

‘Til Death Do Us Part? In Search of the End of America’s Turbulent Love Affair with the Cigarette

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(drawing on material produced by Kenneth
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Roadmap

- Tobacco as the paradigmatic consumer product.
- The history of tobacco use: Great (but slow) progress.
- Major current challenges
- The harm reduction dilemma
- An agenda moving forward.

Tobacco and the birth of advertising

CAMEL
CIGARETTES
Are Here!

To cigarette smokers of America who smoke 5c, 10c, 15c, 20c or 25c cigarettes:

Here are Camels—20 cigarettes in 10 cents—a choice blend of specially selected Turkish and domestic tobaccos!

No man's money can buy a more delightful cigarette at any price.

High grade tobacco and expert blending gives you a cigarette that will not bite the tongue and leaves no acrid taste from burnt "bit" that makes it in the mouth.

Every time you buy another brand you're simply wasting money and pleasure.

On sale all along the line—20 for 10c.

When you buy 20 Camels you will find the new package in 10 cent increments of ten packages. 100 cigarettes, always packed in 10 cent packages. The other size packages will be sold when you desire.

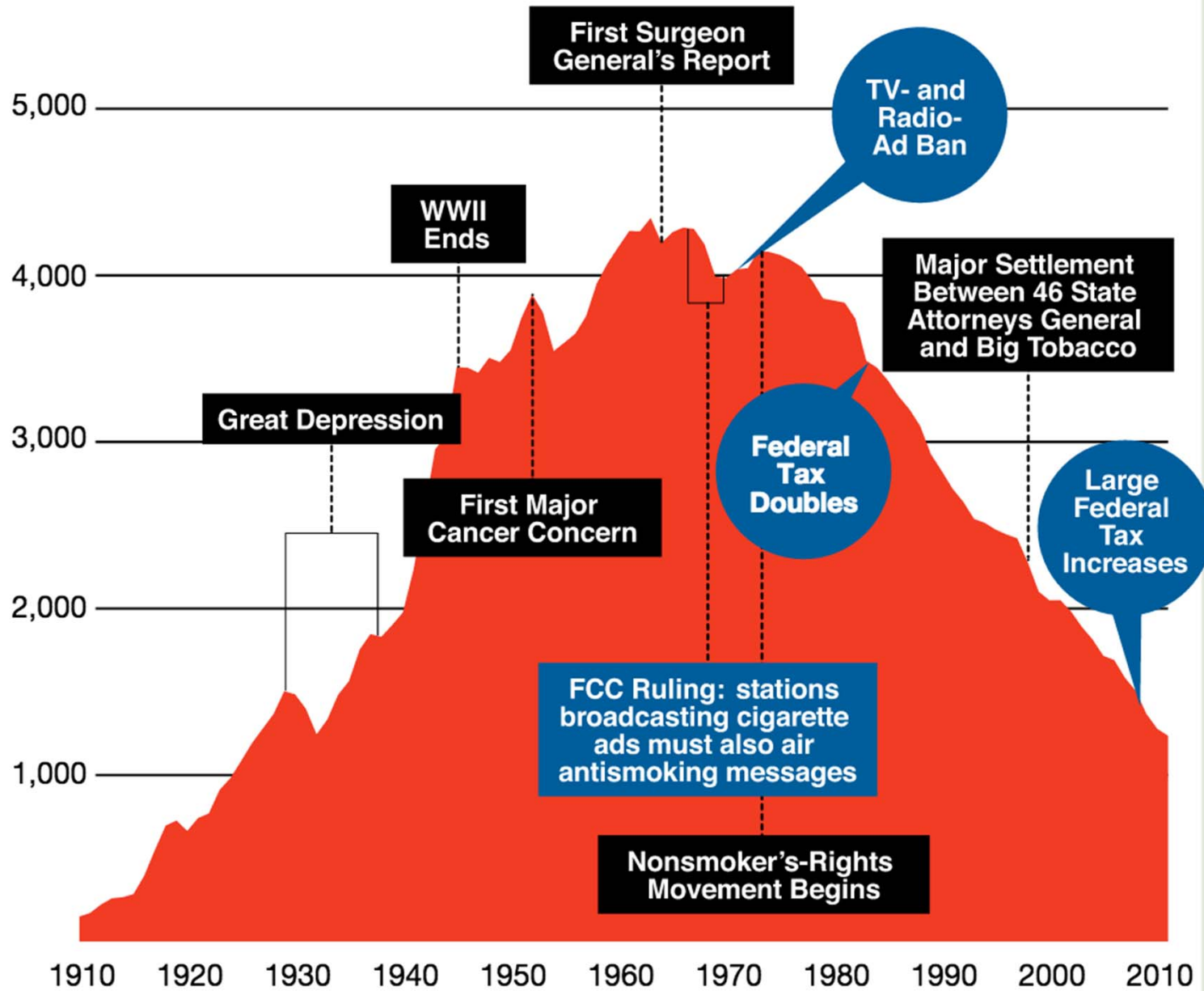
20 for 10 cents

Don't think the price is too low. It's the quality of the tobacco that counts. The quality of the tobacco is what makes a cigarette a pleasure to smoke.

