

SMOKE ALARMS

TOBACCO FREE CALIFORNIA

WINTER 1994

Caveat Emptor:

A consumerist approach to smoking cessation

Tired of telling your patients the same old stuff about smoking? Feel like you're talking to a brick wall? In this exclusive interview, DOC founder and chairman, Alan Blum, MD, sheds new light on an old problem with his consumerist approach to smoking cessation.

Tobacco Free California (TFC): *Why do you use a consumerist approach, rather than more traditional smoking cessation techniques?*

Alan Blum (AB): Conventional smoking cessation approaches focus on smoking as an adverse health behavior. And if you ask somebody to list what matters most to them, yes, they'll probably mention their health. But if you look at what people buy and how they act, you realize what's really important to most people is: *looks, sex, and money*—not the threat of a disease far down the line. Tobacco advertisers have always understood this. They use attractive, wealthy, healthy-looking models and athletes to champion their brands. This is the kind of image that appeals to people. This is why advertising is an important part of why people smoke.

TFC: *How do you talk to your patients about smoking?*

AB: You have to shift the focus away from nicotine addiction, away from the effects of smoking, away from smokers, and towards the product (Marlboro), towards the pushers and their promotion. For example, I never start off by asking "do you smoke?," or "how much do you smoke?," which immediately has negative connotations and puts the patient in a

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On his national tour to counter the Marlboro Adventure Team, Barfboro Barfing Team Captain Erik Vidstrand (far left) strikes a pose in front of the Barfmobile with TFC Staff and Team members (left to right) Rick Bernardo, Gabriel Wasserman & Susan Smith (see story on page 3).

A Pro-active Issue...

When it comes to tobacco addiction, who says health care providers and educators have to slap wrists, spout statistics and scare their patients into submission? In this issue of *Smoke Alarms* we explore how, through the use of creative counteradvertising, community advocacy, and media savvy, the tobacco industry can be beaten at its own game. Whether it's using a consumerist approach in a clinical setting, as Dr. Blum discusses in his interview (**front page**), galvanizing a community around whitewashing billboards, as Father Pflieger has done (**page 2**), or, like the Barfboro Team, reaching out to kids and teenagers by spoofing Marlboro's macho promotions (**page 3**), there are more than 101 pro-active ways to tell people the truth about tobacco. These are just a few examples, but we hope they'll offer some new perspectives, and maybe challenge some of our readers to try something completely different.

Pfleger Gives Docs Lesson in Community Activism

Few people embody the spirit of community activism as well as Michael Pfleger. Father Pfleger is the priest of St. Sabina's Parish in Chicago. He was the keynote speaker at the June, 1993 meeting of the AMA Coalition on Tobacco Control; he shared some of his success stories and philosophies with physicians at the meeting.

One of the most important messages for us to remember is that community groups *can* win against the tobacco industry. Father Pfleger described the principles of community activism espoused by the Reverend Martin Luther King, Jr. They are: Education, Negotiation, Demonstration and Reconciliation.

Alcohol and tobacco companies are the biggest drug dealers in our communities. They target ethnic neighborhoods with particularly heavy concentrations of alcohol and tobacco billboards.

Father Pfleger tried to set up meetings with the billboard companies and the advertisers, but was unsuccessful. Next, they held neighborhood rallies to raise public awareness about the targeting of children by the legal drug pushers. He took the radical step of whitewashing billboards, and was arrested for

companies have not taken this lying down. They have been giving large promotional banners to merchants, sending out vans to various stores to give away cigarettes, T-shirts, caps and other items, and are offering to paint store fronts if they can include their logo in the paint job.

Father Pfleger and other community activists have gone to the stores, met with the owners, and threatened boycotts. They have persuaded vans to leave their neighborhoods and have convinced 100 store owners to take down their tobacco and alcohol signs.

A community must feel empowered to create change. Publicity, raised awareness and careful monitoring will ensure enforcement of these changes. Michael Pfleger and his parish are examples to us all.

—SYS

"[Pfleger] took the radical step of whitewashing billboards and was arrested for it."

it. At his trial, he pleaded a "necessity defense," that his was a lesser crime than pushing cigarettes to children. He was found not guilty.

The success of his community's actions resulted in the removal of 900 billboards. There is now an ordinance pending to eliminate tobacco and alcohol billboards in residential neighborhoods. Of course, cigarette

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*Editors: Susan Yael Smith
Gabriel Wasserman
Marti Hess
Rick Bernardo
Barbara Kligman*

Layout: Gabriel Wasserman

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WE NEED YOUR IDEAS!

If you are under 18—or work with young people—write (address at bottom), call (415-882-3327) or fax (415-882-3390) us with simple, brief ideas for a special TFC project: *How to Get Your Parents to Quit Smoking!* If we use your idea, we will publish your name and send you a free poster spoofing the tobacco industry.

