

## Health Reassurance Marketing in the Canadian Cigarette Industry in the 1970s

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This paper provides an empirical description of health reassurance marketing by Canadian cigarette firms during the 1970s.<sup>1</sup> As reports like those from the Royal College of Physicians and the U.S. Surgeon General's Office elevated the health anxieties of smokers during the 1960s, cigarette makers responded with "low-yield" (lower tar and nicotine) brands like Craven "A" and Viscount, in order to assuage these health concerns. Starting in the late 1970s, cigarette firms unleashed a new wave of health reassurance marketing with the launch of many "Mild" and "Light" brands. These contained minimally lower tar and nicotine levels than their parent brands, but proved highly successful in exploiting the health worries of smokers seeking "safer" alternatives to full-flavour brands (e.g. ones high in tar and nicotine). While the overall smoking rate declined about ten percent from 1960 until 1980, certain groups like teens and women actually saw their rates of smoking increase or remain constant during these years. This owed in part to the success of brands like du Maurier Special Mild, which alleviated women's health concerns and kept them in the ranks of smokers and thwarted quit attempts.

A sizeable body of quantitative and qualitative market research supported this marketing activity, discussed below. Cigarette makers commissioned or conducted market research on smokers' health concerns, using this data to develop, market, and advertise the various "health" brands. Industry research identified the "Health Segment" of the cigarette marketplace. This was divided into "low" and "high" health-concerned smokers, with low-yield brands targeted to the latter and Light/Mild brands marketed to the former. Tobacco industry scientists and consumer researchers also generated extensive data and knowledge on smoker compensation (the practice of intensified smoking when switching to lower tar and nicotine cigarettes), starting in the early 1970s. This research demonstrated that "concerned" smokers who switched to lower tar and nicotine cigarettes for their perceived health benefit in fact inhaled elevated levels of tar and nicotine, levels which far surpassed those listed on cigarette packs. Cigarette manufacturers effectively misrepresented these products as being healthier options.<sup>2</sup>

### **Historical Context**

Industry responses to the health concerns of smokers transformed the Canadian cigarette trade, beginning in the 1950s. Before then, the cigarette market was largely homogenous; nearly all cigarettes sold came in plain-end formats and uniform lengths, supplying comparable levels of tar and nicotine. The mounting health concerns of smokers in the 1950s, as documented by industry market research, engendered a rapid upswing in the sale of filter cigarettes, driven initially by women and youths. Most smokers viewed filter cigarettes as safer than plain-end ones, an understanding encouraged by the industry. By the early 1960s, health-themed marketing was a fixture of the cigarette industry. As reports from the Royal College of Physicians and the U.S. Surgeon General elevated the health concerns of smokers, cigarette makers responded with stepped-up marketing for filter and low-tar "health" brands like Vantage, in order to assuage worried smokers.<sup>3</sup>

Market segmentation characterized the Canadian cigarette market by the late 1960s. The arrival of foreign multinationals (Rothmans, Philip Morris) in the late 1950s created a more competitive "Big Four" market structure, replacing the staid duopoly of a decade prior. (The four companies were Imperial Tobacco Canada, Macdonald Tobacco, Rothmans Canada, and Benson & Hedges). In 1968, the two most popular brands (Export "A" and Rothmans) accounted for 24 percent of the market,<sup>4</sup> compared to the 63 percent total for the top two brands in 1950. The cigarette market now counted male brands (Export "A", Sportsman Filter); female brands (du Maurier, Matinée, Craven M); low-tar/high-filtration health brands (Craven A, Viscount); lower-class appeal brands (coupon/premium cigarettes) and middle-class brands (Rothman's King-Size). What a decade before had been a largely undifferentiated market was now one with more than 70 brands, many tapping into niche markets (e.g., health-conscious older women wanting the perceived elegance of King-size cigarettes). Notably, the road to market segmentation began with the news about smoking and disease in the early 1950s and the industry's marketing response in the form of filter and, later, low-yield brands to reassure to smokers. While many

of these smokers would later die from smoking-related cancer and other diseases, the cruel irony remains that the “cancer scare” of the 1950s and 1960s ultimately breathed new life --and marketing innovation-- into a cigarette industry that had been largely monotone for decades.

During the 1960s, cigarette makers launched many “low-yield” brands, defined as those with enhanced filters or reduced levels of tar and nicotine. By 1968, the low-yield segment accounted for 12 percent of the market.<sup>5</sup> Rothmans’ Ransom brand touted its low-yield, Strickman filter. Imperial Tobacco Canada (ITC), Canada’s largest cigarette manufacturer, followed suit with Richmond, a high filtration brand, launched to “satisfy the health doubters.” Benson & Hedges marketed Viscount, another strong-filter brand.<sup>6</sup> In 1969, Macdonald Tobacco released the low-tar brand Consols in western Canada with the ad slogan, “have a mild.”<sup>7</sup> Cigarette manufacturers stepped up the marketing of low-yield cigarettes when smoking-related health issues were in the news. Benson & Hedges Vice-President Antonio Toledo recounted to the trade how the firm had heavily promoted Belmont, its charcoal-filter brand, on the heels of the U.S. Surgeon General’s report in 1964.<sup>8</sup> Anticipating a hard-hitting report on smoking by Ottawa in 1968, Rothmans was ready with full-page newspaper ads for Ransom.<sup>9</sup> In 1969, the federal government released a table listing the tar and nicotine levels of cigarette brands. An official from Vickers & Benson, the ad agency handling ITC’s Matinée account, noted that after this government release rated Matinée King-Size Filters as very low in tar and nicotine, the brand’s subsequent marketing “continue[d] to emphasize th[at] fact.”<sup>10</sup> One tobacco executive in 1970 believed that low-yield brands offered high yields for the bottom line: “people smoke more as a reaction to the advertising of low tar and low nicotine content of cigarettes” because they viewed these products as safer, healthier choices.<sup>11</sup>

