

SMOKING AND HEALTH - QUESTIONS AND ANSWERS

1. SMOKING

(a) Smoking as the cause of lung cancer

- Q. Does your Company now accept that cigarette smoking causes lung cancer and other diseases?
- A. As tobacco manufacturers we are not competent to express any authoritative view on a medical matter. We recognise that a substantial number of medical authorities have expressed the opinion that a causal relationship has been established between cigarette smoking and lung cancer and certain other diseases for a minority of smokers, while some doctors and other scientific experts have expressed doubts about the evidence. It seems to us that, in the absence of clinical proof of the mechanism involved, the issue of causation at the present time remains controversial. This controversy can only be finally resolved through further research and, the industry is prepared to co-operate with government and medical authorities in any such work.

NOTE If it is thought to be appropriate it could be added that in 1962, the Royal College of Physicians in the U.K., stated that smoking was "a habit which most smokers enjoy without injury to their health."

Discretion needs to be exercised here in quoting the above because the Royal College of Physicians report condemned smoking in other respects, and the questioner may then point this out.

(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 exaggerated area of concern, and two studies carried out in Germany by Dr. H.P. Harke support this view.

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1. SMOKING cont.

(c) Benefits of Smoking

Q. Are there any benefits in smoking?

A. Those who smoke certainly believe they derive certain benefits from smoking, such as relief from stress or increased ability to concentrate, or even mere enjoyment.

NOTE If it is thought to be appropriate, it could be added that the U.S. Surgeon General's Report in 1964 on smoking and health stated, "if the thesis is accepted that the fundamental nature of man will not change significantly in the foreseeable future, it is then safe to predict that man will continue to utilise pharmacological aids in his search for contentment."

Discretion needs to be exercised here in quoting the above because the Surgeon General's report condemned smoking in other respects, and the questioner may then point this out.

(d) Effect of smoking on pregnant mothers and unborn babies

Q. Recent advertisements by the Health Education Council have indicated the very serious effects of smoking on pregnant mothers and their unborn babies. What does BAT feel about this?

A. It has never been our policy to comment on the medical advice given by doctors to their patients. We have always believed that moderation in smoking, as in eating or drinking, is desirable, and it is certainly our view that this belief should apply not only to pregnant mothers but also to the public in general.

2. ELEMENTS IN CIGARETTES

(a) Effects of nicotine

Q. Is nicotine harmful to the consumer?

A. This must be a matter for the medical authorities to determine.

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2. ELEMENTS IN CIGARETTES cont.

(b) Effects of carbon monoxide

Q. There is carbon monoxide in cigarette smoke. Surely this is harmful to the consumer?

A. This must be a matter for the medical authorities to determine.

(c) Effects of tar

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

A. This must be a matter for the medical authorities to determine, but our Group has, in fact, over the last few years taken positive steps to reduce the tar content of its brands.

(d) Pesticides

Q. Are pesticides applied to the tobacco leaf used in your cigarettes? If so, is this not harmful to human health?

A. We have no evidence that the levels of pesticides applied to the tobacco leaf which we purchase are injurious to health.

Nevertheless, our Group efforts are directed to influencing leaf growers to further reduce the existing low levels of pesticides.

(e) Cadmium

Q. To what extent is the metal Cadmium present in your cigarettes? Is this not injurious to human health?

A. We have examined this and the evidence is that the levels of Cadmium in smoke are less than the levels of it in food stuffs.

NOTE Cadmium is a trace element (metal) present in soils.

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2. ELEMENTS IN CIGARETTES cont.

(f) Radio active elements

- Q. It has been said that cigarette smoke contains radio active elements which may be harmful. Is this correct?
- A. This must be a matter of the medical authorities to determine, but only a very small minority of medical opinion is concerned about this particular point.

