Smoking…who’s “right”?

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Abstract

Tobacco use contributes to disease and death among users and nonusers at an alarming rate and remains a major public health challenge. Research shows second-hand smoke is a major cause of morbidity and mortality. It has been associated with serious health problems in both children and adults (U.S. DHHS, 2006). Efforts to reduce exposure to second-hand smoke have included programs to prevent tobacco use among young people and campaigns for smoke-free workplaces and homes (CDC, 2009). Despite these interventions, people continue to be exposed to second-hand smoke at an unacceptably high rate.

Additionally, the U.S. Surgeon General has identified smoking as the single greatest avoidable cause of disease and death, and that second-hand smoke exposure causes disease and premature death in children and adults who do not smoke (U.S. DHHS, 2006). The Surgeon General also states there is “no safe level of exposure” to second-hand smoke. Recognizing this is a preventable cause of disease and death, it is clear we need to strengthen the social movement to implement policies that will prohibit smoking in all enclosed public and work places.

Understanding the significant health threats associated with smoking and second-hand smoke, this paper will discuss the Anti-Smoking “social” movement through a chronology of events, (tobacco history and health), group actions (smoking rights groups versus anti-smoking rights groups), and will conclude with the importance of continuing the movement through effective advocacy, policy recommendations and leadership to further reduce smoking and exposure to second-hand smoke in the United States.

“An environment free of involuntary exposure to second-hand smoke should remain an important national priority.”

- Richard Carmona, M.D., M.P.H., F.A.C.S.
  Surgeon General
Introduction

In recent years, mounting medical information concerning the extensive health risks associated with smoking and its by-product second-hand smoke, have led both medical and public health officials to take a far more active role in advocating against the use of cigarettes and other tobacco products. While this “Anti-Smoking” movement is grounded in factual health data and analysis, it has been an exceptional challenge for society to change the social norms of smoking and look at it in a new “healthy” light. While people have ridiculed first-hand smoke (smoke directly from cigarettes inhaled by smokers), controversies have risen in dealing with second-hand smoke (smoke inhaled from other people smoking). More and more people are supporting the Anti-Smoking movement to lessen tobacco use in our country, especially among our youth. While others hold on to the social norm of smoking, they plead it is their first amendment “individual” right to smoke whenever and wherever they please.

It appears however that the American anti-smoking crusade is becoming more and more successful. From 1965 to 2006, smoking in the United States declined by 50.4 percent among people age 18 and older. Additionally, there are now about as many ex-smokers in America as there are smokers (CDC, 2007). However, even after more than forty years of constant urging to “kick the habit”, about 20% of the U.S. population still chooses to smoke (CDC, 2007). The “war” between both groups continues to rage in an ever-evolving social movement.

Social Movement

For the Anti-Smoking movement to be studied, it must first be defined as a social movement from a sociological point of view. A social movement is an unconventional group or groups attempting to produce or prevent change (Wood et al., 1982). Those working for the social movement do not typically conform to conventional social norms, values, or existing
patterns of behavior; in fact, they often challenge them. The ultimate goal often sought is social change (Wood et al., 1982).

While change is the goal of a social movement, it is important to understand what types of social changes are usually sought in movements. Change can be many different things, but many social groups support equality of power, wealth, and prestige, or equalities for education, housing, jobs, and access to adequate food, shelter, and health care (Wood et al., 1982).

There are four defining characteristics to the structure of a movement. The first characteristic is a movement’s historical origins (Wood et al., 1982). The movement must have a history of what brought about the movement, where it began, and whom it began with. Second, the movement must have organizations, which seek the purpose of reform (Wood et al., 1982). The organizations can be formal or less than formal groups to support, oppose, or seek social change (Wood et al., 1982). Within organizations, there are authorities or movement leaders who inspire others and may employ sanctions against followers when directives are not carried out. Organizations will usually have a leader at the organizational level; however there are times that a leader of a movement does not need to be part of an organization to support, oppose, or seek social change, rather they begin their own organization in order to “build” upon the movement (Wood et al., 1982).

The third characteristic of a social movement is each side must have their own ideology and goals (Wood et al., 1982). An ideology is the integrated statements, theories and aims that constitute a sociopolitical program (Wood et al., 1982). In other words, each side of the argument has their own way of looking at the movement.

