

SPECIAL FEATURE: AMA ANNUAL MEETING HIGHLIGHTS

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Smoking: Why Can't America Quit?



THE CENTER FOR
THE STUDY OF
TOBACCO AND SOCIETY

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National Advertising
Representative
Joseph Bourgholtzer, Inc.
The JBI Building, Box 521
Mahwah, NJ 07430
(201)529-3883

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Cover art by Jim Vincent.

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american society of internal medicine

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COMING NEXT ISSUE: Physician Consultation

The August issue will look at the changing nature of the consultation process, examining some of the problems associated with consultations today as well as some solutions to those problems.

The Prince of Darkness Is a Gentleman

How the Cigarette Industry Is Corrupting Society

Any list of the most frequently reported health scares of recent years would be likely to include the following: AIDS, Legionnaire's disease, toxic shock syndrome, Tylenol-cyanide capsules, Alzheimer's disease, Love Canal and other toxic waste dumps, dioxin, Three Mile Island and nuclear radiation, Bendectin, Oraflex, angel dust, marijuana, asbestos, saccharin and EDB.

Although cigarette smoking is responsible for far greater numbers of deaths and disabilities than all these problems combined, efforts to curtail the use and promotion of cigarettes are mostly ignored or depicted as moralistic in the mass media. Coverage of Surgeon General C. Everett Koop's report in 1983 that 170,000 Americans are dying each year due to smoking-related heart disease was confined to a wire service news story in the last section of *The New York Times*, while calls to ban formaldehyde insulation received prominent attention in the main news section. When more bad news about cigarette smoking is announced, the tobacco industry public relations spokespersons are duly accorded equal space in news accounts, as if their arguments in regard to the scientific merits of the evidence against smoking are credible.

Media Misalignments

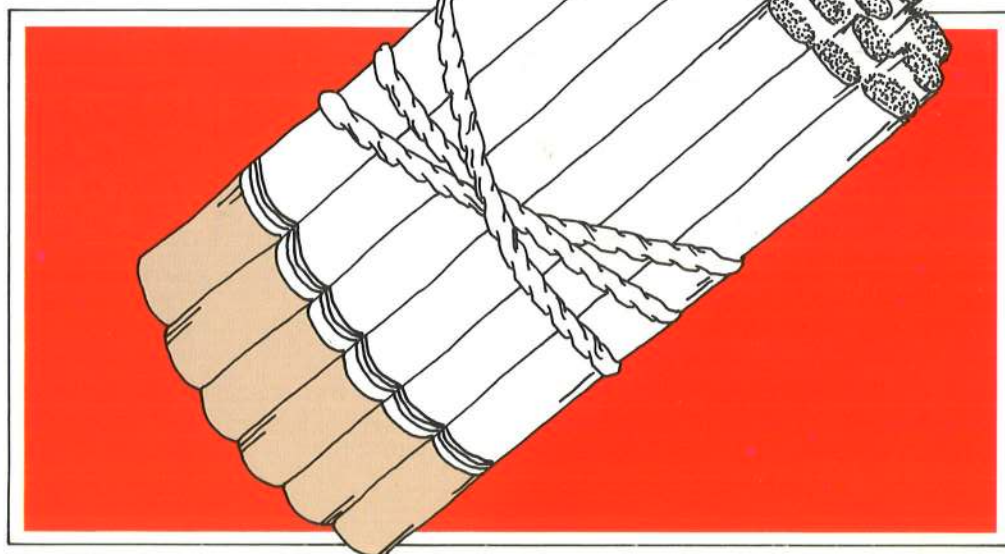
Editorial consumerism is disturbingly selective. A food processing plant in New Jersey is forced to close because of media-created horror over a single case of botulism. One death results from a

malfunction on a single automobile, and six million vehicles are recalled. A carcinogen is discovered in minute amounts in boxes of muffin mix, and the country is whipped into a headline frenzy. Yet tobacco profits rise as inexorably as tobacco deaths, aided by the hundreds of billions of pages of cigarette advertisements that are run off American newspaper presses each year.

