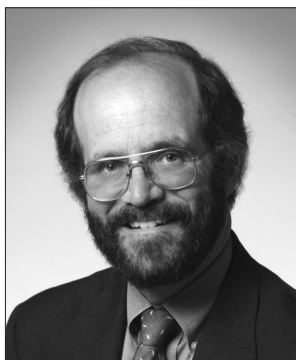




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## The 50th Anniversary of the Surgeon General's Report on Smoking and Health

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### Reflections and lessons to be learned for other public health challenges

January 11, 2014, marked the 50th anniversary of the first Surgeon General's Report on the Health Consequences of Smoking. That report represents one of the seminal public health events of the 20th century, documenting—for the first time—smoking as a cause of cancer, and concluding that this serious public health risk warranted “appropriate remedial action.”

The release in January 1964 by Surgeon General Luther Terry is legendary. His team chose to distribute the report on a Saturday to minimize its impact on financial markets and maximize its dissemination potential—it was front-page news in virtually every Sunday paper in our country the next day. The government invited a limited number of reporters into a locked conference room for the press briefing and distributed the report in sealed brown paper packages.

For many Americans, January 11, 1964, marked the first time they became aware that

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smoking was harmful. Countless Baby Boomers cite that release as the impetus for their decision to quit smoking.

The public health and clinical response since 1964 also has been legendary. Smoking, which was ubiquitous and socially acceptable then, is now dramatically less common. Smoking rates have fallen from about 43% of all adults in 1964 to about 18% today. In the 1960s, people could smoke in planes, classrooms, restaurants and even doctor's offices. Now, smoking is prohibited in the indoor environments of 30 states, including Wisconsin. What was referred to as a “habit” then is now recognized as an addiction so powerful that former Surgeon General C. Everett Koop famously equated it to heroin and cocaine.

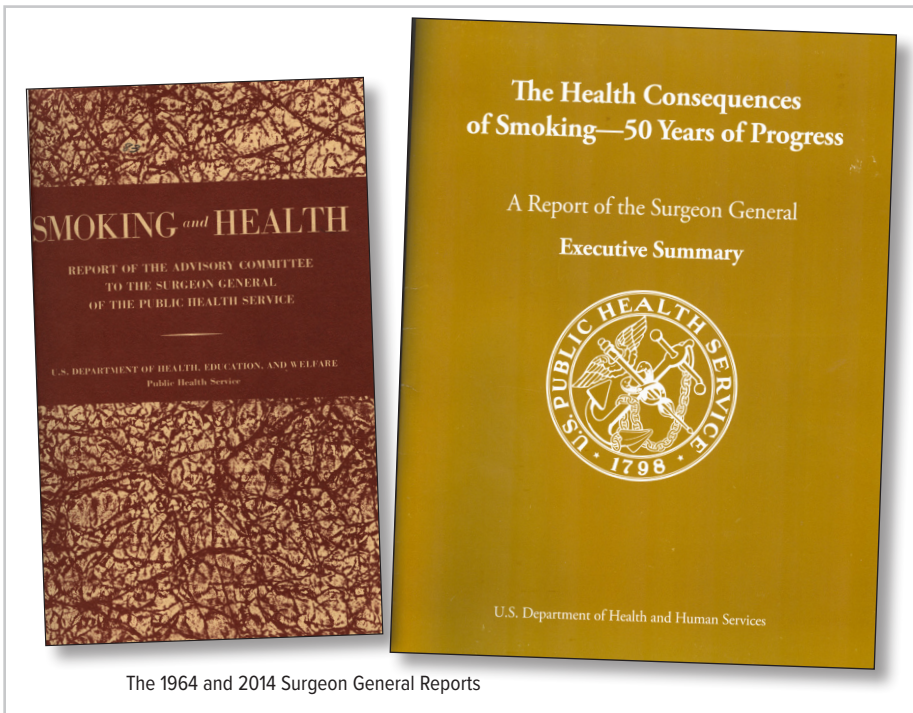
Yet despite the enormous progress over the past 50 years, tobacco use remains responsible for almost half a million annual deaths in America (about 8000 each year in Wisconsin). Tobacco use is now concentrated among the least advantaged members of our society, with smoking rates double the overall average among the poor, the least educated, and individuals with mental health and/or substance abuse diagnoses.