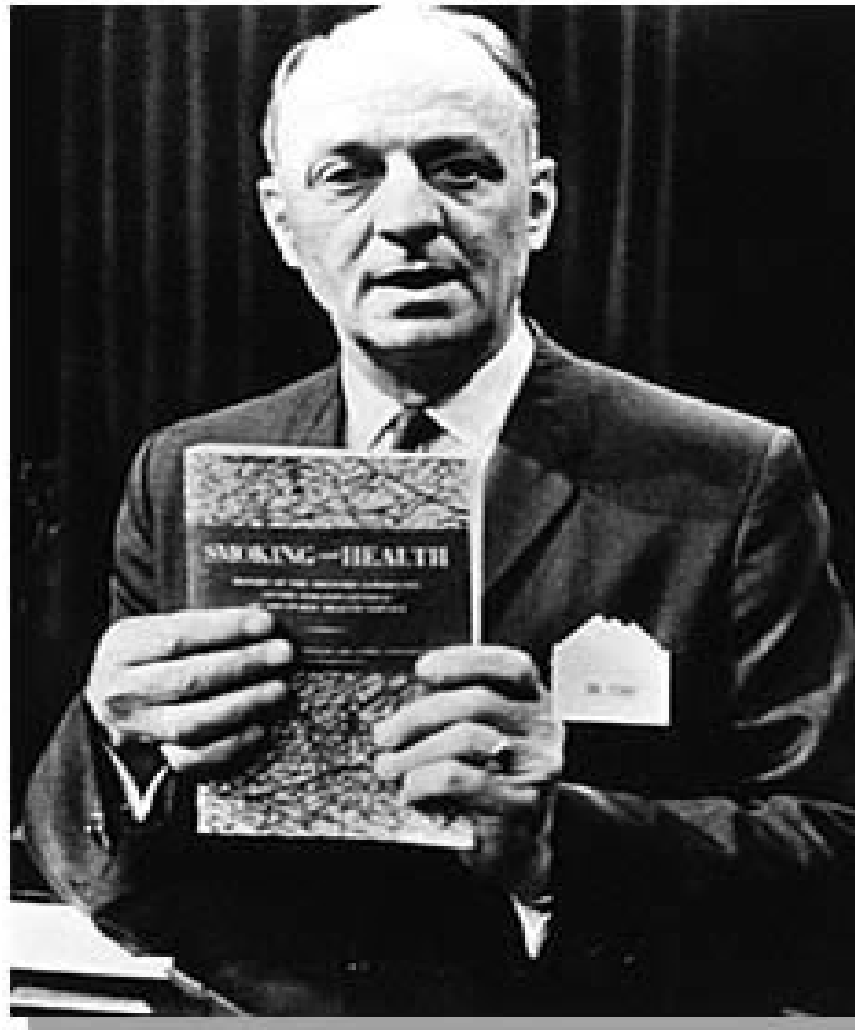
J. BETHUNES TOBACCO CO., Winston-Salem, N. C.

