Away with tobacco? On the early understandings of tobacco as a problem and the associated attempts at political regulation of tobacco in Norway 1900–1930

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ABSTRACT
BACKGROUND – In the early 1900s, the industrialization of cigarette production rapidly created the first major expansion in tobacco consumption in modern times. AIMS – This article focuses on the “tobacco problem” as it was understood, debated and sought governed in Norway around the time of the First World War. I identify various attempts to define tobacco as a problem, including arguments put forward by the anti-tobacco movement, the medical profession and politicians. How were health, moral-aesthetic and economic conditions articulated and integrated in these arguments? What (if any) addictive elements of smoking were in focus? I also discuss the association between perceptions of the tobacco problem and political attempts to regulate it. There were repeated calls for a state tobacco monopoly to be introduced and municipal licensing system for the sale of cigarettes. DATA – The data are sourced from the journals Tobakskampen (The Tobacco Fight), the journal of the norwegian medical association and parliamentary documents. FINDINGS – The findings suggest that a) to the extent tobacco was perceived as a social problem, it was a moral one (vice), not a behavioural and dependency problem, which alcohol was perceived to be at the time; b) proposals to establish a tobacco monopoly were based on economic arguments only, and lacked any firm connection to social issues, health and morality; and c) the anti-tobacco movement was socially marginal and their commitment to the municipal licensing idea resulted in large regional variations in public support, too large in fact for the idea to be effective. Although the government did not introduce regulations in the 1920s, the industrialization of cigarettes and subsequent developments in advertising caused a “moral panic” among tobacco opponents and created the modern climate of opinion regarding tobacco.
KEYWORDS – smoking, anti-tobacco movement, moral health, tobacco monopoly, Norway

Introduction
By the early 1960s, the correlation scientists had already documented between smoking and serious illnesses such as lung cancer, chronic obstructive pulmonary

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disease and heart/vascular diseases, was widely accepted as causal in nature. At the time, the Norwegian anti-tobacco journal *Tobakken og vi* (formerly *Tobakskampen*) wrote in a leader column that we now find ourselves in a “transitional period”, whose portrayal “future historians will find extremely interesting” (*Tobakken og vi*, 1963, no.4, p.1). As effective basis, the editor goes on, “they may well look to the conditions before and around the turn of the century, to explain the incredible folly it was to let tobacco loose on the population by the increasingly industrialized nature of its manufacture” (ibid.).

This “transitional” period of the 1960s has been described and analysed by many scholars with an interest in the history of tobacco control (see for instance Brandt, 2007; Sæbø, 2012). In 1964 the U.S. Surgeon General published the first of what became a hugely influential series of “knowledge summaries” (USPHS, 1964), the political and scientific credentials of which were sufficiently powerful to change tobacco control policy at the international level. Indeed, modern public policies on tobacco have been informed by the summaries on the harmful effects of passive smoking, issued in 1986 (USDHHS, 1986), and on the “addictive” character of nicotine, which was not fully documented until 1988 (USDHHS, 1988).

The original state of affairs around the turn of the century, to which the leader referred, has attracted less scholarly attention, however. In this article, I want to discuss the social definition of tobacco around the time of the First World War, a time of great transition. The primary aim of the paper is to identify and describe discursive elements of efforts to define the use of tobacco and smoking as a problem (esp. related to addiction and their addictive qualities). The paper’s subsidiary aim is to show why these definitions and mindsets failed to bring about political intervention in Norway. Even if tobacco was widely understood to be a problem in large parts of Europe and the US at the time, there were also local particularities that I shall address by juxtaposing certain elements of the “Norwegian case” with Swedish and American experiences. These aims require an awareness (if not a formal theory) of the relationships between discourse and politics. I have relied to an extent on the model suggested by Hilton & Nightingale (1998), which emphasizes a chronological and holistic approach to historical description while advising caution regarding conclusions as to causation.

**Data**

The data to be analysed are: a) the first 14 volumes of the journal *Tobakskampen* [Battle Against Tobacco], published by the organization *Bort med tobakken* [Away with Tobacco] from its formation in 1916. I have studied every one of these volumes; b) accounts mentioning “tobacco” and/or “nicotine” and/or “cigarettes” in *Tidsskrift for norsk lægeforening* [Journal of the Norwegian Medical Association], 1900–1930, identified by searching the main available registers, from 1903 and 1939 respectively. This approach may have missed some relevant articles if the title was not sufficiently specific; c) all parliamentary documents/reports in which tobacco was discussed apart from the annual tax and duty reports in the same period (1900–1930). I used the search function at www.stortinget.no to locate these documents. These sources...
illustrate how anti-tobacco activists, the medical profession and politicians were leading actors in the debate.

The smoking phenomenon at the time of the First World War

The rise of the cigarette industry

The industrialization of cigarette production started immediately before the First World War and changed the tobacco industry and markets forever, locally and internationally. The cigarette machine – the first machine to automate the production of cigarettes at an industrial scale – was introduced in the US in 1881. By immediately taking hold of this invention, the tobacco producer James Duke was in control of 90 per cent of the American cigarette market as early as 1890 (Tate, 1999, p. 16).

In Norway, the cigarette machine was not used in production until 1906 but came as a godsend to a national tobacco industry facing a stalling market for chewing tobacco, cigars, pipes and snuff (Hodne, 1978; Nordvik, 1978). The annual growth rate of manufactured cigarettes in Norway between 1909 and 1916 was, on the other hand, a staggering 32.3 per cent (Lund, 1996, p. 192). Cheaper and increasingly efficient production plants boosted productivity and reduced the price of cigarettes relative to other tobacco products (which remained unchanged). In the international context, the First World War led to a dramatic rise in the number of new smokers both in the US and Europe. Cigarettes from surplus stocks were handed out to the soldiers free of charge, effectively creating a new generation of cigarette dependents (Gately, 2002, pp. 231–236). Taken together, these developments revived interest in smoking as a social problem.

In Norway, smoking had attracted public concern on and off since tobacco came to the country in 1612 (Skretting, Lund & Bye, 2013, pp. 59–62). In 1632, the absolutist monarch banned tobacco altogether for seven years, and from 1741 people under 21 were not allowed to smoke. In the 19th century, smoking became known as a popular stimulant, which boosted its economic significance; indeed, some people in Western Norway were inspired to try their hand at growing tobacco commercially between 1882 and 1920 (Munksgaard, 1978). The rise of cigarette smoking by children was causing concern, however. A so-called enabling act, designed to prevent the sale of tobacco to minors (under 15), was adopted in 1899, but failed to slow the increase in cigarette smoking in this age group.

The issue of “trust” was raised in relation to cigarette smoking as well. As is well known, the aforementioned Duke, the first US cigarette manufacturer, was also adept at public relations, and got the cigarette machine manufacturer to agree not to sell them to competitors (Tate, 1999, p. 15). His aggressive business practices, which bordered on the illegal, were commercially successful but considered highly questionable by certain politicians, economists and anti-tobacco activists. In establishing the American Tobacco Company, the first trade association in the United States, with himself as president, he effectively took control of most of the industry (Tate, 1999, p. 16) and quickly started looking to international markets for further expansion.

