Social Movements as Catalysts for Policy Change: The Case of Smoking and Guns

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Abstract Social movements organized around perceived threats to health play an important role in American life as advocates for change in health policies and health behaviors. This article employs a framework drawn from social movement and related sociological theories to compare two such movements: the smoking/tobacco control movement and the gun control movement. A major purpose of the article is to identify specific social movement ideologies and actions that are more or less likely to facilitate achievement of the movement's health policy objectives. The article concludes that the success of health-related social movements is associated with (1) the articulation of a socially (as well as scientifically) credible threat to the public's health, (2) the ability to mobilize a diverse organizational constituency, and (3) the convergence of political opportunities with target vulnerabilities.

The United States is unique both historically and today in the major role played by health-related social movements in changing health policies and health behaviors (Nathanson 1996; Mechanic 1993). With a few notable exceptions (e.g., Gusfield 1963; Staggenborg 1991), these move-

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ments have received relatively little attention from social movement scholars. This article employs an analytic framework drawn from social movement and related sociological theories to account for the relative success of the United States' campaigns against smoking and guns in bringing about change in the policies and behaviors targeted by these movements.

While the article's primary focus is on the smoking/tobacco control movement, the analytic strategy is comparative. Aspects of the movement that may account for its relative success (as well as for the pitfalls it may still face) are best identified through comparison with the experience of another contemporary health-related social movement. Gun control was selected because it has certain initial similarities with smoking/tobacco control. Cigarettes and guns were both widely used "democratic" consumer products accessible to and enjoyed by millions in all walks of life, romanticized in film and (in the case of cigarettes) advertising. Movements against these products were initiated in the late 1960s and early 1970s. Both movements confronted well-connected, well-financed opponents. Based on a detailed comparison of the two campaigns I argue that the success of the smoking/tobacco control movement may be accounted for by an ideologically persuasive construction of the relevant health risks, by grassroots mobilization for nonsmokers' rights, and—in the end—by important weaknesses in the movement's opposition.

Sources for the analysis presented include interviews with movement activists and observers, participant-observation in movement-related activities, archival materials, and published books and articles by advocates, journalists, and scholars.[1] Research was largely completed by the end of 1996, but some reference is made to later events.

The choice and definition of variables to be examined as well as the analysis of research materials were guided by two bodies of theory: social movement theory as elaborated by sociologists and political scientists (e.g., Gamson 1990; Tarrow 1994; Kriesi 1995; McAdam, McCarthy, and Zald 1996) and work on the social construction of public problems and perceptions of risk by Joseph R. Gusfield (1981), Mary Douglas and Aaron Wildavsky (1982), and others (Kunreuther and Linnerooth 1983; Wynne 1987). Where quantitative measures of particular variables were available and appropriate, they have been used. However, for the most part the method used was qualitative and comparative (see, e.g., Glaser and Strauss 1967; Lofland 1996).

1. A detailed description of these sources is available from the author.

The analytic framework employed includes three sets of variables. These are, first, movements' supporting ideologies; second, each movement's capacities for mobilizing potential constituencies and organizational resources; and, third, political opportunity structures, defined to include a broad range of opportunities and threats external to the movements themselves. Each variable is more fully described in the context of analysis of the movements themselves.

The article is organized in four sections. The first section consists of brief historical overviews of each movement. Measures of movement success are described and then the movements' relative success by these criteria are compared in the second section. The third section is devoted to a comparative analysis of the two movements, and in the fourth and concluding section I reflect on what can be learned from this analysis.

Historical Overview

Movements have histories. The content and relative importance of each of the elements I have identified—ideologies, organization, and political opportunities—shift over time. Aspects that appear highly important at an early stage of movement evolution may become much less important and, indeed, change their character altogether as the movement either declines or becomes institutionalized. Political opportunities, in particular, are subject to marked change as elites more or less friendly to the movement's cause gain or lose power. What Charles Tilly (1986) has labeled "repertoires of contention"—the sit-in, the protest march, the courtroom battle—shift over time in popularity and in value as vehicles of expression and influence. Particularly in the case of movements that attract substantial media attention, immediate drama (or what the media defines as drama) tends to obscure the complex reality of how change comes about. This complexity is illuminated by close attention to each movement's history.

On 11 January 1964, less than two months after President John F. Kennedy's assassination, the Commission on Smoking and Health that Kennedy had appointed two years earlier issued its report. The assassination and the report each generated substantial pressure for change toward greater control, respectively, of guns and smoking, and produced corresponding opposition to the changes proposed. Here I present a summary and highly selective account of these events.

Table 1 U.S. Tobacco Wars, 1950–1964

Phase 1: Making the Health Connection	
1950	Wynder and Graham. Tobacco Smoking as a Possible Etiologic Factor in Bronchiogenic Carcinoma: A Study of 684 Proved Cases. *Journal of the American Medical Association.*
1952	Doll and Hill. A Study of the Aetoiology of Carcinoma of the Lung. *British Medical Journal.* Norr. Cancer by the Carton. *Reader's Digest*.
1954	Hammond and Horn. The Relationship between Human Smoking Habits and Death Rates: A Follow-up Study of 187,766 Men. *Journal of the American Medical Association.*
1956	Doll and Hill. Lung Cancer and Other Causes of Death in Relation to Smoking. *British Medical Journal.* First official involvement by U.S. Public Health Service: Scientific study group on smoking and health. S. G. Burney publishes statement in JAMA: "The weight of the evidence at present implicates smoking as the principal factor in the increased incidence of lung cancer" (2104).
1962	Royal College of Physicians of London: "Cigarette smoking is a cause of lung cancer and bronchitis and probably contributes to the development of coronary heart disease" (S7).
1964	Surgeon General's Report on Smoking and Health: "Cigarette smoking is a health hazard of sufficient importance in the U.S. to warrant appropriate remedial action" (33).

U.S. Tobacco Wars, 1950–1996

The history of smoking control over the past half-century is one of almost continuous struggle—for much of this period a very lopsided struggle—between the tobacco industry and its allies on one side and a disparate array of antismoking forces on the other. I have divided these "tobacco wars" into three partially overlapping phases, outlined in Tables 1–3. These are "Phase 1: Making the Health Connection," which runs from 1950 to 1964; "Phase 2: The Struggle for Regulation," running from 1965 to 1996; and "Phase 3: The Discovery of Innocent Victims," which runs from 1971 to 1995.[2]

The critical events of Phase 1 are the scientific reports that appeared primarily but not exclusively in the medical press and that established cig-

2. A fully up-to-date chronology would include a fourth phase, "demonizing the tobacco industry," beginning arguably in 1988 when the industry was publicly attacked on national television by a representative of the American Cancer Society.

Table 2 U.S. Tobacco Wars, 1965–1996

Phase 2: The Struggle for Regulation	
1965	Federal Cigarette Labeling and Advertising Act passed. 1. Mandates annual SG reports and legislative recommendations. 2. Requires warning label: "Caution: Cigarette Smoking May Be Hazardous to Your Health." 3. Preempts more restrictive state action.
1966–1976	Congress specifically excludes tobacco from regulation under: 1. Fair Packaging and Labeling Act (1966). 2. Controlled Substances Act (1970). 3. Consumer Product Safety Act (1972). 4. Federal Hazardous Substances Act (1976). 5. Toxic Substances Control Act (1976).
1970	Public Health Cigarette Smoking Act of 1969 passed. 1. Renews SG report mandate. 2. Requires warning label: "Warning: The Surgeon General Has Determined That Cigarette Smoking Is Hazardous to Your Health." 3. Bans tobacco advertising on radio and TV. 4. Continues preemption.
1984	Comprehensive Smoking Education Act passed. Requires four rotating warning labels preceded by "SURGEON GENERAL'S WARNING."
1996	FDA issues regulations of tobacco products.

arette smoking as a significant hazard to human health.[3] The culminating event in this series was the 1964 Surgeon General's Report on Smoking and Health (U.S. DHEW 1964). Serious congressional attention to smoking and health (initiating Phase 2, the struggle for regulation) was triggered less by the Surgeon General's report itself than by its political fallout: actions taken in several state legislatures to pass package labeling laws and an administrative initiative taken by the Federal Trade Commission (FTC) within a week of the report's public unveiling to require package warning labels.[4] With much huffing and puffing about chaos in the

3. An analysis of the timing of smoking decline among physicians during the period 1948–1993 demonstrates very clearly the impact of these publications on the behavior of their professional audience (Nathanson et al. 1996).

4. While I have dated the struggle for regulation from the passage of the first national tobacco legislation in 1965, the effort to regulate cigarette advertising began well before 1965,

Table 3 U.S. Tobacco Wars, 1971–1995

Phase 3: The Discovery of Innocent Victims	
1971	Country's first Group against Smokers' Pollution (GASP) formed in Maryland.
1972	First reference in SG report to potential dangers of involuntary smoking.
1973	Civil Aeronautics Board requires no smoking sections in all commercial airline flights.
	Arizona is the first state to ban smoking in some public places due to dangers of involuntary smoking.
1975	SG report contains entire section on involuntary smoking.
1976	Madison, WI, is the first municipality to restrict smoking in restaurants.
1983	National Institute on Drug Abuse declares smoking to be the nation's "most widespread form of drug dependency."
1986	SG report: The Health Consequences of Involuntary Smoking.
1988	SG report: The Health Consequences of Smoking: Nicotine Addiction.
1993	EPA declares that environmental tobacco smoke (ETS) is a human lung carcinogen (Class A).
1995	*Consumer Reports* article: Hooked on Tobacco: The Teen Epidemic.
	FDA finds that "nicotine . . . is a drug" and that cigarettes are "drug delivery devices" (U.S. DHHS 1995: Table 3).

states and administrative encroachment on legislative authority, Congress took back its turf and in 1965 passed the Federal Cigarette Labeling and Advertising Act. This bill was regarded by contemporary smoking control advocates as considerably stronger in its protection for the tobacco industry than the "remedial action" recommended by the Surgeon General (Pertschuk 1986; Fritschler 1989). The warning label was far milder and less certainly legible than advocates would have preferred; adding insult to injury, the bill prevented individual states from imposing their own (possibly stricter) labeling requirements. Less noted at the time, but of

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as documented by a major protagonist—Senator Maurine B. Neuberger (D-OR)—in her book, *Smokescreen: Tobacco and the Public Welfare*, published in 1963.

overriding importance in the long run, was the bill's language mandating annual reports by the Surgeon General on the health consequences of smoking.[5] The continuing drumbeat of these reports throughout the 1970s and 1980s played a critical role in fueling the antismoking movement.

The pattern established in 1965 of minimal regulation in response to public pressure, combined with significant protection for the tobacco industry, has continued to characterize the congressional approach to regulation in the smoking/tobacco arena.[6] After many years of disclaiming authority over tobacco, the federal Food and Drug Administration (FDA) took up the regulatory banner in the 1990s, labeling nicotine as a drug "within the meaning of the Federal Food, Drug, and Cosmetic Act" (U.S. DHHS 1995: 41455) and proposing regulation, aimed primarily at the protection of children. The first phase of these regulations went into effect on 1 March 1997.[7]

On 11 January 1971—the seventh anniversary of the Surgeon General's report—Jesse L. Steinfeld (then Surgeon General) used the opportunity of an address to the Interagency Council on Smoking and Health to urge the adoption of a Bill of Rights for the Nonsmoker to include a ban on smoking in "all confined public places" (Steinfeld 1983: 1258).[8] Independently, but almost simultaneously, the nonsmokers' rights movement was launched. As documented in Table 3, these actions on behalf of smokers' "innocent victims" inaugurated a period of gradually intensifying legislative activity to regulate smoking in public places.

Downs and Ups of Gun Control, 1963–1996

A chronology of recent struggles over gun control is presented in Table 4. Public attention to this issue has a marked cyclical character, driven by violent acts against individual public figures or by a spectacular mass slaughter of "innocents."[9] The first significant piece of gun control legis-

5. The Surgeon General was also required to issue legislative recommendations. There is little evidence of these recommendations in the reports. Kruger states that recommendations to ban smoking in enclosed public places inserted by Surgeon General Jesse Steinfeld were "regularly removed by Nixon's Office of Management and Budget" (1996: 366).

6. For example, a major recent attempt at congressional regulation was defeated in June 1998 (Rosenbaum 1998).

7. The FDA's authority to regulate nicotine was recently overturned by a federal appeals court, leaving the issue of its powers unsettled, for the time being at least (Meier 1998).

8. The Interagency Council on Smoking and Health, formed in 1964, was a loose grouping of public and private organizations interested in the smoking and health issue.

9. Interviews for this project were completed during the spring and summer of 1995, before and immediately after the Oklahoma City bombing. A recent review of Robert J. Spitzer's book, *The Politics of Gun Control*, by Josh Sugarmann, director of the Violence Policy Center, sug-

Table 4 The Downs and Ups of Gun Control, 1963–1994

1963	Assassination of President John F. Kennedy.
1968	Assassination of Rev. Martin Luther King, Jr. Assassination of Senator Robert Kennedy. Congress passes Gun Control Act of 1968.
1972	Congress excludes guns from regulation under the Consumer Product Safety Act.
1975	National Coalition to Ban Handguns (NCBH) founded. Handgun Control Inc. (HCI) founded.
1977	HCI splits from NCBH.
1980	John Lennon shot, killed.
1981	President Ronald Reagan shot. Pope John Paul shot. Morton Grove, IL, passes a ban on handgun possession.
1983	CDC labels gun violence a threat to public health.
1985	Sarah Brady joins HCI board.
1986	Congress passes Firearm Owners Protection Act (McClure-Volkmer Bill).
	Police split with National Rifle Association (NRA).
1988	Maryland bans Saturday night special.
1989	Stockton, CA, schoolyard killing of five children with an assault weapon.
1991	Killeen, TX, killing of twenty-two people in a cafeteria with an assault weapon.
1993	Congress passes Brady bill.
1994	Congress passes assault weapons ban.

gests that the Oklahoma City bombing was a major watershed event energizing the gun control movement (Sugarmann 1997). Recent schoolyard killings have led to the introduction in Congress of new regulatory legislation addressing children's access to guns (Legislation Works 1998; Butterfield 1998).

lation, New York State's Sullivan Law (requiring a police permit for possession of a handgun), was passed in 1911 in response to an attempted assassination of the mayor of New York City. The first recorded instance of NRA lobbying against gun control was in opposition to the Sullivan Law (Sugarmann 1992: 27). The history of gun control, like that of smoking/tobacco control, is one of ongoing struggle with an implacable foe.

Regulatory Action, 1968–1994. It took five years of legislative wrangling to pass the Gun Control Act of 1968; the end result was substantially watered down from the more sweeping legislation (including firearms registration and licensing of gun owners) proposed by President Lyndon Johnson.[10] Despite its relatively modest advance over previous federal efforts to regulate guns, Robert J. Spitzer notes that "the gun act was one of the most controversial and contentious bills that was considered by Congress" during the twenty-year period between 1954 and 1974 (1995: 146).

Gun regulation in the United States is predominantly local, not federal: the NRA estimates that there are 20,000 local, state, and federal firearms laws, nearly all of which exist at the state and local level.[11] Thus, in June 1981, shortly after the shootings of President Reagan and the Pope, the village trustees of Morton Grove, Illinois, banned the private possession of handguns by town residents. The NRA had been active in opposition to the ban; its passage was nationally publicized and was treated as a watershed event by the NRA and by gun control advocates (Davidson 1993: 133). The Supreme Court refused to hear appeals from two federal court rulings upholding the ban. An equally significant regulatory event at the local level was the Maryland state legislature's passage in 1988 of a ban on the manufacture and sale of "Saturday night specials" (small inexpensive handguns). The ban was petitioned to a state referendum by the NRA and upheld by a margin of 58 percent to 42 percent.[12]

The 1968 Gun Control Act had little apparent impact on the U.S. stock of guns in private hands (see Figure 6). It was, nevertheless, anathema to

10. As summarized by Spitzer, the bill "banned interstate shipment of firearms . . . and ammunition to private individuals; prohibited the sale of guns to minors, drug addicts, mental incompetents, and convicted felons; strengthened licensing and record-keeping requirements for gun dealers and collectors; extended federal regulation and taxation to 'destructive devices' such as land mines, bombs, hand grenades, and the like; increased penalties for those who used guns in the commission of a crime covered by federal law; and banned the importation of foreign-made surplus firearms, except those appropriate for sporting purposes" (Spitzer 1995: 145).

