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LETTERS TO THE EDITOR

Letters intended for publication should be a maximum of 500 words, 10 references, and one table or figure, and should be sent to Simon Chapman, Deputy Editor, at the address given on the inside front cover. Those responding to articles or correspondence published in the journal should be received within six weeks of publication.

Causes of absence from school related to children's and their parents' smoking

EDITOR,—To investigate the reasons for the increased risk of absence from school related to personal and family smoking, we carried out a questionnaire survey of 2073 school students aged 13 and 14 years at 17 participating schools in England. This survey was a cross-sectional analysis at one stage of a five-year cohort study which is in process of publication. The purpose of the cohort study was to investigate smoking related to changes in background factors, including self-perception, in young people aged 9–14 years. A paper on advertising has already been published.[1] After exclusion of incomplete, inconsistent, or otherwise invalid questionnaires, 1804 young people (997 boys and 807 girls) were included in the analysis. The overall response rate was 87%.

Questionnaires were self-completed by the students as whole classes supervised by their teacher under examination conditions to prevent possible bias due to discussion of the questions.[2] Although the questionnaires were named for purposes of matching, all respondents sealed their completed forms into plain envelopes before handing them in. Thus their replies were seen only by the researcher.

This survey corroborated our earlier findings,[3] in that the risk of having had more than five days away from school in the past six months increased with the young person's level of smoking and was further increased if the parents smoked.

The table shows the reasons for absence in which there were significant differences between never-smokers with non-smoking parents and smokers with smoking parents.

Using odds ratios comparing never-smokers whose parents do not smoke with smokers whose parents smoke, we found that, for boys, the medical reasons linked with significantly increased risk were sore throats (odds ratio (OR) = 1.96; 95% confidence interval (CI) = 1.01–3.80), bronchitis (OR = 10.29; 95% CI = 1.68–63.11), and tonsillitis (OR = 3.16; 95% CI = 1.05–9.50). Social reasons significantly associated with increased risk of absence for boys were truancy (just stayed off) (OR = 13.21; 95% CI = 5.70–30.64), helping at home (OR = 4.61; 95% CI = 1.26–16.93), bad weather (OR = 3.89; 95% CI = 1.25–12.10), parental holidays (OR = 2.12; 95% CI = 1.05–4.26), and suspension (OR = 80.24; 95% CI = 10.02–642.58).

For girls, stomach upsets (OR = 2.41; 95% CI = 1.37–4.24), tonsillitis (OR = 3.24; 95% CI = 1.42–7.38), coughs (OR = 2.97; 95% CI = 1.53–5.77), headaches (OR = 2.64; 95% CI = 1.47–4.74), and menstrual pains (OR = 8.12; 95% CI = 4.25–15.51) were the significant medical reasons. Social reasons were fewer than for boys: truancy (OR = 17.46; 95% CI = 6.10–50.01), helping at home (OR = 9.04; 95% CI = 2.19–37.23), and bad weather (OR = 4.40; 95% CI = 1.23–15.72).

We were not permitted to ask the respondent's social class but we were able to analyse the data by geographical area. No consistent pattern was found. Medical causes of absence among boys were generally more frequent in urban than in suburban and rural areas. However, for girls the increased risk in the urban areas was concentrated among the regular smokers whose parents also smoked.

Social reasons showed less difference between geographical areas, the two main differences being that more smoking parents in suburban and rural areas took their boys, but not their girls, out of school for family holidays, and the extremely increased risk of suspension from school for anti-social behaviour in urban boys who smoked regularly.

In Britain prevalence of smoking in adults is highest in the least affluent socioeconomic groups.[4] However, research has not found this to be the case in children.[5] Nevertheless, it is possible that socioeconomic status, smoking, and truancy are associated and could be confounding factors.

It has long been known that young smokers are more likely to be "fed up" with school,[6] to be less academically inclined,[7] and to rebel against establishment values.[8] Truancy, smoking, and suspension for anti-social behaviour are probably, either separately or in combination, manifestations of this rebelliousness. One does not cause the other, but all can arise in parallel from rejection of establishment values. Parental smoking links in this context have received little attention. It is also well known that children who smoke are more likely to suffer from a range of minor ailments and that this risk is further exacerbated by parental smoking.[5]

It is clear that tobacco policies must target families rather than focusing specifically on children.[9]

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1 While D, Kelly S, Huang W, Charlton A. Cigarette advertising and the onset of smoking in children: a questionnaire survey. *BMJ* 1996; **313**:398–9.
2 McKennell AC. Bias in the reported incidence of smoking by children. *Int J Epidemiol* 1980;**9**:167–77.
3 Charlton A, Blair V. Absence from school related to children's and parental smoking habits. *BMJ* 1989;**298**:90–2.