Industry market research explored in detail how health concerns moved some smokers to adopt low-yield brands. A 1969 Canadian Facts consumer survey for ITC rated brands on a “Safe for Health” scale, with Matinée and Craven “A” scoring highest.<sup>12</sup> In 1973, ITC conducted an analysis of cigarette marketing and smokers’ health concerns.<sup>13</sup> Drawing on company research, the report noted that “smoking and health pressures” had lowered smoking rates, but not yet overall sales. The incidence of male smoking, which had gradually declined over many years, was now in a holding pattern; but this would likely not continue “if health pressures are not dramatically changed either in nature or in number.” The smoking rate for women had risen steadily during the past decade, but this would prove short-lived, the report underscored, if “health concerns become more women-directed.” [original emphasis] The long-term solution to smoking’s health problem lay in formulating a “valid concept of the place of smoking in society and of the type of product that should be developed.” This entailed replacing the concept of “safer cigarettes” with that of “safer smoking,” which would “take into account all available knowledge about [the] smoker’s behaviour, scientific knowledge of the constituents of smoke and their effects on smokers, and what practical avenues for change really exist.”<sup>14</sup> In another report that year, ITC discussed marketing in relation to smoking and health concerns, with the prospect of introducing “moderately reduced [tar and nicotine] number brands,” since “really low brands do not sell.”<sup>15</sup>

The dilemma for the industry was that its Advertising Code, established in 1964, banned explicit references to health in product promotion. How could firms appeal to the health worries of smokers without directly referencing health or physical well-being? British American Tobacco (BAT), ITC’s parent company, issued relevant guidelines in this respect in 1974.<sup>16</sup> The document noted “on legal grounds alone, it will continue to be to the industry’s advantage not to make explicit health claims.” Instead, BAT companies like ITC were to make “increasingly competitive use of products for which health claims are implied.” BAT-owned firms would also encourage their competitors “not to make explicit health claims” and would “discourage unsupportable health claims from any source.”<sup>17</sup> In a 1974 planning document, ITC officials discussed the marketing challenge of describing the “benefits to the consumers when we cannot use the two words that best describe the concept –reduction in build-up of Tar and Nicotine.” Advertising and promotion for reduced tar and nicotine cigarettes could only “imply a ‘safer cigarette’” and not state this explicitly.<sup>18</sup>

### **Mild and Light Cigarettes**

Market testing for ITC’s Matinée “Special Filter,” launched in 1976, revealed it was “perceived to be a very mild cigarette and better for your health.”<sup>19</sup> The brand’s development was in response to ITC research showing rising health awareness among smokers, 61 percent of whom agreed that cigarette smoking was “dangerous for anyone.” Study participants viewed Special Filter as having less tar and nicotine than Matinée Regular, even though nearly 70 percent were unaware of its actual tar and nicotine

levels listed on the cigarette pack.<sup>20</sup> The brand's core messages of "mildness" and "health" were communicated most effectively by package design and advertising. "Image-type campaigns" like the one for Special Filter, ITC officials noted, could "often be more effective than words since the latter generally appeals to rational intelligence, whereas the former appeals to the sub-conscious." The brand also supplied a public relations benefit for ITC, as mentioned during a meeting in 1976: "the recent launch of Special Filter provided our sales force with a logical reply to the anti-smoking criticisms, 'You see, we are doing something about smoking and health. We are offering a safer cigarette.'"<sup>21</sup>

Similar considerations were evident during planning for the launch of Player's Light in 1976, which later became a top-selling brand. This new brand would have 14 milligrams of tar, which was not low, while its marketing would emphasize a "mildness strategy" as compared to higher-tar brands like Player's Filter and Export "A". In keeping with recent "mild" and "light" brand launches in the United States, the "mildness story" for Player's Light would be "only relative," since "14mg is hardly a mild brand." There was, ITC marketers underscored, "no milder version of a main younger starter brand on the market. Player's Light will fill this gap." Player's Light would "supply a 'safer' range extension of one of the two youngest, strongest, most masculine and popular starter brands in Canada."<sup>22</sup> Mild/Light brands should not drop tar and nicotine levels so low as to not deliver satisfying taste. They also presented another challenge, as BAT marketing official P.L. Short relayed to Anthony Kalhok, an ITC marketing executive, in 1976: the "risks entailed in the lowering of [tar and nicotine] deliveries may, however, especially in the case of [the] health-conscious, lead to quitting." Short then pondered if there were "'optimum' levels of nicotine, in brief, which will enable us to maximise the number of cigarettes smoked per day, below which consumption will fall off?"<sup>23</sup>

Short provided the rationale and strategic features for cigarette health reassurance marketing in a series of memos during 1976 and 1977. In one, written for a BAT meeting in June 1976, he identified two groups of smokers with elevated health concerns.<sup>24</sup> The first group consisted of "relatively older smokers" over 30, with young families and in search of "cigarettes with a degree of health reassurance but with well-defined taste and flavour." The second group were smokers over 40, who were "much concerned with health" and "particularly sensitive to constituents alleged to be 'noxious' by the authorities." They required "significantly low delivery cigarettes." It was disconcerting, Short wrote, that "anti-smoking pressures and health threats" had elevated the "trend towards quitting by middle-aged and older smokers." However, "it seem[ed] probable that the development of products with justifiable health reassurance would reverse this trend, to some extent."<sup>25</sup> In this domain, BAT required the "continued co-operation and interest of Associated Companies" with respect to providing consumers with a "form of health reassurance." The goal was to develop products with "actual or perceived low tar, and medium to high nicotine," in pursuit of an "ideal" cigarette, or "at least as seen by those who are seriously concerned about health matters."<sup>26</sup>

