Approved March 23, 1988
Date

MINUTES OF THE SENATE COMMITTEE ON EDUCATION.

The meeting was called to order by Senator Joseph C. Harder at
Chairperson

1:30 ~~a.m.~~/p.m. on Monday, March 21, 1988 in room 123-S of the Capitol.

All members were present except:

Senator Salisbury, excused

Committee staff present:

Mr. Ben Barrett, Legislative Research Department
Ms. Avis Swartzman, Legislative Revisor's Office
Mrs. Millie Randell, Secretary

Conferees appearing before the committee:

HB 2823 - Use of tobacco products prohibited in school buildings (Baker et al.)

Proponents:
- Representative Elizabeth Baker, sponsor of HB 2823
- Mr. Galen Davis, Governor's Special Assistant on Drug Abuse
- Ms. Jan Michel, Director of Communications, American Lung Association of Kansas
- The Reverend Richard Taylor, KANSANS FOR LIFE AT ITS BEST
- Mr. Larry Hinton, Social and Rehabilitation Services, Alcohol and Drug Abuse Services
- Mr. Robert Parr, Public Education Volunteer for the American Cancer Society, Kansas Division, Inc.
- Mr. Stanley Grant, Secretary, Kansas Department of Health and Environment
- Ms. Maureen Hall, Communications Director, American Heart Association
- Mr. David Pomeroy, Kansans for Non-smokers' Rights
- Mrs. Emily Clancy, concerned citizen, Burlingame, Osage County

SB 381 - Kansas honors scholarship program for Kansas honor students

Proponents:
- Ms. Anna Luhman, Director, College Studies for the Gifted, Fort Hays State University
- Ms. Clantha McCurdy, Director of Student Financial Aid, State Board of Regents
- Mr. Jim Copple, Director, Kansas Federation of Teachers (written testimony only)

Comments only:
- Ms. Chris Graves, Executive Director, Associated Students of Kansas

HB 2823 - The Chairman called the meeting to order and called the Committee's attention to HB 2823. He then recognized Representative Elizabeth Baker, sponsor of the bill.

Representative Baker said she has become increasingly concerned over the number of young people using tobacco products (1979 Surgeon General's Report) and felt it is essential for the Kansas Legislature to reduce those figures cited by the Report by enacting legislation "that will announce unequivocally our recognition of the cancerous effects of tobacco consumption". (Attachment 1) Rep. Baker explained that HB 2823, as amended, would prohibit the use of tobacco products in any building owned and used by the school district for pupil attendance. Rep. Baker said that exceptions include buildings (or parts thereof) used for nonschool activities, as well as buildings owned by the school district but used for residential purposes.

Mr. Galen Davis, Governor's Special Assistant on Drug Abuse, testified that school age children get many mixed messages about tobacco use, and this bill would correct such inconsistencies and send a strong signal to our youth that the use of tobacco threatens their health. (Attachment 2)

Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON EDUCATION,

room 123-S Statehouse, at 1:30 xxx./p.m. on Monday, March 21, 1988

Ms. Jan Michel, Director of Communications, American Lung Association of Kansas, said that should HB 2823 be passed, Kansas would be one of the first states to enact such legislation. Ms. Michel had prepared for Committee reference a compilation of major findings of states and their smoking policies through legislation. (Attachment 3)

Ms. Michel also provided the Committee with written testimony from Mr. Phil Lobb, USD 464, Tonganoxie. (Included with Attachment 3)

KANSANS FOR LIFE AT ITS BEST spokesman, the Reverend Richard Taylor, related his personal life situation attesting to the harmful effects of tobacco smoke. His testimony is found in Attachment 4.

Mr. Larry Hinton, Administrator, Research Section, Department of Social and Rehabilitation Services, agreed with previous testimony that "our young people are getting a mixed message" regarding tobacco usage. (Attchment 5)

Public Education Committee Volunteer of the American Cancer Society, Mr. Robert Parr, stated that "Eliminating smoking or the use of other tobacco products in school buildings will provide many children with the positive reinforcement necessary to continue the health life-style of tobacco avoidance." (Attachment 6)

Mr. Stanley C. Grant, Secretary, Kansas Department of Health and Environment, stated that "Nearly a third of U.S. school systems have tightened smoking policies in the past five years, and nearly half now ban student smoking entirely". (Attachment 7)

Ms. Maureen Hall, Communications Director for the American Heart Association, basing her testimony on U.S. Public Health Service statistics, stated that cigarette-induced premature deaths in this country account for 50 percent more deaths than the "combined total of Americans killed yearly by auto, fire and other accidents, by alcohol-related causes, by murder and suicide, and by AIDS, cocaine and heroin". (Attachment 8)

Mr. Dave Pomeroy, representing Kansans for Non-smokers' Rights, stated that he has heard complaints from teachers, parents, and students concerning smoking facilities used in schools. He then related a story about his fifth grade daughter and the mixed message she was receiving regarding use of tobacco products in the school. He noted that young people are a prey of tobacco industry advertising.

Mrs. Emily Clancy, a concerned parent, described her son's allergic physical reaction to passive smoke to which he had been subjected at his school and how her efforts to change the situation have gone unheeded. (Attachment 9)

Following testimony by Mrs. Clancy, the Chairman said that due to the time element and the fact that conferees on the second bill to be heard had driven a long distance to be here, he would postpone further testimony on HB 2823 until tomorrow.

SB 381 - The Chairman called the Committee's attention to SB 381 and recognized the first conferee, Ms. Anna Luhman. Ms. Luhman, Director, College Studies for the Gifted, Fort Hays State University, said she is addressing the situation of "left over" money in the State Scholarship Fund administered by the Board of Regents. She said that SB 381 would allow financial assistance from this fund for payment of tuition and fees for needy Kansas gifted or honor high school students enrolled in a Kansas honors or gifted program for college credit. She explained that without payment of tuition and fees, college credit would not be given upon completion of such courses. She said that some students who are eligible to participate in such a program cannot affort to do so; or, if they do, they would not receive college credit without payment of tuition and fees. Ms. Luhman said that,

for various reasons, there is money remaining in the State Scholarship Fund at the end of each school year, and the bill would allow up to one percent of the amount appropriated each year to be used for the Honors Program. She said this would equate to about $10,000. In reply to a question, she said about fifty students will be enrolled in the summer program at her university and about nine of the students would be eligible, she felt, to receive funding under the bill. She also responded that usually the parents would pay for the cost of the program. The bill, she said, would apply to those students attending either a public or a private Kansas college. In further response, Ms. Luhman said that both the University of Kansas and Kansas State University also have honors programs.

Ms. Chris Graves, Executive Director of Associated Students of Kansas, stated that although her organization has not taken a position on SB 381, she does applaud the intent of the bill. She said that as an alternative to losing the money, she would prefer to see that the money is used in such academic pursuits. However, she was concerned that the students who would be involved in such a program have not yet made the commitment to attend a postsecondary school in the state and felt this should be a necessary qualification in order to receive any funds from the program. Ms. Graves also felt that the Kansas Honor Scholarship program could stand on its own merits and that a separate appropriation should first be requested. Also, she felt that perhaps the State Scholarship Program should be reexamined before changes are made in it. (Attachment 10).

Ms. Clantha McCurdy, Director of Student Financial Aid, Kansas Board of Regents, summarized her testimony by stating that "approval of SB 381 will provide Kansas with another mechanism to potentially fight the 'braindrain' by encouraging our best young minds to attend universities and colleges in Kansas". She encouraged support for passage of the bill and, also, for the Kansas Honor Scholarship Program. (Attachment 11) Ms. McCurdy said that SB 381 establishes funding assistance for the cost of tuition and fees for a maximum of five credit hours and the bill would assure equal access to such programs, regardless of the economic background of the student's family. Ms. McCurdy pointed out that there is no fiscal note attached to the bill and said that it should not take away money from any state school applicant at this time. She answered that under the Honors Program a student can attend any post secondary school in Kansas. She also said that there would be about $11,166 available for this program this summer.

Also in support of SB 381 was the Kansas Federation of Teachers, and written testimony only in support of the bill was submitted. (Attachment 12)

The Chairman announced that the hearing on SB 381 was concluded and that the bill would be considered at a later date.

When the Chair asked for a motion on the minutes, Senator Karr moved and Senator Kerr seconded the motion to approve minutes of the Committee meetings of March 16 and March 17. The motion carried.

The Chairman adjourned the meeting.

SENATE EDUCATION COMMITTEE

TIME: 1:30 p.m. PLACE: 123-S DATE: Monday, March 21, 1988

GUEST LIST

NAME	ADDRESS	ORGANIZATION
Ed Harms	Topeka	KSNT-27 NEWS
S. Streeff	Topeka	AP
E.B. Clancy	Burlingame	interested mother
Chris Graves	Topeka	ASK
Maureen Hall	Topeka	AHA, KS
Jan Mitchel	Topeka	Amer. Lung Assoc. of Ks
Stacy Hoogstraten	Topeka	Amer. Cancer Society
Robert G. Parr	Junction City	Amer. Cancer Soc - Volunteer
Helen Stephens	Topeka	KCUSD #500
Larry Hinton	Topeka	SRS/ADAS
Jane Lewis	Topeka	Governors Office
Jim Yonally	Shawnee Mission	USD #512
Orem O. Burnett	Topeka	USD 501 #
Ken Rogg	Paola	SQE
Stanley C Grant	TOPEKA	KDHE
Anna Lindman	Hays	FHSU
Dave Pomeroy	Topeka	Kansans for Non Smokers Rights
M. Hawver	"	Capital Journal
CLANTHA McCURDY	TOPEKA	BOARD OF REGENTS
TED D. AYRES	TOPEKA	KANSAS Board of Regents
Gerald Henderson	TOPEKA	USA
Kay Coles	Topeka	K-NEA
Richard S Funk	"	KASB

SENATE EDUCATION COMMITTEE

TIME: 1:30 p.m. PLACE: 123-S DATE: Monday, March 21, 1988

GUEST LIST

NAME	ADDRESS	ORGANIZATION
Kevin Kelly	Overland Park	SUN
John Conard	Topeka	Governor
Rebecca Rice	Topeka	Smokeless Tobacco Council
Galen Davis	Topeka	Governor's Office
Jon Bray	Topeka	Life at its Best
Dick Taylor	"	"
Gary K. Hulett	Topeka	KDHE
Ron Gaches	WICHITA	Boeing

STATE OF KANSAS

ELIZABETH BAKER
REPRESENTATIVE, EIGHTY-SECOND DISTRICT
SEDGWICK COUNTY
1025 REDWOOD RD.
DERBY, KANSAS 67037

TOPEKA

HOUSE OF
REPRESENTATIVES

COMMITTEE ASSIGNMENTS
MEMBER: ECONOMIC DEVELOPMENT
ELECTIONS
JOINT COMMITTEE ON
ECONOMIC DEVELOPMENT
LOCAL GOVERNMENT

March 21, 1988

To: Senate Committee on Education

From: Representative Elizabeth Baker

Re: House Bill 2823

Objective: To prevail upon the Committee to recommend favorably this legislation prohibiting the use of tobacco products in public school buildings.

"We've come a long way baby." Paradoxical isn't it that this particular phrase is the slogan for a popular brand of cigarettes. It also accurately describes our rapidly accumulating knowledge and awareness of the inherrent destructiveness of tobacco consumption. Nicotine is our most deadly addictive drug according to The American Medical Society. All of you serving on this committee have listened to countless hours of testimony concerning this "burning" issue. Today I appear before you in request of additional legislation that would prohibit smoking in all K-12 public school buildings.

During the last few years I have become increasingly concerned over the number of young people who are using tobacco products. Among the age group 13 to 19, there are six million regular smokers. Under the age of 13, there are an estimated 100,000 smokers (1979 Surgeon General's Report). We need to aggressively seek policies that will assist us in reducing those figures.

Last year Americans smoked 595 billion cigarettes, the lowest since 1944. Strides are being made, but new evidence, linking cancer with secondary smoke inhalation, continues to surface. James Rokins, epidemiologist with the Harvard School of Public Health, for example, states that of the 12,000 lung cancer deaths in 1985 among non-smokers over 2400 were caused by environmental tobacco smoke. Involuntary smokers face grave risks, risks they should not have to. Risks they are refusing to assume.

In addition, the hypocrisy of a curriculum which teaches the ee detrimental effects of tobacco consumption and offers a designated smoking area for teachers and on occasion for students, is sending the wrong message to our children. How can we be role models when the model is riddled with inconsistencies?

The Kansas Legislature recognized the importance of protecting our youth from physically and mentally damaging influences, e.g. legislation governing drinking ages,tobacco sales to minors, etc. Moveover, the legislative responsibility is to establish sound public policy with respect to the health and safety of our citizenry. Our children are our greatest natural resource. In order to protect our youth from permanent residual disability, possible disfigurement and in some cases even death, it is essential for the Kansas Legislature to enact legislation that will announce unequivocally our recognition of the cancerous effects of tobacco consumption.

Teenagers and Smoking

Two-thirds of all smokers begin before the age of 18.

The majority of those who begin to smoke do so before becoming adults. In fact, it is rare for anyone to begin smoking after age 25.

College-bound teenagers have lower smoking rates than those who aren't planning on education past high school.

Half of all teenagers who have started to smoke say they don't intend to continue the habit, and 90% say they want to try to quit.

The overall decrease in the teenage smoking rate has not affected 17 and 18 year-old girls. Approximately one out of every four girls in that age group smokes.

Teenagers most likely to quit are those who've smoked a low number of cigarettes per day, have high educational goals, acknowledge the health risks of smoking, and have many nonsmokers among their friends. Potential quitters are also more interested in physical exercise, see themselves as more popular, and are more active in clubs and organizations than smokers.

In the 1960's about twice as many boys as girls smoked. Now, at every age level, the percentage of girls smoking is the same as or higher than that of boys.

Cigarette smoking can be both physically and psychologically addictive, making it difficult to quit.

It is estimated that every day 4,000 youths under the age of 17 initiate smoking.

In addition to the long-term negative effects of smoking — such as increased incidence of cancer, heart disease, ulcers and emphysema — smoking can cause numerous short-term negative effects including: increased heart rate and blood pressure, eye irritation, yellow stains on teeth, reduced stamina and throat irritation.

Among current smokers, younger persons and females were more likely than older persons and males to have attempted to quit and to have actually quit during the previous 12 months. Success at quitting smoking increased with the number of efforts made: about 48.5 percent of adolescents who kept trying eventually succeeded, with about half of the successes occurring after the second try.

Results of a survey reported recently by the U.S. Office on Smoking and Health suggest that offspring of smokers experience a higher prevalence and incidence of several chronic respiratory symptoms and acute respiratory illnesses and a lower lung function than unexposed offspring. (Smoking and Health Bulletin, Jan.-Feb. 1986, USDHHS)

Children from households where parents and siblings smoked tend to take up the habit more frequently than young people living in smoke-free households. The results are from a study reported in the 1986 Smoking and Health Bulletin of the U.S. Department of Health and Human Services.

Recent data indicates that among school-age children use of tobacco products is not "in." A sampling of school children in Texas indicates that more than three-fourths (76%) use no tobacco products. Regular cigarette smokers numbered 15% and users of smokeless tobacco products totaled 9%. (Archives of Otolaryngology, Vol. III, Oct. 1985)

The National Collegiate Smokeless Tobacco Survey results indicate that 12% of college students in the U.S. use smokeless tobacco products. This disturbing statistic was announced in the Spring 1986 issue of *World Smoking & Health*, published by the American Cancer Society.

Results of a recent survey done among Texas school children indicate that 55% of smokeless tobacco users started before the age of 13, and 36% of cigarette smokers began that early. (Archives of Otolaryngology, Vol. III, Oct. 1985)

Among the age group 13 to 19, there are 6 million regular smokers. Under the age of 13, there are an estimated 100,000 smokers. These statistics are from the 1979 Surgeon General's Report.

From 1968 to 1979, the percentage of females who smoke increased eightfold, according to the Surgeon General's Report.

In 1985, television star Don Johnson joined the ranks of nonsmokers. Many other celebrities popular with teenagers are outspoken nonsmokers, including Brooke Shields, Michael Jackson, Greg Louganis, Menudo and Linda Evans.

A survey of college students shows that they consider dipping or chewing tobacco a safer alternative to smoking. Smokeless tobacco is not safe. Habitual use of smokeless tobacco is linked to an increased incidence of leukoplakia, an oral condition which is pre-cancerous 5% of the time and leads to decreased senses of taste and smell and an increased incidence of dental problems, such as receding gums and tooth decay.

STATE OF KANSAS

OFFICE OF THE GOVERNOR

State Capitol
Topeka 66612-1590
(913) 296-3232

Mike Hayden *Governor*

Testimony Concerning HB2823
Presented To
The Senate Education Committee
March 21, 1988

By
Galen E. Davis
Governor's Special Assistant on Drug Abuse

Mr. Chairman, members of the committee, thank you very much for the opportunity to testify before you today in favor of House Bill 2823, which would prohibit the use of tobacco products in public schools buildings.

The use of tobacco is one of the single greatest causes of preventable disease in this country. It has been more than 20 years since the Surgeon General first announced the link between tobacco use, cancer, strokes, and heart disease. Since that time public awareness of the dangers associated with tobacco use has greatly increased. Still, 50 million Americans continue to smoke.

Sadly, tobacco use is not limited to adults. Although illegal, our youth experiment with tobacco products with more of them becoming addicted to tobacco than any other drug.

* 61% of Kansas 11th and 12th graders used tobacco in 1987
* Almost 12% of these young people use tobacco daily
* 12 1/2% of our 5th and 6th graders have experimented with tobacco
* Almost 3% of these very young students use tobacco every day
* In 1986 alone, over 1 1/4 million American children started smoking

Most young people who smoke begin in early adolescence which means they are more likely to remain a smoker throughout adulthood. University of Michigan researchers say that over time "cigarette smoking ... will take the lives of more young people than all other drugs combined." Tobacco use by youth has been identified by Dr. Robert DuPont, former Director of the National Institute on Drug Abuse, as one of three gateway drugs that lead to illicit drug use. Researchers for the Kaufman Foundation's Project Star youth drug education program found that young people who smoke tobacco are 7 times more likely to smoke marijuana.

School age children get many mixed messages about tobacco. Unfortunately many of these inconsistent messages are learned informally in our schools. On the one hand students hear of the dangers associated with tobacco use, but on the other hand they often attend schools where tobacco use is permitted. This bill would correct that inconsistency and send a strong signal to our youth that the use of tobacco threatens their health.

Good health habits begin during childhood. We have a responsibility to the youth of Kansas to take a stand on important issues that effect their health and well being. The use of tobacco products represents a major health risk for our youth and we must discourage it whenever we have the opportunity.

Several Kansas public school systems have demonstrated that a ban on tobacco products in their schools does work. This legislation will demonstrate to all Kansas citizens that our elected leaders are concerned about the health habits of our youth; that our elected leaders recognize the risks of tobacco use by youth; and that our elected leaders declare that tobacco has no place in our public schools.

Governor Hayden supports and encourages the passage of HB2823 because of its clear and consistent message of promoting health and preventing substance abuse.

Thank you for the opportunity to appear before you today.

Serving Kansas Since 1908

March 21, 1988

The Honorable Alicia L. Salisbury
State Capitol - 143-N
Topeka, Kansas 66612

Dear Senator:

Soon you will be hearing testimony on House Bill 2823 introduced by Representative Liz Baker (R) Derby. House Bill 2823 prohibits smoking on public school property by students and faculty. The American Lung Association of Kansas strongly supports this legislation.

Enclosed is some pertinent information for your review in regards to teenagers and smoking.

I hope you will support this bill and help Kansans take the lead among other states by prohibiting smoking on school property.

If I can provide further information to you, don't hesitate to contact me.

Truly,

AMERICAN LUNG ASSOCIATION OF KANSAS

Janet T. Michel
Director of Communications

mg

Enclosure

Attachment 3, 3/21/88

4300 Drury Lane/P.O. Box 4426/Topeka, Kansas 66604/(913) 272-9290

STATE LAWS RESTRICTING SMOKING ON SCHOOL PROPERTY

Summary

This compilation of state laws restricting smoking on school property was prepared by the staff of the Tobacco-Free Young America Project -- Legislative Clearinghouse. Information was obtained through a telephone survey of the state offices of the American Cancer Society, the American Heart Association, and the American Lung Association, as well as state departments of health and education.

Major findings were as follows:

1. Thirty-three states and the District of Columbia restrict smoking on school property through state legislated action. Seventeen states do not regulate smoking on school property through state law. One state, South Carolina, restricts smoking only on school buses.

2. Of those states that restrict smoking on school property, twenty and the District of Columbia, prohibit smoking by teachers and students in public areas, but permit the designation of enclosed smoking areas.

3. Eleven states prohibit smoking by students on school property, but permit the designation of enclosed smoking areas for teachers/faculty.

4. One state, Louisiana, restricts student smoking without limiting smoking by teachers and employees.

UNIFORM STATISTICS GUIDE:
CIGARETTE SMOKING

Smoking Prevalence in Adults

1. About 52,000,000 adult Americans, or 30.4 percent of the civilian, noninstitutionalized population 20 years of age and over, are current smokers. (NCHS, National Health Interview Survey, 1985)

2. About 30.4 percent of the civilian, noninstitutionalized population 20 years of age and over, were current smokers in 1985, as compared to 42.7 percent in 1965. (NCHS, National Health Interview Survey, 1965 and 1985)

3. About 26.5 percent of the civilian, noninstitutionalized population 17 years of age and over were current smokers in 1986. It was estimated that 29.5 percent of males and 23.8 percent of females aged 17 and over were current smokers in 1986. (MMWR, September 11, 1987, Vol. 36, No. 35)

4. Over 320,000 Americans died of smoking-attributable diseases in 1984. (Morbidity and Mortality Weekly Report, October 30, 1987)

5. About 40 million Americans identify themselves as former smokers. (American Cancer Society, Cancer Facts and Figures, 1987)

6. About 33.2 percent or 26,600,000 civilian, noninstitutionalized men 20 years of age and over were smokers in 1985. The number of current male smokers declined by about 16.8 percent between 1965 and 1985. (NCHS, National Health Interview Survey, 1985)

7. In 1985, the largest percentage of male smokers were in the 25-44 age group (38.2 percent). (NCHS, National Health Interview Survey, 1985)

8. A larger proportion of black men than white men were smokers in 1985. About 40.6 percent of civilian noninstitutionalized black males 20 years of age and over were smokers, as compared to 31.8 percent of white males. (NCHS, National Health Interview Survey, 1985: Health U.S., 1986)

9. Current smokers comprised about 28.3 percent, or 24,936,000, of the civilian, noninstitutionalized female population over 20 years of age in 1985. (NCHS, National Health Interview Survey, 1985)

10. About 31.2 of women between the ages 20 and 64 were smokers in 1985. (NCHS, National Health Interview Survey, 1985)

Economic Costs and Consumption

11. An estimated $53.7 billion in economic costs due to cancer and diseases of the circulatory and respiratory systems was attributed to smoking in 1984, including $23.3 billion in direct health care expenditures. (The Economic Costs of the Health Effects of Smoking, 1984, The Milbank Quarterly, Vol. 64, No. 4, 1986)

12. About 584 billion cigarettes were consumed in the United States in 1986. This translates into a per capita consumption of 3,275 cigarettes per person 18 years of age and over. (Department of Agriculture, Economic Research Service, Commodities Economic Division, 1986)

13. Current smokers 18 years of age and over consumed about a half-a-pack of cigarettes a day in 1986. (Department of Agriculture, Economic Research Service, Commodities Economic Division, 1986)

Premature Mortality

14. Current male smokers are ten times more likely to die prematurely from respiratory cancer than nonsmoking males. (The Economic Costs of the Health Effects of Smoking, 1984, The Milbank Quarterly, Vol. 64, No. 4, 1986)

15. Current female smokers are three to four times more likely to die prematurely from respiratory cancer than nonsmoking females. (The Economic Costs of the Health Effects of Smoking, 1984, The Milbank Quarterly, Vol. 64, No. 4, 1986)

16. Current male smokers are ten times more likely to die prematurely from emphysema or chronic bronchitis than nonsmoking males. (The Economic Costs of the Health Effects of Smoking, 1984, The Milbank Quarterly, Vol. 64, No. 4, 1986)

17. Current female smokers are eleven times more likely to die from emphysema or chronic bronchitis than nonsmoking females. (The Economic Costs of the Health Effects of Smoking, 1984, The Milbank Quarterly, Vol. 64, No. 4, 1986)

Smoking: High School Seniors and College Students

18. In 1986, 19 percent of high school seniors smoked cigarettes on a daily basis and 11.4 percent smoked half-a-pack or more per day. (National Institute on Drug Abuse, Drug Use Among American High School Students, College Students, and Other Young Adults, 1986, published 1987)

19. In 1986, 16.9 percent of male and 19.8 percent of female high school seniors smoked cigarettes on a daily basis. (National Institute on Drug Abuse, Drug Use Among American High School Students, College Students, and Other Young Adults, 1986, published 1987)

20. In 1986, about 11.6 percent of female and 10.7 percent of male high school seniors smoked a half-a-pack or more daily. About 5.8 percent of both males and females smoked one pack per day. (National Institute on Drug Abuse, Drug Use Among American High School Students, College Students, and Other Young Adults, 1986, published 1987)

21. An estimated 67.6 percent of high school students have tried cigarettes at some time, and 29.6 percent smoked at least once in the past month. (National Institute on Drug Abuse, Drug Use Among American High School Students, College Students, and Other Young Adults, 1986, published 1987)

22. There are more occasional smokers among females than among males. In 1986, 31 percent of females reported smoking at least once in the prior 30 days vs. only 28 percent of males. (National Institute on Drug Abuse, Drug Use Among American High School Students, College Students, and Other Young Adults, 1986, published 1987)

23. Thirty-day prevalence dropped substantially from 38 percent in the class of 1977 to 29 percent in the class of 1981. More importantly, daily cigarette use dropped over that same interval from 29 percent to 20 percent and daily use of half-a-pack a day or more from 19.4 percent to 13.5 percent between 1977 and 1981 (nearly a one-third decrease). In 1981, this decline appeared to be decelerating; in 1982 and 1983 it had clearly halted. There was a brief resumption of the earlier decline in 1984 with daily use decreasing from 21 percent to 19 percent and use of half-a-pack a day dropping from 13.8% to 12.3%. Since 1984, very little change has been seen in most of these statistics. (National Institute on Drug Abuse, Drug Use Among American High School Students, College Students, and Other Young Adults, 1986, published 1987)

24. Regular daily cigarette smoking was initiated by 13 percent of high school seniors prior to the tenth grade, and nine percent in grades ten through twelve. (National Institute on Drug Abuse, Drug Use Among High School Students, College Students, and Other Young Adults, 1985, published 1986)

25. The initiation of daily smoking is highest in junior high school among children between ages 12 to 14. About half (57 percent) of high school seniors who smoke daily began smoking by age 14. (National Institute on Drug Abuse, Drug Use Among American High School Students, College Students, and Other Young Adults, 1986, published 1987.)

