

Joe Camel's Confound Samples

"The best perscription is knowledge."

Dr. C. Everett Koop, Drkoop.com

By Norman E. Kjono

December 20, 2000 *The Seattle Times* published an *Associated Press* article "Smoking Prevention Fails a Big Test," byline Paul Recer, about a declared failure of the Fred Hutchinson Cancer Research Center's youth tobacco use school intervention that began in 1984. The study focused on children as young as 3rd grade. According that article, the center's program—described as a "social-influences" *experiment*—was a failure because there was no statistically significant difference between smoking rates of children in the program and a control group. Mr. Recer quotes a university of Washington researcher in the article:

"It simply didn't work," said Arthur Peterson, Jr., the project's lead researcher. "It was a surprise. It was a disappointment."

A disappointment? Perhaps, but hardly a surprise. Mr. Peterson and his anti-tobacco colleagues have studied youth smoking data such as the University of Michigan's "Monitoring The Future Study," Table 1. (see Figure 6.) for years. The data has shown for several years that the largest sustaining *increases* in youth smoking *coincide with anti-tobacco programs*.

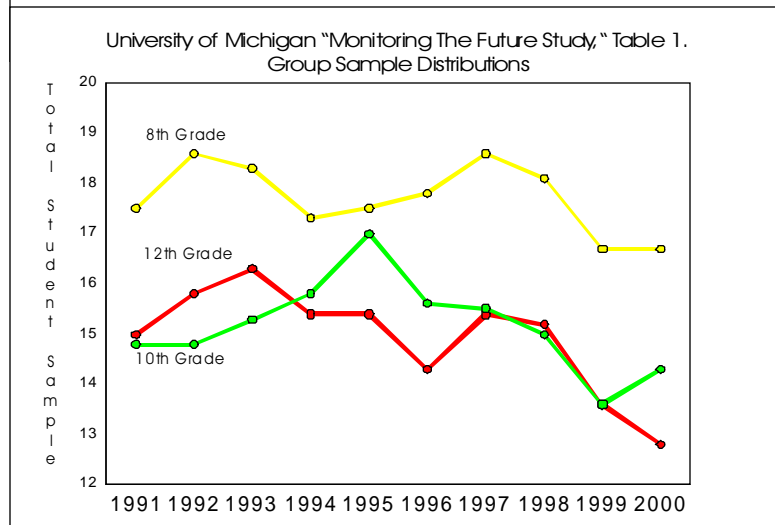
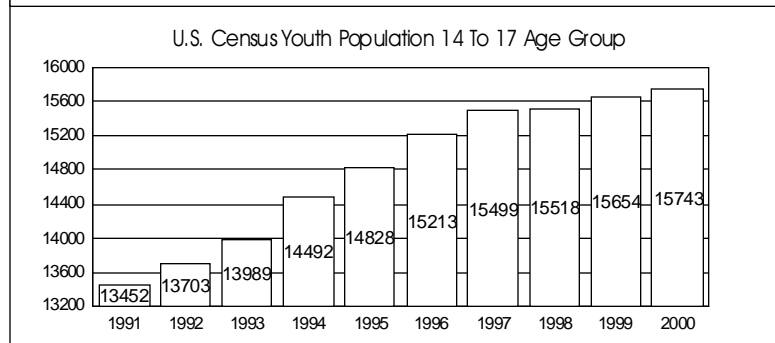
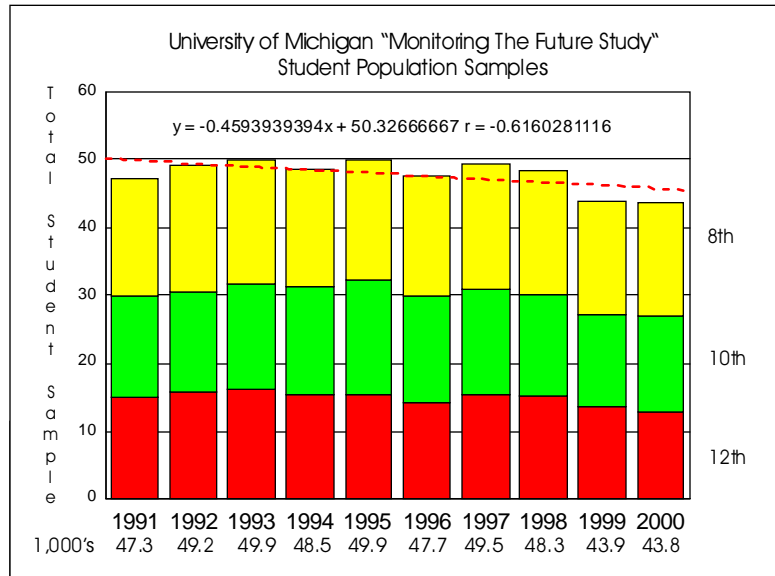
While experiencing his disappointing surprise that the past fifteen years of "social influences" *experimenting* with our children was a failure, Mr. Peterson is reported to have said:

"It is time for researchers to go back to the drawing board."

This dad wants to know why we let anyone who has presided over a fifteen-year *failure* with our children near the drawing boards of our public school and health policy.

That concern is hi-lited by media calls for tobacco tax increases, to allegedly deter youth smoking. Problem is the "statistics" antis are promoting do not prove their more taxes case.

Before we address data samples and confounding factors for anti-statistics we should visit conventional thinking. Understanding beliefs promoted by anti-tobacco in the past explains how and why we confront a serious threat to our children today.



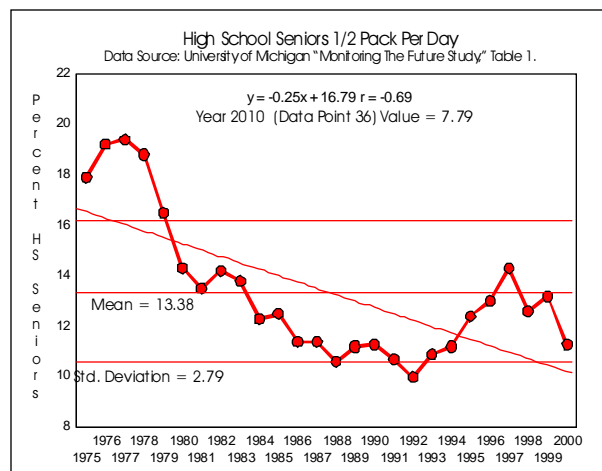
The general view promoted by anti-tobacco is there was a youth smoking crisis in the 1980s that compelled activists to intervene with children; the dread dromedary, Joe Camel, created that crisis; and anti-tobacco activists would "Save the Children."

Facts from the university's Table 1. (Figure 6.) tell a different story: Through the 1970s and early 1980s youth and adult smoking sharply *decreased*; Joe's youth market was *declining* so sharply that, based on 1975 to 1984 trends, *less than 1 percent* of our children would be daily smokers by year 2000; and special-interests of those who benefit from tobacco money were vanishing at an unprecedented rate.

The only crisis we had with youth smoking when pharmaceutical nicotine was introduced in 1984 was that youth source consumers who would assure a *self-sustaining* market for "Tobacco Free" nicotine beyond 2000 *were quitting in near-record numbers*.

Which would be a problem not only for Smith-Kline Beecham (Nicorette) and Johnson & Johnson (Nicotrol) but also for states who were planning "Target Product" tax increases, and activists who would ride the anti-tobacco financial gravy train.

The first thing we parents need to understand about anti-statistics is that they are crafted and promoted by activists who collectively have received \$100 mil-



Based on his results with kids nationwide, on a good day "Half-Pack Joe" was running on 4 out of 8 when it comes to creating new youth smokers.

Joe Camel Results 1987-1992

	1987	1992	Chg.	Pct.
TRIED:	67.2	61.8	-5.4	-8.0%
DAILY:	18.7	17.2	-1.5	-8.0%
30 DAY:	29.4	27.8	-1.6	-5.4%
HALFPK:	11.4	10.0	-1.4	-12.3%

During ASSIST intervention years 1993 to 1999 a *stabilized, expanding and self-sustaining* market for nicotine delivery products was created.

