

**ANTI-SMOKING ACTIVITIES
IN ACS DIVISIONS AND UNITS**

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ACS ANTI-SMOKING ACTIVITIES REPORT

HIGHLIGHTS

Prepared For

ACS TASK FORCE ON TOBACCO AND CANCER

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Introduction

This report summarizes findings of a study of anti-smoking activities engaged in by ACS Divisions. The study findings are based on questionnaires filled out and returned by 55 of the 58 ACS Divisions.

The study was commissioned by the ACS Task Force on Tobacco and Cancer. It was intended to provide information on the status of current activities and to provide guidance about areas for future directions and activities for the ACS's anti-smoking efforts.

The present report presents highlights of the results obtained. A full-scale report of findings of the study will soon be issued.

Legislative Action

1. About 4 out of 5 Divisions report that there has been legislative or executive action on smoking in their Divisions (at the state, county or municipal levels) in the past 5 years.

In some instances bills have been enacted; in others bills are pending but have not yet been enacted.

Efforts should be made to determine the sources of barriers to bill enactment.

Professional Education

2. The Divisions report that, on the average, about one-quarter of the doctors and about one-quarter of the dentists smoke in their Divisions. This is significantly below the level of smoking in the general adult population.

At the same time, the Divisions report that, on the average, about two-fifths of the nurses smoke in their Divisions. This is no lower than the level of smoking in the general population (and is actually higher than the level of smoking in the adult female population).

These findings suggest that past efforts directed at doctors and dentists have succeeded. More efforts directed at nurses are required.

3. Less than half of the Divisions report that professional organizations have adopted official positions against smoking by members of their organizations.

Formal anti-smoking stances have been adopted more by doctors' organizations (47%) and dentists' organizations (35%) than by nurses' organizations (18%)

4. Less than half of the Divisions report that professional organizations have taken action to persuade their patients not to smoke.

Formal action urging patients not to smoke is more common among doctors' organizations (38%) and dentists' organizations (31%) than among nurses' organizations (16%).

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5. Only a minority of the Divisions report that special anti-smoking efforts have been conducted among professionals who deal with women of child-bearing age.

The incidence of Divisions reporting such efforts: OB-GYN specialists, 16% pediatricians, 16% pediatric nurses, 5%.

6. About one-third of the Divisions report that they have conducted educational programs on smoking and health aimed at health professionals.

They report that they have reached 27,315 physicians, 14,085 dentists and 48,050 nurses with such programs in the past 5 years.

7. Almost half of the Divisions report that they have made special efforts to get educational units on smoking included in the curricula of schools for health professionals.

Public Education

8. The Divisions report that they conducted 25,509 adult programs on lung cancer, reaching 715,728 people, last year.

9. The Divisions report that they conducted 1,660 ACS Quit Smoking Clinics, reaching 19,883 smokers last year.

The Divisions also supported 516 non-ACS Quit Smoking Clinics, reaching 12,755 smokers, last year.

10. Of various high-risk and potential smoking groups, the Divisions report greater efforts expended against teenagers and adult heavy smokers than against women in child-bearing ages and pregnant women.

While 75% directed programs at teenagers and 55% at adult heavy smokers, only 24% directed programs at women in child-bearing ages and 26% at pregnant women.

(These latter findings reinforce the finding that only a minority of Divisions have directed special efforts at gynecologists and obstetricians.)

11. The Divisions report that 177 hospitals provide on-going Quit Smoking Clinics.

This represents less than 5% of hospitals having such on-going facilities available.

12. The non-ACS organizations which Divisions most commonly report are involved in anti-smoking activities are the Seventh Day Adventists (mentioned by 84% of the Divisions); the American Lung Association (mentioned by 40%); and Smoke-Enders (mentioned by 20%).

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Youth/School Education

13. The Divisions report that they conducted 105,387 youth programs on lung cancer, reaching 3,359,187 youngsters, last year.

(This is about four times the number of adult programs conducted and about four times the number of adults reached by such programs.)

14. The Divisions report that they conducted 501 ACS Quit Smoking Clinics among 11,470 youthful smokers last year.

(This is about one-third of the adult Quit Smoking Clinics that the ACS conducted last year).

15. The Divisions report that about half of the schools have incorporated smoking education in the curriculum.

This level holds about equally well for elementary schools, junior high schools and senior high schools.

16. The Divisions report that about one-sixth of the colleges and universities have smoking education programs.

(This is considerably lower than the incidence of smoking education programs in elementary, junior high and senior high schools).

17. A little less than half of the Divisions have taken official positions on designated smoking areas in schools.

Of those Divisions who have taken a stand on this issue, most (20 Divisions) oppose designated smoking areas, but a few (4 Divisions) favor them.

18. Less than one-third of the Divisions report that State School Boards have taken official positions on designated smoking areas in schools.