26. By far the largest difference in substance use between college and non-college bound high school seniors involves cigarette smoking. In 1986, 6.4 percent of college-bound seniors smoked a half-a-pack or more daily, compared with 19.2 percent on non-college bound. (National Institute on Drug Abuse, Drug Use Among High School Students, College Students, and Other Young Adults, 1986, published 1987)

27. In 1986, 16 percent of high school seniors in the Northeast smoked a half-a-pack or more on a daily basis; 12 percent in the North Central, 10 percent in the South, and 7 percent in the West. (National Institute on Drug Abuse, Drug Use Among High School Students, College Students, and Other Young Adults, 1986, published 1987)

28. In 1986, 53 percent of high school seniors smoking half-a-pack a day or more have already tried to quit smoking and were unable to do so. (National Institute on Drug Abuse, Drug Use Among High School Students, College Students, and Other Young Adults, 1986, published 1987)

29. In 1986, about half of all high school seniors who smoke cigarettes on a daily basis indicated that they would like to quit. (National Institute on Drug Abuse, Drug Use Among High School Students, College Students, and Other Young Adults, 1986, published 1987)

30. In 1986, regular use of cigarettes (i.e., one or more packs a day) was judged by two-thirds of all seniors (66 percent) as entailing a great risk of harm to the user. (National Institute on Drug Abuse, Drug Use Among American High School Students, College Students, and Other Young Adults, 1986, published 1987)

32. A very strong relationship exists between smoking and academic performance. Of those seniors with an A average in their senior year, only 7% are current daily smokers: of those with a D average, 47% are. (National Institute on Drug Abuse, Drug Use Among American High School Students, College Students, and Other Young Adults, 1986, published 1987)

Tobacco's toll on America

An American Tragedy

A cigarette scarring America is more than a symbolic image: It is a reality. This report presents many of the tragic consequences of cigarette smoking on this nation's physical, economic and social health.

Nicotine is the addicting agent in cigarettes, and one of the most addictive drugs in use today. Cigarette smoking prematurely kills more people than heroin, cocaine and other illicit drugs, plus automobile accidents, homicide, suicide and alcohol abuse combined. In our deep concern over drug abuse, we must never forget that tobacco by far takes the greatest toll on our population.

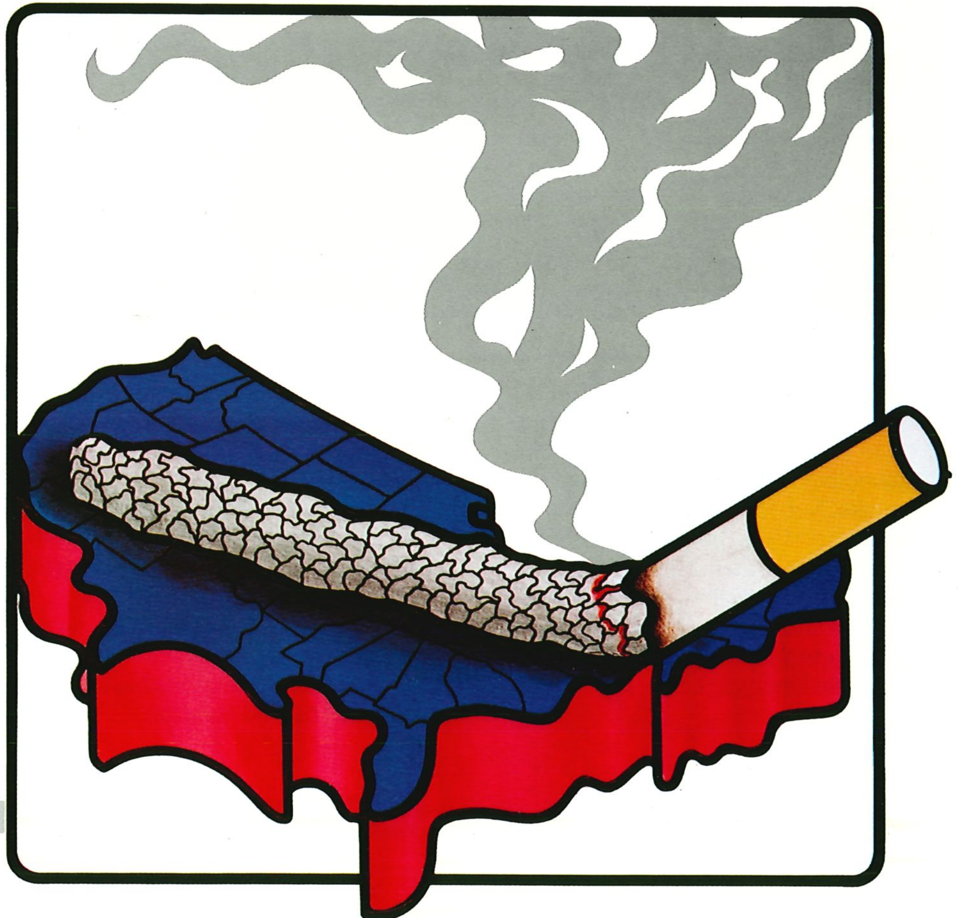
Yet the tobacco industry legally markets and promotes this cause of 90 percent of lung cancer deaths and 80-to-90 percent of deaths due to chronic obstructive pulmonary diseases, especially chronic bronchitis and emphysema. The American Lung Association calls for an end to tobacco advertising and promotion.

To replace the many thousands of smokers who die and who quit each year, the tobacco companies target new consumers among youth, women, blue-collar workers and minorities. Although cigarette companies wave a self-proclaimed "voluntary code of ethics" that restricts them from appealing to youth, we find tobacco product names linked to sports events, rock concerts, teen fashion items and other youth-oriented promotions.

ALA actively supports an increase in the federal cigarette excise tax to 32 cents a pack. Such a tax would not only help cover the economic burden tobacco places on this country—$23 billion in direct and $30 billion in indirect costs—but it has been proven to be a deterrent to smoking, especially among young people and low-income groups.

And as more and more research reveals that nonsmokers pay a physical price because of involuntary smoking, ALA's strong support of nonsmokers' rights becomes all the more meaningful and necessary.

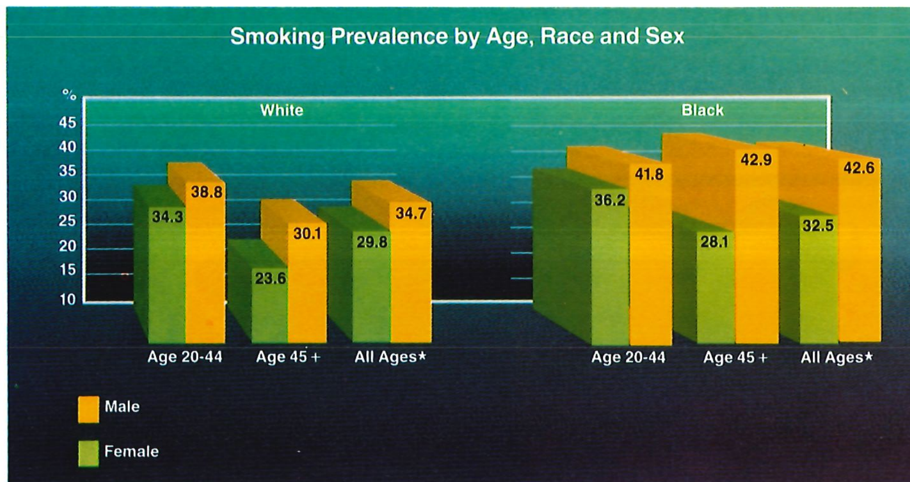
For the health of this nation, the ALA must reach the public with our messages and educational programs. Yet the American Lung Association is a David to the tobacco industry's Goliath. Although he prevailed, even David needed stones in his slingshot. If we are to continue our combat with this giant, we need funds for our ammunition: lung research, smoking prevention programs, educational campaigns on the dangers of smoking, and our legislative programs.



Tobacco's Toll on America

Tobacco. During the 17th century it was considered a magical herb. Smoked in a silver pipe, it was believed to cure toothache, banish melancholy, relieve stuffy heads.

They didn't know then that pipe smoking causes cancer of the tongue and lip.



*Age Adjusted
Source: National Center for Health Statistics, National Health Interview Survey, 1983
Graph: American Lung Association—The Christmas Seal People®

In 1603, a plague year, English schoolboys at Eton were required to smoke. Not occasionally, but every morning. It was thought that smoking would protect them from the plague. Boys who didn't smoke were whipped.

They didn't know then that smoking causes chronic bronchitis, emphysema, and lung cancer.

Smoking was also prescribed as a cure for female "hysteria." They didn't know then that pregnant women who smoke increase their risk of bearing stillborn babies.

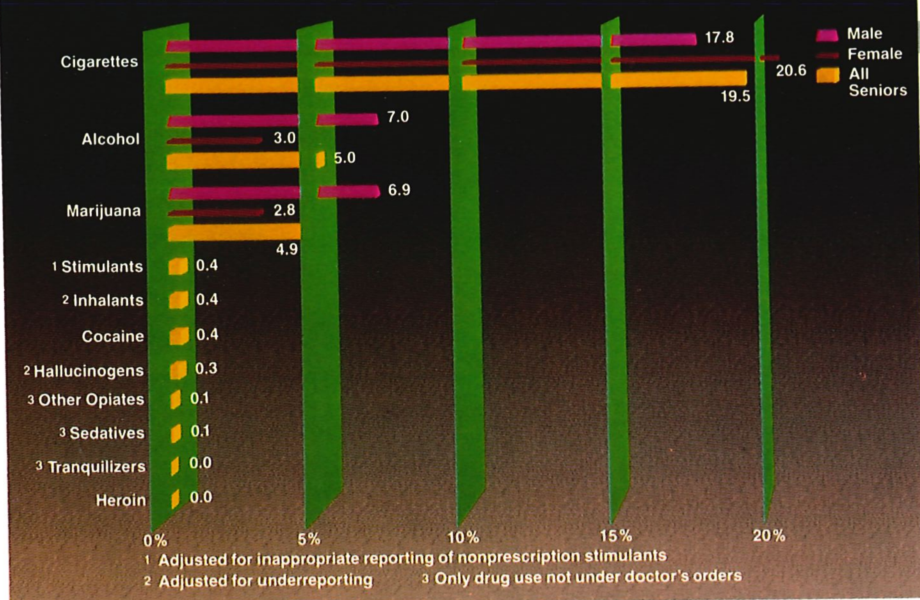
Nobody knew then that cigarettes would one day be responsible for more than 350,000 premature deaths a year in the United States. Nobody knew then that smoking kills people.

Now we know. We also know that:

- Nicotine, in the words of the American Medical Association, is "our most deadly addictive drug." It is highly toxic: A single drop of pure nicotine on the tongue can kill a person. The addictive nature of nicotine has been established beyond question.
- Smoking kills more people every year than all other drugs and alcohol combined.
- Smoking kills eight times as many Americans each year as die in motor vehicle accidents.
- Smoking kills more Americans each year than died in battle in World War II and Vietnam put together.
- Fires started by cigarettes take some 1,600 lives and cause about 4,000 injuries each year in the United States.
- Smoking destroys lung tissue. It constricts blood vessels and replaces oxygen in blood cells with carbon monoxide—a poisonous gas.

Even though well over 40,000 scientific studies have demonstrated the physical harm done by smoking tobacco, surveys tell us that many Americans still don't know about the dangers of cigarette smoking:

- Almost half of all smokers do not know that most cases of lung cancer are caused by smoking, or that the vast majority of victims struck by lung cancer die from the disease.
- Millions of smokers— between 13 and 17 percent of the 54,000,000 Americans now smoking—still don't realize that smoking is hazardous to their health.
- More than half of all Americans do not realize that cigarette smoking is addictive.

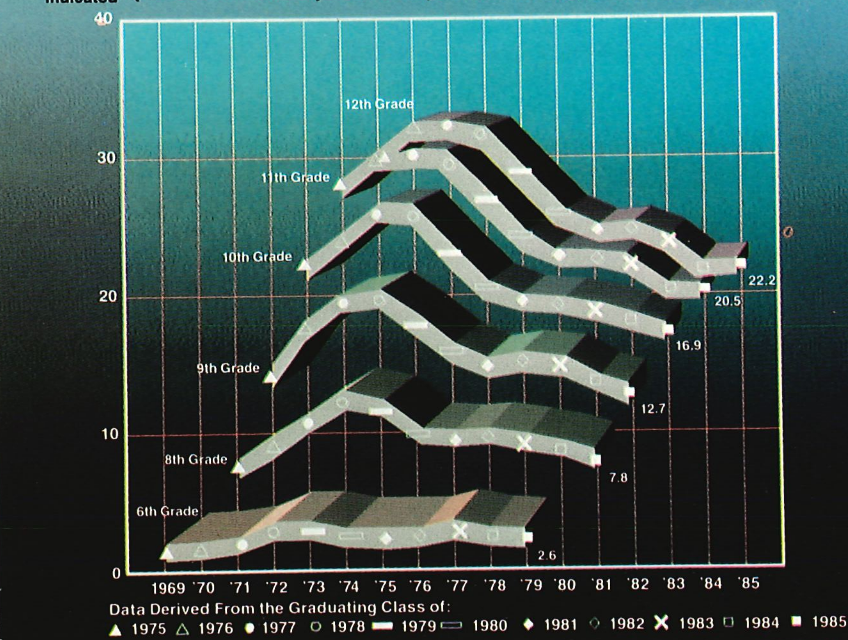


Source: National Institute on Drug Abuse, 1985 Survey of Drug Use Among American High School Students, College Students, and Other Young Adults

Graph: American Lung Association—The Christmas Seal People*

The mission of the American Lung Association is the prevention and control of all lung disease. Because an overwhelming percentage of lung disease and death simply wouldn't occur were it not for cigarette smoking, a major ongoing ALA goal is to educate the public—especially the young—to the grim toll tobacco takes on smokers and nonsmokers. And ALA provides the smoking cessation materials and programs that can free those who are chained to this devastating addiction.

- Almost one out of three people are unaware that even "light" smoking (fewer than 10 cigarettes per day) is dangerous.
- Now the public must be informed about a relatively new body of knowledge that is documenting the dangers of involuntary or passive smoking. Recent research studies and voluminous reports issued by prestigious scientific institutions and the U.S. Surgeon General are now documenting and investigating the detrimental physical effects of involuntary smoking on the nonsmoker.



Source: National Institute on Drug Abuse, 1985 Survey of Drug Use Among American High School Students, College Students, and Other Young Adults

Graph: American Lung Association—The Christmas Seal People*

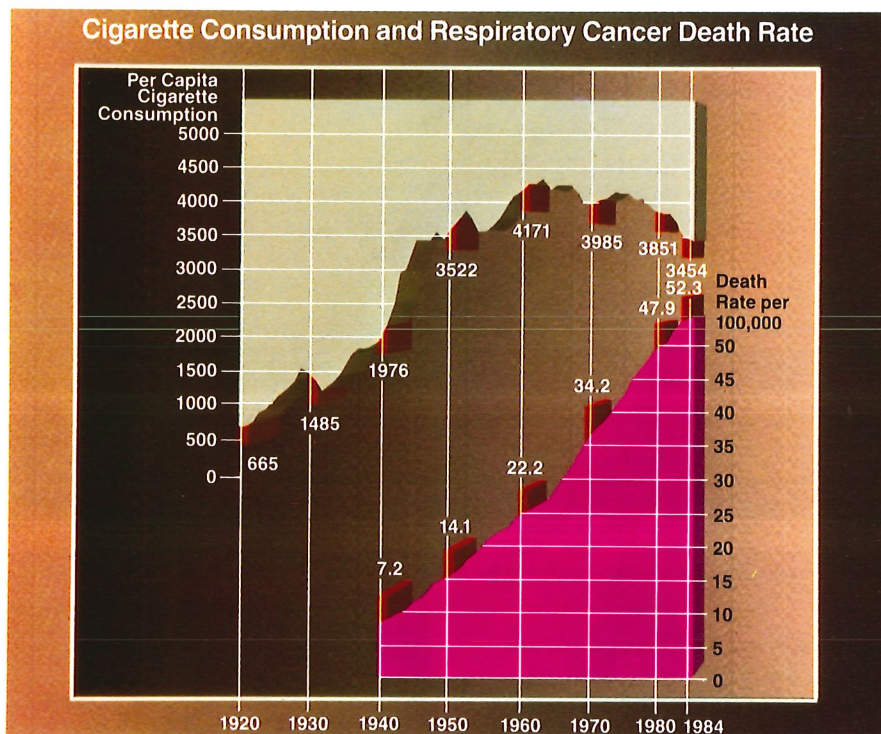
The Lethal Effects

When the American cigarette industry was born on April 30, 1884—the day the cigarette-making machine was perfected—nobody knew that cigarette smoking caused lung cancer. How could they? Lung cancer was virtually nonexistent in the United States at that time.

The picture is sharply different today. In 1986, approximately 130,000 people died of lung cancer—the leading cause of cancer death in both men and women.

The increase in cigarette smoking and the parallel rise in lung cancer is not coincidental. Apologists for the tobacco industry still profess skepticism, but the truth is plain: There is no question that cigarette smoking is the major cause of lung cancer. The evidence is overwhelming. Of every 100 cases of the disease, about 85 are caused by smoking.

When a smoker inhales, a mixture of gaseous and particulate poisons is taken into the lungs. The smoke can paralyze or destroy cilia—the tiny hairlike projections lining the bronchial tubes that normally help keep foreign particles out of the airways and lungs. Smoke can also destroy or damage alveoli—the tiny air sacs in the lungs in which carbon dioxide, the body's gaseous metabolic waste, is exchanged for life-giving oxygen. These are only two of the many destructive processes initiated by the inhalation of tobacco smoke, which includes such noxious components as nicotine, tar, carbon monoxide, arsenic, insecticide residues, cyanide and sulphur.



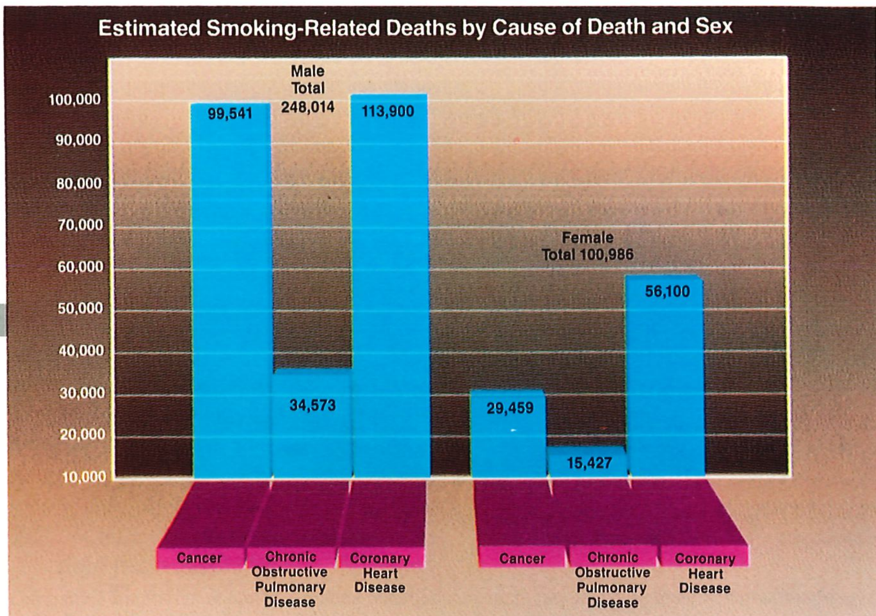
Sources: National Center for Health Statistics, Final Mortality Statistics, 1940-1984; U.S. Department of Agriculture, Economic Research Service, 1985 (per capita cigarette consumption data includes individuals 18 years and older, and overseas forces, 1940 to date)

Note: Correlation calculations show a statistically significant relationship between respiratory cancer and per capita cigarette consumption and support the view that there is a 20-year lag relationship between smoking and respiratory cancer mortality.

Graph: American Lung Association—The Christmas Seal People®

It should be no surprise, then, that in addition to lung cancer, smoking is also the major cause of chronic obstructive pulmonary disease (COPD)—primarily chronic bronchitis and emphysema—and is responsible for 80-to-90 percent of the almost 70,000 deaths a year due to COPD. As early as 1964, cigarette smoking was recognized as the major cause of chronic bronchitis. The risk of heavy smokers incurring chronic bronchitis and emphysema is as much as 30 times greater than for nonsmokers.

Smoking not only ravages the lungs, it plays havoc on the heart—30-to-40 percent of cardiovascular disease deaths are attributed to cigarette smoking. It also can aggravate circulatory diseases of the arms and



Sources: Attributable risk estimates for cancer by Doll and Peto, 1981; for other diseases, by Rice, Hodgson, et al., *The Milbank Quarterly*, Vol. 64, No.4, 1986

Graph: American Lung Association—The Christmas Seal People®

legs to the point where amputation is required.

Will it be a boy or a girl? A pregnant woman's most heartfelt response is likely to be, "I don't care, as long as it's healthy." But babies born to women who smoke are less likely to be healthy. A pregnant woman who smokes has an increased risk of miscarriage or stillbirth and a greater chance of having a low-birthweight infant.

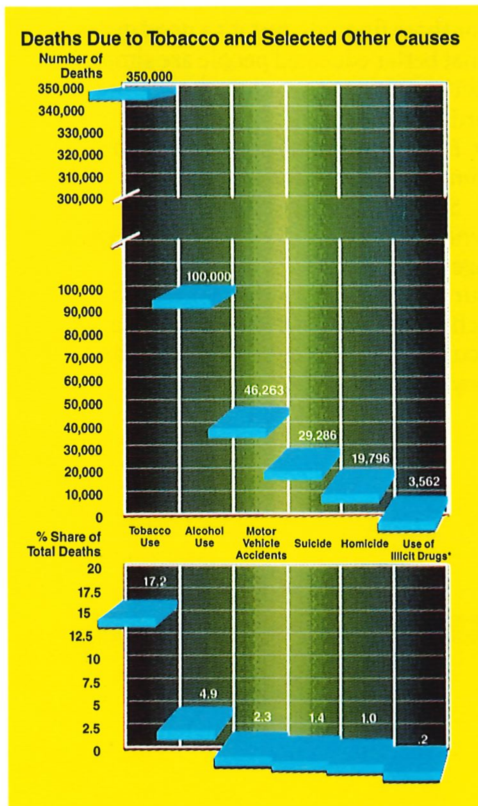
So it's not only smokers themselves who suffer: Infants feel the effects as well. Children do, too. Investigators have found repeatedly that the children of parents who smoke are sick more often; they have more colds and much higher rates of bronchitis and pneumonia. And cigarette smoke can have an adverse effect on children with asthma and can precipitate bronchial spasms.

Involuntary smoking—breathing the smoke produced by others' cigarettes—affects spouses as well. Several studies have suggested that nonsmoking wives who live with heavy smokers were twice as likely to die of lung cancer as were the wives of men who didn't smoke. And a recent U.S. study showed that such nonsmoking wives were also three times more likely to suffer heart attacks.

The only way to avoid smoking-related diseases is to eliminate tobacco smoke. To help people quit smoking, the American Lung Association—with its medical section, the American Thoracic Society—has developed several multifaceted smoking cessation programs and approaches. These include "Freedom From Smoking® in 20 Days," a self-help, step-by-step manual for kicking the habit; "A Lifetime of Freedom From Smoking®," a maintenance manual for ex-smokers; a seven-session Freedom From Smoking® clinic for groups; and "In Control®: A Video Freedom From Smoking® Program," which can be used by individuals or in groups.

There is also ALA's Smoking and Pregnancy program for expectant mothers and their health care providers. This educational program reaches out to pregnant women who smoke during a time when they are most apt to listen to the no-smoking health message. A new self-help manual, "Freedom From Smoking® for You and Your Baby," complements the program by providing a 10-day plan for smoking cessation and by carrying a strong message to stay off cigarettes after the baby is born.

But there are still the millions upon millions who right now are suffering from smoking-related lung diseases or who will be struck by them in the near or far future. There are no cures for chronic bronchitis, emphysema or lung cancer. Only research can someday attain these medical miracles. The ALA energetically supports and campaigns for lung research while functioning as the world's foremost disseminator of lung research to the scientific community.



*Estimate based on 75 medical examiners reporting from 26 metropolitan areas in 1985

Sources: National Center for Health Statistics, Advance Report of Final Yearly Mortality Statistics, 1984; U.S. Department of Health and Human Services, Office on Smoking and Health; National Institute on Alcohol Abuse and Alcoholism; National Institute on Drug Abuse

Graph: American Lung Association—The Christmas Seal People®

Who Smokes?

Eighty million packs of cigarettes will be sold today. Who's buying them? The demographics of smoking are revealing. Some of the numbers are heartening; many are cause for concern.

Here's what we know:

The 54,000,000 American adults who smoke constitute nearly a third (31 percent) of the population. Thirty-three percent of adult men are smokers—but that figure is down from 52 percent in 1964. Among adult women, 28 percent now smoke. That figure, too, is down—from 34.2 percent in 1964—but the decline is clearly less dramatic for women. Nearly 20 percent of American high school seniors smoke, while 15 percent of youths age 12 to 17 have picked up the habit.

The good news: More than 41 million Americans are former smokers, and one out of three smokers attempts to give up the habit every year. The bad news: Many people—mostly teenagers—start smoking every year. Two thirds of adult smokers took up the habit during their adolescence.

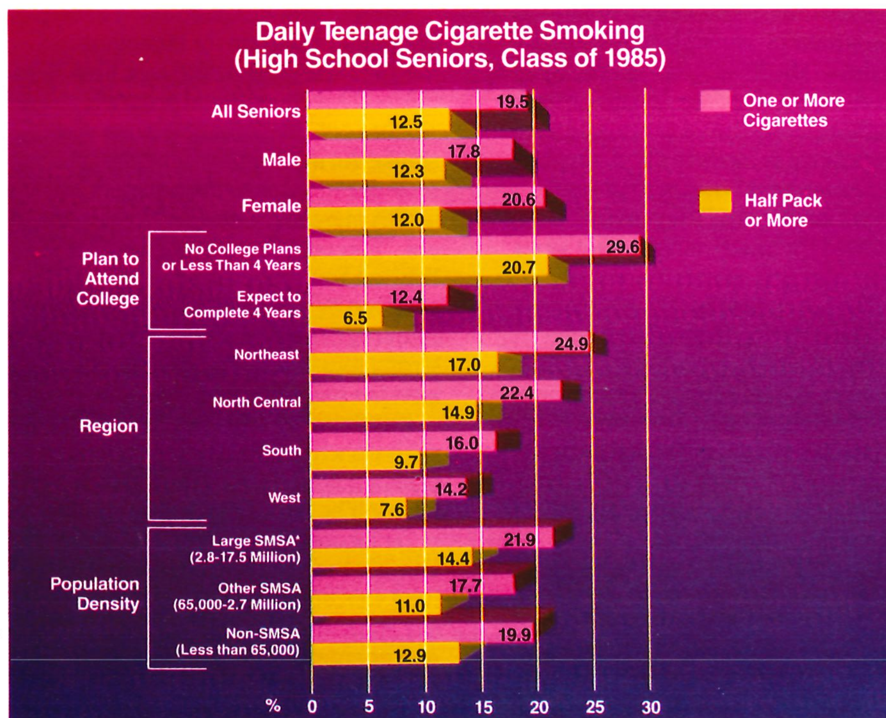
- ***If You're Smart, You Won't Smoke.***

The better educated people are, the less likely they are to smoke. Those with a graduate degree, for instance, smoke less than those with a baccalaureate, who in turn smoke less than those who graduated from high school. And high school graduates are less likely to be smokers than high school dropouts. In general, adolescent smokers have poorer grades than their nonsmoking peers. They're also more likely to hold part-time jobs while in school, to come from single-parent and lower-income families; and they're less likely to go on to college.

