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Editor

Minorities and Cancer

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Introduction

Every aspect of American society has been affected by racial discrimination and segregation. Cancer has been no exception. The social, medical, and economic impact of cancer on minority populations in the United States constitutes a major health crisis. Drug abuse was primarily an inner-city concern until the problem migrated to suburbia and only then did it become a national priority. Conversely, cancer programs have previously been addressed mostly to suburban America. Fortunately, the impact of cancer on our inner-city minority populations is now becoming a primary concern.

The first Biennial Conference on Cancer in Minority Populations, skillfully conceived and coordinated by Dr. Lovell Jones of The University of Texas M. D. Anderson Cancer Center, has resulted in this publication. It alerts the nation to this crisis and offers seminal corrective measures. Such an edition reviewing cancer among Blacks, Hispanics, Asian and Native Americans is long overdue and is a useful addition to our libraries. These proceedings include recent clinical and research advancements in cancer control, education, minority participation in National Cancer Institute trials, and site-specific cancers. The special considerations and ethnic variations among this subset are revealing as are the nursing problems and lack of prevention programs. The primary care physician and researcher will find practical and visionary information as well as comprehensive ideas for cancer prevention and detection.

This volume offers carefully drafted challenges for the minority academic health centers, National Cancer Institute, and the American Cancer Society. These data confirm again that socioeconomic status is an important factor in cancer diagnosis and treatment, thereby affecting the results in our minority population.

Claude Organ, Jr.

13. The Targeting of Minority Groups by the Tobacco Industry

Alan Blum

For health professionals, especially those who work in governmental, academic, or voluntary health agency settings, this discussion may be hazardous to their preconceptions about the smoking pandemic and how to end it. Although there is hardly anyone over the age of two who hasn't heard that smoking is hazardous to health, the facts remain that a significant decline in smoking among minority groups has not occurred and that consumption may actually be rising among such immigrant groups as the Vietnamese, Haitians, and Hispanics.

I will focus on Black and Hispanic tobacco users and will propose guidelines for counteracting the influence of the purveyors of tobacco products. The objective of this discussion is to challenge health care professionals to reexamine their preconceptions and their very vocabulary in order to begin looking at the tobacco problem as much in terms of marketing the message of not buying cigarettes as in terms of the health behavior of not smoking. Such a view may lead to a better understanding of why tobacco advertising has been so much more successful than has health education and why, in most instances, the tobacco companies could be considered our leading health educators.

Antismoking Literature Lacking

In 1983 and 1984, during my preparation of the two issues of the *New York State Journal of Medicine* (1983, 1985) devoted to the world cigarette smoking pandemic, there was little in the medical literature on minorities and smoking. One of the few available documents was a brochure from the American Cancer Society (ACS) (1981) entitled *Smoking and Genocide*. Considering the disproportionate toll that smoking-related diseases take in minority communities, it was encouraging to find one group that felt it necessary to challenge conventional health vocabulary. Unfortunately, the issue did not take hold among black leaders or civic organizations, some of which receive financial support from the tobacco industry. Moreover, although the ACS assigned an employee to work full time on cancer prevention in Blacks, the word genocide was removed from subsequent

editions of the ACS brochure out of fear of offending potential contributors (personal communication, Dan Hoskins 1987).

Similarly, while perhaps 50,000 physicians may have seen the two smoking pandemic issues of the *New York State Journal of Medicine*, which included an incisive review article by Cooper and Simmons (1985) on smoking among Black Americans, it is unlikely that more than a small part of the contents reached the general public. Although *The New York Times* wrote about Cooper and Simmons' conclusions in its main news section, no newspaper or magazine directed to Blacks mentioned their article. Perhaps the most influential sources of health information in minority communities are such publications as *The National Enquirer*. In almost every issue of *The Enquirer* articles describe the prevention of cancer, often based on reports from the ACS, the National Cancer Institute, and medical research centers. The catch is that smoking is seldom singled out as the predominant cause of cancer in the United States, and cigarette advertising is often juxtaposed with articles on cancer. Virtually the only advertising in this 10 million circulation publication, apart from the prostate rejuvenators, horoscopes, and bust developers, is for cigarettes. Such an influence is felt not just in the tabloid press but also in such credible publications as *Time*, *Newsweek*, *US News & World Report*, *Sports Illustrated*, *Ms.*, *Ladies' Home Journal*, and *Family Circle*, all of which not only underplay the subject of tobacco-caused disease but also actively solicit cigarette advertising. Perhaps the greatest concentration of tobacco company advertising is in Black publications such as *Jet*, *Essence*, and *Ebony*, where as many as one in three color advertisements in some issues is for cigarettes. *Ebony*, which reaches more than a third of the adult Black population, has had an enormous influence on the Black community. Yet in its more than 40-year history, it has never published a major article on the leading cause of death among Black Americans: tobacco. Nor did *Ebony* editors express any interest in covering the historic conference on the Realities of Cancer in Minority Communities, the source of this book. One complaint concerned the conference's alleged emphasis on smoking, notwithstanding the fact that only a handful of presentations addressed this subject.

