

Lessons from private statements of the tobacco industry

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Strategies and tactics used by transnational tobacco companies are revealed in the article by Yussuf Saloojee & Elif Dagli included in this issue of the *Bulletin* (1). The article draws heavily upon once-secret documents intended for internal circulation within the industry. Saloojee & Dagli show that documents dating back to the mid-1950s prove beyond doubt that the industry had known for decades that tobacco causes death, that it is addictive and has been manipulated to make it more addictive, that getting more teenagers and women to smoke and expanding into new markets is crucial to company profits, and that this knowledge had been covered up (2). The revelations are clear — the tobacco industry has consistently obscured the truth about smoking from governments, the media and smokers themselves.

The 1998 Minnesota lawsuit in the United States against the tobacco industry was settled on terms highly favourable to the plaintiffs. The lawsuit's most significant result was not the large financial settlement or the banning of all advertising and promotion within Minnesota but the disclosure of millions of pages of previously confidential tobacco industry documents exposing decades of subterfuge regarding the health risks of smoking, the addictive nature of nicotine and its manipulation by the industry, and marketing to children (3).

The documents are available in warehouses in Minnesota, USA, Guildford, England, and at the Brown & Williamson Collection at the University of California in San Francisco.² Some of the material has been published in a book (4) and the documents are also available on tobacco industry web sites and several health sites dedicated to making the documents more user-friendly.³

The documents are a collection of letters, memos, studies, reviews of studies, marketing plans, statements of policy, article reprints and news clippings, on a wide range of topics such as

smuggling, science, youth, denigration of tobacco control personnel, infiltration of the World Health Organization and the International Agency for Research on Cancer, addiction, tobacco-industry front groups, lobbying tactics, women, tobacco industry lawyers, public relations and advertising companies, and tactics to encourage voluntary agreements in preference to tobacco control legislation. Millions of pages remain unexamined and more revelations will be forthcoming.

Obstacles to tobacco control that were once puzzling may now be understood. Government employees who resisted pro-health measures have been shown to have acted in liaison with the industry. The industry infiltrated some of the most respected scientific institutions, and scientists who argued against the scientific evidence on the damaging effects of tobacco are now known to have been paid to do so. The authors describe how the industry singled out scientists whom they believed could be persuaded to work with, and for, the tobacco industry (5). They would then pay them well to criticize the scientific methods used by others, to dispute findings of studies performed on secondhand tobacco smoke, to concoct contrary articles and appear as 'expert witnesses' for their side against clean indoor air measures at government hearings.

Not only did the tobacco industry subvert science, but the authors point out that it also presented distorted economic arguments, attempted to hijack the moral high ground on "freedom" issues, and used its corporate muscle to convince governments not to take strong measures against tobacco.

These tactics of the industry have, in general, been highly successful. In spite of decades of knowledge, World Health Assembly resolutions, World Health Organization plans for action, conferences and declarations, the number of smokers is increasing, more smokers are dying, children are still taking up the habit, more girls and women are smoking, and the economic costs are escalating (6) (Table 1).

By 2020, the World Health Organization predicts that tobacco will be the leading single cause of death and disability in the world (7). In addition, the epidemic is being transferred to developing countries and by 2030 only 15% of the world's smokers will live in developed countries (Alan Lopez, personal communication, 1997). New and innovative ways of prevention and cessation must be introduced. However, this is a global health emergency that many governments have yet to confront.

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² <http://www.library.ucsf.edu/tobacco>

³ <http://www.cdc.gov/tobacco/industrydocs/docsites.htm>; <http://www.ash.org.uk>; <http://www.mnblucrosstobacco.com>; <http://www.tobacco.org>; <http://www.health.usyd.edu.au/tobacco>; <http://www.tobaccodocuments.com>; <http://www.house.gov/commerce/TobaccoDocs/documents.html>; <http://www.smokescreen.org>

Table 1. Current and projected estimates of the tobacco epidemic

	Year	
	2000	2030 ¹
Number of smokers (thousand million)	1.1	1.6
Annual tobacco deaths (million)	4	10
Children exposed to environmental tobacco smoke (million)	700	770
Economic cost (US\$ thousand million)	200	— ²

¹ If tobacco control efforts continue at the level in 2000.

² Unknown.

In the past, occasional lapses, leaks, and statements from people who once worked for tobacco companies have given tantalizing glimpses of the industry. But looking at the millions of pages of the Minnesota documents is like penetrating the thought process of the industry and evokes a sense of outrage. The examination of the industry's public and private statements on just one issue — the addictiveness of nicotine — provides a good example.

On April 14, 1994, the Chief Executive Officers of America's seven biggest tobacco companies stood side by side and took an oath to tell the truth to a committee of the US House of Representatives (8). They were asked, for the record, whether they believed nicotine was addictive. One by one, they said no.

The documents, however, reveal that for decades, the industry knew and internally acknowledged that nicotine is an addictive drug and cigarettes are the ultimate nicotine delivery device. The industry

also knew that nicotine addiction may be perpetuated and even enhanced through cigarette design alterations and manipulations (4). A memo from Brown & Williamson Tobacco Corporation's General Counsel Addison Yeaman states (9):

"Moreover, nicotine is addictive. We are, then, in the business of selling nicotine, an addictive drug effective in the release of stress mechanisms."

It is clear from the paper by Saloojee & Dagli that analysis of tobacco industry strategies over the past decades is essential to formulate an appropriate legislative and public policy response. Industry documents discovered in the Minnesota trial have already provided key information to countries and activists around the world, and have been used as an advocacy tool in places as diverse as Guatemala, Hong Kong Special Administrative Region of China, and South Africa. Each nation needs to access its own country's documents so that governments may fully understand the behaviour and tactics of the tobacco industry in their own country. Only in this way will they be better prepared to introduce public health policies to improve the health of their citizens and, in particular, to protect their children.

Dr Gro Harlem Brundtland summarized the World Health Organization's sentiment at the WHO workshop that officially launched the Tobacco Free Initiative on October 20 1998: "There is every reason to believe that through these [industry] documents we will find information that will add power to the ability of countries all over the world to press for comprehensive tobacco control measures" (10).

Having reviewed these documents, the WHO guidelines state that it is still too premature to consider involving or consulting with the tobacco industry on policy issues, a position equally applicable to ministries of health and other health agencies. ■

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