

For Debate

Policy on cigarette advertising and coverage of smoking and health in European women's magazines

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Until recently cigarette smoking has been more common among men than women and the death rates from smoking related diseases have been higher among men. This picture is changing.¹ Recent figures show that rates of cigarette smoking among 15 to 24 year old women in the European Community are at 34%—nearly as high as those among men (39%).² In several countries more teenage girls smoke than teenage boys.^{3,5} This is mainly because the decline in cigarette smoking has been less rapid among women than men. Smoking now kills over 106 000 women in the European Community each year and at least double this in Europe as a whole.⁶ Death rates from lung cancer in women are increasing and in Scotland have overtaken those from breast cancer.⁷

Women as a prime target

In many countries the tobacco industry has directly targeted women, and this is now recognised as one of the main reasons behind the narrowing gap in smoking rates between men and women.⁸⁻¹³ A leading tobacco trade journal has stated that "women are a prime target as far as any alert European marketing man is concerned."¹⁴ In Britain and the United States women's magazines have become one of the main ways that tobacco companies attempt to reach women.^{10, 15, 16}

Women's magazines have enormous readerships and are read by women from all age groups and social backgrounds. In Britain, for example, they are regularly read by around 50% of women including the majority of 15-24 year olds.¹⁷ Many countries are currently developing tobacco control policies and the European Community is considering legislation to

harmonise tobacco advertising and promotion,^{18, 19} yet little is known about the extent of tobacco advertising in women's magazines in Europe or the coverage that they give to smoking and health. This prompted health and tobacco experts in 13 European countries to collaborate in our survey to determine the tobacco policies of the most widely read women's magazines in each country.²⁰ We wanted to know specifically about cigarette advertising, coverage given to smoking and health, and the use of smoking images in editorial pages.

Survey of women's magazines

The number of women's magazines published in each country varied enormously from one in Luxemburg to over 90 in the United Kingdom. Where possible the survey included the two monthly and two weekly women's magazines with the largest female readerships, and the top two monthly and two weekly young women's magazines. If not selected on these criteria *Elle*, *Marie-Clare*, *Prima*, *Vogue*, and *Cosmopolitan* were included to compare the different versions published separately in several countries. The number of magazines surveyed in each country thus varied (table). Magazines were contacted between 1989 and 1990; 71 replied with a total collective readership of 50 million women.

Key findings

The survey found that 49 (69%) of the magazines accepted cigarette advertisements. Only five magazines voluntarily refused cigarette advertisements. The rest fell in line with national regulations or laws on tobacco advertising. Of the titles published in several countries none had a policy that was consistent internationally. Magazines carried cigarette advertisements if permitted to do so. Editors were reluctant to give their views on cigarette advertising, but several thought that it might influence young women.

In contrast with their policies on tobacco advertising the majority of editors who replied to the question stated that they refused or avoided using photographs of fashion models or personalities smoking. They usually cited personal concerns about not wanting to encourage smoking. However, 20 (40%) of those who replied had no restrictions at all on using such photographs. As with much advertising, such photographs projected highly positive and contemporary images of the female smoker.

As far as coverage on smoking and health was concerned only 14 (22%) of those who answered the question had published a major article—that is, at least

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Advertising policies and health coverage in women's magazines in Europe

Country	No of magazines contacted	No of respondents	No that accepted cigarette advertisements (n=71)	No that allowed photographs of smoking† (n=50)	No with recent major coverage (n=63)
Belgium	10	4	4	0	
Denmark	5	5	5	4	1
Finland	2	2	0	0	
France	11	11	10	6	4
Greece	11	5	3	1	0
Ireland*	10	6	4	1	2
Italy	8	1	0	1	0
Luxemburg	1	1	1		1
Netherlands	7	7	6		0
Portugal	6	6	0		2
Spain	12	12	11	12	3
Sweden	4	4	3	1	0
United Kingdom*	11	10	5	2	2
Total	95	71 (75%)	49 (69%)	27 (54%)	14 (22%)

*Three of the magazines were the same for the two countries.