11. The NRA's estimate is accepted by Spitzer and other authorities.

12. The referendum fight was highly important in mobilizing antigun advocates in Maryland, including the police.

the NRA and its congressional supporters, who began work to overturn the act as soon as it had passed (Spitzer 1995: 147). Their efforts culminated in the Firearms Owners Protection Act of 1986, also known as the McClure-Volkmer Act after its principal House and Senate sponsors. As enacted, the bill eased a number of provisions of the 1968 act but retained the ban on interstate sale (but not transport) of handguns. Despite the latter concession to gun control advocates, the McClure-Volkmer Act is regarded by most observers as a victory for the NRA (Davidson 1993; Spitzer 1995). A significant consequence of the bill, however, was that it "solidified the split between the NRA and police organizations" (Spitzer 1995: 151). McClure-Volkmer had been actively opposed by a newly organized coalition of police groups.

After a fallow period of over twenty-five years, two pieces of federal legislation strengthening gun restrictions were enacted in quick succession in 1993 and 1994. Neither of these measures was particularly draconian; both include exemptions and other provisions favored by gun supporters. Nevertheless, both took over five years to pass from the time of their first introduction in Congress and both were the subject of virulent debate between supporters and opponents.

Emergence of the Gun Control Movement. Josh Sugarmann reports that gun control became an issue for some women's groups in the early 1930s (1992: 29). However, there is little evidence of an organized gun control movement in the United States before the mid-1970s. The National Coalition to Ban Handguns (NCBH) (renamed the Coalition to Stop Gun Violence in 1990) evolved out of church groups' response to the assassination of President John F. Kennedy. Following a period of dormancy between 1968 and 1974, the group reorganized in 1975 as the NCBH. Handgun Control, Inc. (HCI) was founded at about the same time by a Republican businessman whose son had been shot and killed with a handgun (Spitzer 1995: 115).

Beginning in the early 1980s, the NRA found itself in a series of high-profile political conflicts with the police around the regulation of "cop killer bullets" and plastic guns and around the McClure-Volkmer bill.[13] Important outcomes of these conflicts were independent mobilization by the police to advance their own interests in gun control and a political realignment of sorts, with the Democrats on the side of the police against the Republicans and the NRA.

A final important development in this brief history is the redefinition

13. These conflicts are colorfully described by Osha Gray Davidson (1993: 85–127).

of guns and gun control as issues in the domain of public health as well as, or in addition to, the domains of crime and law enforcement. Among the proponents of this definition have been the federal Centers for Disease Control and Prevention (CDC), which established a violence prevention unit in the mid-1980s, and former Surgeon General C. Everett Koop (Koop and Lundberg 1992). Medicalization of the gun question has important consequences for how the problem is characterized and into whose province it falls. This redefinition has triggered a new wave of gun control organization, and in the last few years several gun control groups led by health professionals and by lawyers with training in public health have emerged. Not surprisingly, medicalization of guns has been heavily contested by the NRA and by some members of Congress.

Measures of Movement Success

While scholars' interest in social movements "stems from their belief that movements represent an important force for social change" (McAdam, McCarthy, and Zald, cited in Burstein, Einwohner, and Hollander 1995: 275), the measurement of change and its causal attribution present considerable methodological problems (see, e.g., Diani 1997).

For example (following Diani), the adoption of a restaurant smoking ban may be due to nonsmokers' rights activism; the activism may have been generated by politicians in support of the ban; or both activism and the ban may result from other social forces (e.g., increased consumer sensitivity to health threats and accompanying media hyperbole around these threats). The problems of causal attribution are somewhat alleviated when (as in the present case) attention is narrowly focused on specific campaigns and the time span over which movements are observed is fairly long. Nevertheless, while I will argue that nonsmokers' rights activism played a causal role in bringing about change in smoking-related policies and behaviors in the United States, this argument does not preclude the existence of additional causes and causal paths that I may not have fully considered.

Conceptualizations of movement success generally begin with William Gamson's two-dimensional criteria of "new advantages" for its constituency and/or "acceptance" of the movement by its targets or by the public as the legitimate spokesperson for the interests it represents (1990: 31–34; e.g., Amenta, Dunleavy, and Bernstein 1994; Burstein, Einwohner, and Hollander 1995). Beyond this reference point, there is little consensus. For example, Paul Burstein and colleagues state that "assessing a movement's success involves determining whether it has achieved its goals"

(1995: 281), while Edwin Amenta and colleagues argue that achievement of "new advantages" not anticipated by the movement should also count as success (and that new advantages are more "meaningful" than acceptance as a measure of success) (1994: 681). An additional problem arises in the case of ongoing social movements: how successful the movement appears depends on at what point in the movement's trajectory (unknowable, except in retrospect) success is measured.

The long-range goals of the smoking/tobacco and gun control movements are to bring about a decline in the relevant parameters of mortality and morbidity. In the short run, both movements advocate behavior change in, respectively, patterns of cigarette smoking and in gun ownership and use. Beyond these generalities, smoking/tobacco control movement representatives have from the beginning been quite explicit in their aims of stigmatizing cigarettes and the smoker and, more recently (in the words of one activist), of "getting the bully [the tobacco industry] off the block." There is less consensus among gun control advocates, in part because of disagreement on the meaning of the word *control*. In the following paragraphs I evaluate the extent to which each movement has achieved its goals.[14]

Smoking

Mortality. On 14 November 1996, the *New York Times* reported an overall decline in cancer death rates "for the first time since 1900" (Brody 1996). Philip Cole and Brad Rodu (1996), whose work was the basis for the *Times'* report, attributed about half of the reduction in cancer mortality to declines in smoking since 1965 and anticipate continued reduction "as the now rising lung carcinoma mortality rates among women stabilize and then decline," a consequence, presumably, of declines in women's smoking. Their work was foreshadowed in several earlier reports. *Morbidity and Mortality Weekly Report* (MMWR) noted in November 1993 that "the declines in smoking prevalences have resulted in a stabilization or decline in the lung cancer death rate for men aged <55 years and for women aged <45 years, respectively" (CDC 1993). Cardiovas-

14. The problem of outcome measurement is particularly troublesome in the case of gun control for several reasons. First, there is disagreement among advocates about the movement's goals; second, the involvement of the public health community is relatively recent; and third, the movement itself is a moving target, evolving in several directions simultaneously. In addition, measures of success have been selected, in part, for their comparability across the two movements. As a result, some measures that might work to the detriment of the smoking/tobacco control movement—for example, success in achieving tobacco tax increases or in curbing cigarette advertising—have not been used.

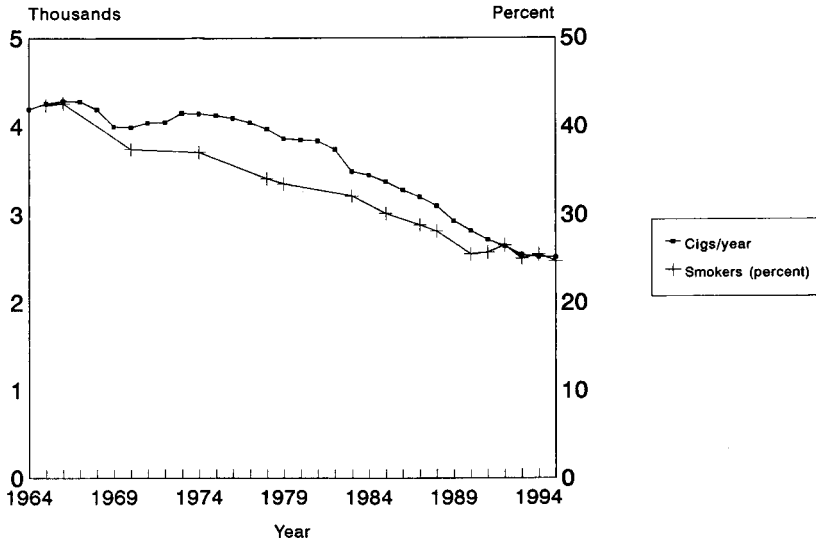

Figure 1 Smoking Behavior Change, 1964–1995. *Sources*: Giovino et al. 1994; USDA 1995–96, 1998; CDC 1996b, 1997.

cular disease (CVD) is responsible for nearly twice as many deaths as lung cancer and it is clear that cigarette smoking plays a substantial role in CVD mortality. Cardiovascular disease mortality, however, has been declining for the past three decades among both women and men and the relative part in this decline played by changes in smoking behavior is difficult to determine with precision (see, e.g., Hunink et al. 1997).

Behavior. Change over the last three decades in the behaviors targeted by tobacco advocates are presented in Figure 1. Two measures of change are employed: cigarette consumption per capita per year (in numbers of cigarettes) and smoking prevalence (percent of the population age eighteen and over who are current smokers).

Both cigarette consumption and the reported prevalence of smoking have declined substantially since 1964. Despite these declines, there are a number of reasons for caution in evaluating changes in cigarette smoking. First, both of the aggregate measures employed in Figure 1 have recently plateaued. Second, as shown in Figure 2, by far the sharpest declines in cigarette smoking have occurred in that proportion of the population with a college or graduate school education. Among individuals with less than a high school education, the percentage who smoked

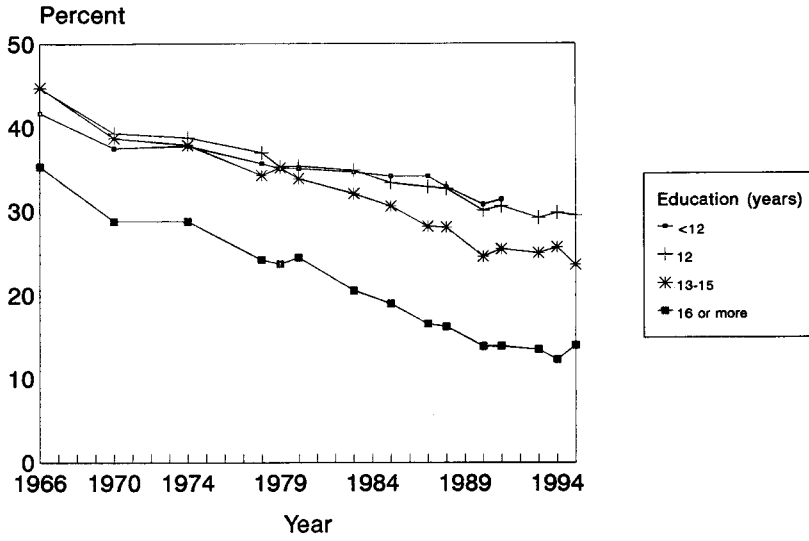

Figure 2 Percent Current Smokers by Education, 1966–1995. *Sources*: Giovino et al. 1994; CDC 1994, 1996b, 1997.

in 1994 was about the same as the percentage of the highly educated who smoked in 1966. Furthermore, absence of recent change—even increase—in the percentage of smokers is most evident among the least well educated. In contrast to its democratic pattern in the 1960s, smoking is now concentrated in the lower socioeconomic strata.[15] A third basis for caution, one that has received a great deal more public attention, are recent increases in the percentage of smokers among high school students. These data are presented in Figure 3. Smoking prevalence among high school seniors declined steadily until the mid-1980s, rose and fell erratically until around 1992, and since then has sharply increased.

Attitudes and Beliefs. Attitudes and beliefs about cigarettes and guns may be compared using two dimensions: beliefs about the degree and nature of the danger that these products represent, and responses to that danger

15. Unfortunately, current smoking prevalence data are grouped by educational level rather than by occupation or income (with the exception of poverty level status, which is a fairly crude income index). Data on smoking prevalence by occupation in 1955 published by the National Center for Health Statistics show remarkably little variation in prevalence by occupation: among men, between 67 and 70 percent of white collar workers and between 69 and 74 percent of blue collar workers reported current, regular, smoking. A much smaller percentage of women smoked, but there was an equal absence of variation by occupation (U.S. DHEW 1956).

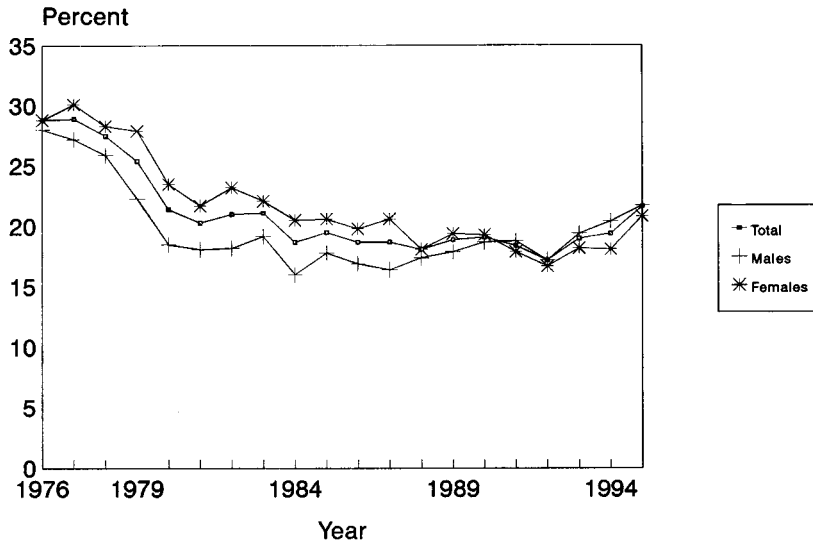

Figure 3 Percent Current Smokers among High School Seniors, 1976–1995. *Source*: Giovino et al. 1994.

in the form of support for or opposition to legal restrictions on their use.[16] Data on changes over the past several decades in attitudes and beliefs about cigarettes are presented in Figures 4 and 5. Two dimensions of belief about the danger of cigarettes are included in Figure 4: first, the belief that cigarette smoking causes harm to the smoker, and second, the belief that cigarette smoking causes harm to (or at the very least) incommodes individuals in the smoker's environment. The former belief stigmatizes the cigarette; the latter belief stigmatizes the smoker as well. All of these beliefs increased markedly during the period of observation. Particularly notable is the near doubling between 1974 and 1987 (from 46 percent to 81 percent) of the proportion of the survey sample who believed that smoking is hazardous to the health of nonsmokers.

Public support for legal restrictions on smoking, advertising, and sales of cigarettes is described in Figure 5. While support for limitations on where people could smoke clearly increased over the period between 1964

16. These are not, of course, the only relevant attitudes and beliefs. They are, however, the ones for which data are available. In evaluating the data to be presented in this section, it is important to be aware that the exact wording of the questions about cigarettes varied in the different surveys carried out by different organizations. Some of the apparent variation in attitudes over time may be explained by these differences. The data on guns are from surveys conducted by the Gallup organization and NORC, using the same question wording.

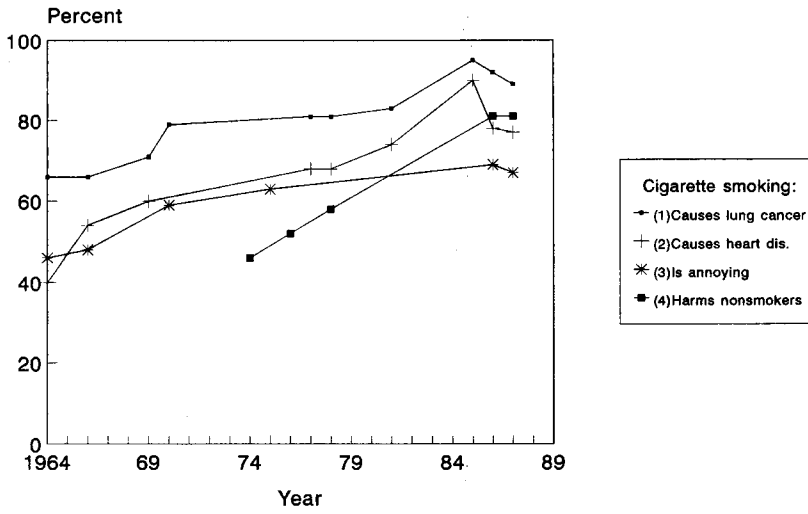

Figure 4 The Stigmatization of Cigarettes, 1964–1987. *Source*: U.S. DHHS 1989. *Note*: Survey items (percent agree): (1) Cigarette smoking causes lung cancer; (2) cigarette smoking causes heart disease; (3) it is annoying to be near a person who is smoking cigarettes; (4) smoking is hazardous to nonsmokers. Item wording varied.

and 1987, support for more draconian policies was considerably weaker. Neither a ban on cigarette sales nor even a ban on smoking in restaurants was ever supported by more than 23 percent of those surveyed.

