



Tobacco Control: Advocacy Efforts for Organized Medicine

Janet Williams, MA

Melissa Walthers, MPH





- Tobacco Industry and Health
- Tobacco Control Policies
- Physician Involvement
- Screen Out



Your "T-ZONE"
WILL TELL YOU!

T for Taste...
T for Throat...
 That's your own peeping
 ground for any cigarette

Your "T-Zone" is your
 own personal laboratory for
 any cigarette. That's where
 you taste the actual smoking
 sensation of the particular
 cigarette that suits you best.

The good taste and your
 throat are individual to you.
 Only you can make the
 choice which cigarette suits
 best to you... and how it
 affects your throat.

The Camels you love and
 your response to the rich,
 full-bodied Camel taste
 properly appreciated. For
 how your throat reacts to
 the delicately and mild
 taste of Camels.




According to a recent American survey

More Doctors smoke Camels
than any other cigarette

© 1954 Camel Cigarettes, Inc. All rights reserved.



* The figures quoted here have been checked and certified to be accurate, given what the manufacturers, American and R.J.R.T.C.

20,679* Physicians
say **“LUCKIES**
 are less irritating”

“It’s toasted”

Your Throat Protection against irritation against cough

According to repeated nationwide surveys,

More Doctors Smoke **CAMELS** than any other cigarette!

Doctors in every branch of medicine were asked, "What cigarette do you smoke?" The brand named most was Camel!

You'll enjoy Camels for the same reasons so many doctors enjoy them. Camels have cool, cool *mildness*, pack after pack, and a *flavor* unmatched by any other cigarette. Make this sensible year: Smoke only Camels for 30 days and see how well Camels please your taste, how well they suit your throat as you steadily smoke. You'll see how enjoyable a cigarette can be!

THE DOCTORS' CHOICE IS AMERICA'S CHOICE!



MAUDIE O'RAND says: "I like Camels. They have just the amount and taste I want."



BILL BROWN says: "I get more pleasure from Camels than from any other brand."



DUKE WILLIAMS says: "Camels are my taste and throat. I've smoked 'em for years!"



For 30 days, test Camels in your "T-Zone" (T for Throat, T for Taste).

Lady with a Lamp (1946 Version)

• The pages of medical history during the last century glow with the names of great women. Florence Nightingale, the "lady with the lamp"... Elizabeth Blackwell, first American woman to be given the proud degree M.D.... Dr. Mary Paterson Jacobs... Jane Viola Meyers... Anna Bronson... the list is long. And brilliant. In America today, thanks to the intrepid spirit of these pioneers, 7,250 women doctors carry the lamps they lighted ever further along the path of human service.



According to a recent Nationwide survey:

MORE DOCTORS SMOKE CAMELS THAN ANY OTHER CIGARETTE

• Men and women in every branch of medicine—113,597 in all—were queried in this nationwide study of cigarette preference. Three leading research organizations made the survey. The gist of the query was—What cigarette do you smoke, Doctor? The brand named most was Camel! The rich, full flavor and cool mildness of Camel's superb blend of costlier tobaccos seem to have won the same favor in medical circles as with millions of smokers the world around. If you are a Camel smoker, this preference among doctors will hardly surprise you. If you're not—well, try Camels now.



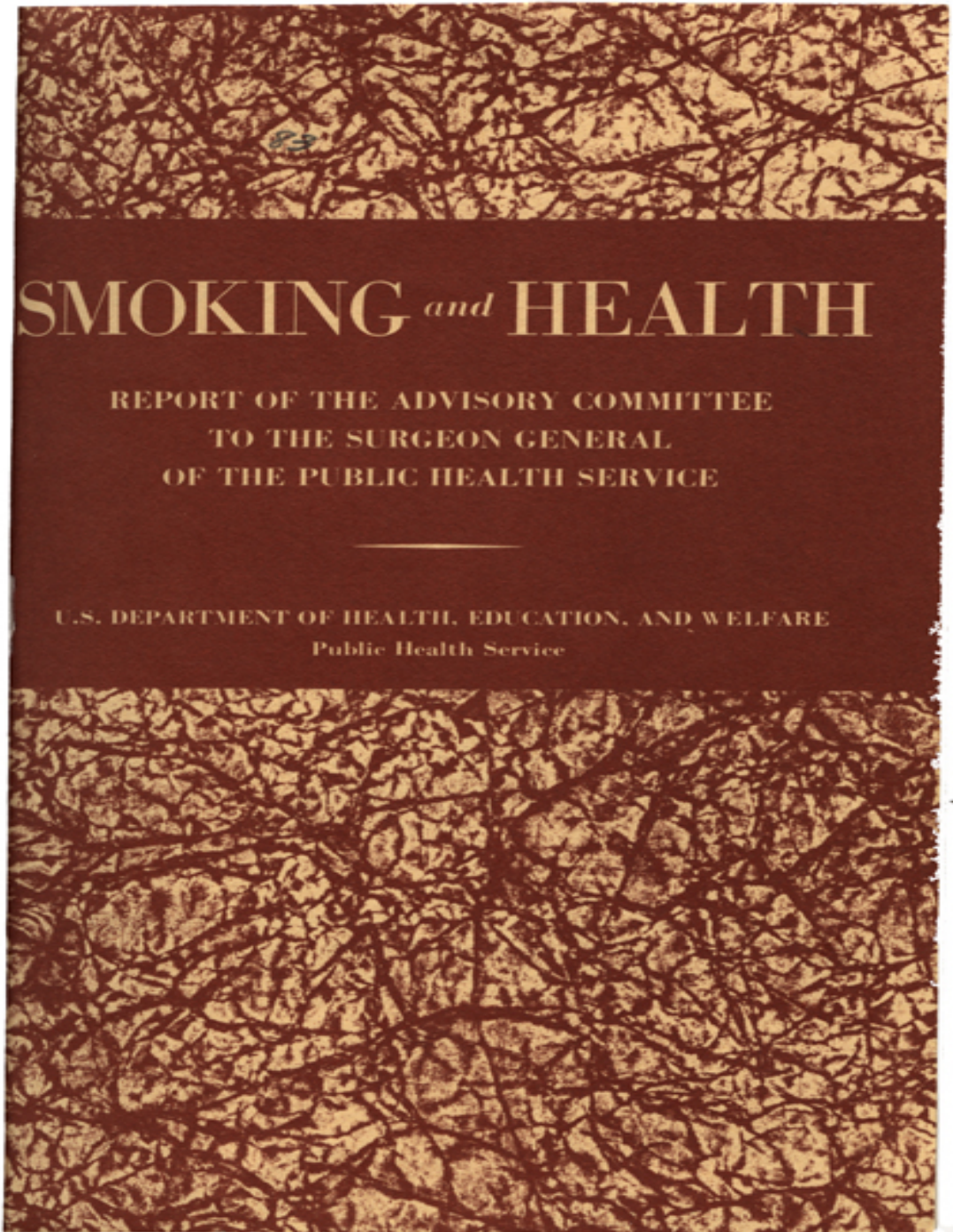
TRY CAMELS ON YOUR "T-ZONE"