The Duke-led international trust BATCO was established in Norway in 1905 and concentrated on cigarettes only, whose
share of the market at the time was marginal (Lund, 1996, p. 193). In 1914, however, BATCO introduced other tobacco products on the Norwegian market. The local Norwegian tobacco industry was provoked into lowering prices and investing in advertising; they also boycotted the trust and all who supported it. The Norwegian industry did not advertise in newspapers which carried ads for BATCO products, for example. Tobacco thus turned into a symbol of political independence and national identity (Lund, 1996, pp. 193–195).

**The anti-tobacco response**

Such was the industrial and economic context in which the Anti-Tobacco Movement was founded in Norway. Closely related to the teetotalist circles of the temperance movement, its founding principles were taken from the Good Templar Order (IOGT). The organisation also adopted the pledge taken by under-age members of IOGT to neither smoke nor drink. There had been anti-smoking campaigns since the early 1800s, but activities were preparing themselves for a showdown. This was not only because of the amount of public concern (as described above), but because the temperance movement was about to achieve its first success: prohibition. And like the temperance movement, the anti-tobacco movement was both Nordic and international in scope. The Swedish association Riksforbundet mot tobaken was founded as early as 1886 (Tobakskampen, 1917, no. 1, p. 4), the Danish, Bort med tobakken, in 1905, while the Norwegian (which had the same name as the Danish organisation) was founded in the summer of 1916 – in the midst of the First World War. The first international anti-tobacco conference was held in Copenhagen in 1920 and delegates from the Nordic countries and Germany (along with a few from other European countries) continued to meet annually throughout the 1920s.

The European movement was inspired by its sister organisations in the US. Despite the low US market share of cigarettes in the late 1800s, relative to other tobacco products, they were nevertheless attracting the attention of the Woman’s Christian Temperance Union (Tate, 1999, Ch. 2). As early as 1892, this organization had lobbied the Senate to “outlaw their sale, manufacture, and importation” (Tate, 1999, p. 13). At the federal level, however, the Senate could do little more than prevent imports; the manufacture and sale of cigarettes could only be banned by state legislators. By 1900, four states had in fact banned cigarettes, a move which obviously had strong popular support (Tate, 1999, p. 46).

Interestingly, anti-cigarette campaigners in the US were frequently partial to other forms of tobacco. The anti-tobacco campaign principally targeted the cigarette, as was reflected in the name of The Anti-Cigarette League of America, established in 1899 (and modelled on The Anti-Saloon League that campaigned against drink). No other tobacco product had met with such resistance. Initially, campaigners targeted trusts, but were also negative towards immigrants and, in a sense, modernity itself, as the cigarette soon came to epitomise the rapid socio-cultural developments related to industrialization, economic prosperity and urbanization. In a sense, immigration brought the “cigarette habit” to the United States, especially immigration from countries where cigarettes were
already popular, such as Italy, Spain, and Russia. Cigarettes thus came to be associated with morally suspect people from the east coast, and with “strangers” and “the unknown” (Tate, 1999, p. 18).

The mass spread of tobacco and other drugs was in fact a marker of early modernity (Courtwright & Hickman, 2011). Colonial powers and merchants reaped enormous profits from the trade in psycho-actives, and nation-states used fiscal mechanisms to strengthen their economic situation. However, as drugs and drink in particular caused serious and destructive behavioral problems, it was soon called for political and judicial action to regulate distribution and use. Without such restrictions, modernity might destroy itself from within. The anti-tobacco movement did what it could to have tobacco use defined as a behavioral problem, and their ideological answer to the challenge of psycho-actives was precisely to emphasize the highly modern conception of individual choice: say no to drugs and stay abstinent, be strong in will and no slave. However, the increasing popularity of cigarettes among the soldiers of the First World War made it difficult to criticise the cigarette without also criticising “our boys”. Later, the “roaring 20s” paved the way for a new and highly modern symbolic content of the cigarette related to independence, pleasure, and a way of overcoming the stress of war. The anti-tobacco campaigners had a new set of culturally positive notions to fight (Brandt, 2007).

Reactions to the cigarette expansion: Problem understandings

How did Norway react the rising popularity of cigarettes discursively and, consequently, politically at the time? In the following, I will address this problem by conducting close empirical readings of the arguments put forward by the anti-tobacco movement and medical profession in their respective periodicals, and by the government and members of parliament.

The Norwegian anti-tobacco movement

In an article entitled “Why women should hate tobacco!” Tobakskampen (henceforth TK) explained why tobacco was a problem (TK, 1916, no. 11–12, pp. 6–7). It was an affront to cleanliness, health and economy (in that order). These keywords epitomised the journal’s definition of the tobacco problem throughout the period studied here. I shall use the three dimensions to inform the analysis that follows, albeit in reverse order.

Economic arguments

The economic arguments against tobacco were quite similar to those against alcohol. “Thousands of women hardly have food for themselves and their children, and what they have is frequently sub-standard in all respects, while the fathers waste large amounts on tobacco” (TK, 1916, no. 11–12, p. 7). The expense of tobacco consumption was illustrated in the story of a child who learned to calculate how much lifetime smoking costs. He could have “smoked up an entire farm” if became a daily smoker the rest of his life (TK, 1923, non-paginated Christmas issue). It was madness to spend so much money on a non-essential goods and in light of the widespread poverty at the time, the arguments made sound economic sense (especially at the level of the household). Whatever sense they made, however, they
attracted little support outside the antitobacco movement. This might have been because cigarettes were cheaper than other tobacco products.

National statistics was brought in to illustrate the depths of the problem, with comments expressed in the agitational style that was typical of the journal. According to the article “What Ola Nordmann [the “Average Joe”] is blowing away in tobacco smoke” (TK, 1921, no. 2, p. 5), Norwegians are spending “the small sum” (irony obviously intended) of 84 million kroner on cigarettes “at a time when people is complaining about the cost of living, society is being undermined and revolution is in the air”. The price of tobacco was quite high, mostly because it was taxed harder than most other goods (according to the same article, tax accounted for about a fifth of the retail price). And higher prices hit the individual smoker who had to waste even more money on the habit. Taxation as a means of making money available to the state to spend on other worthy causes, such as social reform or the fight against tobacco, is seldom discussed. On the few occasions it is mentioned, the argument meets with very little sympathy. The argument of the anti-smoking lobby tend to be more moralistic than economic or pragmatic – e.g. even the thought of making a profit from tobacco is ridiculous.

Health arguments
From the very beginning, the anti-tobacco movement took great care in communicating scientific findings, or rather in producing scientifically informed messages that might serve to strengthen their case. Then (as now) this basically meant referring to findings in the field of medicine.

As with the economic arguments, it is looked to arguments applied in the field of alcohol when cigarette smoking is viewed in terms of its impact on health. But, they also claimed, there is a direct link between tobacco and alcohol – one considered to be fatal, as “smoking leads to drinking and drinking leads to the devil”. This particular approach was the hallmark of the Women’s Christian Temperance Union (Tate, 1999, p. 28). Their medical source was Benjamin Rush, a physician who in the late 1700s argued that because tobacco made the mouth feel dry, it led to an unnatural craving for alcohol. At first sight, this may look like an actual physiological “mechanism”, but the idea was not widely supported by scientists at the time. Nevertheless, it had a major influence on teetotalists, and was one of the reasons the industrial manufacture of cigarettes in the US and UK caused such a moral panic. It was commonly rehearsed in Tobakskampen as well: “intoxicating liquor and tobacco act in combination on their helpless victims. Tobacco is used to quell the desire for drink but because it makes them thirsty, they resort to drink again” (TK, 1916, no. 11–12, p. 13). This is also the underlying explanation of the misery of the abandoned alcoholic depicted in the Christmas story “The Lonely Christmas Eve” (TK, 1916, no. 11–12, pp. 9–10).