†Refers to editorial photographs.

one page in length—in the previous year on the effect of smoking on health. A further 23 (37%) had given some minor coverage, but 26 (41%) had given no coverage at all.

Tobacco promotion and women's magazines

Millions of women in Europe are being exposed to positive images of smoking through women's magazines. Only one magazine refused tobacco advertisements, avoided showing positive images of smoking in feature or fashion articles, regularly informed their readers about the dangers of smoking, and offered readers help to give up smoking. Many magazines seemed to be actively promoting smoking, not only through advertising but also by using positive images of smoking in fashion pages and elsewhere. While many women's magazines refused advertisements for certain products and services, very few used this power to refuse cigarette advertisements. Most magazines if allowed to take cigarette advertisements did so. National restrictions played a crucial part in the control of cigarette advertising. However, in countries such as the United Kingdom and Sweden restrictions applied only to magazines aimed at young women despite the fact that magazines aimed at older women have many young readers. For example, in the United Kingdom *Marie-Claire*, which was not allowed to advertise cigarettes, had 213 000 readers aged 15-24 years old (5% of British women in that age group). *Bella*, which was allowed to advertise cigarettes, had 924 000 readers of the same age (22% of that age group).¹⁷ Limited bans have only limited effects, and if restrictions on advertising are to be effective they must be comprehensive.

Moral concerns

Most editors professed a concern for their readers' wellbeing, yet they accepted cigarette advertising. The moral and ethical concerns which motivated some decisions did not seem to motivate decisions about cigarette advertisements. Commercial factors were purported to be of overriding importance. But only a third of the magazines that provided information on advertising revenue said that they obtained 5% or more from cigarettes. While it is possible that those magazines that did not reply to this question were more dependent on tobacco, the fact remains that many women's magazines received little or no income from tobacco advertising—evidence that such dependence is not a necessity.

The second most common argument was that to ban cigarette advertising would limit "freedom of choice." Yet it is now widely accepted that tobacco advertising creates a positive environment in which smoking is seen as an acceptable and even desirable behaviour, so creating bias and therefore limiting the freedom to choose not to smoke. Children are much more aware of tobacco advertising than most adults realise,²¹⁻²³ and research shows that such advertising both predisposes children to smoke when they are older and reinforces teenage smoking.^{24,25} In a comprehensive analysis of the international evidence the New Zealand Toxic Substances Board concluded that cigarette advertising not only increases the total market but in countries where advertising has been banned or severely restricted for health reasons smoking among young people has decreased more rapidly than in other countries.²⁶

It is clear from our survey that even a ban on advertising would not eliminate all tobacco promotion as positive images of smoking were found in many different contexts, particularly in photographs of fashion models and personalities.

Putting women in the picture

Despite the widely known health risks of smoking, coverage of these issues was low even in magazines aimed at younger women. In countries which allowed tobacco advertising the limited coverage did not seem in any way to match the amount of space given to cigarette advertising. For example, in 1988 French *Elle* carried four short smoking and health articles but 42 pages of tobacco advertisements. This imbalance raised the question as to whether accepting cigarette advertising affected editorial freedom to cover smoking and health, as has been found to occur in the United States and Australia.^{27,28} Overall, magazines in Europe which accepted advertising were only slightly less likely to have covered smoking and health than those that did not—54% compared with 67%. The amount of coverage seemed to be largely determined by the editors' opinions about smoking and their perceptions of their readers' attitudes and knowledge. In some countries, primarily those with the longest history of female smoking, there seemed to be the view that magazines had "done" this issue or that their readers already knew all about it. In contrast, editors in other countries expressed a general ignorance about the subject and wanted more information and advice. This, along with the knowledge that most women smokers in the European Community want to quit,²⁹ points to a need for health agencies and health educators to work more closely with women's magazines to help them address the issue in ways which are constructive and supportive to their readers.

