

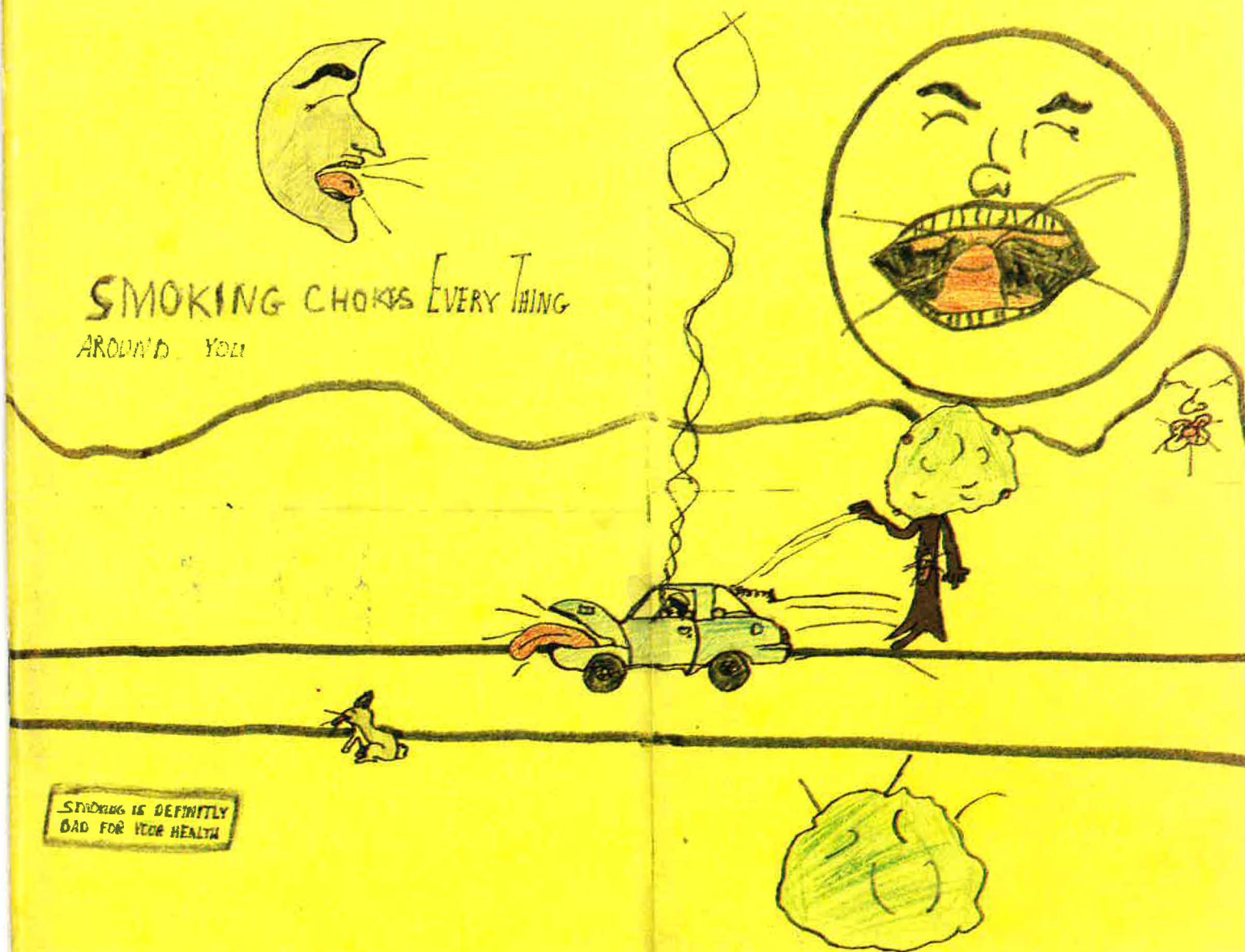
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On the cover of this issue is a drawing by Richard Meyer, 13, a 6th grade student at the H. B. du Pont Middle School, son of Mr. and Mrs. Charles Stephen Meyer of Charter Oaks. Richard was the winner of the Anti-Smoking Poster Contest sponsored by the Delaware Chapter of Doctors Ought To Care (DOC).

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LET'S SET THE RECORD STRAIGHT

KEVIN ROBERTS, M.D.

Anyone may receive a packet of information from the Tobacco Institute designed to "... set the record straight" upon request.¹ Indeed, the stated aim of the Tobacco Institute is "to foster public understanding of the smoking and health *controversy* and to increase awareness of the historic role of tobacco and its place in the national economy."² (Author's emphasis) The tobacco industry is telling our patients that the relationship between ill health and tobacco smoking is still controversial.

