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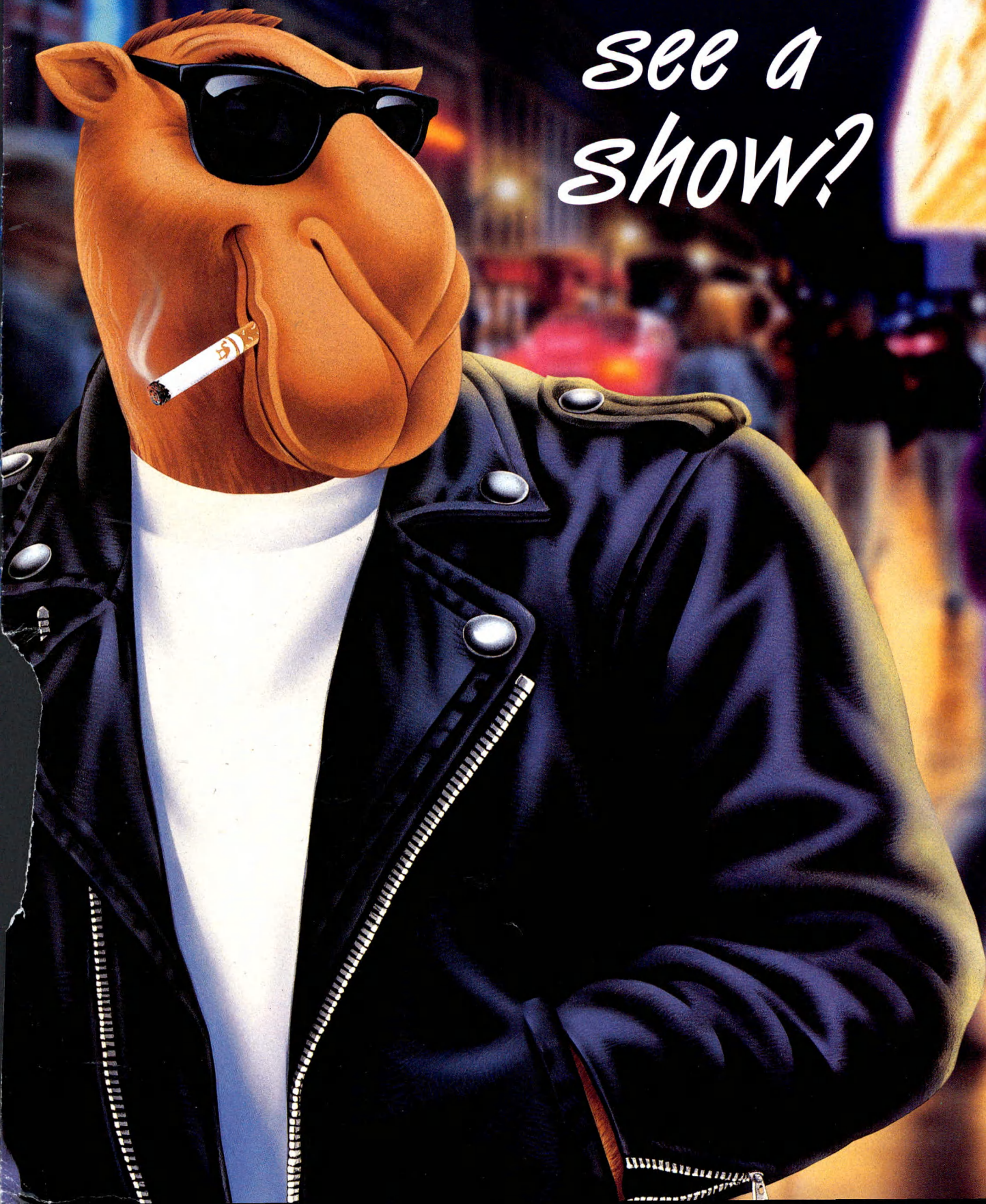
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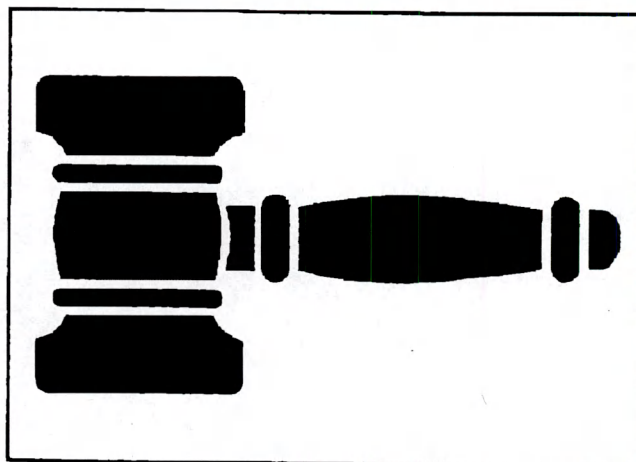
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Advertising | Gianna Jacobson

Mass merchandisers jostle with tobacco companies to cash in on the auto racing craze.

IS the Winston Cup about to become the Kleenex Cup?

When the Daytona 500 kicked off the 1996 Nascar Winston Cup season on Sunday, the eagle eyes scrutinizing every lap, every hood decal, every retaining wall and every billboard at the Daytona International Speedway included those belonging to marketing executives at consumer-product companies.

Auto racing, once the advertising domain of tobacco, beer and motor oil, has entered the era of the mass merchandiser. Procter & Gamble broke the ice six years ago with Tide detergent, but the trend was slow to pick up momentum until last year, when the number of consumer companies involved in auto racing nearly doubled. Now, the sport's leading sponsors include 37 of the nation's 200 top brands.

One catalyst has been President Clinton's efforts to ban tobacco companies from sports sponsorships. Only a few years ago, such a ban would have spelled the end of racing, but now family-oriented sponsors ranging from Hershey Foods and the Cartoon Network to Sears, Roebuck and Kleenex, a Kimberly-Clark brand, are lining up to take tobacco's place.

Paying \$250,000 to \$5 million to get in on the action, sponsors get constant exposure for their brand names during nationally televised races. And it is valuable exposure, too: surveys show that racing fans buy products tied to their sport far more often than fans of other sports.

American auto racing is a \$1 billion industry and growing, largely thanks to the National Association of Stock Car Auto Racing, or Nascar. Attendance at the 31 Winston Cup races in 1995 surpassed 5.3 million; nearly 40 percent were women and 29 percent had incomes above \$50,000.

To reach them, corporate America spent more than \$100 million last year on racing sponsorships, and roughly the same amount for promotions, marketing tie-ins and other costs.

"Racing has well-documented loyalty," said David Paro, vice president for marketing at the McDonald's Corporation. "Any sports fan has a relationship with the corporations involved in the sport. Racing tends to deliver on that relationship."

McDonald's spent an estimated \$10 million on racing sponsorships last year, including a primary sponsorship for the Winston Cup car of the popular driver Bill Elliott.

In return, McDonald's got about five and a half hours of on-air exposure of its logo during national television coverage and 168 mentions by broadcasters and announcers last year. According to the Sponsor's Report, a newsletter that tracks sponsors' television exposure and assigns a dollar value to it, the company's total exposure was worth \$14.9 million.

Using that formula, the 689 Nascar sponsors accumulated more than 219 hours of exposure and 14,088 mentions worth \$542.7 million.

As an associate sponsor of Mr. Elliott's car, Hershey's Reese's Peanut Butter Cup gets less space to plaster its name on the car than McDonald's. But it does not pay as much, either — between \$250,000 and \$750,000, compared with \$3 million to \$5 million for a primary sponsorship.

But Hershey does get access to the car. "Hershey might bring Bill Elliott's car and the crews that run it to a store, and it sits in a store for a day," said Ardy Arani, a director of the Championship Group, a sports-marketing agency based in Atlanta. "The stores use it as a traffic builder. The grocer knows if we bring bodies there they'll end up buying something."

Surely the most colorful entry into Nascar racing is the Cartoon Network, which formed a joint venture with Diamond Ridge Motorsports to sponsor Steve Grissom's team. The network, a division of Turner Broadcasting System (which broadcasts a handful of Winston Cup races), is using the animated characters of Hanna-Barbera Inc., another Turner division.

For its first year, Mr. Grissom's car is sporting an enormous likeness of Fred Flintstone on the hood, Barney Rubble chiseling out a number on the side and Mutley the dog dumping tacks off the rear bumper.

"Nascar was a perfect demographic fit," said Fred Seibert, president of Hanna-Barbera. "This is a huge family sport."

Racing's traditional sponsors know they are suddenly surrounded.

"We welcome family-oriented sponsors," said T. Wayne Robertson, president of Sports Marketing Enterprises, a division of the RJR Nabisco Holdings Corporation, the maker of Winston cigarettes. Mr. Robertson said RJR Nabisco, the title sponsor of Nascar's Winston Cup series, spent about \$22 million a year on auto-racing sponsorships. "Having a Reese's car is better than another cigarette company's car," he said, because that would just be advertising a rival.

The tobacco industry is fighting the Administration's proposed restrictions on tobacco sponsorships of sporting events, which would have the greatest impact on auto racing. Between Nascar, the Indy car circuit and the National Hot Rod Association, tobacco companies spent about \$70 million in sponsorships and advertising in 1995.

"We already cannot have an endorsement of our product," Mr. Robertson said. "But 42 million people like and follow motor sports, and we know that fully half of racing fans are smokers. There was a time when this sport was almost completely dependent on tobacco and beer companies. Today the sport would continue whether we were there or not. But our influx of money into motor sports would be a huge gap to fill."

But Mr. Arani insisted that racing could fill the gap. "If this happened 10 years ago," he said, "it would have been crushing to the racing industry. Now people are lining up to take Winston's place."

DOMESTIC CIGARETTE ADVERTISING AND PROMOTIONAL EXPENDITURES
FOR YEARS 1990-1993
(THOUSANDS OF DOLLARS)

<u>TYPE OF ADVERTISING</u>	<u>1990</u>	<u>% OF TOTAL</u>	<u>1991</u>	<u>% OF TOTAL</u>
Newspapers	\$71,174	1.8	48,212	1.0
Magazines	328,143	8.2	278,110	6.0
Outdoor	375,627	9.4	386,165	8.3
Transit	60,249	1.5	60,163	1.3
Point of Sale	303,855	7.6	344,580	7.4
Promotional Allowances	1,021,427	25.6	1,156,280	24.9
Sampling Distribution	100,893	2.5	56,970	1.2
Speciality Item				
Distribution	307,037	7.7	184,348	4.0
Public Entertainment	125,094	3.1	118,622	2.6
Direct Mail	51,875	1.3	65,002	1.4
Endorsements/Testimonials	---	---	---	---
Coupons and Retail				
Value Added	1,183,798	29.6	1,882,905	40.4
All Others*	<u>62,917</u>	1.6	<u>68,758</u>	1.5
Total**	\$3,992,008	100.0	4,650,114	100.0

<u>TYPE OF ADVERTISING</u>	<u>1992</u>	<u>% OF TOTAL</u>	<u>1993</u>	<u>% OF TOTAL</u>
Newspapers	\$35,467	.7	36,204	.6
Magazines	237,061	4.5	235,195	3.9
Outdoor	295,657	5.7	231,450	3.8
Transit	53,293	1.0	39,113	.6
Point of Sale	366,036	7.0	400,909	6.6
Promotional Allowances	1,514,026	28.9	1,557,505	25.8
Sampling Distribution	49,315	.9	40,190	.7
Speciality Item				
Distribution	339,997	6.5	755,761	12.5
Public Entertainment	89,739	1.7	84,275	1.4
Direct Mail	34,345	.7	31,463	.5
Endorsements/Testimonials	---	---	---	---
Coupons and Retail				
Value Added	2,175,373	41.6	2,559,170	42.4
All Others*	<u>41,608</u>	.8	<u>63,680</u>	1.2
Total**	\$5,231,917	100.0	6,034,915	100.0

*Expenditures for audio-visual are included in the "All Others" category to avoid disclosure of individual company data.

**Because of rounding, sums of percentages may not equal 100 percent.

DOMESTIC CIGARETTE ADVERTISING AND PROMOTIONAL EXPENDITURES
FOR YEARS 1970, 1975-1977
(THOUSANDS OF DOLLARS)

<u>TYPE OF ADVERTISING</u>	<u>1970</u>	<u>% OF TOTAL</u>	<u>1975</u>	<u>% OF TOTAL</u>
Newspapers	\$14,026	3.9	\$104,460	21.3
Magazines	50,018	13.9	131,199	26.6
Outdoor	7,338	2.0	84,329	17.2
Transit	5,354	1.5	10,852	2.2
Point of Sale	11,663	3.2	35,317	7.2
Promotional Allowances	33,789	9.4	72,018	14.7
Sampling Distribution	11,775	3.3	24,196	4.9
Specialty Item				
Distribution	5,652	2.6	10,088	2.1
Public Entertainment	544	0.2	8,484	1.7
All Others*	<u>220,841</u>	61.1	<u>10,311</u>	2.0
Total**	\$361,000	100.0	\$491,254	100.0

<u>TYPE OF ADVERTISING</u>	<u>1976</u>	<u>% OF TOTAL</u>	<u>1977</u>	<u>% OF TOTAL</u>
Newspapers	\$155,808	24.4	\$190,677	24.5
Magazines	148,032	23.2	173,296	22.2
Outdoor	102,689	16.1	120,338	15.4
Transit	19,341	3.0	21,530	2.8
Point of Sale	44,176	6.9	46,220	5.9
Promotional Allowance	82,523	12.9	108,227	13.9
Sampling Distribution	40,390	6.3	47,683	6.1
Specialty Item				
Distribution	20,030	3.1	35,797	4.6
Public Entertainment	7,946	1.3	9,538	1.2
All Others*	<u>18,182</u>	2.8	<u>26,157</u>	3.4
Total**	\$639,117	100.0	\$779,463	100.0

* Includes TV and Radio advertising expenditures of \$207,324,000 and \$12,492,000 respectively for 1970. Broadcast advertising was banned after January 1, 1971. Expenditures for direct mail, endorsements, testimonials, and audio-visual are included in the "All Others" category to avoid disclosure of individual company data.

** Because of rounding, sums of percentages may not equal 100 percent.

Publication	Total Readership (000)	Total "Under 18" Readership (000)	% Readership Under 18
Better Homes and Gardens	22,767	785	3%
Cosmopolitan	13,819	1,410	10%
Ebony	12,045	1,046	9%
Elle	2,846	409	14%
Entertainment Weekly	4,392	674	15%
Essence	5,717	537	9%
Family Circle	18,380	646	3.5%
Field & Stream	10,299	815	8%
Glamour	8,864	1,540	17%
Good Housekeeping	20,410	567	3%
Inside Sports	5,205	1,341	26%
Jet	9,591	1,169	12%
Mademoiselle	5,196	959	18%
McCalls	13,639	506	4%
National Enquirer	18,418	1,465	8%
National Geographic	27,505	4,546	16.5%
Outdoor Life	6,433	569	9%
People	30,678	2,465	8%
Popular Mechanics	7,243	744	10%
Popular Science	5,415	874	16%
Reader's Digest	40,366	2,943	7%
Redbook	10,470	2,186	21%
Rolling Stone	7,492	1,506	20%
Sassy	3,549	1,891	55%
Seventeen	7,011	3,867	55%

Ski Magazine	2,343	584	25%
Soap Opera Digest	6,755	853	13%
Sport	4,721	1,132	24%
Sporting News	4,245	666	16%
Sports Illustrated	27,016	4,614	17%
Star	11,602	1,162	10%
TV Guide	45,575	7,102	15.5%
Vogue	7,489	1,300	17%
Total papers	171,046	20,130	12%
Daily papers	124,780	9,404	7.5%
Sunday/weekend papers	149,569	17,350	11.5%
Parade magazine	87,298	6,059	7%

For further information, contact:

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Ellen Wilson at 301-652-1558

Embargoed for release at 4:00 p.m., EDT, October 17, 1995

NEW STUDY FINDS TEENS TWICE AS LIKELY TO BE INFLUENCED TO SMOKE BY CIGARETTE ADVERTISING AS THEY ARE BY PEER PRESSURE

WASHINGTON, October 17, 1995 — A paper in this week's *Journal of the National Cancer Institute* reported that young adolescents are twice as likely to be influenced to smoke by advertising and promotion of cigarettes than they are by pressure from peers and family members, demographic characteristics or school performance. The sweeping study of adolescent smoking behavior is the first to closely examine exactly when and how cigarette advertising and promotion affects adolescent smoking, how tobacco marketing versus peer pressure compare in influencing teens, and the process by which non-smoking adolescents become future smokers.

"This study shows that tobacco marketing is the primary influence in weakening the ardent anti-smoking resolve of the very young adolescent against smoking," said co-author John P. Pierce, PhD, program director of the Cancer Prevention and Control Program of the University of California, San Diego, which conducted the study. "The effectiveness of tobacco marketing was the element that triggered adolescents to begin experimenting with cigarettes. The key period when adolescents are most susceptible to smoking experimentation is between the ages of 12 and 13 years of age, and this is the first study to analyze this early period. Once adolescents experiment with cigarettes, other factors such as peer pressure, family members who smoke and perceived school performance may be greater influences than tobacco marketing. But it is the tobacco marketing that sends children down the slippery slope of experimentation to addiction."

Pierce and co-authors Nicola Evans, PhD; Arthur Farkas, PhD; Elizabeth Gilpin, MS; and Charles Berry, PhD, analyzed data from the 1993 California Tobacco Survey, encompassing 3,536 adolescents ages 12 to 17 who had never smoked. The study examined receptivity to tobacco marketing as compared to exposure to family or peer smokers in determining whether an adolescent was susceptible to smoking. Earlier research by Pierce and colleagues had identified that adolescents who never smoked were susceptible to starting smoking if they were uncertain whether they would refuse a cigarette.

Receptivity to tobacco marketing was measured by variables such as having a favorite cigarette advertisement or having a giveaway promotional product such as a T-shirt, hat, or backpack from such promotions as "Camel Cash" and "Marlboro Miles." Sixty percent of the non-smoking 12- and 13-year-olds from the survey were able to name their favorite cigarette advertisement. Almost two-thirds of these young adolescents named the "Joe Camel" advertising cartoon as their favorite. Eighty percent of adolescents interpreted the messages in cigarette advertising as promoting benefits of smoking. Forty percent of these adolescents named a brand that they would prefer to buy if they had a purchase opportunity. By the age of 16 or 17, 11 percent of these non-smoking adolescents had obtained a cigarette promotional product and another 19 percent indicated that they wanted one if they could get it.

2

The investigators tallied the number of responses to these indicators of receptiveness. High scores were associated with a fourfold increase in susceptibility to smoking. If an adolescent was also exposed to peer or family members who smoked, being receptive to tobacco marketing doubled the likelihood that an adolescent was susceptible to smoking.

"This study not only showed that tobacco marketing is associated with greater numbers of adolescent smokers, but it also showed how it has this effect," said Pierce. "The intent of marketing is to stimulate the demand for a product in order to increase a person's probability of future purchases. This is exactly how tobacco marketing works -- it is very effective at increasing the demand for cigarettes among our youngest adolescents and in increasing their likelihood of becoming smokers."

Adolescents are more than twice as likely as adults to smoke the three most-advertised brands of cigarettes -- Marlboro, Camel, and Newport. Between 1991 and 1994, the prevalence of smoking among eighth graders rose 30 percent -- a time that coincides with the controversial "Joe Camel" advertising campaign. Of the 3,000 children who begin smoking each day, 1,000 will eventually die of a tobacco-caused death. By the time young people become regular smokers, 70 percent regret their decision to smoke.

"After 30 years of sustained public education about the health effects of smoking, adolescents are the only age group that continues to take up smoking in significant numbers," said Pierce. "The implications of this study and others are that it is high time to consider extending the ban on electronic advertising to all media and promotional activities."

