

Dear Dr. Frieden,

Thank you for taking time to contact me the other day in regard to your efforts to establish an innovative strategy for the City of New York that will reduce demand for tobacco products and enhance smoking cessation. In a call to Dr. Koop, I thanked him for giving you my name, and we reviewed successes and failures in tobacco control over the past 25 years. I have also discussed your enthusiastic interest in tobacco issues, which I had read about in The New York Times, with several of my closest colleagues. (And I will remind myself to locate an extra copy for you of the March 16, 1992 issue of Newsweek, which featured a cover story on tuberculosis ["TB: Why It's Back; How We Can Protect Ourselves"] and an advertisement on the back cover for Carlton cigarettes. I've been using this in my presentations on smoking since it appeared, and audiences never fail to see the irony.)

As we discussed, I think your placing of tobacco problems at the top of your agenda as Commissioner of Health sends an extremely important message to the public. The fact that \$3 million has been budgeted for this effort is also good news, especially when one considers that in 1986 I was unable to convince the incoming commissioner to establish a one-third-time position for a physician in the department to initiate a program, in concert with the Board of Education, to reduce tobacco use among young people in the City.

Yet with all due respect, I do not believe you should appoint a "tobacco czar" at this time. Rather, I feel you need an experienced, respected, even-tempered, and loyal individual who can provide you with and otherwise help you facilitate the implementation of substantive, savvy, and refreshing approaches for tackling tobacco problems (and below I will propose one of the most outstanding individuals in this field for your consideration). In other words, if the tragic health and economic cost of smoking is at the top of your list, then you must be perceived as the leader and spokesman for our city on this issue. And the positive attention that only you as Commissioner can attract to this issue will enable your anti-smoking programs to be that much more cost-effective by reducing the amount of paid media time and space.

Nonetheless, the use of media remains the first and foremost of the four components of the smoking reduction program I would recommend. The most cost-effective media outlet---and the one most overlooked by other health department anti-tobacco campaigns across the country---is radio. And the doyen of both radio and anti-smoking advertising, Tony Schwartz, resides in New York. I have worked on several such campaigns with Tony, and he would be number one on my team. (I am sure that Tony would suggest creating a celebrity advisory panel that would include athletes, actors,

actresses, newscasters, and fashion industry leaders, to be used similar to the way in which one hears celebrity buckle up reminders in taxis.)

The second and woefully untapped component in the effort to reduce smoking is the community of health professionals. A recurrent theme in my essays on ways to end the tobacco pandemic has been the general lack of involvement by the medical profession. Since there is no apparent intellectual challenge to the subject, it is glossed over in medical school curricula, poorly approached in both residency training and continuing medical education, and all but ignored by professional societies. In discussing your hope for an innovative smoking program for the City with Ed Anselm, MD, Director of Medical Services for the Health Insurance Plan (HIP) of New York, he suggested that you could help revolutionize the field of tobacco control by enlisting "everyone in a white coat." For more than a decade, Dr. Anselm has been almost single-handedly working to enhance the tobacco education skills of clinicians in the City's HMOs. Your endorsement and leadership in efforts to inspire every health professional to be a "smoking specialist" could make all the difference between the City's approach and every other one.

The third component of a comprehensive smoking reduction program---and the one that has been the sine qua non of successful tobacco control efforts over the past three decades---is the endorsement of tough, enforced clean indoor air regulations in public area and publicly licensed places such as restaurants, theaters, and worksites. The fact is, when people can't smoke, they don't, and many stop smoking altogether as a result. San Francisco's measures, which includes clean indoor air policies for bars and bowling alleys, has been extraordinarily well-received. New York City's policies have been improved, but pressure from Philip Morris, Loews, and other tobacco-related firms based in the City has kept it from being the leader of the pack.

Lastly, the City's efforts to prevent smoking by children and adolescents need to be strengthened, but this component is the one in which there is the most duplication by other agencies from the school system to the American Lung Association to Philip Morris itself. Nearly every health department has made the decision to put "protecting our kids from tobacco," complete with poster contests and youth rallies, as the centerpiece of its program. While it may still be good for a photo op on a slow news day, I think it's getting stale and cliched.

Having worked continuously on reducing tobacco problems since I was a medical student more than 25 years ago, which is about as long as anyone in the field, I have learned that the three most important keys to a successful program in creating public awareness about tobacco problems are 1.) Setting priorities (ie, support for clean indoor air to me is far more important than

arresting teenagers for buying tobacco products or storeowners for selling them), 2.) Dividing responsibilities (ie, establishing separate but mutually informed efforts in the clinic, the classroom, and the community at large), and 3.) Accountability (ie, including measuring effectiveness such as by reduced tobacco sales or changes in public attitude toward smoking).

In our conversation, you asked if I would be interested in consulting with you to create a topnotch program to reduce smoking. As a New Yorker, I would be extremely honored to assist you in every way I can, both in the City as well as through the Center for the Study of Tobacco and Society, which I direct. I also know that Dr. Anselm will offer his assistance to you at any time. Neither of us will accept any reimbursement for the privilege of serving you in this endeavor.

For the position of director of the overall Health Department program to reduce tobacco problems, I would urge you to consider Eric Solberg. An individual who has spent the last 15 years in tobacco control, Mr. Solberg is one of the only individuals in the field to have extensive experience in both the private and public sectors. He is the former director of tobacco control programs for the State of North Dakota. In 1989 he became executive director of DOC (Doctors Ought to Care), the first physician-led health promotion organization. During the decade in which he served DOC, Mr. Solberg guided the creation of the National Tobacco Archives, which has been of invaluable assistance academic researchers, clinicians, the Food and Drug Administration, the Office of the Surgeon General, the Center for Disease Control and Prevention, and the state attorneys-general. (Dr. Koop has donated his smoking-related documents to the archives.) Since 1999, Mr. Solberg has been a key advisor on all tobacco control issues to the State of Texas Department of Health, and through the years he has been a much sought-after speaker and advisor for the establishment of tobacco control training programs at the local, state, and federal levels. In 2000, Mr. Solberg became the first director of the Flight Attendant Medical Research Institute and oversaw the establishment of this foundation, which funds research on the effects of involuntary exposure to tobacco smoke. Mr. Solberg is the most versatile individual in the field and a genuine unsung hero. This is partly because he prefers to work out of the limelight and has shown a total devotion to the truth about tobacco. I would recommend him as far and away the best and most qualified individual to lay the foundation for and to direct a serious multi-faceted program on the part of the Commissioner of Health of the City of New York to reduce tobacco use.

Mr. Solberg can be reached in Houston at 281-752-7878 or at 281-225-9642.

As you requested, I am attaching a copy of my abbreviated curriculum vitae for your files.

Again, I very much appreciate your contacting me, and I look forward to assisting you. I plan to be in New York April 26-28 and would value the opportunity to continue our dialogue in person.

Very best wishes for a successful and productive administration.

Sincerely,

Alan Blum, MD
Professor and Endowed Chair in Family Medicine
Director, The University of Alabama
Center for the Study of Tobacco and Society

(Editor, New York State Journal of Medicine, 1983-1986)