

Fourth, the Global Fund's Technical Review Panel was accused of not being technically robust. This claim is simply not true. The panel is rigorously assembled, and includes four malaria experts from Zambia, Italy, the USA, and the UK who assess the technical merit of all malaria proposals on the basis of WHO guidelines and recommendations.⁴

Change of policy is a process, not an event. Countries are moving in the right direction, supported by WHO and the Global Fund. The loss of life due to malaria is a crisis, but we can beat it only if we fight systematically together for long-term, country-owned solutions.

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- 1 Attaran A, Barnes KI, Curtis C, et al. WHO, the Global Fund, and medical malpractice in malaria treatment. *Lancet* 2003; **363**: 237–40.
- 2 The Global Fund. The global fund calls for fourth round of proposals. <http://www.theglobalfund.org>
- 3 Lwamafa DK, Langi P, Killian A. Antimalarial drug treatment for malaria in Uganda. *BMJ* 2003. <http://bmj.bmj.com/cgi/eletters/327/7425/1188#42937> (accessed Jan 20, 2004)
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The Lancet's call to ban smoking in the UK

Sir—The arguments behind your call for a total ban on smoking in the UK (Dec 6, p 1865)¹ are more rhetorical than scientific, since there can be no sensible justification for turning the UK's 15 million smokers into criminals.

You dispute a point I made in a letter to *The Times* newspaper² that price determines smoking prevalence. However, successive governments and pressure groups have chosen to believe me, justifying their regular inflation-plus tax rises as a health protection measure. In 1998, the UK Department of Health stated, "Research shows that the demand for tobacco products is related to their price. As prices rise, demand falls. So high tax levels are one important means of reducing tobacco consumption."³ The anti-smoking pressure group Action on Smoking and Health (ASH) said in advance of the 2003 Budget that "Raising taxes is one of the most effective ways of reducing smoking".⁴

Internationally, the effect of price has also been recognised, for instance in the recently signed Framework Convention on Tobacco Control,⁵ which states, "The Parties recognize that price and tax measures are an effective and important means of reducing tobacco consumption by various segments of the population, in particular young persons".

In practice, has this worked? Since the early 1970s, the underlying trend in UK cigarette consumption was downwards. However, in the 1990s successive governments implemented excessive tax increases, making UK tobacco products among the highest taxed (and priced) in the world. This has made the UK a haven for criminal gangs that bring in smuggled and counterfeit products which sell for roughly half the normal price. UK consumers have also purchased, quite legally, increasing quantities from lower taxed countries such as Belgium and Spain. Around 26% of UK cigarette consumption and 70% of handrolling tobacco consumption is now non-UK duty paid. With such large quantities of cheap non-UK duty paid tobacco products, the average price paid for cigarettes and handrolling tobacco consumed in the UK has fallen, and as a result tobacco consumption has remained broadly static for more than 10 years. This fact again proves that price is the key determinant of consumption.

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- 1 The Lancet. How do you sleep at night, Mr Blair? *Lancet* 2003; **362**: 1865.
- 2 Lord TGF, Chief Executive Tobacco Manufacturers' Association. Conflicting evidence over harmfulness of public smoking. *The Times*; Nov 28, 2003: 31.
- 3 Department of Health. Smoking kills: a White Paper on tobacco. London: Stationery Office, 1998. <http://www.archive.official-documents.co.uk/document/cm41/4177/4177.htm> (accessed Jan 13, 2004).
- 4 Action on Smoking and Health. Budget 2003: Chancellor should raise tobacco tax and use revenue to help smokers quit. London: ASH, 2003. <http://www.ash.org.uk/> (accessed Jan 13, 2004).
- 5 World Health Organization. Framework Convention on Tobacco Control, Annex A5/8. Geneva, WHO: 2003. http://www.who.int/tobacco/fctc/text/en/fctc_en.pdf (accessed Jan 13, 2004).

