who smoke and those who do not. Because people who do not smoke were found to be much better health risks, the company began providing discounts to those people who had not smoked within the past 12 months.

Fifteen years later, State Mutual compared the death rate of policy holders who smoked with those policy holders who did not.

In their report on this study for State Mutual entitled, "Mortality Differences Between Smokers and Non-Smokers," Michael J. Cowell, Vice President and Chief Actuary, and Brian L. Hirst, Associate Actuary for the company, pointed out that State Mutual's intent is not to take a moral position. State Mutual merely acknowledged that people who don't smoke are better insurance risks than those who do smoke:

> Against this background, we conclude that non-cigarette smokers could be considered as the population that defines "standard" risks, while smokers could be considered substandard, with the degree of rating increasing with the extent of their smoking habits. Nonsmokers who are better than average in other underwriting considerations (e.g., build or blood pressure) could be considered preferred risks.

Among the many other insurance companies that offer discounts to people who don't smoke are Kentucky Central Life, Home Life Insurance Company, Prudential, and Phoenix Mutual. Phoenix Mutual also offers lower group life insurance rates to small companies that prove that none of their workers smoke. The trend in nonsmokers' discounts is gradually extending to fire, health, and even automobile insurance (since persons who smoke are likely to drink more heavily than those who do not smoke).

For better or worse, then, the movement away from a smoking society may have as much to do with the money saved as with ending the hazard to health or the odor in the air.

The AMA tackles smoking

"A strong stand"

For thirty years, since banning cigarette advertising from JAMA *in 1953, the American Medical Association (AMA) has been in the thick of efforts to curb smoking and its promotion. The following review of AMA actions on smoking, gleaned from* JAMA *and* American Medical News, *was prepared by Jessica Rosenberg, a medical student at New York University, who served as a research assistant at the* Journal *during 1983.*

Support for Research

In December 1963, following approval by the House of Delegates, the Board of Trustees of the AMA appropriated $500,000 for a long-range program of research on tobacco and health, "to be devoted to the study of human ailments that may be caused or aggravated by smoking, the particular element or elements that may be the causal or aggravating agents, and the mechanisms of their action."[1] The Board's hoped-for outcome was the identification and removal of the harmful components in tobacco as a means of making smoking safe. The program, to be directed by the AMA's Education and Research Foundation (AMA-ERF), was described in *JAMA* as "a vigorous and farsighted response to the smoking problem."[2]

The Surgeon General's *Report on Smoking and Health* was issued two weeks before the first meeting of the five-man AMA-ERF Research Committee on January 31, 1964. The three committee members who had also served on the Surgeon General's Public Health Service Advisory Committee emphasized that the AMA program in no way contradicted the purpose and conclusions of the Surgeon General's report.[3]

The AMA-ERF Committee was authorized to solicit funds for the research, provided that they were "given without restrictions." Within weeks, six tobacco companies contributed $10 million to the research, to be given over a five-year period. "On that basis, the members of the board of directors of the foundation were pleased to accept the generous offer to these companies," said Raymond M. McKeown, MD, AMA-ERF president.[4]

Three years into the program, Committee chairman Maurice H. Seevers, MD, stated that "certainly there are no scientific data that would contradict the basic tenets of the Surgeon General's report.[5] He added, "while the medical profession and tobacco industry have somewhat divergent reasons for promoting tobacco research, both are committed to basic scientific research as the best means of developing specific answers to the questions raised by our smoking population." In 1968, the six tobacco companies pledged an additional $8 million toward the AMA-ERF research.[6]

In 1978 the Committee published the 365-page report, *Tobacco and Health*, recording and summarizing the results of the research. A major conclusion of the report was "that cigarette smoking plays an important role in the development of chronic obstructive pulmonary diseases and constitutes a grave danger to individuals with preexisting diseases of the coronary arteries."[1] Other findings concerned the "effects on behavior and on biochemical mediators elicited by nicotine," and "mechanisms by which nicotine may influence the production of peptic ulcer." Although the Committee had limited the number of awards for cancer research because this area is otherwise generously financed, potent cocarcinogens were identified in tobacco tar, and the inducibility of aryl-hydrocarbon hydroxylase was identified as a determinant of susceptibility to lung cancer.

The Committee's statement of a decade earlier that "research under the aegis of the project had not altered the conclusions of the 1964 report of the Surgeon General" was reiterated in the forward to the 1978 AMA-ERF

* American Tobacco Company; Brown & Williamson Tobacco Corporation, now a unit of BATUS or British-American Tobacco; Liggett & Myers; Lorillard, now a unit of Loews Corporation; Philip Morris, Inc; and R.J. Reynolds Tobacco Company.

volume.