In another memo, Short noted that BAT had adopted a new policy on smoking and health in June 1976. BAT and its associate companies were to "inform and reassure smokers about the Industry's and BAT's achievements in the development of products having constituents (i.e. lowered or nil deliveries)." While so doing, BAT companies would "make no specific claims for such products as being 'healthier' as such." BAT affiliates would share research on "consumer awareness of the Smoking Health situation in each country," along with "consumer evidence on the concern or anxiety related to smoking and health, where possible identifying both general and specific issues."<sup>27</sup>[original emphasis] In April 1977, Short issued a memo on smoking and health to BAT affiliates. BAT, he underscored, would "not remain on the defensive, by simply reacting to alleged 'health' hazards and related competitive challenges: instead, we shall actively seek out all worthwhile prospects for brand and product reassurance in marketing throughout the world."<sup>28</sup> Market research would reveal the health "needs" of smokers in order to develop new brand concepts or to modify existing ones. It was imperative that marketing work to reassure consumers about smoking, by reinforcing the "the perception of low deliveries and by the perception of 'mildness'." Notably, Short stressed that "advertising for low delivery or traditional brands should be constructed in ways so as not to provoke anxiety about health, but to alleviate it, and enable the smoker to feel assured about the habit and confident in maintaining it over time."<sup>29</sup>

ITC's Anthony Kalhok, in his memo for a marketing conference held in October 1976, elaborated on Short's views.<sup>30</sup> Two important research needs were discussed at the conference, Kalhok noted. One involved the need for "more information about consumers themselves, their behaviour in relation to the Smoking & Health environment and their reactions and attitudes to the product characteristics and brands being offered." The other concerned the paucity of existing research of a "qualitative kind about smokers'

motives, attitudes, anxieties and the specific Smoking & Health influences affecting them.” Such a research program would in turn identify “new sub-segments” among the health-concerned demographic, culminating in the “design of new brands to exploit such opportunities.” It was also important to identify the “behavioural facts” of quitting and brand switching via in-depth qualitative research that could also be “adapted to include relevant aspects of the Smoking & Health issue.” Throughout this process, the role of BAT would be to direct and assist companies in designing such research programs and to circulate relevant findings to other companies.<sup>31</sup>

The extent of the industry’s health-oriented marketing is perhaps best exemplified by a complaint from a Benson & Hedges official to the Canadian Tobacco Manufacturing Council (CTMC) in 1977, related to print advertising for Rothmans’ Craven A Special Mild, a so-called health brand. The lettering in the government health warning in the advertisement, the B&H official maintained, was *too large* –in 15-point font instead of the required 10-point size. Rothmans, he charged, was “making a conscious decision to add greater impact to the health warning,” turning the warning into a “marketing tool” to “get around the industry agreement of not using tar and nicotine in advertising.”<sup>32</sup>

### **“Year of the Lights”**

Starting in 1976, tobacco companies launched a bevy of “Mild” and “Light” brands, which featured moderately lower amounts of tar and nicotine than their “parent” brands. That year, six of these brands appeared (Player’s Light, Export A Lights, Belvedere Extra Milds, Cameo Extra Mild, Matinée Special Filter, Craven A Special Mild) with tar levels between 6 and 17 milligrams, with most falling at the higher end of this spectrum. During the following year, cigarette makers introduced du Maurier Special Mild and six more Light/Mild brands, prompting ITC’s Michel Descôteaux to label 1977 the “Year of the Lights.” Not since the era of coupon and premium marketing ended in 1970, he wrote, had there been “such dramatic changes” in the cigarette market.<sup>33</sup> In 1975, cigarettes with 15 milligrams of tar or more constituted 86 percent of the market; by 1977 this number had dropped to 68 percent. These Light/Mild brands, Descôteaux noted, could be “expected to have long-lasting consequences that should prove most interesting to watch in the next five to 10 years.”<sup>34</sup> The CTMC promoted the benefits of this trend to federal government officials, heralding that 60 percent of industry promotion budgets now went to brands with 15 milligrams or less of tar.<sup>35</sup> Light/Mild brands occupied the middle ground between traditional high-tar filter cigarettes and high-filtration brands like Vantage and Viscount which had tar levels at five milligrams or less and which accounted for about five percent of the market. Industry research showed, however, that high-filtration brands “met with considerable rejection by smokers.”<sup>36</sup>

The popular appeal of Light/Mild brands sparked concerns among federal officials in the Department of National Health and Welfare (NHW). In 1977, NHW Assistant Deputy Minister A.B. Morrison wrote ITC president Paul Paré that he was troubled by the marketing of “cigarettes as ‘mild’ or ‘light’ when, by current standards, their tar and nicotine levels do not appear to justify such classifications.”<sup>37</sup> He singled out Players Light King Size, whose tar (17 mg) and nicotine (1.3 mg) counts were only marginally lower than those of Players Filter King Size. How, he asked, could a brand with 17 milligrams of tar be labelled “Light” when the maximum tar level allowed for Canadian cigarettes was 19 milligrams? Evident here, Morrison wrote, was the “inappropriate use” of terms like “mild” and “light,” which may constitute misleading advertising under the Combines Investigation Act. ITC executive Ed Ricard responded to Morrison in May 1977 that the use of “Light” and “Mild” were only “relative terms.” They were only meaningful, “in the smoker’s mind, when associated with brands with clearly defined product images.” In this sense, he wrote, “Cameo Extra Mild (12 mg. tar) is both physically and perceptually milder than its parent brand.”<sup>38</sup>