Among the goals articulated most clearly by early antismoking activists was to make smoking so unpopular that smokers would be forced to quit. The data presented in Figure 4 are evidence of how successful the effort has been to stigmatize smokers as harmful to themselves and to others. Translating this stigmatization into public policy consensus has proved more difficult.

Public Policies. Stronger local, state, and federal regulation has been among the major goals of the smoking/tobacco control movement (and of the gun control movement as well). Major regulatory achievements at the federal level were noted in Table 2. However, the antismoking movement has had its greatest success at the local and state levels. By 1993, over 500 local communities had enacted some form of smoking regulation, almost all since 1980 (U.S. DHHS 1993). By 1995, all but ten states regulated smoking in state government work sites; all but twenty restricted smoking in restaurants (CDC 1996a).

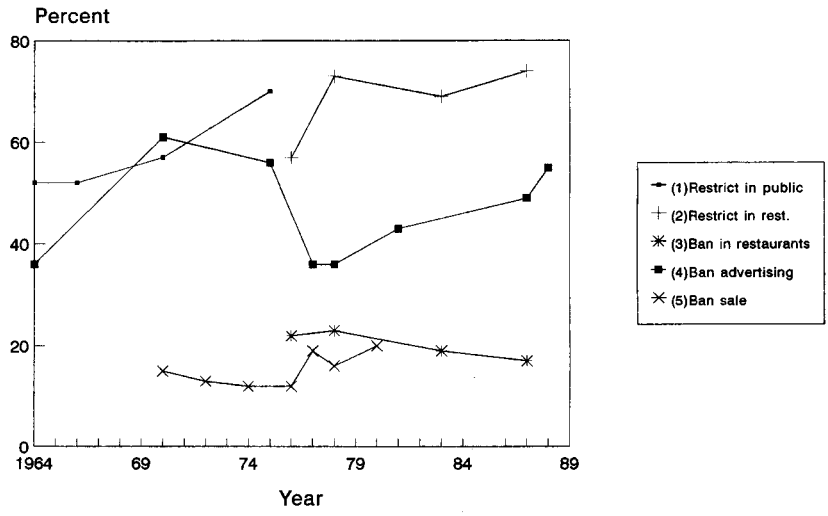

Figure 5 Public Support for Legal Restrictions on Cigarettes, 1964–1987. *Source*: U.S. DHHS 1989. *Note*: Survey items (percent agree): (1) Smoking should be allowed in fewer public places; (2) smoking should be limited in restaurants; (3) smoking should be banned in restaurants; (4) cigarette advertising should not be permitted; (5) selling cigarettes should be stopped completely. Items varied.

Guns

Mortality. Gun-related deaths fall into three categories: homicide, suicide, and accidents. Homicide and suicide account for approximately equal numbers of deaths (in 1994, 17,527 and 18,765 respectively); accidents are a distant third (1,356) (Anderson, Kochanek, and Murphy 1997). Of these categories, only accidental deaths have shown a consistent decline over several decades (Spitzer 1995: 74). Since the early 1960s, age-adjusted death rates for firearm homicides have doubled and such rates have increased by half for firearm suicides (Karlson and Hargarten 1997: 1). The age-adjusted homicide firearm death rate declined slightly in 1994 (and the crude rate has continued to decline, along with the total homicide rate).

Half of all homicide victims are minorities (double their representation in the total population); the highest rate is among African Americans: "For African Americans, the risk of being killed in a homicide is nearly seven times greater than for whites and more than twice as great as for Hispanics" (Karlson and Hargarten 1997: 6). Firearms are the leading cause of death for adolescent black males.

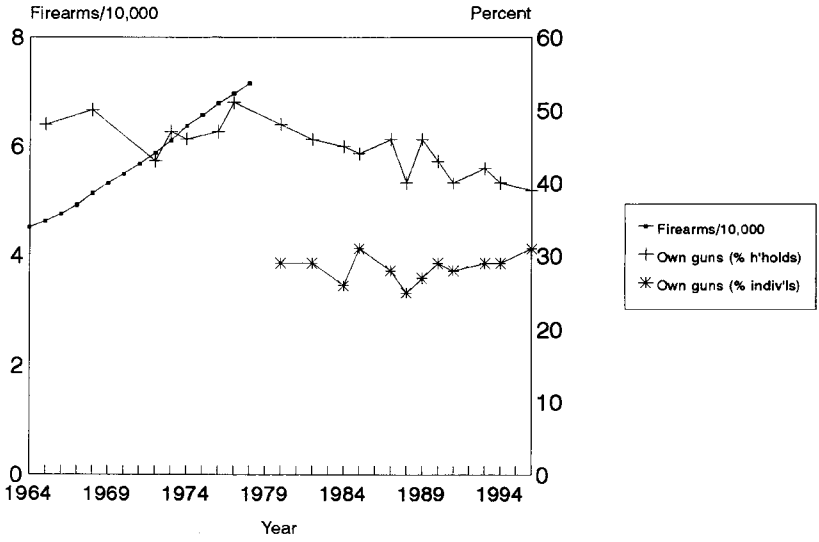

Figure 6 Guns: Behavior Change, 1964–1996. *Sources*: McAneny 1993; Kleck 1984; NORC 1997.

A recent increase in suicide rates appears to be associated with the increased use of guns: "From 1968 through 1985, the rate of suicide involving firearms increased 36 percent, whereas the rate of suicide involving other methods remained constant" (Kellerman et al. 1992: 467). In contrast to the pattern for homicide, the risk of suicide is greatest for young white males. However, the largest recent increases in suicide rates have been among young black males, coming close to convergence with those of their white peers (CDC 1995).

Behavior. Change in gun-related behaviors is described in Figure 6. The three measures of change employed are the cumulated stock of firearms per 10,000 population, the percent of households owning at least one gun, and the percent of adults personally owning a gun. The reported percentage of households owning at least one gun shows a "slow, but notable, decline . . . over the last twenty-three years" (National Opinion Research Center [NORC] 1997: 13); however, the percentage of individuals owning guns has changed very little.[17] Continuing a long-term trend, the esti-

17. The NORC report from which these data are taken argues that the decline in household gun ownership "reflects the changing lifestyles of Americans. Traditional rural life in general and hunting in particular have declined during recent decades" (NORC 1997: 13). Consistent

mated cumulated stock of firearms in the U.S. increased sharply between 1964 and 1978. More recent data from the 1994 National Survey of Private Ownership of Firearms (NSFOP) suggest that the gun stock may have plateaued; Philip J. Cook and Jens Ludwig (1997) estimate that approximately 192 million guns are in private hands, for a rate of 7,373 per 10,000 population, close to Gary Kleck's (1984) estimate for 1978.

Gun ownership is more prevalent among men than women, more prevalent among whites than blacks, and highest among "middle-aged, college-educated people of rural and small-town America" (Cook and Ludwig 1997).[18]

Attitudes and Beliefs. Data on beliefs about the harm associated with guns are not directly comparable over time, due to differences in question wording. However, surveys conducted by Gallup, AP/Media General, Yankelovich, and NORC between 1986 and 1996 show the extent to which public opinion is split on the basic question of whether or not guns are, in fact, harmful (NORC 1997; Newport and Saad 1993). In 1993, the Gallup poll presented respondents with the following question: "Suppose a law were passed making it illegal for all citizens other than the police to have a gun. Would you feel *more* safe or *less* safe, or wouldn't it make a difference?" Twenty-five percent of respondents would feel more safe, 39 percent less safe, and for 34 percent it would make no difference. A second question was worded as follows: "Which of the following comes closer to your view: having a gun in the house makes it a *safer* place to be because you can protect yourself from violent intruders, or having a gun in the house makes it a *more dangerous* place to be because you increase the risk from gun accidents and domestic violence?" Forty-two percent of respondents stated that having a gun in the house makes the house safer (Newport and Saad 1993). Forty-one percent of respondents to the 1996 NORC survey believed that having a gun made the house safer (NORC 1997: 7).

Data on patterns of change between 1959 and 1996 in public support for legal restrictions on guns are presented in Figure 7. Percentages of the U.S. population in favor of mandatory handgun registration and of police

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with this interpretation, the decline in household ownership is entirely attributable to the smaller percentage of households owning long guns; household ownership of handguns has increased slightly, from 20.3 percent in 1973 to 24.8 percent in 1996.

18. Despite some claims to the contrary, there is no evidence of increased firearm ownership among women (NORC 1997: 14).

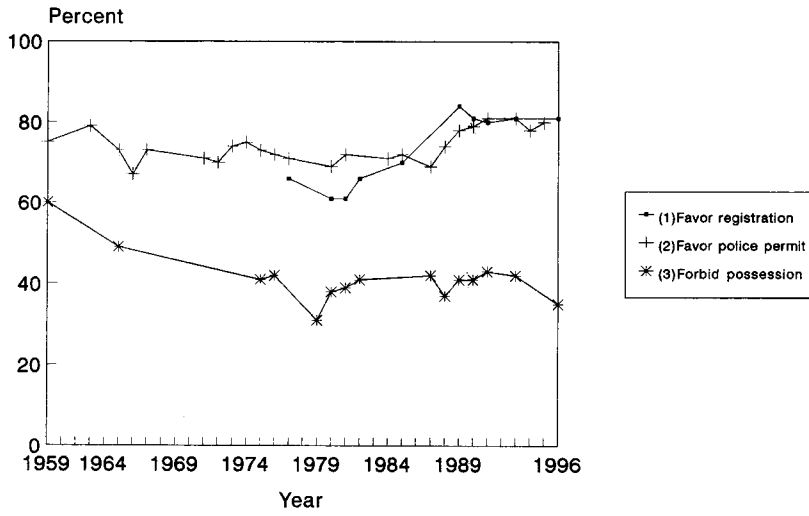

Figure 7 Public Support for Legal Restrictions on Guns, 1959–1996. *Source*: NORC 1997. *Note*: Survey items: (1) Do you favor or oppose mandatory registration of handguns or pistols? (2) Do you favor or oppose police permits for gun purchase? (3) Do you think there should/should not be a law to forbid handgun possession except by police or other authorized persons?

permits for gun purchase increased sharply during the 1980s. Consistent with these data, Gallup polls carried out between 1988 and 1993 demonstrated strong support for the Brady bill (ranging from 88 to 95 percent) (McAneny 1993: 3). At the same time, as Figure 7 demonstrates, support for a ban on the possession of handguns "except by police or other authorized persons" declined during the 1960s and 1970s and has changed very little since 1980. Advocates of more restrictive gun laws confront the public's belief that guns—unlike cigarettes—not only have harmless uses but may, indeed, be protective. There is little evidence in these data that the gun control movement has as yet been successful in making gun ownership unpopular; personal ownership of a gun has increased in recent years. Support for restrictive gun control policies has increased as well, but in a selective and somewhat inconsistent fashion.[19]

19. My evaluation of public support for gun control is less positive than that of several recent books on this topic (Spitzer 1995; Davidson 1993). Spitzer opens his discussion of public opinion on gun control with the statement, "The initial and most important fact about public opinion on gun control has been its remarkable consistency in support of greater governmental control of guns" and comments extensively on the "opinion-policy gap" (i.e., the disjunction between popular support and the failure to enact stronger antigun laws) (1995: 118ff.). Although support for

Public Policies. Legislative action to strengthen gun regulation has occurred primarily at the federal rather than at the state or local levels. With the important (and very recent) exception of California (Gorovitz 1996), there has not been an upsurge of local regulation comparable to what has taken place in the tobacco arena.[20] Indeed, many states "are passing laws that make access to guns easier" (Karlson and Hargarten 1997: 121; Gorovitz 1996).

Summary

The antismoking campaign in the United States has made remarkable progress toward achieving its goals. Declines in lung cancer death rates, a marked shift toward stigmatizing the cigarette and the cigarette smoker, the passage of significant legislation to limit smoking in public, and a substantial reduction in the overall prevalence of smoking qualify as "new advantages" for the movement's beneficiaries. The gun control movement is arguably at an earlier point on the same trajectory. While the movement has achieved some important changes in public policy, guns remain relatively unstigmatized, and trends in gun ownership are inconsistent, depending on how ownership is measured. It is too early for firm conclusions about the sustainability of recent declines in gun-related mortality rates.[21]

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the Brady bill, assault weapons bans and permit and registration laws is extremely high, examination of a wider range of public opinion, in particular opinion about the dangers of guns, points to a far more ambivalent set of public beliefs about gun risks than about risks from tobacco.

20. "The vast majority of gun laws exist at state and local levels," as Spitzer points out, but these laws are often more remarkable for what they allow than for what they prevent. Furthermore, "states and cities with tougher gun laws find them at least partly neutralized by the ease with which guns can be transported from areas with weak gun laws" (Spitzer 1995: 6). Restaurant and workplace cigarette smoking regulations are less easily evaded by crossing state lines.

21. I have adopted Amenta and colleagues' argument (1994) that collective benefits are the best measure of movement success. Employing the acceptance criteria would give mixed results for both movements. While the legitimacy of smoking/tobacco and gun control policy positions is recognized, few of the original movement organizers appear as current spokespersons for these positions. This is particularly true of smoking/tobacco control: attorneys general are not social movement representatives.

Comparative Analysis of the Smoking/ Tobacco and Gun Control Movements

Constructions of Risk

Guns and cigarettes are hardly newcomers to the American scene. Spitzer describes "the long-term sentimental attachment of many Americans to the gun" grounded in cultural myths about the role of the gun in the struggle for independence and the taming of the frontier (1995: 8). During the early part of the twentieth century cigarettes became powerful symbols of sexuality, power, autonomy, and modernity (Brandt 1992). The two symbolic traditions merge in the Marlboro man, the fiercely independent, (possibly) gun-toting cowboy smoker. Mobilization against these powerful cultural symbols demanded that their meanings be transformed so as to legitimate and guide protest activity (McAdam 1994: 37).

Central to this transformation has been the construction of credible risks. Dangers abound. Whether or not these dangers rise to a community's threshold of awareness and become defined as risks to the public's health, much less elicit responsive action, depends on the active intervention of human agency, on what I have called "constructions of risk" (Nathanson 1996: 614–615). The first element essential to this construction is the existence of groups or individuals with the authority to define and describe the danger that threatens. The second element is the assertion of a causal framework to account for the danger.

The Making of a Credible Threat

Smoking. The consequences of smoking for health and morality have been argued at least since James the First wrote his famous polemic in 1604 (Kluger 1996: 15). Progressive Era antivice campaigns encompassed cigarette smoking, along with drinking and sexual adventurism, as immoral, unhealthful, and a corrupter of youth. States passed restrictive legislation, setting the age at which cigarettes might be legally purchased, or in some states, prohibiting the sale of cigarettes altogether. The Progressive Era antismoking movement petered out in the 1930s, along with the other campaigns against vice, only to reappear in new guises more suitable to the tenor of the times.

The late-twentieth-century construction of cigarette smoking as a credible risk was the work of the Surgeon General's Advisory Committee on

Smoking and Health.[22] The committee brought together the large body of existing evidence that cigarette smoking was a danger to human health, summarized that evidence in a scholarly fashion, and put the imprimatur of the federal government on its central conclusion, that "cigarette smoking is *causally related* to lung cancer in men" (U.S. DHEW 1964: 31, emphasis mine). The committee did not collect any new data or make any new discoveries. Its report did, nevertheless, construct new knowledge. It transformed scattered evidence into official authoritative knowledge, providing "power and legitimacy to the epidemiologic findings" (Brandt 1992: 67).[23]

Gusfield argues that public consensus on the dangers of smoking "represents the hegemony of medical science over the culture of health: . . . by the time the Surgeon General issued the report of 1964, social conditions had become favorable to the transmission and credibility of medical science and the position of the federal government as a source of authoritative advice and activity in the promotion of health" (1994: 54–55). Perhaps. Medical authorities have, indeed, made substantial inroads as arbiters of personal conduct; the latest scientific reports are carried on television and the public is highly attentive (but substantially more skeptical, I would argue, than it was in 1964).[24] Nevertheless, the smoking story is more complex than Gusfield allows.