The fourth characteristic is that each side of the movement must have tactics (Wood et al., 1982) or ways of accomplishing an end or in the case of the Anti-Smoking movement,
reform (Wood et al., 1982). Lastly, each side will have their own set of consequences, of what will occur, has occurred, or is still occurring. The results are concluded as a consequence of the social change (Wood et al., 1982). Final consequences (end of the movement) of the Anti-Smoking Movement have not fully occurred, but as this paper will point out is making significant progress toward that end.

Now that we have discussed the characteristics and make-up of what constitutes a social movement, we will now turn our attention to the history of tobacco, tobacco’s impact on health, anti-smoking organizations, anti-smoking rights groups, and smoking rights groups and how each have played a role in the evolution of the Anti-Smoking Movement.

**Tobacco History**

The history of tobacco is critical to the understanding of the “powerhouses” (major tobacco companies). Powerhouses describe the major tobacco companies who have been considered the “enemy” by the Anti-Smoking movement. Defining who the powerhouses are and why they came about shows how the tobacco companies have been tied closely to the business world. Tobacco companies are deeply rooted in American history and most of the tobacco companies that began the tobacco industry, as we know it, are still major leaders today.

Tobacco is deeply rooted in our country’s beginnings (Heyes, 1999). Tobacco was being used when settlers came to the Americas. Native Americans were using tobacco in their own cultural ways, and they were the ones to name the crop “tobacco” after the word for pipe in their language (Heyes, 1999). Tobacco was sacred and a staple to their way of life as they considered tobacco as a means to an elevated spiritual state of mind and access to the world of spirits. Many researchers think tobacco from the Native American culture contained more nicotine than today’s cigarette, and that the stronger nicotine caused stronger mind-altering effects. The Native
Americans practiced rituals using tobacco smoke to ask the ancestors for fertile land, healing, and to send messages to the spirits (Heyes, 1999).

When European settlers arrived in the Americas, they discovered the Native Americans’ use of tobacco. In 1492, the Arawak natives offered Columbus dried tobacco and it was taken back to Europe (Heyes, 1999). When Columbus’ ship returned, they described the healing uses to physicians at home and they decided to call tobacco a “holy herb”. The ironic part of bringing tobacco to physicians was that Jean Nicot (French Diplomat and Scholar) studied the plant and gave it its Latin name, *Nicotiana*, but Nicot died from the first death known to tobacco: cancer of the nose (Heyes, 1999).

The first anti-smoking voice was raised by King James I of England in which he called the drug “the work of the devil” and raised taxes on it to prevent it from being imported (Cooper, 2001). Later, other countries refused tobacco into their own countries. In Russia, they would exile tobacco smokers from the country, while in Hindustan, they split the lips of smokers. However, those opposed to smoking could not stop the growth of tobacco. Tobacco grew in part from the hungry appetites of Europeans after the plague. Tobacco suppressed hunger and Europe wanted to be fed after so many years of hunger (Heyes, 1999).

Species of the tobacco used in today’s cigarettes was discovered in the 19th century when a slave in Caswell County, North Carolina burned tobacco leaves (Heyes, 1999). Eventually, tobacco was found to turn bright orange and gold as it burned, and the tobacco leaves were rolled into something the Spanish called “cigaritos” (Heyes, 1999). In England, Philip Morris gained ground on the tobacco industry and monopolized the small rolled cigaritos by making them for specific groups, mostly men, and began to advertise. His attempt at advertising was a success and it promoted the tobacco industry. From this work, his business became the earliest powerhouse.
While Morris’ company was taking off, a father and son, Washington Duke and James Duke, decided they too wanted in on the tobacco business. They sought business in the tobacco industry by becoming the prime provider of cigarette packaging and sales (Heyes, 1999). Only a few years later after the son, James Duke took over, did the company soar. Eventually, James Duke built many factories in the South that packaged cigarettes. It was not until Duke purchased a cigarette roller that could produce 200 cigarettes a minute that made Duke’s company a central powerhouse (Heyes, 1999). Duke was also the first to use extensive advertising to promote his product; his name was plastered on city billboards to create a name in the business world (Cooper, 2001). He used giveaways to immigrants and endorsements to advance his product. Advertising and promotions worked and he eventually ended up sending most of his competitors out of business (Cooper, 2001). He eventually took over their companies and became a trust, gaining 90% control of the tobacco industry plus 250 small businesses (Heyes, 1999).

