

THE DEVELOPMENT OF PHILIP MORRIS'S POSITION ON ENVIRONMENTAL TOBACCO SMOKE FOR ITS WEBSITE

REPORT

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INTRODUCTION

In the 1990s the future of the largest tobacco company in the world, Philip Morris [henceforth PM], was in question. Some of the issues affecting its business included:

- The company was facing a multitude of major lawsuits in the United States and other places in the world;
- Nicotine was exposed as an addictive substance;
- The World Health Organization was working toward a global treaty on tobacco control;
- Complicity in international smuggling was revealed among transnational tobacco companies;
- The result of the 1998 Master Settlement Agreement with all the States gave the public access to previously secret company documents that exposed deceit in marketing practices and subversion of scientific truth about cigarettes and smoking. (1)

Philip Morris was in desperate need of a new image.

In 1999, in response to increasingly successful tobacco control activism, PM created “Philip Morris in the 21st Century—PM 21,” (2) a public relations campaign aimed at changing its corporate image. The bottom line was that its image was linked to the outcome of litigation, to investor confidence, and thus to stock prices. PM decided making apologies for past behaviour was not the solution. Rather it decided to highlight what a good company it was now, and how much it contributed to the community through charities such as hunger and disaster relief, youth smoking prevention, and domestic violence prevention. (3)

An essential part of the company’s transformation was the development of a website that would explain the “Company’s position on the subjects of causation, addiction, and Environmental Tobacco Smoke ...”(4) A “Strategic Issues Task Force,” created in May of 1999, recommended using the web as a medium to achieve Philip Morris USA’s [henceforth PM USA] public image transformation goal. It was thought that most users would be Americans but that the site should be available internationally too as it would have international ramifications. The company stated its goal in this way: “communicate tobacco issues in a way that is consistent and ‘global’.”(5)

The website went ‘global’ quickly and, by 2000, country specific websites in local languages were being supplied by Philip Morris International [henceforth PMI]. (6)William Webb, Chief Operating Officer of the Philip Morris Companies realized that PM USA and PMI now existed in a “global regulatory environment.” This meant countries were modeling the legislation and regulations of other countries and the behaviour of others was being closely observed. Webb recognized the need for consistency and described possible ramifications of inconsistency in this way: “Perceived inconsistencies are likely to be identified and could be used to discredit important work we have begun.” The communication role of the websites was identified as one of five areas to be addressed. (7)This included coordinating the views of PMI and PM USA. (8)

This paper focuses on the development of Philip Morris’s position on Environmental Tobacco Smoke [ETS] for its websites. Internal documents have been searched from 1999 to present. Searches were conducted from October to December, 2003.

In particular, the paper focuses on drafts prepared by Philip Morris from June 1999 to October 1999, the period in which the majority of work on its position was done. The paper addresses how Philip Morris set out to develop the content and format of its websites to communicate with opinion leaders and the general public in a way that would enhance the company’s image.

HISTORY

In October 1999, an e-mail message was sent to the University of California at San Francisco professor, Stanton Glantz, which he in turn forwarded to two listserves. In the e-mail, a person who identified himself as D. Warrington, explained that he worked in a PR firm that handled PM business. He wrote to warn Dr. Glantz about a new PM website that was intended to present a “friendlier face to the general public” by acknowledging the health risks caused by smoking. In reference to the content of the website, Warrington explained: “This document explicitly describes how Philip Morris can continue to accept the science and at the same time acknowledge the position taken by the U.S. Environmental Protection Agency and the U.S. Department of Health. Moreover the question/answer document discusses how Philip Morris employees can justify the so-called accommodation of smokers and non-smokers in restaurants and bars despite acknowledging the health risks that they acknowledge are associated with ETS.” (9)

A close look at PM internal documents from June to October 1999 reveals that at that time a team at Philip Morris had begun to develop its stance on ETS (second-hand tobacco smoke) for publication on the web. The information in drafts found from that period is a lot more extensive than the information now posted on the websites. (10-13) It is evident as one looks through the drafts that PM’s position was carefully crafted. In fact, an examination of the drafts clearly shows that the information presented changed from the industry’s views on ETS and moved to the industry’s publication of the public health community’s views on ETS. Ultimately, PM never makes a statement on its own view of ETS. Instead, it uses its websites to defer to the conclusions of the public health community.

