Business History

ISSN: 0007-6791 (Print) 1743-7938 (Online) Journal homepage: http://www.tandfonline.com/loi/fbsh20

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To cite this article: David T Courtwright (2005) 'Carry on Smoking': Public Relations and Advertising Strategies of American and British Tobacco Companies since 1950, Business History, 47:3, 421-433

To link to this article: https://doi.org/10.1080/00076790500056044

Published online: 24 Jan 2007.

‘Carry on Smoking’: Public Relations and Advertising Strategies of American and British Tobacco Companies since 1950

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I

The modern cigarette is one of the most perfect addictive products ever devised. Smokers are able to inhale its smoke deep into their lungs, delivering a powerful dose of nicotine directly into their bloodstreams. Not only are cigarette smokers more likely to become addicted, they also consume more tobacco per person than cigar or pipe smokers, or for that matter chewers or snuff dippers. Those who smoke two packs a day inhale tobacco smoke approximately 150,000 times a year and consume upwards of 15,000 cigarettes. ‘I’ll tell you why I like the cigarette business,’ the investor Warren Buffett once remarked. ‘It costs a penny to make. Sell it for a dollar. It’s addictive. And there,’s fantastic brand loyalty.’ [2]

Addiction translates into relatively inflexible demand. This is especially true in the short run, when addicts are suffering through withdrawal. Yet addicts will not continue to pay any price for tobacco or other psychoactive drugs. Like other consumers, they are sensible of costs, whether measured in money or risk. If the cost rises high enough they will eventually seek substitutes, make do with less, or quit altogether. Products like cigarettes may be qualitatively different from barley or oats, in that dependent consumers will sacrifice more to continue using them than commodities that they do not crave, but for most people there are limits even to physical addiction.[3] The American and British tobacco industries discovered those limits in the second half of the twentieth century. A growing body of scientific evidence, which reached critical mass in the early 1950s, linked cigarette smoking to cancer and other deadly diseases. The news provoked widespread consumer fears, reflected in a dip in tobacco stock prices. It raised, especially in the United States, the possibility of damaging litigation. And it increased the likelihood of government regulation.

‘Regulation,’ as applied to psychoactive products, has historically had three primary dimensions: restrictions on access, taxation and sanctions for violation. Restrictions on access have ranged from none (as with caffeinated beverages), to rules governing distribution and marketing, to prescription requirements, to manufacturing quotas, to absolute prohibition for dangerous drugs of putatively low medical value. Taxes have ranged from none, to those aimed at producing revenue, to heavier ones aimed at discouraging consumption, to those so heavy they amounted to *de facto* prohibition. Sanctions, the penalties imposed for violating access restrictions and tax laws, have

Business History, Vol.47, No.3, July 2005, pp.421 – 432
ISSN 0007-6791 print/1743-7938 online
DOI: 10.1080/00076790500056044

similarly ranged from none, to fines, to mandatory treatment, to prison terms, to capital punishment for traffickers. Conceptually, each of these three dimensions of regulation can be thought of as an 'axis of coercion' on an X-Y-Z policy graph. The point at which the three axes intersect – no restrictions, no taxes, no sanctions – defines the free market. The closer to free-market conditions, the greater the potential for sales, especially given the intrinsic demand-enhancing properties of psychoactive drugs: neural reinforcement, tolerance and addictive potential.

All of this was well understood within the tobacco industry, which enjoyed a privileged regulatory position in the mid-twentieth century. Though long taxed for revenue, manufacturers of tobacco products faced few restrictions other than those involving sales to minors – laws backed by light sanctions and, judging from the widespread adolescent smoking in memoirs of the period, even lighter enforcement. The size and fiscal importance of the industry conferred a measure of immunity, as did the personal habits of business, professional and political leaders. Winston Churchill with his cigars and Franklin Roosevelt with his four daily packs of cigarettes were hardly inclined to lead an anti-smoking crusade. As for doctors, they could barely see the lantern-slide screen through the smoke in their conference rooms. It helped, too, that tobacco did not conspicuously intoxicate in the manner of alcohol or narcotics.

