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Evolution of the Tobacco Industry Positions on Addiction to Nicotine



**World Health
Organization**

Tobacco Free Initiative for a tobacco free future

EVOLUTION OF THE TOBACCO INDUSTRY POSITIONS ON ADDICTION TO NICOTINE

A report prepared for the Tobacco Free Initiative, World
Health Organization

Norbert Hirschhorn, MD

“[I]t is about an industry, and in particular these defendants, that survives, and profits, from selling a highly addictive product which causes diseases that lead to a staggering number of deaths per year, an immeasurable amount of human suffering and economic loss, and a profound burden on our national health-care system. Defendants have known many of these facts for at least 50 years or more.”

Judge Gladys Kessler, *Final opinion, United States of America v. Philip Morris USA Inc. et al.* (Case 1:99-cv-02496-GK), 17 August 2006

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Abbreviations

BAT:	British American Tobacco
CASA:	Columbia University's Center on Addiction and Drug Abuse
CEO	Chief Executive Officer
FDA:	United States Food and Drug Administration
FTC:	Federal Trade Commission
INBIFO:	<i>Institut für Biologische Forschung</i> [Institute for Biological Research]
JTI:	Japan Tobacco International
MSA:	Master Settlement Agreement
PM:	Philip Morris
PMI:	Philip Morris International
PM21:	Philip Morris in the 21 st Century
PREPs:	potentially reduced exposure products
RJR:	R.J. Reynolds
WHO FCTC:	World Health Organization Framework Convention on Tobacco Control

Preface

Successful regulation of tobacco and tobacco products depends upon the removal of commercial influences from established legislative and regulatory bodies. The tobacco industry has an obvious vested interest in impeding the activities and efforts of initiatives designed to heighten global tobacco control. Infiltration of this regulatory process by the industry has undoubtedly hampered the adoption of more effective tobacco control measures. The tactics employed by the tobacco industry to thwart tobacco control measures include lobbying for a seat at the policy-making table, promoting questionable corporate social responsibility programmes, implanting the idea of self-regulation by the tobacco industry and litigation involving government entities. These strategies remain at the forefront of the industry's interference agenda.

Despite the best efforts of public health bodies devoted to combating tobacco industry practices, the industry's leading adversaries, including WHO, have not been immune to the industry's elaborate schemes. In July 2000, a report commissioned by the former WHO Director-General, Dr Gro Harlem Brundtland, characterizes the efforts of the tobacco industry to prevent implementation of tobacco control policies and to reduce funding of tobacco control within UN organizations.¹ The report highlighted the manner by which the industry infiltrated the WHO policy-making establishment, via financial influence and exploitation of inappropriate relationships, in order to obtain information concerning crucial WHO directives promoting tobacco control. These subversion ploys, designed to hamper global tobacco control at its source, illustrate the industry's incessant need to weaken the regulatory process simply in order to survive.

In light of the above, it is clear that a solid understanding of the tobacco industry's practices is crucial for the success of tobacco control policies. In recognition of this reality, WHO's Member States adopted World Health Assembly resolution 54.18 which promotes transparency in the tobacco control process by urging Member States to be alert to any efforts by the tobacco industry to subvert the role of governments and of WHO in implementing public health policies to combat the tobacco epidemic. In furtherance of this

goal, Member States which are Contracting Parties to the WHO Framework Convention on Tobacco Control are developing guidelines for the implementation of Article 5.3 of the Framework Convention, which obligates them to protect public health policies from commercial and other vested interests of the tobacco industry. These potentially powerful public health weapons in the fight against tobacco industry interference are necessary not only for affirming the importance of protecting regulation from vested industry interests, but also for laying the foundations for continued progress in mandating strict control measures for tobacco products.

Nonetheless, the battle to curb global tobacco use and consumption has been lengthy and arduous. The tobacco industry is constantly transforming and revamping its tactics to elude regulation and to increase its market share. Employing increasingly novel techniques, the tobacco industry has developed its position on nicotine, cigarette smoke and its effects on the human body to ensure the continued survival and sale of products containing tobacco. This battle remains a constant struggle for those in the tobacco control community who seek to counteract the incessant attempts by the industry not only to circumvent the imposed restrictions, but also to exploit any potential loopholes via numerous interference tactics.

In furtherance of its mandate to monitor the tobacco industry and its practices, and in an effort to inform Member States about tobacco industry interference, WHO has commissioned the following report, entitled *Evolution of the tobacco industry positions on addiction to nicotine*. Through an analysis of numerous internal tobacco company documents, court cases, corporate social responsibility initiatives and a variety of other declarations and documentation related to the tobacco industry's statements on nicotine, the report chronicles the shifting language that the tobacco industry has used to characterize nicotine, both internally and publicly. The report delves into the archives of millions of documents and thousands of court cases to provide the reader with an in-depth perspective on the activities, motivations and reasoning of Big Tobacco's chief players.

The report sheds light on the conduct of the tobacco industry and its attempts to undermine the law. It concentrates on the activities of tobacco giant Philip Morris, and carefully elucidates the response of the tobacco industry to a climate of escalating regulation and restriction, providing the reader with a chronological view of the strategies and behaviour of the tobacco industry.

The battle against Big Tobacco's increasingly cunning methods of selling its products in the global marketplace demands rigorous and vigilant attention. This document, a study of the industry's evolving position, will help to prevent future generations from being affected by the global tobacco epidemic. That said, the examination contained herein is merely the tip of the iceberg.

Further analysis of both public and private documents is necessary to bring to light the tactics employed and evidence censored by the tobacco industry. With the necessary support, the global war on tobacco can be won, and this document hopes to bring the world closer to achieving that goal.

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Executive summary

For decades, scientists, lawyers and executives of the major international tobacco companies have understood in private the nature of nicotine addiction. In public, however, and even internally, the companies maintained a steadfast denial lasting until the end of the 20th century, when Philip Morris began to break ranks, admitting that smoking is addictive. Judging by the evolution of their web pages on the question of addiction (see [Annex 2](#)), the other companies have followed to varying degrees. There are a number of possible reasons for these changes of position:

- public exposure of internal tobacco company documents, from a trickle in the 1980s to a flood after 1998, which proved **what** the companies knew about nicotine addiction and **when** they knew it
- several lawsuits in the United States of America, ending in unprecedented defeat or costly settlements on terms unfavourable to the industry
- public distrust of the industry, which could affect stock prices, employee morale and jury decisions in future litigation
- increasing scientific knowledge about the biological processes leading to addiction to many substances, including nicotine
- declarations by the United States Surgeon General and the Royal College of Physicians (United Kingdom of Great Britain and Northern Ireland) that nicotine is the addictive substance in tobacco
- the prospect of increasing government regulation which would be unfavourable to the tobacco companies
- the WHO Framework Convention on Tobacco Control, a far-reaching and powerful instrument which can constrain the tobacco industry on a global scale.

Given these events, the major tobacco companies sought to reinvent their images with public relations programmes organized as part of their “corporate social responsibility”, stressing good works for charities, the arts and communities; through fair business dealings and good employee relations;

through campaigns against youth smoking; and by admitting publicly, again to varying degrees, that smoking is hazardous.

Despite decades of company research aimed at maximizing the delivery of nicotine to the smoker, internal documents show that top scientists at Philip Morris and British American Tobacco still maintain that some factor related to “smoking behaviour” is the reinforcing principle for addiction: a behaviour responding to social, physical and psychological pleasure-seeking cues in which nicotine plays only a secondary role. (Only R.J. Reynolds states explicitly and publicly that “nicotine ... is addictive”.) This position is reflected in the companies’ public statements. Thus the burden of continuing to smoke is on the individual user who “chooses” to be addicted and is therefore responsible for breaking the addiction – as one Philip Morris executive put it in an internal memorandum in January 2000, “if that’s what he or she wants”.²

Introduction

In April 1994, the chief executive officers of seven tobacco companies stated under oath before a United States Congressional subcommittee that they did not believe nicotine was an addictive drug.³

Ten years later, Philip Morris USA declared on its web site that it “agrees with the overwhelming medical and scientific consensus that cigarette smoking is addictive”,⁴ while Philip Morris International said on its site: “Smoking is dangerous and addictive”.⁵ The other major companies have made similar, if less emphatic, public affirmations.

This paper draws mainly on the internal documents of the United-States-based tobacco companies released to the public under agreements in 1998 with the Attorneys General of the 50 states and attempts to relate the sequence of events, internal and external, which led to this change in public positioning. A chronology of events is provided in Annex 1.

Methods

Philip Morris holds the greatest number of documents currently available on public web sites: 3.6 million compared with R.J. Reynolds with 1.6 million and British American Tobacco with 1.5 million. The sequential record available from industry documents on the matter of addiction is also most complete for Philip Morris, which in fact led the way in changing its public position on addiction; therefore the Philip Morris case is more closely examined here. However, extensive searches were also made for other company documents on the matter of addiction from several sources.

Searches in depth for Philip Morris documents, dating mainly from 1980 to 2003, were conducted at www.pmdocs.com, with an initial focus on any document title containing the word “addiction”, and the names of persons in whose “area” the files originated. A snowball technique was used to provide a sequential and logical narrative of Philip Morris positions. Other references relating to the Philip Morris image makeover in the name of corporate social responsibility come from the author’s earlier work on the subject.⁶ Additional searches of documents originate from the author’s total English-language collections of documents relating to the German consortium of international tobacco companies (the “*Verband*”), the majority coming from R.J. Reynolds personnel; and key British American Tobacco documents used in litigation in Minnesota and delivered to the Tobacco Document Depository there.⁷ Opportunistic sampling was also carried out on hundreds of British American Tobacco documents dating from the 1960s to 2003, as found online at the Guildford depository, United Kingdom.⁸ To assure future retrieval, all references link to the documents as provided by the web sites of the Legacy Tobacco Documents Library at the University of California, San Francisco (<http://legacy.library.ucsf.edu/>), or by “Smokescreen”, the nongovernmental organization site at www.tobaccodocuments.org. All searches were conducted between 2004 and 2007.

This study also traces the evolving public statements in brochures and on company web sites on the matter of addiction.

