

- M 37 NY. Code Section 17-504 (b)(6) (1988)**
Prohibits dismissal, demotion, suspension, disciplinary action, or negative performance evaluation by employer against an employee who exercises any rights granted under the written smoking policy.
- M 39 NY. Code Section 17-506 (a) (1988)**
Provides for the posting of no-smoking signs in non-smoking areas.
- M 41 NY. Code Section 17-504 (b) (1988)**
Provides for implementation, adoption, and notice of a written smoking policy.
- M 42 NY. Code Section 17-508 (1988)**
Violation of the code by an employer is punishable by the following civil penalties: a) the first violation commands a \$100 maximum fine; b) the second violation within 12 months commands a \$200 maximum fine; and c) the third violation within 12 months commands a \$500 maximum fine. Violation of the code by an employee is punishable by a \$50 maximum fine.
- M 43 NY. Code Section 17-504 (b) (1988)**
The act only applies to employers who have more than 15 employees.
- M 44 NY. Code Section 17-504 (b)(1) (1988)**
Smoking may be permitted in private, enclosed offices, and areas occupied by employees who each request or fail to object to the area being made a smoking area.
- M 45 NY. Code Section 17-504 (b)(3) (1988)**
Prohibits smoking in employee medical facilities.
- M 50 NY. Code Section C19-165.0 (1976)**
Prohibits disposing of any cigarette within any building, boat, car, or common carrier except in ashtrays, or receptacles designed for ashes.
- M 53 NY. Code Section C19-168 (1976)**
Prohibits smoking on any vessel storing petroleum oil.
- M 64 NY. Code Section C19-168 (1976)**
Prohibits smoking in any warehouse, shed, dock, pier, bulkhead, or wharf.
- M 66 NY. Code Section 81.27 (1981)**
Prohibits smoking in any room where food is prepared, processed, or packaged.

Philadelphia, Pennsylvania

- N 1 PA. Code Section 10-602 (enacted 1943, 1947, and 1948)**
Prohibits smoking in any vehicle of public transportation.
- N 5 PA. Code Section 10-602(1) (enacted 1943, 1947, and 1948)**
Prohibits smoking in any indoor place of public assembly having a capacity greater than 100 persons.
- N 15 PA. Code Section 10-602(1)(c) (enacted 1943, 1947, and 1948)**
Prohibits smoking in any retail store which is designed to accommodate more than 30 persons or where more than 25 persons are employed.
- N 17 PA. Code Section 10-602(1)(b) (enacted 1943, 1947, and 1948)**
Prohibits smoking in any public assembly room having a capacity in excess of 100 persons.

Phoenix, Arizona

- O 1 AZ. Code Section 23-105 (1986)**
Prohibits smoking on all public transportation vehicles and in all terminals (as defined in Section 23-103). Violation is punishable by a fine of \$25 to \$100.
- O 2 AZ. Code Section 23-105 (1986)**
Prohibits smoking in all public places including taxi cabs (see Section 23-103). Violation is punishable by a fine of \$25 to \$100.
- O 3 AZ. Code Section 23-105 (1986)**
Prohibits smoking in public elevators. Violation is punishable by a fine of \$25 to \$100.
- O 4 AZ. Code Section 23-105 (1986)**
Prohibits smoking in all enclosed public buildings including government buildings. Violation is punishable by a fine of \$25 to \$100.
- O 5 AZ. Code Section 23-105 (1986)**
Prohibits smoking in auditoriums and indoor sports facilities. Violation is punishable by a fine of \$25 to \$100.

- O 6 AZ. Code Section 23-105 (1986)**
Prohibits smoking in public places including offices of health care professionals and pharmacies (see Section 23-103). Violation is punishable by a fine of \$25 to \$100.
- O 7 AZ. Code Section 23-105 (1986)**
Prohibits smoking in all hotel and motel public areas. Hotel and motel rooms rented to guests and public areas of hotels and motels that conspicuously post a notice that the hotel or motel does not provide a nonsmoking area are excluded.
- O 11 AZ. Code Article I 4-85, Ord. No. G-969, Section Z (1986)**
Prohibits smoking in any place where smoking is specifically prohibited by signs.
- O 12 AZ. Code Section 23-105 (1986)**
Prohibits smoking in public places as specified in Section 23-103 (includes all enclosed buildings). Private residences, bars, pool halls, bowling alleys, private clubs, and recreational facilities are excepted.
- O 13 AZ. Code Section 23-105 (1986)**
Prohibits smoking in public places including restaurants as specified in Section 23-103. Violation is punishable by a fine of \$25 to \$100. Bars and public areas of restaurants that post a notice that no nonsmoking area is provided are excepted.
- O 14 AZ. Code Section 23-105 (1986)**
Prohibits smoking in public places including public restrooms as specified in Section 23-103. Violation is punishable by a fine of \$25 to \$100.
- O 15 AZ. Code Section 23-105 (1986)**
Prohibits smoking in retail stores, grocery stores, and shopping malls. Violation is punishable by a fine of \$25 to \$100.
- O 16 AZ. Code Section 23-105 (1986)**
Prohibits smoking in all public and private schools as specified in Section 23-103.
- O 17 AZ. Code Section 23-105 (1986)**
Prohibits smoking in theaters as specified in Section 23-103.
- O 20 AZ. Code Section 23-105 (1986)**
Prohibits smoking in airport service lines and airport waiting lounges as specified in Section 23-103.
- O 22 AZ. Code Section 23-105 (1986)**
Prohibits smoking in financial institutions as specified in Section 23-103. Violation is punishable by a fine of \$25 to \$100.
- O 23 AZ. Code Section 23-105 (1986)**
Prohibits smoking in child care centers as specified in Section 23-103. Violation is punishable by a fine of \$25 to \$100.
- O 26 AZ. Code Section 23-106 (A)(1), Ord. No. G-2865 (1986)**
Prohibits smoking in auditoriums and classrooms.
- O 28 AZ. Code Section 23-106 (A)(1), Ord. No. G-2865 (1986)**
Prohibits smoking in conference rooms and meeting rooms.
- O 31 AZ. Code Section 23-106 (A)(1), Ord. No. G-2865 (1986)**
Prohibits smoking in hallways, stairways, and elevators.
- O 32 AZ. Code Section 23-106 (A)(2), Ord. N. G-2865 (1986)**
Provides for separate, nonsmoking areas of not less than 1/2 of the total floor space or seating capacity of employee lounges.
- O 33 AZ. Code Section 23-106 (A)(3), Ord. No. G-2865 (1986)**
Employers need not make any expenditures or structural changes to accommodate the preferences of nonsmokers.
- O 34 AZ. Code Section 23-106 (A)(2), Ord. No. G-2865 (1986)**
Provides for nonsmoking areas in specified areas (see other summaries).
- O 35 AZ. Code Section 23-106 (4)(b), Ord. No. G-2865 (1986)**
Provides that an employer must announce the nonsmoking policy to all employees within 90 days. Employer must post the smoking policy in a conspicuous area in the workplace.
- O 36 AZ. Code Section 23-106 (A)(1), Ord. No. G-2865 (1986)**
Prohibits smoking in restrooms.

- O 37 AZ. Code Section 23-107, Ord. No. G-2865 (1986)**
Prohibits the termination or discipline of employees as a result of a complaint about smoking in the workplace.
- O 38 AZ. Code Section 23-106 (4)(a), Ord. No. G-2865 (1986)**
Provides that if accommodation between smokers and nonsmokers can't be reached, the preference of nonsmokers must prevail.
- O 39 AZ. Code Section 23-106 (4)(a), Ord. No. G-2865 (1986)**
Requires the employer to post no smoking signs in nonsmoking areas and to provide signs to employees who wish to designate their areas as nonsmoking.
- O 40 AZ. Code Section 23-106 (A)(3), Ord. No. G-2865 (1986)**
Requires an employer to use existing ventilation and partition to accommodate the preferences of smoking and nonsmoking employees.
- O 41 AZ. Code Section 23-106 (A), Ord. No. G-2865 (1986)**
Requires employers to adopt, implement, and maintain a written smoking policy.
- O 42 AZ. Code Section 23-106, Ord. No. G-2865 (1986)**
Violation of the act is a petty offense. Violation is punishable by a fine of \$300 or less.
- O 45 AZ. Code Section 23-106 (A)(1), Ord. No. G-2865 (1986)**
Prohibits smoking in medical facilities.

San Antonio, Texas

- P 1 TX. Code Ch. 28.5, Section 2(a)(6), Ord. No. 62781 (1986)**
Prohibits smoking in bus and train facilities. First offense is punishable by a fine of \$25 to \$200; second offense, \$50 to \$500; third offense, \$100 to \$1000. Chartered buses are excepted.
- P 2 TX. Code Ch. 28.5, Section 2(a)(6), Ord. No. 62781 (1986)**
Prohibits smoking in taxicabs. Taxicabs clearly designated by the operator to permit smoking are excepted.
- P 3 TX. Code Ch. 28.5, Section 2(a)(1), Ord. No. 62781 (1986)**
Prohibits smoking on all public elevators. See P-1 for fines.

- P 4 TX. Code Ch. 28.5, Section 2(a)(3), Ord. No. 62781 (1986)**
Prohibits smoking in any conference room, meeting room, or public service area of any facility owned, operated, or managed by the city. Conference rooms or meeting rooms not open to the public are excepted.
- P 5 TX. Code Ch. 28.5, Section 2(a)(4), Ord. No. 62781 (1986)**
Prohibits smoking in concert halls and cultural facilities.
- P 6 TX. Code Ch. 28.5, Section 2(a)(2), Ord. No. 62781 (1986)**
Prohibits smoking in a hospital or nursing home corridor providing direct access to patients rooms.

Section 2(c) provides that, in hospitals patients may choose to be placed in a nonsmoking room; employees or visitors must obtain express approval from all patients in a patient room prior to smoking.
- P 10 TX. Code Ch. 28.5, Section 2(a)(3), Ord. No. 62781 (1986)**
Prohibits smoking in city-owned conference rooms and meeting rooms. Conference rooms and meeting rooms not open to the public are excepted.
- P 12 TX. Code Ch. 28.5, Section 2, Ord. No. 62781 (1986)**
Prohibits smoking in certain public places (detailed in other summaries).
- P 13 TX. Code Ch. 28.5, Section 3, Ord. No. 62781 (1986)**
Provides for separate smoking and nonsmoking areas in restaurants and food establishments. The smoking section must be separated from the nonsmoking section by four feet of space; it must be ventilated, designated by signs, and have ash trays. Includes food order areas, food service and eating areas, and restrooms. Excludes restaurants which seat less than 50 patrons; establishments which have more than 70 percent gross sales in alcoholic beverages; and a physically separated bar area of a restaurant.
- P 15 TX. Code Ch. 28.5, Section 2(a)(4), Ord. No. 62781 (1986)**
Prohibits smoking in all retail and service establishments, including department stores, grocery stores, clothing stores, shoe stores, hardware stores, laundromats, hair salons, and barbershops.
- P 16 TX. Code Ch. 28.5, Section 2(a)(6), Ord. No. 62781 (1986)**
Prohibits smoking in any facility of a public primary or secondary school.

