

# Doc News and Views



DOC's efforts at counter-advertising the tobacco and alcohol industries' targeting of minorities goes back to its founding in 1977 in Miami, Florida.

## A Favorable Ruling by the FDA

By John Slade, MD

EDITOR'S NOTE: Last July, Doc member John Slade, MD, a rheumatologist at St. Peter's Hospital, New Brunswick, NJ, and vice-president of New Jersey GASP (Group Against Smoking Pollution) started a campaign to regulate a product called FAVOR, manufactured by Advanced Tobacco Products, Inc., of San Antonio, TX.)

Advertised in *The Wall Street Journal* and other publications in the Southwest and California as a smokeless or "smoke-free" cigarette, FAVOR is a hollow plastic tube with a nicotine and aromatic-soaked foam plug at one end. It supposedly delivers nicotine by inhalation without the need to light up. FAVOR is specifically designed to help people who smoke avoid having to abstain when they are in places where they cannot smoke. Thus, it undermines a key advantage of clean air rules: smokers get practice not smoking. A useful metaphor is the heroin addict who substitutes methadone when the drug of choice is not available.

The Food and Drug Administration (FDA) was undecided about how to treat FAVOR, which comes in several varieties such as "Regular," "Menthol," and "Lights." It has never regulated tobacco (in fact, it has explicitly refused to do so), and it had never before ruled on nicotine. (Nicotine gum came to the FDA because the manufacturer voluntarily submitted a New Drug Application.) The manufacturer of FAVOR contended that its product was a tobacco product since its nicotine was derived from tobacco and health claims were made for the product. About two years ago, the agency had waffled on another nicotine product until the dilemma went away because the product failed in the marketplace.

In addition to writing a letter to the FDA and talking repeatedly with several staffers, I encouraged the New Jersey State Department of Health to review the matter and brought the problem to the attention of the Medical

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## Counter-Advertising to Minority Groups

by Alan Blum, MD

EDITORS NOTE: On March 31, DOC Founder Alan Blum, MD, was one of four invited speakers to appear before a meeting of the Surgeon General's Inter-Agency Council on Smoking. The overall topic was "Smoking and Minorities." Dr. Blum's assignment was to discuss the targeting of minority groups by tobacco advertisers. The following is an excerpt of the conclusions Dr. Blum drew for the committee.)

Measures must be taken in planning strategies for preventing and ending the use of tobacco in minority communities. First and foremost, there must be additional research--but only part of which should be directed toward the study of health habits, diseases, hospital costs, or even attitudes toward smoking. Rather, taking a lead from tobacco companies and other purveyors of unhealthy products who have sought to overcome the burden of scientific research concerning smoking and other killer habits, there needs to be far greater *consumer* research in the health community--that is, surveys and in-store observation of *buying* habits in lieu of telephone surveys of

health habits (which are limited in minority communities due to language difficulties, fears regarding immigration, and fewer telephones); face to face, door to door, surveys must be undertaken.

Even before conducting such studies, all surveyors and ultimately all health care professionals must learn more about the basic history and customs of minority communities and must be sensitive both to ethnic heritage as well as to the aspirations of minority groups. It is imperative to recognize that minority communities are no more homogeneous than the rest of American society.

In this light, one can learn a great deal by studying the techniques of the tobacco industry. In contrast to medical and health organizations, tobacco companies are highly visible sponsors of occasions commemorating special annual events in minority communities. At the root of this has been the failure or unwillingness of health organiza-

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tions to cooperate in the coordination of counter-advertising campaigns at national, state, and local levels. Indeed, the proliferation of health organizations, each with separate but overlapping agendas, may only have served to dilute rather than strengthen the message within the health professions. Numerous groups compete for visible turf, and the sad fact remains that public health departments, schools of public health, medical societies, schools of medicine, nursing associations, medical subspecialty groups, and voluntary and governmental health agencies have too infrequently (if ever) met together to plan, coordinate, and initiate action to support the Surgeon General's call for a smoke-free society.

The needed de-compartmentalization of smoking and health groups, then, must be accompanied by a *re-vocabularization* in regard to smoking. In other words, although the goal of the health community as a whole would be to educate the public toward the need for creating a smoke-free society, the question remains whether such a goal can be accomplished through traditional health education messages. The terms "anti-smoking," "non-smoker," "quitting," and even "stopping smoking" may be needlessly alienating. Clearly the health community must learn from the successes of commercial advertisers and must plan to "de-market" the social acceptability of smoking.