While Duke wanted to control the market, he found many religious groups saw cigarettes as a way to corrupt the youth, especially boys. Their efforts created the National Anti-Cigarette League and outlawed sales in three states, while 12 others considered a ban (Heyes, 1999). While the moralists decreased cigarette use, tobacco farmers raised their own voices to proclaim the unfair treatment of the cigarette “monopoly”. Farmers were selling their crops at ridiculously low prices to Duke’s company, since they had no other company to sell the tobacco to (Heyes, 1999). Eventually, the farmers and the religious protesters burned down two of Duke’s tobacco plants. It was then that the government intervened on Duke’s behalf.

The government began to enforce anti-trust laws on Duke’s powerhouse. It was settled by the U.S. Supreme Court, which ruled the American Tobacco Company (ATC) was an illegal trust and ordered Duke to break up the ATC. This split set up the five dominant companies for

**Health History**

In the 1950’s, there was a surge of information on health hazards about tobacco and cigarette smoke. A New York scientist reported patients who smoked were 10 times more likely to develop lung cancer than non-smokers; 96.5% of lung cancer patients were smokers (today 90% of lung cancer patients are smokers); people who smoked 50 or more cigarettes a day were 50 times as likely as non-smokers to develop lung cancer (Heyes, 1999). In 1954, researcher O. Muhlbock found an increase in lung tumors in experiments using tobacco smoke concentrate in mice. Instead of further research, tobacco companies turned their backs on the findings and sought new public relation strategies to combat the claims (Heyes, 1999).

Public relations professionals suggested to the tobacco powerhouses that they develop a new image. In 1954, companies pulled together to create “A Frank Statement to Cigarette Smokers” in more than 400 newspapers. They told the public they were forming the Tobacco Company Industry Research Committee (TCIRC), and reported they would get to the bottom of the controversy regarding health concerns. In reality, the TCIRC did nothing to contribute to research the health effects of tobacco. Instead, it soothed the worried American public (Heyes, 1999). Years later, it was discovered that when the TCIRC determined tobacco was carcinogenic, they reported their findings to the companies, which chose to ignore the findings (Heyes, 1999). The summary of the findings was documented and found years later in a warehouse after the courts ordered the tobacco companies to turn in their documents. The finding of the documents caused many cases to be brought into litigation.
In 1962, the Surgeon General, Dr. Luther Leonidas Terry, issued a report to the federal government confirming the research from years earlier. He reported smoking was hazardous to one’s health, caused cancer, and was “a health hazard of sufficient importance in the United States to warrant appropriate remedial action” (Heyes, 1999). The action was the federal government’s now infamous Surgeon General’s warning: “Caution: Cigarette Smoking May Be Hazardous to Your Health.”

From the first Surgeon General’s warning until now, many governmental restrictions have been toughened as additional research has come to light. Anti-Smoking campaigns began with tax money collected on cigarettes by state governments. The Surgeon General has undertaken significant research regarding tobacco smoke, which has supported increased activities of many anti-smoking groups. The Surgeon General continues to report about heart disease, emphysema, environmental tobacco smoke, the risks of pregnant women who smoke, nicotine addiction, tobacco use, and smoking among ethnic groups (Heyes, 1999).

Most importantly, Dr. Terry was a driving force in instigating the Non-Smoking Movement. People wanted to see others stop smoking, especially their own youth and as a result prevention programs became more of a focus. There were also a growing number of people who wanted to make public places environmentally healthier. When the Environmental Protection Agency (EPA) asserted that second-hand smoke or environmental tobacco smoke (ETS) contained carcinogens and radioactive elements, it provided even more energy to the growing Anti-Smoking movement. Meanwhile, tobacco companies defended the smoker’s individual right to smoke.

Smaller groups of smokers’ rights advocates began to form with the passage of Environmental Tobacco Smoking legislation. In 2004, Americans watched as Australia “took
away” the rights of smokers when they made restaurants, malls, and other public areas smoke-free. Non-Smoker’s rights groups began to form shortly after the first wave of medical warnings was released. The Anti-Smoking Movement had begun a “war”, not only between tobacco companies, but by grass root groups like FORCES (Fight Ordinances and Restrictions to Control and Eliminate Smoking). Smokers gained support from smoking companies and farmers, who sought to keep their own way of life secure.