"Every cigarette ad carries the Surgeon General's warning that smoking may be harmful to your health," replied the manager of advertising acceptability for *The Times* several years ago when asked why his newspaper can continue to publish cigarette advertising. "And we remain confident that the public, fully informed, ultimately will make those decisions that are in its own best interest." Today the ethics of the acceptance of cigarette advertising is a subject no one at *The Times*—publisher, editors, sports writers, columnists, me-

dia critics, medical reporters, advertising managers—seems to believe is fit to print or even to discuss with physicians who have written numerous letters.

The absence of journalistic investigations into the devastating economic and health toll taken by cigarette smoking is striking but perfectly explicable: The financial investment by cigarette companies in the credible context of *The New York Times*, *The Washington Post* (publishers of *Newsweek*), *TIME*, CBS's magazine division, and other major news sources has paid off handsomely. Although it pulled overt cigarette advertising off of television in 1970 (as a means of halting the increasing effectiveness of counteradvertising mandated by the Fairness Doctrine), the tobacco industry remains the most powerful advertiser in all media,



including television, by virtue of its other consumer products such as beer and fast food. The perceived threat of the removal of this advertising—keenly felt by editors, publishers and broadcast executives alike—effectively prevents prevention efforts from starting.

Similarly, in addition to the \$12 million in cigarette advertising (as much as or more than income from ads for any other single product), *The New York Times* accepts each year, an equal amount is obtained from related advertisers, Gimbels and Saks Fifth Avenue department stores, which were acquired in recent years by British Ameri-

can Tobacco. An investigation into the Federal Trade Commission's documentation that this company has been involved in aiming cigarette advertising to children might well strike fear in the hearts of newspaper executives. So, it turns out, *The Times* and other publications that frequently blame the medical profession for the problem of rising health care costs are covetous of cigarette advertising revenue.

TIME magazine, which has seldom, if ever, written in detail about the practices of the cigarette industry, periodically thanks tobacco companies with full-page advertisements in the *U.S. Tobacco and Candy Jour-*

nal, trumpeting its premier position in tobacco advertising revenues. "As always," the ads state, "we are grateful for your industry's confidence in the selling power of *TIME* . . . Every tobacco advertising message in *TIME* now reaches 20 million active, involved, trend-setting *TIME* readers each week. Readers with a life style and a sense of brand loyalty that means solid sales results for the tobacco industry. At *TIME*, we think that's the best possible way to say "Thank you" for your continued trust and confidence in our magazine."

The publisher of Milwaukee's two daily newspapers boasts in

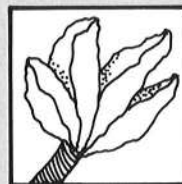
Some Facts About. . .

. . . Cigarette Use:



- Fifty-three million Americans smoke cigarettes—the same number as 20 years ago. In 1977, the American public spent \$16 billion on cigarettes, four-tenths of the sum spent on new automobiles and one and a half times the amount spent on drugs and sundries.
- Today, only one-third of adults in the United States smoke cigarettes, a decline from 42 percent in 1965.
- In 1983, the U.S. population consumed 600 billion cigarettes, 5 percent fewer than were consumed in 1982. Both the percentage decline and the drop in total cigarettes smoked were the highest on record, and the drop is attributed to higher prices, largely resulting from increased federal and state excise taxes.
- Per capita consumption of cigarettes by persons aged 18 and older fell from 3,745 in 1982 to 3,494 in 1983.
- Men continue to smoke more than women do. In 1984, 38 percent of the adult men in the United States smoked cigarettes, while 30 percent of women did.
- Thirty-four percent of the male smokers in this country consume 25 or more cigarettes daily, and 24 percent of female smokers consume that amount.
- Fewer than 15 percent of physicians and dentists smoke, the smallest percentage found in any segment of the U.S. population.¹

