

On January 11, 1964, less than two months after President John F. Kennedy's assassination, the Commission on Smoking and Health Kennedy had appointed two years earlier issued its final report. The assassination and the report each generated substantial pressure for social change within American society and corresponding opposition to the changes advocated.

Kennedy's assassination (followed within a few years by the assassinations of Martin Luther King, Jr. and Robert F. Kennedy) raised public consciousness concerning the level of gun violence in the United States and led to passage of the Federal Gun Control Act of 1968 (Spitzer, 1995:13). Grass roots organization to advocate gun control began in 1975 with the formation of the National Coalition to Ban Handguns (now the National Coalition to Stop Gun Violence) and Handgun Control, Inc. and has continued, with several national and local groups now in the field. In 1993 and 1994 major federal gun control legislation (the Brady Bill, the Assault Weapons Ban) became law. Each of these legislative victories has been won against the concerted and continuing opposition of gun owners and their advocates led by the National Rifle Association.¹

Smoking and Health, the report of the Advisory Committee to the Surgeon General of the Public Health Service, was launched in a news conference carefully orchestrated by Surgeon General Luther Terry for maximum dramatic effect (Koop, 1989). It, too, was quickly followed by Congressional action (the Federal Cigarette Labeling and Advertising Act of 1965 [amended 1970]) and by the formation of grass roots advocacy organizations (Action on Smoking and Health [ASH] in 1968; Group Against Smokers' Pollution [GASP] in 1971) at the national and (primarily) at the local level. In 1984 Congress passed the Comprehensive Smoking Education Act to strengthen the package warning labels; at this writing, the Food and Drug Administration is receiving public comment on proposed rules regulating the sale and advertising of tobacco

products to minors. Every piece of legislation and every proposed regulation have been contested by the tobacco industry; where legislation has passed, the industry's influence is directly reflected in its provisions.

The assassinations of the 1960s and the 1964 Surgeon General's report both led to substantial pressure for, and substantial opposition to, social change. There are alternative ways of measuring whether or not change has taken place. Figure 1 employs four measures: cigarette consumption per capita per year (in numbers of cigarettes); age-adjusted prevalence of smoking among persons 18 and above; cumulated stock of firearms per 100,000 resident population; and percent of households owning at least one gun.² Judged on the basis of change in the behaviors identified in this figure, tobacco control has been relatively successful, while gun control has not. Both cigarette consumption and reported prevalence of smoking have declined, more or less steadily, since 1964. The reported percentage of households owning at least one gun is uneven; however, the percentage in 1993 was identical to that in 1964. The estimated cumulated stock of firearms in the U.S. increased sharply between 1964 and 1978, continuing a long-term trend. There is no reason to believe the trend's direction has changed in the period since 1978.³ This paper is a preliminary attempt to account for the relative success of efforts to bring about change reflected by the differences in prevalence of smoking and guns.

Health-Related Social Movements

The primacy of health as a value in American society is not a new observation (Parsons, 1963). Renee Fox goes further, suggesting that health and illness are complex cultural symbols: "health has become a coded way of referring to an individually, socially, or cosmically ideal state

of affairs"; illness, on the other hand "is...a state that is, but that ideally ought not to be: one that should be interpreted, investigated, treated, controlled, cured, and, beyond that, eliminated" (1979: 473, 505). Health, in other words, is an ideal that requires active pursuit. And activities to change policies and behavior defined as health-related are a prominent feature of American life. Alcohol, sex, contraception, abortion, tobacco, guns, child abuse, breast cancer, fluoridation, mental illness, nuclear power, black lung disease and many other behaviors, diseases, and conditions have generated organized campaigns to gain public attention to these issues and to change health and social policies and behaviors in particular directions.

These campaigns have varied in their goals and in their success. In this paper, we propose to examine three sets of variables to account for the different fortunes of the campaigns against smoking and guns: first, what McAdam (1994) refers to as "culture," the ideological frames within which each of these movements operated; second, the movements' organizational resources and capacities for mobilizing potential constituencies; and third, characteristics of each movements' principle targets. Each set of variables will be more fully described in the context of our analysis of the movements themselves.

