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Ending the tobacco pandemic:
What doctors can do for the community
Alan Blum, MD

It is an honor to be at this world conference and to return to Australia, from which I departed in 1983 after a fascinating year as editor of The Medical Journal of Australia. We produced the first theme issue of a medical journal ever devoted to a consideration of the tobacco pandemic.

At that time, my scholarly activism, which is what I like to call it, in regard to tobacco was not always well-received or endorsed by the Australian Medical Association, particularly when we put a picture on the cover of a fellow who smoked from his tracheotomy hole and presented him as BUGA-UP's nomination for the Marlboro man of Australia.

Nor was the reception much better in New York, where for three years I edited the New York State Journal of Medicine and where we produced two further issues entirely on the subject of tobacco, with more than 200 articles, many of which were written by contributors who are attending this conference. After being sacked shortly after the second issue came out, and when word was leaked that I was

preparing a third such issue, I returned to a career in clinical medicine at Baylor College of Medicine.

So you can imagine my amazement a year ago when I was asked by the American Medical Association to deliver the keynote address at the First National Conference on Tobacco Use in America. I said at that time and feel still that it was like Prince Charles being asked to kick off the Argentina soccer season.

I do have to warn you that my talks are hazardous to people's preconceptions. For the fact is, I am an outsider; I am an activist, and I'd like to think that I stand here for all the outsiders and activists who are in this audience or couldn't be here, who like me don't receive many grants or who don't have tenure at major research institutions or even the relative security of government health departments or voluntary health agencies. And so I urge you, each person here, to take an activist to lunch one day..

At my medical school, the kind of message I try to offer each medical, dental, nursing, and public health student is that even as students--and most assuredly later on when they are fully credentialed--they can have a genuine impact on the prevention of disease, both in what they do in the

surgery, the clinic, or the hospital, as well as in the role they choose to play in the community at large. I'm not just talking about going into schools and giving lectures, but outside the schools in the context of where children are and like to be. Although I try to encourage health professionals to step outside of their daily environment, old myths die hard. Not unlike the old saw, "A woman's place is in the home," too many doctors still believe that their only place is in the examining room. And why not? Nearly all medical education focuses on the patient-physician relationship and that fluorescent-lit box called the examining room. But almost all of our patients' health education comes through television and other mass media. They're reading the TV Extra in the Sunday paper, with the cigarette advertisement on the back cover; or Women's Weekly with a dozen cigarette advertisements in the current issue; or Racing Car News, with the Marlboro logo on the front cover and the advertisement for the same cigarette brand on the back cover.

While on the airplane traveling to this conference, I asked for a magazine. Even 30,000 feet in the air, you're hit by cigarette advertisements for low-tar this and menthol that in the otherwise credible media. Well, what's an activist to do? One thing we have done in DOC, which I will discuss later in this paper, is to produce stickers that have a

Marlboro man with a slash running through him and that say, "Many of the ads in this publication are misleading, deceptive, and a rip-off. For example, smoking does not make one glamorous, successful or athletic. It does make one sick, poor, and dead. We care about you and your health." We take these, peel off the sticky backing, and slap them right on the front cover. I did bring a supply for everyone to take back on QANTAS, which still permits smoking on its flights. The stickers also work nicely in school libraries.

With that in mind, let's go back in time and take a look at where doctors were not that many years ago. According to "nationwide surveys, 'More doctors smoked Camels than any other cigarette.'" As a radio commercial from the 1940s claimed, "The pages of American history are illumined by the names of doctors who worked unceasingly to overcome disease and to make life happier and more secure for humanity. The makers of Camels are pardonably proud of the standing of this cigarette among doctors. A nationwide survey of doctors' cigarette preferences was recently made. Three leading independent research organizations asked this question of 113,597 doctors--doctors in every field of medicine: 'What cigarette do you smoke, doctor?' The brand named most was Camel. Yes, according to a recent nationwide survey, more doctors smoke Camels than any other cigarette."

This is the perversion of research, the word that was used in that commercial 40 years ago when Dr. Ernst Wynder was beginning his work on cigarette smoke and cancer. I hope we will keep in mind his comments earlier at this conference concerning the apathy of his colleagues at that time and through the years in regard to addressing the problems of smoking. I'm going to challenge the medical profession at this conference to look at what we are doing today. What are medical schools doing? I know of not a single course in any medical school or public health school in the United States on smoking--not only in regard to the epidemiology of this issue or the addictive potential of nicotine, but in learning how to confront the source of the problem, the tobacco industry.

