Tobacco is an inflammatory issue. I recently saw an editorial in a Toronto paper that described the health community pressing for tobacco control as “nico-nazis.” On the other side of the fence, I’ve seen advocates describing the tobacco industry as “duMurderers” instead of duMaurier. I’ve seen otherwise distinguished groups like the Fraser Institute publish what can only be called naive rubbish. I guess I should be understanding of their naivete for I too was naive about ten years ago when I first got into this.

My intellectual background is in social science. I have degrees in consumer behaviour, and my Ph.D. work is in applied social psychology. I took an interest in the social and cultural effects of advertising and looked at its history. I was in a position to know a fair amount, at least more than the average person, about cigarette advertising. But if you had asked me a decade ago about it, I wouldn’t have had a lot to say, and I would have probably assumed that the industry position was reasonably plausible.

It is their position that this is a mature market, and that consequently they’re only interested in brand switchers, and not particularly interested in starters or stopping people from quitting. It’s a legal product sold in legal ways, they claim, and their advertising is reasonable. The new forms of the product are somehow new and improved and superior to the old, traditional forms of the product.
I’ve learned a lot in the last decade, not only through my study of the ads in various archives I’ve accessed and the many academic studies I’ve engaged in, but also in the course of trials. There I’ve had access to the trade work — that is the kind of market research studies that the firms do, the documents that spell out in cold-blooded detail the targeting and tactics of the industry. I’ve learned a lot about the tricks of the tobacco trade in what might be appropriately called “the dying art of cigarette advertising.”

My naivete was stunning in the sense that I didn’t realize quite how bad the tobacco problem was from a medical perspective. I didn’t realize how important advertising was as an element in the perpetual success of the industry. (They’re still earning record profits.) And I didn’t realize how impotent was the whole regulatory effort. You get the impression that this is a heavily regulated industry. Just to give you one fact, there is no law with respect to cigarette advertising in Canada. We have a law pending now before the Senate, but at the moment there is no law. The only federal law was found unconstitutional recently.

Tonight I’m going to show you lots of examples from American and Canadian advertising and public relations material, both old and new. Some of it’s shocking and stunning, some of it’s laughable, at least if you have a dark sense of humour. I’m going to have a bit of help from some testimonials and confessions from various people: Pat Reynolds of the R. J. Reynolds family, Walter Winchell, Victor Denoble, a research scientist at Phillip Morris, Victor Crawford of the Tobacco Institute, ex-Surgeon General C. Everett Koop, and so on. Hopefully some of this will amuse you, and some of it will amaze you. There’ll be both some stunning facts and some subtle psychology in all of this. A lot of it may be incredible, but I vouch for its truth.

I became very curious when I first got enlisted as an expert witness because within the first two weeks of my name being given to the tobacco industry as witness, suddenly my phone acted strangely and my garbage seemed to be picked over. Most stunning of all, my office mail disappeared from my mail box and then reappeared after three hours — which was exactly the three-hour window of time
when I was scheduled to be in a seminar. I’ve been in the same office and faculty building for 26 years and I have never had that experience before or since. I asked all the secretaries and colleagues; no one knew a thing about it. The lawyer I was working with in the Cippilone case said that this is no coincidence; this is because you’ve signed up as an expert witness, and moreover this is not just to find out the dirt about you — if there is any dirt to be found — this is to intimidate you. This is what’s called in the spook trade “leaving footprints.” They want you to feel that you’re under surveillance in order to feel intimidated. Well it certainly did raise my adrenaline level, but instead of getting weak in the knees, it stiffened my spine and provoked my curiosity. I was very eager to know what it was that they had to hide from a marketing professor from a business school. If everything they said is true, I should be the most sympathetic kind of person they could encounter, and yet they were giving me a lot of heat.

Diseases and Denials

A large part of my naivete was around the medical question. I knew tobacco use was risky, and everyone knows that there are some health hazards to smoking, but I grossly underestimated the magnitude, variety, and probabilities of encountering these health hazards. I’ve done some research that indicates that only about ten percent of even the best educated college students have a reasonably accurate perception of these hazards. We in B.C. have the best likelihood of having a reasonable judgement because we now have this kind of data confronting us in retail settings. But despite this sort of warning system, most people do not fully recognize the hazards. Smoking will kill more people than alcohol, AIDS, illicit drugs, car accidents, murder, and suicides all combined. We’re talking in Canada about roughly 40,000 deaths a year, and 435,000 annual fatalities was the last data I saw for the US. It is certainly well over a thousand a day.

Imagine if we had a collision of two jumbo jets and a thousand people died in that accident and that happened again tomorrow, and the next day, and the next day. How many days would that
happen before there was an incredible hue and cry for regulations and safety standards? How many people would go to the airport and continue to fly in those conditions? But in the case of tobacco, it’s become commonplace with its relatively invisible consequences. We don’t see a thousand teenagers falling over dead out behind the school yard when they’re first sampling it. We would certainly take some action if we saw it that way. But because it’s delayed in time and because it’s remote in terms of cause and effect, we aren’t very reactive to it.

There’s a whole toxic trail of disease sites in the body that smokers encounter; certainly all the cancer sites because of the suppression of immune reactions. Figure 1 vividly shows the different kinds of disease sites. The thing that’s interesting to me about this page is that it appeared in a Canadian women’s magazine, Canadian Living, the very first month in which the cigarette advertising stopped. It had not appeared before then, and does not appear in American magazines. The minute that the advertising comes back in, it disappears. Media editors tend not to bite the hands that feed them.

Not all of the effects of tobacco use are fatal, as Figure 2’s limp cigarette connoting impotence displays. [I once took a tour of the Phillip Morris factory and got a Marlboro pen and it’s quite oversized. At the time I didn’t understand why, but now I think it’s compensation behaviour.] There are a large number of obvious toxins and poisons in cigarettes which occur as the combustion products of smoke. There are 38 known or suspected carcinogens in smoke. There are also additives; things like pesticides that are agricultural in their origin, and also some 600 chemicals that the industry uses as flavourings, humectants, and numerous additives for various purposes. No typical consumer knows anything about these, as there are no disclosures, package warnings, or anything like that in this product, unlike most products. To give you an idea of the magnitude of this, you may remember various incidents about the pesticide Alar in apples, benzene in some Perrier that led to a product recall, and cyanide found in some grapes in Philadelphia a couple years ago. A single cigarette has more benzene than was found in the Perrier; in fact, a hundred times more benzene. A single cigarette has more
FIGURE 1

Do you know the damage you’re doing when you smoke? Our diagram shows you some of the gruesome statistics. But there are even more.