Findings

1. **The evolving position of the tobacco industry on the question of “addiction”**

As has been well demonstrated by earlier research into tobacco industry documents, scientists and executives from the major tobacco companies understood as early as the late 1950s that nicotine was the main impetus for smoking, something that could be, and was, chemically manipulated.^{9,10} A British American Tobacco research chemist noted that there was a hazard in reducing nicotine content too much because it “might end in destroying the nicotine habit in a large number of consumers and prevent it ever being acquired by new smokers.”¹¹ In a statement often featured in court cases against the industry, Brown & Williamson’s counsel, Addison Yeaman, anticipating the 1964 United States Surgeon General’s report *Smoking and health*,¹² said: “Moreover, nicotine is addictive. We are, then, in the business of selling nicotine, an addictive drug effective in the release of stress mechanisms.”¹³

A 1969 draft brief by Helmut Wakeham, then vice-president for research and development at Philip Morris, explained: “[T]he primary motivation for smoking is to obtain the pharmacological effect of smoking ... As the force from the psychosocial symbolism subsides, the pharmacological effect takes over to sustain the habit.”¹⁴

William Dunn, Associate Principal Scientist at Philip Morris, noted the hazards of such revelations. “[D]o we really want to tout cigarette smoke as a drug? It is, of course, but there are dangerous F.D.A. implications to having such conceptualization go beyond these walls.”¹⁵

Or even “within these walls”: when George Mackin, Philip Morris Director of Sales, wrote in a trade journal that small retailers could sell a lot of cigarettes because people were “addicted ... cigarettes are not just habit forming – the body builds up a requirement for them”, it caused great concern both at British American Tobacco in England and at the United States law firm of Shook, Hardy & Bacon.^{16,17} At British American Tobacco, for instance, an executive noted to Patrick Sheehy, CEO, “I find [Mackin’s] reference to addiction particularly disturbing as it is just the sort of ‘loose

comment' that ASH [Action on Smoking and Health, England] are looking for”.

Dunn's counterpart at British American Tobacco, C.C. Greig, went even further in characterizing the cigarette as a potent, cheap drug delivery device:

A cigarette as a “drug” administration system for public use has very significant advantages: i) Speed Within 10 seconds of starting to smoke, nicotine is available in the brain ... Other “drugs” such as marijuana, amphetamines and alcohol are slower and may be mood dependent. ii) Low dosage The delivery of nicotine from the puff of a UK middle tar (US full flavour) is about 0.1mg or 100ug [sic] of the active agent ... [Compared with alcohol, aspirin] nicotine is about the lowest dose “common” drug available. Cost The unit cost of a 10 minute “high” from tobacco is, in UK terms, about 6 pence ... This sum is about 40 seconds pre tax earnings at the UK average wage or about 1 minute after tax! The Future? Thus we have an emerging picture of a fast, highly pharmacologically effective and cheap “drug”, tobacco ...¹⁸

A Brown & Williamson executive explained in a 1978 memorandum that “Very few consumers are aware of the effects of nicotine, i.e., its addictive nature and that nicotine is a poison.”¹⁹

But from a legal perspective, these were not appropriate positions to embrace, internally or publicly. Thus when, in 1981, a public relations man put the simple question to British American Tobacco attorney Charles Nystrom, he was given the legal position on the matter, one that has lasted until today:

In response to your question concerning “what is it in tobacco that causes addiction,” I assume you are referring to the common use of the term addiction in our culture where one refers to some activity that one finds difficult to stop as being “addicted” to that activity. Examples would be : 1) parents worry about their kids being “addicted” to TV, 2) couples argue over the husband's “addiction” to playing golf every Saturday morning, 3) individuals claim to be “addicted” to eating chocolate or some other food which they particularly enjoy. In this sense, some individuals reason that since many smokers will not stop smoking-or find it difficult to stop-that they must be “addicted”. Actually, we do not know why people smoke. Smoking is believed to be a very complex behavior and different people are believed to smoke for a variety of different reasons. There is no evidence indicating that there is anything in tobacco or tobacco smoke to which individuals become addicted in the sense that people become addicted to the habitual use of certain drugs. P.S. Please call if further discussion is necessary.²⁰

It is clear that tobacco companies' lawyers were deeply concerned to suppress all discussion of “addiction”. Paul Knopick, editor of the newsletter of the now extinct Tobacco Institute (United States of America), referred to the view of the industry law firm Shook, Hardy & Bacon that “[T]he entire matter of addiction is the most potent weapon a prosecuting attorney can have in a lung cancer/cigarette case. We can't defend continued smoking as ‘free choice’ if the person was ‘addicted’”.²¹ A decade before the 1988

United States Surgeon General's report on nicotine addiction,²² Ed Jacob, representing R.J. Reynolds, warned scientists of the German tobacco industry consortium (of which R.J. Reynolds was a member) not to conduct research on nicotine, as a confidential memo reports: "Mr. Jacob then proceeded to explain the dangers of nicotine research from the point of view of the Industry, with special reference to the threat of the American Industry being placed under the jurisdiction of the Food and Drug Administration."²³ R.J. Reynolds chief scientist, Frank Colby, even proposed hiring outside experts to obfuscate: "I feel reasonably certain that it should not be too difficult to find prominent experts in the area of addiction who would write a 'position paper', clearly showing that smoking is not an 'addictive drug'."²⁴

Company chemists understood this legal dilemma, even as they worked to make nicotine more rapidly available to the brain. In 1980, William Dunn complained to Robert B. Seligman, Philip Morris Director of Research, about limitations attorneys put on his investigations, because of concerns about the possibility of regulation of the production of cigarettes. In this memo, Dunn acknowledges nicotine and not just "cigarette smoke" as the "drug":

Any action on our part, such as research on the psychopharmacology of nicotine, which implicitly or explicitly treats nicotine as a drug, could well be viewed as a tacit acknowledgment that nicotine is a drug. Such acknowledgment, contend our attorneys, would be untimely. Therefore, although permitted to continue the development of a three-pronged programme to study the drug nicotine, we must not [emphasis added] be visible about it ... Our attorneys, however, will likely continue to insist upon a clandestine effort in order to keep nicotine the drug in low profile.²⁵

Therefore, it seems Dunn and fellow chemists were required to distinguish nicotine from other drugs in semantic terms as a "reinforcer"; the very word "addiction" always appears with "scare quotes" around it.

The tentative conclusion seems clear: Nicotine is a reinforcer in the class of "nonaddictive" chemical compounds such as saccharin, or water. The establishment of nicotine's position among reinforcers, coupled with clear evidence that nicotine self-administered does not [emphasis in original] meet the established criteria for "addiction" would be most helpful in clarifying smoking behavior.²⁶

Public pronouncements about cigarette smoking repeatedly stressed the difference between "addiction" and "habituation". In making such a distinction, the industry kept citing the 1964 Surgeon General's report, *Smoking and health*, that made the same distinction based on scientific knowledge of the time.²⁷ British American Tobacco's chief scientist R.E. Thornton, for instance, declared in 1981 that:

Smoking is not an addiction, but is better described as a habit. Habituation to tobacco is similar to the habit of coffee or tea drinking or to normal usage of

alcohol. Addiction is defined as the need to take ever increasing doses of a material to produce a constant response. This is true of heroin and other “hard” addictive drugs, the discontinuation of which causes physical withdrawal symptoms which may be severe.²⁸

Based on continuing advances in the science of addiction, the 1988 Surgeon General’s report, subtitled *Nicotine addiction*, left no doubt how the evidence on nicotine stacked up:

- cigarettes and other forms of tobacco are addicting
- nicotine is the drug in tobacco that causes addiction
- the pharmacological and behavioural processes that determine tobacco addiction are similar to those that determine addiction to drugs such as heroin and cocaine.²²

For the next decade, the tobacco industry responded vigorously to the 1988 Surgeon General’s report. An unsigned 1988 statement from Philip Morris declares that, since 35 million Americans had stopped smoking, 95% on their own, that was surely proof that nicotine was not addicting. Nicotine, according to the statement, could be more readily likened to caffeine than heroin.²⁹ R.J. Reynolds also responded, saying “In medical and scientific terminology the practice should be labeled habituation to distinguish it clearly from addiction, since the biological effects of tobacco, like coffee and other caffeine-containing beverages... are not comparable to those produced by morphine, alcohol, barbiturates, and many other potent addicting drugs.³⁰

A 490-page briefing book, prepared in 1992 by the industry law firm Shook, Hardy & Bacon, countered every single claim about the effect of tobacco on health, and made a great effort to parse the language around the word “addiction” to argue that while an “addict” has no choice, a person with a “habit” (good or bad) does:

For hundreds of years, individuals have chosen to smoke or not to smoke, to continue or to quit, as a matter of personal preference and free choice. In more recent years, however, it has been suggested that smokers are unable to make free-will choices, particularly about whether to quit smoking, because they are “addicts.” But cigarette smokers are not “addicts.” They are normal, rational people who happen to enjoy smoking ... [T]he pharmacological literature does not provide an adequate basis for understanding smoking behavior. However, it is clear from daily common sense observation that smokers make a free choice to smoke ... [S]mokers do not become intoxicated. Neither has physical dependence been demonstrated to occur in smokers ... Smokers can quit when they decide to do so ... Cigarette smoking is more accurately classified as a habit [emphasis added]. As when giving up any habit, a smoker needs the desire and the motivation to quit.³¹

The years 1994 and 1995 were challenging ones for the tobacco industry. David Kessler, then Commissioner of the United States Food and Drug Administration (FDA), testified before Congress in March 1994 that nicotine was indeed the “highly addictive” drug in tobacco.³² Lawsuits against the industry were mounted by several federal states. The journalist Philip Hilts exposed the first group of industry documents from Brown & Williamson in a series of articles in the *New York Times*.³³ In the *Journal of the American Medical Association*, Professor Stanton Glantz and colleagues provided a detailed view of the Brown & Williamson documents, including the now famous statement by Brown & Williamson’s General Counsel, Addison Yeaman, cited above.³⁴

Philip Morris made this submission to the United States Congress in 1994, denying that nicotine was addictive:

There is no consensus within the scientific community regarding the definition of the term “addiction”. Under a traditional and scientifically verifiable definition of “addiction,” a substance is “addictive” if it causes (1) intoxication, (2) physical dependence (as manifested by a well-defined withdrawal syndrome), and (3) tolerance. According to this definition of “addiction,” neither cigarette smoking nor the nicotine delivered in cigarettes is “addictive.”³⁵

For the public, in 1995, Philip Morris International, along with the law firm Shook, Hardy & Bacon in the United States of America, and the lobbying arms of the industry, the Tobacco Institute and INFOTAB, issued a series of “Tobacco Issue Briefs”.³⁶ The brief on “addiction” credits pleasure and personal mastery as the “reinforcers” of smoking: “Many investigators have concluded that people continue to smoke, not because of ‘addiction’ to nicotine but because they enjoy the psychological rewards they experience”. The brief concludes with a quote from nicotine researcher DM Warburton of the University of Reading, United Kingdom. Professor Warburton headed ARISE – Associates for Research in Substances of Enjoyment (later Associates for Research in the Science of Enjoyment), a group with food, beverage and tobacco industry support.^{37,38,39,40} He wrote: “Smokers learn that smoking produces a clear improvement in mental efficiency which enables them to function better and sustain their performance. This increased mastery of their environment will be a very potent reinforcer of smoking behavior.”³⁶ Smoking, for the tobacco industry, was thus a matter of free, informed choice made by adults, to gain pleasure and control.

