

REFLECTIONS ON 50 YEARS AS AN ANTI-SMOKING ACTIVIST

The Danger of the Single Narrative

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CHALLENGES

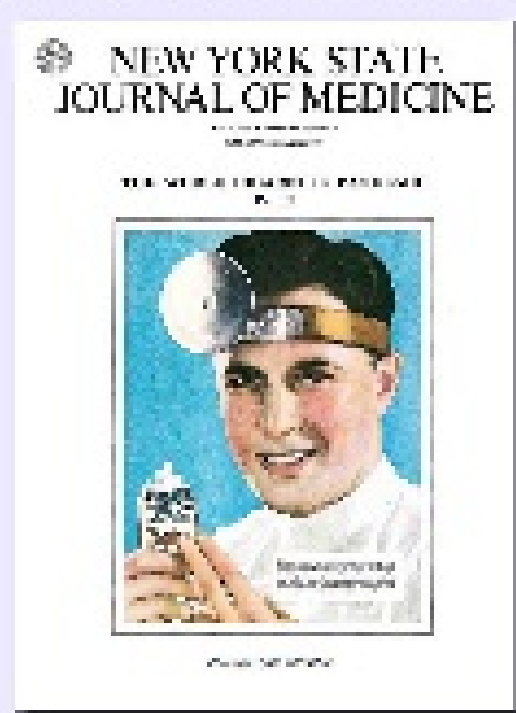
Since writing his first article on the landmark Surgeon General's Report on Smoking and Health in 1964 as a high school newspaper editor, Dr. Alan Blum has presented over 2,000 invited lectures on tobacco in all 50 U.S. states and 18 other countries, including 45 presentations at 11 world conferences. In 1977, he founded the first physicians' anti-smoking activist organization: DOC (Doctors Ought to Care), which pioneered in purchasing counter-advertising space in the mass media that ridiculed tobacco companies and cigarette brands. In the 1980s, as editor of the *New York State Journal of Medicine* and the *Medical Journal of Australia*, he produced the first three theme issues on the world tobacco pandemic of any journal.

SHAMING MEDICAL ASSOCIATIONS INTO FIGHTING SMOKING

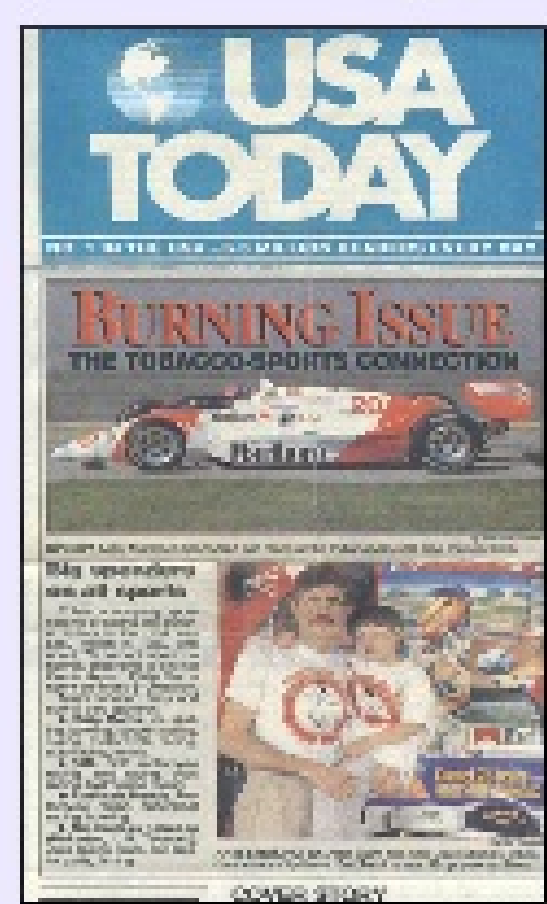


In the 1940s and 1950s, as epidemiologic studies implicated smoking as a leading cause of lung cancer, cigarette companies continued to promote their brands at the annual American Medical Association (AMA) convention and other physicians' meetings. Until 1954 the AMA also accepted cigarette advertisements in its weekly journal JAMA. Between 1964 and 1978, the AMA received \$18 million from six tobacco companies to collaborate on research ostensibly aimed at identifying and removing any harmful components of tobacco smoke. Even after ending its overt ties to the tobacco industry, the AMA did not campaign against smoking. In 1981 the author and DOC led a successful effort to shame the AMA into divesting more than \$1.4 million in shares of Philip Morris and RJ Reynolds tobacco companies in its members' retirement fund. The AMA began standing up to Big Tobacco in the mid-1980s. But its decades-long silence on smoking and its unholy alliance with the tobacco industry overshadows its modest recent efforts to end the tobacco pandemic.

