ASHES, 2(5) - Controlling tobaccouse by controlling conventional wisdom

June 21, 2006

Tobacco use continues to be a looming public health threat despite numerous tobacco control policies and programs. A recent empirically-grounded commentary by Frieden & Blakeman (2005) speculated that one reason that tobacco use persists is that there are a number of widely know myths pertaining to tobacco use that weaken efforts to expand tobacco control. In that commentary the authors review those common myths and empirical literature rebutting those myths. This week ASHES reviews their evidence and conclusions (see Figure).

Myth	Rebuttal: Evidence from the Empirical Literature
People have free choice whether or not to smoke	 18 times more is spent on advertising than tobacco control Nicotine is associated with addiction Most smokers start as teenagers, when decision-making skills are still developing, which lowers one's probability of quitting and raises one's probability of being a heavy smoker Companies intentionally increase nicotine content

	 Few women know of
	gender specific
	risks
	 Most people don't know
	smoking
	relates to heart disease
	• Less than ¼ of Chinese
	men believe
Everyone knows how bad smoking is	smoking causes health
	problems
	 Among rural smokers,
	reports of
	positive descriptions of
	smoking are increasing and
	of associated
	health risks are decreasing
	Risk for cardiovascular
	disease
	increases with only 3-5
	cigarettes/day
Total of formation with a state of the state of	• Risk is nonlinear at low
Just a few cigarettes a day can't hurt	doses
	(i.e., increasing rapidly)
	• Pregnant women who
	smoke less that
	5 cigarettes/day have low
	birth weight babies

	• There is not industry
	standard to
"Light" cigarettes are less harmful	define "light" or "ultralight"
	Companies note that "light"
	and
	its kind refer to taste and not
	content
	• "Light" cigarettes include
	the
	same amount of tar as
	regular cigarettes (1:1)
	People inhale harder when
	they
	smoke "low-tar" cigarettes
	-
	Though many people quit
	on their
	own, most people make
It's easy to stop smoking: If people	multiple quit attempts before
want to quit, they will.	they stop
want to quity they will	• Only 50% of surveyed
	doctors who
	smokes and had a heart
	attack were able to quit
	Studies show that nicotine
	replacement can facilitate
	quitting
Cessation medications don't work	• Combination therapies
Cossition incurations don't work	(e.g.,
	replacement + therapy) can
Once a smoker, always a smoker	be even more effective
	• More than ½ of Americans
	who ever
	smoked have quit

Smokers may die earlier, but all they lose are a couple of bad years at the end of life	On average, smokers who die of tobacco-related illness lose 14 years of life. Elderly smokers have the health of individuals 2-4 years their senior and the mental health of individuals 10 years their senior
Environmental tobacco smoke may be a nuisance, but it isn't deadly	The circulatory system of non-smokers is similar to that of smokers only 30 minutes after smoke exposure Passive smoking is associated with respiratory disease, asthma, and sudden infant death syndrome
Tobacco is good for the economy	World Bank data indicate that money spent on tobacco would be spent on other good and services Some estimate a net increase of jobs in America if tobacco were eliminated from the economy Non-smokers miss less work than smokers

	More than 1 in 5 adults in
	America
	smoke
	The decline in smoking
We've already solved the tobacco	rates has
problem	stagnated in recent years
	• An estimated 1 billion
	people will
	die this century from tobacco-
	related illness
	• The World Health
	Organization
	reports that tobacco
	companies continue to target
	youths and try to
	undermine public health
	initiatives
	Many companies file
	lawsuits
The tobacco industry no longer	against public health
markets	campaigns they deem "anti-
to kids or undermines public health	industry"
efforts	• Industry social
	responsibility
	programs do not change
	business strategy
	• Children aged 12-17 are
	more
	likely to be exposed to
	tobacco advertising (e.g.,
	through movies,
	music videos, television, etc.)
Figure. Myths and Rebuttals	Identified by Frieden &

Figure. Myths and Rebuttals Identified by Frieden & Blakeman (2005). Click image to enlarge.

Frieden and Blakemen (2005) provide a large amount of empirical evidence

rebutting the myths presented in Table 1. A primary goal of their review was to illustrate how myths limit the public's ability to expand tobacco control. Although the authors have used empirical literature to contradict the existing myths, they have not related those myths specifically to tobacco control; and, consequently, cannot say that there is a causal link between the existence of the myths and poor tobacco control. One way to gain information about this link would be to survey regulators, for example, to gain their impressions of the impact of myths on policy-making decisions. Because this was a commentary, and not a meta-analysis, the authors did not present a methodological summary of their literature review. At this time we cannot evaluate the representativeness of the literature presented. Nevertheless, the authors provide compelling empirical evidence for the hollowness of the myths. It is important to note, that variations on these myths are often evident for other objects of addiction. It is possible that these myths represent some type of cultural or group rationalization for doing something risky, unhealthy, or bad. Conventional wisdoms are the collective perspectives of individuals; so, the noted myths might represent a social psychological architecture of the justification of risky behavior.

-Debi LaPlante, Senior Editor, The BASIS.

References

Frieden, T. R., & Blakeman, D. E. (2005). The dirty dozen: 12 myths that undermine tobacco control. American Journal of Public Health, 95(9), 1500-1505.

What do you think? Please use the comment link below to provide feedback on this article.