If smoking killed baby seals . . .

This issue is a sequel to the December 1983 issue of the New York State Journal of Medicine, which was devoted to a consideration of aspects of the world cigarette pandemic. That issue, which has been updated and reissued by Lyle Stuart Inc (see p 278) has begun to play a part in continuing education courses for physicians and other health professionals, as well as in medical schools, universities, and high schools. A teaching guide to the issue (and this one) is being prepared, and suggestions would be appreciated.

What was intended in early 1984 to be a small supplement to the issue bloomed into an opus even larger than the original, as numerous ideas emerged for articles not addressed in print elsewhere. Further stimuli for this issue have been the visibility and success of the nonsmokers' rights movement, greater interest by employers in providing a smokefree workplace, the signing by President Reagan of the Comprehensive Cigarette Education Act, the appearance of an advertising campaign by RJ Reynolds that has attempted to cast doubt on scientific evidence in regard to smoking and disease, a call by the National Advisory Council on Drug Abuse for a ban on cigarette advertising, the dropping of cigarette advertising by two Canadian and one American daily newspaper, and the filing of lawsuits against tobacco companies by persons with cigarette-related diseases.

In assembling the articles in this issue the objective has been to move beyond a discussion of the well-known medical consequences of smoking to a consideration of ethical, social, political, economic, agricultural, religious, and legal aspects of this growing world problem. The articles in the section on Role Models provide a sobering account of the challenge posed by the cigarette industry's stepped-up efforts to recruit new smokers among women, blacks, the military, and young people in general. The paucity of leaders willing to stand up to cigarette advertisers does not bode well for the next generation.

Several myths perpetuated by the tobacco industry are further deflated by authors in this issue, including the notion that there can be a "less hazardous" cigarette or that smoking aboard aircraft or in other indoor areas does not pose a threat to health. It will come as a surprise to many that some of the sharpest criticism of the continued existence of the tobacco industry is emanating from the South. A coalition of health professionals and religious leaders, led by the North Carolina Council of Churches, is pushing hard for a greater awareness of the state's role in the promotion of a product that causes death and disease. At the same time reporter Lawrence Spohn points out the complexities of the tobacco subsidy. Those who are pushing for an end to this program as a high priority health measure should understand that this will adversely affect small farmers but not the manufacturers—and not the distribution or availability of cigarettes to young people.

Similarly, although the passage of new cigarette warning labels is symbolic of legislative progress, it is hardly a potent way to fight the billions of tax-deductible dollars now spent promoting cigarettes to new recruits. By printing these warnings, the manufacturers may even have been given some protection against future product liability lawsuits.

Although it is encouraging to learn of the increased showings of the film Death in the West in universities, such news is tempered by the report of Dr Heinz Ginzel on the absence of a sizable component on smoking in the medical curriculum. In this issue Dr John Slade presents an ingenious framework for the study of smoking, in which the activities of tobacco companies are likened to the immunologic strategies of certain parasites and viruses to counter a host's natural defenses. The most important aspect of the study of the cigarette pandemic is an examination of the way in which the tobacco industry controls the image and idiom of smoking in society. Both this issue and the earlier one on smoking have employed numerous cigarette advertisements from past decades to illustrate the exploitation of various popular themes. But their outrageousness should not lead one to lose sight of the fact that today's advertisements are far more insidious by having blended current images and idioms so that one is less likely to be offended by the idea of promoting cigarettes. Just as one must study the life cycle of a parasite before attacking it, so one would prepare to tackle smoking by reading annual corporate reports, marketing surveys, and other resources used by the tobacco industry itself. Through an understanding of the tactics of the industry, and not just the health effects of smoking, one realizes that the leading cause of death in the US is not smoking per se, but rather Marlboro, followed by Winston, fol-
Global marketing by cigarette manufacturers—designed by many of the same advertising agencies retained by pharmaceutical companies to promote drugs and other health-related products*—has enabled smoking to take hold in even the poorest of nations. The efforts of the Union International Contre le Cancer, the World Health Organization, and a quadrennial world conference on smoking are no match for the sophisticated network of cigarette companies, which is often in league with local governments, and publishers.

Private foundations that have supported efforts to eradicate infectious diseases in impoverished nations could make a more complete contribution to international health by aiding innovative projects designed to prevent and eliminate smoking.

In this issue, some encouragement can be taken from the descriptions of efforts underway in several countries notably Iceland, Australia, New Zealand, Norway, Canada, and Kuwait. Ambitious programs are starting in Ireland and Israel. But the news is more often than not disturbing, such as in Japan, the Netherlands, France, Greece, Papua New Guinea, Burkina Faso, Northern Ireland, and the Soviet Union.