The one real point of vulnerability was the health issue, which had been debated for centuries. Nicotine was said to be a poison, the smoking of which was bad for the heart, bad for the eyes and bad for the morals. But all that was rather amorphous. The accumulating cancer evidence was specific. It created a distinctive crisis, one which threatened both consumer confidence and governmental reassessment of tobacco's light regulatory burden. How industry executives in America and Britain successfully responded to this crisis, both through their immediate public relations efforts and longer-run advertising and recruitment strategies, is the burden of this article.[4]

II

The year is 1955, the place New York City. A physician, Lester Coleman, is attending the 'sweet sixteen' party of one of his patients. The young woman is surrounded by her friends who are bubbling with gaiety and excitement. As a sign of liberation from childhood, she holds in one hand a glass of champagne and in the other her first cigarette. She tastes the champagne and begins to light the cigarette. A young voice calls out: 'Don't light it; you'll get a cancer.' Stunned silence, then nervous giggling. The moment passes, the party resumes. But the episode is not forgotten. It has been, Coleman judges, suppressed – planting another psychic seed for another American phobia. 'A brand new recruit has joined the forces of fear – the fear of tobacco,' he told an attentive audience of retail tobacco dealers:

> The immensity of the fear of tobacco was significantly brought to my attention by [another] patient. This particular woman, I knew, had always hidden her anxieties behind a false front of assumed calm and sophistication. Sitting opposite my desk, she casually offered me a cigarette, forcing her carelessness with the question, 'Have a cancer?' This apparent facetiousness belied the true intensity of her fears. She obviously was seeking reassurance for this fear, hoping to offset the others that she dared not express.

Coleman's point was a simple one. Americans, living in an era of rapid economic and technological change and under threat of nuclear annihilation, did not need another mass anxiety. They were needlessly restricting their joy of living in order to assuage their fears. Granting that the charges against tobacco were 'extremely serious,' Coleman insisted they were not yet proven. Should an unequivocal cancer-smoking link be established, he was certain 'that those who control this tremendous industry' would not continue selling a product 'with death and disease as its only eventuality.'[5] Coleman, of course, misjudged the industry's willingness to continue selling its lucrative products in the face of mounting evidence of lethal effects. Yet he had correctly identified the central problem facing the industry in the second half of the twentieth century: consumer health fears threatened to spoil the pleasure people took in cigarettes.

America in 1950 was a smoker's paradise; the haze was so thick in New York's legendary Birdland nightclub that the canaries behind the bar were dead within weeks of its opening.[6] Social custom and the millions invested in advertising over the years had fostered an ideal mental 'set' for smoking. Everyone's in on the fun, so relax and light up. Cancer destroyed this comforting illusion and, with it, the industry's pet rationalisation. Tobacco executives liked to think of themselves as doing good while doing well. They provided, in the words of American Tobacco's Paul Hahn, 'a universal pleasure and relaxation' at a modest cost.[7] This boon to humanity, together with jobs and government revenues, was the moral foundation of the entire industry. Alton Ochsner and Ernst Wynder and other pioneering cancer researchers were systematically undermining that foundation. By linking cigarettes to a specific lethal disease they were transforming a product that alleviated anxiety to one that massively produced it. And they were turning the medical profession decisively against cigarettes. Doctors were quitting and advising their patients to do likewise.[8]

The American industry initially responded with denial and buck-passing. 'You hear stuff all the time about ''cigarets [sic] are harmful to you'' this that and the other thing,' Arthur Godfrey reassured his television viewers in September 1952. Not to worry. Chesterfields wouldn't harm your nose, throat, or 'accessory organs'. A responsible consulting organisation and competent medical specialist had vouched for it, Godfrey said.[9] Industry leaders like Hahn realised, however, that every-brand-for-itself health malarkey was self-defeating. It only served to increase public awareness of the cancer issue. It was a dull viewer indeed who didn't understand 'accessory organs' as a euphemism for lungs. What tobacco needed was a united front. In December 1953 Hahn met with his counterparts in New York's Plaza Hotel. They agreed to create the Tobacco Industry Research Committee (TIRC).