That's T for Taste and T for Throat...the most critical "laboratory" for any cigarette. See how your taste responds to the rich, full flavor of Camel's costlier tobacco. See how your throat reacts to Camel's cool mildness. On the basis of the experience of many millions of smokers, we believe Camels will suit your "T-Zone" to a "T."

CAMELS Costlier
Tobaccos

Landmark 1964 Report



JAMA[®]

The Journal of the American Medical Association

Preventive Medicine

Volume 27, Number 5, September/October 1998
Part 3 of 3 Parts

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Project Manager, Brief Office Intervention for Adolescents Using Tobacco, American Medical Association: Leonard Lamkin

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EDITORIAL

Smoking and masculinity

Erectile dysfunction and smoking: subverting tobacco industry images of masculine potency

S Chapman

Rather than enhance masculinity, smoking has the exact opposite effect

For all the transitory fashions in approaches about how best to motivate smokers to quit, studies of ex-smokers and attempting quitters repeatedly affirm that the primary motivation for stopping smoking remains concern about health consequences—both in the future and those already being experienced. Despite folklore about youth being indifferent about their future health, there is evidence that health concerns motivate cessation among young smokers¹, as well as in older smokers closer to slipping off life's mortal coil.² There is typically daylight between smokers' nomination of health concerns and all other motivations like cost, social unacceptability and concerns about being smelly. This understanding and the mounting evidence that scare campaigns cause 'quilline meltdown' and precipitate cessation³ has seen a global renaissance in efforts to worry smokers about the consequences of basting one's lungs with tobacco smoke—some 87 000 times a year if you are a 20 a day, 12 puff per cigarette smoker.⁴

GRIM WARNINGS

Rarely an organ or function of the body escapes the corruptions of horrors that smoking causes. Grim prime-time TV ads and graphic pack warnings have shown smokers what gangrene from peripheral vascular disease looks like (although scratch and sniff "educational" cards impregnated with the unforgettable odours of putrescence or cadaverine have yet to surface). Tobacco industry advertising positioning smoking as being about discernment, judgement and elegance has had to compete with pictures from autopsy showing what a brain haemorrhage during a stroke looks like.⁵ A surgical gloved hand squeezing gelatinous atheroma from a smoker's aorta⁶ has disturbed the complacent ambience of countless smokers' living rooms in the over 30 countries now using the Australian

"Every cigarette is doing you damage" campaign.
Clinical reports of associations between smoking and erectile dysfunction have been around now for some years. In 2000, these reports were given strong support by a cohort study showing a near doubling in the incidence of impotence in smokers.⁷ Impotency warnings are appearing on some nations' graphic pack warnings. My favourite is the disconsolate Brazilian couple contemplating a long night after the debonair male's wedding tackle failed to fire (fig 1).

In this issue, a large cross sectional study from Australia⁸ shows that the adjusted odds ratio of a 40-49 year old smoker having prolonged erectile problems compared to a non-smoker is 3.50, rising to 5.96 for smokers aged 50-59 years. With one in 10 of all men in the study reporting prolonged erectile problems and the manufacturers of impotency treatments cashing in on the anxiety this causes, sexual impotency plainly has enormous potential to bring a new saliency to the health and personal consequences of smoking.

IMPOTENCE MESSAGE

However, some within the tobacco control fraternity are circumspect about the enthusiasm for impotency warning messages. Their argument runs that because impotence is uncommon in younger men, and that widespread advertising for campaigns for impotency therapies construct impotence as a fate awaiting middle and older aged men, that young smokers will greet such messages with incredulity and discount any concern because of its distant threat. This scepticism may even spill over to other warnings. They see the impotency message as alas lending titillating, prurient and possibly a trivialising edge to what they believe ought to be a more "deadly" message. Focus group testing of candidate messages for the recent introduction of graphic pack warnings in Australia saw an impotency warning

discarded after those interviewed suggested the warning was unbelievable and "easily laughed off".⁹ However, such a reaction may well have reflected a group dynamics issue in the context of the research setting, with men being ill at ease in admitting concern about erectile problems in front of other men. So is this pessimism reasonable?