The federal government did not embrace ownership of the smoking and health issue in the 1950s and 1960s. A reluctant executive branch had ownership thrust upon it by the efforts of the health voluntaries (principally by the American Cancer Society [ACS]) and by a small minority of dissident members of Congress who believed that the authoritative voice of the federal government was essential to confer legitimacy on their cause. Further, while Congress in 1965—with its mandate for annual reports on the health consequences of smoking—awarded continuing ownership to the Surgeon General, it was a limited-purpose ownership. The Surgeon General was given authority to define and describe the problem—to assert the risks of smoking—but very little power to limit

22. The selection process and the background leading up to the committee's formation are described in many other sources and will not be repeated here (U.S. DHEW 1964; U.S. DHHS 1989; Brandt 1992; Kluger 1996).

23. An important aspect of the Surgeon General's report, as Brandt points out, was that it marked the beginning of a new role for epidemiologists in the construction of risk (1992: 67).

24. In July 1995, the journal *Science* published an article with the title, "Epidemiology Faces Its Limits," that began, "The news about health risks comes thick and fast these days, and it seems almost constitutionally contradictory" (Taubes 1995). *Science*'s primary concern was the public, not the scientific response to a deluge of "contradictory advice."

those risks. Location of political responsibility for the smoking and health issue was and is controversial within the federal government as well as without.[25]

Second, the "hegemony of medical science" was fragile at best. The most prominent representative of medical science in the United States, the American Medical Association (AMA), actively disowned the smoking and health issue: in 1965, the AMA House of Delegates refused to endorse the 1964 Surgeon General's report (Wolinsky and Brune 1994: 152). The AMA's emergence as an active player on the side of the antismoking forces is of very recent vintage (Friedman 1975; Wolinsky and Brune 1994). Less surprisingly, ownership of the cigarette smoking issue by government and medical science was hotly contested by the tobacco industry and its political allies. A stated objective of the Tobacco Institute, founded by the industry in 1958, was "to secure recognition for the Tobacco Institute, Inc., as the central source of authoritative information concerning all aspects of the industry with which the Institute is concerned" (cited in Friedman 1975: 26). The Surgeon General's report was as much a political as a scientific document—a salvo, powerful and effective as it was—in the ongoing tobacco wars.

Guns

The challenge to tobacco industry authority over the portrayal of cigarettes was based on a high level of scientific consensus on the dangers of smoking. Each Surgeon General's report includes a long and impressive list of the names and affiliations of the physicians and scientists whose work has contributed to the report's findings. The gun control movement enjoys no such scholarly or scientific consensus. Not only is there disagreement on the existence and nature of a causal relationship between guns and injury or death, there is also disagreement on who is qualified to speak about these dangers. Health professionals are relative newcomers to this debate. They were preceded by and have continued to share the "gun scholarship" stage with criminologists, political scientists, sociologists, historians, and lawyers. These scholars disagree on fundamental issues of conception and fact, as evidenced, for example, by a recent exchange between scholars at the University of Chicago and Johns Hop-

25. The recent construction of cigarettes as an addictive drug has contributed to the federal government's assertion, through the FDA, of both ownership of and political responsibility for the smoking/tobacco control issue. Whether the FDA's authority will be sustained in court remains uncertain.

kins University concerning whether or not recently enacted state laws granting the right to carry a concealed weapon reduce violent crime (Lott and Mustard 1997; Webster et al. 1997). Further, they have notably little respect for each others' ideas (see, e.g., the exchange between Gary Wills and his critics in the 16 November 1995 issue of *New York Review of Books* and published comments by Franklin E. Zimring and Gordon Hawkins [1987: 99] and William R. Tonso [1984]).

Law enforcement agencies have recently become an additional competitor for ownership of the gun control issue, pushing some movement activists toward the promotion of gun control for the purpose of crime prevention rather than as a response to danger inherent in the gun itself.[26] The identification of gun control with law enforcement has been politically effective. Nevertheless, competition for ownership of the gun issue continues internally as well as with the NRA. Advocates disagree on the construction of gun control as crime prevention (Sugarmann 1992) and on the promotion of "safe" guns (Glick 1998). The NRA campaigns to have the CDC's firearms research program (premised on the public health construction of guns) defunded (Lewis 1995) and attacks police organizations and the Bureau of Tobacco, Alcohol, and Firearms (LaPierre 1994).

The question arises as to whether these disagreements may be explained by inherent differences between guns and cigarettes. Clearly, widespread public *perception* of inherent differences is part of the gun control movement's problem, particularly when it comes to framing guns as a danger to health. I would argue, however, that the differences are not in fact inherent, any more than, say, the differences between marijuana and nicotine are inherent. Guns and cigarettes do not have essences; they have histories and cultural baggage with which social movement entrepreneurs must contend.

The Framing of Risk

Public health policies are adopted in response to perceived danger. The framing of danger (or risk, in modern parlance) is culturally patterned. Societies vary in the things or events considered dangerous, in ideas about the sources of danger, and in conceptions of who or what is endan-

26. The history and politics of police realignment are complex and beyond the scope of this article (see Davidson 1993 and Anderson 1996 for detailed accounts). However, I will refer to this realignment again in the section of the article discussing political opportunities.

gered and these cultural presuppositions are remarkably consistent over time and place (Douglas and Wildavsky 1982; Douglas 1992; Dobbin 1994; Nathanson 1996). In the U.S., we concern ourselves with dangers to the individual, not (e.g., as in France) to the state. Furthermore, the dimensions of risk are highly predictable. In any given case, risks may be portrayed as acquired deliberately or involuntarily (and the victims as correspondingly culpable or innocent), as universal (putting us all at risk) or as particular (only putting *them* at risk), as arising from within the individual or from the environment, as visible or invisible.[27] The most acceptable risks are universal, are attributable to the external environment, and are incurred involuntarily by innocent victims.

Smoking. The remarkable transformation of the cigarette and smoking from symbols of "modernity, autonomy, power, and sexuality" to symbols of weakness, irrationality, and addiction (Brandt 1992: 70) was accompanied and driven by shifts in underlying constructions of risk. The initial construction of the cigarette as a danger to the health of the male smoker did not disappear, but has been added to and elaborated over time. Throughout the period in question, advocates for the dangers of smoking were aided and abetted by a highly interested and attentive news media.

During the first phase of the tobacco wars, the messages conveyed to the U.S. public were that the hazards of smoking are attributable to the risky choice of the person who smokes and that the individual is responsible for risk reduction by making the necessary changes in his or her behavior. The most consistent advocate of this perspective, the American Cancer Society, was also the dominant player in the early stages of the smoking and health drama. The following is from the society's 1957 annual report: "The society believes that at our present state of knowledge, the question of whether to start smoking or to give it up must be left to the judgment of individuals. For intelligent decisions everyone should know the facts: There is a definite association between cigarette smoking and cancer" (19). The ACS approach is striking in two respects: first, in its validation of individual choice and, second, in the limitation of its own responsibility to "just the facts."

Knowledge of the association between cigarette smoking and cancer as well as other diseases accumulated, but the posture of the ACS as

27. Social movement entrepreneurs (and other interested actors) portray risks in what they know to be culturally resonant terms, thereby reinforcing, in circular fashion, preexisting cultural preconceptions about the relevant dimensions of risk.

articulated in the cited quotations did not, in fact, begin to change until the early 1980s. Lest it be thought that the ACS was unique in its individualization of the smoking and health issue or in the timidity of its recommendations, federal health officials took much the same tack. Their approach to the preparation of the Surgeon General's report was that of an individual physician advising an individual patient: "What do we [that is, the Surgeon General of the United States Public Health Service] advise our patient, the American public, about smoking?" (cited in Brandt 1992: 66). Implicit in this question is not only, as Allan Brandt points out, "a particular model of public health and the role of the state," but also a particular model of where the hazards of smoking are socially located. Themes of personal responsibility for health (and the limits of government intervention) were echoed in influential publications throughout the 1970s: cigarette smoking became the quintessential exemplar of lifestyle change within the individual's control (Lalonde 1974; Knowles 1977; U.S. DHEW 1979).[28]

There is a striking disjunction between the Surgeon General's 1964 proclamation of smoking as "a health hazard of sufficient importance in the United States to warrant appropriate remedial action" (U.S. DHEW 1964: 33) and the actions that were, in fact, taken by the major players at the time. While there is a strong libertarian bias in Americans' approach to health protection, early constructions of smoking and health were driven as much by political as by philosophical concerns. In an interview, an ACS official who had worked in the national office from 1960 through 1990 described the society's internal struggles:

> I was there when the great debates were held on how far the American Cancer Society should go as an organization in taking up an antitobacco position. And you could well realize that there was tremendous resistance within the American Cancer Society in the late 1950s and early 1960s, because here you have tobacco-growing states and here you have divisions, North Carolina, South Carolina, Kentucky, Tennessee, that said, "You are going to destroy us. We are not going to be

28. Based on quantitative analysis of stories in a range of media (major newspapers, television, news magazines) in 1960 and 1984, Eleanor Singer and Phyllis M. Endreny report that "stories about alcohol and tobacco disproportionately blamed victims for risks associated with these hazards. In the case of tobacco, victims also appear to be disproportionately held responsible for prevention. . . . Thus, judging from the evidence of these stories, smoking was seen primarily as an activity within the individual's control, whereas prevention of the risks of drinking was seen, in the majority of stories, as requiring government intervention through the imposition of laws and the like" (1993: 117).

> able to raise money in these states. We are not going to get any media attention," et cetera. . . . Then the question came up, how shall we deal with the tobacco companies? Shall we openly debate them? Shall we condemn them? In the early 1960s a position was taken that there should be no open debates with the tobacco companies. The villain is the cigarette. The victim is the cigarette smoker. So we will condemn the cigarette. We will help the smoker quit, but there will be no attacks on the Philip Morris Company, R. J. Reynolds, et cetera. (ACS files)[29]

Not until the late 1980s did it become fashionable and politically safe to openly attack the tobacco companies.

Between 1954 and 1970, the percentage of the U.S. public who agreed that cigarette smoking causes lung cancer increased from 41 to 70 percent (U.S. DHHS 1989: 189). An authoritative case for the hazards of smoking had been made. The most significant consequences of this successful claims-making were not, however, federal legislation but the legitimation of smoking and the cigarette as actionable targets by aggrieved nonsmokers and a marked change in where and by whom the tobacco wars were fought. The Group against Smokers' Pollution (GASP) was founded in early 1971. From its inception, GASP's mission was twofold: first to "get nonsmokers to protect themselves" against the immediate, irritating effects of cigarette smoke, and second "to make smoking so unpopular that smokers would quit" (Gouin 1995). In the first paragraph of the first number of its newsletter *The Ventilator*, published in March 1971, GASP called on innocent nonsmokers, the "involuntary victims of tobacco smoke," to rise up and assert their "right to breathe clean air [that] is superior to the right of the smoker to enjoy a harmful habit" (1971: 1).

This new construction of smoking and health as an issue not of smokers' health but of nonsmokers' rights represented a radical shift in the assignment of risks and responsibilities: it literally turned the old rhetoric on its head. The hazards of smoking were relocated from the individuals' risky behavior to the behavior of his smoking neighbor; exposure was no longer a matter of choice but of involuntary victimization; and, finally, the responsibility for risk reduction was shifted away from the individual at risk to the "polluting" smoker and to the regulatory agencies of government. The importance of this reconstruction is hard to overstate. Sud-

29. A series of oral history interviews was conducted in 1990 with high-level staff and officials of the ACS. The ACS national office was generous in giving me access to these interviews. I quote from these interviews but do not identify the speakers by name.

denly, libertarian ideology—Mill's notion that "the only purpose for which power can be rightfully exercised over any member of a civilized community, against his will, is *to prevent harm to others*" (cited in Beauchamp 1988: 90; emphasis added)—was available to be deployed against the act of smoking. Further, and equally important, movement founders framed their appeals in the language of the civil rights and environmental movements, connecting nonsmokers' rights with the most powerful ideologies of the time.[30]

Both Brandt (1995) and Gusfield (1993) date the emergence of passive smoking as a central theme in the smoking and health debate from the appearance of authoritative scientific reports (i.e., by the Surgeon General and the National Academy of Sciences) in the mid-1980s.[31] Based on the data collected for this project, I would date its emergence much earlier. The construction of the cigarette as harmful to the nonsmoker and of the smoker as pariah came to public attention in the early 1970s. As early as October 1973, the tobacco industry (among the more attentive members of this public) warned that "the most potentially dangerous threat to the future of the tobacco industry is not so much legislative smoking advertising bans . . . but the developing psychological attitude that smoking is somehow socially unacceptable" (cited in Gouin 1975: 355).[32]

Earlier observers of the tobacco control movement have tended to focus on "the softness of the scientific case against secondhand smoke" prior to the 1980s, assuming that a strong scientific case was essential to the nonsmokers' rights movement (Kluger 1996: 375). It was not, for two reasons. First, the level of scientific certainty required to reject risks we perceive as imposed on us by others is relatively low.[33] Second, the dangers of the cigarette to smokers had been well established by the early

30. The civil rights movement is widely credited with providing an ideological template for the subsequent "cycle of protest" in the late 1960s and 1970s (Snow and Benford 1992: 133; McAdam 1994).

31. Brandt comments perceptively on the social and cultural meanings attached to the different labels for other people's smoking: " 'Passive smoking' contrasted with active smoking; 'secondhand smoke' contained the ominous implication that someone else had used it first; 'involuntary smoking' indicated that the practice of smoking was indeed a voluntary act. And, of course, 'environmental tobacco smoke' or ETS . . . invited public concern as an 'environmental hazard' " (1995: 8).

32. These fears were confirmed by a 1978 poll commissioned by the Tobacco Institute from the Roper Organization. Roper's report concluded that "the nonsmokers' rights movement was the single greatest threat to the viability of the tobacco industry" (cited in Hanauer, Barr, and Glantz 1986: 3). Shortly afterwards, industry counterpropaganda began to emphasize "smokers' rights."

33. Calculations published in *Science* suggest that the threshold for public acceptance of "involuntary" risks is roughly 1,000 times less than the threshold for "voluntary" risks: "We are loathe to let others do unto us what we happily do to ourselves" (Starr 1969: 1235).

1970s. Little more in the way of scientific evidence was required for movement entrepreneurs to persuasively argue that involuntary exposure to this deadly product was dangerous to nonsmokers as well.[34]

Powerful as this argument has been, it has been more persuasive to some segments of the public than to others. The early nonsmokers' rights activists were well-educated members of relatively affluent (often university) communities. While they were notably successful in persuading groups like themselves that smoking in others' presence was socially unacceptable,[35] they have been less successful among blue collar workers. Data were presented earlier showing sharp differences in the decline in smoking prevalence by level of education. The meaning and persistence of these differences is suggested in recent statements by a representative of the AFL-CIO, commenting on the fact that many union members smoke: "Well, there has been a change in the culture, but there are still a lot of people who smoke who think that they should be able to smoke in workplaces. They think they should be able to smoke in bars and restaurants. And so I would say that there has been a change in the culture, but I think that it is not evenly distributed and that there are a lot of places in this country where the culture is not the same as it is in Washington, DC, or in southern California" (U.S. OSHA 1995: 12281).[36]

Prevention of harm to others is, of course, a legitimate responsibility of government. Characterizing its members as the "involuntary victims of tobacco smoke" allowed GASP to call on government for redress: "Surgeon General suggests ban on public smoking" was headlined in the first number of its first newsletter. Over the past twenty-five years, "innocent victims" rhetoric has proved to be a powerful force in obtaining local, state, and some federal smoking regulation. Alternative constructions of smoking—as an issue of personal habits, individual rights, even of cultural differences—continue, however, to be readily available and are deployed in opposition to regulation when occasion requires.

34. Scientific controversy over the health effects of passive smoking is ongoing. In a recent article, Deborah Barnes and Lisa Bero report, based an analysis of 106 review articles, that "the only factor associated with concluding that passive smoking is not harmful was whether an author was affiliated with the tobacco industry" (Barnes and Bero 1998: 1566).

35. A favorite tactic of the early antismoking campaigners was to call attention to the hypocrisy of smoking by environmentalists, health crusaders (e.g., board members of groups such as the ACS and the ALA), and physicians.

36. The underlying reasons for AFL-CIO opposition to federal regulation of smoking in the workplace are, of course, broader than this brief reference would suggest. I will refer to this opposition again when I discuss the political opportunities that have favored and impeded the movement for smoking/tobacco control.