Food and Drug Administration Commissioner David Kessler, MD, has defined smoking as a "pediatric disease" because nearly nine out of ten smokers start in the childhood or teenage years. The FDA has initiated a proposed set of actions to reduce smoking among children by 50 percent within seven years. The agency has requested public comment on its proposal, which includes: elimination of cigarette vending machines and cigarette giveaway programs; elimination of tobacco billboards within 1,000 feet of schools; restrictions on tobacco ads in publications with 15 percent or more of its readers under 18; elimination of tobacco brand-name sponsorship of sporting events, such as the Virginia Slims tournament; proof of age for the purchase of tobacco products; and elimination of sales and giveaways of youth-oriented gear that carry tobacco product logos.

This study was released at an event that was part of the *Campaign for Tobacco Free Kids*, a national campaign in support of the proposal by President Clinton and the U.S. Food and Drug Administration to reduce smoking among children. More than 100 national, health, medical, religious, teacher's, and children's organizations support the Clinton/FDA proposal. Organizations participating in the campaign include the American Academy of Pediatrics, the American Cancer Society, the American Heart Association, the American Lung Association, and the American Medical Association.

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Media Advisory: Dr. Pierce's office telephone number is 619-622-1731. Please do not publish telephone numbers.

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FOR IMMEDIATE RELEASE

CIGARETTE ADVERTISING HOOKS ADOLESCENTS ON SMOKING, STUDY SHOWS

Historical Analysis of Adolescent Smoking 1898-1977 Finds Strong Correlation Between Advertising and Surge in Adolescent Smoking

WASHINGTON, October 17, 1995 -- Each innovative tobacco marketing campaign since the 1890s has led to a major increase in the number of 14-17-year-olds who became regular smokers, according to a study released today. The study, which is slated for publication in a November issue of *Health Psychology* (Vol. 14, No. 6) also found that by the 1960s and 1970s, 14-17-year-olds had become the only age group that was responsive to tobacco marketing.

The study examined five time periods, four of which coincided with major advertising campaigns to stimulate demand for cigarettes among either men or women.

"We studied the effect of two campaigns that targeted men and two that targeted women. In each case, the start of the tobacco marketing campaign was associated with increasing numbers of those who were targeted -- either adolescent boys or girls -- taking up smoking," said the study's principal author, John P. Pierce, PhD, program director of the Cancer Prevention and Control Program of the University of California, San Diego (UCSD) Cancer Center. Pierce conducted the study with his colleague Elizabeth A. Gilpin also of the UCSD Cancer Center's Prevention and Control Program.

The researchers combined data from the first national smoking survey in 1955 with all the relevant smoking supplements to the National Health Interview Surveys for a total sample of more than 200,000 Americans surveyed between 1955 and 1983. Based on this and a previously validated method of calculating rates of smoking initiation, the researchers calculated the year in which non-smokers of a given age and gender became smokers.

In the late nineteenth century, when cigarette advertising focused only on males, a major marketing war occurred between the Allen and Ginter Company and James Duke. Allen and Ginter's marketing campaign focused on the inclusion of suggestive pictures of a woman in each pack of cigarettes. This early use of "soft pornography" was reported to have had young boys scrambling after cigarette packs, according to the study. At the same time, James Duke spent a record-breaking budget on broad-scale advertising and promotion. Duke won the marketing war and succeeded in forming his American Tobacco Company monopoly, the study says. During this period of intensive marketing, smoking surged among adolescent boys, with 13 percent starting to smoke regularly before they were 18 years of age.

2

After the court dissolved the tobacco monopoly in 1911, R.J. Reynolds developed the Camel cigarette brand. His innovative marketing strategy, using the slogan "Camels are Coming," helped him to capture half of the U.S. cigarette market by 1920. The study showed that a surge in the number of adolescent males who took up smoking coincided with the Camel marketing strategy.

In the mid-1920s, Chesterfield cigarettes introduced the first successful campaign selling cigarettes to women with its "Blow Some My Way" slogan. Also during this period, American Tobacco Company achieved major sales success with women through its advertising theme "Reach for a Lucky Instead of a Sweet," playing on women's fear of gaining weight. Pierce and Gilpin documented a three-fold increase in the number of 14-17-year-old girls who became smokers during the Chesterfield campaign.

The UCBD study also found that new brands of cigarettes marketed to women in the 1960s and 1970s were again accompanied by increases in the number of smokers among 14-17-year-old girls. Phillip Morris Company successfully advertised its Virginia Slims brand, linking smoking to autonomy, glamour, and thinness with the slogan "You've Come a Long Way, Baby." During this period -- despite a nationally televised anti-smoking campaign that decreased per capita cigarette consumption -- the rate of smoking initiation by underage teenage girls rose sharply until 1974. By contrast, during this period smoking initiation rates by males ages 10-17 remained steady while they declined among both sexes ages 18-21 and 22-25.

"In the 1960s and 1970s, the public health campaign appeared to have an influence on adult smoking behavior while the marketing of cigarettes to women was effective only among adolescents," Pierce said. "This has led us to the conclusion that adolescents are now the only responsive nonsmoking audience to tobacco marketing. To stem this tide in adolescent demand for cigarettes, we think public policy is needed to stop all forms of tobacco marketing that are effective with children."

This study was released at an event that was part of the *Campaign for Tobacco Free Kids*, a national campaign in support of the proposal by President Clinton and the U.S. Food and Drug Administration to reduce smoking among children. More than 100 national, health, medical, religious, teacher's, and children's organizations support the Clinton/FDA proposal. Organizations participating in the campaign include the American Academy of Pediatrics, the American Cancer Society, the American Heart Association, the American Lung Association, and the American Medical Association.

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Media Advisory: Dr. Pierce's office telephone number is 619-622-1731. Please do not publish telephone numbers.

Influence of Tobacco Marketing and Exposure to Smokers on Adolescent Susceptibility to Smoking

Embargoed for release

4 pm eastern time Oct. 17, 1995

Nicola Evans, Arthur Farkas, Elizabeth Gilpin, Charles Berry,
John P. Pierce*

Background: Today the uptake of smoking is primarily an adolescent pursuit. Awareness of tobacco advertising and promotion is high, and evidence suggests that it plays a role in adolescent smoking uptake. **Purpose:** We evaluated the influence of tobacco advertising and promotion and exposure to smokers on never-smoking adolescents' susceptibility to smoking. **Methods:** We used data on 3536 adolescent never smokers (those who had never even puffed on a cigarette) from the 1993 California Tobacco Survey. That survey questioned adolescents about smoking history and inclination. For this analysis, we defined as susceptible to smoking those never smokers who said on the survey that they could not rule out independently deciding to try a cigarette soon or smoking one offered by a friend. Also for this analysis, we devised two indices: 1) a 5-point index of an individual's receptivity to tobacco advertising as determined by the number of positive responses to five survey items (recognition of advertising messages, having a favorite advertisement, naming a brand he/she might buy, owning a tobacco-related promotional item, and willingness to use a tobacco-related promotional item) and 2) an index classifying an individual's reported exposure to family and peer smoking into one of four levels. Using logistic regression, we assessed the independent importance of our indices in predicting susceptibility to smoking after adjustment for sociodemographic variables, including age, sex, and race/ethnicity, and for perceived school performance. Tests of statistical significance were two-sided. **Results:** Receptivity to tobacco advertising and exposure to smokers were independently associated with susceptibility to smoking, but the relationship appeared stronger for receptivity to advertising. Adolescents exposed to family members and peers ($n = 489$) who smoked were 1.89 (95% confidence interval [CI] = 1.30-2.74) times as likely to be susceptible, whereas adolescents who scored 4 or more on the Index of Receptivity to Tobacco Marketing ($n = 361$) were 3.91 (95% CI = 2.38-6.42) times as likely to be susceptible as those who scored 0. Even adolescents who scored 2 ($n = 1099$) were 2.03 (95% CI = 1.31-3.15) times as likely to be susceptible. There was no interaction effect between score on the Index of Receptivity to Tobacco Marketing and exposure to smokers. **Conclusion:** Our results support the hypothesis that tobacco marketing may be a stronger current influence in encouraging adolescents to initiate the smoking uptake process than exposure to peer or family smokers or sociodemographic variables including

perceived school performance. [J Natl Cancer Inst 1995;87:1838-48]

After 30 years of sustained public education about the health effects of smoking, adolescents are the only age group who continue to take up smoking in significant numbers. In the United States, more than one quarter of 17- and 18-year-olds are current smokers (1). Furthermore, recent research shows that smoking prevalence among adolescents in the United States declined through the mid-1970s to mid-1980s but has remained level in the last decade among whites, in contrast to blacks, among whom prevalence still appears to be declining slightly (2). A growing body of research suggests that tobacco advertising is a contributing factor to adolescent smoking uptake. Studies have consistently documented high awareness and recall of tobacco advertising among adolescents and even among young children (3-5). Adolescents are known to be highly adept at decoding cigarette advertisements, and awareness of brand imagery and covert messages is already present in the preteen years (6). Furthermore, analyses of trends in the age of smoking initiation have demonstrated high correlations between the timing of particular advertising campaigns and increases in the rates at which adolescents take up smoking (1,7).

The tobacco industry asserts that their marketing effectiveness is limited to maintaining brand loyalty and that it has no role in encouraging adolescents to experiment with smoking (8-10). They argue that incentives to start smoking come mainly from exposure to other smokers in the peer and family network. This article addresses the relative influence of tobacco marketing and exposure to other smokers on the susceptibility to take up smoking in adolescents who have never smoked.

***Affiliations of authors:** N. Evans, Department of Speech Communications, Indiana University, Bloomington; A. Farkas, J. P. Pierce (Cancer Prevention and Control Program, Cancer Center, and Department of Family and Preventive Medicine), E. Gilpin (Cancer Prevention and Control Program, Cancer Center), C. Berry (Department of Family and Preventive Medicine), University of California, San Diego, La Jolla.

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See "Notes" section following "References."

Theories concerning the process of becoming a smoker identify a state prior to experimentation during which the never smoker is susceptible to take up smoking (1,11-13); we focus on susceptibility as a marker of which adolescents have started the uptake process. In previous research, we defined an adolescent as susceptible to smoke if he or she cannot definitely rule out the possibility of future smoking (14-16). Data from the longitudinal component of the national Teenage Attitudes and Practices Survey indicate that never-smoking adolescents who could be classified as susceptible to smoking in 1988 or 1989 were two to three times more likely to have used cigarettes in the interim when surveyed again in 1993 than those who were originally classified as not susceptible.¹

This article analyzes data that we collected from the 1993 California Tobacco Survey (14) regarding the extent of any possible association between 1) receptivity to marketing and 2) exposure to family and peer smokers on the susceptibility to smoking of adolescents who have never experimented with cigarettes. The present analysis is restricted to adolescents who never smoked, since any behavioral experience with cigarettes could introduce additional factors not sufficiently measured that might make such an association difficult to detect. Our assessment of the influence of tobacco marketing extends previous research to include information on adolescent response to products promoting tobacco use, such as clothing and toys bearing the brand logo. Questions about the use of such items were included on the 1993 California Tobacco Survey to reflect recent changes in the marketing strategies of the tobacco industry that increasingly focused on promotional activities, rather than advertising alone, to sell tobacco to the consumer (10).

Subjects and Methods

Survey Sample

The data for this analysis were drawn from the 1993 California Tobacco Survey (14). Telephone interviews were conducted with 30910 households in California using a modified Mofsky-Waksberg (17) random-digit-dialing methodology (response rate, 70.0%). A screener interview with an adult in each household identified 8872 adolescents (aged 12-17 years), all of whom were scheduled for in-depth interviews lasting approximately 25 minutes. Completed interviews were obtained from 8531 adolescents, 96.1% of those identified in the responding households. The 1993 California Tobacco Survey was designed to provide representative estimates for the population of California. Household level base weights were assigned according to the probability a household was selected and an adjustment made for more than one telephone line as appropriate. The base weights were then ratio adjusted for age, education of head of household, race or ethnicity, and geographic region.

Sociodemographic and Smoking Experience Variables

All adolescents were asked questions on age, sex, and race or ethnicity. In addition, we asked them to rate their performance in school as "very much above average," "above average," "average," or "below average." The last two categories were combined for analytic purposes, since few respondents reported below average performance.

Adolescents were included in the analysis if they responded "no" to the following questions: "Have you ever smoked a cigarette?" and "Have you ever tried or experimented with cigarette smoking, even a few puffs?" Of adolescents surveyed, the majority (85.4% $\pm$ 1.5%, mean $\pm$ 95% confidence interval [CI]) reported that they had never smoked or even puffed on a cigarette before.

To determine if adolescents were susceptible to smoking, all those with no smoking experience were asked two questions designed to probe the likelihood of future smoking: "Do you think you will try a cigarette soon?" and "If one of

your best friends were to offer you a cigarette, would you smoke it?" Following previous research, any answer other than "no" or "definitely not" to both questions was sufficient to classify an adolescent as susceptible to smoking (11,13).

The demographic distribution (unweighted) of the study sample of 1556 adolescent never smokers was 51.3% female ($n = 1813$) and 48.7% male ($n = 1723$); 43.9% 12- to 13-year-olds ($n = 1550$), 33.0% 14- to 15-year-olds ($n = 1167$), and 23.1% 16- to 17-year-olds ($n = 819$); 54.3% non-Hispanic white ($n = 1918$), 26.2% Hispanic ($n = 925$), 6.7% black ($n = 238$), and 12.9% Asian or other race/ethnicity ($n = 485$).

Index of Receptivity to Tobacco Marketing

For the current study, the influence of tobacco marketing on adolescents was investigated on a number of dimensions. These dimensions were then combined, as described below, into an Index of Receptivity to Tobacco Marketing.

First, to ascertain whether adolescents cognitively attend to and interpret the messages communicated by tobacco advertising, all adolescent never smokers who had seen a tobacco advertisement (87.9% $\pm$ 1.6%) were asked whether any of the following nine messages were contained in the advertising: 1) Smoking is enjoyable, 2) it helps people to relax, 3) it helps people feel uncomfortable in social situations, 4) it is a pleasurable pastime, 5) it helps people stay thin, 6) it helps reduce stress, 7) it helps people when they are bored, 8) the "in" crowd are smokers, and 9) successful people smoke. For our index, any affirmative response was taken as a positive indication of at least a basic level of cognitive awareness of tobacco advertising.

Second, the existence of affective response to cigarette advertisements was assessed by asking all adolescents, "What is the name of the cigarette brand of your favorite cigarette advertisement?" Those who could not name a brand were asked, "Of all the cigarette advertisements you have seen, which do you think attracts your attention the most?" For our index, being able to give a brand name was considered a positive response.

Third, to ascertain whether adolescents form preferences for brands before experimenting with cigarettes, we asked, "If you wanted to buy a pack of cigarettes tomorrow, what brand do you think that you would buy?" Again, for our index, naming a brand was considered a positive response.

As the fourth and fifth components of our index, we used two items from the California Tobacco Survey that assessed adolescent response to products promoting tobacco. We asked all adolescents, "Have you ever bought or received for free any product which promotes a tobacco brand or was distributed by a tobacco company?" We then asked, "Do you think that you would ever use a tobacco industry promotional item such as a T-shirt?" We considered an answer of "yes" to either of these questions to be a positive response.

We combined all five of the above items into a single Index of Receptivity to Tobacco Marketing. Scores ranged from 0 to 6+ based on the number of positive responses given to the five items.

Index of Exposure to Smokers

In accordance with extensive previous analysis, we constructed a second index designed to measure adolescent exposure to family and peer smokers.² All adolescents in the California Tobacco Survey were asked about the use of tobacco by parents, stepmothers, guardians, older siblings, and best male and best female friends. For the current study, we used the responses to these questions to classify adolescents into four levels of exposure: 1) minimal exposure, 2) exposure only to family users, 3) exposure only to best friends (peers) who are users, and 4) exposure to both peers and family members who are users. The category for minimal exposure may include adolescents with acquaintances (but not best friends or family members) who used tobacco.

Statistical Analysis

All percentages are weighted and presented with 95% CIs that were derived using the jackknife procedure (18). This procedure is one method for variance estimation in the setting of large-scale population surveys that are not completely random. Chi-squared statistics were computed using Satterthwaite's approximation, another jackknife-based procedure (19,20). We used logistic regression to identify the independent predictors of susceptibility to smoking among adolescents who had never tried a cigarette. Included in the regression were all variables analyzed univariately: sociodemographic factors, variables for each positive message versus a score of 0 on the tobacco-advertising index, and variables for each category of exposure to smokers versus minimal exposure.

Again, we used the jackknife procedure to compute variance estimates for computation of 95% CIs for the risk ratios derived from the regression coefficients. All analyses were performed using the SAS system (21). All *P* values are from two-tailed statistical tests.

Results

Adolescent Susceptibility

Overall, one quarter (25.4% $\pm$ 2.1%) of adolescent never smokers were susceptible to smoking. The distribution by age and sex is presented in Fig. 1. In each age group, more than one fifth of adolescent never smokers were susceptible to begin smoking. Although older never smokers of both sexes appeared less susceptible, this difference did not attain statistical significance ($P < .07$). Boys 12-13 years old were more likely to be susceptible to smoking than girls in this age group ($P < .04$), but this sex difference disappeared among older adolescents, among whom approximately 21% of both boys and girls aged 16-17 years were susceptible.

Tobacco Advertising and Promotion

Fig. 2 presents the interpretation of cigarette-advertising messages by California adolescents. The figure shows the six messages most frequently identified as contained in cigarette advertising, although all nine messages mentioned (see "Subjects and Methods" section) were cited by large percentages. Overall, four fifths (84.0% $\pm$ 1.7%) of adolescent never smokers agreed that cigarette advertisements promote at least one benefit of smoking. Although older adolescents agreed more than younger adolescents ($P < .005$), a high percentage (81.0% $\pm$ 2.8%) of 12- to 13-year-olds believed that cigarette advertisements promote at least one benefit of smoking. Adolescents were most likely to agree that cigarette advertisements depict smoking as enjoyable and as helping people to feel comfortable in social situations, although 40% indicated that cigarette advertisements also promote smoking as helping people stay thin. The latter view was held by 43.9% $\pm$ 3.3% of females and 39.0% $\pm$ 3.2% of males.

Across all age groups, approximately 40% of adolescents who had never tried a cigarette could name a brand of cigarettes that they would prefer to purchase (Table 1). Marlboro was the brand most often nominated in all age groups. Two thirds more 12- to 13-year-olds named Marlboro than Camel, and this number increased substantially with age. By age 16-17 years, four times as many nonsmokers named Marlboro than Camel. Around 60% of adolescent never smokers could name a favorite cigarette advertisement. Across all ages, Camel advertisements were the most frequently nominated as favorite. Two and a half times as many 12- to 13-year-olds named Camel than Marlboro. This difference decreased markedly across age, however, so that by age 16-17 years, there was only a 35% difference in the rate of nomination of the advertisements as favorite. The popularity of the Marlboro advertisement and the Marlboro brand as the brand to buy increased with age ($P < .06$ and $P < .004$, respectively), whereas nomination of Camel as the favorite advertising or preferred brand to buy decreased with age ($P < .003$ and $P < .018$, respectively).

Fig. 3 shows the percentage of adolescent never smokers who had received a product promoting tobacco use and the percentage of those who would be willing to use such a product. Few of the 12- to 13-year-olds had received a promotional product, although 12.6% $\pm$ 2.9% of this age group were willing to use one. Both product ownership and willingness to use promotional items increased with age ($P = .001$ and $P = .02$, respectively). Overall, 5.9% $\pm$ 1.1% of adolescents who had never smoked had a product promoting tobacco use, and 15.2% $\pm$ 1.8% of adolescent never smokers were willing to use a promotional product.