- P 17 TX. Code Ch. 28.5, Section 2(a)(6), Ord. No. 62781 (1986)**
Prohibits smoking in all motion picture theaters.
- P 20 TX. Code Ch. 28.5, Section 2(a)(4), Ord. No. 62781 (1986)**
Prohibits smoking in airport facilities.
- P 22 TX. Code Ch. 28.5, Section 2(a)(4), Ord. No. 62781 (1986)**
Prohibits smoking in banks and savings and loan facilities.
- P 35 TX. Code Ch. 28.5, Section 4, Ord. No. 62791 (1986)**
The employer must make the smoking policy available for inspection by employees.
- P 39 TX. Code Ch. 28.5, Section 4, Ord. No. 62791 (1986)**
Requires conspicuous display of signs prohibiting smoking.
- P 41 TX. Code Ch. 28.5, Section 4, Ord. No. 62791 (1986)**
Employers must implement a written policy conforming to the chapter.
- P 42 TX. Code Ch. 28.5, Section 4, Ord. No. 62791 (1986)**
First offense is punishable by a fine of \$25 to \$200; second offense, \$50 to \$500; and third offense, \$100 to \$1000. Workplace restrictions apply only when employer voluntarily designates an area of the workplace as nonsmoking.
- P 47 TX. Code Section 3-61 (1987)**
Prohibits smoking in a hangar, shop, service station area, fuel storage place, or within 50 feet of refueling in an airport.
- P 58 TX. Code Section 3-113 (1984)**
Prohibits smoking within 50 feet of an airplane being refueled.
- P 66 TX. Ord. No 59746 (1984) (adopting Texas Department of Health Rules on Food Sanitation)**
Section 301.73 p. 14 prohibits employees from smoking while engaged in food preparation or service or dishwashing.
- San Diego, California*
- Q 1 CA. Code Section 45.0103-04 (1983)**
Prohibits smoking on public conveyances.
- Q 3 CA. Code Section 45.0103-04 (1983), Ord. No. 11459 (1974)**
Prohibits smoking on elevators.
- Q 4 CA. Code Section 45.0106, Ord. No. 11459 (1974)**
Makes the public smoking prohibition applicable to governmental and educational agencies within the city limits.
- Q 6 CA. Code Section 45.0103-04 (1983), Ord. No. 11459 (1974)**
Prohibits smoking in pharmacies and health facilities. Private hospital rooms and psychiatric facilities are excepted.
- Q 8 CA. Code Section 45.0103-04 (1983), Ord. No. 11459 (1974)**
Prohibits smoking in libraries.
- Q 9 CA. Code Section 45.0103-04 (1983), Ord. No. 11459 (1974)**
Prohibits smoking in museums and galleries.
- Q 10 CA. Code Section 45.0103-04 (1983), Ord. No. 11459 (1974)**
Prohibits smoking in public assembly halls.
- Q 12 CA. Code Section 45.0103-04 (1983), Ord. No. 11459 (1974)**
Prohibits smoking in specified public places. Violation is punishable by a fine of \$10 to \$100.
- Q 13 CA. Code Section 45.0103-04 (1983), Ord. No. 11459 (1974)**
Prohibits smoking in restaurants with a seating capacity of greater than 20 persons. Owner must inform patrons that a no-smoking section is provided. Bars are excepted.
- Q 14 CA. Code Section 45.0103-04 (1983), Ord. No. 11459 (1974)**
Prohibits smoking in public restrooms.
- Q 15 CA. Code Section 45.0103-04 (1983), Ord. No. 11459 (1974)**
Prohibits smoking in retail stores, retail service establishments, food markets, and retail food production establishments.
- Q 16 CA. Code Section 45.0103-04 (1983), Ord. No. 11459 (1974)**
Prohibits smoking in public places including educational facilities (Section 45.010Z).

Q 17 CA. Code Section 45.0103-04 (1983), Ord. No. 11459 (1974)

Prohibits smoking in theaters.

Q 25 CA. Code Section 45.0103 (1983)

Prohibits smoking in places of employment including cafeterias (see Section 45.0102).

Q 28 CA. Code Section 45.0103 (1983)

Prohibits smoking in places of employment including conference rooms (see Section 45.0102).

Q 30 CA. Code Section 45.0104 (1983)

Provides that an employer who in good faith develops a policy of smoking and nonsmoking shall be deemed in compliance unless the policy designates the entire work area as a smoking area.

Q 32 CA. Code Section 45.0103 (1983)

Prohibits smoking in the workplace, including employee lounges (see Section 45.0102).

Q 33 CA. Code Section 45.0104 (1983)

Provides that employers need not incur any expense to make structural or physical modifications.

Q 34 CA. Code Section 45.0104 (1983)

Provides that specific places be deemed nonsmoking sections.

Q 39 CA. Code Section 45.0105 (1983)

Provides that signs must be posted to clearly mark a no-smoking area.

Q 40 CA. Code Section 45.0104 (1983)

Requires that employers use existing physical barriers and partitions to minimize the effects of cigarette smoke.

Q 42 CA. Code Section 45.0107 (1983)

Violation of this Article is punishable by a fine of \$10 to \$100. Excludes private offices, motel and hotel meeting and assembly rooms rented to guests, areas and rooms while in use for private social functions, private hospital rooms, psychiatric facilities, jails, bars, tobacco retail stores, and restaurants with a seating capacity of less than 20 persons.

Q 44 CA. Code Section 45.0107 (1983)

Provides that no-smoking areas are not required in private offices.

Q 47 CA. Code Section 505, Ord. No. 145 (1964)

Prohibits smoking in posted areas, ramps and aprons, or within fifty feet of hangars, fuel trucks, or fuel loading stations of airports.

Q 63 CA. Code Section 55.20.4 (1967)

Prohibits smoking in garages.

Q 64 CA. Code Section 63.15.37 (1967)

Prohibits smoking on any municipal wharf or warehouse.

Q 65 CA. Code Section 55.26.103 (1984)

Prohibits smoking within one hour of applying flammable finishes to bowling alleys.

Q 67 CA. Code Section 68.0131 (1969)

Prohibits smoking in buildings under construction.

Q 89 CA. Code Section 58.04 (1900)

Makes it unlawful for any person under 18 years of age to possess tobacco in any form.

Q 91 CA. Ord. No. 58 (1890)

Prohibits any person in the city limits from selling cigarettes to a person under 16 years of age.

Q 92 CA. Code Section 58.04 (1900)

Makes it unlawful for any person under 18 years of age to use tobacco in any form.

San Francisco, California

R 13 CA. Code Part II. Ch. V, Article 19A (1983)

Prohibits smoking in lobbies, waiting areas, restrooms, and dining areas or restaurants specified as nonsmoking areas by the owner. Owners are required to allocate adequate amounts of space to meet the needs of smokers and nonsmokers unless the restaurant has been designated entirely nonsmoking. Owner must inform all patrons of nonsmoking areas.

R 33 CA. Code Section 1003(1)(a) (1983)

Provides that an employer need not make expenditures to accommodate the preferences of smoking and nonsmoking employees (only in office workplaces).

R 35 CA. Code Section 1003(2)(b) (1983)

Requires employers to announce the smoking policy to employees and to conspicuously post the policy in the workplace (only in office workplaces).

R 38 CA. Code Section 1003(b) (1983)

If employer cannot accommodate the preferences of smokers and nonsmokers, the preferences of nonsmokers should prevail (only in office workplaces).

R 39 CA. Code Section 1003(b) (1983)

Requires the employer to clearly mark nonsmoking sections with signs (only in office workplaces).

R 40 CA. Code Section 1003 (1983)

Requires employers to use existing partitions and ventilation to reduce the effects of smoke on nonsmokers (only in the workplaces).

R 41 CA. Code Section 1003 (1983)

Requires employers to adopt, implement, and maintain a written smoking policy in office workplaces.

R 42 CA. Code Section 1005 (1983)

Enforcement of violations shall include serving notice to the employer requiring corrections of the violations, obtaining an injunction to enforce the correction of violations, and the prosecution of the employer. The employer shall be liable for a civil penalty not to exceed \$500. Each day such violation is committed constitutes a separate offense and shall be punishable as such.

R 44 CA. Code Section 1004 (1983)

The act does not apply to a private enclosed office workplace occupied exclusively by smokers.

R 46 CA. Code Section 1003 (1983)

The act applies only to offices.

San Jose, California

S 3 CA. Code Section 944.030 (added by Ord. No. 20364 (1980))

Prohibits smoking in elevators in public buildings.

S 4 CA. Code Section 944.040, Ord. No. 20364 (1980)

Prohibits smoking in public meetings (where public business is conducted by elected or appointed officials). This applies to indoor rooms, chambers, or places of public assembly.

S 5 CA. Code Section 944.060, Ord. No. 20364 (1980)

Prohibits smoking in any room, chamber, or place where entertainment events, lectures, or athletic events are held.

S 6 CA. Code Section 944.050, Ord. No. 20364 (1980)

Prohibits smoking in all public and private health care facilities (public areas), including waiting rooms, hallways, and lobbies.

Prohibits smoking in patients' rooms except by the patient (limited to bed space occupied solely by smokers).

S 10 CA. Code Section 944.040, Ord. No. 20364 (1980)

Prohibits smoking during public meetings.

S 13 CA. Code Section 944.080, Ord. No. 20364 (1980)

Prohibits smoking in eating establishments if the restaurant has a capacity of 50 persons or more. A smoking area may be maintained of less than 50 percent of the seating capacity and floor space. Banquet rooms used for private functions are excepted.

S 15 CA. Code Section 944.070, Ord. No. 20364 (1980)

Prohibits smoking in public retail stores when doing business with the general public. Stores not open to the public and tobacco shops are excepted.

S 17 CA. Code Section 944.060, Ord. No. 20364 (1980)

Prohibits smoking in buildings where any motion picture, stage drama, or other performance is held.

