

- 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 attorneys general with American tobacco companies would add about US\$0.52 to the cost of a packet of cigarettes.¹

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.

"Some smokers always make decisions based on price alone and we would rather keep them in the smoker community than lose them."

*Edward Horrigan, president-elect,
R.J. Reynolds Industries, Inc, 1984.*

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Changes in the focus of cigarette advertisements in the 1950s

EDITOR.—Scientific evidence and concerns about the hazards of smoking increased in the early 1950s,¹ and in 1953 cigarette consumption declined considerably for the first time since the Great Depression.² Executives from the leading cigarette companies met on 15 December 1953 to address those developments. Previously, tobacco companies routinely advertised on health claims. At this meeting they agreed that their own "advertising and competitive practices had been a principal factor in creating a health problem"³ which may have contributed to the decline in cigarette consumption by implying cigarette smoking posed health risks. Therefore, it is believed that the companies formed an agreement to stop marketing their products based on health claims. Some feel this has decreased the incentive for tobacco companies to develop safer products. We examined the content of cigarette advertisements in the 1950s to determine whether or not there was a decrease in the use of health claims subsequent to the 1953 meeting.

A sample of cigarette advertisements was taken from *Time* and *Life* magazines, two of the most widely circulated magazines throughout



Figure 1 Example of a non-health-focused advertisement from "Time" magazine, 1952.



Figure 2 A health-focused advertisement, also from "Time" magazine, 1953.

the fifties.⁴ The sample included all cigarette ads in the first issue of each month from January 1950 through December 1959. Advertisements were rated by two judges on whether the main focus was a health claim or another focus (see figures 1 and 2 for an example of each). A health claim was defined as a direct claim such as: "Filtered smoke is better for your health", or an indirect claim such as highlighting the fact that the product has a filter. In situations where an advertisement contained more than one focus, each judge made a determination of what the main focus was. Judges agreed on 90% of the advertisements. Only data on the main focus of advertisement content are presented in this analysis.

A total of 399 advertisements were found for 27 different brands from seven companies. A few of the ads rated (about 10%) were duplications of the same ad published at multiple points in time. As figure 3 shows, about half of the ads focused mainly on health claims in 1952 and 1953. In 1954, however, health was the main focus of only 20% of the ads, reflecting the relative increase of other types of ads. This increase in non-health-focused ads continued until 1957 (92% of all ads), then declined in subsequent years. Furthermore, several leading brands of the time such as Camel, Chesterfield, and Pall Mall relied on health claims to advertise before 1953, but switched to advertising solely on non-health claims after 1953. Only one brand, King Sano, manufactured by US Tobacco, focused exclusively on health claims in their ads. Brands that had a high percentage of advertisements focusing on health claims were Viceroy and Kent.

Industry documents show that tobacco companies are concerned with helping smokers "maintain faith and confidence in the smoking habit" and that "advertising . . . should be constructed in ways so as not to provoke anxiety about health, but to alleviate it".⁵ In the years following the December 1953 meeting of tobacco company executives, advertisements for cigarettes became less health based. Today, tobacco companies have followed a similar pattern. New products such as RJR's Winston No Additives and B & W's Kool Natural brands, and low-smoke devices such as RJR's Eclipse and PM's Accord have been introduced in the past two years. No explicit health claims are made in the advertisements of these products, although they appear to be attempts to provide smokers with a product they consider safer. Although consumption rebounded in the mid to late 1950s, it remains to be seen what impact these new products will have on cigarette consumption.

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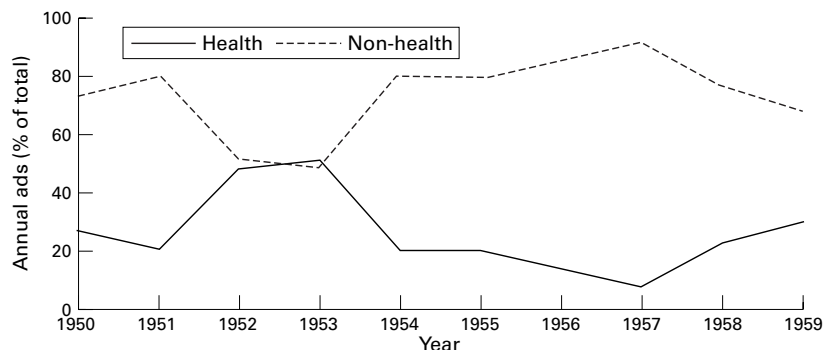


Figure 3 Main focus of cigarette advertisements between 1950 and 1959.