 20 cigarettes where the most popular brand family is not sold in 20s.

†Since 3 June 1998, prices have decreased significantly in Sweden (US\$1.30), have increased slightly in the United Kingdom (US\$0.75) and have increased slightly in Australia and in several American states.

‡The tax incidence refers to the portion of the average retail selling price that comprises all applicable taxes and other fees imposed on the product.

§Exchange rates are from Bank of Montreal, noon exchange rates, 3 June 1998.

¶American taxes and prices include local taxes, and estimates of the effects of 1998 manufacturers' price increases. The impact of the settlement provisions is treated as a manufacturer's cost rather than as a tax.