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B.A.T. BOARD STRATEGIES

SMOKING AND HEALTH

QUESTIONS & ANSWERS

1. SMOKING

(a) Smoking as the "Cause" of Lung Cancer and Other Diseases

Q. Does your Company accept that cigarette smoking causes lung cancer and other diseases?

A. A statistical association has been shown in some studies but the extent to which the various factors may or may not be contributing causes is not understood. It is to be hoped that further research will lead to such an understanding and to relief from these diseases and their tragic consequences.

Q. But do you accept that smoking causes lung cancer and other diseases?

A. This has often been suggested but generally the idea of a single cause for such diseases, I understand, is regarded as much too simple. Certainly the great majority of smokers enjoy smoking without injury to their health, and certainly these terrible diseases affect non-smokers as well as smokers.

Q. In the face of all the evidence how can BAT (the tobacco industry) maintain that the case against cigarettes is unproven?

A. The case against tobacco is not closed . . . in a sense,

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the jury still isn't able to retire to consider the case because it doesn't have all the relevant facts.

There are still too many important, unanswered questions: for example - Why do non-smokers fall victim to the associated diseases? If, as the anti-smoking bodies allege, cigarette smoking is the major cause of lung cancer, why is it that the majority of "heavy" smokers never contract this ailment? Why has no scientist or researcher been able to identify any one or combination of the more than 2,000 components of cigarette smoke as the cause of any particular disease? Cigarette smoking may be hazardous, it may not be . . . we just don't have the evidence either way.

(b) Passive Smoking

Q. Do you not agree that passive smoking is harmful to the non-smoker?

A. In our view this appears to be an area of exaggerated concern. In order for the non-smoker to inhale the equivalent of a single filter cigarette, that non-smoker would have to sit in a crowded cocktail lounge for several consecutive hours. The question is really not one of a health hazard but perhaps more of an annoyance which could best be overcome by proper ventilation and by encouraging cigarette smokers to give consideration to non-smokers.

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(c) Benefits of Smoking

Q. Are there any benefits in smoking?

A. Those who smoke certainly believe they derive benefits from smoking, such as relief from stress or an increased ability to concentrate or even mere enjoyment. A great deal of disease is the result of tension. One might speculate were the smoker unable to relieve some tensions through smoking, pressures would take their toll in other ways.

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(d) Effects of Smoking on Pregnant Mothers and Unborn Babies

Q. Various bodies have indicated the very serious effects of smoking on pregnant mothers and their unborn babies. What does BAT feel about this?

A. We recognise that this is an area of continuing concern. We welcome the research effort which is being devoted to it - much of which is being financed by the industry.

2. MATERIALS IN CIGARETTE SMOKE

(a) Effects of Nicotine

Q. Is nicotine harmful to the consumer?

A. Nicotine has not been found to be carcinogenic (cancer causing) in animals. The nicotine from a cigarette is eliminated from the blood fairly rapidly and there is

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little cumulative effect. By the time the cigarette is finished, much of the nicotine absorbed when the smoker began is already destroyed. Nobody has contested that nicotine in quantities absorbed from smoking and other methods of tobacco use is very low and that it probably does not represent a significant health problem. ×

(b) Effects of Tar

Q. Medical authorities have advocated the reduction of "tar" in cigarettes. Is tar in fact the harmful element?

A. Some governments, supported by medical authorities, advocate the reduction of tar levels in cigarettes and, as a consequence, some consumers have been persuaded that tar is the "harmful" element. Whilst we have no evidence, in the amounts absorbed by smokers, that this is so, our Group has responded to the changing demands of consumers by offering them a wide range of products with varying levels of tar.

(c) Effects of Carbon Monoxide

Q. There is Carbon Monoxide in cigarette smoke. Surely this is harmful to the consumer?

A. Most people, whether they are smokers or non-smokers, have small amounts of Carbon Monoxide in their blood. For smokers this is augmented to a small extent by smoking, but the increased levels which result have yet to be demonstrated as "harmful". In some countries

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there is a demand for cigarettes with reduced carbon monoxide deliveries and the industry has responded. We are constantly modifying our products to ensure they meet the changing demands of the market. To this end we apply the latest technology to ensure that our brands remain competitive.