The most recent phase in the cigarette's downward spiral is the discovery that smoking is addictive. The 1964 Surgeon General's report analogized smoking to drinking coffee, tea, and cocoa (U.S. DHEW 1964: 350). Today it is more likely to be linked with heroin and cocaine (U.S. DHHS 1988).[37] This linkage does not reflect new scientific knowledge—the addictive properties of nicotine "have been common knowledge in medical and public health circles for years" (Slade et al. 1995: 225)—so much as it reflects the increased vulnerability of the tobacco industry and the shifting political and legal strategies of its opponents.[38]

The addiction label allows opponents to make the identical argument employed on behalf of nonsmokers' rights: exposure is not a choice. "*The Health Consequences of Smoking: Nicotine Addiction* provided a comprehensive review of the evidence that cigarettes and other forms of tobacco are addicting and that nicotine is the drug in tobacco that causes addiction. These two factors refute the argument that smoking is a matter of free choice. Most smokers start smoking as teenagers and then become addicted" (Koop 1989: v). This construction has a number of consequences, some of which may be less predictable than others. It is the basis for FDA efforts to regulate cigarettes as drug delivery devices; it gives plaintiffs' lawyers a counterargument against the industry's long-standing claim that smokers assume the risk of their behavior; it enables opponents to characterize tobacco industry executives as drug dealers and to play on deep-seated American fears of adolescent vulnerability to seduction by unscrupulous predators.[39]

Insofar as the addiction label results in increased government regulation of access to and advertising of cigarettes, it may act to further decrease the prevalence of smoking. On the other hand, there is little

37. It is unclear to what extent this linkage is accepted by the general public. It is pervasive in public health circles, as evidenced, for example, by a marked increase over time in the number of articles in the *American Journal of Public Health* associating tobacco with alcohol and drugs and by the naming of an American Public Health Association (APHA) conference section "Alcohol, tobacco, and other drugs." It is popular in legal arguments against the tobacco industry (e.g., Brief for the State of Maryland at 52, *State of Maryland v. Philip Morris et al.*) and in antismoking messages focused on the industry's alleged targeting of children.

38. The fact that medical and public health circles knew that nicotine was an addictive drug has clearly been far less powerful than the fact that the tobacco industries knew it as well. The companies' knowledge is critical to litigation against them, but the discovery of their knowledge had an impact beyond mere lawyerly concerns, perhaps akin to the discovery of Oedipus' parentage in Sophocles' play.

39. "Protect our children from the tobacco companies" was a message sponsored by a public service announcement from the American Cancer Society broadcast on CNN in March 1996. This message is startling in evoking widespread fears in the early twentieth century of children being kidnapped into "white slavery" (Nathanson 1991: 125).

reason to believe that the label itself will change behavior—indeed, it could lead adolescents to prefer smoking as the cheapest, least dangerous form of addiction and it is unclear why judges and juries would find addicted smokers more sympathetic plaintiffs than risk-assuming smokers.

Inherent in the attribution of risks is the designation of potential victims. Who, precisely, is at risk? Citing limitations in the available data, the 1964 Surgeon General's report focused on men: "Cigarette smoking is causally related to lung cancer *in men*" (U.S. DHEW 1964: 31; emphasis added). As early as 1957, however, the American Cancer Society began to develop educational programs targeted at adolescents (ACS 1957: 47) and by 1997, forty years later, children dominated the roster of victims.[40] In the interval, nonsmokers, women, minorities, pregnant women, the fetus, and residents of third-world countries have received attention as designated victims. This is not, of course, a random selection. In varying degrees, these categories lend themselves to portrayal as innocents, deserving of government protection and control.

In the foregoing scenarios, the tobacco industry was virtually invisible.[41] The most striking recent shift in constructions of cigarette risk has been the explicit attribution of causal responsibility to the industry itself. The government's rhetoric, initially veiled in the bureaucratic language of the FDA, has become increasingly explicit; the language employed by private health organizations is unambiguous. Slogans like "protect our children from the tobacco companies" and "tobacco lawyers versus America's kids" appeared in public service announcements in major media outlets (CNN, the *New York Times*) in 1996 and 1997, sponsored in the first case by the American Cancer Society and in the second by the American Heart Association, the American Lung Association (ALA), the Association of State and Territorial Health Officials, and other health, religious, and educational organizations.

40. During 1996, antismoking advertising messages in the print and television media sponsored by private sources appeared to focus exclusively on the hazards of smoking to children. The recently established National Center for Tobacco-Free Kids, funded by the ACS and the Robert Wood Johnson Foundation, is a major source for these messages. Recent action at the federal level to require identification for cigarette purchasers under the age of twenty-seven is targeted at teenagers.

41. The industry was almost invisible, but not quite. In the same year that *Healthy People* appeared, Secretary of HEW Joseph Califano referred in the Surgeon General's report on smoking and health to the millions of dollars spent on cigarette advertising every year and to the existence of a "vested interest" in smoking. I have found no parallel references in subsequent Surgeon Generals' reports, however, and according to Richard Kluger, Secretary Califano was forced to resign as a result of his vigorous antitobacco campaign (Kluger 1996: 465).

The ACS official quoted earlier explained the ACS's change of course:

> In the 1970s when the laws went into effect banning cigarette advertising from broadcasting, putting tougher warning statements on cigarette packages and in advertising (1984), when more and more congressmen became articulate on this subject, we began to see that we could now openly criticize not just the cigarette but the manufacturer of the cigarette. And I'll never forget when I ended up on a MacNeil/Lehrer show one day (7 April 1988) with a representative from the Tobacco Institute and I was able to say tobacco companies are merchants of death. (ACS files)

As political opportunities change, so do constructions of risk.

Guns. Every element in the construction of risk—claims of danger, attributions of causality, and designation of victims—has proved more problematic for the gun control movement than for the smoking/tobacco control movement. First, as I noted earlier, claims of danger are disputed. Second, even when the existence of danger is admitted, causal attributions vary widely between and among the different groups who claim ownership of the gun question. Third, different causal attributions are associated with different categories of victims.

For those to whom guns are a problem only insofar as they are associated with crime (a category that includes not only the NRA but also many criminologists and representatives of the criminal justice system), the cause of gun-related mortality and morbidity is not guns as such, but guns in the hands of bad people. The public health community casts a wider net. First, crime-associated injuries and death are often conflated with gun-related injuries and death generally (e.g., from suicide or accidents) and labeled as gun violence. Second, causal attributions cover a broad range: criminogenic circumstances, inappropriate use of guns, poorly designed guns, guns in the home, and so on.[42] An idea of the rel-

42. Criminogenic circumstances were blamed by Mark H. Moore et. al: "Factors influencing individual incidents and aggregate levels of violence include (a) the availability and use of criminogenic commodities (such as guns, drugs, and alcohol); (b) the density of criminogenic situations (such as ongoing unresolved conflicts); and (c) a variety of cultural factors that help to justify and encourage violence" (1994: 170). These authors were careful to present their perspective as complementary to, not competitive with, the "criminal justice" perspective. The concept *criminogenic*, however, constructs causality in terms far removed from the world of offenders and perpetrators inhabited by police, prosecutors, and defense lawyers. Causes of crime become equivalent to causes of disease, implicitly beyond individual control and within the domain of medical (or at least public health) science. Gun design has been a particular focus of the Johns Hopkins Center for Gun Policy and Research, led by Steven Teret. Hazards of guns in the home have been examined in numbers of articles published by the *Journal of the Ameri-*

atively easy task of smoking/tobacco as compared with gun control advocates can be gained by comparing the faintly oxymoronic sound of "safe cigarette" and "responsible smoker" to the widespread use—even by many advocates—of parallel characterizations in the world of gun control. Risks are most persuasive when they can be portrayed in black and white. Guns come in shades of gray.

Lay and public health advocates of gun control have tended to characterize the risks of guns as universal—everyone is at risk—or to focus on risks to children. In a forum at the Johns Hopkins School of Hygiene and Public Health, Martin Wasserman, Secretary of the Maryland Department of Health and Mental Hygiene, invoked universality: "This is a statewide problem, not just [a problem in] Baltimore City and Prince George's County [subdivisions with high crime rates]. It is urban and rural." Calling attention to the health care costs of gun injuries is another universalizing construction, intended to address the public as taxpayers.

Children, however, are central figures in current discourse on guns, just as they are at the center of discourse on smoking/tobacco control. Statistically, the most likely victims of gun violence are young black men living in the inner city and suicides (Fingerhut, Ingram, and Feldman 1992; Spitzer 1995: 71). Children are, however, a substantially more appealing risk group, so much so that in the article cited Lois A. Fingerhut and colleagues characterize black male homicide victims aged fifteen to nineteen as "children" (3058).[43] As a rallying cry, "protect our children" is politically safe. Whether or not it is effective remains to be seen.[44]

In smoking/tobacco control rhetoric, the "innocent victimization" of nonsmokers and their "right" to clean air are two sides of the same coin: innocence and rights are conflated. Rights discourse has been effectively employed to empower the movement's adherents and to agitate for government regulation. By contrast, rights discourse in the gun control arena has been almost entirely controlled by the NRA and its adherents, as in their selective recitation of the Second Amendment to the U.S. Constitution, "the right of the people to keep and bear arms shall not be infringed." In public debate, Spitzer observes, this right is "constantly invoked" by gun

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can Medical Association and the *New England Journal of Medicine* (e.g., Kellerman and Reay 1986; Kellerman et al. 1992; Kellerman et al. 1993; Saltzman et al. 1992).

43. This characterization has an exact parallel in advocacy literature on teenage pregnancy: mothers aged fifteen to nineteen are invariably described as "children having children."

44. Research results to date are conflicting (Rigotti et al. 1997; Forster et al. 1998), and the policy focus on children is controversial among tobacco control advocates (Glantz 1996).

control opponents: "To pick a single example from publications of the National Rifle Association (NRA), its October 1993 issue of *American Hunter* contained thirty-four references to the Second Amendment or the ownership of guns as a constitutionally protected right. Its November 1993 issue of the *American Rifleman* contained fourteen such references" (1995: 25). Mary Ann Glendon has called attention to what she characterizes as "our increasing tendency to speak of what is most important to us in terms of rights, and to frame nearly every social controversy as a clash of rights" (1991: 3–4). The NRA's successful appropriation of this frame, which resonates not only with the American individualist tradition but also with the powerful late-twentieth-century ideologies associated with civil rights and women's rights, has severely limited the gun control movement's rhetorical maneuvering room.[45] Predictably, the tobacco industry experimented with the rights framework as well (taking out full page ads in major newspapers to advocate "smokers' rights") with little evident impact on public opinion.

Mobilization and Organization

Critical to the emergence of social movements are, first, mobilizing structures, preexisting formal and informal social networks through which individuals with common grievances are brought together (the role of black churches in initiation of the civil rights movement is a classic example) and, second, the command of resources, including tangible assets such as financing, space, and mailing lists as well as intangible assets—organizational experience, scientific expertise, and social and political contacts (McCarthy and Zald 1977; Jenkins 1983; McAdam 1982; McAdam, McCarthy, and Zald 1996). From this perspective, a critical difference between the movements against smoking and guns is that the former was sparked by an innovative and highly energetic grassroots movement, while the latter not only lacked a strong grassroots base itself, but confronted (and continues to confront) a powerful, well-financed, and well-organized grassroots movement already in the field.[46]

45. Glendon evaluates rights discourse in negative terms, as being absolutist and inimical to reasoned dialogue. I would argue that rights discourse has been the principal strategy through which historically marginalized groups have obtained government protection against those who would deprive them of their rights. At issue is not the discourse but the uses to which it is put.

46. The statement that the gun control movement lacked a strong grass-roots base is based on interviews with gun control advocates during 1995 and was accurate at that time. There has been a very recent upsurge of local activism in California leading to local legislation. This activism follows the path pioneered by smoking/tobacco control activists in California and, indeed, is led by many of the same individuals, who have moved over from the smoking/tobacco control movement to the gun control movement.

The Smoking/Tobacco Control Movement

Until very recently, the core of the smoking/tobacco control movement consisted of three sets of players: the health voluntaries (American Cancer Society, American Lung Association, American Heart Association), Action on Smoking and Health (ASH), and the nonsmokers' rights groups.[47] These groups have varied in relative importance over time and have played different and, arguably, complementary roles in advancing the overall tobacco control agenda.[48]

The American Cancer Society. The ACS was started in 1913 by "a group of public-spirited physicians and laymen" (1950: 7). The society did not, however, begin to move toward its present size until after World War II; it underwent a major reorganization in 1945, bringing "a group of influential (and wealthy) businessmen" onto the ACS Board of Directors (ACS 1950: 7).[49] Among the results of this reorganization were a substantial commitment to cancer research (consistently just under 30 per-

47. The smoking/tobacco control scene shifted markedly in the last two years with the entry in force of state attorneys general to bring suit against the tobacco industry. These suits were settled in November 1998 by an agreement between individual states and the tobacco industry. Neither the federal government nor the smoking/tobacco control movement participated directly in this agreement. My story ends at the point when this major shift began. I have not included government as part of the movement core. I have already described the government's role in creating the scientific case for smoking as a credible threat. In the movement's early days, agencies of the government were more often targets than major players. The change, again, has been very recent.

48. Two groups that might have been expected to play major roles in the smoking/control drama but have not are the APHA and the AMA. While the relative inactivity of public health organizations has been noted by others (e.g., Jacobson, Wasserman, and Raube 1992), no analyses of the APHA's role in the smoking/tobacco wars have been published, and I have not undertaken such an analysis beyond what is stated here. Consequently, it is unclear precisely why there was relatively little public health attention to what has now become a major public health issue. While Surgeon General Jesse Steinfeld played an important role in energizing and legitimizing the nonsmokers' rights movement, he appears to have had little impact on organized public health activities. Such activities are, of course, heavily dependent on federal, state, and local government funding, which may help account for this inactivity. A scathing analysis of the AMA's silence on smoking/tobacco control has been published by Wolinsky and Brune (1994).

49. Ironically, a prime mover in this reorganization was Mary Lasker, whose husband, Albert Lasker, made at least some of his fortune in advertising from cigarettes (Kluger 1996: 76). As Kluger describes it, the Laskers brought in other prominent business leaders and, in addition, made use of their access to advertising talent and of their contacts in the media (e.g., *Reader's Digest*) to promote the American Cancer Society (renamed—originally the American Society for the Control of Cancer) both as an important humanitarian cause and as "smart business" (Kluger 1996: 143). In its volunteer recruitment policies immediately following the reorganization, the ACS very deliberately targeted "influential persons" (ACS 1948), and from this time forward influential business people played major roles in the ACS. By its constitution, the ACS board of directors is composed of half laypersons (primarily business) and half physicians (all volunteers); the society's leadership is divided between a physician and a layperson.

cent of the ACS budget), a major expansion in volunteers (ranging in number between one and three million), and extremely effective fundraising. The ACS total budget grew from $14 million in 1950 to $347 million in 1990, a twenty-five-fold increase.[50]

The ACS's role in the smoking/tobacco control movement began to take shape in the late 1940s. In 1948, the ACS Annual Report noted that lung cancer mortality was "increasing"; in 1951 a National Lung Cancer Committee was created and the society issued its first public warning of the rise in lung cancer. In 1952 the ACS began its population-based follow-up study of smoking and death rates in "white men between the ages of fifty and sixty-nine" (Hammond and Horn 1954).[51] In an interview published in 1965, E. Cuyler Hammond stated that "only an institution like the American Cancer Society" could have carried out this study (Pfeiffer 1965: 12). Not only did the ACS have the necessary political independence and sufficient financial resources; it was able to draw on its huge network of volunteers to do the actual fieldwork and on its "goodwill among physicians and hospital authorities" to assist in obtaining follow-up information on men who had died (Pfeiffer 1965: 12). The ACS committed its substantial resources to this project despite considerable skittishness on the part of some of the society's officials, who were perfectly aware of the study's potential political sensitivity (Kluger 1996: 146). Many observers have described and commented upon ACS's reluctance to act on the study's striking results (Jacobson, Wasserman, and Raube 1992; Pertschuk 1986: 53; interview with ACS official, ACS files).

From the perspective of the larger smoking/tobacco control movement, the ACS played its most important role in the 1950s and 1960s, using its substantial resources and authority to help create and then to promote the problem of smoking and health within and outside the government. Conservative leadership and an unwillingness to risk other interests for the sake of the smoking/tobacco control movement prevented the society from going much beyond its self-defined role as health educator until the early 1980s.[52] Indeed, during the 1970s the ACS virtu-

50. By way of comparison, the total budget of the ALA during the same period never rose above $92 million, although in 1960 (the earliest date for which I have ALA data) the budgets of the two associations were close to equal.

