

Globalizing Death

Tobacco exports should be expanded aggressively because Americans are smoking less.

DAN QUAYLE, VICE PRESIDENT OF THE UNITED STATES, 1990

We stand on the threshold of a global pandemic of tobacco-related diseases that is nothing short of colossal.

ALLAN BRANDT, HARVARD UNIVERSITY, 2007

Humans are naturally inquisitive, and it would probably be hard to find an animal, vegetable, or mineral that has not, at some time or another, been put to the inhalation or ingestion test. Tobacco has been helped along, however, by certain properties of the plant itself. The plant is weedily easy to grow, with a range now extending from the tropics into places like Germany or even Sweden and Canada. Also, the seeds are astonishingly small: thousands fit into a tablespoon, which helps explain how easily the herb was transported from South America and (later) Mesoamerica and North America. Francisco Hernández de Toledo brought living plants back to Spain in 1559, and it was not long before enterprising agriculturalists were growing it in North Africa. Tobacco arrived in the Philippines in 1575, in Russia in 1585, and in China in the late 1500s. India first saw tobacco in 1605, which is also about when Japan took up the habit. Tobacco was most often smoked in pipes and later in roll-your-own versions, flavored with lime (calcium oxide), cloves (especially in Indonesia), and sweeteners of various sorts.

The tobacco industry likes to dredge up such facts, to make of smoking a kind of venerable tradition. As if smokers today are doing what Americans and Europeans have been doing for centuries, or Native Americans for millennia. The fact, however, is that today's use of cigarettes is on an entirely different *scale* from anything in former times. Scale here is everything, and the long reach of the leaf in modern times is largely due to mechanization and, more recently, globalization. The net effect is the spread of tobacco death across the planet on a scale nearly unimaginable.

inable, a process hastened by the penetration of transnational corporations into markets previously inaccessible.

Consider that in the early years of the cigarette epidemic, circa 1900, Buck Duke's American Tobacco conglomerate produced more than 90 percent of the world's cigarettes, which at that time was only about four *billion* sticks. Consider also that today's global consumption is higher by a factor of more than a thousand: about six *trillion*. State-of-the-art cigarette-making machines have been installed in factories throughout the world, transforming a rich man's fashion into a poor man's addiction, albeit increasingly dual-gendered. Smoking has become an impoverishing luxury, the companion of benighted affluence. Decolonialism and economic progress following the Second World War are partly to blame, as are tax-thirsty governments, but global tobacco also represents a new kind of cardiopulmonary colonialism wreaking havoc on the world's vital organs. Americans and Europeans as recently as the 1940s were smoking nearly half the world's cigarettes, whereas today that fraction is down to around 10 percent. The big growth has come from places like India and China and nations formed from the breakup of the former Soviet empire, where affluence and aggressive free trade have opened the door to *laissez-fumer* carcinogenic consumerism.

CHINA AND INDIA

Smoking has grown especially fast in China, where about a third of the world's cigarettes are now smoked. The Communist Party leadership for many years encouraged smoking—the pragmatic pro-Western Deng Xiaoping was key here, with his stress on cigarettes as part of China's push for "modernity with Chinese characteristics." Tax revenues fuel the attraction: the Chinese government in 2008 received \$31 billion from tobacco taxes, though cynics might wonder whether the Middle Kingdom has not just found a brutal way to end its time-honored tradition of filial piety. Tobacco kills mainly the elderly, and the government may even welcome this as a way to unburden itself of the unproductive aged and infirm. (Milos Zeman, prime minister of the Czech Republic, offered this callous calculus in 2001, claiming that tobacco use actually saved the state money by killing off the elderly.)¹ Health professionals have been largely powerless to stop the onslaught, and in the first decade of the new millennium nearly half of all Chinese physicians still smoke. And millions of farmers and traders make their living from the habit. Cigarette consumption peaked in the United States in 1981 but may not even yet have peaked in China.