Twenty years ago Dr. Luther L. Terry, then Surgeon General of the United States, released the first report of the Advisory Committee on Smoking and Health which was prepared by ten of the nation's top biochemical researchers after reviewing over 7,000 articles and listening to over 225 consultants. The report concluded that cigarette smoking is a health hazard which deserves "remedial action" because of its rela-

tionship to lung cancer, cancer of the larynx, lips and mouth, heart disease, chronic bronchitis, and emphysema.

Twenty years and several thousand additional studies later, tobacco smoking is now considered the single most preventable cause of disability and death in the United States.³ However, despite the overwhelming evidence supporting this statement, tobacco companies continue to show a tremendous profit. Many of our patients appear to be indifferent to the tremendous health risks related to smoking, and we as physicians are kept busy treating the results. What can we do to set the record straight?

The tobacco industry maintains that the role tobacco smoking plays in the ill health and early demise of thousands of patients each year is still controversial. Indeed, the R. J. Reynolds Company has recently run full page ads claiming that the issue is still open for further research. How much research do the tobacco companies and the general population need to convince them? The U.S. Department of Health

Dr. Roberts is a physician practicing family medicine in Oak Hall, Virginia, through the National Health Service Corps. He was formerly a family practice resident at the Medical Center of Delaware and chairman of the Delaware chapter of Doctor's Ought to Care (DOC).

and Human Services has published a 700-page bibliography of study abstracts delineating the adverse effects of tobacco use, but there is a striking paucity of articles which have anything good to say about the use of tobacco. Even studies funded by the tobacco companies concluded that smoking increases the risk of certain diseases.⁴

As reiterated by several of the papers in this issue of the *Delaware Medical Journal*, there is no controversy about relating ill health and smoking, only about the magnitude of the problem. To summarize some of the statistics compiled by the U.S. Departments of Agriculture and Health and Human Services: 129,000 Americans will die of cancer because of smoking this year, smoking is directly related to 170,000 deaths each year due to coronary heart disease, and an estimated 50,000 patients die each year from chronic respiratory conditions attributed to smoking.^{5,6} Thus, more than 340,000 Americans die each year because of tobacco smoking. As the current Surgeon General has stated in his most recent report, "smoking is the largest preventable cause of death in America."

Why then, with the overwhelming evidence against the use of cigarettes, was the U.S. consumption of cigarettes in 1983 greater than 600 billion and the U.S. expenditure for tobacco products estimated at a record 28.7 billion dollars?⁷

This increase is partially due to the increase in the total population because the percentage of adults who smoke cigarettes decreased from 42% in 1965 to 33% in 1983. Physicians and dentists evidently are more convinced by the research than the population in general, because only 15% of the physicians and dentists smoke, although one has to wonder why even 15% of such an educated population continues to do so.⁵

The Federal Trade Commission is also concerned as to why smoking is still so prevalent in our society. Their suggestions based on the Roper and Gallup polls done in 1980 eventually led to the new label warnings. Their report on this cigarette advertising investigation summarizes some of the findings:

1. More than 30% of the population is unaware

of the relationship between smoking and heart disease.

2. Almost 50% of the women polled do not know that smoking during pregnancy increases the risk of stillbirths and miscarriages.
3. Approximately 20% of those polled did not know that smoking causes cancer.
4. Sixty percent of the polled population did not know that *most* cases of emphysema are related to smoking.
5. Thirty percent of the population and 41% of the smokers did not know that a typical 30-year-old male smoker will shorten his life span by smoking.

What is especially alarming are the statistics developed by the Surgeon General in 1979, *On Smoking and Health*. The percentage of children smoking between the ages of 12-14 has risen eight-fold since 1968. There are 6 million regular smokers aged 13-19, and there are more than 100,000 regular smokers less than the age of 13. Yet, approximately 50% of all the teenagers polled did not know that smoking was potentially addictive.

Obviously, the 1.5 billion dollars a year that the tobacco industry spends on advertising have been extremely effective in offsetting the volumes of literature reiterating the ill effects of smoking. But then, the U.S. Department of Health and Human Services Office of Smoking and Health has only 1.9 million dollars to combat the illusions of wealth, good looks, sophistication, and even health that the cigarette ads would have us believe are associated with smoking. What makes the strongest impression on a 16-year-old insecure, young woman: a threatening statistic from the Department of Health and Human Services, or a picture of a glamorous, wealthy, and sophisticated woman smoking a "ladies" cigarette in a popular magazine filled with tips on beauty, wealth, and success?

