

"Some smokers always make decisions based on price alone and we would rather keep them in the smoker community than lose them."

*Edward Horrigan, president-elect,
R.J. Reynolds Industries, Inc, 1984.*

MICHELLE SCOLLO
Victorian Smoking and Health Program, Australia,
PO Box 888,
Carlton South,
Victoria 3053, Australia;
mscollo@accv.org.au

DAVID SWEANOR
Smoking and Health Action Foundation, Canada

- 1 Sweanor D. Personal communication. Smoking and Health Action Foundation Canada, based on Wall Street market analyst reports and calculations on impact on state sales taxes.
- 2 Horrigan E. *Business Week* 1984;Jun 4:99.

Changes in the focus of cigarette advertisements in the 1950s

EDITOR.—Scientific evidence and concerns about the hazards of smoking increased in the early 1950s,¹ and in 1953 cigarette consumption declined considerably for the first time since the Great Depression.² Executives from the leading cigarette companies met on 15 December 1953 to address those developments. Previously, tobacco companies routinely advertised on health claims. At this meeting they agreed that their own "advertising and competitive practices had been a principal factor in creating a health problem"³ which may have contributed to the decline in cigarette consumption by implying cigarette smoking posed health risks. Therefore, it is believed that the companies formed an agreement to stop marketing their products based on health claims. Some feel this has decreased the incentive for tobacco companies to develop safer products. We examined the content of cigarette advertisements in the 1950s to determine whether or not there was a decrease in the use of health claims subsequent to the 1953 meeting.

A sample of cigarette advertisements was taken from *Time* and *Life* magazines, two of the most widely circulated magazines throughout



Figure 1 Example of a non-health-focused advertisement from "Time" magazine, 1952.



Figure 2 A health-focused advertisement, also from "Time" magazine, 1953.

the fifties.⁴ The sample included all cigarette ads in the first issue of each month from January 1950 through December 1959. Advertisements were rated by two judges on whether the main focus was a health claim or another focus (see figures 1 and 2 for an example of each). A health claim was defined as a direct claim such as: "Filtered smoke is better for your health", or an indirect claim such as highlighting the fact that the product has a filter. In situations where an advertisement contained more than one focus, each judge made a determination of what the main focus was. Judges agreed on 90% of the advertisements. Only data on the main focus of advertisement content are presented in this analysis.

A total of 399 advertisements were found for 27 different brands from seven companies. A few of the ads rated (about 10%) were duplications of the same ad published at multiple points in time. As figure 3 shows, about half of the ads focused mainly on health claims in 1952 and 1953. In 1954, however, health was the main focus of only 20% of the ads, reflecting the relative increase of other types of ads. This increase in non-health-focused ads continued until 1957 (92% of all ads), then declined in subsequent years. Furthermore, several leading brands of the time such as Camel, Chesterfield, and Pall Mall relied on health claims to advertise before 1953, but switched to advertising solely on non-health claims after 1953. Only one brand, King Sano, manufactured by US Tobacco, focused exclusively on health claims in their ads. Brands that had a high percentage of advertisements focusing on health claims were Viceroy and Kent.

Industry documents show that tobacco companies are concerned with helping smokers "maintain faith and confidence in the smoking habit" and that "advertising . . . should be constructed in ways so as not to provoke anxiety about health, but to alleviate it".⁵ In the years following the December 1953 meeting of tobacco company executives, advertisements for cigarettes became less health based. Today, tobacco companies have followed a similar pattern. New products such as RJR's Winston No Additives and B & W's Kool Natural brands, and low-smoke devices such as RJR's Eclipse and PM's Accord have been introduced in the past two years. No explicit health claims are made in the advertisements of these products, although they appear to be attempts to provide smokers with a product they consider safer. Although consumption rebounded in the mid to late 1950s, it remains to be seen what impact these new products will have on cigarette consumption.

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TRACY L SWEDROCK
ANDREW HYLAND

Department of Cancer Prevention, Epidemiology, and
Biostatistics,
Roswell Park Cancer Institute,
Elm and Carlton Streets,
Buffalo, New York 14263, USA;
tswedrock@sc3103.med.buffalo.edu (TLS)
hyland@sc3102.med.buffalo.edu (AH)

JANICE L HASTRUP
Department of Psychology,
State University of New York at Buffalo,
jhastrup@acsu.buffalo.edu

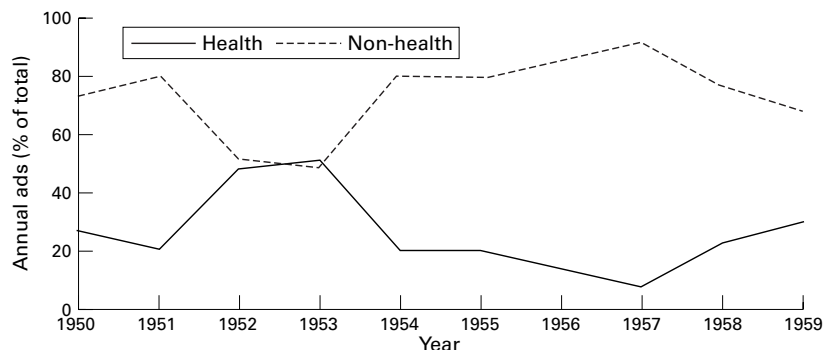


Figure 3 Main focus of cigarette advertisements between 1950 and 1959.

Correspondence to: Dr A Hyland.

- 1 Glantz S, Slade J, Bero L, *et al.* *The Cigarette Papers*. Berkeley, California: University of California Press, 1996:25.
- 2 US Centers for Disease Control and Prevention. Surveillance for selected tobacco-use behaviors—United States, 1900–1994. In: *CDC surveillance summaries*, 18 November 1994. *MMWR* 1994;43(SS-3):6–7.
- 3 Background material on the cigarette industry client. Minnesota trial exhibit 18905. (Industry try document detailing the tobacco executives' meeting on 15 December 1953).
- 4 Hansen H, ed. Education—leading US consumer magazines. In: *The world almanac and book of facts*. New York: New York World Telegram, 1951–1960.
- 5 Smoking & health item 7: the effect on marketing. Minnesota trial exhibit 10585 (BAT Co. Industry.)

Tobacco in history

In the N.S.W. Legislative Assembly, on July 6th, Dr. Ross moved the second reading of the Juvenile Smoking Suppression Bill. He urged that great evils arose from the use, by juveniles under 16 years of age, of the alleged harmless weed or drug, tobacco. His object was to endeavour, as far as possible, to protect children from the mischievous results of cigar and cigarette smoking. The evil of juvenile smoking had increased of late years, and he had felt it his bounden duty to bring forward a bill in order that physical and mental injury might be prevented. ... Cigars and cigarettes impaired the juvenile constitution, and must lead to an early grave. The bill provided for fines or imprisonment on persons under 16 years smoking in the streets, and on tobacconists for supplying juveniles with tobacco. Mr. Garrard (Minister for Education) said that the cheap cigarette was, no doubt, a great incentive to juvenile smoking. The idea of imprisonment for the offence, as provided in the bill, was impossible. Birching or confinement in a reformatory or industrial school would have to be substituted should the bill pass into law. The responsibility might be thrown on the licensee, as is the case of the liquor laws.

Source: "The Australian Medical Gazette" 1897;16: (July 20)359–60.