. . . Tobacco Production:



- In 1983 the U.S. tobacco industry produced 1.4 billion pounds of tobacco—with a production value of \$2.5 billion—on 789,000 acres of land in 16 states.
- Cigarettes are manufactured by only six major firms; two of them account for more than 60 percent of retail sales.²
- Gross income per acre of tobacco ranges from \$3,000 to \$4,000, compared to \$150 for corn and \$300 for soybeans.³ However, about 270 hours of labor are required to produce and market one acre of tobacco; this compares to three and a half hours required per acre of wheat or rice.
- In 1977, 276,000 farms in the United States grew tobacco, employing several hundred thousand farm laborers, many of whom worked on the farms for fewer than 25 days a year. In total, 1.3 million workers were employed full-time or part-time in farm production, in cigarette factories and in distribution.

. . . Cigarette Prices and Taxes:



- Manufacturers raised wholesale cigarette prices approximately 15 percent in 1983, and retail prices rose 21 percent last year. Retail prices are expected to rise further this year, but at a slower rate.
- In 1977, federal, state and local government revenues from tobacco products totaled \$6.2 billion. Tobacco taxes accounted for 0.7 percent of total federal tax receipts and nearly 14 percent of all excise taxes.
- State cigarette tax rates averaged 15.3 cents per pack in December 1983, 1 percent above the level in December 1982. Twelve states raised cigarette taxes an average of four and a half cents last year.

advertisement that "We helped Satin (cigarettes) catch fire." The Los Angeles Times Company, which has a medical book division (Mosby), cosponsors automobile races with R. J. Reynolds, and its various publications accept even more in cigarette advertising revenue than does The New York Times Company.

Doubtless because the cigarette makers realize that the public is slowly catching on to the fact that cigarette smoking has become the leading preventable cause of death in women as well as in men, they have become the leading financiers of women's magazines. The more ostensibly health oriented these magazines

become, the more cigarette advertisements crop up alongside the health columns, as if to deny the existence of the problem. For example, *Ms.* and *SELF* have never published an article on smoking, while accepting hundreds of pages of cigarette advertising. Many of these magazines offer professional courtesy discounts to physicians for placement in the waiting room, thus earning tacit medical endorsement.

In the 15 years since cigarette advertising has not overtly appeared on television teenage smoking has risen because of the successful, unopposed advertising campaigns in the printed me-

dia, retail stores, billboards, sporting events, sports magazines, video arcades and music festivals. (A former salesman for a major tobacco company admitted that his role was to go to teenage hangouts and make certain that cigarette displays were posted at child's-eye level on the doors, counters, walls, comic book stands and video games.) One can only conclude that the leading health educators of our time—by virtue of their appeal to consumers to buy filtered, low-tar (by implication, safer) brands—are the cigarette companies.

How does this industry succeed so well? By encouraging the

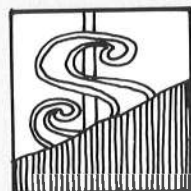
- The federal excise tax was increased to 16 cents a pack on January 1, 1983, but under current law is scheduled to return to eight cents a pack on October 1, 1985

... Cigarette Advertising:



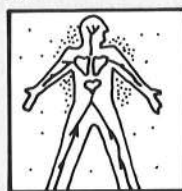
- Today, American cigarette manufacturers spend \$1.5 billion a year on billboard, newspaper and magazine advertising, and on other promotions. This figure compares to \$300 million spent in 1970, the year cigarette advertising on radio and TV was banned,⁴ and is more than 750 times greater than the \$1.9 million 1982 budget of the U.S. Department of Health and Human Services' Office of Smoking and Health

... The Hidden Costs of Smoking:



- The costs of smoking decline with age and are less for women than for men, according to the results of a recent study by Policy Analysis, Inc. Medical expenses and lost wages for a man aged 35 to 44 who smokes more than two packs of cigarettes a day would average \$58,987 over his lifetime; for a woman in the same category, the cost would be \$20,152 (reflecting women's lower earning potential). Medical expenses for a man aged 55 to 64 who smokes more than two packs a day would be \$15,945 over his lifetime; for a woman in that category, the total cost would be \$11,717.⁵
- More than 5 percent of the nation's total direct health care costs—\$15 billion in medical care resources—is consumed as a result of smoking-related diseases. In addition, there is a total annual loss of productivity of \$34 billion (due to excess morbidity and disability and to premature death).⁶

... The Health Consequences of Smoking:



- Tobacco contributes to 30 percent of all cancer deaths in the United States; this means that 129,000 Americans will die of cancer this year because of smoking.
- Cigarette smokers have cancer death rates two times greater than those of nonsmokers. Heavy smokers have a three to four times greater excess risk of cancer mortality.
- For 1982, the American Cancer Society estimated that 111,000 Americans would have died of lung cancer; this figure is nearly three times higher than that for 1962 and is more than six times higher than that for 1950.
- Smokers are 10 times more likely to die from lung cancer than are nonsmokers. Heavy smokers are 15 to 25 times more at risk than nonsmokers.
- Cigarette smoking is directly related to 170,000 coronary heart disease deaths each year.
- Sixty thousand Americans died last year of chronic obstructive respiratory conditions; 80 to 90 percent of these deaths are attributable to smoking.
- The mortality ratios for chronic obstructive lung disease in cigarette smokers compared to nonsmokers are as large or larger than those for lung cancer. For heavy smokers, this risk can be as much as 30 times the risk for nonsmokers. —SJR

¹Terry, L. L. "The Surgeon General's First Report on Smoking and Health: A Challenge to the Medical Profession." *New York State Journal of Medicine*, Dec. 1983, pp. 1254-5.

²Warner, K. E. "The Economics of Smoking: Dollars and Sense." *New York State Journal of Medicine*, Dec. 1983, pp. 1273-4.

³Warner, K. E. *ibid.*

⁴Terry, L. L. *ibid.*

⁵"Hidden Costs of Smoking Told in Study." *American Medical News*, April 13, 1984, p. 15.

⁶Warner, K. E. *ibid.*

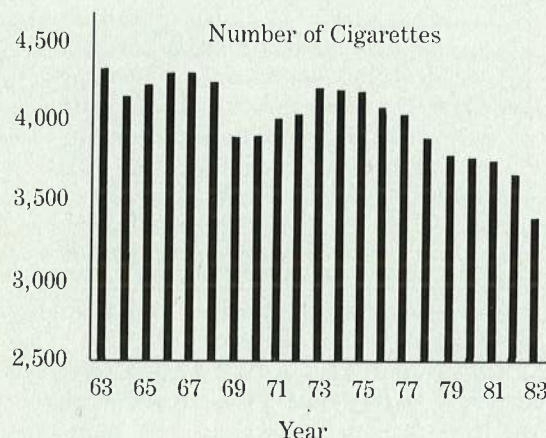
The statistics cited above were gathered from the U.S. Departments of Agriculture and Health and Human Services, unless otherwise indicated.

HOW SMOKING BEHAVIOR HAS CHANGED

	1964	1984
Percent of American Adults Who Smoke		
All Adults	42%	33%
Men	52	38
Women	34	30
Percent of Smokers Consuming 25 or more Cigarettes Daily		
Men	25%	34%
Women	14	24

SOURCE: U.S. Department of Health and Human Services.

ANNUAL PER CAPITA CONSUMPTION OF CIGARETTES BY AMERICANS 18 AND OLDER



SOURCE: U.S. Departments of Agriculture and Health and Human Services.

