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IMPERIAL TOBACCO LIMITED

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SM Correspondence  
21 Jan 83

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DRAFT

NOTES FOR BAT CO CONFERENCE

1. The credibility of the industry

Of the steps listed under this heading, the weakest appears to be (c). The legal reasons for maintaining the stance that Smoking and Health is still a debatable issue are well understood, but increasingly this is seen by informed opinion as cynical equivocation. This view is particularly reinforced when the call for more research is qualified by the legal requirement for this to be "at arms' length" from the industry. This policy appears to arise from the belief that the demonstration that smoking low delivery products now is associated with reduced risk to health, ipso facto "proves" a causative mechanism. This could be poor logic. Tempora mutantur et nos mutamur in illis.

Another development, in the UK, undermining the credibility of the industry stance was the granting of a much greater sum (£11 million) to the Health Promotion Research Trust for research excluding the effects of smoking than that (£3 million) donated for research by the Independent Scientific Committee into monitoring the effects of modified products.

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2. Obstacles/Enemies of a swing to low tar

- (a) Present evidence indicates that the alleged effects of smoking are reduced in smokers of lower delivery products. These smokers would have been exposed in their early life to high delivery products. Consequently a greater reduction in disease incidence may be observed in the future among life-long smokers of low delivery products. Therefore the continued development of low tar products should be pursued.

It must be recognised that committed anti-smokers will attack this policy and for this, and other, reasons, efforts must be made to ensure that low delivery products yield reduced amounts of many smoke components, eg hydrogen cyanide, oxides of nitrogen, nitrosamines, as well as tar, carbon monoxide and probably nicotine.

One line of attack will be that smokers compensate for the reduced delivery by altering their smoking habits.

We should admit that this can occur but emphasise that our superior knowledge of smoker behaviour has permitted the development of products giving smoking experiences (mouthfull, ease of draw) mitigating against compensation (the attached aide-memoire intended for verbal communication to Lord Hunter when he was Chairman of the ISC outlines the approach). Even for those smokers

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who compensate for lower deliveries, it is probable that:-

- (i) the large majority will reduce intake
- (ii) compensation will be similar for most low tar brands

To be deflected from the movement to low tar products because of allegations of compensation would be surrendering to the views of anti-smokers.

(b) Where should we stop?

There is insufficient information at present to answer this question. So much depends on the particular market in question and its state of awareness of the concept of "tar". Technically, it would be feasible to produce a product yielding 1-2 mg tar; and (say) 0.2-0.3 mg nicotine, which would be acceptable to a reasonable proportion of sophisticated consumers.

A more attainable goal might be a cigarette yielding around 5 mg tar and 0.5 mg nicotine. The risk that smokers might find it easy to quit from smoking such a product may be counterbalanced by new smokers adopting the habit if reduced risk is demonstrable.

What must be avoided at all cost is the progressive movement downwards of a "tar ceiling" faster than the market will accommodate. This may well be an alternative strategy of the anti-smokers in the

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hope that the habit will be made unrewarding to the majority of smokers. The industry should provide products acceptable to all smokers, even if the major developments are made in the low-tar region. The market will tell us where the sticking point occurs.

DGF/THT

21 January 1983

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### SOCIAL ACCEPTABILITY

Apart from affecting sufferers from bronchitis or the rare instances of genuine allergy, such as asthmatics, ambient smoke may cause temporary irritation to eyes and nose, and undoubtedly contaminates clothes and furnishings with the smell of stale smoke. Even so, adverse reaction to ambient cigarette smoke is largely emotional.

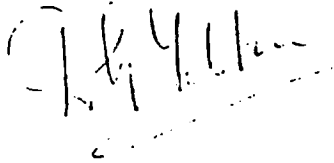
Reduction of sidestream contributions to ambient smoke will help to reduce the physical contamination and irritation, and this work should be continued, but the mere sight of a wisp of smoke or the smell of tobacco smoke may be sufficient to trigger a psychologically motivated outburst of emotion.

It is questionable whether a substantial reduction in sidestream smoke would be sufficient to overcome these psychologically-based objections. It should, perhaps, be noted that, in reducing the amount of sidestream smoke, one deprives the smoker of one of the sensory pleasures associated with smoking.

This appears to be the Achilles heel of the industry and has been seized upon, very cleverly, by certain anti-smoking factions. Smokers find themselves portrayed as the pariahs of society, particularly as they are now often in the minority. They are made to feel guilty, even if the allegations of causing physical harm to non-smokers are ill-founded.

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It should be remembered that smoking in public was not the norm in nineteenth century European Society (nb Smoking Rooms, Smoking Jackets - even Smoking Caps). It may be worthwhile to consider commissioning a study into the changes in Social mores by a social historian, in the hope that this may provide clues as to the best ways of maintaining the status quo and resisting the social pressures to which smokers are increasingly being subjected.



DGF/THT/1.1.1.1  
21 January 1983

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BAT (UK&E),  
Woking.

R. E. Thornton

RET/LAP/46D

21 January, 1983

**CARBON MONOXIDE**

Following our telephone conversation yesterday I now enclose an improved version based on new information. Let us hope that this subject does not run to as many drafts as the Smoking Issues book!

Please note that the new paragraph is from a paper which we understand will be given by the authors in Sicily in March.

For your interest I enclose a copy of this paper. Please regard as confidential and bear in mind there could be changes in it.



R. E. THORNTON

cc

Dr. L. C. F. Blackman,  
Mr. A. L. Heard,  
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enc

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## CARBON MONOXIDE

Carbon monoxide is a gas which is always present in the environment. In the body it is produced by normal processes and the gas combines with haemoglobin (the oxygen carrying component of blood) to form carboxyhaemoglobin, abbreviated as COHb. In normal health the blood contains about 0.5-1% COHb. This carbon monoxide is eventually exhaled. However, it is little-known that the greatest source in air is from the breakdown of plant tissues, this producing about 300,000,000 tons annually. Against this background the contribution of human activities, mainly due to the incomplete combustion of fossil fuels, is extremely small although liable to produce local concentrations higher than those occurring naturally. Steady accumulation of carbon monoxide is prevented by soil bacteria which convert it to carbon dioxide.

In urban environments the internal combustion engine is the major source of carbon monoxide, COHb levels of around 3% being recorded in persons exposed to the exhaust from heavy traffic. The vast majority of cigarette smokers attain COHb levels in the region 3-9%. Even the highest of these levels does not constitute a toxic hazard for people with normal health, nor does it affect their mental processes. In humans clear symptoms of toxicity become apparent at 20% COHb, while 40% COHb is lethal. Although there has been speculation that enhanced carbon monoxide levels are associated in the long-term with various diseases no clear-cut evidence on this subject has yet emerged.

A recent analysis of disease in British civil servants by a well-known group of doctors could find no association between smokers carbon monoxide exposure and the incidence of heart disease and chronic airflow obstruction. Indeed they finally concluded "On the present evidence we think it premature to recommend manufacturers to reduce cigarette CO (carbon monoxide) yields. We are concerned that publishing CO yields on the packet would delude the prospective purchaser into believing he was reducing his risk of developing CHD or chronic airflow obstruction by smoking 'a low CO cigarette'."

Notwithstanding the inconclusive nature of the information relating to carbon monoxide, BAT is devoting considerable research to elucidating and controlling the combustion processes in the cigarette which result in carbon monoxide formation, and is acknowledged to be a world leader in this field.

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