

TOBACCO: MAKING A KILLING

Anti-tobacco forces are waging war against the powerful tobacco lobby and the rising pandemic of cardiovascular and other smoking-related diseases in the world.

An Interview with Steven Jay, M.D.

by Patrick Perry and Wendy Braun, R.N.

Are hard-hitting graphic ads depicting the ravages of smoking on health making an impact on America's youth? The answer is a resounding "Yes," according to a recent study published in the *American Journal of Public Health*. The report, based on surveys of roughly 9,000 12-to-17-year-olds, showed that smoking by high-school students dropped to its lowest level in a decade.

That is no small feat, considering that for years tobacco companies have spent billions of dollars developing powerful, sophisticated youth-oriented marketing campaigns to attract a new crop of consumers—American teens. Using comprehensive countermeasures—escalating cigarette taxes, tough antismoking ordinances, smoking bans, and clever anti-tobacco campaigns—public-health officials are gaining ground in the battle against

Big Tobacco.

The *Post* concludes its two-part interview with Dr. Steven Jay, chair of the Department of Public Health at Indiana University School of Medicine. Here we learn more about successful anti-tobacco efforts, smoking cessation, and the future of tobacco control.

Q: *In the past, people in cigarette advertising represented robust health, such as the Marlboro Man. Are tobacco ads especially deceptive for the young?*

A: The original Marlboro Man died of a tobacco-related disease. It is good to share this fact with young people in discussions about "truth" in advertising. Tobacco ads are effective in linking tobacco use to activities and ideas that appeal to many youth. Themes of sexual identity, health, escape, risk, excitement, antisocial behaviors, stress reduction, companionship, status, positive lifestyle, coping with loneliness, belonging, individuality, and "join the crowd" all pervade tobacco ads. Tobacco companies hire Ph.D.s and spend tens of millions of dollars to find the best strategies to invade the minds of children and teens. Documents obtained through the legal discovery process in tobacco suits have revealed extensive tobacco-company research regarding how preteens and teens might view a tobacco product. The strategy of tobacco-company



How They Went...

The tobacco industry has relied on role models to portray a sexy and hip image of smoking. Sadly, many of these "images" died of tobacco-related disease. John Wayne was the classic rugged American hero, an image that attracted tobacco makers who used Wayne to promote Camel cigarettes. Wayne died of lung and stomach cancer at age 72. Tobacco also snuffed out the lives of Mr. Showbiz, Ed Sullivan, and Humphrey Bogart, the number-one box-office star of his day. Bogey was silenced by cancer of the esophagus at age 57; Sullivan died of lung cancer at age 73.



marketing is to make the sale and use of tobacco products appear much greater than it really is. Today, 75 percent of Americans don't smoke, but if you ask kids, they think 75 percent of people smoke. Slick tobacco marketing works. As a freshman high-school student told me recently, "They wouldn't spend \$8 billion a year on advertising if it didn't work."

Q: Do graphic images depicting the ravages of smoking on our health, (used in Canada, the truth campaign, and elsewhere) have an effect on young people?

A: There is good science to show that de-normalization strategies work, particularly for kids. Anything you can do to make smoking appear less sexy, less glamorous, or less prevalent resonates with kids. Young people are not particularly swayed by dire warnings about lung cancer or heart attacks in adult smokers. But they are influenced by the fact that cigarettes result in body odor, wrinkled skin, yellow teeth, foul



... Up in Smoke

In 1986, countless fans mourned the lung-cancer death of 69-year-old Desi Arnaz, smoker and star of the classic comedy "I Love Lucy," sponsored by tobacco giant Philip Morris. Similarly, the wonderful world of Walt Disney was cut short when the lifelong smoker and creator of America's favorite mouse died of lung cancer at age 65.



Yul Brynner, a five-pack-a-day smoker, went public when diagnosed with lung cancer in 1983, launching his antismoking campaign by saying, "Now that I'm gone, I tell you: don't smoke." Brynner died at age 65. For decades, the tobacco industry has paid millions of dollars to actors and studios to ensure product placement in popular films.

breath, and impotence. The fact that smoking or using smokeless tobacco causes immediate changes in their bodies and that not using the next cigarette or chew results in immediate improvements in their bodies seem to influence youth attitudes toward tobacco.

Q: Like Brazil putting the "smoking causes sexual impotence" picture photo

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and warning on their cigarette packs?