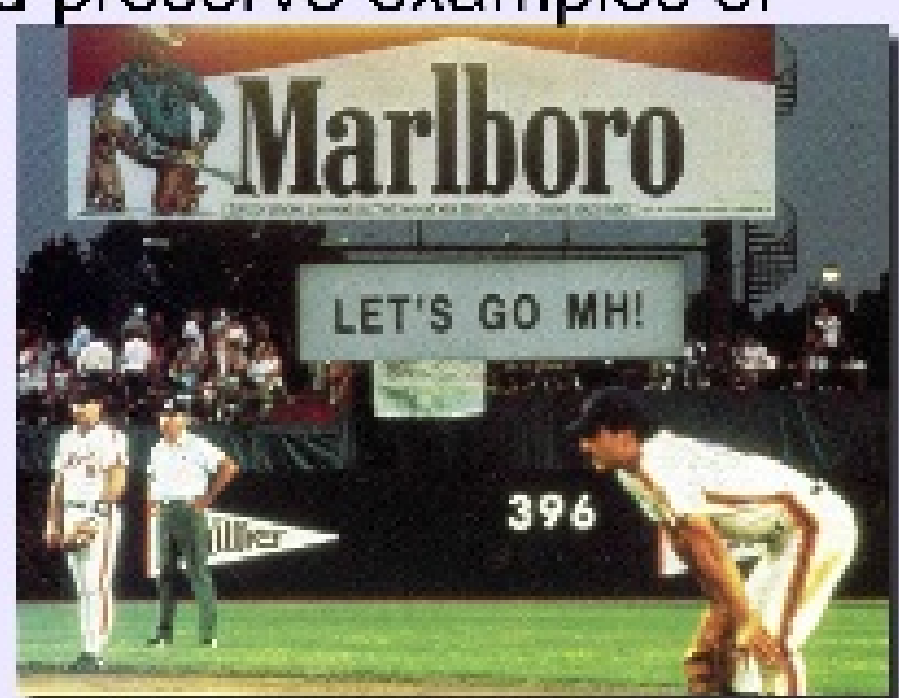
Figures: Covers of the two theme issues of the *New York State Journal of Medicine* on the world smoking pandemic, Dec. 1983 and July 1985



HELPING TO END TOBACCO SPONSORSHIP OF SPORTS



Despite legislative and regulatory efforts in Europe and the U.S. to ban tobacco advertising on TV and end tobacco company sponsorship of sports in order to limit the impact of cigarette marketing on young people, sports sponsorship enabled cigarette brand names to remain ubiquitous on TV until the beginning of the 21st century. In a single 90-minute televised auto race, Dr. Blum documented more than 5,000 visual and verbal mentions of Marlboro. Even in countries with restrictive policies against tobacco advertising and sponsorship, such as Australia, exemptions were given to permit these lucrative races to take place. The rise of satellite TV and the internet enabled tobacco companies to take advantage of greater opportunities to reach impressionable young viewers. Inspired as a boy in the 1950s by his physician father to monitor and preserve examples of such sports sponsorship, the author traced for five decades the evolution of more than 30 tobacco-sponsored sports on television. In the 1990s, he compiled a comprehensive "Global TV Guide to Tobacco-Sponsored Sport" for several World Conferences on Tobacco or Health.



MORE SYMBOL THAN SUBSTANCE

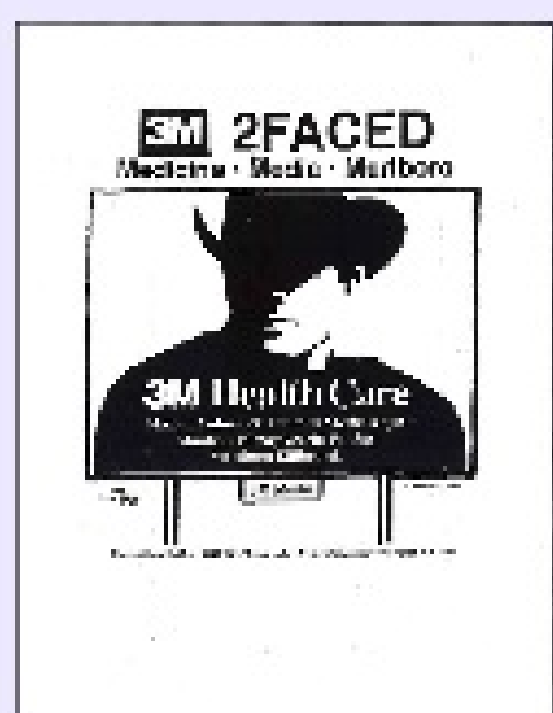
While cigarette smoking in the U.S. has been cut by more than half over the last 50 years to under 20%, the unfortunate reality is that 36.5 million Americans, most in the 18- to 34-year-old age group, still smoke, and the rate of decline in smoking is slowing down. In the crucial years following the Surgeon General's Report, progress in reducing demand for cigarettes was thwarted because of the tobacco industry's political power and its lucrative payoffs to the forces that shape public health policies. Since Congress, the mass media, organized medicine, and academia have all been chronic recipients of these payoffs, they were reluctant to bite the hand that fed them. Meanwhile, the public health community has gone from one failed public relations crusade to another, putting its faith in mirages such as safer cigarettes, a cash settlement with the tobacco industry, and a misguided federal law—the Family Smoking Prevention and Tobacco Control Act—that was supposed to give the U.S. Food and Drug Administration (FDA) the power to regulate tobacco products. However, the FDA has done nothing substantive to reduce cigarette smoking.