As early as 1997, there was a subtle change in the language used by Philip Morris, with a statement to the United States Senate Judiciary Committee averring that while “we recognize that nicotine, as found in cigarette smoke, has pharmacological effects, and that, under some definitions, cigarette smoking is ‘addictive’ ... we have not embraced those definitions of ‘addic-

tion' ... We acknowledge that our views are at odds with those of the public health community."⁴¹

In 1998, however, a Philip Morris legal brief continued to deny that smoking or nicotine were addictive, criticising new evidence as "scientifically weak", whether adduced by the Surgeon General or in the revised *Diagnostic and statistical manual* of the American Psychiatric Association:

It has not been scientifically demonstrated that cigarette smoking meets the objective physiological criteria for addiction, namely, intoxication, physical dependence (withdrawal) and tolerance. Therefore, cigarette smoking is more accurately defined as a habit, as was done in the 1964 U.S. Surgeon General's Report. As is the case when any habit is given up, a smoker who decides to quit needs the motivation and desire to act on that decision. Nicotine does not interfere with a smoker's ability to decide to quit and to carry out that decision. An argument that nicotine is similar to heroin or hard drug use is misleading and scientifically indefensible. The various criteria for addiction as contained in the 1988 U.S. Surgeon General's Report are scientifically weak in addressing the question of addiction, as are the criteria used in DSM-IV ... Cigarette Smoking Cannot be Explained as an Attempt to Obtain Nicotine [section heading]. Studies of reduced nicotine cigarettes have not consistently shown compensation, for example, by increasing smoking intensity and, hence, have not proven that nicotine plays a critical pharmacological role in smoking.⁴²

Just one year later, however, there was a change in the public position of Philip Morris, when its new web site reported the "overwhelming medical and scientific consensus that cigarette smoking causes diseases" and, moreover, that smoking "is addictive as that term is most commonly used today".⁴³ The change surprised a senior executive at British American Tobacco, who asked "Why has Philip Morris changed their position on addiction and disease causation and what was the new science that lead them to this conclusion?"⁴⁴

Within British American Tobacco itself, for instance, researcher David Creighton pointed out in a 1978 internal memo that, "Nicotine is the most pharmacologically active constituent in tobacco smoke and is probably the most usual factor for the maintenance of the smoking habit". Creighton discounted the ritual of handling cigarettes, or smoking of herbal cigarettes: "The main difference ... is nicotine".⁴⁵ Indeed, significant research by the leading tobacco companies from the 1960s was devoted to maximizing nicotine delivery even while reducing disease-causing "tar" and levels of nicotine. British American Tobacco scientists recognized that Marlboro's phenomenal success was due to alkalization of smoke with compounds that released ammonia ("ammonia technology"), producing a form of nicotine that sped rapidly to the brain, and sought to duplicate this success with cigarette designs of their own. They also experimented with a strain of tobacco leaf yielding high levels of nicotine.⁴⁶ As one scientist put it in 1990: "The ultimate product

of the tobacco industry is nicotine and research should continue to be directed at the development of low tar/medium nicotine cigarette smoke.”⁴⁷ Commissioner Kessler, in his 1994 testimony to Congress, provided a long list of patents taken out by the tobacco companies on methods of maximizing nicotine delivery.³² It is not known which methods made it into the final marketed products.

Two recent studies from either side of the question have debated the role of alkalization on maximizing nicotine delivery to the brain. Stevenson and Proctor, citing internal industry documents, show that “ammonia technology”, first used as a flavorant by Philip Morris scientists, was exploited to maximize nicotine delivery even as nicotine levels were being reduced, which may have contributed to Marlboro’s rapid gain in market-share.⁴⁸ The process was quickly adapted by the other cigarette companies after “reverse engineering” of Marlboro products. The authors point out that, because ammonia compounds are useful for other, more innocuous, processes in the manufacture of cigarettes, the industry has made plausible denials that “ammonia technology” is used to enhance nicotine delivery. Two scientists, former employees supported by Philip Morris, while acknowledging that there is “broad agreement” that nicotine “is the addictive agent in mainstream (MS) smoke”, deny that ammonia has any effect on rapid delivery of nicotine to the arterial blood or brain.⁴⁹

Whether addiction or habit, regardless, in the end the companies had to sell cigarettes or go out of business. Thus at a British American Tobacco senior marketing meeting in 1976, the question about nicotine was put quite bluntly:

Please consider the following theory and assemble any available evidence. The theory relates primarily to varying levels of nicotine in cigarettes and may be summarised as follows: “Certain smokers who demand substantial ‘satisfaction’ out of smoking will smoke more cigarettes per day, if the nicotine level of their brand is reduced; smokers of cigarettes with lower TPM [total particulate matter, or “tar”] and nicotine will similarly “compensate” by smoking more cigarettes per day, if certain reductions in deliveries are achieved over time.” A question arising from this is: are there “optimum” levels of nicotine which will maximise or at any rate not reduce consumption, but below which consumption will fall off or even lead to quitting?⁵⁰

By the turn of the century, however, with Philip Morris in the lead, changes occurred in the tobacco industry’s public statements on addiction. What could have brought about this change?

2. **PM21 – “Showing the American public who we really are”**

Since the 1964 United States Surgeon General’s report *Smoking and health* that, for the first time, linked smoking to disease and death,¹² the tobacco industry has been under increasing attack, which it has vigorously fought off

in the courtroom, legislatures and the media. But in terms of public standing and threats to its business, the 1990s presented the tobacco industry in the United States of America with several additional challenges.

Arguably the most difficult of these occurred when secret company documents stretching back for over half a century came to light as a result of the lawsuit brought by the State of Minnesota. Scientific papers and media reports based on the revelations, and a successful Hollywood movie about a whistleblower (“The Insider”), brought the tobacco companies into great disrepute. With the documents at hand, class-action and individual consumer lawsuits began to produce victories for plaintiffs.⁵¹ In addition, Congressional hearings, aided by industry whistle-blowers and an FDA Commissioner intent on regulating cigarettes as drug delivery devices, exposed the central and purposeful role of nicotine addiction in the manufacture of cigarettes. Scientific findings about passive smoking, given official standing by the United States Environmental Protection Agency in 1993, led to increasing restrictions on public smoking. In the United States Congress, in 1998, it seemed that a bill might be passed giving wide-ranging authority to the FDA to regulate tobacco. By 1999 the United States Supreme Court had heard arguments about whether the FDA could regulate tobacco on its own authority (in 2000 the Supreme Court decided “no” by a vote of 5 to 4). The Department of Justice began to prepare its lawsuit against the industry on racketeering charges.⁵² Finally, the World Health Organization began its long march towards what would become the Framework Convention on Tobacco Control, the first WHO-led international treaty.

Just as damaging to tobacco company share prices were polls in the year 2000 showing that Philip Morris was one of the least trusted of United States corporations.⁵³ Top executives recognized the great damage being done to the company, as Senior Vice-President Steven C. Parrish explained afterwards:

As time went on and lawsuits proliferated, our negative public image became a real problem for us, as it would for any company. Our image hurts us in the stock market – shares of Philip Morris have been at historic low levels this past year. At some point in the future, it could hurt us with our work force – if our employees’ morale is damaged, if they feel less inclined than they otherwise would to make their careers with the company ...⁵⁴

By the beginning of 1998, the much publicized Minnesota trial was coming to a conclusion that looked increasingly unfavourable for the tobacco industry; courts all the way up to the Supreme Court had ruled that even sensitive internal company documents were to be shown to the jury. A few months earlier, in mid-1997, several tobacco companies had held meetings with some tobacco control activists and state Attorneys General to determine what a “global settlement” between the industry and public health authorities might look like.⁵⁵ While the negotiations broke down, it provided the impetus for a

bill put forward in 1998 by United States Senator McCain, which would have imposed stringent regulations on the industry by the FDA, among other onerous obligations. The bill was defeated in committee following intense lobbying by the industry. As the company's Associate General Counsel, Mark Berlind, wrote to his colleagues:

To remind folks of the obvious ... [the bill] provided for truly “unfettered” authority over tobacco, including an ability of the agency to modify the product in any respect (including taking out all tar and nicotine), ban it entirely (subject to Congressional override) and impose any restriction on marketing and access (other than require prescription-only sales) that it finds to be appropriate.⁵⁶

After the failure of the McCain bill, ongoing industry negotiations with 46 state Attorney Generals produced the 1998 Master Settlement Agreement (MSA) with a much milder regimen: banning certain forms of advertising, requiring a multi-billion-dollar payment to the states over 25 years, and continued publication on industry web sites of internal documents.⁵⁷ The agreement gave the industry a certain breathing space to reflect on new strategies and directions.

A major strategy for Philip Morris was a new public relations campaign called: “PM21” (Philip Morris in the 21st Century) intended to demonstrate that the company was, and had been for years, a good corporate citizen and a donor to charities, the arts and community programmes. The PM21 campaign was originally meant to create positive feelings among the public, rather than provide objective information: “PM21 Advertising Objective: Improve favorability of the Philip Morris Company by showing the American public who we really are. PM21 Advertising Strategy: Give people reasons to connect with PM on a positive, emotional level ... the ‘hero’ of this story.”⁵⁸

However, taking advantage of the development of the PM21 campaign and its planned web site, in 1999 Geoffrey Bible instructed a “Strategic Issues Task Force” to go beyond feel-good public relations:

Several of us have had discussions recently about actions which the Company might take to enhance our public communications on various issues that are topical in our domestic tobacco business. A number of ideas have been floated in informal discussions ... In particular, I would be interested in the Task Force's views on whether the web site should discuss the Company's position on the subjects of causation, addiction, and Environmental Tobacco Smoke.⁵⁹

The change in tone had already been unveiled by a number of high-profile speeches given by top executives in late 1998 and early 1999 to community and professional groups across the country. The speeches are similar to one another, adjusted for the particular audience. Speaking to a Hispanic group in September 1998, Steven C. Parrish, Senior Vice-President, made one of the first tentative admissions about smoking:

People think of Philip Morris as a tobacco company, and that makes us controversial ... Our combative posture has taken a heavy toll on our company and our employees ... [I]nstead of working with our critics to achieve our common goals, we were fighting them in the media, in legislatures and the courts ... But lawsuits are enormously expensive, even when you do win ... As long as you're under fire in the courts and facing potentially huge judgments, it's difficult to assure or predict stability in your business ... We want to operate in a stable business environment where endless lawsuits and endless debates have been resolved ... We recognize that under common or popular definitions, cigarettes can understandably be viewed as "addictive". Many people find it exceedingly difficult to quit smoking. We recognize that cigarette smoking is a significant risk factor for lung cancer, emphysema and other diseases.⁶⁰

