

THE ETS ISSUE: SCIENCE AND POLITICS

ETS "may, depending on the length of exposure, be sufficient to be harmful to the health of the exposed person."

U.S. Surgeon General's Report

Background

That statement appeared not in the 1986 Surgeon General's report but in the 1972 report. The ETS issue has been with us for some time.

Although the popular belief has grown, more than ten years ago, five years before Hirayama's paper was published in the British Medical Journal, half the population believed ETS was "hazardous" to the exposed non-smoker's health.

	<u>1974</u>	<u>1976</u>	<u>1978</u>	<u>1980</u>	<u>1982</u>	<u>1984</u>	<u>1987</u>
ETS probably hazardous	46%	52%	58%	58%	65%	68%	77%
Non-smokers only	57%	61%	69%	69%	74%	77%	83%
Smokers only	30%	38%	40%	39%	47%	51%	62%

(Source: Roper Surveys and PM USA data - 1987)

Legislative activity on the issue was also substantial before the Hirayama article:

Smoking Restriction Bills:

	<u>1970</u>	<u>1971</u>	<u>1972</u>	<u>1973</u>	<u>1974</u>	<u>1975</u>
Debated	10	28	16	36	62	127
Enacted	0	2	2	5	5	17

	<u>1976</u>	<u>1977*</u>	<u>1978</u>	<u>1979</u>	<u>1980</u>	<u>1981</u>
Debated	105	177	153	172	149	165
Enacted	8	33	28	31	33	45

	<u>1982</u>	<u>1983</u>	<u>1984</u>	<u>1985</u>	<u>1986</u>	<u>1987</u>
Debated	165	206	289	374	395	354
Enacted	46	67	69	80	156	70

* Includes local bills from 1977 forward

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Although the growth of scientific research linking ETS to disease has unquestionably accelerated the smoking restriction trends, it remains only one argument the antis use against us. Since science did not create the ETS issue, it cannot resolve it.

The Current Scientific Charge

The two most recent authoritative reports on ETS and health (National Academy of Sciences and U.S. Surgeon General) conclude the scientific evidence support a link between ETS exposure and lung cancer in non-smokers, and between ETS exposure and respiratory disease in very young children. On adult respiratory diseases and cardiovascular disease, they admit the evidence is not yet sufficient to establish an ETS link. As in all low dose exposure research, the evidence is epidemiological--i.e., it is based on the statistical association between disease incidence and ETS exposure in sample populations.

The Scientific Critique

All epidemiological studies can be criticized on the grounds that statistical associations are not necessarily causal, but scientists generally accept epidemiological research as long as a plausible biological mechanism exists to explain the association (i.e., smoke in the lungs or nicotine in the bloodstream) and the populations are examined with due attention to proper methodology.

In ETS studies, the plausible biological mechanism is present to the satisfaction of almost all scientists. The issue is whether the dose is sufficient to trigger that mechanism. The crux of the issue thus becomes whether sample populations with different ETS exposure levels show disease incidence consistent with those exposure levels (i.e., do non-smokers with heavy smoking spouses experience higher lung cancer rates than non-smokers with light or non-smoking spouses?). Here is where the studies are inconsistent. Three or four demonstrate such a relationship within statistical margins of error and the rest (10 studies) demonstrate only slight relationships explainable by statistical error margins. Furthermore, the few studies demonstrating a statistically significant ETS-disease relationship may be criticized because they failed to classify properly their sample population. (Former smokers were classified as never smokers or light smokers as heavy smokers). Thus, active smoking, not ETS, accounts for the higher disease incidence. Finally, none of the studies show any statistically valid relationship between ETS exposure and disease in workplaces or anywhere else outside the home.

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The Best Scientific Scenario

If a thousand more consciously unbiased studies of ETS and disease risk in non-smokers were conducted, these are the best conclusions we could hope for:

1. ETS remains a suspected but unproven cause of disease in exposed populations.
2. ETS studies demonstrating disease risk can be explained by errors inherent in epidemiological research.
3. ETS has not been biologically established as a cause of disease in non-smokers.

Please note that this is generally what we say (when we're forced to talk about it) to discount cause and effect the link between active smoking and disease in smokers. Moreover, this is the best outcome we can expect from scientists. We will never find an unbiased scientist who concludes that ETS exposure has been proven safe for non-smokers.

1964 Revisited

There is an analogy to our present situation and the situation the industry faced after the 1964 Surgeon General's Report linking active smoking to disease. Then we faced a crisis of social acceptability over our product. We faced an anti-smoking movement and laws designated to curb smoking. As the scientific establishment slowly closed ranks against our position, we then sought to gather scientists to rebut the Report. The "controversy" over active smoking and disease soon subsided and we were left isolated on the issue. Since then, the product liability threat has all but silenced us on the active smoking issue outside the courtroom.

What the industry didn't do in 1964 and the ensuing decades was mount an aggressive public relations campaign to counter the Surgeon General. The Tobacco Institute handled the issue as a "controversy" and the companies did their best to keep the brands out of the battle. Perhaps it was a prudent course considering the litigation we face today and the industry's slow but steady growth between 1964 and 1982.

However, today the industry is declining and the ETS issue seems unlikely to evoke serious product liability litigation. Indeed, the same scientific uncertainty that keeps anyone from concluding ETS is harmless will also make it very difficult to prove ETS is harmful to any one individual. Low dose exposure is all but impossible to identify as the cause of disease in a specific person. Thus, we have much more operating freedom on the ETS issue than we had on the active smoking issue.

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The Real ETS Battleground

For us, the crux of the ETS issue is that restrictions and social opprobrium against smoking may reduce cigarette consumption and smoking incidence. In the period 1971 - 1982, nearly 250 laws were passed to restrict smoking, yet incidence and consumption remained stable while population growth pushed volume up. There was a shock effect in 1983 - 84 because of a 40% increase in retail cigarette prices. However, incidence and consumption stabilized in 1985 despite passage of over 200 laws restricting smoking. In 1986 - 87, this stability gave way to an accelerating decline in incidence and daily consumption pushing a 1-1.5% decline in volume to a 2 - 2.5% tumble. During the 1986-87 period, retail prices have increased at about 6% annually and couponing or discount brands captured over 10% of the total market. Thus, retail prices cannot explain this accelerated decline in volume.

Between 1985 (average for year) and February 1987 (ten months ending in February), incidence dropped from 32.8% of population to 30.8%. The greatest decline has been among white males, age 30-44. This group is most likely to be subject to workplace restrictions or have children at home or both. Their most likely motivation is the fear that the ETS issue has instilled in them; they fear harming their children or their employment prospects.

Science merely reinforces the social movement against smokers. Rebutting the science will not stop the movement. It may not even slow it if the rebuttals are so esoteric as to escape popular notice. In focus groups we asked non-smokers about ETS: the health risk was clearly a subordinate concern to their simple dislike of tobacco smoke in the air. No scientific study can instill tolerance in the intolerant.

What Is To Be Done

What we need is an aggressive public relations campaign to:

1. Restore a reasonable doubt in the minds of smokers that ETS is harmful to anyone.
2. Buttress the belief in smokers that smoking is a right which no government or organization or individual is entitled to revoke.

We already possess the basic scientific critique of the ETS research necessary to fuel the campaign. More scientific research will not significantly strengthen this critique and may only add to the fear of smokers on this issue.

Unless we act now to counter this incidence decline, there will be little left to defend of the industry -- especially if we fail to stop the federal tax increase.

(JRN: May 1987)

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