

## EDITORIAL

# Banning tobacco advertisements: is there a question?

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Often the answer to a serious problem does not lie in the results of even more complicated research or in the acquisition of ever larger databases. Rather, it involves the ability to accept the truth, assume a responsible and moral attitude towards it and act accordingly. This may very well appear self-evident, but in reality, as in the case of the tobacco advertising and promotion ban, it becomes, paradoxically, an unattainable goal.

Today we, as health professionals and as thinking adults, are faced with this paradox. On the one hand we have been informed through numerous research projects and statistics that cigarette smoking causes a catastrophic degree of harm and cost both to individuals and to countries throughout the world. On the other hand, we have been disqualifying the facts by allowing tobacco advertising to lure adults and children into taking up smoking. In doing so we unwittingly, but at the same time unforgivably, collude with the tobacco industry and the governments. The former disguises a deleterious and addictive product in images that appeal to the young; the latter are reluctant to give up the immoral income that comes from this poison, the tobacco.

The facts relating to the harmfulness of tobacco are staggering. Cigarettes are more lethal than handguns, hard drugs, suicide, acquired immune deficiency syndrome (AIDS) and automobile accidents combined. In the European Union 90% of lung cancers in men are caused by smoking tobacco and more than 500,000 deaths are related to tobacco use each year. Lung cancer also kills passive smokers. It is estimated that passive smoking causes 17% of the cases of lung cancer among nonsmokers. They are caused by high levels of exposure to cigarette smoke during childhood and adolescence [1]. Overall 20–25 productive years are lost per death from smoking. Even smokers who do not die from cancer suffer other deleterious effects as a result of this habit. They more frequently develop chronic bronchitis, emphysema and cardiovascular disease. Children who are passive smokers may also develop bronchitis and suffer from infections and exacerbations of asthma.

Historically, men have exhibited the highest levels of smoking-related disease. The smoking epidemic, however, is now spreading to women. In 1987 lung cancer became the number one cause of cancer death in American women, surpassing breast cancer. Among women, lung cancer has increased fourfold in the past 30 yrs, and it is predicted that this rise will not plateau until well after the year 2010. The increase in the incidence of lung cancer among women is almost entirely due to the incre-

ase in their tobacco use. More than 25 million American women smoke. One out of four girls under the age of 18 smoke, and a recent survey revealed that up to 34% of all high school girls were serious smokers. More than 140,000 women die each year in the USA alone from smoking-related diseases. While the death rate from smoking-related diseases for men has levelled off, the rate for women is rising dramatically. Ironically, with the help of the tobacco industry's advertisements, a dependence like cigarette smoking became a symbol of independence for women, with devastating effects [2–6].

The situation with children is even more dramatic. One out of every two teenagers who starts smoking and continues to do so will die of the habit. It is estimated that if the rate of tobacco smoking continues at the current level, 5,000,000 American children who are alive today will die from tobacco-related diseases [7]. In the UK about one in five of today's children aged 11–15 yrs will eventually be killed by their addiction [1]. Undoubtedly similar or even worse results may be found in other European countries and the rest of the world.

The attrition in the ranks of tobacco smokers due to death and, to a lesser degree, by quitting the habit, constitutes a serious "hazard" for the tobacco industry! Thus, it is imperative for the financial compensation of the industry and that of their secret allies, *i.e.*, some governments, that new smokers be recruited. In this case advertising is the main player. Advertisements very carefully show only the point of entry into the world of tobacco smoking. No advertisement depicts the dependence, the sickness, the detrimental effects on the foetus during pregnancy, the financial burden or the death.

Once they achieve the goal of enticing new smokers, the tobacco industry is safe because stopping a smoking habit is notoriously difficult. It is a well-known fact that smoking cessation programmes both in adults and children have given dismal results despite their ingenuity and the money spent on their implementation. The alarming fact remains true: once a person has taken up smoking it is very difficult for him or her to stop. This is even more true for people who started smoking before they were 18 yrs of age, while more "hard core" smokers begin between 11–13 yrs of age. Obviously the most attractive new clients are those who are unaware or unable to conceive the fatal risks involved in cigarette smoking. This makes the market in developing countries, and developing human beings, *i.e.*, the children, an advertiser's dream. The advertisers then proceed to realize this goal by pouring vast amounts of money into their business. Presently, the tobacco industry spends \$4.6 billion yearly, which is \$12.6 million a day on tobacco advertising. In Europe alone

advertising expenses reach the exorbitant amount of 400 million ECU a year. As far as the children are concerned there is a degree of "urgency" for the advertisers: it has been documented that unless people start smoking before they are 18 yrs of age the chances are that they will not become smokers. Thus, the tobacco industry, in conjunction with other confounding factors such as peer pressure, family smoking and social class has a narrow window of opportunity (children and adolescents) to welcome people into the "wonderful" world of addiction.