Of the 211 adolescent never smokers who had received a tobacco promotional item, 41.7% $\pm$ 10.1% had received an item promoting Camel cigarettes, 17.3% $\pm$ 7.3% had received an item promoting Marlboro cigarettes, and 10.5% $\pm$ 5.2% had received an item promoting smokeless tobacco. The type of product most often received was a T-shirt or other clothing item, which accounted for 50.9% $\pm$ 7.9% of the items. The second most common item was a cigarette lighter (16.5% $\pm$ 5.7%).

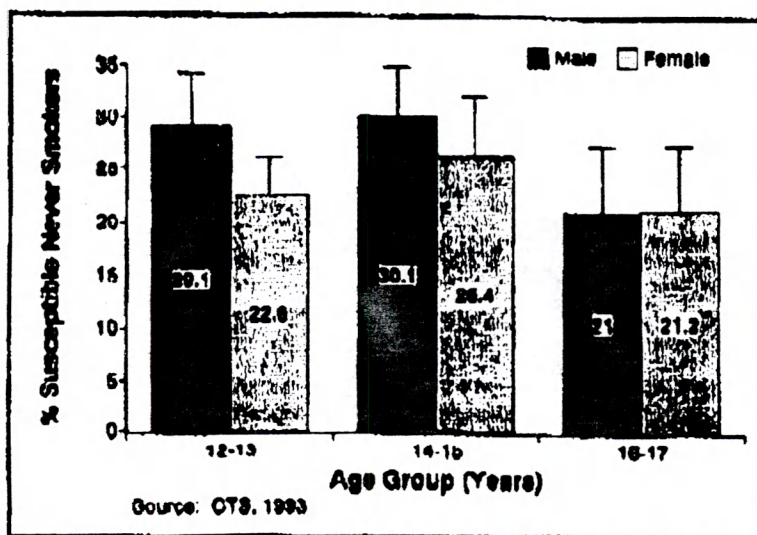


Fig. 1. Percentage of male and female adolescent never smokers in California who were susceptible to begin smoking, stratified by age group: 12-13 years ($n = 1550$), 14-15 years ($n = 1167$), and 16-17 years ($n = 819$). Numbers in the bars give weighted percents, and the upper limits of the 95% confidence intervals are shown. CTS = California Tobacco Survey.

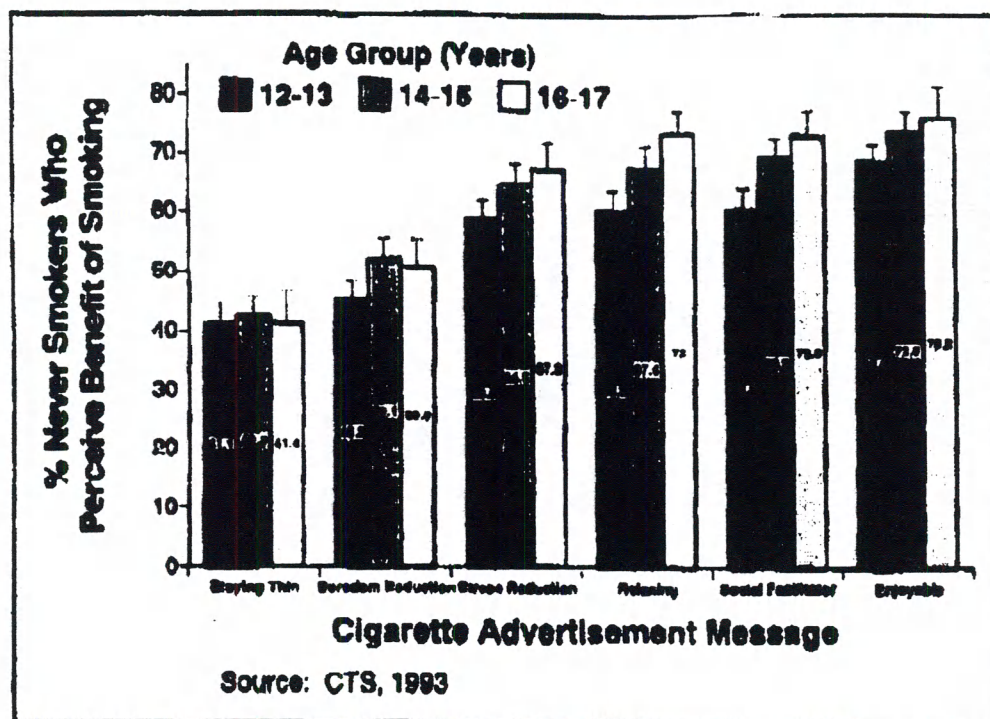


Fig. 3. Percentage of California adolescent never smokers aged 12-13 years (n = 1350), 14-15 years (n = 1167), and 16-17 years (n = 819) who perceived a benefit of smoking as being promoted by cigarette advertisements by the six messages most frequently identified: staying thin, nicotine reduction, stress reduction, relaxing, social facilitator, and enjoyable. Numbers in the bars are weighted percentages, and the upper limits of the 95% confidence intervals are shown. CTS = California Tobacco Survey.

Fig. 4 shows, for each age group, the distribution of responses on the Index of Receptivity to Tobacco Marketing, which was produced from the above items. There were some similarities across age in this distribution, with more than half of adolescent never smokers in each age group scoring 2 or higher. Significant age differences, however, were noted at both extremes of the continuum (overall $P < .003$), with 12- to 13-year-olds being more likely to have a score of 0 (13.4% versus 8.7% for 16- to 17-year-olds) and less likely to have the higher score of 4 or more (7.8% versus 12.6%).

Exposure to Smokers

The percentage of adolescent never smokers exposed to smokers who were family members and/or best friends is presented in Fig. 5. Exposure to smokers differed markedly with age (overall $P < .001$). More than half (54.6% $\pm$ 3.6%) of 12- to 13-year-olds had no peer or family exposure to smokers, compared with only 37.1% $\pm$ 4.4% of 16- to 17-year-olds. Among younger adolescents, exposure to smokers was most likely to occur in the family (39.6% versus 18.5%). The reverse was true

for those older than 13 years, among whom best friends were a more common source of contact with smokers (37.0% versus 39.9%). Overall, 13.9% $\pm$ 1.5% of those who had never smoked were highly exposed, having both best friends and family members who smoked; these adolescents were 1.9 (95% CI = 1.3-2.7) times as likely to be susceptible to smoking as adolescents with minimal exposure.

Predicting Susceptibility to Smoking Among Adolescent Never Smokers

To determine which variables increase the likelihood of smoking for adolescent never smokers, we performed a logistic regression with susceptibility as the dependent variable. The results are presented in Table 2. After adjustment for other sociodemographic factors, neither age nor sex was a statistically significant predictor of susceptibility to smoking. Black adolescents were less likely to be susceptible than non-Hispanic white adolescents, although this difference was not statistically significant. Hispanic adolescents were 70% more likely to be susceptible to smoking than non-Hispanic whites. Perceived

Table 1. Cigarette brand preferences and favorite advertisement by brand, by age (never smokers)*

Cigarette brand	Aged 12-13 y		Aged 14-15 y		Aged 16-17 y	
	Would buy, %	Favorite advertisement, %	Would buy, %	Favorite advertisement, %	Would buy, %	Favorite advertisement, %
Marlboro	20.1 $\pm$ 3.2	13.9 $\pm$ 2.8	24.4 $\pm$ 3.3	16.4 $\pm$ 3.2	30.1 $\pm$ 5.2	20.0 $\pm$ 4.7
Camel	17.3 $\pm$ 2.5	19.9 $\pm$ 2.8	18.8 $\pm$ 2.0	13.9 $\pm$ 3.0	22.1 $\pm$ 3.0	27.5 $\pm$ 3.7
Other	8.1 $\pm$ 2.4	6.3 $\pm$ 2.3	13.0 $\pm$ 3.4	9.6 $\pm$ 2.3	8.1 $\pm$ 2.1	9.9 $\pm$ 2.6
None	59.0 $\pm$ 3.6	41.9 $\pm$ 3.5	53.9 $\pm$ 3.9	40.0 $\pm$ 3.8	54.7 $\pm$ 5.4	42.7 $\pm$ 5.3

*Values = means $\pm$ 95% confidence intervals.

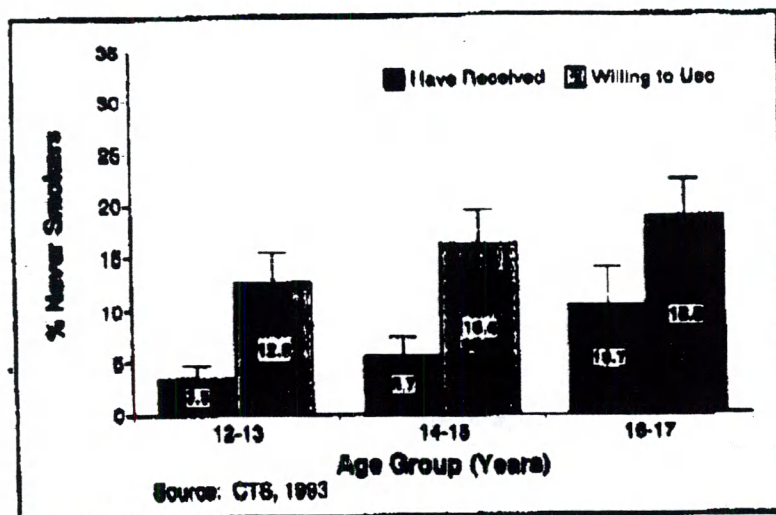


Fig. 3. Percentage of California adolescent never smokers who had received and percentage who would be willing to use products that promote tobacco use, stratified by age group: 12-13 years ($n = 1550$), 14-15 years ($n = 1167$), and 16-17 years ($n = 819$). Numbers in the bars are weighted percents, and the upper limits of the 95% confidence intervals are shown. CTS = California Tobacco Survey.

performance at school was strongly associated with susceptibility to smoking; adolescents who self-rated their performance as "average" or "below average" were significantly more likely to be susceptible to smoking than those who indicated their performance at school to be "very much above average."

Both exposure to smokers and score on the Index of Receptivity to Tobacco Marketing were independently related to susceptibility after adjustment was made for the effects of the sociodemographic variables. Almost one fifth of adolescents who were not exposed to family members or best friends who smoked were classified as susceptible to smoking. The proportion of those who were susceptible to smoking increased by ap-

proximately 30% if a member of the family smoked and nearly doubled if adolescents had best friends who smoked. For those adolescents who had best friends who smoked, exposure to smokers in the family as well did not increase any further their likelihood of being susceptible to smoking.

We observed a strong effect between susceptibility to smoking and scores on the Index of Receptivity to Tobacco Marketing. Of adolescents who scored 0 on this index, $13.5\% \pm 4.6\%$ were susceptible. A score of 2 doubled the proportion of those who were susceptible. Adolescents who scored 4 or more on the index were almost four times more likely to be susceptible compared with adolescents who scored 0.

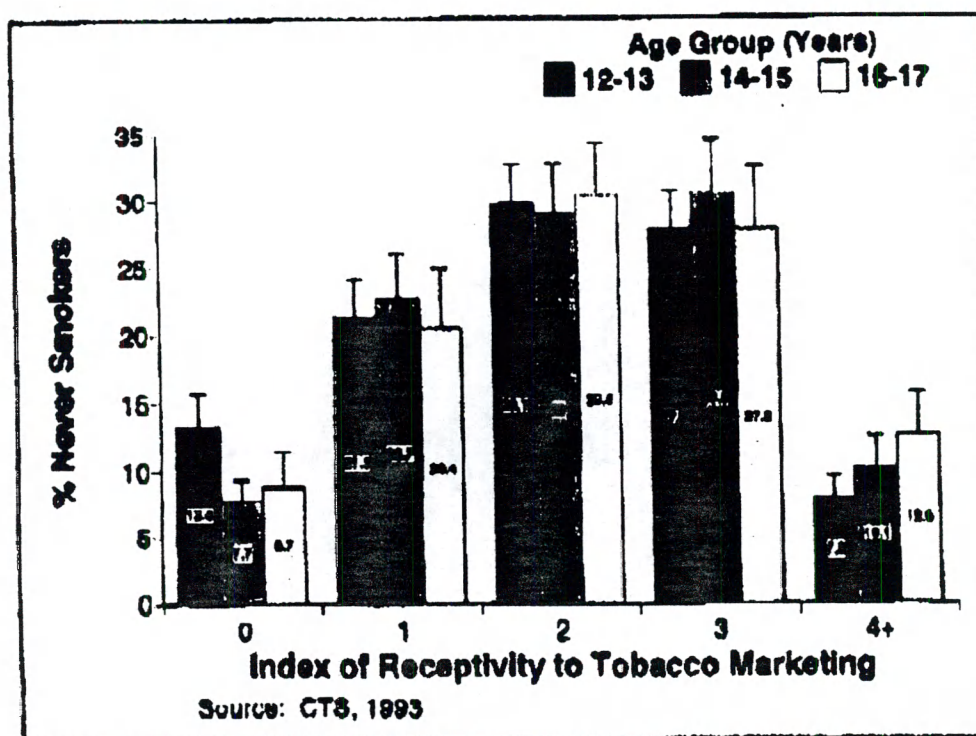


Fig. 4. Percentage of California adolescent never smokers aged 12-13 years ($n = 1550$), 14-15 years ($n = 1167$), 16-17 years ($n = 819$) according to their score of 0-4+ on the Index of Receptivity to Tobacco Marketing (see text for definition). Numbers in the bars are weighted percents, and the upper limits of the 95% confidence intervals are shown. CTS = California Tobacco Survey.

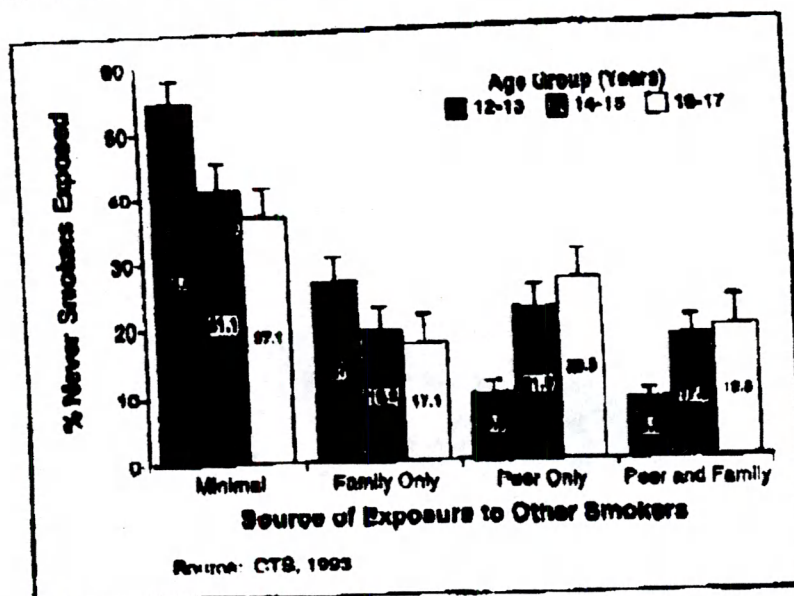


Fig. 6. Percentage of California adolescent never smokers aged 12-13 years ($n = 1590$), 14-15 years ($n = 1167$), and 16-17 years ($n = 819$) who were exposed to other smokers according to their source of exposure: minimal, family only, peer only, or peer and family. Numbers in the bars are weighted percentages, and the upper limits of the 95% confidence intervals are shown. CTS = California Tobacco Survey.

To investigate any possible interaction effect between exposure to smokers and score on the Index of Receptivity to Tobacco Marketing, we compared smoking-susceptibility rates among adolescents at two levels of exposure to smokers (minimal versus peer and/or family) and among adolescents at two

Table 2. Predictors of susceptibility to smoke among adolescent never smokers

	Sample size	Adjusted odds ratio	95% confidence interval
Age, y			
12	823	1.00*	
13	727	1.46	1.02-2.07
14	611	1.29	0.98-1.71
15	556	1.07	0.77-1.48
16	428	0.67	0.45-0.99
17	381	0.80	0.50-1.27
Sex			
Female	1813	1.00*	
Male	1723	1.08	0.80-1.36
Race/ethnicity			
Non-Hispanic white	1018	1.00*	
Black	238	0.76	0.48-1.19
Hispanic	925	1.73	1.32-2.27
Asian/Pacific	455	1.23	0.91-1.66
School performance			
Very much above average	814	1.00*	
Above average	1396	1.31	0.94-1.83
Average or below average	1327	1.83	1.33-2.52
Exposure index			
Minimal	1645	1.00*	
Family only	755	1.31	1.00-1.72
Peer only	647	1.92	1.36-2.70
Family and peer	489	1.89	1.30-2.74
Index of Receptivity to Tobacco Marketing			
0	351	1.00*	
1	747	1.59	1.00-2.51
2	1060	2.03	1.31-3.15
3	987	3.81	1.89-7.68
4	361	3.91	2.38-6.42

*Reference group

levels of receptivity to tobacco marketing (zero receptivity score versus any positive receptivity score) (Fig. 6). In a separate logistic regression with specially coded interaction variables, we found no statistically significant interaction between score on the Index of Receptivity to Tobacco Marketing and exposure to smokers. The effects were simply additive: Compared with those having a score of 0 and minimal exposure to smoking, those with minimal exposure and a score of 1 or greater had 2.6 (95% CI = 1.6-4.2) times the likelihood of being susceptible to smoking; those with some exposure to other smokers and a score of 0 had 2.3 (95% CI = 1.0-5.3) times the likelihood; and those with some exposure and a score of 1 or greater had 4.5 (95% CI = 3.1-6.7) times the likelihood.

Discussion

Of adolescent never smokers surveyed, one quarter appeared to have started the smoking uptake process as measured by susceptibility to smoking. A higher score on the Index of Receptivity to Tobacco Marketing was strongly associated with susceptibility among adolescent never smokers. The association of the index score with susceptibility was independent of and appeared to be stronger than the association with susceptibility of exposure to other smokers. Whereas exposure to both family and best friends who smoked increased susceptibility to smoking by 90%, a score of 4 or more on the Index of Receptivity to Tobacco Marketing produced almost a fourfold increase in the likelihood of being susceptible to smoking, and a score of 2 increased the likelihood by a factor of 2.

Adolescent never smokers appeared to be receptive to tobacco marketing at an early age. Among 12- to 13-year-olds, nearly two thirds scored 2 or higher on the Index of Receptivity to Tobacco Marketing. Only 16% of adolescents did not perceive that cigarette advertising promotes at least one of the benefits queried. Possibly, if fewer benefits had been listed, this percentage may have been higher, but positive responses were in the neighborhood of 70% for at least four of the individual items.

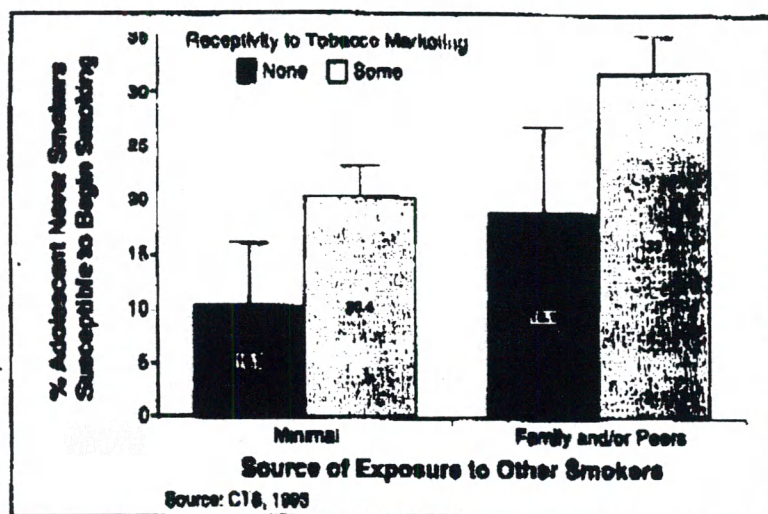


Fig. 3. Percentages of California adolescent never smokers 12-17 years who were susceptible to begin smoking according to their receptivity to tobacco marketing (none, a score of 0 on the index; some, a score of 1 or greater on the index), stratified by their source of exposure to other smokers: minimal or family and/or peers. Numbers in the bars are weighted percentages, and the upper limits of the 95% confidence intervals are shown. CTS = California Tobacco Survey.

