

CLASSICS IN SOCIAL MEDICINE

Cigarette smoking and its promotion: Editorials are not enough*

Alan Blum, MD

One man's death is another man's living.
Ira Gershwin

This issue of the *Journal* marks the 20th anniversary of the first report on smoking and health by the Surgeon General of the United States Public Health Service. Preparations for the issue began one year ago with a letter to the present Surgeon General, C. Everett Koop, MD, requesting an interview on the subject of juvenile-onset cigarette smoking. Dr Koop's encouraging reply inspired other letters to individuals around the world who have been deeply committed to ending the cigarette pandemic.

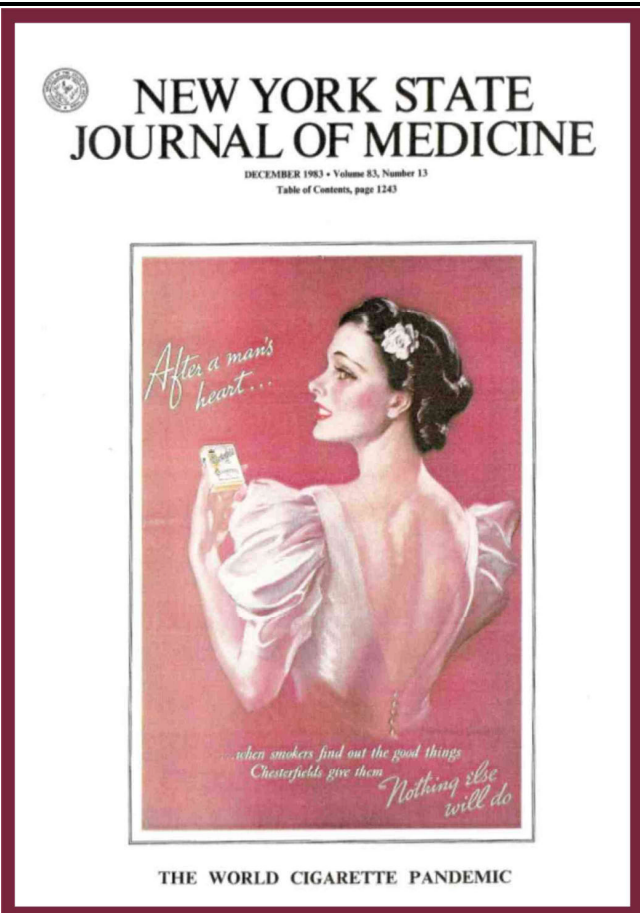
Luther Terry, MD, one of those continuously involved during the last 20 years in seeking solutions to the smoking problem, supported the idea of an entire issue on the subject of the world cigarette pandemic. In his behind-the-scenes account in this issue of the origins of the 1964 report, Dr Terry describes the meticulous attention to objectivity exercised by his advisory committee and notes the efforts by the tobacco industry to cast doubt upon the findings. He credits his predecessor, Leroy E. Burney, MD, for a courageous policy statement in 1957 that left little doubt about the relationship between cigarette smoking and cancer of the lung. Each succeeding Surgeon General has been committed to curbing the use of tobacco. This issue of the *Journal* marks the first time that all Surgeons General who have spoken or written on the hazards of smoking have contributed to a single work on the subject.

In July in Winnipeg, Canada, at the Fifth World Conference on Smoking and Health (held at four-year inter-

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vals since 1967), the *Journal* invited several principal speakers to participate in this issue. Just as Sir George Godber, former chief medical officer of England, challenged his audience in Winnipeg to ask, "How many more such conferences is the world condemned to need?" so he urges the reader of this issue to become more actively involved in efforts to counteract smoking and its promotion. There are hopeful signs, he noted, in such disparate activities as Finland's North Karelia cardiovascular disease prevention project and Australia's BUGA-UP (Billboard Utilizing Graffitiists Against Unhealthy Promotions).