(d) Pesticides

- Q. Are pesticides applied to the tobacco leaf used in your cigarettes? If so, is it not harmful to human health?
- A. We have no evidence that the levels of pesticide residues on the tobacco leaf we purchase are injurious to health. In some countries there is statutory control over pesticides and maximum levels of residues are set but, quite apart from this, our Group efforts are directed to low levels of pesticides so as to preserve the smoking qualities of the leaf.

(e) Radio Active Elements

- Q. It has been said that cigarette smoke contains radio-active elements which might be harmful. Is this correct?
- A. Cigarette smoke like milk and other food-stuffs can contain very small traces of radio-active elements dependent upon the source of the tobaccos used in the blend; however I should tell you that only a very small minority of medical opinion is concerned about this particular point.

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(f) League Tables

Q. As more and more constituents are being listed in league tables shouldn't tobacco companies help consumers to more clearly understand the relative risks of brands?

A. A number of league tables list constituents other than tar and nicotine and we recognise these may be confusing to smokers. In some countries, attempts have been made to go further and combine these into a single index, but there is no scientific basis for doing this as it implies that the contribution made by the various components of smoke to the alleged risks to smokers can be assessed. This patently is not so and, regrettably, there would seem to be no valid method of simplification. In any case, league table figures cannot be construed as an accurate measure of a smoker's intake of any constituent, which will depend on his smoking behaviour.

3. THE PRODUCT

(a) Cigarettes as "Harmful" Products

Q. Why does your Company sell products which are "harmful" to health?

A. We believe that the arguments against smoking are widely known: it is therefore up to each individual whether he decides to smoke or not. In view of

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widespread concern, we have progressively modified our products to reduce those smoking constituents which are alleged to be "harmful";

- Q. A recent American study indicated that low tar brands were less harmful to smokers. Why do you continue to sell brands with high tar?
- A. It is our policy to provide as wide a choice as possible to the consumer in the products that we offer. In the light of all the knowledge available to the consumer the final choice regarding the brand that he buys must be his.

(b) Filters

- Q. If smoking is not harmful why are cigarette manufacturers using more and more sophisticated filters - surely this is to remove or reduce elements which you know can harm the smoker?
- A. The chemistry of smoke is very complex. These new developments to which you refer mainly combine high efficiency filtration with smoke dilution and this is in response to the changing demands of consumers, who are looking for brands with reduced smoke constituents and acceptable taste.

(c) Reconstituted Tobacco Leaf

- Q. Is it for health reasons that manufacturers include a percentage of reconstituted tobacco leaf in their blends?

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- A. No, we use reconstituted tobacco leaf in a number of brands sold by our Group to achieve a higher utilisation of our leaf supplies. At present the proportion used is small and there are problems of the acceptability to the consumer should we use larger amounts.

(d) Air-Cured Cigarettes

- Q. Does BAT accept the theory that air-cured cigarettes with low sugar content are less hazardous to health than flue-cured cigarettes?
- A. This particular theory was the subject of the editorial article published in The Lancet on 27th January 1973. The concluding sentence of the editorial said: "There is no basis for the United Kingdom Government to recommend those who must smoke to choose cigarettes made from air-cured tobacco with low-sugar content in preference to cigarettes made from flue-cured tobacco."

(e) "Safer" Cigarettes

- Q. Do you believe that cigarettes with tobacco substitute smoking materials are "safer" for the consumer?
- A. As far as we know no government authorities have endorsed these materials as "safer" for the smoker; and despite the extensive testing these materials have undergone in the U.K. the Hunter Committee is insisting on the long term monitoring of smokers of cigarettes containing these materials to ensure they suffer no

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health consequences.

(f) Non-Tobacco Materials

Q. What is BAT's policy on the use of non-tobacco materials in cigarettes?

A. Our policy is that we will only market cigarettes containing such materials if:

- (i) We are satisfied that they have no disadvantages on health grounds.
- (ii) They have been submitted to the tests recommended by any Committees that may be set up by Governments to advise on the use of non-tobacco materials.
- (iii) There is a sufficient demand from our consumers to justify their inclusion on commercial grounds.

(g) Q. Is it true that cigarettes with tobacco substitutes have been shown to be less "harmful" than cigarettes with natural tobaccos?