EYE CANCER
Cancers of the eye increase by 5.5% in smokers.

LUNG CANCER
Lung cancer affects 2.5 million men and is the most common cancer-related cause of death by far.

LUNG CANCER OF THE LIPPER
Cancers of the lip are seven times more common in smokers than in non-smokers.

LARGE BOWEL CANCER
Tobacco smoke is the most common cause of the bowel cancers.

CANCER OF THE STOMACH
Cancer of the stomach is the most common cancer-related cause of death in women.

CANCER OF THE PROSTATE
Prostate cancer is the most common cancer-related cause of death in men.

CANCER OF THE BREAST
Breast cancer is the most common cancer-related cause of death among women.

CANCER OF THE KIDNEY
Kidney cancer is the most common cancer-related cause of death among women.

CANCER OF THE SMALL INTESTINE
Small intestinal cancer is the most common cancer-related cause of death among women.

CANCER OF THE PANCREAS
Pancreatic cancer is the most common cancer-related cause of death among men.

CANCER OF THE BLADDER
Bladder cancer is the most common cancer-related cause of death among men.

CANCER OF THE UTERUS
Uterine cancer is the most common cancer-related cause of death among women.

CANCER OF THE PROSTATE
Prostate cancer is the most common cancer-related cause of death among men.

CANCER OF THE KIDNEY
Kidney cancer is the most common cancer-related cause of death among women.

CANCER OF THE PANCREAS
Pancreatic cancer is the most common cancer-related cause of death among men.

CANCER OF THE BLADDER
Bladder cancer is the most common cancer-related cause of death among men.

CANCER OF THE UTERUS
Uterine cancer is the most common cancer-related cause of death among women.

CANCER OF THE PROSTATE
Prostate cancer is the most common cancer-related cause of death among men.

CANCER OF THE KIDNEY
Kidney cancer is the most common cancer-related cause of death among women.

CANCER OF THE PANCREAS
Pancreatic cancer is the most common cancer-related cause of death among men.

CANCER OF THE BLADDER
Bladder cancer is the most common cancer-related cause of death among men.

CANCER OF THE UTERUS
Uterine cancer is the most common cancer-related cause of death among women.

CANCER OF THE PROSTATE
Prostate cancer is the most common cancer-related cause of death among men.

CANCER OF THE KIDNEY
Kidney cancer is the most common cancer-related cause of death among women.

CANCER OF THE PANCREAS
Pancreatic cancer is the most common cancer-related cause of death among men.

CANCER OF THE BLADDER
Bladder cancer is the most common cancer-related cause of death among men.

CANCER OF THE UTERUS
Uterine cancer is the most common cancer-related cause of death among women.
FIGURE 2

THIS WEEK, FIND OUT HOW CIGARETTE SMOKING CAN AFFECT SEXUAL PERFORMANCE

Medical researchers have discovered a definite connection between cigarette smoking and impotence in men. Starting Thursday, Eileen Kotsy will tell you another reason your loved ones want you to quit smoking. Watch "Smoking & Impotence" this week on WKYL-TV. Channel 3 News at 11.
cyanide than was found in Philadelphia. I think that these facts cut both ways, suggesting that we’re under-reacting to the problem of tobacco, and maybe overreacting to some of those situations for these other products.

Of the large number of additives used, the most important one of course is nicotine. Nicotine is added to the product in concentrated form because it’s extracted in the processing of tobacco. Cigarettes are not an agricultural product that’s simply shredded. Tobacco is put through a process, not unlike making paper, where it’s sprayed with chemicals, then puffed up to affect its burning properties, and nicotine added back into it. Figure 3 is an ad for a trade supplier to the tobacco industry which says, “Kimberly-Clark offers our reconstitution process that permits adjustments of nicotine to your exact requirements.” If you think about what the nature of the product line is for a tobacco firm, it’s the regular, mild, ultra-mild, light, menthol - the various forms of a brand, such as Players. They vary along nicotine and tar delivery levels. That is, nicotine is a design factor in the manufacture of cigarettes and is very much sub-
ject to quality control. Nicotine is important because it is only nicotine that produces satisfaction, brand loyalty and repeat customer patronage because of its addictive properties. Nicotine is also very toxic; it’s more toxic than cyanide. It’s used as a pesticide itself. It’s so toxic that there’s enough nicotine in a single cigarette to kill a 150-pound man if it were injected intravenously. We inhale it in small doses because the body can’t absorb large doses, as large doses would produce a violent toxic reaction. As a drug, the pattern of nicotine consumption is frequent inhalation of small doses rather than an injection like one would use for other addictive drugs such as heroin.

The term addiction here is completely scientific. There’s a whole Surgeon-General’s report that established this fact, so this is not lay terminology. Marlboro has another ingredient: ammonia. They claim it’s used for taste, although if anyone’s sniffed an ammonia bottle recently it’s hard to believe that it’s for taste purposes. So what is meant by ammonia affecting taste? Because of its base characteristics, ammonia releases nicotine. Nicotine in a normal cigarette gets into the blood stream and into the brain in about seven seconds; inhalation is a very speedy way for drug absorption. With ammonia present, it’s even faster. In popular terminology, you get a much better “hit.” This is the same biochemistry as free-basing cocaine. Ammonia is added to the product in order to make nicotine more biologically available to the smoker; i.e. the nicotine uptake is much more quick and impactful.

I want you to hear from the research director, Victor Denoble, who ran Phillip Morris’ nicotine laboratory.