However, not all within the industry shared this view. That same month, ITC’s Anthony Kalkok wrote the CTMC to complain about Benson & Hedges advertising for Viscount, promoted with slogans like “Viscount is the Mildest” and “Canada’s Mildest Cigarette.” Kalkok claimed these were false claims, since ITC’s Medallion brand had less tar than Viscount. As Kalkok explained: “the common term ‘mild’ in relation to cigarettes is generally interpreted by the public to denote T & N levels.” Kalkok wanted the CTMC to intervene and stop Benson & Hedges from using the term “mildest.”<sup>39</sup>

Morrison, in his reply to Ricard, uncannily noted this contradiction, even referencing ITC’s advertising for Medallion while doing so: “I do not see how one can have it both ways, that is, tie the terms ‘mild’ and ‘light’ to tar and nicotine levels as in your Medallion advertisements which state ‘If you really want the mildest... Check the numbers. There’s nothing milder than Medallion’ and –at the same time- use them to describe cigarettes independent of tar and nicotine levels as explained in your

letter.” Morrison cited the example of Cameo King Size Filter, which had 18 milligrams of tar and whose advertising and packaging depicted it as “Mild.” He believed that with the “current interest in ‘mild’ and ‘light’ cigarettes apparently stemming from concern about health hazards, there is a real danger of misleading customers.” He thus thought it was “most important to reach agreement on definitions of the terms ‘mild’ and ‘light’ and how they will be used.”<sup>40</sup> When providing advice to Ricard about an appropriate response to Morrison on this subject, Kalkok said, hypocritically, that it was best to “stick to our guns and insist...that ‘light’ and ‘mild’ are relative terms and should not be pegged to a numerical number, because whatever number is chosen today may be out of date tomorrow.”<sup>41</sup>

Rothmans and Benson & Hedges carried more low-yield brands than did their competitors, making them receptive to calls for limits on tar and nicotine levels for brands in the Light/Mild category. At a May 1978 meeting, Rothmans officials supported a 12-milligram cap on tar levels for such brands, even noting their annoyance that “other companies have not adopted this position and are applying these terms on a more arbitrary basis.”<sup>42</sup> ITC and Macdonald were less supportive of this, since their sales weighted more towards mid-and high-yield brands. A NWH memo on cigarette sales in 1978 found that 79 percent of Macdonald sales were for brands in the highest tar range (18-19 mgs). For ITC, the respective figure was 45 percent. These two companies sold 98 percent of high-tar cigarettes in Canada, which, according to NWH officials, accounted for the “industry’s reluctance to accept either a maximum or company based average” for tar and nicotine levels.<sup>43</sup> When Morrison contacted Paré in 1978 about lowering overall tar and nicotine levels in cigarettes, he underlined that the “sales weighted average tar delivery of Canadian cigarettes [was] considerably higher than the average reported for the United States,” which meant that the “health risks to Canadian cigarette smokers [were] substantially higher.”<sup>44</sup>

By 1980, ITC had fully embraced the “health marketing” concept to sell cigarettes, as seen in a conference presentation by two ITC marketing executives that year.<sup>45</sup> The presentation by Maurice Bédard and Jacques Woods was based on a 71-page report on product development and marketing with respect to health-worried smokers. Bédard and Woods outlined smokers’ anxieties. Research showed that 43 percent of smokers had tried to quit in the past year, compared to about one quarter four years ago. Another sixty percent of smokers had tried to reduce their smoking in the past year. Countering this trend was the extreme difficulty of quitting smoking for long periods of time. ITC research showed that fewer than two percent of those who quit remained as non-smokers eight years later. The general smoking rate had declined from 47 percent in the early 1960s to 40 percent in 1980, a trend largely driven by a 15 percent drop in male smoking over this period. Alleviating this development, Bédard and Woods noted, was the fact that the “overall incidence among females is now at the same level as it was 20 years ago.” The shoring up of female smoking and ITC’s increased market share had been greatly aided by the launch of “Mild” and “Light” brands, beginning in 1976. These brands, according to Bédard-Woods, “created a nice orderly pathway for smokers in their transition from high T&N strong flavored cigarettes (starters) to milder products as their tastes and health concerns changed with age, education, etc.” These brands also “provide[d] the consumer with an option other than quitting,” in effect enabling them to “switch to something milder but which still offers the traditional values of his current brand.”<sup>46</sup> When, in 1984, Benson & Hedges belatedly moved to launch a “Lights” brand to compete with Player’s Lights Regular, marketing executives sought to emulate “the strategy Imperial uses for its Player’s Lights.” This meant a none-too-low tar level of 14 mgs and a mandate to “call it ‘Lights.’” Health-conscious smokers, the memo stated, did not make objective choices based on actual tar levels; they instead “tend[ed] to select the most satisfying ‘Lights’ cigarette.”<sup>47</sup>

### **Consumer Research and “Healthier” Cigarettes**

Many consumer studies examined the issue of smoking and health during the 1970s. One of these was a Market Facts of Canada survey done for ITC in 1977.<sup>48</sup> It examined different product attribute factors for cigarette brands, including the “Health (Product) Factor.” This involved cigarette brands which scored high on statements like, “It has a really efficient filter” and “It’s not as bad for your health as other brands.” Brands with a high “Health (Effect) Factor” correlated positively with statements like, “You can smoke a lot of these cigarettes without irritating the throat.” Brands ranking highly on both measures were viewed as having a “really efficient filter” and low tar and nicotine levels, as well as thought to be “very safe (vs. not as safe) for one’s health.” The survey provided detailed psychographic and demographic portraits of smokers within the “H Segment” (Health) of the cigarette marketplace. These smokers possessed a “variety of more specific health concerns.” They cared little about a cigarette brand’s popularity and were less inclined to smoke for self-assurance when in social situations. Smoking

was pegged more to “environmental cues” than to “their own psychological needs.” H-Segment smokers were more considerate of non-smokers, more likely to switch to lower tar and nicotine brands, more often female than male, and more likely found in higher socio-demographic groups.<sup>49</sup>