THE TOP 10 TOBACCO-PRODUCING STATES (1983)

	Area Harvested (Acres)	Production (Millions of Pounds)	Value of Production (Millions of Dollars)
North Carolina	277,700	546.87	\$973.36
Kentucky	203,300	324.60	567.97
Tennessee	72,910	118.20	212.43
Virginia	54,190	99.05	170.63
South Carolina	54,000	112.86	204.16
Georgia	44,000	96.36	173.74
Maryland	27,000	29.70	32.28
Pennsylvania	12,000	22.42	21.22
Ohio	11,900	17.67	29.63
Wisconsin	8,400	16.12	17.65
Total U.S.	788,965	1,428.91	2,496.84

SOURCE: U.S. Department of Agriculture.

public to believe that "you gotta die of something" and that "everything causes cancer," cigarette companies succeed in portraying their highly profitable product as just another victim of Big Brother trying to tell people how to run their lives. The \$1.5 billion spent disseminating the image of the manly smoker is more than spent on any other product in society. While pointing indignantly to the ethical implications of telling people how to behave as is purportedly suggested in the so-called anti-smoking propaganda, many people ignore the fact that cigarette advertisers are doing just that, day in and day out, with no restraints. Is Big Brother really the Marlboro Man?

Infiltrating All of Society

In order to legitimize its deeds, increase public complacency and even gain support, the cigarette industry must extend its tentacles into every sector of American life: the media, government, business (including the pharmaceutical industry), charities, education (including medical schools), religion, the arts and sports. The interconnecting boards of directors of industry, banking, insurance interests and the mass media help to maintain silence in regard to the unscrupulous advertising practices of the cigarette companies. For example, the chairman of CIBA-Geigy serves on the International Advisory Board of R.J. Reynolds, the nation's second largest cigarette manufacturer. Minnesota Mining and Manufacturing, makers of surgical masks and such medications as Theolair for bronchial conditions, owns the largest billboard company in the United States, with perhaps half of its revenues derived from the advertising of cigarettes. Merrill Dow is a major supplier of chemical additives and packaging materials to cigarette companies.

The most recent trend in the tobacco industry is to acquire companies in non-tobacco regions that manufacture popular consumer products such as soda, candy and fast food. In many

cases, these seemingly disinterested and unrelated companies then take the lead in the business community in opposing restrictions on public smoking or restraints on cigarette promotion. For example, the major opponent of San Francisco's Clean Indoor Air Act in 1983 was Del Monte, the manufacturer of fruit and vegetable products, which is headquartered in San Francisco. R.J. Reynolds acquired Del Monte in 1979.

Religious organizations, including the National Conference of Christians and Jews, Catholic Charities and the Anti-Defamation League of B'nai Brith, have held \$250-a-plate testimonial dinners for cigarette company executives. In addition, tax-supported cultural institutions have permitted cigarette companies to become the leading patrons of the art world, despite these companies' artless defacement of cities with a blitzkrieg of billboards. In 1983 the national tour of the Vatican art exhibition was sponsored by Philip Morris.

Commercials for major league baseball urge parents to bring their children to the ballpark. Once there, in virtually every stadium, they will be exposed to huge cigarette billboards (placed at key camera angles for the home-viewing audience). It is hoped that the new president of the American League, cardiologist Bobby Brown, will exercise the long overdue leadership necessary to eliminate this hypocritical drug pushing in the guise of sports sponsorship.

Automobile racing, motocross, tennis, soccer and skiing have also become synonymous with brands of cigarettes. Race car drivers and tennis players such as Martina Navratilova are paid to wear advertisements for brands of cigarettes that are seen by millions of impressionable young viewers. Half-time events at soccer games have become little more than cigarette promotions. Cigarette companies are also heavily involved in the Olympic Games; a billboard for R.J. Reynolds' Camels (whose slogan is "Where a man belongs") adorns the official Olympic score-

board, seen by millions around the world as a symbol of athletic prowess.

Government Easily Swayed

In government only a handful of elected officials has spoken out against this industry and its advertising hirelings. President Reagan's advisor on drug abuse has actually commended the Tobacco Institute, the public relations arm of the cigarette industry, for efforts to discourage children from smoking. Apart from Joseph Califano, every secretary of Health and Human Services (or Health, Education and Welfare) in the past 20 years since the release of the first annual report on smoking and health by the surgeon general has avoided taking a leadership role in curtailing cigarette smoking.

