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Tobacco Industry Positions on Smoking and Health

This paper examines the positions taken by the tobacco industry on smoking and health issues, both in testimony before Congress^{1/} and in publications and programs of The Tobacco Institute (TI). Attached as Appendix A is a digest of Congressional testimony by industry spokespersons on smoking and health issues since 1957. The testimony is arranged chronologically. Attached as Appendix B is a digest of major publications and audiovisual materials issued by The Tobacco Institute on smoking and health issues, arranged chronologically to the extent such material bears a specific date. Both the appendices, as well as the summary below, are divided into five major categories.^{2/}

1/ The review for this memorandum covered industry witnesses at Congressional hearings, including testimony and statements presented on behalf of the Council for Tobacco Research. We have not reviewed the testimony and statements presented by independent scientists at the request of Congressional committee members or of the industry, but who were not employees of any industry organization. Our understanding is that the latter review has been undertaken by Shook, Hardy & Bacon.

2/ References to publications and to Congressional testimony in this memorandum are in an abbreviated format. More detailed reference is available in Appendices A and B. Thus, for example, citations to Congressional testimony are merely referred to as the testimony of a certain person during a certain year.

In general it will be noted that the industry has taken a consistent position that proof is lacking of adverse health effects from smoking, passive smoking, or any ingredients found in tobacco smoke. Industry research expenditures are generally characterized as large, more generous than those of other private groups, and having no strings attached on grantees. In addition the industry has denied any addictive qualities of smoking. Finally advertising of cigarettes is said to be merely related to brand preferences, and to have no effect on recruiting youth, or non-smokers, to smoke.

I. Whether Smoking Causes Disease

The industry has consistently taken the position that it is an "open question" whether there is a causal link between smoking and various diseases, and that further research is necessary. This position has been consistently maintained throughout the various hearings and publications. It is admitted that there are statistical associations of smoking and certain diseases, but it is emphasized that a mere statistical relation does not establish causation. The diseases to which proof of a causal link has been repeatedly denied are: lung cancer, cardiovascular diseases (including also stroke and high blood pressure), chronic obstructive pulmonary disease (including emphysema and bronchitis), cancers of the pancreas, larynx, esophagus, bladder, and urinary tract, oral and pharyngeal cancers, facial wrinkles, decreased sexual activity, ulcers (including peptic ulcers),

and overall mortality rates. Industry statements have also repeatedly criticized the claim that there are 300,000 excess deaths per year due to smoking, characterizing this claim as "sheer speculation". See, e.g., The Cigarette Controversy, Eight Questions and Answers 26.

There have been similar, and extensive, statements on the effect of smoking on women, especially during pregnancy. It is admitted that "smoking mothers, on the average, have slightly lighter weight babies". The Cigarette Controversy 8 (1974). Proof of a causal link to disease is, however, denied, and is also denied regarding the following conditions which may be statistically linked to tobacco use: increased perinatal mortality, abortion, stillbirth, birth defects, early menopause, decreased child development, disease in those using oral contraceptives.

In addition it has been repeatedly stated that there is no evidence linking passive smoking to any disease. Statements on passive smoking tend to be stronger than those regarding primary smoking. See, e.g., Testimony of Horace Kornegay 633 (1972) (claim "seems extremely far-fetched"). The questioning of adverse health effects includes questioning any effect on children of smoking parents. Cf. Women and Smoking 7 ("Is it true that smoking mothers can harm their children by smoking around them? Studies in this area report conflicting results.").

There have been a number of strong statements denying causal links. Dr. Clarence Little, in 1969 written

testimony as Scientific Director of the Council for Tobacco Research (CTR) (April/May hearings), said that "[i]f anything, the pure biological evidence is pointing away from, not toward, the causal hypothesis." In February 1978 Horace Kornegay testified that "there has been no highly qualified, reputable person who has made a statement that [smoking] affects or adversely affects the health". A TI publication argues that "statistics can be twisted and misrepresented for scare propaganda." Fact or Fancy? 49.

There are also, however, some isolated industry statements which may raise questions as to adverse health effects, including the following:

(1) Dr. Clarence Little, testifying for the Tobacco Industry Research Committee (TIRC) at 1957 Congressional hearings, stated that any chronic irritation "is a bad risk in any form of cancer" and that "inhalation of smoke" is an irritant. Reference was also made during his testimony to an article in which he said "it would seem unwise to fill the lungs repeatedly with the suspension of fine particles of tobacco products of which smoke consists."