Nicole Poliquin, from ITC’s Marketing Research Department, used data from the above Market Facts survey to compile a detailed marketing analysis of health-concerned smokers in 1977.<sup>50</sup> It was “not sufficient to know that more smokers are becoming health oriented,” she wrote, instead “we need to know if there is a difference between low and high health-concerned smokers and what the difference is.” Seventeen percent of smokers were classified with a “high health concern.” These smokers were disproportionately English speaking, between 25 and 34 years of age, female, college or university educated, and earned \$17,000 or more annually. In contrast, smokers with low health concerns were more likely to be French Canadian, over 45, single, male, unemployed or retired, and earning under \$10,000. There were stark demographic differences between smokers with low and high degrees of health consciousness. Poliquin speculated that continued economic growth and higher participation rates in post-secondary education meant that they “could expect more smokers to become high health concerned.” The problem was that these smokers were often “reluctant to smoke,” whose very “life style and way of thinking” were “mainly opposed to smoking.” Smokers with high-level health concerns were “looking for a new mild product” and were “open-minded towards modifications because it is the only way they can continue to ‘enjoy’ smoking.” Choosing “mild” brands helped them reconcile their cognitive dissonance over smoking, “as they ‘think’ they are getting mildness and getting closer to becoming non-smokers.” While following this path, Poliquin observed, “they might continue to smoke!”<sup>51</sup>

Benson & Hedges similarly conducted market research and analysis for Viscount, its leading low-yield brand. In October 1976, the company considered launching a Viscount brand extension (“Gold”), that would have ultra-low levels of tar and nicotine. The target market for “Gold” was “composed of the real health freaks, smokers who are looking for the lowest T&N numbers, smokers who don’t need to be hammered by a heavy advertising pressure, people who only need to be informed of the lowest T&N brand to be motivated to switch to such a brand.” Those less “freakish” about smoking-related health could opt for Viscount “5,” whose brand image addressed health concerns while also providing a “certain degree of flavour satisfaction.” “Gold” smokers in search of more “taste” would find a landing place at Viscount “5,” promoted as the “most acceptable compromise in T&N vs. taste terms.”<sup>52</sup> As was the case for all cigarette makers, the goal here was to have brand switchers, whether inspired by health concerns or taste desires, to remain in the same brand “family.” When “Gold” was later launched as Viscount No. 1 Ultra Light, it was “targeted towards absolute health conscious smokers,” described as a “fast growing segment of smokers.”<sup>53</sup> Prior to its launch, the firm did research to ensure that the brand’s name, advertising, and package design communicated themes like “lowest in tar and nicotine, smoothest and least harsh... more suitable for younger people, [and] more suitable for women.”<sup>54</sup>

In 1977, the ad agency Cockfield, Brown conducted focus groups in Toronto in support of Benson & Hedges’ development of a low-tar, high-filtration brand.<sup>55</sup> They tested different designs and colours for the packaging and advertising in order to determine which best reinforced the desired “message of lightness and mildness.” Blue, it seemed, was a strong “colour code for HiFi [high-filtration] cigarettes. The blue background, shading from a dark to light blue was felt to reinforce the clearing of the smoke.” Researchers probed motivations for switching to high-filtration brands, landing on, not surprisingly, “health consciousness and its importance in decision making.”

As far as health hazards, they either discard the dangers (more proof needed; if one is sensitive to cancer, he will have it whatever he does) or if they are concerned about the dangers they pretend they would rather decrease or stop cold. However there is potential for conversion to HiFi cigarettes when there is the right equilibrium of several dimensions: when a person is already smoking one of the lightest mainstream brands, when that same person is or becomes health conscious and gives credence to the health claims and when that person derives a pleasure from smoking and does not want to quit.<sup>56</sup>

Also in 1977, Rothmans sponsored an in-depth survey of health and smoking-related attitudes and behaviours, with a focus on high-filtration and Light/Mild brands.<sup>57</sup> Researchers from the Contemporary Research Centre contacted 1013 adults who smoked at least five cigarettes a day. The 130-page report revealed that health concerns were more pronounced among women, young people, higher-socio

economic groups, and English speakers. One-third of respondents had tried to quit smoking, while another third had sought to curtail cigarette usage. This behaviour underscored the underlying anxiety of most smokers and the subsequent popularity of certain brands. “The correlation between expressed concern and the current use of milder cigarette brands clearly indicates that the relationship is a causal one- the use of milder cigarettes seems to be a direct response to anxiety about the hazards of smoking and one that appears to be growing.” Smokers’ knowledge of tar and nicotine levels for particular brands was weak. Few could accurately place brands on a low-to-high continuum of tar and nicotine levels. While most smokers harboured at least some health concerns, they exhibited a “relatively low level of awareness of the tar figures,” including those of their own brand. The report concluded that brand name, package design, and advertising were more powerful vehicles for communicating “milder” and “lighter” associations than were tar and nicotine numbers. A majority of smokers had tried high-filtration brands like Belmont and Viscount, but in most cases this was limited to one pack or less. Complaints about these brands centred on bland taste and impaired draw. This, however, was not the case for the recently introduced mild and light versions for brands like Players and Export “A”.

