

Approved: 3-20-95
Date

MINUTES OF THE HOUSE COMMITTEE ON FEDERAL AND STATE AFFAIRS.

The meeting was called to order by Chairperson Garry Boston at 1:30 p.m. on March 7, 1995 in Room 526-S of the Capitol.

All members were present except: Representative Clyde Graeber, Excused
Representative Greg Packer, Absent

Committee staff present: Mary Galligan, Legislative Research Department
Lynne Holt, Legislative Research Department
Mary Ann Torrence, Revisor of Statutes
June Evans, Committee Secretary

Conferees appearing before the committee: Nathan Richards, Shawnee Heights Middle School
Brian Gilpin, American Heart Association
Betty Dicus, American Cancer Society
Paula Marmet, Department of Health and Environment
Jill Mignacca, Washburn Rural High School
Terri Robert, Kansas State Nursing Association

The Chairperson stated minutes had been distributed and would be approved at the end of the meeting.

Representative Vernon Correll requested bill introduction that no school district, county jail or state correctional institution shall be required to provide any person who is 16 years of age or older, was prosecuted as an adult and has been convicted of a crime with an opportunity to attend school at a school district or to be educated in such county jail or state correctional institution.

Representative Ballou moved and Representative Aldritt seconded to accept request as a committee bill. The motion carried.

R. E. "Tuck" Duncan requested a bill introduction regarding temporary permits to sell porcelain bottles of alcohol without violating the law, wine auctions for charity, wholesalers of beer and wine spirits would allow for will call at another wholesaler's dock with approval from ABC.

Representative Nichols moved and Representative Spangler seconded to accept request as a committee bill. The motion carried.

HB 2544 - Taxation and regulation of cigarettes and tobacco products.

Mary Galligan, Legislative Research Department, gave a briefing on **HB 2544**, stating this bill would amend existing law regarding regulation and taxation of cigarettes and tobacco products and enact new statutes to comprise the Kansas Cigarette and Tobacco Products Act the stated purpose of which would be to regulate the sale of cigarettes and tobacco products in Kansas and to impose a tax on those products. Tobacco products are defined in current law to include virtually any form of tobacco, suitable for chewing or smoking or both, other than cigarettes. That definition would not be changed by the bill.

The bill would amend existing law to prohibit sale of cigarettes and tobacco products from vending machines. The bill would extend the prohibition against minors purchasing cigarettes and tobacco products to the acts of possession or attempting to purchase or possess those products. (See Attachment #1)

The Chairperson opened the hearing on **HB 2544**.

Nathan Richards, Seventh grader at Shawnee Heights Middle School testified in support of **HB 2544**, stating cigarette smoking has gone down among adults, however, smoking among children and teenagers has not dropped. The average age a child or teenager starts to smoke is 13, and by 14 or 15 they are hooked on tobacco. Advertising directed towards children and teens works. Joe Camel is the most recognized face after Mickey Mouse among children. There are convenience stores that sell cigarettes to teens and machines are placed where they are out of view so there is no control. (See Attachment #2)

Brian Gilpin, American Heart Association, testified in support of **HB 2544**, stating compliance checks done by several different groups such as the Topeka-Capital Journal, the Tobacco Free Kansas Coalition, Tobacco Free Wichita, and the Kansas Department of Revenue show that retailers are selling tobacco products to kids more than 50% of the time. In some cases the sell rate reaches as high as 90%. (See Attachment #3)

Betty Dicus, American Cancer Society, appeared in support of **HB 2544**, stating the bill takes positive steps in limiting youth access to cigarettes and tobacco in Kansas.

The average teen smoker starts at age 13 and becomes a daily smoker by age 14 and a half.

80% of the children who smoke have tried to quit, yet only 1.2% succeed.

68% of adults, and 81% of young adults (18 to 24 years of age) believe it is very or somewhat easy for kids to buy tobacco products.

All cigarette vending machines (74%).

Cigarette vending machines accessible to kids (91%).

Self-service displays in stores (78%). (See Attachment # 4)

Paula Marmet, Department of Health and Environment, testified in support of **HB 2544** because of the positive impact restricting youth access to tobacco products has on our Kansas youth.

As the state health agency, KDHE has the responsibility to address the causes of disease and death in Kansas. Tobacco use is the leading preventable cause of disease and death in our state, as well as the nation. The question is not, "How do we get our young people to stop smoking, but instead, how do we help our young people to no longer smoke in the first place?" Strict enforcement of youth access laws at all levels is an effective way to tell young people that smoking is not normal behavior. KDHE supports local health departments and city/county councils to enact local ordinances to further limit youth access to tobacco products. (See Attachment #5)

Jill M. Mignacca, Washburn Rural High School, appeared as a proponent for **HB 2544**, stating she was a Topeka Capital-Journal youth staff member and had staged an undercover investigation to determine how easily accessible tobacco is to minors. The youth staffers visited 61 Topeka stores, including supermarkets, travel plazas and convenience, drug and discount stores. Thirty-nine of the 61 businesses (63.9%) illegally sold tobacco products to the youth staffers. The law needs to be enforced because tobacco is a deadly drug, and it's killing our nation's future. (See Attachment #6)

Terri Roberts JD, RN, Kansas State Nurses Association, testified as a proponent for **HB 2544**, stating as registered nurses restrictions are supported on the sale of cigarettes to minors and appropriate civil penalties for retailers who make illegal sales.

In November/December 1993, the Kansas Department of Revenue Division of ABC conducted baseline testing by checking 167 retailers for the sale of cigarettes to minors. 121 or 72.5% made illegal sales. May through June 1994, ABC conducted an awareness campaign by sending informational letters to retailers and press releases. Another check of retailers in August of 1994, 275 retailers were checked and the results reflected significant compliance, with only 128 illegal sales or 46.5% non-compliance.

Access to cigarettes is only one piece of the legislation in preventing adolescents from beginning to smoke. But, it is an extremely significant piece whose benefit far outweighs the cost. The fiscal note for **HB 2544** suggests only \$25,000 in licensing fees revenue would be lost. This may be even recouped with stringent enforcement including the new civil penalties collections. (See Attachment #7)

Nancy Lindberg, Assistant to the Attorney General, distributed a letter by Carla Stovall, Attorney General, stating her support for **HB 2544**. Even though state law prohibits the sale of cigarettes and tobacco products to underage customers, child tobacco use in Kansas has increased. Kansas must do what we can to reduce the use of cigarettes and tobacco by our young people and **HB 2544** will help do that.

Alcohol Beverage Control did an undercover operation in a Kansas community recently in which they had an underage individual try to purchase cigarettes. Purchases were made in 27 of 29 locations.

An amendment to **HB 2544** is suggested by separating youth possession from all the other violations in Section 7 and then adding language which would allow all duly constituted law enforcement personnel to confiscate cigarettes and tobacco products found in possession of a minor in lieu of criminal charges. (See Attachment #8)

Pat Hubbell, representing the Tobacco Institute, stated the Tobacco Institute has traditionally supported legislation which curtails the sale of tobacco products to persons under the age of eighteen. In reviewing **HB**

2544, there are some potential problems. The following would improve HB 2544 without deleting its original intent.

(1) Legislation that restricts the location of cigarette vending machines to places where access is limited to adults, or where there is stringent adult supervision is supported.

(2) The Tobacco Institute supports legislation that would require the attorney general to work with local law enforcement officials to enforce the provisions through unannounced inspections of locations where tobacco products are sold. Persons under 18 years of age may be enlisted by sheriffs or chiefs of police, or their employees, to test compliance with this Act only if the testing is conducted under the direct supervision of sheriffs or chiefs of police, or their employees, and written parental consent has been provided.

(3) To ensure that HB 2544 is equitably and uniformly enforced, no county, city, or department, board or agency thereof, and no other political subdivision, board or agency of the state may enact any laws, ordinances, rules or regulations concerning the sale, distribution, display or promotion of tobacco products. (See Attachment #9)

The Chairperson closed the hearing on HB 2544.

The Chairperson stated all bills had to be out of the committee by March 20. The meeting had to be cancelled yesterday so will take up final action at this time, then asked the wishes of the committee on HB 2517.

Representative Standifer moved and Representative Smith seconded to pass HB 2517 out adversely. The motion carried.

Representative Ballou requested to be recorded as voting NO.

Representative Lloyd stated he would have liked to have seen costs.

Representative Donovan stated he would like to know situation if looked at it from other countries. Do other countries provide documents in English?

The Chairperson asked what the committee's wishes were on HB 2527.

Representative Standifer moved and Representative Gilbert seconded to amend on line 35 and strike "employment" and replace with "hiring". The motion carried.

Representative Standifer moved and Representative Spangler seconded to pass HB 2527 out of committee as amended. The motion carried.

The Chairperson asked the committee's wishes on HB 2539.

Representative Vickrey moved and Representative Lawrence seconded to amend and consolidate HB 2539 and HB 2541 by adding "providing for preemption and standardization by the state in regulation" at the end of line 12, and adding a new Section 2. The motion failed. (See Attachment # 10)

Representative Lloyd stated he objected to the balloon. Cities are going to set the gun standards rather than what the rural areas need.

The Chairperson stated voting on HB 2539 and 2541 would be separate.

The Chairperson asked the wishes on HB 2539.

Representative Spangler moved and Representative Lloyd seconded to strike line 5 in Section 4 "transactions at a gun show or".

Representative Standifer stated she had requested information from the KBI if implementation of the record check system proposed in HB 2539 would be compatible with the federal national instant criminal history system being implemented by the FBI or would it become obsolete? HB 2539 provides for use of an 800 telephone line for firearms dealers to contact the KBI to obtain criminal history record checks within 48 hours. The NICS system would be a computer modem system accessing a national database operated by the FBI. The system proposed by HB 2539 would, indeed, become obsolete once the FBI system went on line as it would be slower, more expensive and less complete than the NICS program.

The second question was that HB 2539 exempts transactions at gun shows from record checks and wonders if this would be in compliance with the Brady Bill? The Brady handgun control law, Public Law 103-159, makes no such exemption for purchases at gun shows, and so Brady checks would still be required for such purposes.

The KBI further stated while not in direct conflict, **HB 2539** would be a duplicate system and the Brady mechanism would still need to be in place. Otherwise, sales at gun shows would be in violation of the Brady act.

Representative Franklin stated that computerized systems will always need to be updated.

Representative Nichols moved and Representative Spangler seconded to strike line 6-8 on page 4. A Division was called - 11 Yeas and 10 Nays.

Representative Adkins moved and Representative Standifer seconded to Table HB 2539. The motion carried.

Representative Gilbert moved and Representative Standifer seconded the minutes of February 20, 23, and 27, 1995 be approved. The motion carried.

The Chairperson stated there would be hearings on **HB 2547** on March 13.

The meeting adjourned at 3:05 p.m. The next meeting will be March 8, 1995.

HOUSE FEDERAL AND STATE AFFAIRS COMMITTEE GUEST LIST

DATE: March 7, 1995

NAME	REPRESENTING
Nathan Richardson	Smoke free Class of 2000
Don Richard	ALAKE KRCS
Alan Rank	Amer. Can. Soc.
Betty Dicus	ACS
Jennie Gurganic	Amer. Cancer Soc.
Paula Marmet	KDHE
Jill M. Mignacca	The Topeka Capital-Journal
Armin Samuelson	Seed -
Bob Swafford	KDHE
Brian Gilpin	American Heart Association
Margaret Helwig	Tobacco Free Kansas, Inc
Jay Carmona	Tobacco Free Kansas, Inc
Cindee C. Stalton	American Heart Association
William W. Sneed	STC
Kathy Peterson	Philip Morris
R. Lipsey	AP
Trick Dillan	KS. wine & spirit, wholesaler
John Peterson	Arhouse Busch
Fredy Keller	American Lung Assn

HOUSE FEDERAL AND STATE AFFAIRS COMMITTEE
GUEST LIST

DATE: March 7, 1995

NAME	REPRESENTING
Eva Pereira	KACHA
JOHN BOTTENBERG	PHILIP MORRIS
Tom Bruno	ALERT ASSOC.
Molly Phillips	Rep. Mellure

MEMORANDUM

Kansas Legislative Research Department

300 S.W. 10th Avenue
Room 545-N – Statehouse
Topeka, Kansas 66612-1504
Telephone (913) 296-3181 FAX (913) 296-3824

March 7, 1995

RE: 1995 H.B. 2544

H.B. 2544 would amend existing law regarding regulation and taxation of cigarettes and tobacco products and enact new statutes to comprise the Kansas Cigarette and Tobacco Products Act the stated purpose of which would be to regulate the sale of cigarettes and tobacco products in Kansas and to impose a tax on those products. Tobacco products are defined in current law to include virtually any form of tobacco, suitable for chewing or smoking or both, other than cigarettes. That definition would not be changed by the bill.

The bill would amend existing law to prohibit sale of cigarettes and tobacco products from vending machines. Vending machines used to dispense cigarettes to tobacco products would be declared to be a common nuisance and contraband.

The bill would extend the prohibition against minors purchasing cigarettes and tobacco products to the acts of possession or attempting to purchase or possess those products. Minors who violate the purchasing or possession prohibitions would be adjudicated a child in need of care under the Code for Care of Children.

The bill also would make it illegal to furnish or distribute cigarettes or tobacco products to minors. Under existing law it is illegal to sell cigarettes or smokeless tobacco to a minor. The bill would provide licensees with a defense to a prosecution for selling, furnishing or distributing cigarettes or tobacco products to a minor. That defense would be that the defendant sold, furnished or distributed the cigarettes or tobacco products to the minor with reasonable cause to believe the person was of legal age to purchase or receive cigarettes or tobacco products and that the minor exhibited an apparently official form of photo identification purporting to establish that the person was over 18. This provision is similar to the defense that is provided in liquor laws for selling to minors. A person who sells, furnishes or distributes cigarettes or tobacco products to a minor would be guilty of an unclassified misdemeanor punishable by a fine of between \$500 and \$2,500 or imprisonment for a maximum of a year, or both. The penalty is not changed from that in existing law.

Retail dealers would be required to post and maintain in a conspicuous place in the

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FSA
3-7-95
Atch #1

dealer's establishment, a notice stating: "By law, cigarettes and tobacco products may be sold only to persons 18 years of age and older."

The bill also would make it illegal to distribute samples of cigarettes or tobacco products within 500 feet of any school when the building is being used primarily by persons under 18 years of age unless the sampling is: 1) in an area to which persons under 18 years of age are denied access; 2) in or at a retail location where cigarettes and tobacco products are the primary commodity offered for sale at retail; or 3) at or adjacent to an outdoor production, repair or construction site or facility.

The bill would provide that in lieu of or in addition to any other civil or criminal penalties provided by law, the Secretary also would be authorized to impose civil penalties on licensees who violate the act. Those penalties would include a minimum fine of \$1,000 for each violation of the Act or rules and regulations adopted under the Act. Imposition of any such fine could be appealed in accordance with the Administrative Procedure Act.

The bill also would establish a distribution scheme for cigarettes and tobacco products that would require that all retail dealers purchase cigarettes from wholesale dealers. Wholesale dealers could sell only to another wholesale or retail dealer or to a manufacturer's salesperson. The bill would increase from two years to three years the length of time that dealers must maintain and have available for inspection all records of sales.

The bill would establish the Cigarette and Tobacco Products Regulation Fund as the repository for all license fees and fines imposed by the Secretary of Revenue under the Act. Money in the fund could only be used by the Secretary of Revenue to enforce the Act. Under existing law, both license fees and taxes collected under the Act are credited to the State General Fund.

Taxes imposed by the act would be administered and collected in accordance with procedures established in the Retailers' Sales Tax Act.

Existing law that would not be amended by the bill:

- the requirement that all persons who sell cigarettes or tobacco products in Kansas be licensed;
- retailer, wholesaler and manufacturer's salespersons licenses under the act would continue to be issued for two years;
- distributor's licenses would continue to be issued for one year;
- license fees;
- the tax on cigarettes would continue to be \$.24 on each 20 cigarettes or fractional part or \$.30 on each 25 cigarettes. The tax is paid by the wholesale dealer first receiving the cigarettes. The tax is imposed on sales of cigarettes made to public as well as private entities;

- provisions regarding tax stamps;
- provisions regarding distribution of sample cigarettes, providing that the tax is paid;
- procedures for seizing and disposing of contraband goods;
- privilege tax of 10 percent of the wholesale sales price of the tobacco products imposed at the time the distributor brings the products into the state, manufacturers the products in the state , or ships products to retailers in the state;
- bond requirement for persons applying for a distributor's license; and
- acts prohibited under existing law regarding underage possession, sale to minors, limitations on distribution of samples, and sale from vending machines would continue to be prohibited except as noted above

Also unchanged would be the existing law that making violation of provisions of the act for which there is no specific penalty, an unclassified misdemeanor punishable by a maximum fine of \$1,000 or imprisonment for a maximum of one year, or both. In addition, a person found liable for any licensee fee or tax must pay double the amount due.