To an internal executive audience a few months later, Parrish made it clear that the protection of all Philip Morris businesses, tobacco and food, was paramount. He described three strategies to this end. The first was "constructive engagement" with critics, but he warned "that nothing in the Constructive Engagement approach suggests that we will fail to respond vigorously – even aggressively – to defend our fundamental issues. This is not a roll-over strategy. This is a pick-your fights carefully strategy ... [but] fight for what's best for the business."⁶¹

The second strategy was called "societal alignment", meaning "be seen as a responsible manufacturer and marketer of our products", provide good jobs and make "economic contributions" wherever Philip Morris products are sold. In addition: "For tobacco companies there are two other specific expectations. First, that we openly and frankly acknowledge the risks about our products, and communicate those risks. Second, there is a nearly universal demand that our marketing not target at kids."⁶²

His third strategy was "image enhancement", to be carried out by the PM21 campaign, intended to show Philip Morris as a caring, ethical company with its slogan "Philip Morris. Working together to make a difference. The people of Philip Morris."⁶³

With time, the strategies became clearer. A 1999 document entitled *Platform of credibility*, apparently intended for an internal audience, stated:

Steve Parrish has spoken in a compelling way of a bold new positioning for the Company and of the strategies to carry us forward in a period of challenge and change, most particularly, but by no means exclusively, for the tobacco business. New perceptions of some aspects of our company, its products and its viewpoints are key components of successfully managing the issues that challenge us. But, a repositioning of the Company is predicated on establishing a platform of credibility. That means addressing difficult core issues such as causation, addiction, youth smoking, on-pack tar and nicotine labeling and ingredients use and disclosure.⁶⁴

Attorney David Greenberg, Senior Vice-President of Philip Morris, unveiling the company's new position before the American Hospital Association, was explicit: "We make a product that is inherently risky. There is no safe cigarette. We know that. And we know that no other product or activity puts its users at greater risk of contracting lung cancer and other diseases. We also know that smoking is addictive, as that term is commonly understood today."⁶⁵

In January 1999, a few months after the November 1998 signature of the Master Settlement Agreement with 46 state Attorneys General, Geoffrey Bible in a draft memorandum intended for the public acknowledged that cigarettes were addictive:

We did not listen. At Philip Morris we realize our actions at times appeared defiant. We often felt we were under a virtual "state of siege" as the social, political and legal controversies continued to mount. And as we focused on manufacturing a legal product which involves health risks, we failed on something very important: We failed to listen. We failed to respond to the issues that mattered deeply to the American public. As a result, we did not soon enough find the ways to compromise, cooperate or embrace the changes sought by our critics ... Things have changed. And we are committed to a changed future. I pledge to you that from now on ours will be a more open, accessible and responsive business. As one example, we are voluntarily releasing 33 million pages of internal documents to the public. These documents have been previously available only to people in certain government and legal capacities. We are not being forced to release them ... But we feel they should be made accessible. In addition, we have been frequently asked by customers and others to publicly state where we stand on some of the most important tobacco-related issues, so I want to do that here: On health risks: smoking is a significant risk factor and could in fact be one of the causes of certain diseases, such as lung cancer ... On "addiction": Clearly cigarettes are "addictive" as most people understand the word. Over the years society has defined addiction in varied ways. We want people to remember that smoking can be a habit that is hard to quit – for some extremely hard.⁶⁶

Under oath, the new Chief Executive Officer and President, Michael Szymanczyk, questioned at the Engle trial in Florida in June 2000, acknowledged that nicotine was indeed a drug responsible for addiction: "Q. Well, what's your definition of addiction? A. Well, my definition of addiction is a repetitive behavior that some people find difficult to quit. Sometimes that's associated with a psychoactive drug, which is the case of nicotine in a cigarette ..."⁴¹

In 2001, Ellen Merlo, Vice-President of Philip Morris, responding to President Clinton's Commission on Tobacco, dropped the qualifying phrase "as that term is commonly understood today", saying: "We agree with the overwhelming medical and scientific consensus that cigarette smoking is addic-

tive.”⁶⁷ That formulation rapidly found its way into the courtroom, with Merlo a principal witness in *Boeken v. Philip Morris, Inc.*⁶⁸

This new found candour comes under the rubric of “Corporate Social Responsibility”, where corporations report on their social bona fides (*vis-à-vis* the environment or humanity, as well as their ethical operations and philosophy). British American Tobacco, following Philip Morris’ lead, began to issue glossy prize-winning annual social reports, the first in 2001/2002.⁶⁹ Philip Morris, R.J. Reynolds and Japan Tobacco International (JTI) were content to state their positions on their web pages (see [Annex 2](#)).

Besides defence in the courtroom and the company’s public image, there was yet another motive for the admissions, and it related to Philip Morris’ intention to capture the market in cigarettes that reduced some of the harmful ingredients, the industry’s holy grail of a “safer” cigarette.

3. Philip Morris seeks Food and Drug Administration regulation

In March 2000, Steven Parrish elaborated on Philip Morris’ new position on addiction at a workshop sponsored by Columbia University’s Center on Addiction and Drug Abuse (CASA), whose President was tobacco control activist and former United States Secretary of Health, Joseph Califano. Parrish made the explicit link between accepting that nicotine was a drug and Philip Morris’ new desire for regulation by the FDA (also a change in its previous position). In a panel discussion held between Parrish, David Kessler (then Commissioner of the FDA), Federal Trade Commission (FTC) Chairman Robert Pitowski and beer magnate Peter Coors, the exchange made national headlines. Parrish informed the panel:

There needs to be serious regulation at the Federal level of the tobacco industry ... [Tobacco] is a unique product, it presents a unique set of challenges ... I believe that nicotine is a drug ... But I – I do not believe though that merely because nicotine is a drug that means it should be regulated as a pharmaceutical or as a medical device under the Food, Drug, and Cosmetic Act ... I want to sit down and talk to you [Kessler] ... about what’s the right regulatory regime for tobacco not as a pharmaceutical or as a medical device but as tobacco, which is – which is addictive ... I have no problem saying that ... I don’t think that [nicotine] is a drug as that term is defined by the act. But I do think nicotine is a drug.⁷⁰

In the months before the workshop, there seemed to have been internal discussions among Philip Morris lawyers and executives about the remarks that Parrish should make at the CASA. The division of Philip Morris responsible for regulatory matters, Worldwide Regulatory Affairs, had drafted a comprehensive review in January 2000 on the entire range of national and international regulatory proposals for tobacco, dealing with additives, labelling, ingredient disclosure and reduced-risk cigarettes, among others. The

critical issue for the tobacco industry was the degree of control the FDA might assert. For instance, the 1997 report by Surgeon General C. Everett Koop and David Kessler, then FDA Commissioner, averred that: “there should be no limitations on or special exceptions to FDA authority to regulate nicotine, other constituents, and ingredients of tobacco products and such a no-limitations policy should be made completely explicit”.⁷¹ Ostensibly, this could have meant an FDA ban on all combustible forms of tobacco, anathema to the industry. But an important underlying issue for Philip Morris was its intention to try to develop a “safer” or “reduced harm” cigarette, a matter reviewed in great depth by the Institute of Medicine.⁷² For this, a favourable FDA regulatory programme was needed, one that would regulate tobacco in a category of its own.

Several tobacco companies had tinkered since the 1980s with various “safer” cigarettes, for instance devices that burned tobacco at very low temperatures, but none of them had come to fruition, because at that time companies were opposed to FDA regulation over what would be considered a “medical device”; and sales were disappointing. Now, given the rapidly changing social, legal and political environment, some smaller companies were beginning to develop and market “reduced harm” cigarettes, and Philip Morris embarked on its own ambitious research programme to support a “selective constituent reduction” (SCoR) cigarette. In this regard, Philip Morris looked to the FDA to act as a kind of partner to provide regulatory cover for what the Institute of Medicine dubbed “potentially reduced exposure products”, or PREPs.⁷² Financial analysis by JP Morgan suggested that FDA regulation, as supported by Philip Morris, would give the latter a competitive edge, given its progress in SCoR research, and also shield the company from litigation if the PREPs were either not made available, or failed to protect smokers. The other tobacco companies, understandably, opposed giving Philip Morris such protection, given the head start it already enjoyed in developing the technology.⁷³

A draft for Parrish’s talking points at the CASA workshop suggests saying: “In the past, we argued too much and listened too little. Fell out of step with society on issues about risk, marketing and regulation of tobacco ... Define for us what a safer cigarette would be so we can pursue ... Regulation should keep adults fully informed of the risks of smoking.”⁷⁴

On a copy of the same outline, someone wrote in the margin against the line about keeping adults fully informed: “What do we say about addiction – addict v. you can quit”.⁷⁵ In fact, there was an apparent ongoing internal struggle about how to deal with the concept of nicotine addiction. Did it mean someone couldn’t quit, or could quit only with difficulty; and what did this imply for the “free adult choice” argument?

Various drafts of Parrish's remarks are available that show Philip Morris wrestling with the matter. A version dating from 21 January 2000 states:

Even though tobacco is addictive, there must be regular communications to smokers that they can quit.... While we've committed not to publicly debate the public health community's conclusion that smoking is addictive, we believe that that's a message best directed at non-smokers and that ~~While we must warn kids about addiction,~~ we have to remind adult smokers that they have the ability to quit ... Key issue for discussion: Does addiction "negate" personal choice and responsibility? We believe not. This conference should consider whether it's really the right public health approach to communicate to people who have decided to smoke that they are "addicts". Once someone is addicted to something, the only way out – if that's what he or she wants – is to take responsibility for breaking the addiction. Shouldn't we also constantly communicate you can quit? Otherwise, do we "enable" continuing addiction?"² [Emphases and excisions in original.]

Since most smokers begin their addiction in their teenage years, few adults even have the luxury of choice. This was recognized at Philip Morris by someone's marginal note on another draft, also in January 2000: "More basic Q – data indicate smoking start at younger age. – not making fully informed choice – too late when adult".⁶

One way out of this dilemma for the public message Philip Morris wanted to provide, even if "too late when adult", was the same message heard from public health authorities, such as those at the Centers for Disease Control and Prevention: "You can quit smoking".⁷ A further draft written on 27 January 2000 suggested that Philip Morris could meet its responsibility by sending smokers to Internet-listed cessation programmes: "Shouldn't we also communicate that smokers can quit if they want to? As every public health website does? How do we ensure competing/contrasting messages are properly balanced?"