Of those State School Boards who have taken official positions, 9 favored designated smoking areas in schools and 7 opposed them.

19. The Divisions report that they are aware of designated smoking areas in 1,098 junior and senior high schools. (Most of these are in senior high schools).

(This represents only a small fraction of schools having designated smoking areas for their students).

Community Action

20. The Divisions report that 472 hospitals have taken action to prohibit smoking on their premises and 491 hospitals have banned the sale of cigarettes in their institutions.

(These figures each represent less than one-tenth of the number of hospitals covered by the Divisions).

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21. The Divisions report that about 5% of pharmacies no longer sell cigarettes.
22. About one-fifth of the Divisions have taken a formal stand on non-smokers' rights.

These include 6 Divisions who favor non-smokers rights, 2 who are opposed, and 2 whose positions were not ascertained.

23. Almost two-thirds of the Divisions report that there are state-level Interagency Councils on Smoking and Health in their Divisions.

In most but not all instances (32 out of 35 Divisions), ACS is a member of these Interagency Councils.

A majority of Divisions feel that this membership is a worthwhile expenditure of money and effort.

24. About two-thirds of the Divisions report that they have laws prohibiting the sale of cigarettes to minors.

However, about one-third report that they do not have such laws or they do not know whether or not there are such laws.

25. A majority of the Divisions report that 18 is the age at which cigarettes can be legally sold.

However, about one-quarter of the Divisions report that cigarettes can be legally sold to 16 year olds.

26. About three-quarters of the Divisions report that they have taken action to restrict smoking in their institutions -- in offices, at meetings, at workshops, etc.

Public Information

27. The following are the incidences of Divisions reporting engaging in various types of public information programs and efforts:

Distributed anti-smoking spots in past 12 months	95%
Urged stations to use anti-smoking spots	84
Publicized Quit Smoking Clinics	82
Distributed press releases about smoking	80
Distributed TV film, "Let's Call It Quits"	78
Distributed anti-smoking ads to daily and weekly press	76
Arranged for special TV smoking programs	60

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Arranged for feature stories about smoking in press	58
Promoted IQ campaign	56
Distributed anti-smoking ads in industrial publications	55
Interested radio disc jockeys in anti smoking programs	55
Promoted anti-smoking campaigns in high school and college newspapers	46
Distributed editorials about smoking	42
Promotional tie-ins with "Feeling Good" special on smoking	38
Arranged for "D Day" type promotions	29

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Division Recommendations

The following is a summary of recommendations offered by the Divisions for future anti-smoking efforts. (As can be seen, there were some areas where consensus was expressed but other areas where Divisions made opposing recommendations).

Legislation

- * Local legislation to restrict smoking in public places
- * Greater emphasis on legislation
- * Work to ban all cigarette advertising
- * National legislation to restrict smoking in public places
- * Stop cigarette advertising in print media
- * Legislation to prohibit smoking in schools
- * Outlaw cigarette vending machines
- * Get government to stop subsidizing tobacco industry
- * Promote hospital enforcement of restricted areas

Non-Smokers Rights

- * Stress non-smoker rights
- * Develop materials on the effect of tobacco smoke on non-smokers

Media Materials

- * Use educational TV for Quit Smoking Clinics
- * Editorial copy for local newspapers
- * Films for specific age groups -- adults, senior high, junior high, elementary schools
- * Make more use of the materials that are available
- * Shorter films, shorter radio spots
- * 5-day Quit Smoking Plan (pamphlet)
- * Develop more effective TV, radio and print materials
- * Prepare multi-faceted media bits
- * Develop catchy lapel buttons
- * Develop "Group action" pamphlet

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Media and Materials (Continued)

- * No on-camera smoking on TV
- * Get more anti-smoking information into school newspapers
- * Release syndicated feature articles to news services

Appeals

- * Use fear tactics and hard-hitting messages rather than humorous approach
- * Oppose fear tactics in smoking communications
- * Use positive benefit approach rather than negative benefit approach
- * Stress immediate benefits rather than delayed benefits
- * Emphasize socially undesirable aspects of smoking (bad breath, yellow teeth, etc.)
- * Stress gap between money spent by pro-and anti-smoking segments

Programs

- * Promote educational programs for health professionals
- * Employee education programs
- * Push Quit Smoking Clinics
- * Nationally sponsored Quit Smoking Day
- * Smoking programs aimed at civic and service organizations
- * Further behavioral studies of smoking habits
- * Revitalize the IQ program
- * Teacher training and involvement
- * More effective Quit Smoking Clinics
- * Have multi-lingual programs

Women

- * Effects of smoking by sex and by age groups
- * Dangers of smoking to women/pregnant women
- * Focus on cigarette smoking among women