1913 ad for Camel cigarettes

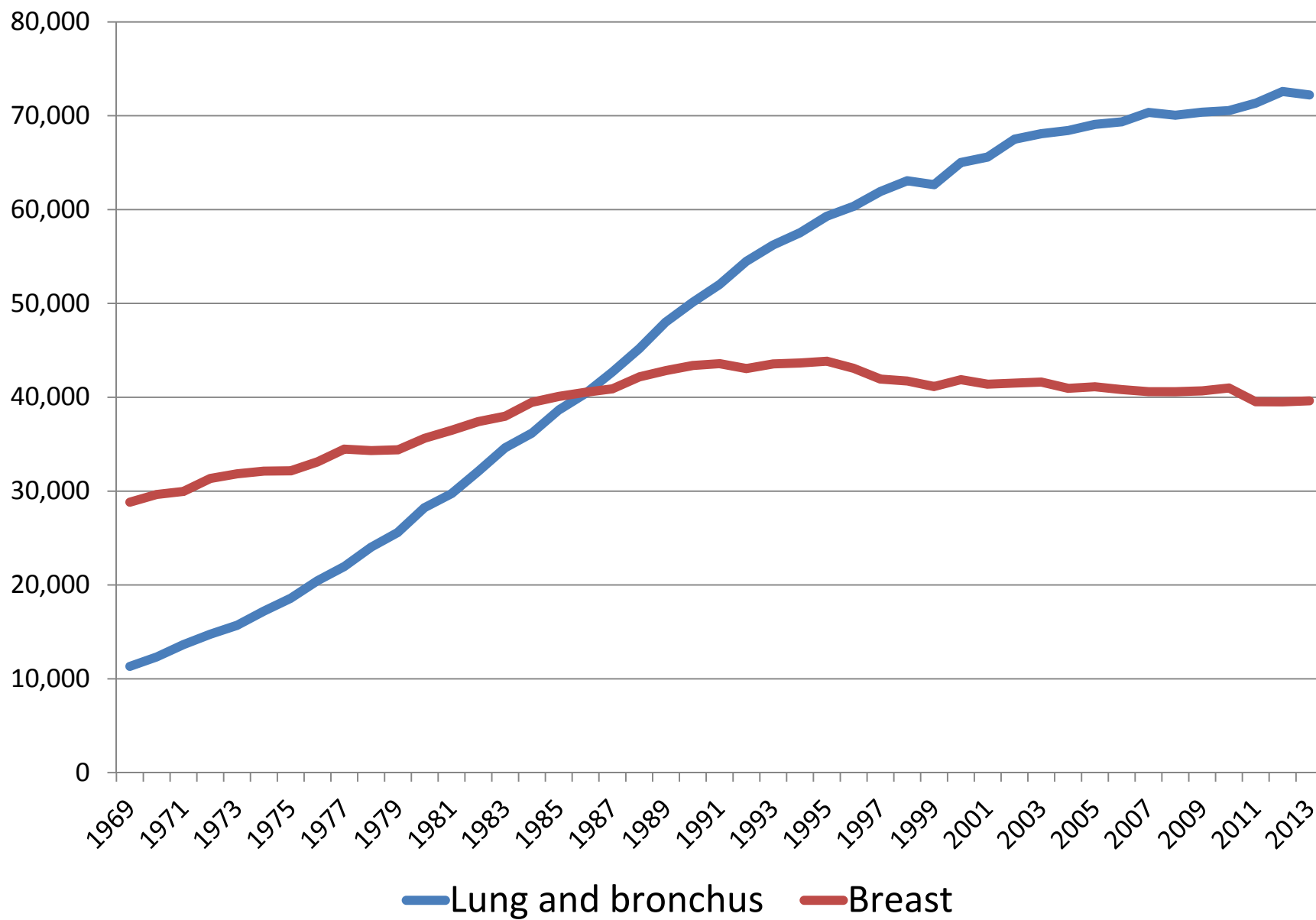
Per Capita Cigarette Consumption (among U.S. adults)