Of all the sessions at the five-day conference, the most ominous—and least well-attended—were those

that examined current efforts of the tobacco industry to open new markets and increase the level of smoking in developing nations. Not only does this portend a health catastrophe akin to that which has occurred in industrialized countries but also a more immediate ecologic threat due to the mass destruction of trees used for flue-curing of tobacco. Several papers in this issue examine the tobacco dilemma of the Third World. Mike Muller's analysis of economic, social, and agricultural aspects of the situation leaves little doubt that the sole beneficiaries in the long run are the multinational tobacco companies. Profiles of four countries—Nigeria, Malaysia, India, and Brazil—offer a depressing scenario in which local health authorities seem powerless. An economic analyst, Frederick Clairmonte, DSc, believes that the first step toward finding a solution lies in looking not at the health consequences of smoking but rather at the interconnecting boards of directors of industry and banking, which he feels create obstacles to the provision of economic disincentives for the sale and cultivation of tobacco. Moreover, although the major cigarette manufacturers have dropped the word "tobacco" from their names in most instances and have diversified (ostensibly as the result of health concerns about tobacco), cigarette sales remain the number one profit maker for these companies. Dr Clairmonte points out that the tobacco industry is becoming synonymous with the selling of alcohol, and he raises the possibility that pharmaceutical research may be influenced by considerations of the cigarette industry. Indeed, it was noted in Winnipeg, the president of one of the largest pharmaceutical companies serves on the board of a major tobacco company, and advertising accounts for many pharmaceutical products are held by advertising agencies that also promote various brands of cigarettes.

The most chilling realization of all is that the world headquarters of the cigarette industry lies not in the Deep South, but in New York City. New York is home to three of the six American cigarette manufacturers and the site of offices of two others. Nearly all of the advertising agencies that promote the products and objectives of the cigarette companies are located in New York. Most tobacco industry publications, including *The United States Tobacco Journal* (which became *The United States Tobacco and Candy Journal* earlier this year), are published in New York. The Council for Tobacco Research, which awards industry-financed grants for medical investigations, is based here.

In addition to hosting the headquarters of the three major broadcasting networks, New York is also home to one of the world's most influential newspapers. For more than a decade, several physicians, most notably George

Gitlitz, MD, have challenged *The New York Times* to recognize the irony of repeated editorial accusations of financial self-interest on the part of the medical profession by acknowledging the newspaper's own role in promoting the major preventable cause of illness and avoidable medical costs. An eight-year correspondence between Dr Gitlitz and *The Times* is published in this issue, and the newspaper's rationalizations can only be read with disbelief.

At a time when newspaper editorialists across America are calling for greater accountability of physicians, it is dismaying that any editor or publisher can continue to defend the mass media's acceptance of cigarette advertising. Lest the position of a privately owned publication in a free society be misunderstood, there is no obligation to accept cigarette advertising merely because the product being sold is "legal." *The Times'* editorial opposition to teenage cigarette smoking and other forms of drug abuse is an insufficient rationalization for the newspaper's acquiescence in the promotion of cigarettes. Even the tobacco companies claim they do not approve of children smoking. The success of advertising campaigns for cigarette brands can be measured not only in terms of the continued high sales among young people in the face of all consequences but also in the continued complacency of editors and publishers who refuse to admit the connection between promoting cigarettes and the high economic and physical toll taken by smoking.

In recent years the mass media have played an increasing role both in reporting on health issues and also in determining the course of medical research. As the result of a news story on a puzzling disease, a threat to community health, or a laboratory finding, public pressure can be brought to bear on government to allocate additional funding for a line of research. If backed by the right publicity and the right people, a disease may even wind up with its own special institute at the National Institutes of Health. And whatever the disease, there is a presumption, fed by the mass media, that the key to better health lies in the research laboratory. According to the media, all carcinogens are equal—except that some carcinogens such as formaldehyde, asbestos, and dioxin (but not the carcinogens in cigarette smoke) are more equal than others. Coverage of Surgeon General Koop's statement that 170,000 Americans will die in 1983 due to smoking-related heart disease was confined to a wire service article on page D18 of *The Times*, while hearings on formaldehyde received greater attention in the main news section. The media claim that they are only reflecting the direction of modern medicine, and—publishers' and advertisers' concerns about coverage of smoking notwithstanding—they may have a point. One

has only to read a fundraising letter sent in September 1983 by a major cancer treatment center to understand how far prevention nihilism has gone:

Last year in your home state of New York, 9,000 people died of lung cancer.

Perhaps someone you know—a loved one or a friend—has lung cancer. It's quite possible, because this disease is the most common form of cancer, and one of the most difficult to control. ...

But some cancers—like lung cancer—do not respond well to existing forms of treatment. And because of this we must find new and different approaches for treating these difficult cancers. This is our goal, and we need your support to reach it.

