

THE EFFECT OF RESTRICTIONS ON CURRENT MARKETING
AND MARKETING IN THE FUTURE

The Main Conclusions are:

1. The number of smokers will decrease because cigarette smoking is seen to be hazardous. If smokers can be convinced the hazard is not real then the number of smokers will not decrease.
2. Increased product knowledge is required as well as knowledge of how and why people smoke and toxic compounds should be eliminated from smoke.
3. More should be known about smokers motivation.
4. We should aim to maintain or increase the smoking habit.
5. That by taking some 'positive' action we could arrest the declining acceptability of smoking in society.
6. There are some research projects in the social science field which could usefully be undertaken and that these should be supervised by Marketing Departments in tobacco companies.
7. Sales representatives should be fully briefed on how they should respond to enquiries about Smoking and Health

Comments on Conclusions:

- (1) The number of smokers may well decrease. I doubt if we could actually reassure smokers no matter what we said. I doubt if we could truthfully say much which would reassure them and I doubt if it would be sensible (on legal grounds alone) to say much. There is no particular reason why the cigarette habit should continue in fashion indefinitely. When we know more about it we might sketch out the alternatives which will replace it.
- (2) Certainly we need increased knowledge but the immediate problem is to use what we have. We have much more product knowledge than is currently used. We can already decrease toxic compounds in smoke. But some harmful effects may be due to "insult" from whole smoke and smoke intake reduction is perhaps the only way of dealing with this.
- (3) We should certainly know more about smokers motivation but again there is a great deal known already. Are we using what is known in guiding our marketing and product development?
- (4) In view of the known toxicity and the strong association of smoking and disease I believe any attempt to increase the smoking habit is irresponsible. Equally I believe it is irresponsible to exaggerate the dangers in order to decrease the habit.

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- (5) It is possible that we could do something to slow down the increasing unacceptability of cigarette smoking but only, in my view, if we remain a responsible and socially acceptable industry. On the positive side the word 'cancer' has been emotionally defused in the last decade and the over-statement of the anti-smoking case has detracted from their credibility. Further, cigarettes have already been substantially changed and the later epidemiological studies do tend to show lowered incidence of lung cancer in younger men. Given satisfactory product modification backed by scientific understanding and publication from a manifestly socially responsible industry the smoking habit may remain socially acceptable on most occasions. Given scientifically established 'benefits' demonstrable for some individuals, the habit may even increase again in social acceptability.

However it could be disastrous for the industry if industry leaders assumed that they are entitled to the same freedom to over-state and mislead as are propagandists who traditionally have more license to operate, at least in democracies, than those who have recognised responsibilities in the field under question.

- (6) Research projects in the social science area should preferably be done on an industry sponsored basis and independently published. Credibility would be lost totally if directly mixed up with selling activities. Nevertheless it is likely that there are those in the Marketing function particularly, who could make a useful contribution.
- (7) The question of briefing salesmen is very difficult and well worth discussing at the highest level.

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Smoking is associated with various diseases and the simplest explanation is direct causal. Probably a more correct hypothesis is susceptible sub group plus direct and indirect causal. Certainly - on the evidence - governments would be failing in their duty if they did not act. Scientific prrof is not necessary to make action desirable. A responsible industry would aim to defend the interests of its consumers and yet co-operate to any consistent extent with the aims of Government. This is difficult - but it must be accepted that Government too aims to protect the interests of consumers.

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While the primary emphasis of the anti-smoking groups may be on the non-smoker, there has been a good deal on loss of work, cost of hospitalisation, etc.

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It is interesting to note some partial compensation for lowered smoke by increasing the number of cigarettes smoked. We know from laboratory tests that smokers may also compensate by changing the way they smoke.

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It would be important to take this 'profile' compensation into account in any work done on cigarette numbers.

A suggestion is made 'both for the health conscious smoker and the smoker whose prime smoking requirement is physiological (?) satisfaction'. Surely many nicotine-dependent smokers are health conscious.

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Health Authorities:

Most smokers accept that smoking is hazardous but I do not believe most smokers rationalised continuation at all - mostly they assumed the worst would only happen to others.

Industry:

It does not follow that if the Industry had entered into medical controversy that smokers would have felt that cigarettes were any less hazardous. Smokers assume the Industry is doing something about it. I believe most smokers would think the Industry dishonest if it claims there is no health problem.

Social Influence:

(b) I do not accept that the decision required of the smoker involved only himself - it always involved his family for example.

Smoking is fairly irrational like other drug-dependencies. If there is a positive side to smoking, and I think there is, it is not easy for the smoker to articulate. He 'votes with his feet' and continues with this irrational act.

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On balance, smoking incidence is stable and perhaps we should leave it alone.

There is enormous public interest in such a widespread habit and I believe it would be easy to get 'broadcast' cover for genuine innovations and genuine product improvement.

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Changing our products, to make them safer, must have an increasing effect on marketing in the next decade. Fortunately we have an R&D investment of several millions which provides options in this field.

Before we do work aimed to sell low delivery cigarettes, unless we are already satisfied, we should do some work to establish that in fact they are safer.

"Full flavour" - low delivery is being followed by all companies with a capacity to do so.

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Future Products:

I cannot understand what is meant by 'validate' the Herzfeld "Index of Safety". Scientifically it is nonsense but practically it will lead to lowering of 'numbers' which on present knowledge is probably sensible 'government' intervention. For my own part I believe a "Star system" using skull and crossbones will be used in due course and that this will be the direct outcome of the Herzfeld approach.

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Much more important than sidestream irritation in research is main stream irritation. Further, the programme on interaction with the smoker is vital to product design. Outside research on smoking motivation and behaviour coupled with laboratory studies on humans should guide us towards cigarettes really designed to meet the smokers' needs - in most cases I am sure they would have to be made with reduced biological activity per cigarette.

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I think we may have to accept that under sensible Government pressure smoking will decline as a habit - but will still be profitable for the successful cigarette manufacturer.

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I think it is time to say that smoking by men in the U.K. is increasingly a manual worker's habit. The picture painted of the present dilemma is, in my view, very little related to industry and company policies. It may be argued that stoking the fire would have caused it to burn faster.

I do not agree with the suggestion that attribution of warnings leads the smoker to believe the warning comes from the Company. On the contrary the U.K.Counsel's opinion suggests the possibility of the very reverse providing the basis for an action (albeit an ingenious one).

Conclusion

The authors have come to the view - which has been guiding our research effort for many years - that the main constraints on sales are activities following the association of smoking and diseases. It is no criticism to say this is nothing new or indeed that there is nothing new in the paper. It could be important if, at last, a unified approach within companies and the Division can be adopted.

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It appears that the authors do not believe there is sufficient evidence for government action. It is important we should have an agreed basis here. In my view the evidence is overwhelming as a basis for social action. Smoking is now a social problem; the danger is that too rapid a decrease in the habit can produce new problems. The only proper way for us to proceed, in my view, is to be guided largely by what we see as in the best interests of those who continue to smoke. Scientific research should provide guidance but there is an enormous challenge to our marketing skills if we are to do more than merely offer a choice to the consumer in a contracting market.

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