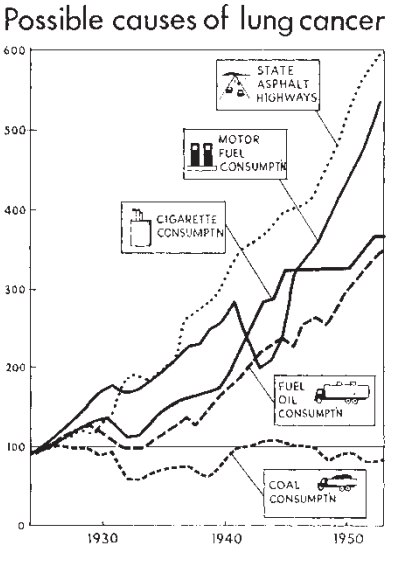
TIRC had money, talent and clout. The tobacco executives endowed it by imposing upon themselves a tax of one-quarter cent per 1,000 cigarettes, plus additional appropriations as needed. They hired Hill & Knowlton, a leading public relations firm with headquarters in the Empire State Building, to direct TIRC's day-to-day operations. With Hill and Knowlton's assistance, it quickly became a smoothly running disinformation machine. TIRC ran full-page advertisements in (white) newspapers denying proof that cigarettes caused lung cancer. It distributed booklets quoting authoritative disavowals of the link between smoking and malignancy. It corrected 'misstatements' about tobacco and health in the press and collected potentially damaging information about tobacco opponents, lay and scientific:

> *CONFIDENTIAL*: In a telephone conversation with Leonard Engel yesterday, he passed along the following bits of information … Dr. Wynder is reported to be taking up a crusade in favor of circumcision to cut down on cervical cancer. This could be interesting if true since crusaders seek only one Holy Grail at a time. Engel also said that Wynder's father and grandfather were Presbyterian preachers who used to go around smashing saloons with axes. Maybe there is something to heredity.
>
> Also in the line of gossip, Engel says that the father of a girl of his acquaintance was refused medical attention by Dr. Ochsner in Louisiana because the doctor will not see any patients who smoke on the theory that they are killing themselves so why bother to see them to give them medical attention. Such attitudes won't help his status, Engel says.[10]

TIRC reviewed and edited potentially critical publications. One Public Affairs Committee booklet began life with the straightforward title *Cigarette Smoking and Lung Cancer*. By the time TIRC had finished twisting arms, it was called *Cigarettes = Lung Cancer?* The question mark alluded to possible alternative causes, such as automotive and industrial pollutants, which figured prominently in the revised publication. If other carcinogens were to blame – a hypotheses that still had some reputable scientific backers – then cigarettes might be innocent, or at least less harmful than suspected.[11]

FIGURE 1
TWO ILLUSTRATIONS FROM PAT McGRADY, *CIGARETTES = LUNG CANCER?* (1955).

Possible cancer-causing substances in an industrial town



Note: A handwritten note on the TIRC copy reads, 'Guided to completion by H. & K.[;] H. & K. took part in revisions in behalf of TIRC'.

TIRC had no monopoly on the pollution hypothesis, which British tobacco apologists also advanced. 'Lung cancer occurs in those who never smoked,' they pointed out in a 1954 joint industry statement, 'There are medical authorities here and in other countries who lay the blame on atmospheric pollution.' The idea must have seemed plausible in those smoggy years. No less a figure than Richard Doll, the pioneering lung-cancer epidemiologist, initially thought motor cars or road tars the most likely causes of the increase. He admitted to being 'very surprised' by his own findings on cigarettes. But he stood by them, and challenged the industry to try to prove its pollution hypothesis.[12]

TIRC also funded laboratory and epidemiological research to give the impression the industry was anxious to get at the facts and not callous to considerations of health. Implicit in this effort was the assurance that, should research turn up a cancer-causing agent, the companies would quickly eliminate it from cigarettes, restoring full consumer pleasure and comfort and pre-empting government action. In the short run these tactics prevailed. Though the link between smoking and cancer remained a controversial and widely reported issue in 1955, the sense of crisis had eased and cigarette sales were again rising.[13]

