

Women and children last?

Attitudes toward cigarette smoking and nonsmokers' rights, 1971

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By January 1971 Dan Horn, PhD, and his staff at the National Clearinghouse for Smoking and Health had reviewed with the government's internal and external scientific authorities all the evidence available on smoking and health in order to produce a single comprehensive volume critiquing the literature and updating the 1964 report. However, this new Surgeon General's report had not been cleared by the Office of the Secretary of Health, Education, and Welfare (HEW) or by the Executive Office of the President. This meant that at the January 11, 1971 meeting of the Interagency Council on Smoking and Health, which coincided with National Education Week on Smoking and Health, I would not be permitted to summarize the report. Rather, three days before the meeting I was told to write a personal speech and not discuss the report. This I did with my own review of the scientific data, followed by some personal observations. I was promptly and severely criticized by my superiors in HEW. Following are excerpts of that speech.

There is one hazard associated with smoking which concerns me particularly, and should concern all members of the Interagency Council: the effects of cigarette smoking in pregnancy. The 1964 Surgeon General's Report noted that smoking during pregnancy could result in babies of lower than average birth-weight. At that time there was no evidence that this necessarily affected the biological fitness of the infant. In our 1967 *Health Consequences of Smoking*, we advised that in light of this prematurity factor it was "prudent" for pregnant women not to smoke. In 1969, it was suggested that there was a relationship between smoking during pregnancy and spontaneous abortion, stillbirth, and neonatal death. Now there is a substantial body of evidence which clearly supports the earlier view that maternal smoking during pregnancy harms the unborn child by exerting a retarding influence on fetal growth. In addition to the already established data on low birth weight in the pregnancies of smoking mothers, there is new data on fetal wastage and neonatal death. One study showed that these women have 20% more unsuccessful pregnancies than they would have if they had not smoked. The British Perinatal Mortality Survey, the largest prospective study to deal with this question, demonstrated that smoking mothers have significantly more stillbirths and neonatal deaths than non-smoking mothers.

Fetal wastage is a terrible tragedy, as is the loss of an infant, and let me suggest that certain purveyors of cigarettes stop making awkward remarks about how some young mothers in childbirth might welcome smaller babies. The mother who smokes is subjecting the unborn child to the adverse effects of tobacco and as a result we are losing babies and possibly handicapping babies.

The influence of smoking upon pregnancy brings up the whole problem of women and smoking. One third of all women in the childbearing years are smokers and their numbers are building

up as more and more teen-age girls get started on the smoking habit. In the past seven years, there has been an appreciable drop in smoking among men but regrettably there has been no comparable drop among women. . . .

From the very beginning the cigarette industry has done everything it could to bring women into the smoking population. In the early days of advertising, a nonsmoking lady would be shown appealing to her gentleman companion, "Blow the smoke my way," or saying, "Reach for a Lucky instead of a sweet." The latter slogan caused considerable furor in the candy industry, but lured many weight-conscious women to take up smoking. In the past half century the advertising has become more blatant; women have been enticed by endorsements from ladies of fashion and even opera stars; they have been led to the bait by young, modish, sophisticated models who live and play in elegant settings, accompanied by male companions who are handsome and virile. To all of this has been added cigarettes just for women, and what could be a more effective way to advertise them than to suggest that the fair sex has come a long, long way since the days when they could smoke only behind closed doors? The makers of one brand which has just come on the market have promised a veritable flood of print advertising in women's magazines, entertainment programs, newspapers and Sunday supplements, and on billboards.

One of the most important reasons for the low cessation rate among women is the fact that they have yet to experience the toll of death and disease from smoking which men have had. Partly this is because women, until now, have smoked somewhat differently than men. As a rule they smoke fewer cigarettes per day, inhale less frequently and less deeply, use lower tar and nicotine cigarettes, and consume smaller portions of each. Primarily, however, the difference may be explained by the shorter period in which women have smoked. We know, for instance, that women did not start to smoke in any great numbers before World War I; thus few in their 70s and 80s have had the same exposure to this health hazard as men of the same ages. With each succeeding decade more women did take up smoking, and they started at earlier ages; yet there have always been fewer women smokers, proportionately, than men. This holds true today despite the changes in smoking habits I have already noted.

Since there are fewer women smokers to be affected, the relative death rates from smoking-associated diseases are going to be smaller than those of men. Furthermore, their overall death rate from almost all other diseases is generally lower than that of men. A man will see his friends, co-workers, and relatives dying at relatively young ages from heart disease, lung cancer, and other smoking-related diseases. A woman may be less conscious of such deaths among her women friends and relatives and consequently feel herself somehow safe from the hazards of smoking. But this may change. I want to emphasize that while men's death and disability days are higher than women's, the woman smoker has a higher death rate than the nonsmoking woman.

Currently, girls are rushing to emulate the cigarette smoking practices of boys. What will happen to these young smokers? Some will stop once the glamour wears off and their crowds disperse after high school days are over. A very large number will undoubtedly continue to smoke, for a habit started that early in life is one that is hard to break. . . .

The plethora of ads promised by the tobacco industry is of concern on two counts. First, it may encourage young people to

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take up smoking; but, more important, it may tend to shake the resolve of those who sincerely want to quit. An overwhelming dose of ads in women's magazines could have such an effect, for women basically find it harder to give up smoking than men and even those who quit are more likely to return to smoking than men. Data for 1970, for instance, shows that above 25% of all men smokers managed to quit, while only 15% of women smokers were able to give up the habit.