The 1999 privileged and confidential document on ETS issues prepared by Philip Morris was split into the following four main sections:

- Managing Secondhand Smoke, Our Commitments and Actions to Reduce Unwanted ETS;
- ETS, Lung Cancer and Heart Disease;
- Young Children and ETS;
- Reasonable Public Smoking Restrictions.

The following charts offer observations regarding the development of the drafts of each section.

MANAGING SECONDHAND SMOKE,
OUR COMMITMENTS AND ACTIONS TO REDUCE UNWANTED ETS

Dates of Drafts	Wordings of Drafts	Observations
July 1, 1999	The section is entitled: «Managing Secondhand Smoke, Our Commitments and Actions to Reduce Unwanted ETS.” (14)	
July 1, 1999	The section refers to: “solving the problem.” (14)	
August 9, 1999	The section refers to: “addressing the problem.” (15)	The word “solving” was changed to “addressing.”
August 9, 1999	The authors say they know ETS can be: «unpleasant and annoying, and that many people believe it presents a health risk to nonsmokers. That is why we [PM] support—through a variety of actions and programs—options designed to minimize unwanted ETS, while still providing adults with pleasant and comfortable places to smoke.” (15)	PM states “many people” believe it poses health risks and does not say it believes it.
August 12, 1999	A sub-section called “Health Concerns” reads: «Government agencies have concluded that ETS causes disease— including lung cancer and heart disease —in nonsmokers. Although we think that these conclusions have been driven more by the political objective of restricting public smoking than by rigorous scientific analysis, we recognize that many people do have health concerns regarding ETS.” (16)	PM states it “thinks” facts on ETS and health are being driven by a political agenda, not science.
August 31, 1999	The final sentence in the sub-section called “Health Concerns” reads: “Although we think [we think is crossed out] are concerned that these conclusions may have been driven more by the political objective of restricting smoking than by rigorous scientific analysis, we recognize and accept the fact that many people do have health concerns regarding ETS.” (17)	PM changes its wording from “think” to “are concerned”. It also adds it “accepts the fact” that ETS poses health risks.
August 31, 1999	The section is entitled: “Secondhand Smoke, Our Commitments and Actions to Reduce Unwanted ETS.” (18)	The word “managing” was removed from the section title.
Website 2003	PMI and PMUSA believe “the public should be guided by the conclusions of public health officials regarding the health effects of secondhand smoke...” (10, 12)	

Dates of Drafts	Wordings of Drafts	Observations
Website January 2005	“Public health officials have concluded that secondhand smoke from cigarettes causes disease... the public should be guided by the conclusions of public health officials regarding the health effects of secondhand smoke... [PM USA and PMI also believe] that the conclusions of public health officials concerning environmental tobacco smoke are sufficient to warrant measures that regulate smoking in public places. We also believe that where smoking is permitted, the government should require the posting of warning notices that communicate public health officials’ conclusions that secondhand smoke causes disease in non-smokers.” (19, 20)	The title page reads “health issues” under which is Secondhand Smoke. The company continues to not directly make a statement related to disease causation on SHS (unlike smoking, where it states that “Philip Morris agree with” the medical consensus.) PM now adds its support for regulation, although it clearly continues to support accommodation, as it is stated on its “Policies, Practices and Positions” page related to public smoking. PM continues to omit occupation health risks of exposure as well.

