

The BTS and Doctors for Tobacco Law: working towards ending tobacco advertising

"The Government does not believe that stopping tobacco advertising would significantly reduce consumption and intends to continue with the successful voluntary agreement." (Department of Health, February 1994)

"There does seem to be an inconsistency in a policy which continues to defend tobacco advertising even in a restricted form with a policy designed to reduce smoking further." (Michael Heseltine MP, President of the Board of Trade)

"The people of the United Kingdom have a right to protect themselves and their children from those who promote an addiction which kills 300 people in this country every day." (Sir Richard Doll)

"What would happen if we banned the advertising of tobacco products and, therefore, the Government Health Warning disappeared from magazines and billboards. What impact would that have?" (Nigel Evans MP, owner of a tobacco store, speaking during the second reading of the Private Members' Bill to ban tobacco advertising)

In recent years the British Thoracic Society (BTS) has made a significant contribution to the management and wider understanding of a range of issues crucial to the health of the nation, including asthma, air pollution, tuberculosis, and tobacco. Members of the BTS are well aware of the facts surrounding the most crucial of these – smoking. Smoking is the biggest single preventable cause of early death in the UK. Over 300 people die every day from smoking-related diseases and lung cancer remains at epidemic proportions. Passive smoking kills hundreds of non-smokers, causes miscarriages, still births and cot deaths, and blights the health of many children.

In 1990 the Government launched an initiative to reduce deaths and morbidity from coronary heart disease, cancer, and asthma. The BTS was asked to respond to this initiative and to suggest constructive ways forward. The answer of the Society was simple: the Government should do more to reduce smoking and, in particular, stop the recruitment of children to the habit by putting an end to tobacco advertising and promotion.

The growing importance of the tobacco issue within the BTS was reflected in the decision of the Society in 1990 to form the Tobacco Committee. Whilst acknowledging the efforts of generations of doctors, ever since the first Royal College of Physicians report on smoking in 1962, the BTS felt that a higher profile campaign was needed. The Society was particularly anxious to put pressure on the Government to support the EC proposal to ban tobacco advertising – a proposal supported by the majority of EC countries but vehemently opposed by the British Government. To increase the vigour of its campaign against tobacco advertising the BTS formed Doctors for Tobacco Law (DFTL) in 1991 as a campaigning group. The principal objective of DFTL was to achieve an advertising ban within five years! The strategy of DFTL was to raise awareness of the need for a ban on advertising, particularly among key opinion formers, to give a strong medical voice to the wider campaign against tobacco advertising, and to harness the energy of the BTS membership on this issue. To give weight to their campaign DFTL asked for, and received, support from virtually all of the UK Royal Col-

leges, medical societies and associations, representing all branches of the medical profession. However, although DFTL has received firm support from these organisations its greatest strength has always been the strong support it receives from the broad BTS membership. Through DFTL, the BTS has been able to take a leading role on tobacco issues and has been a key medical organisation within the broad coalition of groups working within the tobacco arena. The BTS and DFTL have become the first port of call whenever the media or other agencies need an authoritative medical view on tobacco issues – an authority that spans the UK.

Doctors for Tobacco Law has made great progress over the last three years, adapting its approach and style to achieve maximum lobbying effect. One of the key areas of activity, particularly in the early days, was campaigning directly aimed at the media. A number of high profile media events proved very effective – DFTL held protests at the annual general meetings of the tobacco companies (fig 1). At the Rothmans AGM in 1991 doctors wearing white coats held a giant inflatable cigarette reminding the public of the profit made by the company for every dead Rothmans smoker in that year. The photocall of this "death dividend", and similar events, received widespread national media coverage and was helpful in lifting the profile of DFTL. Over the last three years DFTL spokespersons (nearly all members of the BTS) up and down the country have made countless contributions to the media debate, on radio phone-ins, TV chat shows, and via local press features (fig 2). It is this constant and cumulative pressure at a national and regional level that has forced the Government to take notice of the medical lobby. One of the real measures of our success is that the prevailing climate concerning tobacco advertising in the national press is shifting. Two or three years ago a DFTL spokesperson would have needed to forcefully state the case for an advertising ban; now it is usually the journalist who poses the question: "Why isn't tobacco advertising banned, surely it must by its very purpose recruit children to the habit?" Many different agencies have been lobbying for a ban on



Figure 1 Supporters of Doctors for Tobacco Law at Rothmans AGM 1991.



Figure 2 Members of the BTS in Sheffield city centre at the time of the Summer Meeting. Each tobacco packet contained a card with details of the annual deaths caused by that brand.

tobacco advertising but unofficial feedback from Government departments suggests that the role of doctors has been very influential.

One activity that has been particularly effective has been the direct targeting of Members of Parliament by letter writing campaigns. The BTS membership has responded splendidly to repeated exhortations to write letters to MPs. DFTL used the consultative period of the White Paper "The Health of the Nation" (1992), the Smee Report (1992),¹ and the possibility of an EC Directive banning tobacco advertising (1993) to lobby MPs and to persuade others to do the same. Tobacco was the most commonly raised issue during the consultation process of "The Health of the Nation" and BTS members provided the bulk of the responses.

At a European level DFTL has led Euro-wide demonstrations at the European Parliament in 1991, and in 1993 a delegation of BTS members met with MEPs from the Environment Committee to discuss the issue of tobacco advertising.