3. THE PRODUCT

(a) Cigarettes Harmful Products

- Q. Why does your company sell products which are harmful to health?
- A. Cigarettes are accepted by all governments as legally marketable products. They will therefore continue to be on sale to the public unless the legal situation changes. In our view, it is in the public interest that they should be produced by a group such as ours which has for years been deeply involved in smoking and health research and which has always shown concern for the consumer in the monitoring and modification of its products.

(b) Reconstituted Tobacco Leaf

- Q. Some experiments on smoke condensate have shown that reconstituted tobacco leaf has a lower mouse skin tumorigenicity than standard tobacco leaf - are you therefore substituting the former for the latter in your products?
- A. Yes - in a number of brands sold by our Group companies, reconstituted tobacco leaf is used. At present the proportion used is small and there are, of course, problems of the acceptability to the consumer if larger amounts were to be used. In the absence of medical judgement, we have of course never claimed any health advantage for our brands in which reconstituted leaf is used.

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3. THE PRODUCT

(c) Air-cured cigarettes with low sugar content

- Q. Does B.A.T. 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."

(d) "Safer" Cigarettes

- Q. Do you believe that cigarettes with tobacco substitute smoking materials or modified in other ways will be "safer" for the consumer?
- A. This is a matter for the medical authorities and in this field we of course welcome the work which is being undertaken by the Hunter Committee in the U.K.

(e) Tobacco substitute smoking materials

- Q. Is B.A.T. planning to use tobacco substitute smoking materials in its cigarettes?
- A. B.A.T. has been concerned with tobacco substitute smoking materials since 1962, and before that date with homogenised or reconstituted natural tobacco. We have submitted tobacco substitute materials - our own and other manufacturers - to both biological and consumer preference tests.

Any decision to market cigarettes containing such materials will depend on:-

- i. Our being satisfied that the substitute materials have no disadvantages for the consumer.
- ii. The acceptability of such cigarettes to the consumer.

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3. THE PRODUCT

(f) Cigars

Q. Are cigars "safer" than cigarettes?

A. Some doctors have made this statement, but in our view it is not possible to give a clear cut answer to the question, because the comparative effects on health attributed to the smoking of cigars and cigarettes are extremely difficult to assess, since they depend so much on the way in which individual consumers smoke the product.

4. RESEARCH

(a) Smoking and Health research expenditure

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

A. Over two million pounds per annum directly on smoking and health research and substantial sums on other research indirectly related to the problem.

(b) Experiments with animals

Q. Are you engaged in experiments on animals as part of your Group smoking and health research programme?

A. Research on rodents and similar species is the normal approach in this area. Biological work is currently carried out on our behalf by professional scientists and by a few of our own scientists in one outside laboratory. In addition, towards the end of 1974, it is planned to undertake similar work in one of our own laboratories in England.

All the above work is under the strict control properly exercised by Governments.

(c) The nature of Group Smoking and Health research

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

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4. RESEARCH cont.

(c) The nature of Group Smoking and Health research cont.

- 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 by biological methods on how particular components of cigarette smoke interact with particular biological systems.

5. ADVERTISING

(a) Cigarette advertising

- Q. Does cigarette advertising increase total consumption?

- A. There is no valid evidence to support this contention and Sir Keith Joseph, the British Secretary of State for Social Services, said in the British House of Commons on 6th February 1973 that "countries which have banned cigarette advertising altogether have not shown a falling consumption of cigarettes."

(b) Cigarette advertising

- Q. But your 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. Our advertising does not encourage smoking to excess or children to smoke.

(c) 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.

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5. ADVERTISING cont.

(c) Advertising/Smoking and Health expenditure cont.

A. Smoking and health research is related to the identification of research projects which are considered by our scientists to be of real value in solving the problem and we have always been willing to finance such projects.

(d) 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.

6. MARIJUANA

(a) Legislation

Q. What would your attitude be if marijuana were to be legalised?

A. This is a hypothetical question. It seems highly doubtful, on present evidence, that any government will ever legalise it.

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