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,¹ 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 proposal² "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.
- 2 Henningfield JE, Benowitz NL, Slade J, *et al.* for the Council on Scientific Affairs, American Medical Association. Reducing the addictiveness of cigarettes. *Tobacco Control* 1998;7:281-93.

"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,¹ 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.