Tobacco companies say you should be allowed to make up your own mind about cigarettes. Why then don’t they want you to have all the facts you need? For instance, one tobacco company conducted research that proved nicotine has properties of a drug of abuse. Overnight the company shut down the project and then covered up the results. How do I know so much about this suppressed information? I’m
Victor Denoble, the scientist who directed the research.

The insiders are often able to give very telling testimony. His laboratory work was quite interesting. He was looking at other drugs in combination with nicotine and found that acetaldehyde in combination with nicotine really added to the reinforcing properties of nicotine. They also found that the optimal level of balance between these two drugs was in a very narrow range and that Marlboro fell outside of this range. After he was fired, Marlboro increased the acetaldehyde content to bring it into the optimal range. He just (January 1997) testified to that effect in the Tolman hearings in Massachusetts. Here’s a quote from another insider.

My name is Patrick Reynolds. My grandfather, R. J. Reynolds, founded the tobacco company which now manufacturers Camels, Winstons, and Salems. We’ve all heard the tobacco industry say that there are no ill effects caused by smoking. Well we have plenty of cigarette-caused disease and death right in the R. J. Reynolds family itself. My grandfather, R. J. Reynolds, chewed tobacco and died of cancer. My father, R. J. Reynolds, Jr., smoked heavily and died of emphysema. My mother smoked and had emphysema and heart disease, and two of my aunts, also heavy smokers, died of emphysema and cancer. Three of my older brothers who smoke have emphysema. I smoked for ten years and I have small airways lung disease. Now tell me, do you think the cigarette companies are truthful when they tell you that smoking isn’t harmful? What do you think?

Smoking is a habit of addiction. This business about addiction and nicotine is not news. It may be news to us, and it may be news that is just now coming before the courts, but within the trade it has been well understood for a long time. So what do we do about
this kind of medical problem? Unfortunately very little. In contrast to the war on drugs where we destroy crops, execute pushers, and rehabilitate users, here we subsidize the crops, exonerate the pushers, and blame the users. I have in front of me, for example, a box that contains a product strictly prohibited under the Hazardous Products Act. Inside is a toy bunny and a pack of Players cigarettes. It’s the bunny that’s regulated under the Hazardous Products Act, not the cigarettes. Cigarettes are exempt from all the meaningful legislation. Why is that? Well I think that’s a big and complex question, but part of the answer is the tobacco industry’s lobbying power.

**Advertising’s Smoke Screen**

I’m going to shift now to the advertising promoting tobacco. We see headlines about crack and that’s a problem, but tobacco is being praised and promoted, yet the fact is tobacco will kill a hundred times as many kids as crack. Our sports magazines are advertising vehicles for cigarettes; in women’s magazines, cigarettes are made to look stylish; our news magazines in Canada talk about the glory of sport and, in the same breath, their front and back covers all promote cigarettes. Articles address the silent killer of hypertension, but do they talk about tobacco? They do not. They tend to get suppressed. Why? Because magazines like *Newsweek* are busy courting the advertising income. Figure 4 shows an ad directed to the tobacco industry in order to sell *Newsweek* as an advertising vehicle to them. So *Newsweek* raises the question of “does TV tell it straight?” I think it’s fair to ask “does *Newsweek* tell it straight?” There’s been lots of studies that show that media managers, like editors, do not bite the hands that feed them. There’s an old limerick we used to learn in marketing classes that said:

*There was a young lady from Kent
Who said she knew what it meant
When men asked her to dine
Gave her champagne and wine.
She knew what it meant, but she went.*
So it is with the media managers. They know what’s involved when they accept tobacco advertising revenue. They don’t have to be beaten over the head in order to play down tobacco stories and not point the finger of blame and shame at the tobacco industry.

Advertising for tobacco products has been going on for years. One old ad claimed that “20,679 physicians say Lucky’s are less irritating.” Another ad was shocking at the time because of its openly targeting of women. It seemed like everyone smoked, and even athletes smoked in great numbers. Movie stars, of course, were very commonly seen as smokers. One ad talked about “the ounce of prevention that was worth a pound of cure.” This Phillip Morris campaign is interesting for a couple reasons. The “ounce of prevention” they’re talking about is diethylene glycol. It had been used in a pharmaceutical product in the 1930s and was withdrawn after a hundred people died. Instead it was used in tobacco products, as it affects the sweetness, moisture and burning properties of tobacco. If that name sounds familiar, it’s because you use ethylene glycol as the antifreeze in your car; the sweet green stuff that you use is a similar chemical. The FTC tried to prosecute this campaign but it took almost twenty years before a judgement was rendered. By that time, of course, the campaign was long in the dust bin of history, so it was a moot point. It was very difficult to prosecute because if you read the fine print, it says, as a lawyer would emphasize: “no curative power is claimed.” But, in bolder headlines, you read this “ounce of prevention” business.

During the late 1940s and early 1950s very explicit verbal claims were made, including selling phrases like: “guards against throat scratch,” “just what the doctor ordered,” “ten months of scientific evidence,” and “inhale to your heart’s content.” This last exhortation is particularly ironic given what we now know about heart and stroke disease. In fact, it’s not lung cancer or even other lung ailments like chronic obstructive lung disease or emphysema that are the primary health problems for smokers. It is the circulatory impacts — heart attacks and strokes — that take out most smokers. The estimates are now that roughly one third of chronic smokers will
suffer fatal consequences as a result of their smoking. They’ll tend to die twenty years prematurely; that is, they’ll die in their 50s and 60s instead of living into their 70s or 80s, compared to a cohort.

Perhaps the most infamous campaign was: “More doctors smoke Camels than any other cigarette according to a recent nation wide survey.” How did they get this data? The industry was prepared to defend this ad because they had survey results to support this claim. They had gathered that survey data at the National Convention of the American Medical Association in New York City. They asked doctors as they left the convention what brand of cigarettes was in their pocket and, lo and behold, a large number of them had Camels. Why? Because before the convention began, they went into every hotel room and left a free carton of Camels. And so as the doctors exhausted whatever they might have been carrying, they ended up with Camels. Now we should not lose sight of the fact though that in those days the majority of doctors would have been smokers, as the majority of adults in all walks of life would have been, regardless of social class or education.