These data indicate that adolescents are very aware of cigarette advertising.

Almost 60% of 12- to 13-year-old never smokers named a favorite cigarette advertisement, and just over 40% had a preference for the cigarette brand they would buy. Although few adolescent never smokers already possessed items promoting tobacco, 15.2% indicated that they would be willing to use such products, which suggests that there is a market for the promotion of tobacco to nonsmoking adolescents via clothing and other products bearing tobacco logos. Marlboro and Camel cigarettes showed the highest degree of market penetration among adolescent never smokers.

Because this analysis is restricted to never smokers, the demographic distribution of the sample is not representative of the overall adolescent population; for instance, it contained more younger than older adolescents. By the middle to late teens, many adolescents will have experimented with smoking, and some will have progressed to a full-fledged addiction. Personal experience with smoking, such as any direct physical sensation or the reactions of peers, will likely have considerable influence on whether an adolescent progresses from experimentation to addicted smoking. The emphasis of the present study is on the identification of the correlates of entering the first stage of the smoking uptake process, susceptibility.

Consistent with previous research, exposure to smokers and perceived school performance were strongly and independently associated with susceptibility to smoking (1,11-13). Adolescent never smokers were 30% more likely to be susceptible to smoking if they reported being exposed to a smoker only in the family and about 90% more likely to be susceptible if they had at least one best friend who smoked. No additional increased risk was observed for adolescents exposed to both family members and best friends who were smokers. The magnitude of this effect was similar to that observed for perceived school performance. Adolescents who rated their performance as "average" or "below average" were almost twice as likely to be susceptible to smoking as those who rated their performance higher.

The telephone modality of the California Tobacco Survey may lead to underreporting of both adolescent smoking behavior

and the items defining susceptibility to smoking. An adolescent could be aware of a parent listening in on a phone extension. Most of the survey questions required "yes" or "no" or "agree" or "disagree" responses, so an adult in the same room would probably not influence the adolescent's answers. In order to maximize the chance for privacy, adolescents were called back on a later date, rather than being interviewed at the time of the initial household contact. Nevertheless, some of our never smokers may have had experience with cigarettes, and some actual never smokers may have denied any future intention because a parent was listening. It is likely that completely accurate data would have produced even stronger conclusions among the variables of interest. Misclassified adolescents may have answered the questions on tobacco marketing and exposure to other smokers in a way more like those who are indeed susceptible.

Our index of receptivity to tobacco advertising and promotion is based on a series of survey questions in the 1993 California Tobacco Survey regarding adolescents' awareness and response to tobacco advertising and marketing. This index has been devised solely for use in this study. There may be many more aspects of adolescent cognition and experience that we have not considered that are relevant to receptivity. Research in this area is lacking, especially within the setting of population studies. Nevertheless, the degree of awareness and response that we capture with our index is related to susceptibility in a manner suggesting that the higher the receptivity, the greater the susceptibility to smoking (see adjusted odds ratios in Table 2).

The research literature indicates that marketing can encourage consumption of the general product category (such as cigarettes) as well as of the specific brand being advertised (1,22). Tobacco marketing may be more effective in promoting the general product category than in promoting the particular brand of cigarettes. In our sample, the preferred brand of purchase was Marlboro, yet the cigarette advertisements most favored by adolescents were those for Camel. We hypothesize that the effect of tobacco advertising on brand purchase intentions is filtered through the brand preferences of the immediate peer network. Thus, brand preference among adolescents may lay be-

hind advertisement preference by the time required for the peer group as a whole to adopt a new brand. Our interpretation of these data is also commensurate with the slow but steady growth in the market share of Camel cigarettes following the introduction of the Joe Camel campaign. In 1987, Camel cigarettes were virtually invisible in the illegal adolescent market. However, 18 months later, Camel cigarettes had acquired a market share of 8.1%, and national data from 1993 indicate that these cigarettes now represent a 13.3% share of the adolescent market (23). According to the Federal Trade Commission (24), a total of \$6 billion was spent marketing tobacco products in 1993, with more than half (\$3.4 billion) spent on promotional items such as coupons, specialty, and value-added items.

Our results support the hypothesis that tobacco marketing may be a stronger current influence in encouraging adolescents to initiate the smoking uptake process than demographic characteristics, perceived school performance, or exposure to other smokers in the peer or family network. The accumulated evidence supports the need for effective strategies to prevent adolescents from starting to smoke.

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Notes

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A Historical Analysis of Tobacco Marketing and the Uptake of Smoking by Youth in the United States: 1890-1977

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This article presents evidence for sex-specific temporal associations between major cigarette marketing campaigns and increases in youth smoking initiation using national survey data for 1910-1977 ($N = 165,876$). Considerable smoking initiation occurred in males under 18 and born before 1890 when marketing focused only on males. Initiation in male youth increased greatly during 1910-1919; in 1912, R. J. Reynolds launched its unprecedented campaign for Camel brand. Initiation in female youth began in the mid-1920s, coincident with the Chesterfield and Lucky Strike women's marketing campaigns. In the late 1940s, smoking uptake among young females again increased rapidly, coincident with large-scale marketing of women's brands. Male initiation did not increase with these campaigns. Thus, in each instance, major marketing input occurred in youth smoking initiation only in the sex group targeted.

Key words: smoking initiation, tobacco advertising

The role of tobacco marketing practices in promoting adolescents to smoke is a hotly debated public policy issue (Boeka, 1994; Budlowyn, 1993; Davis, 1987; Pierce et al., 1991; Polley, 1994; Rafferty, 1989). The tobacco industry, perhaps more than any other, has been characterized since its inception by a strong and aggressive use of marketing practices, particularly advertising (Goodrum & Dalrymple, 1990). Advertising and promotion are an important part of everyday business practice, in which companies attempt to influence the purchasing behavior of potential consumers (Kotler, 1991). Their purpose is either to bring new consumers into the marketplace, stimulating primary demand (Ray, 1982), or to convince current consumers to switch from another product to theirs, stimulating secondary demand (McCarthy & Perreault, 1984).

The tobacco industry argues that advertising and promotion are only effective in creating this latter, secondary demand. Under this argument, the primary stimulation of demand must result from other societal forces such as exposure to smokers. Public health advocates accuse the industry of successfully stimulating primary demand among those to whom it is illegal

to sell cigarettes. The vast majority of smokers begin experimenting with cigarettes while they are adolescents (U.S. Department of Health and Human Services [USDHHS], 1994) even though laws against the sale of cigarettes to minors have been in place for most of this century (USDHHS, 1989b). Furthermore, about 70% of persons who experiment with cigarettes progress to become addicted to tobacco (Burns & Pierce, 1992; Russell, 1990) and may smoke for 30 to 40 years.

A series of studies on the content and placement of cigarette advertisements over the past 50 years has convinced many public health advocates that cigarette advertising specifically targets adolescents (Albright, Altman, Slater, & Maccoby, 1988; Altman, Slater, Albright, & Maccoby, 1987; King, Reid, Moon, & Ringold, 1991; Mazis, Ringold, Perry, & Deaman, 1992; Schooler & Baill, 1990; Schooler, Baill, & Altman, 1991). Other studies have demonstrated high recognition levels of cigarette advertisements among children and adolescents (DiFranza et al., 1991; Fischer, Schwartz, Richards, Goldstein, & Rojas, 1991; Pierce et al., 1991, 1993). However, although this evidence has been remarkably consistent, it has not been sufficient to influence the Federal Trade Commission to take action (Federal Trade Commission, 1994).

In this article, we investigate the historical evidence for the effect of major tobacco marketing campaigns on age- and gender-specific rates of smoking uptake. We have chosen to analyze five time periods, four of which coincide with major marketing campaigns designed to stimulate demand for cigarettes within one gender or the other. The cigarette industry did not become established until after the Philadelphia Exposition in 1876 (Tilley, 1948). Beginning in the 1880s, aggressive cigarette marketing was used to build a consumer market among males (Robert, 1967). Marketing was a major weapon used to consolidate a business monopoly in the late 1880s, and there were no major innovations in marketing until the court-ordered break up of the Tobacco Trust in 1911 (Wagner, 1971). The period before 1910 is designated Period 1 for the

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analysis in this article. The dissolution of the tobacco monopoly led to the development and effective promotion of the Camel brand of cigarettes by the R. J. Reynolds Tobacco Company beginning in 1911. Tobacco consumption surged from 1912 to 1923, with Camel capturing nearly half of the market (Tennant, 1950). Marketing strategies continued to focus only on men (Gebel, 1978; Tilley, 1983). The period from 1910 to 1925 is considered Period 2. Starting in 1926, the cigarette companies began to selectively target women with their cigarette marketing (Tennant, 1950; Whelan, 1984); accordingly, the interval from 1926 to 1939, immediately before World War II, is considered Period 3. During the 1940s, 1950s, and well into the 1960s, cigarette marketing was endemic across all media and was not focused at any particular population subgroup; this period is designated Period 4. The second wave of marketing designed to stimulate demand among women began with the introduction of specific women's brands of cigarettes in 1967 (Albright et al., 1988; Ernster, 1983). In a previous article, we showed that this campaign was associated with an increase in smoking uptake by adolescent girls, which lasted through the mid-1970s (Pierce, Lee, & Gilpin, 1994). Accordingly, the period from 1968 through 1977 is designated Period 5 for this study.

Method

Data Sources

Incidence of smoking data was determined from national surveys of adults that included an age of initiation question. These included the first national smoking survey undertaken as a supplement to the Current Population Survey (CPS) in 1955 and the smoking supplements to the National Health Interview Surveys (NHIS) in 1970, 1978, 1979, 1980, 1987, and 1988. All of these surveys contained probability samples of the adult, civilian, noninstitutionalized U.S. population. The original data from the approximately 45,000 interviewees of the 1955 survey no longer exist. Accordingly, we use summary tables (Morse, Shmkin, & Miller, 1985) and restrict our consideration of those data to the earliest study time periods. To estimate trends in the other four time periods of the study, we combined data from the six NHIS, each of which had a sample size varying between 10,000 and 80,000. Some but not all of the surveys interviewed people as young as 18 years of age, and to avoid any bias that might result from such an inconsistency, we restricted our consideration to self-respondents who were at least 20 years of age at the time of the interview for a total sample size of 165,876. Sampling methods for the NHIS change every decade, and details concerning the survey methodology are reported elsewhere (Pierce, Flora, Novotny, Hatzidireou, & Davis, 1989; USDHHS, 1985, 1989c). All surveys had reported response rates in excess of 86%.

All surveys included the question, "Have you smoked at least 100 cigarettes in your entire life?" Those who answered "yes" were classified as "ever smokers." Ever smokers were then asked, "How old were you when you started smoking cigarettes fairly regularly?"

All of the NHIS have composite weights that can be used to generate population-based estimates. Base weights were calculated to reflect the probability that a person was sampled and these weights are further adjusted to reflect the U.S. population at the time of the survey (USDHHS, 1985, 1989c).

Initiation Rate Computation

We reconstructed the age of each respondent in all the relevant surveys during each calendar year from 1910 through 1977. To define the age-specific pool of individuals eligible to start smoking during each 2-year interval we computed the sum of the weights for those of that age who had not started smoking up to that particular interval. Also, if someone of a given age-sex-race group did begin to smoke in that interval, their sample weight was added to the pool of initiators for that interval. (Individuals were not included in the eligible or initiator pools if their age in the year when they were surveyed was less than the age being considered.) We then summed the year-specific eligible and initiator pool weights over all ages of interest and computed the rate by dividing the total initiator pool by the total eligible pool. We then male and female initiation rates for each 2-year interval between 1910 through 1911 and 1976 through 1977 for youth and young adults aged 10 to 13, 14 to 17, 18 to 21, and 22 to 25 years. This time interval covers the latter four time periods described in the introduction. The four age groups are somewhat arbitrary but include an equal number of ages and make a clear distinction between age groups from whom the purchase of cigarettes is and is not legal.

Reconstructing the incidence of smoking by this method may be subject to recall bias, which would be a particular problem if the recalled age of initiation for a birth cohort varied with age of the respondent when surveyed. We examined this issue previously, and although there is evidence of slight preference (i.e., more often reporting ages 16 or 18 rather than 17), the pattern of recall for an age cohort is remarkably consistent regardless of the age of the smoker or former smoker when surveyed (Gilpin, Lee, & Pierce, 1994).

The initiation rates computed for the earlier decades may be underestimated because of differential mortality among smokers (Hacmel, 1966). Many smokers who started smoking during the early decades may not have been alive to be surveyed by the 1970s and 1980s. This might be particularly true for heavy smokers, who may have started to smoke at a younger age than lighter smokers (USDHHS, 1989b). If this is the case, then the initiation rates may actually be higher, especially among those 10 to 13 and 14 to 17 years of age.

Statistics

We computed exact binomial 95% confidence intervals for the initiation rates computed from the NHIS data (Larson & Marx, 1986).

Within each period, regression slopes for initiation rate were calculated separately for males and females using a weighted (inverse of standard error) least squares fit. Slopes were compared between genders for a given time period and within gender for adjacent time periods using a simple normal deviate test (difference + standard error of difference; Neter, Wasserman, & Kutner, 1985). The *p* values are two-tailed. Although this periodwise regression analysis may obscure trends that begin in one period and continue into the next, it allows approximate quantification of general trends over the time period of interest and provides some basis for statistical comparison. Only linear effects were examined, and moving the boundaries of one period either way did not substantially change the results; the boundaries were chosen on the basis of the timing of advertising campaigns, but in some cases a year earlier or later was included to obtain as many data points as possible in the shorter periods.

Results

Trends From the 1955 CPS: Periods 1 and 2

Among both males (Figure 1) and females (Figure 2), each successive birth cohort reached higher levels of smoking and at

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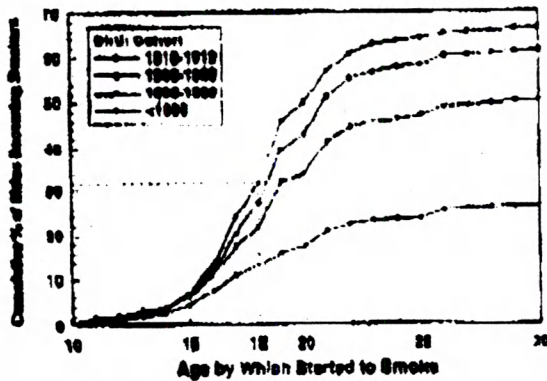


Figure 1. Cumulative percentage of males becoming smokers by age. Data obtained from Haenszel, Shimkin, and Miller (1955).

younger ages, but females initiated considerably less than males. Respondents who were over the age of 65 years in the 1955 CPS were born before 1890; hence, all were 18 years of age or older by 1908. In this birth cohort, 4% of the males started to smoke before the age of 15 years and 13% started before the age of 18 years (Figure 1). Less than 0.4% of females in this birth cohort started smoking before the age of 18 years (Figure 2). Respondents who were aged 55 to 64 years when surveyed were born between 1890 and 1899 and were adolescents between 1910 and 1920. Among this birth cohort, 22% of males reported that they had started to smoke by 18 years of age. This represents a 69% increase from males born before 1890 (Figure 1). Subsequent cohorts of males showed much more modest increases in initiation by age 18 years.

Among females, the major increase in initiation by age 18, compared with the next oldest cohort, was for the cohort born between 1910 and 1919 (Figure 2). This cohort of females was of adolescent age during the 1920s. The percentage of females in this cohort who started to smoke by age 18 was 7%, compared with 2% for those born between 1900 and 1909, a 250% increase (see also the section on Period 3 below).

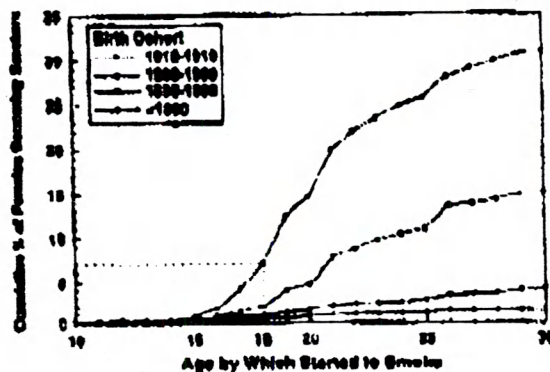


Figure 2. Cumulative percentage of females becoming smokers by age. Data obtained from Haenszel et al. (1955).

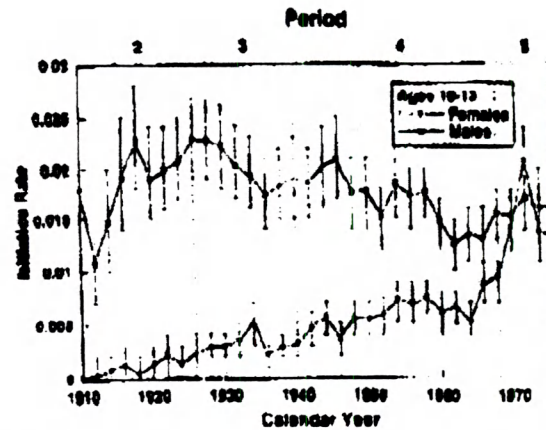


Figure 3. Incidence of initiation by calendar year among adolescents aged 10 to 13 years. Data obtained from the National Health Interview Survey for 1970, 1978, 1979, 1980, 1987, 1988 (U.S. Department of Health and Human Services, 1979, 1981a, 1981b, 1983, 1989a; U.S. Department of Health, Education, and Welfare, 1972).

Trends in Initiation Rates From the NHIS in Period 2 (1910-1925)

Figures 3 to 6 show the smoking initiation rates for males and females in each of the four age groups: 10 to 13, 14 to 17, 18 to 21, and 22 to 25 years. Table 1 presents the periodwise regression results, including the statistical comparisons of trends (slopes). The computed linear slopes for each gender in each time period are presented together with *p* values (in parentheses) to test whether the slopes are different from zero. A significant positive slope indicates that the initiation rate is increasing with time during the period, a significant negative slope indicates that it is decreasing, and a nonsignificant slope

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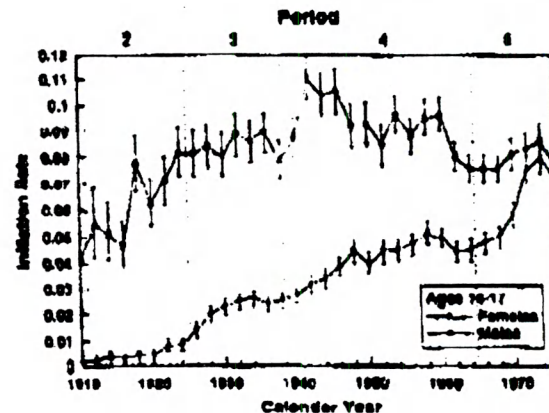


Figure 4. Incidence of initiation by calendar year among adolescents aged 14 to 17 years. Data obtained from the National Health Interview Survey for 1970, 1978, 1979, 1980, 1987, 1988 (U.S. Department of Health and Human Services, 1979, 1981a, 1981b, 1983, 1989a; U.S. Department of Health, Education, and Welfare, 1972).