The health risk was believed by writers to lie in substances in tobacco containing nicotine, which is a poison. Nicotine was viewed as one of the most toxic (and thus dangerous) of all poisons. Clearly, any poison is dangerous, they reasoned, because they are all physiologically unnecessary and unnatural. Any clean or “pure” body should avoid not only alcohol, but also...
tobacco – and even coffee – cf. the membership motto: “I hate coffee very much, tobacco even more and drink most of all” (TK, 1922, no.1, p. 3). Furthermore, nicotine is described as one of most toxic poisons. An article entitled “How toxic are tobacco and pure nicotine?”, TK (1919, no.3, p. 11) refers to several sources (but not explicit studies), including a Danish pharmacist who estimated, using a scale where the toxicity of arsenic was set to 1, cocaine to 0.15 and morphine to 0.20 levels of toxicity, nicotine was 10 times higher (only exceeded by hydrocyanic acid, which was 20 times more toxic).

Scientific observations of physical damage apparently caused by smoking were reported in Tobakskampen on several occasions throughout the period. They included tobacco’s harmful effects on the eyesight and deafness. The former was described as visual impairment and a minor kind of harm, with symptoms reminiscent of conjunctivitis (TK, 1917, no.1, pp. 5–6) while symptoms of deafness addressed in an experimental study were not cured by medication, only by total abstinence from tobacco (TK, 1925, no. 3–4, p. 5). There was also mention of tobacco causing cancer of the tongue (TK, 1925, no. 5–6, p. 7) and lips (TK, 1927, no. 4–5, p. 1).

Understanding of the addictive elements of nicotine and tobacco was poor at the time though, in all sections of society. In Tobakskampen, however, there were hints, ideas about how tobacco was supposed to hook its “victims”. Under the headline “Tobacco enjoyment and health” (TK, 1920, no. 5, p. 18), a Danish doctor suggested the possible action of an addictive component of tobacco: “Tobacco adds no vitality or refreshment to the body. The stimulating effect is only apparent. Tobacco numbs the nerves and dulls the desire for activity. Those who indulge are more or less slaves to their habit” (italics added). And habits like this create a disposition to use ever higher doses of the stimulant, making it even more hard to quit (TK, 1921, no. 6, p. 24).

There is a telling similarity between this depiction of tobacco use and narcotic drugs. The anti-tobacco campaigners opposed the then popular view of tobacco as a stimulant: “scientists have shown that smoking tobacco numbs [the senses]; it does not stimulate and when the smoker feels refreshed and invigorated by smoking, there is a sense deception” (TK, 1923, no 4–5, p. 6). In other words, any perceived stimulating effect of smoking is false and illusory, the opposite of the actual effect. The numbing effect also explains why smoking is considered immoral: it impairs the intellectual abilities of the smoker. Consequently, the smoker’s capacity for self-criticism, sympathy, affection and self-sacrifice is seriously undermined. This way of arguing about the health hazards of smoking is in line with what we today might call “moral health”. It was a popular approach to moral well-being a hundred years ago, with medical and moral-religious concerns tightly interwoven also in medical discourse (Hilton & Nightingale, 1998). This is quite different from the emphasis on medical damage, which has informed tobacco control efforts since the early 1960s.

Tobakskampen also carried articles about passive smoking, where part of the focus was on health: “A mother should not allow smoking in the children’s rooms; there is compelling evidence that [smoke
makes] a child restless and strange, lose
sleep and suffer from the unhealthy air”
(TK, 1916, no. 11–12, p.7). The aforemen-
tioned article, “How toxic is tobacco and
pure nicotine?”, also refers to passive
smoking in its conclusion:

Do we not have good reason to ask to
be spared these poisonous odours in
meeting rooms and dining halls where
“friends” unintentionally (?) pollute
the air for the rest of us who are not
used to the poison.... Putting a little ar-
senic in a “friend’s” food is considered
a crime, but distributing a poison that
is up to 10 times stronger and blow-
ing smoke in his face, that is taken as
a mark of “good breeding” (TK, 1920,
no. 1, p. 3).

This article illustrates how easily medical
and moralist arguments are combined by
proponents of the “moral health” perspec-
tive. Starting with a detailed description
of the characteristics of nicotine, the effects
of passive smoking are dealt with before
the rhetorical punch line: nicotine is freely
available, arsenic is not.

Even if Tobakskampen is clearly against
tobacco in all its forms, the most hazar-
dous is cigarette smoking. “A drunkard
can be cured, a tobacco chewer and cigar
smoker weaned off their habit, but a ciga-
rette smoker, never” (TK, 1920, no. 9, pp.
34–35). Exactly how and why cigarettes
are more dangerous than other types of
tobacco is not explained anywhere in the
journal in its first 14 volumes, but again
it is reasonable to see this stance in light
of the notion of “moral health”: Tobacco is
most harmful to the young, still develop-
ing body (TK, 1920, no. 8, p. 30), and the
recruitment of cigarette smokers is highest
among young people under 22, who are de-
viloping faster, both physically and spir-
ittually. This view also reflected a recent
shift in the conceptualization of “problem-
atic youths”. Around 1880, young people’s
criminal and antisocial behavior was still
primarily associated with poverty. By the
end of the First World War, however, “ado-
lescence” was being conceived as a stage
in life during which all youngsters of any
social background were potentially sus-
ceptible to misbehave or get involved in
anti-social activities (Gillis, 1975, pp. 96–
97; Hilton & Nightingale, 1998, pp.54–60).
To shelter youth from temptation, it was
important to organize them in associations
under adult guidance, such as IOGT.

This argument illustrates how the per-
spective of “moral health” reflected a
commonly drawn integration between the
physical and the moral at the time (Lukes,
1992). But in unifying the health and mor-
als of adults, the anti-tobacco activists dif-
fered not only from public opinion, which
saw tobacco as a legitimate pleasure, but
also in rejecting even a moderate con-
sumption of tobacco as an acceptable ex-
pression of an Aristotelian virtue. A physi-
cian who had written about the history of
tobacco is corrected by the editors for his
“puzzling ending to an excellent article”.
He had concluded, in accordance with
medical knowledge at the time (more on
this later), that “moderate use of tobacco
is not dangerous to adults” and that there
was “reason to consider tobacco as a suit-
able stimulant for the mature of age” (TK,
1921, no. 9–10, p. 40, italics added). Be-
cause it refused to contemplate any notion
of tobacco as a legitimate pleasure, the
anti-tobacco movement probably seemed
not only out of touch, but consumed with hatred against tobacco, tendencies not unknown in the field of tobacco control even today.

In an article entitled “Nicotinism”, smoking is considered a “race vice”, something Europeans caught from the Indians (TK, 1921, no. 2, p. 6). It is a strange way of enjoying life, the author argues, to ingest poisonous substances that destroy the body, heart, digestion, nervous system and breathing. “If the 70 men who decided to initiate the Great War had had a sense of conscience and feelings not affected by alcohol and tobacco, the war might not have broken out.” No editorial comments were added or corrections made to such assertions.