Such criticisms can of course also be levelled at all health focused messages because age is the single biggest predictor of the onset of disease and far fewer young compared to older smokers have had personal experience of such outcomes. Like all chronic disease caused and aggravated by smoking, erectile dysfunction is not an acute effect of smoking, but a consequence that develops from years of vascular assault.

Importantly, Doll *et al*'s 50 year follow up of their British male doctor cohort reminds us that "those who stopped before middle age [age 40]... had a pattern of survival similar to that of men who had never smoked".¹⁰ Cardiovascular damage from smoking can reverse with smoking cessation and early signs of impotency, generating the distress it can, may act as a powerful motivator for life saving cessation in middle aged men.

Even the most corpulent tobacco control campaign budgets pale into insignificance alongside those for mainstream consumer goods. Experienced tobacco control campaigners understand well that controversial, conversation-generating health advertising can

American Journal of PUBLIC HEALTH

August 2007

How RJ Reynolds Reframed the Image of Little Cigars | Supporting Action Against the Tobacco Industry | YOUNG ADULT TOBACCO CESSATION | Smoking Among Poorly Educated Young Adults With Diabetes | Where Should Tobacco Control Focus Its Attention? | Tobacco Cessation Treatments Among Young Adult Smokers | Underground Economic Response to a Large Cigarette Tax Increase | The Rise and Fall of Tobacco Control Media Campaigns



Figure 1. Brazilian health warning: "Smoking causes sexual impotence"



AMA Policies 1960s



- Education Programs
- Policy Statement - 1963
 - *Recognizes the deleterious effect on human health of tobacco as well as many toxic substances, and indicated that extensive research is necessary.*
- First Surgeon General's Report - 1964
 - AMA Approved Statement
 - *Recognizes the contribution of the Surgeon General's Committee in its comprehensive report...*





- Resolution -1968
 - *Urges AMA members to stop smoking; AMA to make public pronouncements; take a strong stance against smoking.*
- Resolution – 1969
 - *Education Congress about incongruity of promoting sale and production of cigarettes while spending money to discourage smoking.*





Tobacco Associated Policies

- 1989 -420.974 Warnings Against Alcohol Use During Pregnancy
- 1988 G-640.020 Political Action Committees and Contributions
- 1989 H-95.976 Drug Abuse in the United States - the Next Generation
- 1990 H-455.984 Health Effects of Radon Exposure
- 1991 H-30.958 Ethyl Alcohol and Nicotine as Addictive Drugs
- 1992 H-60.966 Recommendations for Ensuring the Health of the Adolescent Athlete





Leadership in Action



- 2001 - **D-490.992 Assuring Adequate Funding for DOJ Tobacco Lawsuit**



- 2003 - **D-495.999 Tobacco Warning Labels**
- 2004 - **H-490.916 Health Insurance and Reimbursement for Tobacco Cessation and Counseling**



- 2004 - **H-490.917 Physician Responsibilities for Tobacco Cessation**
- 2004 - **H-495.988 FDA Regulation of Tobacco Products**



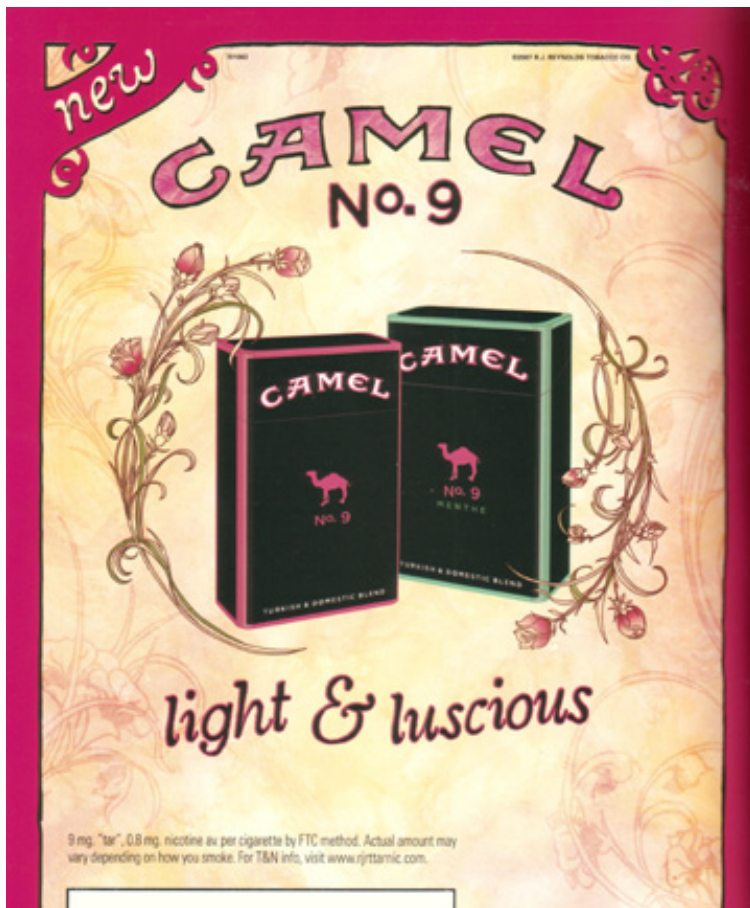


Physicians As Advocates



- Credibility
- Legislator Acceptance
- Grass Roots
- Protector of Health





Legacy
American Legacy Foundation®

Alliance for Aging Research
American Academy of Pediatrics
American Cancer Society – Cancer Action Network
American College of Obstetricians and Gynecologists
American Diabetes Association
American Heart Association
American Lung Association
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American Medical Women's Association
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*Youth Board Liaison
University of California, Davis*

Cheryl G. Heaton, Dr.P.H.
President & CEO.

