Smoking and the *New York State Journal of Medicine*: a brief introduction

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2010 marks the 25th anniversary of the publication by the *New York State Journal of Medicine* of the second of two theme issues on the world tobacco pandemic, the first comprehensive examination of the subject ever published by a medical journal. Aiming to challenge the medical profession to become actively involved in fighting smoking, the issues went beyond a discussion of the well-known health consequences of tobacco to a consideration of the social, political, economic, agricultural, religious, and legal aspects of this growing problem.

The *Journal* spared no institution, including organized medicine. One article, "When 'More Doctors Smoked Camels,'" reprinted in this issue of *Social Medicine*, recounted the history of acceptance of cigarette advertising and conference sponsorship by the Medical Society of the State of New York (as well as the American Medical Association and virtually all state medical societies) from the 1930s to the mid-1950s in spite of mounting evidence about the irredeemable harmfulness of smoking. The *Journal* also exposed the hypocrisy of *The New York Times* for its refusal to address the ethical conflict of soliciting cigarette advertising while rejecting ads for a variety of other legal products like guns and X-rated movies. Not until 1999 did *The Times* stop accepting tobacco ads, sidestepping the question of what made smoking more of a public health threat in 1999 than it had been a half-century earlier.

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Among the more than 100 other original articles in the two theme issues was the first major review of cigarette smoking's contribution to ill health among African Americans, with a focus on the ubiquitous target-marketing of this group by the tobacco industry. In a tabulation of the economic impact of the tobacco industry in all 50 states, the *Journal* identified strong commercial ties between the tobacco industry and the pharmaceutical industry which made many of the chemicals used in cigarette manufacture. The headquarters of four major cigarette manufacturers were located in New York, making it the international capital of the tobacco industry. New York was also the home of many of the tobacco industry's advertising and public relations agencies, as well as the major television networks, such as CBS, which was owned by Loews, which also owned Lorillard Tobacco. Although cigarette advertising was banned from television and radio by Congress in 1971, the *Journal* described how tobacco companies remained leading sponsors on TV, continuing to wield influence on the news divisions, through the acquisition of food subsidiaries. RJ Reynolds took over Nabisco, and Philip Morris bought Kraft and General Foods. The same advertising and public relations firms in turn also represented the pharmaceutical industry, which played no role at all in public health efforts to reduce tobacco-caused diseases until some companies began marketing nicotine replacement products in the 1980s.

Smallpox, cholera, polio, and many other scourges have been conquered in this country. There even have been significant advances in treat-

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ing AIDS. But the smoking epidemic has continued to smolder, killing hundreds of thousands of Americans a year. The inability to deliver a knock-out blow to the tobacco industry as a vector of death and disease represents the worst public-health failure in history. The number of US consumers who smoke is not substantially below that in 1964, and the cohort of users is as young as ever.

It didn't have to be this way. The tobacco pandemic had been cultivated in plain sight for most of the century. My own inspiration to take on tobacco came from my late father, Leon Blum, MD, a general practitioner in Rockaway Beach, New York. When we watched Brooklyn Dodgers baseball games together in the 1950s, he was upset that one of the sponsors was Lucky Strike cigarettes. Predicting that one day no one would possibly believe that smoking could ever have been promoted through sports, he urged me to tape record the between-innings cigarette commercials, preserve the sports magazines, and write about tobacco as editor of my high school newspaper in 1964, the year the first Surgeon General's report was released.

By the time I entered Emory University School of Medicine in the early 1970s, I assumed that I would be in a health care environment in which everyone would be taking up the charge of the Surgeon General's report and actively fighting tobacco use and promotion. Nothing could have been further from the truth. In my own education, I heard only one lecture in four years that focused primarily on tobacco: a presentation on pulmonary disability by Dr. Brigitte Nahmias. But, by including an image of an attractive cigarette ad in her talk followed by a photograph of a patient with emphysema, she gave me an idea to create an archive of tobacco advertising, out of which I developed my own presentations juxtaposing tobacco advertising and tobacco-related diseases. By the end of medical school, I was giving talks to my colleagues and in local schools, and in 1977 I started DOC (Doctors Ought to Care) in an effort to unite medical students and physicians in tackling the tobacco pandemic and other lethal lifestyles in the clinic, classroom, and community.

In 1977 DOC became the first organization to purchase satirical counter-advertising space in newspapers, on radio, on bus benches, and on billboards aimed squarely at the tobacco industry and its brand-name products. The funding came from membership donations from medical students, residents, and practicing physicians, and for its 25 years of existence DOC was one of the few such self-sustaining health advocacy organizations. DOC, which established more than 150 chapters in medical schools and residency programs in all 50 states, drew support from more than 5000 physicians and medical students, convened the US's first youth conference on tobacco in Miami in 1978. It led the first street protests (which we named "housecalls") to ridicule tobacco promotions such as the Virginia Slims Cigarettes Tennis Tournament, which we renamed the Emphysema Slims. DOC's contribution to public health was to shift the focus away from nicotine, the smoker, and lung cancer, and instead onto the source of the problem: the tobacco industry.

