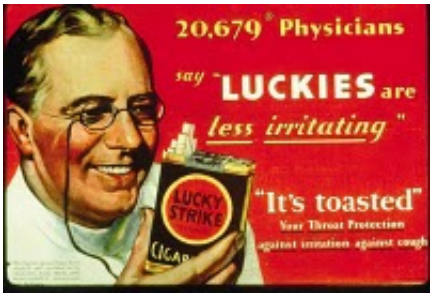
http://somatosphere.net/2009/11/peter-benson-on-safe-cigarettes-and-fda.html

Peter Benson on “Safe Cigarettes” and FDA regulation of tobacco products

2009-11-19 17:57:00

By Eugene Raikhel



In an upcoming issue of Dialectical Anthropology – already available online – Peter Benson has a very interesting article in which he examines the issues surrounding a bill passed earlier this year, which placed tobacco products under the regulatory aegis of the US Food and Drug Administration (FDA). I was able to read this paper earlier as a discussant for a panel at this year’s SMA conference on “Science, Addiction and Capitalism” for which Peter presented it, and I think it raises a number of issues which are important for those of us interested in addiction and also for anyone interested in the changing contours of regulation in the contemporary US.

Giving the FDA regulatory authority over tobacco had been a long-time goal of many public health professionals and organizations. Not surprisingly, this initiative was strongly opposed by the tobacco industry, as yet another potential curtailment of its market. However, in 2000 Philip Morris broke rank with the other tobacco corporations and began to pursue a strategy which supported FDA regulation of its products. It also began to position itself as forthright about the health risks of cigarettes and as a supporter of a harm reduction approach to tobacco. A page on Philip Morris’s website called “Smoking and Health,” currently reads:

> “Cigarette smoking is addictive. It can be very difficult to quit but, if you are a smoker, this shouldn’t stop you from trying to do so. Cigarette smoking causes lung cancer, heart disease, emphysema and other serious diseases in smokers. Smokers are far more likely than non-smokers to develop diseases such as lung cancer.

> There is no such thing as a “safe” cigarette,” (Philip Morris).

As Benson suggests, statements like this last one—“There is no such thing as a “safe” cigarette,” are particularly striking, and arguably disingenuous claims, given the industry’s longtime search for “safer” cigarettes, as well as its new strategy. Indeed, another page on the Philip Morris website explains that:

> “Developing products that might reduce the health effects of smoking is one of our top priorities…. One of our current research and development initiatives focuses on preventing the formation or reducing the levels of toxic chemical compounds produced during the burning of tobacco in a cigarette. We hope that the data will, among other things, provide a basis for the development of new reduced-risk products,” (Philip Morris).

Under the new regulation the FDA would evaluate tobacco producers’ claims of the relative harm or safety of their products. As Benson explains , the logic behind this change in course on the part of Philip Morris seems to have been a calculation that an evaluation of its tobacco products by the FDA with any level of warning—anything short of prohibition that is—would be ultimately seen by consumers as legitimizing its products. Moreover, Benson shows how the notion of the freely-choosing agent is what underpins the alignment of public health and corporate interests in the FDA regulation of tobacco products.

> “Rather than abandoning a lethal product, Philip Morris has crafted a strategy that capitalizes on health risks to create an image of a caring industry that promotes lawful behavior, respects consumer autonomy, and works with and for the public health. A dominant cultural model of the consumer as a rationale chooser is central to the alignment of certain tobacco corporate interests and certain public health policy interests around the FDA bill,” (Benson 2009).

Again, an intertwined logic of harm reduction and consumer autonomy is very clear in the company’s publications. Here’s an excerpt from a page called “Reduced risk products”:

> “Our aim is to present smokers with a choice of products, including cigarettes that might reduce the health effects of smoking. To help us reach that goal, we want governments to develop standards that establish exactly what constitutes a potentially reduced risk product and how to convey that information to smokers.

> We understand that some public health organizations feel that offering smokers cigarettes that are less harmful than conventional ones might encourage some people to start smoking or make smokers less likely to quit.
>
> That's why we believe all smokers should understand that the only safe thing to do is not to smoke at all. It's also why we need governments and the public health community to establish effective methods of measuring and marketing potentially reduced risk products," (Philip Morris).

The new legislation makes the tobacco industry's claims about the reduced risk of any new products subject to FDA oversight. However, as Benson points out, one of the problems with this is that because:

> "[t]he link between reduced toxin exposure and ingredient control and health outcomes remains extremely complex and poorly understood… it is unclear exactly how the federal government will regulate claims about reduced risk. Critics worry that tobacco companies will be able to legitimately market products that make verified claims about reduced toxicity, even though there may not be scientific evidence to show that reducing particular toxins also reduces health risks," (2009).

Benson, who wants prohibition of cigarettes to be seen as a possible strategy in policy discussions, points out one of the central ironies of the situation in noting: "Tobacco is the only legal consumer product that is harmful when used as intended," (2009). Under the current conditions:

> "It is possible that tobacco companies will be able to continue to treat risk as a selling point by promoting improved product design, using anxieties about health to enhance the marketability of their products, encourage smokers thinking about medicinal nicotine to instead purchase a modified tobacco product, and protect their share of the nicotine dependence market from pharmaceutical companies," (Benson 2009).