51. E. Cuyler Hammond, the study director and head of the ACS Department of Statistical Research, joined the ACS in 1946. Hammond was already a well-trained and experienced epidemiologist when he became the ACS's chief statistician. Evidence suggests that he played a major role in focusing the society's attention on the marked rise in lung cancer mortality rates (Garfinkel 1988; Kluger 1996).

52. The comments by Peter Jacobson, Jeffrey Wasserman, and Kristiana Raube (1996), which refer to the late 1980s and early 1990s, suggest that the relatively conservative posture

ally disappeared as a public advocate on behalf of smoking and health (Troyer and Markle 1983: 68). The banner was taken up by a proliferation of single-issue groups, resource-poor relative to the ACS but unburdened by its conservative baggage.

Action on Smoking and Health. ASH was founded in 1967 by John Banzhaf, a professor of law at Georgetown University in Washington, D.C., with the sole purpose of engaging in legal action at the federal level. ASH's initial focus was on cigarette advertising, but it soon branched into additional arenas including public transportation, birth control package inserts, and others. By far the largest part of ASH's activities have been actions before the various regulatory commissions involved with tobacco (FCC, FTC, FDA, etc.). ASH's organization and mode of operation during the 1970s were well described by Ronald J. Troyer and Gerald E. Markle (1983: 80–86). In no sense was (or is) ASH a grassroots organization. It was a small (eight staff members in 1979), professionally operated, public interest group with a paid staff and no organization or activities at the local and state levels (indeed, ASH members were not allowed to engage in local action under the ASH banner). ASH's income in 1979 was approximately $366,000, well below that of any of the health voluntaries, of course, but far above the income (at that time) of any local nonsmokers' rights group.

There is evidence (from interviews and the GASP newsletter) of occasional ASH cooperation with its relatively near neighbor, the Maryland GASP. However, it was clear from interviews with other participants in the smoking/tobacco control movement that ASH is perceived as an independent operation, closely identified with its founder and not on the whole a collegial member of the larger movement.

The Nonsmokers' Rights Movement. By 1971, deaths of white males from lung cancer had reached a critical threshold of visibility: fathers and uncles of the generation that came of age in the late 1960s and early 1970s—an activist generation profoundly influenced by the example of civil rights, antiwar, and environmental movements—were dying of lung cancer.[53] The activists I interviewed identified a latent constituency com-

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of the health voluntaries remains, despite their current more active involvement as lobbyists in Washington.

53. Between 1960 and 1975 the lung cancer mortality rates of white males born between 1901 and 1910 quadrupled; the rates for white males born between 1911 and 1920 increased by a factor of eight (U.S. DHHS 1991: 92).

posed of two groups: individuals who had lost loved ones to smoking and a much larger group who were profoundly irritated by tobacco smoke. The latter could be induced to come out of the closet, so to speak, by persuading them first that their irritation was legitimate and, second, that it was shared.

Clara Gouin, the founder of GASP, had been active in a local environmental movement. She attributed her father's death from lung cancer at the age of fifty-seven to cigarette smoking and friends complained to her about cigarette smoke in their hair and clothes.[54] In her own words, "You suddenly get an inspiration. That's what it was. I convened a meeting of my friends. There were several friends in the neighborhood, and several friends at church, and some mothers of young children my girls' age, and we had a meeting in our living room and said let's start this group and see what we can do" (Gouin 1995). Gouin contacted local branches of the health voluntaries and the interest of the local lung association's program director made possible the combination of her "inspiration" with certain critical resources: space, a mimeograph machine, and—of inestimable importance—a mailing list. The first issue of *The Ventilator*, published in March 1971, went out to local lung associations (then the TB and Respiratory Disease Association) throughout the country. Buttons (reading "GASP—nonsmokers have rights, too") and posters were offered, plus a subscription to the newsletter for $1 per year. The response was far beyond the group's anticipation. Chapters were quickly formed in Berkeley and San Francisco. By 1974, the newsletter listed fifty-six local chapters in the U.S. and two in Canada. At least twenty-two (and probably more) of these chapters were unofficially associated with their local lung associations; in 1973, Clara Gouin and Willard Morris (the program director mentioned above) received the Public Relations Award of the American lung association on behalf of GASP and the Lung Association of Southern Maryland.[55]

From the beginning, GASP chapters were locally organized autonomous groups, staffed almost entirely by volunteers. "Once we got a

54. Of the seven early (i.e., became active in the 1970s or, in one case, the early 1980s) nonsmokers' rights activists we interviewed, three had close relatives who died from causes the activists attributed to smoking, and two had previously been active in related social movement or public interest organizations.

55. GASP's success was so great that in 1973 certain leaders of the Lung Association of Southern Maryland became concerned that the tail was wagging the dog and a report was generated recommending "disassociation" of GASP from the local association. The issue was resolved and dissociation did not occur (although relationships became more formalized), but the episode is evidence of the remarkable public response to GASP's message.

bunch of chapters going we organized all the names we had by states and localities and mailed those names out to local Lung Associations and local GASP groups around the country, saying these are people who have written to us from your area. Contact them, get them active in your group. . . . We actually sent them envelopes with just stacks of little mailing labels" (Gouin 1995). Although Gouin mailed the first issue of the newsletter to members of Congress and federal officials were aware of GASP's existence, the group's initial tactics were almost entirely local and on a small scale, focused on getting smoke-free meeting rooms (particularly meeting rooms of obvious groups, like environmental groups and the Lung Association itself), doctors' offices, hospitals, natural food stores, and the like. Funding requirements for these activities were minimal (Gouin's budget never went above $10,000 per year) and came from contributions and from the pockets of the organizers themselves.

Although GASP struck a responsive chord in some quarters, nonsmokers' rights were by no means immediately popular with the general public: "When I started getting up there on my soapbox, it was a very unpopular issue . . . they thought who was this crackpot telling us we shouldn't be smoking in public" (Gouin 1995). The media, nevertheless, were very interested and "we got a lot of free publicity," at first locally and then nationally and internationally. Exposure brought new recruits.

By the mid-1970s, the focus of nonsmokers' rights activists began to shift from "passing out leaflets and buttons" to the passage of state and local antismoking regulations (Hanauer, Barr, and Glantz 1986: 2). Seventeen of the fifty-four GASP groups listed in 1974 were in California. These groups incorporated as California GASP in 1976 and focused increasingly on regulatory action, first at the state and later (after narrow defeats in 1978 and 1980) at the local level.[56] These activities brought additional groups and individuals into the movement: the California chapter of the ACS in particular played "a very crucial role" in the initiative campaigns (interview with smoking/tobacco control activist, 1995). Data presented in Figure 8 on the timing of grassroots organization in relation to the passage of local restaurant nonsmoking ordinances (the first type of

56. In 1981, California GASP became Californians for Nonsmokers' Rights and in 1986, Americans for Nonsmokers' Rights (ANR). In an anniversary issue, the ANR newsletter commented on the shift from state to local priorities: "The experience of having been burned twice at the state level while succeeding locally [in Berkeley in 1977 and in Los Altos in 1979] taught the nonsmokers' rights activists a great deal. They learned that the tobacco industry, while wealthier and more powerful at the state level, just wasn't able to thwart our efforts locally" (ANR 1996).

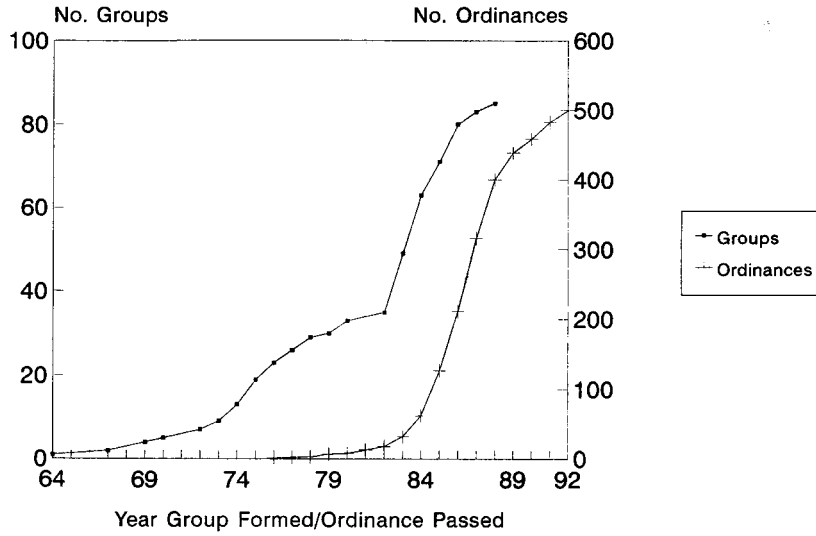

Figure 8 Grassroots Organizations and Nonsmoking Ordinances, 1964–1992: Number of Nonsmokers' Rights Groups and Passage of Local Restaurant Nonsmoking Ordinances. *Sources*: U.S. DHHS, NIH 1993; U.S. DHHS 1990.

ordinance to be widely adopted) suggest that organization at the local level played a critical role in subsequent regulatory action.

There are no published surveys of nonsmokers' rights activists. However, some idea of the population groups to whom their activities had most appeal can be gained from an analysis of the relationship between the average family income of California counties and the timing of smoking control ordinance adoption. These data are shown in Figure 9. Counties that adopted smoking control ordinances in 1985 or before are defined as early adopters, counties that adopted ordinances after 1985 are late adopters, and the remaining counties are nonadopters. Wealthier counties are substantially more likely to be early adopters: the difference in mean income levels across the three adopter groups is highly significant. It is a reasonable inference from these data that individuals active in the nonsmokers' rights movement were also likely to be above average in education and wealth.

As the nature and scope of their activities changed, funding requirements increased and GASP groups became somewhat more professionalized (although they were still largely voluntary); drafting legislation and engineering its passage demanded legal experience and organizing a

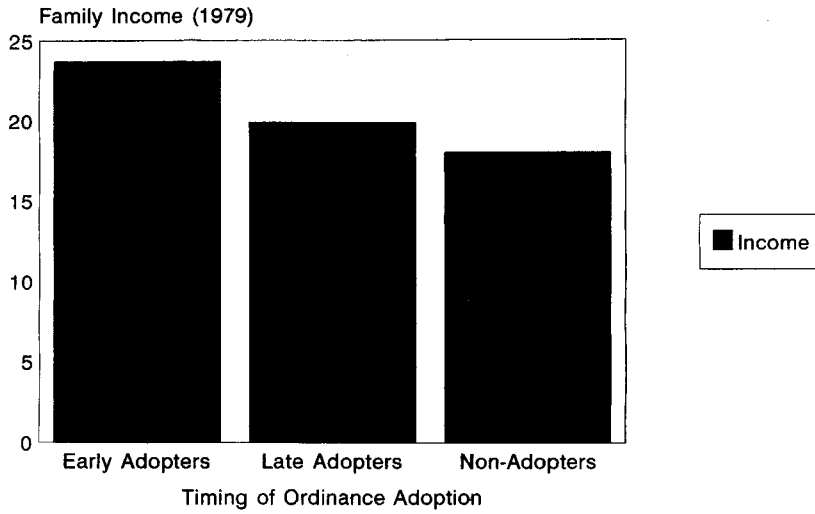

Figure 9 Smoking Ordinance Adoption and Wealth: Timing of Smoking Control Ordinance Adoption and Family Income (California Counties). *Sources*: U.S. DHHS, NIH 1993; U.S. Department of Commerce 1980. *Note*: Significance of difference between income means (ANOVA): $F = 14.91$, $p < .0000$.

statewide initiative campaign (i.e., in California) was expensive. Along with these changes came greater bureaucratization, concerns about incorporation and tax exemption and, ultimately, paid staff. The early activists I interviewed remarked on the movement's evolution with evident nostalgia for an earlier time: "Maybe part of the secret of [GASP's] success was that it was never thoroughly organized. Sometimes you have a good idea and in the beginning stages there is great enthusiasm, and then once the idea gets structured into rules, regulations, formal dues, offices, and all of that, it loses a bit of its initial impetus. . . . [People in the movement now] didn't have to join a group and carry a banner. When you feel you're alone, have to join a group. Don't need little organizations when everybody's doing it" (Gouin 1995). The transformation Gouin describes is a classic process of organizational change, the price a social movement pays for public acceptance and success.[57]

A significant characteristic of the smoking/tobacco control movement has been the shifting participation over time of several groups with quite

57. Gouin was not alone in her perceptions either of the fact or of the nature of movement evolution. Her remarks were echoed by several other early activists we interviewed.

different goals, resources, and constituencies. Although these groups have often appeared antagonistic, I would argue that their roles were, in fact, complementary and contributed in important ways to the movement's relative success.

The Gun Control Movement. The gun and smoking/tobacco control movements have certain things in common: both movements have reformist goals of health-related social change through public education and political advocacy, both draw on largely white, middle-class constituencies, and both have a clearly identifiable, large, well-financed, and politically well-connected opponent. At the time of our research, however, there were major differences with implications both for the mobilization potential and for the organizational resources of the gun control movement.

First, not only the smoking/tobacco control movement but other social movements that have achieved substantial success in the latter half of the twentieth century—the civil rights, gay rights, and feminist movements, as well as health-related movements (e.g., breast-cancer survivors, Mothers against Drunk Driving)—have been in a position to draw heavily on self-defined victims with the personal and social resources to engage in social movement activity. Among the leaders of the gun control movement we interviewed, almost all had direct experience with gun violence. However, large sectors of the gun control movement's potential constituency—victims of gun violence or individuals in fear of victimization—are unlikely candidates for mobilization by a white, middle-class reform movement.[58] Half of all victims of homicide are minorities, as I have pointed out. A high proportion of these victims are inner-city black youth.[59] Fear of victimization is as much or more likely to result in the purchase of a gun than in joining Handgun Control, Inc. Police are perhaps the most obvious potential middle-class victims of gun violence, and

58. The executive director of the Coalition to Stop Handgun Violence (CSGV) describes his constituency as follows: "It's still mostly older, college-educated people living in urban areas on the east coast, west coast, and Chicago. Primarily Jewish probably. I mean we just fit the standard profile in the direct mail [marketing]: college-educated, third generation, living in a suburb or urban area."

59. My point is not that these individuals cannot be mobilized at all—Louis Farrakhan has clearly demonstrated otherwise—it is that they are unlikely to be mobilized by the gun control movement as presently constituted. This point is strikingly illustrated by the following comments from a gun control activist: "There's an organization in the city called 'Don't Smoke the Brothers—Cease Fire.' And they were founded by Farrakhan. Now they do good work. Yes, they do. But they also promote hate against certain organizations. I don't want that. And that was a very difficult decision because there are things that they do that are of value. But they were not willing to modify their language so that they weren't offending anybody other than Black."

the gun control movement received a major boost when police organizations came to its support in the mid-1980s.

Interest in gun control among the larger population is driven, in Spitzer's terms, by a "cycle of outrage, action, and reaction usually [beginning] with the sensational and the horrific" (1995: 13). This point was eloquently made by a gun control activist we interviewed:

> From 1975 [when his group was founded] to 1980 we were a very small, basically inconsequential organization. We were just a voice out there in the wilderness. . . . In 1980–81, the Pope, John Lennon, and the president were all shot. . . . Suddenly, the issue became hot. We were one of the few sources that people had to go to for information, especially the news media. So in 1980, we grew rapidly. And then, it died. The president took that "aw shucks, it didn't hurt" approach, the Pope didn't say anything about the issue, and all we were left with were John Lennon fans. The other folks disappeared.[60]

The problematic character of its recruitment base may be responsible for what another movement activist described as "probably the greatest shortcoming of the gun control movement: even though we have strong public support, we have no organized grassroots."

Grassroots support for the gun control movement has been sporadic and difficult to sustain, and the movement has only recently begun to attract support from established organizations comparable to that of the health voluntaries for smoking/tobacco control. Further, while both movements have experienced and continue to experience conflict between more conservative and more radical factions, the impact of this conflict on the movement's ability to present a united front may be more serious in the case of gun control.[61]

In the mid-1990s, the national stage was shared by two gun control organizations, Handgun Control, Inc. (HCI) and the Coalition to Stop Gun Violence (CSGV). Spitzer gives a concise summary of the groups' background, beginning with HCI: "[HCI] began in partnership with the National Coalition to Ban Handguns (NCBH), formed at about the same

60. The "cycle" this activist describes appears clearly in data from our analysis of *New York Times* coverage of the gun control issue. The number of articles jumped from forty-two in 1980 to sixty-two in 1981 following the Reagan and other shootings; it dropped to between sixteen and thirty-nine in the period from 1982 to 1988, jumped again to seventy-six in 1989 following the Stockton, California schoolyard shooting, and dropped again to forty-six in 1990.