The Chinese are used to smoking domestically produced cigarettes and as recently as the 1990s had nearly a thousand different brands available for purchase. That number is being consolidated, as the China National Tobacco Corporation prepares to compete with imports such as Marlboro, Camel, and BAT's 555 and JTI's Mild Seven. Prices range from under 50 cents for a pack of cheap peasant smokes

to more than \$18 for the classiest kowtow-to-your-boss Panda brand. Super luxury brands can go even higher—up to \$35 for a pack. The Chinese state and economy depend on tobacco both for revenue and for agricultural stability, which is why we should not be surprised to find a doubt-mongering apparatus similar to our notorious “Tobacco Institutes” of Australia, New Zealand, Hong Kong, Taiwan, and the United States. The Yunnan Tobacco Institute in Yuxi, south of Kunming, is the nerve center of Chinese tobacco propaganda, where vested interests combine with cowardice to keep the horrors of smoking hidden.

Foreign manufacturers, though, have long been trying hard to gain a foothold in the Middle Kingdom. Prior even to the twentieth century James “Buck” Duke opened a world map and tapped his finger on China to announce, as the story is told, “Here is where we’ll build our kingdom.” Multinationals have salivated over the prospects ever since: Robert Fletcher of Rothmans in 1992 likened the Chinese market to thinking about “the limits of space,” while Philip Morris characterized China as “the most important feature on the landscape.” Yet another Philip Morris Asia official has gushed, “In every respect, China confounds the imagination.”² There is no mystery here, though. The global transnationals are busily having their way with poorer parts of the world as they once did with the rich. Philip Morris has recently struck a deal with China, acquiring rights to market Marlboros in the country in exchange for help with popularizing Chinese brands in other parts of the world. China could well become a global cigarette superpower, even as foreign brands gain entry.

India’s tobaccosis has risen almost as fast as China’s. This is all the more remarkable since it was not so long ago that few manufactured cigarettes were smoked on the subcontinent. Smoking has been encouraged both by economic growth and transnational penetration, with the film industry lending a hand as well. Bollywood films were chock full of cigarette implants until 2005, when a policy was adopted barring depictions of smoking on films (and television). According to a WHO-financed study released just prior to the ban, 89 percent of Hindi-language films depicted smoking, with two-thirds showing the lead character in the act and nearly half showing specific brands. A surprisingly large percentage of Indian films—more than a quarter—belittled or mocked people worrying about tobacco harms. India’s ban was reversed by the Delhi High Court in 2009, following protests about limitations on artistic freedom. One director, Mahesh Bhatt, complained early on that the problem was not so much films as reality and that “if the government has the courage, it should ban smoking in real life.”³

Tobacco kills nearly a million Indians every year, a number that will grow as exposures from the 1980s, 1990s, and 2000s take their toll. Cigarette consumption has probably not yet peaked in South Asia, however, since more people still smoke hand-rolled “bidis” than manufactured “white” cigarettes. Bidis are cheaper and more often made by hand—though even that is changing. Significant also is that while

bidis account for about 80 percent of Indian smokes, “white” cigarettes account for 90 percent of the country’s total tobacco tax revenue.⁴ Unusual also in the Indian situation is the fact that tobacco here kills far more people via *tuberculosis* than via lung cancer. Epidemiologists have shown that about three quarters of all people dying from tuberculosis in India would not have died from that disease if they had not smoked. The lung irritation seems to create a fertile ground for infection by the tubercle bacillus and may weaken the body in other ways, making it more vulnerable.⁵ (Smoke is known to disable macrophages and weaken the immune system, for example.) Tobacco is a “communicable” disease, in more ways than one.

India is also unusual in the diversity of ways in which tobacco is consumed. Cigarettes and bidis have been mentioned, but Indians also use a toxic cigarlike smoke known as a *cheroot* and a variety of local oral chews such as *paan* and *gutka*, which are typically betel leaf wrapped around a mixture of tobacco, the alkaloid-rich areca nut, and spices of various sorts with slaked lime added as a freebasing agent (to promote nicotine absorption). Pound for pound “white cigarettes” are still a minor part of total tobacco consumption, but that is changing, as wealth generates Western imitations. Three quarters of the cigarette market is controlled by the Indian Tobacco Company, a subsidiary of BAT, with the most popular brands being Bristol, Scissors, Gold Flake, and Capstan. A Philip Morris subsidiary is the second largest manufacturer, with Vazir Sultan Tobacco third in the rankings.