The tobacco pandemic is not a static concept, whereby one gives information about adverse health affects upon which individuals will act to change their behavior, but rather a dynamic one, whereby the tobacco industry changes its strategies much like the AIDS virus alters its antigenic coat to outsmart the challenges of the host organism. The tobacco industry is vibrant and dynamic, and we have to track it as we would a parasitic disease. So while we are amused by an old Camel cigarette advertisement with the slogan, "T for taste, and T for throat," we have to add

today, "T for tracheotomy" by the thousands. An advertisement for Philip Morris cigarettes 40 years ago claimed that "leading nose and throat specialists" recommended that brand and featured Little Johnny the bellhop chirping, "Call for Philip Morris." No one seems to have asked what stunted his growth. This same company's cigarette advertising has grown larger than ever around the world, yet we still have failed to mobilize public anger, much less ridicule, toward it. When the early reports about smoking and lung cancer appeared in the 1950s, KENT cigarettes offered us "proof of greater health protection" through the "Micronite filter" -- which turned out to have been made of asbestos.

Have we really come along way? Survival from lung cancer is little better than it was 30 years ago, and cigarettes have become the most advertised and promoted product in society. The number one preventable cause of death is not lung cancer or smoking: it is Marlboro, which is now the most advertised brand name consumer product in the world. More than \$3 billion is now spent each year in the United States alone to promote cigarette smoking. Notwithstanding the vaunted claims of tobacco executives that cigarette advertising is solely aimed at enticing the confirmed user to switch brands, it is irrefutable that every advertisement for

cigarettes represents an encouragement to smoke and a reinforcement of the social acceptability of smoking.

And so through such ubiquitous social reinforcement of smoking as a positive attribute among the poor and uneducated, the term "anti-smoking" has taken on a negative connotation in many places. It is strange that we do not hear cancer researchers referred to as "anti-cancer zealots" or those working to end AIDS called "the anti-AIDS fanatics." We in this field need to remind the public that we are "pro-health," "anti-cancer," "anti-heart disease," and "anti-high medical costs."

To be sure, thanks to the efforts of grassroots organizations, voluntary health agencies, and progressive governments such as those in Canada, Australia, Norway, and New Zealand, tobacco is being made far less socially acceptable. In the past twenty years, all of the major cigarette manufacturers have dropped the word "tobacco" from their names. And for the better educated, smoking has lost its allure. Among doctors in the USA, only 1 in 10 still smokes, compared to 2 out of 3 in 1950 when the first large studies confirming the link between cigarettes and lung cancer were published.

How sad it is, then, that TIME Magazine could still publish a cover story on rising medical costs that features a doctor on the front cover with a dollar bill used as his surgical mask alongside the culpatory headline that asks, "What's the solution?" On the back cover, an ironic headline proclaims, "The solution for 100s smokers: Camel Lights." Is there really an active collusion among tobacco companies and publishers to distort public understanding of the real causes of poor health and high medical costs? Consider the following advertisement for TIME in recent years in a publication called The US Tobacco and Candy Journal: "Where there's smoke...there's a hot market for cigarette advertisers in TIME. Ask seasoned tobacco manufacturers, 'How's business?' and they're likely to tell you, 'More challenging than ever.' In today's competitive marketplace delivering the right message to the right audience has become critical to success. The good news is that certain demographic groups are hotter than ever: women, singles, 25-49 year olds, and high school grads are all showing substantial growth in cigarette sales volume." Which side are they on? Are not the mass media corporations that create advertisements like that worse than the tobacco industry for knowing right from wrong and choosing the wrong?

The biggest obstacle to tackling the tobacco pandemic is complacency--on the part of the public and health professionals alike--stemming from the belief that the war on smoking has been won. We need to move beyond patient education. In my opinion, that's just getting people back to zero--back to where they should have been in the first place. Health promotion can move the issue forward--from zero to scoring 100, so to speak, every patient hearing the message of being able to have a healthier life than ever before. Medical activism provides an additional dimension to reinforce health outside of the medical context in the mass media, in the streets, and in the day-to-day context of our patients' lives in the community at large.

Unfortunately, all too many of us tend to believe that most adverse health behavior is attributed to peer pressure or poor parental modeling, when so much of peer pressure can be bought, signed, sealed, and delivered through advertising propaganda. In the US, the most ubiquitous current cigarette advertising campaign, for Camel cigarettes, features a camel cartoon character. Not coincidentally, this brand is catching up to Marlboro as the most popular cigarette among adolescents. Is this peer pressure? Lest we think that an advertising ban will remove these influences, consider the use of movies such as "Superman," seen by tens of millions of teenagers worldwide, which

contained dozens of images of the Marlboro logo in several scenes.