A: Exactly. But you have to be cautious and thoughtful about "de-normalizing" tobacco. Adults may not be the best persons to develop these counter-detailing or "de-normalizing" strategies. Teenagers have been highly effective in creating some of the most compelling and effective youth-oriented anti-tobacco ads. They understand the themes that young people may respond to. Studies have shown that the so-called "anti-tobacco ads" of Philip Morris and other companies that tell kids not to smoke are routinely viewed by teens as ineffective. But hard-hitting themes portraying tobacco executives as predators of children and teens

are highly effective in changing attitudes of youth toward tobacco use. The theme of corporate manipulation of young minds strikes a dissonant note for young people. States like Florida, Massachusetts, California, and others have effectively used these themes in media campaigns. Tobacco's response has been to threaten legal action for "vilification" of their industry.

Q: Are antismoking groups using teenagers to reach even younger people?

A: Yes. Teens are effective in teaching adolescents about tobacco use, and providing training and education for teens to teach about tobacco builds a constituency of youth advocates for tobacco control.

Q: You have been directing smoking-cessation programs and education programs for many years. In your opinion, is there a best way to quit smoking?

A: The best way is the way that works. Quitting is straightforward. First, you think about it. Then, you make a decision and commitment to quit. And you quit. For some tobacco users, this is all that is required, and we support those who want to go "cold turkey." Unfortunately, for many

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asked, placing it on the night stand.

Shawn nodded.

One by one, the nurse removed the lids from the plates. Eggs. Pancakes. Bacon. Toast. Fresh orange juice. "Refills of anything you want. I'll be back later."

Shawn waited until the nurse left, then tore into the golden pancakes, thick brown maple syrup dripping down her chin. Her tongue chased the droplets. Between mouthfuls, she gulped the orange juice, not noticing the slightly bitter aftertaste.

Before finishing the last bite of eggs and toast, she fell asleep again.

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Shawn didn't hear the nurse return thirty minutes later to gently refasten the body restraints, locking the door as she left. Shawn would sleep until lunchtime. This routine would be repeated three times a day until the antibiotics, nutritious food and adequate rest revitalized every organ in her young body.

Tobacco

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tobacco users, nicotine addiction is too powerful for quick and simple solutions.

First, we encourage tobacco users to understand that tobacco-use is an addiction that can be successfully treated and managed. Second, we help persons realize that tobacco-use addiction is a chronic disease that must be approached much like a clinician and patient would approach the management of high blood pressure or diabetes. It will take the average smoker about three to five serious attempts to quit before a permanent cessation can be achieved. We ascertain whether smokers are just thinking about quitting or are taking action to quit. The degree of motivation to quit is strongly related to the probability of a successful quit attempt. The motivation of family and coworkers to assist the smoker to quit is important to success.

Finally, we know that there are learned attitudes, behaviors, and skills that can improve success in quitting. Counseling the tobacco user in these matters and providing education prepares the soil for a successful seed of tobacco-use cessation to grow.

Modern drug therapy, when used with counseling, will increase quit rates among smokers approximately two- to threefold when compared with the quit rates in the general popula-



tion. If relapse occurs, we assist the individual in learning about the relapse. What were the circumstances and triggers that led to relapse? Improving coping skills to anticipate and deal with stress and other common triggers of relapse will increase the odds that the next attempt is successful. We also encourage community smoke-free efforts because we know that with fewer places for smokers to light up, many just quit. Smoke-free ordinances make our job in smoking cessation easier.

We now have the knowledge and tools to help persons quit. We need to do a better job of getting state-of-the-art smoking cessation to all tobacco users who need and want it. Insurers and health-plan benefits managers need to include reimbursement for modern smoking cessation. We know that cost of treatment is a barrier for patients. We also know that tobacco-

use cessation is among the most highly cost-effective prevention strategies we have today.

Q: Are people surprised by the addictive potential of nicotine and cigarettes?

A: Some people are offended when you call smoking an addiction. But people who have been living with smoking for most of their adult lives acknowledge that smoking is a terrible addiction. Young people and teenagers will say, "I'm not addicted. I can stop anytime!" If you ask them the same question in five years, they will tell you, "I am addicted and want to quit, but can't."

Victor DeNoble, a researcher at Philip Morris, ran a highly secret laboratory that was investigating the addictiveness of nicotine in animals. He became one of the famous "whistle-blowers." DeNoble did animal lever-pulling experiments before Philip Morris realized the significance of his research findings. DeNoble found that given the choice between intravenous nicotine or water, the research

animals would quickly begin pulling the lever for more nicotine. Philip Morris realized that DeNoble's findings, if known to the public, would jeopardize their decades-long public position that tobacco is not addicting. They fired DeNoble, but the truth about the addictiveness of tobacco and the tobacco industry cover-up would surface in Congressional hearings and in the courts.