I found this to be one of the most striking points. Philip Morris's decision that their interests are best served by FDA regulation of tobacco products in the US, reflects a situation in which tobacco corporations see themselves as competing directly with pharmaceutical companies. The

FDA had already been regulating various products marketed as aids to reduce nicotine dependence—like nicotine gum and patches—since the 1980s. And perhaps Philip Morris was also paying attention to the excellent job that the FDA has been doing of scrupulously regulating the pharmaceutical industry to the benefit of the public.

When tobacco companies see themselves as competing with producers of pharmaceuticals, it also means that some fairly longstanding distinctions between products designed to addict and those designed to alleviate addiction are becoming increasingly blurred. At the same time that tobacco is coming under the regulation of the FDA – and is thus framed in medicalized and public health terms – marijuana is increasingly coming under medical regulation as well—although on different jurisdictional levels and in rather different ways. Of course, the distinctions between licit and illicit drugs, between those that heal and those that harm, have always been contentious and shifting. Heroin was, after all, developed and promoted around during the early part of the 20th century as a safe alternative to morphine.

However, it does seem that a number of relatively recent development have undercut what was—at least for much of the post-WWII period—a strongly defined distinction between health-promoting and harm-inducing substances. These include the growing interest in pharmacological treatments for addiction (such as naltrexone, acamprosate, and buprenorphine), the phenomenon of addiction to prescription pain-killers and the promotion of the model of addiction as a “chronic progressive brain disease” – in which various substances, and behaviors, activate a common set of neural mechanisms. I think that this also shows the potential strength of the approach which many anthropologists have taken in recent years—which is to study various psychoactive substances—alcohol, opiates, pharmaceuticals, tobacco—under a single analytical rubric.

A final overall point which I take from Benson’s paper is that the contemporary regulatory and governance setting in the US – with its mix of criminalizing interventions, multiple models of clinical treatment and rehabilitation, and harm reduction approaches—requires a set of analytical tools that are more suited to the situation than terms like “medicalization” or even “governmentality.” More specifically, we may need different analytical tools depending on the particular questions being addressed or the particular issues at stake. The case described by Benson seems to be one of those where some version of a good old “hermeneutics of suspicion” – albeit a subtle and complex version – may be just what the doctor ordered:

> “The ultimate goal of Philip Morris’s support for FDA legislation is

> to make individual health management and the regulation of consumer behavior the dominant tobacco control strategy, rather than the regulation of production and supply. The FDA legislation does nothing to address worldwide smoking trends or the international free market environments in which tobacco companies operate. Although the new tobacco regulation is anticipated to have positive outcomes, it does not address certain questions about industry liability and does very little to attend to hidden structural costs, namely, the extent to which product certification can actually help stabilize harmful corporations," (Benson 2009).

Peter Benson. 2009. "Safe cigarettes." Dialectical Anthropology. DOI: 10.1007/s10624-009-9121-x.

Image Source: *Magazine of Wall Street* . July 26, 1930. Reprinted in: "The Doctors' Choice Is America's Choice": The Physician in US Cigarette Advertisements, 1930–1953. Martha N. Gardner and Allan M. Brandt. Am J Public Health. 2006 February; 96(2): 222–232. doi: 10.2105/AJPH.2005.066654.

Similar Posts

- Biomedical Conventions and Regulatory Objectivity in Social Studies of Science
- "Neuroscience, power and culture": a special issue of History of the Human Sciences
- Ethnographies of addiction in Cultural Anthropology
- "Drugs, addiction and society": a special issue of BioSocieties
- Summerson Carr on "Enactments of Expertise"

AMA citation
Raikhel E. Peter Benson on "Safe Cigarettes" and FDA regulation of tobacco products. *Somatosphere*. 2009. Available at: http://somatosphere.net/2009/11/peter-benson-on-safe-cigarettes-and-fda.html. Accessed October 6, 2011.

APA citation
Raikhel, Eugene. (2009). *Peter Benson on "Safe Cigarettes" and FDA regulation of tobacco products*. Retrieved October 6, 2011, from Somatosphere Web site: http://somatosphere.net/2009/11/peter-benson-on-safe-cigarettes-and-fda.html

Chicago citation
Raikhel, Eugene. 2009. Peter Benson on “Safe Cigarettes” and FDA regulation of tobacco products. Somatosphere. http://somatosphere.net/2009/11/peter-benson-on-safe-cigarettes-and-fda.html (accessed October 6, 2011).

Harvard citation
Raikhel, E 2009, *Peter Benson on “Safe Cigarettes” and FDA regulation of tobacco products*, Somatosphere. Retrieved October 6, 2011, from <http://somatosphere.net/2009/11/peter-benson-on-safe-cigarettes-and-fda.html>

MLA citation
Raikhel, Eugene. "Peter Benson on “Safe Cigarettes” and FDA regulation of tobacco products." 19 Nov. 2009. Somatosphere. Accessed 6 Oct. 2011 .<http://somatosphere.net/2009/11/peter-benson-on-safe-cigarettes-and-fda.html>