Surveys don't explain the reasons for those findings, but it's a good guess that better educated people are simply better informed about the health hazards of smoking.

- ***If You're a Female Teenager Who Smokes, Your Number's Up.***

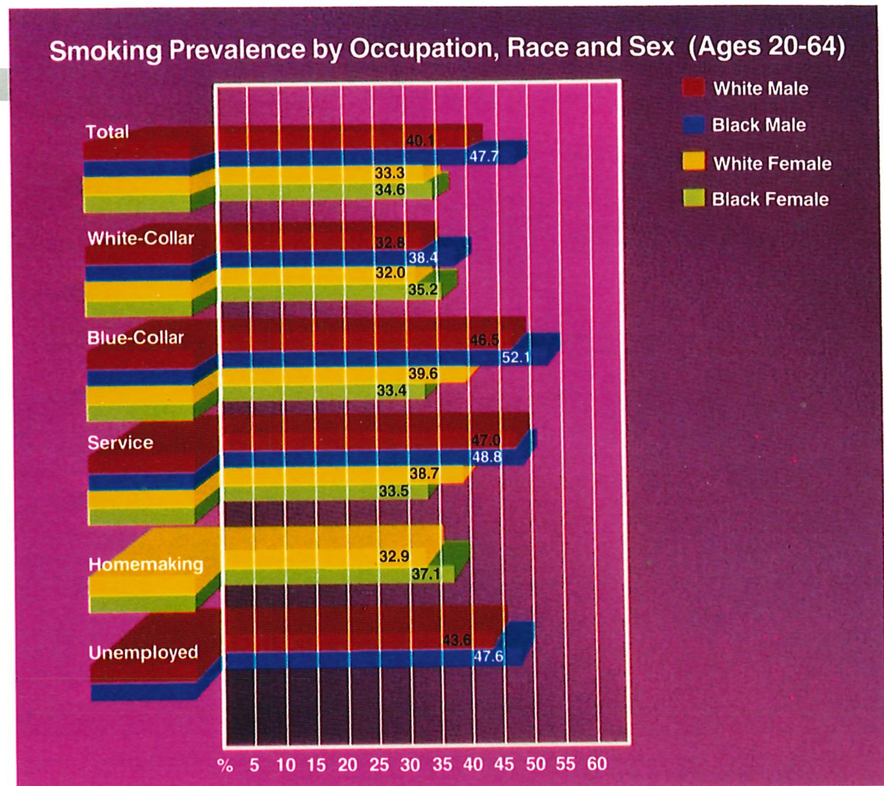
Smoking has generally declined since the mid-1960s—except for teenage girls. Since 1976, teenage girls surveyed in their senior year of high school have smoked at a higher rate (currently 20.6 percent) than senior boys (17.8 percent).



*Standard Metropolitan Statistical Area, reflecting a metropolitan area and its adjacent communities

Source: National Institute on Drug Abuse, 1985 Survey of Drug Use Among American High School Students, College Students, and Other Young Adults

Graph: American Lung Association—The Christmas Seal People®



Source: **National Center for Health Statistics, National Health Interview Surveys, 1978-1980 (combined); Report of the U.S. Surgeon General on the Health Consequences of Smoking, 1985**

Graph: American Lung Association—The Christmas Seal People®

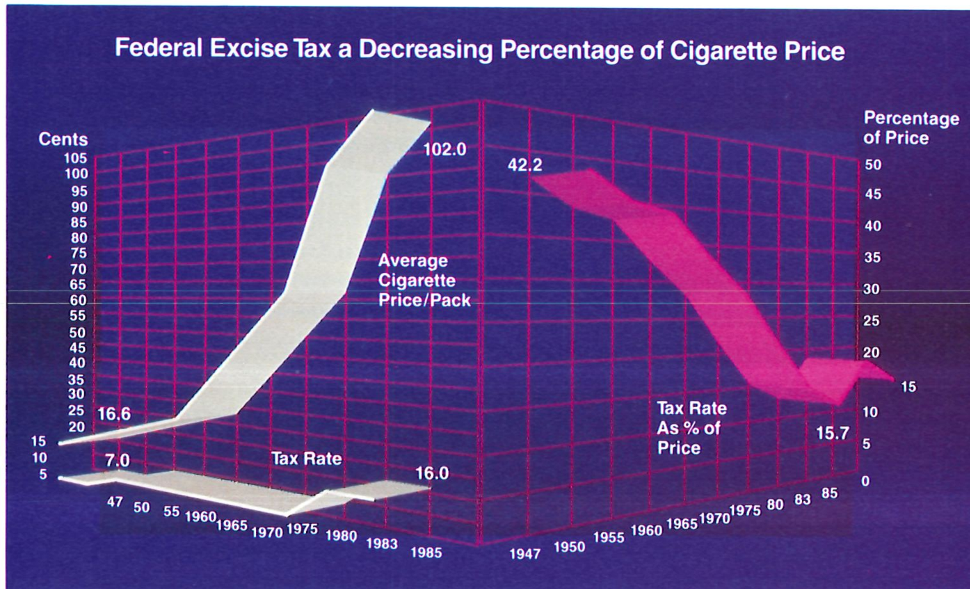
- ***What Color Is Your Collar?***
  If you're a white-collar worker, you are less likely to smoke (36 percent) than those in blue-collar occupations (47 percent). Working women are somewhat more likely than housewives to be smokers.
- ***Old Enough to Know Better.***
  You're less likely to smoke if you're over 65. Among men, smoking rates are highest for those age 35 to 54; among women, the highest rates occur in the 20-to-24 and 35-to-44 age groups.
- ***Does Race Matter?***
  Blacks have a higher rate of smoking than whites—and they also have the highest rates of lung cancer and heart disease of any population group. About 39.1 percent of black men smoke, compared to 32 percent of all men in the country.

Black women, too, have higher rates of smoking than their white female counterparts: Among young black women age 20 to 44, the percentage who smoke is 36.2 as compared to the 34.3 percent of white women in the same age range who are smokers. At age 45 and over, the percentage is 28.1 for black women versus 23.6 percent for white women.

Of course, there are tobacco print and billboard advertising campaigns specifically targeted to appeal to blacks.

We know that smokers start young, and that the family environment and parental modeling play a key role in the decision to smoke or not. That's why so many ALA programs and efforts are aimed at educating the family and, especially, young people. Our goal and top priority is a smoke-free society; it begins with a smoke-free family.

What It Costs Us



Sources: Harvard University, Institute for the Study of Smoking Behavior and Policy; U.S. Department of Agriculture; *Economic Report of the President*, 1985

Graph: American Lung Association—The Christmas Seal People®

Any smoker knows that the habit isn't cheap. At $1.20 a pack, the annual price tag can run $400 to $1,000 a year or more—not counting lighters, let alone the shirts and ties, skirts and dresses, and furniture and carpets ruined by cigarette burns.

Most smokers shrug off these costs as relative peanuts. Indeed they are, compared to the other costs of smoking—in health care and lost productivity. According to one estimate, those costs amount to $54 billion: $30.4 billion per year in lost work and productivity and $23.3 billion in medical costs. In 1984, the American Thoracic Society (ATS) stated that a middle-aged man who smokes heavily will lose $34,000 during his lifetime because of extra medical bills and lost income. And don't forget the cost of fires: In 1984, Americans lost property valued at $410 million in fires caused by smoking.

It's not only the smoker who loses. Nonsmokers, in fact, shoulder much of the health cost burden by paying higher health insurance premiums and higher taxes, which fund such programs as Medicare and Medicaid and disability benefits.

Smokers should pay more of those costs. One way to get them to do that is to increase the excise tax on cigarettes—currently 16 cents a pack. If this tax truly reflected the economic costs of smoking to the American public, it would run at least $2.00 a pack.

But there's a far more important benefit of the tax than the dollar aspect: Studies indicate that higher excise taxes can help save lives by discouraging hundreds of thousands of young people from starting to smoke—and inducing some established smokers to quit.

The ALA/ATS Government Relations Office in Washington, D.C., unflaggingly works to bring the case for higher cigarette excise taxes—as well as other lung health-related measures—before the federal legislative and executive branches.

The cigarette excise tax is also a major priority of the Coalition on Smoking OR Health, which unites the American Lung Association, American Cancer Society and American Heart Association into an influential Washington force to battle the tobacco industry power.

Excise taxes are only one way to help achieve a "smoke-free society"—the

Surgeon General's goal for the year 2000. Other efforts have been aimed at prohibiting or restricting smoking in public buildings and in places where people work, including military establishments. A 1985 Gallup survey commissioned by ALA found that 87 percent of those polled favored a ban on smoking at work, or separate smoking and no-smoking areas. (Ninety-two percent of nonsmokers and even 80 percent of smokers agreed.) At this writing, 40 states and the District of Columbia now have laws limiting smoking in public places, and a growing number of states, counties and towns have laws governing smoking in workplaces.

American industry is responding with no-smoking policies as well. Hundreds of companies and agencies have adopted policies that regulate or restrict smoking on the job. Many are entirely smoke-free; some companies simply refuse to hire smokers.

Those company policies restricting smoking may reflect a concern for the bottom line: Bosses know that employees who smoke cost them money in lost productivity, more absences from work and higher insurance premiums. In other cases, such policies reflect management's fear of losing key people to premature death or disability. In more and more companies, too, nonsmokers are objecting to being forced to breathe secondhand smoke, and smoke-free environments are increasingly becoming a workplace morale-builder.

So that employees can do their jobs without suffering from involuntary smoking—and to help those workers who want to be free of their smoking addiction—the ALA has developed a multifaceted Freedom From Smoking® At Work program for use in business and industry. And as a result of the ALA's and local Lung Associations' vigorous efforts in city, state and national legislative arenas, *The New York Times* called the American Lung Association the "champion of nonsmokers' rights."

Economic Costs of Smoking for All Diseases Attributed to Smoking*
(1984 Estimates, in Millions)

Age and Sex	Total Costs	Direct Health Care Expenditures	Indirect Costs: Morbidity	Indirect Costs: Mortality
Male				
Under 65	$29,060	$7,899	$6,220	$14,941
65 and Over	7,434	5,477	281	1,676
Female				
Under 65	11,180	4,973	2,715	3,492
65 and Over	6,037	4,989	70	978
Total	$53,711	$23,338	$9,286	$21,087

*Includes cancer and diseases of the respiratory and circulatory systems
Source: Rice, Hodgson, et al., *The Milbank Quarterly*, Vol. 64, No. 4, 1986
Graph: American Lung Association—The Christmas Seal People®

The Tobacco Smoke Screen

The words in this Surgeon General's warning—one of four required to be printed on cigarette packs and in ads—leave no room for doubt: "Smoking causes lung cancer, heart disease, emphysema, and may complicate pregnancy."

The phrasing is unequivocal, but you won't hear tobacco industry spokesmen admit that smoking can kill you. "We question the statistical correlation between cigarettes and diseases," says one lobbyist. That posture is typical of the industry, which continues to pretend that, shucks, tobacco isn't all that bad for you.

They now know better than that. They know that approximately 41 million Americans have quit smoking; that antismoking forces are more vocal and effective than ever; that per capita cigarette consumption is flat or declining.

These are key reasons for tobacco companies to diversify—notably by buying such giant consumer goods companies as General Foods, Nabisco and Del Monte. Such acquisitions only add more weight to the tobacco-controlled advertising clout already wielded over America's media. Even before these massive business acquisitions, too many newspapers and magazines kept antismoking health stories to a bare minimum, rather than jeopardize millions of dollars worth of cigarette ads.

The tobacco industry knows how to blow smoke. Its stratagems:

- *Cry "Free Speech!"*

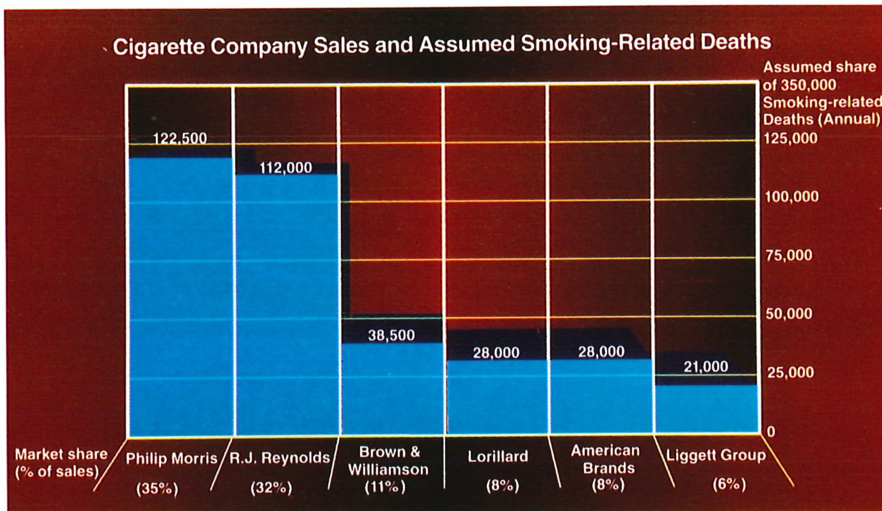
The tobacco lobby raises the flag of the First Amendment to justify its advertising and promotion under the guise of "free speech." A recent U.S. Supreme Court decision, however, indicates that it is constitutional to ban or restrict advertising of even a legal product if it is considered detrimental.

- *Appeal to Women and Teenagers.*

In the six years after Virginia Slims were first marketed to young women, the percentage of 12-to-18-year-old girls who smoked nearly doubled—from 8.4 percent to 15.3 percent. "You've come a long way, baby"—in the wrong direction.

- *Look Respectable.*

That's not easy when you're selling a lethal product. One way the tobacco industry does it is by producing expensive promotions and cultural events in concert with museums and other



Sources: The Maxwell Report; National Center for Health Statistics, *Health, United States*, 1984

Note: This chart illustrates the division of responsibility that would be assigned if a court decision were to hold cigarette manufacturers liable for deaths caused by their products and based liability on market share. Deaths per manufacturer based on the assumption that number of deaths is solely a reflection of market share. These assumptions do not take into account potential differences among cigarette brands.

Graph: American Lung Association—The Christmas Seal People®

highly respectable organizations—linkages that do an extremely cost-effective job of polishing a cigarette company's image.

- ***Spend a Billion or Two.***

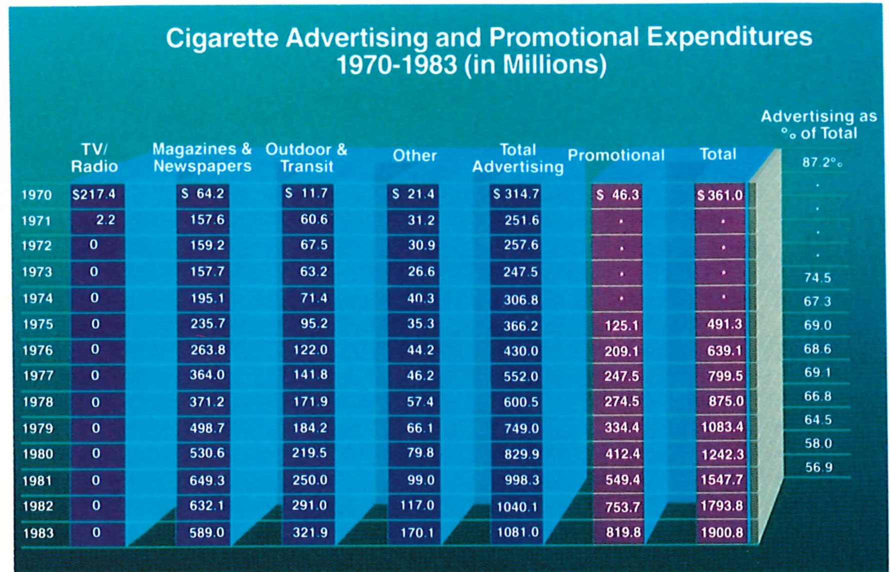
Cigarettes are the most heavily marketed consumer product in America: The tobacco industry spent over $2 billion on cigarette advertising and promotion in 1984. Savvy tobacco marketers know how to spend it, too—not only on print advertising and billboards, but on events with high visibility, big crowds and throngs of young people: rock concerts, automobile and horse racing, athletic events. They not only sponsor such events, but find them ideal for a promotional technique called sampling—the giving away of free packets of cigarettes and tobacco.

Is sampling effective? It must be. One study showed that from 1970 to 1983, there was a tenfold increase in the amount cigarette companies spent on sampling promotions. They've also stepped up other kinds of promotion, including point-of-purchase displays and coupon rebates.

- ***Run, Don't Walk, to Capitol Hill.***

Through political action committees (PACs), the tobacco industry also contributes campaign funds to dozens of congressmen (more than 200, in fact, during the election campaigns of 1981 and 1982). During 1984 and 1985, the Philip Morris PAC alone contributed nearly $500,000 to congressmen of both parties. Would those contributions help keep alive the federally funded tobacco price support program? The answer is obvious.

The tobacco industry can well afford to mount such extravagantly expensive advertising, promotional, political, and business-acquisition campaigns. An estimated $30.7 billion in cigarette sales flow into the tobacco industry coffers each year. Balanced against the tobacco industry's massive financial assets are the millions of lives and billions of dollars in medical care and productivity lost since the first cigarette was rolled. This debit side will continue to erode the physical and economic health of our nation as long as tobacco takes its tragic toll on America.



Cigarette Advertising and Promotional Expenditures 1970-1983 (in Millions)

	TV/ Radio	Magazines & Newspapers	Outdoor & Transit	Other	Total Advertising	Promotional	Total	Advertising as % of Total
1970	$217.4	$ 64.2	$ 11.7	$ 21.4	$ 314.7	$ 46.3	$ 361.0	87.2%
1971	2.2	157.6	60.6	31.2	251.6	*	*	*
1972	0	159.2	67.5	30.9	257.6	*	*	*
1973	0	157.7	63.2	26.6	247.5	*	*	*
1974	0	195.1	71.4	40.3	306.8	*	*	*
1975	0	235.7	95.2	35.3	366.2	125.1	491.3	74.5
1976	0	263.8	122.0	44.2	430.0	209.1	639.1	67.3
1977	0	364.0	141.8	46.2	552.0	247.5	799.5	69.0
1978	0	371.2	171.9	57.4	600.5	274.5	875.0	68.6
1979	0	498.7	184.2	66.1	749.0	334.4	1083.4	69.1
1980	0	530.6	219.5	79.8	829.9	412.4	1242.3	66.8
1981	0	649.3	250.0	99.0	998.3	549.4	1547.7	64.5
1982	0	632.1	291.0	117.0	1040.1	753.7	1793.8	58.0
1983	0	589.0	321.9	170.1	1081.0	819.8	1900.8	56.9

*Not Available

Source: Federal Trade Commission, *Report to Congress*, June 1985, as revised December 1985

Graph: American Lung Association—The Christmas Seal People®

Associations Affiliated with American Lung Association
as of April 1, 1987

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Birmingham, AL 35255
(205) 933-8821

ALA of Southwest Alabama
P.O. Box 1483
Mobile, AL 36633
(205) 433-1849

ALASKA
ALA of Alaska
P.O. Box 103056
Anchorage, AK 99510-3056
(907) 276-LUNG

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(602) 258-7505

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Little Rock, AR 72203
(501) 374-3726

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(415) 638-LUNG

ALA of Alameda County
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Oakland, CA 94612-3894
(415) 893-5474

ALA of Central California
P.O. Box 11187
Fresno, CA 93772-1187
(209) 266-LUNG

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105 Astrid Dr.
Pleasant Hill, CA 94523-4303
(415) 935-0472

Long Beach Lung Assn.
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Long Beach, CA 90813-3098
(213) 436-9873

ALA of Los Angeles County
P.O. Box 36926
Los Angeles, CA 90036-0926
(213) 935-LUNG

ALA of Monterey, Santa Cruz & San Luis Obispo Counties
140 Central Ave.
Salinas, CA 93901-2651
(408) 757-LUNG

ALA of Orange County
1717 N. Broadway
Santa Ana, CA 92706-2675
(714) 835-LUNG

Pasadena Lung Assn.
650 Sierra Madre Villa Ave. #304
Pasadena, CA 91107-2013
(818) 793-4148

ALA of the Redwood Empire
P.O. Box 1482
Santa Rosa, CA 95402-1482
(707) 527-LUNG

ALA of Riverside County
P.O. Box 2400
Riverside, CA 92516-2400
(714) 682-LUNG

ALA of Sacramento-Emigrant Trails
909 12th St.
Sacramento, CA 95814-2997
(916) 444-LUNG or
(916) 444-5900

ALA of San Bernardino, Inyo & Mono Counties
371 W. 14th St.
San Bernardino, CA 92405-4807
(714) 884-LUNG

CALIFORNIA (continued)
ALA of San Diego & Imperial Counties
P.O. Box 3879
San Diego, CA 92103-0282
(619) 297-3901

ALA of San Francisco
562 Mission St., Ste. 203
San Francisco, CA 94105-2910
(415) 543-4410

ALA of San Mateo County
2250 Palm Ave.
San Mateo, CA 94403-1860
(415) 349-1111 or
(415) 349-1600

ALA of Santa Barbara County
1510 San Andres St.
Santa Barbara, CA 93101-4104
(805) 963-1426

ALA of Santa Clara-San Benito Counties
1469 Park Ave.
San Jose, CA 95126-2530
(408) 998-LUNG

ALA of Superior California
2732 Cohasset Rd. #A
Chico, CA 95926-0977
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The American Lung Association—the Christmas Seal People®—is the oldest nationwide voluntary health agency in the United States. Originally founded in 1904 to combat tuberculosis, today the Association, its 138 affiliated Associations throughout the country and its medical section, the American Thoracic Society, are dedicated to the control and prevention of all lung diseases and some of their related causes, including smoking, air pollution and occupational lung hazards. ALA's public health education and research programs are supported by donations to Christmas Seals® and by other voluntary contributions.

Art Direction & Design: Lew Miller Graphic Design/Charts: Cadmium Communications, Inc.

Produced by the ALA Communications Division

0451

6/87

California Ends Student Smoking: No Problems Encountered

In the closing days of its 1986 session, the California legislature enacted a bill to shut down smoking areas in all of the state's public schools. The action was in response to a groundswell of public support to closing these areas, in which any 14 year old could openly smoke, without parental or teacher approval.

The groundswell was partially sparked by STAT's Position Paper on School-Sponsored Smoking Areas (Tobacco and Youth Reporter, Vol. 1 No. 1). It was brilliantly orchestrated by Carla Lowe and Bobbi Zotter. Their efforts will be the subject of an article in the next issue of the Reporter.

Checks at schools around the state show that there have been minimal difficulties in implementing and enforcing the new rule. Many schools have engaged students who smoke in a dialogue to better understand the psychological roots of their addiciton, and to help them break it. Some schools have used outside experts to help shore up the often inadequate tobacco component of their health education programs.

It is still too early to tell if the elimination of student smoking areas will reduce youth smoking. There is reason to be optimistic. When California schools were first allowed to establish student smoking areas in 1979, there followed an 18 percent increase in teenage smoking over the succeeding four years, according to a major study by the state health department. There is reason to believe that the process can be quickly reversed.

TOBACCO & YOUTH REPORTER
Volume 2 - Number 1
Summer 1987

Students Against Public Smoking Gains Ground in Southern Cal

A group of southern California children named "Students Against Public Smoking" has organized to outlaw smoking in public places. The group made a presentation to the Los Angeles City Council, and has embarked upon a public education program. Many of the members have had relatives die of cigarette-induced diseases, and all are bothered by having to breath the smoke from other people's cigarettes when they are in restaurants, airports, and other public places.

Toblacko Belt Fights Malice In Wonderland

Arthur L. Hoffman has developd a program to engage students in education about the hazards of tobacco. Entitled "A Toblacko Belt in Karate," these skits help young people understand the evil promotions of Malice in Wonderland, a.k.a. the tobacco companies. For further information, write to Health Promotions Specialties, 501 Laguna SW, Albuquerque, NM 87104.

A California tour is being planned for the fall of 1987. To receive further information, write to STAT.

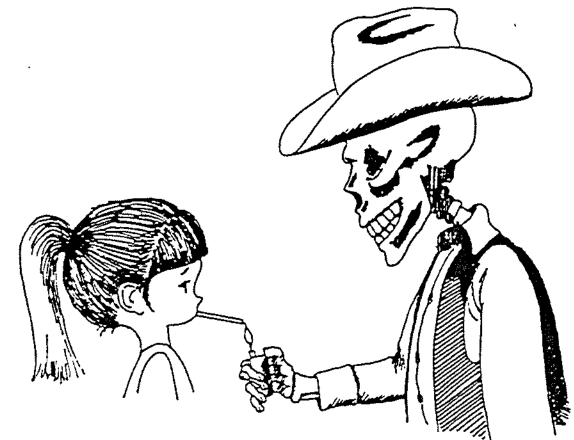
Free My Daughter From Tobacco Slavery

"Smoking is a form of self-battering that also batters those who must sit by, occasionally cajole or complain, and helplessly watch. I realize now that as a child I sat by, through the years, and literally watched my father kill himself; surely one such victory in my family, for the rich white men who own the tobacco companies, is enough."

Alice Walker, Author of The Color Purple from "Slavery on Tobacco Road," In These Times, March 11-17, 1987

"Smoking and Health Reporter" Gets New Name, Youth Focus

The Smoking and Health Reporter, recently gained sponsorship from the American Cancer Society, the American Heart Association, and the American Lung Association, and has been renamed the Tobacco-Free Young America Reporter.



UNIFIED SCHOOL DISTRICT # 464

TONGANOXIE, KANSAS

NON-SMOKING POLICY

Presented by Phil Lobb
February 18, 1988

3/21/88

GBK/BBFB/JFCG

SMOKING ON SCHOOL PREMISES BY STAFF MEMBERS

It is the policy of Tonganoxie Unified School District No. 464 that neither Board members nor staff nor students shall use tobacco on school premises. However, it is recognized that non-employed patrons and visitors may wish to smoke on school grounds outside of the school buildings, while attending school events.

This policy recognizes the Board's and staff's responsibilities to model desirable health habits while in the presence of students.

Source: KSA 21-4008

Approved: September 10, 1979

Tonganoxie U.S.D. # 464 adopted a non-smoking policy for the entire district in September of 1979. As the result of the implementation of this policy the following positive effects have been realized:

a. Cleaner air - no secondary smoke for non-smokers to breathe.
b. Peer pressure diminished--younger ones don't see the need to start smoking if they don't see older ones smoking.
c. Discipline problems relating to smoking were almost entirely stopped. Discipline for tobacco possession or use is consistent for all students--suspensions are assigned. The number of tobacco related suspensions are as follows:

1980-81	16
1981-82	15
1982-83	9
1983-84	5
1984-85	3
1985-86	2

d. Since this policy affects both students and staff it is easier to accept and to enforce.
   When the policy was proposed 17 employees signed a petition against it, but no employees resigned nor were there other repercussions because of its implementation. There were some complaints from patrons who attend ball games, but these were few and did not last long when they were able to enjoy smoke-free corridors and concession area.
e. Feel that to some degree this has helped curb the progression from cigarette smoking to the using of marijuana.