The advertising credo for the tobacco industry could well be, "Ubiquity, propinquity, iniquity." Ubiquity--they're everywhere. Propinquity--they're next to things that children love. Iniquity--by portraying cigarettes as forbidden fruit, children will be more tempted to use them. The strategy I use with an adolescent patient is to say, "You still smoke? Come on, you're too old to smoke. That's for the little kids." It drives them crazy when they hear that, for it simply does not compute. Everything children have heard about cigarettes relates to their being adult, sophisticated, and dangerous.

Nowhere has the tobacco industry been more successful in creating a positive association with cigarettes than through sports sponsorship: the scoreboards at the stadiums placed at key locations for the TV cameras, the logos on the racing cars and drivers' uniforms, the cigarette advertisements in the newspaper sports pages, celebrities shown in attendance at cigarette sports promotions (even including the Pope blessing the Marlboro race car).

In the United States the rising tragic trend is that of ethnic marketing. More than 56 million Americans still

smoke, and their average age and educational attainment is lower than ever. Ethnic minority groups, especially young black and Hispanic men and women, show far higher rates of smoking than the general population--prevalence rates I believe exceed 70 per cent in some communities. Those with the least income are spending the most on cigarettes--more than \$500 a year to maintain a pack-a-day habit. In addition to their constant presence on the news, sports, fashion, and lifestyle pages of newspapers directed to black Americans, tobacco companies are their leading advertisers. Tobacco companies have also become the major benefactors of black organizations, which continue to remain silent on the problem of smoking and health.

Tobacco companies continue to provide research funding to medical schools, as if to imply that more research is really necessary to settle what the industry calls the smoking and health "controversy." So as with the cigarette commercials of 40 years ago, we see again the perversion of the word "research." And not unlike the Columbian drug lords, who portray themselves as benefactors of the poor villages by building a basketball court or baseball field, tobacco executives have become American versions of these narcophilanthropists through the sponsorship of fashion awards, sports events, art exhibitions, computers for schools, and a national campaign to distribute copies of the

Bill of Rights, which protects freedom of expression. In describing the nature of their companies, tobacco manufacturers use such terms as "consumer packaged goods" and seldom mention cigarettes.

It is essential that tobacco companies be identified by the public for what they really produce. Hence, in the US I have proposed that we refer to them as Cancer's Seven Warning Signs: Philip Morris, RJR-Nabisco, BAT, American Brands, Loews, Liggett, and UST. To this end, in 1977 I founded DOC, which stands for Doctors Ought to Care, to educate the public, especially young people, about the major preventable causes of poor health and high medical costs. DOC employs paid mass media space and relies on humor. We tap the highest possible level of commitment from health professionals and the highest level of creativity on the part of children and teenagers. Our motto is "Laughing the pushers out of town." DOC serves as a model multi-layered reinforcing strategy for health professionals. We work in the office, in schools, and in the mass media--and we pay our own way.

In the office, we have developed a positive health approach for the waiting room and complete a visit with stickers that resemble a prescription and which say "smoking stinks." But what happens in the US when patients go to fill their

prescriptions at a pharmacy? More often than not, they are barraged by cigarette advertising in these establishments. There is even an American pharmacy chain called Pill 'n' Puff.

A concerted effort that includes pharmacists, nurses, allied personnel, and all health professionals is essential to ending the tobacco pandemic. So is paid mass media advertising. So-called public service advertising--space donated by media corporations to health agencies and other nonprofit groups--is weak, bland, ineffectual, and seldom seen, because it is in effect controlled by the media. My media mentor, Tony Schwartz, defines public service advertising as the ads that are on the air at 3 o'clock in the morning telling kids not to take rides with strangers, when the only people awake at that time listening are the strangers. For instance, a billboard public service advertisement for the American Heart Association that says, "We're fighting for your life," really says nothing, when a tobacco company appears alongside it with the paid message, "We offer you More [cigarettes]." They know how to buy their space and get their children.

