Changing the future of tobacco marketing by understanding the mistakes of the past: lessons from "Lights"

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Over the past 30 years, increasing numbers of smokers have switched to low tar cigarette brands in the hopes of reducing the harm from smoking. We now know, however, that the public health benefit of low tar cigarettes is likely negligible, or actually negative, because the evidence indicates that (1) the health risks of smoking have increased, not decreased, despite the proliferation of low tar cigarettes,[1] and (2) it appears that more people are smoking than would be the case were these products not on the market.[2] The public health community should now deliver a clear, consistent message to the public that effectively debunks the popular myth that "Light" cigarettes are significantly less hazardous than other brands or a legitimate alternative to quitting.

Message elements

Evidence regarding the discrepancy between machine based yields and actual human exposure was first published in the early 1980s.[3 4] Yet, the tobacco industry continues to promote these products in ways that confuse consumers. As a result, the general public still harbours false hope that there are important health benefits associated with low tar products.[5–7] It is essential, therefore, that this information, long known within the scientific community, finally makes its way to the public. What then are some of the key messages that we need to communicate to the public?

First, consumers should know that there are no standards governing what is called a "Light" cigarette, and that such cigarettes are not reduced risk products. The amount of tar, nicotine, and carbon monoxide that a smoker ingests is not, as many mistakenly believe, significantly related to the type of cigarette smoked (ie, whether the brand is Regular, Light, or Ultra Light). Rather, a smoker's level of exposure is based on the smoker's own behaviour: the number and size of puffs taken on each cigarette, the depth of inhalation, blocking of filter vents, etc.[8]

Second, we need to challenge the idea of "choice" as it relates to tobacco use. "Choice" is a popular word within the tobacco industry. However, this word conflicts with our understanding of addiction as a process that undermines free choice. The use of this word hinders our ability to effectively communicate that tobacco is highly addictive. In our messages to the public, we need to specifically challenge the industry's use of the word "choice".

Third, it is important for the public health community to challenge publicly products that the tobacco industry labels as so called reduced risk products without any governmental oversight. This is especially important with the emergence of novel products, such as Eclipse, that make even more explicit health claims.[9] Manufacturers' implicit and explicit health claims about these products go well beyond the science.[10] Regulators and legislators need to understand this very clearly, especially in light of the public health disaster that Light cigarettes have been. Consumers may be deterred from using such unproven products if they understand that, absent meaningful governmental oversight, there are deep concerns and cogent criticisms of these products from the medical, scientific, and public health communities as to their potential harm reducing capabilities. Concerns about claims for these products by the tobacco industry need to be strongly voiced by the public health community, particularly in the places where novel reduced risk products are now being marketed.

Finally, it is essential that we effectively communicate to smokers the importance of prevention and treating tobacco use and dependence. The vast majority of smokers want to quit smoking.[11] We need to give a strong voice to the need for prevention and promote cessation as the only proven ways to reduce illness and death caused by tobacco products.

Target audiences

There are several key groups to whom our messages about Lights must be communicated. First, the media is an important target, given its ability to influence public opinion and set the public agenda. The media is an essential tool for increasing community support and mobilising community action. Second, the tobacco control community should use the low tar story to impress upon policy makers the need for effective governmental oversight of all tobacco products. Third, government regulators should be urged to force the tobacco industry to change its marketing practices and bring to a halt unsubstantiated health claims, whether the claims are direct or indirect, explicit or implicit. And fourth, substantial public education efforts need to be targeted specifically to consumers.

Solutions

We now know that encouraging smokers to switch to low tar cigarettes has not resulted in any meaningful public health impact. In fact, it

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is likely that the availability and marketing of low tar cigarettes has deterred many smokers who would have otherwise quit smoking from doing so. Given the failure of the low tar policy, it is imperative that we institute effective safeguards to ensure that similar mistakes do not occur in the future.

Tobacco manufacturers must become fully accountable to the Food and Drug Administration (FDA). Among other things, this means that the FDA needs real regulatory authority to verify independently any implicit or explicit claims of "reduced risk" or "less hazardous" cigarettes. Governmental regulation of the marketing of such products is essential to ensure that such products truly reduce risk and are not marketed in such a way that undermines cessation or prevention efforts. At the same time, we should be prepared to actively oppose Congressional proposals that fail to provide for effective and meaningful regulations. The federal government must be fully empowered to regulate this industry. Anything short of this will be harmful to public health.

"Reduced risk" products are not a substitute for the employment of proven methods to reduce tobacco use through treatment and prevention. Otherwise, some will end up using the "reduced risk" product who otherwise would have quit altogether. To this end, states should continue to be encouraged to allocate tobacco tax revenues and/or tobacco settlement money for effective comprehensive tobacco control programmes similar to those in California and Massachusetts. It is also vitally important for public and private health plans to promote and provide reimbursement for effective treatments of tobacco use and dependence. As the nation's largest health care purchaser, the federal government should take the lead in this area by ensuring that federally financed health care programmes such as Medicare, Medicaid, and Maternal and Child Health Programs promote effective treatments.

Finally, the Federal Trade Commission (FTC) testing system for measuring tar, nicotine, and carbon monoxide should be disbanded. This test method was originally developed in 1967 as a tool for ranking cigarettes with the hope that brands lower in tar and nicotine would reduce health problems caused by smoking.[12] However, the tobacco industry effectively designed products to exploit this testing system. As a result, machine based yields of tar, nicotine, and carbon monoxide mislead consumers. This testing system has helped to foster the perception that low tar cigarettes are associated with less exposure to harmful smoke constituents. The FTC testing system is harming public health and should be abandoned now. Eventually, a properly empowered regulatory agency can impose a responsible system. In the meantime, we are better off with no federal testing system for cigarettes.

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