

How to Fend Off the Lure of Cigaret Smoking

By ALAN BLUM

On March 1, sultry, six-foot Wilhelmina Cooper, the most photographed fashion model in the world in the 1960s, died less than a month after she was found to have inoperable lung cancer. She was 40. And she smoked two to three packs of cigarettes a day.

Most newspaper obituaries about Wilhelmina omitted mention of the cause of her death. The Washington Post even ran a picture of the beautiful woman posed with a cigarette.

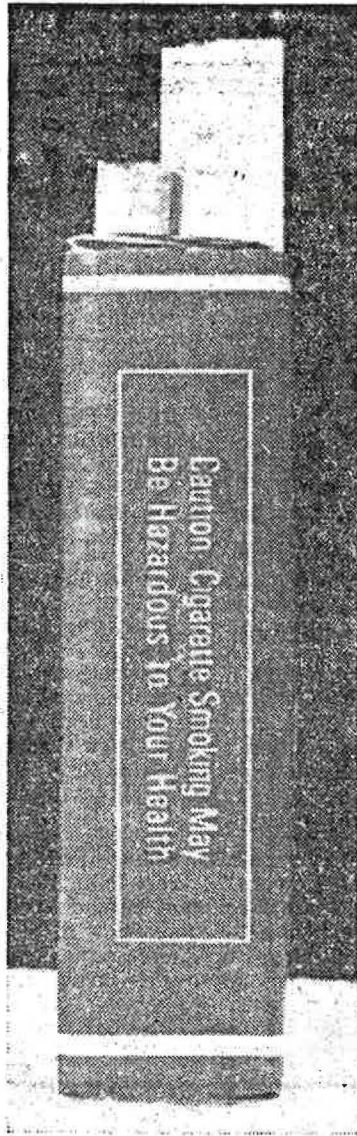
It isn't easy for Americans to admit that the freedom, sophistication and independence the cigarette makers promise young people who take up cigarette smoking is really a slavery to an addiction — and often, as with the glamorous Wilhelmina, death at an early age. Cigarette smoking, says Dr. William Pollin, director of the National Institute of Drug Abuse, is the nation's most serious form of drug dependence.

BUT THE barrage of effective promotional efforts for the unlimited purchase of cigarettes overwhelms any disincentives. There are, however, measures (which I cite below) that may encourage the smoker to stop lighting up and may discourage the young nonsmoker from taking up smoking.

According to the Center for Disease Control, cigarette smoking is the No. 1 preventable risk factor for death and disability in the United States. And unlike almost all other major risk factors for disease, it is actively encouraged in our society.

There is no one telling the public *not* to exercise, *not* to get tested for tuberculosis or gonorrhea, *not* to be vaccinated against polio or diphtheria, *not* to eat low-cholesterol foods, or *not* to get a blood-pressure check. Why should anyone? Industry profits nicely from the so-called fitness craze by selling \$50 sneakers and designer jogging suits, or by getting us to join "health clubs."

The public and industry should recognize that the annual cost of cigarette-related illness in the United States — a staggering \$40 billion —



is more than five times the amount all governments collect on cigarette sales taxes. Cigarette smoking results in 81 million excess days lost from the work force and 145 million days of bed disability. Some employers are realizing this and taking appropriate action.

THE ALEXANDRIA, Va., fire department no longer hires persons

who smoke cigarettes. The decision was made after the chief learned that of the 22 persons who had retired in a five-year period, 16 retired on the basis of cigarette-related disability, costing the city an additional \$300,000 annually in early retirement benefits.

A California computer firm has begun paying its employees who do not smoke an extra \$750 a year — the approximate cost in medical expenses and lost work days of each cigarette-smoking employee.