In the United Kingdom the British Medical Association (BMA) has launched an attack on the tobacco industry. As evidence it will not be engaging in just another anti-smoking campaign, the BMA has distributed cards to doctors designed to be sent to members of parliament notifying them when a patient (and constituent) dies of a cigarette-related disease. The BMA's publication of the Report on Investment in the UK Tobacco Industry, written by Charles Medawar of Social Audit, has proven embarrassing to many organizations. Among the 350 educational institutions, hospitals, religious bodies, and health charities found to have large holdings of tobacco stocks were the Imperial Cancer Research Fund, the Institute of Cancer Research, the Royal College of Pathologists, the Royal College of Surgeons of England, the British Heart Foundation, and Charing Cross Hospital Medical School. The BMA is persuading such shareholders to invest in more useful enterprises.

It is hoped that the new efforts of British doctors, as well as those of doctors in the Sudan who have succeeded in banning cigarette advertising, will inspire other medical associations around the world to devote time and money to tackle this leading international health problem. In the preparation of this issue, it has been difficult to identify health professionals in Central and South America, Asia, Africa, and Eastern Europe who are involved (or would like to become involved) in efforts to counteract smoking and its promotion. It is imperative that a network be developed beyond the official smoking control agencies, and the Journal welcomes correspondence from those who may wish to aid in identifying and working with individuals around the world to end this scourge.

In contrast to the United States, where consumption of cigarettes is at last no longer increasing (but still remains among the highest in the world), the problem in most countries is getting worse. In Papua New Guinea, as Dr Euan Scrimgeour writes, a single company (British American Tobacco) has used advertising to build the image of smoking as a sign of success and sporting prowess. Similarly, according to Dr David Sokol, in Burkina Faso—and in most other countries in Africa, Asia, and South America—street vendors from British American Tobacco, many of whom are children and teenagers, sell cigarettes by the piece, even in front of hospitals. During the current African famine cigarette shipments and promotional campaigns have increased in drought-stricken countries. As Dr Keith Ball notes in this issue, doling out cash payments for cigarettes drains the capacity of a country to pay for food and other essential needs.

A more hopeful picture is emerging in Western Australia, where health minister Barry Hodge and health promotion director Mike Daube have strong governmental and popular backing. The $2 million a year mass media effort described by Dr Calvin Miller in this issue includes a new electronic billboard that ticks off the 45 Australian deaths a day attributed to cigarette smoking. BUGA UP (Billboard Utilizing Graffitiists Against Unhealthy Promotions), whose most recent activities are also reviewed, continues to set the pace. Its new book AD EXPO, an expose of techniques used by advertisers, has been distributed by BUGA UP to Australian school children to help them develop their skills in seeing through advertising images and claims.

Governments in Scandinavia have generally been more supportive than elsewhere of efforts to curtail smoking and its promotion. If present trends continue, one country above all has a chance to eliminate smoking early in the next century: Iceland. Its isolated location is one advantage. Another is pride in capital city Reykjavik's reputation as "the smokeless city" (because it is heated by thermal energy from underground springs and lacks industrial air pollution). A talented and well-coordinated group consisting of the Health Minister, the Icelandic Cancer Society, volunteer health professionals, local and national government officials, and advertising personnel have taken up the challenge to eradicate smoking. Their recent efforts to close loopholes in laws against tobacco advertising and discourage the sale of tobacco to minors are described in this issue. In an attempt to negate the effect of the newly mandated full-color graphic warnings on all cigarette packs, tobacco companies have introduced new pack designs and have slashed prices. Although these brands have sold well, the companies' plan may have backfired as health officials witness the way in which the intent of the law is being undermined.

The pattern of end-running of laws restricting the sale

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*The following advertising agencies create promotional campaigns in various countries to increase the sale of cigarettes as well as pharmaceutical products, raising the question of a conflict-of-interest or matters of public health. In parentheses, the tobacco company client is listed first, followed by the pharmaceutical clients: Ted Bates, NY (BAT, Schering-Plough, Warner-Lambert); BBDO International, NY (Rothmans, Bayer/Miles); Leo Burnett Co, Chicago (Philip Morris, Beecham, Bayer/Miles); Foote, Cone & Belding, Chicago (Philip Morris, Rothmans, Warner-Lambert); Grey, NY (BAT, Bristol-Myers, Ciba-Geigy); J. Walter Thompson (RJ Reynolds, Eli Lilly, Beecham, Abbott, Glaxo, Hoechst, Johnson & Johnson, Warner-Lambert, American Home Products); McCann-Erickson (RJ Reynolds, Johnson & Johnson, Bayer, Warner-Lambert, Dow Chemical).
and production of cigarettes helps to explain why consumption is not declining in most areas of the world. In addition, the absence of frequent and engaging counteradvertising messages to redress years of cigarette company propaganda, and the lack of enforcement of measures to restrict smoking (and littering of smoking materials) in public places permits cigarette companies to control virtually all of the imagery and vocabulary of the smoking ritual. In her book, Legislative Action to Combat the World Smoking Epidemic, (Geneva, World Health Organization, 1982) Professor Ruth Roemer emphasizes that the enactment of legislation is a necessary but not a sufficient prerequisite for the effectiveness of any campaign to combat smoking:

