

L.C.F.B.  
- 4 MAR 1981

FILE .....  
PASS .....  
COPY. *Blg/Elly*  
          *3/81*

Imperial Tobacco Limited/Limitée



Imperial Tobacco Limited  
Imperial Tobacco Limited  
Imperial Tobacco Limited  
Imperial Tobacco Limited  
Imperial Tobacco Limited  
Imperial Tobacco Limited  
Imperial Tobacco Limited  
Imperial Tobacco Limited

February 27, 1981

Dr. L.C.F. Blackman  
Westminster House  
7 Millbank  
LONDON SW1P 3JE  
England

Dear Lionel:

I'm sorry I haven't been able to get to your letter of February 9 sooner, but I've been extremely busy (even a brief holiday on my return from Southampton had to be interrupted).

The comments I have about the draft employee S&H handbook are my own, augmented with what I consider to be very sound views obtained from our Personnel and Public Affairs people. Michel Descôteaux expressed his thoughts in writing and this is attached.

We have tried more than once to come up with a similar document for our employees but have never been satisfied with our own efforts. Although we sensed a certain feeling of job insecurity in the minds of our employees as a consequence of S&H issues, the main concern turned out to be with the social acceptability issue. This is particularly true in the case of sales representatives. Having been unable to come up with a S&H document that does not contain admissions that perhaps had better not be written down, we have used as many occasions as possible to deal frankly and openly with S&H. For example, I have visited all our sales branches, and we encourage S&H discussions with trainee groups. We have concluded that there are certain "facts of life" to which employees must become reconciled if they are to work in our industry, and that we can do nothing to change these "facts" in the minds of employees. The main thing they want to hear is that the company is acting responsibly in the face of the "facts" and that their future is assured. Employees do, however, find it hard going on social occasions when, as so often happens, smoking is under attack.\*

\*Read RD 1783-C, Project Aries.

301003905

I personally take comfort in knowing our company is acting responsibly in the face of a difficult situation and this is what I try to communicate. But I never try to deny what is believed by the preponderance of medical authority.

Turning to the text of the "handbook" I think that you have to ask yourself how it would be viewed by a well informed neutral critic. Frankly we think it lacks credibility, and contains inconsistencies in logic. Furthermore there are a number of judgmental admissions that would be devastating if used against industry representatives when appearing before municipal councils to contest smoking restrictive by-laws. We question the credibility of any medical judgment by a tobacco company. Refutations will be ignored, and admissions used against us.

The early part of the booklet casts doubt on epidemiological evidence and says there is no scientific proof. Later on epidemiology is used as evidence that filtered low tar cigarettes are beneficial. You can't have it both ways. I would think most health authorities consider well conducted epidemiology to be "scientific," in fact the only kind of "science" that can be brought to bear on diseases that are multi-factored in origin, whose mechanisms are not understood, and take many years to develop. The credibility of scientists who still challenge the epidemiology is not high, and their views are ignored. I think scientific ignorance and debate exists as to mechanisms, and as to the relative importance of the various factors that epidemiology relates to diseases with which smoking also is implicated. However the arguments in the booklet do not dispose of the epidemiology. Hopefully, if and when mechanisms are understood, the proportional contribution of smoking may be clearly established, and even circumvented, but in the shorter term epidemiology won't go away by itself.

Still on science, how much of the £ 5 million research money is really spent to study the relationship between smoking and health in the medical sense, as is implied by the context in which "£ 5 million into research" is used?

The question of "BAT in The Third World" is very difficult, and one on which we have little competence to comment. Nevertheless I should report a reaction here that the argument of a net economic benefit attributable to the tobacco industry does not really dispose of the S&H consequences of widespread adoption of the smoking habit.

Although you did ask for comments as to detail I have to say that in our view the main themes and arguments need to be re-examined as to credibility, logic, and consistency, against the objectives you have in mind for the booklet. One guiding principle we would suggest is

301003906

that nowhere should you express a medical judgment. Descôteaux has had much experience on the firing line and behind the scenes dealing with provincial and city governments contemplating restrictive smoking regulations, and this experience is reflected in his comments.

I'm sorry to be so negative but you did ask for frank comment. However, as I said earlier we have been unable to do this job to our satisfaction much to the disappointment of those who worked long and hard in the attempts.

With kind regards.

Yours sincerely,



R. M. Gibb

enclosure

301003907