

*Addiction*



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4th May 1988

Dr. W. D. Rowland,  
Rothmans International,  
Aylesbury

Dear David,

I would suggest that, rather than concentrating your discussion around their references, that you argue against the concept of tobacco dependence in its specific aspects, bringing in their references as necessary. I think that would make the reply more structured and it would certainly constitute a valid scientific argument that they'd have difficulty refuting. Just because DSM III decrees that there is such a thing as tobacco dependence does not make it true if the evidence is largely against it!

I enclose a summary of an approach that I've found to be quite convincing in the past. If you take the major components of the definitions of addiction one by one and consider the evidence for smoking/nicotine then it does not add up to a particularly convincing picture.

I'm a little worried about your last two sentences and would recommend their removal!

I hope this helps!

With best wishes,

Dr. Sharon Boyse

Enc(s)

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It is well known that a satisfactory definition of "addiction" (i.e. one that takes into account all factors that could reasonably be supposed to be associated with the problem, and that has received widespread acceptance in both academic and regulatory circles) probably does not exist. However, by and large the majority of definitions of "addiction" or "dependence" incorporate a number of components which are given varying degrees of weight according to the particular definition. If one considers the individual components that have been used to constitute most of the widely-known definitions, then it is clear that smoking does not easily fit into any such model.

~~X~~ Physical dependence. The existence of physical dependence is an inference made from the observations of a stereotyped withdrawal syndrome that occurs when a chronically-administered drug discontinued. Shiffman (1979) concluded that "...the presence of an abstinence syndrome is crucial to the definition of drug dependence". However, there is considerable doubt as to whether any symptoms that smokers may experience when they stop smoking are a result of true withdrawal, or merely symptoms of frustration encountered by many people when they decide to give up something that they enjoy.

[.....BRING IN NIDA, SHIFFMAN etc]

2. Psychological dependence

[.....BRING IN HENNINGFIELD 1984 - NO EVIDENCE OF EUPHORIA;  
DIFFICULTY IN SELF-ADMINISTRATION IN ANIMALS]

3. Tolerance. Whilst some tolerance has been observed to develop to the peripheral effects of nicotine and a certain amount of metabolic tolerance occurs, there is no convincing evidence to suggest that tolerance develops to whatever psychological benefits smokers may obtain from cigarette smoking (e.g. improvements in performance etc). Also, it is well known that once smokers stabilise into a regular pattern of smoking behaviour they do not tend to increase their level of smoking with time, as is commonly observed with all addictive substances.

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4. Loss of control. Loss of control of substance intake is widely held to be a major component of addictive behaviour e.g. in alcoholics. This does not occur in smokers.

5. Deterioration of the individual's functioning. Since smoking does not result in any degree of intoxication as do most drugs of abuse, there is no way in which the psychological functioning of the individual may deteriorate, and similarly, he is unlikely to become a danger to society as a result of his habit. This is considered to be an important part of a definition of addiction by the WHO (1957), and by the National Institute on Drug Abuse (1979).

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