Moral-aesthetic and religious arguments
Some of the tobacco opponents writing in Tobakskampen were physicians and some were clergy, but the most active (and certainly the most influential in the organised movement) were teachers or people involved in education (TK, 1920, no. 3, p. 10). In their columns, the writers often referred to membership or experience of the Good Templar Order (IOGT). Just like anti-tobacco activists in the US (Tate, 1999, pp. 48–51), their worldview was essentially a Lutheran form of Protestantism. Some supported a pure form of the Norwegian language and the membership lists suggest that a majority came from the “counter-cultural” regions of Norway – the southwest, the Norwegian counterpart of the American Bible belt (Rokkan, 1967). Their concern with what they perceived as the disintegration of the intellectual and moral fibre of the young was not surprising. Sociologically, their educating missions may also explain their overtly moralistic approach to tobacco (and indeed to all forms of indulgence), and how they chose to define vice and virtue.

There are many examples in Tobakskampen of the word “vice” (which is a moral term) being used to describe smoking and smokers as “slaves” (which combines victimhood and addiction). For instance, an opinion of a prominent health reformer Dr. J.H. Kellogg was titled “Smoking and vice” (TK, 1923, no. 2–3, p. 3, italics added). Elsewhere the magazine writes of “larger and larger crowds of adolescents and children [becoming] slaves of tobacco” (TK, 1919, No 2, p. 1, italics added). A third article even divides tobacco slaves into three types: those who can’t resist smoking when other people smoke; those who become short-tempered and a scourge to themselves and others when they’re not smoking; and those who simply fall ill when they attempt to quit (TK, 1927, no. 6–7, p. 5). Smokers as slaves to an addiction is illustrated in an interesting way by a chief physician in a piece on “The debilitating characteristics of nicotine”. “It is my experience that tobacco unfortunately makes people as much a slave as alcohol does and I find it easier to get people to refrain from drinking than smoking” (TK, 1921, no. 7–8, p. 26).

Another moral problem to do with smoking is its effect on non-smokers. Anti-tobacco activists had often encountered inconsiderate smokers in non-smoking compartments on railway and tram journeys. The repeated story about inconsiderate smokers on trains illustrates the perception of tobacco not only as a personal nuisance, but an anti-social problem. Spitting was also considered a nuisance (TK,
1928, no. 3–4, p. 2), though complainants referred more often to the mess and “immoral” aspect of spitting than its medical risks.

Interestingly, religious arguments related to sin, hell and salvation do not feature in the journal to any extent at this time. This may reflect the secularization of modernity in the international tobacco discourse. It may also reflect a “pragmatic” Protestant approach, which, in contrast to the early Low Church origins of the temperance movement in the US, toned down mention of sin and hell. To wage an effective war against tobacco, the Norwegian anti-tobacco campaigners used “modern” strategies (highlighting the irrationality of spending too much on an unnecessary product; rationalist calls to raise knowledge about the health risks), rather than evoking pictures of “burning in hell” etc. All the same, their arguments are strongly moralistic, in the sense that economic, medical and health arguments tend to be presented as part of a wider moral framework. For example, in an article explaining why women should abhor tobacco, the author writes: “a man poisoned by nicotine should not bring a child into the world, [this is something] any mother should realise” (TK, 1916, no. 11–12, p. 6). And it was no different for women: “women who smoke are certainly inferior as mothers” (TK, 1922, no. 7–8, p. 27).

Also, moral notions of cleanliness are indirectly related to religion – given that clean/unclean signify moral/immoral and thus righteous/unrighteous (cf. Genesis). A telling example is this: Noting on her journeys in the US the “awful stink” from fields of tobacco, the author says “animals never touched tobacco, they wouldn’t eat it, it was not clean enough for them” (TK, 1916, no. 11–12, p. 6). She then concludes: “as tobacco is unclean, it also causes uncleanness. Those who enjoy it are unclean.” Finally, she says, a smoking priest would be “an unclean Christian” (ibid.)

This way of attributing to smokers a kind of moral defect via uncleanness (and stoke moral uproar) is also found in articles depicting the rise in the number of women smokers. An observation of three young “city ladies” having a smoke reminds the male writer of his fascination with tinkers (“tatere”) as a youth because the women “all” smoked (TK, 1919, no. 3, pp. 10–11): “It was precisely this universal [habit of] smoking that distinguished these tinkers from decent people, who never smoked.” Now, however, even fine ladies smoke cigarettes: “What 20 years ago was restricted to tinkers is now the custom of very fine ladies”. The writer wonders whether these ladies “recognise the odour of tinkers in the cigarettes, or do they have tinkers among their circle of acquaintances?” The observation of modern English women seen using snuff caused no diatribe from the author, though, just surprise (TK, 1919, no. 2, p. 8).

Cigarette smoking among young people and children, which especially fed into the movement’s self-image as educators, caused understandable moral outrage, even from today’s point of view (TK, 1920, no.3, p. 1). In this context, the journal was also provoked by its criminality. Referring to the 1899 act – which, they claim, is a “paper order” – “it does not seem to have occurred to adults that it is a crime to let children smoke” (TK, 1920, no. 9, p. 35).
The enemy within? Alcohol versus tobacco in the temperance movement

Tellingly, the journal “took a breather” in 1919 (TK, 1919, no. 2, p. 1) in the midst of the fight for prohibition. The nationwide referendum in which the public were asked to decide whether to ban the sale of spirits and fortified wine resulted in an overwhelming majority in favour: 62 per cent. The clear response of the Norwegian people Tobakskampen wrote, “shows the overwhelming majority do not live to indulge themselves, but have both the sense and the willingness to renounce pleasures that are harmful to thousands” (TK, 1919, no. 2, p. 1). What was not so obvious, however, was that most people linked prohibition to the fight against tobacco. We know little about the views of the majority of the temperance movement – the people who worked for and succeeded in their fight for prohibition – on the tobacco issue. Many of them probably sympathized with the anti-tobacco movement, but prioritized the drink problem.

Others may simply have disagreed. Tobakskampen sheds some light on these disagreements. To put it simply, the debate concerned what we may term the “proper temperance temperament”. In 1916, the secretary of the newly established Norwegian association made his sentiments known in no uncertain terms: “a truly glowing hatred burns at my heart’s altar towards alcohol and nicotine, mankind’s most villainous enemies [concealed behind] the mask of friendship”. Many writers in the journal see alcohol and tobacco as “brothers” that must be fought simultaneously. Reviewing the achievements of the Danish fight in 1916, however, the leader of the Danish association (established in 1905) has a complaint: “Where you initially would expect to find understanding and acceptance, that is among people who have said no to alcohol and oppose it, there you often find the most persistent resistance and the most devoted slaves of the tobacco pleasure” (TK, 1916, no. 11–12, p. 11).