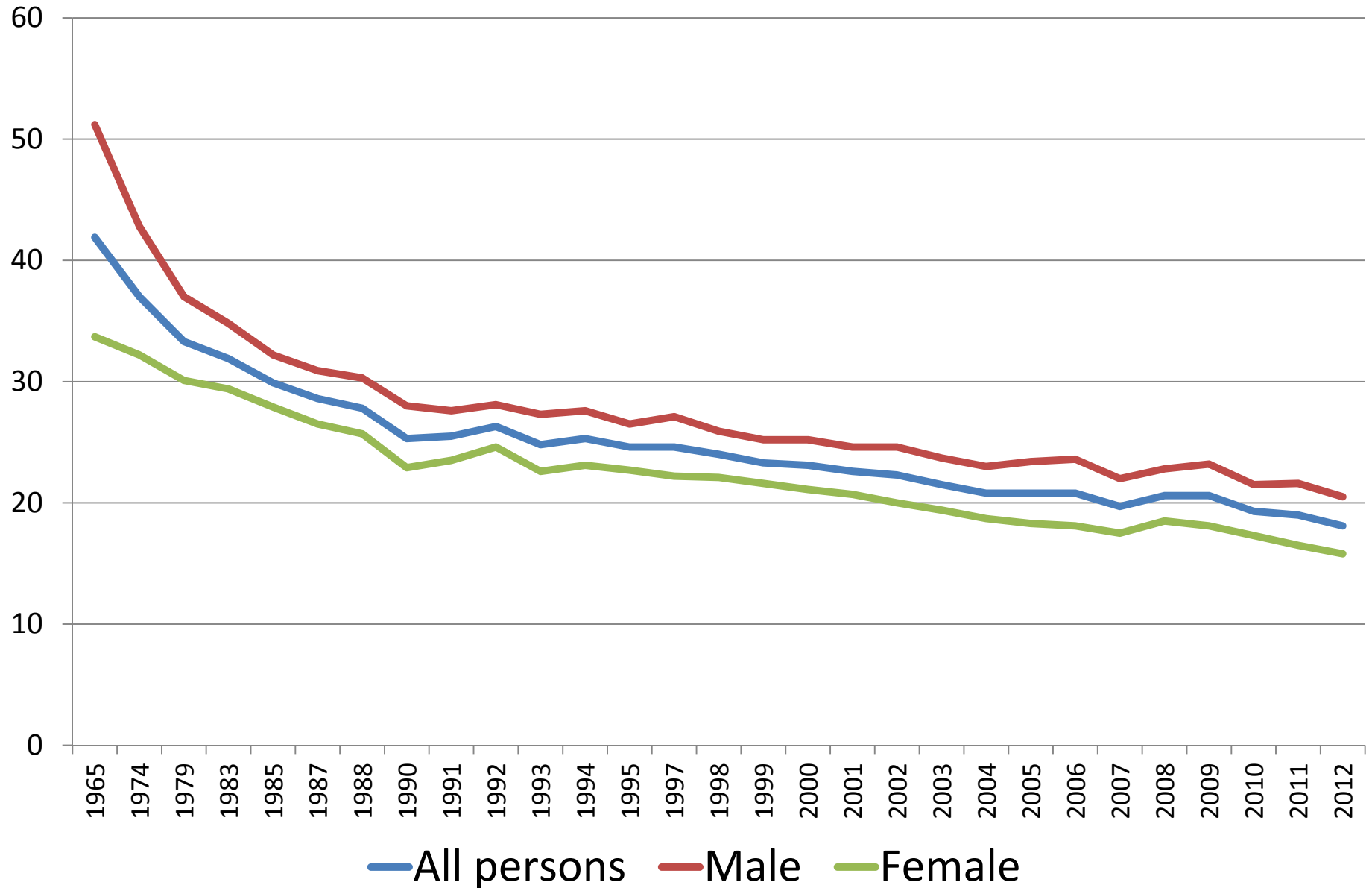
The report that changed the world (but not enough)



Annual Cancer deaths among US women 1969-2013



Smoking prevalence (%) among U.S. adults 1965-2012



Current challenges

- Boredom and complacency regarding tobacco control.
- Steady but slow progress. Yet we still see 480,000 deaths per year in U.S.
- Burden of tobacco taxes on low-income individuals.
- Difficulties reaching current populations of smokers, including those with a variety of psychiatric comorbidities.
- The necessity and the limitations of tobacco harm reduction.

CDC's TIPS from former smokers media campaign, 2013



Graphic warning labels



Tobacco harm reduction

- In one way obviously sensible.
 - Combustible tobacco much more harmful than nicotine products and other tobacco products.
 - Moving chronic smokers to some other nicotine delivery system offers clear benefits.



Novel low-nitrosamine smokeless tobacco products





Quest

3

NICOTINE
FREE

LIGHTS

20 CLASS A CIGARETTES

Tobacco harm reduction

- In another way, deeply problematic.
 - Worst harm reduction measures in recent history occurred in tobacco area.
 - We don't know the full health hazards and behavioral implications of THR products.



To 1 out of every 3 cigarette smokers:

Kent-the one cigarette that can show you proof of greater health protection



Every week, millions are discovering evidence that KENT's "Micronite" filter is the cigarette filter that really works - giving the smoking pleasure and delivering so few tar and nicotine that you can smoke more than other filter cigarettes.

It's the only cigarette that's been shown to be safe and healthy in laboratory tests. You know that's true because for a 10-year study, KENT gave you the health protection you need.

And KENT is the only cigarette that gives you the best of both worlds - better taste, too. You know that's true because for a 10-year study, KENT's Micronite Filter is shown to be the best at keeping tar and nicotine levels below the levels of other cigarettes. You know that's true because for a 10-year study, KENT's Micronite Filter is shown to be the best at keeping tar and nicotine levels below the levels of other cigarettes.

The scientific studies have all shown that it's not just the tar and nicotine that are bad for you. It's the tar and nicotine that are bad for you. It's the tar and nicotine that are bad for you. It's the tar and nicotine that are bad for you.



1. Everything about KENT is different. It's the only cigarette that's been shown to be safe and healthy in laboratory tests. You know that's true because for a 10-year study, KENT gave you the health protection you need.



2. KENT with its Micronite filter is the only cigarette that's been shown to be safe and healthy in laboratory tests. You know that's true because for a 10-year study, KENT gave you the health protection you need.



3. KENT is different. It's the only cigarette that's been shown to be safe and healthy in laboratory tests. You know that's true because for a 10-year study, KENT gave you the health protection you need.