The report appeared at a time when Health, Education & Welfare Secretary Joseph Califano, Jr., was an outspoken critic of the tobacco industry. The date of release coincided with a visit by President Jimmy Carter to North Carolina. On learning the conclusions of the industry-financed report, Carter publicly repeated an earlier statement that:

> . . .nobody need fear the facts about tobacco use. Certainly, no one need fear the emphasis on research that will make the use of tobacco in the future even more safe than it has been in the past.[7]

In a news release, Horace Kornegay, president of the Tobacco Institute, castigated the AMA, accusing it of contriving the timing of release of the report to coincide with and discredit President Carter's trip to visit tobacco growers in North Carolina. Kornegay also attacked the report as old news and blamed the AMA's subcommittee for "generalizations" that would prejudice future research—"to the public detriment":

> The (tobacco) industry deplores the politics of the release of this document by the AMA. In a spirit of corporate responsibility and a genuine sustained desire to find necessary answers, the tobacco industry will continue to devote funds to scientific research to find a resolution to the smoking and health controversy.[8]

Warning Labels

In 1957 the Legal and Monetary Subcommittee of the Government Operations Committee of the United States House of Representatives held hearings on the responsibility of the Federal Trade Commission (FTC) regarding advertising claims for filter cigarettes. The chairman of an AMA cancer research committee testified that a human being would have to smoke 100,000 cigarettes a day to get the equivalent exposure of tar to that which produced skin cancer in mice.[9] Following publication of the Surgeon General's report on smoking, the AMA supported research as the proper way to deal with the cigarette problem. The AMA specifically opposed the addition of warning labels to cigarette packages, and testified as such to the FTC in a letter from AMA Executive vice-president, FJL Blasingame, MD: "The health hazards of excessive smoking have been well publicized for more than ten years and are common knowledge," Blasingame wrote. "Labeling will not alert even the young cigarette smoker to any risks of which he is not already aware.[10]

Although the successful camouflaging of the warning labels by cigarette manufacturers lends ironic credence to Blasingame's viewpoint, the AMA position on labeling led to the charge that the AMA was engaging in political tradeoffs with the tobacco industry. Representative Frank Thompson, Jr., (D, New Jersey) accused the AMA of siding with the tobacco industry as part of a deal to get tobacco state congressmen to vote against proposed Medicare legislation.[11] Blasingame responded by calling Thompson's charge "slanderous," but his description of the AMA position raised questions about the AMA's acceptance of tobacco industry money: "We believe that since people will continue to smoke, the answer lies not in restrictive rules and regulations but in research into the effect of tobacco on smoking, the results of which conceivably could eliminate the hazards of smoking. The AMA has embarked on such a research program, with the assistance of a $10-million grant from the six major tobacco companies," Blasingame replied.[11,12] Warning labels were mandated by Congress in 1965, and the AMA later reversed itself on the labeling issue. The 1980 Report of the Council on Scientific Affairs of the AMA, *Smoking and Health*, recommended that health warnings on cigarette packages be made even more explicit, and that they be displayed on all cigarette advertising as well as on the packages.[13]

Recommendations

The House of Delegates at the AMA Annual Convention in 1964 adopted a statement that recognized "a significant relationship between cigarette smoking and the incidence of lung cancer and certain other diseases, and that cigarette smoking is a serious health hazard."[14] The House further recommended that health education programs on the hazards of smoking be developed by the AMA for members of all age groups, and be made available through various media.

At the AMA Annual Convention in 1969, the House of Delegates passed a resolution that dealt with several aspects of the smoking problem. The AMA resolved to "again urge its members to play a major role against cigarette smoking by personal example and by advice regarding the health hazards of smoking."[15] It also criticized the "incongruity" of government spending of tax dollars to promote the production and sale of tobacco while also spending more tax dollars to discourage smoking as a health danger. Finally, as part of a resolution "to discourage smoking by means of public pronouncements and education programs," two anticigarette posters were developed, designed to provoke an emotional response against smoking.

At the 1970 Convention, the House of Delegates resolved to urge the Federal Aviation Administration to require separate nonsmoking sections on all public air transportation, when the size of the aircraft permitted. A resolution that the AMA urge Congress to enact legislation to end tobacco subsidies was referred back to the Board, since it was considered that they, through the AMA President, were already taking appropriate action.[15]

The House of Delegates took personal action against smoking at the 1972 Annual Convention, adopting a resolution discouraging (but not banning) smoking during sessions of the House.[17]

In the last decade, several physicians within organized medicine, including an editor of *JAMA*[18] have called for greater involvement in the smoking problem by the AMA.[19-22] In an editorial in *JAMA*, Sheldon B. Cohen, MD, questioned the AMA's failure to take strong action to prevent and eliminate smoking, while spending $200,000 to eliminate television violence, "an area where the data are much less firm and that is much less directly connected with the everyday practice of medicine."[23]

In 1978, the Resident Physicians Section (RPS) adopted a resolution 121(I-78) that called for the development and funding of a multimedia antismoking and "positive health" campaign. The RPS further called for the AMA to commend publications that refuse to accept cigarette advertising, and for physicians to communicate the hazards of cigarettes and the necessity of not smoking to their patients.

At the 1979 Annual Convention, the Board rejected a resolution for a "positive health" program on the grounds that its intent was already being implemented and that the expenditure was not warranted. The AMA did support the resolution by the RPS calling for the AMA to publicly commend publications that refuse to accept cigarette ads, and to provide the list of publications to AMA members. It also supported a resolution directing the AMA to request television networks to halt the use of athletes to

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[24] 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.

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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 tuberculosis in the latter half of the 19th century led to an increase in antispitting 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 subsequent 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-