Mr. Chairman, Ladies and Gentlemen:

My name is Nathan Richards. I am 13 years old, and in the Seventh (7th) grade at Shawnee Hights Middle School. I am here to ask you to please support HB 2544.

Cigarette smoking has gone down among adults, however, smoking among children and teenagers has not dropped. The average age a child or teenager starts to smoke is 13, and by 14 or 15 they are hooked on tobacco.

The tobacco companies know that children and teenagers at this age are trying to find out who they are, and that we seek acceptance, that we want to "fit in" among our peers. The tobacco companies also know that many teens still think that smoking is cool and that it won't hurt them. Finally, these companies know that children and teens fall for slick advertising much easier than adults. Joe Camel is the most recognized face after Mickey Mouse among children. Advertising directed towards children and teens works.

The best way to counter this is with education and to make it harder for children and teens to obtain tobacco products. It is illegal for a child or teen to buy or drink alcohol. This is for their own good, and I urge you to make it just as hard for children and teens to buy and use tobacco.

I know that there are convenience stores that sell cigarettes to teens.

I know that there are cigarette machines placed where none would see who buys the cigarettes from them.

I know of cigarette machines that have both candy and cigarettes in the same machine, with nobody watching what teens buy from these machines.

You can't buy alcohol from a vending machine, it should be the same for cigarettes.

Please help keep tobacco products out of the hands of children.

We are your future, help us stay healthy.

Thank You for allowing me to address you.

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3-7-95
Atch #2

NEWS FROM: THE ROBERT WOOD JOHNSON FOUNDATION

Contact: Cindy Drucker
Peggy Barresi
Cone/Coughlin Communications
(617) 227-2111

FACT SHEET: TOBACCO IS EASY FOR CHILDREN TO GET



By age 17, 77% of kids have tried smoking and 25% have become regular smokers (*Youth Risk Behavior Survey, 1990*)



73% of minors who smoke started by age 15 (*Teenage Attitudes and Practices Survey, 1993*)



2.7 million children have smoked a whole cigarette by their 13th birthday (*Teenage Attitudes and Practices Survey, 1993*)



75% of 8th graders and 89% of 10th graders say that cigarettes are easy to get (*Monitoring the Future Survey, 1993*)



Minors smoke over 500 million packs of cigarettes per year. Half of these are illegally sold, garnering over \$500 million in illegal sales (*American Journal of Public Health, 1994*)



44% of daily smokers among a survey of 7,800 ninth graders report having shoplifted cigarettes (*Roswell Park Cancer Institute, 1992*)



Minors are successful in purchasing cigarettes from vending machines 88% of the time (*Surgeon General's Report, 1994*)



Vending machines are used more frequently by younger smokers: 22% of 13 year-olds use them compared to 2% of 17 year-olds (*National Automatic Merchandising Association, 1989*)



Kids are successful in purchasing cigarettes over the counter 67% of the time (*Surgeon General's Report, 1994*)



Small convenience stores are the most prevalent source of illegal cigarette sales for older teens (*Teenage Attitudes and Practices Survey, 1993*)

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Testimony in support of HB 2544
Federal and State Affairs Committee
March 7, 1995

Brian Gilpin
American Heart Association
913-272-7056

THE PROBLEM: RETAILERS ARE SELLING TOBACCO PRODUCTS TO KIDS

Compliance checks done by several different groups such as the Topeka-Capital Journal, the Tobacco Free Kansas Coalition, Tobacco Free Wichita, and the Kansas Department of Revenue show that retailers are selling tobacco products to kids more than 50% of the time. In some cases the sell rate reaches as high as 90%.

The American Heart Association understands that the Department of Revenue recently conducted compliance checks in Manhattan, Kansas where retailers sold tobacco products to kids 27 out of 29 times.

The American Heart Association supports HB 2544 because it addresses the need to enforce the law that prevents the sale of tobacco products to those under 18 years of age.

OBJECTIVE: ALL RETAILERS NEED TO DO IS TO CHECK ID, THAT'S ALL

All that we really want to see is that retailers check ID of those persons that look 25 years of age or younger before selling tobacco products, and then to refuse sale if the person is under 18 years of age -- that's all.

If a retailer checks ID then they have a defense if someone under 18 purchases tobacco products with a fake ID (Section 8(b) lines 11-21).

REMEDY: THIS BILL PROVIDES RESOURCES FOR COMPLIANCE CHECKS

This bill requires that all moneys received from license fees imposed by this act will go into the cigarette and tobacco products enforcement fund. This will ensure that some funds will be available to do a limited number of compliance checks across the state.

WE HAVE AN OBLIGATION TO ENFORCE THE LAW AND TO PROTECT OUR YOUTH

Smoking is a major public health issue and the least we can do is to do a better job of enforcing the law and to help children and youth from becoming addicted to tobacco before they are of legal age to purchase it.

The American Heart Association does not wish any undue hardship on any business, but no one should be in the business of selling tobacco products to children and youth.

-MORE-

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3-7-95
Atch #3

THERE ARE SOME CONCERNS WITH THIS BILL

At this time it may not be necessary to ban cigarette vending machines (page 11, Section 9 line 37). However, cigarette vending machines should be, at the very least, restricted to areas that are off limits or not frequented by those under 18 years of age, such as employee break rooms, bars, taverns, etc. Owners of cigarette vending machines should be given every opportunity to comply with the law just like every retailer.

At this time it is not necessary to penalize minors for possessing tobacco products. This bill does address the need to make it unlawful for minors to possess tobacco products and it gives law enforcement officials the authority to confiscate tobacco products from minors.

Penalizing minors for possession of tobacco products would place an unnecessary burden on our courts.

YOUR SUPPORT OF EFFORTS TO PROTECT OUR YOUTH ARE APPRECIATED
PLEASE SUPPORT HB 2544

-END-

Attached is the executive summary of the findings and recommendations of a working group of state attorneys general on legislation to reduce illegal tobacco sales to minors (December, 1994).

EXECUTIVE SUMMARY

NO SALE:

**Youth, Tobacco and
Responsible Retailing**



**Developing Responsible Retail Sales Practices and
Legislation to Reduce Illegal Tobacco Sales to Minors**

**Findings and Recommendations of a Working Group
of State Attorneys General**

NO SALE: YOUTH, TOBACCO AND RESPONSIBLE RETAILING

December, 1994

Arizona Attorney General Grant Woods
Arkansas Attorney General Winston Bryant
***Connecticut Attorney General Richard Blumenthal**
Florida Attorney General Robert A. Butterworth
Guam Attorney General Donald L. Paillette
***Hawaii Office of Consumer Protection**
Philip Doi, Executive Director
***Iowa Attorney General Bonnie J. Campbell**
Kansas Attorney General Robert T. Stephan
***Louisiana Attorney General Richard P. Ieyoub**
***Maryland Attorney General J. Joseph Curran, Jr.**
***Massachusetts Attorney General Scott Harshbarger**
Michigan Attorney General Frank J. Kelley
***Minnesota Attorney General Hubert H. Humphrey, III**
Mississippi Attorney General Mike Moore
Montana Attorney General Joseph P. Mazurek
Northern Mariana Islands Attorney General Richard Weil
New Jersey Attorney General Deborah T. Poritz
New Mexico Attorney General Tom Udall
***New York Attorney General G. Oliver Koppell**
***Oklahoma Attorney General Susan B. Loving**
***Rhode Island Attorney General Jeffrey B. Pine**
***Texas Attorney General Dan Morales**
Utah Attorney General Jan Graham
***Vermont Attorney General Jeffrey L. Amestoy**
Washington Attorney General Christine O. Gregoire
West Virginia Attorney General Darrell V. McGraw, Jr.
Wisconsin Attorney General James E. Doyle

* Denotes member of the Working Group

Executive Summary

In May, 1994 twelve state Attorneys General formed a Working Group to study the problem of illegal tobacco sales to minors.¹ Despite state laws prohibiting these sales, underage customers purchase over half a billion packs of cigarettes and twenty-six million containers of chewing tobacco every year. The Attorneys General are concerned about these sales because, in addition to being illegal, cigarette smoking is an addiction typically initiated during the teenage years.

Ninety percent of smokers report that they began smoking as teenagers. The average age at which teenage smokers first begin smoking is thirteen to fourteen years, and by age eighteen, teens are smoking at a rate very near the adult rate. Unlike adolescent use of alcohol and other drugs, adolescent smoking behavior has not declined since the early 1980's, and some statistics show an increase in underage smoking. In 1990, nineteen percent of high school seniors smoked daily, and twenty-nine percent had smoked in the last month.

These smoking rates illustrate that young people have ready access to tobacco. And, from all studies, it appears that their major source of tobacco is from over-the-counter sales by retail merchants. Because of the health hazards that flow from tobacco use, Congress, in 1992, passed legislation mandating that states improve their enforcement of laws prohibiting the sale of tobacco products to minors. To promote compliance with the requirements of this federal legislation and with our state laws, the Working Group met with various segments of the retail community, including representatives from convenience stores, supermarkets, gas station stores, drugstores, and discount stores, as well as their respective trade associations, to

¹ The members of the Working Group are listed on the inside cover page of this report. Eleven of these states were represented by their Attorney General. Hawaii was represented by the Executive director of its Office of Consumer Protection. In addition, many other Attorneys General have endorsed the recommendations of the Working Group. These endorsing states are also listed on the inside cover page. The views expressed in this report are those of the Attorneys General listed and do not necessarily reflect the public policy of their respective states.

determine what efforts were being made by retailers to prevent tobacco sales to minors. The Working Group was particularly interested in those efforts that had proven most effective at reducing or eliminating illegal tobacco sales.

After carefully reviewing the information we gathered during the course of this investigation, including our meetings with the retail industry and our examination of their current training materials, electronic price scanner systems, product placement criteria, signage and in-house monitoring systems, the Working Group recommends that the following measures be undertaken by all tobacco retailers to substantially reduce illegal tobacco sales to minors:

- USE SECRET SHOPPERS TO MONITOR EMPLOYEE COMPLIANCE WITH THE LAW AND REWARD EMPLOYEES WHO COMPLY
- PROGRAM EXISTING ELECTRONIC PRICE SCANNERS WITH TOBACCO "LOCKS" TO HELP CONTROL TOBACCO SALES
- EXPEDITE THE USE OF PRICE SCANNER SYSTEMS WITH TOBACCO "LOCKS"
- DEVELOP EFFECTIVE TRAINING MATERIALS ON AVOIDING ILLEGAL TOBACCO SALES TO MINORS, AND GIVE THIS TRAINING EQUAL EMPHASIS WITH TRAINING ON AVOIDING ILLEGAL ALCOHOL SALES
- HOLD STORE MANAGERS ACCOUNTABLE FOR THEIR STORES' COMPLIANCE WITH THE LAW
- KEEP TOBACCO PRODUCTS BEHIND THE SALES COUNTER OR IN LOCKED CASES
- DO NOT SELL SINGLE CIGARETTES EITHER IN OPEN DISPLAYS OR FROM BEHIND THE COUNTER
- POST PROMINENT SIGNS TO REINFORCE THE LAW
- REMOVE CIGARETTE VENDING MACHINES FROM RETAIL STORES
- REQUIRE PROOF OF AGE, IN THE FORM OF A RELIABLE PHOTOGRAPHIC IDENTIFICATION, FOR ANYONE WHO APPEARS TO BE TWENTY-FIVE OR YOUNGER
- REMOVE ADVERTISEMENTS, IN-STORE DISPLAYS AND PROMOTIONAL ITEMS THAT ENCOURAGE MINORS TO BUY TOBACCO

- IN THE ALTERNATIVE, RETAILERS WHO PREFER NOT TO TAKE PROACTIVE STEPS TO PREVENT ILLEGAL SALES SHOULD CONSIDER SIMPLY ELIMINATING TOBACCO FROM THEIR STORES

The Working Group also recommends that the states strengthen laws banning the sale of tobacco to minors and improve enforcement by applying the following principles:

- LEGISLATURES SHOULD BE WARY OF SOLUTIONS ADVANCED BY THE TOBACCO INDUSTRY
- STATE LEGISLATION SHOULD NOT PRE-EMPT LOCAL ORDINANCES
- STATE LAWS SHOULD CREATE OR REQUIRE A LICENSING SYSTEM FOR TOBACCO SALES
- THE LICENSING AND ENFORCEMENT SYSTEM SHOULD BE SELF-SUPPORTING
- THE LICENSING SYSTEM SHOULD USE GRADUATED FINES, WITH LICENSE SUSPENSION FOR REPEAT OFFENSES
- THE LAW SHOULD INCLUDE POSITIVE INCENTIVES FOR RESPONSIBLE RETAILING
- THE LAW SHOULD REQUIRE PERIODIC COMPLIANCE CHECKS
- THE LAW SHOULD NOT LIMIT WHO CAN CONDUCT COMPLIANCE TESTS
- STATE LAWS SHOULD LIMIT YOUTH ACCESS TO TOBACCO BY RESTRICTING VENDING MACHINE SALES AND PROHIBITING FREE SAMPLING
- STATE LAWS SHOULD REQUIRE DRIVER'S LICENSES TO BE DESIGNED TO MAKE AGE IDENTIFICATION EASY

KAHA

KANSAS ADOLESCENTS: TOBACCO USE

Reducing the initiation of cigarette smoking by youth is an important national priority. Experimentation with all tobacco is occurring at younger and younger ages and initiation now occurs almost entirely during adolescence. Given the high percentage of tobacco users who begin before adulthood, prevention efforts must focus on children and young adolescents. Individuals who start smoking early have more difficulty quitting, are more likely to become heavy smokers, and are more likely to develop a smoking-related disease. Many adolescents who smoke do not understand the nature of tobacco addiction and are unaware of, or underestimate, the important consequences of smoking.

Factors influencing initiation of smokeless tobacco in general are similar to those associated with initiation of cigarette smoking. One difference of note, however, is that smokeless tobacco use has been associated with participation on sponsored athletic teams (e.g. baseball, wrestling, football and rodeo) whereas smokers are less likely to participate in such teams. While the tobacco industry denies that its advertising is targeted to youth, cigarette advertising is heavy in magazines with large adolescent readership. Furthermore, tobacco advertisers typically employ image-based ads, which are more effective with young people and have the greatest impact on youth whose poor performance in school increases the distance between their ideal and current self-image.

NATIONAL DATA

- In the U.S. every year, over one million children start to smoke.
- Each day, 3,000 young people become regular smokers - roughly equivalent to the entire student bodies of about 4 average-size middle schools all starting to smoke, each and every day.
- Nine out of ten current smokers began smoking cigarettes by age 18. Six out of ten began smoking by age 15.
- The prevalence of smokeless tobacco use varies considerably in different regions of the country with lower rates in cities and higher rates in rural areas. The prevalence of moist snuff tobacco use has risen dramatically, with a tenfold increase for 16 to 19 year olds between 1970 and 1985.
- The 1994 Surgeon General's Report "Preventing Tobacco Use Among Young People", targets childhood and adolescence as key opportunities for prevention of more than 430,000 premature deaths which occur each year from tobacco-related causes.

- If 20 million of the 70 million children now living in the U.S. will smoke cigarettes as adults - at least 5 million of them will die of smoking-related diseases.
- Three in four teenagers who smoke make at least one attempt to quit but are unsuccessful, underscoring the powerful addiction of nicotine.
- The tobacco industry spends a staggering \$4 billion each year on cigarette advertising and promotion. And each year, the tobacco industry garners \$221 million in profits from illegal sales to children.

