

B/F
CONFERENCE AT HOT SPRINGS, U.S.A.

JUNE 6-11, 1976

POINTS ON DRAFT AGENDA

NATIONAL REVIEW

S.J.G.

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SCHEDULING OF AUSTRALIAN REPORTS' PREPARATION AND CIRCULATION

As our next B.A.T. report for exchange with the U.K., Germany, Canada and U.S.A. is due at the end of February, it will be used as the basis for the submission to the Chairman's Advisory Conference at Hot Springs. Significant developments in March and April will be written into a consolidated document due to be circulated at the beginning of May.

AGENDA ITEM 1

Report on Social Costs and Benefits of Smoking compared with other habits

The only Australian publication with any relevance to this agenda item is that of Dr. Garry J. Egger of the New South Wales Health Commission. It is entitled "The Economics of Smoking in Australia" and has been appraised by Messrs. Whitehead and Peak, who are critical of many aspects of the document. A copy of Dr. Egger's work has been mailed to Millbank.

AGENDA ITEM 2

Life Expectancy of Smokers - to report on any findings

This was a subject which we raised at the Chewton Glen Conference. In view of the changes in mortality rates which are being reported from several areas of the world, we believe that up to date statistics on this are necessary. There are two major areas in which we are interested:

1. The loss of life expectancy expressed in number of months per cigarette smoked. The anti-smokers have quoted greatly varying figures on this and we, therefore, need to clarify the matter for ourselves.
2. There have been references to increasing age at which the peak of lung cancer mortality occurs. Twenty years ago the peak was at age 60; years later it rose to 65 and now is said to be approaching 70.

AGENDA ITEM 3

Social unacceptability of Smoking

This subject is inseparably linked with passive smoking and presents a major danger and challenge to the industry. The danger exists in the clearly evident snowballing effect of the tactics aimed at making smoking a distasteful practice. The challenge lies in the industry's need to devise a counter-campaign.

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Obviously, it would be difficult for the industry to involve itself in an effective advertising or P.R. campaign, however carefully and skilfully it were devised. We would be bound to lose credibility.

Part of the industry's answer surely is to work towards making passive smoking the conflict issue. We are better served with facts on passive smoking than with counter arguments to the many sources of emotionally-charged anti-smoking bigotry.

As in other countries, social pressures are being applied increasingly in Australia in the kindred areas of passive smoking and smoking's social rejection.

Doctors are exerting their influence unrelentingly through the Australian Medical Association and its weekly journal, through the Anti-Cancer Council of Victoria, The Australian Council on Smoking and Health and the Federal and State Health Departments. Through these organisations doctors are demanding more vociferously than ever the prohibition of cigarette advertising and promotion.

Taking the lead from doctors, lay organisations such as local government, political party branches, electorate councils and groups such as the Young Liberals and the New South Wales Retail Traders' Associations are adding their weight to demands for restrictions and prohibitions.

There will be an attachment to our submission listing the more important developments in Australia aimed at making smoking anti-social.

AGENDA ITEM 4

The effect of Restrictions on Current Marketing and Marketing in the Future

We believe that in formulating marketing plans we should continue our policy of not seeking individual marketing gains at the expense of total industry consumption. For example, as claims regarding T.P.M. and general health claims are not made in this market, we believe that, although a temporary advantage may be obtained, it would quickly be followed by our competitors to the detriment of the industry generally. On the other hand, we must be prepared to respond quickly if one of our competitors departs from the industry understanding and starts to use smoking and health as a marketing tool.

AGENDA ITEM 5

Brief summary of Scientific Developments since Chewton Glen relevant to Group Smoking and Health Strategy

and

AGENDA ITEM 6

To consider any matters referred to Chairman's Advisory Conference by the Group Research and Development Conference

Not responsibilities of our Company.

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AGENDA ITEM 7

Passive Smoking

As mentioned in commenting on Agenda Item 3, Passive Smoking is a danger area in which we must be prepared to fight and fight hard.

As well as the pre-circulated reports from U.S.A. and Germany, which undoubtedly will be largely scientific in content, we will prepare a summary and appraisal of developments in Australia.

AGENDA ITEM 8

N.T.M. Policy

Although we have carried out consumer tests on the possible inclusion of N.T.M. and will continue to do so, there is no pressure to include N.T.M. by health authorities and, although we have no firm agreements with the other manufacturers, we would be surprised if either of the manufacturers has a different attitude from our own.

AGENDA ITEM 9

Industry reaction to the attack on Smoking

Our recent success in having rejected the implementation of State Legislation which provided for far-reaching restrictions to be placed on advertising at promotional activities, and the warning notice in print, outdoor and point of sale advertising has clearly demonstrated the value of using sporting and other bodies to make direct representation as well as continuing our previous practice of our making direct political representation.

From our experience it is evident that nothing is to be gained by concerning ourselves with medical issues beyond urging constantly the need for continuing research.

Our principal opponents now fall into two main groups:

1. Doctors, on whom the need for research should be urged.
2. Social activists whose intolerance of smoking and demands for its suppression can be offset by encouraging and informing other people who oppose and deplore their attitude.

Finally, we consider that in resisting the drive to make smoking socially unacceptable it will be necessary to create a more fully informed Press, especially on the subject of passive smoking. In pursuit of this end a brochure discussing existing knowledge in lay terms is in course of preparation.

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AGENDA ITEM 10

T.D.B. Paper - "Smoking and Health, Assumptions, Strategies and Constraints". Consideration of any changes needed.

This paper is being revised and, if considered desirable, amendments will be proposed to the Conference.

ITEMS ON WHICH FURTHER DISCUSSION MIGHT BE DESIRABLE

1. Worldwide:

Statistical and medical analysis of other causes of stress, disease or death now attributed almost exclusively to smoking.

2. As distinct from Agenda Item 2 [Life expectancy of smokers] attention should be given to the statement by Doll in a 1975 article in the Journal of the Royal College of General Practitioners that in 1974 we have seen the first decline in overall mortality from lung cancer for the first time in half a century.

T.J.N. FOLEY.

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