QUOTES FROM STUDENTS/TEACHERS

"I agree with the non-smoking policy. If others wish to smoke that is fine, but not while other non-smokers are present. I feel school is a place for education. If smoking were permitted, than the environment would not flow smoothly. I think it is a wise idea for the teachers and faculty to follow these rules. Cigarette smoke is annoying. There seems to be only a handful of smokers, and none have complained. The policy is working and is protecting the rights of non-smokers. I'm glad we have this policy."

--Melissa Orr,
student

"I am a smoker. I have smoked for five years now. Although I am a smoker, I feel that smoking shouldn't be permitted in school. Smoking shouldn't be permitted for a lot of reasons, but the main reasons are that it is bad for your health and it causes many diseases. It should also not be permitted because if it is then they're encouraging school students to smoke."

--Alaina Beach,
student

QUOTES FROM STUDENTS/TEACHERS
(Cont'd.)

"I have been a member of the faculty of Tonganoxie High School for 14 years; part of which was prior to the implementation of the no-smoking policy. During the years before we had the policy in effect, a large percentage of teachers' time was spent checking restrooms, etc., and disciplining offending students. Since then, occurrences have been almost non-existent. For the most part, students have not questioned the policy, and do not consider smoking an activity that takes place in school. The fact that adults are not allowed to smoke in the building at any time also has helped the students' attitude toward the policy.

As the student council sponsor, I work closely with students and organizations, and as far as I can tell, the large majority of students are very satisfied with the policy."

--Phil Williams,
teacher

"While I am a smoker, I believe our school's non-smoking policy to be a valid one for several reasons. First, if students, who are of legal age are not permitted to smoke, neither should the faculty. Also, cigarette smoke stinks, and the butts make a mess. Finally, non-smokers should have the right to breathe air uncontaminated by cigarette smoke."

--Carl Lingenfelser,
student

"Because of my high school's no smoking policy, I feel that the number of high school smokers has been kept relatively low. Since no smoking is allowed in the building by students the pressure given by other peers to smoke is non-existent. Also, cigarette smoke is very distracting. Students would most likely disrupt class by leaving to smoke then return with the annoying smell of cigarette smoke surrounding them. It is also good that the faculty is not allowed to smoke because adults are to lead and teach by example."

--Elizabeth Scott,
student

"As a smoker I can see the benefits of our non-smoking policy at Tonganoxie. If presents a more positive environment for our staff and students.

I had a problem at first, but have adjusted to it with very little discomfort. I also believe it cuts down on tardies and discipline problems at our school.

Even though I happen to smoke I sincerely think all schools should remove smoking for all staff and students on school grounds."

--Greg Gorman,
teacher

QUOTES FROM STUDENTS/TEACHERS
(Cont'd.)

"The non-smoking policy is very effective because the people who don't smoke don't have to worry about inhaling smoke that they don't want or need to breathe into their lungs. The policy is also effective because there are people who are allergic or have bad reactions to the smoke, such as sneezing and breaking out in hives. Another reason for this policy is that it is a public place and smokers would be infringing on non-smokers' rights to breathe clean and fresh air. This is good for our high school because we have many visitors go through our school and see the cleanliness of it. If we didn't have this policy it would hurt the student's health. It would really hurt athletes that use the gymnasium because it would build up in there. It would kill our fans who come to see volleyball, basketball and wrestling because the stands are in the balcony. The smoke would effect the players because they are breathing more air in than others because of their exhaustion. The smoke would also hurt many persons eyes. These are just a handful of reasons why the non-smoking policy is effective in our high school."

--Wes Cackler
student

"As a member of the Tonganoxie High School faculty, I firmly support USD # 464 non-smoking policy. When we consider the health of students and faculty, we must consider the general environment of their work and study area.

Educators should realize the impact second hand smoke has on each individual. It is a proven fact smoking can be detrimental to your health. Students should not be subjected to others unhealthy habits.

Part of becoming mature young adults is learning consideration of others. The non-smoking policy has been successful because students can see why it is not allowed. Even smokers have told me they feel others should not be subjected to their smoke. Teachers and students are very supportive of this policy and feel it lends itself to a healthier school environment."

--Barbara Gurss,
teacher

Hearing on HB 2823, March 21, 1988
Senate Education Committee

Rev. Richard Taylor
KANSANS FOR LIFE AT ITS BEST!

During the 1974 session of the Kansas Legislature, a syllable of some word would hang up in my throat at times, like when you have been eating peanuts and a portion gets lodged in a vocal chord and the word does not come out. It did not seem serious and I thought rest after the session would cause the problem to go away.

The problem did not go away so my wife and I made a trip to the Kansas University Medical Center where Dr. Kerschner found a leision on a vocal chord. He asked if I smoked. When told I had never purchased a pack of cigarettes, he immediately said such a leision is always benign in a non-smoker, but they must do a lab test and I should come back in 10 days.

Ten days later my wife and I walked in Dr. Kerschner's office. He was very solemn and looked me in the eye saying, "You have cancer on a vocal chord. Leave it there and it will kill you. If we remove the vocal chord, we'll hope for the best." He indicated second hand smoke may have contributed to cancer on my vocal chord. The surgery was performed and I have lived with a voice handicap for 14 years.

Since 1974, research has confirmed that second hand smoke is a serious health problem. I have many smoking friends. They are fine people. They do not want to put at risk the health of others. Concerned smokers support legal restrictions for the sake of public health.

During debate on the House floor, many Representatives said they supported local control and would vote NO on this measure. I understand my school district, Shawnee Heights, already has this policy in effect. But why should we depend on and leave it up to "local control" where unconcerned smokers will fight a last ditch battle for their "rights?" Other health hazzards are not left to local control.

In schools, churches, Rotary Clubs, etc. across Kansas I tell persons that if they appreciate their voice, they will probably choose not to smoke, because losing a vocal chord to cancer usually happens to a smoker. Then I play a short portion of my voice before cancer.

Would you listen for a moment to my voice before cancer surgery?

With sadness and a heavy heart, I read and hear of "smoker's rights". Is their right to smoke more important than my right to not be handicapped by losing a vocal chord to cancer, than the right of Kansas students to live in freedom from second hand smoke? Please vote YES for HB 2823.

Respectfully yours,

Richard Taylor

Attachment 4, 3/21/88

Department of Social and Rehabilitation Services
Winston Barton, Secretary

House Bill No. 2823

AN ACT PROHIBITING THE USE OF
TOBACCO PRODUCTS IN PUBLIC SCHOOLS

SRS Alcohol and Drug Abuse Service is in favor of House Bill 2823 prohibiting the use of tobacco in public schools.

As Governor Mike Hayden said, "Our young people are getting a mixed message. They hear about the dangers associated with tobacco use but on the other hand often attend schools where tobacco is permitted."

We agree that our young people need clear, consistent, non-use messages about tobacco. They also need to know about the harmful effects of cigarettes.

A 1987 National Weekly Reader Survey reported that less than half of fourth to sixth graders are aware that cigarettes contain a drug.

Kids learn to smoke with cigarettes. Next comes alcohol and marijuana. From there, users move into other illicit drugs. This is why tobacco is called a "gateway" drug. It is the "gate" through which our young people enter illicit drug use. Research indicates that young people who don't smoke or use other drugs before age 21, won't use them at all. The only exception to this pattern is with cocaine.

We must give our young people a clear message that tobacco is a harmful drug and that it can establish a pattern of other drug use.

Thank you for the opportunity to appear in favor of HB 2823.

Submitted by Andrew O'Donovan, Commissioner, Alcohol and Drug Abuse Services
Larry Hinton, Administrator, Research Section
Department of Social and Rehabilitation Services
296-3925

AOD:LH:kg
3/86/88

TESTIMONY ON BILL 2823, SENATE EDUCATION COMMITTEE

For almost 12 years I have worked in the field of Substance Abuse including positions in evaluation, counseling, education, and for the past 6 years, prevention. In the late 1960's and much of the 1970's many substance abuse prevention efforts evolved around short term programs. Many of these programs involved dispensing facts through public education including schools, communities and media programming. While education, especially objective and accurate information, is vital to any prevention effort, the most successful prevention efforts evolve over time and include an effort to change attitude and behavior.

While many experts agree that attitudes are formed at an early age and reinforced by parents in the home, it is known that as the child begins school, new experiences challenge old attitudes and ideas. As a parent I remember, as I suspect many of you other parents do, the times that I told my children to do one thing, but they chose to do something else. Being an ex-smoker I have always wanted my children to never begin the use of tobacco. I believe raising my children in a tobacco-free home environment reinforces their willingness to say no to the use of tobacco. Of course my children are not always at home under my care and supervision.

When in the community, whether at school, church, businesses, or enjoying the neighborhood and parks my children are observed by and they observe adults. At school the teachers, administrators, and other staff members have had a consistent impact on the total growth of my children and others. Whenever possible, I appreciate when children can be exposed to as healthy or even a healthier environment than the one they live in.

Eliminating smoking or the use of other tobacco products in school buildings will provide many children with the positive reinforcement necessary to continue the healthy life-style of tobacco avoidance. I have learned one very important lesson in the last 12 years. The easiest way to stop an unhealthy habit is to avoid ever starting. I therefore urge you to pass this important bill that can have an impact on our future: healthy, disease-free children.

Robert G. Parr
Public Education Committee
Volunteer, American Cancer
Society

Teenagers and Smoking

Two-thirds of all smokers begin before the age of 18.

The majority of those who begin to smoke do so before becoming adults. In fact, it is rare for anyone to begin smoking after age 25.

College-bound teenagers have lower smoking rates than those who aren't planning on education past high school.

Half of all teenagers who have started to smoke say they don't intend to continue the habit, and 90% say they want to try to quit.

The overall decrease in the teenage smoking rate has not affected 17 and 18 year-old girls. Approximately one out of every four girls in that age group smokes.

Teenagers most likely to quit are those who've smoked a low number of cigarettes per day, have high educational goals, acknowledge the health risks of smoking, and have many nonsmokers among their friends. Potential quitters are also more interested in physical exercise, see themselves as more popular, and are more active in clubs and organizations than smokers.

In the 1960's about twice as many boys as girls smoked. Now, at every age level, the percentage of girls smoking is the same as or higher than that of boys.

Cigarette smoking can be both physically and psychologically addictive, making it difficult to quit.

It is estimated that every day 4,000 youths under the age of 17 initiate smoking.

In addition to the long-term negative effects of smoking — such as increased incidence of cancer, heart disease, ulcers and emphysema — smoking can cause numerous short-term negative effects including: increased heart rate and blood pressure, eye irritation, yellow stains on teeth, reduced stamina and throat irritation.

Among current smokers, younger persons and females were more likely than older persons and males to have attempted to quit and to have actually quit during the previous 12 months. Success at quitting smoking increased with the number of efforts made: about 48.5 percent of adolescents who kept trying eventually succeeded, with about half of the successes occurring after the second try.

Results of a survey reported recently by the U.S. Office on Smoking and Health suggest that offspring of smokers experience a higher prevalence and incidence of several chronic respiratory symptoms and acute respiratory illnesses and a lower lung function than unexposed offspring. (Smoking and Health Bulletin, Jan.-Feb. 1986, USDHHS)

Children from households where parents and siblings smoked tend to take up the habit more frequently than young people living in smoke-free households. The results are from a study reported in the 1986 Smoking and Health Bulletin of the U.S. Department of Health and Human Services.

Recent data indicates that among school-age children use of tobacco products is not "in." A sampling of school children in Texas indicates that more than three-fourths (76%) use no tobacco products. Regular cigarette smokers numbered 15% and users of smoketess tobacco products totaled 9%. (Archives of Otolaryngology, Vol. III, Oct. 1985)

The National Collegiate Smokeless Tobacco Survey results indicate that 12% of college students in the U.S. use smokeless tobacco products. This disturbing statistic was announced in the Spring 1986 issue of *World Smoking & Health*, published by the American Cancer Society.

Results of a recent survey done among Texas school children indicate that 55% of smokeless tobacco users started before the age of 13, and 36% of cigarette smokers began that early. (Archives of Otolaryngology, Vol. III, Oct. 1985)

Among the age group 13 to 19, there are 6 million regular smokers. Under the age of 13, there are an estimated 100,000 smokers. These statistics are from the 1979 Surgeon General's Report.

From 1968 to 1979, the percentage of females who smoke increased eightfold, according to the Surgeon General's Report.

In 1985, television star Don Johnson joined the ranks of nonsmokers. Many other celebrities popular with teenagers are outspoken nonsmokers, including Brooke Shields, Michael Jackson, Greg Louganis, Menudo and Linda Evans.

A survey of college students shows that they consider dipping or chewing tobacco a safer alternative to smoking. Smokeless tobacco is not safe. Habitual use of smokeless tobacco is linked to an increased incidence of leukoplakia, an oral condition which is pre-cancerous 5% of the time and leads to decreased senses of taste and smell and an increased incidence of dental problems, such as receding gums and tooth decay.

THREE GOOD REASONS TO QUIT

1. Your smoking harms the health of your children.

It's true! First of all, if a woman smokes while she's pregnant, her baby may be born with low birth weight, birth defects, chronic breathing difficulties and learning disabilities.

Then, children who live in a home where one or both parents smoke are more likely to have colds, bronchitis and pneumonia—especially during the first two years of life—and tend to develop chronic coughs when older. Ear infections, reduced lung function and allergic reactions are also a part of the hazards for children living around smokers.

The most recent Surgeon General's report also claims the effects of "involuntary smoking" can be long-lasting because children who grow up with smokers are far more likely to become smokers themselves.

2. Children learn from the examples set by their parents.

No one is born with a craving to smoke. The first cigarette you smoked probably tasted terrible. So why did you begin?

Young people start smoking for many reasons—because it is the accepted thing to do, because adults or friends smoke, to try to express independence, or to try to act mature.

With all these influences at work, the parents' influence would not seem to matter much. Yet statistics show that children of smoking parents are twice as likely to smoke as children of nonsmoking parents.

People who start smoking at a young age find it more difficult to quit later, since the habit has had longer to become established. The ill effects of smoking have longer to become established too, so the life expectancy of a smoker who starts at a young age is shorter than that of a person who begins later in life, and far shorter than someone who never smokes at all.

3. Your family needs you.

Smokers subject themselves to a much greater risk of death or disability at a younger age.

It is estimated that 83% of lung cancers are caused by cigarette smoking, causing 111,000 deaths per year in the U.S.

Death rates from cancer of the pharynx, larynx, esophagus, tongue, and mouth are about six times as great for smokers as for nonsmokers. Death rates from heart disease are twice as high for smokers as nonsmokers—from peptic ulcers, nearly three times as high.

A tragically high number of people die in early middle age, when their children need them most, from cigarette-related diseases.

Parents who care about their children should seriously consider quitting smoking.

40,000,000 Americans have quit smoking. So can you! Ask your doctor for help.

The American Cancer Society's materials and programs are provided free of charge to the general public in the interest of helping individuals protect themselves against cancer. No endorsement of any product or service is implied or intended by the dissemination of this cancer control information.

77-500M-Rev. 10/87-No.2719-LE

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QUIT SMOKING. THE LIVES YOU SAVE . . .

COULD BE THEIRS

WHAT SHOULD YOU KNOW?

Have you ever breathed the smoke that curls up from the tip of someone's cigarette? Have you ever breathed the smoke exhaled by a smoker? If so, then you have breathed most of the same harmful, cancer-causing parts of smoke inhaled by smokers. As an involuntary smoker—a nonsmoker breathing the smoke of others—you are at increased risk. U.S. Surgeon General C. Everett Koop said recently, "It is now clear that disease risk due to inhalation of tobacco smoke is not limited to the individual who is smoking."

The risk of developing disease depends on the amount of tobacco smoke exposure. As an involuntary smoker, you breathe less tobacco smoke than an active smoker because the smoke mixes with the air around you. But an estimate published in a National Academy of Sciences report on involuntary smoking says that about 2,400 lung cancer deaths per year—nearly 2 percent of the annual lung cancer death toll—may be caused by involuntary smoking.

WHY SHOULD YOU KNOW?

The Surgeon General and the National Academy of Sciences recently examined the evidence surrounding involuntary smoking. Both studies agreed:

Exposure to other people's smoke increases the risk of developing lung cancer.

Other studies have also proven there are dangers for nonsmokers who breathe the smoke from cigarettes. The studies found out that:

- ☐ The nonsmoking wives of husbands who smoke have a 35 percent increased risk of lung cancer compared to women whose husbands don't smoke.
- ☐ In several studies, nonsmokers married to heavy smokers were found to have 2 to 3.5 times the risk of lung cancer as those married to nonsmokers.
- ☐ The smoke in tightly confined spaces such as airplanes is dangerous to nonsmoking passengers and personnel alike. A National Academy of Sciences committee recommended that smoking on airlines be banned.
- ☐ An American Cancer Society study found that nonsmokers exposed to 20 or more cigarettes a day at home had twice the risk of developing lung cancer.

Such studies have focused on people who live with smokers; if you live with just one smoker, you are at risk for lung cancer.

There's also cause for concern in the workplace. Tobacco smoke spreads quickly, and each workday is more than enough time to expose most people within many working environments. Even if you don't sit next to smokers, the smoky air within a building may be harmful.

WHAT ABOUT KIDS?

Lung cancer is not the only hazard that faces involuntary smokers. For instance, the children of smokers have a greater chance of developing certain illnesses such as:

- ☐ colds;
- ☐ bronchitis and pneumonia, especially during the first two years of life;
- ☐ chronic coughs, especially as children get older;
- ☐ ear infections; and
- ☐ reduced lung function.

As with adults, the more smoke a child is exposed to, the more that child's risk is increased. Therefore, if it is the smoking parent who handles most of the childcare, the child's chances of developing the ailments listed above is greater. And of course, the risk is highest if *both* parents smoke.

WHO'S TAKING ACTION?

As we learn more about the harmful effects of involuntary smoking, the public interest in nonsmoking rules grows. There has been an increasing amount of new legislation protecting the rights of nonsmokers:

- ☐ Forty-one states and more than 400 municipalities limit or restrict smoking in public places.
- ☐ Twenty-two states have enacted laws that address smoking in the workplace.
- ☐ Smoking restrictions have been put into effect in all U.S. Government buildings.
- ☐ The U.S. Army adopted a new policy banning smoking in Army facilities, except in established smoking areas.
- ☐ A 1986 nationwide survey of 662 private employers showed that 36 percent have policies on employee smoking. Another 21 percent have policies under consideration. Eighty-five percent of the existing policies have been introduced within the past five years and 60 percent within the past two years.
- ☐ Hotels, motels and car rental agencies continue to set aside more rooms and vehicles for nonsmokers.
- ☐ Some commuter airlines have banned smoking on all flights.

WHAT CAN YOU DO?

Now that you know that all smoke is harmful, what can you do to help fight the problem?

- ☐ If you smoke, stop.
- ☐ If others in your household smoke, help them to stop.
- ☐ Ask to be seated in the nonsmoking sections of restaurants and public transportation.
- ☐ Make certain that your children's schools and their child-care situations are smoke-free.
- ☐ Help negotiate for a smoke-free work environment.
- ☐ Ask visitors not to smoke in your home.
- ☐ Encourage hospitals and clinics to become smoke-free.
- ☐ Let your legislators know where you stand on nonsmokers' rights issues, and that you will support their efforts to pass laws designed to protect the nonsmoker.
- ☐ Call your local American Cancer Society and ask how you can become active in the effort to reduce smoking in your community.

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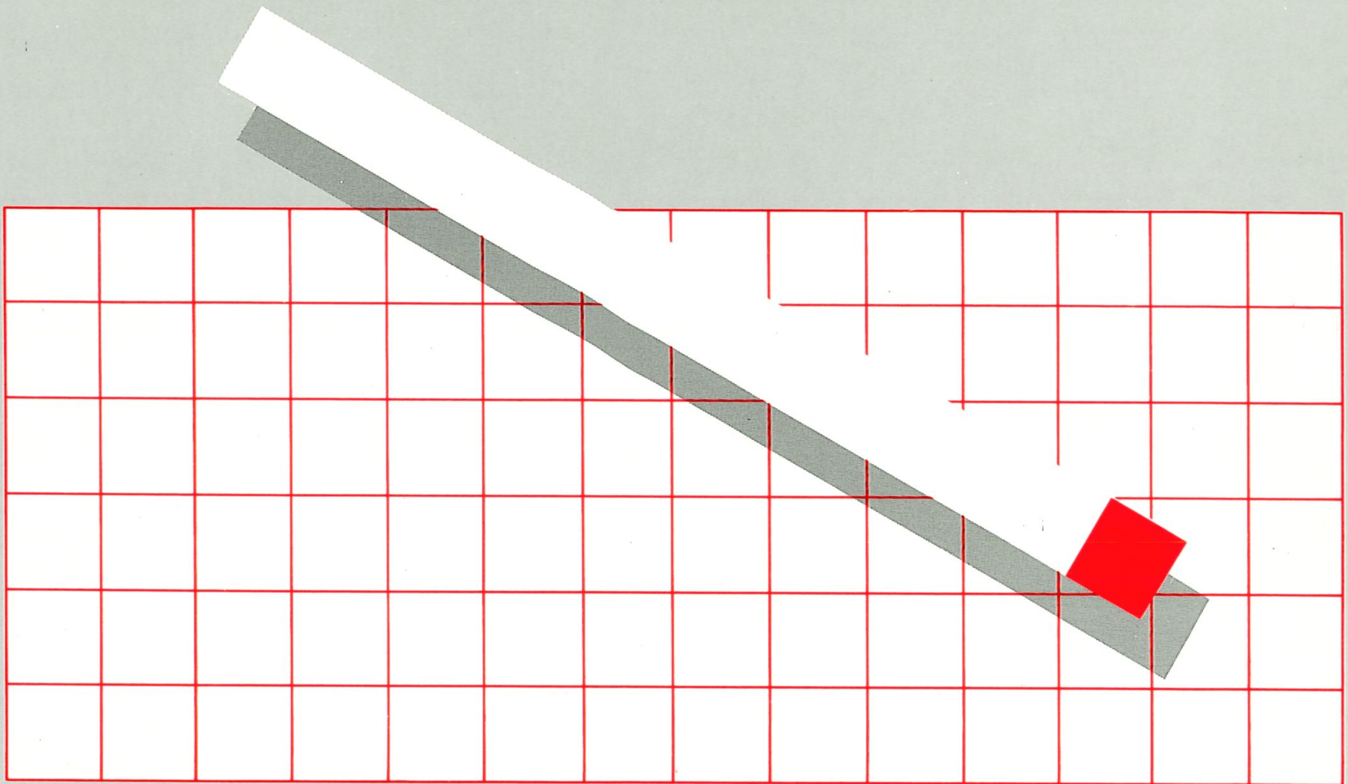
THE SMOKE AROUND YOU

The Risks of Involuntary Smoking

Facts and Figures On Smoking



1976-1986

AMERICAN CANCER SOCIETY®

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A DECADE OF CLEARING THE AIR
10 YEARS OF PROGRESS AGAINST CIGARETTE SMOKING

The first Great American Smokeout took place on November 20, 1976. At that time, 37% of the U.S. adult population were smokers. A decade later, only 30% of the population still smokes. A total of 37 million Americans are ex-smokers. The decline in the number of smokers represents part of the progress made against the nation's number one health problem. However, there is still much work to be done to achieve the goal of a smoke-free society by the year 2000.

Smoking is becoming increasingly unpopular, as indicated by public opinion polls. Corporations, cities, states, communities, and institutions are placing greater restrictions on smoking, and the U.S. Congress has acted to increase excise taxes and require new warning statements on cigarettes and cigarette advertising that reflect new medical knowledge about the dangers of cigarette smoking.

Many of the health risks an individual assumes by smoking have been well documented. Within the last decade, however, the harmful effects of involuntary, or passive smoking, - the inhaling of cigarette smoke by nonsmokers -- have come to light. The involuntary smoking issue is in part responsible for many restrictions on smoking in public places and the formation of nonsmokers' rights groups.

The battle is far from over. Those who still smoke seem to be smoking more heavily, and smoking among women and young people is still a particular cause for concern. Cigarette companies are mounting an aggressive campaign against the antismoking movement. Advertising expenditures and other types of promotional campaigns, as well as the introduction of new cigarette brands targeted at specific markets, are on the rise.

A DECADE OF CHANGES

Changes in Attitudes

Smoking has definitely become unpopular. A recent Gallup poll, commissioned by the American Lung Association, found that 79% of all Americans, including 76% of smokers, thought smoking in the workplace should be restricted to designated areas. Of those surveyed, 8% favored a total ban on smoking at work.

Between 1983 and 1985, the percentage of those surveyed who felt that smokers should not smoke in the presence of others increased from 69% to 75%. Almost two-thirds of those surveyed felt that smokers should refrain from smoking in public places. A total ban on cigarette advertising was favored by 32%, and another 36% were in favor of some type of curbs on advertising.

There is also a growing public awareness of the effects of involuntary or passive smoking. Two-thirds of smokers think involuntary smoking is hazardous to the health of nonsmokers; 82% of nonsmokers and 55% of current smokers agree smokers should not smoke around nonsmokers. (See figure 1)

According to the American Lung Association, 9 of 10 current smokers say they want to quit.

Changes in Numbers

Today the ranks of ex-smokers number 37 million. In 1976, 42% of U.S. men over age 20 were smokers, as were 32% of U.S. women.

In 1985, the percentage of male smokers was about 33% and the percentage of women smokers, 28%. Overall, the proportion of cigarette smokers in the population has dropped to 30%. Except for young females, smoking has declined among all major age, race, and sex groups. (See figure 2)

More girls are now smoking than boys, although both are smoking less than 10 years ago. Among high school seniors, 28.8% of males and females smoked daily in 1976. By 1984, the number of seniors who smoked declined to 18.7%. Among the males, smoking declined from 28.0% to 16.0%. A smaller decline occurred among females—28.8% to 20.5%. (See figure 3)

Who still smokes? About 54 million people. (See figure 4)

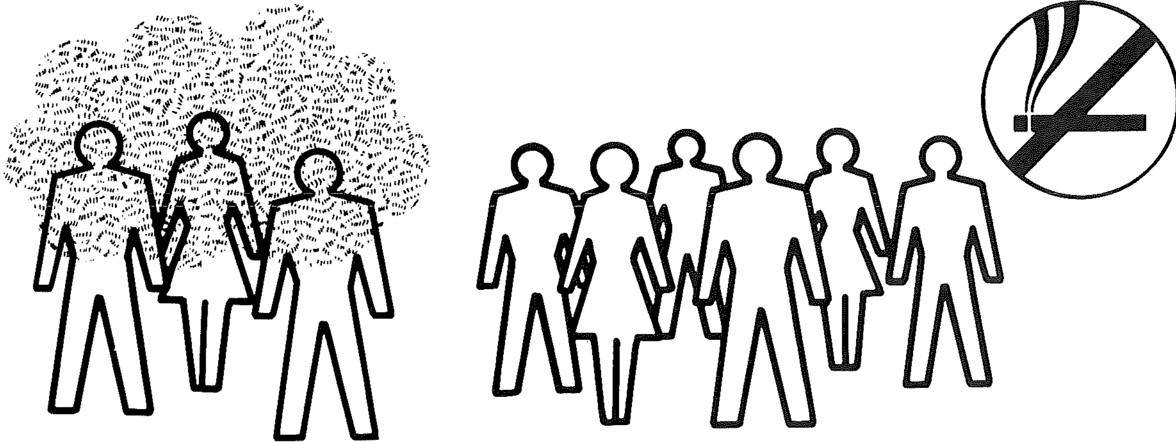
In general, men with college educations, white-collar occupations, and high-income levels are less likely to smoke than high school graduates, blue-collar workers, and men with low incomes. However, women who work outside the home are more likely to smoke than housewives and women in households with low family incomes. Although adult women are now beginning to quit smoking at rates comparable to those of adult men, the rate of initiation of smoking among younger women has not declined, and prevalence is still relatively high among women in administrative and managerial positions. A recent survey conducted for the National Institute on Drug Abuse showed that 18 percent of college women smoke daily, as opposed to 10 percent of college men.