The Tobacco Institute also claims that the tobacco industry is vital to the nation's economy. It states that the tobacco industry contributes directly or indirectly to 2 million jobs, 30 billion dollars a year in wages and earnings, 15.5 bil-

lion dollars in capital investment, and 22 billion dollars in federal, state and local taxes.⁸ What they do not tell is how much smoking costs.

It has been estimated that more than 5% of the nation's total direct health care cost (approximately 15 billion dollars) is consumed by smoking-related diseases. In addition, the total annual loss of productivity secondary to excess morbidity, disability and premature death, amounts to 34 billion dollars.⁹ According to Dr. William Weis in his article, "Can You Afford To Hire Smokers?", smoking costs \$4,611 per smoker each year in January 1981 dollars. The estimated cost in 1983 was \$5,662 per year.¹⁰ These estimates are derived from data that show increased absenteeism, increased medical costs, higher insurance premiums, damage to furniture and equipment from cigarettes and smoke, increased costs of maintenance and cleaning due to smoking, and involuntary smoke inhalation possibly increasing health care costs and affecting employee morale of the non-smoker.¹⁰ Of course, as physicians, we see the tremendous suffering afflicted upon our patients as well as their families. The result of years of smoking takes away the health, the financial resources, and, finally, the lives of our patients. What price can be placed on such suffering?

Things are slowly beginning to change. Both the per capita cigarette consumption and the percentage of smokers have decreased since the Surgeon General declared smoking a health hazard 20 years ago. Still, a tampon supposedly linked to toxic shock syndrome was taken off the market in a matter of a few months. A medicine useful to thousands of pregnant women was withdrawn from production despite lack of evidence of its alleged harmful effects. Schools and businesses are closed down as asbestos is removed from their ceiling tiles. The packaging of over-the-counter medicine was changed overnight because of a few deaths related to product tampering. Yet, a business that contributes to 340,000 deaths every year still prospers 20 years after its ill effects were made known.

After 20 years, it is time to set the record straight. How can we as physicians combat the huge amounts of money that the tobacco industry spends each year to promote ill health?

Certainly, we can support the government programs, the several volunteer organizations such as the American Heart Association, the American Cancer Society, and the American Lung Association in their educational efforts, but these groups can only begin to counter the effective advertisements of the tobacco industry.

There is another way we can be personally influential. Almost everyone needs to see a physician at one time or another. It is then that the medical community as a whole can be extremely effective. For starters, physicians should not smoke. It takes only one physician with a cigarette in his (or her!) mouth to outweigh thousands of reports on the ill effects of smoking.

Make your waiting room an "advertisement" for both the ill effects of tobacco use and as a means to undermine the erroneous associations suggested by the tobacco ads. "No smoking" signs are a start. The November 1984, issue of *Cancer and Primary Care* has a list of magazines that do not carry cigarette ads. Use any magazines in your waiting room which still carry cigarette ads, to point out the contradictions presented by the advertisements. A photocopied reminder in the front of each magazine can be very effective. These reminders can be factual, eg, "The cigarette ads in this magazine fail to remind you that smoking causes 340,000 deaths a year." The notes could also be ad specific, eg, "This ad associates smoking with good looks and wealth but fails to tell you that it causes wrinkled skin, bad breath, yellow teeth, and costs \$356 a year for a one pack a day habit." This approach was so effective when cigarette ads were still on television that it resulted in the tobacco industry's voluntarily withdrawing their commercials. Other informative material should be made readily available in your waiting room and can be obtained from the U.S. Department of Health and Human Resources or from any of the volunteer organizations mentioned above.

Of course, personal attention will always be important. Encourage your patients to stop smoking and offer them help. The February 15th edition of *Post Graduate Medicine* has an article offering several ways to help, and a list of other resources. A list of resources available

in the Wilmington area is included in this issue of the *Delaware Medical Journal*. More important is the education of the future would-be smokers. A routine youth physical examination is an excellent place to begin such education, not only about the ill effects of smoking, but to educate the patient concerning the tobacco advertisements' enticing suggestions and associations.

Lastly, physicians should become involved in local organizations concerned with educating patients about pertinent health issues. One of the ways available to the Delaware physician is through the Delaware Chapter of DOC (Doctors Ought To Care). The chapter, started by Dr. Mark Glassner when he was a family practice resident at the Medical Center of Delaware, has already presented its anti-ad program in several area schools. The cover of this issue was drawn in a DOC sponsored contest in The Independence School and H. B. Du Pont School.

DOC hopes to develop a school curriculum to follow up its presentation throughout the school year. The program focuses mainly on the false associations put forth in tobacco advertising in magazines directed at teenagers.

It has been 20 years since the original Surgeon General's report on smoking and ill health. It is time that we as physicians become visibly involved in the education of our patients and truly set the record straight about smoking.

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