KANSAS DATA

- In Kansas, an estimated 11,000 young people start smoking each year.
- One out of four Kansas youth have tried smoking before the age of 12. Over 75% of Kansas students in grade 6 report they have never smoked. This figure lessens to 35% for 12th graders. Fifty percent of 9th graders first smoked before they were fifteen years old.
- Although smoking among adults has actually declined to 22 percent in Kansas, nearly four out of 10 youth report smoking cigarettes in the past 30 days. Over twenty percent of Kansas secondary students in grades 11 and 12 reported they smoked more than 20 cigarettes in the last month. Twenty percent of 11th and 12th grade Kansas secondary students report they smoke daily.
- When asked if they think it is okay for students in their grade to smoke, less than 10 percent of 6th graders reported it is OK compared to nearly 60 percent of 12th graders. Tenth grade is the crucial grade level when more students think smoking is OK rather than not OK.
- Cigarette smoking costs the Kansas economy \$594 million each year in health care and lost productivity costs. This translates to \$2.68 for each pack of cigarettes purchased in Kansas.

DISCUSSION/CONCLUSIONS

Preventing the initiation of smoking by youth should be a major focus of efforts to reduce the prevalence of cigarette smoking. Tobacco-free environments in schools reinforce student knowledge of the health hazards of tobacco use and exposure to environmental smoke, promote a tobacco-free environment as the norm and discourage students from starting to use tobacco. School health education programs have demonstrated that they can at least delay the onset of tobacco use among adolescents. Students can be taught to resist pressure exerted by peers or adults to use tobacco through modeling, role play, and guided rehearsal of appropriate refusal skills. One particularly important goal among youth is preventing the transition from

experimental to regular use. Strict observance of restrictions against the sale of tobacco may be the most powerful means for reducing the initiation of smoking by children. Purchases from retailers or vending machines appear to be the main source of cigarettes for children. Although smoking among adults in Kansas has actually declined, child tobacco use has increased, despite what is known about the negative health impact, its addictive nature, and the early age of initiation. Preventing the exposure of youth to tobacco advertising and promotion could be accomplished by advertising limitations (e.g. restricting tobacco advertising in publications with substantial teenage readership, banning tobacco sponsorship of sporting events, and billboards in close proximity to schools) or by Food and Drug Administration (FDA) regulation on tobacco advertising and promotion.

Tobacco Use: An American Crisis

**Final Conference Report And
Recommendations From
America's Health Community**

**Washington, DC
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nation's schools. Where such a program has been adopted, teachers often modify the curriculum or teach only parts of it. Moreover, teaching about tobacco frequently changes from year to year. Overall, then, school-based education about tobacco tends to be sporadic and inconsistent.

While there is growing agreement in all sectors that tobacco prevention ideally should be part of a comprehensive K-12 school health curriculum, tested anti-tobacco programs are not readily available for elementary and high school students. Moreover, relatively few schools have a comprehensive health education program as a mandated part of the curriculum. As of 1989, school health education programs were mandated in 25 States and recommended by another 9 States, but the number of school districts actually implementing planned, sequential multi-topic school health programs has not been accurately estimated.

Reflecting the influence of Federal initiatives to prevent drug and alcohol use, many schools provide some instruction about these substances, but tobacco often receives minimal attention. For example, some schools have adopted a generic model of prevention which attempts to reduce risk factors and increase protective factors related to all forms of substance, as well as other health and safety problems of youth. Widely varied activities aimed at improving school achievement and self-esteem are classified as prevention, but these activities may not address tobacco use directly or even involve classroom instruction. There is no evidence that this generic model prevents and reduces tobacco use by youth.

Community-based Prevention Activities. The NCI-funded field trials of programs to prevent and control tobacco use included several projects that coordinated school-based approaches with interventions through the media and/or community-based activities. In addition, two programs were developed for and tested in community-based youth organizations, 4-H and Little League, respectively. These programs can enhance and complement school-based prevention programs, especially when they are well coordinated. The challenges of coordination, however, should not be underestimated.

Local communities with strong anti-tobacco coalitions have developed a variety of activities for children and youth. These range from traveling puppet shows and clowns encouraging tobacco-free environments to special youth forums on tobacco. While such activities help to communicate strong community norms against tobacco use, their effects on youthful behavior have not been evaluated. Some observers note that many of these activities are only one-time events that involve limited numbers of youth, most of whom are not at high risk for tobacco use.

Youth Smoking Cessation Programs. Few tobacco use cessation programs have been designed especially for youth, and of these, very few have proven effective. These latter programs tend to combine several individual or group counseling sessions with media, take-home materials, and telephone follow-ups. Resource requirements have inhibited widespread dissemination. Few schools or other organizations serving youth offer on-site cessa-

tion programs, and frequently staff members do not know how to refer youngsters who use tobacco to cessation programs in the community. The effectiveness of adult cessation programs for youth has not been evaluated.

Parent Education. Some tobacco use prevention programs have attempted to involve parents by informing them about the program, encouraging family television viewing of anti-tobacco interventions, and assigning homework that requires parent participation. Materials also have been developed to help parents and other care-givers instill strong anti-tobacco attitudes in children while they are very young. Although some parents are receptive, participation, at best, is uneven. Parents who use tobacco have been most difficult to reach.

Limiting Youth Access to Tobacco

Sales of tobacco generate huge profits for the tobacco industry, some of which are from illegal sales to minors. Such illegal sales—about 947 million packs of cigarettes and 26 million containers of chewing tobacco in 1988—total \$1.45 billion in sales and generate more than \$221 million of industry profits (3 percent of total profits). Retailers also profit an undetermined amount from these sales. Study after study has illustrated that minors have little trouble obtaining tobacco from generally any location where they attempt to buy it. Access is not concentrated in certain types or stores, or in certain parts of the country, or at particular times of the day. Overall, minors trying to buy tobacco are typically successful in purchasing it over-the-counter 50-75 percent of the time and from vending machines 80-100 percent of the time.

If parents, government officials, and health professionals are to succeed in convincing children and teenagers not to use tobacco, it cannot be sold as if it were milk or candy.

Although most states (n=46) and the District of Columbia have laws regulating tobacco sales to minors, they are rarely enforced.

A review of those states with laws found that five had nominal restrictions (e.g., laws banning sales below a minimum age), 38 had basic restrictions (e.g., laws banning sales to teenagers under age 18, fines for the sales or distribution of tobacco to minors), four had moderate restrictions (e.g., the basic restrictions plus warning signs at point of purchase, state issued retail tobacco license, and a provision for license suspension or revocation when sales to minors are made), and no state had comprehensive regulations (e.g., moderate regulations plus a ban on free distribution of tobacco and coupons, use of license fees for enforcement, vending machine restriction or ban, absence of a preemptive clause, and allowance for compliance checks/stings at the local level).

A 1989 random digit dial population survey of 3,654 persons aged 25-64 in the 10 Community Intervention Trial for Smoking Cessation (COMMIT) cities illustrates the public strongly supports regulating minors' access to tobacco. Across the ten COMMIT cities, the percent of respondents agreeing to various policy states was as follows: tobacco products should be as strictly controlled as alcohol products (70 percent); merchants who sell tobacco to

minors should be fined (88 percent); and cigarette vending machines should be eliminated in places where teens gather (84 percent).

Most people now agree that merchant education is a necessary but not sufficient intervention to reduce over-the-counter tobacco sales to minors. Accessibility to cigarette vending machines is best prevented through eliminating these machines entirely. A less desirable but acceptable solution is to limit machines to bars.

Interventions that include active enforcement of access laws (eg, "stings" that result in citations of violators) and restrictions limiting access and availability (eg, bans on vending machines, restrictions on how over-the-counter sales are made) are needed for sustained reductions in minors' access to tobacco. These types of interventions require that public health professionals work in the political arena, an area in which many lack experience or expertise.

Administration of a tobacco vendor's license is another effective method for monitoring tobacco sales activity and for funding increased enforcement of laws. Consensus is that citations for illegal sales are most appropriately handled through civil rather than criminal courts. There has been considerable debate about the efficacy and desirability of laws that prohibit possession of tobacco by minors. Prime concerns are that making the possession of tobacco illegal may increase underground sales activity, enhance the attractiveness of tobacco use to youth who rebel against authority, and deflect attention away from the retailers who illegally sell tobacco to minors and from the industry that promotes tobacco use to youth.

Interventions to Reduce the Advertising and Promotion of Tobacco

Warning Labels. The first of a series of Congressional statutes requiring warning labels on tobacco products and advertisements became effective in 1966. Congressional legislation passed in 1984 and 1986 now requires rotating health warning labels on all cigarette and smokeless tobacco packages and advertisements in the US. The effectiveness of these warnings has been difficult to establish, but research indicates that they their design neither draws attention nor encourages reading. One study of 61 adolescents found that 20 percent looked at warnings in magazine ads but did not read them, while 40 percent did not look at the warnings at all.

Efforts have been unsuccessful over a period of two decades to require disclosure of tobacco product and tobacco smoke constituents on packages and in advertising. Some cigarette manufacturers voluntarily disclose levels of selected constituents, such as tar and nicotine. Limited evidence suggests that information about the hazardous substances in tobacco may influence some adults to change brands, but the effects of such knowledge on children and youth are unknown. Because there is no known safe level of tobacco product consumption, disclosure of the constituents in tobacco is valuable only to the extent that this contributes to the prevention and cessation of product use.

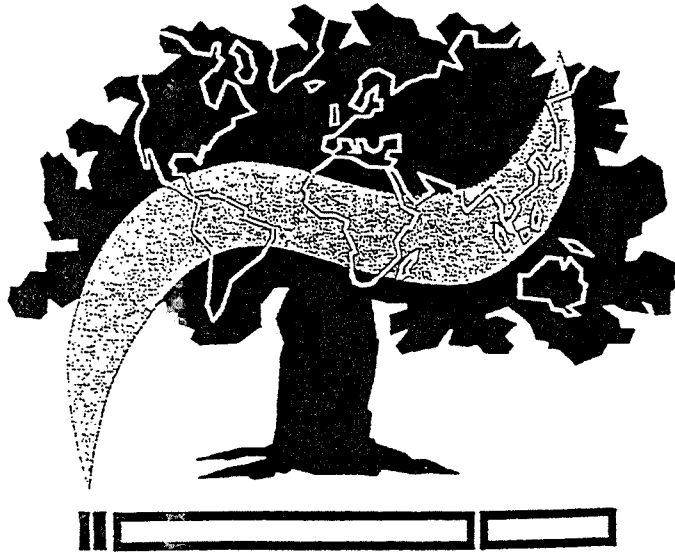
Restrictions on Advertising. In response to anti-smoking public service announcements aired under the Fairness Doctrine between 1968 and 1970, the tobacco industry supported legislation banning cigarette advertising on television and radio, effective in 1971. In 1973 and 1986, this ban was extended to the broadcast advertising of little cigars and smokeless tobacco products, respectively. Nevertheless, tobacco billboards prominently displayed near scoreboards in sports arenas and industry sponsorship of sporting events assure that tobacco logos are frequently aired on television. These images associate tobacco with athletic prowess, health, and excitement. Televised sporting events draw large youth audiences.

The Federal Trade Commission has attempted to regulate false and misleading advertisements about tobacco, but despite some limited success, the regulatory process has been slow. Effects of these efforts on tobacco use behavior have been difficult to determine. Many proposals have been advanced to increase restrictions on the advertising and promotion of tobacco. Some would place tighter controls on the imagery and content of advertising either by developing and enforcing a stricter code or by permitting only "tombstone" advertising with no models, slogans, scenes, or colors. Other policy proposals would eliminate tobacco advertising and promotion as a tax deduction, prohibit advertising in certain media, prohibit certain promotional techniques, ban advertising and promotion accessible to children, or ban advertising and promotion of tobacco products completely. In 1988, Canada enacted a total ban which is now becoming effective in stages.

The Public Health Cigarette Smoking Act of 1969 (PL 91-222) preempts regulation of cigarette advertising by States and "any political division thereof", but the Comprehensive Smokeless Tobacco Health Education Act of 1986 (PL 99-252) does not preempt State and local regulation of smokeless tobacco advertising. Several states and local jurisdictions have banned tobacco advertising on public transit systems and the distribution of free cigarette samples. These local policies have not been challenged in court, but again their effects on tobacco use are unknown. At the very least, they may communicate the important message that tobacco use is not socially acceptable.

Counter-advertising. Because the anti-tobacco public service announcements broadcast in 1967-1970 apparently helped to neutralize tobacco advertising, the establishment of a continuous Government anti-tobacco campaign has been proposed. Taxing some portion of cigarette companies' advertising and promotion budget or earmarking a portion of the Federal cigarette excise tax have been identified as possible sources of funding to support such a campaign. Although these proposals have not progressed in Congress, several States have implemented aggressive tobacco counter-advertising media campaigns supported by increased State taxation on tobacco.

Certain activist organizations have been highly creative in counter-advertising against tobacco. For example, members of Doctors Ought to Care (DOC), dressed in white coats, make "house calls" at local events sponsored by the tobacco industry. Stop Teenage



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3-13

YOUTH: AN URGENT CHALLENGE FOR TOBACCO CONTROL

Antonia C. Novello
Surgeon General, U.S. Public Health Service

As a pediatrician and the Surgeon General, I have dedicated my career to protecting the health of children. That's why there is no more important issue for me to address today than the issue of smoking by children and adolescents. They hold the key to progress toward a tobacco-free generation around the globe.

In the United States, although we have made fairly dramatic gains in recent decades against adult smoking, tobacco use among our youth continues to be a public health epidemic. Allow me to share with you our experiences in the hope that this information will assist you in planning prevention programs in your respective countries.

Each day in the United States, about 3,000 young people become regular smokers. During their lifetime, we can expect that, of these 3,000 young people:

- about 30 will be murdered;
- about 60 will die in traffic accidents; and
- about 750 of them will be killed by a smoking-related disease.

As you can see, cigarette smoking in the United States clearly outweighs any other factor, whether voluntary or involuntary, as a cause of death.

We know that the percentage of daily smokers among high school seniors decreased substantially in the late 1970's; since 1980, however, smoking prevalence rates among youth have leveled off. In fact, for 4 consecutive years since 1987, smoking has actually been inching up among male high school seniors and currently the rates are similar for both males and females.

A particularly troubling statistic in the United States is that the age of initiation of smoking has fallen dramatically over time for both African-American and

white females, while the age of initiation for smoking among males has remained virtually unchanged, with African-American youth starting to smoke later than white youths and only a very small number of people, regardless of race, starting smoking after age 30. In fact, we know very well that nearly 90 percent of smokers become regular smokers before they turn 21.

We also know that age of initiation is an important variable for two major reasons. First, the younger an adolescent begins smoking, the greater chance he or she will become addicted as an adult. Surveys have shown that many children and adolescents are unaware of, or underestimate, the addictive nature of smoking.

By the time smokers become adults, when they would be expected to have greater appreciation of the health effects of smoking, many have difficulty quitting. This insidious process of nicotine addiction refutes the argument that smoking is a matter of free choice.

Second, the younger a person begins regular smoking, the greater chance he or she will become a heavy smoker and consequently develop a smoking-related disease later in life. The health consequences of smoking are associated strongly with cumulative lifetime exposure to cigarette smoke.

One tragic example: The historically lower lung cancer rates for women as compared with men are beginning to disappear as women's smoking behavior becomes more and more like that of men. For the past 5 years, lung cancer has exceeded breast cancer as the leading cause of cancer deaths in women. A case of the Virginia Slims woman catching up to the Marlboro man.

In spite of this we have good news. One promising trend that has become clearer over time is the dramatically declining use of tobacco among African-American youth. In 1976, African-American high school seniors smoked at a rate of 26 percent and whites 29

percent. In 1991, about 21 percent of white and 5 percent of black high school seniors smoked. As I mentioned earlier, essentially there has been no change in smoking prevalence among white high school seniors since 1980.

There is much thoughtful speculation about the reasons for the disproportionately sharp decline in smoking among African-American teenagers. Differences in educational achievement, economic status, and cultural norms between African Americans and whites are some of the factors that have been explored.

Our 1989 Teenage Attitudes and Practices Survey (TAPS) found that smoking prevalence among youth 17 to 18 years of age is substantially higher among dropouts than among school attenders or graduates—43 percent versus 17 percent. These differences, however, were much less pronounced among African Americans than whites.

Similarly, white youths with above-average school performance are much less likely to smoke than their white peers with average or below-average performance. This difference is not significant between comparable groups of black youths. School attainment, then, does not appear to explain the disparity in black-white smoking rates.

It has also been suggested that blacks smoke at lower rates for economic reasons, but the TAPS data show that income disparity does not account for a significant difference. Disposable income, however, does seem to be an important factor for whites who smoke.

A possible reason for the low rates of smoking among black youth is a gradual but powerful shift in the social and cultural climate of the African-American community concerning the use of tobacco. Informative but anecdotal group interviews with black teenagers conducted by our Office on Smoking and Health indicate that smoking is less likely to be perceived as "cool" or acceptable behavior by this group. Understanding the dynamics of this shift may provide valuable insight into prevention strategies for the youth population at large.

