Public opinion in the Netherlands on environmental tobacco smoke (ETS) before (1996-I) and after (1996-IV) Philip Morris' campaign ($n = 6244$)

	1996-I (%)	1996-IV (%)
ETS is harmful to my health		
Agree	74	73
Neutral	11	13
Disagree	9	10
No opinion	5	5
ETS can cause lung cancer		
Agree	60*	57*
Neutral	14*	17*
Disagree	12	13
No opinion	14	13
In public places separate areas for smokers and non-smokers should be created		
Agree	75*	85*
Neutral	11*	6*
Disagree	11*	8*
No opinion	3*	2*
In enclosed places smokers should ask permission to smoke		
Agree	74*	79*
Neutral	10*	8*
Disagree	14*	12*
No opinion	3*	1*
Every employee should be able to do his/her work without being bothered by ETS		
Agree	80*	84*
Neutral	11*	9*
Disagree	6	5
No opinion	3*	2*

*Significant change between 1996-I and 1996-IV.

Leading experts in the field of cancer research and epidemiology, alerted by Stivoro, added to these condemnations. From the start, the campaign met with fierce criticism, not only from the health lobby, but also from media commentators and journalists.

In the first days of publicity, the Dutch participant in the industry-funded European Working Group, Professor PHM Lohman, from Leiden University,⁴ dissociated himself from the report.

Soon after the start of the campaign, a number of complaints were lodged with the Advertising Control Board, a self-regulating body of the Netherlands advertising community that seeks to prevent misleading campaigns. Complaints were lodged by the Asthma Foundation, the non-smokers' union, CAN (*Club actieve niet-rokers*), the federation of tapwater companies, a spice producer, and several private citizens. These complaints were publicised and generated a lot of negative publicity for Philip Morris. Although Philip Morris' goal was to open public debate on ETS, they refused nearly all invitations to respond to criticisms of their campaign in the media. Most importantly, the minister for health, Mrs Els Borst, condemned the campaign as being "really misleading".⁵

The Advertising Control Board found the campaign to be misleading and formally recommended that it be ended. Philip Morris stopped the campaign prematurely, with the pretext of having reached their goal: "We have created enough discussion about this issue".⁶

Effect on public opinion

By coincidence, in early 1996, a few months before the Philip Morris' campaign, Stivoro had commissioned an opinion poll by the Dutch survey institute NIPO about ETS.⁷ To measure the influence of the Philip Morris campaign on public opinion we repeated this survey in the last quarter of 1996, three months after the campaign was withdrawn. A random sample ($n = 6244$) of the adult population was interviewed face to face.

The table shows that Philip Morris succeeded in one respect: the number of people who said that ETS is harmful to health

had fallen after the campaign, although not significantly, by 1% to 73%. Ten per cent of the Dutch population thought that ETS was not harmful. Fewer people thought that ETS can cause lung cancer. This is a significant change.

However, the ultimate goal of the campaign failed in the Netherlands: more people said that separate areas for smokers and non-smokers in public places are needed; that smokers should ask permission before lighting up; and that employees should be able to work without being bothered by cigarette smoke.

Philip Morris' purpose in running the campaign was to calm serious concern about ETS and forestall more smoking restrictions from the government. They tried to influence public opinion and the decision making process, so that state regulations to protect non-smokers would not be introduced in Europe. Philip Morris failed to achieve its goal of convincing the public that ETS does not warrant more regulation.

Tobacco control lobbyists in the European Union experienced great satisfaction when their hard work bore fruit in May 1998, when the European parliament voted in favour of a proposed directive which bans all tobacco advertising and sponsorship, and which will come into force in all member states of the European Union during the period July 2001 to July 2006.

In the final analysis, the Philip Morris campaign should probably be applauded for its role in facilitating the advertising ban. The campaign antagonised the Dutch government and the Commission on Health of the European parliament. As the commission was debating the advertising ban at the time Philip Morris launched its ETS campaign, it is likely that the campaign probably helped to reduce the tobacco industry's political and public support.

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The United States navy attracts young women who smoke

EDITOR,—In the United States, smoking rates continue to be higher in male and female active duty military personnel than among their civilian counterparts.^{1,2} Other countries have similarly reported higher smoking rates among their military personnel.³ Several studies have investigated whether the United States navy "attracts" or "produces" smokers—that is, whether the higher prevalence of smoking among navy active duty personnel is due to self selection of smokers into the navy, or by navy institutional norms that promote smoking.^{1,4-9} Studies to date have had methodological limitations—for instance, small samples, limited age ranges, use of active duty personnel rather than new enlistees, or no adjustments for differences in civilian-military sociodemographic factors—and results have been conflicting. The present analysis addressed the "attracting" aspect of the question by studying a large sample of women as they entered the navy. The smoking rate of the navy recruit sample was compared with that of a large, representative civilian sample equated to the navy population in terms of age, race/ethnicity, and education using a direct standardisation procedure.¹⁰

During a one-year period, all female recruits ($n = 5503$) completed smoking surveys as they entered the navy. Refusals were virtually nonexistent. Civilian data were obtained from the tobacco use supplement (TUS) to the 1992-1993 United States Bureau of the Census' current population survey.¹¹ Almost 63 000 unweighted cases were extracted from the TUS for women between the ages of 17 and 35 years to correspond with the complete age range of the navy recruit sample. Software for survey data analysis (SUDAAN)¹² was used to weight and standardise the civilian data to the joint distribution of the navy recruit sample in terms of education and race/ethnicity, and then comparisons were made within three age strata. Estimates for civilians can be interpreted as those that would be obtained if the civilian population had had the same sociodemographic distribution as the navy recruit population. For recruits and civilians, current smoking was defined as having smoked 100 cigarettes in one's life and being an everyday or someday smoker.

