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Loi sur le tabac

Compilation of Selected Evidence Regarding the Impact of Tobacco Advertising and Promotion

A Submission to Parliamentarians
for Use During Consideration of Bill C-42,
An Act to amend the Tobacco Act

CANADIAN CANCER SOCIETY
SOCIÉTÉ CANADIENNE DU CANCER

Revised December 1998

Volume 4

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Smoking Initiation by Adolescent Girls, 1944 Through 1988

An Association With Targeted Advertising

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Objective.—To identify trends in smoking initiation among persons aged 10 to 20 years that might reflect the impact of specific targeting of tobacco advertising to women.

Design.—Data from the National Health Interview Surveys on age of initiation of smoking (survey years 1970, 1978, 1979, 1980, 1987, and 1988) were used to construct age-specific rates of smoking initiation for males and females aged 10 to 20 years from 1944 through the middle 1980s. The raw rates were smoothed to allow trends to be more easily identified.

Participants.—Information from 102 626 respondents was used.

Results.—In 18- to 20-year-old women, initiation rates peaked in the early 1960s and steadily declined thereafter. In girls younger than 18 years, smoking initiation increased abruptly around 1967, when tobacco advertising aimed at selling specific brands to women was introduced. This increase was particularly marked in those females who never attended college (1.7-fold higher). Initiation rates for females younger than 18 years peaked around 1973, at about the same time sales of these brands peaked. After a steep postwar (1944 to 1949) decline, initiation rates in 18- to 20-year-old men did not decrease until the middle to late 1960s. Initiation rates for boys younger than 16 years showed little change during the entire study period.

Conclusions.—The tobacco advertising campaigns targeting women, which were launched in 1967, were associated with a major increase in smoking uptake that was specific to females younger than the legal age for purchasing cigarettes.

(*JAMA* 1994;271:608-611)

PUBLIC health advocates have argued strongly that their efforts to reduce smoking uptake have been counterbalanced by carefully targeted tobacco advertising that is particularly successful with minors.[1-3] We have reported that the aggressive advertising strategy recently adopted by RJ Reynolds for Camel cigarettes was salient for minors, and that the growth in market share for this brand mainly occurred in younger smokers.[4] However, we were unable to rule out the possibility that the market share increased because of brand switching in adults rather than the recruitment of new young smokers. Prior to the Camel campaign, public health concerns with tobacco advertising focused on the targeting of women by advertising for brands such as Philip Morris' Virginia Slims.[5,6] In this study, we revisit the issue of whether tobacco advertising encourages young people to start smoking by investigating the temporal relationship between advertising campaigns targeting women and changes in smoking initiation rates.

A recent analysis of the relative share of cigarette advertising revenue in leading magazines suggests that in the early 1960s, tobacco companies had little interest in specifically targeting women.[7] However, this situation changed dramatically beginning around 1967 when cigarette advertising in women's magazines increased rapidly. Much has been written on the effective use of the media by women's brands of cigarettes, particularly the "You've come a long way, baby" campaign for Virginia Slims, which is the prototypical cigarette targeted at women.[5,6,8-10] A number of these studies correlate advertising expenditures with an overall increase in market share. However, to our knowledge, none of the studies has identified whether new young smokers were being brought into the market.

For editorial comment see p 629.

In this article, we report trends in the rates of smoking initiation. We consider there to be evidence that tobacco advertising promotes smoking uptake in minors if an abrupt change in the trend in smoking initiation occurred among minor females that corresponds to the 1967 through 1975 period of rapid growth in tobacco advertising targeting women. We report initiation rates by (1) single ages, to identify whether any such abrupt change in the initiation rate was consistent across age; and (2) gender, to identify the specificity of any such response. We also report initiation trends in girls

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by attained education level since there is evidence that the media may have a larger impact on persons with lower compared with higher education levels.[11-13]