Data and Method

This paper is based on data from a wide range of primary and secondary sources: extended interviews with participants in each movement;⁴ review of archival materials (organizational records, newspaper files, congressional debates, government reports); and books and articles by advocates and by observers from many disciplinary perspectives (epidemiologists, physicians, public health professionals, political scientists, historians, sociologists).⁵ Data

collection and analysis were guided by a detailed topical outline based on several interrelated strands of sociological research and theory: on social movements, on the emergence and structure of social problems, and on processes of medicalization.⁶ Interviews with movement activists followed a schedule of specific questions designed to ascertain both motives for movement participation and characteristics of movement organizations (structure, goals, strategies, targets, and outcomes).

Our method is qualitative and comparative. That is, we seek to account for the different outcomes of the campaigns against smoking and guns by in-depth comparison of the ideologies, resources, and target characteristics of each movement. Movements of this type have received surprisingly little attention from sociologists. We hope to redress this balance and, at the same time, to contribute to knowledge of the circumstances under which health-related social movements are more or less likely to succeed.

The "Cultures" of Smoking and Guns

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, and even cigarette smoke, became symbols of sexuality, power, autonomy, and modernity (Brandt, 1992; 1995). In the Marlboro man the two symbolic traditions merge in the image of a fiercely independent, (possibly) gun-toting, cowboy-smoker. Mobilization against these powerful cultural symbols demanded that

their meanings be transformed so as to legitimate and to guide protest activity (McAdam, 1994:37).

Movement entrepreneurs have two tasks: first, to articulate grievances--to define (or redefine) given states of affairs as both unacceptable and alterable; second, to engage in attributions of responsibility and, particularly in the case of what are defined as "health" problems, of risk. Risks of a particular negative outcome may be construed as acquired innocently or involuntarily, as universal (we're all at risk) or particular (only they are at risk), and as arising from within the individual or from his or her environment. As a general rule, entrepreneurs of health-related social movements have found it in their interest to portray the individuals for whom they advocate as "innocent" and, at the same time, to suggest that everyone is potentially at risk.

In the three decades since 1964, the meanings of smoking, the smoker, and the cigarette have undergone a remarkable transformation, astonishing the most sophisticated observers of the American scene (e.g., Brandt, 1992; Gusfield, 1994). The impetus for these changes came from two directions: first, from the actions of major elements in the U.S. health establishment, principally the large health voluntaries (the American Cancer Society, the American Heart Association, the American Lung Association) and the federal Public Health Service; second--and equally if not more important, in our view--from a grass-roots non-smokers' rights movement.

The health establishment, abetted by an highly interested and attentive news media, made an authoritative case for the negative health consequences of smoking. Between 1954 and 1970, the percentage of the American public who "agreed" that cigarette smoking causes lung cancer increased from 41% to 70%. This successful claims-making had a variety of consequences (e.g.,

the 1965 Labeling and Advertising Act); however, the most significant of these consequences was not federal legislation (seriously weakened by compromise with the tobacco industry) but the legitimation of smoking and the cigarette (and, more recently, the tobacco industry itself) as actionable targets by aggrieved non-smokers. From its inception in 1971, the mission of the Group Against Smokers' Pollution (GASP) was two-fold: first, to "get non-smokers to protect themselves" against the immediate, irritating effects of cigarette smoke; and, second, "to make smoking so unpopular that smokers would quit" (C. Gouin, 11/95).⁷ In the first paragraph of the first number of its newsletter, The Ventilator, GASP called on innocent non-smokers, the "involuntary victims of tobacco smoke" to rise up and assert their "right to breathe clean air (which) is superior to the right of the smoker to enjoy a harmful habit" (1971:1,1). What GASP demanded, and what it has largely achieved in this country, was a reversal of the then existing normative hierarchy, so that non-smokers rather than smokers, would be on top.

Non-smokers' rights was a movement of lay persons, not of health or medical professionals. Its founders were never in any doubt, however, that "smokers' pollution" was a health risk, and the movement was a major beneficiary of the broad consensus among scientists and health professionals that cigarette smoking caused disease. The gun control movement enjoys no such scientific or scholarly consensus, either on the status of guns as a "health problem," or on the existence or nature of a causal relationship between guns and injury or death. Health professionals are relative newcomers to this debate (the Centers for Disease Control began funding research on gun violence in the early 1980s); they were preceded by and have continued to share the "gun scholarship" stage with criminologists, political scientists, sociologists, historians, and lawyers. Not only do these scholars disagree on fundamental issues of conception

and fact; they have notably little respect for each others' ideas (see e.g., the exchange between Gary Wills and his critics in the November 16, 1995 issue of The New York Review of Books, and published comments by Zimring and Hawkins [1987:99] and Tonso [1984]).