Although the percentage of women smokers is declining, in absolute numbers more women are smoking and smoking more than they have in the past, causing lung cancer death rates for women to rise. In 1985, lung cancer surpassed breast cancer as U.S. women's number one cancer killer. In 1976, 22,000 American women died of lung cancer; in 1985 the disease will claim an estimated 41,100. (See figure 5)

Cigarette consumption is on the decline. Per capita cigarette consumption reached its peak in 1963, the year before the first Surgeon General's Report on Smoking and Health, and has been dropping ever since.

Figure 1

SURVEY OF ATTITUDES TOWARD SMOKING



Should smokers refrain from smoking in the presence of nonsmokers?

	AGREE		DISAGREE		NO OPINION	
	1983	1985	1983	1985	1983	1985
Current Smokers	55%	62%	39%	37%	6%	1%
Nonsmokers	82%	85%	14%	15%	4%	0%
Former Smokers	70%	78%	22%	22%	8%	*
All Adults	**69%**	**75%**	**25%**	**24%**	**6%**	**1%**

*less than ½ of 1 percent

Should companies have a policy on smoking at work?

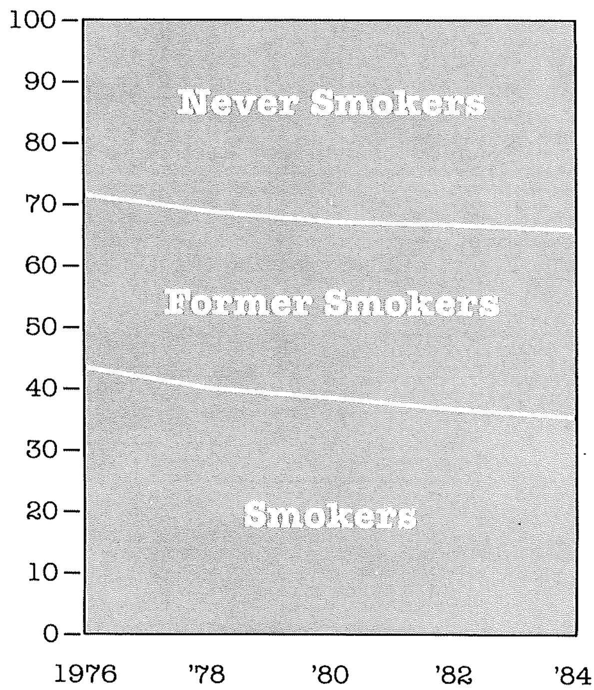
	Assign certain areas for smoking	Totally ban smoking at work	No company policy	No opinion
Current Smokers	76%	4%	19%	1%
Nonsmokers	80%	12%	6%	2%
Former Smokers	80%	9%	10%	1%
All Adults	**79%**	**8%**	**12%**	**1%**

Survey by The Gallup Organization, Inc.
Source: American Lung Association

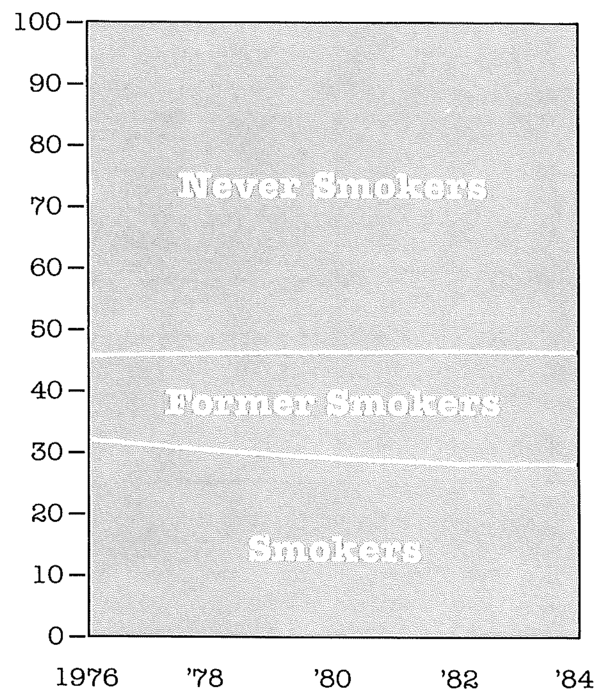
Figure 2

PERCENTAGE OF SMOKERS AND NONSMOKERS, 1976-1984

Men

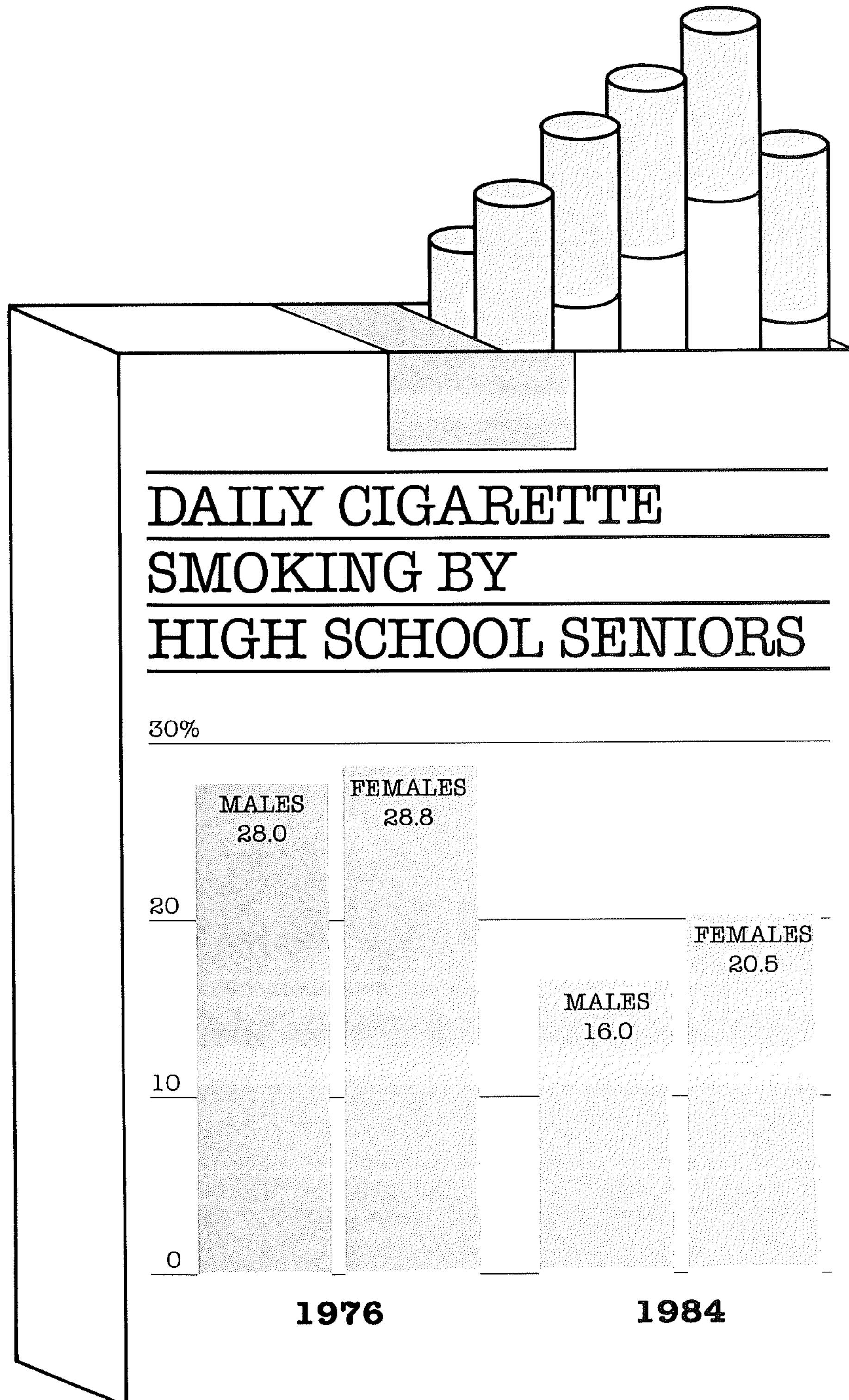


Women



Source: National Health Interview Survey (U.S. – DHHS NCHS 1984).

Figure 3



Source: NIDA High School Seniors Surveys (9).

Figure 4

WHO STILL SMOKES?

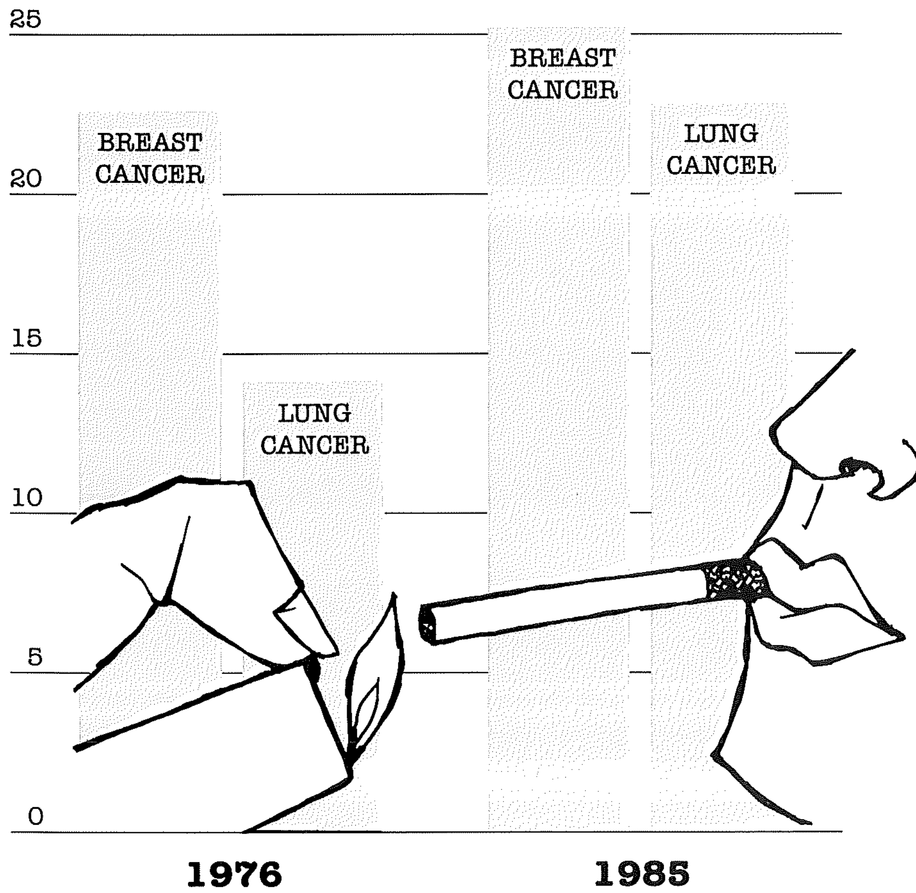
	1976*		1983**	
Income	**Male**	**Female**	**Male**	**Female**
Under $5,000	42.5%	28.3%	39.4%	32.9%
$5,000-9,999	45.5	33.5	36.7	32.0
$10,000-14,999	45.5	32.5	37.1	27.6
$15,000-24,999	40.4	33.0	35.7	30.1
$25,000 plus	34.7	35.1	32.1	27.1
Marital Status				
Never married	40.1%	28.3%	29.5%	30.2%
Married	41.1	32.4	33.6	27.5
Widowed	32.6	20.4	27.9	19.6
Separated or divorced	60.0†	50.0†	51.9	45.4
Education				
Less than high school	37.4%	18.2%	36.6%	21.5%
Some high school	47.8	33.2	46.4	39.2
High school graduate	45.6	31.9	37.1	32.3
Some college	36.1	32.2	31.0	26.4
Race				
White	41.0%	32.4%	33.4%	28.7%
Black	50.1	34.7	39.1	32.0
Other	n.a.	n.a.	33.3	15.3
Occupation				
White collar	36.6%	34.3%	27.9%	29.9%
Blue collar	50.4	39.0	42.7	37.8
Farm	36.9	31.3	35.6	22.2
Not in the labor force	32.9	28.2	28.3	25.5

*20 years and older **18 years and older †estimate
Source: National Center for Health Statistics

Figure 5

LUNG AND BREAST CANCER DEATHS

Deaths per 100,000 women



Source: National Center for Health Statistics (NCHS), Scientific and Technical Information Branch. 1984.

Per capita consumption in the United States for those 18 and older was approximately 4,092 in 1976 and dropped to 3,384 in 1985, a 17% decline that brought consumption to its lowest level since 1944. Total cigarette consumption was 613.5 billion in 1976, dropping to 595 billion in 1985, a decline of 3%. (See figure 6)

However, the decline in consumption does not spell uniformly good news, because the average person who smokes is smoking more heavily. The Office of Smoking and Health reports that the proportion of adult male smokers 20 years and older consuming 25 or more cigarettes per day increased from 31.0% to 34.1% between 1976 and 1980; among females, this proportion increased from 19.6% to 23.7% during the period. In 1985, the proportion in males was 31%; in females, 23%.

NEW HEALTH FINDINGS

Evidence accumulated throughout the past decade shows that smokers endanger not only their own health but also the health of those around them. The irritating effects of involuntary smoking have prompted many organizations to take steps to protect nonsmokers in the workplace and public areas. Maternal smoking has been linked to adverse effects on the fetus and complications of pregnancy, and children of smoking parents have a higher frequency of respiratory diseases. Recent findings indicate that exposure to tobacco smoke can cause disease, including lung cancer, in otherwise healthy adults.

Cigarette smoke is a mixture of about 4,000 different chemical substances, some of which are known to cause cancer. Contaminants from tobacco smoke are found wherever smoking is permitted. One study of 19 environments where smoking was taking place found levels of particulate matter in all these locations that exceeded levels established by the National Ambient Air Quality Standards by factors ranging from 1.2 to 10 or more.

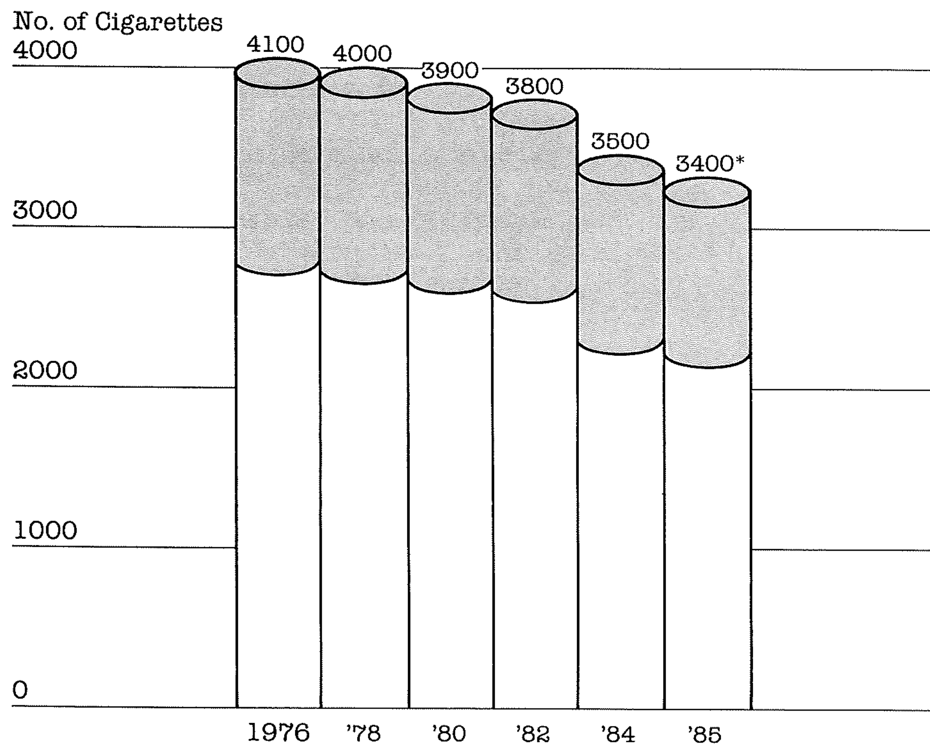
People who are exposed to others' tobacco smoke, called sidestream smoke, absorb nicotine, carbon monoxide, and other constituents just as smokers do, although in smaller amounts. Several investigators have shown that some of these constituents, including tar and nicotine, are found in greater concentrations in sidestream than in mainstream smoke inhaled directly. Cotinine, a major metabolite of nicotine, appears in the urine and other body fluids of nonsmokers who live and work with smokers.

Babies born to women who smoke during pregnancy weigh less, on the average, than infants of nonsmokers. Maternal smoking has a direct, growth-retarding effect on the fetus and may adversely affect the child's long-term growth, intellectual development, and behavior. The risk of spontaneous abortion, fetal death, and neonatal death increases directly the more a woman smokes during pregnancy. An infant's risk of "sudden infant death syndrome" is also increased by maternal smoking during pregnancy.

Figure 6

PER CAPITA CIGARETTE CONSUMPTION

18 and Older



Source: Tobacco Situation U.S.D.A., Sept. 1985.

*Estimated

According to a study conducted in Denmark, cigarette smoking may impair a woman's ability to breast-feed. Women who smoke tend to stop breast-feeding at an earlier stage than nonsmokers. Researchers attribute this to the fact that heavy smokers have lower levels of prolactin, a hormone that stimulates milk production, probably as a result of the nicotine they inhale.

Children of smokers have more respiratory illnesses than those of nonsmokers, including an increase in the frequency of bronchitis and pneumonia early in life, and small but measurable differences in tests of lung function. The extent of these problems becomes more severe with an increasing number of smokers in the family.

The evidence linking passive smoking with lung cancer and heart disease is growing. Results of studies in Japan and Greece of nonsmoking women married to smokers show that these women have a higher risk of lung cancer. In the Japanese study, wives of heavy smokers had an 80 percent risk of acquiring lung cancer. In the Greek study, nonsmoking wives of heavy smokers had a risk of developing lung cancer three times that of nonsmoking wives married to nonsmokers.

A case-control study conducted by the American Cancer Society showed a dose-response relationship based on the number of cigarettes smoked by the husband--the risk of lung cancer doubled in nonsmoking women whose husbands smoked 20 or more cigarettes at home each day. Several other large-scale studies of the relationship between involuntary smoking and lung cancer are under way.

In a recent scientific paper, two investigators estimate the potential lung cancer mortality in the United States due to involuntary smoking could be as high as 5,000 deaths per year. This is equivalent to 5 percent of all annual lung cancer deaths and 30 percent of all nonsmoker annual lung cancer deaths. These estimates may represent only the tip of the iceberg, however. Another investigator has projected that passive smoking exposure of nonsmokers may be responsible for between 10,000 and 50,000 deaths annually.

Involuntary smoking may worsen symptomatic coronary heart disease and increase the risk of cardiac death. Sidestream smoke contains substantial levels of carbon monoxide that in closed, poorly ventilated environments can be three times greater than recommended levels. These elevated levels interfere with the blood's capacity to carry oxygen, thus increasing the risk of heart attack or stroke. Approximately 8.7 million people suffer from angina and related cardiovascular diseases and could be at special risk from involuntary smoking.

These risks posed by involuntary smoking may be smaller than those of active smoking, but the potential number of affected individuals is much, much greater.

ADVERTISING

Cigarettes are the nation's most heavily advertised consumer product. Advertising expenditures were over $1.9 billion in 1983 and are estimated at more than $2 billion for 1985, twice the total annual expenditures of the National Cancer Institute. Advertising expenditures have more than tripled over the past decade. (See figure 7)

By an Act of Congress, broadcast advertising of cigarettes was banned after January 1, 1971. Since that time, cigarette companies have become the heaviest users of newspaper, magazine, and outdoor display advertising.

Industry strategy appears to be directed toward alleviating some health concerns by developing low-tar, low-nicotine cigarettes, challenging medical evidence, and perpetuating the image of smoking as a socially desirable habit.

More than half of each advertising dollar spent in 1981 was for low- and ultra-low-tar cigarettes, an increasing promotional focus over the past decade that has shown significant market growth. In 1976 low-tar cigarettes accounted for less than 17% of the total U.S. market but by 1981 accounted for 60%; in 1980 alone, 100 new low-tar brands were introduced.

Advertising themes associate low-tar smoking with outdoor and athletic activities, beautiful women, and rugged men.

Advertising for low-tar, low-nicotine cigarettes generally presents a positive image of the cigarette smoker. For example, many ads depict younger adults appearing to have achieved success and happiness. Ads are frequently set in scenic areas, and cigarette smoking is related to smiling, healthy people engaging in wholesome outdoor activities. Cigarette smoking is also depicted in ads containing good-tasting food and drinks.

Concentration on low-tar cigarette advertising was originally stimulated by the belief that lower-tar cigarettes pose less health risk than high-tar cigarettes. Ads stress superlative or comparative adjectives, such as "99% tar free" or "lowest tar ever," emphasizing that low tar can exist with good taste. In introducing low-tar cigarettes, advertisers often offer free pack or free carton offers to encourage trial use. (See figure 8)

Other strategies used by the tobacco industry include gift coupons, health research donations, art and travel promotions, as well as sponsorship of cultural and athletic events, such as the Kool Jazz Festival and Virginia Slims Tennis Tournament. For more than a decade, tobacco companies have been underwriting the cost of major athletic tournaments and concerts. During these events various promotional techniques are used to associate the cigarette with the event, such as T-shirts and billboards. By 1981, the amount of money spent for these special events had increased to $37.4 million, 2.4% of the total for advertising promotion.

The American Cancer Society and the American Medical Association, among others, have called on Congress to ban all cigarette advertising and promotions, including newspaper and magazine ads, billboard advertising, and sponsorship of sporting events. This proposal has been met with resistance from tobacco companies as well as magazine and newspaper publishers, who stand to lose millions of dollars in advertising revenue should such a ban be enacted. The tobacco industry also maintains that advertising serves only to influence brand selection, not to recruit new smokers.

Corporate cigarette advertising has also attacked the antismoking movement on the basis of civil liberties, freedom of choice, and questioning the medical evidence concerning smoking-related diseases. As one example, in 1985 the R.J. Reynolds Company ran a full-page advertisement in a number of major magazines and newspapers entitled "Of Cigarettes and Science." According to a complaint filed by the Federal Trade Commission (FTC), the advertisement suggested that the government-funded Multiple Risk Factor Intervention Trial was designed and performed to test whether cigarette smoking causes coronary heart disease and that the study provided credible scientific evidence that smoking is not as hazardous as the public had been led to believe.

According to the FTC, the ad failed to mention that, consistent with other studies, men who quit smoking had a significantly lower rate of coronary heart disease than those who continued to smoke. R.J. Reynolds Co. has said it will challenge the FTC action, labeling it an attack on free speech and First Amendment rights.

In recent years, several major tobacco companies have decreased their reliance on tobacco sales alone by becoming part of international conglomerates manufacturing a variety of foodstuffs and other consumer products. For example, R.J. Reynolds Tobacco Company's acquisition of Nabisco Brands, forming RJR Nabisco, Inc., has created one of the world's largest consumer goods companies, with 1985 sales totaling more than $16.5 billion. The Philip Morris conglomerate includes the Miller Brewing Company and General Foods Corporation. Loews Corporation is the parent of Lorillard Tobacco Co. as well as Loews Motion Picture Theatres and Hotels and the Bulova Watch Co. Divisions of Grandmetropolitan, USA include Liggett & Myers Tobacco Co., ALPO Petfoods, and soft drink producers, among others. Under the umbrella of American Brands, Inc. are the American Tobacco Co. as well as financial services, hardware and security items, wines and spirits, and office products. Batus, Inc. includes the Brown & Williamson Tobacco Corp. as well as Saks Fifth Avenue and Marshall Field department stores.

ACTION AT THE FEDERAL LEVEL

The Comprehensive Smoking Education Act was signed into law in 1984.

One of the Act's major provisions replaces the current health warning on cigarette packs, advertisements, and billboards with four stronger, more prominent, and more specific health warnings. The rotating health warnings began in October 1985. Each is 50 percent larger than the previous message, which stated, Warning: The Surgeon General has determined that cigarette smoking is dangerous to your health. The new warnings read as follows:

—Smoking causes lung cancer, heart disease, emphysema and may complicate pregnancy.

—Quitting smoking now greatly reduces serious risks to your health.

—Smoking by pregnant women may result in fetal injury, premature birth, and low birth weight.

—Cigarette smoke contains carbon monoxide.

The Act also requires that cigarette companies disclose to the Department of Health and Human Services a complete list of all chemicals and other ingredients added to cigarettes during the manufacturing process. Congress must be informed about the Department's research on these ingredients and if any particular one poses a health risk to cigarette smokers.

The Act also creates a statutory mandate for a federal office (the Office on Smoking and Health, previously not institutionalized, became a permanent part of the Department of Health and Human Services) and a new federal interagency council to coordinate and oversee federal and private educational and research efforts concerning the health hazards of smoking.

