

STRICTLY CONFIDENTIAL

SMOKING AND HEALTH

PAGE 1

ASSUMPTIONS

POLICIES

GUIDELINES

Note

The following guidelines are set out for those Group Companies which are already having to deal with the smoking and health issue. It is obviously not suggested that in those countries, where the issue is not yet a live one, companies should bring it to the fore by initiating action, but they should nevertheless prepare themselves to act on the guidelines, as appropriate, if and when the issue does become a live one.

A - RESEARCH

- i) There will be no sudden scientific solution in the foreseeable future.
- ii) It is unlikely that there will be a single product design solution.
- iii) Man will continue to use psychopharmacological aids, including cigarettes.
- iv) Smoking will become an increasingly unacceptable social habit.
- v) Passive smoking will become more important as an issue.
- vi) Reduction in biological activity per cigarette (rather than specific activity) will continue to be accepted by doctors as desirable.

- i) In principle to agree that any invention considered by Millbank to be of major significance to health, should be offered to our competitors on terms to be agreed.
- ii) To exercise due diligence by welcoming any approaches made to Group companies by doctors or scientists having suggestions on smoking and health research.
- iii) To seek ways of limiting the irritation of sidestream smoke in any new product.

- i) Research into and development of new products is the key strategy to solving the smoking and health problem. To this end B-A.T. will work in this field with any group having the same objectives in order to further the interests of its consumers.
- ii) B-A.T.'s main research efforts aimed at modifying cigarettes will concentrate on:-
 - i. cigarette design
 - ii. reconstitution of tobacco
 - iii. Entflake
 - iv. substitute materials
- iii) To follow up through R & D Department, Millbank, all approaches made to Group member companies by doctors or scientists having suggestions on smoking and health research.

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SMOKING AND HEALTH

PAGE 2

<u>ASSUMPTIONS</u>	<u>POLICIES</u>	<u>GUIDELINES</u>
<p><u>A - RESEARCH (cont.)</u></p> <p>vii) Smoking during pregnancy will become more important as an issue.</p> <p>viii) The industry will continue to be criticised for spending much more on advertising than on health research.</p>		<p>iv) To encourage research on the susceptible sub group hypothesis.</p> <p>v) Research on the perceived benefits of smoking should be continued.</p> <p>vi) Biological activity per cigarette rather than specific activity of condensate, is accepted as a basis for work on alternative smoking materials, both tobacco and non-tobacco.</p> <p>vii) The use in product development of tests relating to physical properties of smoke should be strongly encouraged in Group laboratories.</p> <p>viii) R & D Department, Millbank, to review all evidence on Smoking in Pregnancy.</p> <p>ix) To build up a good reputation for the Group's scientific research.</p> <p>x) In those countries where the industry is carrying out or sponsoring health research, it should keep the medical authorities fully informed and welcome their collaboration and views. It should also make</p>
301097171	CONT/.....	---

SMOKING AND HEALTH

ASSUMPTIONS

POLICIES

GUIDELINES

A - RESEARCH (cont.)

x) cont.
 known to them the extent of the research effort in other countries.
 In countries where the local industry has not yet sponsored research, it should provide the appropriate health authorities with information about industry research in other countries, as appropriate.

301097172

SMOKING AND HEALTH

PAGE 4

ASSUMPTIONSPOLICIESGUIDELINESB - RELATIONS WITH GOVERNMENTS, MEDICAL AUTHORITIES, INDUSTRY AND THE MEDIA.

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| i) The association of smoking with various diseases will continue to be a major threat to the tobacco industry. | i) To encourage industry attitudes which avoid intransigence, which could provoke undesirable legislation. | i) Wherever possible, B-A.T. Companies should seek to exercise leadership within the industry on the question of smoking and health in the country in which it operates and seek to influence the industry to adopt the B-A.T. approach to the smoking and health issue. |
| ii) An inflexible industry attitude, resulting in challenging the validity of all the evidence against smoking, will create hostility for the industry among intelligent and fair-minded people. | ii) To contest publicly the validity of evidence against smoking only when necessary to avoid damages in lawsuits or to correct inaccurate or dishonest statements or to oppose undesirable legislations. | ii) We should enter into dialogue with medical authorities and Government departments on the possibility of developing modified products acceptable to the consumer and recommended by medical authorities as being likely to be less harmful. |
| iii) The views of medical and health authorities (including those in Government service) will influence Government action against the industry. | iii) Not to encourage smoking
i. by children
ii. to excess | iii) We should influence medical and Government opinion and get each group to accept some responsibility for helping to solve what is seen to be a major public health problem rather than putting all the onus on the industry. |
| iv) Modifications to the product will have more credibility for the consumer if health authorities are seen to have been involved. | iv) To delay (indefinitely if possible) the imposition of restraints or restrictions on advertising, coupon trading and other types of promotion. | iv) We should continue to persuade medical and Government opinion that tobacco products (modified as may from time to time be required by Government health authorities as knowledge increases) perform a useful and beneficial social function. |
| v) Anti-smoking restrictions, legal or voluntary, will increase. | v) To ensure when possible that all B-A.T. Companies give similar answers to questions on smoking and health. | |
| vi) Voluntary concessions by the industry will not prevent further concessions being demanded. | vi) To discourage any representative of the tobacco industry appearing on radio or television in connection with smoking and health unless the alternative is even more undesirable, in which case the programme should be "live". | |
| vii) Managers in Companies, and particularly No. 1s, will be asked questions about the smoking and health issue. | | |