As a result of the 1998, Master Settlement Agreement, states are now afforded the legal right to file suit(s) against tobacco companies for the sharp increase in health care costs. Litigation stems from evidence that tobacco companies were promoting unhealthy habits (to include targeting minors) and failing to warn the public about the cancer-causing chemicals in tobacco, even though they had previous knowledge of the substantial health risks.

Now that we have addressed some of the significant historical and health related aspects of tobacco, we will now turn our attention to the organizations involved in this social movement: Anti-Smoking Rights and Smoking Rights groups.

**Anti-Smoking Organizations**

It is believed the first anti-smoking groups began with King James I of England who posed the anti-smoking argument based on his own sense of smell and taste, claiming cigarettes and tobacco were “foul” (Cooper, 2001). Through the years, the Anti-Smoking movement has evolved from the distaste of smoking habits to its more modern day “health risk” focus. But perhaps the strongest wave of anti-smoking groups followed the period immediately after it came to light that the tobacco powerhouses’ knew about the public health risks associated with tobacco and did nothing about it.
In the later years of Duke’s business, religious groups saw cigarettes as a way to demoralize the youth. As tobacco was a growing interest among young boys, religious groups felt boys who smoked were rebelling against society’s norms. The first preventive campaign against youth smoking began. The first anti-smoking group known, the National Anti-Cigarette League, was a combination of religious groups and farmers who felt they were being underpaid for their tobacco (Heyes, 1999). Eventually, tobacco was challenged by scientists, which would bring on the second wave of anti-smoking groups.

The second types of anti-smoking groups were those that began at the state and local levels. These groups were formed because of the scientific findings concerning the health risks of smoking. Smokers, who did not quit despite these findings, continued old habits and were left alone by the anti-smoking groups. Secondary organizations were considered to be state and local health departments that worked to decrease smoking in their own states and communities. The meaning of smoking changed from being a nasty habit to an unhealthy habit. State health departments were trying to contain the habit from growing, but the first attempts were not very successful. California, one of the more successful states, realized the crisis at hand early and began extensive work with local health departments. Efforts to contain the habit ranged from taxes on cigarettes to prevention programs, which resulted in a decrease in smoking rates. These efforts were less successful in states like North Carolina, where taxes and prevention programs met resistance because of the extremely large tobacco industry based in the state.

Formal organizations were only beginning to take shape at this point. Most of the efforts came from state and local agencies or from health organizations like the American Lung Association and the American Cancer Society. These health organizations were working on being highly organized to decrease smoking. Most of the leaders in this area were small voices
trying to shed light on the health related issues. More importantly, these associations were conducting research into tobacco smoke (Heyes, 1999).

Support from local and state health departments was joined in 1998 by one of the largest and most modern anti-smoking organizations. This formal organization known as the American Legacy Foundation, was created with funding from the Master Settlement Agreement. The prime task of this anti-smoking organization was, and still is, prevention and intervention programs. Two successful modern programs emerged, which have shaped the course of the Anti-Smoking movement. The first was “Circle of Friends” and the second is the widely popular The Truth.com campaign.

The prime purpose of the American Legacy Foundation’s “Circle of Friends” was to ensure that anyone could quit smoking. More recently, “Circle of Friends” has devoted many of its resources to reaching out to females and linking them to other women trying to quit. The group offers support much like an Alcoholics Anonymous group, and also trains friends of smokers’ on how to help their friends quit. Celebrities contribute their time and talent to boost the success of the program. American Legacy Foundation also has leaders on their board of directors; some of their past and current directors include senators, attorneys general, medical and public health physicians. The other program started by American Legacy Foundation is The Truth.com, which will be discussed in Tactics of the Anti-Smoking Movement.