August 14, 2007

Susan M. Ivey
Chairman
R.J. Reynolds Tobacco Company
P.O. Box 2959
Winston-Salem, NC 27102

Dear Ms. Ivey:

As public health and women's health leaders, we are incensed by your latest shameful new cigarette brand, Camel No. 9, and your offensive ad campaign for this brand. This product is nothing more than a veiled attempt to sell more cigarettes to girls and young women, putting them at grave risk for disease and a premature death. In the wake of the Camel No. 9 launch, more than 40 Members of Congress have called on women's magazines to refuse cigarette advertising aimed at young women. We join their appeal and go a step further in calling for Camel No. 9's complete removal from the marketplace.

R. J. Reynolds' marketing executives say that the Camel No. 9 ad campaign is aimed solely at adult women who already smoke. Reynolds once made the same implausible claims about Joe Camel, insisting that a cartoon character familiar to 90% of six-year-olds was designed to appeal to adults.

Just as Joe Camel was really aimed at enticing young people to smoke, Camel No. 9 is clearly meant to lure young women and girls into taking up this deadly addiction. First, the brand's packaging and advertisements feature colors (pink, teal, and black) and images (flowers, flourishes, and a hint of lace) typically associated with products targeted to very young girls. Second, ads for the



Chicago Tribune

Letter to the Editor



- **The American Medical Association applauds the Chicago Tribune for offering its support to the state's proposed law prohibiting smoking in all public places and work sites including bars and restaurants... We call on state lawmakers to approve the comprehensive smoke-free law...**

**Ron Davis, MD
President**





AMA SUPPORTS PROPOSAL FOR A SMOKE-FREE MICHIGAN



**For immediate release
June 12, 2007**



Lansing, Mich. — The American Medical Association (AMA), the nation's largest physician organization, today joined the Michigan State Medical Society and public health advocates to urge Michigan lawmakers to protect the health of residents, workers and visitors from the dangers of secondhand smoke.





AMA deeply disappointed in President's veto



Millions of low-income kids counting on Congress to override the veto

**For immediate release
Oct. 3, 2007**



Statement attributable to:
[Edward Langston, MD](#)
AMA Board Chair

"The American Medical Association is deeply disappointed in the president's veto of bipartisan legislation to protect the health of America's low-income children. The program is vital to protect low-income children whose parents work hard, but aren't able to afford health insurance."



Congress weighs cigarette tax rise

Groups want to use funds to boost health coverage for children

BY PETER HARDIN
 Times-Dispatch
 Washington Correspondent

WASHINGTON — The 39-cent-per-pack federal excise tax on cigarettes could be raised by Congress soon.

Health advocacy groups and tobacco foes have banded together to advocate a hefty tobacco tax increase to expand health-care coverage for uninsured children.

Sen. Gordon H. Smith, R-Ore., has proposed boosting the excise tax by 61 cents, to a dollar per pack. A poll released yesterday by Campaign for Tobacco-Free Kids reported two-thirds of those surveyed are in favor of a 75-cent increase.

It is unclear whether foes of a cigarette-tax increase will be able to defuse or defeat such ideas in the Democratic-controlled Congress.



As early as next week, the Senate Finance Committee may take up a bill to renew the State Children's Health Insurance Program. The program serves children in families with incomes too high to qualify for Medicaid but not high enough typically to afford private insurance.

"This is a win-win proposal: An increase in the federal tobacco tax would serve as a key funding source for SCHIP, and it can help deter current and future Americans from using tobacco," Ronald M. Davis, president-elect of the American Medical Association, said yesterday.

Sen. Mitch McConnell of Kentucky, the Senate Republican leader, did not sound optimistic when asked about the prospects of defeating increased tobacco taxes and proposed Food and Drug Administration controls over tobacco.



"I'm personally not likely to be voting for either one of them in the end, but I expect that they will enjoy considerable support," McConnell said last month.

When Virginia Rep. Eric I. Cantor, R-7th, was asked recently if Congress would boost cigarette taxes by 61 cents per pack, he replied, "I sure hope not. . . I'm hopeful we can stop that."

Cantor, who belongs to the tax-writing House Ways and Means Committee, represents part of Henrico County that includes the corporate headquarters of Philip Morris USA, the leading cigarette manufacturer.

Philip Morris thinks an increase in the federal excise tax on cigarettes would be unfair

See TAX, Page B11



McConnell



Smith

and could result in an increased incentive for smuggling and counterfeiting, spokesman Bill Phelps said.

Federal and state governments have increased cigarette-tax rates and received more than \$21 billion in excise tax revenues in fiscal 2006, compared with about \$13 billion in fiscal 1999, he said.