The advertisers are doing extremely well, as the figures show. The world now has an estimated 1.1 billion smokers, that is, about one third of the global population aged 15 yrs and over. Most of these smokers (800 million) live in developing countries [8]. The despicable figure, however, is that 90% of the newcomers are children.

The tobacco industry argues that tobacco is legal, therefore, the advertisements are legal. There is an important truth in this, since all nations treat tobacco as if it were a simple grocery item. Many, like us, argue that if cigarettes had recently been "invented" and subjected to the rigorous tests for safety as required for foods and drugs, no nation would allow its release into the market as it is sold today. They would at least be subjected to the same regulations as the nicotine patches. The device designed to control a dangerous substance is under control, while the substance itself is not. What an oxymoron!

The industry further maintains that they design advertising for adults with the aim of promoting brand switch or brand loyalty [9–11]. Even if this were so, given the fact that children are below the age that their informed consent can be assumed, tobacco advertisements directed at them, or which can be shown to appeal to them, are unethical. They clearly seek to influence consent in people deemed legally incapable of giving their consent. Such obvious and dangerous pharisaism still prevails in our society, and even expands, instead of receiving unequivocal rejection.

In fact, the evidence does not support the tobacco industry's position that advertising only targets adults. The themes used in tobacco advertising are the result of extensive research on children conducted by the tobacco industry "to learn everything that there is to learn about how smoking begins" [12–15]. It is well known that the industry has conducted market research with teenagers and that the target group for advertising includes 12–17 yr olds. One advertising consultant said "Where I worked, we were trying very hard to influence kids who were 14 to start to smoke"[16]. This is contemptible to say the least.

Even without these confidential reports there is ample evidence that tobacco advertising affects children. Even preschool children are not immune to advertising, as the studies pertaining to their knowledge of Joe Camel showed [17]. This advertisement translated into a tremendous increase in sales of this brand. Since 90% of the newcomers are children, it is rather difficult indeed to believe that they designed this cartoon figure for adults.

Children as young as 6 yrs of age can reliably recall tobacco advertisements and children 12 yrs of age can match personality sketches with the brand using this imagery [18, 19]. Smokers 11–14 yrs of age were found to be more adept at recalling, recognizing and identifying cigarette advertisements. This greater awareness and appreciation of cigarette advertising were independent of other

important predictors of underage smoking, such as peers, siblings and parents [20].

Promotional marketing undertaken by the tobacco industry has been effective in capturing the interest of adolescents. After social influences to smoke were controlled for, exposure to cigarette marketing was related to self-reported smoking behaviour. The likelihood of experimenting with smoking was 2.2 times greater among those who owned promotional items and 2.8 times greater among those who had received mail from a tobacco company [21]. In addition, adolescent smokers prefer the most heavily advertised brands and report that they would smoke the brand whose advertisement they like the most [22, 23]. The case of Joe Camel illustrates this point. When Joe Camel came on the scene, Camel's market share among underage smokers increased from 0.5–33%, making adolescents the fastest growing group of smokers in the USA [24]. Furthermore, data exists to prove that young people are influenced by indirect advertising such as sponsorship of sporting events, *i.e.*, Formula 1 racing.

As we impassively stand by, our children form an endless queue which salutes the tobacco industry, echoing the horrific greeting in the ancient stadia "*Ave Tobacco Industry Morrituriti te salutant*". We, then, as citizens and without protest, proceed to pay the bill, which for the USA soars to \$2.60 per packet of cigarettes for health-related expenses. Even if health costs in Europe were half of what they are in the USA, and there is no reason to believe that it is so, the amount of money we are paying is unthinkable high.

Health professionals have always accepted the responsibility of informing their governments about health hazards for the citizens, and guiding their interventions. The onus is on us once again to spearhead the battle against this horrific but preventable epidemic of our times. We have to prevent the purposeful dissemination of erroneous information by the tobacco industry. The confrontation is a forceful one and if we are to succeed we need every pulmonary physician to get personally involved in this. We also need to mobilize all concerned people, the members of the government foremost. We must tell them in a persuasive and documented way how they and we fall victim to the greed of the tobacco industry. We need to demand that the least that one can do to prevent the damage done by this addictive substance is ban tobacco advertisements. The predicament of a moral person, and physicians are moral people, is to be active and not merely a bystander where ethical issues are at stake. The projection to the public of the illustrious image of tobacco smoking has to stop now that we, as physicians, know that it is false and misleading. False and powerful images like these limit the freedom of the young and uninformed and, therefore, insult the dignity of the human person. We have no other choice but to stage a ferocious war against nicotine addiction by mobilizing the people, the state, the nations, and the European community. The latter has already started. The European Respiratory Society (ERS) has entered the antismoking campaign. The recent petition with over three thousand signatures which we presented to the European Union gives evidence to this effect.