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Youngsters

- * Need for protecting young people (and/or sick people) with respiratory diseases and ailments
- * Stress programs aimed at youngsters -- particularly pre-teens (stop before you start)

Organizations

- * National area conferences on smoking and health
- * Division level task force on tobacco and cancer
- * Encourage ACS staff and volunteers not to smoke
- * More statistics on tobacco and cancer
- * Guidelines for strengthening Interagency Councils
- * Maintain data banks of ACS anti-smoking activities as benchmarks for comparisons
- * Saturation effort at one and same time yearly
- * System for sharing successful ideas among Divisions
- * Lung cancer should be topic for Crusade education program
- * Develop staff and volunteer training programs

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Federal Laws and Regulations Relative to Cigarettes

Existing Laws and Regulations

I. Public Health Cigarette Smoking Act of 1969
(Public Law 91-222, April 1, 1970)

1. Extends and amends the cigarette labeling law of 1965 as follows:
 - A. Requires health warning to state "Warning: The Surgeon General has determined that cigarette smoking is dangerous to your health", such warning must appear on all packages, and in printed cigarette advertising for distribution in the States and to the Armed Forces of the U.S. Overseas.
 - B. Prohibits the advertising of cigarettes on the broadcast media (radio and television) after January 1, 1971.
 - C. Prohibits the Federal Trade Commission from making any trade regulation rule before July 1971. After that date the FTC in making any trade regulation rule must notify the Congress and that such a rule could not take effect until 6 months after FTC has notified Congress.
 - D. Requires that the Secretary of HEW report to the Congress annually concerning (1) current information in the health consequences of smoking and (2) such recommendations for legislation as he may deem appropriate.
 - E. Requires the FTC to report to the Congress annually on (1) the effectiveness of cigarette labeling (2) current practices and methods of cigarette advertising and promotion, and (3) such recommendation for legislation as it may deem appropriate

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- F. Provides for criminal penalty for violation of the provisions of this act.
- G. Invests enforcement responsibility to the Attorney General of the U.S. and the Federal Courts.

II. The Little Cigar Act of 1973
(Public Law 93-109, September 21, 1973)

Since all of the manufacturers of "little cigars" would not voluntarily consent to the inclusion of "little cigars" under the Public Health Cigarette Smoking Act of 1969, the Congress enacted this law which extended the basic legislation to include "little cigars" by changing the definition of "little cigars". It was intended specifically to prevent the advertising of "little cigars" on radio and television.

III. The Federal Trade Commission

- 1. 1972 consent order requires cigarette manufacturers to disclose health warning on all advertisements.
- 2. Voluntary agreement that cigarette manufacturers will display tar and nicotine information in their advertising.

IV. The Federal Communication Commission

Has no specific regulations relative to cigarettes since the "Fairness Doctrine" is no longer applicable to advertising of cigarettes on radio and television.

V. The Interstate Commerce Commission

Interstate buses may either permit or prohibit smoking on the buses. If smoking is permitted it must be confined to the area 20% of the bus's seating capacity.

VI. The Civil Aeronautics Board

- 1. Airlines must provide separate seating areas for smokers and non-smokers.

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2. The number of seats reserved for non-smoking passengers is at the discretion of the airline but must provide adequate space for passengers desiring non-smoking areas. (In practice, the airlines usually designate from 1/3 to 1/2 of the seats to non-smokers, and the non-smoking areas are in the forward position of each compartment).

Proposed Laws and Regulations

- I. S-2248 - Sponsor Ms. Moss introduced July 31, 1975
Proposed to amend the existing Federal laws to require within 6 months after enactment to promulgate standards establishing maximum acceptable levels of tar, nicotine and other incriminating agents in cigarette smoke. Such maximum standards may be reduced annually but no more often than once in a calendar year.

- II. S-2896 - Sponsor Mr. Brooke, introduced January 29, 1976
Proposes an additional Federal tax on cigarettes of \$2.50 per thousand. Such funds will be assigned to "a trust fund for heart and lung disease and other purposes".

- III. S-2902 Sponsor Mr. Gary W. Hart (With Mr. Kennedy), introduced January 29, 1976
Proposed to amend Title V of the Public Health Service Act to establish a National Health Research and Development Commission and a National Health Research and Development Fund. Bill opens with a statement of findings and declaration of purpose with regards to serious threats to health of preventable environmental factors and with special reference to the health hazards of cigarette smoking. The Commission would be advisory to the President and the Congress and would consist of 15 members, 10 to be appointed by the President and five to be the Chairman of 5 expert advisory panel established by the Commission. There would be an additional escalating tax on cigarettes based upon tar and nicotine content and that this Fund would be applied to appropriate medical research and to the advancement of health by research in the fields of preventive medicine and public health.