Legislation is essential as a means of establishing and promulgating public policy, enlisting the resources of all government departments (not merely of the health department), strengthening the activities of voluntary organizations, and contributing to the development of a non-smoking environment; but it is only one component in a comprehensive attack on the smoking epidemic, which includes preventive action, public education, assistance with smoking cessation, special activities for high-risk groups, and research on the biological and behavioral aspects of smoking.

Several successful American battles for the enactment of clean indoor air legislation, warning labels on tobacco products, and bans on the free distribution of cigarettes are described in this issue. However gratifying such victories may be, the passage of laws must not be allowed to lead to complacency and a loss of momentum. Rather, support should then be given to non-legislative activities such as the development and dissemination of counter advertising to discourage cigarette consumption.

The constant refrain of the tobacco industry that countries that have imposed bans on cigarette advertising have not seen a decline in smoking is a dangerous distortion. Such a claim, in addition to being untrue, presumes that advertising comprises solely billboards, magazines, newspapers, and the broadcast media. In fact advertising constitutes a far broader range of activity seldom covered in legislated bans, such as political lobbying and corporate underwriting of sporting organizations, cultural institutions, and educational programs. Promotions can involve an array of symbols, colors, and sounds. Even in countries such as Iceland that have banned all sports and cultural sponsorships, the favorable depiction of smoking has continued in imported movies, rock videos, and such television programs as Miami Vice. In addition the absence of enforcement of measures to restrict smoking in public reinforces in children and adolescents the image of smoking as the social norm. Advertising bans do not work, then, unless a more complete social system evolves that reduces access of young people to cigarettes, as well as incentives to profit from the sale of the product and to smoke in public. The implementation of counter advertising to ridicule smoking also lessens the likelihood that cigarettes will be regarded as forbidden fruit. The high level of smoking in the Soviet Union, where there is no commercial advertising, may exist in part as the result of a lack of engaging educational efforts to counteract smoking. There is some question, as raised by Dr Richard Cooper in this issue, as to whether the state really wants to decrease consumption and risk the loss of a lucrative source of short-term income. “They don’t have much in the Soviet Union,” adds Elton Braude, who writes on advertising, “Anything available is ipso facto encouraged.” The tobacco industry also does not cite countries such as Kenya or Austria where there is a private or state-owned monopoly and a high level of advertising. As Chapman points out in Cigarette Advertising and Smoking: A Review of the Evidence (British Medical Association, 1983), the purpose of cigarette advertising is to increase overall consumption.

Recognizing the adverse effects of cigarette advertising on young people, the House of Delegates of the Medical Society of the State of New York at its annual meeting in June 1985 passed a resolution supporting “an allocation in the State budget used specifically to purchase space in the mass media as a means of countering the current youth-oriented advertising campaigns of cigarettes and tobacco products.” An increasing number of resolutions calling for legislative measures to curtail smoking are being passed by medical societies throughout the country. Also in the past year the American Medical Association and its publications have begun to devote greater attention to disseminating information on the hazards of smoking. Other medical societies, however, notably those that deal with heart disease, cancer, and chest diseases, are doing little. Moreover it is unlikely that physicians can pin their hopes on legislation unless they are willing to visit legislative offices at the local, state, and national levels. Taking a cue from the rally by several thousand physicians in Albany to protest the increase in premiums for medical liability insurance, physicians could well establish an annual legislative rally or vigil in support of key bills such as those aimed at curtailing smoking. All physicians and medical students should take off at least one day during the course of the year to participate in the legislative process. Another strategy, modeled after the success of the New York Medical Political Action Committee (NYMPAC), has been the establishment of PAC-PAC (People Against Cigarettes Political Action Committee, P.O. Box 1018 Times Square Station, N.Y., N.Y. 10036) which plans an ambitious program to educate legislators on the smoking issue.

Another important step would be for medical students and faculty to follow the lead of the University of Sydney by urging the end to all affiliations with the tobacco industry, including stocks and research grants. Other questions must be directed at health-oriented organizations such as hospital corporations and pharmaceutical companies that ought to be lending greater support to efforts to end smoking. To demonstrate that they mean business, health professionals could launch boycotts not only of tobacco company products but also of products of companies that aid the tobacco industry.