Joe Camel + ASSIST 1992-1997

	1992	1997	Chg.	Pct.
TRIED:	61.8	65.4	+3.6	+5.8%
DAILY:	17.2	24.6	+7.4	+43.0%
30 DAY:	27.8	36.5	+8.7	+31.3%
HALFPK:	10.0	14.3	+4.3	+43.0%

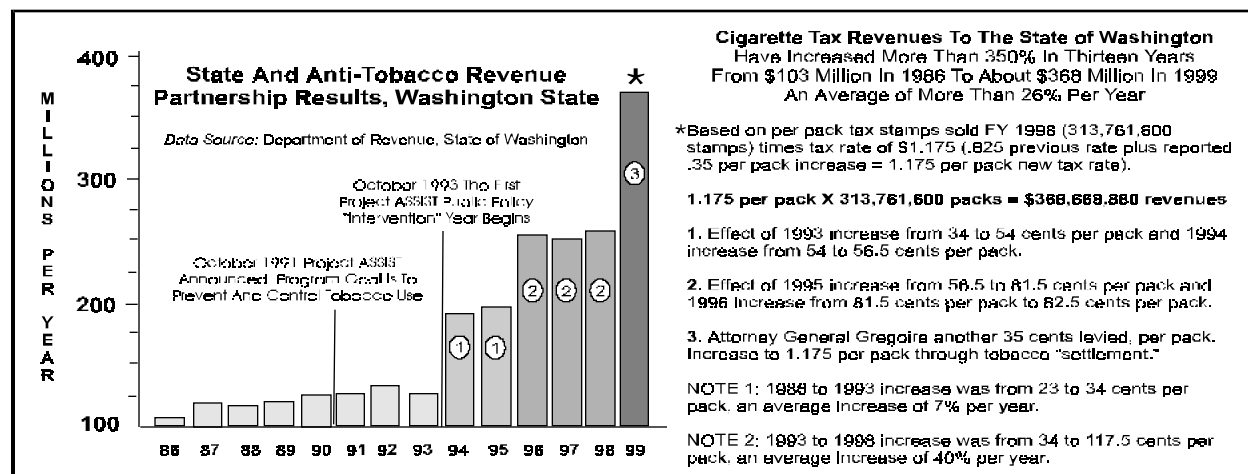
Source: University of Michigan "Monitoring the Future Study"

lion-plush in anti-tobacco and other grants from pharmaceutical nicotine distributors and their special-interest foundations, such as Nicotrol's Robert Wood Johnson Foundation. When we watch television—enduring hours of pharmaceutical commercials, to enjoy our favorite programs—it becomes obvious that pharmaceuticals have equal or greater vested interests in more kids smoking than tobacco companies.

That vested interest is uncovered by observing who Nicorette, NicoDerm CQ, Nicotrol, and Zyban solicit as their customers: People who smoke. And it becomes intuitively obvious that if our children quit smoking the future self-sustaining market for "Tobacco Free" nicotine products also disappears.