In 1986, Congress permanently extended the 16 cent excise tax on cigarettes, which was temporarily increased from 8 cents in 1982. (See figure 9)

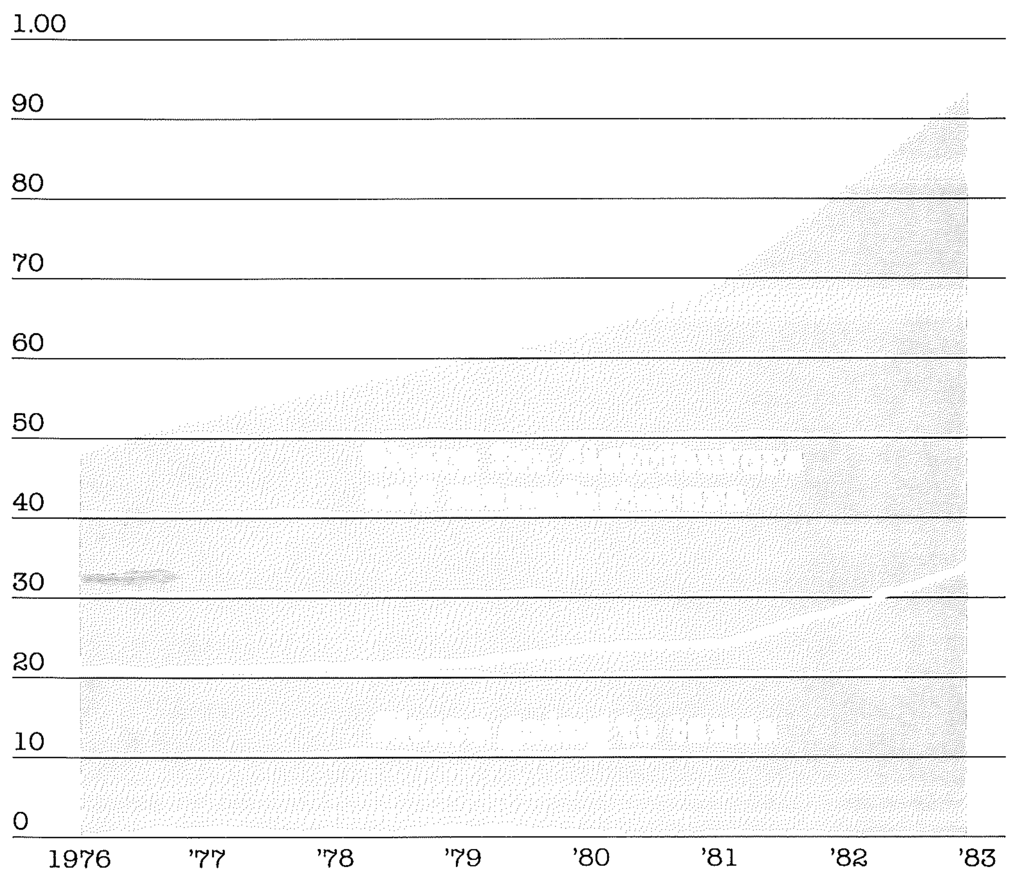
Tax bills introduced in 1985 would remove the tax deduction for cigarette advertising and promotion activities, such as sponsorship of sports events and music festivals.

Support is increasing to discourage smoking among military personnel. In July 1986 the U.S. Army adopted a new policy prohibiting smoking in Army facilities, vehicles, and aircraft, with the exception of specifically established smoking areas. The Assistant Secretary for Health in the Department of Defense has proposed halting the sale of cigarettes in military commissaries and raising the price of those sold in military exchanges. The Department of Defense has been required to report to Congress on the impact of excessive smoking in the military.

Figure 9

CIGARETTES ARE COSTING MORE

cents/pack



Source: **The Tax Burden on Tobacco.** The Tobacco Institute 1983.

Congress enacted the Civil Aeronautics Board Sunset Act in 1984 to guarantee the federal government's continued authority over rules governing smoking aboard commercial aircraft following the phasing out of the CAB in 1984. This authority has been transferred to the Department of Transportation.

Bills were introduced in the Senate and House in 1985 and 1986 to restrict smoking to designated areas in all buildings or building sections occupied by the U.S. Government. In May 1986, the General Services Administration proposed restrictions on smoking in the 6,800 buildings it owns or leases. The proposed plan bans cigarette, pipe, and cigar smoking in general office space, lobbies, hallways, restrooms, elevators, libraries, and classrooms. Smoking would be allowed in private offices but agency heads could ban smoking in individual offices. The only smoking areas provided would be special areas of cafeterias and around vending machine and canteen areas.

In addition, one federal court and three federal agencies have now held that sensitive nonsmokers are "handicapped persons" and can take legal action to require employers to provide a "reasonable accommodation" to their handicap.

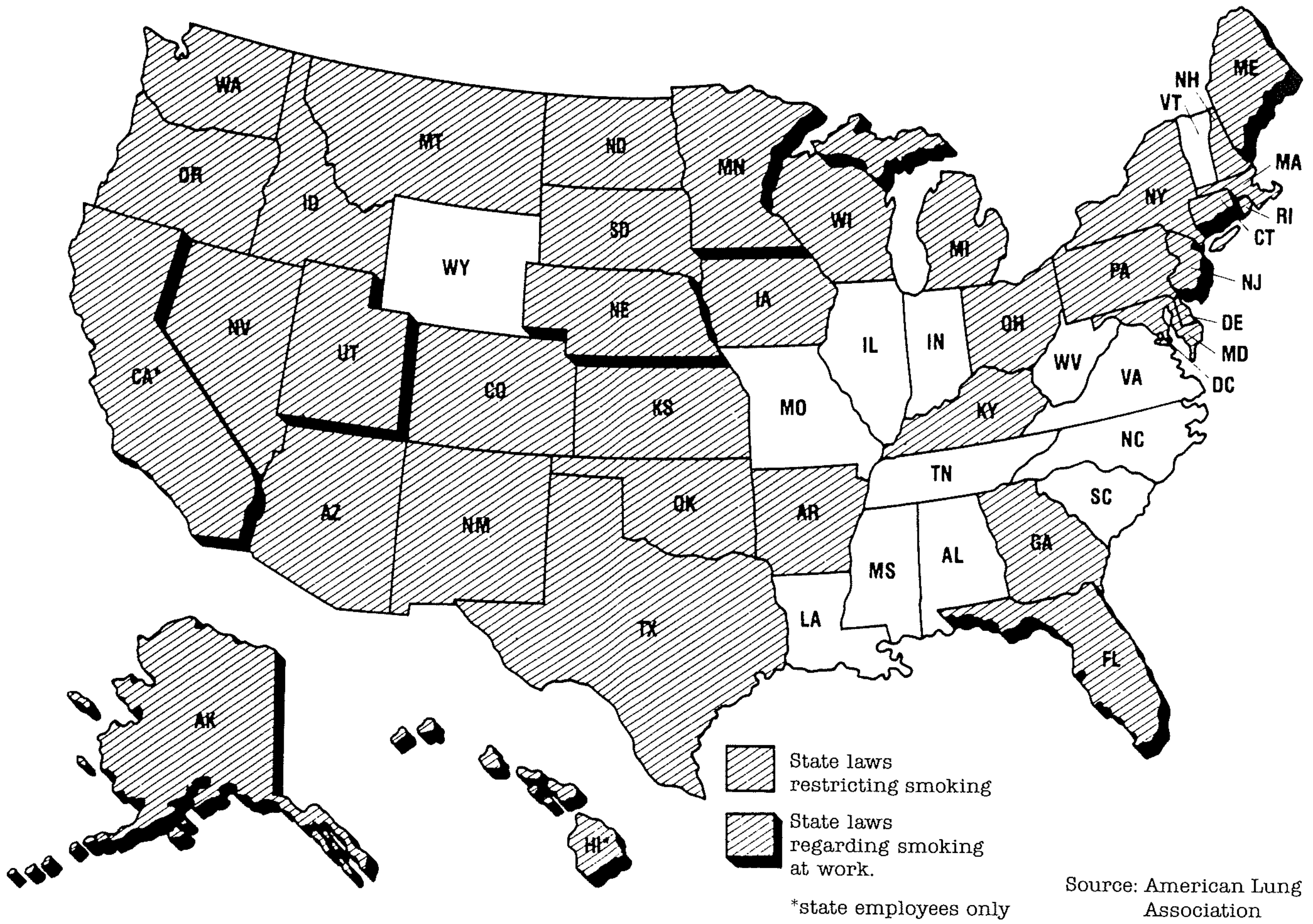
STATE AND LOCAL ACTIONS

At present, 37 states and over 400 municipalities limit or restrict smoking in public places; 21 states restrict or ban smoking during public meetings or restrict smoking to certain areas within public buildings. Eleven states require separate seating for nonsmokers in restaurants, and 10 states have enacted laws specifically addressing smoking in the workplace. (See figure 10)

Minnesota was the first state to enact a statewide law specifically designed to protect nonsmokers from involuntary exposure to cigarette smoke. The Minnesota Clean Indoor Air Act, which went into effect in 1975, prohibits smoking in public places and at public meetings except in designated smoking areas. In other words, smoking is prohibited everywhere unless specifically permitted. A public opinion poll conducted in Minnesota in 1980 showed that 92% of adults, including smokers and nonsmokers, thought the law was working well. Few people continue to smoke when it is pointed out to them that it is against the law; consequently, people are smoking less because of the additional effort it takes to go where smoking is permitted. The Act is considered the standard or model for other states pursuing such legislation.

Figure 10

STATE LAWS ON SMOKING



Source: American Lung Association

Another milestone in clean indoor air legislation came in 1983 when San Francisco voters defeated a well-financed effort by the tobacco industry to overturn a local ordinance that protects the rights of nonsmokers in the workplace. By passing "Proposition P," San Franciscans approved the strongest workplace smoking law in any major U.S. city. Effective in 1984, the ordinance required employers to write a smoking policy that allows nonsmokers to raise objections to their employers about smoke in the workplace. The law does not force employers to create nonsmoking areas or make structural changes unless employees complain. If employees complain, employers must try to find solutions acceptable to nonsmokers or smoking would be banned in that area.

The tables in figure 11 summarize each state's limitations on smoking in public places.

NOT ONLY AT HOME--
ANTISMOKING INTERVENTIONS AROUND THE WORLD

Many countries have taken major actions on smoking and health, with respect to advertising restrictions, health warnings, smoking restrictions, and educational efforts. At least 37 countries require health warnings on cigarette packages.

*Sweden's antismoking legislation is considered the strongest in the world. In 1973 the National Board of Health and Welfare launched a 25-year campaign to eliminate smoking. Goals are to ensure that no child born in 1975 or later would become a smoker--the "smoke-free generation"--, to reduce annual per capita cigarette consumption to the 1920's level of 300/year, and to expose the population to the pressures of antismoking public opinion.

Two major laws were passed to support the program: the Tobacco Labelling Act of 1977 requires tobacco companies to list carbon monoxide levels on the Declaration of Content, as well as tar and nicotine levels, and mandates 16 rotating health warnings. Legislation taking effect in 1979 restricted the size of advertisements in print media and allowed only the depiction of a cigarette pack against a plain background. The use of billboards and posters is forbidden.

*Finland banned advertising and sales promotion of tobacco in 1976 as part of a comprehensive program to control smoking. In addition to the print media, the law also banned using non-tobacco goods and services to promote cigarette brand names. All cigarettes in Finland are labelled "harmful" or "very harmful", and 0.5% of all tobacco revenues must be spent on health education.

F

*France passed a Law on Smoking Prevention in 1976 prohibiting smoking in schools, hospitals, food storage and sale premises, public transport vehicles and elevators. Separation of smokers is mandatory in trains, airplanes, and commercial navigation vessels. Advertising of tobacco products is banned in publications popular with young people.

*The United Kingdom imposes an extra tax on high-tar and high-nicotine cigarettes.

*Spain launched a government antismoking campaign in 1982. The program bans tobacco advertising in government information media, requires a warning label on tobacco products, bans the sale of tobacco products to those under 16, bans cigarettes containing over 24 milligrams of tar and 1.8 milligrams of nicotine, bans smoking on some public transportation vehicles, and establishes separate smoking areas in public and government buildings and in large commercial establishments.

BANDING TOGETHER--
PRIVATE ANTISMOKING INITIATIVES

The Coalition on Smoking OR Health was founded in March 1982 by the American Lung Association, the American Heart Association, and the American Cancer Society to bring smoking prevention and education issues to the attention of legislators and other government officials. The Coalition also serves as a public policy project with the National Interagency Council on

Smoking and Health, an organization backed by 24 additional private, health, education, and youth leadership organizations.

The Coalition has supported legislation to make permanent the 16 cent excise tax on cigarettes as well as proposals to increase the tax to 32 cents. The Coalition has formed an ad hoc group of over 40 additional national organizations that also support a 32-cent excise tax.

In 1985 the Coalition filed a petition with the Federal Trade Commission (FTC) asking the Commission to declare an advertisement run by R.J. Reynolds Tobacco Co., "Of Cigarettes and Science," to be unfair and deceptive. In June 1986 the FTC filed an administrative complaint saying the ad misrepresented the purpose and results of a government-funded research study.

The Coalition has endorsed proposals to eliminate the tax deduction for cigarette advertising expenditures and has actively campaigned to eliminate tobacco price supports, as well as supporting legislation outlawing importation of foreign-grown tobacco containing residues of pesticides not approved for use in the United States.

The Coalition backed the Comprehensive Smoking Prevention Education Act of 1984, especially the revised warning statements.

Americans for Nonsmokers' Rights is a national organization that evolved from the local group Californians for Nonsmokers' Rights, established in 1976. The organization lobbies at national, state, and local levels for the enactment of antismoking measures. The Americans for Nonsmokers' Rights Foundation division develops educational programs for school children on the hazards of smoking, distributes a model policy for smoking in the workplace, provides counseling for employers and employees, and collects scientific data on cigarette smoking.

Doctors Ought to Care (DOC) is a physicians' group that has produced many antismoking posters parodying such cigarette advertising themes as sex appeal and cigarette companies' sponsorship of professional sports.

ANTISMOKING PIONEERS

*Newspaper publisher Lynn R. Smith's campaign to get his town, Monticello, MN, to go smokeless for one day in January 1974 laid the foundation for the Great American Smokeout, a nationwide event. A successful ex-smoker, Smith began writing editorials against cigarette smoking and persuaded his town of 1,800 to take a day off from smoking. Three months later, 10 percent of those who pledged not to smoke for a day were still off tobacco. The event received extensive media coverage, and Smith's idea was adopted by the American Cancer Society's California Division in 1976. A year later it became a nationwide ACS program.

*A recent nationwide survey of 662 private employers showed that 36 percent have established policies on employee smoking. An additional 21 percent of those surveyed by the Bureau of National Affairs and the American Cancer Society for Personnel Administration said they had smoking policies under consideration. Of those companies with smoking policies, 85 percent said they had been introduced within the past five years and 60 percent said their policies were less than two years old.

*Jess Bell, head of the Cleveland-based Bonnie Bell Inc., has a long-standing offer of $250 to any employee who stops smoking for at least 6 months. If the employee resumes smoking within a year, he or she must pay back $500.

*An ordinance passed in Suffolk County (NY) in 1984 allows nonsmokers to declare that their immediate work areas are no-smoking zones. Restaurants must set aside 20% of their seats for nonsmokers and businesses with over 75 employees must separate smokers from nonsmokers. Today, more than 10 states and societies and counties have laws governing smoking in the workplace.

*Muse Airline, serving the Southwest, and Air North, operating in New England, was the first to prohibit smoking on all flights.

*Increasingly, hotels and motels around the country are setting aside rooms, wings, and floors for nonsmokers. The first motel for nonsmokers opened in 1982 in Dallas. Guests checking into the Nonsmoker's Inn must sign an agreement not to smoke and to prohibit others from smoking. Violations are penalized with a $100 cleaning charge and immediate eviction.

*The town of Holden, Mass. in 1985 developed a contract with the police force providing that new police officers would not be allowed to smoke, not even in their homes. All new officers must be nonsmokers and they may be disciplined or dismissed if they ever start to smoke.

*Pacific Northwest Bell in 1985 banned smoking inside its facility and offered its employees a choice of free smoking cessation programs.

*Sentry Insurance of Steven Point, Wisc. in 1983 segregated smokers from nonsmokers and limited smoking to desks only, banning it in restrooms and conference rooms.

*Boeing Company in Seattle placed a total ban on smoking in 1985, prohibiting smoking in most public places, including hallways and lobbies, and allowing employees to designate their work areas as nonsmoking zones.

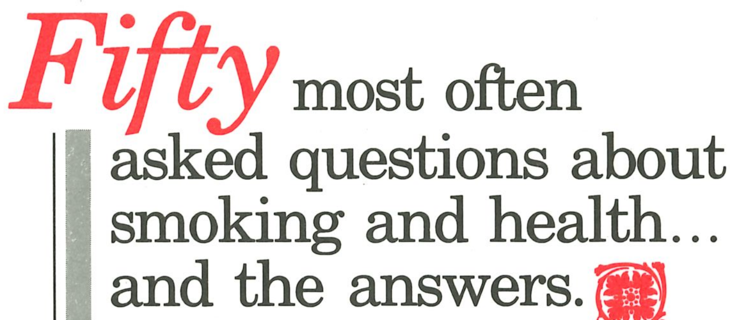
*Group Health, Inc. in Minneapolis began restricting smoking to designated areas in January 1986 and as of June 1, all facilities were smoke-free.

*Kansas Blue Cross/Blue Shield in 1986 prohibited smoking in its Topeka home office and its 14 field offices.

*Lord & Taylor has banned smoking and removed ashtrays from all executive offices in its Fifth Avenue department store and banned smoking in two of its three restaurants.

*IBM in 1985 expanded its corporate smoking guidelines by prohibiting smoking in confined areas and food service areas and during meetings unless rooms meet minimum ventilation standards. In common working areas and offices shared by two or more people, the preference of a nonsmoker will prevail if other alternatives are not possible.

*In 1980 New England Mutual Life Insurance Co. in Boston removed cigarette vending machines from the home office and prohibited the sale of tobacco products in its store.


Fifty most often
asked questions about
smoking and health...
and the answers.

AMERICAN
CANCER
SOCIETY®

INTRODUCTION

The questions in this booklet are a composite of those most frequently asked across the country. Answers have been prepared by the American Cancer Society, based on the latest scientific and medical literature, and reviewed by experts. All evidence indicates that practically all cigarette smoking starts in the teenage years, that it usually becomes a lifelong addiction, and that it is:

- "The largest preventable cause of death in America."
- "As important a cause of death as were the great epidemic diseases that affected previous generations."
- "No longer any doubt…a major and certainly removable cause of ill health and premature death."

1. U.S. Dept. of Health, Education and Welfare, 1979.
2. British Royal College of Physicians, 1971.
3. World Health Organization, 1979.

1 *Is There A Safe Cigarette?*

No. Cigarettes are perhaps the only legal product whose advertised and intended use—that is, smoking them—inevitably creates bodily harm.

2 *Can One Smoke A Small Number of Cigarettes Without Risk?*

No, since every cigarette causes some harm to the body, even relatively light smokers show lung damage on autopsy. Besides, in practice, most smokers seem to find it difficult to smoke only a few cigarettes. The average U.S. smoker today consumes nearly a pack and a half of cigarettes a day.

3 *How Long Does it Take for a Cigarette to Harm a Smoker?*

Practically no time. The moment the smoke touches the lips, it begins to attack living tissues and continues to do so wherever it goes; mouth, tongue, throat, esophagus, air passages, lungs, stomach, and its breakdown products eventually reach the bladder, pancreas, and kidneys.

4 What Does Nicotine Do?

The first dose of nicotine, an alkaloid poison found in nature only in tobacco, is a powerful stimulant to the brain and central nervous system; later doses have a depressant effect. Nicotine causes blood pressure to rise and increases heart rate by as many as 33 beats a minute. The first daily dose of nicotine stimulates the large bowel, while curbing appetite and slowing digestion. It also lowers skin temperature and reduces blood circulation in the legs and arms. Nicotine, in new smokers, brings on nausea—in fact, it is always nauseating to any smoker who gets too much of it. Sixty milligrams of nicotine taken at one time will kill the average adult human being by paralyzing breathing. It's about as lethal as cyanide. The reason it doesn't kill smokers quickly is that they take it in tiny doses, which are quickly metabolized and excreted by the body.

5 What in Cigarette Smoke Causes Disease?

Cigarette smoke "tar" is made of several thousand solid chemicals, many of which have been implicated in disease. Among the chemicals in cigarette smoke are acids, glycerol, glycol, alcohols, aldehydes, ketones, apiphatic and aromatic hydrocarbons, phenols, and such corrosive gases as hydrogen cyanide and nitrogen oxide, as well as a heavy dose of poisonous carbon monoxide. Heart and circulatory disease, lung and other cancers, emphysema and chronic bronchitis have been experimentally linked with certain of these

substances. All these conditions are disabling and potentially lethal.

6 *What is the Effect of Carbon Monoxide (CO) in Cigarette Smoke?*

Carbon monoxide, (CO) which makes up about 4 percent of the smoke of the average American cigarette, has a stronger affinity for red blood cells than does oxygen—which red blood cells are meant to distribute to the body's tissues. Thus, CO in smoke quickly displaces a large amount of oxygen in red cells, forming carboxyhemoglobin (COHb). The average smoker has from 2.5 to 13.5 percent more COHb in his blood than nonsmokers. While nicotine causes the heart to work harder, COHb deprives it of the extra oxygen this demands. CO also promotes cholesterol deposits in arteries. It impairs vision and judgment, and reduces attentiveness to sounds. Thus, CO is dangerous to drivers, reduces athletic performance, and poses particular hazards to flight crews.

7 *But Aren't Ill Effects of Inhaling These Substances Temporary?*

Most are, but in smokers they are repetitive and cumulative—a pack a day smoker inhales smoke about 70,000 times a year. If this continues year after year, the smoker eventually passes the point of no return for contracting a serious smoking related disease.

8 Then is All Smoking Damage Permanent?

No, not if the smoker stops soon enough. In smokers who have stopped before the onset of irreversible lung or heart and circulatory disease, the body begins to repair itself. After a year of nonsmoking, the risk of a heart attack begins to drop; after ten years of nonsmoking, it's about the same as that of someone who has never smoked. Lung cancer risk begins to go down with cessation of smoking, and drops steadily to about that of a person who has never smoked, after 10 to 15 years.

In fact, overall mortality of ex-smokers eventually approaches that of people who've never smoked if they stay off cigarettes for 10 to 15 years.

9 What About Filters?

Anything that reduces tar, nicotine, carbon monoxide, and other poison gases in cigarette smoke reduces the risk. It doesn't make the cigarette safe, but perhaps less hazardous—depending on how much the smoker inhales, how deeply, and how often. Smokers of filter-tip cigarettes have a lower risk of lung cancer than those who smoke non-filter cigarettes; but they still have six and one-half times the risk of lung cancer of nonsmokers.

10 *What About the New Very Low Tar/Nicotine Brands?*

Theoretically, the new very low tar and nicotine brands that have taken over a large share of the U.S. cigarette market in the past few years offer a reduced health risk. But only theoretically. Two facts not generally known are:

1. These brands have greatly reduced tar and nicotine and "taste." In order to satisfy smokers, manufacturers have been forced to add a variety of flavoring compounds, some of which are known to be carcinogenic (cancer-causing) or toxic (poisonous). They may be putting in more harmful substances than they remove.
2. One brand produces a very low level of tar and nicotine in the smoking machine. But when smoked by a smoker it puts out a much higher tar/nicotine concentration. Too, many smokers turn low tar/nicotine cigarettes into high T/N by covering the ventilation holes in the cigarette paper or filter that are a major factor in lowering the T/N levels.

11 *Are Mentholated Cigarettes More or Less Harmful?*

About 90 percent of all U.S. brands of cigarettes contain some menthol. The mentholated brands contain enough to produce a cool sensation in the throat when smoke is inhaled. Menthol does not add nor detract from the harm caused by cigarettes, so far as tests show.

12 *Has it Been Scientifically Proved That Cigarette Smoking Causes Cancer?*

Yes, and not only lung cancer. The 1982 Surgeon General's Report states that: CIGARETTE SMOKING IS THE MAJOR SINGLE CAUSE OF CANCER MORTALITY IN THE UNITED STATES. The report goes on to say: "Tobacco's contribution to *all* cancer deaths is estimated to be 30 percent. This means we can expect that 129,000 Americans will die of cancer this year because of the higher overall death rates that exist among smokers...Cigarette smoking is a major cause of cancers of the lung, larynx, oral cavity and esophagus, and is a contributory factor for the development of cancers of the bladder, pancreas, and kidney." The Surgeon General's report is based not only on epidemiological evidence (sometimes dismissed by tobacco interests as "only statistics"), but on cellular and animal studies, and human tissue studies.

13 *What in Cigarettes Causes Lung Cancer?*

A number of substances in "tar" (smoke condensate) and some in the gas phase of cigarette smoke are carcinogenic. A number of others are co-carcinogens—that is, they produce cancer when combined with other chemicals present in smoke. And others are tumor promoters; once a cancer starts, they cause it to grow faster. These effects have been identified in the standard "bioassays" used by the government and by the cigarette industry—

painting tar on the shaved backs of mice, or exposing animals to smoke gases. Anything that causes skin tumors—even noncancerous tumors—on mice is assumed to be hazardous for smokers; the inside of the lungs is made up of tissues very much like those of skin. And mouse skin is similar to human skin.

14 *What Are the Chances of Being Cured of Lung Cancer?*

Very low; the five year survival rate is less than 10 percent. Most forms of the disease start insidiously and produce no symptoms until far advanced; so that it is only rarely detected early enough for cure. The Surgeon General's Report of 1979 states, "The past 15 years have brought little significant progress in the earlier diagnosis or treatment of lung cancer. Fortunately," the report goes on, "lung cancer is largely a preventable disease." That is, by not smoking.

15 *Do Cigarettes Cause Other Lung Diseases?*

Cigarette smoking is credited with being the major cause of emphysema—a noncancerous lung disease that gradually destroys breathing capacity. All adults start with about 100 square yards of interior lung surface. This large surface is created by the lungs' thousands of tiny air sacs. In emphysema, the walls between the sacs break down, creating larger and fewer sacs—thus gradually

diminishing interior lung surface. The process appears to proceed with continued cigarette smoking. Eventually, lung surface, through which vital oxygen is taken from air into the blood, is so small that the patient spends most of his energy gasping for breath, an oxygen bottle close at hand. Emphysema cripples its victims and kills some 16,000 Americans each year.

16 *If You Smoke Cigarettes and Don't Inhale, is There Any Danger?*

Wherever smoke touches living tissue, it apparently does harm. All smokers have an increased risk of lip, mouth, and tongue cancer—no matter what they smoke. And all smokers, even those who don't inhale—including pipe and cigar smokers—have some increased risk of lung cancer. Cigarette smoke is slightly acid and its nicotine doesn't penetrate mouth tissues. But pipe and cigar smoke, which is alkaline, permits nicotine to enter the bloodstream via the mucous tissues of the mouth.

17 *Why Do Smokers Have a "Cigarette Cough?"*

The irritants in smoke provoke the protective mechanisms of the air passages and lungs; this causes coughing. The well-known early morning cough of smokers is a separate phenomenon. Cigarette smoke has an anesthetic

effect on cilia, tiny hairlike structures lining the airways that normally beat outwards, forcing foreign matter from the lungs. When they stop, some of the poisons in the smoke remain in the lungs. During the hours of sleep, the cilia recover, and begin working again. Hence, when a smoker arises, he coughs because his lungs are attempting to clear the deposits of the previous day's smoking. When cilia are repeatedly exposed to smoke over a long period of time, however, their action is permanently destroyed. Then smokers' lungs are even more exposed to damage than before.

18 *Does Cigarette Smoking Affect the Heart?*

Yes, the American Heart Association estimates that about one-quarter of all fatal heart attacks each year in the United States are caused by cigarette smoking—that is, about 120,000 heart attack deaths per year in this country. See questions on NICOTINE and CARBON MONOXIDE on pages 2 and 3.

