

Highlights from this issue

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Physicians of the Utmost Fame

Were called at once; but when they came

They murmured (as they took their fees)

There is no cure for this disease - *Hilaire Belloc*

October's theme: smoking

And indeed there is no cure for any of the common smoking related diseases such as COPD, lung cancer, and ischaemic heart disease. So this issue of *Thorax* is dedicated without thanks to the Tobacco industry, and this section re-named in their dishonour. We hope SMOKEWAVES and especially this issue of the journal will serve as a ringing call to action to our legislators to curb the industry's exploitative activities among the young in particular. We do not need a second opinion from Phillip Morris!

No sex (or violence) please: we're British: but Carry On Smoking

Film censorship (in theory) determines who can see graphic representations of sex and violence, and, perhaps less well known, harmful behaviour such as 'dangerous imitable behaviours'. In this edition of *Thorax*, three manuscripts supply compelling evidence of the close relationship between depiction of smoking behaviours in films, and experimentation with, and uptake of, smoking in real life. Hunt *et al* report that Scottish adolescents exposed to smoking behaviour in films and TV were twice as likely to smoke themselves. Waylen *et al* report similar data in the UK, and estimate that exposure to smoking in films is associated with 100% increased risk of smoking in real life. Morgenstern *et al* report new data in six countries in Europe and a meta-analysis, and report a robust association between exposure to smoking behaviour in films and smoking in adolescence. Lyons and Britton's editorial highlights that the 2011 Tobacco Control Plan for England identified smoking in films as an important driver of cigarette uptake, but the response has all the ferocity of an edentulous jellyfish afflicted with rigormortis.

Obviously the next stage is to form a Committee!—which would really send a powerful “let's do the Hokey-Cokey while Rome burns” message to the Tobacco industry. It is difficult to disagree with the last sentence of the editorial in particular—unless a rare politician is ready to stand up and be counted? Legislation works—which is why of course the Tobacco industry hates it! *See pages 875, 856, 844 and 866.*

Legislation works! But what next?

Lest it be ought that we are anti-politician (perish the thought) it is a pleasure to record a legislative success. The legal age of access to cigarettes was raised from 16 to 18 years in 2007. Millett *et al* report that this has led to a reduction in regular smoking by as much as one third in young teenagers, across all socioeconomic groups. So here is proof of principle—restricting access to addictive substances works. So let's build on success—how can we further restrict access? Photo-ID before any purchase by anyone (one of us was highly gratified to be asked to produce a passport before buying a beer in the USA, so this is not going to upset the elderly); no display at all of tobacco products; plain packets with only a health warning (well done Australia); and much more besides. A good rule of thumb: to determine what works, ask only if it is opposed by the Industry, and if so, do it. *See page 862.*

Ask not for whom the bell tolls; it tolls for your children

John Donne knew that no man is an island, and smoking is not just a personal matter for the individual, but affects all around them. It is a tobacco funded lie to suggest that individuals have a right to smoke, any more than an individual has a right to punch small children in the face. Leonardi-Bee *et al* present a meta-analysis showing (unsurprisingly) that if your parents and siblings smoke, you are more likely to smoke yourself. They estimate that 17 000 people take up smoking each year as a result of smoking in the household. So the next big challenge—smoking

in the workplace has gone (but do not relax—we bet there is a tobacco strategy to bring it back, as in the Netherlands!)—but what about the home? An Englishman's house is his Castle, but he is not an absolute monarch therein (unless you believe domestic violence is acceptable). We believe that smoking is a child protection issue. If testing revealed heroin in a baby's urine, Social Services would be in there faster than Usain Bolt. But what about tobacco? Blood pressure measurement is part of the routine paediatric evaluation—but should a cotinine measurement also be routine? This would identify children at high risk of actual harm, and perhaps give an opportunity for change. WADA have it right—an athlete with a banned substance in their body is guilty of doping; so a parent whose child has been exposed to tobacco is guilty of abuse. Extreme? Maybe—but isn't complacency worse? *See page 847.*

And now for something completely different

This month's picture is something for which, perhaps uniquely, the Tobacco Industry is not responsible. In the interests of balance, we are happy to give them this meagre credit. We have all heard of (and perhaps taken part in, perhaps even won) a knobbly knees competition at the seaside; this is a knobbly trachea competition—what caused it? *See page 929.*