S 26 CA. Code Section 944.120 (A)(1) (1985)

Prohibits smoking in workplaces, classrooms, and auditoriums.

S 28 CA. Code Section 944.120 (A)(1) (1985)

Prohibits smoking in all conference and meeting rooms.

S 29 CA. Code Section 944.120 (A)(4) (1985)

Provides that any employee may designate his immediate work area as a nonsmoking area.

S 31 CA. Code Section 944.120 (A)(1) (1985)

Prohibits smoking in hallways and elevators.

S 32 CA. Code Section 944.120 (1985)

Provides that not less than 2/3 of all floor space or seating space of each employee lounge be designated as a no-smoking area.

S 34 CA. Code Section 944.120 (1985)

Requires that certain areas of the workplace be designated as no-smoking areas.

- S 35 CA. Code Section 944.120 (B) (1985)**
Requires the employer to communicate the smoking policy to employees.
- S 36 CA. Code Section 944.120 (A)(1) (1985)**
Prohibits smoking in workplace restrooms.
- S 38 CA. Code Section 944.120 (A)(5) (1985)**
Provides that the preference of nonsmokers should be given precedence in a dispute.
- S 39 CA. Code Section 944.120 (A)(6) (1985)**
Requires employers to post signs wherever smoking is prohibited.
- S 41 CA. Code 944.120 (A) (1985)**
Requires employers to adopt, implement, and maintain a written smoking policy.
- S 44 CA. Code Section 944.120 (D)(3) (1985)**
Provides that a private enclosed workplace occupied exclusively by smokers is exempted from the act.
- S 45 CA. Code Section 944.120 (A)(1) (1985)**
Prohibits smoking in employee medical facilities.
- S 47 CA. Code Section 15.04.160 (1950)**
Prohibits smoking within 50 feet of any fuel carrier not in motion or when it is fueling or draining an aircraft. No smoking in hangers. No smoking within 50 feet of aircraft fuel tanks.
- S 60 CA. Code Section 13.44.130 (1977)**
Prohibits smoking on any park trail, bridle path, or any fire risk area.
- S 68 CA. Code Section 4.50.130 (1967)**
Any person who owes taxes to the city shall be liable to an action brought in the name of the city for recovery.
- S 70 CA. Code Section 4.50.080 (1967)**
Requires a distributor (wholesaler) of cigarettes to collect and pay the tax to the city.
- S 72 CA. Code Section 4.50.140 (1967)**
Any person violating the cigarette tax provisions is guilty of a misdemeanor, punishable by a fine of not more than \$500 or by imprisonment for not more than 6 months.

- S 76 CA. Code Section 4.50.090 (1967)**
Violation is subject to the following penalties: a) during the original delinquency period, 10 percent of the amount of the tax will be assessed as a penalty; b) if the delinquency period is greater than one month, an additional 10 percent (for a total of 20 percent) plus the amount of tax owed compounded will be assessed as the penalty; c) for cases of fraud, 25 percent of the amount owed is assessed as a penalty in addition to the assessments on a) and b); d) interest on the amount owed, in addition to the penalties, will be assessed at of 1 percent interest per month; and e) no penalty is imposed during a hearing period or appeal period.
- S 77 CA. Code Section 4.50.070 (1967)**
Requires wholesalers to keep comprehensive records of all cigarette distribution transactions and retain them for three years.
- S 78 CA. Code Section 4.50.120 (1967)**
Whenever tax, interest, or penalty has been overpaid or wrongfully paid, it may be refunded pursuant to a written claim.
- S 79 CA. Code Section 4.50.060 (1967)**
Requires all distributors subject to the tax to register with the Director of Finance within 30 days after the operative date of the Act.
- S 81 CA. Code Section 4.50.050 (1967)**
Imposes a \$.0015 per cigarette (1 mills) tax upon the privilege to distribute cigarettes in retail outlets.
- S 94 CA. Code. Section 6.70.110 (1960)**
Provides that a responsible employee must maintain and supervise the use of vending machines to insure that the machine is not operated by minors.

Washington, D.C.

- T 1 DC. Code Section 44-223 (1979)**
Prohibits smoking on any public passenger vehicle seating 12 or more passengers.
- T 3 DC. Code Section 6-913(1) (1979)**
Prohibits smoking in any elevator. Elevators in single family dwellings are excepted.
- T 4 DC. Code Section 6-913(3) (1979)**
Prohibits smoking in any public hearing or assembly room owned or leased by the District of Columbia Government. District of Columbia Armory and Robert F. Kennedy Memorial Stadium are excepted.

- T 6 DC. Code Section 6-913(6) (1979)**
Prohibits smoking in any public health care facility including hallways, waiting rooms, and lobbies. Patients should be placed with patients who have similar smoking preferences. Staff, visitors, and the public shall not smoke in bed space areas of nonsmoking patients.
- T 8 DC. Code Section 6-913(4) (1979)**
Prohibits smoking in educational facilities including libraries (6-912(1)).
- T 10 DC. Code Section 6-913(3) (1979)**
Prohibits smoking in any public hearing or assembly room owned or leased by the District of Columbia Government.
- T 13 DC. Code Section 6-913.1 (1988 Supp.)**
Mandates creation of nonsmoking areas in restaurants with a seating capacity of more than 50 persons. Twenty-five percent of the restaurant shall be designated nonsmoking. Newly constructed restaurants shall have 50 percent of the restaurant designated as a nonsmoking area. Nightclubs and taverns are excluded.
- T 15 DC. Code Section 6-913(2) (1979)**
Prohibits smoking in the public selling area of any retail store. Stores primarily selling tobacco products are excepted.
- T 16 DC. Code Section 6-912-13(4) (as amended by Amendment Act of 1987)**
Prohibits smoking in any public education facility owned by the District of Columbia Government. Includes elementary schools, secondary schools, day care centers, nursery schools, and institutions of higher education. Excludes faculty lounges, smoking areas, and smoking lounges approved by principal or president of college.
- T 23 DC. Code Section 6-912-913(4) (1979)**
Prohibits smoking in all educational facilities including nursery schools and day care centers. Faculty lounges are excepted.
- T 70 DC. Code Section 47-2402(d) (1982)**
Requires each licensed wholesaler to affix stamps to cigarette packages to evidence payment of the tax.
- T 71 DC. Code Section 47-2406 (1982)**
Prohibits persons from altering, forging, or counterfeiting stamps.
- T 74 DC. Code Section 47-2404 (1982)**
Requires sellers of cigarettes to obtain various licenses from the mayor: wholesaler's license, retailer's license, and vending machine operator's license.
- T 76 DC. Code Section 47-2411.1 (1982)**
Failure to pay the tobacco tax will result in penalties and interest in accordance with Sections 47-453 through 47-458.
- T 77 DC. Code Section 47-2408 (1982)**
Allows the mayor to require wholesalers, retailers, and vending machine operators to keep, maintain, and preserve records, books, and other documents. Also allows the mayor to require various actions to verify and produce records.
- T 78 DC. Code Section 47-2412 (1982)**
Provides for refund of any tax, penalty, or interest wrongly collected.
- T 80 DC. Code Section 47-2402(d) (1982)**
Requires wholesaler to affix stamps to all cigarette packages.
- T 81 DC. Code Section 47-2402 (1982)**
Levies a tax of 85/100 per cigarette.
- T 83 DC. Code Section 47-2403 (1982)**
Exempts certain cigarettes from scope of taxation: 1) cigarettes sold by United States or District of Columbia Governments; 2) cigarettes in possession of licensed wholesalers for sale outside the limits of the District or for sale to other licensed wholesalers; 3) consumer possession of fewer than 200 cigarettes; and 4) cigarettes being transported.
- T 84 DC. Code Section 47-2405 (1982)**
Any person transporting unstamped cigarettes must have invoices or delivery tickets in his possession. Otherwise, cigarettes are considered contraband. Violation is punishable by a fine of \$25 for each \$200 contraband cigarettes.
- T 85 DC. Code Section 47-2409 (1982)**
The mayor may seize all contaxed cigarettes within the district. All unstamped cigarettes may be seized. All vending machines not in compliance with Section 47-2404 may be seized. All forged or counterfeit stamps may be seized. All money used in violation of this chapter may be seized.

T 91 DC. Code Section 22-1120 (1891)

Prohibits any person from selling cigarettes to any minor under 16 years of age. Violation is punishable by a fine of \$2 to \$20 or imprisonment for 5 to 20 days.

NATIONAL, STATE AND LOCAL PROGRAMS

Part 1

DESCRIPTIONS OF NATIONAL PROGRAMS

This section contains detailed descriptions of smoking cessation and prevention programs developed and disseminated by major voluntary health organizations. These programs are generally available on a Nationwide basis through local organization chapters or affiliates. Information on program availability at the local level is contained in Part 2 of this section. Descriptions of smoking-related research, prevention, and cessation efforts developed by Federal agencies and having a National impact are also included in Part 1 of this section.

VOLUNTARY PROGRAMS

Voluntary efforts towards smoking education and cessation have greatly increased since the last biennial report. The programs described in this section were developed and disseminated by various organizations, including the American Cancer Society, American Heart Association, American Lung Association, General Conference of Seventh-Day Adventists, and American Public Health Association, and include only those programs with a primary focus on smoking. Numerous programs are also available in which smoking cessation or prevention is a component of a total health education or behavior modification plan. For the purposes of this report, only the most commonly implemented and smoking-specific programs are described in detail. The programs listed are implemented through local chapters or affiliates throughout each State and in United States territories and possessions.

American Cancer Society

Every year, the American Cancer Society's (ACS) 58 divisions and 3,100 local units reach millions of adults and young people through its smoking education, prevention, and cessation programs. In addition, the society distributes millions of pamphlets, posters, and exhibits on smoking. While smokers are reached throughout the year by mass media efforts and physician counseling, special ACS efforts to reach all smokers include November's Great American Smokeout and April's Cancer Crusade.

Educational programs and FreshStart smoking cessation clinics are conducted on the local level through a comprehensive smoking control program that includes mass media efforts, legislative initiatives, professional education, and

response and referral systems. Heavy emphasis is placed on preparing other facilities, such as hospitals or industries, to assume primary responsibility for helping smokers to quit.

Education Programs

Education in the prevention of smoking is carried out principally in the schools because young people presumably have not yet established the smoking habit. Programs begin in preschool, where students are just learning about their bodies and good health habits, and continue through high school. Among the most widely disseminated smoking prevention programs developed by the ACS are the following.