Indonesia doesn’t get a lot of attention in the global tobacco wars, but the island chain nation has become a virtual playground for the cigarette transnationals. A third of the country’s 250 million people are regular smokers, especially of clove-flavored cigarettes known as *kreteks*, so called for the crackling sound they make when the stems inside are smoked. The country is heavily dependent on cigarettes, with an estimated 8 million to 10 million people making a living bringing them to market, including farmers who grow the leaf and/or the cloves. Advertising is technically prohibited, but the ban is widely ignored, and visitors to Jakarta will find virtually every lamppost plastered with tobacco ads. Modernization of production is ongoing, with manufacturers claiming even to be using “carbon capture” to produce the dry ice used in making expanded tobacco—via the so-called DIET process.⁶

GLOBAL CONSPIRACIES

There are of course parts of the world where tobacco has never penetrated. Smoking is extremely rare in the Nevis half of the island nation of St. Kitts-Nevis, for example, and is not very common in the landlocked mountain redoubt of Bhutan, where public smoking and the sale of tobacco has been banned since 2004. Smoking has also been rare in some of the poorer parts of Africa and South America. Nigeria in 2007 had one of the world’s lowest smoking rates: according to a recent

Gallup poll only 6 percent of Nigerians answered yes when asked, “Did you smoke yesterday, or not?” Highest was Cuba, where 40 percent of the population answered yes to the same question. Other surveys show smoking rates even higher among certain subpopulations: more than three quarters of all Yemeni men smoke, for example, as do 71 percent of all women in the Cook Islands and nearly two-thirds of all male Albanian third-year medical students.⁷

Part of the problem is that the industry has been organizing as a global force far longer—and with much deeper pockets—than public health advocates. Buck Duke had already hoped for a global monopoly in the nineteenth century, and his British American offshoot quickly captured much of the world market. I’ve mentioned the denialist efforts of Germany’s *Academia Nicotiana Internationalis* and Bremen’s International Association for Scientific Tobacco Research—plus of course the doubt-mongering apparatus of Hill & Knowlton and the American tobacco magnates—but similar efforts have been launched in other parts of the world. Denialist science has been purveyed by many different organs, from Germany’s *Verband der Cigarettenindustrie* to the Paris-based Center for Cooperation in Scientific Research Relative to Tobacco (CORESTA), Britain’s Tobacco Manufacturers’ Standing Committee (today the Tobacco Manufacturers’ Association),⁸ and the myriad “Tobacco Institutes” established throughout the world. Plus of course the many corporate law firms paid extraordinary sums to defend the industry in court. Tobacco has paid more for its legal defense than any other industry in history, with the possible exception of asbestos.

Global tobacco collaborations date from early in the twentieth century, but formal ties were strengthened in the 1970s, principally to deal with the new threat from evidence that secondhand smoke was causing death and disease. Evidence along these lines had been building since the 1960s, when steps began to be taken to eliminate smoking from airlines, hospitals, restaurants, and the “clean rooms” where computers were expected to operate. Smoke fouled magnetic tapes, prompting operators to ask, if smoke can harm computers, might it not also be harming people? Most such measures were mild or even laughable by today’s standards: separate smoking sections in restaurants did little to reduce exposures, for example, and in some instances made a mockery of physics (see Figure 35). I’ll never forget riding in buses with one side reserved for smoking while the other was supposed to be smoke-free.

The tobacco industry saw what was coming and recognized a potential catastrophe (for profits) if the problem was not deftly managed. In the summer of 1976 the Philip Morris Chairman’s Conference in Hot Springs, Virginia, came to the “unanimous agreement” that limitations on public smoking posed “a more serious threat to the Industry’s future than any other.” In Australia that same year W. D. & H. O. Wills listed two “serious threats” to the industry: (1) “the threat that smoking could become anti-social and unfashionable” and (2) “passive smoking.” For cigarette makers in Australia, as in other parts of the world, the question now be-

came, “what positive action should be taken to change the smoking and health question from one that already has been decided, to one that is open to debate?”⁹