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301097173

SMOKING AND HEALTH

PAGE 5

ASSUMPTIONSPOLICIESGUIDELINESB - RELATIONS WITH GOVERNMENTS, MEDICAL AUTHORITIES, INDUSTRY AND THE MEDIA (cont.)

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| <p>viii) The tobacco industry will be better able to defend itself from attacks by opponents of smoking if it presents a united front.</p> <p>ix) There will be no valid evidence that current cigarette advertising increases total consumption.</p> <p>x) The extent to which competitors will honour industry agreements will depend on its market share.</p> <p>xi) There will be continued efforts by competitors to influence the industry towards a more aggressive approach.</p> | | <p>v) Companies should be well informed on Government attitudes to smoking and health, forewarned and alert to likely Government action, and knowledgeable about ministerial intentions and the influence and significance of anti-smoking groups.</p> <p>vi) Should governments wish to control the activities of the tobacco industry by legislation, it would be preferable for this to be achieved by the placing of tobacco under existing multi-product consumer protection legislation rather than under a separate Tobacco Act. If tobacco were to be placed under a Food and Drug law, classification of tobacco under the food section would be acceptable, but classification of tobacco as a drug should be avoided at all costs.</p> <p>vii) Warning notices in advertising should be resisted as long as possible.</p> <p>viii) If Governments insist on warning notices on packs the wording should make clear that it emanates from a Government source.</p> |
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301097174

SMOKING AND HEALTH

ASSUMPTIONS

POLICIES

GUIDELINES

B - RELATIONS WITH GOVERNMENTS, MEDICAL AUTHORITIES, INDUSTRY AND THE MEDIA (cont.)

- ix) To collect and disseminate statistics and information to Group tobacco companies on the effect of advertising on total cigarette consumption.
- x) Public Relations department at Millbank will regularly review and communicate to all concerned "party line" answers to questions most likely to arise. (Including causation and the possible legislation of marijuana).

301097175

SMOKING AND HEALTH

<u>ASSUMPTIONS</u>	<u>POLICIES</u>	<u>GUIDELINES</u>
<u>C - TOBACCO AND ADDITIVES</u>	<ul style="list-style-type: none"> 1) To eliminate the use of tobacco judged to be unsatisfactory on microbiological or chemical grounds. ii) Not to permit any new additive in any product unless it has been formally considered by the Additives Guidance Panel. iii) To exclude any existing additives if there is reasonable evidence that they are harmful. 	<ul style="list-style-type: none"> i) The Group's normal internal controls in addition to statutory requirements on the use of fumigants, should continue.

301097176

SMOKING AND HEALTHPAGE 8ASSUMPTIONSPOLICIESGUIDELINESD - TOBACCO SUBSTITUTES

<p>i) The chemical industry will continue to take some interest in tobacco substitutes.</p> <p>ii) It is unlikely that there will be sufficient knowledge and medical advice available before the end of 1975 to enable positive action guide-lines to be issued in relation to tobacco substitutes.</p> <p>iii) It will not be possible to confirm lasting consumer acceptance of tobacco substitutes until they have been on sale for at least a year.</p>	<p>i) Not to use tobacco substitute materials, or other new materials, in products for sale before the constituents of such materials have been fully disclosed by the suppliers.</p> <p>ii) Not to use any tobacco substitute material unless Millbank is satisfied that it has no disadvantages on health grounds and has commercial advantages.</p> <p>iii) To study changes in smoking behaviour arising from the use of tobacco substitute materials when such materials are adopted for use in products for sale.</p> <p>iv) To study consumer attitudes to cigarettes containing tobacco substitute material.</p>	<p>i) B-A.T. will co-operate with selected suppliers who are developing substitute smoking materials.</p>
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SMOKING AND HEALTH

ASSUMPTIONS

POLICIES

GUIDELINES

E - TAR AND NICOTINE

- i) Nicotine will continue to be considered by doctors to be less harmful to the majority of smokers than tar.
- ii) There will eventually be publication of tar and nicotine information in more countries and publication may also include the gas phase.
- iii) Without inhalation smoking will present negligible health risks.