The University of Wisconsin School of Medicine and Public Health, partnering with the United States Public Health Service, has

played a pivotal role in confronting tobacco dependence in America. For the past 25 years, the UW Center for Tobacco Research and Intervention (UW-CTRI) has been among the nation's leading centers devoted to reducing tobacco use.

UW-CTRI's contributions to tobacco control include:

- Helping more than 200,000 Wisconsin smokers quit, using the Wisconsin Tobacco Quit Line—a service funded by the Wisconsin Department of Health—that provides free counseling and medications to any smoker in our state via 1-800-QUIT NOW.
- Advocating for the establishment of tobacco use as one of the vital signs collected on all patients at every clinic visit. This simple, low-cost intervention is now the standard of care across America, with more than 80% of smokers reporting that they were asked about tobacco use at their last clinic visit.
- Assisting the US Department of Health and Human Services in creating the National Action Plan for Tobacco Cessation, which outlined the key public policy approaches for eliminating tobacco use, including a \$2 per pack increase in the price of cigarettes.
- Chairing the 3 US Public Health Service Clinical Practice Guideline Panels that produced *Treating Tobacco Use and Dependence* (1996, 2000, and 2008), the evidence-based gold standard for the clinical treatment of smokers.
- Assisting with the passage of both the



The 1964 and 2014 Surgeon General Reports

promotion, with much of this activity directed at enticing children to serve as replacement smokers. Just as the tobacco industry was forced to alter its behavior (television advertising bans, the Master Settlement Agreement that provided more than \$250 billion to states), entities that target children to engage in underage drinking and pursue unhealthy diets must be held accountable.

### Get the Word Out

With the tobacco industry spending \$10 billion annually in advertising and promotion, a vocal public counterweight was needed. Dr. C. Everett Koop served effectively in this role, using the bully pulpit as US Surgeon General. More recently, the US Centers for Disease Control and Prevention, through its “Tips from Former Smokers” media campaign (<http://www.cdc.gov/tobacco/campaign/tips/>) has highlighted the real health costs to smokers. In a similar way, First Lady Michelle Obama has shined a powerful light on childhood obesity. Getting the word out regarding the human and societal costs of childhood obesity and binge drinking will be essential in reducing these public health dangers.

In January 2014, the tobacco-control community came together at the White House for the release of the 50th Anniversary Surgeon General’s Report on the Health Consequences of Smoking ([www.surgeongeneral.gov/library/reports/50-years-of-progress/index.html](http://www.surgeongeneral.gov/library/reports/50-years-of-progress/index.html)). It was not sealed in brown paper packages. For the first time, that report detailed an “end-game” plan for fully eliminating the harms of tobacco use in our society. While far from complete, the promise of achieving this goal in Wisconsin and America will save half a million lives per year, and provide a blueprint for confronting other public health scourges of our time.



Michael Fiore, MD, with Timothy McAfee, MD, director of the US Office on Smoking and Health, at the January 16, 2014, White House release of the Report of the Surgeon General.

We believe several lessons can be learned from the successful approach to the tobacco epidemic that may help guide efforts to combat current and emerging public health challenges in Wisconsin, including childhood obesity and binge drinking. What insights from the “tobacco wars” can be applied to other public health imperatives?

### Recognize the Disease

Our perceptions of smoking changed markedly once tobacco use was recognized as an addiction rather than a “free choice” and “just a bad habit.” This recognition led the US Public Health Service to designate tobacco dependence as a chronic disease that warrants medical attention. It drove the National Institutes of Health and other agencies to support research that provided a scientific basis for treatment. Thus the recognition of obesity and binge drinking as serious public health crises can serve as a cornerstone for the development of effective diagnoses and treatments.

### Know the Enemy

A critical turning point in the war against tobacco was the recognition that the tobacco industry was the primary agent responsible for enlisting new generations of children as lifelong tobacco addicts. Each year the tobacco industry spends about \$10 billion on advertising and

Madison and Wisconsin clean, indoor air ordinances.

- Publishing more than 300 research articles on tobacco dependence and successful intervention strategies.
- Creating the website [www.ctri.wisc.edu](http://www.ctri.wisc.edu), which recently ranked as number 1 by Google for tobacco research and serves as a resource for smokers and clinicians.
- Working with Wisconsin smokers from disadvantaged populations to help them quit.
- Generating more than \$100 million in external grant funding to support its research and outreach missions.

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