Because research efforts are so important, I want to ask you to consider making a generous gift You see, there are so many potential areas of research. So many new approaches we must try. But for that we need sufficient funds

The mass media are also reflecting the state of medical publishing in taking their cues for stories to cover. Because of the increasingly specialized nature of medical journals, smoking is considered only piecemeal, if at all, depending on the specialty. The pharmacotherapeutic objectives of controlled-circulation and single-sponsor publications have left little space for articles on preventive issues. One suspects that smoking may not be considered intellectually important enough: How often is smoking the topic of grand rounds? There may even be concern that those who propose such a conference might be carrying on a crusade—as if a campaign against an epidemic is something undignified or inappropriate. How, too, does one explain the reply of an editor of a national medical journal to a professor of public health in which a manuscript is rated "excellent, and a sure bet for a public health journal" but cannot be published in the general medical journal "because we've recently run an article on smoking"? Or the comment of another editor of a major medical journal which seldom publishes articles on the topic: "Saw your piece on cigarette advertising. Oh, I wrote that kind of thing 15 years ago." Apart from *The Lancet*, *The British Medical Journal*, *The American Journal of Public Health*, and a few journals in respiratory diseases and preventive medicine, smoking is seldom addressed.

This issue, then, challenges preconceptions, not the least of which is that cigarette smoking is a moralistic topic. To believe this is to believe that suffering is a matter of informed consent, because an obscure and wordy warning has been placed in fine print on cigarette adver-

tisements for the past 15 years. The key word to describe this issue is "context." Any textbook of pathology or public health can provide the grim details of the damage due to smoking. This issue attempts to place the subject in a variety of contexts, some of which most physicians may not have considered in depth—especially the man-in-the-street context of advertising. Medical training is geared almost exclusively to individual treatment and diagnosis. Very little of this issue is directed toward the cessation of smoking and the plethora of stop-smoking gimmicks, none of which has been shown to be as effective as the words and compassion of the physician himself or herself.

The intent of this issue is to go beyond the posters, pamphlets, and palaver to the realm of primary prevention of the three million adolescents who take up smoking every year in this country. The term "peer pressure" is invoked in hand-wringing fashion to explain the seemingly insoluble dilemma of teenage self-destructiveness, while the *billions* of dollars spent on cigarette and alcohol advertising each year in the United States is seldom considered as the neglected cornerstone of drug abuse. Denial of our national drug abuse problem has become a cliché; but what is there to say when the major nationally televised program on adolescent drug abuse, "The Chemical People," contained not a single mention of smoking or of advertising for alcohol and cigarettes? (This in spite of a report issued earlier this year by the director of the National Institute on Drug Abuse, William Pollin, MD, indicting cigarette smoking as America's leading form of drug dependence.)

Because labels such as "antismoking," "smoker," "nonsmoker," "quitter," and "addict" may well have hampered a dispassionate analysis of the smoking problem on both individual and societal levels, contributors to this issue were encouraged to challenge the conventional vocabulary of smoking. Insofar as the average physician is concerned, smoking cessation has been regarded largely—if regarded at all—as a frustrating, futile, or hit-or-miss matter with little scientific basis. Not one of the nearly 9,000 continuing medical education courses offered in the United States in 1983 was devoted to scrutiny of methods for the treatment of the problem recognized by the World Health Organization and the Centers for Disease Control as the single most preventable cause of poor health in the world. One of the objectives of this issue is to encourage physicians to realize that not all of the onus for solving the smoking pandemic lies with themselves or with researchers or with governments—or, for that matter, with patients. But it is imperative that physicians overcome the misapprehension that patients "have heard it all before," for most informa-

tion about smoking perceived on a day-to-day basis by the public and the medical profession alike has been put to them in the form of \$1.5 billion worth of advertising images each year. As W. R. Rickert, PhD, implies in this issue, by advertising cigarettes as "low tar" (low poison? fewer carcinogen-containing compounds per puff?), the tobacco industry has become our leading health educator. At the very least—whether through the introduction of "toasting" in the 1920s, filters in the 1950s, or less "tar" in the 1970s, the industry has succeeded in allaying the health concerns about smoking on the part of millions of Americans and in undermining educational efforts—unimaginative, off-the-mark, and poorly promoted though most such campaigns may be—about the undeniable and irredeemably harmful consequences of cigarette smoking. The motto of the tobacco industry

could well be "ubiquity, propinquity, iniquity," for it is by posting its cigarette brand images everywhere, by juxtaposing the images to enjoyable and healthful activities such as sport, and by reinforcing a sinful, rebellious idea of smoking that it keeps sales high.

Since the mass media will not report on the subject of cigarette smoking and its promotion to the extent that they cover even the rarest of diseases, physicians must choose whether to adapt to the mass media's concept of health and disease or to act on the basis of their own knowledge. Is it not our duty to work as hard to end the world cigarette pandemic as those who are paid to glorify the image of smoking?

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