"We believe this trend is unfair to adult smokers as well as tobacco retailers," Phelps said, pointing to an increase of more than 80 percent in the national average price for a pack.

Congress voted to raise the federal excise tax on cigarettes in 1997, but the first phase of that increase — 10 cents — didn't take effect until Jan. 1, 2000. A second increase of 5 cents took effect Jan. 1, 2002.

The average price nationally

for a pack of Marlboros, made by Philip Morris, was \$4.14 in the first quarter of this year, according to the tobacco company.

The children's health-insurance program is a combined state and federal effort, like Medicaid. It was established in 1997 and is set to expire in September.

Democratic lawmakers want to renew the program and increase its funding \$50 billion over five years, to cover millions of uninsured children. Smith's 61-cent increase would generate \$35 billion for the program, according to his office.

Increasing cigarette excise taxes is one of a number of competing proposals for helping to fund the program's expansion.

• Contact Peter Hardin at (202) 662-7669 or phardin@timesdispatch.com.
 • The Associated Press contributed to this report.

Higher tobacco tax could expand children's health program

By Kevin Freking
 ASSOCIATED PRESS

WASHINGTON — The nation's 45 million smokers will probably help pay for the spending increase that Democrats want for children's health insurance, say analysts familiar with deliberations on Capitol Hill.

Democratic lawmakers will push for \$50 billion in new funding for the State Children's Health Insurance Program during the next five years. To pay for that increase, they must find new sources of revenue or cut existing programs.

Powerful trade groups representing doctors, hospitals and insurers have united around taxing tobacco. Democratic leaders have not said to what extent they will agree.

Still, the question now is not whether the tobacco tax will go up, but how much it will go up, said Ron Pollack, executive director of Families USA, an advocacy group that promotes universal health insurance.

"I've every reason to believe an increase in the tobacco tax will be part of the way expanded health insurance for children is paid for," Pollack said.

Pollack said his assessment based on "frequent and relative cent conversations" with the courts that have jurisdiction over SC Democrats from the House and Senate are expected to unveil respective proposals soon.

The federal tax on tobacco star 39 cents per pack, and it generated about \$7.2 billion in 2005. The money goes into the general fund of the Treasury.

States also tax cigarettes. The range from \$2.58 a pack in New Jersey to 7 cents a pack in South Carolina.

Tobacco companies oppose increasing taxes on their product, but unclear whether the industry enough clout to fend this one off ban on unlimited contributions to political parties, called soft money resulted in a significant drop in

campaign contributions from the industry.

The Center for Responsive Politics reports that total campaign contributions from the tobacco industry fell from \$9.2 million in the 2002 election cycle to \$3.5 million in last year's cycle. The center also ranks industries when it comes to campaign contributions; since 1996, tobacco has fallen from 26th in the center's rankings to 62nd.

Most of the industry's contributions in recent elections — about three-quarters — have gone to Republicans.

Bill Phelps, spokesman for Philip Morris USA, the nation's largest tobacco company, said tax increases have led to an 80 percent increase in the cost of a pack of cigarettes since 1999. The average cost of a pack now stands at \$4.13, though those costs vary dramatically from state to state.

"We feel this trend is unfair to adult smokers as well as to tobacco retailers," Phelps said.

He said an excise tax increase may have unintended consequences because sales of cigarettes have been declining at about 2 percent a year while the cost of medical services provided through SCHIP have grown at

SUNDAY TIMES

Tobacco taxes may fund children's health insurance

ASSOCIATED PRESS

The nation's 45 million smokers will probably help pay for the spending increase that Democrats want for children's health insurance, say analysts familiar with deliberations on Capitol Hill.

Democratic lawmakers will push for \$50 billion in new funding for the State Children's Health Insurance Program (SCHIP) over the next five years. To pay for that increase, they must find new sources of revenue or cut existing programs.

Powerful trade groups representing doctors, hospitals and insurers have united around the idea of taxing tobacco. Democ-

South Carolina.

Tobacco companies oppose another tax increase on their product, but it's not clear whether the industry has enough clout to fend this one off. The ban on unlimited contributions to the political parties, called soft money, has resulted in a significant drop-off in campaign contributions from the industry.

The Center for Responsive Politics reports that total campaign contributions from the tobacco industry fell from \$9.2 million in the 2002 election cycle to \$3.5 million in last year's cycle. The center also ranks industries when it comes to campaign contributions;



It's about time Congress had an easy decision.

The State Children's Health Insurance Program (SCHIP) provides a critical safety net for millions of young people from low-income families. A federal tobacco tax increase is a wise way to pay for this program. The public is counting on Congress to choose children—and invest in a healthier future for America.

AMA
AMERICAN
MEDICAL
ASSOCIATION

SCREEN OUT!

A Campaign aimed at
getting smoking imagery
out of youth-rated films





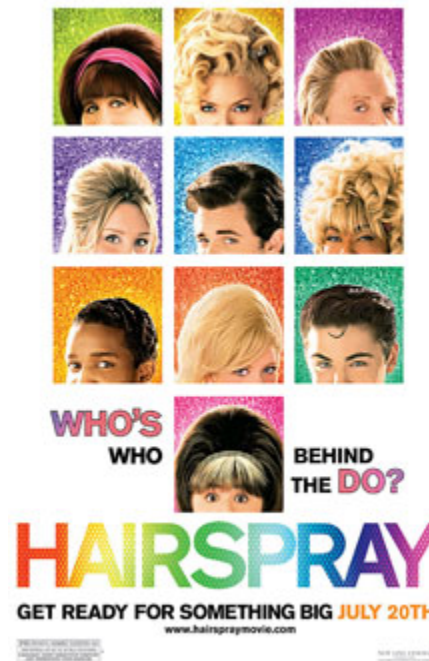
What is Screen Out!