Recently the European Union Health Council voted in favour of the banning of tobacco advertisements. It is very encouraging that countries which have traditionally been against such a stand and which have a vested interest in

the tobacco industry as a source of national income joined forces with the other European countries in an effort to curtail the usage of tobacco, to the extent that this is dependent on tobacco advertisements. As the issue comes up in the European Parliament for final voting, it is imperative for us to lend limitless support to this act through presentation of scientific data and lobbying of our national representatives. It is beyond any shred of doubt that our national representatives know that banning advertisements decreases young people's smoking. Undoubtedly our politicians are sensible human beings. Thus, we have to call their attention to this long overdue duty: that is to stop the promotion of a deleterious poison which kills one in two of our children who become addicted to smoking. Tobacco advertising has to be banned. There is no question.

### References

1. Editor. If preventable, why not...? *BMJ* 1990; 301: 1405–1406.
2. CDC. Mortality trends for selected smoking-related cancers and breast cancer: United States, 1950–1990. *MMWR* 1993; 42: 857, 863–866.
3. CDC. Cigarette smoking-attributable and years of potential life lost; United States, 1990. *MMWR* 1993; 2: 645–649.
4. Herbert B. Teen smokers, read this. *The New York Times* 1996, August 23.
5. Pierce JP, Lee L, Gilpin EA. Smoking initiation by adolescent girls, 1944 through 1988: an association with targeted advertising. *J Am Med Assoc* 1994; 271: 608–611.
6. French SA, Perry CL. Smoking among adolescent girls: prevalence and etiology. *J Am Med Assoc* 1996; 51: 25–28.
7. Preventing tobacco use among young people: A report of the Surgeon General. Washington DC: US Dept of Health and Human Services, Public Health Service; 1994.
8. World Health Organization. The tobacco epidemic: a global public health emergency. *Tobacco Alert* 1996; special issue: 1–26.
9. Evans N, Farkas A, Gilpin E, Berry C, Pierce J. Influence of tobacco marketing and exposure to smokers on adolescent susceptibility to smoking. *J Natl Cancer Inst* 1995; 87: 1533–1545.
10. Pierce J, Gilpin E. A historical analysis of tobacco marketing and the uptake of smoking by youth in the United States: 1890–1977. *Health Psychol* 1995; 14: 500–509.
11. Pollay RW, Siddarth S, Siegel M, *et al.* The last straw? Cigarette advertising and realized market shares among youths and adults, 1979–1993. *J Marketing* 1996; April: 1–16.
12. Report for Imperial Tobacco Ltd. Montreal, Quebec: Kwechansky Marketing Research Inc; 1997. Project 16 (RJR-MacDonald Inc. & Imperial Tobacco v. The Attorney General of Canada).
13. Report for Imperial Tobacco Ltd. Kwechansky Marketing Research Inc; 1982. Project PLUS/MINUS (RJR-MacDonald Inc. & Imperial Tobacco v. The Attorney General of Canada).
14. Youth 1987. The Creative Research Group Ltd., 1987. Prepared for RJR-MacDonald (RJR-MacDonald Inc. & Imperial Tobacco v. The Attorney General of Canada).
15. Report to RJR-MacDonald Inc: Third Family Qualitative Concept Test. Toronto, Ontario: Cogemic Marketing; 1981 (RJR-MacDonald Inc. & Imperial Tobacco v. The Attorney General of Canada).
16. Report to Congress pursuant to the cigarette smoking act 1978: An action oriented research program for discovering and creating the best possible image for Viceroy Cigarettes, Ted Bates Advertising, 1975. Washington, DC: Federal Trade Commission; 1975. Document AD11345.
17. Fischer PM, Schwartz MP, Richards JW Jr, Goldstein AO, Rojas TH. Brand logo recognition by children aged 3 to 6 years. Mickey Mouse and Old Joe the Camel. *JAMA* 1991; 266: 3145–3148.
18. Aitken PP, Leather DS, O'Hagan FJ, Squair SI. Children's awareness of cigarette advertisements and brand imagery. *Br J Addict* 1987; 82: 615–622.
19. Aitken PP, Leather DS, O'Hagan FJ. Children's perceptions of advertisements for cigarettes. *Soc Sci Med* 1985; 21: 785–797.
20. Aitken PP, Eadie DR. Reinforcing effects of cigarette advertising on under-age smoking. *Br J Addict* 1990; 85: 399–412.
21. Schooler C, Feighery E, Flora J. Seventh grader's self-reported exposure to cigarette marketing and its relationship to their smoking behavior. *Am J Public Health* 1996; 86: 1216–1221.
22. Huange PP, Burton D, Howe HD, Sosin DM. Black-White differences in appeal of cigarette advertisements among adolescents. *Tobacco Control* 1992; 1: 249–255.
23. Gilpin EA, Pierce JP, Rosbrook B. Are adolescents receptive to current sales promotion practices of the tobacco industry? *Preventive Med* 1997; 26: 14–21.
24. DiFranza JR, Richards JW, Paulman PM, *et al.* RJR Nabisco's cartoon camel promotes Camel cigarettes to children. *JAMA* 1991; 266(22): 3149–3153.