*Tobacco Free California • Get your Parents to Quit Project
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Come to Barfboro Country

Fire engine red, with white trim and black lettering, it hit the city limits. Logo and markings seemed strangely familiar, evoking musical strains from the Grand Canyon Suite. Would it be...? Could it be...? Yes: the Barfmobile had arrived.

Traveling in the Barfmobile is the Barfboro Barfing Team, a creation of DOC (Doctors Ought to Care), the international organization of health professionals and volunteers who use humor, education, and communication to fight the tobacco industry. The Team's mission is true to the spirit of DOC's slogan: *Laughing the pushers out of town since 1977*. The Barfmobile, a vintage 1968 Volkswagen bus—renovated, painted, and polished—was traveling counter-advertisement and headquarters for Team Captain Erik Vidstrand and Co-pilot Philip Falcetti, here on the tenth day of their tour through California, Nevada, Arizona, Texas, Utah, Wyoming, and Colorado. The goal: go head-to-head with the Philip Morris Company's slick, glossy, 200 million dollar Marlboro Adventure Team campaign.

"The Barfboro Team is focusing attention on the fact that Philip Morris goes after kids with their cigarette promotions," said Vidstrand. San Francisco Board of Supervisors President Angela Alioto hoped the visit would publicize her proposal to ban smoking in San Francisco work places: "It's bad enough the tobacco industry is trying to derail legitimate tobacco control ordinances. Do they have to market to our children as well?"

Marlboro vans have been going from city to city, selling Adventure Gear (jackets, watches, hats, flashlights, etc.) for proofs of purchase

("Adventure Miles"), giving away T-shirts and other logo-imprinted merchandise with purchases of cigarettes, beside running contests associated with youth, vitality, and, of all things, healthy adventure in the wilds of nature. Marlboro's promotion culminated in an eleven-day rafting, racing, biking, and driving event in Colorado and Utah last September. But Barfboro's Team reminds us:

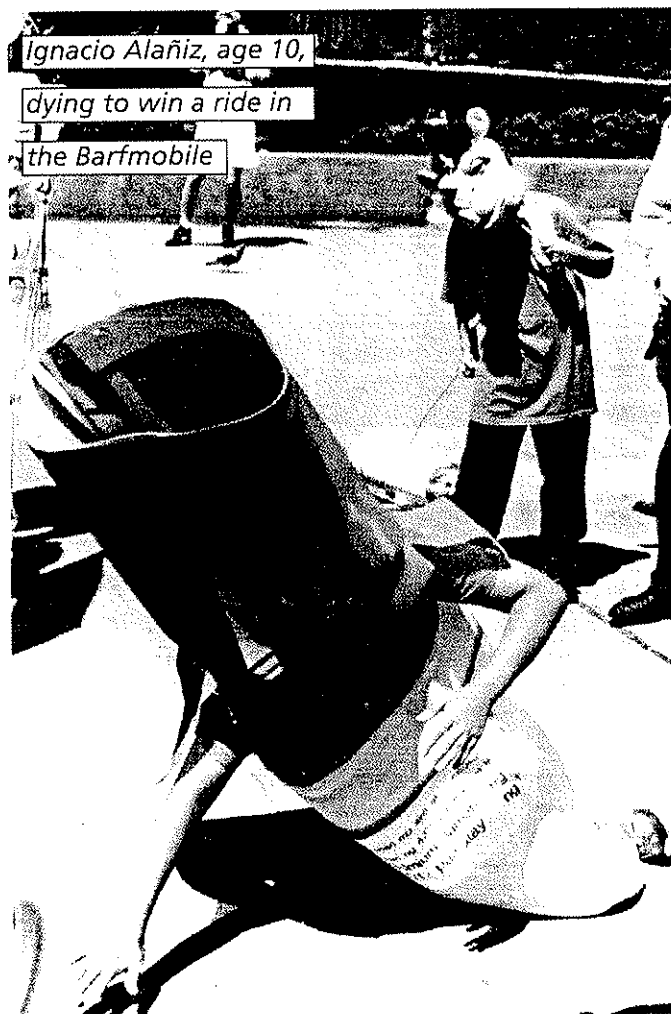
- Marlboro is the best selling cigarette in the world, causing more death than any other.
- The average age people start smoking is twelve. The decision to become a smoker is not made by adults, but by children; the tobacco industry knows this as well as anyone.

For the Barfmobile's visit to San Francisco, TFC mailed press releases—in genuine Barfboro bags:

"Can You Stomach the Barfboro Challenge?..."