III

Just how instrumental was TIRC in bringing about this reversal of fortune? It should not receive all of the credit, if that is the word. Tobacco companies simultaneously employed other tactics, notably the introduction and heavy advertising of filter-tipped brands, to allay consumer health fears. But, as Karen Miller points out in her history of Hill & Knowlton, TIRC's public relations efforts did accomplish one vital thing. They managed to offset the health warnings with a competing news 'frame,' that there was scientific conflict over the dangers of smoking. That frame was all that many smokers needed to rationalise their continued consumption.

Public relations efforts cannot determine what people think. They can, however, influence what people think about, and the extent to which they perceive issues to be two-sided. That some scientists had indicted smoking was undeniable. So was the news value of that indictment. What TIRC tried to do, in the words of one critic, was to act as 'the tail of a kite, no story about the risk of smoking [going] anywhere without a tobacco industry rebuttal trailing behind it'. Rebuttal raised doubt, doubt permitted rationalisation, and rationalisation led to continued cigarette consumption. In Miller's terms, the smoker who saw the title *Cigarette Smoking and Lung Cancer* would be uncomfortably faced with a single conceptual frame, mortal danger. But the smoker who saw *Cigarettes = Lung Cancer?* would have two frames, danger and controversy. He might think, well, maybe there is nothing to it. Inserting the question mark was the key.

TIRC's research programme was essentially an elegant way of inserting another type of question mark. The implicit point of 'additional research' was to signal that doubt still existed, and by funding researchers through the committee, the industry could give the appearance of propriety and independence to their investigations. Meanwhile the real independent investigators faced problems of organisation and communication. Despite the accumulating evidence, opposition to smoking in the 1950s remained relatively

diffuse and ineffectual. The principal stakeholder organisations – the American Cancer Society, the American Medical Association, the American Lung Association and the American Heart Association – pursued overlapping research agendas, failed to pool resources and neglected to co-ordinate the release of information. When individual researchers went public, they did so with an appreciable lack of public relations sophistication. One Alton Ochsner newsreel performance was so terrible, in the words of a Hill & Knowlton memo, 'that it did us more good than harm'. A staff member arranged to buy a print, saying 'this should come in handy for our files'.[14]

Those same files show that TIRC researchers monitored developments abroad. The epidemiological situation in Europe, of course, resembled that of the United States. Lung-cancer deaths were up sharply in Belgium, France and other continental nations. But European smokers seem to have displayed more *sang-froid* than Americans. The only discernible trend among Parisian tobacconists, for example, was the increased sale of filter-tipped cigarettes. Reports from the UK were likewise encouraging. In 1956 the leading British firms established their own version of TIRC, blandly called the Tobacco Manufacturers' Standing Committee (TMSC). Because it had to operate under different institutional and cultural constraints – for example, 'the extremely prickly and reserved attitude of British doctors to all forms of external patronage' – TMSC behaved more circumspectly. It nevertheless adopted many of the same obfuscating and diversionary tactics pioneered by TIRC. It questioned the validity of purely statistical enquiries, called attention to the industry's generous funding of lung cancer research and challenged the findings of particular scientists that ran contrary to tobacco interests. As in the US, the point was less to win the debate on its merits than to raise public awareness that a debate existed.

Like TIRC, TMSC performed intelligence-gathering as well as public relations operations. Anxious to discern the impact of government and Medical Research Council propaganda against smoking, it conducted surveys of public and medical attitudes toward tobacco and health. The news was mostly good. 'The public', concluded the authors of one study, 'appear to be quite content with the present state of affairs. They know that specialists are working in cancer research and no doubt in due time will provide the final answer; the tobacco manufacturers are aiding the research financially; in the meantime, carry on smoking!' Alan Campbell-Johnson, TMSC's public relations advisor, privately offered a blunter assessment: 'The forces of inertia and addiction are still stronger than those of cost and risk.'[15]

IV

British and American tobacco developments in the 1950s are best summed up by a martial metaphor. The tobacco industry, assisted by public relations consultants, won the first battle of the cancer wars. Without necessarily assigning them exclusive credit, the doubt-raising tactics countered, or at least deferred, health anxieties about cigarette smoking. There is no group more adept at rationalisation and self-deception than addicts, and the two-frames approach suited their psychological needs perfectly. The problem was that the controversy-about-smoking posture could only prevail for so long. The medical evidence continued to pile up.