This draft document makes the linkage explicit between the evolving position of Philip Morris on addiction and what it wanted from regulation by the FDA in respect of potentially reduced exposure products. In addition to labelling, disclosure of ingredients and control of youth smoking:

The major focus of FDA should be to encourage scientific innovations that have the potential to reduce the risk of cigarettes. FDA should provide guidance – define what reduced risk means – so that industry and its consumers can move in that direction ... FDA should not be able to interfere with our legitimate right to sell/market to, or restrict the choices of, adult smokers."⁸ [Emphasis in original.]

The last note implies that if an adult did not wish to use a "reduced risk" cigarette, that too was his or her choice, and the FDA should not force the company to stop selling the traditional brands.

What appears to be a near-final version of Parrish's remarks is dated 1 February 2000, and incorporates virtually all of the thinking in the various drafts:

Tobacco is dangerous/addictive and kids should not be allowed to make a choice ... There should be strong but sensible FDA regulation of the tobacco industry. [section heading] As you know, we don't think that it makes any sense to regulate tobacco as a drug or medical device because cigarettes are not medical products and they are not "safe" ... While we have argued too long about definitions of addiction, we have not sufficiently discussed the need to make sure that smokers know they can quit ... Once someone is addicted to something, the only way for them to quit, if that is what they want to do, is to take responsibility for breaking the addiction.⁷⁹

To summarize: the critical issue for Philip Morris appeared to be to gain just the right amount of regulatory control from the FDA – something that would fall short of the vision espoused by C. Everett Koop and David Kessler, which could have meant a ban by the FDA on all combustible forms of tobacco. But Philip Morris was intent on developing a “reduced harm” cigarette, as reviewed in depth by the Institute of Medicine. Philip Morris needed a favourable regulatory scheme from the FDA, one that would regulate tobacco *sui generis*. But the company would first have to convince Congress and the FDA that, even if nicotine were an addictive drug, cigarettes should not be regulated in the manner described by Koop and Kessler.

Bill H.R. 1376 (with accompanying Sen. 666) was submitted to the United States House of Representatives in March 2005, with the aim of giving the FDA regulatory authority over tobacco. It allows for mandatory reduction in nicotine, but not for a reduction to zero, that power being reserved for Congress.⁸⁰ The bill was supported by Philip Morris, David Kessler and major nongovernmental organizations concerned with public health. The bill was stalled in Congress and erased from the books when the 109th Congress adjourned. It was reintroduced in 2007 at the 110th Session of Congress as H.R. 1108 and Sen. 625, and passed by the House in July 2008.⁸¹

4. **Philip Morris research on “potentially reduced harm products” and defining addiction**

As mentioned, each of the major tobacco companies has for decades tried to produce a “safer cigarette”, one that will provide all the nicotine a smoker needs but with less disease-causing potential.⁸² From a marketing perspective, none has succeeded. The past few years have seen a new push to identify potentially reduced exposure products. A review of documents from British American Tobacco, R.J. Reynolds and Philip Morris from the past few years, however, indicates that Philip Morris' efforts are either more substantial or more accessible through the publicly available documents.⁸³

Two years after the dissolution of the Council for Tobacco Research and the Center for Indoor Air Research, pursuant to the 1998 Master Settlement Agreement, Philip Morris reinitiated an external grants programme, the stated purpose being to help develop cigarette designs that “might reduce the health risk of smoking” (an ancillary objective was to gain credibility in the scientific community).⁸⁴ At about the same time, an internal research programme was begun towards a similar end, conducted mainly at the *Institut für Biologische Forschung* (INBIFO), a Philip Morris research facility based in Cologne, Germany.

Two research tiers were identified for the internal programme. “Tier 1” research comprised four working groups: a Causation Consensus Group, an Addiction Consensus Group, a Compensation/Low-Tar Consensus Group and an ETS [environmental tobacco smoke] Health Effect Consensus Group. An ammonia consensus group and a tobacco-specific nitrosamine consensus group were to be established. Nine other Tier 1 groups were proposed for biomarkers of smoking-related diseases. “Tier 2” comprises five proposed groups on the diseases themselves. Company scientists were encouraged to submit competitive proposals.⁸⁵

Under the heading of “causation”, smoking and health studies would be carried out, beginning with extensive literature reviews and going on to actual laboratory experiments covering lung cancer, cardiovascular disease, chronic obstructive pulmonary disease, reproductive health, environmental tobacco smoke and addiction. Protocols were designed for studies of biomarkers and animal models. Epidemiological studies were intended to examine populations that might be more resistant to lung cancer (e.g. the Japanese) or heart disease. All the studies were to support development of “reduced harm” products, which included “reduced-harm filters that can change the distribution of smoke delivered to the lung”. Also, the research would return to an earlier idea to provide more nicotine relative to toxins:

[D]etermine if changes can be made to the normal nicotine to tar ratio in cigarettes which would result in a product with reduced constituent exposures (Fading Studies). Determine if an enhancement of nicotine’s sensory response in adult smokers can be used to develop products with reduced constituent exposures.⁸⁶

There would even be a study of the influence of ammonia on nicotine delivery, by the company that invented the process in the first place:

Scientific consensus – Cigarette Chemistry of Ammonia in Relation to Nicotine Delivery. Objective: Summarize the scientific understanding of the relationship between mainstream cigarette smoke ammonia, nicotine delivery, and nicotine bio-availability.⁸⁷

Other protocols – 162 in total – included the study of the “puff profiles” of smoking machines, human “puff behaviour” and smokers’ subjective reactions to various prototype cigarettes. These research plans may be found at <http://www.pmdocs.com> with the search bar term: “SREP, RESEARCH PROPOSAL, SCIENTIFIC” & ddate: 2001** or 2002**. As of 30 January 2008, none exists from 2003 onwards.

As part of the internal review, an Addiction Consensus Group was created in February 2000 to provide company executives with the best analysis from Philip Morris’ own scientists about the contentious issue: is nicotine addicting?

The objectives of the project are to clarify 1) current scientific understanding of addiction among PM scientists, 2) how nicotine and/or smoking fit into this understanding, 3) the extent to which nicotine determines smoke exposure, and 4) thereby to contribute to potential product modification by the 3rd quarter of 2000.⁸⁸

In their draft report, in the same year as the 2000 testimony under oath by Chief Executive Officer Michael Szymanczyk implicating nicotine, the scientists averred that nicotine did not play the sole role in smoking behaviour:

Smoking involves very complex psychological and social behaviors. Nicotine is a centrally as well as peripherally active compound. The pharmacological effects of nicotine are important, but are probably not the sole determinant of smoking behavior. Recent scientific findings suggest other tobacco smoke chemicals by themselves or by potentially modulating the effects of nicotine, may possess central and/or peripheral effects relevant to smoking behavior and exposure.⁸⁹

The scientists argued that nicotine is just one element in addiction. If other chemicals play a role, harm reduction might be achieved by “Possible reformulation of our products that might modify the pharmacological impact of smoke constituents on smoking behavior”. They would also want to examine the psychological and social drivers of smoking which would “allow us to propose and execute means towards better prevention of smoking by minors and enabling smokers to make decisions about a risky product destined for use by an adult population.”

They minimized the role of nicotine in withdrawal: data in laboratory animals “appear to indicate that the physical dependence potential of nicotine is weak in nature”. And in humans: “It has been reported that de-nicotinized cigarettes also alleviated withdrawal signs in humans”.

The team concluded that “smoking behaviour” should replace “addiction” as the defining concept of why people smoke, behaviour influenced by pharmacological, social/sociological, psychological and developmental variables. Understanding each component of smoking behaviour, the scientists believed, would help develop a harm reduction programme, but they did not

specify how. (At almost the same time an internal discussion group over at British American Tobacco tried to explain smokers' exceptional devotion to smoking as caused by anything but nicotine.⁹⁰)

The members of the Addiction Consensus Group were Richard Carchman (pharmacology), Bruce Davies (molecular pharmacology/biochemistry), Frank Gullota (experimental/physiological psychology), Mitchel Ritter (clinical psychology), Kojhi Takada (behavioural pharmacology and team spokesman). From the outset, none believed smoking behaviour was driven by addiction per se, as summarized by their individual testimonies:

Carchman, Davies: Current usage does not include several "traditional" pharmacological definitions; e.g. intoxication, tolerance and physical dependence that is manifested by withdrawal. **Gullota:** Addiction is a myth. Most people seem to accept that addiction is a disease, however, it is a behavior and behavior is volitional. **Ritter:** There is considerable confusion regarding the meaning of the term. It is essential to take a multidimensional view. **Takada:** It is an out-moded and abandoned pharmacological term.

In a covering letter to the final report, presented in April 2001 to the Philip Morris Scientific Research Review Committee, Takada summarized the scientists' conclusion:

Public health authorities, e.g. the Institute of Medicine and the US Surgeon General, accept the role of nicotine as a primary determinant of "smoking addiction". Our core position is that smoking is a lot more than nicotine-taking, consisting of a complex set of interactive and interdependent behaviours.⁹¹

Roger Walk, Research Director of INBIFO, congratulated the Group: "The presentation to the SRRC today was obviously well received ... I thank Kohji to lead (sic) such a multidisciplinary group to deliver a clear and credible result."⁹²

In October 2003, at a presentation to Philip Morris World Scientific Affairs, the Addiction Consensus Group still presented a variety of similar arguments, but now were more explicit in absolving nicotine: "At the present time, based on our evaluation of the scientific/medical evidence, we do not believe that nicotine per se is addictive" [emphasis in original].⁹³

The scientists' formulation of "smoking behaviour", despite the sworn testimony of Chief Executive Officer Szymanczyk, has found its way into Philip Morris' current public proclamations. In 2004, the Philip Morris International web site stated: "Cigarette smoking is addictive. It can be very difficult to quit but, if you are a smoker, this shouldn't stop you from trying to do so."⁹⁵ Philip Morris USA puts it more rhetorically: "Philip Morris USA agrees with the overwhelming medical and scientific consensus that cigarette smoking is addictive. It can be very difficult to quit smoking, but this should not deter smokers who want to quit from trying to do so."⁹⁴ [Emphases added.]

In the meantime, tobacco control advocates are divided about the benefits of various forms of “harm reduction”: some arguing that potentially reduced exposure products are inevitable, will help smokers quit more easily and be protected from disease; while others aver that it may impede quitting or even seduce some to begin nicotine addiction.⁹⁵

5. **Current Philip Morris communications on addiction**

In its 2002 pretrial response to the United States Department of Justice racketeering lawsuit against the five major American cigarette companies, Philip Morris still equivocated with respect to addiction.⁹⁶ A report prepared in September 2002 by Congress staff for United States Congressman Henry Waxman noted that Philip Morris, while admitting cigarette smoking is addictive, denied that nicotine is addictive, or that Philip Morris “independently ‘controls’ the nicotine content of its cigarette filler or the FTC nicotine yields of cigarette smoke”.^{*} The Waxman report summarizes the Philip Morris attempt to negotiate the delicate linguistic territory of the term “addiction”:

Philip Morris states that there are and have been various definitions of “addiction” over the years and the definition of “addiction” as used by the public health community has changed over the years. However, Philip Morris decided as a matter of corporate policy to refrain from publicly debating the appropriate definition of “addiction”.