ETS, LUNG CANCER AND HEART DISEASE

Dates of Drafts	Wordings of Drafts	Observations
June, 1999	The section begins by stating: “The public health community has concluded that ETS poses a health risk to nonsmokers; below we have provided some links so you can access their views.”(21)	Information on ETS is attributed to the public health community.
June/July, 1999	The authors write: “more generally, we believe that existing studies reporting an increased risk for nonsmokers of these diseases from ETS exposure are scientifically weak in several respects. For example the majority of these studies do not study ETS in work or social situations. Instead the focus is on people who said they were nonsmokers living with spouses who smoked. Actual exposure to ETS is not measured ...”(21, 22) The authors also write: “... the U.S. EPA concluded that nonsmokers living with smokers are approximately 1.2 times more likely to contract lung cancer than those not living with smokers. To give you an idea of the magnitude of this type of risk, the Surgeon General reports that males smokers are 23 times more likely to get lung cancer than nonsmokers ... However, some authorities—including IARC—have stated that, because there are a large number of studies that report similar small increases in risk, it is justified in the case to ETS to make conclusions despite reported relative risks that are quite small.” (22)	The authors explicitly state that the studies linking ETS exposure with lung cancer and heart disease are weak. The authors criticize government estimates based on relative risk that falls below 2.0. (21-23)
July, 1999	The draft states: “Actual exposure to ETS is a critical point that should be considered in any debate regarding smoking restrictions. The fact is that, in today’s environment, even when smoking is permitted, the amounts of ETS that the vast majority of people are exposed to are considerably less than had generally been assumed by government agencies...(24)	The document cuts down the detail and discusses «The Importance of Exposure Levels.” (24, 25)
August, 1999	The draft states: “Actual exposure to ETS is an important point that should be considered in any debate regarding smoking restrictions. To the extent that unwanted ETS is minimized, health concerns may also decrease.» (25)	The detail on exposure levels is reduced.
August, 1999	The section begins by stating: «Many scientists and regulators have concluded that ETS poses a health risk to nonsmokers. Even though we do not agree with many of their conclusions, below we have provided some links so that you can access their views.” (25, 26)	Information on ETS is no longer attributed to the public health community. PM states its view on the conclusions of scientists and regulators.
2003 (PM websites)	The writers state: “Philip Morris International believes that the conclusions of public health officials concerning environmental tobacco smoke are sufficient to warrant measures that regulate smoking in public places. We also believe that where smoking is permitted, the government should require the posting of warning notices that communicate public health officials’ conclusions that secondhand smoke causes disease in non-smokers.” (10)	All of the defensive material noted earlier is removed and all public health concerns are attributed to the conclusions of the public health community, not that of the tobacco industry.

YOUNG CHILDREN AND ETS

Dates of Drafts	Wordings of Drafts	Observations
June, 1999	The draft states: “A number of studies have reported increased relative risks for children living in smoking households—especially those aged [three] and younger—of contracting conditions such as cough wheeze, otitis media (middle ear infection) and lower respiratory infection. (27, 28)	
July, 1999	This draft changes the relative risk to children five and younger and also states that “Even though there are many unanswered scientific questions, we believe that particular care should be exercised where kids are concerned...” (29)	PM suggests that the relationship between ETS and young children may not be backed up by scientific evidence.
August, 1999	A draft begins: “Unlike adults, who are generally in a position to make decisions that will reduce unwanted ETS, children often do not have a choice as to whether people smoke around them. We believe that particular care should be exercised where children are concerned, and that smokers who have children—particularly young ones —should seek to minimize their exposure to ETS. (16, 30, 31) (16, 30, 31)	PM suggests smokers who are parents should minimize the amount of time they smoke around their children.
August/ September 1999	Drafts from this time period state: “A number of studies have reported increased relative risks for children—especially young ones—living in smoking households of contracting conditions such as cough, wheeze, otitis media (middle ear infection) and lower respiratory infection. Moreover some studies suggest that ETS Exposure could be one of many agents that can make episodes in asthmatic children more severe ...” (16, 32) “If children are present who are asthmatic or often experience conditions such as cough, wheeze, lower respiratory infection or otitis media, parents should take care to observe and determine whether or not any ETS makes them uncomfortable. Parents who have questions about this issue should consult with their child’s physician.” (30)	Information on health effects of ETS on children is quite detailed. PM suggests smokers with children who appear to have any ill health effects should take their children to a physician.
2003 (PM websites)	Two sentences are used to address the effects of secondhand smoke on children: “Public health officials have concluded that secondhand smoke from cigarettes causes diseases, including lung cancer and heart disease in non-smoking adults, as well as causes conditions in children such as asthma, respiratory infections, cough, wheeze, otitis media (middle ear infection) and Sudden Infant Death Syndrome.(10, 12) “Particular care should be exercised where children are concerned, and adults should avoid smoking around them.” (10, 12)	All of the previous detail is gone. This may be the result of an October 11, 1999 memo prepared by PM employee Dominic Asante. In the memo he wrote: “Please find attached PM’s CAL-EPA comment on the relationship between ETS and health issues in children. Once the website is operational, I anticipate that we will receive several questions from the public regarding our past statements on this subject matter. Accordingly, I thought it would be helpful if I pulled together our previous statements on this topic.” (33)