(2) Industry statements have acknowledged that smoking has a role "in depressing ciliary mobility" but have denied that this has any proven relation to development of lung cancer. See, e.g., Testimony of Dr. Robert Hockett 810 (1965 - March/April hearings).

(3) Joseph Cullman, speaking as Chairman of the Executive Committee of TI at 1969 Congressional hearings

(April/May hearings), stated that "Caution: Introduction of polluted air into the lungs, including cigarette smoke, is injurious to health" was "a fair statement", but then also said "I don't think people really know" if smoking is injurious.

(4) Dr. Robert Hockett, in October 5, 1978 testimony, stated: that it is a "plausible possibility" that smoking has "an effect on small airways", that smoking causes "a certain amount of irritation", that for a small group of persons who "for genetic reasons are highly susceptible" to chronic pulmonary disease" smoking can be "a grave danger", and that smoking reduces muscle and tissue production in youth (see below).

(5) In May 1983 Congressional testimony Dr. Sheldon Sommers stated that those with preexisting emphysema should not smoke and that for them smoking "is going to cause difficulty".

In addition the industry has stated that youth should not smoke. "[Y]oung people should not smoke". Fact or Fancy? 51. In October 5, 1978 Congressional testimony Dr. Robert Hockett stated that nicotine "and perhaps other ingredients in smoke reduced somewhat the efficiency of the production of muscle and other body tissues" in youth, such that smoking could cause harm absent adjustments to diet.

There has also been some conflict on whether smoking can cause an allergic reaction. Thus Science and Smoke (1978) quotes testimony that "it has not been clearly established

that allergens for man are present in tobacco smoke." A TI newsletter, however, merely states that "True tobacco allergy . . . is rare." Smoking and the Public 5. A CTR report, introduced at 1965 Congressional testimony (April/May hearings), notes research that "certain tobacco effects . . . may be due to specific allergic susceptibility of particular individuals", and an exhibit to testimony in 1972 by Horace Kornegay states that "there may be people who have an unusual hypersensitivity to tobacco smoke".

As noted above, it has been admitted that there is a statistical link between smoking and various diseases, even if statistics do not equal causation. In some instances, however, even the statistical link of smoking to disease has been disputed. For example in *The Cigarette Controversy: Why More Research is Needed* 9 (Feb. 1984) statistical links to "perinatal problems, including low birth weight, fetal growth retardation, perinatal mortality and congenital abnormality" are questioned in light of recent studies. See also Testimony of Dr. Sheldon Sommers 1080 (1969 - April/May hearings) ("evidence both favoring and opposing" statistical links).

Industry statements also argue that if a causal relation of cigarettes to disease were ever established, then the industry would take action to modify its product. "If one or more of these compounds, as found in smoke, can be proved harmful, modern technology certainly would be applied in efforts to modify the product accordingly." *The Cigarette Consumer Controversy* 13 (Jan. 1981). See also Testimony of

Bowman Gray 160 (1964) (if harmful effects were found "We get awfully fast to work to see what we can do about it.");
Testimony of George Allen 943 (1965 - March/April hearings) ("If there is something in tobacco that is causally related to cancer or any other disease, the tobacco industry wants to find out what it is"). As Dr. Clarence Little, of TIRC, stated at 1957 Congressional hearings, "I don't think there is one of them [i.e. tobacco executives] that is stupid enough to want to bluff for a minute" regarding any adverse health effects.

The industry has implicated a variety of other factors as possible causal agents for diseases that have been statistically linked to smoking. Most emphasis has been on the role of heredity and personality, as well as the role of viruses and of environmental pollution. See, e.g., The Answers We Seek and The Need to Know, two TI films on smoking and health. One often-cited position is that it is not smoking that causes disease, but rather the underlying personality of those who are most likely to smoke. See, e.g., Fact or Fancy? 29 ("it may be the smoker rather than the smoking that should be investigated").

In addition the industry has pointed to beneficial effects of smoking, particularly in the area of stress reduction. One publication in particular, The Smoking Controversy: A Perspective (Dec. 1978) argues strongly for the beneficial effects of smoking, including the risk that some persons might be subject to "critical levels of hypertension"