_It’s time America! I’m Walter Winchell. Mr. and Mrs. United States, the topic of very great interest this week was the controversy over cigarettes and cancer of the lung. Never was any newspaperman’s responsibility to others and his own integrity to himself a heavier burden than mine tonight when I tell you the facts as I know them for and against the cigarette now on trial for its life. Against the cigarette is this evidence: First, a series of studies based on the questioning of victims of lung cancer resulted in this finding: everyone of the studies reported that there is an association between excessive smoking and cancer of the lung. I mean excessive smoking, not ordinary smoking. Second, cigarette tar produces cancer in 50% of the mice tainted with it. [This is in the 1950s.] Now whether or not this is a proven test I do not know. Third, some lung surgeons who operated_
in certain cases reported that there is a direct relationship between excessive cigarette smoking and lung cancer, and very significantly. Their medical opinions are supported by some clinical records, but 25 other scientists say that the case against the cigarette is not proven. [All hired by the tobacco industry.] They state that the substantial majority of heavy smokers do not contract lung cancer. They also tell me that these cancers have not been produced as yet in other species such as rats, rabbits, and guinea pigs. Now my editorial opinion is this: A scientist may be unconvinced that the cigarette is guilty, but I am fully convinced that it is very far from innocent. To say that a majority of heavy smokers do not get lung cancer leaves the vital question unanswered of whether a minority, a minority of excessive smokers, do get it. One cancer, in my opinion, one cancer victim is always one too many. Now merely as a reporter and certainly not as a scientist, this is my conclusion. I still smoke about ten cigarettes a day, but the burden of proof has shifted. It is no longer up to the scientists to prove that cigarettes cause lung cancer, it is the duty of all concerned to prove that they do not.

Those are fairly strong words, despite the emphasized, but erroneous, qualification of only “excessive” smoking being risky. Winchell was for the most part alone in that there weren’t many people speaking out that vigorously at the time. But his idea that the burden of proof was suddenly now on the shoulders of the industry was not very accurate. Indeed, to this day, the burden of proof in legal terms remains on the plaintiffs, and the industry engages in vigorous denial. The industry’s position is that “the evidence linking smoking to cancer and heart disease is still inconclusive,” even though a 1962 document from R. J. Reynolds said: “Obviously the amount of evidence accumulating to indict cigarette smoke as a health hazard is overwhelming. The evidence challenging such an indict-
They deny this with aggressive public relations. The tactics were described in a document that got entered into the Crippilone case and which coincides with the archival work I did at the University of Wisconsin in the Hill & Knowlton papers. The strategy is described as “creating doubt about the health charge without actually denying it ... advocating the public’s right to smoke without actually urging them to take up the practice.” So they are walking a fine line here. Encouraging objective research is the only way to resolve the question of the health hazard. The key word is “question.” The notion here is that there’s a controversy. They don’t have to win a debate; they just have to keep the debate going. The industry is following the same tactic now with respect to the effects of advertising as they did on the health front.

By keeping a notion alive that there is a controversy and that doctors disagree, consumers are encouraged to go ahead and continue to smoke. Stories in all kinds of media seem to take cigarette smoking off the hook. Industry scoured the world for any kind of supportive evidence and then would give it wide circulation. Their tactic was gathering seeds of doubt from around the globe and reproducing and distributing them broadly. Media, for reasons we’ve already indicated, were more than cooperative in giving the tobacco side of the story prominence. Fingers of blame were pointed at other possible causes of cancer, such as pollution. The judge who tried the Crippilone case reviewed the documents, and his opinion was that this was a tobacco industry conspiracy, “vast in its scope, devious in its purpose, and devastating in its results ... a sophisticated conspiracy to confuse and mislead the public, displaying willful, wanton and callous disregard for that public.”

Filters Calm Fears

The more important event from the consumer’s point-of-view was the launch of new products. In the face of this health scare and cancer studies, the industry came forward with new filter products that offered peace of mind and seemed to be the latest advances of new
and approved technology. One American brand was sold as “Just what the doctor ordered.” The advice in the letter shown in the ad was not from a medical doctor, but the research director for the Liggett-Myers Tobacco Company. They asserted in trial that this is not a health claim, only an idiom in popular language without any health connotations. Brands were launched that were virtuous just by their name, including Vantage, True, and Merit. Once you could buy Life itself from the cigarette companies. “The secret to life was in the filter.” All of these ads are trying to keep the health anxious smoker from quitting.

Another ad made reference to “no slits or holes.” Now this is referring to a technology that is now used in 40% of all Canadian cigarettes, where it used to be less than 1%. The slits or holes are there for an interesting purpose. When you put this cigarette on the machines that are used by the FTC and government agencies to generate the tar and nicotine data that’s required on the packaging, air enters and dilutes the smoke column and you get nice low tar and nicotine data. That’s great for advertising purposes, labelling, and other packaging. When a smoker picks the cigarette up, however, the smoker’s fingers obstruct the holes and the smoker gets high tar and nicotine. There’s no dilution, so that’s wonderful for smoker satisfaction. So the industry is playing both sides of the street; beating the machine and getting good data for advertising purposes, and yet designing the product in a way that continues to provide high tar and nicotine delivery to the addicted smokers. The tip ventilation can be both visible and invisible.

The most famous of the filter products was Kent. “American Medical Association tests prove the most effective filter is used by Kent,” claimed the ad introducing the “micronite” filter. Micronite is a trade name for a form of asbestos. Unfortunately asbestos has carcinogenic properties of its own and, in interaction with all of the many carcinogens and tobacco smoke, it’s very, very deadly. It didn’t last long because the product was reformulated. The American Medical Association objected vehemently to this ad and called it outrageous exploitation, but that disdain appeared in an editorial in the Journal of the American Medical Association. Who read that?
Whereas the advertising campaign was the largest product launch in the history of North American commerce, seen in many magazines and newspapers, and promoted with heavy television and radio ads as well. The protest of the American Medical Association was drowned out and unheard. Three apparently “new and improved” versions of Kent over the next few years in reality delivered successively more, not less, tar and nicotine.