Reasons for absence related to children's and parental smoking behaviour

	Child never smoked				*Child smoked at some time*				*Child regular smoker*			
	Neither parent smokes		*One or both parents smoke*		*Neither parent smokes*		*One or both parents smoke*		*Neither parent smokes*		*One or both parents smoke*	
Reasons for absence	*n*	*(%)*	*n*	*(%)*	*n*	*(%)*	*n*	*(%)*	*n*	*(%)*	*n*	*(%)*
Boys												
Sore throat	58	(17)	20	(18)	63	(21)	33	(21)	12	(27)	15	(29)
Tonsillitis	11	(3)	6	(5)	24	(8)	3	(2)	3	(7)	5	(10)
Bronchitis	2	(1)	3	(3)	3	(1)	3	(2)	2	(4)	3	(6)
Truancy	11	(3)	5	(4)	26	(9)	22	(14)	7	(16)	16	(31)
Bad weather	9	(3)	9	(8)	6	(2)	4	(3)	3	(7)	5	(10)
Helping at home	6	(2)	6	(5)	9	(3)	13	(8)	4	(9)	4	(8)
Parental holidays	46	(14)	28	(25)	47	(16)	20	(13)	8	(18)	13	(25)
Suspension	1	(0)	4	(4)	5	(2)	1	(1)	6	(13)	10	(19)
Girls												
Stomach upsets	82	(32)	32	(36)	83	(38)	49	(37)	26	(49)	33	(53)
Tonsillitis	16	(6)	7	(8)	14	(7)	15	(12)	4	(8)	11	(18)
Coughs	31	(12)	11	(12)	33	(15)	17	(13)	12	(23)	18	(29)
Headache	55	(22)	19	(21)	50	(23)	33	(25)	18	(34)	26	(42)
Menstrual pains	25	(10)	16	(18)	37	(17)	29	(22)	13	(25)	29	(47)
Truancy	5	(2)	5	(6)	8	(4)	12	(9)	13	(25)	16	(26)
Bad weather	5	(2)	3	(3)	4	(2)	2	(2)	2	(4)	5	(8)
Helping at home	3	(1)	3	(3)	3	(1)	9	(7)	3	(6)	6	(10)

4 Thomas M, Goddard E, Hickman M, Hunter P. *General household survey 1992. Series GHS no. 23.* London: Her Majesty's Stationery Office, 1994.
5 Royal College of Physicians. *Smoking and the young.* London: Royal College of Physicians, 1992.
6 Ledwith F. A study of smoking in primary and secondary schools in Scotland. In: Fontana F, ed. *Tabacco e giovani. Proceedings of the international conference on tobacco and youth, Venice.* Padua: Lega Italia per la Lotto Contro i Tumori, 1981.
7 Minagawa K, While D, Charlton A. Smoking and self-perception in secondary school students. *Tobacco Control* 1993;**2**:215–21.
8 Jessor R. Problem behaviour and development transition in adolescence. *J School Health* 1982;**52**:295–300.
9 Charlton A. Children and smoking: the family circle. *Br Med Bull* 1996;**52**:90–107.

American cigarette manufacturers' ability to pay damages

EDITOR,—Although some undoubtedly will disagree with Jeffrey Harris' calculation that $4.08 per pack represents the profit-maximising price for cigarettes in the United States,[1] particularly those from countries with lower disposable incomes and cigarette prices exceeding his figure, my main point of departure is more fundamental.

When Dr Harris says, "The industry's ability to pay damages is bounded by the maximum amount of money it could extract from smokers," he echoes the belief of many. But that conclusion cannot be true.

Leaving aside the issue of existing company and shareholder assets as a potential pot of money, Harris' conclusion is based on the notion that money is the only form of compensation a successful plaintiff would accept. Given that state governments are plaintiffs in many of the American actions, and that governments have non-monetary concerns tobacco companies could assuage, Harris' assumption is unlikely.

Some states might trade off actions leading to further reductions in smoking, beyond those achieved by raising prices to profit-maximising levels, for money in the bank.

Obviously a state, particularly one feeling hemmed in by American pre-emption restrictions, might accept changed tobacco company behaviour in exchange for some cash. Fuller disclosure, product modification, generic packaging, withdrawal from promotion—all within the control of the tobacco companies—could be put on the table.

But there also is an important financial approach Dr Harris did not consider.

As a portion of its damage award, a successful plaintiff state might seek or accept cigarettes being priced above the profit-maximising level. Such pricing necessarily reduces the company's ability to pay monetary damages, but the value to the government of the additional reduction in smoking such pricing would bring about may make this a desirable option.

The assessment of the trade offs of this approach will be complicated for both sides. These trade offs will depend largely on the structure of how damage payments are to be derived from company profits. However, provided the benefit of an additional price-induced reduction in smoking is worth more to the state than the cost to the tobacco company of pushing prices beyond the profit-maximising point, there may be room to strike a bargain along these lines.