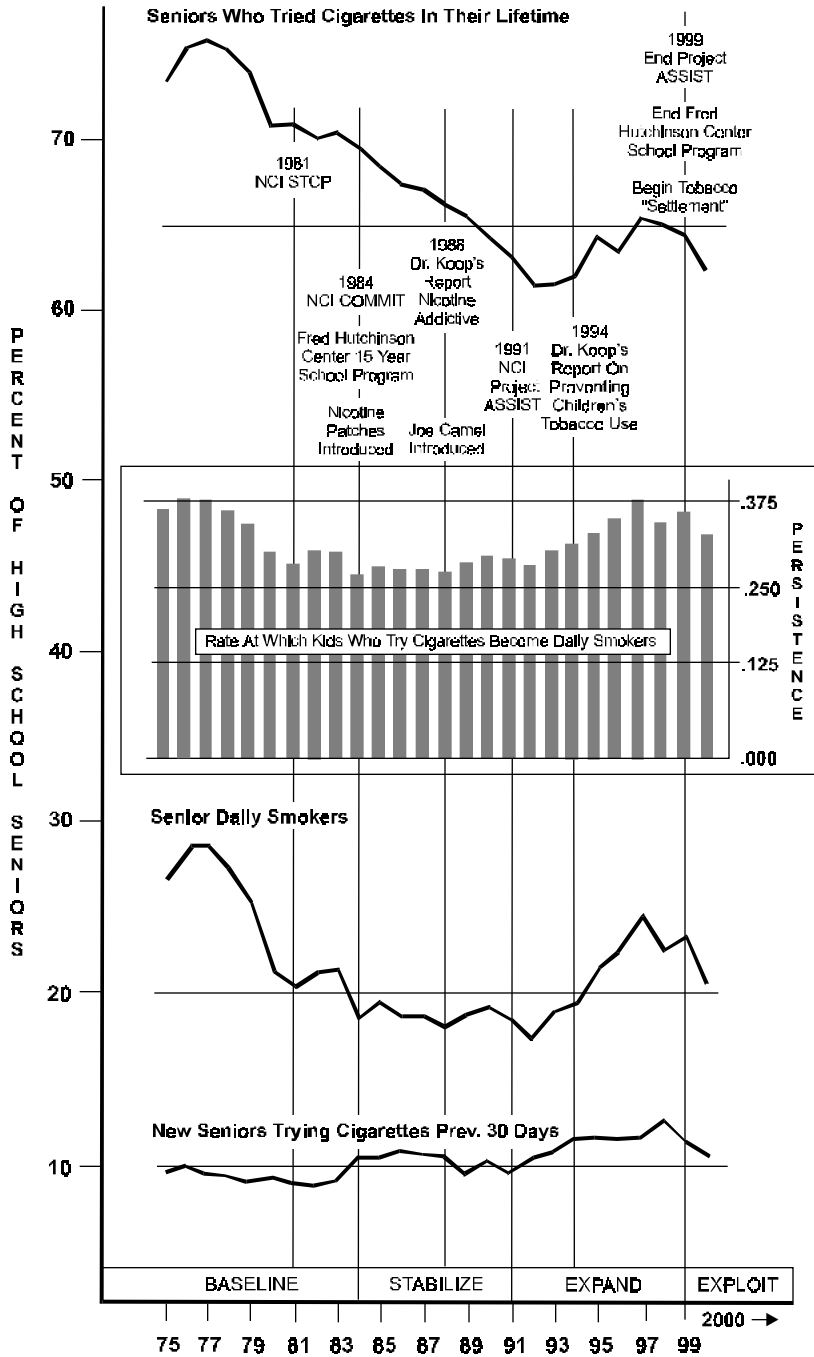
To which we add a vested interest Joe Camel never dreamed of: Hundreds of millions each year in tobacco "settlement" revenues allocated to pharmaceuticals through expanded medical insurance.

Observing those historical trends and vested interests—and reading about a fifteen year youth program's self-described *failure*—we parents are to dutifully fall in line with the latest mantra, where ac-



Tobacco Control Youth Smoking Results

Figure 3. High School Seniors



Source: University of Michigan "Monitoring the Future Study"
Long-Term Trends In Prevalence Of Use Of Cigarettes, Table 1.

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**University of Michigan
"Monitoring the Future Study"
Table 1. Data Points**

	TRIED	DAILY	30 DAY
75	73.6	75	26.9
76	75.4	76	28.8
77	75.7	77	28.8
78	75.3	78	27.5
79	74.0	79	25.4
80	71.0	80	21.3
81	71.0	81	20.3
82	70.1	82	21.1
83	70.6	83	21.2
84	69.7	84	18.7
85	68.9	85	19.5
86	67.8	86	18.7
87	67.2	87	18.7
88	66.4	88	18.1
89	65.7	89	18.9
90	64.4	90	19.1
91	63.1	91	18.5
92	61.8	92	17.2
93	61.9	93	19.0
94	62.0	94	19.4
95	64.2	95	21.6
96	63.5	96	22.2
97	65.4	97	24.6
98	65.3	98	22.4
99	64.8	99	23.1
00	62.5	00	20.6