One cigarette ad provided data drawn from a Consumer Reports study. This ad, in Figure 5 implies that the U.S. government has endorsed Carlton, although in fact the U.S. government had nothing to do with it. This is a very deceptive ad for other reasons as well. Carlton is a relatively good product in comparison terms, with relatively low tar and nicotine yields. These numbers of .01 milligram of tar and .02 milligrams are very reassuring. If you go to the store and buy Carlton, however, you find that you don’t get to Carltons in this box, but in a soft pack, as almost all of the product sold is in the soft pack. “Well,” you might say, “what’s the difference — one package versus another?” It’s not the same product! At the time this ad appeared, the product sold in the soft pack was delivering 100 times as much tar and nicotine! So again the trick here is that you have one form of the product that’s great for advertising purposes, and another form that’s great for delivering nicotine to those smokers who are addicted to nicotine.

All of these advertising campaigns were very well funded. For L&M, no matter where you turned the dial you would find it. No matter what you read, there’s a long list of magazines they were buying space in. And this is just one brand. Any night of the week they could be found on television, and in the early days of TV there were only three channels. In the 1960s many, many prime-time shows reaching many, many teens, as well as adults, were advertised by tobacco firms; 38 different brands, 73 different shows. Lots of these create what are called “roadblocks,” a media buying term that means no matter which of the three channels you would turn to, you would encounter tobacco advertising. They were buying so many ads that they even bought “Tombstone Territory.” I don’t know why anyone in the tobacco industry had the gall to buy Tombstone Territory, but
FIGURE 5
One of the studies that I’ve been involved in was an analysis of tobacco industry media buying patterns in the 1960s. We had audience data on the television programmes they bought. If you look at the data carefully, you find that it’s not the adults that are apparently the target of the media buying, but the adolescents. All of the correlations show that the media buying patterns line up with audience delivery of adolescents, not adults. The average teenage in those days would have seen sixty television spots a month.

Advertising in those days, as you’ve seen, was fairly explicit in its health promises and its attempts to be health reassuring. “The cigarette that takes the fear out of smoking.” But the trouble with this kind of advertising is that it falls short for an important psychological reason -- it keeps alive the health questions. It’s like my saying to you that I don’t beat my wife ... much ... anymore. The more I talk, the deeper a hole I dig. The more I mention the issue, the more you think, “hmm, there’s an issue here.” You know there’s a health problem. If I say that my product is safe or safer than it used to be, it raises all kinds of alarms. So that won’t work, and the industry, internally, was quite aware that the cigarette advertising copy was making the problem worse. The way to get around that was to shift to imagery.

Imagery is very important. In fact if you remember nothing else about this presentation, it’s the power of the image. Words have to be cognitively processed. If I tell you something, you have to think about it or file it, and you do so in relationship to what you already know. In contrast, seeing is believing in the sense that it’s part of your experience. You often don’t even register the thought. If I show you a picture of a wind surfer and you pass it on a billboard or when you’re flipping through magazines, that just becomes part of your experience of an athletic person associated with various cigarette brands. If I put that in words by stating that “Surfers smoke” or “Smokers surf,” you likely say “no way!” But when it’s seen as an image, it just becomes part of your experience. Technically speaking, we don’t counter-argue against images in the same way we do against verbal assertions. So the advertising by use of associative
imagery is very potent.

**Targets & Tactics**

Figure 6 is a diagram which you should look at as if it was a container for water with a pipe coming in and a pipe going out. It diagrammatically indicates the size of the Canadian cigarette market with an inflow of starters every year at the rate of roughly one and a half percent compared to the size of the total, and an outflow of quitters at three and a half percent. So the Canadian market is shrinking at roughly two percent per year. The majority of existing smokers are health-anxious, concerned smokers. The industry describes these eighty percent as “pre-quitters,” so the number one tactic of the industry is to reassure these people lest they quit. The second tactic is to gain starters, and we’ll see some documentary evidence on this.