19 *Is There Any Smoking Risk for Pregnant Women and Their Babies?*

Pregnant women who smoke have a higher rate of spontaneous abortion (miscarriage), still-birth, premature birth, and babies who weigh below average at birth (with consequent risk of disease and/or death). More of their babies die soon after birth than those of nonsmoking mothers.

20 *What About Smoking and "The Pill?"*

The overall death rate of women—even young women—who smoke is about three times as high as that of nonsmoking Pill users. Women who use oral contraceptives and smoke have a considerably higher risk of strokes, heart attacks, and blood clots in their legs.

21 *Are There Risks in Smoking You Haven't Mentioned?*

The Surgeon General says that smoking cigarettes is "the primary cause of drug interractions in man." That is, the effects of any medication taken by a patient may be increased, decreased, or cancelled by smoking. Diagnostic tests may give seriously inaccurate results in smokers.

22 *How Can Cigarette Smoke Have Such a Wide Variety of Health Effects?*

It can because cigarette smoke is composed of a huge number of different substances that affect a great many parts of the body. Cigarette "tar"—a short name for the condensed solid particles in smoke—contains about 4,000 known chemicals, including poisons and cancer-causing substances.

23 *Why Don't All Cigarette Smokers Get Lung Cancer?*

People react differently to all substances for a variety of reasons, including genetic and biological make up. Since cigarette smoke contains so many thousands of chemicals, it's no wonder that every smoker doesn't contract the same disease. But overall the fact is inescapable: cigarette smokers die younger than nonsmokers. That is why many life insurance companies are now writing cheaper life insurance policies for nonsmokers. According to the World Health Organization, "Death rates are uniformly higher among smokers than among nonsmokers in both sexes. . .whatever the age at death." Among smokers, the death rates from all causes increase with the number of cigarettes smoked per day, the number of years the smoker has smoked, and the earlier the age at which smoking was started. Other variables include depth of smoke inhalation, tar/nicotine levels in smoke inhaled, and the number of puffs per cigarette.

24 *Do Nonsmokers Get Lung Cancer?*

Yes, but it's comparatively rare. About 75 to 80 percent of all U.S. lung cancer is found among cigarette smokers, who represent less than one-third of the adult population.

25 *Does Air Pollution Cause Lung Cancer?*

Perhaps, to a small degree. In industrial areas or cities heavily polluted with smog, lung cancer rates are slightly higher than in rural areas. But in both places, the lung cancer rates are always very much higher among smokers than nonsmokers. In certain industries where there are high concentrations of radioactive dust or other carcinogens, the lung cancer rate is much greater than in the general population. But even among these exposed groups, the lung cancer rate of smokers is more than 5,000 percent that of nonsmokers in the same occupations—indicating a strong multiplying effect between cigarette smoke and occupational exposure.

26 *Supposing I Smoke For a While and Then Quit*

This answer has two parts:

1. All smokers, even teenagers, show some evidence of early airway and lung disease—chronic bronchitis (characterized by excess mucous, hacking coughing, spitting) and emphysema. The latter may not reveal itself except in a breathing test or under athletic stress; when this happens, it means that some vital lung capacity has been destroyed. This is why smokers get out of breath more quickly than nonsmokers. And this condition becomes progressively worse as long as smoking continues.

2. It doesn't take very long for a novice smoker to defeat the body's natural repulsion to nicotine and become habituated to it. Once this happens, it is extremely difficult to stop smoking. Also, cigarettes become a crutch to support stress, a weapon to fight anger and frustration, and a means of enhancing pleasure. And for many, smoking becomes not merely a habit, but a very strong addiction to nicotine. In one study, opiate addicts reported that they could more easily do without these drugs than cigarettes.

27 *Is Cigarette Smoking Truly Addictive?*

Yes, it has been so identified by the American Psychiatric Association and the National Institute on Drug Abuse. It fulfills the three sides of the "addictive triad." Smokers develop tolerance to nicotine and smoke. They become dependent on both. And they suffer withdrawal symptoms, both physical and psycho-social, when they stop smoking. The heaviest smokers—the most addicted—have the most difficulty in quitting.

28 *Are These True Withdrawal Symptoms?*

Yes, according to the American Psychiatric Association they include changes in temperature, heart rate, digestion, muscle tone, and appetite. They also involve irritability, anxiety, craving for tobacco, sleep disturbances, and other more "subjective" symptoms. They

generally diminish in seven days, but may not disappear entirely for weeks or months.

29 *Why Do People Begin to Smoke?*

It's generally accepted that it's "peer pressure" that encourages many young people between the ages of 10 and 18 to begin experimenting with smoking. The most common motives are to appear grown up—to imitate elders, often parents or older brothers or sisters—or to rebel against authority. These motives are often contradictory, but smoking is not essentially a rational decision.

30 *What Kind of People Smoke?*

Today, smoking cigarettes varies in inverse ratio to education and income. That is, the best educated, most successful groups in the population contain the least number of smokers. One rarely sees people smoking at any meeting of professionals. Among teachers, doctors, dentists, and pharmacists, only a hardcore handful now smoke—the quit rate has been highest in these professions.

31 *How Many People Smoke Cigarettes in the United States?*

Currently, the number is estimated at 53 million over the age of 17.

32 *How Much Do They Smoke?*

Total U.S. consumption of cigarettes was 640 billion in 1981; this amounts to one and one-half packs per day per smoker.

33 *Is the Number of U.S. Smokers Growing?*

No, this population has remained stationary, while the total population has been growing. Thus, the percentage of smokers has been dropping for some years. U.S. smokers 17 years of age and older numbered only 32.6 percent of our population in 1980. This means that smokers, once a majority, have for some years been a minority of U.S. adults.

34 *Do More Men Than Women Smoke?*

Yes, but the percentage of adult U.S. male smokers has dropped from above 50 percent 20 years ago, to about 35 percent

today. The percentage of adult female smokers rose to a peak of 33.7 percent in 1966; since then it has retreated to about 28 percent.

35 How About Young People?

Here are the percentages for different age groups for boys and girls.

CIGARETTE SMOKING AMONG YOUNG PEOPLE

PERCENTAGE OF REGULAR SMOKERS

	Age 12-14		Age 15-16		Age 17-18	
	BOYS	GIRLS	BOYS	GIRLS	BOYS	GIRLS
1968	2.9	0.6	17.0	9.6	30.2	18.6
1974	4.2	4.9	18.1	20.2	31.0	25.9
1979	3.2	4.3	13.5	11.8	19.3	26.2

36 Why Do People Continue to Smoke?

When large numbers of people smoke a vegetable or plant derivative—marijuana, hashish, and opium are examples—it's always to get the kick of a "psychoactive" drug, a drug that affects their mood. Tobacco is the only plant that contains nicotine, a powerful psychoactive drug. Inhaling cigarette smoke, the smoker gets an immediate concentrated dose of nicotine in his blood stream. It hits his brain within six seconds—twice as fast as mainlining heroin.
(See question on NICOTINE, page 2).

37 *How Does The Habit Take Hold?*

It's now generally recognized by the American Psychiatric Association and the National Institute on Drug Abuse that nicotine is addictive—perhaps the most addictive drug known to man. It's the only such drug that is used constantly—all day long, day in and day out. Although it makes novice smokers ill, they develop "tolerance" to it. This tolerance, unlike that of hard drugs, is self-limiting—a tobacco smoker can't inhale enough nicotine to kill him, because it invariably makes him sick first. Heavy smokers maintain a nicotine level in their blood (probably to avoid the pangs of withdrawal); the blood of light smokers shows repeated nicotine "spikes."

38 *How Many Smokers Would Like to Quit?*

Surveys show that 85 percent of cigarette smokers would like to stop, and that a great many have tried at least once.

39 *Do Any Succeed?*

Yes, every year nearly two million Americans stop smoking, many because of health reasons. For these people it's a question of motivation. As with any addicting drug, giving it up is always possible if the motive is strong enough. A heart attack, lung cancer, advanced emphysema—these are powerful incentives.

40 *How Do Most People Quit Smoking?*

Quitting smoking isn't usually an event—it's a process. About 95 percent of smokers who quit do so on their own, "cold turkey." They may try several times before they succeed permanently. Almost anything may help an individual give up or stay off cigarettes—it depends on his motives for smoking, and how addicted he is. The American Cancer Society offers self-help materials which have aided many smokers in stopping smoking. Others may need the support of quit-smoking groups offered by many American Cancer Society Divisions and Units. There is no one right way to quit—since smoking is done for a variety of personal reasons, stopping smoking, too, will be accomplished differently by different smokers. Anything that's legal, ethical, moral, and effective is worth trying—this could include gum chewing, carrot sticks, hiding ashtrays, taking long walks, spending time in a library or any place that doesn't permit smoking.

41 *Once I Stop Smoking, Can I Take a Cigarette Now and Then?*

No, nicotine seems to create permanent tolerance in the body. When an ex-smoker takes a cigarette, even years after quitting, the nicotine reaction is triggered and he is quickly hooked again. In the same way that a recovering alcoholic can never drink again, an ex-smoker can never smoke again.

42 *If People Stopped Smoking, What Would Happen to Tobacco Farmers?*

They could grow other crops. Admittedly, tobacco is a high-paying cash crop. It currently sells for about $1.50 a pound. Since the average acre produced 1,936 pounds of tobacco in 1980, a small tobacco farm can bring in a lot of money. However, tobacco is planted on only a small portion—less than five acres—of the average "tobacco farm."

43 *Doesn't Tobacco Pay A Great Deal of Tax?*

The total tax revenue from tobacco—about 95 percent from cigarettes—is over $6 billion a year to federal, state, and local governments. There is no gain saying that this is a substantial amount of revenue.

44 *If the Entire Country Stopped Smoking Would it Cause Economic Disruption?*

Since smoking isn't likely to cease suddenly, any economic disruption would be slowly absorbed. When it does, the country will save money. The total cost of tobacco products, 95 percent of which are cigarettes, is about $22 billion a year in the United States, including taxes. But the national cost of smoking is far higher than its income, in purely economic

terms. The cost of smoking-related-and-caused disability, absenteeism, lost production, illness, infant mortality, health care, smoking-caused fires, and death is at least $30 billion a year in this country. In other words, profitable as it is to tobacco farmers and tobacco companies, smoking costs the American people more than it brings in—at least $7 or $8 billion more every year. Of course, these financial calculations do not "cost out" the pain and suffering of people crippled or killed by cigarettes, or the grief of their families.

45 *What Is "Passive Smoking"?*

Passive smoking is the inhaling of smoke in smoke-filled atmospheres by people who don't smoke. They inhale a good deal of sidestream smoke—that is, smoke that is not drawn through the cigarette. Smoke exhaled by smokers is filtered by their lungs; undiluted sidestream smoke contains much higher percentages of tar, nicotine, and noxious gases than exhaled smoke.

46 *Is Passive Smoking Hazardous?*

Tobacco smoke, a major indoor pollutant, is dangerous to people with certain kinds of heart disease. It causes breathing difficulties and sets off strong allergic reactions in others. Two large scientific studies recently indicated an increased risk of lung cancer among the nonsmoking wives of cigarette smokers. Another study found little if any such

risk. The question has yet to be resolved; but it is a cause for concern.

47 *Does Passive Smoking Affect Children?*

Children in households where one or both parents smoke have double the amount of bronchitis or pneumonia during the first year of life as children in nonsmoking households. They also have more adenoid and tonsil operations than the children of nonsmokers.

48 *Is Smoking Marijuana Safer Than Smoking Tobacco?*

Marijuana cigarettes contain much more "tar" than tobacco cigarettes. They are also smoked differently—inhaled very deeply, the smoke held for a long time in the lungs, and smoked to the very end where tar concentrations are highest. All these suggest that smoking marijuana—even though most marijuana smokers use fewer cigarettes than do tobacco smokers—may be more carcinogenic than tobacco.

49 *Is Chewing Tobacco Safe?*

No; several studies and significant medical experience show an increased connection between chewing tobacco and cancer of the oral cavity. In India, where the habit is widespread, this has been more widely documented. Health authorities are concerned that the production of U.S. chewing tobacco has increased by 50 percent between 1971-81. People who chew tobacco become as addicted to nicotine as smokers; nicotine from this source, unlike cigarettes, is absorbed through the mouth's mucous membranes. They may then be tempted to switch from smokeless tobacco to smoking cigarettes because nicotine is even more quickly available to the body when inhaled in cigarette smoke.

50 *What About Snuff?*

Dipping snuff isn't safe either. Snuff in the United States is habitually rolled in a pellet and placed between the gum and cheek. Several studies show an increased risk of cancer of the oral cavity and larynx related to the use of snuff in this country. A recent study of women snuff users in North Carolina showed a 400 percent increase in mouth cancer, and a 50-fold increase in cancer of the cheek and gums, as compared with nonusers of snuff. Like tobacco chewers, snuff users become habituated to nicotine and may be tempted to switch to cigarettes to get larger and quicker doses of that drug. According to the American Cancer Society, "People should be strongly urged to curtail or cease their use of all tobacco substances including chewing tobacco and snuff."

lion consumers of snuff, and sales are rising 8 percent annually. "The more I dipped, the more I liked it," said Paul Hughes, 18, a six-four football co-captain from North Easton, Mass. "Makes you feel—you know, calms you down. When I tried to stop, I couldn't." Alan Lawrence, his co-captain of the football team in Taunton, Mass., said, "In our school, about three-quarters of the kids who play sports do it. As an everyday thing." Added Andover dental hygienist Joan Walsh, "Many equate it with gum chewing."

> ROGER McDOWELL, the fireballing, righthanded mainstay of the New York Mets' bullpen, started dipping snuff five years ago when he was a sophomore at Bowling Green State University in Ohio. "A lot of the older players on the baseball team were using it," he remembers, "so I did too." By the time he signed to play with the Mets' farm club in Jackson, Miss., he was up to a can every two days. Then he met his future wife, Karen, who recalls, "Roger wouldn't dip around me. I just said to him when I saw him do it once, 'Ugh, how can you do that?'"
>
> Still, it wasn't until after their marriage that Roger gave up dipping altogether. That was the night they learned of Sean Marsee's tragic fate on "Sixty Minutes." Karen turned to Roger and said, "Promise me you're going to quit." He promised. And quit he did. Today the only dipping done in the McDowell family is by his blazing fast ball. Sums up Roger: "Taking snuff is an unhealthy habit, and any young athlete who values his physical condition should stay away from it."

Scientific witnesses for the Smokeless Tobacco Council argued that no undisputed scientific evidence exists proving its product causes any human disease or is clinically addictive. Nitrosamines have produced cancer in some laboratory animals, but have not been shown to cause cancer in any human being, they pointed out.

But representatives of the American Cancer Society, American Heart Association, American Lung Association, American Dental Society, the U.S. Addiction Research Center and the Centers for Disease Control joined researchers from the National Cancer Institute in condemning the practice of dipping. Concluded Assistant Surgeon General Robert Mecklenburg, chief dental officer of the U.S. Public Health Service: "Why should a chemical time bomb be allowed to tick without warning in the mouths of children?"

Health scientist Elbert Glover of East Carolina University recently conducted two quit-smokeless-tobacco clinics in which only one of 41 participants was able to go for more than four hours without the use of smokeless tobacco. "This, to me," Glover says, "means that smokeless can be highly addictive."

Since the Massachusetts hearing, that state now requires warning labels on snuff cans, and eight other states have similar mandatory warnings under consideration.

> HOW YOU CAN HELP prevent repetitions of the tragedy that befell Sean Marsee:
>
> - Write your Congressman to support Representative Waxman's efforts to ban smokeless advertising on television and radio, and to require national health-warning labels on all smokeless-tobacco products.
> - Write to Rep. Dan Rostenkowski (D., Ill.), Chairman of the House Ways and Means Committee, and to Sen. Bob Packwood (R., Ore.), Chairman of the Senate Finance Committee, to demand that in this time of unprecedented deficits there be an excise tax on all smokeless-tobacco products.
> - Find out if your state is one of the 26 that prohibit the sale of snuff and chewing tobacco to minors. If it does not, ask your state legislators why. If it does, try to determine if the law is being enforced.
> - Make sure that your children read about what happened to Sean Marsee. And insist that your local school system educate the student body about the dangers of dipping.

Both the World Health Organization and U.S. Surgeon General C. Everett Koop have declared that smokeless tobacco does indeed pose a cancer threat, and the Public Citizen Health Research Group has petitioned the Federal Trade Commission to order warning labels. The FTC, in turn, has asked the Surgeon General to conduct a comprehensive review of existing scientific evidence on health effects before taking action. Last July, Rep. Henry Waxman (D., Calif.), chairman of the House Subcommittee on Health and the Environment, held hearings on whether to ban all smokeless advertising from television.

Dr. Gregory Connolly, director of dental health for the Massachusetts Department of Public Health, concedes that "we don't know how much oral cancer is caused by snuff. But we do know that each year we have about 29,000 new cases of oral cancer and 9000 deaths in this country. Tobacco of one kind or another is believed to account for about 70 percent of it. According to the National Cancer Institute, if you use snuff regularly you increase your risk fourfold."

Shortly before his death, Sean Marsee told his mother that there must be a reason God decided not to save him. "I think the reason is what we're doing right now," says Betty Marsee. "Keeping other kids from dying—that's Sean's legacy."

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REPRINTED FROM THE OCTOBER 1985 ISSUE OF READER'S DIGEST
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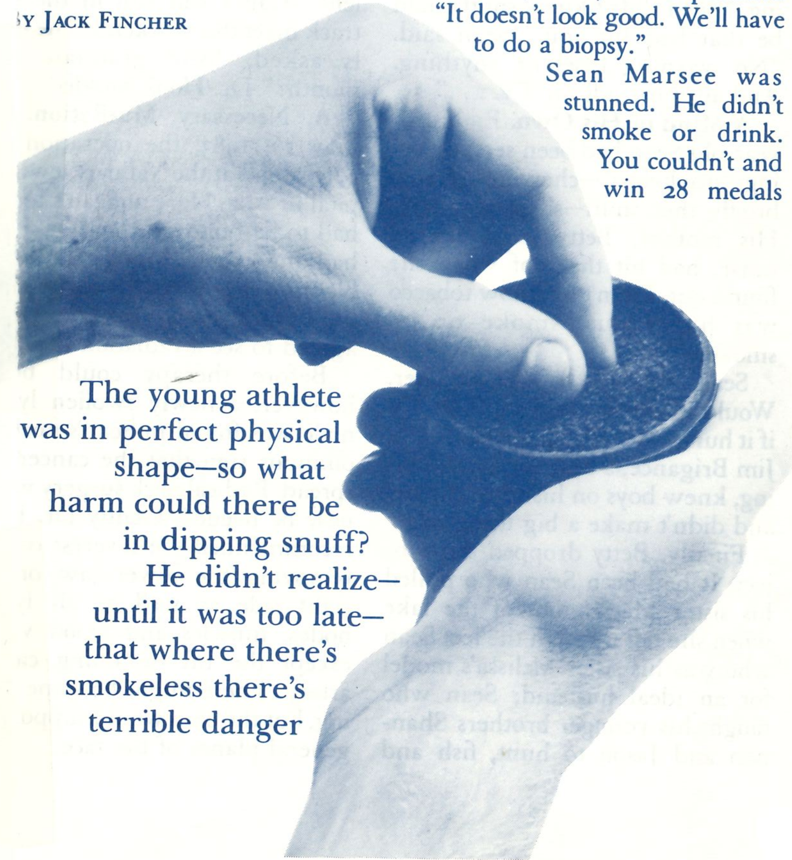
Sean Marsee's Smokeless Death

By Jack Fincher

THE ANGRY RED SPOT with its hard white core was the size of a half-dollar. It belonged, thought Dr. Carl Hook, in the mouth of a 75-year-old who had been dipping snuff since the age of three, not on the tongue of the high-school boy who sat across from him. "I'm sorry, Sean," said the Ada, Okla., throat specialist. "It doesn't look good. We'll have to do a biopsy."

Sean Marsee was stunned. He didn't smoke or drink. You couldn't and win 28 medals



The young athlete was in perfect physical shape—so what harm could there be in dipping snuff? He didn't realize—until it was too late—that where there's smokeless there's terrible danger

running anchor leg on the 400-meter relay. A tapered five-foot-five, 130 pounds, Sean had always taken excellent care of his body: watching his diet, lifting weights, running five miles a day six months of the year.

Now this. How could it be? True, he was never without a dip. He used up a can of snuff, a type of smokeless tobacco, every day and a half, holding it in his mouth to get a nicotine jolt without smoking. It was popular among high-school athletes who didn't want to break training. "But I didn't know snuff could be that bad for you," Sean said. "No warning label or anything. And all those ads on TV. . . ."

A Mind of His Own. Eighteen-year-old Sean had been secretly using "smokeless"—chewing tobacco briefly, then snuff—since he was 12. His mother, Betty, a registered nurse, had hit the roof when she found out. Didn't he know tobacco was hazardous, smoke or no smoke?

Sean refused to believe her. Would sports stars sell snuff on TV if it hurt you? Why, even his coach, Jim Brigance, a bear for conditioning, knew boys on his team dipped and didn't make a big thing of it.

Finally, Betty dropped the subject. It had been Sean who pulled his sister Marian out of the lake when she fell through the ice; Sean who was his sister Melissa's model for an ideal husband; Sean who taught his younger brothers Shannon and Jason to hunt, fish and trap; Sean who planned to join the Army Airborne as a career and to get his college education paid for. The oldest of her five children had a mind of his own.

Besides, Betty, a single parent working the hospital night shift in Ada, had enough to think about just raising the children. Then Sean had come to her with his ugly sore. Betty took one look; her heart sank. And now Dr. Hook was saying, "I'm afraid we'll have to remove that part of your tongue, Sean."

The high-school senior was silent. "Can I still run in the state track meet this weekend?" he finally asked. "And graduate next month?" Dr. Hook nodded.

A Necessary Mutilation. On May 16, 1983, the operation was performed at the Valley View Hospital in Ada. More of Sean's tongue had to be removed than Dr. Hook had anticipated. Worse, the tumor biopsy was positive. Once the swelling in his mouth went down, Sean agreed to see a radiation therapist.

Before therapy could begin, however, a newly swollen lymph node was found in Sean's neck, an ominous sign that the cancer had spread. Radical neck surgery would now be needed. Gently Dr. Hook recommended the severest option: removing the lower jaw on the right side as well as all lymph nodes, muscles and blood vessels except the life-sustaining carotid artery. There might be some sinking, but the chin would support the general planes of the face.

Betty Marsee began to cry. Sean was being asked to approve his own mutilation—Sean who was so fastidious about his appearance that he'd even swallow his dip rather than be caught spitting tobacco juice. They sat in silence for ten minutes. Then, dimly, she heard him say, "Not the jawbone. Don't take the jawbone."

"Okay, Sean," Dr. Hook said softly. "But the rest; that's the least we should do."

On June 20 Sean underwent a second operation, which lasted eight hours. That same month 150 students and teachers at Talihina High assembled to honor their most outstanding athlete. Sean could not be there to receive his award.

Coach Brigance and his assistant came to the Marsee trailer home to present him with the walnut plaque. They tried not to stare at the huge scar that ran like a railroad track from their star performer's earlobe to his breastbone. Smiling crookedly out of the other side of his mouth, Sean thanked them.

Last Lap. Miraculously, Sean snapped back. When Dr. Hook saw him that August, he showed no trace of his ordeal except the white incision scar. Five weeks of radiation therapy were behind him. Sean greeted his doctor with enthusiasm, plainly happy to be alive.

He really believes his superb physical condition is going to lick it, Carl Hook thought, driving home. *Let's hope he's going to win this race too.*

But in October Sean started having headaches. A CAT scan showed twin tentacles of fresh malignancy, one snaking down his back, the other curling under the base of his brain.

Sean had his third operation in November 1983. It was the jawbone operation he had feared—and more. After ten hours on the operating table, he had four huge drains coming from a foot-long crescent wound, a breathing tube sticking out of a hole in his throat, a feeding tube through his nose, and two tubes in his arm veins. Sean looked at Betty as if to say, *My God, Mom, I didn't know it was going to hurt like this.*

The Marsees brought Sean home for Christmas. Even then, he remained optimistic, until the day in January when he found lumps in the left side of his neck. Later, Betty answered when the hospital phoned the results of another biopsy. Sean knew the news was bad by her silent tears as she listened. When she hung up, he was in her arms, and for the first time since the awful nightmare started, grit-tough Sean Marsee began to sob.

After several minutes, he straightened and said, "Don't worry. I'm going to be fine." Like the winning runner he was, he still had faith in his finishing kick.

For the last two weeks of Sean's life, his adjustable hospital bed dominated the trailer's living room. Coach Brigance visited often, sometimes with a check from Talihina-area

residents, teachers and classmates who knew how hard-pressed the Marsees must be.

Almost to the end Sean insisted on caring for himself, packing his wound and cleaning and reinserting his breathing tube several times a day.

One day Sean confessed to Betty that he still craved snuff. "I catch myself thinking," he said, *"I'll just reach over and have a dip."* Then he added that he wished he could visit the high-school locker room to show the athletes "what you look like when you use it." His appearance, he knew, would be persuasive. A classmate who had come to see him fainted dead away.

One friend who didn't flinch was John O'Dell, then 29, a former football player from the local Fellowship of Christian Athletes. John asked Sean, when he became unable to speak, if he'd like to pencil something to share with young athletes "later." Sean wrote two brief messages. One was a simple declaration of Christian faith. The other was a plea: *Don't dip snuff.*

Early on February 25, 1984, Sean smiled a tired smile at his sister Marian and flashed an index finger skyward. An hour later he died.

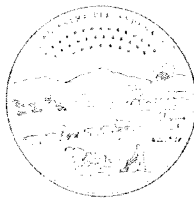
Photos tell Sean's tragic story

Time Bomb in the Mouth. Last February, Betty Marsee was among 54 witnesses who testified at a Massachusetts Public Health Department hearing on whether to label snuff a hazardous substance. The Marsees had determined to tell Sean's story: "If we didn't speak out, nothing was going to get better."

Scientists testified that the connection between snuff and oral cancer, the nation's seventh leading cause of cancer death, cannot be questioned. The culprit: highly potent cancer-causing compounds called nitrosamines, one of which forms in the mouth through the chemical interaction of saliva and tobacco. According to Stephen Hecht, an organic chemist with the American Health Foundation, a dip of snuff delivers roughly the same amount of nicotine as a cigarette and *ten times* the nitrosamines.

There are now 6 million to 10 mil-

STATE OF KANSAS



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Testimony Presented to
Senate Education Committee

by

Stanley C. Grant, Secretary
Kansas Department of Health and Environment

HOUSE BILL 2823

The question of whether to permit students to smoke in school buildings or on school grounds has smoldered for the past decade. Before that, smoking prohibitions were standard in public schools. Many of the bans were based on the assumption that smoking by young children was somehow morally wrong although there seemed to be an underlying acknowledgement that smoking did have adverse health ramifications. Children were told smoking would "stunt their growth", and athletic teams were forbidden to smoke. To many school boards, however, smoking prohibitions seemed ineffective and administrators found themselves stymied in their efforts to stop a practice that seemed inevitable. As a result, anti-smoking regulations in many school systems fell by the wayside during the 1970's. However, the pendulum is swinging back toward prohibiting or, at least, sharply limiting smoking in schools.

