REVISIONISM, MAGICAL THINKING, AND HOKEY-POKEY OBJECTIVES IN THE ANTI-SMOKING MOVEMENT

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All of us tend to see the world from the viewpoint of what we've been trained to see. Unconventional propositions and ideas can cause discomfort to those who rule and determine the status quo. Progress toward solving problems becomes even more frustrating when the causes are known–or recognized by even a few people–and the solutions are staring us straight in the face.

Although the authors are not pessimists–we think of ourselves as the ultimate optimists–we still believe that there exists an overzealousness in terms of the expectations on the part of all too many individuals in the tobacco control movement that has confused real progress with fleeting publicity.

Contemporary tobacco control policy, as articulated in the US by the National Cancer Institute and the Coalition on Smoking or Health, among other governmental and voluntary health agencies, sees progress in terms of the establishment of coalitions and programs, accompanied by publicity releases and press conferences to promulgate such goals as the reduction of smoking by 50% by the year 2000 or the creation of a "smoke-free generation" by that time.

The opponent–the tobacco industry–acknowledges the likelihood that American tobacco consumption may slowly decline, but it sees US production dramatically increasing in order to keep up with rising world consumption. Thus the US industry is counting on its exports and its ability to maintain increasing international demand for cigarettes to keep its profits rising. The industry and its trade press studies these trends and sets goals accordingly.

The painful embarrassment of the health community for its longstanding failure to study and confront the tobacco industry–while focusing almost exclusively on the effects of tobacco use to the user–has led to revisionism of what the situation really has been all along: namely, a virtually unopposed effort by tobacco advertisers to attract new users and maintain existing ones.

Dr. Ernst Wynder, whose research in the early 1950s helped confirm smoking's role as the principal cause of lung cancer, has often expressed his disappointment and disbelief that members of the medical profession, academic and private practitioner alike, all but

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ignored tobacco problems until well into the 1980s. (Ironically, it was Wynder's own sincere but misguided testimony at a US Congressional hearing in 1967 that cigarette smoking could be made safer which may have contributed to a delay on the part of health organizations to tackle the problem head on.) Like Dr. Wynder, we in DOC are frustrated when accused of being pessimistic for suggesting that many anti-smoking leaders are not focusing on the right targets and priorities. At the same time, we are grateful that some of our original priority areas established nearly two decades ago, such as counteracting the circumvention of tobacco advertising bans through the use of sports, exposing the acquiescence of cultural and ethnic groups in support of the tobacco industry, and increasing the involvement of health professionals in actively confronting the tobacco industry, are receiving greater attention by traditional health organizations. At the very least, world conference participants no longer turn their wrath on us for pointing out that in spite of the ban on tobacco advertising in France, one has only to turn on the Eurosports 24-hour-a-day TV channel and view no fewer than a dozen cigarette brands in various sporting events from around the world; implicit in our observation is not only the promise of endless circumvention of anti-tobacco legislation by the tobacco industry, but also the need to create ways to reduce demand for the industry's top brands.

The premise of this paper is that the movement for so-called tobacco control, a term that in itself smacks more of authoritarianism than of the education the movement purports to espouse, is being increasingly driven by a cadre of self-described tobacco control policy experts and agencies, whose relative clout is determined by their amount of funding. The movement then spends its time at countless public conferences reiterating the same policy statements and resolutions but no longer seeing the forest–which is growing and evolving–for the trees. Fueled by moral outrage, the anti-smoking movement remains mired in a descriptive era, collecting and reacting to each injustice committed by the tobacco industry. (Our comments result from American experience, but we believe much the same situation applies in Asia, Europe, and elsewhere.)

We hope that this paper will one day be looked back upon as the first in the post-policy era, post-"Merchants of Death" name-calling era, and post-multi-hundred-thousand-dollar-reinvent-the-wheel-policy-research-grant era. We are calling for less policy, less research, less advocacy, and more action. If in fact more legislation and regulation is truly still to be desired, then we would like to see more explanations as to why existing legislation–most notably in the US the 1969 ban on cigarette promotions from television– has not been enforced.