It was indeed a moral issue and related to what was the most moral behaviour: “Temperance people are often partial to tobacco – but I would not call them temperance people of the highest order if they do nothing to avoid a stimulant that can be avoided” (TK, 1919, no.1, p.1). There is little if any opposition to this view in the columns of the journal, suggesting a readership composed most likely of a sect-like parish of teetotalers; the anti-tobacco movement might have been trying to spread information and to agitate for a nicotine-free society among all those sympathetic to the temperance movement, but ended up in effect “preaching” to the already converted “tobacco haters”. To them, theirs is a logical stance, in keeping with the Child Templar vow and thus righteous. It is also a naturalised ideological stance; it seems self-evident to them, they are right. Tobacco is even “hampering temperance work”, clearly in breach of the Children Templar vow (TK, 1920, no. 4, p. 13). “Why save our youth from the ravages of alcohol while letting them poison themselves with nicotine, destroying new blood and devastating our kind?”. The same attitude characterises a critique of cigarette advertisements in the temperance press (TK, 1922, no. 6, p. 21). Towards the end of the 1920s, several internal discussions in the IOGT concerning a recurring proposal to omit tobacco from the Children Templar
vow are reported in the magazine (e.g. TK, 1929, no 3–4, p. 1). Naturally, the journal is against the idea. While the anti-tobacco activists emphasised the similarities between tobacco, alcohol and other drugs, the majority of the temperance movement tended to emphasise the differences – and gave priority to the drinking problem (cf. Courtwright, 2005).

The medical profession

The medical dangers of smoking were summarised in a 1909 article in *The Journal of the Norwegian Medical Association* (Schou, 1909). It describes cardiovascular disease as the most serious consequence of smoking (Schou, 1909, pp. 507–508). It also mentions symptoms of visual impairment and deafness (these were also reported in *Tobakskampen*). It is stressed, however, that much is yet not known of the harm tobacco can inflict, and “hard work is still required to get to the bottom of the issue, which in terms of public hygiene possibly may soon be as important as the alcohol question”. It is to nicotine, the article concludes – wrongly, as it happens – “we must attribute the harmful effects of tobacco smoke” (Schou, 1909, p. 511).

There is little mention of addiction-like properties (i.e. “dependence” or smoking as a “vice”) in the article. The closest we get is a medical conception of “chronic nicotine poisoning”, which translates as “heavy daily smoking” (p. 506). The effect of smoking on children, “particularly on the development of their mental faculties” (p. 511) is mentioned, but only to explain why several countries have banned the sale of tobacco to children. The anti-tobacco activists thus had scientific grounds for claiming that smoking damaged youth, even if the explicit evidence seemed scarce. Doctors simply assumed that a body that was developing would suffer from smoking (Hilton & Nightingale, 1998:56). (They had made similar claims in the consultations on the 1899 act too). In 1921, the Medical Association journal published an unsigned letter that can be read as support of the policy. The anonymous author refers to an international study whose conclusion is that “heavy tobacco smoking damages intense intellectual work” (p. 538). However, there is no medical evidence for a mechanism (in the scientific sense) by which smoking leads to alcoholism (and the social and economic problems associated with it), nor was the matter covered in the journal in the period studied here.

The doctors and medical profession were not independent actors in the fight against tobacco at this time. Tellingly, physicians were never elected as leaders of the anti-tobacco movement until 1963, *after* the causal link between smoking and lung cancer had been established (Lund, 1996, pp. 216–217). Yet, as we saw in the previous section, some doctors were sympathetic to the anti-tobacco movement, arguing and writing against tobacco with all the authority their social position gave them.
the money made available by taxation was used to solve other social problems. The only major exception had been the aforementioned law prohibiting the sale of tobacco to minors (in 1899).

What politicians did see as a problem, however, was the stagnating markets of the national tobacco industry, which coincided with a stalling national economy. Tobacco was not providing as much revenue to the state as the politicians would like. This made the idea of a tobacco monopoly very interesting to many politicians. By then, several countries had introduced tobacco monopolies, either total monopolies on import, production and sale, or partial monopolies in one or two of these domains. The issue was widely debated by the Norwegian public during the period under study here. Parliament debated it in 1898 (St. tid. 1898) and 1904 (St. tid. 1904/1905) in conjunction with other issues, and again in 1906–07 (Dok. nr. 73 1906/1907, Indst. S. nr. 155 1906/1907, St. tid. 1906/1907) and 1919–21 (Indst. S XXXXIX 1919, St.tid. 1919, St.med. nr. 13 1921, St.tid. 1921) as a formal request to examine and report on partial and full monopoly options.

Tobacco monopoly: Preliminary skirmishes (1898–1907)

“If the government is fearful of losing revenue on tobacco cultivation in Sogn, it should consider [a] monopoly.” This was uttered in a discussion of taxes on malt and strong liquor production, according to the Storting records of 1898 (St.tid. 1898, p. 1105). In this discussion about alcohol, a connection was established also to tobacco, but tellingly, it is related to economic factors in the production rather than the consumption of the substance.

Five years later, the tobacco monopoly was mooted again, essentially to raise more money for the treasury. It “would facilitate the social reforms desired by a large number of members of this assembly, but which are delayed because of lack of money” (St.tid. 1904/1905, p. 776). Tobacco and liquor are both considered as suitable taxable items (St.tid. 1904/1905, p. 780). Several politicians spoke of the benefits of a monopoly. It would facilitate more equal distribution of the tax burden (St.tid. 1904/1905, p. 782). Tobacco duty at the time was calculated according to weight, so that fine and coarse goods were taxed more or less equally. In consequence, cheap tobacco was taxed relatively heavily, while the price of fine cigars and fine cigarettes was low. A monopoly, it was said, would “undo the screaming injustice of the present duty on tobacco products” (St.tid. 1906/1907, p. 3353).

This way of arguing was countered by those who opposed the idea of a monopoly (and of any possible raising of prices) on the grounds that smokers would simply quit rather than pay more: “Our nation is remarkably proficient at renouncing highly taxed items, as indeed the tax on liquor has demonstrated.” And if people stop using tobacco, there is thus little reason to expect increased revenues to the treasury (St.tid. 1904/1905, p. 782). That smokers may chose to quit if they perceive cigarette prices as too high was a valid argument then (the argument is still applied to legitimate high tobacco charges to encourage lower consumption). Those who used the argument did not consider, however, whether the logic of tobacco dependency might in fact work against it.
This is pointed out by some representatives whose reasoning touches on how tobacco at the time was considered addictive: “I think my honourable friend should familiarize himself with the circumstances of the less privileged in society. The last time we increased duty on tobacco, I know that many people reacted with dismay and resentment. Certainly, it must be regarded as a luxury, but we also know, however, how difficult it is for many long-term users to do without” (St.tid. 1904/1905, pp.780–781, italics added). Tobacco use was clearly seen as a habit that was hard to kick. This understanding of habituation, which was generally accepted at the time, remained the prevailing conception until the notion of “tobacco addiction” made headway in the late 1980s (USDHHS, 1988). While stakeholders in this discussion do make a tenuous connection between a tobacco monopoly and addiction (or habituation), there is no mention in the parliamentary debates of morally laden terms like “vice” or tobacco “slaves”, which, as we have seen, were commonly used by anti-tobacco activists. Many politicians were also smokers at the time, and may therefore have preferred a more moderate language (St.tid. 1904/1905, p. 781; St.tid. 1906-07, p. 3354, 3359).

Looming in the background was also the fear of trusts and what many saw as a solution to the problem of trusts – socialism and state ownership of private businesses. The threat posed by trusts was considered by some politicians as “reason to hasten the implementation of [a monopoly] as soon as possible.” One of the largest tobacco trusts in the world, the British-American Tobacco Company, had subjugated the tobacco trade in several countries, the MP said, and had now entered the Norwegian market (St.tid. 1906/1907, pp. 3351–3352).