Secondhand smoke denialism grew from these concerns over social acceptability, with the companies realizing that the scale of the problem demanded new kinds of collaboration. Efforts along these lines were quickly globalized; groups such as the International ETS Management Committee (IEMC), the Confederation of European Community Cigarette Manufacturers (CECCM), Britain’s Tobacco Advisory Council (TAC), and the International Committee on Smoking Issues (ICOSI) all had a hand in the action. Different groups were assigned different tasks, so whereas the CECCM coordinated the European response, the IEMC was supposed to handle the rest of the world. As one ICOSI agent put it in 1979, the goal was to “unite with common targets and common approaches” against threats from international cancer agencies and movements to restrict indoor smoking. Coordination with the United States was typically through the Tobacco Institute, though law firms were also hired to craft strategy and to sanitize documents. One key concern was to ensure that decisions taken abroad wouldn’t jeopardize the American legal situation. The fear was also of a domino effect—that legal setbacks in the United States could harm the global industry—which is why Lovell, White & Durrant in London and Chadbourne & Parke in New York were hired to make sure documents produced by the industry’s trade associations would not create legal embarrassments. Shook, Hardy and Bacon had long been doing similar work. A great deal of consideration was given to “the legal position in the United States,” with the fear again being that actions taken abroad could weaken the American litigation front.¹⁰

Operation Berkshire was the code name given to one such collaboration, launched on December 3, 1976, when Tony Garrett, chairman of Imperial Tobacco of London, asked Hugh Cullman at Philip Morris International for help in crafting a “defensive smoking and health strategy.” The goal, among other things, was to ensure that “no concessions beyond a certain point” would be made on smoking and health by the industry, by which was meant not just Philip Morris and BAT but also Reynolds, Reemtsma, and Rothmans International, all of whom had already signed on to the plan. Garrett was worried that uncoordinated action would allow the companies in different parts of the world to be “picked off one by one”—meaning effective public health controls on smoking—with the resulting “domino effect” having an impact on “all of us.” Cullman agreed, and the group began meeting at Shockerwick House, a training center owned by W.D. & H.O. Wills near Bath, England, in summer 1977. The premise for these meetings had been outlined in a precirculated “Position Paper,” wherein we find the companies refusing to accept “a causal relationship between smoking and various diseases.” The Position Paper—also referred to as the “charter” for a new International Committee on Smoking Issues (ICOSI)—postulated that “the issue of causation remains controversial and unresolved” and

that further research was needed. Crucial also was the need for the industry to speak “with one voice.” The goal was to mount a “Smoker Reassurance” program to counter “the increasing social unacceptability of smoking.”¹¹

Berkshire’s principal outcome was the formation of ICOSI, a body later reorganized as the International Tobacco Information Center (INFOTAB) and then again (in 1992) as the International Tobacco Documentation Center (TDC). ICOSI members in these early years included Philip Morris, BATCo, Imperial Tobacco, Gallaher, Reynolds, Reemtsma, and Carreras Rothmans but by 1984 would encompass sixty-nine members operating in fifty-seven countries. Separate working groups were established, with Reynolds taking the lead for “Social Acceptability,” BAT for “Smoking Behavior,” and Imperial for “Medical Research.” The overarching goal was to meet “discreetly to develop a defensive smoking and health strategy,” gathering information to assess threats but also taking steps to develop countermeasures. The focus was to be transnational and proactive, with “action kits” distributed to help members challenge regional health initiatives. As BATCo put it, the goal was to conduct “defensive research aimed at throwing up a smoke screen and to throw doubts on smoking research findings which show smoke causes diseases [*sic*].” Initiatives along these lines were made possible by the enormous political power of the companies: W. D. & H. O. Wills in 1976, for example, bragged about the Australian industry having achieved “a high degree of access to government on the relevant issues and a considerable ability to delay and/or amend proposed restrictive legislation and regulation.”¹²