REASONABLE PUBLIC SMOKING RESTRICTIONS

Dates of Drafts	Wordings of Drafts	Observations
June, 1999	The draft begins by stating: “Although Philip Morris believes that the evidence with respect to ETS and chronic disease is not persuasive the company recognizes that ETS can be unpleasant and annoying, and that many public health officials do not share our interpretation of the science.” (34) The authors provided company “solutions” including “ventilation, separation, special lounges and convenient and comfortable indoor and outdoor smoking areas.” They state that they believe that: “when such solutions are utilized, the imposition of unreasonable smoking restrictions in public places is not justified, and even those who believe that ETS may be a health risk for them should agree that tolerance of others’ choices is both possible and desirable.” (34) The draft continues with a full page of explanations of how policies can minimize unwanted ETS exposure, including explanations such as: “Simply put, we hope that many will agree with us that it is not reasonable, based on the existing literature, to base policy on the assumption that a person sitting in the non-smoking section of a restaurant or workplace is at increased risk of getting lung cancer or heart disease from ETS.” (34)	The draft is lengthy and focuses on the responsibilities of people to control their environment.
August 12, 1999	The draft begins: “We think that, in a tolerant society, three principles should guide the issues of smoking restrictions and bans. These three principles are reason, minimal unwanted ETS and adult choice.	“The draft has been significantly reduced and focuses on the choices and options of “reasonable people.” (16)
September 15, 1999	The section on adult choice emphasizes the options for owners of hospitality venues and the kinds of policies they should adopt, specifically: “to provide separate smoking and non-smoking sections; to designate separate rooms for smoking; not to permit smoking at all or to provide sufficient ventilation so that smokers and nonsmokers can comfortably share the same place.” (35)	The draft gives “not to permit smoking at all” as an option for hospitality owners.
2003 (PM websites)	The PM USA website states: “Business owners who choose to accommodate smoking should reduce secondhand smoke through designated smoking areas or separate rooms for non-smokers and smokers through the use of high quality ventilation systems to minimize smoke in the air. While not shown to address the health effects of secondhand smoke, ventilation can help improve the air quality of an establishment by reducing the site and smell of smoke and by controlling smoke drift. At its most basic definition, ventilation is the dilution of unwanted indoor air constituents (such as smoke and odors) with fresh outdoor air.” (13)	The option of not permitting smoking at all is not mentioned on either the PM USA website or the PMI website. The PMI website omits the fact that ventilation is not shown to address the health effects of second-hand tobacco smoke. (11)