In the wake of the landmark reports on smoking and health by the Royal College of Physicians (1962) and the Surgeon General's Advisory Committee (1964), legislation to

ban television commercials (effective 1965 in Britain, early 1971 in the US), counter-advertising in the form of televised public service announcements and increasingly aggressive campaigns by anti-smoking groups like Action on Smoking and Health (ASH, founded in 1967), consumption finally began declining. In the United States it fell steadily from about a half pack per adult per day in the mid-1960s to a third of a pack in the early 1990s. By then as many as half a million Americans per year were dying prematurely of smoking-related illnesses, a million were quitting and another 15 million were trying to quit. The big decline in Britain commenced in the mid-1970s, but it had the same dire implication for the tobacco companies. The domestic consumer base was eroding.[16]

The process fed on itself. The worse the health news, the fewer and more vilified the smokers, the easier it was for governments to raise taxes and impose restrictions. This was especially true after 1981, when epidemiologists began linking smoking to the increased risk of cancer and respiratory ailments in non-smokers, including children. Potential harm to innocent third parties had always been the single most powerful argument for regulating (and, in some cases, prohibiting) psychoactive products. The tobacco industry fought back with lobbyists and campaign donations, though the effect was that of a delaying or rear-guard action. In the US the average price of a pack of cigarettes jumped from 67 cents in 1981 to $1.03 in 1985. Not all of the increase was due to taxation; Philip Morris and other companies fattened their margins while 'passing on' the new taxes to consumers. Still, a price increase of more than 50 per cent in just four years could only serve to reinforce smokers' ambivalence. The same was true of the growing array of restrictions on smoking in public places, a trend presaged by a 1983 San Francisco ordinance requiring smoke-free workplaces for all who requested them. With the support of yet another Surgeon General's report, this one in 1986, many states and municipalities adopted public-smoking bans. The US Congress and British Airways both restricted smoking on domestic flights in 1988. Health concerns were not only scaring consumers, they were translating into government policies that were 'de-normalising' smoking and making it more costly, both in terms of money and convenience.[17]

Apart from their traditional lobbying activities, the tobacco companies had two ways out, both critically dependent on advertising. First, they could recruit teenage smokers to replace those who died or quit. Though the US industry has, for legal and political reasons, steadfastly denied this intention, any fair reading of the confidential internal correspondence that has come to light suggests otherwise. 'To ensure increased and longer-term growth for CAMEL FILTER', declared a 1975 R.J. Reynolds memo, 'the brand must increase its share penetration among the 14–24 age group, which have a new set of more liberal values and which represent tomorrow's cigarette business'. 'To the best of your ability (considering some legal restraints)', advised a youth-conscious Brown & Williamson consultant that same year, 'relate the cigarette to ''pot,'' wine, beer, sex, etc. *Don't* communicate health or health-related points'. One J. Walter Thompson executive, reviewing a you-can-smoke-less pitch for Chesterfield's purportedly richer tobacco, turned his thumb down. 'Not an appeal to youth – live dangerously', he scribbled in the margin.[18]

Advertising specialists understood that recruiting new teenage smokers meant presenting their cigarettes as a means of resolving their psychological quandaries and social anxieties. Young smokers were not (yet) buying nicotine-delivery vehicles. They

were buying accessories of identity. Cigarettes symbolised independence, sexual potency and disdain for authority. Teenagers glimpsed, if at all, the future costs of such posturing through the darkened glass of adolescent temporal myopia. They made perfect targets for cool brands and gear. Industry salesmen zeroed in on fast-food restaurants, video arcades and convenience stores, all popular afternoon hangouts. They loaded up the stores nearest to junior and senior high schools with extra premiums and promotions: discount prices, free cigarette lighters, colourful T-shirts. 'We were targeting kids', confessed Terence Sullivan, a Florida sales representative for R.J. Reynolds. 'I said at the time it was unethical and maybe illegal, but I was told that was just company policy'.[19]