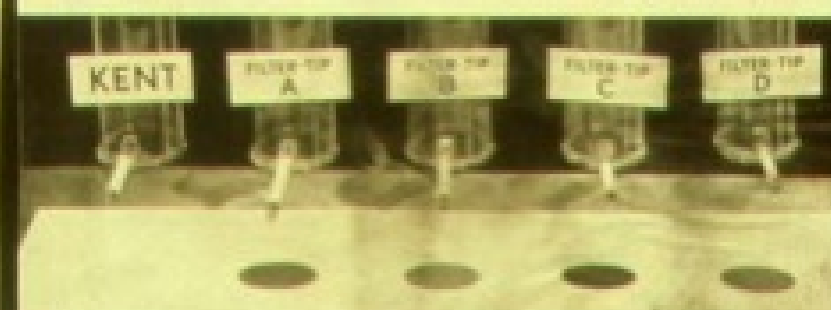
Kent

with exclusive MICRONITE Filter

Full smoking pleasure... plus proof of the greatest health protection ever.



4. KENT's Micronite Filter is the only cigarette filter that's been shown to be safe and healthy in laboratory tests. You know that's true because for a 10-year study, KENT gave you the health protection you need.



5. KENT's Micronite Filter is the only cigarette filter that's been shown to be safe and healthy in laboratory tests. You know that's true because for a 10-year study, KENT gave you the health protection you need.

1954 “Tobacco Industry Research Committee”

- *“A frank statement to cigarette smokers”*
 - “We accept an interest in people's health as a basic responsibility, paramount to every other consideration in our business...We always have and always will cooperate closely with those whose task it is to safeguard the public health.”

RECENT REPORTS on experiments with mice have given wide publicity to a theory that cigarette smoking is in some way linked with lung cancer in human beings.

Although conducted by doctors of professional standing, these experiments are not regarded as conclusive in the field of cancer research. However, we do not believe that any serious medical research, even though its results are inconclusive should be disregarded or lightly dismissed.

At the same time, we feel it is in the public interest to call attention to the fact that eminent doctors and research scientists have publicly questioned the claimed significance of these experiments.

Distinguished authorities point out:

1. That medical research of recent years indicates many possible causes of lung cancer.

2. That there is no agreement among the authorities regarding what the cause is.

3. That there is no proof that cigarette smoking is one of the causes.

4. That statistics purporting to link cigarette smoking with the disease could apply with equal force to any one of many other aspects of modern life. Indeed the validity of the statistics themselves is questioned by numerous scientists.

We accept an interest in people's health as a basic responsibility, paramount to every other consideration in our business.

We believe the products we make are not injurious to health.

We always have and always will cooperate closely with those whose task it is to safeguard the public health.

For more than 300 years tobacco has given solace, relaxation, and enjoyment to mankind. At one time or another during those years critics have held it responsible for practically every disease of the human body. One by one these charges have been abandoned for lack of evidence.

Regardless of the record of the past, the fact that cigarette smoking today should even be suspected as a cause of a serious disease is a matter of deep concern to us.

Many people have asked us what we are doing to meet the public's concern aroused by the recent reports. Here is the answer:

1. We are pledging aid and assistance to the research effort into all phases of tobacco use and health. This joint financial aid will of course be in addition to what is already being contributed by individual companies.

2. For this purpose we are establishing a joint industry group consisting initially of the undersigned. This group will be known as TOBACCO INDUSTRY RESEARCH COMMITTEE.

3. In charge of the research activities of the Committee will be a scientist of unimpeachable integrity and national repute. In addition there will be an Advisory Board of scientists disinterested in the cigarette industry. A group of distinguished men from medicine, science, and education will be invited to serve on this Board. These scientists will advise the Committee on its research activities.

This statement is being issued because we believe the people are entitled to know where we stand on this matter and what we intend to do about it.

TOBACCO INDUSTRY RESEARCH COMMITTEE

5400 EMPIRE STATE BUILDING, NEW YORK 1, N. Y.



All the
fuss about
smoking
got me
thinking I'd either
quit or smoke True.

I smoke
True.



For more information on the health effects of smoking, call 1-877-455-2833 or visit us online at www.true.com.
Smoking is the leading cause of preventable death and disability in the United States. Quitting now greatly reduces serious risks to your health.

True has the low nicotine cigarettes. Think about it.