61. Recently, however, the prospective tobacco settlement led to intense conflict within the smoking/tobacco control movement between proponents who believed it was the best deal they could get and opponents who believed it was a sellout.

time. The groups soon parted ways. The NCBH was renamed the Coalition to Stop Gun Violence in 1990. It has generally pursued a tougher stand on gun regulation than HCI, and has been overshadowed by HCI's greater size and visibility, especially since Sarah Brady has become a prominent HCI figure" (1995: 115). Only two state-level gun control advocacy groups were identified by our respondents, in Maryland and Illinois. One activist described most other organizations as consisting of "dedicated people with a hunk of letterhead."

A range of low-profile groups do exist, however. Missing Peace, for example, is a primarily educational rather than political advocacy group (although it has employed direct action occasionally, e.g., a candlelight vigil in front of the White House). The group was founded by a suburban Maryland woman after a twelve-year-old brought a gun to her son's school; its director would like to expand nationally and pointed to affiliates in eighteen states. At the same time, she suggested that she might quit if additional funds were not forthcoming soon. Missing Peace has much in common with the original GASP: it is small, with meager funds, and is staffed almost entirely by volunteers. A major (and, I believe, critical) difference is the absence of anything comparable to the American Lung Association's support for GASP.

A standard question in the interviews we conducted asked respondents to comment on the relationship of their own group with other groups working on the gun control issue. The level of perceived competition, even conflict, elicited by this question was striking. Reactions ranged from strongly negative—extending to an unwillingness to share mailing lists and to uneasiness about appearances on the same platform—to expressions of competition over financial resources, to more thoughtful analyses:

> There are a couple of splits in the gun control movement. One is between the controllers and the banners. The controllers who want to control handguns through licensing, registration, things like that, tend to view the banners as radicals who give them a bad name. The controllers also tend to see gun violence as a crime issue versus gun violence as a public health issue. The banners, we're talking handguns here, tend to be public health people, those who take a public health perspective and one of the problems with the public health argument is that it points out many of the limitations and internal flaws of the gun control's control argument! Which doesn't lead to good relations. I think that's one of the problems in this movement in that whereas in

> most movements certainly you have differences of opinion, differences in approach, but there's a recognition that for the greater good, you should work together on specific issues you can agree upon. That had never really happened in the gun control movement. And that's been one of our big failings. (Gun control activist, 1995)

While smoking/tobacco control groups have had their share of conflict as well, these remarks suggest that conflict within the gun control movement has been more profound and has contributed to movement fragmentation.

It must be emphasized that both the smoking/tobacco and gun control movements are moving targets, shifting their character as different actors move onto and off the stage. The recent wholesale entry of lawyers into the smoking/tobacco control arena and of health professionals and lawyers with public health training into the gun control arena will inevitably change how these movements are organized and the constituencies to whom they appeal.

Political Opportunities

The Smoking/Tobacco Control Movement

A full analysis of the role of shifting political opportunities—in particular, analysis of critical actions of relevant elites with the power to push or block the smoking/tobacco control agenda—would require a level of data gathering and insider access that was beyond the scope of this project. Thus, my account depends primarily on interpretation and inference from published sources and may be incomplete.

The Permeable American State. The purpose of social movements is to "force their targets and public decision makers to recognize their concerns and to commit institutional resources to implement movement goals" (Oberschall 1993: 32). Recognition by public decision makers is substantially easier in a nation-state with many different points of access: "The chaos [in the American system] allows citizens to utilize *multiple cracks* to gain their ends" (Morton Grodzins, cited in Friedman 1975: 170; emphasis in the original).

A. Lee Fritschler argues that the "normal relationship" among institutions of government (including outside interest groups) was typified by pre-1964 tobacco politics. Policies were made "in a spirit of friendly and quiet cooperation" among members of what Fritschler calls the "tobacco

subsystem": "The tobacco subsystem included the paid representatives of tobacco growers, marketing organizations, and cigarette manufacturers; congressmen representing tobacco constituencies; the leading members of four subcommittees in Congress—two appropriations subcommittees and two substantive legislative committees in each house—that handle tobacco legislation and related appropriations; and certain officials within the Department of Agriculture who were involved with the various tobacco programs of that department" (1989: 4). The 1964 Surgeon General's report was the opportunity that threw a monkey wrench into this system by creating openings for dissident individual members of Congress, federal agencies unconnected with the tobacco subsystem (the FTC, DHEW, FCC), the health voluntaries, and not least, the states, by virtue of their traditional responsibility for public health. There was no grassroots antismoking movement in 1964.

Of course, opportunities must be grasped, and these entities varied substantially in the aggressiveness with which they took advantage of the openings that the Surgeon General's report offered. The FTC and certain states (e.g., New York) were prepared to take action quickly, until they were slapped down by Congress in the form of the 1965 cigarette labeling act. The DHEW was relatively timid, perhaps due to an absence of presidential support for aggressive antismoking measures, and the health voluntaries, although they had played a major role in initiating government action that led to the report, were less than enthusiastic in their endorsement of government action in response to the report's findings.[62]

Jill Quadagno has hypothesized that "the permeability of state agencies to social movement demands depends on their autonomy from the targets of social movement goals" (1992: 631). Kenneth Michael Friedman and Fritschler, political scientists who have studied the smoking and health controversy, both emphasize the critical role played by independent regulatory agencies in initiating policy and in sustaining public attention to smoking as a public health problem: "The FCC and the FTC have been able to act because their relative independence in the present situation has protected them from economic and political pressures. . . .

62. The consensus of observers, both scholarly and nonacademic, is that the 1965 cigarette labeling act was a victory for the tobacco industry and that health groups were weakened by "their failure to agree on a plan of action" (Fritschler 1989: 107; I infer that this is a reference to the nonparticipation of the AMA) and by other organizational limitations (Friedman 1975; Fritschler 1989; Pertschuk 1986). While I agree with the second point, I think the first point underestimates the role of even weak congressional action in legitimating subsequent antismoking protest.

The importance of independent actors, including the regulatory commissions, in spurring governmental action [against smoking] in the United States has been crucial. Without them consideration of the issues and governmental action would have been at least postponed if not precluded" (Friedman 1975: 56). The creation of the Consumer Products Safety Commission in 1973 offered a further opportunity for outside groups (in this case the American Public Health Association [APHA] and Senator Frank Moss [D-UT]) to demand regulatory action against cigarettes that, even though unsuccessful, kept the problem in the public eye: "In a large pluralistic system, there are many ways to keep an issue alive" (Fritschler 1989: 118).

Among the most important of those ways, as I pointed out earlier, was action at state and local levels. Many northern states had little dependence on the tobacco industry and clean-air legislation was consistent with traditional state responsibilities. When the tobacco industry became aware of this threat to their interests and began to exert its influence successfully at the state level, nonsmokers' rights groups turned to the local level where the industry was substantially less effective. Of course, the industry has found ways to counter this latter strategy as well (e.g., by state preemption of local clean-air regulations) and the struggle continues. However, without the multiple venues for action offered by the U.S. state, the struggle would have been even more one-sided.

The potential importance of federal agencies with authority independent of Congress, if not (in the case of the FDA) of the executive branch, was demonstrated again in 1980, when the FTC, under Michael Pertschuk, an activist commissioner appointed by President Carter, was instrumental in reviving the cigarette labeling issue, leading to eventual congressional passage of a somewhat stronger system of rotating labels; and, more recently, this was also illustrated in the critical role played by the FDA under another activist commissioner, David Kessler, in labeling nicotine as a drug and cigarettes as devices for drug delivery. Published accounts of these events are relatively silent about the role of interest group pressure—for example, from the coalition of health voluntaries newly organized in 1981—in initiating action by the FTC and/or the FDA. If John W. Kingdon's (1995) work is any guide, however, the pressure was there, waiting for the right moment to make its presence felt.

Elite Allies. Pertschuk recounts that in 1965, when the first cigarette labeling bill was under consideration in Congress, President Lyndon

Johnson personally "called FTC Chairman Paul Rand Dixon and excoriated him for persecuting the tobacco industry" (1986: 37). President Clinton, by contrast, was "the first avowedly antismoking president in the White House" (Kluger 1996: 549). Allies (or their absence) in the federal government have played a significant role in the smoking/tobacco control movement. Probably of most importance, Surgeons General and Secretaries of the Department of Health and Human Services friendly to the movement (Terry, Steinfeld, Califano, and Koop) have been able to use the annual Surgeon General's reports on smoking and health as vehicles to direct public attention to the problem of smoking and health and to lend the power of scientific legitimacy to smoking's opponents. Indeed, Fritschler credits the 1964 report with dealing the tobacco "subsystem a blow that was to prove fatal" by providing "the Federal Trade Commission with an opportunity to make its move" (1989: 43). Allies in the executive branch and, of particular importance, in Congress, have played vital roles in the recent past as well: hearings and the introduction and shepherding of legislation (even legislation that does not pass) contribute to the legitimization of smoking/tobacco control as a public policy issue and, of course, keep the issue in the public eye.

Depending on one's perspective, the health voluntaries and the major organizations of health professionals may be regarded as elite allies, rather than as part of the smoking/tobacco control movement itself, and I have already described the shifting roles these groups have played.[63] Another important potential ally whose leadership has not, on the whole, been supportive of the movement are trade unions. As the director of the AFL-CIO Department of Occupational Safety and Health stated in opposing federal regulation of environmental tobacco smoke (ETS), "we have a lot of individuals who smoke and don't think this is the kind of thing the government should be involved with" (U.S. OSHA 1995: 12217–12218). Since 1991, twenty-eight states and the District of Columbia have passed laws protecting smokers from discrimination in the workplace (McKen-

63. The complex and shifting relationships among actors in the smoking/tobacco arena do not fall readily into existing social movement taxonomies (see, e.g., McCarthy 1996). While the nonsmokers' rights movement clearly qualifies as a "mobilizing structure," it is less clear that the health voluntaries can be usefully so described; it is even less clear for the legal firms now engaged in large-scale litigation against the tobacco industry. Perhaps the concept of organizational field (defined by Scott [1994: 71] as "communities of organizations that participate in the same meaning system, are defined by similar symbolic processes, and are subject to common regulatory processes" is applicable, particularly to the movement in its current configuration. Indeed, the movement's shift from mobilizing structure to organizational field is among the major changes I describe here.

zie 1996), and OSHA's proposed regulations have stalled, possibly as a consequence of trade union opposition.

Target Vulnerabilities. The avowed target of the smoking/tobacco control movement has shifted over time between potential smokers (children, adolescents), smokers (first as victims, later as perpetrators), and the tobacco industry itself. The health voluntaries were extremely reluctant to confront the tobacco industry, as I have noted, and it is only in the very recent past that the industry itself has been isolated as a target, if not the major target. While it is evident from hindsight that the industry has become more vulnerable over time, objective indicators of vulnerability are difficult to come by: that is, vulnerability tends to be judged by results (e.g., legislation passed or failed, court cases won or lost) rather than by predictive measures. However, I will suggest a few changes that may have made a difference.

First, congressional representation of southern states that grow tobacco as a major crop has shifted over time from predominantly Democratic to predominantly Republican. For most of the period in question, the majority party in Congress and thus the chairs of congressional committees have been Democrats, and the Democrats with the greatest seniority (and consequently most likely to occupy those chairs) were from the tobacco-growing South. As the South began to send more Republicans than Democrats to Congress, the occupants of committee chairs shifted from southern to northern Democrats, who are less sympathetic to tobacco interests. The change in party representation from tobacco states may have played a role in President Clinton's relative willingness as compared with (for example) Lyndon Johnson's to speak out on issues of smoking/tobacco control.

Cigarette manufacturers have benefited from their ability to present a united front with tobacco growers. However, not only have there been changes in the political representation of tobacco-growing states, but changes have occurred in the circumstances of the growers themselves to make them a less certain ally. Both the number of tobacco farmers and the acreage devoted to tobacco have declined since 1964 and manufacturers' use of tobacco imported from outside this country has substantially increased. The latter issue appears to have played an important role in eroding congressional support for the industry in the course of debate on what became the 1984 cigarette labeling bill: Pertschuk quotes North Carolina Democrat Charles Rose, then chair of the House Tobacco Subcommittee, as remarking to the staff director of the Coalition for Smok-

ing or Health, "Your concern is health. What really concerns me is imports. They're ruining my farmers, destroying them!" (1986: 67; see also Kluger 1996: 546).[64]

Finally, the industry's posture of denying either that cigarettes cause disease or that they are addictive was powerfully undermined by the 1994 discovery of company documents dating back to the early 1950s in which these properties were clearly acknowledged (Glantz et al. 1996; Hilts 1996). While this information was hardly new, hard evidence of the industry's knowledge substantially increased its vulnerability not only in the court of public opinion, but (and possibly of even greater long-run importance) in the courts of law. Lawyers on behalf of clients who claim injury from smoking can now, as the *New York Times* pointed out, "rely on industry documents to portray smoking as part of a lethal conspiracy on the part of cigarette makers" (Collins 1997).

The increasing political and legal vulnerability of the tobacco industry is part of a downward spiral, inseparable from concomitant changes in the number, composition, and social position of smokers. Thus, as the number of smokers in the population has declined to under 30 percent, as their composition has shifted toward younger and less affluent groups, and as adult smoking has become more and more stigmatized, it has become that much easier to attack the industry that supports the smoking habit.[65]

The Gun Control Movement

Many of the external conditions confronted by the gun control movement—a lack of public (or scholarly) consensus about the dangers of guns, a high prevalence of gun ownership among ordinary citizens, and a well organized and implacable foe—have stayed relatively constant over time. Consequently, the gun control movement has been more than

64. In an interview published in September 1998, the *New York Times* describes a Kentucky tobacco grower as reserving his "deepest scorn . . . for the four big cigarette companies, whom he accused of profiteering and price manipulation. It is they 'who give the farmer a real licking, year in and year out'" (Apple 1998).

65. In the year prior to this writing (November 1998), events in the smoking/tobacco control arena moved at breakneck pace. Through mid-June, the tobacco industry appeared to be continuing its downward spiral: a strong antitobacco bill was introduced in Congress and the press regularly referred to the industry as a "pariah." In the second half of 1998, however the industry and its congressional allies defeated the tobacco bill, the industry received favorable treatment in the courts, and its lawsuits with the states were settled on better terms than the industry might have anticipated. Depending on one's perspective, the events of 1998 may be interpreted as evidence of the industry's continuing vulnerability (the glass is half full) or its continuing political clout (the glass is half empty).

usually dependent for recognition in the public and political arenas, as well as for the successes it has so far achieved, on its ability to take advantage of often transient political opportunities. The most obvious of these opportunities have been the high-profile assassinations and wholesale killings of young children and other innocent victims that have marked the last three decades. These events have led to brief openings of opportunity, resulting in temporary increases in recruitment to the gun control movement and in gains to the movement's financial resources. The impact of these events on the movement's success in achieving its regulatory goals is less clear: the first piece of federal gun legislation passed after the 1981 shootings of Reagan, John Lennon, and the Pope was the McClure-Volkmer Act, which was explicitly intended to weaken the 1968 Gun Control Act.

Whether and how the gun control movement has been able to take advantage of the opportunities offered by public outrage, indeed the existence of *any* opportunities for action in the gun control arena, has been almost wholly dependent on the National Rifle Association.

The National Rifle Association. Both the tobacco industry and the NRA are well organized and well funded, with powerful political allies. There is a critical difference, however, in the constituencies each of these entities represent. The tobacco industry is a business (in reality, of course, several businesses allied largely in response to external threat). The NRA is an interest-group organization of firearms users, described by one observer as "the prototypic single-issue interest group in America" (cited in Spitzer 1995: 99). Several thousand local sporting and gun clubs came under its umbrella during the NRA's early years, and for most of its history the group's primary focus was marksmanship and (particularly after World War II) hunting (Spitzer 1995: 100). The NRA has long benefited from a range of government subsidies (e.g., donations of surplus guns, permission for target ranges on federal land) and has close ties to the gun industry. "The key to the NRA's [political] effectiveness," however, "lies in its highly motivated mass membership and the organization's ability to bring pressure from that membership to bear at key moments and places" (Spitzer 1995: 108).