Dates of Drafts	Wordings of Drafts	Observations
2003 (PM websites)	On the PMI website, the “Regulating public smoking” sub-section starts with: “Regulations, restrictions and societal attitudes about public smoking differ substantially around the world. In some places, smoking is virtually unrestricted. In others, substantial restrictions govern where adults can smoke.” (11) This statement is not found on the PM USA site.	The PM USA and PMI websites use different wording in regard to “Regulating public smoking.” This was clearly a concern with PM executives as they developed website content. In a November 2001 e-mail from Mark Berlind [Legal counsel] to Steve Parrish, entitled “Revised ETS Website Drafts,” Berlind wrote: “Following the exchange of (quite different) drafts on this topic by PM USA and PMI, Chuck [?] convened the lawyers to see if the drafts could be harmonized, and made consistent with relevant potential legal obligations...”(36)
January 2005	PM USA: “... where smoking is permitted, the smoking policy should be clearly communicated. The public can then choose whether or not to frequent places where smoking is permitted. In places where smoking is permitted, business owners should have some flexibility in deciding how best to address the preferences of non-smokers and smokers... Business owners who choose to accommodate smoking should reduce secondhand smoke through designating separate areas or separate rooms for non-smokers and smokers and through the use of high-quality ventilation systems to minimize smoke in the air. While not shown to address the health effects of secondhand smoke, ventilation can help improve the air quality of an establishment by reducing the sight and smell of smoke and by controlling smoke drift...” (37) PMI: “Regulations, restrictions and societal attitudes about public smoking differ substantially around the world. In some places, smoking is virtually unrestricted. In others, substantial restrictions govern where adults can smoke. We agree with the view that governments should regulate smoking in indoor public places...with some exceptions, public smoking indoors should be neither unrestricted nor absolutely prohibited. We want to work with public health officials and governments to establish national standards regulating secondhand smoke in public places... In places where smoking is permitted, business owners should have some flexibility in deciding how best to address the preferences of non-smokers and smokers through separation, separate rooms and/or high quality ventilation... We think that where smoking is permitted, the government should require the posting of warning notices that communicate public health officials’ conclusions that secondhand smoke causes disease in non-smokers. The public can then choose whether or not to frequent places where smoking is permitted...” (38)	There remain significant differences between the statements on PM USA and PM International sites over the regulation of public smoking, although both sites continue to support accommodation, ignore exposure to second-hand tobacco smoke as an occupational hazard, and minimize the shortfalls of ventilation, although it clearly states that ventilation “does not address the health effects of secondhand smoke”. The statement about the limitations of ventilation was not found on PMI website.

DISCUSSION/CONCLUSION

In the past five years, Philip Morris has been careful in crafting its messages on Environmental Tobacco Smoke or secondhand smoke for its websites. It appears in the early years that PM did not want to agree with the growing body of science showing that ETS causes lung cancer and heart diseases as well as other illnesses and it wanted the people reading its site to know its position. However, after five months of drafts in 1999, this position began to change. Although PM began to acknowledge scientific evidence about ETS and health concerns, the science was presented not as the position of PM, but as the consensus of the public health community in general.

It seems the safest way for PM to relate information is to say as little as possible in its own opinion and, instead, give links to government and public health research. It is unlikely the average person reading the PM websites bothers to click on the links and read scientific research. Thus, to the general public and opinion leaders, PM gives the illusion that it is being corporately responsible, while internal documents suggest this is perhaps not what it would have wanted to say if it was not worried about future litigation and the perception of its stockholders.

In general, PM USA and PMI have been careful to create consistent messages for the PM websites. Unfortunately, there are few internal memos with discussion of the drafts—only e-mails setting up meetings. One can only speculate from seeing the draft revisions as to why the company made certain changes.

PM's changed position from 1999 until now is important in that we see the world's largest tobacco company make radical changes in its views from where it started. Its concern over the details of information on second-hand tobacco smoke appears to be a key element in its strategy to remake the image of the company, which, among many things, makes it less tenable for other companies to deny the science.

It appears that PM decided its deception of the science was doing it more harm than good. (39-44) The company had to decide how much it needed to change its position in order to gain credibility. Ultimately, the only way it could appear remotely credible was to disseminate the position of the public health community.

The question that remains unanswered is why Philip Morris has chosen to do this. Evidently, the industry has laboured over its efforts to present a consistent message on ETS. It is clear from this paper that we need to put more effort into understanding what truly motivates the tobacco industry, and what this means for future tobacco control efforts.

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