- i) In co-operation with competitors, B-A.T. will always aim to get tar and nicotine firmly separated in the minds of the authorities and of the public. Any published tables should be compiled by a laboratory independent of any member of the industry. Publication of brands in alphabetical order is preferable to ranking by levels.
- ii) All Companies should have available at least one acceptable brand which would be favourably placed in any league table though not necessarily at the bottom. A filter version of a particular brand should always show a lower tar and nicotine level than the plain version.
- iii) We should resist, as far as possible, the imposition by Government of maximum levels for tar and nicotine. If a Government is determined to take such action we should strive to have the levels fixed sufficiently high to cover the majority of brands on the market. If necessary, we should point out that a reduction of nicotine below a level satisfact-

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301097178

SMOKING AND HEALTH

<u>ASSUMPTIONS</u>	<u>POLICIES</u>	<u>GUIDELINES</u>
<u>E - TAR AND NICOTINE (cont.)</u>		<p>ory to the consumer might lead to increased per capita consumption.</p> <p>iv) Existing policy that pure nicotine should not be added by us or our suppliers to any smoking material was confirmed, although tobacco extract containing nicotine could be added.</p> <p>v) B-A.T. will investigate and stimulate the development of alternatives to nicotine against the possibility of nicotine being indicted.</p>

301097179

SMOKING AND HEALTH

<u>ASSUMPTIONS</u>	<u>POLICIES</u>	<u>GUIDELINES</u>
<p><u>F - GAS PHASE/CARBON MONOXIDE</u></p> <p>i) Carbon monoxide will become increasingly regarded as a serious health hazard for smokers.</p>	<p>i) To discourage inhalable cigars.</p>	<p>i) To reduce where possible the carbon monoxide delivery of cigarettes providing that this does not increase the delivery of other substances.</p> <p>ii) Product development work on reducing CO in cigarettes by known means will continue.</p> <p>iii) Combustion studies will be continued at Southampton in an attempt to control both CO and polycyclic aromatics.</p> <p>iv) At the R & D level we should be prepared with products to meet a gas phase league table situation.</p>

301097180

SMOKING AND HEALTH

PAGE 12

<u>ASSUMPTIONS</u>	<u>POLICIES</u>	<u>GUIDELINES</u>
<p><u>G - HEALTH CLAIMS</u></p> <p>i) On legal grounds alone, it will continue to be to the industry's advantage not to make explicit health claims.</p> <p>ii) The industry will make increasingly competitive use of products for which health claims are implied.</p>	<p>i) Not to make explicit health claims.</p> <p>ii) To discourage unsupportable health claims from any source.</p>	<p>i) To seek the agreement of the industry and suppliers of tobacco substitute and other materials (including additives and filters) not to make health claims for their products.</p>

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GLOSSARY

1. Passive Smoking is the involuntary inhalation by non-smokers of smokers' sidestream or exhaled mainstream smoke.
2. Sidestream Smoke is the smoke rising from the burning end of the cigarette when smouldering.
3. Microbiology is the study of the behaviour of all forms of micro-organism (bacteria, fungi, microbes etc).
4. Psychopharmacological - the effects on both mind and body of a particular agent (e.g. alcohol).
5. Batflake is a smoking material developed in G.R.D.C., Southampton, which incorporates a number of inert materials which can reasonably be supposed not to add to the toxicity of the smoke.
6. The Susceptible Sub Group Hypothesis argues that certain small groups of people are (perhaps for genetic reasons) more at risk from smoking than the bulk of the population.
7. The Specific Activity of cigarette smoke or of smoke condensate is a measure of the toxic damage effected by unit weight (usually one μ m., or one milligram) of smoke, in an appropriate biological system.

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301092182

SMOKING AND HEALTH

PAGE 14

GLOSSARY

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7. For example, consider two different types of cigarette, A & B. .

	<u>A</u>	<u>B</u>
TPM Delivery	20 mg.	10 mg.
Specific activity (per mg. of TPM)	4 units	12 units

The overall effect is given by multiplying the damage done by one mg. (4 or 12 units of damage), by the number of mg. delivered.

Thus, for A, effect = $20 \times 4 = 80$ units

and, for B, effect = $10 \times 12 = 120$ units

The lower delivery cigarette is therefore the more harmful, because it delivers a smoke which is inherently more active.

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