Overview

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“…a series of technological, economic, political, regulatory and social developments augurs a strange bedfellows competition in which these industries [tobacco and pharmaceutical] will vie for shares of a new multibillion dollar long-term nicotine-maintenance market.”


“I am pleased to announce a new partnership here today. We have just set up a Partnership Project in our European Region, with the objective of reducing tobacco-related death and disease among smokers…. Three major pharmaceutical companies have joined this partnership: Glaxo Wellcome, Novartis, and Pharmacia & Upjohn. They all manufacture treatment products against tobacco dependence.”


“The support provided by Pharmacia and other committed [pharmaceutical] companies is invaluable in helping us achieve our goals. Their combined resources enable us to strengthen and expand our global leadership to increase the number of organizations and individuals engaged in the fight against tobacco. Collectively, we can promote the societal, political, and economic changes necessary to reduce tobacco exposure and use worldwide.”


The air was decidedly un-smoky at the 11th World Conference on Tobacco and Health in Chicago in early August 2000. Thousands of leading tobacco control advocates from all over the world had assembled to discuss how they might drive Demon Tobacco from the face of the earth.

The American Medical Association, the American Cancer Society, and the Robert Wood Johnson Foundation co-hosted the conference, which was billed as “the world’s largest gathering of tobacco-control experts.” Co-sponsors were the American Heart Association, the American Lung Association, the U.S. Centers for Disease Control and Prevention, and the National Cancer Institute. The World Health Organization (WHO) and the United Nations Foundation served as “honorary hosts.” Gro Harlem Brundtland, Director of the WHO, was even on hand to give a spirited keynote address.

Chipping in for a good portion of the funding for the conference as “primary patrons” were four major pharmaceutical multinationals: Glaxo Wellcome, Novartis, Pharmacia and SmithKline Beecham, all of whom make and/or market “nicotine replacement” or other smoking cessation products. Johnson & Johnson’s McNeil Consumer Products, marketers of Nicotrol, was well represented by the Robert Wood Johnson Foundation, which receives almost all its roughly $8 billion from shares of J&J stock.

So strong was the presence of the pharmaceuticals that the conference appears to have been more a drug trade show than a legitimate global public health meeting.
In addition to putting out numerous self-promoting press releases, the pharmaceutical companies also sponsored symposia, paper presentations, scholarships, a poster session, presentation of a Public Service Announcement ad campaign, sessions on research, and trade booths. They also sponsored a session on a “cessation treatment” database, funded by the drug companies for the Society for Research on Nicotine and Tobacco. The WHO, the Centers for Disease Control, the World Bank, and the Cochrane Tobacco Addiction Group provided “expert technical support” for the treatment database.

One of the most popular sessions of the entire conference, with more than 4,000 attendees, was “Nicotine Plenary: The Greatest Science Show on Earth,” sponsored by SmithKline Beecham [SKB], marketers of the Nicoderm patch and Nicorette gum. According to an SKB press release of Aug 9, the session “examined a case study on the introduction of ‘light’ and ‘reduced risk’ cigarettes to the consumer market.”

Another SKB-supported session, led by Judith Wilkenfeld of the Campaign for Tobacco-Free Kids and Karen Gerlach of the Robert Wood Johnson Foundation, “‘Light’ Cigarettes: Problems and Possible Solutions,” covered such topics as “science and public health-based approaches to countering tobacco industry tactics,” according to an SKB press release.

SmithKline Beecham and Glaxo Wellcome (which have merged since the conference), jointly sponsored a session entitled, “Does Treatment Support Prevention?” and Pharmacia sponsored a session on “Progress in Treatment with NRT [Nicotine Replacement Therapy].”

All in all, the 11th World Conference on Tobacco and Health was a highly successful marketing opportunity for the pharmaceutical industry. It strengthened their already close relationship with the global anti-tobacco organizations, the medical establishment, the WHO, and agencies of the U.S. federal government. It also ensured that the global public health community would enthusiastically continue promoting the companies’ cessation drugs. Even more than that, it assured the drug companies that their campaign to wrest control of nicotine from the tobacco companies was right on track.

In The Beginning

The 11th World Conference was the culmination of years of planning and work on the part of the pharmaceutical companies. When Pharmacia’s scientists began trying to develop “alternative” nicotine products back in 1962--two years before the first Surgeon General’s report on the health effects of smoking--the company was no doubt aware of the growing body of research linking lung cancer to smoking. Presumably Pharmacia thought it could capitalize on what it believed would be a growing market for smoking cessation products. However, if that was Pharmacia’s intent, it means they were already aware that nicotine was the substance in tobacco that was “habituating.”