The Health Status of Minorities

The fact that cigarette smoking has become less fashionable among upper- and middle-income groups over the last decade may have lulled the public into believing that the United States is well on its way to reducing the enormous toll taken by smoking. Although overall cigarette consumption has declined slightly, by an average of 1% per year since 1980, the United States still has one of the highest smoking rates in the world—approximately 3,500 cigarettes per adult per year. An increasing percentage of these cigarettes is smoked by those with the lowest levels of income and education. And as the Task Force on Black and Minority Health of the Department of Health and Human Services pointed out in its report in 1985, there are substantial inequities in the health status of ethnic and

minority groups in the United States as compared with that of the White majority. The report noted that there are 58,000 excess deaths each year among Black Americans compared with the death rate for the White population. Although the task force called for more research on the disparity in health status between the White and non-White population, there is little doubt that the improvement in health among the educated and privileged has not been shared by those in minority and low-income groups.

Principal among the rising, preventable causes of death are cardiovascular disease and lung cancer (US Department of Health and Human Services 1985)—the two major consequences of smoking. Blacks and Hispanics have the highest rates of these diseases in our population, a fact that Cooper and Simmons (1985) allege is obscured by a tendency in medicine to focus attention on the rare but highly publicized diseases that are more common in Blacks than in others, such as sickle cell anemia. Yet fewer than 300 of the 58,000 excess deaths among Blacks each year are due to sickle cell anemia and related blood conditions—only a small fraction compared with the number of deaths attributable to smoking.

The results of a survey published in 1986 in the *American Journal of Preventive Medicine*, for which nearly 1,000 Chicago adults were interviewed, suggested that insofar as cardiovascular risk factors are concerned, the public has *not* heard it all before. Few respondents could identify all three of the major risk factors—high blood pressure, cigarette smoking, and high cholesterol. Given a list of nine risk factors and asked to choose three, only 11% of the Black respondents and 18% of the Hispanic respondents included cigarette smoking (Dolecek TA et al. 1986). Ethnographic research by Carol Hall of Georgia State University indicated that although most Blacks surveyed answered affirmatively when asked directly "Is smoking hazardous to your health?" only 2% of Black women identified smoking with low birth weight (personal communication, Loudell Snow, Michigan State University, 1987).

Advertising Downplays Risk

Smoking thus continues to go unrecognized by the public as far and away our leading health problem, largely because cigarettes are the most heavily advertised product in America. This advertising not only recruits new users but also buys the complacency of those who do not smoke. Although an enormous amount of behavioral and consumer research has been done on the Black population, very little of it is publicly available because much of it was sponsored by the tobacco and alcohol industries. And there is substantial evidence to suggest that these industries are aiming their advertising at very young consumers.

To approach smoking in a way that is commensurate with its worldwide importance as a cause of death and disease, one would do well to consider smoking as a parasitic disease. In this disease model one must study the life cycle of the parasite in order to understand how to interfere with its activities and to eradicate it. Smoking does not exist in a vacuum. Unlike AIDS or hypertension, it is the

only major risk factor that is both entirely preventable and actively promoted. In contrast to health officials who are charged with eradicating infectious diseases (or to tobacco company employees who are charged with selling more cigarettes), few if any health professionals have jobs that depend on there being a decline in tobacco consumption.