Perhaps indicative of culturally related smoking differences between African Americans and whites are the

distinct differences reported in brand preferences between white and African-American youth in the United States. Among 12- to-18-year-olds, 71 percent of whites who buy their own cigarettes smoke Marlboro, while 61 percent of African Americans smoke Newport, a menthol brand. Camel represents the second most popular brand among white youth, while for African Americans the next most preferred brands are Kool and Salem, two other menthol brands. Brand preferences among Hispanic adolescents are similar to those among whites.

The huge market shares enjoyed by Marlboro, Camel, and Newport among youth smokers are diluted considerably among adult smokers. Brand awareness created in childhood can be the basis for product preference later in life. It has been shown that children prefer the brand they see advertised. These three brands are among the most heavily advertised cigarette brands in the United States. These brands may serve as entry-level brands in the process of smoking initiation.

I've focused on the problem of youth smoking in the United States, because I witness every day the ravages of the scourge of tobacco use in our Nation—a scourge that begins almost entirely in childhood and adolescence.

But as you are aware, there are no boundaries to the problem—smoking is trapping young people in every nation of the globe and, if unchecked, will cause eventual death, disease, and disability of unprecedented scope worldwide.

More than 200 million of the children living in the world today will be killed by tobacco. Seventy percent of these deaths will be in the developing world.

My cause for alarm is sounded clearly in the 22nd Surgeon General's report on smoking and health, which I released only 3 weeks ago. Perhaps even more so than in the United States, the problem of youth smoking in Latin America augurs poorly for the future.

The data I reported, though far from complete, suggest that more than half of the young people in some Latin American and Caribbean cities are regular

smokers, and in recent years, more and more women in the region have begun to smoke. Prevalence remains higher for young men than for young women, is higher in urban areas of the more developed countries, and increases by level of socioeconomic development. In some areas, the prevalence of smoking for adolescents is perhaps even higher than for adults. A prevalence of greater than 30 percent is reported by almost half of the surveys for young men and almost one-third of the surveys for young women.

Fortunately, in the United States the prevalence of smoking among Hispanic men and women is declining and is lower than for the general population. We cannot get complacent, however, with our current efforts to control tobacco use in any of our population segments. We must continue to be vigilant.

Recognizing that tobacco control among our youth is an urgent public health priority, the U.S. Department of Health and Human Services in our Healthy People 2000 objectives has called for reducing the rate of initiation of smoking by persons less than age 20 to no more than 15 percent.

Likewise, we would like:

1. all schools to be tobacco-free and include prevention of tobacco use within the basic curricula;
2. enactment and enforcement of bans on the sale and distribution of tobacco to minors;
3. a ban or severe restriction on tobacco advertising and promotion to which youths are likely to be exposed.

In the United States, schools are currently establishing tobacco-free environments on their premises and offering education programs aimed at preventing the onset of tobacco use.

Research has shown that such programs in schools can be effective in delaying onset of smoking by several years in 20 percent to 50 percent of participating students and that booster sessions in high school are necessary for long-term success in actual prevention of smoking.

School-based education programs about tobacco use, however, are not yet a major feature of control activities in Latin America and the Caribbean. The few evaluation studies reported, however, indicate that such programs can be effective in preventing the initiation of tobacco use, and I urge you to consider this at the local level.

There is a promising trend for tobacco control in Latin America, and this has been the increasing percentage of young people enrolled in school. In 1987, 86 percent of 6- to 11-year-olds were enrolled in school, up from 58 percent in 1960. Similarly, the percentage of 12- to 17-year-olds in school increased from 36 percent to 68 percent during the same period.

Data on smoking prevalence and educational status in Latin America are ambiguous. There is some evidence that education may have served to create demand for cigarettes rather than increase awareness of the hazards of smoking in many Latin American cities. But in most developed countries, particularly in the United States, there is a clear, powerful relationship: the higher a population group's education and academic expectations, the lower its rate of smoking.

For example, high school seniors with plans to pursue college are less than half as likely to be regular smokers as students with no college plans. And as I mentioned before, surveys suggest that high school dropouts have excessively high smoking rates. These dropouts are often from low socioeconomic backgrounds and may require different and more intensive interventions than those that have worked among youth staying in school.

Now let's talk about tobacco sales and distribution laws.

A recent survey in 10 U.S. communities indicated widespread support for policies that limit minors' access to, and use of, tobacco products. Nearly every state in the United States has enacted laws restricting the sale of tobacco products to minors; these laws, however, are rarely enforced. As a result, most youth have ready access to cigarettes. In a recent national survey, 76 percent of 8th graders and 91 percent of 10th graders said it is very easy for them to obtain cigarettes.

To curtail the availability of tobacco products among young people, the U.S. Department of Health and Human Services has proposed a model law that serves as a prototype for state legislation. The model legislation is proposed to secure and enforce laws in all states to prevent the sale of tobacco products to minors. It attempts to create workable procedures to provide retail outlets the incentive and tools to refuse to sell to minors, as already required by law in 47 states.

Among its major components, the model legislation calls for:

- establishing a licensing system to limit the sale of tobacco products to minors;
- raising the age for legal purchase of tobacco products to at least 19;
- banning the use of vending machines for the purchase of tobacco products;
- establishing a graduated schedule of penalties for violations of laws related to the sale of tobacco products to minors.

Within the past year alone, I'm pleased to report that 29 states have passed or introduced legislation that includes at least one component of the model law. The adoption and—just as importantly—the enforcement of such legislation is another part of a successful tobacco use prevention and control strategy.

In the United States, the tobacco industry spends \$3.6 billion each year on product advertising and promotion. Expenditures globally are nearly incalculable. Although cigarette companies claim that they do not intend to market to children, this argument becomes irrelevant if advertising affects what children know. And, I submit, advertising's effect on youth's knowledge and awareness of cigarettes has been documented by the *JAMA*, the TAPS, and the COMMIT studies.

The American Medical Association and I made the news headlines last month when we called for R.J.

Reynolds Tobacco Company to voluntarily withdraw its highly successful "Old Joe" Camel campaign. We made this appeal based on a number of studies showing the apparent reach and influence of tobacco advertising on children.

One study, for example, found that 6-year-olds are as familiar with "Old Joe" as with Mickey Mouse. Another recent study showed that in some communities in America, one-fourth or more of young smokers are now buying Camels—when surveys before 1988, the year the "Old Joe" campaign began, indicated little preference for Camels among young people. The proportion of smokers under 18 who choose Camels has risen from 0.5 percent before 1988 to 32 percent by 1992—from \$6 million to \$476 million in profit.

When advertising their products using such characters as "Old Joe" Camel and the Marlboro cowboy, cigarette manufacturers promote images of youth and fun, glamour and affluence, independence, and rugged spiritedness. These messages touting peer acceptance and the social rewards of smoking doubtlessly strike a responsive chord in many young people—especially disadvantaged youth in greatest need of self-esteem. They tell me, "How could you say Old Joe is there when it is not on TV and most kids do not smoke or can't read," and I tell you, Old Joe is everywhere. In buses, in convenience stores, in caps, T-shirts, matches, frisbees, malls, and game arcades to name a few. These cigarette brands that appeal to children and teenagers are also in displays at sports and youth-oriented events.

The consistent preference of black adolescent smokers for menthol cigarettes may reflect the increased occurrence of advertisements for these brands targeted to blacks. Ads for menthol cigarettes are more likely to appear in magazines with predominantly black readerships and on billboards in black communities.

So you tell me what can we do. Well, there are a variety of practical measures that countries can consider that can reduce youths' exposure to tobacco advertising:

1. prohibiting the use of imagery in advertisements by allowing only words and a picture of the product itself to be shown;
2. prohibiting tobacco sponsorship of sporting and other events that have a substantial youth audience;
3. prohibiting tobacco advertising in publications that have a substantial teenage readership;
4. prohibiting tobacco billboards located near schools and other areas where youth congregate, such as parks and shopping malls;
5. prohibiting tobacco advertising on promotional items that appeal to children.

It is clear that the initiation of cigarette smoking is a complex process that results from many interacting influences, ranging from peer pressure; habits of adult role models such as family members, teachers, sports figures; and cigarette advertising.

What we will need are broad national, regional, and local strategies. We need to reduce conditions that contribute to tobacco use and help young people acquire the knowledge, skills, and support needed to say "no" to tobacco.

To start, an essential action each nation can take to strengthen the overall impact of its tobacco use prevention efforts is implementation of comprehensive school health education programs. Such programs must include tobacco prevention education, but importantly, they must also establish a foundation for understanding the relationships between personal behavior, social conditions, and health.

We must remember, the effectiveness of all strategies will be enhanced as young people develop decision-making and communication skills, skills that will allow them to resist persuasion and build self-efficacy and self-esteem.

Strategies should be complemented by regional and local actions and through efforts involving mass media.

I realize that there are many barriers to overcome. My government agency, the Department of Health and Human Services, has taken an outspoken stand with respect to tobacco use in all countries. At the 1990 meeting of the World Health Organization, Secretary Louis Sullivan said, "We are very much against tobacco use because of its adverse health consequences—434,000 deaths a year in our country, almost one a minute. We are supposed to help any country that requests our help in developing an anti-smoking or antitobacco campaign."

My friends, we do not need to be reminded that we are a free society and tobacco is a legal product. We need to be reminded, however, that the tobacco use problem among children will not go away on its own. We all must help and get involved. In order to do that, I ask you to set the right example, provide aggressive antismoking education with reality data—prevention through educating children and youth first. Prohibit tobacco sales to minors—and help enforce the law.

By the year 2000—severely limit or ban advertisement or promotion of tobacco products to which youth are likely to be exposed, and finally, severely limit or ban cartoons as a form of tobacco advertisement.

The challenge is great, but the stakes are greater. Failure to act decisively to control tobacco use will allow millions of our young people each year to become addicted to cigarettes and compromise the very health we have promised to protect. Friends, colleagues, let's make the children and youth of the world the most militant antismoking activists of the future. Only by doing so, we will accomplish a tobacco-free world and only then we will not fail the children.

3-19

HOOKED ON TOBACCO: THE TEEN EPIDEMIC

The cigarette industry needs kids to smoke. It's getting plenty. But parents—and the rest of us—can fight back. **Second of two parts**



Cool? Joe Camel and other ad images (see right) associate smoking with being stylish, sexy, popular, independent, and thin.

Over the past three decades, the number of smokers in the U.S. has slowly but steadily declined. It's been a true public-health success story. For millions of ex-smokers, the drive for self-preservation has proved stronger than the addictive power of nicotine and the persuasive power of the tobacco industry. But now that progressive trend may come to a halt. The drop in the nation's smoking rate is leveling off, and for a chilling reason: As adult smokers quit, there's a steady supply of teen-agers stepping up to replace them.

Every day, 3000 American teen-agers reach adulthood as confirmed cigarette smokers. That's roughly equal to the number of adults who give up smoking or die from the diseases it causes. Most teens started when they were legally too young to smoke; kids under 18 smoke an estimated 17 billion of the 500 billion cigarettes sold each year in the U.S. Teens are the primary source of new smokers; after they turn 20, almost no one starts.

"Since the first Surgeon General's report in 1964, the public health movement has been very successful in convincing adults not to start smoking," says John Pierce, an epidemiologist at the University of California, San Diego. "But we've had very little impact on kids."

Today, about one in three high school seniors say they smoked in the past month, and about one in five smoke daily. That's particularly alarming because, unlike the teens of 30 or 40 years ago, these new smokers know full well how dangerous cigarettes are; they've been hearing for years that tobacco is addictive and deadly.

Antitobacco and public-health advocates have tried to adapt their messages to teens, using school programs and aggressive ad campaigns. But they have little to show for their efforts. In California, for instance, a \$600-million antismoking campaign cut the overall smoking rate by an impressive 30 percent. Yet it couldn't make a dent in the teen-

age smoking rate—even though nearly \$150-million of the money went directly into school programs, and much of the general campaign was targeted at adolescents.

The voices of medical reason are up against forces that can overcome teen-agers' fear of disease and death—at least long enough for the teens to become addicted to nicotine. The tobacco industry has waged a relentless campaign to recruit smokers; in spite of being banned from the airwaves, cigarettes are advertised more heavily than any product except cars.

Despite the industry's protests that it has no such intentions, the campaign has clearly snared kids, not only with the infamous Joe Camel, but also with a host of other print advertising, merchandising strategies, and even direct-mail campaigns. Add in the power of peer pressure and the willingness of store owners to sell cigarettes to minors, and it's no wonder that so many teens are hooked.

There is much at stake here. A significant drop in teen-age smoking would cut deep into the tobacco industry's main source of new customers. But from a public-health standpoint, keeping kids away from cigarettes is the single most effective

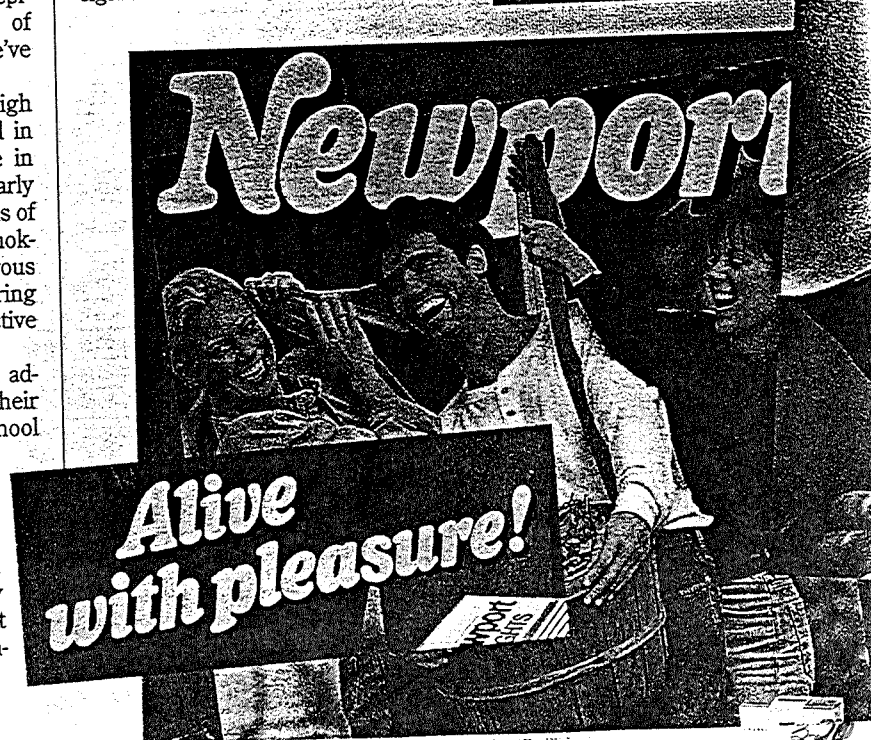
way to fight the nation's leading preventable cause of death.

Everybody's doing it

"I was 14, at summer sleep-away camp, with all these girls my age who were from New York City. They all smoked and I thought they looked so cool. Smoking was one of my first rebellious acts, you know? All these really cool girls were doing it."

That's how it started for a suburban Connecticut teen-ager we'll call Allison M. (because she believes her parents don't know she smokes). At first it was an occasional thing. By senior year she was up to a pack a day. Now an 18-year-old college freshman and finally buying her *Marlboro Lights* legally, she knows she's addicted, although she never thought that would happen. "I don't think I could quit right now," she says. "I don't want to have to go without a cigarette. I get so irritable if I can't have one when I want to."

Allison's story is typical, says the



University of California's John Pierce. "The overriding thing is the image of being cool. They all think they're not going to get addicted, that they can stop—but they can't."

Of course, teens are growing up in a culture that's long been permeated with attractive images of smokers and cigarettes. Hollywood does its share, but it's cigarette makers who have so thoroughly wallpapered our world that their ads and logos are inescapable. The images they emphasize—in magazines popular with teen-agers, on the billboards they see at sporting events and on the way to school, on the sides of buses, and in the doorways of convenience stores—resonate perfectly with the psychological and social needs of adolescents:

Social acceptance. Cigarette ads play to the craving for popularity. *Newport* ads invariably feature confident-looking young couples having fun together, often with an erotic subtext. *Camel* ads call Joe a "smooth character"; with his saxophone, his panache, his Ray-Bans, and his trendy wardrobe, he looks it. (At a high school we visited, one boy who apparently had absorbed the ads' message volunteered that *Camels* were popu-

lar among kids because "they're the strongest and smoothest.")