The response to a concern about smoking and health appears to have changed somewhat since the 1960’s. Attempting to quit the habit which was the typical response a few years ago is now less common than moving to a lower-delivery, ‘safer’ cigarette. This change is not so much a reflection of a change in attitudes, since the majority of smokers believe the habit to be harmful, but of the increased opportunity to move down in terms of ‘strength’...The advent of the ‘mild’ versions of main-stream brands appears to be the most significant development in cigarette smoking since the concept of the Strickman filter. There is little sign of the massive rejection that has been so apparent with high-filtration brands and the fact that they are so far all extensions of existing major brands gives them a built-in credibility that previous low-delivery brands lacked.”<sup>58</sup>

Ontarians proved especially receptive to this health-appeal marketing. When asked if publicity about the “alleged health hazards of cigarettes” had produced changes in their smoking habits, 31 percent of Ontario residents agreed, compared to just 20 percent in Quebec. Thirty-five percent of Ontario smokers used or had tried high-filtration brands, compared to just nine percent of smokers in the Maritimes.<sup>59</sup>

Macdonald Tobacco, which was bought by R.J. Reynolds in 1974, was also active on this market research front. In 1977, it sponsored a study by Elliott Research on consumer understandings of terms like Lights, Special Lights, Extra Lights, Mild, Special Mild, Extra Mild, and Ultra Mild.<sup>60</sup> Elliott Research interviewed 150 adults in Toronto and another 150 Francophones in Montreal. The study examined how the above terms corresponded with concepts like “Good Taste,” “Smoking Satisfaction,” “Perceived Tar & Nicotine Content,” and “Degree of Burn.” More respondents (57%) favoured the “Mild” descriptor over the “Light” one (40%), with most preferring the former unadorned with adjectives like “Special,” “Ultra” and “Extra.” The term “Mild,” when compared to “Light,” was perceived as having better taste, an easier draw, and more satisfying smoking experience.<sup>61</sup> Another market research survey for Macdonald, this time by Market Facts of Canada, probed the views and attitudes of Toronto and Montreal smokers about Vantage, Macdonald’s low-yield brand. Toronto smokers, more so than Montreal ones, proved more aware of the brand’s low tar and nicotine levels. This, the report noted, “may be connected with the fact that concern over health and smoking is much higher among” Anglophones than Francophones. Among Vantage smokers in Toronto, 87 percent were either somewhat or extremely concerned about the health hazards of smoking, compared to just 71 percent of Montreal respondents. Brands like Vantage needed to “capitalize on the needs of the concerned smoker through the use of provocative headlines, and, specifically in print advertising, rational explanation of the product benefit.” The brand’s target market were “concerned” smokers who wanted “the psychological benefit of lower ‘tar’” while still requiring “the physiological benefit of taste.”<sup>62</sup>

The Creative Research Group conducted another research study of Vantage for Macdonald in 1978.<sup>63</sup> The sample survey of 837 people in Ontario and Quebec had respondents rate test advertisements for Vantage, which was updating its “Candid” theme, whose positioning statement was “Vantage is a low tar cigarette with good taste for the ‘concerned smoker’” [original emphasis]. How did respondents interpret “concerned smoker?” In addition to denoting “smokers aware of or concerned about the health dangers of smoking,” the phrase also “communicated low tar and nicotine content,” making it doubly effective. The phrase “sensible cigarette” conveyed meanings centred on low tar and nicotine levels, as

well as being “safe/less hazardous to health.” The top identified characteristics of Vantage smokers were: “health conscious people,” “light smokers,” and women. Ontario smokers, the report noted, were “more concerned about smoking than their French counterparts” in Quebec.<sup>64</sup>

Two years later a brand positioning exercise for Vantage Lights asked, “Who are Vantage smokers?” They were defined as “men and women over 25, somewhat upscale, concerned with their decision to continue smoking who sought a lower tar cigarette.” Vantage had “helped them find the rational solution to their smoking dilemma.”<sup>65</sup> In 1980, a Macdonald marketing prospectus described plans to “establish the Vantage family as the House of Low Tar,” a brand which would meet “the different taste requirements of concerned smokers.”[original emphasis] The word “concerned” was crucial, for “more than any other it sums up the positioning of Vantage. Concern to Vantage is what Satisfaction is to Export.” The company had spent over \$2 million promoting Vantage in 1980, the most it had spent on the brand in a single year. This reflected the “confidence we have in the concerned smoker strategy.” Corporate parent R.J. Reynolds was also impressed, stipulating “wherever Vantage is introduced in the world the Canadian ‘concerned smoker’ strategy will be used.”<sup>66</sup>

### **Compensation**

Canadian cigarette firms began discussing compensation in the early 1970s. (Compensation arises when smokers switch to lower-yield cigarettes and then “compensate” for this with deeper inhalation, extra puffing, or additional cigarettes.) In 1972, ITC scientist R.S. Wade wrote BAT scientist D.G. Felton to outline ITC’s research on smoker compensation. The work to date showed that “when the nicotine content of a cigarette is reduced, smokers will alter their smoking patterns to try to obtain their normal nicotine intake, usually by taking more frequent puffs.” By doing so, they “obtain a tar yield proportionately higher than that which the cigarette was designed to give.” Smokers also smoked more cigarettes daily. Wade, citing research performed by Philip Morris and BAT, said there was “considerable evidence” in support of the theory of nicotine compensation. He thought it unwise for federal officials to promote the “lowering of both tar and nicotine deliveries of cigarettes,” since “compensation for lower nicotine can be expected to maintain higher tar intakes.”<sup>67</sup>