To start, libraries in every medical school and school of public health should subscribe to such publications as *Advertising Age* and *The Journal of Advertising Research*, as well as to such tobacco trade publications as *The Tobacco Reporter*, *Tobacco International*, and *The US Tobacco and Candy Journal*. The context of the ivory tower health care environment must be scandalized by a more direct and scientific analysis of the way in which the tobacco industry goes about its business. Indeed, there seem to be two separate vocabularies: the world of sinful and daring smoking, and the safe, boring, expected world of health. One can only come away from reading tobacco industry publications with a realization that if one's job depends on selling a product, even one so life-destroying as tobacco, there are powerful incentives to keep promoting and selling that product. No such threat exists for health professionals. No one in this country will lose his or her job if there is no decline in cigarette smoking. In con-

trast, the failure to resolve an epidemic of an infectious disease will almost invariably lead to a shake-up in personnel.

An understanding of the target market, the competitor (so to speak), the language, the way in which health professionals are perceived, and even the creation of engaging messages, cannot offset the fact that the major factor in health education as well as commercial education is the *frequency* and ubiquity with which the image-based message is given.

## Sending a Message

Many other prohealth organizations, taking the lead from several DOC chapters and others, have begun returning magazine subscription solicitation cards with personal comments regarding their feelings about tobacco advertising. Each card costs the publisher upwards of 20-50¢ for postage and handling. One group is soliciting the cards from medical students, stamping an appropriate message and then mailing the cards.

In February DOC received a call from an individual in Washington who refused to identify his affiliation. This individual wanted to remind DOC that it was illegal to post stickers such as "Virginia Slimes make you Out of Order" on subway ads and cigarette vending machines. Apparently some stickers similar to DOC's notebook stickers for kids have been used other than for their intended purpose. Please make sure all DOC materials are used responsibly.

DOC has also heard that some persons are putting paper clips, folded paper or quarters covered with super glue into cigarette vending machines. Anyone who is tempted to perpetrate such an act should understand that this can render the machine totally inoperable and often unreparable.

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FDA Ruling (cont. from pg. 1)

Society of New Jersey.

New Jersey's Department of Health has regulations paralleling the FDA's when the FDA is unwilling or unable to act. The regulations were put in place during the controversy over laetrile, since there was no mechanism for regulating a drug manufactured for use exclusively within the state. The FAVOR problem seemed like another instance where state action could have a beneficial effect, in this case by forcing a Federal response.

After conducting its own review, the New Jersey Department of Health concluded that the product was a drug and was misbranded and that it would not permit the product to be marketed in New Jersey. The Medical Society decided that it would actively oppose the introduction of any alternative nicotine-containing product which did not have the approval of the FDA or the Department of Health. It notified the FDA of its position, setting the stage for a fight if the manufacturer sought to market FAVOR in New Jersey.

On February 9, just over seven months from my first letter and a month after the Medical Society's letter, the FDA issued its decision. It concluded that nicotine is a drug of dependence. Manufacturers of non-tobacco products containing nicotine must present data to the FDA to answer questions of safety and efficacy prior to marketing.

This ruling is an important precedent for a more realistic assessment of nicotine. Genuine progress can sometimes be made with only modest effort.

There are several important clinical and public health questions about nicotine, especially about the gum, which have not been answered. A post-marketing surveillance system for nicotine gum should be established to look at abuse of the gum and at the question of whether gum use reduces the likelihood of continued attempts at abstinence among those who try the gum and fail.

(POST SCRIPT: In April, Advanced Tobacco Products and AB Leo, the Swedish Pharmaceutical manufacturer and maker of Nicorette [the nicotine-laced chewing gum marketed as an aid to smoking cessation], announced the signing of an agreement that may result in the re-introduction of a product similar to FAVOR.)

## DOC Archive

The DOC Tobacco Archive which is believed to be the largest private collection of tobacco related material in the United States, is in the process of being opened for use by researchers in medicine, public health, nursing, dentistry, allied health professions, history, political science, psychology, ethics, business, journalism, marketing, advertising, and popular culture. The archive is in the process of seeking staff, grant support and other funding. If you would like more information or wish to add to the collection, please contact:

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