DOC was a volunteer, extra-curricular effort. To this day, medical schools and schools of public health have done a poor job of teaching about tobacco. What is still urgently needed, in my opinion, are engaging, longitudinal, continuity-of-care experiences in lifestyles education and behavior modification of patients by medical students beginning in their first year and continuing in each phase of medical school and residency training. Astonishingly, for all the lip service paid to the toll taken by tobacco, such a curricular component does not yet exist at a single medical school. The result is that residents and upper level medical students know a decent amount about even rare cardiovascular conditions but next to nothing about enhancing patients' ability to stop smoking, to lose weight, to exercise, or even to relax.

Outspoken opponents of smoking and the tobacco industry, such as thoracic surgeon Dr. Alton Ochsner, who had attempted to call public and professional attention to the rise in smoking-induced lung cancer beginning in the 1930s, and John Banzhaf, a lawyer who was responsible for getting the Federal Communications Commission to mandate antismoking commercials on TV and who founded Action on Smoking and Health in 1968, have been few and far between.

I believe my own persistent opposition to the tobacco industry was unsettling to many in medical

academia, They feared the tobacco industry's political clout could jeopardize NIH research grants and plans for medical school expansion. the *Journal's* second tobacco theme issue received widespread national news coverage, a laudatory editorial in *The Lancet*, and hundreds of requests by physicians and health organizations for additional copies. Yet five months after its publication, I was dismissed without notice as editor of the *New York State Journal of Medicine*. I was also fired by an interim director of the Medical Society, a relic of an era of political deal-making in smoke-filled rooms, such as the decades-long alliance between the American Medical Association (AMA) and tobacco state Congressmen to protect doctors' economic interests in exchange for doing nothing against tobacco. When I joined the faculty at Baylor College of Medicine in 1987, I was urged to leave my tobacco activism behind and "get into something more socially acceptable, like cocaine." I had a similar bizarre experience in 1988 when after being named editor of *American Family Physician*, the journal of the American Academy of Family Physicians, I was offered a contract that explicitly forbade me from speaking publicly on smoking for a minimum period of one year. The Academy, which was still accepting lucrative advertising and conference support from the food subsidiaries of RJ Reynolds and Philip Morris, was not yet willing to confront the cigarette makers. I turned down the job.

Because of the paucity of fearless leaders in tobacco control, the tobacco industry has remained in the driver's seat throughout the nearly five decades since the Surgeon General's report. Seven years elapsed, for instance, before Congress banned cigarette advertisements from the airwaves (1971), and then only at the behest of the tobacco companies which had seen sales flatten as the result of the first wave of antismoking commercials between 1967 and 1970. Not until more than two decades after the report, and only after the first large studies implicating passive smoking as a cause of lung cancer in non-smokers had withstood a heavy assault by cigarette companies, were the first strict clean indoor air laws passed by a handful of cities. Airline flight attendants, the personification of canaries in the mine, battled for nearly 25 years to end smoking aloft, finally succeeding in 1988.

Meanwhile, the well-funded voluntary health agencies have lagged behind, especially considering their enormous annual tax-deductable income. Virtually every major health group and government agency from the American Heart Association and American Cancer Society (ACS) in the private sector to the National Cancer Institute (NCI) and the Food and Drug Administration (FDA) in the public sector has had to be shamed into taking a stronger position against tobacco use and promotion. Consider the ACS's one-day-a-year Great American Smoke-Out, which has devolved into a commercial promotion for stop-smoking medications. It is long past due to give the tobacco industry one day a year to push smoking, and let anti-smoking forces have the other 364. Although tobaccogenic disease accounts for upwards of 40% of all cancer deaths, it is unconscionable that the American Cancer Society allocates only a few million dollars of its $1 billion annual income to reduce smoking, not the $400 million a year it ought to be spending. Similarly, federal government efforts for the most part have been muted and uninspired, with the rare exception of the persistent campaign of Surgeon General Koop in the 1980s and hard-hitting comments by government officials like Joseph Califano, Louis Sullivan, and David Kessler in the 1970s, 1980s, and 1990s, respectively.

Following the release of the landmark Surgeon General's report on smoking and health in 1964, the AMA, which was the lone health organization to withhold its immediate endorsement, accepted $18 million from the tobacco industry to conduct research on smoking that added little to the evidence already amassed but served to delay its involvement in speaking out against tobacco for nearly a generation. Well into the 1980s, the AMA was known more for its silence on smoking than for its courage, as exemplified by a September 7, 1982 memorandum from the editor of *JAMA* warning his editorial staff to "exercise appropriate caution in our *JAMA* publications on tobacco and control of tobacco use, nuclear war, and abortion." In providing this "preventive advice" he noted that "sensitivities here are particularly high prior to the meetings of the Board of Trustees and the Annual and Interim Meetings of the House of Delegates."

Progress has come about 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 pandemic. Congress (Republicans and Democrats alike), the mass media, organized medicine, 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 multimillion dollar public-relations crusade to another and putting its faith in mirages such as safer cigarettes, a cash settlement with the tobacco industry, and federal legislation aimed at regulating tobacco products.