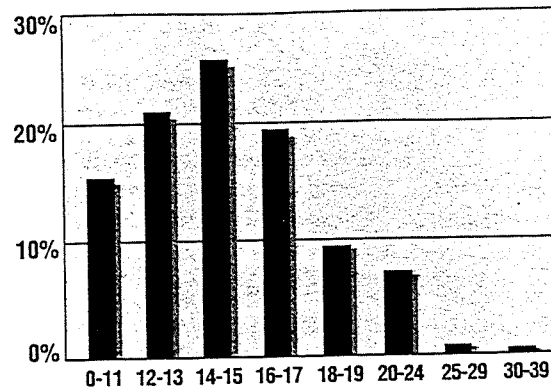
Personal independence. One of the main developmental tasks of adolescence is to assert independence from one's parents by constructing one's own identity. *Marlboro* has successfully exploited that need for years with its cowboy alone on the range. A *Virginia Slims* campaign last spring said the cigarette was "as free-spirited as you."

Weight control. This theme plays into many teen-age girls' preoccupation with thin figures. *Mistys* are "slim and sassy." A *Virginia Slims* ad says, "If I ran the world, calories wouldn't count." The models in the advertisements are extremely thin, wearing fashionable clothes. Even the cigarettes themselves are extra-slim. Fashion and celebrity magazines that help promote an ultraslim beauty ideal carry plenty of cigarette advertising but rarely speak out editorially about the dangers of smoking.

An advertising executive who had worked on the *Marlboro* account was quoted in the 1994 edition of the annual U.S. Surgeon General's report, which for the first time focused on teen-age smoking. "When all the

When smokers start

Nearly every smoker began as a teen-ager. For a group of people in their 30s who had been daily smokers at some point—or still were—this graph shows their age when they first smoked.



Source: U.S. Centers for Disease Control and Prevention.

garbage is stripped away, successful cigarette advertising involves showing the kind of people most people would like to be, doing the things most people would like to do, and smoking up a storm. I don't know any way of doing this that doesn't tempt young people to smoke."

T-shirts and tattoos

Ads are just a small part of the tobacco industry's campaign. Cigarette makers spend nearly half their marketing money on so-called "value added" promotions like coupons and premiums. Some you can pick up right at the store with your cigarettes. With two packs you get a flashlight or can holder. With four you get a baseball cap. With five you get a T-shirt.

Cigarette makers also rely heavily on catalog promotions. Customers amass bar-codes or certificates—"Camel Cash" is the best-known example—to trade for merchandise. *Marlboro* has sent vans around to convenience-store parking lots so customers can redeem their "Marlboro miles" on the spot. Many products in the catalogs would appeal to adolescents. A *Virginia Slims* "V-wear" catalog last year featured temporary tattoos. A "Camel Cash" catalog included a suede baseball jacket, a beach towel, and a charm bracelet.

Though the catalog order forms require customers to state that they're over 21, these products do find their way into the hands of minors. John Slade, a physician at the University of

“
If I ran
the world,
calories
wouldn't
count.”
it.

SIMPLY
Kool

Marlboro
no doubt about it.

Medicine and Dentistry of New Jersey who studies tobacco marketing, conducted a nationwide phone survey of children age 12 to 17. He found that 11 percent owned at least one promotional item.

Mail-order promotions have enabled tobacco companies to build enormous direct-mail lists of smokers. Slade's poll found that 7.6 percent of teen-agers had received cigarette companies' mail addressed directly to them. Extrapolating to the entire U.S. population this age, Slade estimates that there are 1.6 million teen-agers' names on the companies' mailing lists.

Who's the target?

Cigarette marketers have a dilemma. Their industry code says they must aim their sales pitch at adults—but market research shows that nearly all smokers start smoking, and become loyal to a specific brand, before adulthood.

The companies insist their marketing efforts don't intentionally target teen-agers. The \$5-billion they spend every year on advertising and promotion, they say, is intended to promote their brands among adults who already smoke.

But the tobacco companies' intent hardly matters. There's abundant evidence that, whether or not the companies plan it, children of all ages are paying close attention to their messages.

Nothing captures this issue as well as R.J. Reynolds's Joe Camel. In 1991, University of Georgia researcher Paul Fischer found that 30

percent of 3-year-olds, and 91 percent of 6-year-olds, could match the Joe Camel cartoon character with the cigarette it was promoting. At the same time, Joseph DiFranza, a physician at the University of Massachusetts who researches tobacco promotion, found that nearly 98 percent of high-school students recognized the character, versus 72 percent of adults. (We saw this for ourselves when we visited a 10th-grade health class and showed students a Joe Camel advertisement. Only one of them said he had no idea who the character was—a boy who had immigrated from Sri Lanka two weeks earlier.)

R.J. Reynolds denied targeting children with the Joe Camel character and hired Richard Mizersky, a University of Florida marketing researcher, to repeat the Fischer study. Like Fischer, he found high recognition rates. But he also asked the children whether they liked cigarettes, and found that "there's clearly no link between recognition and liking." While 41 percent of 3-year-olds said they liked cigarettes, less than 4 percent of the 6-year-olds said so.

Other researchers, however, point out that the response to a straightforward question like Mizersky's may not predict behavior. Even if young children tell a researcher they don't like cigarettes, they are

likely to change their minds many times before adolescence.

Persuaded to buy?

If you ask teen-agers, they will insist that they could never, ever be influenced by an ad. "I personally don't think advertising had that much bearing on me," Allison M. says. "I can't believe that seeing Joe Camel on a billboard will make a 15-year-old think, 'Oh, Joe Camel smokes cigarettes so I should, too.'"

But Slade says this attitude is to be expected. "Advertising at its best leaves impressions and influences people without their noticing it," he says. "It doesn't surprise me that's what people say. But look at what they do."

In fact, there is abundant evidence that cigarette advertising effectively reaches kids before they're even out of middle school, shaping their perceptions and behavior. Several studies have found that adolescents consistently overestimate the number of people who smoke—thinking that smoking is more socially acceptable than it is—and that youngsters exposed to the most advertising overestimate the number the most. When kids begin to experiment with smoking, they experiment with the most heavily advertised brands.

That certainly appears to have been the case with *Camels*. Here's what's known. In 1986, the brand's

Ad dollars and teen smokers

Cigarette makers say their ads are aimed at adults, not kids. But the more money spent on print and outdoor advertising for a particular brand, the more popular it is among underage smokers. Adult smoking preferences don't follow spending quite as closely.

Cigarette brand	Major-market ad costs, in millions	Market share ages 12-18	Market share U.S. overall
Marlboro	\$75.6	60%	24%
Camel	42.9	13	4
Newport	34.5	13	5
Kool	20.5	1	3
Winston	17.6	1	7

Sources: Maxwell Consumer Report, Competitive Media Reporting, U.S. Centers for Disease Control and Prevention. All figures are for 1993.



Promotional goodies

Companies spend much of their advertising money on clothing and gear, boxed for sale along with cigarette packs.

market share among 17-to-24-year-olds was less than 3 percent. In 1988, Joe Camel was introduced. By 1989, the market share among underage smokers was 8 percent. By 1993, the share among underage smokers had risen to 13 percent.

Similar effects have been seen before. John Pierce, of the University of California, has used decades' worth of Federal health-interview data to reconstruct the change in cigarette brand shares over time, and found they consistently correlate with ad campaigns. For example, the percentage of teen-age girls who started smoking regularly rose sharply in the late 1960s with the introduction of *Virginia Slims*, the first cigarette brand designed and marketed specifically for women. During the same period, the rate for boys didn't change.

Peer influence

What's happening, Pierce thinks, is that "advertising makes people susceptible" to experimenting with smoking. "But once they're susceptible, advertising doesn't make them want to experiment. Exposure to peers does."

Based on polling of California schoolchildren, Pierce and his colleagues have developed a "smoking susceptibility" scale that captures this process. The first rung on the scale is awareness of ads—which is

Everywhere

Cigarettes are one of the most common products on billboards, which help wallpaper the outdoors with tobacco images.



all but universal. The next steps include believing the ads promote smoking's benefits, having a favorite ad, having a favorite brand, and either owning a cigarette promotional item or being willing to wear one. Kids who score highest on the scale are four times as likely as the lowest-scoring kids to say they might try a cigarette if one of their best friends offered it.

Many studies have established that having a circle of smoking friends powerfully predisposes children to experiment with smoking. Based on interviews with some 5000 Californians aged 12 to 17, Pierce found that teen-agers who had best friends of both sexes who smoked were 13 times as likely to have smoked within the past month as youngsters without smoking friends. By contrast, having a smoking family member didn't even double the likelihood of a youngster's smoking.

Fortunately, four out of five people make it through high school without becoming daily smokers. Those who do start smoking, research has

shown, tend to share certain risk factors: low socioeconomic status, poor school achievement, excessive rebelliousness and risk-taking, low self-esteem, dropping out of school, and not planning on college.

None of this appears to apply to African-American teen-agers, however. In a cultural shift that has caught public-health authorities by surprise, the smoking rate among black teens, which once matched that of white teens, has dropped steadily since 1976. The percentage of black high-school seniors who smoke daily is now just 4 percent, compared with 23 percent among whites. Health researchers are furiously seeking an explanation. "We want to bottle it, so we can sustain it for black teens and pass it along to white teens," says Michael Eriksen, director of the U.S. Centers for Disease Control and Prevention's Office on Smoking and Health.

Easy to buy

Teens primed by ads and surrounded by friends who smoke just

What price style?

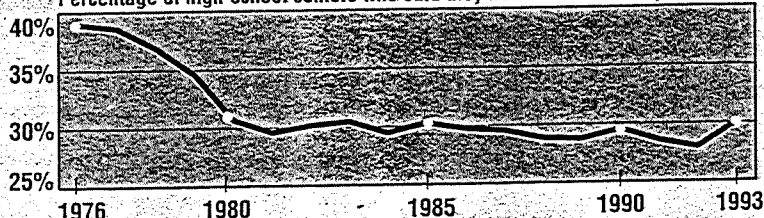
This denim jacket from the Marlboro catalog requires buying 3200 cigarettes—a pack a day for nearly half a year.



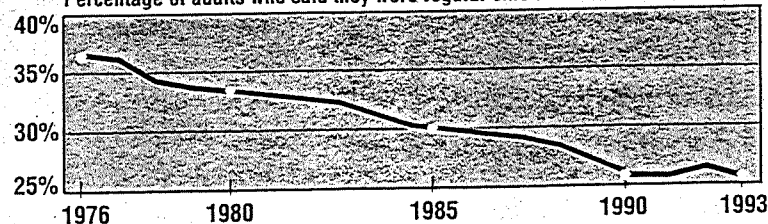
Where new smokers come from

The smoking rate among adults, having dropped for years, has leveled off now. The adult smokers who quit or die are being replaced by a steady supply of young people who began smoking in their teens.

Percentage of high-school seniors who said they had smoked in the past 30 days.



Percentage of adults who said they were regular smokers.



Sources: U.S. Centers for Disease Control and Prevention; 'Monitoring the Future,' University of Michigan.

3-23

need a ready source of cigarettes to allow them to progress to outright addiction. No problem. Although every state outlaws the sale of tobacco products to anyone under 18, study after study has documented that those laws go almost completely unenforced. Some stores are careful not to sell to underage teens, but not enough; "I can count on one hand the number of times I've been carded for a cigarette," says Allison. The youngest smokers often say they buy their cigarettes from vending machines.

Under public pressure, cigarette makers and the Tobacco Institute have attempted to address the problem in several ways; for example, they give tobacco retailers stickers to post by the cash register reminding teen-agers that they can't legally buy cigarettes. But the stickers don't appear to make clerks less willing to sell to teens. Joseph DiFranza, the University of Massachusetts researcher, took five underage teen-agers to 156 central Massachusetts

stores. They were able to buy cigarettes at 137 stores, including six of the seven displaying the sticker.

What should be done

According to the latest data, half of all lifelong smokers will die prematurely—an average of eight years early. For that reason alone, halting the teen-age smoking epidemic must be a public-health priority. But how?

Last year, an expert panel of the National Academy of Sciences addressed the question and recommended three major strategies: Banning nearly all cigarette advertising and promotion, raising cigarette taxes to make smoking less affordable, and enforcing the laws against selling to teens.

Advertising. Ideally, we'd like to see Congress ban *all* cigarette advertising and also all promotional uses of cigarette-brand logos. Many tobacco-control activists have sought such a ban for years, and it often gains majority support in public-opinion polls. A challenge on First

Amendment grounds would be likely, but many legal scholars believe the Supreme Court would uphold such a restriction.

The tobacco industry argues that teen smoking rates haven't changed much in countries that have enacted such bans. But the most comprehensive review ever done on the subject, by New Zealand health officials in 1989, found that teen-age smoking rates declined faster in countries with stricter ad bans.

Advertising bans would be more effective, too, if marketers didn't find so many ways to evade them. Canada banned ads, but left one loophole: Companies could still sponsor cultural and sporting events. The companies do, and make sure that every poster, advertisement, billboard, or program contains a large image of the brand's logo and name. In European countries, companies barred from advertising their cigarettes simply advertise clothing, matches, or cigarette lighters that bear their logo.

CHERRY-FLAVORED TOBACCO BITS

ANOTHER MARKETING TRIUMPH

Most kids have tried smoking tobacco. But few of them sucked on it—until after the "smokeless tobacco" industry launched an aggressive, 20-year campaign to attract new customers. The promotional effort—the U.S. Surgeon General said in a report last year—succeeded in greatly increasing the product's use among the young.

Most smokeless tobacco is snuff, which users tuck next to their gums. In 1970, snuff was an old man's habit. Federal surveys found that 3.4 percent of men over 65 habitually "dipped," compared with fewer than 1 percent of young men aged 18 to 24. Then ads and promotions from U.S. Tobacco—which dominates the snuff market—started associating the product with rodeos, rock stars and monster trucks. Like cigarette manufacturers, snuff makers vehemently deny marketing their products to underage users. But some ads appeared to "target male adolescents," the Surgeon General said, "by providing explicit instructions for use (sometimes delivered by well-known professional athletes) and by suggesting that the product could be used without adult detection."

By 1991, use of snuff had risen more than 10 times among young men—to 7.5 percent—while actually declining by about one-third among male senior citizens. It's illegal to sell snuff to anyone under 18. But among teen-aged boys, its use is now nearly as common as that of cigarettes. By their last year in high school, half have tried it and one in five are current users. Many users say they first tried it in

elementary school. Few girls have tried it.

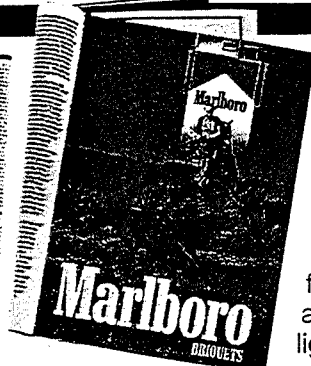
The way snuff is packaged and formulated helps new users to gradually take up the habit and advance to products with stronger tastes and higher nicotine absorption, the Surgeon General said. U.S. Tobacco's product line includes Skoal Bandits, mint-flavored tobacco wrapped in teabag-like pouches that keep the fragments from floating around in the mouth. Then comes Skoal Long Cut, a loose, coarse-cut product somewhat stronger in taste and nicotine, available in such flavors as winter-green and cherry. The company's best-selling product is the fine-cut, nicotine-laden Copenhagen.

Addiction is common. The nicotine readily enters the bloodstream through the mouth's mucous membranes, and users who try to quit suffer withdrawal symptoms just as severe as a smoker's.

Bathing your mouth daily in an alkaline tobacco solution has health consequences far more immediate than those from smoking cigarettes. The most serious is oral cancer. Studies have found precancerous patches of tissue in the mouths of about half of current teen-age users; with continued tobacco use, about one in 20 such lesions will become cancerous within five years. Smokeless tobacco is also terrible for the gums: They become inflamed and recede.

About one-third of teen-age users develop that condition. For these reasons, in 1986 the Surgeon General's report concluded that there was "no safe use" of smokeless tobacco.





Not cigarette ads

That would be illegal in Belgium, where these ads were published. But a legal loophole permits these ads for Camel matches and Marlboro lighters.

Given the present political realities in Washington, a national ban on cigarette advertising is unlikely. But states and communities can and should take their own steps to reduce teen-age smoking, through both law enforcement and taxation.