Nonetheless, by early 2003 Philip Morris was placing health-related messages inside (“inserts”) and on top of (“onserts”) cigarette packs in several countries such as Belgium, Brazil, Canada, Mexico, Russian Federation, Sweden, Switzerland and the United Kingdom. These messages were unequivocal with respect to addiction and health, linked to its efforts to develop and market a new line of “potentially reduced exposure” cigarettes:

Information about serious issues related to smoking ... Smoking is addictive and dangerous ... Children should not smoke ... Cigarettes contain ingredients other than tobacco ... Cigarette smoke contains thousands of chemicals. Many of the chemicals are carcinogenic or toxic. When you smoke, you are inhaling these chemicals ... Quitting greatly reduces your risk of diseases ... You should not assume that lower tar cigarettes are safer or better for you ... Is it possible to make a less harmful cigarette? ... Developing a cigarette with the potential for reducing harm is a very important priority for Philip Morris ... There is no such thing as a safe cigarette. If you are concerned about the health effects of smoking, you should quit.⁹⁷

In line with its stated pursuit of FDA approval for its “harm reduction” products, Philip Morris was ahead of the other major companies in declaring that smoking is addictive. In 2008 the web site of Philip Morris USA declared simply that,

^{*} FTC nicotine yields: determined using the United States Federal Trade Commission test methods.

Philip Morris USA agrees with the overwhelming medical and scientific consensus that cigarette smoking is addictive. It can be very difficult to quit smoking, but this should not deter smokers who want to quit from trying to do so.⁹⁸

Comparison may be made with statements on the British American Tobacco, R.J. Reynolds and Japan Tobacco International web sites; see [Annex 2](#). (Lorillard and Liggett Group made their own concessions on the matter of addiction.) All provide links to web sites promoting cessation. British American Tobacco's most recent position, posted in late 2007, provides a useful insight into this major company's continuing perspective on addiction:

The question "Why do people smoke?" has been asked for many years. An obvious simple answer would be that people smoke for nicotine. But for many, the situation seems more complex. It is very well known that smoking is an important cause of many diseases and the purchase price of cigarettes can be very high, so it is reasonable to ask why so many people smoke. Many in the public health community suggest that people only smoke because they are "addicted" to nicotine. Many smokers can find it hard to quit. The pharmacological effect of nicotine – a mild stimulant effect not unlike that of caffeine and a mild relaxing effect – is an important part of the smoking experience, and it is unlikely that cigarettes without nicotine would be acceptable to smokers. However, there seems to be more to smoking than just nicotine. Smoking embodies a considerable amount of ritual involving many of the senses. A smoker will often describe pleasure from the feel of a cigarette in the hand, and from the taste, sight and smell of the smoke. Also, especially in social settings, smoking involves a "sharing" experience with other smokers.⁹⁹

The statement first suggests it is only "many" public health persons who believe nicotine is addictive (using the scare-quotes around the word "addicted"). Secondly, it proposes that smokers want the nicotine specifically for its pharmacological effect of "mild" stimulation (like coffee) and relaxation, especially in cue-driven behaviour and within a social context. These views would ignore all the research over the past decade on how nicotine works as an addicting drug, both by binding to the pleasure centres of the brain and by reinforcement of cue-driven behaviour (see below). If smokers will not accept nicotine-free cigarettes, then it is obvious that nicotine is playing a major role in smoking behaviour.

In a series of three brochures (2003–2005) addressed by Philip Morris USA to parents of teenagers, entitled "Raising Kids Who Don't Smoke", the words "nicotine" and "addiction" are linked only twice in the text of the first issue (*Raising kids who don't smoke*); once in the second issue (*Peer pressure and smoking*); and once in the third issue (*Could your kid be smoking?*) embedded in phrases such as "Tobacco is addictive ... addicted to tobacco ... Smoking is addictive ... it's very easy to get addicted to cigarettes ...".¹⁰⁰

In 2005, Philip Morris USA issued a smart-looking, 28-page brochure and developed a web site called QuitAssist, with this home page announcement:

“If you decide to quit smoking ... a guide to resources and information that can help you succeed.”¹⁰¹ and the following advice: “[Y]ou’ll feel better soon as the nicotine clears from your system ... How much do you depend on nicotine?”

Whether these public statements and publications herald a further refinement in the Philip Morris public position on the role of nicotine in addiction remains to be seen. Up to now, the current strategies may be succeeding. According to a May 2005 *Wall Street Journal* article:

Today a pugnacious defense strategy is starting to pay off for the tobacco giant. The number of smoking lawsuits pending against Altria [Philip Morris’ parent corporation] dropped to 273 as of May 2, down about 60% since late 1998, according to a regulatory filing. Only 30 new cases were filed against Philip Morris last year. Four of those have already been dismissed, says William S. Ohlemeyer, Altria’s lawyer in charge of litigation. “We’re at 10-year lows,” he says.¹⁰²

Discussion

It is reasonable to speculate that the revelations contained in the tobacco industry documents, the industry's ongoing vulnerability to litigation, Philip Morris' desire to gain FDA regulation as it seeks to develop potentially reduced exposure products and advances in addiction research have all propelled Philip Morris' evolving public statements. From the web sites of the other major companies, we see that they have followed the Philip Morris lead, although British American Tobacco and Japan Tobacco International have done so less forthrightly.

It is important to recognize that, in their new public statements, tobacco companies say explicitly that "smoking is addictive". Philip Morris, in publications addressed to a United States audience, even begins to link the words "nicotine" and "addiction". While Philip Morris scientists refused to acknowledge the concept of addiction, it appears that corporate strategy was already established. In fact, as William Dunn had done 20 years earlier by calling nicotine a "reinforcer", the scientists may have provided cover for the executives by labelling cigarette use as "smoking behaviour".

Unquestionably, dependence on tobacco involves cue-driven, learned behaviour, through both negative and positive reinforcement and within a social context.¹⁰³ Undeniably, the billions of dollars the industry spends in marketing smoking as desirable, exciting and erotic behaviour helps create the cues to initiate and maintain smoking. But to deny a critical neurophysiological role played by nicotine in creating and reinforcing "smoking behaviour", through its overlapping actions on addiction and cognition^{104, 105, 106} and across multiple brain pathways,¹⁰⁷ once again places the burden on the individual user who "chooses" to be addicted and who therefore is responsible for breaking the addiction "if that's what he or she wants".

It appears that, even as the companies attempt to prove their social responsibility, they can in fact abdicate responsibility for causing addiction by providing Internet links to existing cessation programmes and resources, even though many users around the world do not have access to the Internet. Only four per cent of smokers have ever gone to company web sites where information about smoking and health is given; less than 20% have ever

received a mailing from a tobacco company about the health effects of smoking, but over half have received promotions for gifts or discount coupons.¹⁰⁸ It may be shown, in fact, that whatever “information” the tobacco industry does provide has little objective value and is demonstrably incomplete or inaccurate.¹⁰⁹

Henningfield, Rose and Zeller aver that within the courtroom the tobacco companies concede that smoking is addictive, but that that fact should not stop a smoker from quitting, and has not resulted from wilful behaviour on the part of the industry.¹¹⁰ Federal Judge Gladys Kessler ruled in the Department of Justice civil lawsuit against the American tobacco companies that, among other findings, their public statements on nicotine and addiction were “false and misleading”.¹¹¹ In her Final and Remedial Order, Judge Kessler ordered them to make “corrective statements”.¹¹² The rulings are under appeal.

The industry’s current position on addiction as a complex of social, behavioural and pharmacological factors potentially allows the company to develop a so-called “safer” cigarette that manipulates behavioural and chemical properties related to addiction, but without necessarily changing the potential for addiction at all. For instance, the tobacco industry has conducted much research on analogues of nicotine, which may be just as addicting, and are not covered under the proposed United States legislation for FDA regulation.¹¹³ In any case, Henningfield and Zeller considered how the FDA could, in principle, reduce addictive potential, but it is not known whether “less addicting” would nevertheless still be “addicting”.¹¹⁴ Given such uncertainties about the tobacco industry’s plans and progress, there is considerable public health support for strong regulation of tobacco by the FDA in the United States of America, and by similar agencies in other countries.¹¹⁵ Article 9 of the WHO Framework Convention on Tobacco Control¹¹⁶ explicitly calls for tobacco product regulation (see also articles 10 and 20). Whether such regulation, as implemented by parties to the Framework Convention, would ever be potent enough to surmount political pressures from the industry has been called into question by public health advocates in the USA and remains to be seen in most of the world.

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Annex 1.

**The evolving tobacco industry
position on addiction to nicotine and
smoking: a chronology**

Year	Tobacco company activities	Public health activities
1963	A statement made by Brown & Williamson's General Counsel, Addison Yeaman, reads: "Moreover, nicotine is addicting. We are, then, in the business of selling nicotine, an addictive drug ..." ¹	First United States Surgeon General's report on <i>Smoking and health</i> ² distinguishes between drug addiction and drug habituation.
1964		
1969	Philip Morris Vice-President for R&D, Helmut Wakeham, writes in a draft presentation to the Philip Morris Board of Directors that the "primary motivation for smoking is to obtain the pharmacological effect of smoking". ³ William Dunn, Associate Principal Scientist, Philip Morris (known to colleagues as the "Nicotine Kid") cautions Wakeham: "Do we really want to tout cigarette smoke as a drug? It is, of course, but there are dangerous F. D. A. implications to having such conceptualization go beyond these walls ... This is the key phrase: The reinforcing mechanism of cigarette smoking. If we understand it, we are potentially more able to upgrade our product". ⁴	
1974		The WHO Expert Committee on Drug Dependence, in its 20th report, makes a reference to tobacco's addictive nature: "Tobacco. Although not listed above, it clearly is a dependence-producing substance with a capacity to cause physical harm to the user, and its use is so widespread as to constitute a public health problem." ⁵
1978	Paul Knopick, editor of the United States Tobacco Institute newsletter, citing Shook, Hardy & Bacon, warns that "the entire matter of addiction is the most potent weapon a prosecuting attorney can have in a lung cancer/cigarette case. We can't defend	

continued smoking as 'free choice' if the person was 'addicted'".⁶
[Document used as evidence in Minnesota trial.]