**FIGURE 6 Cigarette Market Segment Sizes (Canada)**

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1. Quitters (3.5%) ->
   "Pre-Quitters" (80%)
2. Starters (1.5%) ->
   "Ostriches" (10%)
3. Switchers (10%)
```

**Advertising Goal Priorities:**

1. Block Quitting
2. Recruit Starters
3. Capture Switchers
Almost none of the activity is around switchers, although some of the pre-quitters will switch brands in a sequence of stages they go through on their approach to quitting. It takes the average successful quitter five attempts before they are successful. So it’s a long and difficult process even for those people who do manage to succeed.

There’s another category the industry calls “ostriches.” Ostriches are those people who know a little about the health question to know they don’t want to know any more. That’s kind of an unflattering portrayal, but the industry terminology is to call those people ostriches. There’s no advertising to them. There’s no need to advertise to ostriches. Almost all the advertising is to reassure pre-quitters and starters.

Canadian documents indicate that the industry is dominated by those companies most effectively meeting the needs of younger smokers. “Our efforts remain on these younger groups in spite of any poor share performance that may develop among older smokers.” That is, we’re going to make ads to turn on the kids even if it turns off the adults. When we talk about starters, we’re talking about the very young. The modal ages for starting are twelve, thirteen and fourteen. Almost all starting occurs among minors. Dr. Kessler, the Food and Drug Administration Chief in the U.S., describes this as a pediatric disease. Almost all nicotine addiction is confirmed among minors. These are not consenting adults making informed decisions. This is an important point for legal purposes. It’s adolescents being seduced by the glamorous images of advertising. The industry claims that they are not advertising to children, but here’s a contradiction to that from an insider’s confession:

_Maybe they’ll get your little brother or sister. Or maybe they’ll get to the kid down the block. But one thing is perfectly clear to me, the tobacco companies are after children. Why? Because tobacco companies know that ninety percent of smokers start as children, before they know better. Of course marketing to kids is unethical, so they just deny it. I’m Victor Crawford. I was a tobacco lobbyist for five years so_
I know how tobacco companies work. I lied. And I’m sorry.

Very sorry. He was a cancer victim, and he’s now deceased. This is another example of an equal opportunity tragedy.

The industry claims that they don’t advertise to children, but there’s certainly lots of advertising from history that indicates they did. Frank Gifford, Kathie Lee Gifford’s husband, still active in sports as a commentator, was a star quarterback in both college and pro in the 1950s. He endorsed Lucky Strikes, “the taste to start with, the taste to stay with.” Here is what it sounded like on television:

*Hold on to your hat and come on with us for the most fun we’ve ever had on wheels. The Dune buggy. By us, I mean my wife Maxine, and me, Frank Gifford. Here on California’s giant dunes. Watch our dust! Some fun! I sure hope you get a chance to try it sometime. Here’s something else you oughta try, and soon. Lucky Strike. Why? Because if you like taste in your cigarette, you’ll get it with Luckies. This is all the taste a smoker could want. It’s rich and smooth. The taste of fine tobacco. And let me tell you, once you start getting that taste, you’ll want to keep getting it. And so come on, get that fine tobacco taste. Get Lucky. The taste to start with, the taste to stay with. Get Lucky Strikes.*

In another TV spot, even the cartoon Flintstones were pressed into service by the tobacco industry:

*They [the wives] sure work hard, don’t they Barney? Yeah, I hate to see them work so hard. Yeah, me too. Let’s go around back where we can’t see them! Gee, we oughta do something Fred! Okay, how’s about taking a nap? I gotta better idea! Let’s take a Winston break! That’s it! Winston is the one filter ciga-
rette that delivers flavour twenty times a pack. Winston’s got that filter blend. Yeah Fred. Filter blend makes the big taste difference and only Winston has it. Up front where it counts. Here, ahead of the pure white filter. Winston packs rich tobacco specially selected and specially processed for good flavour in filter smoking. Yeah Barney, Winston tastes good like a cigarette should! [Voice over: The Flintstones has been brought to you by Winston. America’s best selling, best tasting filter cigarette. Winston tastes good like a cigarette should.]

The industry claims they’re doing a lot to discourage youth smoking although there’s been some formal analysis of these campaigns that they engage in. They are designed around faulty premises that are known to be ineffective and they unfailingly communicate a “forbidden fruit” message. That is, they say that this is an adult habit and engaged in and enjoyed by adults so you shouldn’t do it until you are an adult, and so on. No mention is ever made of the health consequences of smoking. So their pamphlets to “discourage adolescents” don’t seem to have much sophistication.

Whatever they may be doing in that regard seems to pale in comparison to the stuff that goes on to promote the product. The cigarette logos appear in video games and on children’s toys. One R. J. Reynolds executive was quoted by a Winston model as saying, “I don’t smoke. We reserve that right for the young, the poor, the black and the stupid.” God help you if you fall into more than one of those categories. Or God help you if you’re all four.

The court trial in Montreal raised the question of the extent to which cigarette ads are aimed at youth. This wasn’t the only question of the trial but it was certainly one of the important ones, and it always is one of the politically important questions. The most compelling evidence was the internal marketing documents, of which I had sixteen boxes to review in preparing a report for the court. These internal marketing documents show that the industry, despite their claims to the contrary, reassure current smokers and make their prod-
uct attractive to the young and to non-smokers. They also recognize
that advertising is critical for maintaining the size of the market be-
cause it serves to reinforce the social acceptability of smoking by
identifying with glamour, affluence, youthfulness and vitality. In
fact, there was a cover sheet to every marketing document from Im-
perial Tobacco that outlined a statement of policy. It communicated
that reinforcing the social acceptability of smoking was to be a domi-
nant characteristic of the promotion for any and all brands.

Imperial Tobacco and R. J. Reynolds-Macdonald released
internal documents showing that in Canada the cigarette industry
had an interest in adolescent psyche rivalling that of Freud. Elabo-
rate psychological tests were used. There were also hidden camera
and two-way mirror investigations of adolescents. The behaviour of
eleven, twelve and thirteen year-olds was discussed in corporate docu-
ments, and the targeting of fifteen year-old non-smokers. The re-
search indicated that starters believed they will not become addicted
and that adolescents are notoriously naive. Once addiction does take
place, it becomes necessary for the smoker to have a wide range of
rationalizations. One of the roles of advertising is to feed those ra-
tionalizations. Starters thought they could quit easily but they be-
come slaves to their cigarettes. Internal Canadian corporate docu-
ments talk about the “slaves to their cigarettes” that the company
enjoys once the teenagers become addicted. And they become ad-
dicted in high school. The majority of high school smokers have had
a quit attempt before they get out of high school.

How do you appeal to adolescents? You might think that
you do it with the kind of advertising campaign illustrated in Figure
7, and indeed this was tried. R. J. Reynolds offered Tempo in a test
market in Toronto, but the test failed. They bought the right media,
they bought billboards and store locations near the video arcades,