SUBJECTS AND METHODS

Data Sources

The National Health Interview Surveys (NHIS) have been the major data source for assessing national trends in smoking prevalence.[12,14-18] All NHIS are probability surveys of the noninstitutionalized population of the United States that are appropriately weighted to reflect the age, gender, and racial composition of the US population. Smoking supplements to the NHIS included information on the age of smoking initiation in 1970, 1978, 1979, 1980, 1987, and 1988. The sampling methods for these surveys change every decade and details concerning their methodology are reported elsewhere.[15,19,20] Prior to 1974, these supplements collected smoking information on all adult members of a household from a single adult respondent; however, starting with the 1974 supplement, smoking information has been obtained by self-report of a randomly selected adult either during the household interview or by telephone follow-up. All smoking supplements included the standard "ever smoker" question, "Have you smoked at least 100 cigarettes in your entire life?" All ever smokers for the survey years just listed were asked, "How old were you when you started smoking cigarettes fairly regularly?" In the 1970 survey, only self-respondents were asked this question.

In this study, we examined data on individuals who were between 20 and 50 years old when interviewed. We included only respondents who were older than 20 years since initiation is largely complete by that age.[17] We excluded those persons older than 50 years to avoid the problems with the differential mortality between smokers and nonsmokers. In a preliminary analysis, we determined that the distribution of reported age of starting to smoke was independent of the respondent's age when surveyed. This analysis considered 102 626 respondents.

Calculation of Initiation Rates

From the age reported as when a respondent started smoking, we reconstructed the respondent's smoking status for each calendar year, beginning with 1944. The denominator for the initiation rate for a sex-age group was the sum of the weights for those at risk to start smoking in a given year. The numerator was the sum of the weights of those who reported starting smoking in that year. Using this approach, we calculated the initiation rate for each age-sex group, from age 10 through 20 years, from 1944 into the 1980s. We also examined the initiation rates in females who ultimately did and did not attend college. To compute exact binomial 95% confidence intervals,[21] the initiation rate was multiplied by the actual sample size to determine a pseudo numerator.

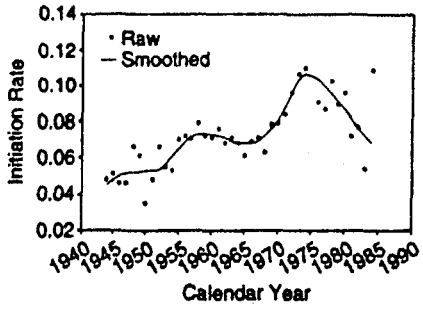


Fig 1.—Smoking initiation rates in 16-year-old girls. The smoothed trend line closely follows the raw data points.

Because we limited our study population to persons older than 20 years when surveyed, and the latest survey year was 1988, the initiation rates could be calculated for 11-year-olds only up to 1979, 12-year-olds to 1980, and so forth.

Trends in Initiation Rates

The sample sizes differed considerably for a given age group across survey years, which introduced sampling variability. We minimized the impact of this variability on the analysis by applying a smoothing procedure for scatterplot data ("loess" procedure available in the statistical software package S-PLUS [Statistical Sciences, Inc, Seattle, Wash]).[22] The rates were weighted by the denominator sample size (sum of weights) and the algorithm was set to use a linear fit over 20% of the data (about 8 calendar years). The effect of this smoothing procedure on the data used in this article can be seen in Fig 1, where the raw initiation rates per year for 16-year-old females are presented, along with the smoothed curve for these same rates for the years 1944 to 1984. By observation, we concluded that the smoothed curve gives an accurate representation of trends present in the raw data. Accordingly, in the analyses that follow, we report only the smoothed data for the single age-specific initiation rates from 1944 through 1988.

RESULTS

Age-Specific Smoking Initiation in Adolescent Females

The age-specific initiation rates in 10- to 20-year-old females are presented in Fig 2. Among 18- to 20-year-olds, a general pattern emerged of stable or slightly rising initiation from 1944 through the middle 1960s (Fig 2, middle). Starting in the middle 1960s, the initiation rate for all young women aged 18 years and older declined steadily.