▲ Project ASSIST

TRIED = Tried Cigarettes In Lifetime
DAILY = Use Cigarettes Daily
30 DAY = Smoked In Past 30 Days

Computed Data Points

	PERSISTENCE	NEW 30
75	0.3655	75 09.8
76	0.3819	76 10.0
77	0.3804	77 09.6
78	0.3652	78 09.2
79	0.3432	79 09.0
80	0.3000	80 09.2
81	0.2859	81 09.1
82	0.3009	82 08.9
83	0.3002	83 09.1
84	0.2683	84 10.6
85	0.2834	85 10.6
86	0.2766	86 10.9
87	0.2782	87 10.7
88	0.2725	88 10.6
89	0.2878	89 09.7
90	0.2866	90 10.3
91	0.2931	91 09.8
92	0.2783	92 10.6
93	0.3069	93 10.9
94	0.3129	94 11.8
95	0.3364	95 11.9
96	0.3496	96 11.8
97	0.3761	97 11.9
98	0.3430	98 12.7
99	0.3576	99 11.5
00	0.3296	00 10.8

▲ Project ASSIST

PERSISTENCE = (Daily / Tried)
NEW 30 = (30 Day - Daily)

tivists go back to the drawing board to craft yet another social-engineering *experiment* with our children.

Which would be the Christian thing to do, I suppose, but for troubling facts revealed in Table 1. and state tobacco tax data. Not only do the greatest increases in half-pack per day teen smoking coincide

with Project ASSIST youth intervention years (Figure 4.), but those increases also occur during a period of the largest hikes in tobacco taxes, as well! According to Washington Department of Revenue (see Figure 5.), in our state tobacco taxes increased from 34 cents to \$1.175 per pack, *245 percent*, 1993 to 1999.

We have now come full cycle with anti-tobacco programs. We can observe their data, and tally the consequences of fifteen years of special-interest intervention with our children. The facts say that the reasons given to intervene with our children were false, the programs did not produce the results as represented, and those who presided over interventions with our children had and have undisclosed vested interests in doing the *opposite* of what they claimed to be trying to accomplish.

The hidden vested interests of anti-tobacco promoters have now risen to such a crescendo that we observe anti-tobacco icons using cartoon characters that directly appeal to youth to peddle equally-addictive nicotine wares, just like Joe Camel. What's more, Joe Moose knows the last laugh is at parent's and children's expense.

No, kids on "Tobacco Fee" nicotine is not a superior choice to tobacco nicotine, whatever happened to "Nicotine Free," not just "Tobacco Free"? That truth is particularly important when we observe that those who aggressively promote *substitution* of drug company nicotine for tobacco have presided over programs that successfully stabilized and dramatically expanded the youth source consumer market for their financial sponsors' nicotine products.

To the above observations we add that population samples on which anti-statistics are based have decreased during the past several years (Figure 1.); those reduced samples are a smaller percentage of an in-

creasing youth population (Figure 2.); and most recent Table 1. figures skew year group samples away from 12th grade students with higher smoking rates to 10th grade students with lower observed smoking incidence (Figure 3.). The most notable examples of sample reduction and skewing occur 1997 to 2000, when anti-tobacco was promoting their tobacco

"settlement," and they needed reduced youth smoking rate data to "prove" their case to politicians.

Dr. Koop and anti-tobacco use cartoon characters to sell a specific belief to our children: Teens who may experiment with smoking—as anti-tobacco activists know with statistical certainty 65 percent of our children will do—are now *addicted* to providing tobacco "settlement" revenues forever, "from the first puff."

Which presents the most troubling confounding factor in the call for increased tobacco taxes, to allegedly reduce youth smoking: Those promoting higher tobacco taxes also know with certainty that they have spent the past

decade and millions of dollars convincing current youth smokers that they are hopelessly addicted to buying tobacco products, *regardless of the cost*. The model being promoted for increased tobacco taxes is therefore a transparent sham because anti-tobacco knows with certainty that it has already crafted *increased youth price tolerance* into the equation.