Power of this sort was made possible by elaborate and well-funded alliances in academia, the media, and government—but also by well-heeled corporate lawyers, who in many respects acted as an arm of the industry itself. In 1978, for example, representatives from Britain’s Tobacco Advisory Council met with Philip Morris, Reynolds, Shook, Hardy, and Covington & Burling to coordinate denialist efforts, especially in the secondhand smoke realm. Covington & Burling was also key to the success of Operation Whitecoat, a Philip Morris–led effort to restore social acceptability by developing European networks of experts—“whitecoats”—to help produce industry-friendly science and policy. Covington & Burling’s London office helped coordinate this effort, with the goal being to “resist and roll back smoking restrictions” and “restore smoker confidence.” Whitecoat operatives collaborated with the Center for Indoor Air Research in the United States and INFOTAB in Europe, working to insinuate doubt and misinformation globally, including in Latin America. In the Latin Project, for example, Covington & Burling organized a team of medical experts to publicize doubts about secondhand smoke hazards, drawing up and vetting lists of Argentine experts for this purpose. The country’s Tobacco Industry Chamber established an entire department titled “The Controversy,” distributing leaflets and reports for the press to challenge evidence of hazards.¹³

A NEW OPIUM WAR?

Much of the industry's global muscle in recent years has gone into making sure that tobacco companies have free access to markets in poorer parts of the world, seen as the last great opportunity for expansion now that smoking rates are falling in virtually all of the richer parts of the globe. The goal has been to guarantee that tobacco remains a freely traded "good," supported by governments desperate for the revenue and citizens eager to emulate the West.

One method used by the transnationals has been to weaken state monopolies. Tobacco has long been an enterprise of the state in many parts of the world and still today is monopolized in Thailand, Vietnam, China, Iran, Romania, and a dozen other nations. Many of these monopolies have come under pressure to open their markets to foreign competition, and global trade treaties such as the General Agreement on Tariffs and Trade (GATT) and its successor, the World Trade Organization, have made it easier for the transnationals to gain access. Allan Brandt in his *Cigarette Century* shows how the White House under Ronald Reagan launched a formidable campaign to force Japan, South Korea, Taiwan, and Thailand to open their markets, using the office of the U.S. Trade Representative. Tobacco companies managed to convince the head of that office, Clayton Yeutter, that they were victims of unfair trade practices and in need of assistance; heavy political artillery was then brought to the negotiations, with no consideration given to how breaking into such markets might affect public health. Free trade carried a big stick, and Japan, South Korea, Thailand, and Taiwan were all quickly forced to eliminate their import tariffs, causing cigarette consumption in those countries to skyrocket. U.S. cigarette exports climbed by over 600 percent in the years following these agreements, and in Japan alone the proportion of women smoking more than doubled from 1987 to 1991. Clayton Yeutter himself characterized this as "a marvelous success" and was promoted to secretary of agriculture in the first Bush administration (in 1989) and joined the board of British American Tobacco (in 1991).¹⁴

Hundreds of thousands of deaths can be blamed on this bullied liberalization of trade. Judith Mackay in Hong Kong as early as 1987 was talking in terms of "neo-imperialism" and "a new opium war,"¹⁵ and even the normally restrained British journal *Lancet* decried a "new slave trade." Transnational tobacco giants ever since have sold cigarettes in poorer parts of the world using a double standard, employing tactics no longer allowed elsewhere. Attractive young females are employed to offer free samples, for example, and marketing to the young is often blatant, via pop music and sports and the other tricks from decades of experience in the "developed" world. Cigarettes are sometimes even sold without warning labels. The only positive outcome has been the outrage of health authorities, notably those in the countries victimized by the forcible liberalization of trade. In Thailand, for example, which had put up some of the strongest resistance, health authorities responded by

banning advertising, increasing education on health risks, and placing graphic warnings on cigarette packs. And the World Health Organization began a series of moves that would culminate in the passage of the Framework Convention on Tobacco Control, the world's first public health treaty, in 2003.