Company policy in Britain was to superficially comply with government restrictions on tobacco advertising, while simultaneously undermining them through such tactics as posters and sports sponsorship. Children noticed. A survey of Glaswegians aged 11 to 14, published in 1990, showed that they could recognise an average of five cigarette advertisements.[20] Nearly two-thirds of 9–15 year olds, according to another 1990 study, claimed to have 'seen' cigarette advertisements on television. Most likely they had seen brand names, logos and package colours during televised sporting events.[21] Smoking in fashion magazines and movies likewise kept cigarettes before the young, reinforcing their association with physical attractiveness and – especially important for young women – thinness.[22]

The Enlightened Tobacco Company, manufacturers of 'Death' cigarettes, hit upon yet another means of enticing British youth by turning the old rationalisation tactic on its head. B.J. Cunningham, the firm's managing director (and a two-pack-a-day smoker), pointed out that the skull and crossbones emblazoned on the package was an international symbol of death and disease. 'Smoking kills', he said. 'We are being ethical, we are being honest.' But Stephen Woodward, a spokesman for ASH, took a dimmer view of the project. 'The appeal for these cigarettes will be at the younger end of the market … The brand will accentuate the dare element of smoking that occurs when children begin to smoke, as will the gallows humour. We can't abide anything that could encourage young people to take up smoking.'[23]

How many young people were enticed by this particular gimmick is unknown. What is certain is that, in round numbers and in the country as a whole, over 10,000 neophytes continued to light up every month. In 1992 the Royal College of Physicians estimated that 450 British children began smoking every day, and that by the age of 16 one in every four children was already a regular smoker.[24] As in America, the combination of easy availability, peer influence and seductive, if less direct, advertising produced a steady flow of new recruits. They at least partially offset the losses of older smokers who died or quit.[25]

Further expansion in foreign markets was the second means of maintaining or expanding the customer base. Already the most heavily advertised product in the American economy by the end of 1970s, manufacturers poured additional billions into promotions overseas, where they faced fewer regulatory obstacles. (A Japanese warning label read: 'For your health don't smoke too much.') Winston T-shirts appeared in Saipan, Camel sweepstakes in Truk, L & M billboards in Senegal, the Marlboro Man everywhere.[26] Norway, where a centre-left parliamentary coalition enacted a total ban on tobacco advertising, was the exception that proved the rule. Following the law's

implementation in 1975, smoking among 13–15 year olds, which had been steadily rising, began to decline, as did adult consumption of tobacco products.[27]

BAT, the leading British export group, proved as expansion-minded as the American giants. In the early 1990s BAT, like rivals Philip Morris and RJR, began investing in and modernising cigarette factories in former Eastern-bloc countries. The removal of the Iron Curtain, enthused BAT's Sir Patrick Sheehy, had created 'the most exciting times I have seen in the tobacco industry in the last 40 years.'[28] The developing world also beckoned. 'We should not be depressed simply because the total free world market appears to be declining', the BAT chairman Barry Bramley remarked in 1990.[29] 'Within the total market, there are areas of strong growth, particularly in Asia and Africa'. The company pursued these opportunities by sponsoring raves and discos, introducing potent new brands, and everywhere ringing changes on the familiar advertising themes of youth, vigour, sex and Westernisation. Government regulation posed, at most, a minor obstacle. In Zimbabwe, where BAT launched a cheap new brand in 1990, the government imposed no minimum age for cigarette purchases and no requirement for health warnings.[30] In Africa and elsewhere sales exploded. In 1995 BAT sold 670 billion cigarettes, 100 billion more than in 1994.[31]