Restricting sales. In 1992, Congress enacted the Synar Amendment, which requires states to put teeth into their laws against selling cigarettes to minors—or lose much-needed Federal money for drug and alcohol treatment. However, the amendment itself has gone unenforced for nearly three years, awaiting clearance of the regulations by the Office of Management and Budget. In the meantime, any real progress on enforcing sales laws has occurred at the local level.

In communities where police rigorously enforce the law, sales and teen smoking drop. In Solano County, California, intensive enforcement of sales laws reduced the percentage of stores selling to minors from 72 percent to 21 percent.

One obvious problem is the extra work this can impose on police. To get around that, some communities have licensed tobacco retailers in the same way liquor stores are licensed. The licensing fees pay for enforcement. License laws provide a strong incentive for retailers to card young-looking customers; if they're not careful, they could lose their license and thus lose the lucrative adult trade as well.

In the year and a half after Woodridge, Ill., began licensing cigarette retailers, surveys found the proportion of seventh- and eighth-graders who reported experimenting with cigarettes fell from 46 percent to 23 percent, and the proportion of daily smokers fell from 16 percent to 5 percent. Over that same period, compliance checks found that the proportion of stores willing to sell to minors fell from 70 percent to 3 percent.

But restricting store sales will be nearly meaningless if teens are still able to buy cigarettes from vending

machines. We think the machines should be banned, as they already are in some communities.

Taxes. In 1982, Canada boosted cigarette taxes to among the highest in the world. Teen-age smokers turned out to be unwilling or unable to pay \$4 or more for a pack of cigarettes; the youth smoking rate dropped from 40 percent in 1981 to just 16 percent 10 years later. "For the teen market, price sensitivity is extremely high," says David Mair, associate director of the Canadian Council on Smoking and Health. "For every 10 percent increase in price, there's a 13 percent reduction in consumption."

Unfortunately, Canada also learned that when you lower the price, teen smoking goes up. Under political pressure from the tobacco industry, Canadian lawmakers rolled back the tax in February 1994 and prices dropped again. By the end of last year, teen-age smoking rates had already climbed back up to 19 percent.

How to help a teen

Adolescents start smoking for many intermingled reasons. Some factors that seem to fortify children against tobacco experimentation—self-esteem, academic achievement, skills for dealing with peer influence, and a close parent-child relationship—are built up slowly from toddlerhood on; they can't be provided overnight when a child reaches the high-risk age of 12 or 13. Still, if you're looking for ideas, here are several steps you can try to help your children shun cigarettes:

Talk. Children whose parents don't talk to them regularly are at greater risk for experimenting with cigarettes. Make a point of discussing your children's lives and feelings. Make sure you know their friends (and the friends' parents). That will help you find out whether any of the friends is trying out smoking, so you can talk about it with your own child.

Help them decode ads. Ideally,

begin as early as the fourth or fifth grade, when children may first become susceptible to the images in cigarette ads. Urge them to identify seductive images.

Make your feelings clear. Children who understand the depth of their parents' opposition to it are less likely to smoke.

Give them a reality check. Point out—perhaps while walking past office workers smoking in doors and alleys—that, despite the ads, the vast majority of adults do not smoke and no longer even tolerate the practice in public.

Emphasize health. Kids are notoriously unconcerned about getting sick. Tell them anyway. Teen-age smokers have weaker lungs, cough more, and suffer worse upper-respiratory infections. Young athletes don't perform as well if they smoke. And the more years a person smokes, the greater is the risk of lung cancer in middle age.

Emphasize addiction. Nicotine is so addictive that some experts compare it to heroin. And, once hooked, kids find it just as hard to kick the habit as adults do. Trouble is, there's no way to predict which kids will become addicted. So it's best not even to experiment.

Help them say no. This technique is used in many formal substance-abuse prevention courses in school but can easily be adapted at home. As best you can, play the part of an admired friend or acquaintance trying to get your teen-ager to try a cigarette. Help your child work out ways to turn down the offer.

Don't smoke. If you are a smoker and are unable or unwilling to quit, at least explain to your children that you are in the grip of a fearsome addiction—and hide your cigarettes. Smoke less in front of your children and make their rooms smoke-free zones.

Impose consequences. If, in spite of your efforts, you find your child experimenting with cigarettes, do not treat it as a minor "kids-will-be-kids" infraction. Treat it as what it is: an act that puts your child at very high risk of developing a life-threatening addiction. Impose whatever sanctions your family uses for a major misdeed—and don't back down. ■

Reprints of this report, and January's report on secondhand smoke, are available. For pricing information, write: CU/Reprints, 101 Truman Ave., Yonkers, N.Y. 10703-1057. Or call: 914 378-2448.

3-25



NEWS FROM

THE ROBERT WOOD JOHNSON FOUNDATION

Embargoed until: February 1, 1995

Contact: Cindy Drucker
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NATION'S FIRST SURVEY RELEASED FOCUSING ON YOUTH ACCESS TO TOBACCO

Broad Majority Supports Extensive Actions To Protect Children
From Becoming Smokers

PRINCETON, NEW JERSEY FEBRUARY 1, 1995 – A surprising result was found in a new national study released today to determine public attitudes towards limiting children's access to tobacco. The Robert Wood Johnson Foundation *Youth Access to Tobacco* survey revealed a wide base of support by adults for specific actions to make tobacco less accessible to children and to restrict advertising promotions that may encourage them to light up. The broad range of support cuts across age, sex, ethnicity, ideology, party and geographic region, a finding that researchers say is noteworthy given the political shift in the last election.

Mathematica Policy Research conducted the survey of 2,345 adults in October and November for The Robert Wood Johnson Foundation, the country's largest private grant maker in the health field.

The RWJF survey comes at a time when health experts are concerned that unlike the drop in smoking among adults, the number of teen smokers is stubbornly steady, and they are starting to smoke at ever younger ages. The average teen smoker starts at 13 and becomes a daily smoker by age 14-and-a-half. It has been estimated that minors smoke over 500 million packs of cigarettes a year with at least half of those packs acquired illegally.

While the survey showed broadbased support for certain measures to reduce children's access to tobacco, researchers found that support for other measures was more varied:

- Limiting tobacco sales to certain kinds of retailers, as with alcohol (46%)
- Banning tobacco advertising in newspapers and magazines (51%)
- Prohibiting tobacco companies from sponsoring sports or entertainment events featuring their brand names (55%)
- Prohibiting tobacco companies from showing their products in movies and videos (60%)

Kaufman pointed out, "A broad cross-section of Americans agree that it makes sense to do more to keep tobacco out of the hands of children. As a foundation investing in the health of children, it's clear to us that most 13-year-olds just aren't prepared to handle the pressures that lead many of them to smoke, a decision that can haunt them for life. Indeed, we know that 80% of the children who smoke have tried to quit, yet only 1.2% succeed. We trust that policy makers, health officials and communities will carefully review our findings as they consider future policy options."

The Robert Wood Johnson Foundation is the nation's fourth largest philanthropy and has supported research and innovations in health for over 20 years. During that period, the foundation has made more than \$1.6 billion in grants devoted exclusively to improving the health and health care of Americans.

Founded in 1968, Mathematica Policy Research, Inc. (MPR) is one of the few research institutions in the country to combine comprehensive research and data collection capabilities with expertise in addressing the nation's social policy agenda. Each year MPR conducts dozens of large-scale surveys designed to meet rigorous statistical standards and to provide important data to decision makers in the public and private sectors.

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Survey Summary/2

Youth Access Policies

- Although the sale of tobacco products to minors is illegal, 68% of adults believe it is very or somewhat easy for kids to buy tobacco products.
- Young adults (18 to 24 years), who may have a more realistic perception of this problem, are even more likely (81%) to believe it is easy for minors to buy tobacco products.
- 94% of adults favor requiring proof of age when purchasing tobacco products.

For the purpose of reducing youth access to tobacco products, the majority of adults support banning the following:

- All cigarette vending machines (74%)
- Cigarette vending machines accessible to kids (91%)
- Self-service displays in stores (78%)

Tobacco Advertising and Promotion

The majority of adults support banning the following types of tobacco promotions:

- Distribution of free cigarettes on public streets (88%)
- Sale of single cigarettes (82%)
- Coupon promotions to obtain free cigarettes by mail (81%)
- Coupon promotions to obtain branded clothing and accessories (70%)
- 73% believe that tombstone advertising (without pictures or cartoons) would make smoking less appealing to children.

Proposals to Regulate Tobacco and Assist with Smoking Cessation

- The overwhelming majority of adults (92%), including current smokers who do not plan to quit (85%), believe nicotine is addictive.

The majority of adults support actions to regulate tobacco and aid smoking cessation:

- Support requiring tobacco companies to list additives on package labels (93%).
- Support extending government regulation of nicotine products, such as nicotine patches and nicotine gum, to cigarettes (71%).
- Support policies requiring tobacco companies to reduce the amount of nicotine in cigarettes (79%).
- Want insurance companies to cover the cost of smoking cessation programs (65%).

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KANSAS DIVISION, INC.

THERE'S NOTHING MIGHTIER THAN THE SWORD

STATEMENT IN SUPPORT OF HOUSE BILL 2544
BY THE AMERICAN CANCER SOCIETY
KANSAS DIVISION, INC.

HOUSE FEDERAL AND STATE AFFAIRS COMMITTEE
MARCH 7, 1995

MISTER CHAIRMAN AND MEMBERS OF THE COMMITTEE....MY NAME IS BETTY DICUS, AND I APPEAR ON BEHALF OF THE AMERICAN CANCER SOCIETY, KANSAS DIVISION, INC. THANK YOU FOR THE OPPORTUNITY TO SPEAK WITH YOU IN SUPPORT OF HOUSE BILL 2544.

IN PARTICULAR, THE AMERICAN CANCER SOCIETY SUPPORTS THIS BILL FOR THE POSITIVE STEPS IT TAKES FOR LIMITING YOUTH ACCESS TO CIGARETTES AND TOBACCO IN KANSAS.

RESULTS OF A NATIONAL SURVEY BY THE ROBERT WOOD JOHNSON FOUNDATION, THE COUNTRY'S LARGEST PRIVATE GRANT MAKER IN THE HEALTH FIELD, RELEASED FEBRUARY 1, 1995, RECONFIRMS SOME SAD STATISTICS ABOUT YOUTH ACCESS TO TOBACCO NATIONWIDE. WE CERTAINLY BELIEVE THESE STATISTICS MIRROR ATTITUDES AND BEHAVIORS IN KANSAS. A COPY OF THE SURVEY RESULTS IS ATTACHED TO YOUR COPY OF MY STATEMENT, BUT I WILL SHARE SOME OF THE MORE IMPORTANT POINTS.

- * THE AVERAGE TEEN SMOKER STARTS AT 13 AND BECOMES A DAILY SMOKER BY AGE 14-AND-A-HALF.
- * 80% OF THE CHILDREN WHO SMOKE HAVE TRIED TO QUIT, YET ONLY 1.2% SUCCEED.
- * 68% OF ADULTS, AND 81% OF YOUNG ADULTS (18 TO 24 YEARS OF AGE) BELIEVE IT IS VERY OR SOMEWHAT EASY FOR KIDS TO BUY TOBACCO

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PRODUCTS.

* FOR THE PURPOSE OF REDUCING YOUTH ACCESS TO TOBACCO PRODUCTS, THE MAJORITY OF ADULTS SUPPORT BANNING THE FOLLOWING:

- * ALL CIGARETTE VENDING MACHINES (74%)
- * CIGARETTE VENDING MACHINES ACCESSIBLE TO KIDS (91%)
- * SELF-SERVICE DISPLAYS IN STORES (78%)

ALSO ATTACHED TO MY TESTIMONY YOU WILL FIND YOUTH ACCESS ARTICLES FROM OTHER SOURCES.

IN CLOSING I WOULD LIKE TO QUOTE, FORMER, U.S. SURGEON GENERAL, ANTONIA C. NOVELLO, FROM ONE OF THE REPORTS YOU HAVE RECEIVED: ". . . ONLY A VERY SMALL NUMBER OF PEOPLE, REGARDLESS OF RACE, START SMOKING AFTER AGE 30. IN FACT, WE KNOW VERY WELL THAT NEARLY 90% OF SMOKERS BECOME REGULAR SMOKERS BEFORE THEY TURN 21."

A MAJORITY OF AMERICANS ARE IN FAVOR OF STRONGER RESTRICTIONS ON YOUTH ACCESS TO TOBACCO PRODUCTS AND I ENCOURAGE YOU TO PASS HOUSE BILL 2544 FOR THE HEALTH OF YOUNG KANSANS.

THANK YOU FOR YOUR CONSIDERATION.

State of Kansas

Bill Graves



Governor

Department of Health and Environment

James J. O'Connell, Secretary

Testimony presented to

House Federal and State Affairs Committee

by

The Kansas Department of Health and Environment

House Bill 2544

Kansas Department of Health and Environment supports HB2544 because of the positive impact restricting youth access to tobacco products has on our Kansas youth.

Although there is some controversy concerning legislation to protect adults against the destructive behavior of tobacco use and second hand smoke, we must all be in harmony over the issue of our youth and tobacco. Thirty-one years ago the Surgeon General's Report spoke to the ill-health effects of tobacco use. The Surgeon General's Report issued last year, "Preventing Tobacco Use Among Young People", targets childhood and adolescence as key opportunities for prevention of more than 400,000 premature deaths which occur each year from tobacco-related causes.

In the report, evidence was presented to show that although smoking among adults has declined, smoking among youth has actually increased over the past decade. At least 3.1 million adolescents are current smokers. About 25 percent of 17 and 18-year-olds smoke. Practically no adult begins smoking: new smokers are primarily teenagers.

Among the major conclusions of the 1994 Surgeon General's report is "most young people who smoke are addicted to nicotine and report that they want to quit but are unable to do so." A second major conclusion was, "The most effective preventive programs are community wide efforts that combine education and public policy approaches." The ability to enact community-wide public policy changes is the issue which HB2544 addresses.

The impact of strengthening youth access to tobacco products laws has been shown to be effective. A DePaul University study of Woodridge, Illinois Licensing Law showed an overall smoking reduction by over 50%. In Woodridge, a local licensing law was enacted in 1990. Before licensing, 83% of stores sold to 13 year olds, even after a police warning! After suspending the licenses of repeat offenders, zero sales were made in back to back tests.

Mr. Chairman, and members of the committee, we are addressing a major health concern for our youth. They are becoming addicted to a drug which will cause them serious illness and premature death. This problem does not seem to be going away on its own. As health professionals, parents, grandparents, teachers, and lawmakers we must deal with this serious issue at every level; state legislature, city and county councils, town halls, churches, homes and schools.

Jill M. Mignacca
The Topeka Capital-Journal

My name is Jill M. Mignacca. I'm 17 years old and am a junior at Washburn Rural High School. As a member of The Topeka Capital-Journal youth staff since June of 1992, I've written about a number of pressing issues concerning teens, including tobacco use among youth.

On March 24, 1994, I attended the Youth and Elders Against Tobacco Use National Town Meeting, an interactive video teleconference held with then United States Surgeon General, Dr. Joycelyn Elders. At the teleconference, I was shocked by a number of astounding statistics. For example:

- Three thousand young people begin smoking everyday.
- In 1994, over three million teens were smoking.
- Kids who smoke cigarettes are more likely to partake in alcohol and illegal drugs than kids who don't.

It doesn't have to be this way. The key to reducing tobacco use among adolescents is to enforce the law passed in 1967 which prohibits businesses from selling tobacco to minors.

In May and June of 1994, myself, along with eight other members of The Capital-Journal's youth staff whose ages ranged from 14 to 17, staged an undercover investigation to determine how easily accessible tobacco is to minors. The youth staffers visited 61 Topeka stores, including supermarkets, travel plazas and convenience, drug and discount stores. Thirty-nine of the 61 businesses (63.9%) illegally sold tobacco products to the youth staffers.

One particular incident which occurred during the investigation stands out in my mind: I entered a local travel plaza, selected a pack of miniature cigars and went to the cash register. The clerk asked me if I had any I.D. to verify my age. When I told him I had none, he asked me my age. Lying, I told the clerk I was 18 (I was 16 at the time). The clerk gave me a skeptical look and lectured me on the dangers of smoking. Then, he rang up the price of the cigars, took my money and told me to "have a nice day."