The Framework Convention is no panacea, but it does call for graphic warnings along with increased taxation, bans on print and media advertising (including sponsorships), bans on vending machines, exclusion of industry participation in the making of tobacco policy, and bans on representing cigarettes as “light,” “mild,” or otherwise healthful. As of 2011 a total of 169 nations had signed the treaty, with more even than this ratifying it. (Ratification designates a stronger level of commitment, implying that the party is bound under international law to the provisions of the treaty.) Russia ratified in 2008, leaving only the United States among the major powers not to have done so. The Bush administration was never friendly toward global efforts to limit tobacco use; indeed American hostility to the FCTC was so vehement that the country was asked at one point to remove itself from deliberations. Governments from Britain, Germany, Japan, and China also worked to water down the treaty, which is one reason its ratification is sometimes regarded as a victory of the developing world over the richer tobacco-manufacturing nations.

It remains to be seen how effective the FCTC will be in curbing global tobacco use. There are no real provisions for enforcement, and some nations may implement only the bare minimum of recommended policies or give only lip service to the treaty. There is also the problem that tobacco control is viewed principally in terms of *curtailing demand*, ignoring opportunities in the form of mandating changes in the production process. The FCTC has tended to emphasize demand-side solutions, assuming free and unimpeded access to cigarettes. Protocols are being drafted for product regulation, but there is a risk that these may be limited to adjustments in the balance of specific smoke constituents rather than more effective—and simpler—interventions that could dramatically reduce the harm or addictiveness of smoking (mandating the removal of nicotine from tobacco products, for example). The treaty has built-in mechanisms for improvement, however, and we are likely to see its importance grow as new protocols are added and pressures increase to strengthen global public health and environmental sustainability.

Policy-wise, we can also see a more hopeful future emerging as individual countries or parts of countries push the envelope in specific directions—as Canada, Brazil, and Thailand have done with graphic warnings, or India did with its (short-lived) ban on smoking in films, or Australia has recently done with its plain package mandate. Bhutan has a ban on cigarette sales, and in parts of the United States we now have bans on smoking on beaches and in parks and multi-unit housing. Californians, New Yorkers, and residents of Massachusetts have made some quite remarkable strides in this area, but we shouldn't be fooled: Americans still smoke more than 300 billion cigarettes per year, and even Californians smoke nearly the

same as the global average—and only slightly less than the French on a per capita basis.

Europeans have surprised many Americans by their willingness to take strong action: Ireland, France, and Italy have all banned smoking in all restaurants, workplaces, and public buildings—though outdoor urban air remains quite smoky in many of those countries. Cigarette smoke remains the deadliest form of pollution in most European cities, where outdoor cafés are routinely bathed in radioactive, toxin-laden smoke—thanks to blind-eyed ignorance, smokers’ indifference, and the industry’s political powers. The European Union is seeking to establish EU-wide tobacco policies, though we have also seen clever efforts to circumvent the bans that already exist—as in Bavaria, where smokers at one point started a “church” with “parishioners” allowed to smoke while in “services” (i.e., a pub, bar, or restaurant). Minnesotans were equally creative when an attempt was made to evade smoking bans by turning bars into “theaters” and all patrons into “actors”—since actors in a play were exempt. These are comical sideshows, of course, but we can certainly expect such shenanigans in the future—and far more serious resistance from the industry—given the grip of addiction and the global financial empires at stake.

. . .

So where does the ethical circle close? How far can we extend blame for these many millions of deaths? Of course the cigarette makers, but what about the companies making the paper or flavorings or freebasing agents for cigarettes? What about the public relations and marketing firms or those tattoo artists who help with pack design? What about the agricultural research experts helping to grow the leaf, or the farmers planting the seeds, or the journalists dropping the ball? Or those many scholars who provide cover for the industry? What about the law firms that protect Big Tobacco in court, or the filmmakers who write smoking into scripts, or governments that turn a blind eye, or the libertarians who justify it in the name of personal freedom? Or the smokers who keep the companies in business with their cash? Where does the ethical circle close, and what can and must be done?

23. Glenn Collins, “A Cigarette Holder Burns One Puff at a Time,” *New York Times*, Oct. 23, 1997, Bates 138011392–1393.

24. <http://revver.com/video/587560/vapir-one-vaporizer/>.

