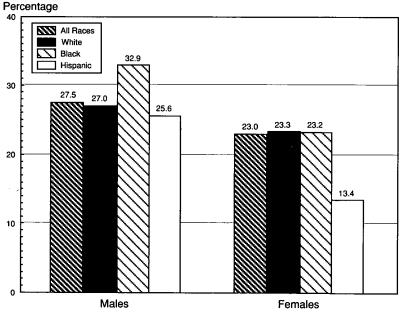
Foreword

Of all the U.S. Public Health Service agencies, the National Cancer Institute (NCI) has perhaps the longest history of involvement in the battle against the health consequences of smoking. During the early 1950's, when the first studies to link smoking with increased lung cancer risks were published, the Institute included smoking as part of its research agenda.

In 1955, NCI epidemiologists Haenszel, Shimkin, and Miller conducted the first large-scale national survey to assess patterns of tobacco use among adults in the United States. Theirs was a landmark study in many ways, not the least of which was its momentum against the prevailing indifference—and even hostility—in the medical community with regard to inferences that smoking harmed people. That study clearly defined the extent of the smoking problem in American society; nearly 60 percent of men and 28 percent of women were classified as current smokers at the time of interview. Since that time, substantial progress has been made in reducing smoking prevalence. Today, only about 25 percent of adult Americans report that they are cigarette smokers.

Figure 1
Percentage of adults (age 18 and older) who are current smokers, by race and gender



Source: Current Population Survey, 1989.

Percentage □ Boys Girls 30 25 20 10 5 1977 1979 1975 1981 1983 1985 1987 1989 1991 Year

Figure 2 Percentage of high school seniors reporting daily cigarette smoking

Source: University of Michigan

Nevertheless, nearly 50 million of our citizens are still using cigarettes regularly; and, sadly, the percentage of women who smoke is about the same now as was reported 35 years ago. Indeed, as a direct consequence of smoking, the ageadjusted death rate from lung cancer among women has increased by a staggering 420 percent during this same period. Further, smoking among black men is 20 percent higher than that reported by whites, and black men have the highest lung cancer mortality rate of any demographic group in the United States.

Even more discouraging, smoking among our children has not declined appreciably over the last decade, despite the continuing efforts of public health officials (Figure 2). Approximately 3,000 teenagers take up the habit each day.

The reasons for these developments should not be too surprising, as detailed in this monograph (see Chapter 1). Smoking is a pervasive social problem of gigantic proportions. Last year alone, this Nation consumed 527 billion cigarettes, or 2,828 cigarettes for *every* person 18 and over, smokers and nonsmokers alike (see Chapter 3). Cigarettes represent a unique class of commercial product in that they are lifethreatening when used as intended by the manufacturer.

While this Institute spent \$47 million last year to develop and disseminate effective smoking intervention technologies, the major cigarette manufacturers spent \$3.6 billion in an effort to convince people that smoking is necessary for social acceptance, that it makes one attractive to the opposite sex, and that it enhances self-image. Over the past 4 years alone, expenditures for all cigarette advertising and promotional activities have increased nearly 50 percent and, increasingly, they appear to be targeting youth.

Perhaps the most criticized campaign of recent years was the introduction, in 1988, of the "smooth character" cartoon, Joe the Camel (Figure 3). In 1989, RJR Nabisco ran a particularly outrageous four-page ad in youth-oriented *Rolling Stone* magazine, in which dating advice was offered for young men. On the first page of the ad is a cartoon of a beautiful woman



Figure 3
The "smooth character"

asking if the male teen is "bored? lonely? restless?" Inside, the "smooth character" gives "foolproof dating advice" for impressing someone at the beach:

Run into the water, grab someone and drag her back to the shore, as if you've saved her from drowning. *The more she kicks and screams, the better* [emphasis added].

While the tone and slant of this advice constitute an insulting provocation to the women of our country, perhaps equally troubling is the information on the back page of the ad: "How to get a FREE pack even if you don't like to redeem coupons." The suggestion: Just ask "your best friend" or "a kind looking stranger" to redeem the coupon for you.

Who is really the target of such an advertisement? Certainly, the camel cartoon character could not have much appeal for an adult. And how many people would feel compelled to ask "a kind looking stranger" to redeem a coupon for free merchandise—unless, of course, they were underage?

No doubt the success of the "smooth character" campaign is one reason that RJR Nabisco more than tripled its advertising expenditures for Camel cigarettes. In the wake of Joe the Camel's popularity, Brown & Williamson Tobacco Corp. has begun test marketing of a penguin cartoon character to promote Kool cigarettes in billboards, magazines, and store displays. It is not difficult to imagine what impact such large-scale, youth-oriented promotions may have on the sale of these brands to teenagers. Unfortunately, by the time we resolve this question, millions of our young people already will have become addicted to cigarettes. While the economic costs to our future program of health care delivery will be staggering, the future human costs are beyond reckoning.

As public health officials, we must devise effective strategies to counter such seductive promotions, and we will not shy away from this mission. Yet, for every \$1 that NCI spends on research to combat smoking, the tobacco industry spends \$80 to promote the addiction. Where the cigarette manufacturers can offer free packs of cigarettes, cigarette lighters, and premiums such as attractive clothing, we can offer only warnings about the dangers of smoking and advice about how to quit.

As health professionals, we need to understand that smoking is not only an individual's problem, but also a societal problem—"a social carcinogen," as one prominent researcher characterized it. Also, it is a problem that can not be left solely to Government to solve. It will require the combined efforts of

all of us to achieve a tobacco-free society. I call upon the entire medical and public health community to become involved in the fight against this Nation's number one public health menace—cigarette smoking.

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