- Starting Free, Good Air For Me is a program that helps preschoolers understand that they can leave the room when someone is smoking, tell an adult how smoking makes them feel, and ask an adult not to smoke in their presence. The package contains five different story books, hand puppets, a classroom poster, stickers, coloring books, and home activity sheets.
- An Early Start To Good Health is a followup program to Starting Free, Good Air For Me, designed for students in grades 1 through 3. The package includes a musical sound filmstrip, teaching guide, wall poster, activity spirit masters, and a letter to parents asking them to review the information with their child.
- Health Network includes new multi-media teaching units for students in grades 4 through 6. Each unit contains a sound filmstrip TV program interrupted by a simulated commercial message to stimulate followup discussion, a teaching guide with suggested classroom activities, lesson plans and filmstrip script, a wall poster or game, and duplicating masters for the activities detailed in the teaching guide.
- Healthy Decisions is a software package containing a users manual, help cards, and leader's guide. The program is designed to allow students in grades 4 through 6 practice decision making skills.
- Health Myself is a series of teaching units that can be incorporated into language arts, science, and social studies classes for students in grades 7 through 9. The units focus on the impact of societal influences on smoking behavior. The package includes a teaching guide, 10-minute sound color videocassette, activity sheets, and a poster.

Cessation Programs

Cessation programs are offered in the community through hospitals, worksites, and schools. The ACS trains facilitators to conduct various group programs, but a majority of the materials can be used independently in a self-help format. The following programs are part of the ACS effort.

- FreshStart is a smoking cessation clinic that includes a series of four 1-hour group sessions conducted over a 2-week period. The program contains all of the essential information and strategies a participant needs to stop smoking permanently. A FreshStart Facilitator's Guide, containing a summary agenda for each session followed by details of the program's content, is available from ACS.

A FreshStart Participant's Guide is also available. This guide complements the group sessions; however, it is fully self-explanatory and can be used by individuals who have decided to quit smoking without participating in a program.

- Breaking Free is a smoking information and cessation package for vocational and technical high school students incorporating group discussion, guest speakers, films, and videos. Many of the techniques outlined in the FreshStart Participant's Guide are used in a modified format appropriate to the target audience.
- Quitter's Guide: Seven Days To Stop Smoking is a self-help manual available, free of charge, through all ACS offices. The manual outlines steps for quitting in seven days and suggests a variety of relaxation and motivation techniques for smokers who wish to quit on their own.
- Why Quit Quiz is an information package developed by the ACS of Massachusetts. Participants respond to questions regarding their smoking behavior on a quiz and then view a film to determine their score.
- Guide To Community Action Toward A Smoke-Free Indoors is a guide developed to assist volunteers to effectively educate and persuade community decision-makers to adopt voluntary clean indoor air policies. Restaurant managers, hospital and health clinic administrators, personnel managers, store operators, and day care and school administrators are beginning to recognize that they have a responsibility to employees and customers alike to provide clean indoor air. This Guide supplies the basic information and other tools to recruit, inform, and motivate volunteers toward community action.

In support of the Surgeon General's call for a smoke-free society, the ACS has committed its resources to work toward a Smoke-Free Young America By The Year 2000. The Society will expand program efforts that are highly appealing in affecting the smoking habits of specific target groups. The following are target groups:

- vocational-technical high school students;
- health care professionals;
- expectant parents;

- preschool children; and
- early adolescents.

Program materials based on the application of prevention and cessation techniques, currently believed to have the most potential for success, will be available to support increased program activity.

American Heart Association

The smoking intervention programs of the American Heart Association (AHA) are designed to prevent young people from starting to smoke and to help those smokers who want to quit. These programs are promoted in three primary delivery sites: schools, places of work, and health care delivery sites. Program modules are developed at the AHA National Center and tested in the field for one or more years to determine their effectiveness. Modules with a demonstrated benefit are packaged and delivered to affiliates for implementation.

Education Programs

The AHA focuses primarily on smoking education programs. Most smoking-related programs for youth are designed to allow maximum student involvement with minimum teacher or administrator control. Students work with the teacher to modify the program to best meet their information needs. Adult programs are designed to reach the populations who are at risk through authority figures, such as physicians or employers. The following programs have been developed for specific target audiences.

- Heart Health Education Of The Young is a complete program curriculum that can be incorporated into existing health education classes. In-service workshops are held to train teachers in the use of the curriculum and to discuss incorporation of the curriculum into class plans. In a series of 90-minute presentations, students are introduced to the heart and circulatory system, the value of exercise and good nutrition, and risk factors, especially the hazards of smoking. The program package includes coloring books, posters, hands-on experiments and instruments, tapes, filmstrips, videos, games, graphs, and Heart Healthy comic books.
- Let's Talk About Smoking is a module designed to reach children at the critical point (grades 4 through 6) when many are beginning to experiment with cigarettes. The intervention is designed to teach young people skills to resist the pressure placed on them by their peers to experiment with cigarettes. The effectiveness of the module was confirmed in a 1-year study of students in grade 7. The core of the module is an 11-minute film featuring the comments of junior high school students. Nonsmoking students describe the pressures placed on them by friends and others, the tactics they used to resist these pressures, the reasons they have chosen to remain nonsmokers, and their impressions about smokers, particularly those who say they can quit at any time. Smokers candidly discuss how they would like to quit. The film is used in a 3-day teaching unit in which students engage

in open discussions about the pressures to smoke and ways to counter these influences.

- **Save A Sweet Heart** is an 11-week program designed to associate nonsmokers and nonsmoking behavior with popular images and to provide a supportive environment to those smokers who want to quit. This is achieved through the use of the same marketing, sociological, and social-psychological tools that cigarette companies employ to create positive images of smokers and to make smoking a socially acceptable practice. The program is conducted by a team of students as an extracurricular activity around the time of Valentine's Day, which is observed as a nonsmoking day. Before release, the module underwent a rigorous 3-year evaluation employing several thousand students in six Wisconsin senior high schools. The program features a set of five posters that mimic cigarette ads, but portray nonsmokers in the images most popular with teenagers. The posters are placed in strategic locations throughout the campus and rotated periodically in the same way that cigarette ads are rotated on billboards.
- **Heart At Work** is an intervention program designed for implementation in the workplace. The program includes modules on hypertension, nutrition, exercise, signals and actions for survival, and smoking reduction. The smoking reduction module consists of two components: a model policy for restricting smoking in the workplace and a self-help cessation kit. The model policy provides companies with practical guidance for restricting smoking among employees. Attractive signs are provided for nonsmokers to use in designating their offices or work stations as nonsmoking areas. Posters are also included that associate a smoke-free work environment with job satisfaction and success.
- **Calling It Quits** is a self-help smoking cessation kit contained in the module that was adapted from the Quit It program developed by the National Cancer Institute. This kit is offered to employees who want to quit smoking. Supportive posters are provided that present a powerful message to smokers who are parents of young children.
- **Heart Rx** was introduced in 1987 after two years of testing. The program is designed to assist health care providers give patients the necessary information to make important health behavior choices. Health care providers receive information kits for their office and staff as well as several sample information kits for patients. Patient information is available in Spanish and English formats, and is provided to patients free of charge. There is a slight charge for additional provider kits. A sound slide presentation is available for office use through purchase or loan.

American Lung Association

Toward the goal of making NO SMOKING the social norm in this country, the American Lung Association (ALA) and its 139 affiliates Nationwide conduct a comprehensive range of programs and activities that encourage smokers to quit,

prevent those people who do not smoke from beginning, and protect the rights of nonsmokers. The new Smoke-Free Family Campaign, the ALA's response to the Surgeon General's challenge for a smoke-free society by the year 2000, provides smoking prevention, education, and cessation programs, activities, materials, and messages to individuals, their friends, relatives, and co-workers. The ALA Minority Outreach Initiative strives to reduce lung disease and promote lung health in minority populations. Through networking with minority agencies and developing culturally appropriate material, such as Freedom From Smoking (R) For You And Your Family, the ALA is addressing the needs of these special populations.

Cessation Programs

Local ALA affiliates provide a variety of comprehensive smoking cessation programs for use by community organizations, businesses, or individuals, several of which are discussed here. The Freedom From Smoking (R) series includes clinics, manuals, and audiovisual presentations and targets a wide variety of audiences through its different formats. Some offices offer the programs in both Spanish and English to better meet the needs of their constituents. Several of these programs are described below.

- **Freedom From Smoking (R) Self-Help Manuals** consist of two colorful, extensively illustrated guides to the quitting process. Freedom From Smoking (R) In 20 Days, a basic day-by-day approach to quitting, and A Lifetime Of Freedom From Smoking (R) reinforce smokers' commitment to their new, nonsmoking lifestyle.
- **Freedom From Smoking (R) Clinics** are for smokers who prefer a group approach; most ALA affiliates offer this extensive, Nationally developed, 7-week course led by trained staff or volunteers. Participants receive class instruction and audiotape materials on developing quitting strategies, dealing with recovery symptoms, managing stress through relaxation and assertiveness techniques, controlling weight, and avoiding recidivism. Some ALA affiliates also sponsor followup maintenance groups for ex-smokers.
- **Freedom From Smoking (R) At Work** consists of trained ALA staff who help companies develop a comprehensive approach to reducing smoking at the workplace. Two manuals, Taking Executive Action and Creating Your Company Policy, are available to management and employees to help them develop effective policies on smoking. The Freedom From Smoking (R) self-help clinics and video programs can be adapted to the workplace, and company personnel can be trained by ALA staff to lead the clinics. Special posters are available to help initiate a company-wide campaign on smoking.
- **In Control**, a Freedom From Smoking (R) video program, was introduced in the summer of 1985. This is an approach to quitting smoking that individuals with VCRs can use at home; ALA affiliates also have special guides on using the program in group settings at work, physicians' offices, and other locations. Baseball star Steve Garvey and a psychologist host a 90-minute video program consisting of 13 segments to be shown separately. Users also receive a 136-page viewer's guide and a 20-minute audiotape with motivational and relaxation messages.

The videotape is available in VHS, BETA, or 3/4-inch versions.

- **Freedom From Smoking (R) For You And Your Baby** is a self-help manual for pregnant smokers. Produced in cooperation with the Harvard Community Health Plan, this 10-day, full-color manual is packaged with a poster depicting a series of exercises for pregnant women that adhere carefully to the guidelines set by the American College of Obstetricians and Gynecologists (ACOG), and a relaxation and exercise tape to assist women maintain motivation for quitting smoking.
- **Freedom From Smoking (R) For You And Your Family** is a newly introduced self-help manual for the Smoke-Free Family Campaign. This 64-page, full-color manual focuses on specific cessation topics, such as coping strategies, addiction, triggers, and weight gain, rather than on day-to-day approaches to quitting smoking.