The importance of the drug nicotine to the viability of tobacco as a commercial product is best understood if you study how taking nicotine out of tobacco affects tobacco users. It is simple. Smokers will quickly stop smoking nicotine-free cigarettes. Nicotine is the chemical that changes the brain chemistry and causes the "feel good" effects. No one smokes de-nicotinized tobacco. Remarkably, the tobacco industry has known for more than a hundred years that nicotine is the

active ingredient that addicts the user. Their scientists have studied the effects of de-nicotinized tobacco on the smoker. What we haven't known until recently is how long ago the tobacco industry had this knowledge and attempted to remove nicotine to placate health advocates.

I stumbled across a remarkable article in the 1852 *Scientific American* regarding a de-nicotinized tobacco product. The manufacturers removed the nicotine from tobacco to address the health concerns about nicotine at the time—a strategy that has made headlines around the country in 2002. In the 1852 article, they called nicotine a poison and used the nicotine-free tobacco as a marketing ploy—a safer smoke. About every decade from 1900 to the present, the tobacco industry has come out with new “improved” and implied “safer” products aimed at garnering market share over their competitors. They have used the implications of a healthier product to their advantage in dealing with policymakers and the public. Tobacco companies have been using this deception, including nicotine-free tobacco, for 150 years!

Q: Does the tobacco industry continue to argue that nicotine is not an addictive substance?

A: Yes. But now they speak out of both sides of their mouth. In the courtroom they are still holding fast to “nicotine is not addicting” rhetoric. But now in carefully veiled public statements, some in the industry are admitting that it is, indeed, addicting. A few years ago, one tobacco-company CEO said he thought tobacco killed and addicted people. The cat was out of the bag. For years the tobacco industry has used every means at hand to undermine science in an effort to forestall regulation of nicotine as a drug. They have been remarkably effective but are no longer credible in the public's mind.

Q: Does the tobacco industry fear that the government will step in to

control tobacco?

A: Government control is one of their greatest fears. Few issues have prompted such massive response by tobacco companies as the threat of government control of nicotine as a drug. For a century they have skillfully subverted Congressional efforts to regulate tobacco. To this day, tobacco is among the least regulated commercial products. Candy-cigarette makers are required to list ingredients on the package. But tobacco companies have avoided having to list substances—such as



arsenic, polonium, pesticides, carbon monoxide, nicotine, and more than 4,000 other chemicals in tobacco, including more than 50 carcinogens—on the tobacco package or in a cigarette pack insert.

Q: By some reports, one cigarette company might file a lawsuit against Florida's truth campaign. Would this be a good example of successful campaigns that the tobacco industry is trying to thwart?

A: Absolutely. For example, in California, the industry was shocked by the loss of teenage revenue from tobacco in the early '90s. As a countermeasure, the soft-money contributions by tobacco companies to political campaigns soared. Tobacco front groups appeared to thwart tobacco-control efforts.

Lawsuits were threatened and filed. The tobacco industry's efforts to kill tobacco control in California—one of their largest tobacco markets—has been chronicled in numerous articles and books by prominent authors. Suing or threatening to sue someone who is threatening their multibillion-dollar market is classic Big Tobacco strategy; and, unfortunately, they have been effective in muzzling their opposition.

Q: As a longtime crusader against smoking, do you think that we are winning the war?

A: The good news is that serious anti-tobacco efforts are having an effect in the United States, Canada, Britain, some parts of Europe, and in some developing countries.

Sustaining the global anti-tobacco effort will be a decades-long challenge. But I am confident that the excitement generated by grass-roots anti-tobacco advocates in the waning years of the 20th century will be carried to future generations both in the U.S. and abroad. This is an exciting and rewarding time to be involved in tobacco control. ★

Say Good-Bye

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he may order me to the corner. We both know it's a macabre charade, but I go there happily and so restore a smidgen of his lost power.

“After all, it's the least I can do.”

Some two months later, it was obvious his was not to be a gentle closing. Life's clock was now counting in days, and his misery intensified. I often wondered whether the additional pain and distress of immunotherapy was worth his suffering. He did live three standard deviations beyond our estimate, which encouraged the doctors. Although quality-of-life advocates might question the experimental regimen, ultimately he answered my concerns.

One afternoon I happened to visit while his wife was on an important search—an M&Ms' errand of choco-