The insurance industry has long resisted giving discounts to nonsmokers. Dr. Alton Ochsner, a New Orleans physician and a pioneer spokesman for 40 years in the effort to curtail cigarette-related death and disability, is convinced that premiums are set according to the rates for smokers and therefore nonsmokers are penalized because they live longer and pay insurance premiums longer, boosting insurance profits. Dr. Ochsner says that the industry's own statistics show that the life expectancy of the heavy smoker is about 8½ years less than that of the nonsmoker.

BUT A FEW insurance companies are now giving preferential rates to nonsmokers. Last October, State Mutual Life Assurance Co. released an actuarial study involving more than 100,000 policyholders which showed that, at any age, smokers have at least twice the chance (and in some cases 15 times the chance) of dying as their nonsmoking counterparts. State Mutual has recognized the longer life expectancy of nonsmokers by offering a 30 per cent discount in premiums plus higher annual dividends. More recently, Occidental and Allstate have launched national advertising campaigns to promote their new nonsmoker discounts.

Meanwhile, Mutual of Omaha and other companies sell cancer insurance without mentioning a leading cause — smoking.

The pharmaceutical industry continues to abdicate its responsibility in curbing the health-related costs of smoking. Imagine what the pharmaceutical companies could do if

they were to sponsor a sizable prime-time effort to prevent the major cause of bad health. It's not hard to figure out why they haven't: the drug companies profit more from people who smoke.

IN DISPENSING greater amounts of drugs from aspirin to expensive chemotherapy, the phar-

reject all cigarette ads that use attractive role models or that imply that a certain brand is safer or healthier.

● Congress should step up its investigation of the use of long-burning and other hazardous chemicals in cigarette manufacture.

Because the government does not regulate the manufacture of cigarettes, the exact nature of their ingre-

size of the Marlboro man, who should be chopped down to no taller than three feet.

● The health charities should stop pouring most of their money into test-tube research and begin purchasing broadcast time and newspaper space to compete for the attention of children and teens, much as the cigarette companies do

The Miami Herald

Sunday, March 30, 1980

Viewpoint

maceutical industry reaps greater profits. Similarly, it's no coincidence that the most common advertisements on matchbook covers are for headache remedies and cold capsules. People who smoke get more headaches and more colds. They also buy more mouthwash, more cough medicine, more perfume, more cosmetics and more alcohol.

One drug company will spend more than \$5 million this year to promote a dandruff shampoo but not one penny to counteract cigarette smoking. Then again, according to the commercials, dandruff is probably of greater concern to most people than the early stages of cigarette-related heart or lung diseases — and certainly more visible. Another company, Minnesota Mining and Manufacturing (3M), which owns the National Outdoor Co., the nation's largest renter of cigarette billboards, also manufactures surgical masks and even a drug for patients who develop lung problems.

Here are some additional ideas that could make a difference:

● County governments should study and make public the cigarette-related health costs borne by the public.

● Newspapers would do well to

dients is unknown. However, tobacco industry workers have let on that upwards of 1,500 chemicals are used in the manufacturing of cigarettes — among them nitrates, various pesticides and propylene glycol (also used as a solvent in antifreeze and brake fluid).

● Cigarette ads should be removed from tax-supported transit systems. No cigarette distribution should be permitted from vending machines, streetcorners, airport waiting areas or other areas accessible to children.

● Because of fire and health risks, smoking should be prohibited on any commercial aircraft and in any school or hospital.

● Warnings on billboards should be enlarged from the current two inches on a 40-foot sign to the

now.

By our offering a positive appeal to the next generation, a teenage girl — now the most likely candidate to become a smoker — will be able to respond differently from Wilhelmina to the engaging question, "Wouldn't you rather light than fight?" "No," she'll say with a smile, "I'd rather live than light."

Doc

Doctors Ought to Care
924 Webster St.
Chicago, IL 60614

Dr. Alan Blum, a family physician currently on a Fishbein Fellowship in Medical Journalism with the American Medical Association in Chicago, is president of Doctors Ought to Care (DOC, Inc.). He wrote this article for *The Herald*.