Education Programs

The ALA actively supports comprehensive health education in schools as a means of convincing children not to smoke and to adopt healthy lifestyles. ALA cooperated with the Centers for Disease Control in the development of the comprehensive Growing Healthy Program for children in kindergarten through grade 7. This program is described in detail under the Centers for Disease Control description in the following section.

ALA affiliates also offer other Nationally and locally developed smoking education modules and a variety of films, posters, and written materials for classroom use. Most ALA affiliates offer the programs described below.

- **Biofeedback Smoking Education Project (BIOSEP)**, offered by many ALA affiliates, is a classroom program for students in grades 7 through 12 that was originally developed by the New Hampshire Lung Association. Students conduct laboratory tests on themselves, using sophisticated laboratory equipment, including an Ecolyzer, cardi tachometer, digital thermometer, and tension steadiness machine, loaned to schools by their ALA affiliate. Carbon monoxide levels, pulse rates, skin temperatures and hand tremors are compared in smoking and nonsmoking students. Smokers are measured before and after smoking a cigarette in the classroom. BIOSEP allows students to see firsthand the negative physiological effects of smoking on fellow students who may have no outward signs of poor health. This immediate feedback provides a stimulus for behavior modification that long-term health threats may not provide. It can also reinforce the behavior of nonsmokers.
- **Hugh McCabe: The Coach's Final Lesson** is an 18-minute videotape that documents the last 8 months of a popular high school football coach's life. The film depicts the deterioration and death of a lung cancer patient. The film and accompanying teacher's guide are aimed at students in junior and senior high schools.
- **Lungs Are For Life** consists of modules that give lessons on smoking, air pollution, and lung physiology and include teachers' guides, spirit masters, posters, and other aids.

Separate modules are available for children in kindergarten through grade 4.

- **Marijuana: A Second Look** is a highly motivational program that uses the cast of the popular television show *Fame* to inform children between the ages of 9 to 11 years and their parents of the dangers of marijuana smoking. A packaged classroom kit includes a teaching guide for teachers and youth leaders, a parent's magazine, a *Fame* FAN-tastic poster and magazine for students, and posters, buttons, and stickers.
- **Octopuff In Kumquat** is the ALA's animated feature film designed to present positive health values to children between the ages of 4 and 8. Octopuff is a full-color, 9-minute film that tells the story of an imaginary character named Octopuff who, despite protests from the elders and the children, introduces smoking to the village of Kumquat. Solutions to the resulting environmental problems and Octopuff's subsequent reformation are effected by the intervention of the village children. A teacher's guide is available to suggest supplementary classroom activities.
- **Smoking And Pregnancy Program**, developed by the ALA, consists of information kits for pregnant women and health care providers that discuss the effects of smoking on the health of a pregnant woman and her baby. For the pregnant woman, an information kit, available in English or Spanish, provides a mini-flip chart on how cigarettes affect her baby and why quitting smoking during pregnancy will reduce these health risks. The kit also provides a pamphlet that answers common questions about smoking and pregnancy, and I Quit Smoking Because I Love My Baby stickers and signs. For the health care provider, an information kit (available in English) provides a counseling handbook, a flip chart for use in counseling patients, two full-color posters, and Because You Love Your Baby tent cards.
- **Smoking Deserves A Smart Answer** is designed for students in grades 5 and 6. Health effects of smoking, the social and behavioral motivations related to smoking, the skills for identifying and resisting peer pressure, and the effects of cigarette advertising are addressed. A 1-hour, 5-day curriculum is offered, and packets containing puzzles, posters, and parent information are distributed to children. In-services and resource folders for classroom activities are provided by the ALA.
- **Students Teach Students** is a peer counseling program. High school students are trained as counselors to encourage elementary students not to smoke. The high school students serve as role models for students in grades 5 and 6 and present information and activities concerning the hazards of smoking. This program can be incorporated into the Smoking Deserves A Smart Answer program on the third day of the 5-day curriculum.

Two films are also available at many ALA offices: *Death In The West* and *Feminine Mistake*. These films offer students information regarding the health consequences of smoking, the societal pressures to smoke, and alternatives to smoking.

Protecting the Rights of Nonsmokers

The ALA and its affiliates also conduct public education campaigns by distributing written materials such as the ALA leaflet, *Second-Hand Smoke: The Facts*, disseminating public service announcements, organizing media appearances, and performing legislative and other public policy activities. These efforts are designed to increase public awareness of the hazards of involuntary or secondhand smoking and protect the right of nonsmokers to breathe smoke-free air. ALA affiliates are able to help companies develop and implement effective policies on smoking. Many ALA affiliates have also been instrumental in the development and enactment of State and local legislation to restrict smoking in public places.

Tri-Agency Efforts

The National offices of the ALA, the ACS, and the AHA created the Coalition on Smoking OR Health, a public policy project that promotes legislative and regulatory action on smoking. The Coalition tries to maximize effective collaboration at the State and local levels through voluntary and legislative actions, public education activities, and public relations campaigns. The Coalition also focuses on National aspects of Federal legislation and lobbying efforts. The Coalition and its sponsoring organizations were instrumental in obtaining the passage and enactment of new Federal warning labels on cigarette packages and advertising. Units have been established in many States to focus on local legislative efforts, gathering their information from the Coalition and from the clearinghouse described below.

The three agencies also established the Tobacco-Free America Project. This project publishes the *Tobacco-Free Young Reporter*, a quarterly publication with a circulation of 42,000, and acts as a clearinghouse for tobacco-related legislative information. The clearinghouse provides information and educational materials to State and local coalitions established to support local legislative efforts and the project. When there is a need for field response, each agency contacts its constituents at the State and local level.

The project has identified the children entering first grade in September 1988 as the Smoke-Free Class of the Year 2000. The children will be offered educational programs every year while they are in school. The project also coordinates the Athletes Against Tobacco program, which was established in December 1986 as a speaker's bureau for professional and amateur athletes to serve as spokespersons for local coalition offices and other voluntary groups and as role models for children. The athletes are available to speak to groups and visit schools; visits are scheduled through the clearinghouse.

A new initiative, Tobacco Free Schools, is a high priority activity for the tri-agency group. They supported a National survey of nonsmoking policies in schools conducted by the National School Boards Association. Published in June 1987, *No Smoking-A Board Member's Guide to Nonsmoking Policies for the Schools* is the result of this survey.

General Conference of Seventh-Day Adventists

In 1959, a Seventh-Day Adventist physician and a minister joined efforts to present a program on the harmful effects of smoking. The result was the Five-Day Plan To Stop Smoking, a plan that has been conducted around the world and has helped several million people to stop smoking.

The Breathe-Free Plan to Stop Smoking: The Revised Five-Day Plan

In 1985, the Five-Day Plan was revised and renamed the Breathe-Free Plan To Stop Smoking. It consists of eight 2-hour sessions designed to help a smoker break the tobacco habit. This plan emphasizes lifestyle modification strategies, such as encouraging smokers to clarify their values, visualizing new behavior, role playing and modeling, and decision making to develop a positive self-image as a nonsmoker.

Among the practical techniques advocated during the first few days to lessen withdrawal symptoms are frequent warm baths, increased fluid intake, regular eating and sleeping habits, extra exercise (particularly after meals), and the avoidance of sedatives and stimulants, such as alcohol, caffeine, spicy foods, and foods high in saturated fats.

Films promoting a positive self-image and group-support sessions have successfully helped participants to stop smoking. Handout materials encourage participants to be personally involved in their lifestyle change. Because of the interrelationships of body, mind, and spirit, the program takes a holistic approach in assisting the individual to use all of his or her resources to make this major behavioral change successfully.

Programs are conducted in hospitals, churches, and worksites. More information is available by calling, toll-free, (800)253-3000, (800)253-7077, or (800)247-5627, or by contacting the following organizations.

North American Division
Health and Temperance Department
of the General Conference of
Seventh-Day Adventists
6840 Eastern Avenue, N.W.
Washington, D.C. 20012
(202)722-6719

Health System Regional Offices
Adventist Health System/United States
2221 East Lamar Boulevard
Arlington, Texas 76006-7411
(817)649-8700

Adventist Health System/North, East,
and Middle America
8800 West 75th Street
Shawnee Mission, Kansas 66204
(913)677-8000

Adventist Health System/Loma Linda
Loma Linda University Medical Center
Post Office Box 2000
Loma Linda, California 92350
(714)824-4302

Adventist Health System/Sunbelt
2400 Bedford Road
Orlando, Florida 32803
(305)897-1919

Adventist Health System/West
2100 Douglas Boulevard
Post Office Box 619002
Roseville, California 95678-3898
(916)781-2000

Church Regional Offices
Pedro Geli, Jr., Director
Health and Temperance Department
Atlantic Union Conference
Post Office Box 1189
South Lancaster, Massachusetts 01561
(617)368-8333

E. Rick Bacchus, Director
Health and Temperance Department
Canadian Union Conference
1148 King Street, East
Oshawa, Ontario L1H 1H8 Canada
(416)433-0011

Ron Stretter, Director
Health and Temperance Department
Columbia Union Conference
5427 Twin Knolls Road
Columbia, Maryland 21045
(301)997-2414

William Jones, Director
Health and Temperance Department
Lake Union Conference
Post Office Box C
Berrien Springs, Michigan 49103
(616)473-4541

George W. Timpson, Director
Health and Temperance Department
Mid-America Union Conference
Post Office Box 6127
Lincoln, Nebraska 68506
(402)483-4451

Wayne Shepperd, Director
Health and Temperance Department
North Pacific Union Conference
Post Office Box 16677
Portland, Oregon 97216
(503)255-7300

Elbert Anderson, Consultant
Church Ministries
Pacific Union Conference
Post Office Box 5005
Westlake Village, California 91361
(805)497-9457

Ralph P. Peay, Director
Health and Temperance Department
Southern Union Conference
Post Office Box 849
Decatur, Georgia 30031
(404)299-1832

Fred Murray, Director
Health and Temperance Department
Southwestern Union Conference
Post Office Box 4000
Burleson, Texas 76028
(817)295-0476

American Public Health Association

In 1985, the American Public Health Association (APHA) initiated a major campaign to help achieve the Surgeon General's goal of a smoke-free society by the year 2000. This campaign, the Anti-Tobacco Initiative, coordinates a variety of activities geared toward ending the promotion of tobacco products to the public. The APHA, its 49 State affiliates, and 23 professional sections contribute to the development of these activities.