A glaring weakness of the tobacco control movement is the lack of a universal definition of commonly used terms, such as "policy." This term is now used as a catch-all referring most commonly to legislation and regulation at all levels of government (not always with the understanding that legislation must be enacted before regulation can occur); but "policy" is also used to describe position statements by organizations and coalitions, such as the American Medical Association's resolution in 1985 calling for a ban on tobacco advertising and its resolution five years later calling for a ban on the Joe Camel advertising campaign. These pronouncements are examples of policy urging policy. It must be understood that policies are not in and of themselves actions.

Although it would seem intuitive that the term "research" provides much of the foundation for the tobacco control movement, the kinds of research emphasized in academia, conferences, journals, and the popular press establishes–for better or worse–the amount and availability of scarce funding for a given area. Thus, as research begets more research (such as the current call for more studies on the regulation of nicotine), efforts to take action on research findings may in fact be postponed or prevented. It is important to note that the leading proponent–and funding source–of ongoing research on tobacco problems is the

The term "advocacy" can be defined as the utilization of research results to formulate sound arguments as to why an action should be taken. It is the promotion of knowledge gained from research but should most definitely not be confused with action. Advocacy is not action, but rather the encouragement of action.

"Action" is a plan that is designed and then carried out. We have observed a widespread presumption in the tobacco control movement that action cannot occur without enormous amounts of resources or money; therefore, advocacy, research, and policy are defended on the basis of the minimal amount of funding available to the movement at this time. Thus, the least funded of all of these is action. Individual local actions make up the vast majority within this category, but we believe that there are actions that can be carried out at the societal level. Even when resources are generated through policy initiatives, namely in California and Massachusetts in the US, disappointingly little goes toward real action. Indeed, the action plans resulting from such initiatives are prepared hastily only after such policy has been enacted. Additionally, action becomes dependent on the ability to maintain the newly opened source of funding; ultimately, much of the hoped-for action-directed effort is diverted to the function of keeping the funding lid from being shut.

We feel it is important to have an understanding of who we're dealing with, and who deals with the issue, in order to understand how to delegate responsibility. We refer to tobacco control's "natural resources" as consisting of government, voluntary health agencies, foundations, and independent groups and individuals. When considering government, one realizes that its chief executives, such as the President of the United States, have within their positions the ability to influence immediate action or even to take immediate action themselves, which in turn may lead to others falling in line. A chain reaction can occur when an action is initiated at the executive level. Although President Clinton's health care reform plan failed, significant changes were fostered as the result of the executive branch having made a strong proposal.

Legislatures, where most of the tobacco control policy work goes on, are less influential than the executive branch because they involve enormous numbers of people meeting over long periods of time endlessly discussing–or scuttling–anti-tobacco proposals. In effect, when a tobacco control policy proposal is put forward to a legislative body, it is the strongest it will ever be. Legislatures, by their very nature, will dilute and weaken action proposals that are placed before them.

The courts are often touted as a cure-all, but it takes years to resolve even a single issue as it wends its way through the many appellate processes. It is important to distinguish regulatory agencies from policy agencies. Regulatory agencies, it is claimed, have the power to enact policies without seeking approval. The foremost example is the US Food and Drug Administration (FDA), which could decide to regulate nicotine as a drug or to limit cigarette advertising–issues that have been raised by its current director. However, any such dramatic step by the FDA would result in immediate court challenges, legislative investigations, and even opposition from the executive branch. Policy agencies, such as the US Office on Smoking and Health, have little accountability and even less power. Their primary work is to report the results of research, often in a way to promote their own particular projects and thus to attract further funding.