The comparison of current smoking between navy women recruits and civilian

Comparison of smoking rates.

women, stratified by age category, is presented in the figure. Comparisons for women aged 17–18 years and those aged 19–23 years were statistically significant, with navy women recruits having higher rates of current smoking in both of these age strata. Navy women recruits who were 17–18 years old had over 2½ times the smoking rate of civilians, and women aged 19–23 had over 1½ times the rate of civilians. Smoking rates were not significantly different for recruits and civilians in the 24–35 age range.

Although this analysis cannot rule out the role that the navy environment may play in “producing” smokers, it provides more definitive evidence that the navy attracts young female smokers from the outset. Further, this high rate of smoking cannot be accounted for by sociodemographic characteristics. The specific factors that might account for the high rate of smoking among women entering the navy are not known. Certain “unconventional” personality factors and behaviours including risk taking, sensation seeking, rebelliousness, and self confidence have been associated with smoking in young women,^{13,14} and perhaps these same characteristics are associated with enlisting in the military. In addition, there may be differences in geographical location and family/peer patterns of tobacco use between women who choose to join the navy and the general population. Additional work is needed to explore reasons for the high rate of smoking among incoming military recruits to inform strategies for effective cessation.

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Eliminating the nicotine in cigarettes

EDITOR,—The report of the American Medical Association (AMA), “Reducing the addictiveness of cigarettes”, was written by well respected tobacco experts.¹ This time, however, the position taken by the AMA and the British Medical Association (BMA) did not reassure us and the AMA position is even inconsistent with statements of two of the authors made two months earlier. In John Slade's and Jack Henningfield's paper presented in Washington, DC on 8–9 April 1998, they said: “Nicotine reduction is an option that should kept be open and carefully explored because of its potential for public health benefit. It is far from being a perfect policy option, however, and . . . there are many other useful things the FDA should do in regulating tobacco products without ever controlling or limiting nicotine itself.” In fact, both authors listed a whole range of concerns that needed to be explored, and concluded that much more research should be conducted before any nicotine reduction strategy is considered for implementation.² Only two months later, the AMA adopted its resolution to phase out nicotine and provided answers for some of the concerns raised, such as compensatory smoking, smokers assistance, and fear of the black market.

We feel that they were unable to address properly these extremely complex concerns. Nicotine is the driving force behind smoking. A cigarette without nicotine is a different product and nicotine-addicted smokers will still look for their nicotine dose. The AMA authors are aware of this barrier and proposed to increase the range and accessibility of nicotine-delivering medications. This proposal will only partly resolve the problem, as not all smokers want to stop smoking, not all smokers are willing to use non-tobacco nicotine replacement products, and not all smokers who follow a nicotine replacement treatment will eventually stop smoking. Cigarettes without nicotine are a prohibition-type solution that will automatically create an illicit market.

In addition, black market sales were not well addressed in the AMA report. The actual problem of worldwide smuggling cannot be compared with the situation where cigarettes no longer contain nicotine: it would be rather naive to think that “improved cooperation of manufacturers” would ever take place if nicotine were totally banned. Without nicotine there will be no market for cigarettes and without a market there will be no more tobacco industry. Of course the industry will not collaborate: they will continue to organise smuggling from several countries to supply the millions of nicotine-addicted smokers unwilling to accept the prohibition policy of the AMA. According to the authors, “even if there was a contraband market, the size and health impact of that market would be less than the current cigarette market”. Our concern is with the notion that only law enforcement will lead to fewer sales. The downside would be a society where police prosecute smokers of nicotine-containing cigarettes, as were alcohol drinkers in the United States in the 1920s, with all the attendant problems. The AMA resolutions are not a dream to resolve the tobacco problem; they may become a nightmare.

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In reply,—The letter by Joossens and Hayes on our proposal to gradually remove the nicotine from cigarettes¹ raises a misconception about our views that we would like to correct. We believe that requiring the elimination of nicotine enhancers and substantial reductions of nicotine from commercially marketed cigarettes is a strategy that should only be implemented in the context of a range of other essential actions as described in the report. In fact, a major advance of our report, beyond the earlier proposal by Benowitz and Henningfield,² is that a nicotine reduction strategy must be done as part of an overall strategy that considers issues ranging from education, treatment, legislation, and meaningful tobacco product labelling, to the need for supportive research and surveillance to guide the process as well as the importance of alternative products being available. It should be noted that the recommendation referred to by Joossens and Hayes was the fifth of eight and it was stated as follows: “The AMA encourages the FDA [Food and Drug Administration] to assert its authority over the manufacture of tobacco products to reduce their addictive potential at the earliest practical time, with a goal for implementation within five to 10 years.” How long such a process might actually take would depend on many factors as described in the report.

The view that such a nicotine reduction action is conditional on addressing the issues raised in the report is consistent with the earlier conclusions expressed by Slade and