Editorial

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mands of Boston, Chicago, San Francisco, and Washington, D.C.⁷

In general, Christoffel and Stein fall into the same intellectual trap as do all moral entrepreneurs: they disattend to that which either contradicts or is peripheral to their mission. While health practices are certainly shaped by political and economic forces, their view that these are the only forces operating is extraordinarily naive. It is easy to endorse their notion that, for example, "the most effective antismoking strategy would be to help teens and pre-teens before they became addicted to cigarettes." It is far harder to accept the unsubstantiated and unsubstantiatable assertion that the failure of health education in this area "simply reflects political realities. Health education also fails in addressing other health problems and for a myriad of reasons, including the probability that health is not as salient a value to pre-teens as it is to Christoffel and Stein, and the certainty that merely providing people with information about the unhealthy consequences of behaviors does not preclude their adopting them. In a review of every empirical study (concerning a host of health-related practices, not just smoking) reported in eleven major health education journals during the period 1975-1977, it was reported that only 7 per cent demonstrated statistically significant results consisting of more than minimal improvements on desired cognitive, attitudinal, or behavioral dimensions. Other reviews concur in presenting "a rather bleak picture of health education's ability to alter behavior meaningfully.''8

Christoffel and Stein also use the word "bleak" in describing the outlook faced by their proposed clearinghouse. Their despair seems to reflect a perceived ideological assault: they conclude that "the theory that the legal system can be an effective mechanism for social change finds little support when it comes to tobacco." If they mean by social change a diminution of the political and economic power of large corporations or the inducement of populations to give up unhealthy prac tices, this theory also finds little support anywhere else. They do, however, highlight one area where the law has been somewhat more effective: protecting non-smokers from the consequences of people smoking in their

presence. Analogous successes have been found in the case of other drug problems as well. For example, experience abroad suggests that strong, consistent legal efforts to curb driving while intoxicated by alcohol may be effective in reducing automobile fatalities.9 If future members of the proposed clearinghouse would like some relatively easy victories to buoy their spirits, they should probably avoid the lure of the soap box and direct much of their initial effort to the relatively non-political issue of protecting the health and comfort of nonsmokers. Not because "society does not condone smoking as an acceptable social habit" — much of society, especially outside schools of public health, clearly does. But rather, because there is far greater public consensus, as Christoffel and Stein themselves have indicated, about the role of law in protecting the non-smoker, a consensus that no astute political activist should overlook.

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- 2. THIRD SPECIAL REPORT TO THE UNITED STATES CONGRESS ON ALCOHOL AND HEALTH, (National Institute on Alcoholism and Alcohol Abuse, Washington, D.C.) (1978) p. 23.
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- 4. See, e.g., R.J. Bonnie, and C.H. Whitebread II, THE MARIHUANA CONVICTION: A HISTORY OF MARIHUANA PROHIBITION IN THE UNITED STATES, (University of Virginia Press, Charlottesville) (1974); D.F. Musto, THE AMERICAN DISEASE: ORIGINS OF NARCOTIC CONTROL. (Yale University Press, New Haven) (1973); L. Grinspoon, and P. Hedblom, THE SPEED CULTURE: AMPHETAMINE USE AND ABUSE IN AMERICA, (Harvard University Press, Cambridge) (1975).
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 Health 68:767 (1978).
- 8. Cohen, C.I., and Cohen, E.J., Health Education: Panacea, Pernicious or Point-less? New England Journal of Medicine 299:718 (1978).

9. Ross, H.L., Law, Science and Accidents: The British Road Safety Act of 1967 JOURNAL OF LEGAL STUDIES (1973); Ross, H.L., Deterrence Regained: The Chesire Constabulary's' Breathalyser Blitz', JOURNAL OF LEGAL STUDIES 6:241 (1974).

Medicolegal Meeting Calendar

OTHER ORGANIZATIONS

Medical Malpractice: Trial Strategy and Techniques, at the Hilton Hotel in New Orleans, Louisiana (January 11-12, 1980), and at the Sir Francis Drake Hotel in San Francisco, California (February 1-2, 1980). Contact: Practising Law Institute, 810 Seventh Avenue, New York, NY 10019.

Help for the Juvenile Offender, at the Hotel del Coronado, Coronado, San Diego (January 19-20, 1980). Contact: Southern California Neuropsychiatric Institute, 6794 La Jolla Blvd., La Jolla, CA 92037.

Legal Issues in Medicine: Living with the New Laws, in Fort Lauderdale, Florida (February 16-17, 1980). Contact: Robert L. Sadoff, M.D., Pennsylvania Hospital Seminars, P.O. Box 388, Philadelphia, PA 19105.

Health in the Workplace, an exploration of the workplace as a potential place for both the prevention and the cause of illness, at the Sheraton-Palace Hotel in San Francisco, California (February 23-24, 1980). Contact: University of California, San Francisco, Continuing Education Health Sciences, 1308 3rd Avenue, San Francisco, CA 94143.

Medical-Legat Seminar, in Steamboat Springs, Colorado (March 14-23, 1980). Subjects include medical malpractice, hospital law, medical expert testimony, and physician-patient-attorney relationships. Contact: Cyril H. Wecht, M.D., J.D., Pittsburgh Institute of Legal Medicine, 1519 Frick Bldg., Pittsburgh, PA 15219.

20th International Conference on Legal Medicine, at the Houston Oaks Hotel in Houston, Texas (May 14-17, 1980). Contact: Marshall B. Segal, M.D., J.D., American College of Legal Medicine, 1340 North Astor Street, Chicago, IL 60610.

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