Our children's health is too important for this to continue. Please shut anti-tobacco down.

Redmond WA January 18, 2001



Source: www.smokylies.org
C. Everett Koop Institute
Dartmouth University

TABLE 1

Long-Term Trends in Prevalence of Use of Cigarettes for Eighth, Tenth, and Twelfth Graders

(Source For Table 1: www.monitoringthefuture.org/data/00data/pr00cig1.pdf)

	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	'99-00 change	
Lifetime																												
8th Grade																	44.0	45.2	45.3	46.1	46.4	49.2	47.3	45.7	44.1	40.5	-3.6sss	
10th Grade																	55.1	53.5	56.3	56.9	57.6	61.2	60.2	57.7	57.6	55.1	-2.5s	
12th Grade	73.6	75.4	75.7	75.3	74.0	71.0	71.0	70.1	70.6	69.7	68.8	67.6	67.2	66.4	65.7	64.4	63.1	61.8	61.9	62.0	64.2	63.5	65.4	65.3	64.6	62.5	-2.1	
Thirty-Day																												
8th Grade																		14.3	15.5	16.7	18.6	19.1	21.0	19.4	19.1	17.5	14.6	-2.8sss
10th Grade																		20.8	21.5	24.7	25.4	27.9	30.4	29.8	27.6	25.7	23.9	-1.8
12th Grade	36.7	38.8	38.4	36.7	34.4	30.5	29.4	30.0	30.3	29.3	30.1	29.6	29.4	28.7	28.6	29.4	28.3	27.8	29.9	31.2	33.5	34.0	36.5	35.1	34.6	31.4	-3.2ss	
Daily																												
8th Grade																		7.2	7.0	8.3	8.8	9.3	10.4	9.0	8.8	8.1	7.4	-0.7
10th Grade																		12.6	12.3	14.2	14.6	16.3	18.3	18.0	15.8	15.9	14.0	-1.9s
12th Grade	26.9	28.8	28.8	27.5	25.4	21.3	20.3	21.1	21.2	18.7	19.5	18.7	18.7	18.1	18.9	19.1	18.5	17.2	19.0	19.4	21.6	22.2	24.6	22.4	23.1	20.6	-2.5s	
1/2 pack+ per day																												
8th Grade																		3.1	2.9	3.5	3.6	3.4	4.3	3.5	3.6	3.3	2.8	-0.5
10th Grade																		6.5	6.0	7.0	7.6	8.3	9.4	8.6	7.9	7.6	6.2	-1.4ss
12th Grade	17.9	19.2	19.4	18.8	16.5	14.3	13.5	14.2	13.8	12.3	12.5	11.4	11.4	10.6	11.2	11.3	10.7	10.0	10.9	11.2	12.4	13.0	14.3	12.6	13.2	11.3	-1.9ss	
Approx. Ns (in thousands)																												
8th Grade																		17.5	18.6	18.3	17.3	17.5	17.8	18.6	18.1	16.7	16.7	
10th Grade																		14.8	14.8	15.3	15.8	17.0	15.6	15.5	15.0	13.6	14.3	
12th Grade	9.4	15.4	17.1	17.8	15.5	15.9	17.5	17.7	16.3	15.9	16.0	15.2	16.3	16.3	16.7	15.2	15.0	15.8	16.3	15.4	15.4	14.3	15.4	15.2	13.6	12.8		

NOTES: Level of significance of difference between the two most recent classes: s = .05, ss = .01, sss = .001. Any apparent inconsistency between the change estimate and the prevalence of use estimates for the two most recent classes is due to rounding error.

SOURCE: The Monitoring the Future Study, The University of Michigan.