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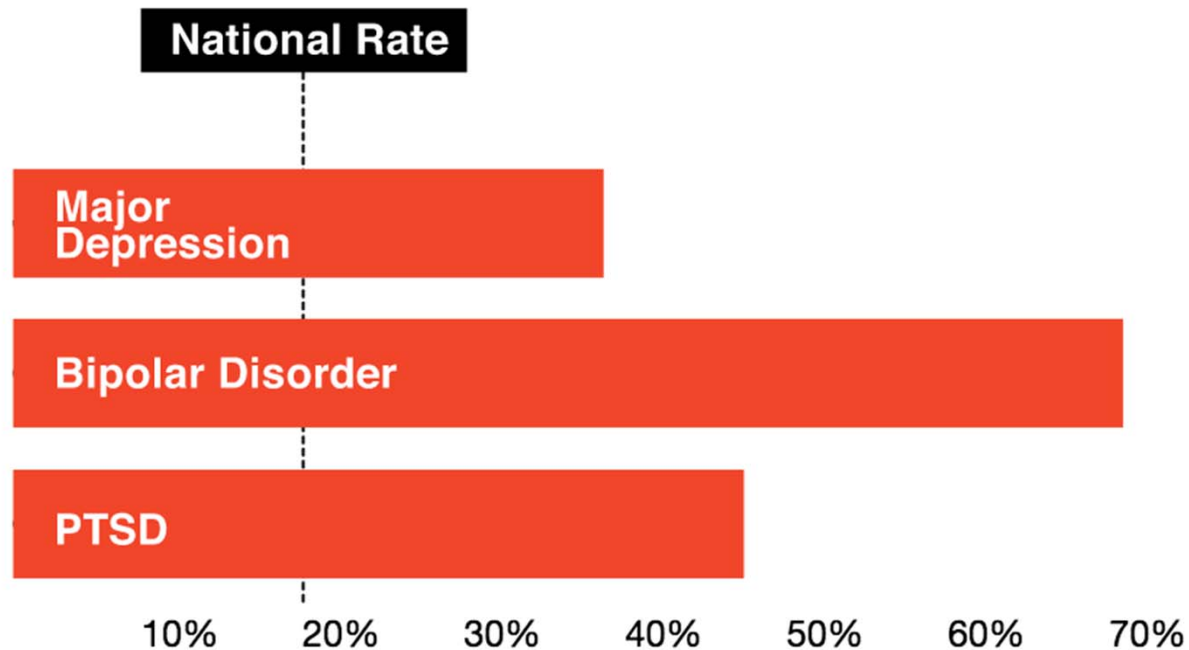


President Obama signing the Family Smoking Prevention and Tobacco Control Act of 2009

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With the smoking rate today at a low of 18 percent—less than half that of 1964—cigarettes have largely disappeared for those who shape the nation’s policies. **But they still account for one in every five deaths.** Nearly one-third of Americans below the poverty line smoke, as do an outsize share of those with mental illnesses.

Smoking Rates Among People With Mental Illnesses



Exclusion of individuals with psychiatric disorders in smoking cessation trials

- “One review of the smoking cessation trial literature found that 40% excluded depressed smokers, 55% excluded smokers with alcohol use disorders and 59% excluded those taking psychiatric medications.”
 - Lembke and Humphreys, *Tobacco Control*, 2015.

3

So how can we break the nation's habit? One of the government's most effective interventions, taxes on cigarette sales, hasn't done enough. Most poor smokers do not quit in response to price increases.

Spending on Cigarettes by Income Bracket (2011)



● Percent of Income Spent on Cigarettes

Three approaches

- Traditionalists;
- Harm Reductionists;
- Endgamers

Traditionalists: Do what we do now, only better

- Traditionalists must face a discomfiting fact. More of the same, even on steroids, will continue to achieve more of the same: important but gradual progress. And ultimately the conventional interventions will face constraints.
- Large tax increases eventually will come up against a political, and moral, stone wall: the inequity associated with regressive cigarette taxes.
- Yes, raising prices will get more poor smokers to quit than rich smokers – far more poor people smoke and they are more price-sensitive than the rich. And yes, their quitting will reduce the large disparity in death rates. But most poor smokers will not quit in response to price increases, and the financial burden on them will be heavy.
 - Consider a married couple with a \$30,000 a year income. If they both smoke a pack a day and they live in a state with an average price of cigarettes of \$6.00/ pack, they will devote 15% of their income to cigarettes.
 - Six percent of their income will go to cigarette taxes alone. If they live in New York City, the city's new minimum price per pack of \$10.50 would drain them of fully a quarter of their income. Some low-income New Yorkers surely pay more in tobacco taxes than they do in taxes to support Social Security and Medicare.

Traditionalists: Do what we do now, better...