The Government, however, has remained staunchly opposed to the EC Directive which is now effectively dead. Successive health ministers have also managed to evade the issue of advertising, even when faced with reports such as that from the Health Education Authority on the "Reg" campaign, which exposed how the tobacco industry evades any constraints from the voluntary agreement and successfully targets children.² The recent data from the Department of Health³ demonstrating that there has been no reduction in smoking prevalence in children during the last decade clearly illustrate the failure of present Government policy, and is a vivid example of the Government failing to achieve the smoking targets outlined in its White Paper.

Most recently the DFTL campaign focused on the Private Members' Bill initiated by Kevin Barron, MP for Rother Valley, designed to bring an end to all tobacco advertising and promotion. On this crucial issue DFTL worked alongside many other organisations interested in achieving an advertising ban including the BMA and ASH. This broad tobacco alliance has greatly improved the effectiveness of the campaign.

At the second reading of Kevin Barron's Bill in the House of Commons in February 1994 the true effectiveness of the DFTL letter writing campaign to MPs became clear. Sir John Hannam read out a letter from Dr James Friend, Chairman of the BTS Tobacco Committee, as he presented

the core arguments in favour of an advertising ban. Many other MPs referred to the letters that they had received from doctors, particularly chest physicians. Dr John Britton's research into the smoking habits of mothers and asthma in children was quoted to great effect by Sir Peter Emery. The whole debate in the chamber was a remarkable tribute to the hard, and sometimes monotonous, work – particularly the letter writing campaigns – that have been undertaken by DFTL supporters. The BTS can feel justly proud of the part that they played in this historic debate. At the end of the debate the House moved that the Bill go forward into Committee Stage by 227 votes to 17. The debate was a wonderful occasion, with many MPs speaking in favour of an advertising ban and the Government Minister being very much on the defensive.

After being considered in Committee the report stage of the Bill came before the House of Commons on Friday 13 May and this was a very depressing occasion. Opponents of the Bill tabled more than 100 amendments and proceeded to slowly make their way through each of these. Many of the amendments were trivial but the endless speeches, points of order, and requests to "give way" to fellow opponents of the Bill relentlessly consumed the time allocated to the Bill and it was therefore "talked out." The MPs most involved in blocking the Bill were Sir Trevor Skeet, John Carlisle, Bill Cash, Nigel Evans, Edward Lee, and Charles Hendry. This deeply depressing experience has one important lesson to us all. It is impossible for a Private Members' Bill to ever succeed without firm support from the Government of the day.

Through its brief history there have been some who have considered the strategy adopted by DFTL to be too "political." However, tobacco is a political issue, and success can only be achieved by public policy forged in the political arena. It is likely that the recent strengthening of the voluntary agreement was, in large measure, a response to the efforts of DFTL and others in the tobacco alliance.

It is important to remember that it is not just academics, health lobbyists, and doctors who support a ban on tobacco advertising. Opinion polls and surveys have repeatedly shown that members of the public are opposed to all forms of tobacco advertising which they firmly believe recruit young people to the habit. According to an NOP poll in 1992, 60% of the sample group supported a ban. This figure was the same when the Consumers' Association conducted a survey of members of the public in March 1993. Perhaps the most telling poll of all was conducted by *Marketing* magazine in 1990 when 62% of marketing directors advocated a ban, thereby acknowledging the power of the media to entice new smokers.

Looking ahead, now that the Private Members' Bill has failed, the BTS must not let up in its efforts to reduce tobacco consumption by every possible means. We must remember that any control over the tobacco industry, short of a comprehensive advertising ban, is unlikely to be effective. The longstanding voluntary agreement has been strikingly ineffective. The apparent strengthening of the voluntary agreement during recent years did not stop Embassy running the enormously successful "Reg" campaign which, the Health Education Authority concluded, targeted teenagers and increased smoking amongst young people in the north of England.² Similarly, it is unlikely that the latest strengthening will achieve much. It is folly to believe that an industry as huge and as profitable as the tobacco industry will not continue to aggressively promote and sell its wares. The industry has shown remarkable resourcefulness and cunning in the past – for instance, when television cigarette advertising was banned in the 1960s the industry invested heavily in sponsorship.

There is a need to enlarge the present Tobacco Alliance to include all sections of the medical and related professions. The chest physicians are playing a leading part at the moment, but it is important that our colleagues who are gastroenterologists, vascular surgeons, cardiologists, urologists – indeed those from all branches of medicine – join actively in the Campaign. The medical profession *en masse* must make it clear to governments that tobacco is the single most important preventable cause of illness and that more effective policies to reduce tobacco consumption must be found. The Government has set itself targets on smoking. Prevalence is supposedly to be reduced by one third by the end of the century. To date, no progress has been made in children, no progress has been made in adults before middle age, smoking prevalence amongst the least well off in our society remains high and unchanged,⁴ and no progress has been made in reducing smoking by pregnant single women. The BTS must keep reminding the Government of the targets that have been set for these groups and the failure to achieve any significant progress so far. It is inconceivable that the “Health of the Nation”

targets can be achieved without a complete ban on tobacco advertising and promotion, and the BTS must make it very clear that doctors will settle for nothing less.

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- 2 Health Education Authority. An investigation of the appeal and impact of the Embassy Regal “Reg” campaign on young people. Health Education Authority, 1993.
- 3 Department of Health. *Smoke-free for health*. 1994.
- 4 Marsh A, McKay S. *Poor smokers*. Policy Studies Institute, 1994.