**Anti-Smoking “Rights” Groups**

Most of the organizations and groups of the Anti-Smoking movement have worked to create social change. The change they want to see is for social norms of society to see tobacco as a hazard (Wood et al, 1982). The essential idea is defined as making sure that everyone has a right to tobacco-free air.
This “idea” was especially important in the litigation case concerning flight attendants who had no choice but to inhale second-hand smoke on flights. The flight attendants were in immediate danger to inhalation of second-hand smoke because they were committed to work in a place of contained space (Heyes, 1999). The verdict awarded compensation to the flight attendants, while the government planned to stop smoking on certain airlines to prevent future problems. The verdict and ban of smoking on flights was one-step into the future for the Anti-Smoking movement (Heyes, 1999).

After smoking was banned on flights, some leaders of the smokers’ rights groups saw what was in store for them (Cooper, 2001); they knew that public places would be next. With the thought of more public places prohibiting smoking, they would need to mobilize their efforts soon.

**Smoking “Rights” Groups**

Smokers’ rights groups have grown with recent information about Environmental Tobacco Smoke. Smokers have united to form small groups to tackle the “zealots” of the Anti-Smoking movement. Smokers’ rights were not a formal issue, but it has continued to grow with the help and support of tobacco companies. Preservation of their rights in legislation is a fundamental cause for these groups. These groups, as well as tobacco companies, hope to prove to the government and local health departments that they have an unalienable right to smoke in public.

Smokers’ rights groups began as small grassroots groups with no real publicized information for other smokers except on a state level. The early groups were considered weak because they lacked support and because they really did not feel like it was their time—early 1980’s. New research by the Surgeon General had come out by then concerning the risks of their
smoking on others, and they accepted the fate that scientists gave them (Heyes, 1999). Smaller groups tried to gain strength on their own at the state level. Some were successful campaigns like in Colorado by Steve Cronin (Gurwell, 2003) who united Colorado and neighboring states to oppose changes that states would be challenged to pass. When the case of the airline stewardesses was brought to court to decide whether or not ETS was harmful, Steve Cronin saw what was going to happen to smoking in public (Gurwell, 2003). Even smaller groups were formed throughout the country to unite those who had a reason to support smoking in public places.

One of the most recognizable organizations was the Friends of Tobacco Organization, which was started in Kinston, North Carolina. It was the first farmer-based organization that sought to protect the rights of smokers. Their motto stated:

*Friends of Tobacco is a grass-roots organization dedicated to preserving an essential part of America's history and future. We believe that when any of our freedoms are taken away, all of our freedoms are at risk. Some people want that. Some people want to tell us that we cannot enjoy ourselves after dinner, at work, in our cars, or in the privacy of our own home. If these people did not exist, we would not need to.*

Friends of Tobacco have been credited with increasing membership in tobacco farming and the smoking community. They argue tobacco is deeply rooted in our culture today and a major part of establishing this country. They also advocate that Tobacco creates jobs for America, and it is one of the last remaining industries in America and rarely takes its production overseas (Heyes, 1999).

During the grassroots groups’ formation, tobacco companies extended a hand to the groups to support their cause, because it was also in their own self-interest to keep the industry alive. Tobacco companies began to publish their own magazines to strengthen efforts. The two
best known are Philip Morris’ and R.J. Reynolds’ magazines. These companies obviously had the funding and have increased publications as smoking sales have decreased. Additionally, these powerhouses have continued to support the pro-choice approach to argue against legislation.

When Environmental Tobacco Smoke (ETS) became an issue to the smoking world, tobacco companies hired their own researchers to look into the effects of ETS (Cardador et al, 1995). However, the tobacco companies’ researchers told the companies that the ETS health claims were not true. They found no evidence to show second-hand smoke caused cancer in others (Cardador et al., 1995). Tobacco companies published their report and stated ETS was a stretch of the truth on the part of researchers who were “paid off” by Anti-Smoking groups to push a ban for smoking in public places (Heyes, 1999). When the Anti-Smoking groups began publishing the counter literature, this led to the Anti-Smoking Movement to be called the “War on Tobacco” (Cardador et al., 1995).

Extensive research had been conducted on the publication of the Tobacco Industry’s Smokers’ Rights Publication. In Cardador, Hazan, and Glantz’s research, they defined what the tobacco company was telling smokers by breaking the information down into four categories. The first was the perceived threat, which presents individual rights, choice, and freedom as the ideal; smokers’ rights are threatened. The second category was undermining the opposition, which was defined as undermining the tobacco control movement and refuting scientific evidence related to health hazards of ETS. The stage of change for this category was defined as ready for action (Cardador et al., 1995). The third category was creating legitimacy for the tobacco industry, smokers, smoking, and tobacco in general, thus encouraging readers to view these entities and behaviors as targets of unfair discrimination. Once again, this was defined as corresponding to the ready for action stage of change (Cardador et al., 1995). Last, was political
and social action, which informs readers about political and social action that protects or threatens smokers’ rights and prompts them to take action to protect these rights and freedoms. They defined this stage of change as action (Cardador et al., 1995).