Sir—It is depressing to see *The Lancet* misrepresent our May 17, 2003, *BMJ* paper on environmental tobacco smoke⁶ and the reactions it occasioned. We want to set the record straight. Our paper is one of the largest and most comprehensive epidemiological analyses on passive smoking. It

underwent rigorous peer review by two highly regarded epidemiologists, an expert statistician, and a four-member *BMJ* editorial committee. 3000 words of text, ten detailed tables of results, and the entire review process are posted on bmj.com. In addition to our own point-by-point response to criticisms,³ the *BMJ*'s Editor has twice defended the publication of the paper. Our paper can, and must, be judged on its merits, relative to other papers published on this subject. Although the final portion of funding for this long-term study, begun in 1959, came from the Center for Indoor Air Research, the tobacco industry played no role in its conduct, analysis, or publication.

You refer to the "outpouring of letters to the *BMJ*", but fail to mention that only 3% of the letters ("rapid responses") made any reference to the data in our paper. Rather, the critical letters largely made ad hominem attacks and tried to discredit us by misrepresenting our contact with the tobacco industry. Particularly disturbing has been the attack by Michael Thun, who is in a position to reanalyse the underlying American Cancer Society data. In the 9 months since first describing our study as "fatally flawed", he has yet to identify a single error in our findings. Furthermore, he has failed to acknowledge that our findings are consistent with the initial American Cancer Society analysis of these data in 1981.⁴ Finally, you surely do not think we are responsible for British American Tobacco's posting our easily accessible results on their website?

As lifelong non-smokers, we too are concerned that all non-smokers be provided adequate protection from unwanted tobacco smoke. However, we believe that the lethality of passive smoke is being exaggerated, given that the best estimates of a non-smoker's average yearly exposure to passive smoke are in the order of ten cigarettes per year. In our opinion, the focus on the weak effects of passive smoking is diverting attention from the strong effects of active smoking. Indeed, one of us has recently shown that the increased mortality risk associated with active smoking is more permanent and less reversible by cessation than generally believed.⁵ Thus, we think that the most effective way to reduce tobacco-related mortality is to focus on preventing the initiation of smoking. With regard to your call for "Tony Blair's government to ban tobacco", we note that, during 1896–1927, the sale of cigarettes was banned in up to 15 states in the USA. Maybe it is time to assess the positive and negative aspects of such a ban in the UK.

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- 1 The Lancet. How do you sleep at night, Mr Blair? *Lancet* 2003; **362**: 1865.
- 2 Enstrom JE, Kabat GC. Environmental tobacco smoke and tobacco related mortality in a prospective study of Californians, 1960–98. *BMJ* 2003; **326**: 1057–61. <http://www.bmj.com/cgi/reprint/326/7398/1057.pdf> (accessed Jan 6, 2004).
- 3 Enstrom JE, Kabat GC. Passive smoking. *BMJ* 2003; **327**: 504–05. <http://www.bmj.com/cgi/content/full/327/7413/504> (accessed Jan 6, 2004).
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- 5 Enstrom JE, Heath CW Jr. Smoking cessation and mortality trends among 118,000 Californians, 1960–1997. *Epidemiology* 1999; **10**: 500–12.

Sir—Thank you for sending a worldwide message¹ that a solution is desperately needed to the epidemic caused by tobacco, although I respectfully disagree with your demand that the UK government ban tobacco. I also thank you for making our proposal, the Toxic-Tobacco Law,² seem less draconian and more politically feasible.

I agree with your assertion that the availability and acceptability of tobacco are very important determinants of the prevalence of smoking. Therefore, knowing that tobacco is lethal and addictive, governments have a moral responsibility to change the ubiquitous status of tobacco and make its use less conventional. To this end they must stop treating tobacco products as those that can be legally made, promoted, and sold everywhere by private companies.

David A Kessler, former Commissioner of the US Food and Drug Administration, after investing great effort in trying to get permission for his agency to regulate the industry, has now concluded that public health would be better served if the industry were dismantled and a not-for-profit corporation were created to make and sell products.³ Kessler reasons that “nothing else will work”. As long as tobacco remains a legal for-profit product, even a regulated one, the industry will continue to possess enormous financial resources with which to shape public and government opinions, tailor regulations to its liking, counter restrictions with its marketing power, and aggressively promote its poison to children and adults.