- Raise cigarette prices
- Push laggard states to adopt smoke-free workplace laws,
- Extend smoke-free coverage to public parks and beaches, to university campuses and public housing,
- Fund large, creative counter-advertising campaigns
- Traditionalists point to the attractive examples of California and New York City.
 - In the former, smoking prevalence stands at 12.6%, lowest in the nation other than Mormon Utah.
 - In New York City, then-Mayor Michael Bloomberg used the traditional tools, wielded aggressively, to drive smoking down rapidly and substantially among both children and adults.

The alternative to “quit or die”: tobacco harm reduction

- Harm reduction a familiar concept in public health.
 - Syringe exchange and methadone maintenance in HIV prevention.
 - Designated driver interventions.
 - Condom distribution in schools.
- Public health community particularly ambivalent about tobacco harm reduction, for both good and bad reasons.

The alternative to “quit or die”: tobacco harm reduction

- Some Wall Street analysts believe e-cigarettes could be half the market in a decade.
- THR products substantially safer than tobacco. So it is a clear win if substitution occurs among chronic smokers.
- But issues with children and with “dual use.”

The alternative to “quit or die”: tobacco harm reduction

- For decades, many Swedish men have used snus, a relatively low-nitrosamine form of smokeless tobacco, in lieu of smoking cigarettes.
 - Heavy taxation of cigarettes likely accounts for Sweden’s having the lowest rate of male cigarette smoking prevalence in Europe. Sweden also boasts Europe’s lowest male lung cancer death rate. And the lowest male death rate from other cancers attributable to tobacco. And the lowest male death rate from cardiovascular diseases associated with smoking. For men age 60-69, tobacco-attributable death rate from all causes is [40% lower](#) than the *next-lowest* tobacco-attributable death rate among EU countries.
 - Swedish females, apparently not receptive to the idea of using snus, have cigarette smoking rates – and tobacco-related death rates – similar to those of women in the rest of the EU.
- Swedish men are not shy in overall tobacco consumption. Overall tobacco use prevalence higher than that of males in most western nations. Yet their smoking rate is very low. So, too, are their tobacco-produced deaths.
- Extensive research on snus has found little evidence of harms to health. In particular, little evidence associates sustained snus use with cancer.

The alternative to “quit or die”: tobacco harm reduction

- Brilliant design of low t/n cigarettes. Most prevalent technology involved a ring of tiny perforations around the filter tip. Perforations optimized for government cigarette testing machines, which held cigarettes at the tip and puffed with constant force at constant intervals. When the machine “inhaled”, perforations allowed air to enter the cigarette, thereby diluting tar and nicotine yield.
- People did not smoke like the machines. And the industry knew it. Smokers would hold the cigarette in the middle of the filter tip, thereby occluding ventilation holes. Smokers with large lips might cover 100% of the perforations, completely eliminating the dilution of yields.
- Nevertheless, for most smokers low t/n product was not as satisfying as full-strength cigarette. Struggling to get accustomed levels of nicotine, low t/n smokers engaged in compensatory behaviors, puffing harder or more frequently, smoking cigarettes closer to the butt, smoking more.
- Tests of levels of cotinine, a derivative of nicotine, in smokers’ blood have shown little to no correlation between the machine-measured yields of nicotine in the smokers’ brands and blood cotinine levels. Smokers of low t/n cigarettes have lung cancer rates similar to those of smokers of regular-yield cigarettes.

Endgame

- Once FDA's Center for Tobacco Products implements its deeming rule, FDA will have the authority to extend the proposal to all combusted tobacco products.
- The largest group of endgame proposals, albeit those that have achieved the least traction in the U.S., includes variations on prohibition. One, developed in Singapore, calls for prohibiting the possession of tobacco products by anyone born after the year 2000. The legislature of the Australian state of Tasmania is currently considering adopting this as policy. In essence this proposal is phased-in prohibition.
- Another strategy, emanating from New Zealand, calls for gradual phase-out of cigarettes, perhaps over decade. This "sinking lid" concept would be combined with other tobacco control measures – increasingly higher prices through taxation, increasing restriction of areas in which smoking is permitted, etc. – to make smoking progressively less attractive.
- In 2011 the New Zealand government committed to becoming smoke-free by 2025, which they defined as national smoking prevalence below 5%.

Endgame

- Many considerations and constituencies limit the prospects for any near-term prohibition policy, notably including opposition from smokers, cigarette retailers, and, a politically-influential tobacco industry.
- America's libertarian political traditions also embrace powerful philosophical resistance to banning a largely self-affecting product. Opponents also fear that negative side-effects of prohibition, including smuggling.
- Tobacco prohibition is not without precedent in the U.S. Between 1890 and 1927, 15 states banned the sale of cigarettes. In at least one state, resourceful cigarette companies evaded the ban by selling matches, packaged along with an ostensibly "free" pack of cigarettes. All of the bans were eventually rescinded.
- It would be perfectly legal for individual states or even communities to ban the sale of cigarettes. Such policies are unlikely to be enacted, however. Many states and localities rely upon cigarette tax revenues. Smuggling across close, completely unguarded state borders would be pervasive. More important, such policies run counter to a deep libertarian ethos in American public policy.