Cardador, Hazan, and Glantz went through magazines published by tobacco companies and read line-by-line, searching for each of the above categories. When they came to a sentence that had nothing to do with the above, they characterized the sentence as neutral (Cardador et al., 1995). They randomly chose magazines from the years 1987 (announcement from the Surgeon General about ETS) until 1992 and recorded the frequency of occurrences of the four categories into their database.

Newsletters and magazines provided information about recent events and highlights of new social and political action. Especially important was the growth of social and political efforts from 1987 until 1992, when a large number of public place smoking bans were created. In other words, Cardador et al. saw that tobacco companies were pushing the social change and political action (Cardador et al., 1995). Most importantly, these findings highlighted that these were industrial goals to encourage smokers to take action, protect their rights, mobilize public opinion, and delay society’s rejection of smoking and second-hand smoke (Cardador et al., 1995). Because the highest number of content categories were labeled political and social action, it would suggest that tobacco companies always wanted to work on political action and they did not spend much time in preparing for the action (Cardador et al., 1995).

Now that we have taken a look at some of the ideas, actions and “support organizations” linked to Anti-Smoking Rights and Smoking Rights groups, we will now shift our focus to the Group Tactics employed in this social movement.
Group Tactics

Many of the tactics of Anti-Smoking and Smoking Rights groups can be categorized into two major areas: intervention and prevention. As more and more medical evidence became public, tobacco companies began to suffer from the negative exposure. And as the public began to better understand the exceptional health risks associated with smoking and second-hand smoke, the decrease in smoking became a business problem for tobacco companies. Their “intervention”—bigger advertising campaigns (Heyes, 1999).

For the tobacco companies to succeed, they needed to find more appealing strategies to market their product to the new generation of smokers. The tobacco companies began pouring millions of dollars into campaigns to market tobacco as “cool and appealing to the younger generation.” As one tobacco company would later say in a memo found in its warehouse, “to the best of your ability… relate the cigarettes to ‘pot’, wine, beer, sex, etc.” (Heyes, 1999). It was a success: as legislation increased, “cool” appeal rose in society. For a long time, tobacco powerhouses were pressured to stop the cool campaigns that made tobacco appealing. Even today, the memories of the character “Joe Camel” or the “Marlboro Man” still affect the contemporary image of tobacco (Heyes, 1999).

The tobacco companies had to respond to the warnings made by Dr. Terry. So they devised a tactic not only against the Surgeon General but against science as well. Tobacco companies said they could not believe the correlation of cancer and cigarettes, because in every case, it was not possible to establish a link. In other words, the tobacco companies sought out and produced examples of people who did not have cancer when they died. The tobacco companies wanted a different measure of science. They implied that in every smoker there would have to be signs the person had cancer. For years, tobacco companies stuck to this principle and challenged
scientist to prove it in order to stop production. However when the files were found in a
warehouse that suggested they had known about the correlation between cancer and cigarette use
for years, they could no longer use this tactic.

While intervention efforts appear to remain the primary focus of Smoking Rights groups,
prevention efforts typically serve at or near the top of most Anti-Smoking Rights groups’
agendas. Prevention was the first idea anti-smoking groups thought would be successful in
reaching out to children. Prevention groups were best known in the 1980’s for state-funded
programs. Many local and state organizations teamed up during this time to work with schools to
implement prevention programs (Belshe, 1998). For instance California increased taxes on
cigarettes to support program funding; an example of this was Proposition 99, which was a 25-
cent tax initiative. During this time, one out of four adults smoked in California and 90 percent
started before they were 18 (Belshe, 1998). California used two major approaches (both
prevention tactics) to change the social norms. First, they wanted to counter tobacco influences,
such as advertisements, giveaway programs for tobacco related merchandise, and glamorous
portrayals of cigarette or cigar use in movies. Second, they wanted to reduce youth access by
making it more difficult for children to obtain cigarettes (Belshe, 1998). They did this by
stopping stores from selling tobacco to youth and encouraging friends and family members to
stop giving them tobacco products. In 1997, these Anti-Smoking groups met success with the
exile of the cartoon character, the “cool” Joe Camel (Heyes, 1999).

