

# Tobacco Control: Toward the Year 2000

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The year 2000 is only 7 years away. This date is regarded in an almost mystical way by many in society. It has also attained significance in the health community: the US Department of Health and Human Services has issued a series of national health goals called "Healthy People 2000" and the US Surgeon General has called for a "smokefree" society by year 2000 as well. Are we on target regarding tobacco and health as we approach this magical date? This paper reflects upon observations about tobacco use and potential ways we can respond to the challenges ahead.

## Barriers to Progress in Tobacco Control

The main barriers to effective control of tobacco use at the national level were discussed at a December 1992 meeting of leaders in tobacco control convened by the Centers for Disease Control Office on Smoking and Health. These barriers to progress include:

1. Lack of resources available to tobacco control efforts
2. Poor communication and coordination among the groups involved in the national tobacco control scene
3. Lack of emphasis on tobacco control policy initiatives, especially at the federal level in the form of coherent policies
4. Problems with information collection and retrieval and dissemination
5. The need to enlarge the scope of the tobacco control movement and
6. Tobacco industry clout and tactics.

## The 1993 "Tobacco Summit Conference"

"Tobacco Use: an American Crisis," a conference convened and co-sponsored by the American Medical Association (AMA), the Centers for Disease Control and Prevention, the City of Hope National Medical Center, the Coalition on Smoking OR Health (American Cancer Society, American Heart Association, American Lung Association), the Memorial Sloan-Kettering Cancer Center, and the University of Texas M.D. Anderson Cancer Center took place January 9-12, 1993, in Washington, DC. It was one of the seminal events for the tobacco control community in recent years. This meeting brought over 200 invited participants from all segments of the tobacco control movement together. The conference participants set aside "turf" issues and worked constructively toward common goals in tobacco policy. Keynote speakers included Surgeon General Antonia Novello and Representative Henry Waxman. Twelve work groups considered subsets of tobacco control, issues that are pertinent to women, youth, regulation of tobacco products, environmental tobacco smoke, advertising and promotion, and minorities, to name but a few.

To take significant steps toward a "smokefree" year 2000, we must take tobacco control beyond smoking cessation, while simultaneously making as a key intervention our commitment to our patients who smoke. The following suggestions for the future build on the recommendations of the meetings mentioned above.

*Increase the federal excise tax on cigarettes by a significant amount.* The present federal tax on cigarettes, 24 cents per pack, puts the United States near the bottom of the list compared with other industrialized nations, which tax tobacco at a much higher rate. Health economists suggest a tax of \$2 per pack as more in keeping with the health costs incurred by tobacco use. The financial benefits of a significant tax increase are obvious. The revenues could be used in a variety of ways, including deficit reduction, as a cost offset for the illnesses related to smoking, and for health education about tobacco.

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Tobacco control should become an essential element in our health care reform agenda.

Even more important to physicians, conference participants estimated that a \$2 tax increase would ultimately save 2 million lives. The tax would deter youth from starting to smoke; perhaps becoming a more effective deterrent than any other single health promotion tactic. Adults would also have an increased incentive to quit smoking. Independent public opinion polls show broad-based support for a cigarette excise tax by over 70% of respondents.

State governments should also raise the excise tax on tobacco products appropriately, and use some of the funds to educate the public and counter the tobacco industry's massive advertising and promotional budget. The California and Massachusetts experience shows that voters *will* pass a tax increase if it gets on the ballot.

*Establish appropriate regulatory agency jurisdiction of tobacco products.* Cigarettes and other tobacco products are both the most dangerous and least-regulated consumer product in the country. The Food and Drug Administration (FDA) currently has the potential authority to regulate "low-tar" tobacco products as drugs. The FDA should also be given specific statutory power by Congress to expand its authority to regulate the manufacture, sale, labeling, advertising, and promotion of tobacco products. The Department of Justice should act to remove tobacco advertising in the guise of sports sponsorships from television. The Federal Trade Commission should reawaken to its task of monitoring and challenging tobacco advertising and promotion that is misleading and that has appeal to children.

*Protect the public, especially children, from environmental tobacco smoke exposure.* The recently released findings of the US Environmental Protection Agency classify environmental tobacco smoke (ETS), a known human carcinogen, and estimate that about 3000 lung cancer deaths occur among nonsmokers annually.<sup>1</sup> Furthermore, their report links ETS with up to 300,000 cases of upper respiratory tract infections and with the exacerbation of asthma in as many as 1 million children each year. As clinicians, we must educate our patients about the risks and dangers of ETS, and advocate for clean indoor air ordinances that protect the public at large. Not only would this cut costs related to acute illness among smoke-exposed children, but workplace smoking bans would have the dual effect of health protection from ETS and an increase in the quit rate among adults.

*Restrict the tobacco industry's advertising and promotional campaigns.* The tobacco industry currently spends

about \$4 billion each year on advertising and promotions.<sup>2</sup> Banning sports sponsorships and other promotions and the tobacco industry's use of healthy, sexy, athletic models and cartoon figures in advertising should result in a decrease in tobacco use, especially among youth. At the local level, physicians should be vocal about the tobacco industry's use of sports sponsorships, exhibits at state fairs, distribution of samples, and targeting of minority neighborhoods with high concentrations of billboards and other advertising.

*Enact and enforce meaningful legislation that restricts the sale of tobacco to minors.* A host of surveys and "sting" operations have shown that children have easy access to tobacco products, both over the counter and through vending machines sales. Physicians should support the development of laws that require vendor licenses, ban youth access to vending machines, and rigidly enforce sales restrictions by conducting frequent "sting" operations using underage children to check compliance. Our testimony before local and state governmental groups considering such laws is invaluable. Cooperation among physician organization, voluntary health groups, public health authorities, and grassroots activists will facilitate enactment of such laws.

## Conclusions

Family physicians should be strongly committed to helping reduce the toll taken by tobacco in our society. We should continue to educate ourselves and the public about ways to help smokers quit, work with legislative and regulatory bodies to take appropriate measures regarding environmental tobacco smoke and youth access to tobacco, and advocate for an end to the tobacco industry's exploitation of the public through advertising and promotion. Organized medicine, its state and local affiliate groups, and the physicians they represent have important roles to play in this struggle and are key to continued success in the war against tobacco. It is clear that those who oppose this effort will not give up without a fight. Let's give them one.

## References

1. US Environmental Protection Agency. Respiratory health effects of passive smoking: lung cancer and other disorders. (EPA/600/6-90/006F) December 1992. Office of Health and Environmental Assessment, US Environmental Protection Agency, Washington, DC.
2. Centers for Disease Control. Cigarette advertising—United States, 1988. *MMWR* 39(16):261-5, 1990.