From 1903, social democrats were represented in the Storting. They favoured a tobacco monopoly because the state would benefit from the profits that had previously gone to the private sector (St.tid. 1906/1907, p. 3355). They also made an attempt to legitimise a tobacco monopoly by pointing to the experience of people with the monopoly on alcohol sales, and juxtaposed alcohol and tobacco:

We have just about completed work on introducing a state monopoly on liquor sales. It is not fully implemented yet, but when the liquor trade is completely under the control of the “samlag” [a cooperative trading partnership with an exclusive right to sell alcohol in a municipality], we will have achieved a state monopoly in that way. Liquor is considered a luxury, and a harmful luxury at that, to put it mildly. The same is true of tobacco. You have here two kinds of goods, which I believe can and should be equated; also from this point of view, it is quite natural to turn both the manufacture of and trade in tobacco into a monopoly. (St.tid. 1906/1907, p. 3360)

This view, however, is not the dominant view in parliament. As mentioned, tobacco was not considered to be a particularly lucrative business and “comparing the reasons that moved the government to take [control of] the sale of liquor and is ready to do the same with tobacco, I do not understand their reasoning; my honourable friend needs to understand that this is an entirely different question than that raised
here today” (St.tid. 1906/1907, p. 3362). It was considered too self-evident to even explain.

Ideological opposition to the idea of a monopoly is also voiced. A monopoly could result in sub-standard commodities, because the buyers have no personal interest in obtaining quality goods. The tobacco trade is already one of the worst businesses and its products are already heavily taxed: “If one accepts that tobacco is an evil and should be restricted as much as possible, be as expensive as possible and the poorest quality, then one should support a state monopoly. But you must not count on added revenue to the treasury” (St.tid. 1906/1907, p. 3358).

The passage of the Bill came to a temporary halt in the Ministry of Finance in 1907, which failed to explore what a state monopoly on the manufacture and sale of tobacco would entail, as parliament had asked the government to do.

An elucidation of full tobacco monopoly (1919–1921)

In 1919 – after World War I and the Russian Revolution and after the Swedes had adopted a tobacco monopoly in 1915 – the conditions favouring a monopoly had changed significantly. The Social Democrats had many more members of parliament and would soon take over the reins of political power in Norway. The socialization argument is unearthed and the monopoly question is on the political agenda again after the adoption of a ‘stamp duty’ on tobacco products in 1919 (Indst. S XXXIX 1919). The Social Democrats on the Finance Committee who wanted the monopoly option examined (Hornsrud and Nygaardsvold – both coming prime ministers) were opposed to all forms of indirect taxation as a matter of principle, but would prefer to tax those with the greatest ability to pay. Yet, they admit, “tobacco is one of those goods whose use we can tolerate given certain restrictions and for that reason is better suited to indirect taxation than, e.g. sugar and other necessities. In a society always on the lookout for new things to tax, tobacco and alcohol are both eligible in that sense” (Indst. S XXXIX 1919, p. 2).

Parliament now saw the trusts as a real problem. Not satisfied with lobbying the authorities, Tobaksfabrikantenes Landsforening (National Association of Tobacco Manufacturers, founded in 1901) also sought to safeguard the interests of the industry by means of competitive regulatory agreements, such as minimum prices, packaging regulations, etc. (Skretting et al., 2014, p. 158). These self-regulatory arrangements had gone too far, politicians felt. “The tobacco industry has already become a sort of state within the state – a state organism in which free price formation has ended. Even if domestic cartels are currently acting against a foreign trust, it does not change the character of the cartel” (Indst. S XXXIX 1919, p. 2). According to the prime minister “the government authorities must monitor them with greater diligence, and ask not only in their own interest but in the interest of consumers whether it would not be in the general interest and that of the state for the state to appropriate and operate such an industry” (St.tid. 1919, p. 1219–1220). The liberal prime minister considered this as a necessary step to protect free enterprise, one of the foundations of society, and prevent the kind of class struggle in which some
privileged groups seized benefits by abolishing free enterprise. The prime minister and the Social Democrats agreed on this point, although in the opinion of the Social Democrats it was about more than just business. It was a matter of principle and ideology with social and democratic aspects (St.tid. 1919, p. 1221).

Yet what happens is that the resulting white paper where the proposal on import, production and sale is explained (an whose preparation was being referred to as early as 1898) claimed that the economic benefits of a monopoly would be so small that not even the Social Democrats would bother to pursue the matter any further (St. tid. 1921; Hodne, 1978). Although the idea had matured politically, the economists at the Treasury Department supported the contention that the economic benefits of a monopoly would be small – even after the turmoil of the First World War.

The white paper describes the tobacco “problem” as follows:

As is well known, tobacco is a commonly used stimulant, which used sparingly under certain conditions apparently may seem to benefit the organism, but which otherwise has no beneficial impact, and used to excess even may seem very harmful. The individual who has become accustomed to the use of tobacco also tends to find it difficult to go without or even reduce consumption and the consumption of the good is not to any extent dependent on the state of the market. (St.med. nr. 13 1921, p. 2, italics added)

And the Ministry concludes: “were the state to call for a monopoly every time a cartel or trust evokes fear, the consequences to the national economy would be grave.” (St.med. nr. 13 1921, p. 31).

The idea of a tobacco monopoly as a regulative instruments is thus banished from Norwegian politics. The politicians adhere to the ‘economist view’ (which is in itself ideological), and a monopoly is never close to being adopted. Most importantly, in the context of this article, no one argued for a monopoly because of its social or health-related benefits (as had happened in the field of alcohol). Even while the alcohol monopoly was being rolled out, very few parliamentarians connected tobacco and alcohol in their discussions in parliament.

In the upshot, the Norwegian tobacco industry was left to its own devices. The industry chose to focus on advertising and attracting new smokers, policies that would soon prove successful (Lund, 1996). They retain market shares, increase profitability and eventually also win the “trust battle” against BATCO in Norway (which is acquired and taken over by JL Tiedemann’s Tobacco Factory in 1933). At least the threat posed by foreign cartels had been neutralized.

Municipal license
In relation to the issue of municipal license to sell tobacco, however, economic, health and moral arguments were connected. In June 1921, Away With Tobacco (AWT) sent a circular to all local councils in the country (TK 1921, no. 9–10, pp. 34–36), about 700 in all. Here, they urged the authorities to regulate the “sale of cigarettes in the country, to prevent children and youth from succumbing to this dangerous habit” [italics added]. Again, it is argued,
cigarettes “decrease and slow the child’s spiritual and physical growth and soften the will and urge to work, the driving force in their spiritual and moral growth. While the good in children is thus impaired, the bad may gain the upper hand. Therefore, the habit of smoking among children and young people may easily lead to an immoral life.” The association also considers the economic waste. It encourages young people to save their money rather than “blow it away on tobacco smoke”. Finally, tobacco regulations in other countries are mentioned, not the least in the US where five states had already banned cigarettes by 1907, and Japan had introduced a smoking age limit of 20 years in 1900.

On these grounds, AWT makes no secret about their aim to achieve a nationwide ban on all tobacco products. To achieve this, they have to get public opinion on their side. Their strategy was to make use of what since 1837 had been an important channel of political influence in Norway, to go through local councils, emblems of self-government in Norway. The jurisdiction of local councils had first to be extended. At present they were able to refuse the sale of food and coffee, but not cigarettes. “After consultation with the Department of Justice the national association AWT will soon ask the government to propose a Bill making the retail of cigarettes subject to municipal license” (TK 1921, no. 9–10, p. 35).