The "independents" include professional societies, most notably medical or nursing groups that may have had limited involvement in the tobacco issue in the past but which are showing increasing interest. These groups were established for a variety of reasons, and consideration of tobacco problems may have been subsumed within other health and economic issues. Tobacco-focused groups include those that were formed primarily to work on one or another aspect of the tobacco pandemic. Examples include GASP (Group Against Smoking Pollution), ASH (Action on Smoking and Health), BASP (European Bureau for Action on Smoking Prevention), and DOC. Other groups include civic, cultural, educational,

and trade organizations, such as COSHMO (the Coalition of Hispanic Health Organizations) and the airline flight attendants union, which was instrumental in the passage of the US ban on smoking on airplanes.

This paper highlights three troubling problems we have identified in the tobacco control movement: "revisionism," which we define as the rewriting of objectives to assure a comfortable position within a fashionable trend or funding cycle; "magical thinking," with reference to widely publicized policy proposals that purport to be major breakthroughs in ending the tobacco pandemic; and "hokey-pokey objectives," which are at best minimal advances but the widespread publicity for which is in inverse proportion to their contribution to progress.

In considering revisionism, one comes across a number of examples of "shifting political winds," which can best be defined as continually re-identifying with what is politically correct for a particular time and place. For example, public discussions of cigarette advertising by the American Cancer Society and the American Medical Association did not occur prior to 1983 and 1985, respectively; it was not politically correct for those organizations to do so prior to those times. Similarly, the focus on specific brand names by the National Cancer Institute and the Office on Smoking and Health has only recently received the attention that it deserves. "Born-again revisionism" involves the rewriting of objectives or history itself in order to create a strong anti-tobacco identity. Our initial focus on revisionism for this paper stems from discussions regarding the National Cancer Institute's claim that its research to create a safer cigarette in the 1970s led to their COMMIT Project in the 1980s, which focused on reducing smoking among "heavy smokers"; this in turn, according to the NCI, formed the basis for their current effort, Project ASSIST (American Stop Smoking Intervention Study), which aims to reduce smoking by 50% by the year 2000. In other words, the NCI is suggesting that their programs have followed a natural evolution. And although their goal is overly ambitious, it may well be achievable when one considers that the baseline data for Project ASSIST was derived from an odd combination of 1980 census data and 1985 smoking rates taken from census population survey data. Thus on the very day that Project ASSIST began in 1992, the NCI could claim that ASSIST had already reduced smoking by more than 15%.

"Funding as an end-point" can best be illustrated by the statement, "I have a grant, therefore I exist." Much like the difficult goal of gaining of admission to medical school in the US becoming an end in itself, it is unfortunate that so much of the work for action in the tobacco issue is simply focused on grant-writing.

Within the category of magical thinking, we are most critical of the use of the term "boycotts." The abortive boycott in 1990 by the American group Stop Teenage Addiction to Tobacco (STAT) of RJR Nabisco's Oreo Cookies was intended to deprive the company of revenue until it ceased using cartoon characters in its Camel cigarette advertising campaigns. By its very design, the best such a boycott might have accomplished would have been to reward the company for halting something it shouldn't have done in the first place. Similarly, having failed to understand the history of diversification by the tobacco industry, the feminist group INFACT recently launched a boycott of the food subsidiaries of the tobacco industry. Since food products provide the tobacco companies with only a miniscule percentage of profit compared to tobacco products, it is difficult to imagine how such a boycott could hinder the tobacco industry.

In the US, proposals to regulate nicotine, ban advertising, and raise cigarette excise taxes by $2 per pack are the most serious examples of magical thinking. Suffice it to say that the tobacco industry has successfully adapted to every attempt to regulate the manufacture and content of cigarettes. Indeed, as legislators and health agencies misguidedly demanded that cigarette companies reduce the tar content of cigarettes, it was the tobacco industry—having never acknowledged the harmfulness of smoking to begin with—that consistently

be a stronger focus on action rather than advocacy and on anticipating events rather than reacting to them.

A way must be found for a detailed, objective prioritization of actions and goals–freed of self-interest and political correctness–out of which will come a true division of responsibilities instead of the current morass of duplicated efforts and topheavy emphasis on the simplest and least controversial issues.

Such a prioritization and division of responsibilities would lead to the establishment of a means of accountability of just how well each issue–and each group involved in that issue–is doing.