The recent flip-flop by the Civil Aeronautics Board on its vote to ban smoking on all flights of less than two hours, the failure of Congress to make the cigarette companies reveal the names of burn-enhancing chemical additives that help cause several thousand fire deaths each year, and the reluctance of the Federal Trade Commission to act against cigarette company advertising practices show how strong vested interests work to resist any change in the status quo on which they do not have prior approval. Their profit depends on the freedom to encourage risk taking and health-demoting behavior.

What about Physicians?

Yet what are physicians and medical societies contributing toward efforts to reduce consumption of cigarettes? The medical profession cannot go unchallenged as self-proclaimed health promotion advocates. Far from stepping up their involvement in efforts to counteract smoking, most medical organizations have done little or no lobbying in behalf of clean-indoor-air acts or measures to curb cigarette promotion. Most medical groups can point to little more than pamphlets, posters or public service announcements. The

American Dental Association even intends to award its \$12 million advertising account to Leo Burnett, the agency that created and perpetuates Marlboro Country. Medical training provides little or no information on the world cigarette pandemic, much less strategies for counteracting it. Seldom is smoking the topic of grand rounds, and not one of the nearly 9,000 continuing medical education courses offered in the United States in 1983 was devoted to scrutiny of methods for treatment and prevention of smoking.

Incredibly, some physicians still receive lucrative research offers from the tobacco industry. Naivete notwithstanding, for a physician to accept money from the tobacco industry is akin to a detective taking money from the Mob. The double shame is in having the name of a physician linked with an industry that produces a product found by every major health body in the world to cause enormous suffering.

Pharmacies that sell and display cigarettes also represent the ultimate hypocrisy, and physicians should not patronize them. Likewise, supermarkets that display cigarettes undermine knowledge of good health by equating tobacco with sustenance in the minds of shoppers and children. If such stores do not remove their displays and cigarette vending machines, health departments and medical associations should act to prevent such ready availability of cigarettes to children.

A principal motivating emotion of anyone interested in combating the world cigarette pandemic is anger. A physician who—instead of ordering a 24-hour Holter monitoring or 24-hour urine—performs a 24-hour cigarette advertising count would be horrified at the number of stimuli the cigarette companies are able to muster to keep patients and children buying. There is hardly a disincentive, apart from the physician's own words, which is a major reason why cigarette companies advertise in the magazines on the physician's reception room table.

Each physician controls well in excess of \$125,000 in cigarette buying power each year if he treats just two pack-a-day smokers each day. Small wonder why the tobacco companies fear physicians most of all. The commitment of the physician has been shown to be the major inspiration for patients to give up smoking.

Despite optimistic claims by health charities and government officials, the world cigarette pandemic is worsening. Because of the dramatic escalation of cigarette promotion to the less-educated and poor as well as to people in developing nations, the epidemic of smoking-related disease will become an increasing problem in the next century unless a concerted effort by a coalition of health professionals, governments and business leaders is mounted around the world. Those who view cigarette smoking by adolescents as solely the result of peer pressure or rebellion against parental authority would do well to study the only contributory cause of smoking that can be monitored and eliminated entirely: propaganda. Engaging their communities in ridicule of cigarette propaganda and in a boycott of tobacco companies and their allies must become part of the role of the physician if we are even to imagine fulfilling Surgeon General Koop's wish for a smoke-free society by the year 2000. □



Alan Blum, MD, is a family physician and founder of Doctors Ought to Care (DOC), a national physician-led organization that aids communities in counteracting the promotion of unhealthy products. As editor of the New York State Journal of Medicine, Dr. Blum recently edited an issue devoted entirely to the world cigarette pandemic. Copies are available from the Medical Society of the State of New York.