Pharmacia was indeed the first pharmaceutical company to manufacture a product for nicotine replacement therapy [NRT]. It developed nicotine gum in 1971, and in 1978 SmithKline Beecham began marketing the gum as “Nicorette” in Switzerland.

In the early 1980s Duke University researcher Jed Rose invented and patented the transdermal nicotine patch which became the basis for SmithKline’s Nicoderm and for Johnson & Johnson subsidiary McNeil Consumer Products’ Nicotrol. The FDA first approved these products for
marketing as prescription smoking cessation drugs in the U.S. in 1991. Both patches, as well as Nicorette gum, are actually manufactured by Pharmacia.

But the key event which turned these relatively ineffectual smoking cessation products into pure gold was Surgeon General C. Everett Koop’s report of 1988, “The Health Consequences of Smoking: Nicotine Addiction.” Prior to this report, all the previous reports of the Surgeon General had characterized the nicotine in tobacco as “habituating,” but the 1988 report effectively changed the definition of addiction to include the nicotine in tobacco products. Thus was a smoking “habit” turned into an “addiction” which needed to be “treated” by behavioral therapists and pharmaceutical cessation aids.

Therapeutic Nicotine

Meanwhile, researchers were discovering that nicotine had possible therapeutic applications for the treatment of certain diseases. They already knew that nicotine improved concentration and motor control, that it increased the pain threshold in some individuals, that it helped ward off hunger. For all these reasons, cigarettes were readily and copiously supplied to soldiers during World Wars I and II. But research was also indicating that nicotine could be used in the treatment of such debilitating conditions as Alzheimer’s and Parkinson’s diseases.

Since then, many more therapeutic uses of nicotine and tobacco have been discovered, but the problem for the pharmaceutical companies was that nicotine itself cannot be patented because it occurs naturally in tobacco, tomatoes, potatoes and other plants. What can be patented are “nicotinic” compounds and nicotine delivery devices. Thus the pharmaceutical companies became increasingly interested in developing new nicotine compounds and new nicotine delivery devices that they could then patent, not only for smoking cessation but eventually for additional therapeutic uses.

Co-opting Public Health

Given that by the 1980s the public health establishment was already ramping up for a full assault on smoking as a public health issue, the pharmaceutical companies saw a golden opportunity for advancing their own nicotine products as smoking cessation aids. What could be better than having such revered entities as the Surgeon General, the AMA, the American Cancer Society, the American Lung Association, the American Heart Association, the Centers for Disease Control, the National Cancer Institute, other U.S. government agencies (and, later, the WHO) actually help market smoking cessation drugs as part of their smoking eradication programs?

And so, by the early 1990s the pharmaceutical companies began building partnerships with the public health establishment. In 1991 the Robert Wood Johnson Foundation, the largest single shareholder in Johnson & Johnson, initiated its anti-tobacco grant program, funding anti-tobacco programs and nicotine addiction research. By 1995 a RWJF representative sat on the U.S. Interagency Committee on Smoking and Health, helping coordinate the national tobacco control program. By 1996 the CDC listed the RWJF as a “partner” in tobacco control. Also in 1996, the RWJF funded the establishment of the Tobacco-Free Kids Coalition along with its “partners,” the American Cancer Society, the American Lung Association, and the American Heart Association. In 1999 the RWJF, the National Cancer Institute and the National Institute on Drug Abuse announced a jointly funded and jointly created “Transdisciplinary Tobacco Use Research Centers” to be established at seven academic institutions.
The other major pharmaceutical companies were also increasingly funding tobacco control in the U.S. and abroad. In January 1999 Gro Harlem Brundtland announced that Glaxo Wellcome, Novartis, and Pharmacia had become “partners” with the WHO in its anti-tobacco work.

The global public health establishment now dances to the tunes the pharmaceuticals play:

1. Increase tobacco taxes to make the price of the pharmaceutical products more competitive with tobacco products.
2. Demonize the tobacco industry and prohibit the advertising of their products.
3. Enact smoking bans to force smokers either to attempt to give up smoking using the pharmaceuticals’ products or to use “nicotine replacement” products as substitutes for when they cannot smoke.
4. Promote smoking cessation and “treatment” for nicotine addiction.
5. Promote full coverage for treatment of nicotine addiction by public and private health insurers.

All these strategies are guaranteed to increase the pharmaceuticals’ profits. And this is why they could afford to throw a big, tax-deductible, celebratory party for the global tobacco control establishment in Chicago in August of 2000, the 11th World Conference on Tobacco and Health. The pharmaceutical companies felt they were well on their way to winning the nicotine war.