By November 1922, about 300 councils had responded, about a half of the country’s municipalities. Of these, 286 were positively inclined to the proposal (TK, 1922, no. 10, p. 38). In addition, the largest NGOs in the “social, cultural and religious fields” were also massively in favour. (Nothing is known about the views of the approximately 400 councils that failed to respond, but most of them probably opposed the proposal). AWT representatives had met with the Minister of Justice, who acknowledged the problem, but pointed out that any such legislation might be in breach of an international treaty, regarding the difficulty of excluding imported goods. He therefore advised the association to consult with the Ministry of Commerce, which they did. The results of these consultations are not known, but in September 1923, the association sent their proposal to Ministry of Justice (TK, 1925, no. 8–9, p. 2).

Nothing is reported until August/September 1925. According to Tobakskampen the issue had stalled in the Ministry of Social Affairs. Their bureaucrats had been unable to justify a law enabling local councils to licence vendors to sell cigarettes, as they could for vendors of alcohol and beer. No arguments were offered in the letter from the Ministry, which was published in its entirety (TK, 1925, no. 8–9, p. 2). The most plausible explanation is that there was too little public and political support – no one felt that the tobacco trade needed further regulation. Instead, the Minister of Social Affairs pointed to the existing law (passed in 1899), and asked the association to go back to the Department of Justice, which was responsible for the current legislation, to get the age limit decreased to under 15 years.

Two parliamentarians were reported to have promised a private member’s Bill, though a year later, nothing had come of it. AWT then decided to ask more institutions to support their proposal. Nothing came of this either. The campaign simply withered away and the association never
achieved its goals in the 1920s. But the idea did not disappear completely. A Bill empowering local councils to require retailers to obtain a license to sell tobacco, justified as a tobacco control measure, became national policy in Norway in 2013 – only to be withdrawn by the new government in 2014.

Discussion
Applying a historical approach, I have in this article identified various early attempts at defining tobacco as a problem. I have shown that the anti-tobacco movement framed tobacco, cigarettes and smoking as a question of morals and subsumed both economy and health under a moral framework in their argumentation. The arguments stemming from the medical profession were scientifically based, while the politicians tended to argue in economic terms. I have focused on what in hindsight might be described as an emerging perception of tobacco as a problem, when its uses – and increasing popularity – became a public concern in a way that it had never been before. More people were smoking more and more cigarettes, over-production during the First World War created problems, elements of the temperance movement fanned a sense of moral panic regarding cigarette smoking by minors. Monopolies and licensing arrangements were debated.

Although none of the policy proposals were adopted, it is fair to say that the time around World War I was formative. Parliament had returned to the idea of a tobacco monopoly multiple times since 1898 and it enjoyed cross-party support (Hodne, 1978). Based on the growth of the temperance movement and its successful lobbying in several countries to restrict access to alcohol, anti-tobacco campaigners could benefit from the slipstream. The national association against tobacco, Away with Tobacco, was established in 1916 and sought – concurrently with the Norwegian ban on liquor (in 1917) and prohibition in the US (in 1920) – to win support for tighter legislation (municipal licensing system) throughout the 1920s. They wanted stricter control of what they saw as the main problem of the large complex of problems caused by tobacco use and smoking: corruption of the youth.

The relative failure of the anti-tobacco movement
Although many members of the temperance movement were against alcohol, tobacco – and even dancing – on religious grounds, the Norwegian temperance movement embraced a much broader platform than church/low church movements. Actually, liberals and the labour movement supported the fight against alcohol the most. It was mirrored in the proverb “abstinence promotes prosperity and happiness”, which was mass produced and hung on many walls in working class homes. The most puritanical segments of the temperance movement were not only involved in the fight against alcohol, they were equally concerned about smoking. However, the public did not see the relationship between tobacco and alcohol as simply as it was painted by the teetotalists. Even if smoking was culturally associated with drink, few outside the anti-tobacco movement considered smoking to be devilish. There seems to have been tepid support for the anti-tobacco movement internally in the most influential sections of the temperance movement. Neither was
there much support among the large group of pro-temperance parliamentarians, who also favoured tight alcohol regulations and in fact enjoyed a parliamentary majority (NOU 1995: 24 – Alkoholpolitikken i endring?). Judged by the contents of Tobakskampen, there was also little anti-smoking support among the working class, a leader in the fight against alcohol.

There are many indications in the first volumes of Tobakskampen of tobacco opponents feeling ridiculed by the public and seen as marginal extremists. Anti-tobacco “fighters” were well aware that they were indeed a fighting minority. They refer to hatred and ridicule in the popular press – but also seem to gain strength from facing the contempt of non-believers. Tellingly, they cite Thomas Carlyle, “Every noble work is at first impossible” (TK, 1919, no.3, p. 11), which, with the benefit of hindsight, may seem almost prophetic given what tobacco control would later achieve.

This “extremism” may explain why the movement never managed to generate an institutional environment in which the tobacco issue could be handled, because the only people preaching against tobacco were the moralists. With the degeneration perspective clearly on the wane, there was in fact no health or political reason to stiffen tobacco regulations any further. An important rationale for the anti-tobacco movement in general and the proposal to introduce a municipal licensing system in particular, seems to have been the wish to get their message across and make it a criminal offence to sell cigarettes to minors – as indeed happened with the adoption of the 1899 act.7

There are several possible reasons why the anti-tobacco movement failed in their efforts to tighten the legislation. First, the idea of a municipal licensing system was geographically uneven and not representative of the whole country. Second, the anti-tobacco activists were marginal in the grand scheme of things, not least in terms of membership numbers. In Denmark, the association Away with Tobacco, established as early as 1905, by 1919 had no more than 700 member. Its Norwegian sister organization never had more than 700 members even in its heyday in the 1920s. By comparison, support for the temperance movement peaked between 1910 and 1920. In 1919, 257,000 people were members of the movement, of a Norwegian population of 2.6 million (NOU 1995: 24 – Alkoholpolitikken i endring?) While many of these people probably sympathized with the anti-tobacco movement, tobacco was not a priority.

Third, and associated with the first two points, the anti-tobacco movement was against tobacco use of any kind, not only among children. This missionary approach to the compound evils of all tobacco products probably found less resonance in public opinion than if they had focused more exclusively on the problem of children who smoked (like The Anti-Cigarette League in USA). Tobacco was neither a social nor a public nuance – to most people, smoke in railway compartments was simply not a problem, and it was thanks to cigarettes that rid the world of the spittoon – which in the minds of some was probably a real public disgrace. Also, medical science had a poor understanding of nicotine dependence, and the notion that heavy smokers were unwilling “slaves” to tobacco was widespread. As the medical community saw moderate
tobacco consumption as acceptable (and many doctors were smokers themselves), heavy smoking was simply seen as a “bad habit”. This was true even among politicians (many of whom were smokers too). However, to describe tobacco as enslaving and as a bad habit might – as a political (and moral) argument – not be very different from describing nicotine as addictive.