The absence of consensus among scholars is reflected in public opinion: Gallup Poll results published in 1993 show that 73% of respondents would either feel "less safe" or it would make no difference to their feelings of safety if legal gun ownership were limited to the police; 42% believed that "having a gun in the house makes it a safer place to be because you can protect yourself from violent intruders," as compared with 52% who said a gun makes the house more dangerous "because you increase the risk from gun accidents and domestic violence" (The Gallup Poll Monthly, December, 1993). Thus, at the most fundamental level, there is not, in this country, an "authoritative" widely-accepted case for the inherent danger of guns as there is for the inherent danger of cigarettes. Indeed, a substantial percentage of the population believes that guns not only are not inherently dangerous, they are protective.

In this context, gun control advocates have, nevertheless, constructed a framework of risk and responsibility in which the problem is defined as "gun violence," guns are the culprits, and governments (in particular, the federal government) is asked to assume responsibility for gun regulation. The "cultural" barriers these advocates confront are highlighted by a comparison with the situation of non-smokers' rights advocates. First, there is a dearth of persuasively "innocent" victims. Advocates employ their personal "victim" stories, stories of innocent bystanders caught in cross-fires, and particularly stories of children. However, far and away the highest homicide rates are among young black men living in the inner-city (Fingerhut, Ingram, and Feldman, 1992). Not only are these victims unlikely to be perceived as "innocent;" they undermine

advocates' argument for the universality of risk: young black inner-city men are almost quintessentially marginal figures in American society. Suicide accounts for over half of gun-related deaths (Spitzer, 1995:71); suicide victims are likely to be defined as responsible, not innocent. Second, advocates disagree on the essential nature of the gun problem and, consequently, on how it should be solved: by keeping guns out of the "wrong" hands; by limiting guns to "official" hands; by making guns "safer." This disagreement is related to what Spitzer (1995:186) calls "the good guy-bad guy myth," the deep-seated notion that guns are bad only in the hands of bad persons, a conflation of the risk and the person with which anti-tobacco advocates need not contend. Finally, the rights discourse effectively employed by campaigners for non-smokers' rights both to empower the movement's adherents and to agitate for government regulation of public smoking, has no counterpart in the gun-control arena. Rights discourse has remained the province of gun owners and their allies, for whom the "right to bear arms" is constitutionally enshrined (e.g., LaPierre, 1994.)⁸ Individual "rights talk" has been a major rhetorical barrier to government regulation of firearms (Glendon, 1991:67).

Gun control, like tobacco control, is on the public agenda. However, gun control advocates have been far less successful than advocates for tobacco control in creating an internally consistent and culturally resonant frame sufficiently powerful to galvanize activism on a large scale or to noticeably influence public opinion.

Resource Mobilization

The resource mobilization perspective emphasizes the organizational over the ideational dimensions of social movements, in particular the importance for mobilization and movement success of pre-existing organizational networks, organizational structure and resources, and political opportunities (e.g., McCarthy and Zald, 1977; Jenkins, 1983). We will touch on a number of differences between the campaigns against smoking and guns suggested by a comparative analysis from this perspective. We will argue, however, that the critical organizational difference between the two campaigns is that the former was sparked by an innovative and highly energetic grass-roots movement, while the latter not only lacked a strong grass-roots base itself, but confronted, and continues to confront, a powerful, well-financed, and well-organized grass-roots counter-movement already in the field. Some recent historical background will clarify our argument.

