
The Demonization of the Tobacco Industry

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“We can also report that there has been a significant reduction in the tar yield of American cigarettes, a reduction which we hope will continue; that the tumorigenic activity of tobacco as measured in animal studies, has decreased; and that as a consequence of the above, the risk of lung cancer and other tobacco-related cancers among smokers of these cigarettes is lower than in years past. It is unlikely that man will ever be able to inhale smoke components as harmless as unpolluted air, but as long as we have a society which accepts this habit and as long as people find satisfaction in smoking, we must work toward the day when tobacco-related cancers and other diseases will be reduced to a minimum. With the world wide cooperation of the scientific community, the Departments of Agriculture, and the tobacco industry, it is our hope that this goal will be achieved.”

Wynder EL, Hoffmann D, “Tobacco and tobacco smoke,” *Semin Oncology*, Mar 1976.
Wynder and Hoffmann pioneered research in the U.S., which linked smoking to lung cancer. Their work was central to the 1964 U.S. Surgeon General’s report on smoking and lung cancer.

“We know the best way to help people stop using tobacco is to raise its price, to make nicotine replacement therapy available, to control smuggling and avoid [tobacco] advertising. Companies [tobacco companies] have initiated elaborate schemes to fight Governments’ and WHO’s efforts to limit tobacco use.”

Gro Harlem Brundtland, Opening Remarks, 11th Global Conference on Tobacco or Health, Aug 6, 2000.

“The Council is particularly concerned when we hear pharmaceutical companies put in the same category as tobacco companies and polluters....”

National Health Council press release, 8/18/2000. The NHC is a private nonprofit organization of “national health-related organizations,” many of which are pharmaceutical corporations, along with such organizations as the AMA, the ACS, the ALA, the American Public Health Association and private health insurers.

In any war, it is necessary to conjure up a villain. The Nicotine War is no exception, and the U.S. and British cigarette manufacturers have been deliberately cast in that role. So successful has been the campaign to demonize the tobacco industry that any individual or organization accepting any tobacco funding or even defending the tobacco industry is demonized by association. The careers of highly respected scientists have been destroyed if even a fraction of their independent research was funded by the tobacco industry. Even the National 4-H Club, a squeaky-clean youth organization, was verbally stoned for accepting a no-strings-attached tobacco industry grant to fund the organization’s campaign against underage tobacco use.

But the tobacco industry was not considered to be “the enemy” back in 1976 when preeminent lung cancer researcher Ernst Wynder spoke approvingly of worldwide cooperation among the scientific community, the departments of agriculture and the tobacco industry. And for a time there was cooperation. From 1968 until 1980 National Cancer Institute scientists and others worked alongside tobacco industry scientists in a

federal program to develop safer cigarettes. The federal government terminated the program abruptly in 1980.

Though the U.S. Surgeon General's reports up to 1989 warned of the health risks of smoking, they did not vilify the tobacco industry. The only reference to the tobacco industry in the preface of the 1989 S.G.'s report, "Reducing the Health Consequences of Smoking: 25 Years of Progress," was to cigarette marketing targeting "blacks and Hispanics." But by 1994, the Surgeon General's reports had stepped up their attacks on the tobacco industry and its marketing practices:

"Current research suggests that pervasive tobacco promotion has two major effects: it creates the perception that more people smoke than actually do, and it provides a conduit between actual self-image and ideal self-image—in other words, smoking is made to look cool. Whether causal or not, these effects foster the uptake of smoking, initiating for many a dismal and relentless chain of events" (M. Joycelyn Elders, Surgeon General, Preface, "Preventing Tobacco Use Among Young People: A Report of the Surgeon General, 1994).

And by 2000, the Surgeon General's report was out for tobacco industry blood.

"The most important force for smoking is the totality of industry activity, including advertising, promotion, organizational activity, support for ancillary issues, and political action, which maintains marketability and profitability of the product." (Jeffrey Koplan, Director, Centers for Disease Control and Prevention, Foreword, "Reducing Tobacco Use: A Report of the Surgeon General, 2000).

The phrase "tobacco industry" appears countless times (always negatively) in the 2000 report, along with references to "marketing to children" and "addiction" and, of course, effective means of "treating" addiction. The report also calls for government regulation of tobacco products, enforcement of "clean indoor air standards," and "protecting" children from the allure of tobacco products. And, unlike lung cancer expert Ernst Wynder, it warns against low-tar cigarettes.

"Cigarettes with low tar and nicotine contents are not substantially less hazardous than higher-yield brands. Consumers may be misled by the implied promise of reduced toxicity underlying the marketing of such brands" (a CDC "Tobacco Products Fact Sheet" for the 2000 S.G. report).

A time-limited search of PubMed using "tobacco industry" as a key phrase shows a similar pattern of increasing focus on the tobacco industry itself. For the sixteen years from 1965 through 1990 only 72 citations to published journal articles appear, but from 1991 through 2000--only nine years--888 citations for "tobacco industry" appear.

These trends would seem to indicate that the actual demonization of the tobacco industry began in the late 1980s or early 1990s, just about the time the FDA approved the nicotine patch and the pharmaceutical funding began flowing into the anti-tobacco movement.

