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Table of Contents, page 279

## THE WORLD CIGARETTE PANDEMIC

### Part II



**Don't** remove the moisture-proof wrapping from your package of Camels after you open it. The Humidor Pack is protection against dust and germs. In offices and homes, even in the dry atmosphere of artificial heat, the Humidor Pack delivers fresh Camels and keeps them right until the last one has been smoked.

PRIMUM NON NOCERE?



# Smoking and the military

GREGORY H. BLAKE, MD

Many significant medical advances can be attributed to the efforts of military medical personnel. The Continental Army was the first entire army to be immunized against contagious disease. Military physicians demonstrated that mosquitos were carriers of yellow fever, and developed anhydrous chlorine to purify drinking water. More recently, military physicians developed a polysaccharide vaccine against group C meningococcus.

With an impressive history of research and development in preventive medicine, the American military should be a leader in the area of improved health care and fitness. Recent efforts have been made to enhance the health and well-being of American military personnel, attesting to the strong commitment of the armed forces to improve health care. A program has been instituted that requires service personnel 25 years of age or older with risk factors for cardiovascular disease to participate in patient education programs. "Happy Hours" have been abolished at military clubs, and breath alcohol analyzers have been installed in an effort to curb alcohol consumption and alcohol-related accidents and injuries. Structured physical exercise programs and weight guidelines have been established. These programs all point to a commitment to preventive medicine by the military, but there is much more to be done.

One area in which the military could have a profound impact on the general wellness of its personnel is that of cigarette smoking. Unfortunately, many health care providers and the population in general still believe that chronic obstructive pulmonary disease and lung cancer are the sole adverse effects of cigarette smoking, and that morbidity and mortality occur only over many years.

During the past decade, considerable evidence has come to light to alter this thesis. Small airway dysfunction has been reported in male smokers aged 18 to 25 years.<sup>1</sup> Pulmonary function tests have shown a decreased forced expiratory volume in one second, and maximal expiratory flow rates at 50% and 25% of vital capacity in smokers aged 15 to 24 years.<sup>2</sup> Smoking causes inhibition of the cleansing ciliary motion in the lungs and depression of immune response, which result in increased risk of respiratory infection.

Research in the military population supports these findings. In a study of 3,049 white male naval recruits aged 18 to 29 years, peak expiratory flow rates were higher in nonsmokers than in smokers.<sup>3</sup> Preliminary unpublished studies (Blake GH, Stanley WG, Shy C) of recruits undergo-

ing basic combat training suggest a statistically significant relationship between smoking and upper respiratory infection. Further, the results showed that more convalescent time for respiratory ailments was required by smokers than by nonsmokers. This study involved 887 basic combat training graduates with an average age of 21 years, 50.1% of whom smoked cigarettes. Of the smokers in the group, 76% began smoking before age 16. In another unpublished study of recruits admitted to an acute respiratory disease ward, 72% said they smoked at least a



LIFE 1919

half a pack of cigarettes per day; bronchitis and lower respiratory tract infection were diagnosed three times more often in smokers than in nonsmokers.<sup>4</sup>

These findings have widespread implications for military training programs and combat readiness, as well as for the general health and well-being of military personnel.

The smoking problem is magnified by the prevailing attitude in the military toward tobacco. Tobacco products are prominently displayed in military commissaries; ciga-

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The opinions or assertions contained herein are the private views of the author and are not to be considered as reflecting the views of the Department of the Army or the Department of Defense.



rettes sell for 26% to 42% less than in civilian stores, so there is scant financial incentive to stop smoking or curtail usage.<sup>5</sup> Service personnel may even have a more difficult time not smoking than civilians, because smoking is built in to many aspects of military life. Smokers may be allowed extra breaks from work assignments, while the non-smoker continues working. Smoking habits are reinforced by the number of enlisted personnel who smoke and supervise training and work details. Role models play an important part in military life. Enlisted personnel and officers frequently emulate superiors they admire. If a respected superior smokes, the aspiring serviceman or service-woman will likely continue to smoke, or even begin smoking.

The link between the tobacco industry and the military is old and enduring. Cigarettes have been a part of the K-rations and C-rations provided to soldiers and sailors. Campaigns led by the tobacco industry sought to send cigarettes as morale boosters to the troops fighting overseas in both world wars.

During World War II, cigarette advertisements praising America's servicemen and servicewomen were heard daily on the leading radio programs and appeared in most periodicals. Today there continues to be an attempt by the tobacco industry to link patriotism, toughness, and military service with smoking. *Army Times*, *Air Force Times*, and *Navy Times*—privately owned publications which report topics of interest to military personnel—publish numerous cigarette advertisements and have seldom addressed the subject of smoking. The Park Avenue Tobacco Company has announced plans to market a "1776" brand cigarette, advertising for which is targeted to military personnel.<sup>6</sup> The pack features an embossed American flag.

Because peer pressure in a military setting influences the initiation and perpetuation of tobacco use, it is imperative that the military's attitude toward smoking be changed. The "macho" image of the hard-charging, hard-drinking, cigarette-smoking soldier should be changed to one of the hard-charging, physically fit, non-smoking soldier. This can be accomplished in several ways.

First, smoking cessation techniques can be implement-

ed in basic combat training while soldiers are being acclimated to military service. Second, health promotion topics, including the hazards of tobacco use, should be presented regularly to officers and enlisted personnel participating in formal military education classes. Third, military hospitals should enforce smoking regulations and sponsor smoking cessation classes for military personnel and their dependents. Similar recommendations were made in an editorial in *Military Medicine* in 1977.<sup>4</sup>

The message is being heard. In June 1983 a conference on health promotion convened by the Department of Defense addressed the challenge of reducing smoking in the military. Among other proposals, the conferees called for an increase in the cost of cigarettes sold in every commissary and the removal of all cigarette vending machines from military bases. Assistant Defense Secretary for Health Affairs William E. Mayer, an outspoken opponent of cigarette smoking, should be encouraged and supported in his efforts to implement stronger measures.

Lastly, the military should modify its current health care manpower allocation system. At present, the greater the number of patient contacts related to illness per department, the greater the allocation of resources to that department. No credit is given for preventive medicine activities. By providing increased resources for those departments that stress preventive medicine, the military medical care establishment can begin to shift its focus from morbidity to wellness and the promotion of healthy lifestyles among American military personnel.

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Post-war cigarette advertisements by RJ Reynolds in the *New York State Journal of Medicine* in 1945 praised "doctors of medicine and morale." (See also *NY State J Med* 1983; 83:1347-1352.)



