

TOBACCO CONTROL

AN INTERNATIONAL JOURNAL

Editorials

The slow growth of a movement

And finally, a journal

The issue of tobacco and health has been around for centuries. In 1604 King James I issued his *Counterblast to Tobacco*, perhaps the most well known indictment of the weed in tobacco lore. He called tobacco use

a custome lothsome to the eye, hatefull to the Nose, harmefull to the braine, dangerous to the Lungs, and in the blacke stinking fume thereof, neerest resembling the horrible Stigian smoke of the pit that is bottomlesse.¹

In 1856–7 the *Lancet* published the opinions of 50 physicians on tobacco use, many of whom attributed increased crime, nervous paralysis, loss of intellectual abilities, and visual impairment to tobacco use.²

As pointed out in this issue's cover essay, the first clinical report linking tobacco and cancer occurred as early as 1771, when Dr John Hill of London described six cases of "polypusses" related to "the immoderate use of snuff."³ Epidemiological studies in the late 1940s and 1950s documented strong associations between smoking and disease, especially lung cancer. These studies were described in two historic reports: the 1962 report of the Royal College of Physicians of London⁴ and the 1964 report of the US Surgeon General.⁵

The addictive nature of tobacco was recognised early on.⁶ In 1623 Sir Francis Bacon wrote: "The use of tobacco is growing greatly and conquers men with a certain secret pleasure, so that those who have once become accustomed thereto can later hardly be restrained therefrom."⁷ Research on the pharmacological actions of nicotine began in the late 1800s, including the classic work by Langley and Dickinson on nicotine's effects on autonomic ganglia.⁸ Several decades of modern investigation led to the comprehensive 1988 report of the Surgeon General on nicotine addiction.⁹

More than 50000 articles on tobacco and health have now been published in the biomedical literature, the findings of which have been reviewed in more than 8000 pages of 21 reports from the Surgeon General.¹⁰ In the preface to her 1990 report Surgeon General Antonia Novello concluded that "smoking represents the most extensively documented cause of disease ever investigated in the history of biomedical research."¹¹ As the British Medical Association proclaimed, "the battle over the evidence has been won"; thus, research on tobacco and health has shifted from investigations into the health effects of tobacco use to analyses of smoking behaviour and evaluations of tobacco control interventions.¹²

In the 1970s and 1980s "tobacco and health" developed into a movement. As the first issue of this journal was sent to subscribers the eighth world conference on tobacco or

health began in Argentina. More than 1000 researchers, educators, and tobacco control advocates attended the seventh world conference (1990) in Perth, Australia, where more than 285 papers were presented.¹³ Many government health agencies have offices on tobacco and health. Many health organisations have programmes, committees, and staff dedicated to this endeavour. Tobacco control legislation has become much more prevalent around the world.^{14,15}

Yes, interest and activity in this field have grown substantially. Nevertheless, interest and activity in this field are far below what they should be given the enormity of the tobacco problem. It is baffling, for example, that it took so long for a journal on tobacco control to be launched – 388 years after King James's *Counterblast* and 30 years after the Royal College of Physicians' first report. By contrast, several journals devoted to AIDS^{16–18} were launched six or so years after the first published description of the acquired immunodeficiency syndrome.¹⁹ Does it make sense that the *yearly* world conferences on AIDS attract 8000 participants,²⁰ whereas the *biennial* world conferences on tobacco and health attract 1000?

Despite its slow growth, the field of tobacco and health has a lot going for it. There is no shortage of horrifying statistics to justify working in this area. For those who seek challenges, we are fighting a deadly, addictive behaviour supported by a wealthy and powerful industry. The people who work in this area are extremely committed to and passionate about their work.

Our problems include lack of resources and an inadequate coordination of activities. Our goals are often disparate and our efforts are fragmented – and fragmentation seems to be increasing. The definition of "movement" is instructive:

...a *diffusely* organized or heterogenous group of people or organizations *tending toward* or favoring a *generalized* common goal...²¹ [my italics]

The movement *is* diffuse and it often *stumbles* toward its goals. And whereas we agree on the *general* goal of reducing tobacco related disease, how best to achieve that objective is a matter of ongoing debate.

Tobacco Control will not be able to ameliorate the problem of scarce resources. However, my hope is that it will help foster communication, cooperation, and cohesion among the many organisations and individuals working in this field. I also hope the journal can enhance the esteem of the movement, to help it attract a more abundant supply of educators, advocates, and researchers.

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Similar to the control of infectious diseases, the prevention and control of tobacco use require an understanding of the causative agents (tobacco products), the vectors (those who manufacture, advertise, distribute, and sell tobacco products), the host, and the environment.¹⁰ As such, *Tobacco Control* will report on:

- The nature and extent of tobacco use worldwide
- The effects of tobacco use on health, the economy, the environment, and society
- The efforts of the health community and health advocates to prevent and control tobacco use
- The activities of the tobacco industry and its allies to promote tobacco use.

The journal will, above all, publish research articles that have undergone rigorous peer review. Research areas will include:

- The evaluation of smoking prevention and cessation programmes
- The tracking and evaluation of tobacco control policies and legislation
- Epidemiological and behavioural research on tobacco use
- The health effects of smoking, smoking cessation, passive smoking, and smokeless tobacco use.

Consistent with these emphases, this first issue contains research articles on workplace smoking policies,^{22 23} tobacco advertising,²⁴ and physicians' advice to patients on stopping smoking.²⁵ A special contribution reviews tobacco litigation in 1991, analysing cases in Canada, Australia, and the United States.²⁶ Two letters and a book review address strategies to prevent young people taking up smoking. Tobacco industry activities are covered in the news section and in Ad Watch (p 49), Industry Watch (p 50), and elsewhere. And because of the tragic edge to this issue, *Tobacco Control* includes a column called The Lighter Side (p 48), which will afford readers a bit of comic relief by reproducing anti-tobacco cartoons.

As indicated in the subtitle of the journal's name, *Tobacco Control* is an international journal. The editor, deputy editor, and technical editor reside in the United States, Australia, and the United Kingdom, respectively. Regional and associate editors and members of the Editorial Advisory Board represent 30 countries throughout the world.

Above all, the content of the journal will be international in scope. The stamps on the front cover come from eight countries encompassing all six regions of the world (according to the World Health Organisation's classification system). The inside of the journal includes contributions from Argentina, Australia, Belgium, France, Hong Kong, India, the Netherlands, the People's Republic of China, Peru, Switzerland, the United Kingdom, and the United States. Abstracts of full length articles are translated into Spanish, French, and Chinese, courtesy of the Pan American Health Organisation, the European Bureau for Action on Smoking Prevention, and the Chinese National Institute of Health Education.

I aim for this journal to be a vehicle for progress in

tobacco control worldwide. The international flavour of *Tobacco Control* should expand in future issues. I am optimistic these ambitious goals can be achieved given the enthusiastic response the journal has already received. That enthusiasm can be measured by the number and diversity of individuals and organisations that have agreed to become involved in the journal (see inside front cover), and by the material already submitted to *Tobacco Control*. The editors welcome your contributions and ideas on how this publication can best serve the field of tobacco control.

RONALD M DAVIS

Editor

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