For the past half-century, virtually all reports of diseases caused by smoking were disputed by the tobacco industry, which claimed that more research was needed (which it was only too happy to fund). Only in 1999, confronting massive litigation, did Philip Morris acknowledge "the overwhelming medical and scientific consensus that cigarette smoking causes lung cancer, heart disease, emphysema, and other serious diseases in smokers." Meanwhile, as millions died from cigarette smoking, research funded by the tobacco industry resulted in a plethora of filters, "low-tar" products, and "light" or "ultra-light" brands, none of which made cigarettes any safer. Such machinations led to the finding by Federal Judge Gladys Kessler in 2006 that the company had violated civil racketeering laws over a 50-year period by deceiving the public about the dangers of smoking.

History has shown that the tobacco industry has outwitted public health advocates at every attempt to impose federal tobacco legislation. By breaking ranks with the rest of the tobacco industry in 2001 to support FDA regulation of cigarettes Philip Morris scored a major public relations coup by portraying itself as no longer part of the problem but rather part of the solution. The very fact that the nation's largest cigarette manufacturer supported this legislation should have created skepticism that the bill would be sufficient to curb the tobacco pandemic and should have prompted concern that, once again, health groups had been outsmarted.

The new FDA tobacco agency will stringently regulate new and potentially less hazardous products, such as the electronic cigarette, but was hamstrung by Congress in applying the same regulatory standards to the most irredeemably harmful form of tobacco, current cigarettes like Marlboro, which cause the deaths of nearly half a million Americans each year.

Tobacco companies have also outmaneuvered health advocates who believe they had found a way to use the industry's money to fund antismoking education. The Master Settlement Agreement between the state attorneys general and the tobacco industry in 1998 did lead to hundreds of millions of dollars for the newly created American Legacy Foundation and major multimedia counteradvertising campaigns aimed at reducing demand for tobacco. However, the aftermath of the Settlement became less about fighting tobacco than about fighting over grants to fight tobacco. Sadly, the Master Settlement Agreement of 1998 has resulted in a tiny fraction—2.6%—of settlement funding being directed toward smoking prevention and cessation programs. Only four states allocate to tobacco prevention the minimum amount recommended by the Centers for Disease Control and Prevention.

Had the American Legacy Foundation (and the State of California and the Robert Wood Johnson Foundation, the two previous major funders of antitobacco activities in the 1990s) devoted the better part of its resources to mass media campaigns instead of to research, conferences, and analysis of industry documents, then we would have greatly enhanced the chances of reducing tobacco consumption by the time legislation to regulate the industry came into effect. Instead, the major focus of efforts since the Settlement has been on the passage of federal legislation to bring tobacco under the control of the FDA , which will now become, in the absence of sufficient remaining funds for mass media, the primary vehicle for reducing demand. No government agency can reduce demand for tobacco by fiat.

Rather than training more nicotine addictionologists and tobacco control policy experts, we need to cultivate innovative grassroots activists and steadfast troublemakers. In other words, we need less research, more outspokenness, and more action. It may still be possible to turn the past century's greatest public health failure into a triumph in this one.

Cigarette smoking and its promotion: Editorials are not enough*

Alan Blum, MD

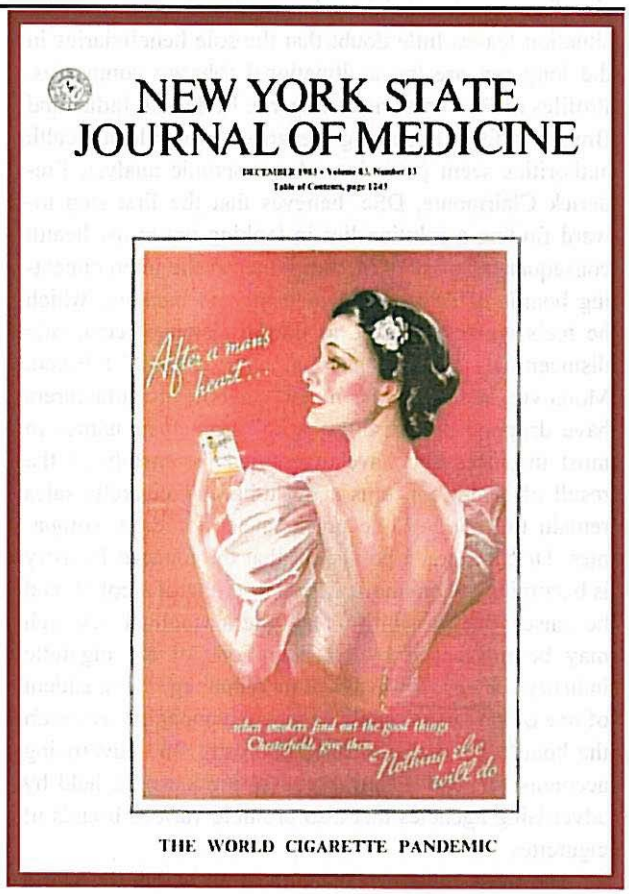
One man's death is another man's living.
Ira Gershwin

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 intervals 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 Graffitists Against Unhealthy Promotions).

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



THE WORLD CIGARETTE PANDEMIC

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