In 1972, an ITC marketing planning document described the consumption of lower tar and nicotine cigarettes as a “function of the consumers’ perception of the safety of the brand relative to its physiological delivery of a satisfying smoke.” Physiological delivery was not compromised because “smokers adjust their physical smoking habit (the way they puff a cigarette) to compensate for a reduction of nicotine levels.”<sup>68</sup> The following year, ITC regarded compensation as less a “theory” and more an empirical fact. A discussion brief for a conference on smoking and health conference stated:

we are convinced that most smokers smoke to their own personal nicotine requirement, altering their pattern of puffing so as to extract and absorb the nicotine they require. If the nicotine delivery is low enough, they cannot change their smoking pattern enough to get satisfaction, and reject the brand. With a moderately low nicotine cigarette they simply take more puffs, or larger puffs and thereby increase their intake of harmful substances: tar, carbon monoxide, hydrogen cyanide, etc.<sup>69</sup>

A 1973 CTMC research proposal relating to smoking and health similarly discussed nicotine intake and compensation. Low tar and nicotine brands must still reflect the “user’s need” for nicotine absorption. The “involuntary moderation” of enhanced filtration or air venting of smoke was of “limited merit” since smokers compensated with deeper inhalation, more puffs, or more cigarettes. The evidence for this, the report noted, was still inconclusive, necessitating additional research.<sup>70</sup>

During an ITC meeting on smoking and health in 1975, a company scientist discussed low tar and nicotine cigarettes, noting that “we do not really know that low T and N cigarettes are safer for the smoker because much depends on the way he smokes” and on how the government might assess the putative “safety” of such products.<sup>71</sup> A joint discussion paper by P.L. Short and Tony Kalhok in 1976 included a section on product research and marketing in light of “Smoker Compensation.” They called for a “comprehensive study” on the relationship between tar and nicotine levels and the number of cigarettes smoked daily. This was “based on the theory that certain smokers who demand substantial ‘satisfaction’ out of smoking will smoke more cigarettes per day if the nicotine level of their brand is reduced, and that smokers of cigarettes with lower [tar] and nicotine levels will similarly compensate by smoking more cigarettes per day if similar reductions in deliveries are achieved over time.”<sup>72</sup> P.L. Short

later lamented the paucity of “coherent information” on compensation. A research project on this could assess if there were “‘optimum’ levels of nicotine which will maximise or at any rate not reduce consumption, but below which consumption will fall off or even lead to quitting?”<sup>73</sup>

A 1977 consumer survey for Rothmans examined smokers who had tried high-filtration brands like Belmont and Viscount. They often disliked them, citing their weak taste and difficult draw; respondents reported that these brands “lead to a greater daily consumption, presumably because of their low nicotine delivery.”<sup>74</sup> Compensation, in part, explains a paradox of cigarette use in the 1970s: per-capita cigarette sales gradually rose while the overall smoking rate declined slightly. ITC’s W.T. Knox remarked on this trend in 1976, observing that there had been a “gradual erosion in incidence of smoking coincident with an almost offsetting increase in volume per smoker.”<sup>75</sup> Another ITC official reported two years later that “per capita smoking is increasing but the percentage of regular smokers is decreasing mainly in the older male market segment.”<sup>76</sup>

Surveys for Benson & Hedges uncovered similar findings. In 1977, the self-reported smoking rate (incidence and daily usage) accounted for just 75 percent of the cigarette industry’s sales in Canada.<sup>77</sup> The report speculated that as smoking became increasingly stigmatized, the “guilt feelings” of smokers produced an underreporting of smoking status and/or daily consumption.<sup>78</sup> While the incidence of smoking declined slightly in the late 1970s, the per-capita amount of cigarettes sold in Canada rose from 9,329 in 1975 to 9,819 in 1980, a five percent increase.<sup>79</sup> Compensation provides one explanation for this, as health-concerned smokers switched to Light/Mild or high-filtration cigarettes and then smoked more of these to maintain accustomed to levels of nicotine and tar. ITC executive W.T. Knox remarked on this trend in 1976, noting that there had been a “gradual erosion in incidence of smoking coincident with an almost offsetting increase in volume per smoker.”<sup>80</sup> Consumers of low-yield cigarettes, accustomed to higher yield brands, smoked more of these cigarettes to attain habituated levels of nicotine and tar. Compensatory smoking also meant that low-yield smokers received similar levels of tar and nicotine as those smoking regular cigarettes even when the same number of cigarettes were consumed, further negating any putative health advantage.<sup>81</sup>

## Conclusion

By the early 1980s, Canadian cigarette firms had launched dozens of low-yield and “Mild”/“Light” brands, designed to capitalize on the health concerns of smokers and to prevent them from quitting. Cigarette makers conducted far-ranging market research on smokers’ health concerns, using this data to develop, market, and advertise these “health” brands. Research by industry scientists and consumer researchers similarly provided extensive data and knowledge on smoker compensation, discussed often by cigarette executives starting in the early 1970s. This research demonstrated that health-anxious smokers who switched to lower tar and nicotine cigarettes for their perceived health benefits in fact inhaled much more tar and nicotine, levels far surpassing those listed on cigarette packs or supplied by machine-smokers.