The association formed a number of coalitions and working groups that concentrate on a variety of topics: smoking on airlines, cigarette excise taxes, smoking and minorities, advertisements in women's magazines, and women and smoking. The coalitions focus primarily on planning legislative strategies with a secondary focus on developing interventions for smoking and health.

To increase the legislative lobbying strength available for tobacco-related issues, the Anti-Tobacco Initiative works through the association's Government Relations Department. The APHA has been involved in several court cases regarding suits against tobacco companies. The Anti-Tobacco Initiative works extensively with affiliates in States that have limited tobacco laws and activities, developing guidelines, incentives, and models for their use.

FEDERAL PROGRAMS

Cigarette smoking has been cited as the single most important preventable cause of premature mortality in the United States. The evidence that cigarette smoking is the primary avoidable cause of death in our society is supported by extensive research.

In addition to the Federal legislative efforts described in Chapter IV, many Federal agencies have developed programs with a National impact. These include research, demonstration, prevention, and cessation programs that focus on the health of the American population.

In accordance with the General Services Administration regulations on smoking in Federally-owned or-operated buildings, smoking policies have been developed by Federal departments, agencies and offices. Often, these policies include provisions of smoking cessation programs for employees. Although many Federal offices indicated implementation of such programs, for the purposes of this report, only programs with a National focus or impact have been described in detail.

U.S. Department of Health and Human Services

The Department of Health and Human Services (DHHS) is the Federal department responsible for the health and welfare of the Nation. Through the Public Health Service, the DHHS promotes health education, disease prevention, and research projects. The DHHS has spearheaded Federal efforts in the area of smoking and health. For each fiscal year, the various agencies and offices within the DHHS report their expenditures on smoking and health (and 14 other prevention priority areas) to the Office of Disease Prevention and Health Promotion. Activities and expenditures related to smoking and health in fiscal years 1985 and 1986 are listed in Table 1. (See Table 1.) The following is a more detailed description of the many DHHS activities in the area of smoking and health by agency or office.

Alcohol, Drug Abuse, and Mental Health Administration

The Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) oversees the efforts of the National Institute for Alcohol Abuse and Alcoholism (NIAAA), the National Institute on Drug Abuse (NIDA), and the National Institute for Mental Health (NIMH). Programs conducted by NIMH, as reported in the last biennial report, have been transferred to NIDA and NIAAA. NIAAA's Office for Substance Abuse Prevention is currently implementing all NIAAA smoking-related programs.

Office for Substance Abuse Prevention (ADAMHA)

The Office for Substance Abuse Prevention (OSAP) has developed materials and messages designed to reach pregnant and nursing women, youth, and those who may influence their behavior, as well as health care providers, educators, and parents. The messages are broad, counseling viewers and readers on the dangers associated with alcohol, tobacco, and other drug use; they urge abstinence from these substances among pregnant and nursing women, all youth, and individuals recovering from dependence on any of these substances. The programs that focus on these populations are described below.

- The OSAP is supporting a major campaign aimed at educating women and their families (with special emphasis on low-income women) about the dangers associated with using tobacco, alcohol, cocaine, and other illicit drugs during pregnancy. The number of babies born

to mothers who have used cocaine is rising, and the costs associated with Fetal Alcohol Syndrome and Fetal Alcohol Effects are staggering. Many women who are dependent on alcohol are also dependent on tobacco, which increases the risk of low birthweight and related problems, including irreversible mental retardation. Nearly 40,000 babies are born each year with one or more alcohol-related birth defects.

The Campaign To Promote Awareness of Alcohol-Related Birth Defects is being conducted in conjunction with the National Council on Alcoholism and other major voluntary organizations. Materials recently released include a NIDA Capsule on Cocaine Babies and an English and Spanish version of *Taking Care of Your Baby Before Birth: A Message for Pregnant Women*. The latter material is currently being distributed to low-income women through the WIC program of the U.S. Department of Agriculture and the National Clearinghouse for Alcohol and Drug Information. Each publication stresses three lifestyle messages: the importance of eating a nutritious and balanced diet, avoiding drugs and medications, and avoiding cigarette smoking. Messages to help health care providers pass along this information to their patients has also been developed. Distribution is coordinated with the Substance Abuse Subcommittee of the Healthy Mothers, Healthy Babies National Coalition.

- In 1987, the OSAP launched a prevention campaign, *Be Smart! Don't Start! - Just Say No!*, aimed at 8- to 12-year olds and those who influence their behavior. The campaign focused on the non-use of alcohol as the primary behavior component. It also included specific messages about tobacco products and marijuana, because these are seen as gateway drugs, particularly for this age range.

The materials include a music video; television and radio public service announcements; a volunteer newsletter that provides technical assistance for implementing the campaign in communities and schools; print materials for students, teachers, and parents; bumper stickers; discussion guides; and many more supportive materials. During this year, the OSAP is adding materials with more focus on tobacco products and other drugs. The OSAP will then follow this population of youth and in 1990 plans to launch a *Stay Smart! Don't Start!* campaign aimed at 11- to 14-year olds. This campaign has been awarded the Action for Children's Television Public Service Award and several Markie Awards for excellence.

- The OSAP has launched an extensive outreach effort aimed at parents to help them empower their children to say no to harmful substances, including tobacco, alcohol, and other illegal drugs. A series entitled, *Ten Steps to Help Your Child Say No*, includes a parent's guide, a leader's guide, and a reminder list that can be posted on walls, refrigerators, or bulletin boards within the home or school. The lifestyle messages are designed to help parents assist their children in developing social and other developmentally appropriate skills to refuse negative peer pressure and get involved with positive peer pressure activities and programs. In addition, the OSAP is launching a major training program for parents that will more intensively help parents. The parents will be trained to build the necessary skills to help their children better

Table 1

Expenditures on smoking-and-health activities reported by agencies within the Department of Health and Human Services, Fiscal Years 1985 and 1986.

<u>Agency</u>	<u>Activity</u>	Expenditures (dollars in thousands)	
		<u>1985</u>	<u>1986</u>
Alcohol, Drug Abuse, and Mental Health Administration			
National Institute on Drug Abuse	Attitude and behavior changes in smoking cessation	33	34
	Smoking cessation involving the media and social support	21	22
	Clean indoor air laws and male/female smoking differences	56	58
	Preventive drug abuse relapse: smoking as a prototype	212	220
	Family influence on adolescent smoking	287	299
	A smoking intervention program for school children	157	163
	Social learning analysis of smoking cessation clinic	166	172
	Adolescent chewing tobacco use and smoking cessation	269	280
	Comprehensive smoking prevention	486	505
	Factors inhibiting drug use: teacher and peer effects	104	109
	Adolescent drug abuse: a social-cognitive approach	67	70
	Licit and illicit abused drugs/behavioral interaction	81	84
	Prevention of multi-substance abuse in youth	361	374
	Analysis of cigarette and coffee use interactions	39	41
	The role of father/mother/sibling in adolescent drug use	14	15
	New smoking control projects	—	350
Office of the Administrator	Alcohol, and Drug Abuse and Mental Health Services Block Grant	*	*
Centers for Disease Control *			
Center for Health Promotion and Education *	Behavioral risk factor surveillance	68	75
	Smoking-risk reduction	135	300
	Smoking and pregnancy	177	380
Other Program Offices	Smoking and Health Services Block Grant	*	*
National Institutes of Health			
Division of Research Resources	Smoking and health research	622	623

<u>Agency</u>	<u>Activity</u>	Expenditures (dollars in thousands)	
		<u>1985</u>	<u>1986</u>
National Cancer Institute	Smoking education and information	12,389	20,843
	Identification of harmful constituents in tobacco smoke	3,786	3,786
	Epidemiology to assess smoking risks	4,956	3,422
National Heart, Lung and Blood Institute	Smoking cessation	993	989
	Smoking prevention/wellness promotion	665	662
	Smoking and heart health	1,244	1,239
	National smoking education program	473	470
National Institute on Aging	Smoking and the elderly	480	534
National Institute of Child Health and Human Development	Behavioral pediatrics	491	742
	Fetal pathology	538	160
	High-risk pregnancy	176	168
	Infant nutrition	37	191
National Center for Nursing Research	Smoking control	—	235
Office of the Assistant Secretary for Health			
National Center for Health Statistics &	1983 National Health Interview Survey-Alcohol and Health Practices Questionnaire	**	**
	1985 National Health Interview Survey-Health Practices/ Disease Prevention Questionnaire	**	**
	1987 and 1988 National Health Interview Survey	**	**
	1988 National Health and Nutrition Examination Survey (NHANES) III	**	**
Office of Disease Prevention and Health Promotion	Dissemination of <i>Decision Maker's Guide to Reducing Smoking at the Workplace</i>	8	5
Office on Smoking and Health *	Development of a national information and education program	1,000	1,000
	Technical information services	950	950
	Development of the Surgeon General's report on the health consequences of smoking	245	272
	Biennial report to Congress <i>Smoking and Health: A National Status Report</i>	—	260
	Epidemiology	300	75
	Pregnancy and infant health initiative	—	300

Source: U.S. Department of Health and Human Services. Prevention '86/'87: Federal Programs and Progress. U.S. Government Printing Office: Washington, D.C., 1987.

- * All block grant funding is not displayed here because some funded activities are not prevention, and others are impossible to identify as prevention because detailed reporting is not required. How funds are actually spent is not known unless they are targeted set-asides.
- ** Multi-purpose survey; dollar amount directly attributable to smoking and health cannot be determined.
- & The National Center for Health Statistics was transferred administratively from the Office of the Assistant Secretary for Health to the Centers for Disease Control in 1987.
- # The Office on Smoking and Health was transferred administratively from the Office of the Assistant Secretary for Health to the Centers for Disease Control (CDC) in September 1986. It is now a division in the Center for Health Promotion and Education, CDC. (The Center for Health Promotion and Education is now called the Center for Chronic Disease Prevention and Health Promotion (CCDPHP), CDC.)

defend themselves against societal, environmental, and personal pressures to use tobacco, alcohol, or other drugs.