We do not know why women have not made a better showing. Perhaps it is an affirmation of the desire to break away from old social restrictions. Certainly advertising has played a part. It may be that the housewife's basic environment is more conducive to continue smoking, particularly if she is alone part of the day. In the business world, smoking undoubtedly helps create a sense of equality with men. Some women keep up the smoking habit because of the fear of weight gain that may accompany cessation.

Today, January 11, 1971, even though cigarette commercials are now off the air, a new broadside attack through the print media is bound to have considerable impact. The onslaught has already started. My staff counted a total of 36 cigarette advertisements currently carried in eight of the leading magazines aimed exclusively at women. One of them has eight such ads in the current issue. These journals are not just the kind that stress hair styling, grooming, and the secrets of being popular. Those surveyed included homemaking magazines which carry articles on child care and household hints—journals that have wide popular appeal to women in all walks of life. . . .

The health professions must become more active in the smoking and health field. Obstetricians and gynecologists should have a particular concern about smoking's effect on their patients. One group of professionals has a particular stake in this effort—not only because they are women, but because they have an opportunity to exert a considerable influence on other women. I refer to our nurses who play an important role in so many areas of health care—in hospitals, clinics, physicians' offices, industrial health units, school health programs. The American Nurses' Association two years ago passed a resolution calling on its members to be informed about the health hazards of cigarette smoking and encouraging them to involve themselves in positive health education programs to prevent nonsmokers, particularly youngsters, from starting to smoke. I regret to say that there are

still more smokers proportionately among nurses than among women generally. Of course I do not mean to suggest that our efforts should be limited to women or that men and boys should be neglected in future educational campaigns. Our obligation is to all segments of the population; our challenge is to turn back the new rising tide of cigarette consumption.

Finally, evidence is accumulating that the nonsmoker may have untoward effects from the pollution his smoking neighbor forces upon him. Nonsmokers have as much right to clean air and wholesome air as smokers have to their so-called right to smoke, which I would redefine as a "right to pollute." It is high time to ban smoking from all confined public places such as restaurants, theaters, airplanes, trains, and buses. It is time that we interpret the Bill of Rights for the Nonsmoker as well as the smoker.

Although this call for a nonsmokers' rights movement was not looked upon approvingly within the Office of the Secretary of HEW, it brought forth a blizzard of mail with an overwhelmingly favorable response. I had previously asked the individuals responsible for the scientific content of the Surgeon General's report to summarize all available data on the effects of smoking on the passive or involuntary smoker. This material was published in a subsequent Surgeon General's report. In the wake of this report, the General Services Administration, which operates all government office buildings, required its tenants for the first time to make some provisions for nonsmokers. My feeling in 1971 was that continued warnings regarding the health hazards of smoking would be less effective in controlling the smoking epidemic than social actions such as peer pressure, other social pressures, and legislation to protect the nonsmoker. This "semi-official" call for social activism has been followed during the past 12 years by a number of city, state, and even federal regulations protecting the nonsmoker. Perhaps the consequence I could have least likely foreseen after the January 1971 speech was to be named "Public Enemy Number One" by the tobacco industry.

THE EVOLUTION OF THE FEMALE CIGARETTE AND THE SILENCE OF THE WOMEN'S MOVEMENT

Cigarette advertisements increasingly directed at women have escaped the notice of feminists campaigning to remove sexist stereotypes in advertising. Ironically, this is because cigarette advertisements rarely portray women in overtly dumb-blonde or passive roles. The National Advertising Review Board (NARB), part of whose job is to make recommendations on "matters of taste and social responsibility" in connection with US advertising, specified 14 negative and undesirable (or sexist) ways in which current advertising portrays women. Of these, I could find only three which cigarette ads breached. Furthermore, the ads actually fulfilled six of the nine proposals from the NARB on how women could be portrayed constructively. . . .

A peculiar silence—almost a resistance—surrounds the question of smoking among women's organizations. As far as the women's movement is concerned, smoking is someone else's problem. The now prolific literature on women's health and health care is remarkable for lack of attention to the issue. . . .

I contacted more than fifty women's organizations on both sides of the Atlantic, some feminist, some not, some national and some local, but most failed to reply. The National Organization of Women (NOW), for instance, which has taken a highly active role on many women's health issues in the USA, was not prepared to comment, and in its 40-page submission to the 1979 Kennedy hearings on women's health, NOW did not make a single reference to the problem. Indeed, had the American Cancer Society not referred to the rising lung-cancer rates in women in its own evidence to the hearings, the issue would not have been raised at all.

The National Women's Health Network, which represents over a thousand women's health organizations, has "no formal position on smoking."

It is the same story in Britain . . . The Birmingham Women's Health Group seemed to sum up the prevailing attitude among many British women's groups:

When we read your letter there was a great reluctance in the group to spend a whole meeting discussing smoking. Most members (despite being smokers themselves) felt there were more important issues to discuss.

—BOBBIE JACOBSON

The Ladykillers—Why Smoking is a Feminist Issue,
London, Pluto Press, 1981, pp 60, 78–79.