

Tobacco Industry Manipulation and Reduced Risk Products

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For decades the tobacco industry has tried to quiet the health concerns of its customers by marketing products that claim to be better for their health.

History

As early as the 1930s-40s, tobacco companies were running ads claiming that, due to special filters, their cigarettes had “lower tar and nicotine levels” benefiting the smoker’s health. Companies claimed that more doctors smoked their brand of cigarette; therefore, they were better for one’s health.

All tobacco companies began selling cigarettes advertised as “light” or “mild”. This strategy paid off regardless of the true health improvements. Tobacco companies were well aware that the implied claims were misleading or false.

Compensating for “less nicotine”

As more smokers began consuming these “light” brands, they were using new ways to smoke in order to compensate for lower nicotine levels. Consumers begin inhaling more deeply and blocking the filter vents that were to be “protecting” them from cigarette toxins. These practices not only nullified any health effects but created new health problems.

Studies have shown that “low-tar” cigarettes have higher nitrate concentrations, producing higher levels of tobacco specific nitrosamines (TSNAs), the deadliest of carcinogens found in cigarette smoke.¹ Additional research has reported that “low-tar” cigarettes have not reduced smokers’ overall risk of chronic obstructive pulmonary disease or lung cancer.²

Reduced Risk Product Attempts

In the 1990s, tobacco companies began marketing “natural” cigarettes or those without additives, implying they did not have the same health consequences as regular cigarettes. The U.S. Federal Trade Commission took action and began requiring explicit statements that the product was “not a safer cigarette”, and that the product was still “dangerous to one’s health”.

Another product, a “smoke-free” cigarette smoking system, has been marketed to those concerned about secondhand smoke and smoke odor. Research has shown that smokers who used these products smoked four times the number of cigarettes to get the desired amount of nicotine³.

¹ Wynder, EL and Muscat JE. The changing epidemiology of smoking and lung cancer histology. Environmental Health Perspectives, 103 (Supplement 8): 143-48.

² Djordjevic, MV. Nicotine regulates smoking patterns. Preventive Medicine, 26(4): 435-40.

³ Blackwell JR. Users of device may smoke more. Richmond Times Dispatch (August 17, 2000) [reporting on an upcoming study in Nicotine and Tobacco Research].

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Other cigarette alternatives using a redesigned filter, which has been marketed as “reducing carcinogenic compounds”, “producing less inflammation in the respiratory system” and “lowering secondhand smoke amounts”, have found glass fibers being discharged from the filter during use.⁴

Tobacco processing technology that reduces the level of TSNA, dangerous carcinogens in tobacco, has been used in a new way to cure tobacco. This lower TSNA-tobacco in combination with a charcoal-acetate filter is being test marketed in cigarettes. It has not been proven that reducing TSNA levels in tobacco leaf used in cigarettes lowers health risks associated with smoking. These types of cigarettes still contain a certain level of toxic substances. Although research indicates that activated charcoal filters can reduce the amounts of toxic gases in mainstream tobacco smoke⁴, there is currently no data linking the use of a charcoal filter with lowered cancer rates.

Indiana as Guinea Pig for Products

In November 2001, Brown&Williamson (B&W) used Indianapolis and surrounding central Indiana as a test market for Advance™. In Fall 2002, Ariva® (B&W) arrived in stores, followed by Quest® (Vector Tobacco) in January 2003, as Indiana is one of seven states testing this new line of products. Previous research shows that successful marketing of the tobacco companies foster smokers’ misconceptions about the health risks of so-called “light” and “ultralight” cigarettes⁵. Tobacco companies continue these deceptive marketing practices as they introduce new “reduced risk” products continuing to appeal to the health concerns of smokers.

Data from the 2002 Indiana Adult Tobacco Survey (IATS), illustrate that these misconceptions are present among Hoosier smokers.

- Thirty percent (30%) of Hoosier adults have heard about these reduced risk products with 10% of those adults having tried one of these products.
- Whites were 60% more likely to be aware of these products than African Americans.
- Nearly 16% of Hoosier adults agree/strongly agree that these new products are safer than regular cigarettes. Men are more likely to share this belief than women.

Implications

In discussing all cigarette alternatives, it is difficult to objectively evaluate these new products, as there are no governmental regulations or legislative guidelines allowing for the independent testing of such products. Ongoing research, including data from Indiana illustrates the need for FDA authority to regulate all tobacco products.

Adapted from the Campaign for Tobacco-Free Kids Fact Sheet “The Cigarette Companies and ‘Safer’ Cigarettes: A Long History of Exploiting Consumers’ Health Concerns to Keep Them Smoking” <http://tobaccofreekids.org/research/factsheets/pdf/0130.pdf>

⁴ Slade J and Henningfield J. Food and Drug Law Journal. Vol. 53 Supplement (998). Georgetown University Center for Drug Development Science.

⁵ Kozlowski LT, Pillitteri JS. Beliefs about “Light” and “Ultra Light” cigarette: an overview of early efforts and published research. Tobacco Control 2001; 10 (suppl I): i12-16.