Upon the conclusion of the investigation, Police Chief Gerald Beavers said he wasn't surprised by the results, and that illegal tobacco sales, out of necessity, weren't a high priority of the Police Department.

We can no longer stand by and watch stores illegally sell tobacco to minors. The law needs to be enforced because tobacco is a deadly drug, and it's killing our nation's future.

Thank you for giving me the opportunity to give you my testimony.

F45A
3-7-95
Atch #6

Moral: If you don't smoke, don't start

"Most people who are going to smoke are hooked by the time they are 20 years old."

— Surgeon General Joycelyn Elders

By JILL M. MIGNACCA
The Capital-Journal youth staff

I have always known that nicotine addiction among teenagers has been a large problem in the United States, but until I attended the Youth and Elders Against Tobacco Use National Town Meeting teleconference on March 24, I didn't realize just how massive the problem actually is.

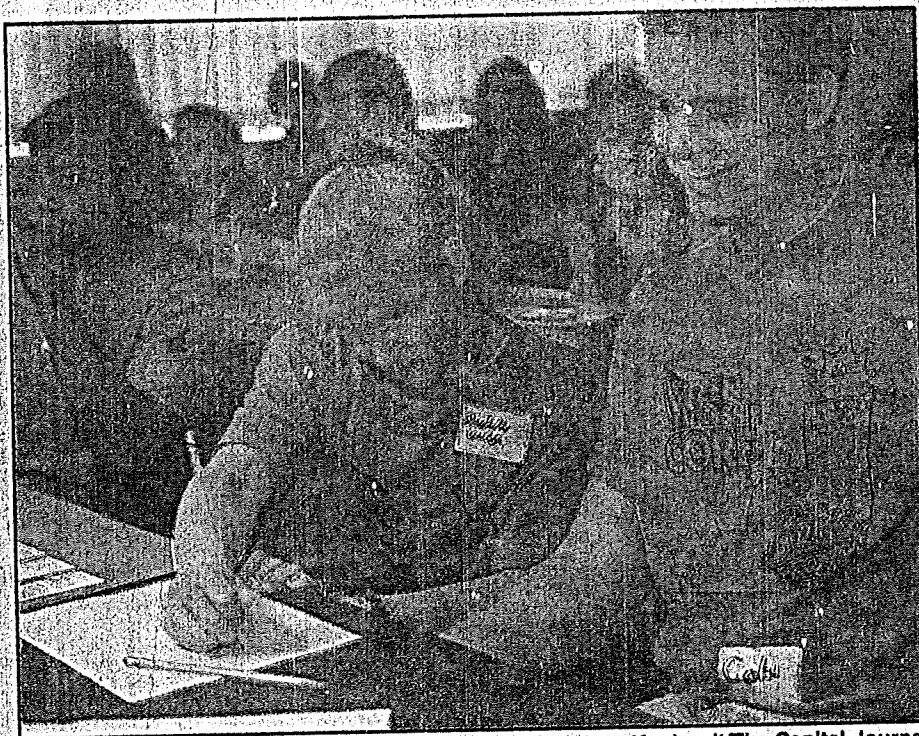
For example, were you aware that 3,000 young people begin to smoke every day? That's more than 1 million each year! Or that more than 3 million adolescents currently smoke? Those were some of the facts revealed in a new report by Surgeon General Joycelyn Elders.

The live conference was held by the surgeon general and included hookups with more than 400 sites throughout the country. Over 30 young people gathered at the Kansas National Education Association to participate.

So what is it exactly that makes smoking and other tobacco products so appealing? No big surprise here — advertising. Advertisers show attractive, seemingly glamorous people in their ads. In these ads, people are having fun, looking sexy and popular and drawing positive attention to themselves.

Cartoons, such as the ads used for Camel cigarettes, are alluring to children. Kids see Joe Camel as a cool, popular guy. This cool, popular guy even has a female counterpart, Josephine.

Here's a disturbing fact: Joe Camel is



—Amy Kunhardt/The Capital-Journal

Darchelle Welch, left, 15, freshman at Logan Jr. High, and Colin Cathey, 18, Seaman High School senior, attended the Youth and Elders Against Tobacco Use National Town Meeting, an interactive video teleconference held with the U.S. surgeon general.

as familiar to 6-year-old kids as Mickey Mouse, according to one poll.

Many times, advertisements promote clothes and sporting goods that can be purchased from the tobacco companies.

Tobacco advertisements stick out, literally. Have you ever picked up your favorite magazine and the pages automatically fell open to a fold-out page advertis-

ing cigarettes or additional merchandise that can be purchased from that particular tobacco company? Pretty sneaky.

In 1990, approximately \$4 billion — that's \$11 million a day — was spent by tobacco companies to convince you that you needed to smoke.

Tobacco products are easily accessible to young people. Even though it is illegal

in the 50 states to sell cigarettes and other tobacco products to people under 18, last year the office of the surgeon-general estimated 947 million packs of cigarettes and 26 million containers of chewing tobacco were illegally sold to minors.

Cigarette vending machines are also often used by kids.

In one survey revealed during the telecast, children were able to purchase cigarettes from vending machines 77 percent of the time.

Smoking is not an inexpensive habit. Let's say that a pack of cigarettes costs \$2.00. If someone smokes one pack of cigarettes a day, that person will spend \$14.00 a week and \$728 a year. The individual who is so addicted to nicotine that he or she feels the need to smoke three packs of cigarettes a day will pay \$42 a week and \$2,184 a year.

Let me get this straight. People actually want to pay an enormous sum of money just so they can have yellow teeth, black lungs and bad breath? Not to mention other health problems, such as cancer, heart disease, emphysema and chronic bronchitis? Plus, there's a risk that heavy smokers will give birth to premature babies with extremely low birth weight.

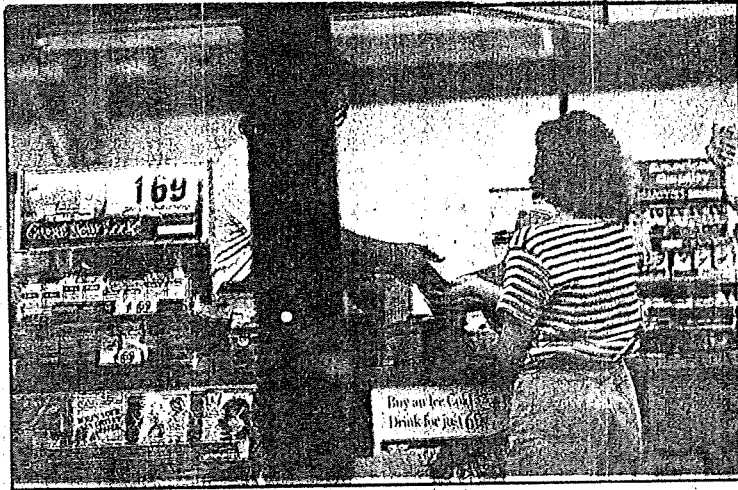
Yeah, that sounds like loads of fun to me!

If you're a smoker, breaking the nicotine habit is the best and smartest thing you can do. Not only will your health improve, but so will your self-esteem. To quit smoking is a difficult task, but it will give you a feeling of accomplishment! Trying to stop smoking won't kill you, but continuing to smoke may. It's just not worth it.

Tobacco is easy buy for underage teens

A 16-year-old Capital-Journal youth staffer recently bought a pack of cigarettes at a convenience store. Thirty-nine of 61 businesses sold tobacco products to underage teens.

—Jeff A. Taylor/
The Capital-Journal



By EZRA L. ANDERSON
and JILL M. MIGNACCA
The Capital-Journal

A 16-year-old walked up to the cash register at a local convenience store and eyed the rows of cigarette packs at the counter. To her right was a sign that warned, "We check I.D. on all liquor and tobacco sales... It's the law!"

Nervously, she asked for Camels and handed the clerk \$2.

The clerk, who also appeared to be a teenager, said in an off-handed way, "Oh, you look old enough," and rang up the purchase.

"Have a nice day," he told the girl, as she sauntered off, cigarettes in hand.

This transaction is a common occurrence in Topeka, based on an investigation by The Capital-Journal youth staff.

On May 28 and June 4, nine Capital-Journal youth staffers, ages 14-17, visited 61 stores ranging in size from discount stores to small mom-and-pop stores, and including supermarkets, drug stores and convenience shops, and found little resistance when attempting to purchase tobacco products.

Thirty-nine of the 61 businesses — 63.9 percent — sold the underage youth staffers cigarettes, and in some cases, chewing tobacco and cigars. One teen was encouraged to buy additional packs of cigarettes to qualify

Continued on page 5-A, col. 1

Tobacco is easy buy for teens

Continued from page 1-A

for merchandise supplied by a manufacturer.

It is illegal to sell tobacco products to anyone under the age of 18, and a conviction for breaking the law — a misdemeanor — carries penalties of up to one year in prison and \$1,000 in fines. Yet, no charges have ever been filed against Topeka businesses for breaking the law, according to Detective Donald Longren.

Businesses are required to check for identification if necessary to verify a purchaser's age before selling tobacco.

Police Chief Gerald Beavers said he wasn't surprised by the results of the youth staff's investigation, but said it was a low priority of the department's out of necessity.

"When you look at the drive-by shootings, the burglaries, and the homicides we have, people aren't going

to want us to use our limited police resources for 'setting up' supermarkets to see if they're selling cigarettes to minors," Beavers said.

The police chief suggested citizens who have noticed a business illegally selling tobacco to minors could refuse to shop at the store and explain why they were doing so to the manager. Doing so could pressure the business to obey the law, Beavers said.

Robert Swafford, tobacco control coordinator for the Kansas Department of Health and Environment, said tobacco posed a particular danger to young people.

"It's the only legal product sold in America, that, when taken as directed, can kill you."

Less than a month before The Capital-Journal youth staff investigation, the Alcoholic Beverage Control division of the Kansas Revenue Department sent letters to 4,000 Kansas businesses reminding them of the tobacco law.

Of all the things that will confuse historians of the next century, certainly the idea of a lethal product, a product of illness and despair, peddled to youngsters for the profit of the peddler, will be the most confusing.

*William Foegen
Proceedings of the 8th World Conference on
Tobacco OR Health*

FOR MORE INFORMATION CONTACT:

Terri Roberts JD, RN
Executive Director
700 SW Jackson, Suite 601
Topeka, KS 66603-3731
913-233-8638
March 7, 1995

HB 2544 CIGARETTES AND TOBACCO PRODUCTS REGULATION AND TAXATION ENFORCEMENT

Representative Boston and members of the House Federal and State Affairs Committee, my name is Terri Roberts JD, RN and I represent the Kansas State Nurses Association. I am here today as a proponent for HB 2544.

As registered nurses, we support restrictions on the sale of cigarettes to minors and appropriate civil penalties for retailers who make illegal sales.

In November/December 1993, the Kansas Department of Revenue Division of ABC conducted baseline testing by checking 167 retailers for the sale of cigarettes to minors. 121 or 72.5% made illegal sales. May through June 1994, ABC conducted an awareness campaign by sending informational letters to retailers and press releases. Another check of retailers in August of 1994, 275 retailers were checked and the results reflected significant compliance, with only 128 illegal sales or 46.5% non-compliance.

Certainly, ABC should be highly commended for pursuing this data collection and awareness campaign. However, as a matter of public policy we urge your support of HB 2544 that will give ABC a vehicle for addressing illegal sales. Civil fines have been used in other enforcement actions with some successes. For calendar year 1994, 643 citations for underage liquor sales violations were given. (This is from a liquor base of approximately 2435 liquor businesses or 26.4%.)

Access to cigarettes is only one piece of the legislation in preventing adolescents from beginning to smoke. But, it is an extremely significant piece whose benefit far outweighs the cost. The fiscal note for HB 2544 suggests only \$25,000 in licensing fees revenue would be lost. This may be even recouped with stringent enforcement including the new civil penalties collections.

Kansas State Nurses Association Constituent of The American Nurses Association

700 SW Jackson, Suite 601 * Topeka, Kansas 66603-3731 * (913) 233-8638 * Fax (913) 233-5222
Carolyn Middendorf, M.N., R.N. -- President * Terri Roberts, J.D., R.N. -- Executive Director

*FSA
3-7-95
Atch #7*

The following are a few statistics about adolescent smoking:

*The tobacco cartel claims the \$4.6 billion it spends each year on advertising and promotion is not intended to entice youth.

*According to a study released by the Centers for Disease Control and Prevention (CDC), the three most advertised brands--Marlboro, Camel and Newport--account for 86% of tobacco sales to children. By contrast, only 35% of adult smokers smoke these brands.

*In another study of high school seniors who smoke, 9 out of 10 predicted they would not be smoking in five years. Unfortunately, 70% of those who smoked a pack a day were still smoking a pack or more five or six years later.

*The report, by members of the National Academy of Sciences, noted that nearly 9 of every 10 adults who smoke daily began smoking by age 18. Sixty-two percent began smoking by their sixteenth birthday.

*On December 30, 1994, twenty-five Attorneys General issued a report on the problem of illegal tobacco sales to minors. The document is a result of an eight-month study by a Working Group of State Attorneys General on tobacco. The Working Group found that, nationwide, over one billion packs of cigarettes and twenty-six million containers of smokeless tobacco are sold illegally to minors every year. Of the 3,000 youngsters who begin smoking every day, as many as one quarter will eventually die of tobacco-related illnesses. The Working Group concluded, that if sales-to-minors laws were strictly obeyed, and youth access to tobacco were controlled effectively, smoking could be greatly reduced as a major health problem in our society.

Additionally I have attached to my testimony a copy of **Preventing Tobacco Use Among Young People, A Report of the Surgeon General At a Glance** and a February 27, 1995 Ann Landers column of interest on tobacco promotions to children.

Thank you.

ADVICE

Tobacco industry tactics blasted

DEAR ANN LANDERS: Please tell me what the tobacco industry is trying to do. I keep seeing big, expensive ads by Philip Morris and the Tobacco Institute beating the drum for "People's Rights." They really are slick. They talk about "freedom to choose." And the appealing pictures of Joe the Camel are clearly directed at young people.



Ann Landers

Advice

It is a cleverly crafted advertising campaign to make smoking attractive.

The truth is that more than 419,000 Americans die every year from lung cancer and cigarette-related problems. Will you please explain how the tobacco industry gets away with this? — GERALDINE IN HAGERSTOWN, MD.

DEAR GERALDINE: The next letter will give you a far better explanation than I can. Here it is:

DEAR ANN LANDERS: I am a former lobbyist for the Tobacco Institute, which is the propaganda

arm of the tobacco industry. I am also a former smoker. I am now a throat cancer patient. My life expectancy, I am told, is limited.

I worked for four to six years for the Tobacco Institute to stop legislative efforts to restrict smoking in public places. My technique was to do whatever it took to win. And I did.

I know now that in my effort to help the tobacco industry, I hurt some innocent people. Profits are the sole motivation of the tobacco industry. It is not interested in public health. All I can do now is try to make amends.

The industry's current national "Smokers' Rights" and "Accommodation" campaigns are smoke screens, pure and simple. These messages come from the same people who still maintain that nicotine is not addictive. People who choose to smoke should be permitted to do so. But there is no constitutional "right" to force non-smokers to inhale secondhand smoke. The tobacco industry keeps saying secondhand smoke is not dangerous. Yet scores of worldwide health agencies say it can cause lung cancer.

I pray that your readers will remember this when they see their next tobacco industry billboard or newspaper ad or hear a radio or television commercial. I wish I had. — VICTOR CRAWFORD,

ROCKVILLE, MD.

DEAR VICTOR FROM ROCKVILLE: I hope your letter goes up on thousands of office, school and factory bulletin boards. You've done your good deed for the day. Here's some good news:

A Miami judge ruled last December that airline flight attendants could sue leading tobacco companies for smoking-related problems.

Judge Robert P. Kaye of the Circuit Court for Dade County ruled that a so-called passive-smoking suit filed in 1991 by 25 non-smoking former flight attendants of several airlines against Philip Morris and other cigarette-manufacturers could go forward as a class action. The flight attendants' attorney said they would seek damages of more than \$1 billion and that 60,000 current and former flight attendants could be part of the lawsuit.

Stanley M. Rosenblatt, a Miami trial lawyer, was happy with the judge's decision. He said America's tobacco companies have been lying to the public for the past 40 years about the effects of smoking and getting away with it. And I, Ann Landers, say, "Hooray." It's about time somebody nailed 'em.

GEM OF THE DAY: Drive as if you owned the other car.

Creators Syndicate Inc.