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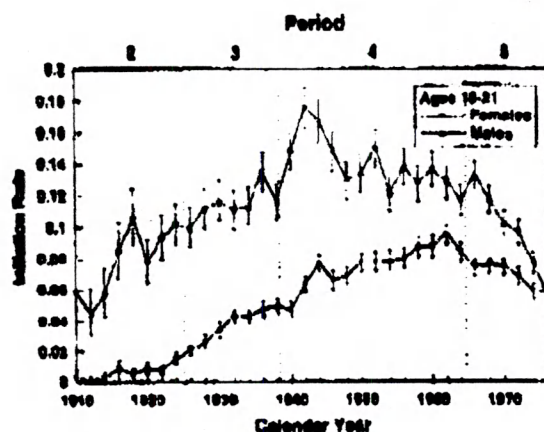


Figure 3. Incidence of initiation by calendar year among young adults aged 18 to 21 years. Data obtained from the National Health Interview Survey for 1970, 1978, 1979, 1980, 1987, 1988 (U.S. Department of Health and Human Services, 1979, 1981a, 1981b, 1988, 1989a; U.S. Department of Health, Education, and Welfare, 1972).

indicates that no discernible trend in the rates is present during that period. The p values for the comparison of males to females for each age group within each time period are given in braces. Finally, p values for within gender comparisons for the slope in one time period to the slope in the immediately preceding period are shown in brackets.

In Period 2, initiation rates for 10- to 13-year-old males and females remained well under 3% per year (Figure 3). Males appeared to be increasing initiation faster than females, but the computed slopes were not statistically different ($p = .09$, Table 1). Males 14- to 17 years old showed a marked increase in initiation, with females only increasing slightly (Figure 4); the computed slopes for males and females were significantly different ($p < .01$, Table 1). The same general pattern was observed among those aged 18 to 21 years (Figure 5), with the slopes for males and females again significantly different ($p = .01$, Table 1). Although the initiation rate slope among males aged 22 to 25 years appeared greater than that of females (Figure 6), it was not different from zero ($p = .15$, Table 1), and the gender difference was not significant ($p = .60$, Table 1).

Trends in Initiation Rates From the NHIS in Period 3 (1926-1939)

In Period 3, 10- to 13-year-old males showed a decline in initiation rate (negative slope), whereas females showed no trend (slope not different from zero); the gender comparison was significant ($p < .01$). Among 14- to 17-year-olds, males showed no change in initiation, whereas females exhibited an increase (significant positive slope); however, the gender difference was not significant ($p = .16$). For the 18- to 21-year-old age group, males showed no significant increase in initiation rate (slope not different from zero), whereas females showed a pronounced and significant increase, but again, the

gender difference was not significant ($p = .27$). Among 22- to 25-year-olds, the slopes were similar for males and females.

Compared with Period 2, during Period 3, males aged 17 and younger showed a significant decrease in initiation rate (smaller slope, $p < .01$), and females aged 18 and over showed a significant increase (greater slope, $p < .01$ for females 18-21 years and $p = .05$ for females 22-25 years, Table 1). Trends (slopes) in other age-gender groups for Period 3 were not significantly different from those in Period 2.

Trends in Initiation Rates From the NHIS in Period 4 (1940-1967)

Males in all four age groups showed declining initiation rates (negative slopes) during Period 4, whereas females in the younger three age groups showed increases (positive slopes). Females aged 22 to 25 years, the oldest age group studied, showed no change in initiation rate (slope not different from zero). The slopes for males and females were statistically significant in all age groups (Table 1), emphasizing the different behavior for males and females during this period.

Compared with Period 3, during Period 4, males aged 10 to 13 years showed a slowed rate of decrease in initiation (smaller negative slope), whereas initiation among males over 13 years old changed from a positive slope to a negative one. All these slopes were significantly different for Period 4 compared with Period 3 ($p < .01$, Table 1). Females under 18 years old showed no significant difference in rate of initiation in Period 4 compared with Period 3. Among females aged 18 to 21 years, the rate of increase slowed significantly (slope less positive) in Period 4 compared with Period 3 ($p < .01$, Table 1). Among females aged 22 to 25 years, initiation was stable during Period 4 (no trend), compared with the increase (positive slope) observed in Period 3 ($p < .01$, Table 1).

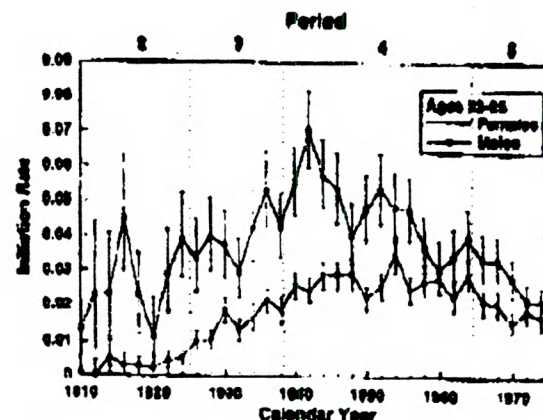


Figure 4. Incidence of initiation by calendar year among young adults aged 22 to 25 years. Data obtained from the National Health Interview Survey for 1970, 1978, 1979, 1980, 1987, 1988 (U.S. Department of Health and Human Services, 1979, 1981a, 1981b, 1988, 1989a; U.S. Department of Health, Education, and Welfare, 1972).

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Table 1
Results of Periodwise Regression Analyses

Age group	Period							
	2		3		4		5	
	Slope (p)	(p)	Slope (p)	(p)	Slope (p)	(p)	Slope (p)	(p)
10-13 years								
Male	.05 (.08)	[<.01]	-.03 (<.01)	[<.01]	-.03 (<.01)	[<.01]	.01 (.39)	
Female	.01 (.02)	[.79]	.00 (.29)	[.11]	.01 (<.01)	[.28]	.05 (.47)	
$P_{M=F}$	[.09]		[<.01]		[<.01]		[.53]	
14-17 years								
Male	.26 (<.01)	[<.01]	.01 (.85)	[.84]	-.09 (<.01)	[.53]	.05 (.54)	
Female	.05 (<.01)	[.23]	.08 (.03)	[.80]	.07 (<.01)	[<.01]	.35 (.06)	
$P_{M=F}$	[.01]		[.16]		[<.01]		[.03]	
18-21 years								
Male	.38 (.01)	[.10]	.10 (.11)	[<.01]	-.14 (<.01)	[<.01]	-.75 (<.01)	
Female	.09 (<.01)	[<.01]	.25 (<.01)	[<.01]	.11 (<.01)	[<.01]	-.25 (<.01)	
$P_{M=F}$	[.01]		[.77]		[<.01]		[.01]	
22-25 years								
Male	.08 (.45)	[.83]	.10 (.16)	[<.01]	-.11 (<.01)	[<.01]	-.22 (<.01)	
Female	.03 (.03)	[.85]	.08 (.03)	[<.01]	-.01 (.49)	[.64]	-.02 (.59)	
$P_{M=F}$	[.60]		[.77]		[<.01]		[<.01]	

Note. The p values for the linear slopes are in parentheses; the p values for comparison of males to females are in braces. [], the p values for within-gender comparisons for slope in one time period to slope in the immediately preceding time period are in brackets. [], the p values $\leq .05$ are shown in boldface type. (p) = p value for test of slope = 0; ($P_{M=F}$) = p value for test of slope_{Male} = slope_{Female}; ($P_{M=F}$) = p value for test of slope_{Male} - slope_{Female}.

Trends in Initiation Rates From the NHIS in Period 5 (1968-1977)

Females aged 10 to 13 years showed an increase in initiation, which peaked in 1972 to 1973. Thus, the slope for Period 5 was only slightly positive and not different from the slope for males ($p = .53$). Females aged 14 to 17 years showed a considerable increase in initiation (positive slope), whereas the rate among males remained essentially stable; the difference in these slopes was significant ($p = .03$). Males and females 18 years of age and older showed declining initiation rates (significantly negative slopes), although the decreases were steeper (slope more negative) among males than among females ($p < .01$).

Compared with Period 4, during Period 5, males aged 10 to 13 years ceased their decline in initiation; the slope had been negative in Period 4 but was not different from zero in Period 5 ($p < .01$). Males aged 14 to 17 years showed about the same rate of decline; and males over 17 years increased their rate of decline substantially (slope more negative). Slopes for males in these older age groups were significantly different in Period 5 compared with Period 4 ($p < .01$). Females aged 14 to 17 years had a significantly increased rate of initiation in Period 5 compared with Period 4 ($p < .01$); and those aged 18 to 21 years showed a decrease (negative slope) in Period 5, whereas initiation had shown an increase during Period 4 ($p < .01$). Older females maintained about the same stable rate of initiation in Period 5 as they exhibited in Period 4.

Discussion

Throughout the history of the cigarette industry we have distinguished four distinct periods in which we could relate the impact of marketing strategies to the uptake of smoking.

Cigarette marketing during the first two of these periods (Periods 1 and 2) focused exclusively on males. Periods 3 and 5 were characterized by innovative marketing aimed at females. Our initiation rate trend (slope) analyses clearly show that marked increases in the rate of smoking uptake in the particular gender group targeted by these campaigns were coincident with the beginning of each. Such an effect was not observed among the nontargeted gender. The following historical review describes these campaigns in more detail and relates their onset to the changes in trends in smoking initiation rates.

The early growth of the industry following the Philadelphia Exposition in 1876 included a major advertising war that preceded the formation of the monopoly, American Tobacco Company Trust, in 1889. This advertising war pitted industry leaders, whose promotion practice was to include a picture of a scantily dressed female inside each packet of cigarettes, against James Duke, who was one of the first to experiment on a large scale with a broad spectrum marketing strategy. Duke used his competitive cost advantage to seriously outpace his rivals; he has been quoted as saying he spent an unheard of \$800,000 on marketing in 1889 (Robert, 1967; Wagner, 1971). During the period from 1880 to 1890, tobacco consumption increased sixfold, most of which was attributable to cigarette consumption (Hacnazel et al., 1953).

There was a strong public reaction to this rapid growth in the tobacco industry. The early use of "soft pornography" as the basis for product promotion was reported to have had young boys scrambling after cigarette packs. There was widespread consternation with what was perceived to be a powerful corrupting influence of the cigarette industry on young boys. The first editorial that focused attention on this appeared in the New York Times in 1879, and as concern grew, public

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statements were issued by eminent educational leaders of the day, such as the President of Stanford University and the President of the New York Board of Education. In the early 1890s, this public concern led to the formation of the popular anticigarette league. By 1910, this anticigarette league had introduced laws banning the sale of cigarettes to minors in many states. Such efforts did not prevent smoking initiation among the cohort of males born before 1890, who were adolescents during this period; 13% of males in this cohort had started smoking regularly before the age of 18 years (Figure 1), compared with less than 0.5% in females (Figure 2).

Shortly after the court-ordered break-up of the tobacco industry monopoly in 1911, the R. J. Reynolds Tobacco Company introduced the Camel brand of cigarettes, which contained a sweeter blend of tobacco than other brands of the time. The marketing campaign that launched this brand was undertaken with an expensive town-by-town promotional approach. The teaser ("Camels Are Coming") was followed by unprecedented advertising of the brand in print and billboard media. In 1913, the R. J. Reynolds Tobacco Company spent nearly \$800,000 on advertising and promotion; this amount increased to \$2.2 million by 1916 and to \$8.7 million by 1921 (Figure 7; Tilley, 1985). The money spent on marketing leveled off at about 60% of total profits. From 1913 to 1921, the R. J. Reynolds Tobacco Company's market share rose from 0.2%, representing the sale of 1.5 million Camel cigarettes, to 50% of all cigarette sales, or 18.3 billion Camel cigarettes (Tilley, 1985).

In 1915, Reynolds was interviewed on how he came by his strong beliefs in advertising. He responded that he started with a small advertising budget for plug tobacco in 1894 and observed that his sales rose considerably. A fourfold increase in his advertising budget in the following year was associated with a doubling of his sales. According to the *Winston-Salem Journal* in 1915, he said that, after that, he did not need any more proof of the power of advertising (Tilley, 1985).

The further increase in smoking uptake among adolescent males in Period 2 coincided with this intensive marketing campaign. Males in the 1890-1899 birth cohort who were

adolescents during Period 2 showed a marked increase in initiation compared with those born before 1890 (Figure 1), but initiation was still low in this cohort of females (Figure 2). In addition, figures 3-5 indicate that the initiation rates for young males in Period 2 were increasing much more rapidly than for females, and the statistical comparisons in Table 1 support this observation. The sale of Camel cigarettes was boosted (Figure 7) by the changing image of cigarettes in the latter part of the decade, during World War I. Cigarettes were viewed as an aide to help soldiers endure the strain at the front. In the words of a Lynn, Massachusetts, *Evening Post* reporter, a narcotic was needed to "soothe the nerves somewhat, to deaden the loneliness" (Sobel, 1978).

The Red Cross became one of many associations raising money to dispatch cigarettes to allied soldiers. Across the United States, there appeared canteens at which soldiers received free chewing gum, toothpaste, and cigarettes (Konnett, 1987). During this period, the rate of smoking initiation among females remained low and fairly steady.

In the 1920s, the cigarette industry was dominated by three brands (Camel, Chesterfield, and Lucky Strike) that appeared indistinguishable from each other on blindfolded consumer testing (Tennant, 1950). Furthermore, the industry maintained a price equivalence between these brands, focusing competition only in their marketing strategies. In the first 40 years of the cigarette industry, cigarette smoking had been characterized as a habit to be pursued only by men. In 1919, the Lorillard Company produced a cigarette ad aimed specifically at women, but public outcry led to its prompt withdrawal. Apparently the public was not yet ready to accept the idea of women smoking.

This situation had changed by the mid-1920s, when Chesterfield cigarettes produced an acceptable and effective marketing campaign aimed at women with the "Win Some My Way" message in 1926. The conduct of this campaign was associated with a 40% increase in sales over the 2-year period (Tennant, 1950). However, the major success story was the marketing campaign for Lucky Strike cigarettes developed by Albert Lasker for the American Tobacco Company. Lasker's selection as campaign director was based on his track record of successful promotion to women (Guntner, 1960). This "Reach for a Lucky Instead of a Sweet" campaign focused very pointedly on women's fear of gaining weight and was associated with a rapid rise in sales, taking the brand from sales of 13.7 billion cigarettes in 1925 (third-ranked brand) to over 40 billion and market leadership by 1930. Importantly, the R. J. Reynolds Tobacco Company, the heaviest user of cigarette marketing, did not change its marketing format to include women as a target group until 1929, the year in which it lost the market leadership. Through the early 1930s, women continued to be a major target group of cigarette marketing, and many advertising messages suggested possible health benefits of smoking.

Similar to the findings among adolescent males in Period 2, a major increase in smoking initiation among females took place during those years of Period 3. Although the slope of the initiation rates among females aged 10 to 13 years was not different from zero in Period 3, the absolute rates were much higher than in Period 2 (Figure 3). Males aged 10 to 13 years

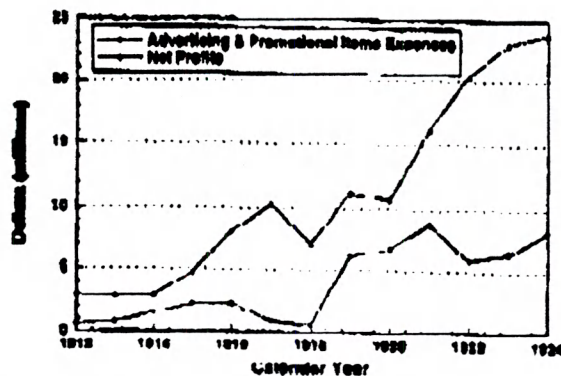


Figure 7. Sales of Camel cigarettes and amount spent by R. J. Reynolds to market Camel cigarettes by calendar year. Data obtained from Tilley (1985).

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actually changed from a state of increasing initiation (positive slope) to one of decreasing initiation (negative slope) in Period 3. Again, among females aged 14 to 17 years the magnitude of the initiation rates also increased (Figure 4) even though the rate of increase (slope) was not different from Period 2; males in this age group did not change their initiation rate during this period. Smoking uptake in underage girls tripled over the decade, the majority of the increase occurring during the successful Lucky Strike marketing campaign. Females 18 years and older (Figures 5 and 6) increased the slope of their initiation rate compared with Period 2, demonstrating that this women's campaign also had a major impact on the uptake of smoking in older females. Older males exhibited stable rates during this period, and slopes for Period 3 were not different from those of Period 2. The specificity of major increases in females suggests that the Lucky Strike and Chesterfield marketing campaigns were successful in reaching their target audience.

Data from both the CPS and NHIS are consistent regarding these early trends. The major surge in uptake occurred among males in the decade from 1910 through 1919. Among females, however, substantial uptake occurred in the second half of the decade from 1920 through 1929, when females born from 1910 through 1919 reached late adolescence. Data on cigarette consumption also show these surges (Figure 8). Consumption rose dramatically between 1915 and 1919, when males began smoking in large numbers, and then leveled off before showing another increase in the second half of the 1920s, when more females became smokers (USDHHS, 1989b).

Consistent with what occurred during World War I, and for the same reasons, smoking initiation in males also showed a major surge during World War II (beginning of Period 4). Cigarettes were free or cheap for military personnel, and many men began to smoke while in the military (Kennett, 1987). The cigarette industry had changed since the 1930s, when a single cigarette was expected to meet all consumer tastes; companies were developing "niche" brands to complement their general brands. The proliferation of cigarette brands during this period resulted in a constant stream of advertising. In addition to print media and billboards, cigarettes were heavily adver-

tised on radio and later on television. So much was going on that it is impossible to sort out the effects of any major advertising target emphases during Period 4 (USDHHS, 1994).

Beginning in 1950, there was a continuous progression of scientific studies linking smoking with disease. These studies, subjects of which were predominately men, led to the historic 1964 Surgeon General's report, which committed the government to take action against smoking to protect the public health of the population. Initiation began to decline in all age groups of males following the war, but at a much steeper rate in the older age groups. We have previously reported that initiation rates of adult males and females dropped below 1% per year by the mid-1980s (Olipin et al., 1994). Females under 22 showed modest increases in initiation during this period (Figures 3-5).

Beginning in 1967, the Fairness Doctrine was applied to cigarette advertising on television, which resulted in the free provision of 1 community service antismoking commercial for approximately every 12 cigarette commercials (H. Geller, personal communication, September 28, 1993). This represented the first major antismoking advertising campaign, and it continued until cigarette advertising was withdrawn from the broadcast media in 1971. This campaign was associated with a major decline in per capita cigarette consumption (USDHHS, 1989b; Warner, 1977).

Throughout the 1960s, the cigarette advertising dollar was underrepresented among the print media targeted at women. Starting in 1967, the level of cigarette advertising placed in these targeted media increased to the levels expected if women were a priority target market for the cigarette industry (Warner & Goldenhar, 1992). Between 1967 and 1970, four different women's cigarette brands were launched with major marketing campaigns. However, the brands with advertising that emphasized femininity did not survive. Very quickly, the Virginia Slims brand became the "niche" market leader and its advertising stressed autonomy, glamour, and thinness. The Philip Morris Company announced that the Virginia Slims launching included the biggest introductory marketing program ever in the history of the company (Jones, 1987). The advertising theme was "You've Come a Long Way Baby," which was very successful in capturing the women's liberation zeitgeist. By the early 1970s, women's brands had reached \$16 billion in sales (Jones, 1987). However, this sales level was not sustained through the general downturn of cigarette consumption that started in 1973, possibly as a lagged result of the broadcast media advertising ban.