At this time though, the biggest problem with nicotine was not that it was addictive, the problem was its toxicity. Neither was the use of nicotine associated with drug induced problem behaviour, unlike binge drinking and alcoholism. This basic difference between tobacco and alcohol was also reflected in the arguments for the alcohol and tobacco monopolies. With regard to alcohol, the regulative arrangement was the local Samlaget (allowing better control over who got to buy) and a licensing system like the “Gothenburg system” (Horverak, 2001). When the first “Samlag” was established in 1871, it was a council-controlled liquor outlet, aimed at eliminating private economic interests. There was no desire to legitimize the profits made by some individuals on the basis of others who succumbed to alcohol abuse. It is therefore understandable if the anti-tobacco movement wanted similar legislative mechanisms for tobacco. To achieve this, tobacco opponents adopted the same approach as the temperance movement: phasing out of the sale of the product by persuading public opinion and holding local referendums. Regarding the regulation of alcohol, there were two partially competing policies in the temperance movement: phasing out liquor at the local level (as indicated above) and national prohibition. Although the former had been dominant in the late 1800s, it was in effect the latter that prevailed (NOU 1995:24, Horverak, 2001). There had been no similar discussion regarding tobacco, at least not according to the sources at our disposal. This might be due to the reflexive level of the debate, which lacked a capacity for tactical nuance, but probably it was because a total ban on tobacco was unrealistic, more of a “vision”. And even if a total ban was obviously the goal, the strategy to achieve it was unclear – except that it involved appeals to moral rearmament and tightening of existing legislation. The argument to restrict the availability to tobacco by monopolising the retail market to achieve this goal did not occur to anyone.

Lack of integration of health, moral and economic factors

Neither morality nor health was mentioned in connection with calls for a tobacco monopoly. Economic factors alone informed the proposals. When the economic argument in favour of monopoly ultimately failed, the foundation of the monopoly idea failed with it. If supporters of the idea of a monopoly had linked their concerns to social issues and morals, as was largely done with respect to alcohol (making money on a morally dubious commodity was itself morally suspect), the argument might have gained more traction. But neither social concerns, health issues nor the moral opposition to smoking were sufficiently compelling political arguments. As we have seen, tobacco’s risk to health was not developed, and in the age of Spanish flu and tuberculosis, it is easy to understand why tobacco was not considered an important health problem. Interestingly, advocates of a tobacco mo-
nopoly avoided all mention of tobacco as a problem. Tobacco was a “luxury” that the state could tax because it not was an essential commodity. It was no different in Sweden, where a tobacco monopoly in fact was established (in 1915) on the grounds that a Swedish monopoly would increase government revenues more than was the case in Norway (Karlsson, 2008, p. 53).

There was thus no real “coordination” between monopoly and municipal licensing advocates, and both fielded completely different justifications. This lack of integration may be explained by the fact that the notion of tobacco abuse was unheard of at the time – beyond the inner circle of teetotalists, that is. (Consequently, there was no need to think in terms of treating abusers of tobacco). And the “moral health” view associated with the anti-tobacco movement (and the teachers and doctors that sympathised with it) found little resonance among politicians and senior government officials in the capital. The latter were more concerned with the state of the national economy and getting the tobacco industry to follow the rules of the liberal free market. They also tended to sympathise with a notion of legitimate and moderate tobacco use. The only exception was the 1899 act, which also tellingly was as “evidence based” as it could be at the time. The harm inflicted by smoking on the physical, mental and moral abilities of young people was a popular argument internationally as well (Keirle, 2012, p. 3) and similar legislation existed in several countries.

Even if no regulations were passed in 1920s, the industrialization of cigarette manufacture and developments in advertising fuelled a sense of “moral panic” among tobacco opponents and helped create what we now recognise as the modern climate of opinion towards tobacco. The current fronts in the tobacco field (industrial/commercial interests, consumer interests, tobacco opponents) were formed at this time, as were in fact many of the anti-tobacco movement’s arguments and strategies to gain acceptance. Only when more extensive medical evidence on illness and death caused by smoking became known in the early 1960s did the anti-tobacco movement’s early moral arguments achieve sufficient force to be translated into policy. Yet the survival of ideas in the anti-tobacco movement’s armoury against smoking in general is striking and their stability over time is expressed both in terms of the moral nuisance of passive smoking, the economic waste associated with an unnecessary product, the belief in municipal licence as a measure and the visionary goal of a future tobacco free society. The movement was also early in addressing health as a lifestyle feature of modernity, which later came to be important to the working class (physical fostering) and even more so to the middle class (the healthy body as indicator of self-control).

Conclusion
Tobacco was not defined as a social problem beyond the anti-tobacco movement and thus, no further regulation (not to speak of treatment) was necessary beyond the already existing age limit.

Declaration of interest None.

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1 In Europe, the cigarette had started as a sort of poor man’s tobacco – as hand-rolled cigarettes made of remnants of cigars and chewing tobacco.

2 This view illustrates how addiction was conceived in the general «inebriety» paradigm. This paradigm had been influential in the late 1800s, but was being challenged by the devolvement of modernity and associated separation of tobacco (but also, in a way, alcohol) from drug addiction (Courtwright, 2005). Among those who held on to the inebriety idea was The Keeley Institute, the treatment of which required abstinence from any stimulants likely to trigger relapse, “even caffeinated beverages” (ibid. 108). In short, vice tended to be seen as a “package” and any addiction (however small) was considered problematic.

3 The argument that smoking was an expression of “race vice” derived from the concept of progressive hereditary degeneration of psychological disorders, a dominant view in medicine in the second half of the 1800s (Byman, 1934). It also involved a general argument about addiction, although drink was usually mentioned in this connection. Excessive use of a drug damaged people’s physical and mental health. The damage would be passed on to the person’s offspring affecting them physically or mentally, and the process was self-reinforcing from generation to generation. Deviations from what was considered normal conduct would thus cause the human race to “deteriorate progressively towards extinction” (Bynum, 1984:61). There were some medical data, amassed since the 1850s, that supported this conclusion. Medics active in the temperance movement relied on these scientific data in support of their views on social and racial hygiene. However, by the time of the First World War, the degeneration thesis was under attack from the social Darwinists (Bynum, 1984:66ff.). Racial resistance to certain diseases was found to be the evolutionary result of the fight for survival, where the fittest (i.e. most resistant) individuals came out on top. This suggested that humans had built up an efficient evolutionary resistance to degeneration.

4 All new members had their name, gender, social standing and hometown published in the journal.

5 When the founding mother of The Anti-Cigarette League of America Lucy Page Gaston sought to make her organisation international in 1920, she described the League’s journal “Smokeless day” as “no preaching but rather presentation of scientific and sociological facts” (TK, 1920, no. 4, p. 16). This illustrates how the anti-tobacco activists in the US had come a long way since its low churchly beginnings half a decade earlier, having reached a level where strategic social communication mattered profoundly.

6 In the local elections in 1922, there were 711 municipals in Norway (SSB, 1923).

7 In Denmark, the national association of anti-tobacco activists had in fact been founded in protest of the Danish politicians’ neglect to pass a similar law regulation of age limits (TK, 1916, no. 11–12, p.11).

8 Similar membership figures have been documented in the UK (Hilton & Nightingale, 1998, p. 54).

9 The wine monopoly selling table wines was established as a private limited company under state control in November 1922. The purpose was to take social concerns, survey availability and ensure equal assortment all over the country.
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