1980 William Dunn comments on lawyers' restrictions on nicotine research: "Although permitted ... to study the drug nicotine we must not be visible about it ... Our attorneys ... will likely continue to insist upon a clandestine effort in order to keep nicotine the drug in low profile."⁷ [Emphases added.]

1988

A United States Surgeon General's report declares nicotine to be addictive. "Nicotine is the drug in tobacco that causes addiction ... similar to ... heroin and cocaine".⁸

1992

The effects of tobacco and nicotine to produce dependence and withdrawal are also identified by the *International statistical classification of diseases and related health problems*, 10th ed. (ICD-10) as a disease in the category "Toxic effect of other and unspecified substances".

1993

The WHO Expert Committee on Drug Dependence, in its 28th report, recognizes tobacco dependence as a public health problem:

It should be noted that, although the dependence-producing properties and public health problems caused by tobacco were recognized at the time of the twentieth meeting, they were not included in the report since its acute effects on behaviour were minimal. At its present meeting, the Committee felt that the evidence for the dependence-producing properties of nicotine and the severe health consequences of tobacco and other forms of nicotine use warranted their inclusion in its report.⁹

1994

April: Seven tobacco company CEOs declare under oath before Congress: "I believe nicotine is not addictive".

Food and Drug Administration Commissioner David Kessler testifies to Congress that nicotine is the "highly addictive" agent in tobacco.¹⁰

In submission to the United States Food and Drug Administration, Philip Morris avers that: "There is no consensus ... regarding the definition of the term 'addiction' ... Neither cigarette smoking nor the nicotine delivered in cigarettes is 'addictive'".¹¹

The American Psychiatric Association's *Diagnostic and statistical manual of mental disorders* (DSM) classifies nicotine-related disorders in the subcategories of dependence and withdrawal which may develop with the use of all forms of tobacco.

The first revelations of Brown & Williamson documents are published in the *New York Times* (reporter Philip Hilts).

A series of articles by scientists from the University of California at San Francisco in the *Journal of the American Medical Association* details what Brown & Williamson executives, lawyers and scientists knew about smoking, health and addiction. Included was the classic revelation by Brown & Williamson General Counsel Addison Yeaman in a 1963 memo: "Moreover, nicotine is addicting. We are, then, in the business of selling nicotine, an addictive drug."¹¹

Philip Morris International coauthors Tobacco briefs and claims with respect to addiction that the pleasure and personal mastery derived from smoking are its "reinforcers".¹²

1996

Giving testimony before the Food and Drug Administration, Philip Morris states: "Traditionally, the term 'addiction' was reserved to describe the pharmacological phenomena of intoxication, tolerance, and a physical dependence that was manifested by withdrawal ... Cigarette smokers are not 'addicted' under the traditional scientific definition of the term".

1997

The WHO Expert Committee on Drug Dependence decides not to classify nicotine as a controlled drug. The Committee further recommends in its 30th report that tobacco goes under a pre-review at the next meeting, because "it causes dependence, disease and death".¹³

Giving testimony before the United States Congress, Philip Morris shades its denial: “We recognize that nicotine ... has pharmacological effects, and that, under some definitions, cigarette smoking is ‘addictive’ ... We have not embraced those definitions of ‘addiction’ ... We acknowledge that our views are at odds with those of the public health community.”¹⁴ [Emphasis added.]

1998	<p>The tobacco industry ducks a bullet: the McCain bill fails on 19 June. A Philip Morris lawyer reminds his colleagues: “[the bill] provided for truly ‘unfettered’ authority over tobacco, including an ability of the agency [the Food and Drug Administration] to modify the product in any respect (including taking out all tar and nicotine), ban it entirely (subject to Congressional override) and impose any restriction on marketing and access (other than require prescription-only sales) that it finds to be appropriate.”¹⁵</p> <p>In an internal briefing document on legal issues, Philip Morris scientists classically argue that: “It has not been scientifically demonstrated that cigarette smoking meets the objective physiological criteria for addiction, namely, intoxication, physical dependence (withdrawal) and tolerance ... Nicotine does not interfere with a smoker’s ability to decide to quit and to carry out that decision.”¹⁷</p>	<p>The Minnesota litigation is settled, followed by the Master Settlement Agreement with state Attorney Generals.¹⁶ Both guaranteed the public release of internal company documents revealing the extent of the tobacco industry’s knowledge and manipulation of addiction by nicotine.</p> <p>WHO begins the process of creating the Framework Convention on Tobacco Control (WHO FCTC).</p>
1999	<p>As part of a public relations effort to recreate the company’s image (“PM21” Corporate Social Responsibility), the Philip Morris website declares “Smoking is addictive as that term is commonly used today”.¹⁹ [Emphasis added.]</p>	<p>RD Hurt and CR Robertson publish “Prying open the door to the tobacco industry’s secrets about nicotine. The Minnesota Tobacco Trial”.¹⁸ The secret cause of Philip Morris’ success with the brand Marlboro is revealed: “ammonia technology” is used to speed nicotine delivery to the brain.</p> <p>The United States Department of Justice files a civil lawsuit against the United States tobacco industry under racketeering statutes.</p> <p>“The Insider”, a Hollywood movie, exposes Brown & Williamson’s attempts to suppress evidence of its own manipulation of nicotine in cigarettes.</p>
2000	<p>Damage control is in progress when Philip Morris Vice-President Steven Parrish states: “As time went on and lawsuits proliferated,</p>	<p>“Cigarette smoking should be understood as a manifestation of</p>

our negative public image became a real problem for us ... Our nicotine addiction, and that the extent to which smokers are addicted to nicotine is comparable with addiction to 'hard' drugs such as heroin and cocaine"

image hurts us in the stock market—shares of Philip Morris have been at historic low levels this past year."²⁰
Ellen Merlo, Philip Morris Senior VP declares to President Clinton's Tobacco Commission that "We agree with the overwhelming medical and scientific consensus that cigarette smoking is addictive."²¹

At a workshop sponsored by Columbia University, Vice-President Steven Parrish acknowledges that "nicotine is a drug ... [and] tobacco, which is—which is addictive". He makes explicit linkage to Food and Drug Administration regulation, asking Kessler to negotiate "the right regulatory regime for tobacco".²²
British American Tobacco executive is surprised by Philip Morris's change of position.

Philip Morris initiates external and internal research programmes to bring "potentially reduced exposure products" (PREPs) on to the market.

Chief Executive Officer Michael Szymanczyk testifies under oath in the Engle class-action lawsuit: "My definition of addiction is a repetitive behavior that some people find difficult to quit. Sometimes that's associated with a psychoactive drug, which is the case of nicotine in a cigarette."¹⁴

2001

Former FDA Commissioner David Kessler writes *A question of intent: a great American battle with a deadly industry*.²³

2003 Philip Morris senior scientists affirm that: "At the present time ... we do not believe that nicotine per se is addictive".²⁴ [Emphasis in original.]

Public pronouncements on Philip Morris international cigarette package inserts and on its web site state: "Smoking is addictive and dangerous". The onus for choosing addiction and choosing to

WHO Framework Convention on Tobacco Control is adopted unanimously by the World Health Assembly in May.

United States Supreme Court rules that Food and Drug Administration has no authority of its own to regulate tobacco.

break the addiction is on the smoker; in the words of a company executive “if that’s what he or she wants”.²⁵ [Emphasis in original.] Philip Morris will provide information on how to quit (“QuitAssist”).

2003–2005 A new brochure on cessation put out by Philip Morris implies a role for nicotine in discussing addiction: [sidebar] “How much do you depend on nicotine?” In a series of brochures addressed to parents of teenagers (“Raising Kids Who Don’t Smoke”), the words nicotine and addiction are linked just once or twice. The onus rests on parents: “Talk. They’ll listen”.²⁶

2004 An internal document indicates PREPs research is seen as a means of “engagement with the scientific and public health communities”.

Tobacco control advocates are divided over the benefits of “harm reduction”.

2005 JP Morgan’s financial analysis indicates that Food and Drug Administration regulation (to Philip Morris’ liking) would give Philip Morris a competitive edge, given its progress in PREPs research, and also shield the company from litigation if the PREPs were either not made available, or failed to protect the consumer.

Bill H.R. 1376 (with accompanying Sen. 666) was submitted to the United States House of Representatives in March 2005, intended to give the Food and Drug Administration regulatory authority over tobacco and allowing for mandatory reduction in nicotine, but not for a reduction to zero, that power being reserved for Congress. Bills die in committee.
WHO Framework Convention enters into force 27 February.

The *Wall Street Journal* states: “A pugnacious defense strategy is starting to pay off for the tobacco giant. The number of smoking lawsuits pending against Altria dropped to 273 as of May 2, down about 60% since late 1998 ... 10-year lows.”²⁷

2006

“[I]t is about an industry, and in particular these defendants, that survives, and profits, from selling a highly addictive product which causes diseases that lead to a staggering number of deaths per year, an immeasurable amount of human suffering and economic loss, and a profound burden on our national health-care system. Defendants have known many of these facts for at least 50 years or more.”

2007

British American Tobacco declares on its web site that “Many in the public health community suggest that people only smoke because they are ‘addicted’ to nicotine. Many smokers can find it hard to quit. The pharmacological effect of nicotine—a mild stimulant effect not unlike that of caffeine, and a mild relaxing effect—is an important part of the smoking experience, and it is unlikely that cigarettes without nicotine would be acceptable to smokers. However, there seems to be more to smoking than just nicotine. Smoking embodies a considerable amount of ritual involving many of the senses.”²⁸

R.J. Reynolds declares on its web site, “nicotine ...is addictive.”

2008

British American Tobacco, Philip Morris and Imperial Tobacco introduce “snus” in market trials—a low-nitrosamine form of tobacco held between lip, gum and cheek.

By mid-2008, 168 countries had signed the WHO Framework Convention: 157 had become full parties. Legislation to give the FDA power to regulate tobacco, having failed in 2007, is reintroduced in the United States Congress and passed by the House of Representatives in July 2008 (H.R. 1108).

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Annex 2.

Evolution of tobacco companies' web site statements on addiction

(For Philip Morris statements, see main text)

1. *British American Tobacco*

2000

“It is also our view that under today’s definitions some smokers can be defined as being dependent on smoking, dependent being the scientific term for what many would see as being addicted. Addiction today tends to refer to something that is pleasurable and hard to stop doing despite the risks. However, we also believe that smokers can quit as long as they have belief in themselves and motivation. Clearly many people have quit.”

[<http://bat.library.ucsf.edu/tid/usi45a99>, accessed 3 August 2008.]