- The OSAP has awarded grants to 131 programs across the country to help prevent alcohol and other drug problems among high-risk youth. High-risk youth are often at risk for problems with many substances, such as cigarettes, chewing tobacco, alcohol, and other drugs, including solvents, stimulants, barbituates, and narcotics. It is expected that these demonstration programs will yield valuable information that will help communities prevent these problems and intervene with those who have developed problems with these substances. Materials will be developed as a result of these programs. In addition, the OSAP is currently reviewing and assessing existing materials that have prevention and intervention messages for reaching high-risk youth. Resource lists will be developed along with innovative strategies for reaching this underserved population. These efforts are being coordinated with many of the Federal agencies working with high-risk youth. Experts and researchers are also sharing their knowledge so that the OSAP staff and others are especially sensitive and responsive to the needs of high-risk families and communities.
- The OSAP is working with the American Medical Association, the American Academy of Pediatricians, the American Academy of Family Physicians, ACOG, HRSA, IHS, NIDA, and others to develop messages and materials for primary care providers about alcohol, tobacco, and other drug problems, especially among adolescents. Resource materials have been identified. The current focus is on effective communication strategies for delivering pertinent drug and alcohol information to the primary care physicians.
- Finally, the OSAP publishes a bimonthly newsletter, *Prevention Pipeline: An Alcohol and Drug Awareness Service*, to ensure a flow of information about alcohol and drug prevention efforts among Federal, State, voluntary, professional, and community organizations. Research

findings on smoking and its relation to alcohol and other drug use are published in the newsletter in abstract form. New materials that focus on refusal skills, lifestyle change, motivation, and related aspects of prevention are also listed. In addition, the newsletter carries notices of important prevention and intervention meetings and conferences, most of which include smoking prevention as a topic.

National Institute on Drug Abuse (ADAMHA)

In the mid-1970s, the National Institute on Drug Abuse was assigned a leadership role by the DHHS in the investigation of the behavioral aspects of tobacco use, particularly addiction to and dependence upon cigarette smoking. The results of NIDA-sponsored research have been reported in a series of research monographs including Number 17, *Research on Smoking Behavior*, and Number 23, *Cigarette Smoking as a Dependence Process*. The 1979 Surgeon General's Report on Smoking and Health contained the entire NIDA research monograph Number 26, *The Behavioral Aspects of Smoking*, which provided a summary of biological, behavioral, and psychosocial research on cigarette smoking behavior. Results of NIDA research on nicotine dependence have also been described in the second Triennial Report to Congress on Drug Abuse and Drug Abuse Research (1987) and in the Surgeon General's Report on Nicotine Addiction (1988).

Since this time, NIDA has maintained a leadership role through the administration of a well-balanced research program. Most recently, NIDA published a compilation of research results and guidelines in Monograph Number 48, *Measurement in the Analysis and Treatment of Smoking Behavior*, which addresses some of the basic and applied research questions related to smoking and tobacco use. This publication is the result of NIDA-sponsored research activities that examine the fundamental problems concerning survey methodology, measurement, and topography of cigarette smoking behavior. Monograph Number 63, *Prevention Research: Detering Drug Abuse Among Children and Adolescents*, reviews research results from a number of psychosocial-based studies in preventive intervention aimed

at deterring the onset of cigarette smoking among children and adolescents.

Currently, NIDA's Tobacco Science Program characterizes cigarette smoking and tobacco use as an addictive disorder. The program views self-administration of nicotine as a prototypical model of drug abuse behavior, and considers tobacco a gateway drug that can lead to the use of other drugs.

Significant NIDA studies focus on the role of nicotine in establishing and maintaining smoking behavior, the effects of nicotine on withdrawal symptoms, the development of biochemical markers to increase validity of self-report in survey research, the development of more effective techniques for modifying or preventing smoking behavior, assessment of the biological generality of nicotine's reinforcing actions, identification of brain nicotine receptors, continued assessment of the loss and gain of tolerance to nicotine, and better delineations of neurohormonal mechanisms of nicotine action.

NIDA's pioneering efforts in the area of smoking cessation include studies that examined the effects of learning-based interventions, aversion conditioning, and maintenance procedures, which include contractual management and structured group support. Current efforts that show promise include an examination of the determinants of relapse and strategies for successful self-control and disease model programs. Results of such efforts may open new and exciting approaches to the understanding, prevention, and treatment of smoking behaviors. The results have broad implications for prevention and treatment of other addictive behaviors.

In the area of prevention, NIDA supported research to identify effective means of preventing smoking and tobacco use among children and youth. Research results from several school-based prevention programs indicate that interventions based on social learning and developmental theories may be effective in training children to resist pressures to smoke.

In recent years, research has shown that the development of various habitual behaviors is similar. NIDA-supported researchers have examined promising approaches to smoking prevention and applied them to the prevention of alcohol and other drug abuse. Among these approaches are social skills interventions that have significantly reduced alcohol and marijuana use among junior high school students. These efforts have received considerable benefits from the experience of NIDA researchers in basic research, prevention, and intervention efforts with other drugs.

Centers For Disease Control

The Centers for Disease Control (CDC), within the Public Health Service (PHS), is the Federal Agency charged with protecting the public health of the Nation by providing leadership and direction in the prevention and control of diseases and other preventable conditions and responding to public health emergencies. Within the CDC, efforts to prevent the use of tobacco and to evaluate the effects of tobacco use are concentrated in the Center for Chronic Disease Prevention and Health Promotion (CCDPHP), the Center for Environmental Health and Injury Control (CEHIC), and the

National Institute for Occupational Safety and Health (NIOSH). The CDC actively supports epidemiologic research and interventions in which smoking is considered a major risk factor affecting health.

Center for Chronic Disease Prevention and Health Promotion (CDC)

The Center for Chronic Disease Prevention and Health Promotion (CCDPHP) of the CDC (See # in Table 1.) has developed and is implementing two smoking education programs in schools throughout the United States. "Growing Healthy" is aimed at students in preschool through grade 7. "Teenage Health Teaching Modules" focus on teenage students. Both programs are described in detail below.

- "Growing Healthy" is a combination of the Primary Grades Health Curriculum Project (PGHCP), developed by the CCDPHP and the American Lung Association (ALA), and the School Health Curriculum Project (SHCP), developed in 1969 by the National Clearinghouse for Smoking and Health (now the Office on Smoking and Health). The subject of smoking and health is integrated into a curriculum for teaching good health practices through an understanding of and appreciation for body systems and functions and through the development of a positive self-image.

The curriculum consists of separate units of study for students in kindergarten through grade 7. For children in kindergarten through grade 3, complete sets of print and audiovisual materials accompany each of the four curriculum units. Publications, films, filmstrips, tapes, models, pupil-prepared games, and other materials are available. Formal teacher training workshops are available nationwide, and training can be scheduled if several schools in one city or county are interested in implementing the program.

For students in grades 4 through 7, the curriculum consists of separate units of study, each organized around a particular body system. Each unit can be taught in an 8- to 10-week period. The four units, Our Digestion, Our Nutrition, Our Health, About Our Lungs and Our Health, Our Health and Our Hearts, and Living Well with Our Nervous System, focus respectively on the digestive, respiratory, cardiovascular, and nervous systems. Extensive print and audiovisual materials have been designed to complement the curriculum, such as publications, films, filmstrips, tapes, models, pupil-prepared games, and other activity materials.

- The "Teenage Health Teaching Modules" (THTM) is a comprehensive health education curriculum for junior and senior high school students. It is designed to provide adolescents with the knowledge, skills, and understanding to act for themselves and others in ways that are health-enhancing with respect to their immediate health needs and the long-term consequences of behaviors that they may try or establish during the adolescent years. THTM is being used in at least one school in every State.

The CDC developed the program through a contract with the Education Development Center (EDC). In an effort to combine the principles of adolescent developmental

theory with behaviors thought to be health-promoting, THTM developed the concept of health tasks: the physical, mental, emotional, and social tasks that adolescents need to develop to their full health potential. This program helps students to develop skills relevant to smoking, such as decision-making, and evaluating and interpreting information. One of the modules addresses "Protecting Oneself and Others: Smoking, Drinking and Drugs." Another module addresses smokeless tobacco. Results from a rigorous evaluation of the efficacy of THTM will be released in January 1989.

Descriptive information, price lists, and copies of the modules are available from EDC. The CDC also provides information and single copies for purposes of further project development and distribution, and will grant rights to reprint the modules under a Government-held license. Requests for such rights should be in writing to the Division of Adolescent and School Health, CCDPHP. Teacher training is recommended as an adjunct to use of the modules in schools; professional services for show-casing, technical assistance, and teacher training are now available. An evaluation package to assist THTM users in assessing program and outcome effects is being developed and field-tested.

The CDC has also developed programs to monitor the prevalence of nutrition-related problems and behavioral risk factors among high-risk populations. Components of these State-based programs that relate to smoking are described below.

- The CCDPHP is involved in surveillance of smoking behavior through the Behavioral Risk Factor Surveillance System. Under this system, 39 States and the District of Columbia conduct ongoing assessments of the prevalence of key behavioral risk factors that contribute directly to the 10 leading causes of mortality and morbidity. Factors related to smoking, alcohol consumption, exercise, weight, and seatbelt use are surveyed routinely. Behavioral epidemiological research activities at the CDC include the study of smoking behavior and its determinants. The September 1987 *Morbidity and Mortality Weekly Report* supplement included all major research reports on the psychosocial determinants of smoking among adolescents.
- The Pregnancy Nutrition Surveillance System (PNSS) is designed to monitor the prevalence of nutrition-related problems and behavioral risk factors among high-risk pre-natal populations. Under this system, 12 States and the District of Columbia collect data from prenatal clinics and from nutrition and food assistance programs for pregnant women, such as the Special Supplemental Food Program for Women, Infants, and Children (WIC). Nutrition risks such as pregravid underweight, inadequate weight gains and anemia, as well as behavioral risk factors, such as smoking and alcohol use by pregnant women, are related to low birthweight and infant or fetal death. By quantifying preventable nutrition and behavioral risk factors among low-income pregnant women, intervention efforts can be focused on women at high risk

for adverse pregnancy outcomes. These data can yield trends to permit evaluation of intervention efforts.

- The CDC, through State health agencies, is working with communities to prioritize and address leading behavioral risks through risk-reduction interventions. Using behavioral risk factor surveillance data and other information, 75 percent of all Planned Approach to Community Health (PATCH) intervention programs have identified smoking as a priority target for risk reduction. In addition, the CDC is providing State smoking risk reduction coordinators to State health departments to increase resources for smoking prevention. The first two coordinators under this initiative are located in Maryland and Missouri.

The CDC has also developed programs to support the efforts of State and local health departments, national voluntary organizations' local chapters, health maintenance organizations, and other organizations that are interested in promoting the use of smoking prevention or cessation interventions for women and in particular, pregnant women.

