



EDITORIAL

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-

lowed by Kool, etc. Countering the images of these specific brands may prove to be a key in eradicating smoking. In this way, efforts to end the pandemic will move along the lines described by Simon Chapman, with an emphasis on entire populations through the mass media, rather than on individuals through traditional medical models.

The two issues have included articles on progress and problems in regard to smoking and cigarette advertising in over 30 countries. 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 Psychiatrists, 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. This group is deserving of a Nobel prize.

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

* 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 in 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 promotion 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, 1985), 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

Rome Georgia. (Dr Houston has also urged enforcement of the law against cigarette advertising on television in regard to advertisements on scoreboards frequently shown in telecasts. Other organizations have joined his petition for a ban on smokeless tobacco advertising.) By the time the FTC rules on the Reynolds matter, it is likely the advertising campaign will have run its course and the company will have moved on to other dirty tricks.

The onus of responsibility for the health of the user of cigarettes must be shifted onto the manufacturer, as it is for almost any product. In view of years of misleading advertising, tobacco companies should be forced to foot the bill for prime-time corrective advertising, designed by advertising agencies under the direction of health promotion experts. One might also anticipate that the recent court decision in Chicago that a corporation can be held criminally liable in a case of homicide may well soon apply to 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 nonetheless 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-

mobile were found to be made of cardboard instead of steel, one would sue the manufacturer. Not so with the toxic cigarette. One would never spend \$50 for a pound of hotdogs; yet the consumer is paying a similar mark-up for cigarettes. No other product contains as many chemical additives as cigarettes without having so much as a single ingredient listed on the package; yet consumers don't realize that there is anything besides tobacco and paper in a cigarette.

But in the face of the enormous image-based campaign of the cigarette industry, it may not be possible to succeed in getting to people who take up smoking even by educating them about chemical additives, diseases, money down the drain, and premature aging. However, there remains one promising way to attract massive support for efforts to end smoking: disseminate a photograph around the world of a baby seal dying from a cigarette-related disease. A precedent for this occurred in 1975 when a newspaper photograph of beagle puppies strapped into a smoking machine sparked a flood of protest. The success of animal rights and wildlife organizations in mobilizing public sympathy for the plight of various animals has been far greater than 30 years worth of publicity about the adverse effects of smoking in human beings. Perhaps the entire anti-smoking campaign should be turned over to Greenpeace. Who knows what other species might be saved?

ALAN BLUM, MD

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 Gitlitz' 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 Shelton 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 newsweekly 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"), because of his views against abortion—*The Times* has refrained from editorial scrutiny of the ethics of the cigarette advertisers. The reasons for this silence become clearer upon consideration of the company'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 subsidiaries 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, Gimbels and Saks Fifth Avenue of British American Tobacco), The New York Times Company is one of the country's largest beneficiaries of tobacco industry advertising expenditures (Fig 1). The company, the 12th largest media 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 Levinson, 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 advertising for many years" (thus acknowledging an ethical dilemma) "but feels that closing its columns to such advertising would set a dangerous precedent."

In December 1984, Dr Gitlitz, in association with DOC (Doctors Ought to Care), sought to purchase a 1/6-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 advertising and 'Healthcheck.' See advertisement . . ." Initially, the manager of advertising acceptability would not accept the advertisements because, he said, they might leave "an adverse implication against *The Times*." After negotiations, in part with a First Amendment lawyer, *The Times* offered to publish the larger ad and a watered down version of the smaller one: "Cigarette advertising and