- 3-year AMA Alliance Program funded by the American Legacy Foundation
- Screen Out! activities organize AMA Alliance members, the largest grassroots volunteer arm of the American Medical Association.
- Activities create a parent-to-parent grassroots national network that pressures Hollywood to make all future movies rated G, PG and PG-13 smoke-free.
- Uses letter writing, petition drives and organizational endorsements to encourage change in the film industry

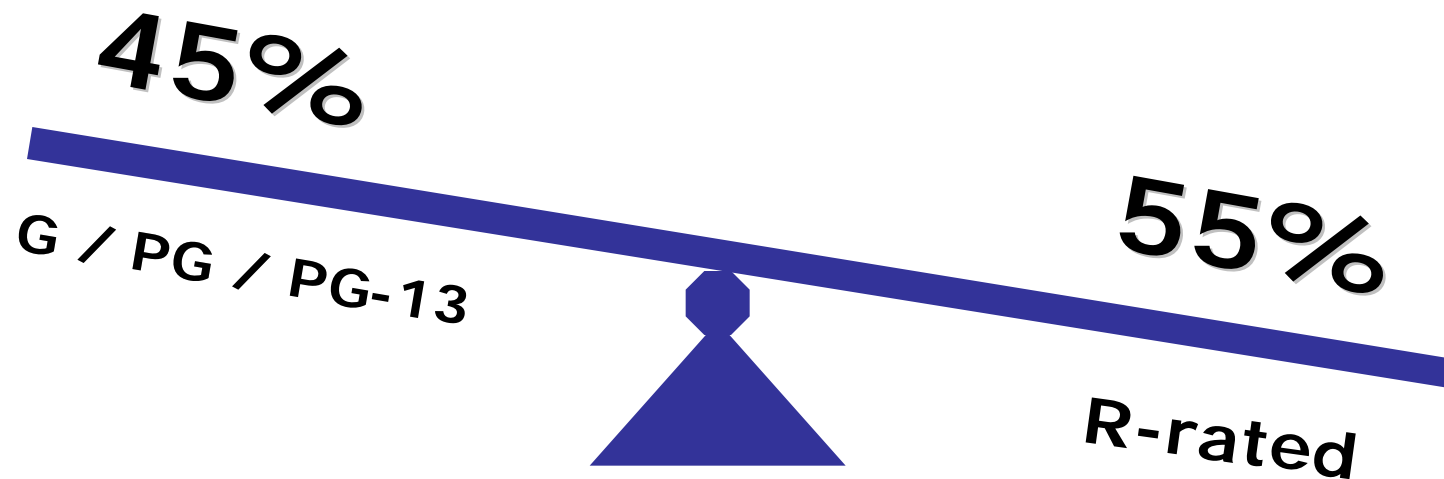


Smoking in Movies

- Analysis
- Exposure
- Awareness

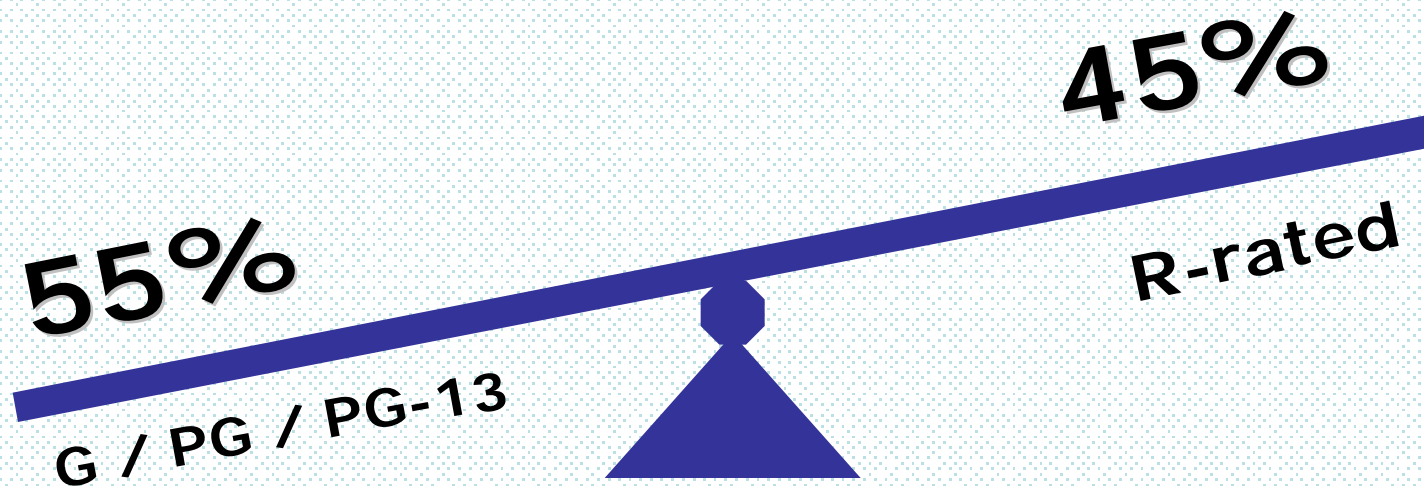


Smoking in Movies is Shifting



[Smoking exposure in 1999]

...from R-rated to kid-rated.