Nearly a third of U.S. school systems have tightened smoking policies in the past five years, and nearly half now ban student smoking entirely according to a nationwide survey completed in 1986 by the National School Board Association. Half of the current policies have been adopted since 1980. Nearly half (47 percent) of the school systems ban all smoking by students in school buildings, on school grounds, and at school-sponsored functions. Nine out of ten (91 percent) do not allow students to smoke in school buildings. Nearly three-fourths (73 percent) specify no smoking on school grounds outside of buildings, and 62 percent prohibit smoking at school activities occurring off campus.

It has been more than 20 years since the U.S. Surgeon General first announced a clear link between cigarette smoking and such diseases as lung cancer, emphysema and heart disease. The extent of damage done by smoking is little short of staggering. Cigarette smoking alone causes nearly a half-million deaths each year -- or about one in every four deaths in the U.S., according to the American Cancer Society. The Society also states that cigarette smoking is the "single most preventable cause of death in the U.S." Until very recently

Attachment 7, 3/21/88

the use of snuff or chewing tobacco was not a problem among school-age children. On the mistaken assumption that chewing tobacco was harmless when compared to smoking cigarettes and, perhaps, to emulate sports stars, many young boys started the practice of chewing tobacco products rather than smoking them. However, chewing tobacco can be as devastating as smoking it.

Despite all the publicity about the dangers of tobacco use and research that continues to support the early findings of the Surgeon General's report, smoking rates continue high. Between one-quarter and one-third of adults still smoke. In the age group of 12 to 18 year olds, approximately 12 percent smoke with girls more likely to do so than boys. A University of Michigan study conducted in 1985 estimates that 20 percent of 18-year-olds are daily smokers.

There are a number of reasons why schools should take positive action regarding the issue of smoking, aside from the fact that school is the place where young people spend the most time outside of the home.

1. The primary reason schools should restrict all smoking is health related. Very little can be added to the reams of material that document the health consequences of the use of tobacco products, including cigarette smoking, cigar smoking, pipe smoking and tobacco chewing. Added to the direct effect of the tobacco product upon the health of the individual using it, is the second-hand smoke inhaled by those forced to breath it. Second-hand smoke is almost as deadly as direct use of the product.

2. Kansas law forbids the sale of cigarettes and other tobacco products to minors. This law is rendered ineffective to some extent by the availability of vending machines and by social norms that tend to discourage the enforcement of the law. Nevertheless it does provide a legal incentive for schools to regulate smoking. As California State Senator Newton R. Russell said last year when arguing for a bill which would ban smoking areas in California schools, "On what basis of morality can the schools set up a designated place for use of a product that is illegal for students to receive?"

3. Experts agree that the younger a person is when he /she starts to smoke, the more likely the child is to become a heavy smoker and the harder it will be for him/her to quit. This fact alone makes it important for schools to take a leadership role in attempting to help youngsters avoid the tobacco habit in the first place.

4. Schools that permit teachers and administrators to smoke in their offices or in the teachers' lounge are condoning a double standard with which adolescents have a difficult time dealing and which further reinforces the notion that smoking is a status symbol of adulthood.

5. Most school health curricula teach youngsters about the physical hazards of smoking and other substance abuse. To unofficially condone smoking by permitting it to be done within the building in designated areas would lead any clear-thinking young person to question the validity of the facts taught in health classes.

6. Teachers are, or are expected to be, role models for youngsters. If we wish our youngsters to grow up to be non-smokers, it is important that those who have a role in shaping their behavior, insofar as possible, emulate the behavior that society wishes to be perpetuated.

7. Smoking at school costs time and money. It is costly not only in terms of students' health, but also in instructional time and custodial costs. The Fairfax County Virginia School board, which banned smoking in its 126,000 student school system in 1986, believes that smoking areas cast a pall on academics. Some youngsters habitually cut classes or arrived late because they were having a "smoke". If you add up being five minutes late to every class, you lose between 10 and 15 instructional days a year. To lost instructional time, tack on the extra cost of cleaning up the litter, ashes and smoke film that accompany smoking. The Fairfax County school board found there was more dirt and vandalism in smoking courts than almost anywhere else on the school grounds. And as is well documented, smoking anywhere increases the chances of fire.

   The Tonganoxie, Kansas schools received national recognition when, in 1979, the board banned smoking across the board - for students, staff members, visitors and board members. The board's position was that the board and staff "should model good health habits," Superintendent Stephen McClure said, and he attributed the policy's success to the board's willingness to apply the ban to itself. Tonganoxie's ban on smoking is part of a larger health program for staff members. One payoff of the program: Staff insurance premiums held at level rates for the past three years.

The Kansas Department of Health and Environment supports the passage of H.B. 2823 because of the positive impact it will have upon the health of students, teachers, and administrators.

Thank you.

March 21, 1988

5375 Southwest 7th Street, Topeka, Kansas 66606 913/272-7056

American Heart Association
Kansas Affiliate, Inc.

I'm Maureen Hall, communications director for the American Heart Association

I'm speaking in support of House Bill 2823, which prohibits the use of tobacco products in public schools.

The U.S. Public Health Service puts cigarette-induced premature deaths in this country at 350,000 a year. That's 50 percent more than the combined total of Americans killed yearly by auto, fire and other accidents, by alcohol-related causes, by murder and suicide, and by AIDS, cocaine and heroin.

More than 3 million of the 54 million people who smoke cigarettes are teenagers. About three-quarters of all smokers start the habit by age 19. A survey of high school seniors revealed that half who smoked regularly began smoking in the ninth grade or earlier. More than half of the regular smokers had already tried - and failed - to quit.

Our public schools are a place where chilren learn about the values of society. By allowing tobacco products in school, we are literally allowing our children permission to destroy themselves.

Both cigarettes and smokeless tobacco lead to heart disease, chronic obstructive lung disease and lung cancer. Heart disease accounts for nearly one-half of all deaths in this country. And cigarette smoking accounts for one-third of all heart disease deaths.

Attachment 8, 3/21/88

In addition to affecting the health of the smoker, cigarette smoke can increase the risk of adverse health affects for both children and nonsmoking adults. The medical bills resulting from smoking-related illnesses are estimated at 22 billion a year.

Advertisements for cigarettes and smokeless tobacco associate these habits with youthful vigor, good health, good looks and personal, social and professional acceptance and success, and that it is compatible with a wide range of athletic and healthful activities. But, consider the facts I've given you today.

Tobacco in any form doesn't improve your health. Nor does it make you any more attractive. It doesn't gain you any more acceptance personally, socially or professionally. It kills. That's why I urge you to support House Bill 2823. Our children are our future. Please help them live longer, healthier lives.

Smoking and Heart Disease

American Heart Association

FACT: Cigarette smoking greatly increases the risk of heart disease.

For years, the link between cigarette smoking and lung cancer and chronic lung disease has been well-documented and well-known. Most people still associate cigarette smoking with respiratory problems. That's not the whole story, though, because recent evidence indicates that cigarette smoking is a major cause of cardiovascular disease. Cigarette smoking, aside from harming the lungs, takes its toll on the cardiovascular system, too.

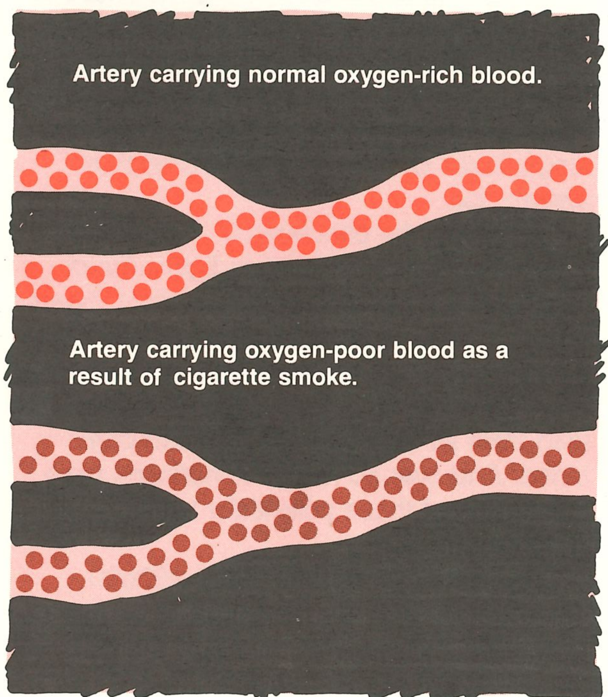
Should you be concerned? Yes — don't take cardiovascular diseases lightly. Each year, nearly a million Americans die of heart attack, stroke, high blood pressure and other cardiovascular disorders. That's about one of every two deaths — almost more deaths than from all other causes of death combined. And over 60 million Americans have some form of these potentially lethal diseases.

The bottom line is that about 350,000 deaths every year are attributed to smoking. And most of these deaths result, not from cancer, but from heart attack.

Smoking and Circulation

Inhaling cigarette smoke produces several temporary effects on the heart and blood vessels. The nicotine in the smoke increases a person's blood pressure, heart rate, the amount of blood pumped by the heart, and the blood flow in the arteries of the heart. It also causes the arteries in the arms and legs to narrow.

Nicotine isn't the only bad element in cigarette smoke, though. Carbon monoxide gets in the blood, reducing the amount of oxygen available to the heart and to all other parts of the body. Cigarette smoking also causes the platelets in the blood to become sticky and cluster, shortens platelet survival, decreases clotting time, and increases blood thickness. All of these effects harm a person's cardiovascular system.

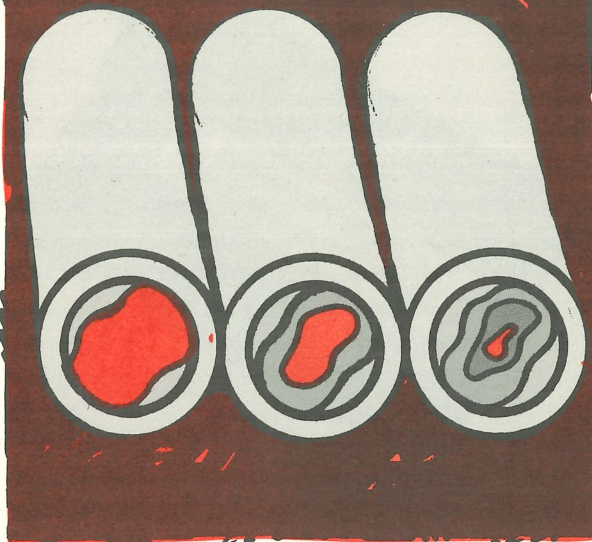


Smoking and Peripheral Vascular Disease

Peripheral vascular disease is the narrowing of blood vessels that carry blood to the leg and arm muscles. It's dangerous because if a blood clot blocks a narrowed artery, the result could be damage to — or the loss of — an arm or leg.

Smoking is a major risk factor of peripheral vascular disease. Smokers get peripheral vascular disease more often than nonsmokers, and the disease tends to be more severe. (People who stop smoking can often reduce the severity of this disease.) Among people with peripheral vascular disease, most who develop a blockage are smokers. And in cases where surgery is required, it's more likely to be successful in people who've stopped smoking.

Diabetes is another major risk factor for peripheral vascular disease. Diabetics who smoke cigarettes increase their risk of peripheral vascular disease even further.



☐ **Artery wall** ■ **Blood** ☐☐■ **Fatty deposits**

Cross sections indicate fatty deposits on artery walls. A blood clot may form in the narrowed artery, blocking the blood supply to the heart muscle and resulting in a heart attack.

Atherosclerosis

Atherosclerosis occurs when fatty deposits build up on the inner walls of the arteries, narrowing the blood vessels and reducing their elasticity. When this happens, the heart has to work harder to pump blood through the narrowed blood vessels. Arteries clogged with fatty deposits are a major cause of heart attack and stroke.

Hardening of the arteries of the heart (coronary arteries) and of the main artery (aorta) occurs more often in smokers than in nonsmokers. And when it does occur, it tends to be more severe in smokers.

Children and Smoking: A Message to Parents

American Heart Association

Each year cigarette smoking contributes to the deaths of over 300,000 people in the United States. Almost two-thirds of them die from heart and blood vessel diseases.

Still, there are more than 54 million smokers in the nation and, of those, more than 3 million are teenagers. The most shocking fact is that, for the first time, more girls than boys are smoking cigarettes.

Smoking is a hard habit to break. Last year, of the millions of smokers who tried to quit, only a small percentage actually did quit smoking.

But, as more adults are quitting, children continue to start smoking. To reduce the death and disability from cigarette smoking, smoking among children must be discouraged.

Why Do Children Start To Smoke?

Young people usually begin to face pressures to smoke between the ages of 12 and 14. This is an age when they are moving away from their families and closer to their friends. This is also a time when young people are more likely to rebel against adult authority and are willing to take more risks. Knowing this may help parents understand some of the reasons why children start to smoke.

Teenagers themselves suggest that pressure from their friends is a major reason they start smoking. Teenagers who smoke are more likely to have friends who smoke.

The family is also a major influence on the smoking behavior of children. Parents serve as models for their children. In families where one or both parents smoke, a child is more likely to smoke. And in families where older brothers or sisters smoke, there is an even greater chance that the younger child will acquire the habit.

Additionally, young people may be influenced to start smoking by cigarette advertisements, which generally show young and attractive people doing interesting and exciting things.

How Does The Problem Begin?

Children may become aware of smoking during the first few years of their lives when they are exposed to smoking by their parents and other people. Also, smoking materials (cigarettes, lighters, matches and

ashtrays) may be readily available in the home. Children are often allowed to touch and handle these materials. This may lead to imitation while they are young and actual smoking when they are older.

Children are also exposed to smoking in homes where parents may not smoke, but where their parents' friends who visit the home are allowed to smoke. Since smoking is socially acceptable, adults tend to smoke freely in the presence of children.

How Is Adult Smoking Harmful To Children?

Studies have shown that children of smoking parents, especially infants, have more lung illnesses (bronchitis and pneumonia) than children of parents who do not smoke. Parents who smoke have a greater tendency to cough, which is more likely to spread germs and expose children to chest illnesses. Also, children are forced to breathe the smoke from their parents' cigarettes in the closed environment of the home.

What Can Be Done In The Family?

Smoking should not be allowed in the home. Parents who need to smoke should not do so in front of children. Nor should smoking materials be available for children to see and handle. Parents should ask other adults who visit the home not to smoke, even if the child in the home is still an infant.

Why Should Teenagers Not Be Allowed To Smoke At Home?

Smoking behavior is only reinforced if teenagers are allowed to smoke at home. It tells the teenagers that parents accept their smoking, and, thus, it is okay for them to smoke.

Younger children will be more likely to smoke later if they see an older brother or sister smoking.

Almost all parents, including those who smoke, do not want their children to smoke. It is very important for parents to be firm in enforcing "no smoking" rules in the home. This emphasizes to children that smoking is harmful, even though the parents themselves may smoke.

What About Parents Who Have Not Quit?

It would be best if parents do not smoke. However, if parents choose to continue smoking, they should try even harder to discourage their children from smoking. Many smoking parents may be embarrassed about discussing smoking with their children. But, when parents do not say anything about the subject, their children may think smoking is okay for them, too. Or, when children see their parents continue to smoke without showing any immediate bad effects, children may decide smoking is not harmful.

Parents should tell their children how they started smoking. They should explain how sorry they are that they did start and how much they would like to quit, but have been

unable to quit yet. Children need to understand that smoking is not okay, even for adults.

What Else Can Parents Do?

Parents also can try to discourage young people from smoking by supporting school and community efforts. Through the PTA or other organizations, parents can work with schools and community agencies to promote programs to keep children from smoking. Parents should tell school officials they expect better enforcement of "no smoking" rules and that they are not in favor of special areas being set aside as student smoking areas.

Most schools now are required to teach children about the dangers of smoking. Health agencies such as the American Heart Association help educate young people by providing schools with teaching guides and materials on the hazards of smoking.

But the problem cannot be solved in the schools alone. This is the age when many children start experimenting with real cigarettes and are open to pressure from other children. Schools can teach children how to resist peer pressure to smoke. However, this pressure may be especially influential on those youngsters who grew up in homes where smoking was accepted. Therefore, parents must help by providing a good example of not smoking. This example should start during infancy.

Parents may protect their children from the dangers of smoking by telling them about it before it's too late.

WE'RE FIGHTING FOR
YOUR LIFE

American Heart
Association

National Center
7320 Greenville Avenue • Dallas, Texas 75231

51-033-B (CP)
2-87-200M

Smoking and Heart Attack

Cigarette smoking, high blood pressure and high levels of fat (e.g. cholesterol) in the blood are the three major risk factors of heart attack. People who already have high blood pressure, high blood cholesterol (or both) and who smoke cigarettes increase their risk of heart attack even more. The more cigarettes a person smokes, the greater his or her risk of heart attack.

People who smoke a pack of cigarettes a day have more than twice the risk of heart attack of people who have never smoked. And people who smoke two or more packs have a risk of heart attack three times greater.

Smokers who have a heart attack have less chance of surviving than nonsmokers. And smokers who continue to smoke after having a heart attack increase the chances that they'll have a second attack.

Angina Pectoris

Angina pectoris is a condition in which the heart muscle doesn't get enough oxygen during times of exertion. Chest pain results.

Smoking cigarettes reduces the amount of oxygen to the heart muscle, while simultaneously making the heart beat faster (increasing its demand for oxygen). The result is that when smokers with angina pectoris exert themselves, they get chest pain sooner than they normally would. Often this means that in order to prevent the onset of chest pain they must restrict their activity more than they would otherwise need to.

Heart Disease and Chronic Lung Diseases

Smoking is the main cause of chronic lung diseases (chronic bronchitis and emphysema). These chronic lung diseases put additional pressure on the heart and — when heart disease is present — may result in heart failure.

Smoking and the Birth Control Pill

Women who take the pill have a greater risk of heart attack than women who don't. Women who take the pill and also smoke cigarettes increase their risk of heart attack several times.

Smoking and Teenagers

The earlier a person begins smoking cigarettes, the greater the risk to his or her health in the future. Among teenagers, the risk of heart attack in later life seems a remote danger. But even teenagers can suffer coughing, decreased stamina and a fast heart rate as a result of smoking. These conditions will worsen over time and can develop into heart disease or chronic lung disease if smoking continues.

Low Tar and Nicotine Cigarettes

NO CIGARETTES ARE SAFE. Scientific research has found no evidence that smoking low tar and nicotine cigarettes reduces the risk of coronary heart disease.

Many smokers who have switched to low tar and nicotine cigarettes smoke more cigarettes and inhale more deeply to compensate for the decreased nicotine. This can create new problems, because tar and nicotine aren't the only harmful substances in tobacco smoke. By inhaling more deeply, smokers expose themselves to more of the other harmful substances and may increase their risk of disease.

Why You Should Stop Smoking NOW

Regardless of how much or how long you've smoked, when you quit smoking your risk of heart disease gradually decreases. Ten years after quitting, for example, your risk of death from heart disease is almost the same as if you'd never smoked.

It's important to stop smoking before the signs of heart disease appear. Once they appear, even if you quit smoking your risk of heart attack won't return to normal, although it will be lower. Don't wait until you have heart disease to quit. Quit while you're ahead — STOP SMOKING NOW!

I'm Emily Clancy from Osage County. Thank you for permitting me to address you at his time. I am here to-day because I feel I know the smoking situation in our schools.

My son entered kindergarten in Burlingame, Kansas in 1977. The 2nd week he came down with an ear infection and he missed school many days during this and future years. However during summer vacation each year his health was good, and my husband and I questioned this and decided it might have been the dust in the school yard. But every new school year brought new infections until at 15 years old, he now has his 4th set of ear tubes. We did find out during this time that he's allergic to tobacco smoke. When he entered the 7th grade, I started to do volunteer work at our school dirtrict 454. This lasted 3 years for 8 hours a week in all 3 of our school buildings. The smoke was very evident to me, but still I did not realize this was the reason for my son's problems until Dr. Erhardt, his ear doctor asked me if I was keeping him away from tobacco smoke. The only place he was exposed to passive smiking was in school. I then asked our former superintendent to help us. He said he couldn't do anything about it because no one else had complained and the smokers had their rights! I talked to several school personnel and they agreed with me that the smoke was offensive, but couldn't do anything about it because of their jobs. To designate a place for smokers is wrong because there still is no place for non-smokers! I know there are many others children who suffer as my son does. I met with and got over 124 people to sign a petition and talked to over 154 people on the telephone who agreed we needed to eliminate tobacco smoking in our schools. However when I brought my petition before the Burlingame Board of Education, they refused to help me on two different occasions. Our children need your help--help to permit them to breathe healthy air and give their lungs a chance to develop healthy. They spend almost 8 hours a day, 5 days a week breathing in poluted air from janitors, cooks, techers, and administrators.

Please, I'm not asking you for money. I'm asking you to search your hearts and help America's children. Thank you.

Emily Clancy
654-2335

Attachment 9, 3/21/88

ASSOCIATED STUDENTS OF KANSAS

The Student Governments of the State Universities

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Executive Director

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Student Government Association
The Wichita State University
Campus Activities Center
Wichita, Kansas 67208
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TO: Senate Education Committee
FROM: Christine Graves, Executive Director
DATE: March 21, 1988

RE: SB 381

Position

Leaders from each of our student governing associations have discussed at length this bill and have not been able to come up with a clear, definitive position, either in favor or in opposition to the bill. However, we appreciate the opportunity to present today our comments on the bill.

First, we applaud the intent of the bill - to create a program to attract and keep our brightest students in the state, attending our colleges and universities. This is consistent with the purpose of the state scholarship program, the program out of which monies for these Kansas Honor Scholarships would be taken.

And it is true that in all likelihood there would not be an impact on college students currently receiving awards under the State Scholarship Program as in the past few years, a significant sum of money has been left in the State Scholarship Discontinuance Attendance Fund because an overwelming majority of students who receive the state scholarship their freshman year cannot maintain the high standards required for renewal their sophomore through senior years. High School students receiving the awards would be enrolled in special academic courses, would be receiving college credit for it, and in exchange would have.to pay tuition - to put it bluntly, we would prefer to use the money in such academic pursuits rather than lose the money.

However, we are concerned with the concept behind it. That the state would be starting a new financial aid program, with money from an existing financial aid program for college students. Although these students would be enrolled in courses at the university, these students are high school students and have not yet made the commitment to attend college in the state. Perhaps if there was that commitment, or if it could be demonstrated that such an award did make a difference in the student's choice of a college to attend after high school, we would not object.

Second, we feel that the Kansas Honor Scholarship Program can stand on its own merits, and that a separate appropriation should first be requested, before another financial aid program is so quickly turned to to provide scholarship monies.

And finally, anytime money is taken from an existing program, questions have to be asked about the value of the existing program. We believe the State Scholarship Program is a valuable financial aid program for college students. If questions are going to be asked about it or changes made in it, perhaps a the maximum award amount should be reexamined (currently $1000 annually although college costs approximate $5000 annually at the public universities) as should the criteria for renewal.

Thank you Mr. Chairman and members of the Committee. I would be happy to answer any questions.

KANSAS BOARD OF REGENTS

SUITE 609 • CAPITOL TOWER • 400 SW EIGHTH • TOPEKA, KANSAS 66603-3911 • (913) 296-3421

Senate Bill 381
Kansas Honors Scholarship Program

Testimony by
Clantha McCurdy
Director of Student Financial Aid

March 21, 1988

<u>Overview</u>
Consistent with the Board of Regents' emphasis on scholastic achievement at all levels, I am proposing to you today the adoption of Senate Bill 381 which establishes the Kansas Honor Scholarship Program.

The purpose and intention of Senate Bill 381 is that of providing a positive educational experience in Kansas for honor students who have not yet graduated from high school. The primary emphasis is that of encouraging and motivating intellectually talented students to continue postsecondary study in Kansas.

Senate Bill 381 establishes funding for the cost of tuition and fees for a maximum of five credit hours. Other expenses, such as room and board or books and supplies, must be paid by the student.

<u>Rationale</u>
With the recent attention on "braindrain", the loss of many of our intellectually talented students to other states for postsecondary education, Kansas must make available attractive programs which will assist in the retention of our resources. In essence, Kansas must become a recruiting agent for its own students. The adoption of Senate Bill 381 will provide the state with another means of retaining intellectually talented students for future education and employment purposes.

The intent of honor programs at state institutions is that of providing an intellectually stimulating and challenging environment, while at the same time, enhancing the student's self-esteem. It is the belief of the Board of Regents that providing a <u>positive</u> educational experience to high achieving students at Kansas colleges and universities will enhance the chances of that student selecting the same or a similar <u>Kansas</u> institution for postsecondary study.

Additionally, establishing a program for tuition assistance to students eligible to participate in honor or gifted programs assures equal access to such programs, regardless of the economic background of the student's family.

Attachment 11, 3/21/88

Senate Bill 381

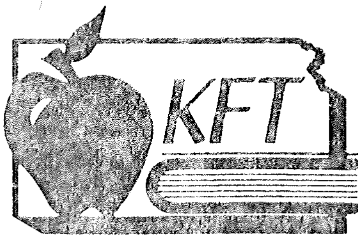
Costs

Senate Bill 381 carries no fiscal note. The Board of Regents simply seeks authority to use up to one percent of the existing State Scholarship funds appropriated annually to meet the needs of this program. Currently the State Scholarship Program is funded at $1,116,431. One percent of these available dollars will provide approximately $11,166 to assist qualified students with college tuition expenses.

Most students participating in honor or gifted programs are able to receive a maximum of five college credit hours. The average award to students participating in the Kansas Honor Scholarship Program will be approximately $275. As with other state funded student aid programs, only students demonstrating financial need will be considered.

Summary

The approval of Senate Bill 381 will provide Kansas with another mechanism to potentially fight the "braindrain" by encouraging our best young minds to attend universities and colleges in Kansas. We encourage your support for the Kansas Honor Scholarship Program.



KANSAS FEDERATION OF TEACHERS
310 West Central Suite 110 • Wichita, KS 67202 • (316) 262-5171

TESTIMONY IN SUPPORT OF SENATE BILL NO. 381

Carolyn Kehr
Curriculum and Special Projects

Mr. Chairman and members of the Senate Education Committee, the Kansas Federation of Teachers lends its support to Senate Bill No. 381 which advocates the establishment of a Kansas honors scholarship program for Kansas honor students. Over 2,000 teachers in the Kansas Federation of Teachers agree that financial programs such as this must be established to provide opportunities for the gifted and academically talented in our state so thay they might remain in Kansas as they pursue higher education and career possibilities.

As the honor students are identified throughout their elementary and secondary years, we stimulate, encourage and challenge these students to reach their highest educational potential. After we have invested in these students, we certainly want them to stay in Kansas as they pursue their educational goals. If there is a financial incentive involved, as found in this scholarship fund, students are more likely to remain in Kansas and enhance it with their knowledge and skills.

The Kansas Federation of Teachers believes in providing opportunities for the students of Kansas as they endeavor to strive for educational excellence in postsecondary institutions. As educators we are constantly looking for new avenues through which students needs may be met. This is one more way students may seek to further study fields of their choice.

The Kansas Federation of Teachers supports a favorable reading of Senate Bill No. 381.

Attachment 12, 3/21/88

GCIU