The Pharmaceuticals

Paving the way for the pharmaceutical multinationals to enter the nicotine war were the 1988 U.S. Surgeon General's report designating nicotine as an addictive drug and the 1990 Surgeon General's report focusing on smoking cessation and "treatment" for nicotine "addiction." But it was the U.S. Food and Drug Administration's 1991 approval of the nicotine patch for smoking cessation that appears to have sounded the official call to action. The Robert Wood Johnson Foundation began funding anti-tobacco efforts in that same year.

It may be that the entrance of the pharmaceutical companies into the tobacco wars and the escalation of the attacks on the tobacco industry are purely coincidental, but the chronology of events suggests otherwise:

1988 – The report of the Surgeon General (C. Everett Koop) focuses exclusively on the nicotine in tobacco as an addictive drug.

1990 – The report of the Surgeon General (C. Everett Koop) focuses exclusively on smoking cessation.

1990 - David Kessler becomes FDA chief.

1991 – The FDA approves Johnson & Johnson's Nicotrol and SmithKline Beecham's Nicoderm as prescription smoking-cessation aids. Pharmacia's and SmithKline Beecham's Nicorette gum had been approved in 1984.

1991 – The Robert Wood Johnson Foundation (funded by stock ownership in J&J) begins focusing on tobacco control as a priority area and initiates a grant program to fund anti-tobacco efforts.

1991 – Nancy Kaufman joins the RWJF to work on tobacco control.

1992 – The nicotine patch (Nicotrol and Nicoderm) is introduced to the market.

1993 – The FDA prohibits over-the-counter smoking cessation products because they have not been proven to be effective according to FDA standards. SmithKline Beecham's Nicorette gum and Nicoderm patch, as well as J&J's Nicotrol patch are not affected since they are available only by prescription.

1994 – FDA Commissioner Kessler testifies that cigarettes may qualify as drug delivery systems, bringing them under FDA jurisdiction.

1994 – The RWJF launches its SmokeLess States tobacco control grant program, which is administered by the American Medical Association.

1995 – RWJF V.P Nancy Kaufman officially becomes a member of the federal Interagency Committee on Smoking and Health.

1995 – FDA Commissioner Kessler declares tobacco use a "pediatric disease."

1996 – The RWJF provides primary funding for the establishment of the Tobacco-Free Kids coalition. TFK has always been extremely active in promoting the demonization of the tobacco industry.

1996 – The FDA approves Nicorette gum, the Nicotrol and Nicoderm patches for over-the-counter sale.

During this same period, particularly after the founding of Tobacco-Free Kids in 1996, the demonization of the tobacco industry became a full-fledged campaign by the tobacco control community, a campaign which also helped make nationwide litigation against the tobacco industry viable.

The Tobacco Industry As Scapegoat

During the 1990s the pharmaceutical industry was itself having some serious PR problems. Among other things, it was under attack for its heavy-handed marketing techniques and for maintaining artificially high prices for its products. The diversion of the public's (and the tort lawyers') attention to the "sins" of the tobacco industry helped draw attention away from the "sins" of the pharmaceutical companies.

It is no surprise, therefore, that RWJF's Nancy Kaufman rated as "a high leverage investment" the foundation's grants to economists "to develop the formulas to account for the cost of smoking to state medical assistance programs, that allowed the attorney's general to sue the [tobacco] industry" (Interview by Phillippe Boucher, "Rendez-vous with...Nancy J. Kaufman," 2/16/01).

Focusing public attention on the "cost" of smoking-related illness was obviously preferable to having public attention drawn to the even higher "cost" of pharmaceutical drug-related illness. The highly publicized estimate for medical expenses for smoking-related illness was between \$50 and \$73 billion, but the estimate for medical expenses for drug-related illness was between \$30 and \$136.8 billion.

"Drug-related morbidity and mortality was estimated to cost \$76.6 billion in the ambulatory setting in the United States. The largest component of this total cost was associated with drug-related hospitalizations. When assumptions of the model were varied, the estimated cost ranged from a conservative estimate of \$30.1 to \$136.8 billion in a worst-case scenario" (Johnson JA, Bootman JL, "Drug-related morbidity and mortality. A cost-of-illness model," *Arch Intern Med*, Oct 9, 1995, pp. 1949-56.

And when WHO director Gro Harlem Brundtland began to lean on Glaxo Wellcome and other pharmaceutical companies about the high prices of their drugs (especially AIDS drugs) in developing countries, a number of the pharmaceutical companies and the international pharmaceutical trade association pledged funding and cooperation for the WHO's global anti-tobacco campaign:

"In Brundtland...pharmaceutical firms saw a likely ally. Gilmartin [CEO of Merck pharmaceuticals] had cultivated her for more than a year. He took Brundtland's counsel at gatherings of the global government and business elite in Davos, Switzerland, and he helped her round up \$1 million in private funds for her signature campaign against tobacco deaths.

That cast another industry, as it happened, as the pariah. (“A Turning Point That Left Millions Behind,” Barton Gellman, *Washington Post*, Dec 28, 2000, p. A01).

Establishing a highly publicized partnership with the WHO to eradicate the global “epidemic” of tobacco was a masterstroke for the pharmaceutical companies. It cast them in the role of heroes helping save the world from Demon Tobacco. At the same time, it diverted attention from their fierce battle to protect the relatively high prices of their patented drugs in Third World countries. But in addition to all that, it enlisted the World Health Organization in helping promote sales of smoking-cessation drugs all over the world.

The success of the campaign to demonize the tobacco industry has served the interests of the pharmaceutical multinationals very well on many fronts.