One proposal that would accomplish Kessler’s goal is the Toxic-Tobacco Law, which former Surgeon General

C Everett Koop said “has great merit” (personal communication). The law would ban for-profit corporations from making, marketing, or importing all tobacco products; begin 20 years after passage (a negotiable interval), giving all stakeholders such as farmers and taxing jurisdictions ample time to adjust; and, unlike Prohibition in the USA, permit adults to buy products from their usual source during the 20-year adjustment period, and thereafter, from adults-only government stores supplied by the not-for-profit corporation. By passing the Toxic-Tobacco Law, governments would greatly limit youths’ access to products and end promotional marketing, including all advertising. Then the marketing milieu, devoid of tobacco products, would become an environment more conducive to quitting tobacco than the current one and less enticing for youngsters to start tobacco use. Over time, by decreasing the number of newly addicted young users of tobacco, governments would substantially reduce the incidence of cancer, heart attacks, strokes, and emphysema.

Government leaders should heed their colleague in the Philippines House of Representatives, Narcuso D Monfort, who, on introducing a bill similar to the Toxic-Tobacco Law, stated: “The time for half measures and stricter regulations and stern warnings about the dangers of smoking has come to an end. Only the abolition of the industry can save our countrymen (and women), particularly the younger set from acquiring the deadly habit of smoking.”⁴

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- 1 The Lancet. How do you sleep at night, Mr Blair? *Lancet* 2003; **362**: 1865.
- 2 Gerace TA. The Toxic-Tobacco Law: “appropriate remedial action.” *J Public Health Policy* 1999; **20**: 394–407.
- 3 Kessler DA. A question of intent: a great American battle with a deadly industry. New York: PublicAffairs, 2001.
- 4 Garcia CRA. Philippines: Bill proposing phaseout of cigarette, tobacco industry opposed. *Business World*; Apr 3, 2002.

Sir—You should be congratulated for keeping the subject of tobacco control alive in the public consciousness with your Editorial¹ expounding the prohibition of tobacco in the UK. I welcome tighter tobacco controls in this country and elsewhere, but I have reservations about your absolutist solution.

A complete ban on tobacco would be undeniably illiberal. I sympathise with the notions that “a man’s home is his castle” and that individuals have certain freedoms. Therefore what a man does to

his own health in the privacy of his own home, provided it does not harm other people’s health at the time or in the future, nor constitutes a public health or security threat, is his business and his alone.

Consideration of the effect on civil liberties of a tobacco ban was conspicuous by its absence in your Editorial. Is it your considered opinion that criminalising large swathes of the UK population is a price worth paying for a fall in the number of smokers, even if such a fall is “drastic”?

As your Editorial states, “Nicotine is a highly addictive drug” and you seem to be under no illusion that tobacco consumption would cease if tobacco was banned. There is a general consensus that a complete ban would only lead to a partial reduction in tobacco consumption. Advocates of a ban on tobacco should reflect on the American experiment with the Prohibition of alcohol under the Eighteenth Amendment of the US Constitution and the Volstead Act of 1920. Alcohol consumption continued throughout Prohibition, with illegal production occurring in garden sheds and gangster-run underground breweries across the USA.

Society ignores the lessons of history at its peril. The Dec 6, 2003, *Lancet* Editorial calling for the banning of tobacco was published almost exactly 70 years after Prohibition ended ignominiously in the USA with the ratification of the Twenty-First Amendment of the Constitution on Dec 5, 1933.²

I suggest that the recent call by the leaders of 18 Royal Colleges of medicine for smoking to be banned in public places³ is a more realistic model for the future of tobacco control in the UK. Increased restrictions on smoking in public places through enforceable legislation would provide a more satisfactory balance between the rights of the few and the good of the many.

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- 1 The Lancet. How do you sleep at night, Mr Blair? *Lancet* 2003; **362**: 1865.
- 2 Miller CH. A short history of Prohibition. Brewers Association of America. <http://65.23.136.214/publications/brochure/prohibiton.shtml> (accessed Dec 8, 2003).
- 3 President of the Royal College of Physicians and others. *The Times*; Nov 25, 2003.

Sir—Many doctors will welcome your Editorial¹ demanding greater legislation to combat smoking-related disease. However, I suspect that only a few would propose to outlaw tobacco outright.