25. Robert N. DuPuis, acting as Special Technical Consultant for the Consolidated Cigar Corporation, in 1973 defended cigars as “a less hazardous form of smoking than cigarettes, whose principal ingredient is flue-cured tobacco.” DuPuis went on to say that cigars were less hazardous given that (1) “The fermentation process destroys most of the sugar in the tobacco”; and (2) “The smoke from fermented cigar tobacco is neutral to alkaline, whereas the smoke from the popular American cigarettes is acidic.” Crucial for smokers of Dutch Treat cigars was that smoke from such cigars was “unpleasant to inhale” and therefore “not inhaled to the same extent as American cigarette smoke.” See his “Statement” before the Committee on Interstate and Foreign Commerce, U.S. House of Representatives, May 22, 1973, Bates 1000244835–4840.

26. For “if they get cigarettes”: Philip Morris Corporate Affairs, “Talking Points—FET Week Participants,” Aug. 1994, Bates 2048619009–9013. For rally at the Capitol: Chris Donohue to Beat FET Week Task Force, Feb. 2, 1994, Bates 2062341171–1173. For Oscar Mayer: Joan Cryan and John C. Lenzi to Robert A. Eckert (Oscar Mayer), April 8, 1994, Bates 2078845705.

27. One Philip Morris study found users of PM snus averaging only 4 nanograms per milliliter of nicotine in their blood, compared to 18 ng/ml for smokers. Users of Swedish snus, by contrast, achieved blood nicotine levels of about 15 ng/ml—more like that of smokers. See Jonathan Foulds and Helena Furberg, “Is Low-Nicotine Marlboro Snus Really Snus?” *Harm Reduction Journal* 5 (2008): 9.

28. The European Union banned the sale of snus in 1992, though an exception was made for Sweden when it entered the Union (in 1995) in a tilt to its long-standing use in Scandinavia. Hong Kong, Ireland, New Zealand, and Israel had all banned smokeless tobacco products by 1987, and Australia followed suit in 1991.

29. Gregory N. Connolly et al., “Unintentional Child Poisonings through Ingestion of Conventional and Novel Tobacco Products,” *Pediatrics* 125 (2010): 896–99; Duff Wilson, “Flavored Tobacco Pellets Are Denounced as a Lure to Young Users,” *New York Times*, April 19, 2010.

CHAPTER 29

1. Zeman’s claim was based on research conducted by the Czech arm of Philip Morris, which in 2000 hired Arthur D. Little to calculate the money saved for the Czech state by premature deaths from tobacco. The report concluded that the 21.5 billion koruna saved by early deaths outweighed the 15.6 billion koruna lost from medical bills, absenteeism, and lost income taxes (not paid because the smokers were dead). Zeman in a March 2001 trip to India commented that since heavy smokers die young, “it is not necessary to pay them pensions.” See Kate Swoger, “Report Says Smoking Has Benefits,” *Prague Post*, June 27, 2001.

2. Rene Scull, Vice President, Philip Morris Asia, “The Tobacco Industry in the Asia/Pacific Region up to the Year 2000,” Dec. 1985, Bates 2044448375–8401, p. 22.

3. Elizabeth Davies, “Bollywood Fumes at Smoking Ban,” *Independent*, June 2, 2005. For

the WHO report, see <http://www.youtube.com/watch?v=s1rFQfIOnhA>. For the older history of tobacco in India, see Cox, *Global Cigarette*, pp. 202–37.

4. K. Srinath Reddy and Prakash C. Gupta, eds., *Report on Tobacco Control in India* (New Delhi: Ministry of Health, 2004), [http://www.mohfw.nic.in/Tobacco%20control%20in%20India_\(10%20Dec%2004\)_PDF.pdf](http://www.mohfw.nic.in/Tobacco%20control%20in%20India_(10%20Dec%2004)_PDF.pdf).

5. Jha et al., with Peto, “A Nationally Representative Case-Control Study of Smoking and Death in India.”

6. Riyadi Suparno, “RMI Expands into Tobacco Industry,” *Jakarta Post*, Dec. 15, 2009.

7. <http://www.gallup.com/poll/28432/smoking-rates-around-world-how-americans-compare.aspx>; Omar Shafey, Michael Eriksen, Hana Ross, and Judith Mackay, *Tobacco Atlas*, 3d ed. (Atlanta: ACS, 2009).