By 1996, when the World Health Organisation announced a public health emergency, the strategy of offsetting domestic losses with overseas gains was plainly succeeding. Global consumption of cigarettes per adult was holding steady, while the total world market, buoyed by population increases, was growing at about one per cent a year. The big US companies were doing more and more of their business overseas. Philip Morris, the most aggressive exporter, was selling two cigarettes abroad for every one in the United States. With the help of trade pressure from the Reagan administration, Philip Morris had even managed to crack the Japanese market. In 1994 the company accounted for one in every eight cigarettes sold in Japan – a major coup, considering that two-thirds of Japanese men (and nearly half of Japanese doctors!) were smokers.[32] By comparison only about a quarter of all American adults were still smoking, and the best educated had practically quit altogether. Just six per cent of the Harvard-Radcliffe class of 1970, a group not notable for abstemiousness in the late 1960s, reported smoking in 1995. British smoking was moving in the same direction, persisting as a 'culturally normal' activity only in the poorest sections of the population.[33]

V

In reviewing the British and American industries' responses to the health crisis in the last half of the twentieth century, both similarities and differences emerge. The most obvious difference was the manner in which regulations were imposed. American regulations derived from a process that was open and confrontational, British regulations from one that was private and apparently consensual. That is, industry representatives negotiated 'voluntary agreements' on issues like television advertising or sports sponsorship. These agreements conferred legitimacy on the industry, yet were indifferently enforced and easily evaded.[34] The industry was less successful, however, in avoiding taxation. Though American firms faced a complicated mix of federal, state and local taxes, their overall tax burden was consistently less than that of British firms, particularly under Labour governments. By 2002 US smokers were paying, depending on the place of purchase,

between $3.27 and $5.32 per 20-cigarette pack. UK smokers were paying the equivalent of $6.33, with nearly 80 per cent of the cost consisting of taxes.[35]

The other obvious difference between the British and American situations was the role of litigation. Fear of lawsuits, and consequently dependence on legal advice by corporate attorneys, played a growing – ultimately, a dominant – role in the thinking of American tobacco companies in the late twentieth century. In Britain, where judges rather than juries usually heard negligence cases and where plaintiffs risked substantial costs if they lost, tobacco companies had less to fear from litigation. The big threat in Britain, in the words of tobacco executives Phillip Rogers and Geoffrey Todd, came from the 'medical establishment' – the Ministry of Health, the Medical Research Council, the Royal College of Physicians, and other leaders of medical opinion.[36]

Yet, despite differences in the nature of the challenges they faced, tobacco companies in both countries reacted in strikingly similar fashion. Initially, they used public relations to obfuscate or deflect the health question. Then, as damning medical evidence accumulated and as more smokers died or quit, they increasingly relied on advertising to attract young smokers, circumventing the regulations, voluntary or otherwise, under which they were supposedly operating. In light of the archival evidence that their public relations representatives traded information across the Atlantic and monitored overseas developments, and that their advertising agencies studied campaigns and sales figures for rival brands, these similarities should come as no great surprise. Successful tactics were quickly emulated.

The same, of course, might be said of their public health critics, who evolved their own networks and international organisational base. The days of stilted newsreel pronouncements were over. 'Our opponents are now skilled professional adversaries[,] no longer well meaning amateurs', BAT's Barry Bramley observed in 1992. 'We must match them.' [37] Or go elsewhere. The third broad similarity between American and British firms was their successful effort to expand markets in less developed nations. These markets had their disadvantages: less discretionary income, less efficient product distribution. But they also offered less informed consumers, less organised opposition, fewer government scruples about raising revenue, and hence fewer restrictions on the advertising and promotion of tobacco products. What students of illicit drug markets refer to as the 'push-down, pop-up effect' – the tendency of enforcement efforts to displace rather than suppress trafficking, with dealers simply moving their operations to less intensely policed areas – applied on a grander scale to multinational tobacco firms, which followed the path of least regulatory resistance across international boundaries.