record stores, and movie theatres in downtown locations — they got
the audience they wanted; they wanted the young people going to
movies and so on. But the audience reaction wasn’t what they wanted.
The audience reaction to this was, “well it looks like they’re target-
ing young people. I’m not interested. I don’t want a bubble gum
product.” The average teenager wants a symbol of adulthood. The
average teenager doesn’t want a bubble gum cigarette, they want a real cigarette. So this product failed and there was a two-hundred-page document to describe it in quite painful detail.

To appeal to adolescents, you show lots of pictures of health where people are alive and enjoying social support and engaged in activities that youth aspire to. Players was very successful and, indeed, dominates the Canadian market. Imperial Tobacco holds about a two-thirds market share of the entire Canadian market largely through the success of Players, which captures a very big share of starters. They left Export A in the dust when it stuck to a blue collar “truck driver” image.

The facts of the matter are that most smoking is class-related. Only fourteen percent of college graduates will be smokers. Thirty percent of high school graduates and seventy percent of dropouts will be smokers. Smoking is very much related to educational level and economic prospects. So there is a blue collar aspect to
smoking, but it doesn’t work to show it because what’s important about cigarette advertising is not that it faithfully mirrors reality, but that it shows what people aspire to. You want to show social behaviour, social class and social acceptance that people aspire to.

The most important aspiration of adolescents is the need to be independent, to have autonomy and to be self-reliant. So the campaigns most successful at capturing adolescents show independence and self-reliance, in addition to what they show about healthfulness in a pure and pristine environment, or with sports equipment. They also show someone who is always alone and shows the self-confidence to be alone.

Figure 8 shows an ad which was found to be problematic when it ran. These ads are carefully researched even while they are in deployment. They found out that some people when they saw this ad thought: “How heavy is windsurfing equipment? Heavy ... out of breath ... lungs ... lung cancer.” A thought process was triggered that led some viewers to be reminded of the lung consequences. That won’t do, as you don’t want a cigarette ad that encourages people to think. So you have to revise the ad campaign, and Figure 9 is the nature of the revision. The important point here is that you’re using as much of a picture of health as you can get away with. You want people to take it in, but you don’t want it to be incredible in the sense that it precipitates thought. You want an image that does not trigger cognition. So that’s the nature of the Players campaign, these wonderfully pure and pristine environments. People relaxing after completion of climbing a mountain or, in this case, racing.

When I think about the sponsors for racing in addition to everything else, it shows a person becoming a hero precisely because of the risks they’ve taken. So implicitly, it’s role modelling: “Go ahead, take that risk. You may get to be a hero too!” The crowd is very much minimized and pushed to the background, so again the image is of a person who is independent and self-reliant. It’s very much at the cornerstone psychologically of this kind of campaign. The same can be said for the Marlboro Man. The Marlboro Man is the mythic epitome of independence. And if you think about the Marlboro campaigns you’ve been seeing for thirty years, there are
no bullies, no foreman, and not even a sheriff in Marlboro country. There’s no authority to be reckoned with whatsoever. That’s very crucial to the whole campaign. It’s just the individual in a self-reliant way.

The modern contender to the Marlboro man is the infamous cartoon Joe Camel who is doing very well with his somewhat more street hip attitudes and character. I have a limerick here about this.

*The cowboy was king in his day.*
*With studs and with kids he did play.*
*No authorities tried to lock him inside or to stop him from having his way.*

*But one of his foes reached new lows and made up a Camel to pose,*
*in cartoons where the scenes are the envy of teens,*
*who whisper and gawk at his nose.*

Now this Camel never says anything, but I asked in a lecture at Penn State a rhetorical question, “what’s this campaign all about?” And a ten-year-old girl in the front row said “I know, I know.” So I had to acknowledge her, and she said, “It’s boys’ private parts!” And indeed as this limerick goes on to say:

*In touching the dreams of the young,*
*this Camel does not use his tongue.*
*This face we all know it’s “Genital Joe.”*
*It’s mute, but at least it’s well-hung.*

Not only well-hung, but surprisingly ill-shaven considering the tuxedo and, of course, accompanied by a bimbo. And what does the submarine have to do with this ad anyway? To suggest that it’s not intended to have any sexual symbolism is rather incredible. It
FIGURE 9
certainly did get the “nudge, nudge, wink, wink” response of rumours among adolescents, whether intended to or not.

Figure 10 is a satire produced locally by the *Adbusters* magazine, the Media Foundation that ran this in their magazine. They are trying to raise money to get *Harper’s* magazine to run this ad. *Harper’s* is a bit reluctant because they take tobacco money for conventional forms of advertising. But *Adbusters* is successful at selling this elsewhere. They just received an order for ten thousand posters from the Washington State Department of Public Health. So I think this is going to take off.

Cigarette advertising gets lots of financial support because it works. I haven’t mentioned it yet, but how much financial support? A million dollars an hour roughly. Over six billion dollars a year in cigarette advertising and promotion. Promotions would include the money paid to the retailer to have the signs and displays up in the retail store. And it works at lots of levels. It not only works to censor the content of media, it works to bias people’s judgements about how many people smoke, how healthy smokers are, and so on.
Richard Pollay

Without advertising, that terrible thing happens ... nothing. Some research I did with a colleague, Sid Siddarth, found teens to be much more sensitive to cigarette advertising than adults. We looked very carefully at where the action was. If you look at all the money that’s being spent on advertising, and you look at who is reacting, you find that you have three times the magnitude of reactions among teenagers as you do among adults.

The effort to control cigarette advertising in Canada didn’t get very far. The Tobacco Products Control Act in the late eighties had major loopholes so Imperial and others exploited the gaps in the ad ban, sponsoring events like Players race teams that got them onto magazine covers and television. At tennis tournaments, for example, there are posters outside, and they get picked up by television and various media. There’s a lot of leverage from this kind of spending; you get into other media that you don’t have to pay for. This has become a very popular form of promotion. Canadian examples include various sports, and of course family events like Benson & Hedges’ “Symphony of Fire.” Craven A sponsors country music, so it gets on radio. Concerts and sponsorship of arts and jazz are very noticeable here locally.

The ad ban was found unconstitutional for a number of reasons. You might think that the failure of that law was because the evidence didn’t substantiate the kind of claims that I’ve been making. But as I’ve quoted to you earlier, the internal documents were point blank in saying that advertising was very important. The reason the law failed the constitutionality test was the courts were not convinced that some lesser remedy might not also work. They wanted to leave open the opportunity for something like black and white ads, or ads in exclusively adult media. That is, they could see the justification for protecting children, but they thought that law was too comprehensive and they essentially threw it back to Parliament to come up with another law, which is Bill C-71, now sitting in the hands of the Senate.

