

## Tobacco research funding, addiction, and entitlement

Addressing the Fifth World Conference on Smoking and Health in Winnipeg in 1983, England's former chief medical officer Sir George Godber asked, "How many more such conferences is the world condemned to need?" (1) In his November 27 commentary, Richard Horton, *The Lancet's* editor, criticized Harold Varmus, the new director of the National Cancer Institute, for his intention to shift tobacco research away from the NCI and into a new institute encompassing all addictions. In his plea for the status quo, Horton invokes "the interests of cancer control," but neither he nor Stanton Glantz, the outspoken researcher he cites as rallying the tobacco control community against Varmus' proposal, provides examples of significant research questions about tobacco that remain to be answered.

On January 4, 1954, a united tobacco industry published a "Frank Statement to Cigarette Smokers" in *The New York Times* and 400 other newspapers across the US, in which the industry accepted "an interest in people's health as a basic responsibility, paramount to every other consideration in our business" and pledged "aid and assistance to the research effort into all phases of tobacco use and health." (2) Ever since, notwithstanding the enormous amount of scientific evidence that has been amassed to implicate cigarette smoking and second-hand smoke as causes of death and disease, the health community has been playing the tobacco industry's game of claiming to need more research in order to enact policy of any kind.

Paradoxically, nearly half a century since the landmark reports by the Royal College of Physicians and the US Surgeon General put to rest any lingering doubts about smoking as the leading preventable cause of cancer (over objections by the tobacco industry that much more research was still needed), it is the most vocal anti-tobacco ideologues who are now pleading for more scientific research. A new definition of infinity could well be the number of grants it will take to shift from research to action on tobacco.

The burgeoning professionalization and bureaucratization of tobacco control has led it to gain entry into the world of research fiefdoms. One result has seen tobacco control advocates like Glantz defending their newfound turf by disputing the finding by the US Centers for Disease Control and Prevention that obesity has surpassed smoking as the leading cause of mortality and morbidity in the US and by complaining that funding to which anti-tobacco advocates were entitled have now been diverted to anti-obesity efforts. One would think that true health advocates would work together, cross-pollinating the best evidence from each field to achieve optimal results. One can even argue that given what we have learned about the physiological and pathological effects of tobacco use, the case for basic research is now stronger than for targeted research on tobacco, and thus interdisciplinary work on addiction as a whole may prove more fruitful to improving overall public health.

One does not have to be accused of being a research nihilist or sounding like the director of the US Patent Office a century ago (who is said to have suggested that all the great inventions had been invented) to ask what exactly remains to be discovered in the realm of tobacco control research. More than 11,000 published papers were reviewed in preparing the 1964 Surgeon General's report on smoking and health--a report that, to Godber, provided ample and sufficient evidence even at that time for governments to take forceful action against the marketing of tobacco products. Tens of thousands of additional tobacco-related studies have since been published. How many more such papers is the world condemned to need?

The worth of research on tobacco industry documents, to which Glantz has been a notable contributor (and a recipient of NCI funding, which was not noted by Horton), no longer has the potential to be a game-changer in either policy or clinical practice. The NCI awarded millions of dollars for such research, the principal application of which was the use of the industry's documents against it in tobacco product liability lawsuits and in federal and state legislative battles.

And where do those state legislatures stand today on combating tobacco consumption? They are partners-in-full with the tobacco industry in perpetuity, thanks to the Master Settlement Agreement (MSA) crafted by the state attorneys general and the tobacco industry in 1998. With no end in sight to the economic crisis, the states are more dependent than ever on MSA money—which is based on the sales of tobacco products---and have no incentive to harm the goose that is laying the golden eggs.

To cite but one example, according to former Massachusetts tobacco control program director Dr. Gregory Connolly (personal communication, December 12, 2010), for every penny of profit that Philip Morris makes on the sale of a pack of Marlboro, the Commonwealth of Massachusetts makes a nickel. In other words, a 30c profit per pack for Philip Morris represents a \$1.50 profit per pack for Massachusetts, including excise taxes and MSA payments. What's more, the state's tobacco control program is shrinking (from an annual budget in excess of \$50 million in the mid-1990s to less than \$5 million in 2010). *The Lancet's* wrath should be directed at the lack of legislative support for reducing tobacco sales and juvenile-onset smoking, not the lack of research funding for studying them. As Godber also stated in his address at the 1983 world tobacco conference: "Do governments have a secret reservation of their own that they can seem to fight for our cause so long as they do not actually win?" (1)

Neither Horton nor Glantz offers any new ideas on tackling the tobacco pandemic. Glantz's complaint about the new direction Varmus is taking tobacco research at the NCI boils down to crying a river over potentially lost funding. One thing has become clear: for both the tobacco industry and tobacco control researchers, the most addictive thing about tobacco is money.

1. Godber GE: Health versus greed. *New York State Journal of Medicine* 1983;83:1248-1249.

2. [http://www.tobacco.neu.edu/litigation/cases/supportdocs/frank\\_ad.htm](http://www.tobacco.neu.edu/litigation/cases/supportdocs/frank_ad.htm)

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