A crucial phase in American public health will be reached when the seven major tobacco companies in the U.S. are recognized as seven of its leading parasites: Philip Morris (makers of Marlboro, Virginia Slims, and Benson & Hedges); RJR-Nabisco (R. J. Reynolds Tobacco Company: Winston, Salem, More, and Camel); Loews (Newport and Kent); Brown and Williamson division of British-American Tobacco (Kool and Barclay); American Brands (also known as American Tobacco: Carlton, Lucky Strike, and Pall Mall); Liggett and Meyers (generics); and UST (United States Tobacco Company: Skoal Bandits spitting tobacco).

Phony Debates

Over the years, tobacco companies have created catch-phrases and artificial debates through their public relations arm, the Tobacco Institute, in an attempt to suggest that there is disagreement among scientists about the adverse health effects of smoking. As the evidence against smoking is well accepted, it stands to reason that the industry would direct a major part of its propaganda to the least educated and least sophisticated consumers. Without question, the news media's acceptance of the tobacco industry-coined phrase "smoking and health controversy" delayed public understanding of the fact that there are not two sides to this issue. In the late 1960s the campaign for another tobacco industry pipe dream, the low-tar or "safer" cigarette, led the National Cancer Institute to invest almost its entire budget on smoking—in excess of $40 million—in finding a "safe" way to smoke. One claim of safer smoking was ridiculed in a British Health Education Council campaign, which suggested that smoking a so-called safer cigarette was like jumping from the 36th floor of a skyscraper instead of the 39th.

Yet even today the American Cancer Society and other health organizations have not sufficiently ridiculed the notion that low-tar filtered cigarettes offer the slightest protection from disease. And the National Cancer Institute continues to conduct chemoprevention experiments in which beta carotene and other substances are given to so-called committed smokers as a potential means of preventing lung cancer.

By the mid-1970s, the tobacco industry had created the illusion of another great debate—between the smoking public and the "antismokers." In this most successful of tobacco industry efforts, those who oppose smoking are portrayed as misanthropic. The tobacco industry, by seeming to defend the very consumers that it is helping to kill, has avoided the sobriquet of "anti-health."

By the end of 1985, when even the conservative and antiregulatory American Medical Association had joined other health groups in calling for a total ban on

tobacco advertising and promotion, the tobacco industry had succeeded in creating the image of a debate between "neo-prohibitionists" and "First Amendment protectionists." In November 1985, Philip Morris hosted 93 publishers of Black newspapers at its corporate headquarters in New York for a forum on preserving freedoms in American life. (The company has never gathered White editors as a group for a similar meeting.) Early in 1986, these Black publishers voted to condemn the call for a ban on tobacco advertising.

The tobacco industry's advertising credo could well be "Ubiquity, Propinquity, Iniquity." If a lie is glorified day and night on billboards on every street corner, as is found in totalitarian societies, people begin to believe it. In many ethnic neighborhoods, virtually 80% to 90% of all advertising is for brands of tobacco and alcohol products (personal surveys and personal communication, Ed McMahon, Coalition for Scenic Beauty, Washington, DC, 1988). In Black communities especially, cigarette advertising is the single, common theme in a variety of retail outlets from food stores and supermarkets to beauty parlors and barber shops (as well as dry cleaners, laundromats, gas stations, and bars and grills). Mass transit systems, relied on more by lower-income commuters than by others, are an increasing showcase for such cigarette brands as True Gold and Richland.

As for propinquity, cigarette brand names are associated with popular events such as fashion shows, automobile races, and tennis tournaments. They are on the scoreboards of basketball, baseball, and football stadiums (22 of the 24 American major league baseball teams have either a Marlboro or Winston logo on their scoreboards (Blum 1985). Because of its low literacy rate, the Black community depends on television as its prime medium of communication and information (Marketing to Blacks May 18, 1981). Taking advantage of this, tobacco companies make an end run around the Public Health Cigarette Smoking Act of 1971 by getting their names on sporting event broadcasts through an extensive purchase of space at key camera angles. And although professional athletes had stopped appearing in cigarette advertisements, the United States Tobacco Company could still attract popular Black football players such as Earl Campbell and Lawrence Taylor well into the 1980s to promote the use of its Skoal Bandits spitting tobacco.

