

Ending the cigarette pandemic

JULIUS B. RICHMOND, MD

A year after the issuance of the original Surgeon General's report, Congress passed the Federal Cigarette Labeling Advertising Act, which required that all cigarette packages distributed in the United States carry a Surgeon General's warning that smoking may be a hazard to health. In 1969, Congress passed the Public Health Cigarette Smoking Act, which banned cigarette advertising from radio and television.

In 1979, on the fifteenth anniversary of the first report, the Surgeon General published the most comprehensive volume on smoking ever issued in the United States. The data on cigarette smoking's adverse effects on health were overwhelming, and the press recognized this. No longer able to count on journalists to cast doubt on the reliability of the data, the industry changed its strategy by attempting to portray smoking as a civil rights issue. The tobacco industry began pouring millions of dollars into campaigns to prevent the passage of municipal, state, and federal legislation that would ban cigarette advertising or restrict smoking in public places and at the work site.

The publication, also in 1979, of *Healthy People*, the Surgeon General's first report on health promotion and disease prevention, emphasized the necessary future direction of medicine: prevention.

In the years ahead, efforts to end the cigarette pandemic will need to focus on the following:

An end to the victimization of women. In 1980, the Surgeon General's report predicted that women *en masse* would suffer a fate similar to that of men if they continued smoking: By the mid-1980s, lung cancer would surpass breast cancer as the leading cause of death among women. This prediction is a nightmare come true. The death rate from cancer of the lung has increased from 4.6 per 100,000 in 1950 to a projected rate of 20.9 per 100,000 in 1982. In 1983, 17% of cancer deaths in women will be due to lung cancer; 18% will be due to breast cancer.

A greater focus on adolescents. Seventy-five per cent of those who smoke become dependent on cigarettes by age 20. It goes without saying that the medical profession can no longer remain indifferent to the exploitation of adolescents by cigarette advertisers. All future efforts to curtail smoking must center on the age of onset of this form of drug dependence.

More effective strategies for smoking cessation. Over 90% of adults who smoke say they would like to stop smoking. It is incumbent on the medical profession to reinforce this choice among their patients and to encourage legislators, government officials, and industry to develop strong positive incentives for not smoking. It is time to stop pretending that smoking is not a preventable problem.

More attention to clean indoor air rights. It is astounding to contemplate how a single industry has been allowed to undermine not only the health of three generations of Americans but also a treasured age-old amenity like common courtesy. Persons who still smoke are no longer encouraged to ask whether anyone else objects or to be concerned if children are present. Advertising images encourage smoking as the social norm. Physicians must help mobilize greater respect for the rights of the vast non-smoking majority, especially children.

Abandonment of recommendations to switch to low-tar, low-nicotine cigarettes. Of the many lessons we have learned about smoking, one of the harshest is that low-tar, low-nicotine cigarettes do not lessen the risk for myocardial infarction or impaired pulmonary function. Unfortunately, there is no safe cigarette.

Revelation of chemical additives in cigarettes. In the development of so-called low-tar, low-nicotine cigarettes as a means of allaying health concerns about smoking, the tobacco industry has added hundreds of chemicals and artificial tobacco substitutes to enhance palatability. The industry has prevented the public from learning the names of these chemicals. This information must be revealed.

The epidemiologists have now documented the devastating nature of the health problems attributable to cigarette smoking. But the minimal budgetary allocations to fight smoking testify to the lack of political will of government to meet the challenge. The medical profession must take the lead in making the cigarette issue our number one health priority.

Dr Richmond served as Surgeon General of the United States Public Health Service from 1977 to 1981.

Address correspondence to Dr Richmond, Professor of Health Policy and Director, Division of Health Policy at Harvard Medical School, 98B Brookline Avenue, Boston, MA 02215.

"As a new Fellow of ACCP and a leader in the most important struggle faced by chest physicians, the prevention and control of our major health problems of lung cancer, cardiovascular and chronic pulmonary disease, I shall make a special personal effort to control smoking and to eliminate this hazard from my office, clinic and hospital. I shall ask all of my patients about their smoking habits and I shall assist the cigarette smoker in stopping smoking. I make this pledge to my patients and to society."

—from the Fellowship Pledge of the American College of Chest Physicians