

I agree that the market appeal and profit margins of nicotine patches will heighten the already active efforts by drug companies to develop smoking cessation technologies. PM USA's R&D department has been following this area worldwide for many years by monitoring patents, scientific publications, presentations at scientific meetings and news releases, as well as by having discussions with colleagues in the academic community. We have the expertise in-house to interpret findings from these various sources and predict the potential implications for our business.

In the past, smoking cessation efforts generally have taken four different approaches: nicotine substitution, blockage of nicotine receptor sites, alleviation of "withdrawal" symptoms and smoking deterrence using, for example, drugs to change the taste of smoke. Today, nicotine substitution (through skin patches, nasal sprays or inhalers), usually coupled with some kind of behavioral therapy, seems to be the avenue that most drug companies are pursuing.

Available data suggest that nicotine gum/patches are only minimally effective in helping smokers quit unless combined with behavioral therapy. Despite this, there are reports that many doctors are prescribing patches alone, suggesting that their maximum effectiveness will not be realized. Many people feel that because of the need for behavioral intervention as a component of smoking cessation, which is both costly and time consuming, it is unlikely that a truly effective, readily available "habit breaker" will be developed.

Potentially more effective forms of nicotine substitution are nicotine nasal sprays and inhalers, since their patterns of nicotine absorption more closely resemble cigarette smoking. The Lancet reported that this property suggests that they may have more "dependence potential" so that some smokers will merely substitute sprays/inhalers for cigarettes.

The medical community's reaction to this type of substitution is difficult to predict. However, there are indications that in the U.K. it may be viewed as the lesser of two evils. For example, an editorial in The Lancet in May, 1991, stated, "There is no good reason why a switch from tobacco products to less harmful nicotine delivery systems should not be encouraged." And as reported in the N.Y. Times last month, Dr. Godfrey Fowler, a smoking cessation specialist

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