The contemporary anti-smoking campaign. From the late 1940s until the late 1960s the major players in the smoking and health drama were the large health voluntaries (dominated by the American Cancer Society), the federal government, including the Public Health Service, Congress, and the regulatory agencies, the tobacco industry, and the media. Their stages were the hearing room, the board room, the news conference, the editorial and op-ed pages of major newspapers and magazines, and, temporarily (between 1967 and 1970) the TV screen. Their exclusive focus was on the dangers of cigarette smoking to the smoker. The American Cancer Society (ACS) had employed its massive volunteer constituency to carry out the principle U.S. epidemiologic study establishing the relationship between smoking and lung cancer, but the ACS made little deliberate effort to recruit this constituency into a major anti-smoking campaign. Its message was educational and non-controversial: "with the facts before the public ACS puts it

to the individual to make up his own mind" (Annual Report, 1963:17). Not until the late 1970s would the ACS take the first tentative steps toward a formal political role in the cigarettes and smoking debate.

Information was not enough. A sustained drop in per capita consumption of cigarettes did not begin until 1974, ten years after the first Surgeon General's Report. GASP was founded in 1971. By 1974, GASP had 52 local chapters in the United States. A causal relationship between the emergence of the non-smokers' rights movement in 1971, its subsequent rapid spread throughout the country, and the appearance of this decline is, of course, difficult to establish (see e.g., Warner, 1981). Close study of the movement itself, however, lends plausibility to a causal hypothesis.

1. Mobilization potential. 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 60s and early 70s--an activist generation profoundly influenced by the example of civil rights, anti-war, and consumer movements--were dying of lung cancer. The activists we interviewed identified a latent constituency composed of two groups: individuals "who had lost loved ones to smoking," and a much larger group who were profoundly irritated by tobacco smoke. These 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.

At least in its initial stages, the non-smokers' rights movement was profoundly elitist. GASP's founder was the wife of a college professor, and the first three chapters were formed in college towns (College Park, Md., Berkeley, Calif., Madison, Wis.) Among the most visible accomplishments of these groups was the passage of local non-smoking ordinances. Analysis

of non-smoking ordinance adoption by California counties shows a highly significant positive association between early adoption and a county's average wealth. Early activists were highly educated, often professional, unpaid volunteers, either possessed of, or able to draw on, a wide range of organizational skills and resources. Marked educational differences in the overall decline of smoking prevalence indicate that the most receptive audience for the non-smoking ideal continues to be found among the educated elite.

2. Organization. GASP began as an informal group of friends meeting in its founder's living room. Its ability to expand from this narrow base was markedly facilitated by support from an essentially silent partner, the Tuberculosis and Respiratory Disease Association (now the American Lung Association). The Association provided the first GASP with space, a national mailing list, and an avenue to national exposure. A threshold indication of the Lung Association's importance is the fact that of the 56 GASP chapters listed as existing in 1974, 22 "work in cooperation with local branches of the American Lung Association."⁹

GASP itself was never more than a loose association of face-to-face autonomous groups. However, its effectiveness was markedly enhanced both by the direct, if silent, support of the American Lung Association and by the overall legitimacy lent to the anti-smoking cause by the three health voluntaries. Inherently conservative and fearful of losing their conventional bases of support, the voluntaries were reluctant to become openly involved with groups initially perceived as "crackpot." The counter-weight of their combined scientific and clinical authority against the unceasing attacks of the tobacco industry was nonetheless of critical importance to the continuing viability of the tobacco control movement.¹⁰

The campaign against guns. Public attention to the causal role in violent injury and death of America's arsenal of guns in private hands has a marked cyclical character, driven by violent acts against individual public figures (the Kennedys and Martin Luther King in the 60s, Reagan, the Pope, and John Lennon in the early 80s) or by a speculator mass slaughter of "innocents" (the 1989 shooting deaths of five children in a Stockton, California schoolyard).¹¹ These incidents evoke calls for action from local, state, and national political figures; they generate legislative hearings; and they stimulate statements and reactions from advocates on both sides of the gun control issue. The "net policy change" from these events has, as Spitzer points out, been "for the most part, marginal..." (Spitzer, 1995:14). The episodic character of the gun control issue is reflected in the experience of gun control advocates.

1. Mobilization potential. Gun control movement activism is heavily dependent on "what happens nationally." The president of one of the two national advocacy groups describes the experience of his organization:

From '75 (when the group was founded) to '80 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.