Additional Confounding Factors Not Discussed In “Joe Camel’s Confounding Samples:”

1. Tobacco Products Selected: Tend to include or be weighted toward only “Tailor Made” *premium brands* such as Marlboro and Camel. Those brands are selected because information about their sales volume is most readily available, and they have the highest prices. This skews data because consumers who switch to lower cost brands may not be proportionately represented, which creates the phenomenon where customers *switching to lower price brands* can be included in the *quit purchasing* category. The net effect is a *downward bias* on the numerator of a percent calculation equation. It can create the false impression that percent of tobacco consumers are decreasing when it is are not. Together with denominator sample size reduction and cohort skewing this can produce *significantly lower* tobacco use numbers. This phenomenon can be particularly sensitive in youth statistics because anti-tobacco asserts those are the most price-sensitive consumers. CDC cautioned in a recent report that year 2000 figures may not reflect actual market consumption levels, or that the data were not completely reliable. The selection of Per Capita Premium Brand Cigarette Sales skews data to impose a downward bias on tobacco use figures. Such a bias is materially related to anti-statistic “proofs” that increased cost equals lower consumption.

2. Tobacco Products Excluded: Figures as to per capita cigarette consumption generally exclude data for “Roll Your Own” or bulk tobacco products. Based on today’s prices, cigarettes can be rolled for about \$1.50 per pack, or \$15.00 per carton. The ingredients are readily available, and the process is simple. The net bias of this is to distort downward youth tobacco use figures because anti-tobacco is well-aware of this low-cost alternative to price-sensitive youth smokers. The net effect of this phenomenon is a *very strong downward bias* on youth tobacco use anti-statistics because it would tend to exclude—to include in the implied *quit smoking* group—a price-sensitive youth tobacco use population who roll their own smokes. It would take a 200 percent increase in tobacco costs (\$3.00 per pack) to bring this low-cost alternative to parity with today’s premium brand prices of \$4.00 to 4.50 per pack.

3. Market Factors Not Considered: We have observed 15 years of anti-tobacco. Table 1. data speak clearly and plainly to the fact that youth smoking was dramatically *declining* before pharmaceutical nicotine was introduced in 1984, that trend *stabilized* during the early years of COMMIT anti-tobacco program testing, and youth smoking explosively *increased* during ASSIST intervention years beginning in 1993. As illustrated by the Fred Hutchinson center’s program that began the same year (1984), anti-tobacco has aggressively focused on children as young as third grade for more than a decade under NCI’s COMMIT. By their own admission the program failed to reduce participant tobacco use, compared to a control group. The net effect is that we have a population of youth tobacco consumers who have been programmed with different beliefs than existed prior to COMMIT and Project ASSIST. Not only has anti-tobacco aggressively associated tobacco products with “forbidden fruit” appeal to normal hormonal rebellious streaks in adolescents but it has also taught our children since at least 1988 that they are *addicted* to tobacco if they merely experiment with smoking. These new tobacco-related beliefs in the youth market tend to place a strong *upward bias* on youth tobacco use, as is so stunningly demonstrated by 1993 to 1997 Project ASSIST youth smoking results. The consequence of those *new youth tobacco consumer beliefs* is to introduce a strong upward bias on youth tobacco use, which would clearly offset—reduce, or tend to diminish the effects of—any salutary effects from price increases on youth tobacco use.

4. Anti-Tobacco Patterns of Conduct: In 1984 youth tobacco use persistence bottomed out at 26.8 percent. Following 1984 intervention persistence increased to 27.8 percent in 1987, and then started to drop. 1988 Dr. Koop began promoting the addiction theme, and persistence increased to a 1990 then-high of 29.6 percent, falling off to 27.8 percent as of 1992. 1993 Project ASSIST began its most direct and aggressive intervention with kids, which included the blunt assertion that those who smoke are addicts. Persistence rose to a high of 37.6 percent in 1997, almost precisely to where it was back in 1976-1977. Today youth smoking persistence is again dropping from 1997, and today we see nationwide Legacy Foundation television advertisements, public billboards near schools, and Dr. Koop in the Internet openly and forcefully selling our kids on the “Truth” that they are addicted if they merely experiment with smoking. Come on, folks, *this is the fourth time around for that pattern*. It’s simply time we parents “Get It:” Our children’s *price tolerance* for tobacco product cost increases is socially-engineered to the extent that anti-tobacco has convinced them they are *addicted to producing tobacco “settlement” revenues forever*.