Smokers' rights groups in this country were organized in reaction to the antismoking movement, but they have never been more than barely disguised window dressing for the tobacco industry and have never been taken seriously. The gun control movement, by contrast, has had to confront a powerful organization already on the ground, one that included

among its members not only past presidents of the United States and influential members of Congress, but a large and extremely loyal following of ordinary citizens.

Given the NRA's perceived power, it comes as little surprise that observers of recent gun control politics attribute the gun control movement's legislative successes (the Brady bill, the assault weapons ban) less to movement influence than to NRA missteps.[66] Spitzer (1995), Osha Gray Davidson (1993), and others have described in some detail the series of events leading to the NRA's alienation of important allies, including not only major political figures (former President George Bush resigned in 1995), but the police. Beginning in the late 1970s, the NRA took an increasingly hard and uncompromising line toward all forms of regulation, both of guns and of ammunition: "One of the most highly publicized consequences of this unyielding approach has been the alienation of most national police organizations" (Spitzer 1995: 114). The NRA's split with the police and its rigidity on other issues have resulted in isolation from its natural allies among conservative groups and from the gun industry as well (Spitzer 1995: 115; Wayne 1997).

Among the consequences of the NRA's increased vulnerability was that it lost the ability to keep legislation it disliked off the congressional agenda (Spitzer 1995: 170). And, in further parallel with the tobacco industry, having lost in Congress once, the NRA's vulnerability the next time around increased: "People realized that there's life after voting against the NRA" (Representative Charles E. Schumer [D-NY], cited in Spitzer 1995: 162).

The NRA's vulnerability should not be exaggerated, however. Like the antiabortion movement and the smoking/tobacco control movement, the NRA responded to loss on the federal level by turning to state and local venues, and it has been reasonably successful. Since 1986, twenty-two states have adopted what are known as right-to-carry or shall-issue laws, laws that "[require] authorities to issue, without discretion, concealed weapon permits to qualified applicants" (Lott and Mustard 1997: 4). In contrast to cigarettes, guns are easily concealed. These laws are strongly opposed by gun control advocates (see, e.g., Webster et al. 1997, commenting on the Lott and Mustard study). The NRA has become active on the international stage as well. It obtained observer status at the United

66. It matters relatively little whether the NRA is as politically powerful as it is perceived to be as long as politicians, as well as potential gun control movement allies, perceive it to be all powerful. That which we perceive as real is real in its consequences.

Nations in 1997 and joined with gun groups and firearms manufacturers from other countries to oppose international firearms regulation (Seelye 1997).

Following (often consciously) in the footsteps of the smoking/tobacco control movement, some within the gun control movement have begun to target the manufacturers of what the movement defines as a dangerous product (Teret and Wintermute 1993). That this did not happen earlier may be due to the manufacturers' lack of visibility on the public stage. While it supports (financially and otherwise) the NRA's goals, the NRA's aggressive tactics have allowed the firearms industry to adopt a very low profile in gun control debates: "Many firearms manufacturers have chosen to remain in the background of the raging debate over tighter restrictions on the sale and possession of guns, preferring to leave their public talking to the National Rifle Association" (cited in Spitzer 1995: 104).[67] However, reluctance to target manufacturers is also due to some movement leaders' ambivalence about "safe guns": "On the one hand, [safer guns] could help reduce fatal accidents, unintentional injuries . . . On the other hand, if you make the 'safe handgun' are you giving the industry a whole new marketing tool? Where they can go back and re-sell [guns to] every handgun owner in America—hey, this is new, this is safe. . . . I have very strong concerns about that—I'm not really sure where I come down on it" (gun control activist, interview, 1995). These remarks are, of course, highly reminiscent of smoking/tobacco control advocates' opposition to the promotion of "safe cigarettes" as a public health measure.[68] From the advocates' perspective, these are halfway measures, diluting and potentially compromising the purity of their cause.

67. This same point was made by a gun control activist we interviewed, who attributed the difference between the targets of the gun and the smoking/tobacco control movements to the gun industry's invisibility, compared with the visibility of tobacco manufacturers. A *New York Times* article suggests that not only gun control advocates but the gun industry has learned from the smoking/tobacco experience. A Washington lobbyist for the industry association is quoted as saying, "Everyone can vividly remember seeing those tobacco executives parade up to Capitol Hill and deny that tobacco was habit forming. . . . Everyone knew it was ridiculous. We are not going to go before Congress and say that guns are not dangerous and that kids are not killed with them" (Wayne 1997). This perspective led to a recent voluntary agreement, announced from the White House lawn, that gun manufacturers would install child safety locks on handguns.

68. The reviewer of a recent book on "the tyranny of public health" complains that "less dangerous alternatives" to cigarettes—cigars, pipes, and chewing tobacco—"have been rejected as distractions from the greater overall mission; advances in smokeless cigarettes and denicotined cigarettes have been dismissed" (Skinner 1998: 118–119).

Elite Allies. Open support by the police was accompanied by a significant expansion of the gun control movement's organizational resources. In interviews, the leaders of HCI and Missing Peace made clear their close affiliation with police groups. Asked what other organizations she worked with, an HCI leader responded, "I'd say over the last ten years we worked probably for the most part with law enforcement." Long-time gun control activists (as well as observers like Spitzer and Davidson) credit police organizations with a principal role in passage of the Brady bill: "We got the Brady bill passed because they made it a police issue. . . . we're just liberal preachers out there talking about this subject and nobody cares. But [when] a local cop says this is something I'm concerned about . . . people start caring" (gun control activist, interview, 1995). Recently, several well-established interest group organizations—the Children's Defense Fund (CDF) and the Consumer Federation of America (CFA)—have also begun to take action on behalf of gun control primarily through dissemination of educational materials and, in the case of CDF, through mobilization on a local level through church groups. Our interview with a representative of CFA was striking in the expression of concerns almost exactly parallel with the concerns reflected in interviews with ACS officials.[69] On the one hand, gun control was a good cause ("preventing consumer injuries and deaths") and would clearly benefit from association with a "mainstream" (the CFA representative's term), conservative organization like the CFA. On the other hand, many of the groups under CFA's umbrella were skittish about jeopardizing their "reputation" in a fringe cause, about being associated with "people who want to take away people's rights," and about taking on "the big bad NRA." These groups' actual level of involvement in gun control is unclear—in both cases, it forms a small part of much broader agendas—and their effectiveness remains to be seen.[70]

Discussion

I address four issues in this discussion: the methodological questions of movement outcome and causal attribution, the substantive reasons for the relative success of the antismoking campaign, implications of this

69. I refer here to the oral history interviews in ACS files.

70. An article in the *New York Times* suggests that international disarmament groups, "once preoccupied with nuclear weapons, are focusing more on the proliferation of small arms and handguns as a major threat to individual health and safety" (Seelye 1997). The recently formed HELP (Handgun Epidemic Lowering Plan) network includes mainstream medical organizations such as the AMA and more activist groups such as Physicians for Social Responsibility.

comparison for the relationship of social movements to social change, and, finally, the implications for public policy.

Movement Outcomes

I have elected to judge the success of the smoking/tobacco and gun control movements based on the goals articulated by movement activists and have concluded on this basis that the antismoking campaign has been relatively more successful than the campaign against guns. It is important to note, however, that the very use of this criterion favors the smoking/tobacco control movement. First, the greater consensus among smoking/tobacco control activists made their goals easier to identify. Second, the public attitude change that they accomplished so successfully was an explicit goal of the nonsmokers' rights movement from its initiation. The focus of gun control activists was more exclusively on change in public policies, and both movements have encountered resistance in that arena.

The question of a causal relationship between the nonsmokers' rights movement and decline in cigarette consumption in the United States during the 1970s was addressed directly by Kenneth Warner in an article published in *Science* in 1981. Warner used multiple regression techniques to take account of changes in media attention to smoking's health effects and in taxation and concluded that "both declining consumption and growth in legislation (restricting smoking in public places) probably reflect a prevailing nonsmoking ethos" induced by the movement for nonsmokers' rights (1981: 730). This article is particularly interesting and important for the time period to which it refers, when the nonsmokers' rights movement was virtually the only game in town.

Accounting for Success

The initial circumstances confronting the smoking/tobacco and gun control movements were quite similar. Differences emerged over time and consisted both in advantages enjoyed by the smoking/tobacco control movement and in disadvantages it avoided.

The smoking/tobacco control movement benefited enormously from the "good cop/bad cop" combination of the conservative, highly respectable and respected health voluntaries with the initially radical (or perceived as radical) nonsmokers' rights movement. When the American Cancer Society dropped the ball in the late 1960s, it was taken up by movement activists, aided and abetted by the silent partnership of another

health voluntary, the American Lung Association. The movement's grassroots base enabled it to engage in local actions beyond the capacities (or inclinations) of the health voluntaries, actions that the tobacco industry found it difficult to contain. Gun control has been weak at the grassroots level, and until the adherence of police organizations in the mid-1980s, the movement had no allies comparable in size and respectability to the health voluntaries. The recent reframing of guns as a public health problem has attracted a new set of allies, however, and these groups have had considerable success in California (Gorovitz 1996). Their impact nationally remains to be seen.

Of greatest importance both to the smoking/tobacco control movement's initial mobilization and to its enduring impact has been the construction of credible risks. The authority of medicine and science in the smoking/tobacco control arena was well established before the organized movement emerged; the movement drew on this authority and on a culturally powerful discourse of innocence and rights both to transform public perceptions of cigarettes and smoking and to create a new collective identity, that of the nonsmoker.

A second critical difference between the smoking/tobacco and gun control movements is a negative one: the absence of a credible or effective countermovement to nonsmokers' rights (or to the larger movement that it spawned). Opposition to gun control, by contrast, has been orchestrated by a grassroots organization with substantial elite support, the ability to mobilize its constituency at every level of government, and command of an ideologically resonant cultural frame.

Social Movements and Social Change

Doug McAdam has written that "given the entrenched political and economic opposition movements are likely to encounter, it is often true that their biggest impact is more cultural than narrowly political or economic" (1994: 49). This article has described a striking case of movement-created cultural change. What can be learned from the comparison between smoking and guns about the conditions under which cultural change is more or less likely to occur? With few exceptions, discussion of outcomes in the social movement literature (and in the partially parallel political science literature on interest groups) assume that movements' targets are political elites and that the outcomes of interest are policy and political change. Findings presented here are consistent with this work: movements benefit from elite allies (particularly allies who

can play roles complementary to that of the movement proper) and from being positioned to take advantage of political windows of opportunity (Shapiro 1985; Walker 1991; Tarrow 1994; Kingdon 1995; McAdam, McCarthy, and Zald 1996). Organizational advantages, however, are no guarantee of movement impact on the larger society (see, e.g., Schwartz and Paul 1992).[71]

McAdam's comments suggest that one reason for the smoking/tobacco control movement's relative success is that cultural change is easier to accomplish than social and economic change. While the relative success of the two movements considered here is consistent with this proposition, I doubt its universal truth: in France, for example, laws were passed in 1976 and 1990 regulating tobacco advertising and smoking in public places, but there has been relatively little change in the French culture of smoking. I advance two factors to account for the cultural impact of the smoking/tobacco control movement in the United States: first, the construction of credible risks already described at length and second, the culturally receptive climate into which this risks discourse was inserted.

Moral crusades—and the nonsmokers' rights movement is, in many respects, a moral crusade—are a recurring feature of American life. The timing of this particular crusade, however, contributed to its success. In the 1970s, the United States was characterized by an increasing demand for health as an individual right (see, e.g., Fox 1979; Freeman 1983) and, at the same time, there was increasing concern about the costs of medical care, disenchantment with the value of medical care in improving health, and a "growing reaction against liberalism and government" (Starr 1982: 380). Across the political spectrum, from Ivan Illich to John Knowles, critics argued that greater access to medical care was not the path to better health. In this context the crusade against smoking appealed both to middle-class liberals concerned about the environment and generally

71. In considering the relationship between social movements and social change, it is important to distinguish between conditions for movement emergence, conditions for movement endurance, and conditions for movement-effected social change. These conditions are clearly related, since movements must emerge and be sustained over some period of time in order to produce change. But they are not the same. For example, a number of authors (e.g., Shapiro 1985; Schwartz and Paul 1992) suggest that conflict is a condition for movement success: "It is very hard to work on an issue over a long period of time where all one is doing is education work. . . . What draws people in . . . is the contest over power" (movement activist cited in Shapiro 1985: 101). However, the conflict hypothesis refers to conditions for successful mobilization, not successful change. Meyer and Staggenborg hypothesize, to the contrary, that movements with strong opposition are "unable to take advantage of favorable political conditions after victories" (1996: 1652). In any case, the presence of "strong opposition" hardly distinguishes the smoking/tobacco and gun control movements. More important is the source and credibility of the opposition.

sympathetic to rights-based movements and to conservative advocates of "individual responsibility" (as opposed to government responsibility) for health. This compatibility with ideologies of both the left and right may partially explain one of the enduring puzzles of the smoking/tobacco control case: why no credible or effective countermovement developed. David S. Meyer and Suzanne Staggenborg have proposed that the "likelihood that opposition to a movement will take the form of a sustained countermovement is directly related to the opposition's ability to portray the conflict as one that entails larger value cleavages in society" (1996: 1639). Neither proponents of smokers' rights nor the tobacco industry have been successful in making that case.[72]

Policy Implications

The power of social movements in the health policy arena raises a number of questions. First, what is the role of science in the construction of health risks? Second, what is the movements' class-based impact? And third, what are the risks to the movement of its own success?

Health-related movements must invoke credible risks. However, whether those risks are perceived as credible by the audience addressed has more to do with ideology than science. In the case of passive smoking, credibility was present far in advance of scientific knowledge; in the case of nicotine addiction, knowledge long preceded either public or institutional acceptance. The lesson from these observations is that there may be little correlation between the scientific grounding of health-related social movements and their success in the policy or public arenas. Publications in the *Journal of the American Medical Association* or the *New England Journal of Medicine*, however sound, are seldom persuasive on their own. Movement success in reaching the policy agenda may be only tangentially related to the scientific importance of its public health message, and movements with important messages may fail.

72. Meyer and Staggenborg define a *countermovement* as "a movement that makes contrary claims simultaneously to those of the original movement" (1996: 1631). By this criteria, neither of our movements' principal antagonists qualify as countermovements, yet many of the propositions advanced by these authors apply to the relationships of the smoking/tobacco control movement with the tobacco industry and the gun control movement with the NRA. Thus, in both cases "the opposing movement (or organization in the present case) is a critical component of the structure of political opportunity the other side faces" (1633); "movements [organizations] often respond to a defeat in one venue by protesting in an alternative arena" (1645); movements thrive on threats, and so on. These parallels suggest that the critical dimension in these relationships is not that the parties are social movements but that they are engaged in ongoing political conflict.

Individuals with the interest, resources, and network connections to initiate health-related social movements tend to be white and middle class. Unlike many reform movements, the first targets of the nonsmokers' rights movement were people much like themselves: white, middle-class professionals and business people who smoked. These efforts were successful to the point where smoking has become a status marker. The shock we feel when a professional colleague lights up a cigarette is due to the contradiction between his or her perceived high status and the low status we now attach to the act of smoking. The other side of this coin, however, is that as smoking becomes increasingly concentrated among people unlike movement activists—blue collar workers and adolescents—behavior change efforts will, almost inevitably, be less successful. The social gulf between reformers and those whom they would protect or reform is a problem generic to reform movements (including the gun control movement). The smoking/tobacco control movement was unique in its ability to avoid this problem for so long.

A last reflection has to do with the shifting target of the smoking/tobacco control movement. As the movement has changed from one of citizen activists to one that is professionalized and, to a large extent, lawyer-dominated, it has experienced some level of what might be called goal displacement—from smoking and smokers to the tobacco industry. The wealth, visibility, and political clout of the smoking/tobacco control movement's opponents makes them easy for advocates to demonize: struggles between David and Goliath have an obvious romantic appeal and there is satisfaction in mounting attacks on greedy corporations. However, the degree to which these attacks serve movement advocates' long-term goals is unclear. Declines in smoking prevalence occurred because smoking was made socially unacceptable, not—or at least not directly—as a result of pressure on the industry itself. If they are to be successful, health-related social movements need to keep their long-term goals in mind.

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