

A new, personalized strategy for smoking cessation



Please observe the No Smoking sign,” chanted the flight attendant in her reading voice mode, “while the plane is on the active runway. There is no smoking after the cabin doors are opened and there will be no smoking in the jet way. In fact, there is no smoking until after you have left California!”

This last phrase was spoken with *ad lib* enthusiasm. Most passengers laughed, but some grimaced. I thought, “What a great anti-smoking campaign slogan! The spontaneity, the almost one-on-one take-by-surprise attack . . . !”

We need a new approach to smoking cessation. Okay, smoking is down these days. Fewer than 25 percent of the population smokes. Forty-two years ago, the Royal College of Physicians of London led the way with a surprising and effective anti-tobacco pamphlet, *Smoking and Health*. But in this fortieth anniversary of Luther Terry’s announcement (he was U.S. Surgeon General) that smoking was harmful, Steve Schroeder has pointed out that, distressingly, smoking rates in the 18 to 24 age group, including college campuses, are increasing. Young adults (YAs) have developed an immunity to anti-smoking rhetoric. Indeed, there is an increasingly boisterous backlash against nonsmoking in places these YAs used to hang out, such as Manhattan bars that had to close after the nonsmoking ban was implemented. Letters to the *New York Times* point to *British Medical Journal* papers stating that the dangers from second-hand smoke have been exaggerated. In rebuttal, the Royal Society of Physicians in London has launched a public document, *Tobacco Smoke Pollution: The Hard Facts . . . 10 Reasons to Make Public Places Smokefree*. Despite progress in smoking cessation about 50 million Americans smoke, causing an estimated 440,000 premature deaths each year at a cost of \$75 billion in direct health care expenses.

How DO we get the message to the YAs who aren’t symptomatic of any illness and don’t come into our examining rooms so that we can tower over them in our white coats and frighten them into quitting? Schroeder points out that the billion-dollar settlement against the tobacco companies given to states unfortunately has resulted in precious few dollars spent on anti-tobacco advertising (to which, as I mentioned, the YAs are becoming immune). And simply by raising the pack price before taxes are added, tobacco companies have recouped their losses from the settlement. However, a major escalation of the cigarette tax by \$2-a-pack (proposed by emeritus U.S. surgeons general, David Satcher, C. Everett Koop, Julius Richmond, and Jesse Steinfeld) might go a long way to discouraging the weed among low-income smokers.¹

After that zinger thrown in by the flight attendant at the end of her spiel, I had what I *thought* was a good idea. Why not mobilize the physicians in the country (and residents and medical students can join in) to take several seconds of their time each day to approach a YA who is smoking, and hit him or her with a calm but firm admonition against smoking? Think of the impact for public and private health that 300,000 physicians and trainees could have each day! In addition to

YAs’ concern about choosing a permissible place to smoke, they would have to fear the respectable strangers who spot them smoking, come up (not too close), smile, and speak fatherly, motherly, or fraternally words about how seriously they are harming themselves with each inhalation. Such a campaign would not take significant time away from doctors’ routines, but would compound the messages implanted by previous admonishers. Eventually, YAs’ homes or cars would be their only refuge, and soon the smell of stale tobacco smoke might get to them there, and their last cigarette would be lit.

Are there ethical questions raised by this strategy? I don’t think so, and I offer the contrast with using the same approach with those who are overweight. Imagine coming out of the blue to someone outside a theater and saying, “Ma’am, you are FAT! You gotta reduce or you’ll get seriously ill!” Not ethical, totally inappropriate. Obesity, unlike smoking, can’t be cured immediately, and obese people are already ill. Most know that, but cannot easily or quickly change their weight. In contrast, the smoker, addicted and subconsciously waiting for rescue, would *welcome* this unexpected help. And perhaps the new ex-smoker, realizing how much impact these one-on-one encounters had for his or her own cessation, would join the ranks of the quiet missionaries and also gain some converts.

Well, someone had to beta test this new tool. I decided that since the idea was mine, the tester should be me. I had arrived recently on a small plane at the Palm Springs airport with carry-on baggage, and was waiting outside for my hosts to drive by and pick me up. There, 10 yards to my left, stood my first test subject: a YA, slender, tall, blonde woman with long, straight hair, a short T-shirt emblazoned with “YOU LIVE HERE” (with an arrow pointing to the Earth within a sketch of the universe), low-rise jeans, and sandals. She had just lit a long filter-tip, and she was standing in a “smoking OK” area near a large circular concrete sand bin for butts. I wandered over with a gentle smile and said, “Hi . . . you know, you are attractive and, I sense, quite intelligent. I just want to say that you can spoil your life by smoking, and as a physician, I urge you to stop.”

It was intriguing to watch the change in her facial expressions. As I came up to her she had a “beware of dog” look. As I talked she began to look quizzical, and then a definite look of distaste became evident. She inhaled deeply, let the smoke penetrate deeply into her alveolae, then exhaled in my general direction—I was now about four feet away. Then she growled, “Piss off!!!”

Well, I still think it’s a good strategy. Maybe, if others try it, it will take hold and more lives will be saved. Meanwhile, I’m building my nerve for another test run.

Reference

1. 4 Ex-surgeons general push higher cigarette tax. *New York Times* 2004 Feb 4: A17.

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