2005

“British American Tobacco recognises that along with the pleasures of smoking there are real risks of serious diseases such as lung cancer, respiratory disease and heart disease. We also recognise that for many people, smoking is difficult to quit. We accept the common understanding today that smoking is addictive. Certainly smoking is pleasurable and smokers can find it hard to quit even though they know that smoking brings a real risk of serious disease. People realise, as they should, that someone who starts smoking may find it difficult to quit. It has been known for centuries that smoking may be difficult to quit. Public health authorities have reached differing conclusions in the past, but most now describe cigarette smoking as an addiction.”

[www.bat.com, accessed in 2005.]

2007:

Smoking can be hard to quit. However, we believe it is important that smokers who decide to quit realise they can, provided they have the motivation to quit and the belief that they can.

Many smokers are said to be dependent on cigarettes because they know the real risks of disease involved but still smoke frequently and find it very difficult to quit.

It has been known for centuries that smoking is difficult to quit. Under international definitions for determining whether people are dependent on smoking, including those from the World Health Organisation, many smokers would be classified as being dependent.

However, millions of smokers have quit without any medical help, and millions have modified how often, where and when they smoke in the light of differing social norms. In some countries, such as the UK, there are now as many ex-smokers as smokers.

While smoking is commonly understood to be addictive, we believe it is important that smokers who decide to quit realise they can, provided they have the motivation to quit and the belief that they can. We believe that if you want to quit, you should.

Various ways have been suggested to help people quit, including using ‘nicotine replacement therapy’ (patches and gums). While all these forms of assistance may be beneficial, the most important factors in successfully quitting are having the motivation to quit and the self-belief that you can do so.

[www.bat.com, accessed 10 January 2007.]

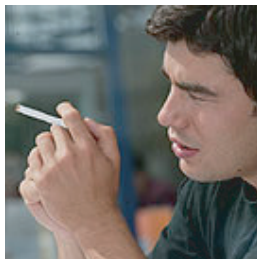
2008

Why do people smoke?

The question ‘Why do people smoke?’ has been asked for many years. An obvious simple answer would be that people smoke for nicotine. But for many, the situation seems more complex.

It is very well known that smoking is an important cause of many diseases and the purchase price of cigarettes can be very high, so it is reasonable to ask why so many people smoke.

Many in the public health community suggest that people only smoke because they are ‘addicted’ to nicotine. Many smokers can find it hard to quit.



There seems to be more to smoking than just nicotine

The pharmacological effect of nicotine – a mild stimulant effect not unlike that of caffeine, and a mild relaxing effect – is an important part of the smoking experience, and it is unlikely that cigarettes without nicotine would be acceptable to smokers.

However, there seems to be more to smoking than just nicotine. Smoking embodies a considerable amount of ritual involving many of the senses. A smoker will often describe pleasure from the feel of a cigarette in the hand, and from the taste, sight and smell of the smoke. Also, especially in social settings, smoking involves a ‘sharing’ experience with other smokers.

Page last updated: 31/10/2007 14:53:45 GMT

[http://www.bat.com/group/sites/uk__3mnfen.nsf/vwPagesWebLive/DO6HHJJC?open document&SKN=1&TMP=1, accessed 3 August 2008.]

2. **R.J. Reynolds (RJR)**

1999

“DRAFT—8/29/99” [for a web page]

“ADDICTION” –

R.J. Reynolds Tobacco Co. believes that under the common definition of “addiction” (engaging in an activity that is hard to quit once you start), smoking is addictive. We also believe that it is pointless to argue about whether smoking is addictive. Regardless of whether you call smoking a habit or an addiction, the simple fact is many people find that once they have started smoking cigarettes, it can be difficult to quit. And some people find it extremely difficult to quit. Despite this difficulty, the number of Americans who have quit smoking is nearly as large as the number who currently smoke. The 1990 [sic] Surgeon General’s report stated that nearly 45 million Americans had quit smoking, most of them on their own, without any outside help. Based on this fact, we believe that any smoker with a sincere desire to quit smoking can – and should – quit. And if you are among those smokers who believe they need help quitting, we believe you should avail yourself of some of the many products, programs and resources that can help.

[<http://legacy.library.ucsf.edu/tid/ape82a00>, accessed 3 August 2008.]

2005

Of course, the best way to reduce the risks of smoking is to quit. There is universal awareness of the conclusions of the Surgeon General, public health and medical officials that smoking causes serious diseases, including lung cancer and heart disease. Individuals should rely on these conclusions when making any decision regarding smoking. Many people believe that smoking

is addictive, and as that term is commonly used today, it is. Many smokers find it difficult to quit and some find it extremely difficult. However, we disagree with characterizing smoking as being addictive in the same sense as heroin, cocaine or similar substances.”

[www.rjrt.com/TI/Tiquitting.asp, accessed in 2005].

2007

Our Guiding Principles and Beliefs

At R.J. Reynolds Tobacco Company our Guiding Principles and Beliefs represent our core commitment to operating our business in a responsible manner. Here’s what we believe:

TOBACCO USE & HEALTH

- Smoking causes serious disease.
- Nicotine in tobacco products is addictive but is not considered a significant threat to health.
- No tobacco product has been shown to be safe.
- An individual’s level of risk for serious disease is significantly affected by the type of tobacco product used as well as the manner and frequency of use.

[<http://www.rjrt.com/smoking/summaryCover.asp>, accessed 3 August 2008. R.J. Reynolds merged its United States operations with Brown & Williamson, a subsidiary of British American Tobacco, in 2004 to become Reynolds American.]

3. *Japan Tobacco International*

9 June 2002 (after takeover of R.J. Reynolds international brands):

Cigarettes are a legal but controversial product. People smoke for pleasure, but there are real risks that come with that pleasure. Public health authorities in almost all countries of the world have made the determination that, if you smoke, you risk serious disease and the risk of not being able to quit. These risks distinguish tobacco from most consumer goods and they place upon us a real burden of responsibility. It’s a responsibility we expect to be held accountable for, together with governments and the rest of society.

[<http://www.jti.com/cr/smokingandhealth>, accessed 3 August 2008.]

2007

Addiction

As the term addiction is commonly used today, cigarette smoking is addictive. Many smokers, who say they want to stop smoking, report difficulty quitting. The reasons they offer vary. Some say they miss the pleasure they derive from smoking. Others complain of feeling irritable or anxious. Still others speak simply of the difficulty of breaking a well-ingrained habit. However, equating the use of cigarettes to hard drugs like heroin and cocaine, as many do, flies in the face of common sense. Smoking, unlike heroin and cocaine, does not cause acute or chronic mental disorders, any dependence is weak and poorly defined and there is no evidence of chronic tolerance or intoxication. In particular, neither social problems nor family disruption can be attributable to cigarette smoking.

Stop smoking

People can stop smoking if they are determined to do so. Over the past decade, millions of people – all over the world – have given up smoking. Most have done so by themselves. In the United States, according to government data, 90% of those who have given up smoking have done so without formal treatment programs or other assistance.

Others have relied upon one of the many stop-smoking products or programs that have been developed. People who sincerely want to stop smoking can do so. No one should think that they are so attached or addicted to smoking that they cannot quit. Similarly, no one should think that quitting smoking is so easy as to be tempted to start smoking without careful thought.

[http://www.jti.com/cr/positions/cr_positions_addiction, accessed 3 August 2008.]

4. **Lorillard**

2007

Statement on Smoking and Health Issues

Note from Martin L. Orlowsky

Chairman, President and CEO

Lorillard Tobacco Company

Years ago, Lorillard publicly promised the Congress of the United States that it would not engage in any public debate over statements of the United States Surgeon General or any other public health authorities regarding smoking and health. Consistent with that promise, Lorillard has not publicly stated its position on smoking and health except when called upon to do so in litigation or in regulatory proceedings. Lorillard believes instead that smokers and the public should rely on public health authorities for information on the dangers

of smoking. However, in the course of such litigation in the past, I have been asked what advice I would give to a smoker or potential smoker who might ask me about the health consequences they faced if they chose to smoke. Were that to happen, this is what I would say:

“All cigarettes are dangerous and smoking can cause serious diseases, including lung cancer. Cigarette smoking can also be addictive. Lorillard supports the continuing efforts of public health authorities to inform the public about the dangers of smoking. Lorillard believes that the public should pay attention to and rely upon the Surgeon General’s warning printed on every cigarette package and in every cigarette advertisement, as well as the wealth of other information provided by public health authorities in making informed decisions about smoking.”

[<http://www.lorillard.com/index.php?id=32>, accessed 3 August 2008.]

5. **Liggett Group**

2007

Tobacco industry settlements

In March 1996, Liggett Group broke ranks with the tobacco industry and settled smoking-related lawsuits brought by Attorneys General of Florida, Louisiana, Massachusetts, Mississippi and West Virginia. These settlements provided for certain payments to the States as well as compliance with proposed FDA regulations. President Clinton called Liggett’s first settlements “a major breakthrough” and acknowledged their significance as “the first crack in the stone wall of denial”.

After Liggett Group entered into settlement agreements with five States in 1996, the number of States filing lawsuits against the tobacco industry increased from six to 22. Mike Moore, Attorney General of Mississippi, stated in an article in the *Washington Post* on 18 May 1997 “The Liggett settlement gave us credibility. That helped me get more states. Our travel schedule really picked up.” In March 1997, Liggett Group once again broke ranks with the domestic cigarette industry when it entered into a comprehensive settlement of tobacco litigation with the Attorneys General of 17 states and with a nationwide class. By mid-1998, Liggett Group had settled with nearly 40 states.

As part of the March 1997 settlement agreements, Liggett Group publicly acknowledged that cigarette smoking causes disease and is addictive, released internal documents relevant to smoking and health, and agreed to jurisdiction by the Food and Drug Administration.

Liggett Group has since become the first domestic cigarette manufacturer to add a warning on cigarette packs that states “SMOKING IS ADDICTIVE”

and has instructed its marketing and advertising personnel scrupulously to avoid any and all advertising and marketing which could appeal to children or adolescents.

In December 1997, Liggett Group became the first domestic cigarette manufacturer to disclose the ingredients in its L&M brand nationwide, and now lists the ingredients of all Liggett brands.

In November 1998, Liggett Group and Vector Tobacco joined the Master Settlement Agreement between 46 states and the tobacco industry.

Since 1998, it has been our policy to comply with all of the advertising and marketing restrictions of the Master Settlement Agreement.

[<http://www.liggettgroup.com/index.jsp>, accessed 3 August 2008.]

"Over many decades the global tobacco industry has denied in public, in the courts, and before legislatures that smoking was harmful and nicotine was addictive. Internal industry documents show a radically different reality of what the companies knew, and when. Over the past decade the industry has slowly adapted its public stance to meet the overwhelming evidence of the harm smoking causes, as well as public demand for accountability. This report, based on internal industry documents and the companies' public pronouncements, describes how the social, scientific and judicial climate forced the change. It shows as well that the industry still puts the responsibility of addiction and harm on the smoker."