A. Some, but not all, tobacco substitutes have been shown to be less biologically active than some types of tobaccos; but over recent years, cigarette design has been developed so very materially that today it is possible to produce an all-tobacco cigarette with characteristics comparable with those of a product with a significant proportion of tobacco substitute in its blend.

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(h) Cigars

Q. Are cigars "safer" than cigarettes?

A. Whilst we don't accept the premise that cigarettes are unsafe, some doctors have made this statement. However, I should point out that cigarettes and cigars are smoked in different ways so it is very difficult to substantiate the views expressed on this issue.

4. RESEARCH

(a) Smoking and Health Research Expenditure

Q. What is the expenditure of your Group on smoking and health research?

A. Over £5 million per annum on research and development work in this field.

(b) Experiments with Animals

Q. Is BAT engaged in experiments on animals as part of its smoking and health research programme?

A. Yes. We use rodents for experimental purposes. All this work is under the strict control properly exercised by Governments.

Q. I have read somewhere that beagles were used in smoking experiments. Does BAT use dogs in this

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inhumane way?

A. No, we don't.

Q. Is it true that beagles subjected to cigarette smoke have contracted lung cancer?

A. I think you are referring to the experiments made in the U.S.A. by Dr. Auerbach. Certain medical authorities took the view that the results of these experiments were open to question, because some of the animals were infected by lungworms, which could make the conclusions suspect. Moreover, it is misleading to assume any relationship between the animal and the human condition.

Q. Why do you have to use animals at all for research into diseases which people can avoid by giving up smoking?

A. So long as cigarettes are legally marketable products, there will be smokers, and our responsibility in the smoking and health context is to them. Animal experiments are only used by BAT when there is no alternative with equal scientific validity.

Q. Do the protocols of the Hunter Committee call for any animal tests?

A. The protocols for assessing the acceptability of tobacco substitutes and additives as laid down by the Hunter Committee call for a number of tests on animals. In all these tests the animal system is used as an instrument for comparison of the effects of smoke from

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different cigarettes. The tests are not considered as models for the human response to smoke.

(c) The Nature of Group Smoking and Health Research

Q. What kind of research is your Group doing on smoking and health?

A. Our smoking and health research covers a very wide field but broadly it falls into two categories. Firstly the comparative testing of the properties of different types of cigarette smoke, and secondly, fundamental research into biological methods to show how particular components of cigarette smoke may interact with particular biological systems.

5. ADVERTISING

(a) Cigarette Advertising

Q. Does cigarette advertising increase total consumption?

A. In our view there is no valid evidence to support this contention. Advertising may affect the sales distribution among individual companies or specific brands; in attempting to obtain the best possible market share cigarette manufacturers use competitive advertising to inform the consumer of product availability, modifications and innovations.

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Q. Advertising influences people to choose a particular brand and thus in a sense harms them?

A. Smoking is an adult choice. We have always taken the attitude that it is sensible for consumers to exercise moderation in smoking, as in other things.

(b) Advertising/Smoking and Health Expenditure

Q. Why does the Industry spend much more on advertising than smoking and health research?

A. A comparison of the two figures is really irrelevant. Advertising expenditure is related to the competitive situation in the market in any free enterprise country. Smoking and health research is related to the identification of research projects which are considered by our scientists to be of real value in furthering our understanding of the problem and we have always been willing to finance such projects.

(c) TV and Radio

Q. Why are you so reluctant to nominate a company representative to appear on TV or radio Smoking and Health programmes?

A. Because the experience of the Industry has been that such programmes are not objective in their approach to the subject.

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6. ADDICTION

(a) Marijuana

Q. If Marijuana were legalised would your Company market Marijuana cigarettes?

A. We have given no thought to the marketing of Marijuana cigarettes.

(b) Tobacco Addiction

Q. The recent R.C.P. Report stated that "tobacco smoking is a form of drug dependence different from but no less strong than that on other drugs of addiction". Would you like to comment?

A. Tobacco is not a drug of addiction. Whilst we can understand that the opponents of smoking would take such an extreme view there is no evidence that the smoking of cigarettes results in the characteristic features of addiction, namely, the craving for ever increasing doses of the active principle and the physiological withdrawal symptoms when deprived.

25th November, 1977.

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