Like the non-smokers' rights movement, the gun control movement is supported by a largely white, middle-class, urban constituency. However, there the similarity ends. A critical factor in these movements' mobilization potential is the existence of a credible risk. Smoking and smoke are readily portrayed as universal risks, socially unselective in their consequences. The risk of gun violence in the form of homicide is, on the contrary, highly selective. The educated

middle-class, who form the majority of potential recruits to the gun control movement, are unlikely to have direct experience with gun violence; the black inner-city victims of gun violence have little potential as movement recruits.

2. Organization. As its leaders acknowledge, gun control is not a grass roots social movement: "One of the great shortcomings, probably the greatest shortcoming of the gun control movement, even though we have strong public support, we have no organized grass roots." There are two national advocacy groups and two large state-wide groups (in Maryland and Illinois). These are predominantly public-interest lobbying organizations with letterhead, membership dues and (recently) foundation funds, but few active members.¹² Gun control has had no counterpart to tobacco control in the often predominantly moral, but nonetheless weighty, support of the latter's prestigious boards and cadres of volunteers. Furthermore, there is substantial competition among gun control advocacy groups for constituents and for funds. Both movements have their (relatively) radical and conservative wings. Within the tobacco control movement, however, the two wings have tended to complement each other (employing, effectively if not deliberately, a "good cop-bad cop" strategy); this kind of complementarity is less evident in the gun control movement.

Targets

Walsh and his colleagues (Walsh, 1986; Walsh and Cable, 1986) have called attention to the role of "vulnerabilities of the target of protest" in affecting the outcome of protest activities (Walsh, 1986:199). Depending on the movement's goals, targets may be selected for their very vulnerabilities, and targets may be shifted as protest evolves, both for strategic reasons and

because of changes in perceived vulnerability. Where a movement is composed of several organizations, the targets of each one may be somewhat different and more, or less, complementary.

The classic targets of movements for social change have been governments and government policies. However, the targets of what might be called "life-style" change movements include not only governments and other organized opponents, but also the behaviors of individuals. And these behaviors are themselves differentially vulnerable to protest. The following story is from the text of Parliamentary debate on the Canadian "Non-Smokers' Health Act":

(Two gentlemen of the press, drinks and pipes in hand, are surprised by Queen Elizabeth's sudden approach.) "Stash it, she's here." My friend found a nearby shelf... I was not so lucky. I plunged my pipe into my coat pocket... Suddenly, [Her Majesty] started to laugh... I didn't recall having said anything that funny... And then I smelled it. By now the Queen was in near hysterics...she said to me, "will you please take that infernal pipe out of your pocket or you'll burn the whole place down." [An aide rushed forward] to stifle the rising column of smoke. (Grossman and Price, 1992:3-12,13).

Burning tobacco is difficult to conceal. It makes its presence instantly known. Handguns--the prime target of gun control advocates--are eminently concealable. Relative to advocates of handgun control, non-smokers' rights advocates derived an immediate and substantial advantage from the visibility of their targeted behavior.

The U.S. tobacco control movement has had two "mainstream" phases, with an intervening more militant phase. Each phase has been characterized by marked shifts both in the major players and in their targets. During the first mainstream phase, dominated by the health voluntaries and the government, the principle targets were Congress and federal agencies. During the militant phase (lasting from about 1970 to the early 1980s), targets shifted between smokers,

smoke, and local legislative bodies. These shifts reflected strategic concerns--to prevent divisions between smokers and non-smokers from which the industry might profit, to avoid the "prohibitionist" label--and perceived political opportunities: the tobacco industry lobby was less effective on the local than on the national stage. A full account of the second mainstream phase (early 1980s to the present) is beyond the scope of this paper. As the original goals of the non-smokers' rights movement have become widely accepted, shifts have again taken place in the players and in their targets: cracks in the tobacco industry's armor have begun to appear, and it has recently become a major target of what is now a largely professionally-dominated social movement.

The principle targets of gun control advocates are current and potential gun owners. Their goals are, depending on which group is talking, to legally ban or to severely regulate private handgun ownership. Guns, unlike cigarettes, cannot be regulated by limiting their use to selected public spaces (as even the most naive observer of "gun-free school zone" signs must acknowledge). The regulatory goals of gun control advocacy groups are only achievable at the cost of criminalizing some individual gun owners. The major obstacle to this effort, as we noted at the beginning of our analysis, is the existence of a powerful grass-roots organization, the NRA, which represents, or has so far successfully purported to represent, these owners. Smokers have no comparable credible representation. The tobacco industry, although equally powerful financially and in terms of its influence at the federal level, is far more vulnerable to characterization as the "bully on the block," exploiting innocent consumers. With its 13,000 gun club affiliates, the NRA is its consumers.

