

Foreword

“I smoke a fresh cigarette—Camels”
—from an advertisement in *The Saturday Evening Post*, 1932,
featuring a nurse in uniform.

The image of a nurse touting a brand of cigarettes may seem ridiculous today, but 60 years ago young women were being given equal smoking rights through campaigns in the popular media that featured movie stars, athletes, and health professionals. These last role models were doubtless included to debunk growing concerns about the effect of smoking on the throat, lungs, and heart. Indeed, until the mid-1950s, or more than five years after the publication of several large studies implicating cigarette smoking as a major cause of lung cancer, the *Journal of the American Medical Association* accepted tobacco advertisements with such slogans as, “More Doctors smoke Camels than any other cigarette.” And at least one medical journal continued to accept such advertisements (“U.S. Government tests prove Carlton is Lowest”) until the 1980s.

Although we now laugh at those advertisements and applaud the dramatic decline in smoking among physicians and, over time, the general public, there has been a comparatively small decline in the prevalence of smoking among nurses. Unfazed by tens of thousands of research papers reporting the terrible health and economic effects of smoking, tobacco companies have stepped up their attack on young women through advertisements in influential publications and sponsorship of many sports and cultural activities to which nurses are attracted.

Over the past decade, anyone searching the scientific literature on the subject of nurses and smoking is likely to have come upon articles calculating prevalence rates of smoking among nurses, comparisons of rates of smoking among nurses with other health professionals, and surveys of nurses’ knowledge and attitudes toward smoking. One does discover an occasional report on a project in which nurses took the initiative in curtailing tobacco use and promotion, but for the most part nurses have been the objects of study rather than initiators of action on the problem.

Particia Rienzo's book may begin to redress this imbalance. It is surely the most comprehensive such effort ever written for a nursing readership, far surpassing even the excellent workbook produced in 1989 by the American Health Foundation and the National Cancer Institute, *Stopping Smoking: A Nurse's Guide*. By dispassionately educating nurses about the challenge of reducing tobacco use, the author will impress upon her readers the formidable obstacles that still exist in creating the vaunted smoke-free society. Health professionals must still work extremely hard to undo the damage caused by smoking and its promotion; nurses are essential to this effort.

The biggest obstacle to tackling the tobacco pandemic is complacency—on the part of the public and health professionals alike—stemming from the belief that the war on smoking is being won. Although there is hardly an adult or child who has not heard that smoking is dangerous to health, the fact remains that the prevalence of smoking has declined by less than 0.5% a year in the United States during the past decade. Moreover, women, blue-collar workers, and many ethnic minority groups are not seriously reducing their cigarette consumption. While some voluntary health organizations proudly point to the tens of millions of Americans who have stopped smoking since the publication of the first Surgeon General's report of 1964, the fact is that there are still more than 50 million Americans who smoke (approximately the same number as in 1964), and the number of cigarettes sold in 1990—525 billion—was the same as in 1964.

Have we really come a long way? Survival from lung cancer is little better than it was in the 1950s. Although women's magazines celebrate every kind of anniversary under the sun, in 1989 not a single one of 20 popular newsstand magazines directed at women chose to mark the 25th anniversary of the Surgeon General's landmark report, or even to mention that lung cancer had surpassed breast cancer as the leading cause of death from cancer in American women. The incidence of lung cancer has leveled off among men, but the annual death toll from this preventable disease remains staggering: more than 160,000 Americans die each year from lung cancer, a number equivalent to the population of Raleigh, North Carolina. Another 250,000 die from smoking-related heart disease; and more than 30,000 die from other tobaccogenic cancers and emphysema.

To be sure, some progress has been made during the past decade in clearing the air of tobacco smoke. In 1980 few hospitals, schools, government buildings, restaurants, or other public places were entirely smoke-free. Airlines prohibited smoking only on take-offs or landings; in waiting areas and during flights, the air was as polluted as a poolhall. Few if any women's organizations, minority group associations, or medical societies (including the American Medical Association) took a visible public stance in opposition to tobacco advertising.

Thanks to the tireless and persistent efforts of newly formed health advocacy organizations like GASP (Group Against Smoking Pollution) and Americans for Nonsmokers' Rights, the passage of clean indoor air laws became the single most important advance in reducing cigarette consumption. In the case of the airline

smoking ban, no group worked more diligently with the bill's sponsor, Representative Dick Durbin, than the union of airline flight attendants. Durbin would like to do more to combat tobacco but bemoans the fact that he seldom receives comments on the issue from his constituents. Regrettably, since the mass media—doubtless out of fear of offending tobacco-related advertisers—give little coverage to tobacco problems in proportion to the magnitude of damage they cause, it is unlikely that the public will suddenly view tobacco as a major issue.

Nor can an extremely hopeful sign be taken for granted, such as the decision by the Joint Commission on the Accreditation of Healthcare Organizations to require a smoke-free policy as a condition of accreditation. Although this measure is certain to benefit the health and safety of both hospital employees and patients, nurses and other health professionals would be naive to assume that the absence of smoking in health-care facilities reflects a true decline in tobacco consumption. Nurses must remind hospital administrators that instead of merely publicizing a new smoking cessation clinic, hospitals should be taking an aggressive role within the business community to counter the promotion of tobacco products.

In nursing education there remains an appalling lack of curricular time and materials on smoking, not only in regard to the physiologic and pathological aspects, but also in terms of instruction in ending tobacco use on an individual basis and in the community at large. To this end, there is a need for a no-holds-barred new vocabulary; i.e., a set of terms, images, and other symbols with which to communicate to the public and health professionals about tobacco products and manufacturers. To enhance such awareness, nurses would do well to view the leading preventable cause of death and disease as Marlboro (the leading brand not just among men but also among women and teenagers, with whom the percentage of market share rises dramatically), rather than heart diseases, lung cancer, or emphysema. More than 340 billion Marlboro cigarettes were smoked worldwide in 1991. Although Marlboro manufacturer Philip Morris points out that the company makes more than 3000 different products, the profit from this single brand of cigarettes is many times greater than the combined profits of its enormous Kraft General Foods subsidiary.

Thus the tobacco pandemic is not a static concept whereby one imparts information about the adverse health effects of smoking in the hope that individuals will change their behavior, but rather a dynamic one whereby the tobacco industry changes its tactics and its very identity to anticipate all efforts to limit tobacco use. For example, cigarette sales have not been seriously damaged by warnings of the dangers of smoking, because risk-taking has become part of the formula for selling cigarettes, especially to the fearless adolescent. Similarly, tobacco companies have successfully responded to thousands of research reports describing the dangers of smoking by funding hundreds more to seek further "proof."

Although the health consequences may not be a deterrent, ridicule by consumers of the product, its promotion, and its promoters holds great fear potential for hurting tobacco industry profits. To traditional public health workers, hard-hitting sa-

tirical counter-advertising that shifts the public's focus away from the substance (tobacco or nicotine), the user (smoker), and the effects of the use of the substance (lung cancer), and onto the manufactured product (e.g., Marlboro), the way in which it is promoted (e.g., Marlboro Grand Prix), and the promoters (e.g., Philip Morris) may seem overly cynical and appears to risk incurring the wrath of the tobacco industry and its allies. That is precisely the intention: such a strategy, developed by a medical activist group, DOC, in 1977, has led to countless contests and other activities in which thousands of children compete with one another to make fun of cigarette companies and their allies.

All responsible citizens, health organizations, and corporations ought to participate in an effort to destroy the promotional influence of tobacco companies on the young. In the meantime, a concerted effort of nurses, physicians, and other health professionals is essential for ending the tobacco pandemic and laughing the pushers out of town.

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