"...The Barfboro Team is coming to San Francisco on July 30 to challenge the Marlboro Adventure Team to: *Death—The Ultimate Marlboro Adventure*. Since so many Marlboro team members have died prematurely due to tobacco-related illnesses, their team will be (de-)composed of a skeleton crew, led by Carson Noma, MD, head of medical

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Caveat Emptor: Unsafe at any puff continued from page 1

position where she braces herself for yet another lecture on "the dangers of smoking and how everybody should quit." Rather, I ask "What brand do you buy?" Then I refine this and ask if they buy "Lights," "100's," "Menthol," "Wides," "Leaded," "Unleaded" and so on. Health professionals may not realize that there are 15 different kinds of Marlboro.

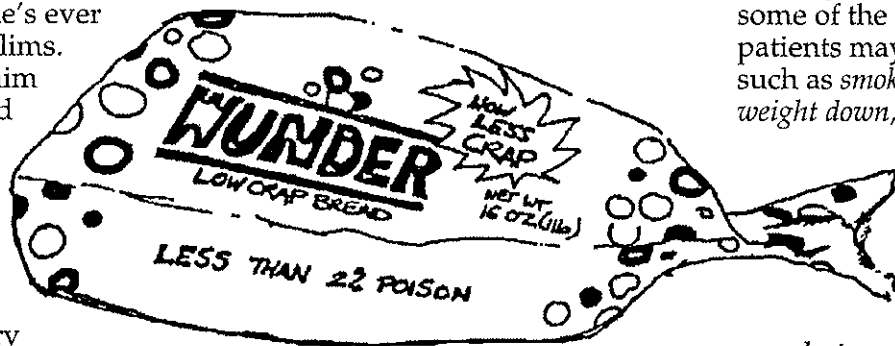
These differences matter to people who buy cigarettes. I may ask why they prefer one brand over another. For example, I may ask a muscular young man if he's ever tried Virginia Slims. This will take him by surprise, and will generally get a laugh. It will also open the door to discuss what pretenses the tobacco industry uses to sell its product. This puts the doctor in the position of consumer advocate rather than medical finger wagger.

TFC: *What are some other examples of how you talk to your patients as a consumer advocate?*

AB: For example, a patient may tell me she buys Carlton because it has a lower tar content. I ask the patient if she knows what tar is. She says no, and I explain that it's a concentrate of dozens of carcinogenic chemicals found in cigarettes. Tar is basically the scientific term used for crap. So it makes no difference whether she buys regular or low-tar cigarettes; either way

she's smoking crap. Here I may ask the patient, "Would you buy Low-Crap Wonder Bread?"

This is just one example. You can focus on countless other things. Like filters—the filter is a consumer fraud because it actually increases the noxious gas concentrations the smoker breathes in. Or take menthol cigarettes, which many African Americans smoke. Ask somebody what color menthol is, and invariably the answer will be "green," because menthol packaging is



almost always green. So menthol becomes associated with leaves, nature—it's something wholesome. Patients are surprised when I tell them menthol isn't green and is really an anesthetic that deadens the throat to make the irritating smoke feel "cooler."

TFC: *Do you say very different things from one patient to the next?*

AB: Of course! No two people are alike. What matters to a forty year-old day laborer is not going to be the same as for a teenage girl from the suburbs. I keep three things in mind when talking to a patient: **Individualize,**

Personalize, and **Demythologize.**

To *individualize* is to ask questions and find out what's important in the life of your patient.

Personalizing your message involves putting together different packets of information for each patient, underlining and highlighting the passages you think they'll get the most out of. This shows that you care for them, that what you are saying comes from the heart.

To *demythologize* is to address some of the common myths patients may have assimilated, such as *smoking keeps one's weight down*, or *low-tar is safer*.

TFC: *When you are successful in convincing a patient to try to quit smoking, what do*

you do to assist him or her?

AB: If you keep telling people how difficult it is to quit smoking, it's not surprising that they end up believing you. This is a negative approach, which, unfortunately for many patients, is a self-fulfilling prophecy. Simple, non-intimidating techniques can be quite effective. To satisfy oral needs, I recommend that a person suck on mints or lemon drops. When the patient has the urge to smoke, he can take a cigarette from the pack, but then must put it back and wait 5 minutes. During this time, the patient can suck on a piece of hard candy or take slow deep breaths while holding two fin-

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Tobacco
Trivia

- a) What famous 1960s cartoon couple could be seen lighting up Winstons at the beginning of their show?
- b) What was Marlboro's original 1920s slogan?

Answers:
(a) Fred & Wilma Flintstone: "Winston tastes good like a cigarette should - "Yabba dabba dooo!"
(b) "Mild As May" (Marlboro was originally introduced as a women's cigarette)

Barfboro... *continued from page 3*

research for Philip Morris..."

Nationally top-rated KGO (ABC) radio's evening co-anchor, Rosie Allen, laughed: "Sounds like the kind of thing we like to cover...!"