To be successful in reducing and eliminating smoking will entail anticipating the tactics of the tobacco industry rather than merely reacting to them. Thus while the expression of outrage by health organizations over the advertising campaign by RJ Reynolds (aimed at sowing seeds of doubt about the medical evidence on smoking) is understandable, it is disturbing that these organizations do not also speak out often and forcefully enough against the far more prevalent image-based advertising that appeals to children. The futility of petitioning the Federal Trade Commission (FTC) to crack down on Reynolds is exemplified by the year-and-a-half-long such effort by a group of physicians led by Thomas Houston, MD, of
ally liable in a case of homicide may well soon apply to
decision in Chicago that a corporation can be held crimini-
vertising, tobacco companies should be forced to foot thc
cigarettes must be shifted onto the manufacturer, as it is
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bill for prime-time corrective advertising, designed by ad-
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psychology and physiology of smoking. Yet it is noncthe-
is largely the result of the industry's exploitation of the
malefactors in the cigarette industry.
One effort in which the medical profession could play a
key role would be in dispelling the notion that the cigarette
manufacturer is in any way a friend of the consumer. No
other product has inspired the perverse misplaced loyalty of
the consumer in the manufacturer as has tobacco. This
is largely the result of the industry's exploitation of the
psychology and physiology of smoking. Yet it is nonev-
less amazing that the more reports implicating tobacco in
serious illness, the more stalwart becomes the defense of
the industry. If the undercarriage of the family auto-

Follow-up of a cover-up

Only the Columbia Journalism Review, The Washington Monthly
and a handful of other publications reported on the censorship issues
raised by the New York State Journal of Medicine in Dr George
Gilitz' article, "Cigarette advertising and The New York Times: an
ethical issue that's unfit to print?" And only one daily newspaper,
the conservative New York Tribune, with a circulation of just
20,000, has raised the subject in depth, in an article by Karen Shel-
ton entitled, "Lucrative cigarette ads pose moral paradox for NY
Times" (May 16, 1984). Apart from a single documentary on ABC-
TV, no network television station or newsmagazine has covered the
subject of the print media's acceptance and solicitation of cigarette
advertising.

By ignoring repeated challenges to inform readers about the
amount of revenue it derives from cigarette advertising, the New
York Times Company is effectively fostering complacency about the
problem while profiting from it. In contrast to the numerous ethical
judgments The Times makes in its editorial columns—such as the
newspaper’s opposition to the appointment as surgeon general of C.
Everett Koop, MD, (whom it described as "Dr Unqualified"), be-
cause of his views against abortion—The Times has refrained from
editorial scrutiny of the ethics of the cigarette advertisers. The rea-
sons for this silence become clearer upon consideration of the com-
pany's overall holdings: many of its 20 daily newspapers are located
in tobacco-growing regions, including four in North Carolina and
three in Kentucky. In New York City, the headquarters or subsidi-
aries of five of the six American cigarette companies are within
walking distance of The New York Times Company. By dint of their
non-tobacco product advertising (eg, Gimbel's and Saks Fifth A-
vue of British American Tobacco), The New York Times Company
is one of the country's largest beneficiaries of tobacco industry ad-
vising expenditures (Fig 1). The company, the 12th largest me-
dia conglomerate in the US with total media revenues of $1.2 billion
in 1984, owns such magazines as Family Circle, Golf Digest, and
Tennis, in all of which cigarettes are heavily advertised. A letter
written to a member of The Times' board of directors, Judith Levin-
son, MD, concerning the acceptance of cigarette advertising and the
absence of articles on cigarette smoking during the past 15 years in
Family Circle was referred for reply to the Times Company's vice
chairman Sydney Gruson "since business matters were involved."
Gruson responded that "there have been a number of short Family
Circle references, though not articles, on the wisdom of stopping
smoking."

There have been several developments since the December 1983
issue related to the ethics of the acceptance of cigarette advertising
by The Times. In November 1984 the House of Delegates of the
Medical Society of the State of New York passed a resolution urging
newspaper and magazine publishers within the state to decline all
cigarette advertising. In response to a letter from the late Milton
Rosenberg, MD, executive vice president of MSSNY, Gruson wrote
that "the company has debated internally the issue of tobacco adver-
tising for many years" (thus acknowledging an ethical dilemma) "but
feels that closing its columns to such advertising would set a dang-
erous precedent."

In December 1984, Dr Gilitz, in association with DOC (Doctors
Ought to Care), sought to purchase a 1/8-page $3,000 advertisement
(Fig 2) in a special section of The Times entitled "Healthcheck," along
with the following small advertisement on the front page of the
newspaper: "The two faces of The New York Times: Cigarette adver-
tising and 'Healthcheck.' See advertisement . . . ." Initially, the
manager of advertising acceptability would not accept the advertise-
ments because, he said, they might leave "an adverse implication
against The Times." After negotiations, in part with a First Amend-
ment lawyer, The Times offered to publish the larger ad and a wa-
tered down version of the smaller one: "Cigarette advertising and