Preventing Tobacco Use Among Young People A Report of the Surgeon General *At a Glance*



More than 400,000 premature deaths occur each year in the United States from tobacco-related causes. This epidemic is totally preventable—and the key opportunities for prevention are childhood and adolescence.

"Most people who are going to smoke are hooked by the time they are 20 years old."

—M. Joycelyn Elders, M.D., Surgeon General

Why Keeping Kids Tobacco-Free Is Important

Tobacco use usually begins in early adolescence, typically by age 16. Almost all first use occurs before young people graduate from high school. If adolescents can be kept tobacco-free, most will remain tobacco-free for the rest of their lives.

- ◆ At least 3.1 million adolescents are current smokers. Smoking is most common among 17- and 18-year-olds; about 25 percent of these young people smoke.
- ◆ By age 18, about two-thirds of young people in the United States have tried smoking.
- ◆ Nicotine is generally the first drug used by young people who use alcohol, marijuana, and harder drugs.
- ◆ Adolescent tobacco use is associated with being in fights, carrying weapons, and engaging in higher-risk sexual behavior.

Major Conclusions

1. Nearly all first use of tobacco occurs before high school graduation.
2. Most young people who smoke are addicted to nicotine and report that they want to quit but are unable to do so.
3. Tobacco is often the first drug used by young people who use alcohol and illegal drugs.
4. Among young people, those with poorer grades and lower self-images are most likely to begin using tobacco.
5. Cigarette advertising appears to increase young people's risk of smoking by conveying that smoking has social benefits and that it is far more common than it really is.
6. The most effective preventive programs are communitywide ones that combine education and public policy approaches.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Office on Smoking and Health

7-4

Early Smoking, Early Consequences

The younger a person begins smoking, the greater the risk for developing the numerous illnesses associated with smoking. And even teens experience adverse health effects:

- ◆ General decrease in physical fitness.
- ◆ Increased coughing and phlegm.
- ◆ Greater susceptibility to and severity of respiratory illnesses.
- ◆ Early development of artery disease, a possible precursor of heart disease.
- ◆ Slower rate of lung growth—and, by adulthood, possible reduced level of normal lung function.

Tobacco Use: It's an ADDICTION, Not Just a "Bad Habit"

Nicotine addiction makes quitting smoking as hard as quitting heroin, cocaine, or alcohol. For most smokers, nicotine addiction begins during childhood or adolescence.

- ◆ Most young people who have smoked as few as 100 cigarettes in their lifetime report that they would like to quit—but can't.
- ◆ Young people develop tolerance for, and become dependent on, nicotine as quickly as adults do, and young people have just as hard a time quitting.
- ◆ A long-term national study found that 70 percent of high school seniors who smoked as few as one to five cigarettes a day were still smoking five years later, and most of these were smoking more cigarettes a day.

Smokeless Tobacco: Unsafe Alternative

Smokeless tobacco is definitely *not* a safe alternative to smoking. Many young people, however, do not know that even in the short term, smokeless tobacco is a dangerous alternative to cigarettes. Adolescent users of smokeless tobacco

- ◆ Have early signs of gum disease.
- ◆ Develop lesions in their oral soft tissue—a possible warning sign of cancer.
- ◆ Are much more likely than nonusers to become cigarette smokers.

Pressures to Use Tobacco

Almost all adolescents will at some time feel pressured to try tobacco.

- ◆ Peers, siblings, and friends are powerful influences. The most common situation for first trying a cigarette is with a friend who already smokes.
- ◆ Young people are sensitive to perceived signals that smoking is the norm. These signals include visible public smoking, the availability of cigarettes to minors, and the widespread promotion and advertising of tobacco products.
- ◆ A 1992 national sample found that 87 percent of the adolescents surveyed could recall recently seeing one or more advertisements for tobacco products.

Tobacco Sales: In Search of New Consumers

The tobacco industry loses—and therefore must replace—some two million consumers each year, either because they quit smoking or because they die. Studies show that the vast majority of new consumers will come from the ranks of young people. Intentionally or not, then, successful tobacco marketing influences adolescents.

- ◆ *Print media* remain an important source of tobacco advertising. After automobiles, cigarettes are the most heavily advertised retail product.

- ◆ Especially in inner-city neighborhoods, young people may be repeatedly exposed to *outdoor billboards* portraying apparent benefits of tobacco use.
- ◆ Increasingly, tobacco companies market their products through *promotional activities* that reach youth. These activities include sponsoring sporting and musical events, distributing specialty items that bear brand names, and encouraging stores to carry point-of-sale displays.

"Clearly, young people are being indoctrinated with tobacco promotion at a susceptible time in their lives."

—M. Joycelyn Elders, M.D., Surgeon General

Pictures of Health? Misleading Images in Tobacco Advertising

Ads for tobacco products have become short on words and facts—and long on visual images that suggest positive associations.

- ◆ Cigarette ads visually associate smoking with independence, healthfulness, adventure-seeking, and physical attractiveness—themes that appeal to young people.

- ◆ These attractive pictures suggest that smoking is a powerful tool for improving self-image. Young people with low self-esteem are particularly receptive to this message.
- ◆ The pervasiveness of cigarette advertising may suggest that smoking is more common than it really is. Young people are far more likely than adults to greatly overestimate the prevalence of smoking.

Prevention—Programs That Work for Young People

Promising results have been seen in school-based programs that teach young people how to resist social influences to smoke. Such programs are even more successful when they are supported in the adolescent's home and community.

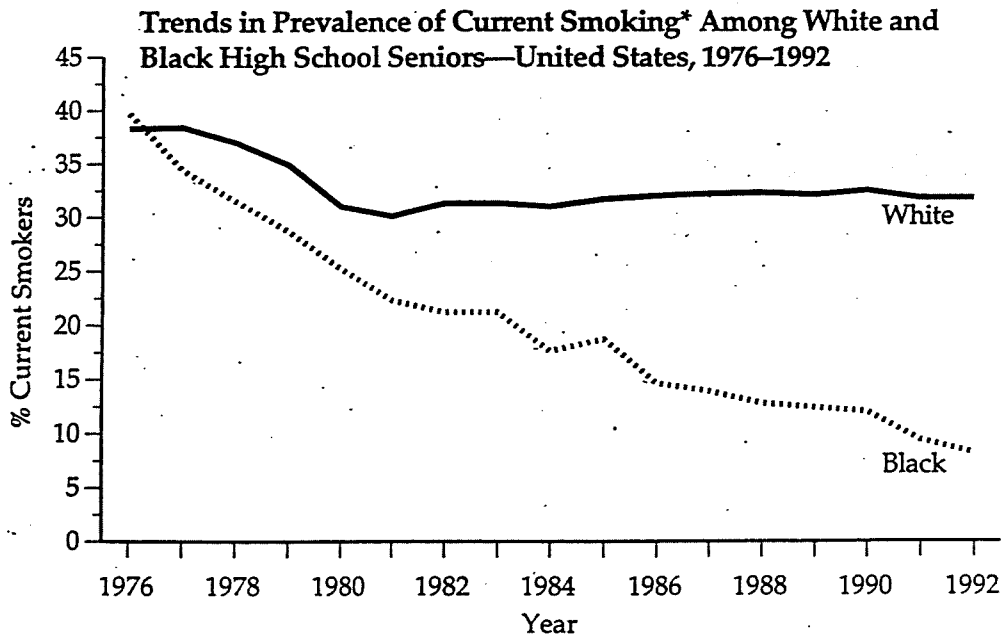
Other measures that appear to discourage youth from trying tobacco include

- ◆ Taxes that raise the price of cigarettes.
- ◆ Strongly enforced laws that prohibit the sale of tobacco to young people.
- ◆ Policies in the school, workplace, and community that restrict smoking.

Most Americans strongly favor policies that might prevent tobacco use among youth.

Facts at a Glance . . .

- ◆ Male and female adolescents are equally likely to smoke cigarettes. Males are much more likely than females to use smokeless tobacco.
- ◆ White adolescents are more likely to use tobacco than are black and Hispanic adolescents; whites are much more likely to be heavy or frequent smokers.
- ◆ Over the past decade, there has been virtually no decline in smoking rates among all teens. Among black adolescents, however, the prevalence of smoking has declined dramatically.
- ◆ A 1992 survey found that 32 percent of high school students had tried smokeless tobacco. Most of these were males.
- ◆ Young people who come from a low-income family and have fewer than two adults living in their household are especially at risk for becoming smokers.
- ◆ In various studies of minors' access to tobacco products, from 32 to 87 percent of underage youths were able to purchase cigarettes over the counter. When the minors tried to purchase cigarettes through vending machines, they were almost always successful.



Source: Monitoring the Future Project, University of Michigan, Institute for Social Research.
*Current smoking is defined as any cigarette smoking during the 30 days preceding the survey.

Both complete and summary versions of *Preventing Tobacco Use Among Young People—A Report of the Surgeon General* are available. For more information about the report or to order a free executive summary, call (toll-free) 1-800-CDC-1311 or write

Office on Smoking and Health
National Center for Chronic Disease Prevention
and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, N.E. (MS K-50)
Atlanta, Georgia 30341-3724

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CONSUMER PROTECTION: 296-3751
FAX: 296-6296

March 7, 1995

Representative Garry Boston, Chairperson
House Federal and State Affairs Committee
State Capitol, 156-E
Topeka, KS 66612

RE: House Bill 2544

Dear Chairperson Boston and Members of the Committee:

I write to you today to express my support for House Bill 2544. Even though state law prohibits the sale of cigarettes and tobacco products to underage customers, child tobacco use in Kansas has increased. I believe we must do what we can to reduce the use of cigarettes and tobacco by our young people and House Bill 2544 will help us do that.

In December, 1994, former Attorney General Bob Stephan joined the attorneys general of 25 other states in releasing a report on smoking and minors. The report documented the frequency and apparent ease with which underage youth purchase tobacco products, the positive steps retailers can take to prevent the sale of cigarettes and other tobacco products to minors, and the positive initiatives states can pursue to encourage responsible retailing to help control sales to teens.

According to the report "ninety percent of smokers report that they began smoking as teenagers. The average age at which teenage smokers first begin smoking is thirteen to fourteen years, and by age eighteen, teens are smoking at a rate very near the adult rate. Unlike adolescent use of alcohol and other drugs, adolescent smoking behavior has not declined since the early 1980's, and some statistics show an increase in underage smoking. In 1990, nineteen percent of high school seniors smoked daily, and twenty-nine percent had smoked in the last month."

It is my understanding that Alcohol Beverage Control did an undercover operation in a Kansas community recently in which they had an underage individual try to purchase cigarettes. Purchases were made in 27 of the 29 locations.

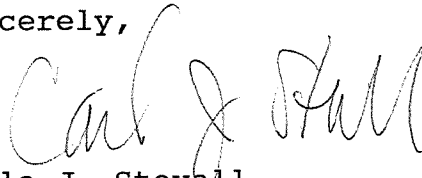
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Atch #8

These statistics illustrate to me that young people have access to cigarettes and tobacco. By supporting H.B. 2544, you would be making it tougher for our youth to get started smoking.

I would suggest that you amend this bill by separating youth possession from all the other violations in Section 7 and then adding language which would allow all duly constituted law enforcement personnel to confiscate cigarettes and tobacco products found in possession of a minor in lieu of criminal charges. I think this would be an appropriate tool for law enforcement.

I ask for your support of House Bill 2544. Thank you.

Sincerely,

A handwritten signature in cursive script, appearing to read "Carla J. Stovall".

Carla J. Stovall
Attorney General

M E M O R A N D U M

TO: House Federal and State Affairs Committee

FROM: Tobacco Institute
Pat Hubbell

DATE: March 7, 1995

RE: HB 2544

The Tobacco Institute has traditionally supported legislation which curtails the sale of tobacco products to persons under the age of eighteen.

In reviewing HB 2544, we saw some potential problems we thought should be brought to the Committee's attention.

The following, we believe, would improve HB 2544 without deleting its original intent:

Vending Machine Sales

We support legislation that restricts the location of cigarette vending machines to places where access is limited to adults, or where there is stringent adult supervision.

Unannounced Inspections -- Reporting

The Tobacco Institute supports legislation that would require the attorney general to work with local law enforcement officials to enforce the provisions in HB 2544, through unannounced inspections of locations where tobacco products are sold. Fines and penalties collected for violations should be used to offset the cost of enforcement.

Persons under eighteen years of age may be enlisted by sheriffs or chiefs of police, or their employees, to test compliance with this Act only if the testing is conducted under the direct supervision of sheriffs or chiefs of police, or their employees, and written parental consent has been provided. Any other use of persons under 18 to test compliance with the Act or any other prohibitions should be unlawful and the person or persons responsible for such use should be subject to the fines prescribed in the Act.

Statewide Uniformity

To ensure that HB 2544 is equitably and uniformly enforced, no county, city, or department, board or agency thereof, and no other political subdivision, board or agency of the state may enact any laws, ordinances, rules or regulations concerning the sale, distribution, display or promotion of tobacco products.

FSA
3-7-95
Atch #9

HOUSE BILL No. 2539

By Committee on Federal and State Affairs

2-17

9 AN ACT concerning firearms; requiring certain criminal history record
10 checks before certain transfers or sales; providing for amendment of
11 criminal history records under certain circumstances; prohibiting cer-
12 tain acts and providing penalties for violations.

; providing for preemption and standardization by the state in regulation

13
14 *Be it enacted by the Legislature of the State of Kansas:*

15 Section 1. (a) No importer, manufacturer or dealer licensed pursuant
16 to 18 U.S.C. 923 shall sell or deliver from the licensee's business inventory
17 at the licensee's licensed premises any firearm to another person, other
18 than a licensed importer, licensed manufacturer, licensed dealer or li-
19 censed collector, until the licensee has:

20 (1) Obtained from the potential buyer or transferee a completed con-
21 sent form, promulgated by the Kansas bureau of investigation and pro-
22 vided by the licensed importer, manufacturer or dealer, which shall in-
23 clude only the name, birth date, gender, race and social security number
24 or other identification number of the potential buyer or transferee;

25 (2) inspected identification containing a photograph of the potential
26 buyer or transferee;

27 (3) requested, by means of a toll-free telephone call, that the Kansas
28 bureau of investigation conduct a criminal history record check of the
29 potential buyer or transferee; and

30 (4) received from the Kansas bureau of investigation a unique ap-
31 proval number for the record check and recorded the date and such
32 number on the consent form.

33 (b) Upon receipt of a request for a criminal history record check
34 pursuant to subsection (a), the Kansas bureau of investigation shall im-
35 mediately, during the licensee's call or by return call:

36 (1) Review the bureau's criminal history records to determine if the
37 potential buyer or transferee is prohibited from receipt or possession of
38 a firearm pursuant to Kansas or federal law;

39 (2) either (A) inform the licensee making the inquiry that the bureau's
40 records demonstrate that the potential buyer or transferee is prohibited
41 from receipt or possession of a firearm under Kansas or federal law or
42 (B) provide the licensee with a unique approval number.

43 (c) In the event of electronic failure or similar emergency beyond the

FV SA
3-7-95
Attachment 10

1 the procedures described in subsection (b) remain operational.
 2 Sec. 2. This act shall take effect and be in force from and after its
 3 publication in the statute book.

Sec. 2. (a) The state of Kansas intends to occupy and preempt the entire field of legislation concerning the regulation of firearms, components, ammunition and supplies. Except as provided in subsection (c), any existing or future order, ordinance, rule or regulation in this field of any political subdivision of the state is void.

(b) Except as provided in subsection (c), no political subdivision of the state, including, but not limited to, municipalities, counties and townships, may adopt any order, ordinance, rule or regulation concerning the sale, purchase, purchase delay, transfer, ownership, use, possession, storage in home or business, bearing, transportation, licensing, permitting, registration, taxation or any other matter pertaining to firearms, components, ammunition or supplies.

(c) This section does not prohibit an order, ordinance, rule or regulation of any political subdivision which, with the exception of appropriate civil penalty provisions, conforms exactly with any applicable provision of state law or which regulates the discharge of firearms within a jurisdiction. This subsection shall not affect zoning ordinances which encompass firearms businesses along with other businesses. Zoning ordinances which are designed for the purpose of restricting or prohibiting the sale, purchase, transfer or manufacture of firearms or ammunition as a method of regulating firearms or ammunition are in conflict with this subsection and are prohibited.

(d) Nothing in this section limits the power of any law enforcement agency to regulate the type and use of firearms issued or authorized by the agency for use by its employees.