Consequently, Period 5 contained two opposite influences that could have affected the rate of smoking uptake. The first large scale antismoking campaign on national television could be expected to discourage nonsmokers from starting to smoke. Alternatively, the successful launching of women's brands could be expected to promote smoking initiation among females. We can study the impact of these two competing influences on adolescents and young adults by examining the initiation trends for Period 5 (Figures 3 and 4). The initiation rate among adolescent males (10 to 17 years old) remained fairly steady in this period. However, smoking initiation rates among female adolescents aged 10 to 17 years, particularly 14- to 17 year-olds, increased rapidly until 1974 to 1976. In

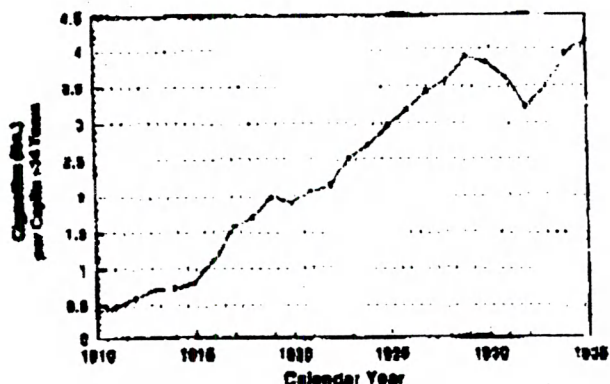


Figure 8. Per capita cigarette consumption in pounds for persons over 14 years by calendar year. Data obtained from Maerz et al. (1955).

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another study, we demonstrated this to be the case, especially for females who did not eventually attend college (Pierce et al., 1994). In contrast, initiation among 18- to 21-year-old females declined rapidly, compared with the continued slow increase during Period 4 (Figure 5). The decline among males in this age group accelerated (slope more negative than in Period 4), as it did for males aged 22 to 25 years (Figure 6). Females aged 22 to 25 years of age continued to decrease initiation at about the same rate as for Period 4 (Figure 6). Thus, the public health campaign appeared to successfully reach adults, with little apparent impact on adolescents, whereas the campaign for women's cigarette brands influenced only the adolescent component of its target audience.

Thus, it would appear that the effectiveness of tobacco marketing practices in encouraging nonsmokers to start smoking may now be limited to the adolescent population. However, every state has laws that ban the sale of cigarettes to minors (USDHHS, 1989b). These laws are blatantly disregarded by many vendors (Klionoff, Fritz, Lundrine, Kiddie, & Tully-Payne, 1994) who appear to be responding to adolescent demand. Tobacco marketing builds adolescent demand, and, hence, urgent public policy action is needed to extend the broadcast advertising ban to all tobacco marketing practices, including print and billboard advertising, sponsorships, sale or give-away of promotional merchandise, and point-of-sale advertising displays.

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SPECIAL SECTION: TOBACCO MARKETING VS. TEEN SMOKING

9

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**ANNOUNCEMENT FROM
LESKO BROTHERS**
October 1995

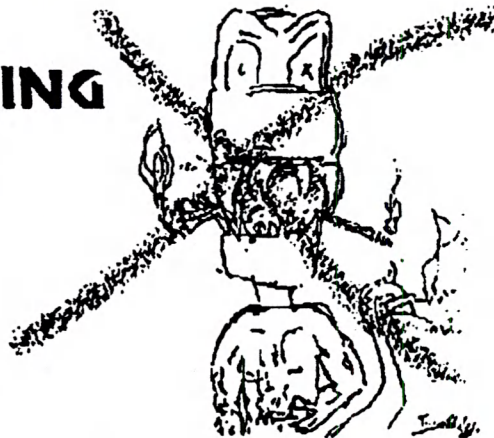
Telephone: 301-946-1858
E-Mail: 76703.4201@compuserve.com
Web Site: <http://www.cquest.com/leskobrothers.html>

KIDS KICK BUTTS **ON THE WORLD WIDE WEB**

Max Lesko (10) and Morgan Lesko (13), who have been fighting the tobacco industry for five years, now are involved with the national Campaign for Tobacco-Free Kids. They invite everybody to visit their brand new Home Page on the Internet. On the World Wide Web, they urge people to support the U.S. Food and Drug Administration proposal that would get rid of colorful ads like Joe Camel and tobacco gear that tell kids it's cool to smoke. The FDA solution also would ban cigarette vending machines and self-service displays and require IDs that will make these deadly products less available to kids.

The Lesko Brothers' address is: <http://www.cquest.com/leskobrothers.html>. The whole purpose is to encourage kids and adults to write a letter of support to: Dr. David Kessler, FDA, Rm-1, 12420 Parklawn Drive, Rockville, MD 20857.

**MAKE SMOKING
EXTINCT!**



Since 1991 Morgan and Max have proved how easy it is to get cigarettes. They have bought 25 packs of cigarettes from vending machines and only been stopped once -- by a customer. They have testified at the Montgomery County Council and the Maryland State Legislature but the tobacco lobbyists have all the power. In August, they were at the White House for President Clinton's announcement of the FDA proposal to keep tobacco companies away from kids. Clinton calls them "the cigarette vending machine killers." The Lesko Brothers say, "ACT NOW and support the FDA before more kids get hooked!"



Coalition on Smoking OR Health

Contacts: Ellen Wilson @ 301-652-1558 or
Joe Marx @ 202-822-9380

MEDIA ADVISORY

PRESS BRIEFING TO REPORT ON NEW STUDY DETAILING THE INFLUENCE OF CIGARETTE ADVERTISING ON TEENS

A new study to be published in the *Journal of the National Cancer Institute* next week examines how tobacco marketing versus peer pressure compare in encouraging adolescents to smoke. The sweeping study of adolescent smoking behavior is the first to closely examine exactly when and how cigarette advertising affects adolescent smoking and the process by which nonsmoking adolescents become future smokers. (All media coverage of this study is embargoed for release at 4:00 p.m., EDT, October 17 in accordance with the *Journal of the National Cancer Institute* embargo.)

The results of a second study to be published in *Health Psychology* next month will also be announced. This study examines the close association that has occurred between tobacco marketing and smoking initiation over the last 100 years -- illustrating the strong, specific and consistent effect of tobacco marketing on increasing adolescent smoking.

WHEN: 9:30 a.m., October 17, 1995
WHERE: Murrow Room, National Press Club, 14th and F Streets, N.W.
WHO: Dr. John P. Pierce, PhD, Program Director and Sam Walton Professor for Cancer Research at the University of California, San Diego Cancer and Control Program (also former Chief Tobacco Epidemiologist under Surgeon General C. Everett Koop, MD)

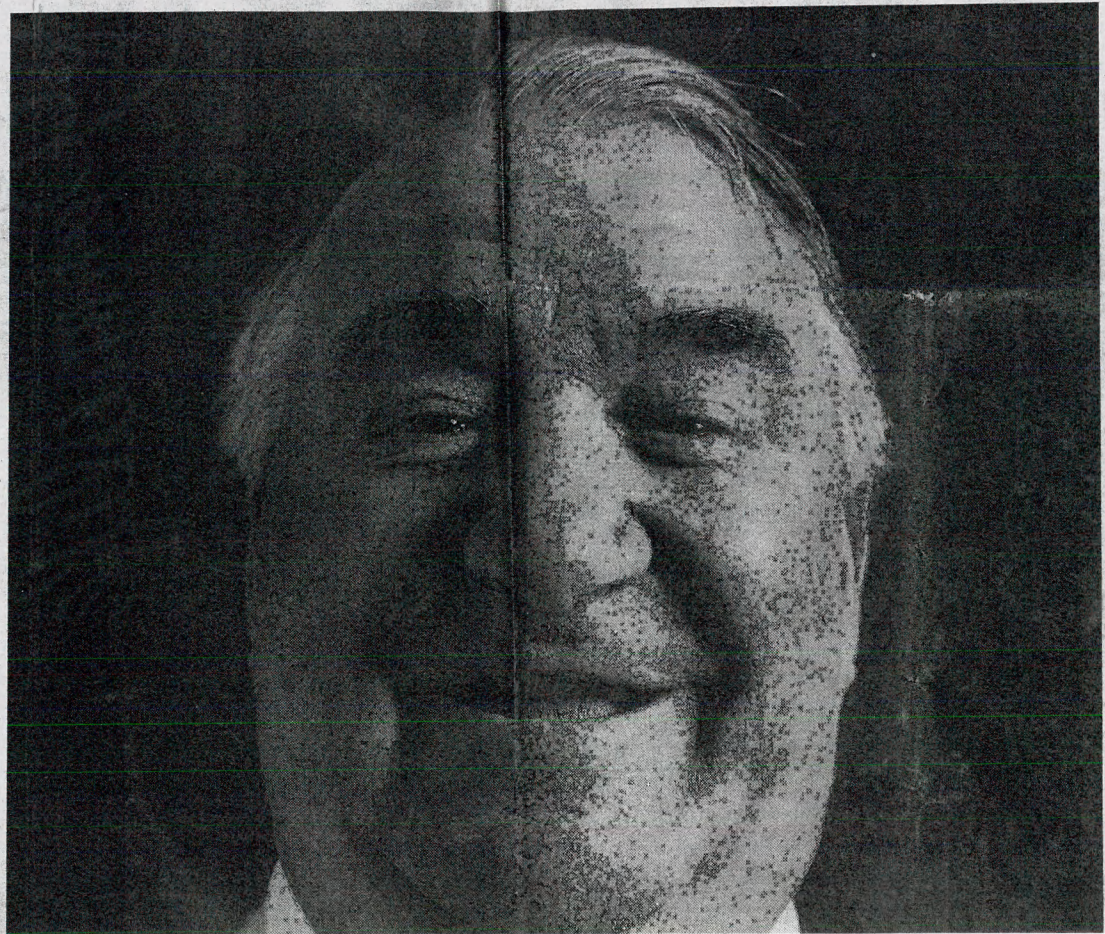
Accredited media may hear briefing by calling 703-736-7203 ("listen only" for 30 minutes). Space is limited and will be granted to the first people who register with Ellen Wilson @ 301-652-1558.

Adolescents are the only group that continue to take up smoking in significant numbers. They are twice as likely as adults to smoke the three most advertised brands of cigarettes -- Marlboro, Camel, and Newport. Between 1991 and 1994, the prevalence of smoking among eighth graders rose 30 percent -- a time that coincides with the controversial "Joe Camel" cigarette advertising campaign. Of the 3,000 children who begin smoking each day, 1,000 will eventually die of a tobacco-caused disease. One in every five deaths in the U.S. is due to tobacco use.

Food and Drug Administration Commissioner David Kessler, MD, has defined smoking as a "pediatric disease" because nearly nine out of ten smokers start in the childhood or teenage years. The FDA has initiated a proposed set of actions to reduce smoking among children by 50 percent within seven years. The FDA has requested public comment on its proposal, which is intended to break the cycle of nicotine addiction at its source -- in childhood.

The event is part of a national campaign in support of the proposal by President Clinton and the FDA to reduce smoking among children. The campaign is supported by over 100 national health, medical, religious, teacher's, and children's organizations. Participating groups include the American Academy of Pediatrics, American Cancer Society, the American Heart Association, the American Lung Association, and the American Medical Association.

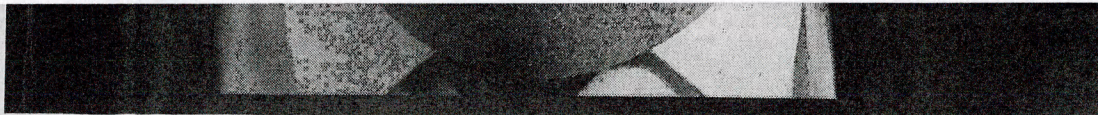
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PHOTOCOPY
PRESERVATION

add
Tucano

PHOTOCOPY
PRESERVATION



WHO SHOULD BE RESPONSIBLE FOR YOUR CHILDREN, A BUREAUCRAT OR YOU?

Right now, the Federal bureaucracy wants to tell you and your children how to behave. In short, they want to become responsible for teaching your children about important lifestyle decisions and values.

In our society, the Government should not replace parents and teachers when it comes to educating our children about smoking, drinking and other important lifestyle decisions.

We all agree we must do something to keep cigarettes out of the hands of children under the age of eighteen. But the answer isn't more bureaucracy.

A proven solution is to teach young people how to resist peer pressure and to enforce the existing laws in 50 states denying children access to cigarettes.

We support and are funding efforts to expand current educational programs for parents, teachers and children—programs that teach children how to resist peer pressure and make more fully-informed decisions.

This message is brought to you in the interest of an informed debate by R.J. Reynolds Tobacco Company. To receive a free 12-page brochure and Youth Education Kit, call 1-800-366-8441.

TOGETHER, WE CAN WORK IT OUT

MAY-02 96 17:35 FROM: W H PRESS OFFICE

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TO: 202 690 6247

PAGE: 02/02

Billboards

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

May 2, 1996

STATEMENT BY THE PRESIDENT

Smoking is a pediatric disease that shows no sign of abating, in part because young people are constantly barraged by messages that glamour and grit can be found in pack of cigarettes.

My Administration has proposed the nation's first comprehensive initiative to reduce children's use of tobacco products. But government cannot solve this problem alone. Everybody must do their share to help parents keep their kids tobacco-free.

I applaud 3M Media for accepting responsibility for the impact billboards have. We must all work together to protect our children from the lures of tobacco.

-30-30-30-

Jim
5/16

Markham Elem. School
10531 SW Capitol Hwy
Portland, OR
97219

DRAFT

May , 1996

Dear Ms. Del Rio:

I was heartened to read an article in *The Oregonian* this week about how Kyle Horton and his classmates at Markham Elementary School compelled a billboard company to remove a tobacco billboard that was in full view of the playground and even your classroom.

Two weeks ago I spoke to students at Woodbridge High School in New Jersey who were participating in the first "National Kick Butts Day". Woodbridge was one of more than 40 schools in 11 cities throughout the country whose students assembled that day to focus attention on the use of tobacco products by our young people and its harmful effects. I would have loved to have told the Woodbridge students -- several years older than your students -- about what your class did for Markham, because it would have been an inspiration.

Ms. Del Rio, whether they know it or not, your class performed an extraordinary service to their school, their classmates, and their community. They are part of a groundswell of activity by our young people working to protect themselves and others from the dangers of tobacco.

I am working very hard to combat the health problems caused by tobacco, and, last year I proposed comprehensive regulations that would reduce our young people's easy access to tobacco and would rip down those tobacco billboards and other ads -- such as your late Joe Camel billboard -- that teach us that smoking is cool and glamorous. I know, however, that we will not succeed without the support and action of our fellow Americans such as Kyle, because government cannot do it alone.

Your students' actions show that they are not only our leaders of tomorrow, but also the leaders of today. They are to be commended.

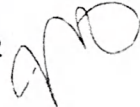
THE WHITE HOUSE
WASHINGTON

26 October 1995

Anti-Tobacco
ads

Sent 10/26

MEMORANDUM FOR LEON PANETTA
HAROLD ICKES
ERSKINE BOWLES
PAT GRIFFIN
MARCIA HALE
DOUG SOSNIK
DON BAER
LORRIE McHUGH
JULIE MOFFETT
EVELYN LIEBERMAN

FROM: JENNIFER O'CONNOR 

RE: FYI

The American Cancer Society is beginning to run ads tonight on CNN that focus on kids' smoking to support the President's initiative. The press release is attached.

EMBARGOED UNTIL 10:00 AM
THURSDAY, OCTOBER 26

CONTACT: Tom Brandt (202)546-4011, ext 116
Elizabeth Bridgers (404)329-7544
Joann Sebellbach (212)382-2169

AMERICAN CANCER SOCIETY TV ADS
SUPPORT FDA REGULATION OF TOBACCO

WASHINGTON (October 26, 1995) - The American Cancer Society is urging public support of the proposal to protect children from tobacco through the Food and Drug Administration (FDA) through a new series of TV ads on CNN.

These ads will begin airing on Thursday, October 26 during "Larry King Live" to help educate the public about the issues surrounding adolescent tobacco use.

The first advertisement, "Younger and Younger" illustrates how the tobacco industry has used advertising and promotional materials that appeal to children to lure children to their products. Additional ads may be placed over the next months. The ad depicts the alarmingly young ages at which children begin to smoke.

The ads were created to reiterate the importance of the approval of the proposed FDA regulations to protect children from tobacco which were outlined by President Clinton in his August 10 press conference. A comment period ending on January 2, 1996 is established to allow the American people and concerned organizations the opportunity to comment on the proposed regulations. The American Cancer Society fully supports the regulations outlined by the President and is asking that the public voice its approval as well.

"The facts are simple: nicotine is an addictive drug," said Dr. Blake Cady of the American Cancer Society Board of Directors. "Most smokers start smoking before they're 18; a fact that the tobacco industry has known for years. That's why smoking has been called a pediatric disease. And it's also why the tobacco industry targets kids -- if they can't get our children hooked on nicotine, they won't have adult customers."

The American Cancer Society believes that children must be protected from tobacco and that the proposed FDA regulations address many of the key issues associated with adolescent tobacco use. Concerned citizens can express their support of the proposal by sending letters to the FDA before January 2, 1996 at:

Docket #95N-0253
Dockets Management Branch (HFA-305)
Food and Drug Administration
Room 1-23
12420 Parklawn Drive
Rockville, MD 20857

-more-

National Home Office
1599 Clifton Rd., NE • Atlanta, GA 30329-4251
404-329-5739 • Fax 404-329-5787

National Media Office
1160 Avenue of the Americas • New York, NY 10036
212-882-2169 • Fax 212-719-0195

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TOTAL P.01

The American Cancer Society and other concerned organizations, including the American Heart Association, American Lung Association and American Medical Association are working together on additional efforts to address the need to protect our children from a product that is already illegal for children to use.

For further information about what you can do to protect children from tobacco and to support the proposed FDA regulation of tobacco, call the American Cancer Society at 1-800-ACS-2345.

###

NEWS SERVICES

CONTACT: Tom Brandt (202)546-4011 ext 116
Elizabeth Bridgers (404)329-7544
Joann Sebellasbach (212)382-2169

**AMERICAN CANCER SOCIETY UNVEILS
"YOUNGER AND YOUNGER" TELEVISION AD
TO SUPPORT PROPOSED FDA REGULATIONS**

WHO: The American Cancer Society

WHAT: Unveils an advertising campaign to begin airing on the Cable News Network (CNN) to urge public support of the FDA proposal to protect children from tobacco.*

WHEN: The first ad in the campaign, "Younger and Younger" will begin airing on Thursday, October 26.

WHY: The American Cancer Society believes that the proposed FDA regulations to protect children from tobacco are of vital importance to the health and welfare of our society and of future generations. While the tobacco industry has proclaimed that they do not believe children should smoke, their marketing tactics clearly target children. More children are beginning to smoke at a younger age. While adult smoking has declined in recent years, smoking has increased among teenagers at rates parallel with the large increase in cigarette and spit tobacco promotions.

* Storyboards of the first ad, "Younger and Younger" are included in this package. Video copies of the ad are available upon request.

National Home Office
1599 Clifton Rd., NE • Atlanta, GA 30329-4251
404-329-5789 • Fax 404-329-5787

National Media Office
1150 Avenue of the Americas • New York, NY 10030
212-382-2169 • Fax 212-719-0193

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TO 913015945004

FROM CDC - OSH

10-24-95 09:14AM
TOTAL P.04

Coalition on Smoking OR Health

1130 Connecticut Avenue, NW, Suite 820, Washington, DC 20036
Telephone: (202) 452-1184 Facsimile: (202) 452-1417

OPERATION STOREFRONT

Operation Storefront was conducted in California in the spring of 1995, using over 700 teen and adult volunteers. The project was aimed at documenting the pervasiveness of tobacco advertising and promotion aimed at youth. Teams of one adult and two teens, age 15-18, surveyed their communities, using a random sample of previously selected retail outlets.