8. Britain’s Tobacco Manufacturers Association (TMA) has undergone several name changes since its establishment as the Tobacco Manufacturers Standing Committee in 1956: the name was changed to Tobacco Research Council in 1963 and then to Tobacco Advisory Council in 1978. The present name was adopted in 1994.

9. For “unanimous agreement”: Philip Morris, “Smoking: Social Unacceptability Issue,” June 1976, Bates 2025025481–5494. For “open to debate”: W. D. & H. O. Wills (Australia), “A Review of and Recommendations on Passive Smoking and Social Acceptability of Smoking,” July 1976, Bates 2025025461–5480.

10. For “unite with common targets”: “ICOSI: International Committee on Smoking Issues,” April 1979, Bates 1003717317–7330. For “legal position”: Peter M. Wilson (Gallaher) to Principal Board Members of INFOTAB and CECCM, “Legal Clearance of Documents,” Jan. 14, 1991, Bates 2023237649–7650; also Kessler’s “Amended Final Opinion,” pp. 172–209.

11. For “domino effect”: R. A. Garrett to Hugh Cullman, Dec. 3, 1976, Bates 2025025290–5291; Hugh Cullman to Files, Dec. 3, 1976, Bates 2025025286; also Bates 2025025347–5348 and 2025025347–5348. For speaking “with one voice”: “Position Paper,” April 28, 1977, Bates 2501024572–4575. For “Smoker Reassurance”: “Operation Berkshire,” April 15, 1977, Bates 2501024570. Much of this collaboration was first exposed by Neil Francey and Simon Chapman in “Operation Berkshire: The International Tobacco Companies’ Conspiracy,” *British Medical Journal* 321 (2000): 371–74.

12. For “discreetly”: “Working Party on the Social Acceptability of Smoking Issue,” late June 1977, Bates 2025025295–5300. For “defensive research”: BATCo’s files from a March 1978 meeting in Australia, Bates 321588692–8692. For “considerable ability to delay”: W. D. & H. O. Wills, “Review of and Recommendations on Passive Smoking.” And for background: Patricia A. McDaniel, Gina Intinarelli, and Ruth E. Malone, “Tobacco Industry Issues Management Organizations: Creating a Global Corporate Network to Undermine Public Health,” *Global Health* 4 (2008): 2.

13. For “Resist and roll back”: “Proposal for the Organisation of the Whitecoat Project,” Feb. 22, 1988, Bates 2501474262–4265. For the Latin Project: Ernesto M. Sebrie et al., “Tobacco Industry Dominating National Tobacco Policy Making in Argentina, 1966–2005,” Center for Tobacco Control Research and Education, <http://repositories.cdlib.org/cgi/viewcontent.cgi?article=1051&context=ctcre>.

14. Brandt, *Cigarette Century*, pp. 458–68. William Ecenbarger describes how Senator Jesse Helms in the mid-1980s used the Office of the U.S. Trade Representative to open up

Asian tobacco markets; see his “America’s New Merchants of Death,” *Readers Digest*, April 1993, pp. 50–57.

15. Speech by Judith McKay, 1987, Bates 980170160–0167.

CHAPTER 30

1. Joanna E. Cohen et al., “Political Ideology and Tobacco Control,” *Tobacco Control* 9 (2000): 263–67.

2. Geoffrey Fong et al., “The Near-Universal Experience of Regret among Smokers in Four Countries,” *Nicotine and Tobacco Research* 6 (2004): S341–51.

3. A 2010 Google search of “laws prohibiting” turned up, in order (eliminating duplicates), prohibitions of the following: on-the-job discrimination, sexual abuse, tobacco sales to minors, phone use while driving, discrimination against people with disabilities, smoking in stand-alone bars, firearms, Internet purchase of California wines, false medical claims, smoking in private worksites, sex discrimination, criticism of agricultural products, piranhas, discrimination based on criminal conviction, discrimination against gays, racial discrimination, driving while stoned, marriage based on genetics, sale of alcohol to minors, assisted suicide, and so forth.

4. R. Rosell et al., “The Eel Fishery in Lough Neagh, Northern Ireland—An Example of Sustainable Management?” *Fisheries Management and Ecology* 12 (2005): 377–85.