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*After a man's heart...*

*...when smokers find out the good things  
Chesterfields give them*

*Nothing else  
will do*

THE WORLD CIGARETTE PANDEMIC



endorse tobacco products. Finally, in adopting the report of Council on Scientific Affairs, *Smoking and Health*, the AMA allocated \$45,000 to an anti-smoking campaign that emphasized smoking cessation and research.

In 1980, the AMA Board rejected resolutions that the AMA support efforts to pass legislation banning cigarette advertising and restricting smoking in public places, on the grounds that the Council Report adequately dealt with those issues. The Board further rejected a resolution to support "The Cigarette Safety Act" requiring that cigarettes be self-extinguishing, arguing that the bill was not specific on how the self-extinguishing cigarettes were to be made, and that further research was needed. However, in 1982 the House of Delegates endorsed the Cigarette Safety Act.

Until September 1981, the AMA Members Retirement Plan held approximately \$1.4 million in stock in Philip Morris and R.J. Reynolds. In June the House of Delegates had rejected an RPS resolution to divest the stock, but responding to adverse publicity and pressure from some of its members, including the RPS and medical student sections, the AMA Plan divested itself of all tobacco stocks. (None of the newspaper editorialists who chastised the

AMA over this matter chose to examine their own publishers' unquestioned acceptance of cigarette advertising money or to praise the AMA for voting to urge an end to tobacco subsidies.)

At its Interim Meeting in December 1982 the House of Delegates took action to disapprove and discourage the promotional distribution of free cigarettes, and to develop model local and state legislation to prohibit the practice on public policy. The issue had been introduced by the AMA's Medical Student Section, which expressed concern that samples are often illegally handed out to minors.

The AMA's Reference Guide to Policy & Official Statements<sup>24</sup> leaves no doubt about the increasing commitment of the AMA to a reduction in smoking:

The American Medical Association urges its members to play a major role against cigarette smoking by personal example and by advice regarding the health hazards of smoking.

The AMA discourages smoking by means of public pronouncements and educational programs, and takes a strong stand against smoking by every means at its command.

#### REFERENCES

1. *Tobacco and Health*. Compiled by AMA-ERF Committee for Research on Tobacco and Health.

Chicago, American Medical Association Education and Research Foundation, 1978.

2. AMA's response to the smoking problem. *JAMA* 1964; 187(6): 27.

3. Committee for research on tobacco and health holds first meeting. *JAMA* 1964; 187(6): 26.

4. Tobacco firms contribute to AMA-ERF smoking study. *JAMA* 1964; 187(7): 27.

5. AMAgrams. *JAMA* 1967; 202(6): 9-10.

6. AMAgrams. *JAMA* 1968; 205(4): 9.

7. Anti-smoking campaign. *Weekly Compilation of Presidential Documents*. Administration of Jimmy Carter. Washington, 1978; 14(12): 536-7.

8. AMA denies tobacco book release was an attempt to embarrass Carter. *Am Med News*, August 18, 1978, p 8.

9. Wagner S: *Cigarette Country: Tobacco in American History and Politics*, New York, Praeger, 1971, p 86.

10. AMA stand on cigarette labeling. *JAMA* 1964; 187(11): 16-17.

11. Controversy over cigarette labeling. *JAMA* 1964; 188(1): 15-16.

12. AMA presents cigarette labeling views to FTC. *JAMA* 1964; 188(1): 29-31.

13. Council on Scientific Affairs: *Smoking and Health*. *JAMA* 1980; 243: 779-781.

14. Cigarette smoking called hazardous to health. *JAMA* 1964; 189(1): 26.

15. AMAgrams. *JAMA* 1969; 209(12): 1799.

16. AMAgrams. *JAMA* 1970; 213(9): 1402.

17. AMAgrams. *JAMA* 1972; 221(7): 639.

18. Moser RH: The new seduction. *JAMA* 230: 1564.

19. Walker WJ: Government-subsidized death and disability. *JAMA* 230: 1529-1530.

20. Miami physicians take lead in drive to curb cigarette smoking. *Am Med News*, February 13, 1978, p 3.

21. Greene GE: Nonsmokers' rights: a public health issue. *JAMA* 1978; 239: 2125-2127.

22. Segregate smokers in public places, MD-crusader urges. *Am Med News*, June 15, 1979, p 11.

23. Cohen SB: Should medical associations discourage smoking? *JAMA* 1978; 239: 158.

24. *Reference Guide to Policy & Official Statements*, American Medical Association, Chicago, 1980.

## Using athletes to push tobacco to children Snuff-dippin' cancer-lipped man

In 1983 nearly 4,000 cigarettes are expected to be sold for every adult in the United States; in 1880, the per capita consumption was 25. The astronomic increase in cigarette smoking during the past 100 years has corresponded to the decline of all other forms of tobacco (cigar, pipe, plug, snuff), not to mention the disappearance of the spittoon.

Ironically, the popularity of cigarettes began in large part as the result of concerns about health. The spread of tu-

berculosis in the latter half of the 19th century led to an increase in antisputting laws and a resultant shift by tobacco companies into the promotion of cigarettes—mass produced on newly invented machines.