As for iniquity, the image of tobacco use must appear to be somewhat sinful. Otherwise, a person who smokes wouldn't have to shrug off warnings from family, preachers, health professionals, and others about the dangers of the "evil weed." Advertising of tobacco products, thus, perpetuates an anti-authoritarian mentality.

Advertisers' Goals

The purpose of tobacco advertising goes beyond just selling the product. Of course, such advertising maintains existing users. This is what the industry says it is doing – aiming its advertising at those who already smoke. But the industry's argument that the advertising is aimed only at getting people who already smoke

to switch brands is, of course, absurd. Only 10% of people who smoke switch brands in a given year (personal communication, Kenneth Warner, University of Michigan, 1987). That is fewer than five million people a year, yet $3 billion a year is spent on cigarette advertising—more than double the amount spent on the next leading advertised products in our society—pharmaceutical products and alcohol. The tobacco industry's most important goal in advertising, then, is to create social acceptability for smoking. Tobacco companies aim to buy the complacency of those of us—even health care professionals who turn past the cigarette advertising in our magazines and newspapers without a second thought—who may not quite believe the Surgeon General's claim that smoking is our No. 1 killer.

Because 1.5 million people quite smoking each year—one way or another—tobacco companies must recruit replacement smokers, and these 1.25 million new users come almost entirely from the 8- to 18-year-old age group (personal communication, John Pierce, Office of Smoking and Health. More than 90% of people who start to smoke do so before the age of 21, and more than half do so before the age of 16. Although the tobacco industry is quick to cite peer pressure and parental modeling as "proven" causes of childhood smoking, the industry does not acknowledge the influence of its advertising. Indeed, in congressional testimony, industry spokesmen have testified that if the advertisements were banned, people would no longer see the warnings on cigarette packages. However, the relative size and frequency of the brand name versus that of the warnings in advertisements suggest that cigarette advertising is an attempt to negate the health information. Thus many who would like to stop smoking are discouraged through advertising, and those who have stopped are likely to be tempted to start again.

The most insidious effect of tobacco company advertising—now including enormous television and radio buying power through subsidiary corporations in high-visibility consumer products such as food and beverages—has been the immunity from journalistic scrutiny it buys. Thus while newspapers and other media corporations may have begun to editorialize against smoking, no major American newspaper has supported a ban on cigarette advertising. This is in stark contrast to the situation in Canada, where between 1985 and 1987 (well before the passage of bill C-51 by Parliament, which prohibits cigarette advertising entirely), no fewer than 10 of the country's largest newspapers stopped accepting tobacco advertising, stating that they could no longer put profit above public health.

Ironically, money-saving offers are perhaps the major appeal that the tobacco industry is making to the people with the lowest disposable income. There has been a dramatic increase in the number of rebate coupons in magazines and newspapers, good for up to a 40% discount on cartons of cigarettes. The free distribution of sample packs also is especially common in inner-city communities. The fact that a pack-a-day smoker spends more than $7,000 in 10 years on cigarettes is not highlighted in the advertising.

Fighting Back

Efforts to counteract the industry's propaganda have been largely unsuccessful. Unfortunately, the warning labels and brochures that health care authorities have relied on to communicate smoking risks refer to seemingly abstract things such as lung cancer that smokers may experience 10, 20, or 30 years down the line. Instead, the antismoking focus should be on looks, sex, and money—things that may matter more to people. And rather than continuing to rely on pamphlets, posters, preaching, and 3 a.m. public service announcements, health care professionals must figure out ways to compete with the cigarette pushers. To look more closely at the targeting of ethnic markets, one must turn to advertising and marketing publications such as *Advertising Age* and *Ad Week* as well as, of course, to Black-directed publications, including local newspapers. One must walk through Black neighborhoods and repeatedly visit retail establishments. After bemoaning their lack of financial resources to compete with the tobacco industry, public health professionals, and government and voluntary health care agencies simply have not done their homework and remain mired in an unimaginative vocabulary describing health behaviors. These health care forces have not even made use of the simplest of marketing tools, such as a calendar, a map, and lists of popular events and places.