Some results: an average of 25.26 tobacco ads and promotions per store

a significantly higher number of tobacco ads in stores within 1,000 feet of schools

significantly higher number of tobacco ads in stores in which the ads are below three feet

significantly higher number of exterior tobacco ads in "young neighborhoods"

The teens being recruited for this event all participated in Operation Storefront, and have continued to be active in opposition to tobacco advertising in their neighborhoods. The teens in question are from Chinatown and the Mission neighborhood, a predominantly Hispanic area of San Francisco.



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Nicotine Treatment Can Help Addicted Smokers

Tobacco Company Links Lung Cancer Risks To Milk

MADISON, Wis. (AP) -- A new advertising campaign by tobacco giant Philip Morris is raising eyebrows in America's Dairyland.

The company that sells Marlboro cigarettes and dozens of other brands says milk drinkers can run as much of a risk of getting lung cancer as people exposed to secondhand smoke.

The company is using print ads and the Internet in Europe to compare the health risks of secondhand smoke exposure to those posed by milk, diets high in saturated fat, cookies and chlorinated water.

State Agriculture Secretary Alan Tracy said the report "does not make any intuitive sense."

Milk producers and scholars in Wisconsin say they doubt the campaign will hurt milk sales.

"Milk in general has a fairly strong, wholesome image, and I think people still believe in that," said Jason Demeny, sales manager, Wisconsin Whey International.

"Honestly, one study like this is not going to have a very dramatic effect, especially if it's found to have been somebody like Philip Morris who was behind it. Even after hearing something like this, it wouldn't have as dramatic an effect."

Likewise, UW dairy technology scholar Norman F. Olson said he believes "the average consumer is going to see through this apparent weak linkage."

Philip Morris representatives deny they're trying to say that cookies, milk or water treated with chlorine are a health risk.

6/14

"It would be ludicrous to suggest that one biscuit or a glass of milk a day is a real risk and should be banned," said David I. Greenberg, vice president of corporate affairs for the company's European Union operations.

"But opponents of smoking want to ban secondhand tobacco smoke, even though the evidence on relative risk is even weaker."

"Relative risk" is defined by the company as a statistical measure that expresses the findings of a study of disease in the human population.

A relative risk of 1.0 means no increased or decreased risk of disease associated with something. Between 1.0 and 2.0 is a "weak association" from which no conclusion can be drawn. 2.0 or above is said to be evidence of a possible increased risk of disease.

Under the Philip Morris examples in the ads, drinking 1-2 glasses of whole milk a day carries a relative lung cancer risk of 1.62. "Eating pepper frequently" has a mortality rate of 1.3.

The other examples include "diet highest in saturated fat" (lung cancer, 6.14); "non-vegetarian vs. vegetarian diet" (3.08); and eating one cookie a day (1.49). In the low-risk category were "high vegetable diet" (0.37) and "high fruit diet" (0.31).

"Many people acknowledge the benefits of water chlorination and whole milk," said state chronic disease epidemiologist Patrick Remington. "Yet nobody would say there are benefits to breathing secondhand smoke."

AP-WS-06-14-96 1621EDT

===== STATE SUITS: =====

L.A. County To Sue Tobacco Industry For Treatment ...

Wire Service: OTC (COMTEX Newswire)
Date: Wed, Jun 12, 1996

Los Angeles-June 12-FWN/UPI--LOS ANGELES COUNTY Supervisors said today they will file a lawsuit against tobacco interests, seeking huge damages to recover costs related to the treatment of smoking-related illnesses.

The move comes less than a week after San Francisco became the nation's first major city to file suit against the tobacco industry.

County supervisors voted Tuesday to join the San Francisco case or have a Los Angeles law firm file a separate suit on the county's behalf against six tobacco companies and two industry trade associations.

The states of Texas and Florida have already filed lawsuits seeking damages from the tobacco industry for the health impacts associated with smoking.

A study by the University of California at San Francisco two years ago determined smoking-related illness cost the county \$1.2 billion a year, of which \$372 million is paid by the public health system.

Phillip Morris U.S.A. issued a statement saying that "the threatened lawsuit by the county of Los Angeles would seek to hold an entire industry liable merely for the sale of a legal product to adults."

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Judge Rules Lawsuit Against U.S. Tobacco Industry ...

Wire Service: OTC (COMTEX Newswire)
Date: Thu, Jun 13, 1996

Austin, Texas-June 13-FWN/UPI--A STATE DISTRICT JUDGE today cleared the way for Attorney General Dan Morales to proceed with his \$4 billion federal lawsuit against the tobacco industry.

The ruling by state Judge Joseph Hart was seen as a major setback for tobacco industry lawyers who had filed their own lawsuit last year in attempt to head off Morales's legal action.

Hart abated the tobacco industry suit, which means he will retain jurisdiction while the state proceeds with its suit in a Texarkana federal court. Texas is seeking \$4 billion from the nation's cigarette makers for the costs of treating people with smoking-related injuries.

Hart said in his ruling, "It makes no sense whatsoever for two different courts to decide different but major issues in what should be one lawsuit."

He also said the Uniform Declaratory Judgments Act, which the tobacco industry had cited, "Should not be used as a means to deprive the real plaintiff of the traditional right to choose the time and place of the suit."

The judge declined the state's motion to sanction the tobacco industry for filing its suit, which Morales claimed was "frivolous."

Jack Maroney, an Austin attorney who represents Philip Morris Inc., said Hart "refrained from ruling on the merits of our claim. He deferred ruling on the tobacco industry's motion questioning the attorney general's authority to bring this type of case."

Maroney said he was pleased that Hart denied the state's motion to dismiss the case and the motion for sanctions.

Morales said that with Hart's "proper and appropriate" ruling, "we have the green light to proceed in federal court."

The state's suit, filed March 28, alleges that tobacco companies violated federal mail and wire fraud laws, racketeering and conspiracy laws, state and federal antitrust laws and consumer protection laws. It also claims that tobacco companies lied about the addictive powers of nicotine, suppressed research into a safer cigarette and engaged in recruiting teenage smokers.

Maroney filed the tobacco industry's response last week, saying, "We deny the allegations made by the attorney general. This lawsuit is nothing more than an unwarranted political attack on a legal industry that has always operated in a legal fashion in Texas."

Maroney has filed a motion with the federal court in Texarkana to move the trial to Austin on a change of venue.

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More on San Francisco Lawsuit

Scarcnet Strategy Exchange
Americans for Nonsmokers' Rights
13-Jun-96 at 07:39 AM
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Notes have been posted requesting information on San Francisco's decision to file suit against six major U.S. tobacco companies. Maybe this note will provide a little more information.

But first: in related news, Los Angeles Council Member Marvin Braude, who has sponsored all of the city's major tobacco-related ordinances in the past, introduced a resolution

directing the city's Chief Legislative Analyst to research initiating a similar suit through contracting with an outside law firm on a contingency basis. (That's what San Francisco and many of the 9 states have done.) California's largest city -- and the nation's second largest -- could soon follow San Francisco's lead!

The San Francisco suit began as a resolution introduced by Supervisor Angela Alioto. Alioto has sponsored many of the City's tobacco-related legislation in the last several years, and has staked out this issue as one of her own. She recently dropped out of the San Francisco mayor's race (which was won by Willie Brown, former Speaker of the California Assembly and quite possibly the single largest recipient of tobacco industry campaign contributions in the country). She then failed to win the Democratic nomination to run for California's State Senate. Term limits will force her off the Board of Supervisors by the end of this year, and her political future at that point is uncertain.

In any event, Alioto introduced a series of tobacco-related legislation in the last month or so, including the resolution to sue the tobacco industry. The resolution passed the Board (unsure what the vote was), and was signed by Mayor Brown. Louise Renne, San Francisco's City Attorney, has been very strong on tobacco-related issues in the past (she is a former -- or maybe current -- President of the local ALA or ACS), and was therefore expected to pursue the case once the resolution passed.

Why did Willie Brown -- a strong ally of the tobacco industry when he was in the Assembly -- sign the resolution? It's purely speculative, of course, but here are my various guesses:

- * Probably the toughest election Brown has ever faced in his life was the 1995 Mayor's race, where he was attacked from all sides for his sleazy deals, particularly his deals with the tobacco industry. He maintained that their money has not influenced him; this was the first chance for him to demonstrate his avowed independence.
- * Brown is reportedly angry with the tobacco industry. In the 1994 elections, Democrats lost control of the Assembly for the first time in many decades. 41 Republicans and 1 (oops -- 39) Democrats were elected. Brown managed to persuade one Republican to become an independent, and for a time managed to hold onto the Speakership, but a series of special elections ultimately resulted in a Republican majority. The initial election of a majority of Republicans was a direct result of Philip Morris secretly contributing \$125,000 to a little known Republican challenger of a first-term Democratic incumbent in a tight race during the final week of the campaign. Brown quite naturally blames the tobacco industry on his loss of power.
- * The Board of Supervisors is extraordinarily loyal to Brown. It's almost like mind control! I suspect the resolution passed with a veto-proof majority; and I doubt that Brown would want this particular resolution to be a test of their loyalty.
- * Most importantly: how could Brown oppose it without looking totally beholden to the tobacco industry, in a city decidedly in favor of stricter tobacco regulations? What's to lose? The City found a law firm specializing in these types of cases, who is already representing at least two other states in similar suits, who was willing to take the case on a contingency basis. If they win, the City reaps MILLIONS, even after the attorneys' fees. If they lose they've only lost a tiny amount of time for some of the City Attorneys coordinating with the law firm. What's not to like?

That's my take on it.

- Kevin Goebel

===== ADVERTISING ISSUES: =====

Clinton targets televised liquor ads

06/14/96 - 07:09 PM ET

WASHINGTON - Already battling the tobacco industry, President Clinton added a new political target Friday: Liquor companies. The White House pressed distillers to honor a 48-year voluntary ban on TV ads for hard liquor.

The action pitted Clinton against one of the world's largest distillers, Canadian-based Seagram, which just began airing whiskey commercials in Texas. The company is run by a powerful political family with ties to Clinton.

"The president feels the ... voluntary ban on advertising by hard liquor manufacturers is a good thing and has helped protect children," presidential spokesman Mike McCurry said.

Clinton also is hoping that the liquor challenge bolsters his credentials on social-values issues for the presidential campaign.

Seagram spokeswoman Bevin Gove in New York said the negative White House reaction would not change company plans for a month-long campaign of 30-second commercials. "We certainly believe the distilled spirits industry should have the right to access broadcast airways in a responsible way, much in the way beer and wine has done," she said.

Aides said Clinton planned to use his weekly radio address Saturday to urge the industry to maintain the ban. He may single out Seagram in an address that aides described as "pointed." There were no plans Friday for Clinton to ask TV stations to refuse the ads.

Like his uphill fight to curb tobacco advertising aimed at children, the political motive behind Clinton's latest move was twofold: Strengthen his voice in the "family values" debate with Republican rival Bob Dole and show resolve on tough issues.

Clinton has promoted a number of issues related to children and families. He supported V-chips to help censor TV smut and violence, school uniforms to curtail gang violence, a campaign to reduce teen pregnancies and pressure on television executives to include more children's shows.

Criticism of hard liquor ads came a day after Dole mounted his first attack on Clinton's efforts to regulate tobacco and eliminate ads aimed at youngsters. The former senator lashed out again Friday, saying states - not the federal government - should crack down on youth smoking.

"We know it's not good for kids, but a lot of other things aren't good," Dole said while campaigning in Birmingham, Ala., a tobacco state. "Drinking's not good. Some would milk's not good."

Crown Royal whiskey ads began airing this week on an NBC station in Corpus Christi, Texas. They are a first for a major liquor company since the Distilled Spirits Council of the United States created a voluntary ban in 1936 for radio and in 1948 for television.

Rep. Joseph P. Kennedy, D-Mass., proposed legislation Thursday that would turn the voluntary ban into law and banish hard liquor ads. Clinton has not taken a position on the measure.

In the ad running daily on KRIS-TV between 9 p.m. and 10 p.m., a puppy enters carrying an obedience school diploma. A second puppy enters carrying a bottle of Crown Royal as the voice-over says, "Valedictorian." Critics say the ad is aimed at young people,

which Seagram denies.

With liquor sales sagging, other distillers are closely watching the reaction to Seagram's ads. Seagram considers the ad a pilot project designed to test the benefits of broader campaigns.

The ads already have created an awkward political situation for Clinton. Edgar M. Bronfman, co-chairman of Seagram, and Edgar Bronfman Jr., president and chief executive, are major donors to Democrats and Republicans.

Clinton attended a New York tribute to the elder Bronfman last year. The son has attended fund-raisers and social events with Clinton, and is considered a friend.

By The Associated Press

===== EXCISE TAXES: =====

Health care bill includes cigar, pipe tobacco tax

Boston Globe
Globe Statehouse Bureau, 06/14/96

As Massachusetts legislators move toward imposing a 25-cent cigarette tax increase to fund health care for uninsured children, they may also create a new state tax on cigars and pipe tobacco.

The version of the health care bill passed by the House earlier this week contains an amendment, found by reporters yesterday, imposing a new tax on loose tobacco and stogies of 25 percent of the wholesale price. It would yield \$4 million to \$5 million annually for the state, said the amendment's sponsor, Rep. Steven A. Tolman (D-Brighton).

The bill is now before the Senate. Gov. William F. Weld has declared he will veto the proposal, but it appears likely that supporters have enough votes to override his veto and make the taxes law, along with the new health care plan for 160,000 uninsured children.

'If we're increasing the tax on cigarettes, we also should increase the tax on cigars,' said Rep. James T. Brett (D-Dorchester), Taxation Committee cochairman.

The federal tax is about \$1.12 per 1,000 cigars, Tolman said.

This story ran on page 47 of the Boston Globe on 06/14/96.

Massachusetts moves to 25-cent tobacco tax - paper

96-06-14 09:04:09 EDT

BOSTON, June 14 (Reuter) - As Massachusetts lawmakers move toward imposing a 25-cent cigarette tax hike to fund health-care for uninsured children, they may also create a new state tax on cigars and pipe tobacco, Boston Globe reported.

The House earlier this week passed a health care bill that included a new tax on loose tobacco and cigars of 25 percent of the wholesale price, the newspaper said.

The amendment's sponsor, Rep. Steven Tolman, estimated the tax would yield \$4 million to \$5 million annually for Massachusetts, according to the Globe.

The measure is now before the Senate. Mass. Gov. William Weld has said he will veto the bill, but the Globe reported supporters appeared to have enough votes to override the veto and make the taxes law.

Tolman was not immediately available for comment.

--Boston bureau, 617-367-4106

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===== MEDICINE / SCIENCE: =====

Offspring Of Smoking Mothers Have Higher Blood Pressures

WESTPORT, Jun 14 (Reuters) - Neonates and infants of mothers who smoked during pregnancy have blood pressure elevations related to the number of cigarettes smoked per day, according to a report in the June issue of the Journal of Pediatrics.

Greek researchers examined 73 neonates born to mothers who smoked during pregnancy, 43 neonates born to mothers who quit smoking early in pregnancy, 83 neonates born to mothers passively exposed to smoking during pregnancy and 170 neonates born to nonsmoking parents. Dr. Nicholas G. Beratis of the University of Patras School of Medicine and his associates measured blood pressure at 1, 24, 48, and 72 hours of life, and followed some of the babies for up to two years. Only healthy, full-term neonates were included in the study.

For babies born to mothers who smoked at least 15 cigarettes per day, both systolic and diastolic pressures were significantly greater than in the control babies from the first hour of life. For neonates born to mothers who smoked 7-14 cigarettes per day, mean systolic pressure was significantly higher at 48 and 72 hours of life, but mean diastolic pressure was elevated only at the first hour. There was no difference in systolic or diastolic pressures between babies born to women who smoked 3-5 cigarettes per day and control babies. Also, there were no differences between neonates born to mothers who used to smoke but discontinued in early pregnancy and neonates born to mothers who never smoked, or between neonates born to mothers passively exposed to cigarette smoke during pregnancy and control babies.

At 12 months, systolic and diastolic pressures were still elevated in infants born to mothers who had smoked at least 15 cigarettes per day. At 24 months, no differences remained between these babies and the controls. Children of smoking and nonsmoking mothers had similar weight, length and heart rate at one and two years.

According to Dr. Beratis, because the elevated blood pressures observed in children of mothers who smoked during pregnancy eventually returned to normal, the increases may reflect physiologic changes rather than the anatomic changes attributed to tobacco smoke during intrauterine life. He adds, "...The circulatory abnormalities identified in fetuses after maternal smoking as well as the observation that fetuses of smoking mothers are in a state of chronic tissue hypoxia may be related to the increased blood pressures found in the infants of such mothers."

J Pediatr 1996;128:806-812.

- Westport Newsroom 203 221 7648

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===== LOBBYING AND LOBBYISTS: =====

House Members on Tobacco Committee Take Cigarette Company Trips

6/15/96 12:18 AM

By JAN CIENSKI

Associated Press Writer

RICHMOND (AP) -- The head of the congressional committee in charge of tobacco hearings took two trips paid for by large

cigarette companies, financial disclosure forms showed.

A Democratic member of the same committee also took a trip paid for by the Tobacco Institute, the trade organization for tobacco product manufacturers.

Thomas J. Bliley Jr., R-7th, who heads the House Commerce Committee, took trips to North Carolina paid for by the two largest cigarette companies, R.J. Reynolds and Philip Morris.

Frederick C. Boucher, D-9th, traveled to Telluride, Colo., for a conference on legislative issues at the expense of the Institute.

Neither Bliley nor Boucher were available Friday for comment, and telephone messages left with their Washington offices were not immediately returned.

The documents made public Friday by most House and Senate members lists broad ranges of investment income, assets and liabilities, along with a precise accounting of non-congressional income, business transactions, travel paid by interest groups and positions held outside Congress.

The forms are designed to expose conflicts of interest, not to disclose precise net worth.

Last year was the final chance for members to get most gifts and free meals before tough new rules kicked in this year. But disclosure forms showed very few perks.

The only member of the congressional delegation to report a gift of more than \$250 from a single source was Frank R. Wolf, R-10th, who said he accepted a private flight from Washington to Toronto worth \$552.80.

Wolf reported the value of his trip to the penny because he classified it as a gift. But the value of Bliley's and Boucher's short trips was not disclosed because they were classified as "fact-finding" tours and not subject to the same reporting standards.

The disclosure forms showed that, for the most part, Virginia's congressional delegation stayed close to home last year, with only a few members taking overseas trips.

Thomas M. Davis III, R-11th, reported a fact-finding trip to Israel sponsored by the American Jewish Committee, and James P. Moran Jr., D-8th, flew to Kosovo in Serbia.

Herbert H. Bateman, R-1st, listed two golf trips among his travels, the Senator Hatch Utah Congressional Golf Challenge in Salt Lake City and the Danny Thompson Memorial Golf Tournament in Sun Valley, Idaho, which raises money for cancer research.

In addition to the Colorado conference, Boucher flew to Alaska for a discussion on the future use of the Arctic National Wildlife Refuge.

The disclosure statements also showed that at least five Virginia congressmen are millionaires: Sens. John W. Warner, a Republican, and his Democratic counterpart, Charles S. Robb; House members Lewis F. Payne Jr., D-5th, Norman Sisisky, D-4th, and Owen B. Pickett, D-2nd.

Warner's largest reported asset was a farm in Millvale worth more than \$1 million. He also had between \$500,000 and \$1 million in an interest-bearing checking account at NationsBank.

Most of Robb's family assets are tied up in blind trusts owned by the senator's wife and child.

Payne reported more than \$1 million in dividends from Wintergreen Development Inc. stock. Payne is president of the company, which operates a popular Blue Ridge Mountains ski resort in Nelson County.

Pickett showed he owned several blocks of stock, each worth more than \$250,000, and a half interest in a Caroline County farm worth at least \$1 million.

