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Speech
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The annual death toll from tobacco in 1990 was 390,000, which dates this presentation properly as usual, I tried to get the attention of the audience by saying something startling right away.

This is a state- of-the-art message as of 1990 and I tried to cover the subject as the dew covers the ground: back to Colonial history, the attitude of Congress toward tobacco growing states, an overview of the perpetual association of tobacco with disease, disability, death, and money. The story never changes and yet it is a dynamic one. In my final years as Surgeon General I celebrated a 25th Anniversary of the first history-making report on Smoking and Health delivered to Luther Terry and now as I write this introduction I am getting ready to celebrate, in January of 2004, the 40th Anniversary of that historic document.

This is a kind of primer on the subject of smoking, especially appropriate for the beginner or the historian. It gets rid of some of the confusion about reports to the Surgeon General, reports by the Surgeon General, and the function of committees and reports since that time. It had been my impression that most talks on smoking assumed that the audience already knows a great deal; this talk assumes that, at least for completeness, they'd like a review from start to present. There is some historical information about the early wars on the airways between the tobacco industry and the Public Health Service. It is made clear how we came to our present situation of no TV advertising of tobacco. Also, for historical note, that when this talk was given the airline smoking ban had been in effect just a week, since February 5th, 1990. Of the 16,000 daily flights in the US, only 28 slipped through the ban I congratulated Northwest Airlines for voluntarily keeping the cabin air smoke-free all the way to Hawaii, although they were not required to do so by law.

It was also only four months since a local tough smoking control ordinance was approved by the voters of Greensboro, NC. If it could happen in Greensboro, NC with the heavy opposition of the tobacco companies in their home state, it meant the tobacco companies could be beaten anywhere.

This talk – as with all talks about smoking of that era – is dated by referring to the "Deadly Habit" of smoking, rather than addiction.

I developed most of this presentation on the good news-bad news theme, because that's what tobacco is usually all about; in spite of all the good news, there is still so much to be done.

The specific causation of cancer of various organs is outlined – a far cry from smoking and only lung cancer of 1964. Along with those bits of information, I also spoke, as I always do on such occasions, of the heavy handed, obtuse, impolitic, and untruthful group of corporations that comprise the tobacco industry.

Even as early as 1990, I was into some of the international implications of smoking, although they were as nothing compared to the efforts of the tobacco industry to infiltrate every corner of the planet at the present time (2003) with tobacco products, especially cigarettes.

All of the above is based upon a solid scientific base of approximately 60,000 articles proving the scientific case against smoking – essentially a unanimous opinion throughout the world, except when the research was bought and paid for by the tobacco industry.

Even though the report to Congress on Smoking and Health in reference to addiction was only two years old, I still was not as forthright as we are today in referring to nicotine as an addictive product. Perhaps the greatest change between then and now is that the tobacco user, him or herself, knows about addiction and admits to being one of those sadly afflicted. There is one little piece here (page 49) which lays out in bullet fashion that tobacco meets the definition of addiction.

The last part of this presentation has to do specifically about what can be done to improve the smoking situation in America. I cover some of the problems of smoking at the worksite, occurrence of the things such as a "non-smokers Inn," this naturally led to some discussion of the focus of research on methods of intervention, including age-appropriate, school based, and self-help methods. The COMMIT help effort was relatively new in those days (Community Intervention Trial for Smoking Cessation) and I talked a little of the history of this multi-faceted effort based in eleven communities in United States and Canada, where smokers were surrounded every where they went with reminders -- and assistance – to take charge of their lives by ceasing to smoke. COMMIT also engages physicians and urges them to become "smoking control media advocates". I was optimistic about treatment methods, although we hadn't even yet entered the field of the use of nicotine in products to aid withdrawal, nor anti-depressants to ease the transition.

I closed with the problems of the advertising industry and the grotesque economic power of international tobacco companies, which at the time I gave this talk was spending $4,000 a minute on promotion ($2.5 billion a year). Such discussion always gets into free speech and the First Amendment and I tried to cover this ground in a sensible fashion as well. It is appropriate to ban commercial speech that is misleading or fraudulent and it is also appropriate to ban commercial speech related to illegal activity. Semantics, too, plays a big role; cigarette advertising, far from allowing free choice actually undermines free choice. Nicotine addicts do not enjoy free choice. My final words were about the hypocrisy of the United States in our war against drugs to demand that foreign nation take steps to stop the export of cocaine to our country, while at the same time we export nicotine, a drug just as addictive as cocaine to the rest of the world. Those were also my final spoken words just a short time before as I left the office of Surgeon General.