Since the ad ban we now have a proliferation of cigarette advertising, particularly at retail stores. The important thing about the retail environment is to create what the industry calls “friendly
familiarity.” You want cigarettes to become and be seen as commonplace. You want kids to grow up encountering cigarette advertising and cigarettes frequently, so they take it for granted and don’t think twice about it. We’re all aware if we encounter something we’ve never seen before, that we react a bit to the strangeness. We’re a bit suspicious of something we’re unfamiliar with. But the reverse is also true, what’s called the “familiarity effect.” The more frequently we encounter something, the more we come to trust that it’s benign.

If the ad ban does come into place, we’re likely to see a different kind of advertising. The following script is from what the R. J. Reynolds people claim is not a cigarette ad, despite the prominence of the Camel package and the hero’s conspicuous smoking, but only an ad for a movie.

*It started with a shock. Of a brother he never knew.*  
And turned into a journey. To a place he’d never forget. He would stop at nothing to find the truth. And nothing could stop the truth from finding him.  
*From the Director of “Phantoms of the Sun” comes the incredible story of one man’s journey. To no-man’s-land. The search for the Golden Warrior. A Camel Adventure.*

That’s the kind of advertising we can expect to see if an ad ban comes into place because the industry has, wherever it’s faced regulation, exploited whatever loopholes may exist, and worked vigorously around them. They certainly don’t stop their advertising.

At the end of everything, there’s a very simple test you can apply to cigarette advertising. You don’t have to do all the sophisticated research and perusal of documents that I’ve had to do. All you have to do is ask, “how does what you see compare with what you get?” What you see is pictures of independence of a heroic nature, and what you get is addiction. What you see is pictures of health where people are alive with pleasure, but in reality they are going to need a physician. You see images of style and glamour when in fact
the reality is death.

The tobacco industry is all too interested in corralling the young, and everywhere that’s the case. (Figure 11) And that’s almost unavoidable. One key reason for that is the phenomenal brand loyalty in this product category. There is very little brand switching. Brand patterns get established among the young and, once you’ve got a customer as a youth, you tend to hold onto the customer. Of thirty-eight products studied by the J. Walter Thompson ad agency, cigarettes have the highest brand loyalty. Less than ten percent of smokers will switch in any given year. And even those people who do switch are not only few in number, but they are fickle in character and frail. They are not a very attractive market segment. They are nowhere near as attractive as the adolescent who will continue to smoke for years. Unfortunately the consequences are going to Marlboro Cemetery. (Figure 12)

The cigarette companies don’t seem to care about this; the only thing they care about keeping healthy is their own balance sheet.

FIGURE 11
The corporate CEOs, all dressed up and testifying before Congress, swore that as far as they were concerned, the product was not addictive despite all of the corporate documents. I want to give the last word here to Dr. Everett Koop, who will tell you his reaction to this industry.

[Smoking is] the greatest producer of premature deaths in our country, so I took it on as my job — and I was a physician who knew that smoking was dangerous to one’s health. But when I got into it, I think the thing that impelled me to have what you call a passion about it, was when I saw the sleaze with which the tobacco industry foisted these products upon unsuspecting people by unfair advertising, by not sticking to their own ethical codes, by marketing a drug that is more addictive than anything else we have in our society to unsuspecting kids. I think that my zeal was probably prompted by the opposition.

If you thought the cigarette firms are law-abiding, benevolent citizens because of their innocence by association and all their sponsorship of things like the Benson & Hedges “Symphony of Fire,” I think you should think again. Quoting Koop again: “Fourteen years ago I called them the most heavy-handed, obtuse, impolitic, and untruthful group of corporations anywhere in the panoply of American private enterprise. I was too easy on them.” Indeed, when you strip it all away, the advertising of cigarettes is the promotion or pushing of drugs of a deadly and addictive nature. The fact that it’s not done by people in street corners who look like hoods shouldn’t blind us to that fact. It may be done by corporate types who are all dressed up in suits and lies, but it’s still drug pushing. I think the simple message is that we should never, never, never hurt children. (Figures 11 and 13). That should be the basic message you take away from this presentation and a governing value that drive public policy. We should all be involved in drug abuse resistance education, and recognize that nicotine and tobacco is one of those. I’ve
certainly done that and I’ve quit apologizing for the industry and its nefarious marketing practices.

CODA:

The above was based on a presentation to the Vancouver Institute in March 1997, edited for grammar and to remove ambiguities arising from the absence of the many audiovisual aids used then. Since that date, there has been a rapidly unfolding drama of litigation and legislation.

In the U.S., juries have begun to find against the industry, and many new suits have been filed. These involve seeking compensation for individual health victims, class actions, unions, asbestos firms, and most significantly some 41 states, often joined by their medical insurers. Three of these state actions have been settled out of court by Mississippi, Florida and Texas, and Minnesota settled after a lengthy trial getting incriminating documents into the public domain. A coalition of Attorney-Generals reached an accord with
FIGURE 13
the industry and jointly proposed a “global settlement” now awaiting Congressional review and enactment. Among other features it would grant immunity to the firms in exchange for substantial payments to states with commissions going to its legal representatives, causing some to see this as a purchased legislative “bailout” of the industry. Documents displaying R. J. Reynolds targeting of youth were recently released by a Congressman and Congressional hearings featuring corporate CEOs are scheduled.

In Canada, Bill C-71 was passed by Senate and enacted on paper, but is not being enforced and its constitutionality is being challenged by the industry, with proceeding scheduled for 1998. While the Federal government has not acted on other matters, like plain packaging, provinces have become more pro-active, particularly B.C. Paralleling the 41 U.S. states, it has sued the industry for medical expenses and just recently announced a requirement for packaging disclosure of additives and ingredients.

The resolution of this flurry of activity remains to be seen, but the industry has an impressive litigation track record and awesome political success at lobbying and participating in the framing of legislation to make the best of seemingly dire situations. Thus I am certain that the persistent problem of the professional corporate pushing of this deadly and addictive drug will not be resolved easily or soon.

Selected Publications:


“Targeting Tactics in Selling Smoke: Youthful Aspects of 20th Cen-

“‘Below the Belt’ Cigarette Advertising,” *Tobacco Control*, Vol. 4 #2 (Summer), 188-191.


Canada's Nobel Prize Winner in Chemistry, Dr. Michael Smith will speak on "THE NOBEL PRIZE IN CHEMISTRY, 1993" at THE VANCOUVER INSTITUTE Saturday, September 24th at 8:15 p.m. in Lecture Hall No. 2 of the UBC Woodward Instructional Resources Centre