Implications for tobacco policy in Europe

Throughout Europe women's magazines have been used to promote smoking, and the tobacco companies seem to have had the advantage. There is a need to redress this balance. While editors have an important role, it is unrealistic to expect them to carry the full responsibility for countering the predominance of the tobacco industry. Governments should provide a policy framework, within which individuals can operate, by banning direct and indirect advertising and ensuring the adequate funding of health promotion agencies. At the European level the move towards freer markets and fewer trade barriers also places on governments the responsibility to ensure that consumers are protected from the potentially adverse effects of these developments. Advertising restrictions in one country become meaningless if magazines are printed abroad and exempted from the rules of the country in which they are circulated. There is a need for a Europe-wide ban on all tobacco promotion.

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Russian report: doctors and health service reform

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Even before the "second Russian revolution" of August 1991, governments of the republics were abandoning a range of institutional arrangements in response to the perceived needs and wishes of their electorates. This article will look at one example provided by a vote of the Russian Federation's Supreme Soviet (that is, the legislature) which took place towards the end of June. By approving the draft law entitled Concerning Medical Insurance of the Population deputies came down in favour of a scheme intended to make truly fundamental changes in the financing and organisation of health care.

Without the discipline formerly imposed by the Communist party, voting was not a rubber stamp affair but a genuine record of opinion among directly elected representatives in what is now a multiparty democracy. Their historic decision to terminate a state provided system which had virtually lost its legitimacy was exceptionally significant for a further reason. As this article shows, members of the profession most closely concerned had influenced the outcome with independent contributions to the processes of policy making and opinion building. In saying that I do not imply that a medical cabal had engaged in what Bernard Shaw might have denounced as a conspiracy against the laity, for the political propriety of the doctors' activity seems unchallengeable throughout the period of the reform's gestation, which started no later than September 1990, when deputies of the republic's Supreme Soviet appointed a new minister of health. The man whom they chose, Dr Vyacheslav Kalinin, made it clear that he was committed to the introduction of what the Russians call "insurance medicine."¹

Apparently, Dr Kalinin was able to provide an especially useful policy input since he moved from the USSR Health Ministry, where he had a hand in shaping the draft law entitled The Principles of Legislation of the USSR and Union Republics on the Financing of Health Care (A Telyukov, personal communication). I cannot establish whether the republican ministry had been working on its own plans before the advent of the new minister but, at the level of the legislature, the committee for health protection, social security, and physical culture of the Russian Supreme Soviet is known to have given initial consideration to its own text of a law at the end of October 1990. Deputies had before them a draft prepared within the health ministry and a similar one by an "initiative group"

headed by a deputy who was a medical administrator.²

Doctors who were members of the committee could have been in no doubt as to the progressive deterioration of the existing health service and of health indicators for their republic. During the months which followed they and other doctors who supported the reform evidently considered themselves obliged to publicise the dismal facts with vehemence—even to the extent of evoking an apocalyptic vision of the future.

Sounding the tocsin

In the first free elections to the republic's Supreme Soviet, voters had returned a sizable total of 97 doctors as their chosen representatives (that is, deputies). By December 1990 most of these doctors decided that, given the now potentially catastrophic state of the nation's health, they should issue a public statement in form of an appeal to the entire body of deputies who had been convened for a special congress. One alarmist passage in this statement reads as follows:

The low expectation of life, especially among men, the high mortality, including infant mortality, the increase in crime, accidents, alcoholism, drug addiction, prostitution, AIDS, psychiatric ill-health, and the grave ecological situation is changing the nation's genetic stock for the worse and threatens our people with degeneration. Today as many as 75% of school-children suffer from diseases. . . . With the reduction in the number of rural inhabitants, the countryside is becoming more obviously "a reservation" of the sick and the elderly.

A subordinate point deserving notice is that the medical deputies also drew attention to negative consequences of the government's reforms of prices for goods and services. All part of the transition to a market driven economy, these reforms had the effect of seriously compounding the complex of problems which had long beset this badly neglected and chronically inefficient sector. Thus the acquisition of medical technology, which was always difficult, had now fallen by 50%, the traditionally inadequate supply of pharmaceutical products had shrunk to a pitiful 19% of demand, and hospitals were struggling to cope with sharp rises in the costs of heating, lighting, and food for patients.

Having seen provisional figures in the government's budget for 1991, the doctors considered that "the residual principle" continued to determine the level of health service funding. On the basis of their experience

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