In response, tobacco opponents adopted a 'push-down-evenly' strategy. Their centrepiece was the Framework Convention on Tobacco Control, modelled on international efforts to protect the ozone layer and to prevent global warming. The negotiations, which began in October 1999, had produced a treaty with 168 signatories by February 2005. Key provisions included stricter control of marketing and advertising, higher prices to discourage consumption and heavier penalties on cigarette smuggling, a widespread criminal practice undertaken (sometimes with the complicity of tobacco companies) to avoid taxes or to exploit cross-border differences. The strategy behind the Framework was to force simultaneous international movement along all three policy axes (access restrictions, taxes and sanctions for violation), thereby denying the multinational industry regulatory havens.[38]

The effect of this emerging global regulatory response on the already global commerce in tobacco products is for the future to judge. However, the main lines of the late-twentieth-century story are clear and easily summarised. Despite the increasingly hostile legal and regulatory environment in Western nations, the cigarette survived and, if unevenly, prospered. The global cigarette tide flowed around the regulatory and propaganda obstacles placed in its path. These obstacles offered some local protection: per capita consumption figures declined in the nations that imposed them. Educated consumers seem especially to have got the message. The less educated, however, remained vulnerable to the tactics of seduction and rationalisation that, under the pressure of a mounting health crisis, the industry perfected to ensure its continued prosperity.

NOTES

1 Some material in this article is drawn from my book, *Forces of Habit: Drugs and the Making of the Modern World* (Cambridge, MA, 2001), and appears with the permission of Harvard University Press.
2 Quoted in P.J. Hilts, *Smokescreen: The Truth Behind the Tobacco Industry Cover-Up* (Reading, MA, 1996), p.1.
3 G.S. Becker, *Accounting for Tastes* (Cambridge, MA, 1996), chapter 4, and M. Grossman, 'The Economic Approach to Addictive Behavior', in M. Tommasi and K. Ierulli (eds), *The New Economics of Human Behavior* (Cambridge, MA, 1995), pp.157–71.
4 In adopting the point of view of the industry executives and their public relations and advertising experts, I trust that it is clear that I do not condone their actions. I do think, however, that history is poorly served by treating them as stage villains. Understanding tobacco consumption patterns in the second half of the twentieth century means understanding how industry decision-makers and tacticians comprehended and dealt with the health issue. They were, after all, the key historical actors, with enormous financial and political resources at their disposal.
5 State Historical Society of Wisconsin, Madison, John W. Hill Papers (hereafter HP), box 110, folder 5, Coleman, 'Freedom from Fear' (TS, 1955).
6 D.L. Maggin, *Stan Getz: A Life in Jazz* (New York, 1996), p.99.
7 HP, box 108, folder 10, Hahn to John W. Hill, 5 Feb. 1958.
8 J.C. Burnham, 'American Physicians and Tobacco Use: Two Surgeons General, 1929 and 1964', *Bulletin of the History of Medicine*, Vol.63 (1989), pp.1–31.
9 Duke University, Special Collections Library, J. Walter Thompson Co. Archives (hereafter JWT), Account Files (Liggett and Meyers), box 12, 'Court Finds ''Warranty'' in Chesterfield Ads', *Advertising Age* reprint, 6 Nov. 1961.
10 HP, box 111, folder 3, Carl Thompson to John W. Hill, 6 Jan. 1955. For the record, Wynder was the son of a Jewish physician who fled the Nazis, resettling his family in suburban New Jersey.
11 Booklet in HP, box 110, folder 5; objections to the original outlined in HP, box 111, folder 3, Carl Thompson to Richard Darrow, 4 Jan. 1955. For more on the scientific criticisms of the lung cancer epidemiology in the 1950s, see C. Talley, H. I. Kushner, and C. E. Sterk, 'Lung Cancer, Chronic Disease, Epidemiology, and Medicine, 1948–1964.' *Journal of the History of Medicine and Allied Sciences*, Vol.59 (2004), pp.329–74.
12 HP, box 108, folder 8, 'Memorandum on Announcement by British Minister of Health', 12 Feb. 1954; Doll, 'The First Reports of Smoking and Lung Cancer', in S. Lock *et al.* (eds), *Ashes to Ashes: The History of Smoking and Health* (Amsterdam, 1998), pp.133, 136, 141.
13 For more on TIRC's operations see HP, boxes 108–11, and Hilts, *Smokescreen*, chapters 1–3.
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