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IV. S-2906 - Sponsor Mr. Hatfield, introduced January 30, 1976

Proposes to:

1. Strengthen the warning label to state: "Warning: cigarette smoking is dangerous to your health and may cause death from cancer, coronary heart disease, chronic bronchitis, pulmonary emphysema and other diseases," require statement of tar and nicotine content on package and on all advertising. Such labeling would be required on all cigarettes exported and would be in the dominant language of the receiving country.
2. Prohibit smoking in any enclosed area in any Federal facility and a provision for the separation of smokers and non-smokers in the work area and other locations.
3. Require the prohibition of smoking in certain general public areas and the effective separation of smokers and non-smokers in other areas of any interstate passenger carrier facility.
4. Provides for an increased Federal tax on all cigarettes but a very high tax on cigarettes weighing more than 3 pounds per thousand.
5. Authorize the appropriation of \$475 million and the increase from the additional tax to be reserved for programs "respecting disease which are caused in whole or in part by cigarette smoking."

V. H.R. 491 - Mr. Hechler, introduced January 14, 1975

1. Amend Internal Revenue Code to increase tax on cigarettes weighing more than 3 pounds per thousand or more than 6-1/2 inches in length.
2. Establish a National Cancer Research Fund trust with certain funds from the general fund of the Treasury (1976-77 - \$830 million, July 1977 - September 30, 1977 - \$246.25 million, FY 1978 \$985 million).

VI. HR 596, Mr. Lekman, introduced January 14, 1975

Revise the health warning on cigarette packages to read: "Warning: Cigarette smoking is dangerous to health and may cause death from cancer, coronary heart disease, chronic bronchitis, pulmonary emphysema and other diseases."

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- VII. HR 1227, Mr. Young (Fla.), introduced January 14, 1975. To require the Secretary of Transportation to prescribe rules and regulations to require seating space for non-smokers on (1) air carriers certified by CAB, (2) railroads subject to Part I of the Interstate Commerce Act, and Motor Vehicle Common Carriers subject to Part II of the Interstate Commerce Act.
- VIII. HR 1605, Mr. Drinan, introduced January 17, 1975
1. To amend the Internal Revenue Code of 1954 to increase the excise tax in a manner equal to that proposed by HR 584, Mr. Koch.
 2. To amend the Public Health Service Act to \$475 million per year plus the funds denied from the increased excise tax, to be resumed for programs respecting diseases of the lungs and diseases of the blood.
- IX. HR 2792, Mr. Broomfield, introduced February 5, 1975. To terminate all price-support programs for tobacco beginning with the 1976 crop.
- X. HR 10748, Mr. Drinan, introduced November 13, 1975
1. To strengthen the warning label on packages and in advertisement with 4 explicit reference to cancer, coronary heart disease, chronic bronchitis, pulmonary emphysema and other diseases.
 2. To require a statement of tar and nicotine content on packages and advertising by stating actual FTC test results and to show the percentage by which the tar and nicotine levels vary from the average of all cigarettes tested.
 3. Both of above requirements apply to cigarettes manufactured, imported or packaged for export from the U.S.
 4. Regulate smoking in Federal facilities by prohibiting smoking in certain areas and to provide for the separation of smokers and non-smokers in other areas (dining areas and work areas - requires annual report to GSA).

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5. Increase Federal excise tax similar to several other bills (\$475 million plus amount derived from this tax) which are to be used for programs respecting diseases caused in whole or in part by cigarette smoking.

State Legislation on Smoking and Health

Information on State legislation dealing with tobacco, tobacco products, smoking and health has been summarized in a report by the National Clearinghouse on Smoking and Health (HEW) through the calendar year of 1975. In summary the report gives the following information:

"This has been an active legislative year with 49 State legislatures convening. Only Kentucky did not meet in 1975.

Of the 49 States meeting between January 1 and October 31, 1975, 48 introduced a total of 423 bills relating to smoking and tobacco products. A total of 31 States enacted 60 bills into law.

Of the States, 15 passed legislation regulating smoking areas. These States were Alaska, Delaware, Georgia, Idaho, Kansas, Maryland, Massachusetts, Minnesota, Nebraska, Nevada, New York, North Dakota, Oklahoma, Oregon, and Texas. These laws limited or restricted smoking in such areas as public buildings, elevators, theaters, sports arenas, hospitals, and buses. Also included are requirements to post "no smoking" notices and to provide smoking and non-smoking areas in restaurants.

Taxation of cigarettes was a topic of much legislative activity along with regulation of licensing of vendors, distributors, and wholesalers. A total of 22 States passed 35 such "tobacco commerce" laws.

Legislation concerning smoking and schools was a subject of 17 bills in eight States; laws were passed by California and New York. Other areas of legislative activity were sales to minors, advertising, and insurance.

We hope this report will be a helpful reference. Additional single copies of the report are available on request from the National Clearinghouse for Smoking and Health. Any comments or suggestions for improving this report will be welcome."

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