Endgame—“Prohibition lite”

- A kinder and gentler version of prohibition, which we might call prohibition lite, entails banning cigarettes and other combusted tobacco products but leaving the non-combusted products legally available, with some regulatory restrictions (e.g., no sales to minors, possibly limits on nitrosamine levels).
- Prohibition lite offers the appeal of ridding society of the most dangerous forms of tobacco consumption while retaining tobacco options for those who seek nicotine.
- The path to prohibition deserves a national conversation. If such a conversation ensues, it will come at a most ironic time – a time when towns and states are beginning to legalize marijuana.

Ending America's love affair with cigarettes

- Central goal: Reduction/elimination of tobacco smoking..
- To many people, ending the smoking of tobacco seems inconceivable. Yet a mere decade ago, few would have deemed plausible the idea of a state – much less an entire country – prohibiting smoking in all workplaces.
- Ending the smoking of tobacco is likely to require collaboration among the three groups within the tobacco control community, or, rather, a commingling of their principal foci: traditional evidence-based interventions; harm reduction; and novel endgame strategies.
- The three groups don't always talk with each other, and when they do the conversation easily descends into acrimony. But each possesses a key ingredient of the one plan that might just effectively make smoking history.

Ending America's love affair with cigarettes

- First, we have to employ traditional evidence-based interventions to continue turning young people away from smoking, encouraging their elders to quit, and reinforcing the message that smoking is not socially acceptable.
- Smoke-free workplace laws need to be adopted in all states. As public sentiment permits, smoke-free areas should be extended to public places such as beaches and parks, university campuses, and health care centers, and “indoor” areas such as cars in which children are riding. State and federal taxes should be raised substantially on cigarettes, cigars, pipe tobacco, and loose smoking tobacco.
- Most smokers (70%) say they want to quit. Yet only 2.7% succeed each year. Sure, there are smoking cessation pharmaceuticals available, and some health care professionals conscientiously counsel their smoking patients.
- Health professionals should redouble their efforts. We need research to find better cessation pharmaceuticals. But we must recognize that some smokers cannot (or will not) relinquish their nicotine. They need something more.
- For them, the most effective help may include another method of nicotine delivery, one that employs tobacco (smokeless products) or one that simulates the smoking experience (e-cigarettes).

Effective regulation of alternative products.

- That could include prohibiting the most dangerous of the smokeless tobacco products; avoiding excise taxation of the permitted non-combusted nicotine and tobacco products; forbidding marketing tactics most likely to attract non-tobacco users; and *encouraging* marketing techniques that would focus on getting current adult smokers who can't (or won't) quit to switch to these far less hazardous products.
- Taxes should focus on combustible tobacco. Lower-priced alternatives to cigarettes may assist some smokers in relinquishing their cigarettes in favor of far less dangerous non-combusted products, as snus has replaced cigarettes for so many Swedish males.
- Alternative products should be marketed—under proper regulation--as harm reducing.
- Allowing and *urging* manufacturers of low-nitrosamine smokeless tobacco and e-cigarettes to use an explicit health message, one that tells potential consumers that while they should simply quit smoking, if they can't they should switch to product x which *has been determined by the FDA to be dramatically less dangerous than smoking cigarettes.*

Reducing nicotine yields in combustible tobacco

- Finally, requiring a reduction in the nicotine yields from cigarettes and other combusted tobacco products to levels that will not sustain addiction.
- This mixed-modality tobacco control regulatory strategy would not ban cigarettes – they could remain on the market (albeit with greater marketing restrictions) – and it would effectively remove the addicting agent.
- Will smokers persist in consuming cigarettes in the absence of a nicotine jolt? Most experts believe that the vast majority won't. Some will. Those smokers will be making a free choice to consume a deadly product.
- Smokers who seek nicotine should have less dangerous means of getting it into their systems. E-cigarettes and other ENDS, smokeless tobacco, and any FDA approved novel products would expand the government-designated less risky options from what is, today, limited to the basket of nicotine replacement pharmaceuticals. Alternative smokeless products would assist some smokers, perhaps many, to quit. Meanwhile, the very availability and relative attractiveness of the noncombustible alternatives would reduce the demand for illicit full-nicotine cigarettes, limiting the black market.
- But how about those who gravitate to smokeless products and e-cigarettes? Will they remain addicted to nicotine? Some will. This may bring some health harms, but far less than those associated with conventional cigarettes.

THANK YOU.