Conclusion

There has been some tendency among observers of the change in smoking behavior in the United States to attribute this change entirely to "cultural" factors: the American obsession with "fitness," a health culture emphasizing individual responsibility for disease, the discovery of innocent victims, the hegemony of science and medicine as sources of cultural authority. Without denying the importance of these factors--indeed, they have been critical to the construction of a culturally resonant frame for the tobacco control movement--we would argue that this movement has more in common with other successful social movements than an exclusively cultural focus would suggest. It was propelled by the actions of movement entrepreneurs--the first non-smokers' rights advocates--who articulated latent grievances and mobilized an organizationally-skilled and resourceful constituency. It became a grassroots movement--if a somewhat unusual one. It was successful in part because its mild militancy and willingness to engage in politics complemented the traditional "educational" approaches of conventional health organizations. The cultural frame was essential, but it was the actions of social movement organizers in constructing and purveying the frame who transformed the meaning of the cigarette.

The key to the difference in the transformative capabilities of the tobacco control and gun control movements is clearly not their middle-upper-middle class base. Health reform movements in the U.S. are invariably middle-class, and these two movements are no different in this respect. However, as the word "reform" suggest, the reformative efforts of these movements have usually been directed at others unlike the reformers themselves. Tobacco control is unusual in that reformers and "reformees" have tended to share the same social location. In the case of

gun control, neither gun owners (predominantly rural, white, Protestant males) nor the majority of gun victims share the same social space with advocates of reform: the three groups confront each other over wide gulfs of background and experience, which may go far to account for the relative absence of gun "reform."

Sociologists, as we observed, have not paid much attention to these individual life-style change movements, perhaps because of their social control connotations. Few such movements have, in fact, been notably successful. Our analysis suggests that their organizational requirements are similar to those of more traditional protest movements. They differ, however, in that the cultural dimension is probably of more importance to the success of lifestyle movements. The objects of these movements are as much normative as political; without a culturally resonant frame in which to couch the hoped-for normative change, the movement is unlikely to get off the ground.

1. Each of these bills has a long and tortured history, and in each case substantial modifications from the bill's original, stronger, form were required to achieve final passage (Spitzer, 1995).
2. The sources for these data are given in the footnote to Figure 1. With the exception of the "cumulated stock of firearms," all of these measures are widely-used. The latter is an estimate by Gary Kleck, a sociologist who has made major contributions to the guns and violence literature. From a public health perspective, change should, of course, be measured in reduction of mortality rates: from smoking-related diseases (lung cancer, heart disease, etc.) in the one case and from gun violence (homicide and suicide) in the other. However, it is the behaviors identified in Figure 1 that are targeted by the organized proponents as well as by the opponents of change.
3. A recent publication by the Population Reference Bureau, employing data from the Bureau of Justice Statistics and the Uniform Crime Reports, shows that the number of homicides committed with firearms increased steadily between 1965 and about 1980, dropped briefly and then increased sharply between the mid-80s and 1992 (the last date for which data were reported). Homicides with other weapons (knives, blunt objects, etc.) remained steady throughout this period.
4. Participants interviewed to date include activists who have played major roles in movement organization on a national (e.g., Clara Gouin, the founder of GASP, Sarah Brady, the president of Handgun Control Inc.) or local Maryland level (e.g., the president of a local GASP who has been involved in the movement since its inception, the president of Maryland Against Handgun Abuse [MAHA]), the executive secretary of the National Rifle Association, and two individuals who made major contributions to the early research linking cigarette smoking to lung cancer. In all we have interviewed 18 individuals, all of whom are leaders or have played major roles in the two movements under study.
5. A complete listing of the sources on which our analysis is based would take up most of our page allotment. We will be glad to make the list available upon request.
6. Due to space limitations, very few references are given in the bibliography. There is, of course, a large literature in each of these areas.
7. The long-term health consequences of "environmental tobacco smoke" (ETS) did not begin to qualify as "authoritative" knowledge until the early 1980s.
8. The tobacco industry employs rights discourse as well, of course. However, this rhetorical strategy was adopted only after it had been effectively employed for some years by the non-smokers' rights movement.
9. For example, the Berkeley chapter was formed by the head of volunteers for the local TB and Respiratory Diseases Association, who saw the first issue of the newsletter, The Ventilator. This chapter appears on the 1974 list, but there is no statement of formal connection with the Association.
10. Not all of the tobacco control activists we interviewed would agree with this statement; the American Cancer Society, in particular, is viewed as having dropped the ball in the late 1960s and as sidetracking resources that should have gone to the anti-tobacco movement.
11. This cycle has been noted by observers of gun control politics (e.g., Spitzer, 1995:13, who describes it as a "cycle of outrage"), and it appears clearly in our data on NY Times coverage of the gun control issue, 1964-94. For example, the number of articles jumped from 42 in 1980 to 62 in '81, following the Reagan and other shootings, dropped to between 16 and 39 in the period, 1982-88, jumped again to 76 in '89 following the Stockton shooting, and dropped down again to 46 in 1990.
12. As the goals of the non-smokers' rights movement (and the tobacco control movement generally) have become widely accepted and incorporated in local and, increasingly, national government policy, it has also taken on some of the characteristics of a highly professionalized public interest lobby. But this is a recent development, the result, not the cause, of the movement's success.