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1 Harris JE. American cigarette manufacturers' ability to pay damages:overview and a rough calculation. *Tobacco Control* 1996;**5**:292–4.

Dr Harris was invited to reply, but declined.—ED

BAT "experts" grilled—reply

EDITOR,—The News Analysis section of the Winter 1996 edition of *Tobacco Control*[1] contained two articles commenting on a seminar hosted by British American Tobacco and a further article discussing statements made in relation to environmental tobacco smoke (ETS) and young children. These articles raised several issues in relation to which your readers may be interested in some additional facts.

One article claimed that, during presentations to journalists, we omitted to discuss a federal grand jury investigation into allegations that "tobacco industry associates" had falsified ETS data. This was not discussed, since no such investigation had been concluded. If the article was referring to the indoor air quality consultancy, Healthy Buildings International, then I can see why the misunderstanding in your News Analysis occurred, as the fact that such an investigation has been dropped without charges did not capture as much media attention as the original allegations.

This misunderstanding does illustrate the importance of seminars such as the one British American Tobacco sponsored in Mauritius, the aim of which was to give intelligent and well-prepared journalists the opportunity to investigate tobacco issues and discuss them with people who have a view and knowledge of the issues.

The notion that British American Tobacco would not wish to speak with journalists, or anyone else, who wanted to ask probing questions is entirely wrong, and I am surprised at the suggestion that invited journalists would not take the opportunity to consider all the information that they receive on any issue, and make their own judgements.

British American Tobacco believes that is [*sic*] right that journalists should, for example, be aware that the overwhelming majority of epidemiological studies considering ETS exposure and lung cancer in non-smokers report overall relative risks that are either below 1, report no increase in risk, or report small increases in risk that are not statistically significant. It is, of course, up to journalists to seek the views of those who believe that a causal relationship between ETS exposure and lung cancer can be determined on the basis of such data, and to investigate whether there is scientific substance to the mortality figures presented by the United States Environmental Protection Agency and others.

As to the somewhat humorous analysis of my own publications, the journal is absolutely correct that I have not published on intercellular copper transport in cows. When I searched the scientific citation databases I found some nine papers under my authorship (including the one identified by the author's Medline search) reporting original research into ETS. One of these studies was cited in the US Environmental Protection Agency's risk assessment on ETS.[2] Much of the research focuses on developing techniques to measure personal exposures to ETS. The "ground-breaking" claim may be stretching the importance of our research a little too far—however, our publication of personal exposure measurements in a UK population[3] is one of the earlier papers describing such field work, and did report a technique now widely used.

As to the article discussing Ms Suzanne Povey's comments on ETS and children, I would have thought that your journal would have applauded, not criticised, the notion that it is commonsense not to smoke for prolonged periods around very young children. I am a parent, and like most people who choose to smoke, I certainly did not smoke around my children when they were young and when I was in a poorly ventilated area.

Millions of adults around the world continue to choose to smoke. As a leading manufacturer of tobacco products, British American Tobacco will continue to make cigarettes that we hope that adult smokers will prefer. And we will continue to be a voice in the popular and scientific discussion about smoking, speaking openly with honesty and integrity and in a manner whereby people can consider our views alongside those of others.

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1 BAT "experts" grilled; The only-ness of the life-saving ground-breaker; Commonsense & passive smoking. *Tobacco Control* 1996;**5**:262–4.
2 Baker RR, Proctor CJ. The origins and properties of environmental tobacco smoke. *Environ Int* 1990;**16**:231–45.
3 Proctor CJ, Warren ND, Bevan MAJ, Baker-Rogers J. A comparison of methods of assessing exposure to environmental tobacco smoke in non-smoking British women. *Environ Int* 1991;**17**:287–97.

In reply,—Christopher Proctor admits that describing his work as "ground-breaking" is stretching its importance too far, but unfortunately that is not all that is stretched about Proctor, who appears to be more an active tobacco public relations man than an active scientist. While solemnly differentiating between allegations and findings in one instance of industry-related dirty tricks on passive smoking, he makes no mention of the plethora of outrageously misleading and unscientific statements made at his company's propaganda weekends for journalists from developing countries, by the people it flies in "who have a view and knowledge of the issues", and who speak "openly with honesty and integrity". Their fatuous and disingenuous claims about smoking not having been proved to cause disease, or being only "a risk marker", have been well documented in previous issues of *Tobacco Control.* And it is both bad science and bad public relations to try to get away in this particular journal with a description of smokers as people who "choose to smoke", when the vast majority in his own country started as children, and about two-thirds, once they become the "adult smokers" the industry likes to talk about, want to quit.

As was very obvious, our verbatim report of the televised gaffe made by WD & HO