In contrast, the tobacco industry has been especially adept at exploiting racial identity in defining a profitable market among ethnic minorities. R. J. Reynolds sponsors Hispanic street fairs in Los Angeles, and Brown and Williamson foots the bill for numerous Spanish and jazz musicals in Miami and in Hispanic communities elsewhere. Brown and Williamson presents annual "Kool Achiever" awards (named for Kool cigarettes) to people who want to improve the "quality of life in inner-city communities." The tobacco company has even enlisted the National Urban League, the National Newspaper Publishers Association, and the NAACP in the nominating process. During "Black History Month" (February), R. J. Reynolds has featured discount coupons in Black magazines for various brands of cigarettes, complete with pictures of famous Black scientists such as George Washington Carver.

By creating awards for almost any occasion, the tobacco industry maintains a presence in the Black press that extends into the news and sports columns and even the nutrition pages. Although such tactics may follow the pattern of strategies used in the white press, about the best that can be said for such an argument is that it is equal-opportunity exploitation. Black magazines are an especially powerful focus of attention for tobacco companies, and even relatively small-circulation weekly Black newspapers contain cigarette advertising. (Upper, income suburban newspapers seldom receive tobacco advertising money.) The leading advertiser in *Ebony*, *Jet*, and *Essence*—which reach 47% of the Black women and 38% of the Black men in America—is the tobacco industry (Marketing to Blacks, May 18, 1981). *Essence*, which positions itself as a Black lifestyles magazine and frequently highlights health topics on the front cover, regu-

larly runs cigarette advertisements on the back cover. Not a single article on smoking, much less on cigarette advertising, has ever appeared in *Essence*.

Publishers who accept tobacco advertising are not reluctant, disinterested, or passive recipients of revenue from advertising that is intended to promote the use of a harmful but legal product in a free society. To the contrary, like their White counterparts at *Time* and *Newsweek*, Black publishers aggressively court tobacco advertisers by emphasizing their credibility and their reach in the community they purport to serve. Johnson Publications, publisher of *Ebony* and *Jet*, adds another insidious twist by permitting itself to be the apparent sponsor of a national traveling fashion fair that is in large part paid for by R. J. Reynolds to promote its More brand of cigarettes. Similarly, Philip Morris, without identifying itself as a cigarette manufacturer, has sponsored cultural events such as the Alvin Ailey American Dance Theatre, jazz concerts, and a photographic display of the late Dr. Martin Luther King. At the same time that Philip Morris is sponsoring an upscale exhibition of Black artists at the Whitney Museum, it is plastering Black neighborhoods with hundreds of larger-than-life billboards for Virginia Slims, Benson & Hedges, and Marlboro Lights Menthol cigarettes.

Even a single paid counteradvertising billboard in each minority neighborhood could begin to turn the picture around by galvanizing attention to the pervasiveness of tobacco industry propaganda. According to the Eight-Sheet Outdoor Advertising Association (the trade organization for 5′ × 11′ billboards), fully 50% of all eight-sheet advertising in the United States is for cigarettes (Eight-Sheet Outdoor Advertising Association 1986). In many Black and Hispanic areas, this figure may reach as high as 90%. "Outdoor advertising reaches ethnic groups better than any other medium aimed at ethnic groups" reads the headline from a promotion by the Gannett Corporation (publisher of *USA Today* and 83 other newspapers) in *Advertising Age*. Until these eyesores are banned outright, this simple, cost-effective advertising medium must be a fixture of every health promotion campaign.

Tackling just four of the top 10 Hispanic markets—Los Angeles, New York, Miami, and San Antonio—could reach nearly 70% of the Hispanic population in this country. The Hispanic population is a very important growth segment for the tobacco companies. It encompasses in excess of 15 million people and is the fastest growing minority group in the country. Hispanics' buying power is an extraordinary $45 billion a year, and Hispanics are a young population. In New York and Los Angeles, 40% of the Hispanic population is under 18, and 70% is under 35. Puerto Ricans, Mexican Americans, and Cuban Americans largely compose the Hispanic market. Tobacco advertisers have learned to appeal to each segment well. In Puerto Rico, R. J. Reynolds' Winston brand sponsors numerous cultural activities using local ethnic themes. Philip Morris' Marlboro is the sole national advertiser in a number of Hispanic publications in the United States, such as *La Informacion* in Houston. Marlboro, R. J. Reynolds' Winston and Salem, and Loews' Newport brands are perhaps the most prevalent brand-name products advertised on billboards in Spanish communities and in mom-and-pop grocery stores.