On June 30, the Barfmobile pulled up under the giant Marlboro billboard at Union Square. Team Barfboro emerged into the sun, Captain Vidstrand in white racing coveralls, the rest each in bright Barfboro T-shirts and serious sunglasses. From passersby there were lots of waves, lots of "Right on—dudes!," lots of double-takes, blank or confused looks. A few folks—from the Unclear-on-the-Concept Division—wanted free cigarettes.

Before long the Barfboro Team had secured turf in the center of the square. Things really began to roll when Javier Piedad and a large contingent from Escuela de Promotores arrived, with their children, in full anti-tobacco regalia. Unfortunately, Marlboro's team just attended in their official Marlboro Body Bags (only 200 Adventure Miles per bag).

For the dying competition, participants such as ten year-old Guillermo Rocha ("I don't want the future filled with cigarettes and people dying," Guillermo told Associated Press), and a very young contestant, Sergio, were noteworthy. But Ignacio Alañiz, age ten, came up—or, rather, went down—the winner.

The Barfboro Team was extremely well received in the City-by-the-Bay.¹ In cities where they encountered Marlboro's promotion vans, Marlboro packed up and left. Barfboro considered their stop here "a glorious highlight of our tour"—resulting in "a hard won team victory" against Marlboro.²

Evening approached. Captain Vidstrand pulled his cap low over his eyes (then up a notch so he could see), eased the Barfmobile into gear, headed the rig into the sunset—stopping just short of the Pacific Ocean—then turned determinedly toward the next challenge, and more chances to laugh the pushers out of town. —RB

¹For their fine press work, we thank: KGO Radio, AP Radio, AP Wire Service, *The San Francisco Examiner*, and KTVU, KGO, and KDTV Television.

²To support the team and their cause, readers can do two things:

- Write to Philip Morris and tell them to stop (Michael Miles, Philip Morris Companies, Inc., 120 Park Ave., New York, NY 10017).
- Join DOC (5510 Greenbriar, Ste. 235, Houston, TX 77005, Tel. 713-798-7729; or call Susan Yael Smith at DOC-of-the-Bay, 415-882-5124).

Blum... *cont'd from p. 4*

gers to her mouth. After five minutes the person can take a cigarette out but must reconsider whether he or she really needs it. Many patients are able to cut their smoking by 50% in one week by just doing this. Often this is enough to give patients the self confidence to go ahead and stop smoking entirely. If you give a nicotine patch to somebody outright and then they fail to quit smoking, they're going to feel a lot worse and hopeless (not to mention all the money spent) than had you tried the simpler techniques first.

The point is to get the smoker to focus his or her anger on the cheapness of the product and the sleaziness of the cigarette promoters—the tobacco industry—rather than on himself or the health care professional.

Alan Blum, MD, is Associate Professor of Family Medicine at Baylor University. In 1977 he founded DOC, which has since grown into an international coalition of physicians, health professionals and activists committed to addressing the social causes of diseases. For more information on California DOC, call Gabriel Wasserman at (415) 882-3324. For more information on National DOC call Eric Solberg at (713) 798-7768.

—GW

Target Intervention Update

WORKSHOPS

Target Intervention still offers Trainer's Workshops and Intervention Workshops to California health care providers who want to learn to counsel patients on tobacco use, prevention and exposure. If you would like to become a trainer, or help arrange an Intervention Workshop, call or write our Northern or Southern California offices (see numbers listed below).

RESOURCES

If you attended a workshop before March 1993, you probably have not received our new, updated *Provider's Manual*. Call Rick if you would like a copy. If you are an active Trainer, the updated *Trainer's Guide*, with supplemental slide set, is also yours for just a phone call.

Also available are collections of articles to help providers develop more effective site-specific and population-specific intervention protocols.

Finally, we have developed the Provider's Kit, which contains the updated manual, order forms, California Smokers' Helpline standup card, the Five A's Poster, three DOC posters, a button and a partridge in a pear tree. This is available for a mere \$5 postage and handling (partridge extra).

TFC STAFF:

<i>Susan Yael Smith, Project Director (SF)</i>	<i>(415) 882-5124</i>
<i>Gabriel Wasserman, DOC/N. Cal. Coord. (SF)</i>	<i>(415) 882-3324</i>
<i>Marti Hess, S. California Coordinator (San Diego)</i>	<i>(619) 565-8888</i>
<i>Rick Bernardo, Research/Tech. Coordinator (SF)</i>	<i>(415) 882-3327</i>
<i>Barbara Kligman, Resource Coordinator (SF)</i>	<i>(415) 882-3326</i>

QUITTING IS EASIER WITH HELP!

Smokers can call the **California Smokers' Helpline** at no cost:

English:

1-800-7-NO-BUTTS
(1-800-766-2888)

Spanish:

1-800-45-NO-FUME
(1-800-456-6386)

Asian/Pacific Islander:

1-800-400-0866

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