- The CCDPHP has developed a series of problem- and population-specific community intervention guides to assist local health departments apply community intervention strategies. The first such guide, entitled "Smoking Control Among Women," presents practical guidelines for systematically developing prevention and cessation programs for women in the workplace, in schools, through private and public health care providers, and through other community institutions.
- In 1986, the CCDPHP established cooperative agreements with the States of Colorado, Missouri, and Maryland in 1986 to implement the Smoking Cessation in Pregnancy (SCIP) project. The primary outcome being tested is the ability of public prenatal clinic and WIC staff to help women quit smoking and remain abstinent during their pregnancies. The project is also studying the relationship between smoking and low birthweight for this high-risk population. The project is fully implemented in Colorado and Missouri. As of September 1988, over 1,000 pregnant smokers had enrolled in the study in Colorado and over 300 had enrolled in Missouri. Field testing began in October 1988 in Maryland to be followed by enrollment starting in December. Once these programs are fully operational, other States will receive CDC assistance in incorporating these methods into their existing prenatal clinical and WIC services.
- In collaboration with the University of Alabama-Birmingham, the March of Dimes, and the ALA, the CCDPHP has developed the "Handbook to Plan, Implement, and Evaluate Smoking Cessation Programs for Pregnant Women." Approximately 5,000 copies of this handbook will be distributed to maternal and child health program managers in the public and private sectors. The intent of the handbook is to transfer the intervention technologies developed as a result of university trials and the Smoking

Cessation in Pregnancy project to cessation/maintenance assistance activities throughout the country.

Office on Smoking and Health (CDC)

The Office on Smoking and Health (OSH) a division of the Center for Chronic Disease Prevention and Health Promotion, is the focal point for all Department of Health and Human Services (DHHS) activities related to smoking and health. Following the release of the 1964 Report of the Advisory Committee to the Surgeon General, the Public Health Service established a National Clearinghouse for Smoking and Health as part of its Chronic Disease Control Program. Later, the Clearinghouse was transferred to the Centers for Disease Control. In March 1978, the Clearinghouse was relocated from Atlanta, Georgia, to the Office of the Assistant Secretary for Health in Washington, D.C., to form the nucleus of the OSH. In September 1986, in an attempt to strengthen the OSH's Research-Epidemiology capacity, the OSH was administratively transferred to the Center for Health Promotion and Education, now the Center for Chronic Disease Prevention and Health Promotion, of the Centers for Disease Control. The OSH remains geographically located in the Washington, D.C. area.

The OSH coordinates the DHHS smoking education, prevention, and research efforts both Nationally and internationally, and stimulates smoking and health intervention programs and activities at the State and local level. Another major responsibility of the OSH is preparing and disseminating the Department's annual report on the health consequences of smoking. Since 1980, these reports have described the following subject areas in depth on the Health Consequences of Smoking for:

- 1980, Women;
- 1981, The Changing Cigarette;
- 1982, Cancer;
- 1983, Cardiovascular Disease;
- 1984, Chronic Obstructive Lung Disease;
- 1985, Cancer and Chronic Lung Disease in the Workplace;
- 1986, Involuntary Smoking; and
- 1988, Nicotine Addiction.

The 1986 Involuntary Smoking report examined the evidence that even the lower exposure to smoke received by the nonsmoker carries a health risk. This report is a critical review of all the available scientific evidence pertaining to the health effects of environmental tobacco smoke on nonsmokers. The report concluded that involuntary smoking is a cause of disease, including lung cancer, in healthy nonsmokers and that the children of parents who smoke, compared with the children of nonsmoking parents, have an increased frequency of respiratory infections, increased respiratory symptoms, and slightly smaller rates of increase in lung function as the lung matures. Moreover, the simple separation of smokers and nonsmokers within the same air space may reduce, but does

not eliminate, the exposure of nonsmokers to environmental tobacco smoke.

The 1988 Nicotine Addiction report examined in detail the specific topic of nicotine addiction. Careful examination of the data revealed that cigarettes and other forms of tobacco are addictive. Extensive research has shown that nicotine is the drug in tobacco that causes addiction. In addition, the processes that determine tobacco addiction are similar to those that determine addiction to drugs such as heroin and cocaine.

Scientific and Technical Information

The OSH collects and analyzes scientific information to establish and evaluate Federal policies on smoking. The OSH maintains the Technical Information Center (TIC) on Smoking and Health, a repository for published information on tobacco, smoking, and health. The TIC has acquired nearly 60,000 publications and possesses the computer and microfilm technologies to provide special searches, references, and abstracts. Hard copies of materials are given to researchers on request. The TIC responds to approximately 5,000 technical inquiries from researchers each year. The TIC publishes a series of technical publications, including the bimonthly Bulletin on Smoking and Health (abstracts of published literature on smoking, tobacco, and health); and an annual Bibliography on Smoking and Health. The OSH bibliographic data collection is now available for direct, on-line access through Dialog Information Services, Inc.

Epidemiology

Shortly after its transfer to the CDC, the OSH established an Epidemiology Branch to conduct new scientific studies and surveys, analyze existing data sources, and provide technical and scientific assistance to researchers, health departments, and other health professionals interested in specialized data collection or analysis. The first task of the Epidemiology Branch was to conduct detailed trend analyses of smoking-related variables from data collected in the National Health Interview Surveys of the National Center for Health Statistics. In-depth analysis has also been conducted in the 1986 Adult Use of Tobacco Survey (some of the data from this survey are included in this report). The Branch also began identifying all National data banks that included questions on smoking. Where feasible, copies of the data banks are obtained and included in the repository of smoking surveys maintained by the Branch. A National survey of teenage smoking behavior is planned for implementation in 1989.

Public Information

The OSH conducts public information and education programs to advise the public about the adverse health consequences associated with smoking and other forms of tobacco use. These programs are carried out through the development and distribution of public service advertising and print material, with the assistance of an advertising agency under contract with the OSH.

The OSH has two concurrent public service advertising campaigns: one addressed to the adult smoker and the other to teenagers. The teen campaign, which has been co-sponsored by other health agencies, has included a series of award-winning music-video television announcements, including Peer Group, Cigarette Mash, Smoking Kisses, and Smoking's Out.

In addition to the programs cited above, the OSH distributes printed public service announcements to high school and college newspapers on a biennial basis. As these newspaper ads are seen by the majority of students, they represent an effective vehicle to discourage smoking among young people.

In 1985, at the request of the Secretary of Health and Human Services, the OSH began an initiative related to the risk of smoking during pregnancy. This program reached out to pregnant girls and women and to the Nation's providers of prenatal care with the message, "If you're pregnant and still smoking, remember: now, you're smoking for two. And that's two good reasons to quit."

In 1987, a new initiative was launched, which repeated the 1985 theme and introduced a new, accompanying theme, "There's a baby in the house, please don't smoke." The new campaign introduced television and radio public service announcements, consumer and professional materials, posters, and a sticker for parents. It is based on the finding of the 1986 Surgeon General's Report on the Health Consequences of Involuntary Smoking that children of parents who smoke have a higher frequency of respiratory infections.

In addition to the programs listed above, the OSH public information branch answers approximately 40,000 public inquiries annually through its clearinghouse.

Worksite Smoking Cooperative Agreement

The OSH participates in a cooperative agreement with the Rhode Island Department of Health and the CDC's Center for Environmental Health and Injury Control (CEHIC), to study the effects of biological monitoring on the outcome of worksite smoking policies and cessation programs. This study began in December 1987 and will continue for 3 years.

CDC Tobacco Working Group

To coordinate tobacco-related research at CDC, the OSH established a CDC Tobacco Working Group. The Working Group meets bimonthly to share epidemiological findings and exchange information. It is attended regularly by investigators and staff from the Center for Chronic Disease Prevention and Health Promotion, and from the Center for Environmental Health, the Center for Prevention Services, the Epidemiology Program Office, the National Institute for Occupational Safety and Health, and the Office of Program Planning and Evaluation. The OSH has prepared a compendium of Summaries of CDC Projects and Activities Related to the Use of Tobacco, which is available upon request.

National Advisory Committee

The OSH is responsible for staffing the Interagency Committee on Smoking and Health. Mandated by the Comprehensive Smoking Education Act of 1984, this Committee advises the Secretary of DHHS on smoking and health issues. The Committee, comprised of 25 members who represent various Federal and non-Federal agencies, became fully operational in 1986. The chairman of the Committee is the Surgeon General of the PHS, Dr. C. Everett Koop. A detailed review of the Committee activities is provided in Chapter III of this Report.

Office on Smoking and Health Publications List

Public Information

What you don't know will hurt you. (PHS) 83-50197
A guide to smoking and your health.
Fold-down pamphlet: 1983.

No more butts. (PHS) 83-50199
A guide to quitting smoking.
Fold-down pamphlet: 1983.

How a non-smoker can help a smoker become an ex-smoker. (PHS) 83-50200
Fold-down pamphlet: 1983.

If your kids think everybody smokes ...they don't know everybody. (PHS) 83-50201
A parent's guide to smoking and teenagers.
Fold-down pamphlet: 1983.

A Self-Test for Smokers. (CDC) 75-8716
There are three short tests in this booklet to help you find out what you know about cigarette smoking and how you feel about it.
8 photocopied pages: October 1983.

Teenage Cigarette Smoking Self-Test: A Discussion Leader's Guide. (PHS) 82-50189
This self-test was designed to help teenagers understand their feelings about cigarette smoking. The booklet consists of a leader's guide followed by eight duplicating masters. 1982.

Why People Smoke Cigarettes. (PHS) 83-50195
This statement on cigarette smoking has been developed from testimony delivered before the U.S. Congress by William Pollin, NIDA.
5 pages: 1985.

Pregnant? That's two good reasons to quit smoking. (PHS) 83-50198
Fold-down pamphlet: 1985.
(English version)

Embarazada? He aqui dos buenas razones para dejar de fumar. (PHS) 83-50198 SP
Fold-down pamphlet: 1985.
(Spanish version)

Is Your Baby Smoking? If someone in your household is smoking, then your baby is smoking, too. (CDC) 87-8401
Fold-down pamphlet: 1987. (English version)

Esta fumando su bebe? Si alguien esta fumando en su casa, su bebe tambien esta fumando. (CDC) 87-8402
Fold-down pamphlet: 1987. (Spanish version)

Technical Publications

Smoking and Health Bulletin.
Abstracts of technical literature.
Quarterly.