Recommendations

What, then, are the measures that might be taken in planning strategies for preventing and ending the use of tobacco in minority communities? First and foremost, there must be additional research, only a small part of which should be directed toward studying health habits, smoking-related disease incidence, and attitudes toward smoking. Health advocates must take the lead from tobacco companies and other purveyors of unhealthful products who have sought to overcome the burden of scientific research concerning smoking and other harmful habits. Health professionals need to conduct far more *consumer* research, including face-to-face surveys and in-store observations of buying behavior in lieu of telephone surveys of health behaviors. Even before this step, health professionals must learn more about the basic history and customs of minority communities and must be sensitive both to ethnic characteristics and to the aspirations of minority groups. It is imperative to recognize that minority communities are no more homogenous than is the rest of American society. In this light, one can learn a great deal by studying the techniques of the tobacco industry, which are in sharp contrast to those of health agencies.

The steps toward ending the cigarette smoking pandemic are not unidimensional; rather they are multifocal and require concomitant strategies. Paid counteradvertising ridiculing specific tobacco brand names and advertising images is the single most important force that will result in a declining consumption. An excise tax dedicated solely to the purpose of counteradvertising space would be ideal, but the investment must be made even without such tax support. A ban on tobacco advertising is another ideal, but without paid counteradvertising it might be an illusive initial step.

The passage of clean indoor legislation has been the single major advance in this country in terms of reducing cigarette consumption, thanks to the efforts of activist nonsmokers' rights groups. Unfortunately, Black and Hispanic membership in these organizations is small, and the success of tobacco companies in winning over minority group lawmakers has been a major disgrace. As incredible as it may seem, Black and Hispanic legislators have fallen for the tobacco industry line that efforts to restrict smoking in public places are designed to bring back racial segregation.

There is a great need for a no-holds-barred revocabularization, that is, a new set of terms, images, and other symbols with which to communicate to the public about tobacco products and the manufacturers—child molesters, if you will—who promote them. Such counteradvertising has the potential to discourage the next generation from ever buying a pack cigarettes or a tin of tobacco.

To this end, school-based programs must be made more engaging—and enraging—based on an equal emphasis on the "three Ps": peer pressure, parental modeling, and propaganda. Curriculum designers might well employ a simple formula of fear, humor, and anger. Too few educational programs in or out of the classroom go beyond scare tactics and cognitive objectives about the dangers of smoking. By analyzing and satirizing the promotional techniques of tobacco

companies and their media allies, students can delight in turning the tables on Madison Avenue. In studying the long arm of the tobacco industry around the world and making the connection between tobacco advertising and the deaths of family members and friends from tobacco-related diseases, students may learn to redirect their anger away from teachers, parents, and health professionals onto the authority figures in our society who attempt to promote unhealthful products to children.

Because the onus for ridding society of tobacco and its promotion should not rest solely on parents, teachers, and health care officials, reinforcement strategies must be created in health care settings, religious and civic organizations, cultural and sports arenas, and the mass media. Health care authorities and legal scholars have an ideal opportunity to combine forces in litigation by suing those who make and promote irredeemably harmful tobacco products. This includes seeking redress on behalf of those killed or injured in fires caused by cigarettes, which are designed to keep burning even when unattended.

Regrettably, existing regional, national, and international coalitions to carry out a multilevel strategy to end the tobacco pandemic are few. However, as the consumption of cigarettes very slowly declines in the United States, American companies are dramatically expanding their markets in Asia, Africa, and Central and South America. Thus, although much emphasis has been placed on complaining about the absurdity of government price supports for tobacco, little clamor has been raised to end foreign trade in tobacco products. Similarly, a disproportionate allocation of resources and personnel for smoking cessation programs for adults may have come at the expense of a concerted mass media primary prevention effort designed for young people.

The age-old problems caused by tobacco in American society are dramatically worse in minority communities. All responsible citizens, health organizations, and corporations must put their money where their mouths are to end the tobacco pandemic and laugh the pushers out of town.

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