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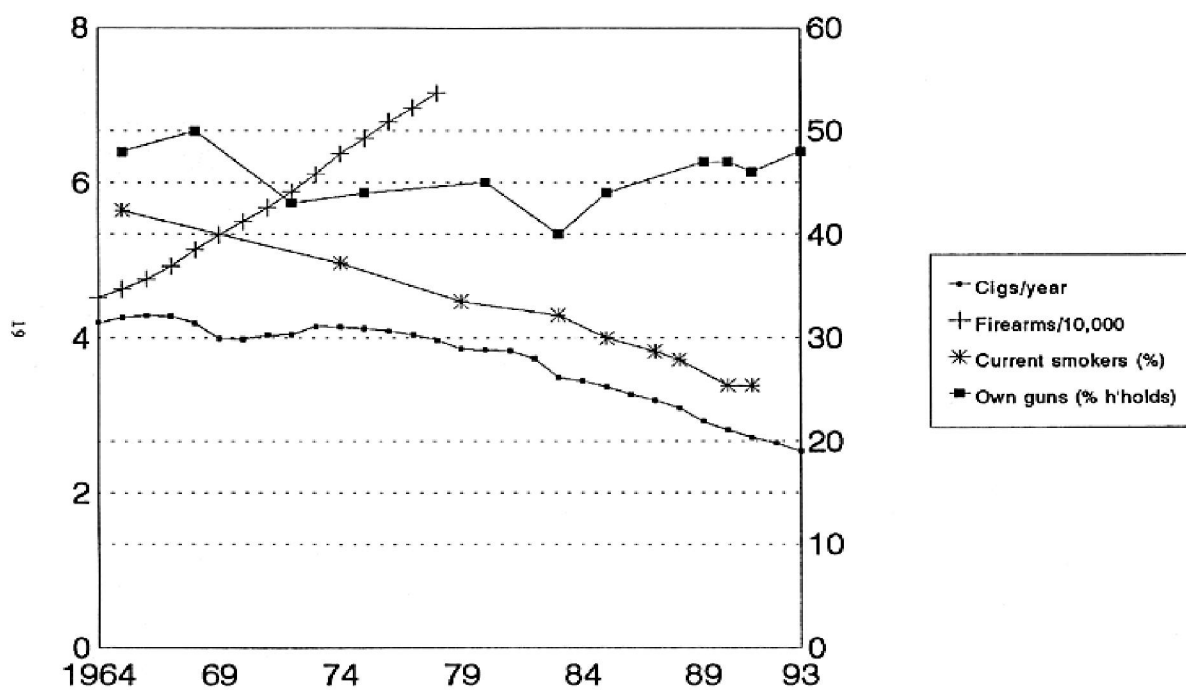
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Figure 1. Smoking and Guns: Behavior Change, 1964-1993



Sources: Giovino et al. 1994; Gallup Poll, 1993; USDHHS, 1994; Kleck, 1984.