Anti-Smoking groups have always tried to curb the appeal of tobacco, but it was not until
recent years that American Legacy began a billion dollar ad campaign against tobacco and
tobacco companies. Anti-smoking advertisements would try to counter the appeal of tobacco by
making their own appeal with sarcastic and fact-finding research. The truth came from a
warehouse where R.J Reynolds’ paperwork revealed scores of memos about the tobacco companies’ tactics and blatant disregard of serious health effects information (Heyes, 1999). Lawyers went through the paperwork and found that, for years, the powerhouses knew of the health hazards before making public denials (Heyes, 1999). They also found advertising campaign paperwork that stated the tobacco company was marketing to minors.

With the increased information from the exposure, American Legacy backed an organization known as “The Whole Truth” (now known as simply “The Truth”). The organization was tough on tobacco companies and sought only the truth from executives, who for years had buried their hidden agendas. Their goal was to counteract years of ad appeal from cigarettes by exposing the tobacco company (Cooper, 2001). Their advertisements were also the first to point out Environmental Tobacco Smoke and worked to eliminate the possibilities of endangering children and others. The Whole Truth advertisements were expensive but worth the money (Cooper, 2001). The advertisements drew so much attention that they were sued by tobacco companies for being too explicit, but instead of backing down from the tobacco companies, they told the courts they were using the same brainwashing tobacco companies for years had done to us (Cooper, 2001).

From the beginning, Anti-Smoking groups have protested against the tobacco industry and for social change. Anti-Smoking groups began trying to change the social norm by attempting to prove tobacco was linked to deviance in youth, especially young boys (Heyes, 1999). Then the movement shifted to protecting the youth, because the tobacco companies increasingly targeted youth after health warnings were released, as these caused many adults to quit. Also Anti-Smoking groups worked on intervention to reach adult smokers. Today, we are
seeing the national campaign of The Truth and American Legacy Foundation continue to energize the Anti-Smoking movement.

Who’s winning the movement?

In 2003, a Social Climate Survey released information about new attitudes associated with Environmental Tobacco Smoke. The researchers, McMillen, Winickoff, Klein, and Weitzman concluded there had been a significant increase in attitude change about ETS, and that more and more citizens are calling for reforms to public laws to decrease ETS in their community (McMillen et al., 2003).

In April 2009, the U.S. House of Representatives cast a monumental vote to reduce smoking and save lives by approving the Family Smoking Prevention and Tobacco Control Act. On June 11th 2009, in a historic move, the U.S. Senate voted 79 to 17 to grant the Food and Drug Administration (FDA) sweeping authority to regulate the manufacturing, marketing and sale of tobacco products. Congress is expected to quickly send a final bill to President Obama, who has promised to sign it into law. Once signed, it will grant the FDA authority to regulate all tobacco products (Robert Wood Johnson Foundation, 2009).

Also, there continue to be signs that even in the most “tobacco friendly” areas of the United States, the social norm is shifting toward smoke-free public settings. For example, the following states have municipalities with local 100% smoke-free laws in all workplaces, restaurants, and bars: Alabama, Arkansas, Georgia, Kentucky, South Carolina, and West Virginia.

But maybe the most significant indication that speaks to the success of the Anti-Smoking movement is the recent passage of North Carolina House Bill 2, which was signed into law by Governor Beverly Purdue May 19th 2009. The new law creates new statewide prohibitions and
also expands local authority to adopt local smoking laws. Given North Carolina’s long tobacco history and its significant business ties to the tobacco powerhouse companies, this can only be viewed as a major victory for Anti-Smoking Rights groups.

So it’s over right? North Carolina is now going to have smoke-free restaurants, so there is no need to continue the Anti-Smoking movement? To the contrary, in light of such “victories”, the tendency to assume the fight is over would provide opposing social movement group(s), Smokers’ Rights groups in this case, less opposition in their intervention or prevention efforts. The fact is the tobacco movement faces very difficult decisions about “what’s next” with regard to its future strategic direction to avoid slippage in the movement.

