

model for housing, which “will not be lived in until the community for which it is being built has approved it”. Western mental health practitioners would do well to follow that example by assisting disaster-affected communities through collaboration, rather than through indoctrination.

We declare that we have no conflict of interest.

*John R Van Eenwyk,
Janaka Jayawickrama
jrv@u.washington.edu

The International Trauma Treatment Program, 1026 State Avenue, Olympia, WA 98506, USA (JRVE); and Trauma Risk Reduction Programme, Disaster and Development Centre, Northumbria University, School of Applied Science, Newcastle upon Tyne, UK (JJ)

- 1 Harris Cheng M. Post-tsunami boost to southeast Asia's mental health care. *Lancet* 2006; **367**: 15–17.

Making the UK's National Health Service cost effective

The Comment by Niall Dixon and Jennifer Dixon (June 3, p 1302)¹ supports the notion in the UK government's current white paper that success is dependent on changing the balance of health-care provision from a hospital-centred to a community system. However, health-service provision in the UK is structured along horizontal lines in which primary care competes with secondary care in an attempt to reduce costs, and a third party—the general practitioner—negotiates on behalf of the patient.

The drivers for change in modern health care require a vertically integrated system in which patients' needs throughout the complexity of health and social care are seen as a seamless, singular, trajectory. The government should focus its energy in creating a vertically integrated health-care system, which is responsive to the needs of patients, in which competition between different medical systems drives value into the practitioner–patient interface.

I am Director of Metris Therapeutics, Gene Networks International, and Ziva Bioscience.

Stephen K Smith
s.k.smith@imperial.ac.uk

Faculty of Medicine, Imperial College, London SW7 2AZ, UK

- 1 Dixon N, Dixon J. Making the NHS cost effective. *Lancet* 2006; **367**: 1802–03.

Tobacco industry research on smoking and cigarette toxicity

Michael Dixon and Stewart Massey (April 22, p 1317)¹ criticise our review of internal research by British American Tobacco (BAT) and Imperial Tobacco Limited (ITL) on smoking behaviour and product design.² They dispute the notion that BAT and ITL have exploited the international testing standards for cigarette emission.

Our paper describes internal documents which suggest that BAT designed products to maximise the discrepancy between: (a) the tar and nicotine numbers under standardised testing and (b) the levels that could be delivered to consumers. Moreover, the documents we reviewed indicate that this strategy was kept secret from consumers and regulators. Dixon and Massey seem to suggest that this was “fair game” because regulators acknowledged certain limitations of the testing regimen when it was introduced. Their argument would be more compelling had their companies not also marketed these brands as low-tar alternatives for health-concerned smokers and had they not attached misleading descriptors such as “light” and “mild” to brands that generated low machine readings.³ Indeed, BAT product scientists worked closely with the marketing department to develop such synergies.

Dixon and Massey also suggest that the industry has previously disclosed much of the research we describe in our paper. Even if all of the information in our review had

been previously disclosed, it still warrants alarm among consumers and regulators. However, to suggest that the industry has been forthright about their product research and strategy is simply not credible. Tobacco manufacturers have a track record of publishing only those research findings that either obscure or undermine scientific questions with public-health implications.⁴ Additionally, our paper cites a memo from Alan Heard, a senior BAT scientist, to S R Massey. Heard writes: “Instinctively I question the idea of publishing papers in relation to smoking behaviour...I think it is unwise to publish any findings of our studies on smoking behaviour on any smoking products.”⁵

Dixon and Massey also reject the suggestion that BAT and ITL have designed “elastic” cigarettes. The term “elastic” is not our invention; rather, it is drawn from the BAT documents we reviewed. Our paper may or may not include the best examples of product elasticity; however, statements made by senior BAT employees leave no question as to the reality of “elastic” cigarette designs.

I declare that I have no conflict of interest.

David Hammond
dhammond@uwaterloo.ca

Department of Health Studies and Gerontology, University of Waterloo, Waterloo, Ontario N2L 3G1, Canada

- Dixon M, Massey S. Tobacco industry research on smoking and cigarette toxicity. *Lancet* 2006; **367**: 1317–18.
- Hammond D, Collishaw NE, Callard C. Secret science: tobacco industry research on smoking behaviour and cigarette toxicity. *Lancet* 2006; **367**: 781–87.
- Pollay RW, Dewhirst T. Marketing cigarettes with low machine measured yields In: risks associated with smoking cigarettes with low machine-measured yields of tar and nicotine. Bethesda, MD: US Department of Health and Human Services, Public Health Services, National Institutes of Health, National Cancer Institute, 2001: 199–233.
- Ong EK, Glantz SA. Tobacco industry efforts subverting International Agency for Research on Cancer's second-hand smoke study. *Lancet* 2000; **335**: 1253–59.
- TCRC papers [Memo from A L Heard to S R Massey], June 5, 1985. British American Tobacco. Bates No. 109874611. <http://www.library.ucsf.edu/tobacco/batco/html/5500/5576/index.html> (accessed April 22, 2006).

We do not have the rights to reproduce this image on the web.