Public health researchers are learning more and more about less and less. Proof that cigarette smoking causes lung cancer, heart disease, and emphysema has existed for over 50 years, yet funding for public health is still primarily directed to research instead of mass media campaigns. By virtue of the recent \$280 million in research grants awarded by the FDA to create 14 "centers of excellence in tobacco regulatory science," the government bureaucracy is more devoted to perpetuating tobacco control research institutes than in taking the necessary remedial action to vanquish smoking that Surgeon General Dr. Luther Terry urged in 1964. Grassroots activist groups like GASP, ASH, and DOC, which laid the foundation for tobacco control in the 1960s-1990s, have all but disappeared, replaced by well-paid tobacco control bureaucrats, who equate policy papers with progress and studies with success. As a result, tobacco control has become less about fighting tobacco than about fighting over grants to write papers about fighting tobacco. Progress in reducing the prevalence of smoking is undeniable, but current efforts have become more symbol than substance.



CAUTIONING ON THE PHARMACEUTICAL INDUSTRY AGENDA



In 1993, Dr. Blum and DOC executive director Eric Solberg released a report highlighting the hypocrisy of pharmaceutical and other health-related companies that were allies of the tobacco industry:

- **CIBA-Geigy** manufactured a nicotine patch (Habitrol) for smoking cessation and was a major supplier of pesticides used in growing tobacco. The patent holder for the nicotine patch, the Swedish conglomerate Procordia, was also the parent company of Pinkerton Tobacco, maker of Red Man, the best-selling brand of chewing tobacco.
- **3M** manufactures stethoscopes, pulmonary medications, and surgical supplies. 3M also helped promote cigarettes through its top-ranked billboard subsidiary, National Outdoor, until pressured by DOC and the Interfaith Center for Corporate Responsibility (ICCR) to cease accepting cigarette ads.
- **Kimberly-Clark** makes surgical masks and hospital supplies and was the leading manufacturer of cigarette paper until it divested this division under pressure from DOC and ICCR.
- **Kodak** manufactured diagnostic medical equipment, such as mammography, and also made cigarette filters and machines to check the uniformity of cigarette packaging.
- **Pfizer** produces the smoking cessation drug Chantix, but was a top manufacturer of cigarette flavorings in the 1980s and a sponsor of Winston Cup auto racing in the 2000s.
- **Siemens** is a leading manufacturer of medical equipment and a purveyor of electronic medical records systems. It also produces state-of-the-art cigarette-making machinery.

BOYCOTTING DRUGSTORES THAT SELL CIGARETTES



Pharmacies are the last place in which cigarettes should be sold. Yet the U.S. remains one of the few nations where tobacco products are still displayed alongside medications. In a 1985 article entitled "Pharmacists who dispense cigarettes," Dr. Blum

and DOC chairman Dr. Rick Richards exposed the collaboration between cigarette manufacturers and drug store chains to reinforce the role of the retail pharmacist as tobacconist. 13,500 US pharmacies still sell cigarettes, a number that has actually risen in the past 20 years as tobacco-free independent drugstores were bought out by chains such as Walgreens, RITE-AID, and Walmart. These chain drug stores employ physicians and nurses to staff urgent care clinics that exist alongside displays of tobacco products. Neither health insurers nor pharmaceutical manufacturers have discouraged the sale of tobacco products in pharmacies. Health charities, such as the American Heart Association and the American Cancer Society, continue to co-sponsor promotional events with the chain drug stores.

RIDDING THE ARTS OF ILL-GOTTEN GAINS

Corporate sponsorship of ballet and opera companies, music festivals, and art exhibitions at prominent museums was pioneered in the 1950s by Philip Morris, maker of the top-selling cigarette Marlboro, as a means of counteracting the increasingly negative health image of smoking. The underwriting of cultural activities was so successful in enhancing the reputation of Philip Morris among opinion leaders in the arts, business, and politics that the company adopted the slogan, "It takes art to make a company great." As a result, Philip Morris forged close ties with such major institutions as the Metropolitan Museum of Art and Lincoln Center for the Performing Arts. Only a handful of artists and performers refused to participate in tobacco-sponsored exhibitions and events. Attending and documenting more than 100 tobacco-sponsored arts events, Dr. Blum compiled a comprehensive database detailing the relationship between cigarette makers and arts organizations. He organized "house calls" by DOC at Philip Morris-sponsored performances of the Houston Grand Opera and exhibitions at the Metropolitan Museum of Art and the Houston Museum of Fine Arts. In 1988, he and artist Doug Minkler created a satirical campaign, "Artists as Ashtrays," aimed at cultural groups and opinion leaders and featuring the slogan, "It takes art to make complacency great."



RECOMMENDATIONS

The single narrative of tobacco control, wherein research-based policy leads to legislation and regulation, contrasts with the grassroots activist approach that laid the foundation for today's generation of tobacco control professionals. Such activism needs to be studied and revived.