Until the 1960s consumption of smokeless tobacco products steadily declined. With the publication in 1964 of the Surgeon General's *Report on Smoking and Health*, sales of smokeless tobacco began to rise. Although subse-

quent reports of the Surgeon General have discussed the carcinogenic properties of all forms of tobacco, between 1960 and 1970 sales of snuff and chewing tobacco rose 25%, and between 1970 and 1980 sales doubled again (*Adweek*, July 13, 1981).

Until recent years snuff dipping was a practice confined largely to black women in the rural Southeast, in whom the chance of contracting oral cancer has been found to be 50 times that of non-



College not available for comment.

**NEW** Take a pouch instead of a puff.

**SKOAL BANDITS**





Bantle said, "I think there are a lot of reasons, with one of them being that it is very 'macho'."

Bantle estimated that 80% to 85% of his company's customers are new users and not just those who switch from cigarettes out of concern for health. He also reported that United States Tobacco is intensely aiming at a budding international market.

A public relations operation, the Smokeless Tobacco Institute, in Peekskill, New York, issues press releases to let the public know about the shortcomings of medical research reports implicating snuff as a cause of oral cancer (*Advertising Age*, April 13, 1981).

With the recent 16¢ rise in the federal excise tax on a pack of cigarettes, United States Tobacco has begun a national \$2 million advertising campaign for Skoal Bandits—little pouches of snuff, like teabags. The campaign was launched in July in New York City on radio and TV and in newspaper sports sections, including *The New York Times* and *Newsday*. The television advertisements on such programs as ABC TV's Wide World of Sports and NBC TV's Football Game of the Week teach the potential young "Bandit" the technique for using snuff. (*Advertising Age*, June 27, 1983)

During the 1980 Olympic Games, the United States Tobacco Company, an official sponsor, spent \$2,500,000 promoting snuff. For 1984, it has created a United States Tobacco Sports Medicine Program. Various sports writers, TV editorialists, athletic commissioners, team owners, players, and nontobacco sponsors of professional sports have vied for media attention in 1983 to condemn drug abuse among athletes and teenagers. Yet none has publicly challenged the

campaign of the United States Tobacco Company.

It could be argued that the morbidity and mortality attributable to smokeless tobacco is so much less serious than that of cigarette smoking as to be an acceptable lesser of two evils. But the more likely hypothesis, in light of the cigarette companies' not having objected to the exclusion of smokeless tobacco from the ban on television advertising, is that the Skoal ads serve as an initiator to a milder form of tobacco use and may start even younger children on the road to cancer.

Can there be a more cynical attempt to capture the youth market than that by the makers of cigarettes, snuff, and chewing tobacco? Apparently so. A child walking through almost any candy store, supermarket, pharmacy, airport souvenir stand, or variety store cannot fail to come across a prominent display for candy cigarettes (with brand names identical



to the real ones), cigars, pipes, and pouches of Big League Chew, a shredded bubble gum that produces "man-size wads" and that in the words of its inventor, former baseball player Jim Bouton, is "designed to look like chewing



tobacco used by baseball players" (*Advertising Age*, June 23, 1980). Then there is Chaw, powdered bubble gum in a round little box resembling a tin of snuff. A display for Chaw features a cowboy with a bulging cheek and the slogan, "Best chew this side of the Pecos."

What next can we expect from the candy companies—bubble gum cocaine?

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Editor

## REFERENCES

1. Winn DM, Blot WJ, Shy CM, Pickle LW, Toledo A, Fraumeni JF: Snuff dipping and oral cancer among women in the Southern United States. *N Engl J Med* 1981; 304:745-749.
2. Christen AG, McDaniel RK, Doran JE: Snuff dipping and tobacco chewing in a group of Texas college athletes. *Texas Dental Journal* 1979; 97:6-10.

## GOVERNMENT INVOLVEMENT IN SMOKING AND HEALTH

The Office on Smoking and Health is the focal point for all smoke-related activities of the Department of Health and Human Services.

The Office prepares and disseminates the annual Surgeon General's reports on smoking, the last five of which have honed in on specific aspects of the problem: *The Health Consequences of Smoking*, *The Behavioral Aspects of Smoking, Education, and Prevention* (1979); *The Health Consequences of Smoking for Women* (1980); *The Changing Cigarette* (1981); *Cancer* (1982); and *Cardiovascular Disease* (1983).

Using computer and microfilm, the Office's Technical Information Center serves researchers by providing literature searches, references, abstracts, and copies of articles. Last year, approximately 4,500 inquiries were received.

In addition, the Center, publishes the periodic *Smoking and Health Bulletin*, an annual cumulation of abstracts of research papers (*Bibliography on Smoking and Health*), the biennial *Directory of Ongoing Research in Smoking and Health*, and an annual summary of legislative actions (*State Legislation on Smoking and Health*).

The Office is responsible for analyzing scientific information for the purpose of maintaining Federal smoking policies. It is one of four centers serving the bibliographic needs of the World Health Organization on smoking and health.

The Office develops educational programs and public service announcements targeted to women, ethnic minorities, teens, and children, and disseminates model programs both for preventing teenage smoking and for encouraging smoking cessation.

To be placed on the Office mailing list or to receive further information about its services, write to:

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