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ANOTHER POSITION ON SMOKING

From the beginning smoking has been controversial. At one time criticized as being self-indulgent and therefore sinful, smoking is now attacked on both medical and social grounds. The intensity with which anti smoking views are expressed indicates there is still an element of self-righteous fervour, especially among organized "activist" anti-smoking groups. Most smokers are not deterred, knowing very well the pleasure and benefits of their habit, they continue to smoke. However those who would defend smoking publicly must do so in the face of much negative information and a great deal of contrary minded emotion.

Serious minded well informed medical authorities, based on the evidence available to them, conclude that a reduction in the proportion of smokers, or a reduction in the amount of smoking by smokers, would reduce the incidence of certain diseases in mankind. Similarly there are reasonably held views that smoking should take place in such a way as not to annoy others who dislike the smell or may even experience physical discomfort, e.g. watery eyes, in an overly smoke-filled room. Under these circumstances, what ought to be the attitudes of those of us in the tobacco industry? How should we conduct our business now and what of the future?

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One thing is abundantly clear. Smoking is such a well entrenched habit, with new people joining the ranks of smokers every day, that no serious minded governmental or medical authority would advocate banning it. However our society has in effect decreed, with voluntary acceptance of the notion by the tobacco industry, that tobacco companies ought not to advocate through advertising that young people adopt the habit. Clearly our business is with smokers, not non-smokers. We must live with the fact that all of our customers have been exposed to an intense and continuing campaign of information and propaganda intended to dissuade them from becoming smokers, or continuing to smoke. Our job is to serve people who have made their decision, and we must serve them well.

How ought this be done? There is reason to believe that smokers have rationalized their position by believing that the statistical evidence of the harm in smoking is perhaps convincing in the aggregate, but a matter of probability when applied to himself. "It won't happen to me" is the rationalization - the kind of thought process we all have to apply throughout our lives to situations where there is a statistical hazard associated with a given course of action. Otherwise we wouldn't take a bath, drive a car, conceive a child, and so on. Nevertheless smokers, although they have accepted the risks of smoking, surely expect the tobacco industry to do all it can through product modification to minimize whatever risk may be associated with their habit. The same expectation is held for safer automobiles or safer childbirth.

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Is smoking really harmful? The argument is made that the findings of the epidemiologists, being statistical inferences, do not constitute "scientific" proof. While statistical logic has its limitations, and the limitations are not always respected, the role of such methodology in public health research must be recognized. Classical "scientific" experimentation and "proof" are not possible avenues of research with respect to many diseases of mankind. The statistical information, coupled in some instances with indirect but corroborative evidence from various fields of medically oriented scientific research has convinced the vast preponderance of medical and governmental authorities that smokers as a group suffer certain diseases to a greater extent than do non smokers. This conclusion seems valid when applied to smokers as a group, but only holds as a statistical probability when applied to the individual. Thus the inevitability of harm does not hold for the individual, nor is smoking believed to be the sole cause for the diseases with which it is associated. In fact an intensive field of medical study is the search for practical ways of identifying the "susceptible minority" who may be "at risk" of ultimately contracting a specific illness. This line of research is relevant to illnesses having more than one "cause," or really illnesses that seem to bear close statistical association with a number of factors which may or may not be "causes."

While the relationship between smoking and certain health problems among smokers as a group is considered to be well-established, the same is not the case with respect

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to non-smokers who passively inhale tobacco smoke. Here there is no epidemiological evidence and no proof of any kind. The activist anti-smokers have reached out and seized upon isolated bits of "scientific" information which might indeed be considered corroborative or explanatory in nature when applied in conjunction with statistical evidence as regards smokers, but which is clearly ridiculous when applied to passive smoking. Doubtless we shall see a continuance of purported "medical" arguments against passive smoking, but not by reputable medical experts possessed of real knowledge of the subject.

It seems clear we must accept the fact that a health risk for smokers has been convincingly established in the minds of medical and governmental authorities and indeed in the mind of the public at large. But there is also a conviction that this risk can be lessened through modification of the smoking habit, either voluntarily by cutting down on smoking, or involuntarily by the use of cigarettes that satisfy the smoker with a lower delivery of "harmful" substances.

Public health authorities in many countries, including Canada, advocate the introduction of such modified cigarettes as being a practical and desirable course of action for the benefit of smokers. Already a lowering of the incidence of lung cancer has been detected among U.S. users of "low tar" cigarettes, "low" being 17 mg.!

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There are many questions as to whether the new low delivery cigarettes really achieve the objective of effectuating a lower smoke intake. Accordingly we should do more than simply go along with whatever product modifications may be advocated from outside the industry. Research and product development aimed at making smoking "safer" is in hand and will continue. Unfortunately the lack of certainty as to the nature of possible causative factors make this work difficult, and this same uncertainty must keep us on guard against false hopes. This work must go on, and we cannot rest in the hope that medical research will suddenly eliminate the problem by finding miracle cures for the diseases associated with smoking.

It is my belief that communication of a public relations nature should recognize views that are reasonably held in the minds of well informed people. As regards smoking I would say:

- (1) Smoking affords pleasure, and benefit in terms of the ability of the smoker to deal with stress, to concentrate and generally to function effectively. Such benefits are best perceived by their absence when the smoker is denied his solace.
- (2) The benefits of smoking are offset by a higher risk of certain diseases to smokers as a group.
- (3) Tobacco smoke in overly high concentrations, particularly the smoke from cigars and pipes, is

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annoying, and in extreme cases irritating, to non smokers and smokers alike.

- (4) Smokers do have rights, but they also have obligations to respect the rights of others.

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