Health-themed marketing was very important since a key goal of the industry after the “cancer scare” was to instill doubt in the minds of smokers about the harms of smoking. And there is evidence that many Canadians in the 1970s did not fully comprehend the dangerous health effects of smoking. In 1971 a Canadian Gallup survey asked if cigarettes were “a cause” of cancer. While 58 percent of respondents agreed, fully 42 percent of respondents either disagreed or were undecided.<sup>82</sup> ITC market researchers found in 1972 that 46 percent of smokers either disagreed with or were undecided as to whether “smoking is dangerous for anyone.” Among French Canadians, the figure was 58 percent.<sup>83</sup> When ITC researchers asked in 1977 how many of one’s own brand of cigarettes that one could “safely smoke without harming your health,” 26 percent offered daily amounts of between 6 and 20 cigarettes, while another 21 percent said they did not know.<sup>84</sup> Another ITC survey that year asked English and French Canadians to state their degree of agreement or disagreement with statements like: “Smoking is not hurting me as long as I feel all right and show no signs of health problems” (44 percent of French Canadians agreed, 32 disagreed) and “Smoking cannot be all that dangerous because I know people who smoke two packs a day and are still going strong” (52 percent of English Canadians agreed, 30 percent disagreed). More than twice as many Canadians (46 percent versus 20 percent) believed that “you’re more likely to die in a car crash than from smoking.”<sup>85</sup>

Survey results like these underscore the industry’s success in offering health reassurance to smokers, who in turn often minimized the perceived health risks of smoking. Cigarette makers effectively framed the health risks of smoking as both manageable and acceptable for “concerned” smokers, seen especially

with the prolific uptake of Mild/Light brands during the late 1970s and 1980s. “Health marketing,” however ironic and disingenuous, had secured a strong foothold in the cigarette industry by 1980. By then, Canadian cigarette companies had not only weathered the “cancer scare,” but had capitalized on it to create new products and markets for health-worried

<sup>1</sup> This paper’s primary sources consist mainly of tobacco industry documents made public after recent tobacco-related court cases in Canada, most notably the Blais-Létourneau Quebec class action case (2015). These documents, like millions of others of international tobacco industry records, are housed at Truth Tobacco Industry Documents <https://www.industrydocumentslibrary.ucsf.edu/tobacco/>

<sup>2</sup> For historical works on cigarette marketing in Canada see, Tim Dewhirst and Brad Davis, “Brand Strategy and Integrated Marketing Communication (IMC): A Case of Player’s Cigarette Brand Marketing,” *Journal of Advertising* 34 (4) (Winter 2005), 81-92, Richard W. Pollay, “Targeting Youth and Concerned Smokers: Evidence from Canadian Tobacco Industry Documents,” *Tobacco Control* 9, no. 2 (2000), 136-147; and Daniel J. Robinson “Imperial Tobacco, Market Research, and Canadian Teens, 1960-1988,” in Kyle Asquith, ed., *Advertising, Consumer Culture, and Canadian Society* (Toronto: Oxford University Press, 2018), 53-70

<sup>3</sup> The definition of a “low-tar” cigarette changed over time, declining from about 20 mgs per cigarette in the 1950s to about 12 mgs or less in the 1970s.

<sup>4</sup> Canadian Facts “8M Survey” for ITC, (Aug 1969)

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<sup>5</sup> “There Sits Stately Imperial,” *Monetary Times* (Dec. 1968), 20

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<sup>7</sup> “Big campaign for new cig. launch,” *Marketing* (7 July 1969), 14

<sup>8</sup> “A David cracks the cigarette Goliath,” *Marketing* (31 March 1967), 30-31

<sup>9</sup> “Health minister’s warnings not worrying cig. industry,” *Marketing* (29 Nov. 1968), 1, 29

<sup>10</sup> Susan Carson and Ed Patrick, “All-out war rages in promo cigs.” *Marketing* (14 Feb. 1969), 1, 33

<sup>11</sup> Basil Jackson, “Warnings ignored: tobacco sales up,” *Financial Post* (17 Oct. 1970)

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<sup>13</sup> ITC, “Smoking and Health: Analysis and Recommendations,” (n.d., ca. early 1973)

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<sup>15</sup> “Discussion of Agenda: Montreal S&H Conference” (March 1973)

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<sup>16</sup> BAT, “Smoking and Health”, (July 1974)

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<sup>18</sup> ITC, “Project Gatwick”, (n.d. circa Sept. 1974)

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<sup>19</sup> S. Baxter to A. Kalhok *et al.* (11 June 1976)

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<sup>21</sup> A. Kalhok, “Minutes of Meeting on Smoking and Health, May 6, 1976” (10 May 1976)

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- <sup>81</sup> NL Benowitz, SM Hall, RI Herning, P Jacob 3<sup>rd</sup>, RT Jones, AL Osman, “Smokers of Low-Yield Cigarettes Do Not Consume Less Nicotine,” *New England Journal of Medicine*, 309 (1983), 139-142; NL Benowitz, P Jacob 3<sup>rd</sup>, “Nicotine and carbon monoxide intake from high-and-how-yield cigarettes,” *Clinical Pharmacology and Therapeutics* 36, 2 (Aug 1984), 265-270; National Cancer Institute, *Risks Associated with Smoking Cigarettes with Low Machine-Measured Yields of Tar and Nicotine –Monograph 13* (Bethesda: USDHHS, 2001); Lynn T. Kozlowski, *et al.* “Smokers’ misperceptions of light and ultra-light cigarettes may keep them smoking,” *American Journal of Preventative Medicine*, 15, 1 (July 1998), 9-16. Canada banned the use of terms like “Mild” and “Light” for cigarette brands in the 2000s.
- <sup>82</sup> “La cigarette est une cause du cancer pour 58% des Canadiens,” *La Presse* (15 Sept. 1971), A18
- <sup>83</sup> Canadian Facts (CF) Survey, “Canadian Smoking Habits and Smokers’ Attitudes: Cigarettes, Cigars and Pipes,” (Spring 1972) (for ITC)  
<https://www.industrydocumentslibrary.ucsf.edu/tobacco/docs/qsfb0223> (for ITC)
- <sup>84</sup> “Imasco Project: CMA/ Survey Report” (June 1977)  
<https://www.industrydocumentslibrary.ucsf.edu/tobacco/docs/krfb0223>
- <sup>85</sup> Market Facts of Canada Survey, “1977 Segmentation of the French and English Speaking Canadian Cigarette Markets,” (June 1977) (for ITC)  
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