Sisisky's holdings were by far the most extensive. His disclosure form -- 51 pages long -- included five blocks of stock that were each worth at least \$1 million.

AP-DS-06-15-96 0011EDT

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'Grass Roots' Lobbyists Must Play by the Rules

Sunday, June 16, 1996 Page 6
San Francisco Chronicle

LOBBYISTS STILL wine and dine state legislators, and roam the hallways of the Capitol with cellular phones in their pockets, position papers in their briefcases and promises of campaign contributions in their nudges and winks.

However, that old style of lobbying -- built on personal persuasion -- is giving way to more sophisticated techniques, especially with term limits breaking up some longtime lawmaker-lobbyist relationships. Businesses and groups trying to influence the Legislature are using more indirect methods to exert pressure on Sacramento.

They have enlisted public relations firms that are mastering the art of manufacturing 'grass roots' campaigns that look and sound like an honest-to-goodness groundswell of public concern on an issue.

Worst of all, these lobbying efforts are not covered by the California Political Campaign Reform Act of 1974.

That must change.

Here are some real examples of how special interests tried to manipulate the legislature while concealing their true intentions:

-- An oil-industry group, trying to stop legislation that would have encouraged utilities to develop electric vehicles, whipped up a letter-and-phone campaign from people concerned about utility rate hikes. The mailers soliciting public support did not disclose that the oil industry was behind the campaign -- or why.

-- A tobacco company, working in concert with a public relations firm, created a group called the National Smokers Alliance to give the impression that average folks and small businesses were banding together to fight further smoking regulation.

There is nothing illegal or even unethical about special interests trying to enlist public support for their causes. But let's call it what it is: lobbying.

Senate Bill 524, sponsored by Senator Quentin Kopp, I-San Francisco, would subject these 'grass roots' drives to basic lobbyist reporting requirements. It would require PR firms whose mission is to 'influence legislative or administrative' action to disclose their clients and compensation. Ruth Holton, executive director of California Common Cause, said those reports would allow legislators and the public to assess which grass-roots movements were 'a facade' for special interests.

'It will take some digging, but at least you will be able to find out where the money is coming from,' Holton said.

The bill was approved by the Senate on a unanimous vote, but some members of the Assembly have been working behind the scenes to

hold up a floor vote on SB 524.

This well-conceived measure needs an extra push. It needs a real grass-roots response from citizens who want to know when special interests are bankrolling and orchestrating a ``groundswell'' of public opinion.

(c) The Chronicle Publishing Company

Texas Democrats reject tobacco support

Raleigh News and Observer
Politics Briefs
(Updated: Jun 14, 1996 8:47 p.m.)

Citing a state lawsuit against tobacco companies, the Texas Democratic Party has decided that it will no longer accept campaign contributions from the industry.

Bill White, chairman of the state party, said that it wanted to avoid even the appearance that tobacco industry contributions could be regarded as an attempt to influence public officials.

"This doesn't pass the smell test," White said. "To take money from somebody whom the state government is suing sure runs the risk of appearing that they're trying to influence public policy."

The lawsuit against the tobacco industry, to recover health-care costs caused by smoking-related illnesses, similar to suits in other states, is being led in Texas by Dan Morales, the state attorney general and a prominent state Democrat.

Morales filed a \$4 billion lawsuit against tobacco companies last March. White said it would have been awkward for the party if the tobacco industry were financial supporting events Morales attended.

While contributions from the tobacco industry made up only about five percent of \$1 million received by the state party last year, White said that Philip Morris, the world's largest cigarette maker, was the party's single largest corporate donor.

Texas Republicans sneered at the Democrats' decision. "It's typical Democratic grandstanding," said Ernest Angelo, a Texas representative to the Republican National Committee. "And I assume they are going to ban all Democrats from smoking at their convention."

Lester Van Pelt 3d, a spokesman for the state Republican Party, said that the party would continue to accept contributions from the tobacco industry.

Tom Lauria, a spokesman for the Tobacco Institute, the industry trade group, said that the organization does not comment on situations in litigation.

But he did say, "Our political contributions are always made with no strings attached. Any party or individual is within their rights to accept or decline a contribution."

===== POLITICIANS AND ELECTIONS: =====

Statement Of Minnesota Attorney General Hubert H. Humphrey III
On Bob Dole's Statement That Tobacco
Should Not Be Considered A Drug

96-06-14 11:44:20 EDT
June 14, 1996

ST. PAUL, Minn., June 14 /PRNewswire/ -- The following

information was released by the State of Minnesota Office of the Attorney General:

"As an Attorney General attempting to hold the tobacco industry accountable for its actions, I find Mr. Dole's statement that tobacco is not a drug very regrettable. When a prominent national figure makes such a statement, it is a set-back to those of us working in the states to convince kids that tobacco is a drug that will addict them and kill them.

"If Mr. Dole does not believe me, the U.S. Surgeon General, and the medical community, we would point him to the tobacco industry itself. An internal tobacco memo from 1963 said, 'We are, then, in the business of selling nicotine, an addictive drug...'

"Mounds of evidence points to the fact that nicotine is an addictive drug. I urge that Mr. Dole read that evidence and rethink his position."

Note: According to the New York Times, Mr. Dole said in Kentucky yesterday that he opposes governmental efforts to treat tobacco like a drug.

CO: Minnesota Office of the Attorney General
ST: Minnesota
IN:
SU:

Dole Scores Clinton on Tobacco Controls

Politics: He criticizes FDA's plan to regulate nicotine as a drug and suggests that smoking isn't necessarily addictive.

Los Angeles Times
Friday, June 14, 1996
By MARIA L. LaGANGA, Times Staff Writer

Republican presidential hopeful Bob Dole opened a new front in his electoral battle with President Clinton on Thursday, criticizing the administration's plans for regulating tobacco and suggesting that smoking is not necessarily addictive.

Answering questions during a floating fund-raiser on a paddle-wheeler in the heart of tobacco country, Dole said he agrees that cigarettes should be kept away from children and that he "didn't mind closing down vending machines and things of that kind and putting them out of the reach of children."

But the "more serious question," he said from the Belle of Louisville as it steamed down the Ohio River, involves the Food and Drug Administration's plans to treat nicotine as a drug, allowing the agency to regulate tobacco.

"I don't think the FDA has the authority to do what they want to do now," Dole said.

He expressed doubt about "whether the FDA . . . should claim the jurisdiction and determine that cigarettes are a drug. Then you in effect are banning cigarettes and production of tobacco."

Dole, on the second day of a campaign swing through several states, followed his riverboat trip with a rally in Louisville that attracted about 1,000 people.

Clinton carried Kentucky in 1992, but tobacco growing is one of the mainstays of the state's economy and the FDA's move to regulate the substance is unpopular with some voters here.

Overall, however, Clinton strategists believe the tobacco issue is a winner; they view it as one of a cluster of "family-friendly" proposals with substantial public appeal. And how much it hurts Clinton in tobacco-growing states remains in doubt. Even in Kentucky, recent polls show him with an edge over

Dole.

Clinton's focus has been on finding ways to keep teenagers from taking up smoking, calling the habit "a pediatric disease." Just last month, he demanded that tobacco companies "do the right thing" and end all advertising targeted at young people.

Also during Clinton's term, the FDA conducted a nearly two-year investigation of tobacco. The agency concluded that nicotine was a drug--because of its addictive properties--that came under its jurisdiction.

The FDA said its power to regulate tobacco came from its drug statutes and its authority over medical devices, since cigarettes were "drug-delivery" systems.

Dole previously has questioned the FDA's jurisdiction over tobacco, but Thursday's comments were his "most extensive to date," said spokesman Nelson Warfield.

"I wish the FDA would spend a little more time on medical devices, including new drugs," said Dole, who insisted that tobacco affects different people differently.

"Is it addictive?" he asked. "To some people, smoking is addictive. To others, they can take it or leave it. Most people don't smoke at all. I hope children never start."

Responding to Dole's comments, Clinton's reelection campaign issued a terse press release inferring that the Republican's views were influenced by tobacco company contributions to a now-defunct conservative think tank he had founded in the early 1990s.

"Apparently, when it comes to Dole's policies, you get what you pay for," the statement said.

During his Louisville speech, Dole attacked Clinton on another front, criticizing the president for his veto earlier this year of a bill to prohibit so-called partial-birth abortions. The candidate said the Clinton veto was "the worst thing that he's done since he's been president of the United States."

But for Dole, the evidence also continued to mount that despite his efforts to mollify the GOP's warring factions on the abortion front, the issue remains nettlesome for him.

Last week, Dole pledged that the GOP platform adopted at the August convention in San Diego would retain existing language calling for a constitutional amendment outlawing abortion. But he also said he wanted the document to include a "declaration of tolerance" for those Republicans with different views. He then angered conservatives by specifying this week that the declaration be inserted directly into the abortion plank rather than in the platform preamble, where it could refer to a variety of issues.

Christian Coalition Executive Director Ralph Reed warned Dole on Thursday that he faces a potentially losing fight in San Diego on the placement issue.

"I think either the Dole campaign makes a big issue out of this and tries to force it into the pro-life plank itself, in which case there will be resistance, . . . or they just throw it out there and don't make a major issue out of it," Reed said during a luncheon meeting with Los Angeles Times editors and writers.

He added: "Our sense is that a majority of the platform committee delegates are not going to want it attached only to the pro-life plank."

Also Thursday, GOP sources confirmed that Rep. Henry J. Hyde (R-Ill.), the chairman of the platform committee, is among those upset by Dole's desire to insert the tolerance language into the abortion plank. A spokesman for Hyde, Sam Stratman, reiterated

Hyde's strong feeling that language on tolerance must cover "a multitude of issues" and not simply abortion.

Warfield, the Dole spokesman, said Thursday night that in response, the candidate plans to meet with Hyde next week. Dole "wants to hear [Hyde's] concerns face-to-face, Warfield said.

And in Louisville, the crowd at Dole's rally was peppered with signs bearing antiabortion slogans, as well as others emblazoned: "Choose a Pro-Life V.P."

Don and Elizabeth Meinshausen of Radcliff, Ky., were among those saying that abortion is the No. 1 issue for them.

"If [Dole] changes the platform, he probably won't lose our vote," Don Meinshausen said. "If he chooses a liberal or moderate vice president, there's no way he'll get our vote."

Today, Dole will make stops in Alabama, Georgia and North Carolina.

Times staff writers Marlene Cimon and Edwin Chen in Washington and Bill Stall in Los Angeles contributed to this story.

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Tobacco Foes Criticize Dole on Addiction Comments

By LAURIE ASSEO
Associated Press Writer

WASHINGTON (AP) -- Congressional tobacco foes accused Bob Dole of siding with the cigarette industry Friday by denying that smoking is necessarily addictive.

"The last thing our kids need to hear is a statement from a man who would be president that smoking is not addictive," said Rep. Henry Waxman, D-Calif. "Senator Dole, side with our kids, not with the tobacco industry."

Dole, the presumed Republican presidential nominee, said Friday while campaigning in Birmingham, Ala., "We know it's not good for kids, but a lot of other things aren't good. Drinking's not good; some would say milk's not good."

Dole said he doesn't want young people to smoke but added, "Let's let the states do this. Let the states crack down on it in Kentucky or wherever it is."

He said Waxman "believes in big government," and later added, "Waxman's overblown. He has been for years."

On Thursday, Dole said in Kentucky he supported efforts to keep children from smoking and to ban cigarette vending machines. But he said the Food and Drug Administration should otherwise stay out of the tobacco issue.

If the FDA decides to regulate tobacco as a drug, Dole said, "then in effect, you're banning cigarettes and production of tobacco, so it's going to affect a lot of people."

Waxman said Dole was wrong to suggest that the FDA was considering a ban on cigarettes, and added that the overwhelming consensus of the medical community is that nicotine is addictive.

Rep. Dick Durbin, D-Ill., said Dole's comments show that Joe Camel -- the cartoon advertisement figure -- is in the lead to be his running mate. Durbin, who co-chairs the Congressional Task Force on Tobacco and Health, said tobacco is as addictive as heroin or cocaine.

Waxman and Rep. Marty Meehan, D-Mass., wrote to Dole saying, "You have in effect misled millions of Americans, especially

children, as to the actual goal of the FDA and basic scientific facts on addiction."

Waxman said Dole's campaigns over the years have accepted many thousands of dollars in contributions from the tobacco industry.

"Times have never been better for the tobacco industry, especially in the Congress of the United States," Waxman said. "If Bob Dole becomes president the tobacco industry will have the White House as well on its side."

Dole, asked Friday about accepting tobacco money, said: "As far as I know, they're in a legal business. Am I supposed to tell somebody in a legal business they can't contribute to our campaign?"

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Clinton Campaign Assails Dole on Tobacco Links

Friday June 14 8:42 PM EDT

WASHINGTON (Reuter) - President Clinton's re-election campaign Friday accused Republican challenger Bob Dole of being in the pocket of tobacco interests after Dole said smoking was not always addictive.

The Clinton campaign released a two-page fact sheet listing \$368,350 that Dole had accepted from tobacco interests over the past 16 years, either for his various political campaigns or his political action committees.

"Why does Bob Dole think cigarettes are not addictive? Follow the money," the fact sheet said.

Campaigning in the tobacco-growing state of Kentucky Thursday, Dole attacked efforts by the U.S. Food and Drug Administration to regulate nicotine as a drug. He said he did not believe tobacco was addictive for all who use it. "For some people, smoking is addictive; others, they can take it or leave it. I hope children never start," he said.

"I think the more serious question is whether or not the FDA has jurisdiction," Dole said, adding that defining cigarettes as a drug means "you are in effect banning cigarettes and the production of tobacco."

Clinton's campaign press secretary, Joe Lockhart, scoffed at Dole's comments on the addictiveness of tobacco and said they appeared to be linked to what he called Dole's collection of "hundreds of thousands of dollars from tobacco interests."

"Apparently when it comes to Dole's policies you get what you pay for," Lockhart said. "Bob Dole should spend more time looking at the scientific evidence and less time counting his campaign contributions."

Dole Friday rejected the criticism, saying there was nothing wrong with accepting legal contributions from tobacco companies. "Am I supposed to tell somebody who's in a legal business that you can't contribute to my campaign?" he asked while campaigning in Birmingham, Alabama.

Senate Democratic Leader Tom Daschle also joined the attack, saying Dole's position flew in the face of all available scientific evidence. "I think there are better ways to win votes than to pander to tobacco companies," Daschle said.

The fact sheet listed four contributions to Dole's 1996 campaign: \$16,500 from U.S. Tobacco, \$5,000 from RJR Nabisco, \$500 from the Cigar Association of America and \$250 from American Brands. The others were to his past Senate campaigns or political action committees associated with Dole.

Clinton's attacks on tobacco have been a feature of recent campaign speeches. In one appearance this week in Glendale, California, he said his administration was the first to ask the tobacco industry to accept regulation of advertising aimed at children.

"Every day, every single day, 3,000 kids start smoking and 1,000 of them will die sooner because of cancer, emphysema, heart disease or some other smoking-related problem," he said. "That is a stunning thing. That's the biggest single health problem in America. So I believe we have to keep working on it."

Dole must win tobacco-growing Southern states to stand a g Clinton in the Nov. 5 election. Clinton carried only two of the major tobacco states in 1992 -- Tennessee and Kentucky.

===== AGRICULTURE: =====

House OKs '97 agriculture spending

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Date: Wed, Jun 12, 1996
Copyright 1996 United Press International.
By IAN CHRISTOPHER McCALEB
<<EXCERPT>>

WASHINGTON, June 12 (UPI) -- A marathon debate on funding levels and priorities for the sprawling Agriculture Department -- the federal government's largest Cabinet-level bureaucracy -- ended Wednesday evening with House approval of its 1997 appropriations bill.

The measure, which diverts \$53.1 billion in 1997 budget authority to the department, passed by a 351-74 vote, after a full day of debate that focused almost entirely on philosophical matters rather than fiscal concerns.

Although still a significant portion of the fiscal 1997 federal budget, the \$53.1 billion figure is \$10.3 billion less than Congress approved in fiscal 1996, and \$5.3 billion less than what the Clinton administration requested in its 1997 budget outline.

Broken down into specific outlays, \$39.9 billion is reserved for mandatory spending programs, including \$27.6 billion for the food stamp program; \$8.7 billion for child nutrition programs -- \$3.7 billion of which goes to the Women, Infants and Children program; and \$1.6 billion for the Federal Crop Insurance Corp.

The remaining \$12.8 billion is reserved for discretionary programs, which include research and extension programs, as well as the Rural Housing and Food Safety and Inspection Services.

Nearly three hours of the day's debate were devoted to an amendment presented by Rep. Dick Durbin, D-Ill., instructing Agriculture to cease spending on tobacco crop insurance and tobacco-related extension services.

The object of the measure, Durbin explained, was to deny tobacco producers at least a portion of the estimated \$98 million they receive in subsidies from the federal government annually.

He predicted the amendment would save the government some \$25 million, which could be rolled over into rural development programs.

"If tobacco is killing our children, why does the federal government still subsidize the growth of tobacco and tobacco products?" Durbin said. "American consumers and taxpayers have had their fill."

Reaction to Durbin's amendment was fierce, with some southern members expressing personal outrage because the denial of crop insurance for tobacco farmers would likely hurt poor, rural

farmers whose lands will support no other crops.

"This is a mean-spirited attack on small farmers throughout the South," said Rep. Jim Bunning, R-Ky. "Tobacco farmers grow a legal crop. They are not outlaws, and should not be treated as such."

"If you do away with this program, then ironically and paradoxically you are helping big tobacco," said Rep. Harold Rogers, R-Ky. "Then tobacco will be grown only by the big companies. They'd love that."

The amendment failed by a razor-thin margin of 212-210.

===== CESSATION: =====

Nicotine Treatment Can Help Addicted Smokers

NEW DIMENSIONS 7-14

By DR. JOSEPH LOWY

New York University Medical Center

For AP Special Features

One effective tactic that can help many smokers give up cigarettes is to treat smoking as an addiction to a potent drug -- nicotine.

Nicotine is not the only factor in breaking the habit. Many social and personal influences are involved in long-term smoking.

But smokers who want to give up the habit encounter withdrawal symptoms that include irritability, anxiety, restlessness, difficulty concentrating and increased food intake, all caused by the new absence of nicotine.

Only about a quarter of smokers who give up the habit do not experience such withdrawal symptoms, which are most intense in the first 24 hours and often can last for weeks.

Nicotine is only one of some 4,000 constituents of cigarette smoke, but it is responsible for many of smoking's effects, including temporary euphoria, a decrease in appetite and alteration of the heart rate.

There are five recognized stages that smokers who want to quit go through, starting with the first thoughts of giving up cigarettes and going through to maintenance of a cigarette-free existence.

Behavioral programs are essential to reaching a smoke-free existence. Such programs are often available through the American Lung Association, the American Cancer Society, medical centers and other groups.

Clonidine, a drug used to treat high blood pressure, can help minimize the symptoms of nicotine withdrawal. Nicotine replacement is also common as part of an overall stop-smoking program.

Nicotine gum became available without prescription in 1984, and quickly became a best seller. Nicotine skin patches have been available for some time. Some patches are made to be worn for 24 hours; others are taken off at night. There are a variety of patches that supply different doses of nicotine.

One study found that 18 percent of smokers in self-help programs were still not smoking after six months. The success rate for those using nicotine gum was 33 percent.

The success rate for behavioral programs was reported at 36 percent without nicotine gum, 57 percent with it.

Eventually, many smokers who use the patch or gum can give up nicotine entirely. The best approach to that end combines a behavioral program and a nicotine substitute.

Dr. Joseph Lowy is a Clinical Instructor in Medicine at New York University School of Medicine.