Galit Sarig, *Benjamin Brenner
Thrombosis and Haemostasis Unit, Department of Haematology, Rambam Medical Centre, Haifa 31096, Israel (e-mail: b_brenner@rambam.health.gov.il)


The Surgeon General’s report on smoking and health 40 years later: still wandering in the desert

January 11, 2004, marks the 40th anniversary of the US Surgeon General’s report on smoking and health. The unequivocal conclusion that cigarettes cause lung cancer and other diseases was to have ended a debate that had raged for decades (figure 1).1,3

The report’s condemnation of smoking was the lead story on television and radio news. Newspapers reported the story in banner headlines as big as those for V-E Day or the H-bomb (figure 2). Until that moment, the tobacco industry had always had the last word through its ability to flood the mass media with advertising messages that glamourised the cigarette and assuaged consumer doubts about the harm smoking might cause.

The War on Smoking had begun; the tobacco industry made a pre-emptive strike by funnelling a total of US$18 million over 14 years to the American Medical Association (the only major health organisation to withhold its endorsement of the report) in a research programme to “identify and remove” any possible harmful components of cigarette smoke.4

The tobacco industry has remained in the driver’s seat throughout the four decades since the Surgeon General’s report. 7 years elapsed before Congress banned cigarette advertisements from the airwaves in 1971, and then only at the request of the tobacco companies who had seen sales flatten as the result of the first wave of antismoking commercials by the American Cancer Society between 1967 and 1970.5 Cigarette brand logos soon reappeared on television more ubiquitously and more cost-effectively than ever by means of broadcasts of motor racing and other newly tobacco-sponsored sporting events. Cigarette advertising remained on billboards until 1998; art museums, performing arts troupes, and charitable organisations from food banks to domestic violence shelters still continue today to line up for handouts at tobacco company doorways.

Not until more than two decades after the report, and only after the publication of the first large studies implicating passive smoking as a cause of lung cancer in non-smokers,6,7 were the first laws with any teeth on clean indoor air passed by a handful of US cities. Airline flight-attendants, the personification of canaries in the mine, struggled for nearly 25 years to end smoking aloft.

The inability to curb cigarette use represents the worst public-health failure in history: today, the number of US consumers who smoke is about the same as in 1964, and the cohort of users is younger than ever. Even the recent 4-year decline in smoking in adolescents has yet to offset the dramatic increase in this age group in the past decade.8,9

Figure 1: Cover of Surgeon General’s report on smoking and health

COMMENTARY

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40 years after the Surgeon General’s report, we are still wandering in the desert, almost as far away from the promised land as we were when we began the journey. Progress has come about so slowly because of a combination of political clout and lucrative payoffs to the very forces that should have been in the vanguard to end the tobacco pandemic. Congress (Democrat and Republican representatives alike), the mass media, medical organisations, and academia have all been chronic recipients of largesse from the tobacco industry, and have not been prepared to bite the hand that fed them.

Meanwhile the health community has carried on, bouncing from one failed multi-million dollar public-relations crusade after another (eg, Project ASSIST, Smokeless States, The Great American Smoke-out, Kick Butts Day, A Smoke-Free Generation by the Year 2000, Healthy People 2000), only to settle each time for voluntary agreements crafted by the tobacco industry. The US public-health community have also put its faith in three magic safer cigarettes that promise to reduce death and disease, policy coalitions that propose prohibitionist legislation, and state attorneys-general who worship the golden calf of cash settlements.

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Still missing is a Moses to lead us out of the desert. The one hope that leadership will emerge from the grassroots, which, after all, was the wellbeing of the success of the antismoking movement: legislation on clean indoor air. Independent activists with scant resources, such as John Banzhaf’s Action on Smoking and Health, GASP (Group Against Smoking Pollution), and ANR (Americans for Non-smokers’ Rights), led the way, while the American Cancer Society and other large organisations followed.

We challenge the antitobacco movement to rediscover its origins by fanning the flames of grassroots activism, and getting back to the trenches by building broad public constituencies instead of elitist academic oligarchies. Would that today’s generation of tobacco controllers might end the self-interested preoccupation with money and grantsmanship, downplay the obsession with tobacco industry documents and injustice collecting, and face up to the loophole-laden reality of prohibitionistic regulatory schemes that fed them.

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Our hope is that new and imaginative leadership will arise to establish and stick to realistic goals and priorities, to divide up the responsibilities for achieving them, and to be held accountable for their success or failure. Without such maturation, the antismoking movement will continue to point madly to the Surgeon General’s report while still wandering in the desert.

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