**Advocacy & Leadership—the next step**

One of the most effective ways to see the Anti-Smoking movement through to its final consequence is to implement smoke-free policies in all public places. Increasingly, societies are adopting more and more such policies (CDC, 2006). Where these policies are adopted, exposure to second-hand smoke among adults and youth is significantly lower (CDC, 2006). To do this effectively, will require dedicated advocacy and strong leadership.

In order to grow more “smoke-free” policies, the effective leader(s) must develop an advocacy message and strategy that’s built around and responds to community concerns and interests. Given the research of this paper, the most logical message would be one that focuses on the health “human rights” of our nation (legislation would improve health and reduce cost burdens associated with smoke-related diseases). The message and community interest would then be conveyed (support generated), sponsored, and ultimately implemented through government legislative action(s).
Since legislators at every level serve “at the pleasure” of their constituents, the first step in a successful advocacy strategy would be to identify and gain support from key constituents (stakeholders) affected by a smoke-free policy that could influence legislative action(s). Some of the more influential stakeholders at the Federal and State level include, but would not be limited to:

- American Cancer Association
- American Medical Association
- American Lung Association
- Centers for Disease Control and Prevention
- State Health and Human Services (Health Department)
- State Medical Associations

It’s anticipated that expanding this network of allies (stakeholders) may become a little easier as medical information (smoking and second-hand smoke are equally harmful) becomes even more accepted by our society.

Understanding it’s extremely important to have the community’s support behind such a policy movement, it’s equally important to understand (and account for) opposing stakeholder views. For example, groups supporting Tobacco Production, Restaurant Associations, and/or Economic Development have not traditionally supported such legislation and will more than likely be lobbying legislatures to NOT support smoke-free laws. This doesn’t mean that legislation will not be sponsored or pass into law, but it must be accounted for in strategy development because these entities have very strong lobbyist and extremely deep pockets to counter Anti-Smoking messages.

Assuming all stakeholders have been accounted for, one must understand the primary policy keeper for such regulation resides in county/state governments (County Commissioners, State Legislators, etc.). Additionally, advocacy leadership must once again consider there are
stakeholders, both inside and outside government that will play significant roles in the implementation of such policy. These may include but are not limited to:

- Legislator’s Constituency (inside and outside of government)
- Health and Human Services (inside government)
- State Public Health (inside government)
- Boards of Health & Local Health Departments (inside government)
- Industry Groups/Labor Unions (outside government)
- Public Interest Groups (outside government)
- Environmental Groups (inside and outside government)

Effectively communicating the advocacy message and building strong advocacy coalitions is absolutely critical in gaining support (sponsorship). The policy message must resonate and lawmakers must see a large groundswell of support or it will fall on deaf ears.

The development and successful implementation of any policy is an extremely difficult process. Timing, emotions, and economy are just a few of the factors in determining how much interest (support) there may be and how quickly policies move forward. Understanding advocacy and building the necessary leadership and partnerships to affect positive change can be applied to many other health issues as well. One local example, where I have witnessed the early stages of this effort is in the fight against rising obesity rates. Not only has our local Board of Health (Gaston County, NC) identified obesity as its top public health priority, it has also commissioned a Childhood Obesity Prevention Action Team to author an “action plan” to develop policy, program, and environmental change recommendations to improve the fitness and healthy weight of our most precious resources…our children.

The challenge of difficult economic times, combined with poorly planned and constructed built environments, multiplied by the lower costs of fast “unhealthy” foods makes for an extremely challenging environment in which to fight obesity. However, it’s the passage of
bills like North Carolina House Bill 2 that will encourage the continued efforts of obesity prevention supporters, stakeholders, and elected officials.

Social change does not and will never come easy, but when built with the strong advocacy and leadership principles discussed in this paper it will stand a much greater chance of success. It’s for this reason, and the continued efforts of many, that citizens throughout our nation will someday be able to walk into a restaurant and not be greeted with “Would you like smoking, non-smoking, or first available?” but rather just “Would you like the first available table or do you have a particular table you prefer?”
References:


Health, United States, 2007, NCHS and Centers for Disease Control and Prevention; Tobacco use among adults: United States, 2007