In 1977 what we wanted to do was purchase counteradvertising space, but we were beaten to the punch by billboards touting the taste of "Country Fresh Salem." Moreover, the billboard

companies would not sell us space to counteract tobacco advertising. Incredibly, one of America's largest billboard companies is owned by a well-known health-oriented conglomerate, Minnesota Mining and Manufacturing, which makes surgical masks, stethoscopes, and a line of medications for lung conditions. I warned you that this presentation was going to be hazardous to your preconceptions: the pharmaceutical industry, which is represented at this conference by such companies as CIBA-Geigy and Merrell-Dow, may be producing nicotine patches and chewing gum, but they have done nothing to finance with their lucrative profits the needed campaigns to curtail cigarette sales. I challenge the pharmaceutical industry to join with us beyond profiting from smoking cessation drugs.

In 1977, then, DOC was left to find its own advertising outlets, and we came upon a bus bench company in Miami, Florida that was delighted to work with us. Against all advice of advertising professionals, we purchased \$3000 worth of bus bench advertisements, often located alongside billboards promoting cigarettes, and welcomed passersby to the taste of "Country Fresh Arsenic." At first, thinking that these were real cigarette advertisements, some people called to complain that we hadn't included the Surgeon General's warning at the bottom! Other of our advertisements featured slogans such as "Full-bodied Cyanide" and "Ten Year

Supply Only \$7000." When a brand called Arctic Lights was introduced, we created bus bench advertisements for a brand called Arctic Lungs--guaranteed to make you cool as a corpse. Posters we have created for the doctor's office include a celebrated satire of a macho young man with a cigarette dangling from his nostril with the determined slogan, "I smoke for smell."

In the black community, we have tried to expose through the use of parody various thinly veiled cigarette promotions such as the KOOL Achiever Awards. DOC's version of the drug pusher achiever awards is a wanted poster featuring the faces of tobacco executives and members of the Columbian cocaine cartel.

But the creativity and cleverness are not the criteria for successfully counteracting the tobacco pandemic. The important element is the frequency of the message, so that we can keep pace with the changing imagery and tactics of the tobacco industry. We're not having enough fun with this issue. We're not really daring to defeat the industry on its own terms. We're not laughing them out of town. We're not making fools of them--or exposing them as the fools they already are.

In sports, for example, cigarette sponsorships must be challenged not solely by attracting non-tobacco sponsors but also by ridiculing existing tobacco sponsors as a way of reinforcing the absurdity of the association of smoking and athletic performance. Since 1978, DOC's version of the Virginia Slims cigarettes tennis tournament has been the Emphysema Slims with mock-players such as Martina Nосmokanova and the slogan, "You've coughed up long enough, baby." In 1988 DOC convinced the US boomerang team, which was sponsored by Philip Morris and was about to compete in the world championships in Australia, to accept our sponsorship instead, complete with a uniform with the international no-smoking symbol. For \$9000 we sent the team to Australia, where they won the world championship, following which numerous sportswriters cited DOC's effort as a model for future sports sponsorship.

To traditional public health workers, such counteradvertising may seem overly cynical and appears to take the risk of incurring the wrath of the tobacco industry and its allies. That is precisely the intention. Cigarette sales have not been seriously damaged by warnings of the dangers of smoking, because danger has become part of the formula for selling cigarettes, especially to the invulnerable adolescent. Tobacco companies have successfully responded to thousands of research reports

pointing out the harmfulness of smoking by funding hundreds more to seek further proof. But while the health consequences may not be a deterrent, ridicule by consumers of the product and the pusher holds great potential for hurting cigarette profits. As Thomas More said, "The devil, that proud fellow, cannot stand to be mocked."

Satire is not cynicism. For that latter trait, we need only turn to the tobacco executives themselves. This is what David Goerlitz, a model for Winston cigarettes for eight years, discovered one day a few years ago while he was being photographed for a series of advertisements: "We were all sitting around at the end of the day, and I was joking around and asked a question of the account executives of the ad agency and the client who was there visiting making sure everything was going right. I said, 'Say, how come none of you guys smoke?' And one of the guys from the tobacco company laughed and said, "Basically, the truth of the matter is that we don't smoke that shit. We reserve that right for the young, the poor, the blacks, and the stupid."

If indeed our jobs in health care or the very future of funding for medical schools or hospitals depended on there being a decline in consumption of tobacco, I think we would be doing far more to challenge the influence of these pushers in our midst. DOC's aim in our program created in

1979 called Superhealth 2000 is to get kids to leap tall buildings at a single bound--the buildings on Madison Avenue that send adverse health signals to children through cigarette advertising, to be faster than a speeding bullet in seeing through such nonsense, and to be more powerful than a locomotive in setting a healthful example for their communities by the year 2000.