[Smoking exposure in 2004]



The Four Solutions



1. Rate new movies with smoking "R"

2. Certify no payoffs



3. Require strong anti-smoking ads



4. Stop identifying tobacco brands in movies





Who Endorses the Four Solutions?

- American Medical Association
- American Medical Association Alliance
- American Heart Association
- American Lung Association
- American's for Non-Smokers' Rights
- American Academy of Pediatrics
- Smoke Free Movies (UCSF)
- Campaign for Tobacco Free Kids
- American Legacy Foundation
- APHA (?)

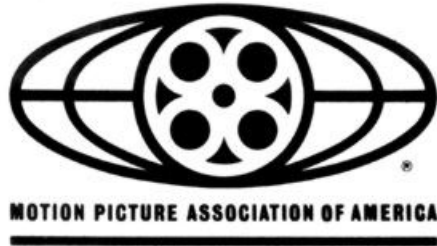


Advocating for the Four Solutions

- **Petitions**
- **Letter Writing**
- **Organizational Endorsements**
- **Media Outreach**

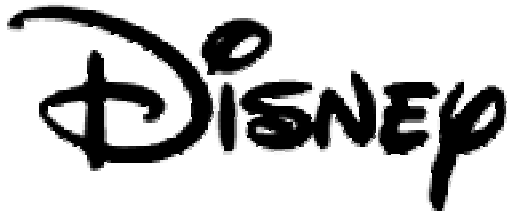


Who does this campaign target?



Motion Picture Association of America (MPAA)

The 6 Largest Media Studios



TimeWarner

VIACOM

SONY

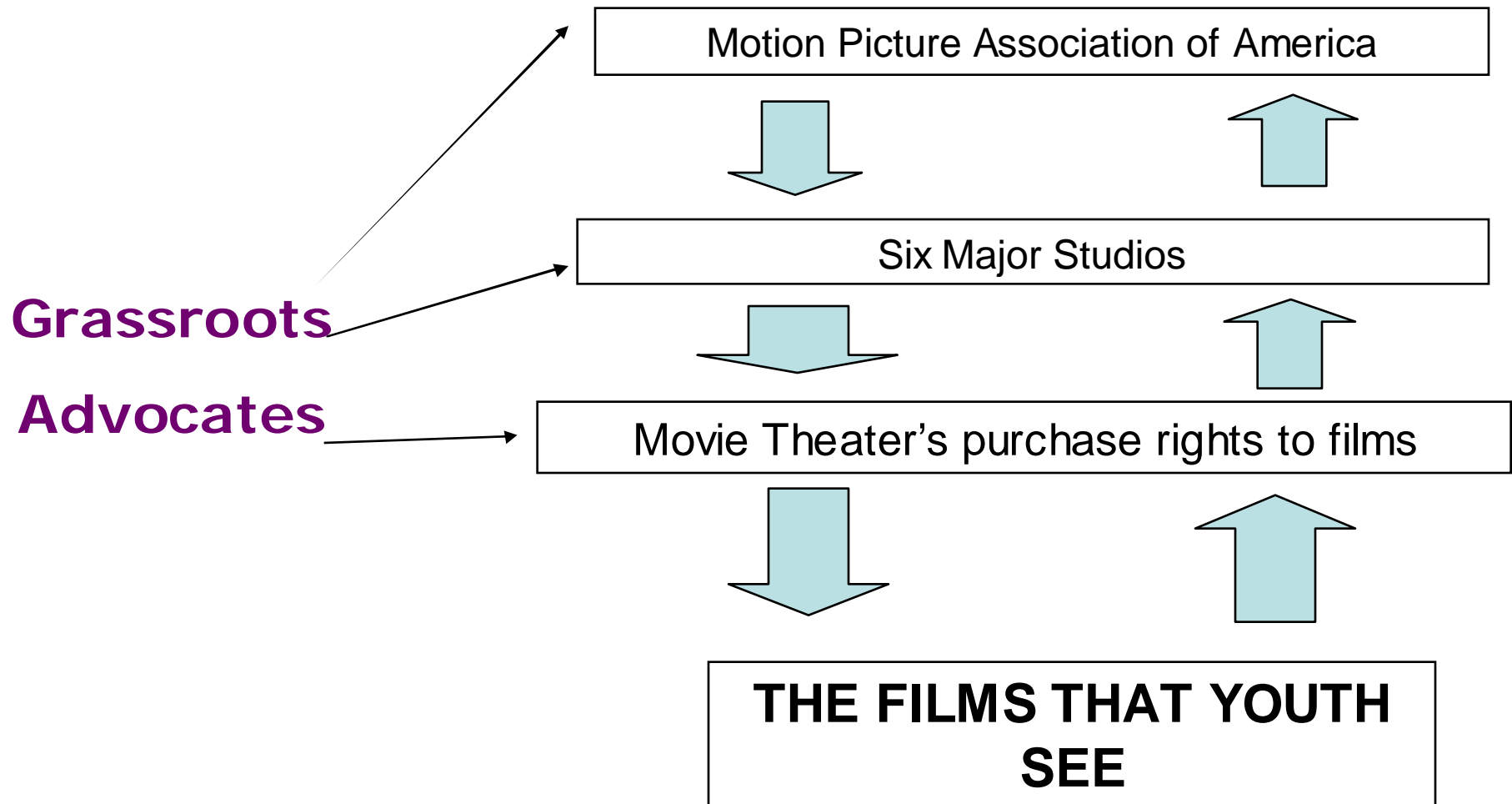


Theater Companies

- AMC
- Hoyt's Cinmeas
- Marcus Theatres
- Carmike
- Cinemark
- Cineplex
- Mann
- Landmark
- National Amusements
- Regal Cinemas
- Pacific Theatres




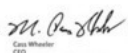

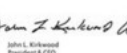




How does this work?



