The Surgeon General's report on smoking and health 40 years later: still wandering in the desert

January 11, 2004, marks the 40th anniversary of the US Surgeon General's report on smoking and health. The unequivocal conclusion that cigarettes cause lung cancer and other diseases was to have ended a debate that had raged for decades (figure 1).1,2

The report's condemnation of smoking was the lead story on television and radio news. Newspapers reported the story in banner headlines as big as those for V-E Day or the H-bomb (figure 2). Until that moment, the tobacco industry had always had the last word through its ability to flood the mass media with advertising messages that glamorised the cigarette and assured consumer doubts about the harm smoking might cause. The War on Smoking had begun; the tobacco industry made a pre-emptive strike by funneling a total of

US$18 million over 14 years to the American Medical Association (the only major health organisation to withhold its endorsement of the report) in a research programme to "identify and remove" any possible harmful components of cigarette smoke.3

The tobacco industry has remained in the driver's seat throughout the four decades since the Surgeon General's report, 7 years elapsed before Congress banned cigarette advertisements from the airwaves in 1971, and then only at the request of the tobacco companies who had seen sales flatten as the result of the first wave of antismoking commercials by the American Cancer Society between 1967 and 1970.4 Cigarette brand logos soon reappeared on television more ubiquitously and more cost-effectively than ever by means of broadcasts of motor racing and other newly tobacco-sponsored sporting events. Cigarette advertising remained on billboards until 1998; art museums, performing arts troupes, and charitable organisations from food banks to domestic violence shelters still continue today to line up for handouts at tobacco company doorways.

Not until more than two decades after the report, and only after the publication of the first large studies implicating passive smoking as a cause of lung cancer in non-smokers,5,6 were the first laws with any teeth on clean indoor air passed by a handful of US cities. Airline flight-attendents, the personification of canaries in the mine, struggled for nearly 25 years to end smoking aloft. The inability to curb cigarette use represents the worst public-health failure in history: today, the number of US consumers who smoke is about the same as in 1964, and the cohort of users is younger than ever. Even the recent 4-year decline in smoking in adolescents has yet to offset the dramatic increase in this age group in the past decade.7,8

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40 years after the Surgeon General's report, we are still wandering in the desert, almost as far away from the promised land as we were when we began the journey. Progress has come so slowly because of a combination of political clout and lucrative payoffs to the very forces that should have been in the vanguard to end the tobacco panacea. Congress (Democratic and Republican representatives alike), the mass media, medical organisations, and academia have all been chronic recipients of largesse from the tobacco industry, and have not been prepared to bite the hand that fed them.

Meanwhile the health community has carried on, bouncing from one failed multi-million dollar public-relations crusade after another (eg, Project ASSIST, Smokeless Stare, the Great American Smoke-out, Kick Butts Day, A Smoke-Free Generation by the Year 2000, Healthy People 2000), only to settle each time for voluntary agreements crafted by the tobacco industry.

The US public-health community have also put its faith in three mirages: safer cigarettes that promise to reduce death and disease, policy coalitions that propose prohibitionist legislation, and state attorneys-general who worship the golden calf of cash settlements.

Shirking its responsibility to dissuade people from smoking, the US National Cancer Institute devoted its entire budget on tobacco between 1967 and 1981 to the tobacco industry. Congress (Democratic and Republican representatives alike) has continuously and ingeniously redefined the very concept of research, only to be held back by the weakest links. The same quest continues today, under the guise of "harm reduction", a concept supported by cigarette and snuff manufacturers alike by means of generous research grants to several US medical schools. At the same time, medical school curricula remain as devoid as ever of comprehensive interdisciplinarity instruction and assignments to address and tackle tobacco problems.

The mirage of an advertising ban has revealed itself time and time again. Such static-minded regulation seems to stimulate the creative juices of cigarette marketers, who have continuously and ingeniously redefined the very nature of advertising and promotion. Most embarrassing of all, it is now the tobacco industry that spends more money than all government or health organisations, of all, it is now the tobacco industry that spends more money than all government or health organisations, of all, it is now the tobacco industry that spends more money than all government or health organisations.

Still missing is a Moses to lead us out of the desert. The one hope is that leadership will emerge from the grassroots, which, after all, was the wellspring of the success of the antismoking movement. Rather than training more nicotine addictionologists and epidemiologists, we need to cultivate more creative strategists and steadfast troublemakers. In other words, we need less research and more action. Above all, we need less reliance on Big Government, which has failed the test of courage time and time again. Our hope is that new and imaginative leadership will arise to establish and stick to realistic goals and priorities, to divide up the responsibilities for achieving them, and to be held accountable for their success or failure.

We have no conflict of interest to declare.

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6 AMA's response to the smoking problem. JAMA 1964; 187: 27.