Media Outreach



The decision by the MPAA to “consider smoking as a factor” when rating movies is inadequate. Smoking in movies needs to be rated “R” now.

    
 Jay E. Bernickman, MD, FAAP, President, AMERICAN ACADEMY OF PEDIATRICS
 M. Ben Ash, CEO, AMERICAN HEART ASSOCIATION
 Cheryl Heaton, Dr. PH, President & CEO, AMERICAN LEGACY FOUNDATION
 Joan Z. Lasker, President & CEO, AMERICAN LUNG ASSOCIATION
 Allan Friedman, MD, President, AMERICAN MEDICAL ASSOCIATION
   
 Nita Maddox, President, AMA ALLIANCE
 Cynthia Hallbert, MPH, Executive Director, AMERICANS FOR NONSMOKERS' RIGHTS
 Matthew L. Myers, President, CAMPAIGN FOR TOBACCO FREE KIDS
 Stephen A. Kelly, Director, SMOKE FREE MOVIES
 To learn more about real solutions, visit www.smokefreemovies.ucsf.edu, Smoke Free Movies, UCSF School of Medicine, Box 1285, San Francisco CA 94143-1285 | news@medicine.ucsf.edu

Word of mouth has been around for ages—“Try the apple,” said Eve—and it continues to prove resilient. —BARBARA KYRIAKI, WORD ON THE STREET, PAGE 64

Life

□ LAW □ EDUCATION □ FASHION □ BUSINESS □ LIFE AFTER WORK

HEALTH
Hollywood's Smoke Alarm.
 Onscreen puffing is recruiting a new generation of kids

BY JEFFREY RILGREN

THE AMERICAN SCREEN HAS LONG BEEN A smoky place, at least since 1942's *Night on the Beach*, in which Bette Davis and Paul Henreid showed how to make—and sell—a romantic deal over a pair of cigarettes that were smoldering as much as the stars. Today cigarettes are more common onscreen than at any other time since midcentury: 75% of all Hollywood films—including 36% of those rated G or PG—show tobacco use, according to a 2005 survey by the University of California, San Francisco.

Audiences, especially kids, are taking notice. Two recent studies published in *Journal of Pediatrics* and *Pediatrics* have found that among children as young as 10, those exposed to the most screen smoking are up to 2.7 times as likely as others to pick up the habit. Worse, it's the ones from nonsmoking homes who are hit the hardest, perhaps because they are spared the dirty ashtrays and smoky drapes that make real-world smoking a lot less appealing than the sanitized cinematic version.

Now the Harvard School of Public Health (HSPH)—the folks behind the designated-driver campaign—are pushing to get the smokes off the screen. “Some movies show kids up to 14 incidents of smoking per hour,” says Barry Bloom, HSPH’s dean. “We’re in the

Scarlett Johansson
Subly in The Black Dahlia

Tomerem Momen
Caught in Trouble & Flow

Jack Nicholson
Crushed in The Dumbbells

TIME April 15, 2007

[ONE IN A SERIES]

“No parent in America wants to pay for a movie that pushes smoking at kids.” — Nita Maddox, Huntsville, Alabama
 National President, AMA Alliance

You've heard it from health researchers, U.S. Senators, and state attorneys general. Now listen to the parents who buy the tickets.

Our organization of physicians' families, active in hundreds of communities across America, is joining the *Screen Out!* campaign to get smoking out of kid-rated movies.

We'll tell parents how on-screen smoking recruits 590,000 kids a year to start smoking and adds \$4.1 billion a year to tobacco industry sales revenue.

We'll explain why R-rating future tobacco use, along with other voluntary policies to neutralize tobacco imagery and Big Tobacco influence, are timely, reasonable, effective solutions.

We'll help parents get in touch with decision-makers, from theater owners to media company CEOs.

And we'll help parents keep their kids safer, starting today.

Because, as parents, we already pay for what our kids see.

We don't want our children to pay, too.



Screen Out! is a project of the Smokefree Movies Action Network. This project is endorsed by the American Heart Association, American Legacy Foundation, American Medical Association, and the State of New York Department of Health.

AMA is the volunteer arm of the American Medical Association. The mission of the Alliance network is to build healthy communities.



Screen Out! Now at smokefreemovies.ucsf.edu/parents

The Smoking, among other things: Free Movies policy proposal, is endorsed by the World Health Organization, American Medical Association, American Heart Association, American Lung Association, American Legacy Foundation, National Parent Teacher Association (NPTA), Society for Adolescent Medicine, U.S. County Dept. of Health Services, and others. This project is supported by the National Fund of the Tobacco Foundation and other donors. To register the critical health issue, visit our web site.



What can you do as a public health leader?



- Sign a petition
- Have your health organization officially endorse the campaign
- Tell others about the campaign



Thank you!



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