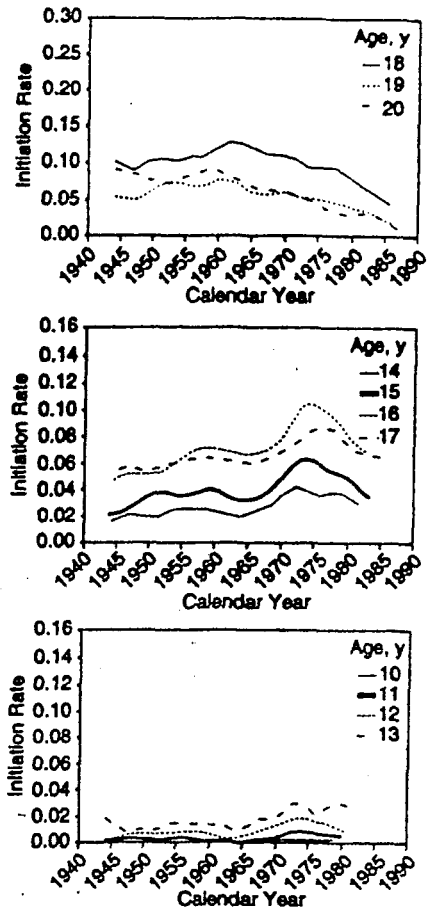


Fig 2.—Age-specific trends in initiation rates during each calendar year for females. Top, 18 to 20 years of age; middle, 14 to 17 years of age; and bottom, 10 to 13 years of age.

The initiation pattern for girls at each age between 14 and 17 years increased slightly from a low rate, from 1944 through 1967 (Fig 2, middle). During this period, 10- to 13-year-old girls showed a low and stable initiation rate (Fig 2, bottom). However, from 1967 through about 1972 to 1974, the initiation rate rose rapidly for all 11- to 17-year-old girls (Fig 2, middle and bottom), after which the initiation rate peaked and started to decline for many of these ages. The percentage increase in the initiation rate from 1967 to the peak rates, which were reached in most age groups in about 1973, was around 110% in 12-year-olds, 55% in 13-year-olds, 70% in 14-year-olds, 75% in 15-year-olds, 55% in 16-year-olds, and 35% in 17-year-olds.

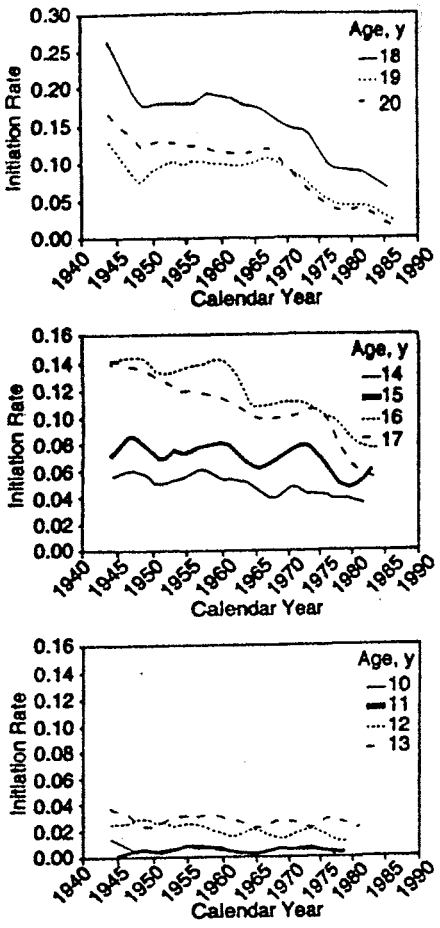


Fig 3.—Age-specific trends in initiation rates during each calendar year for males. Top, 18 to 20 years of age; middle, 14 to 17 years of age; and bottom, 10 to 13 years of age.

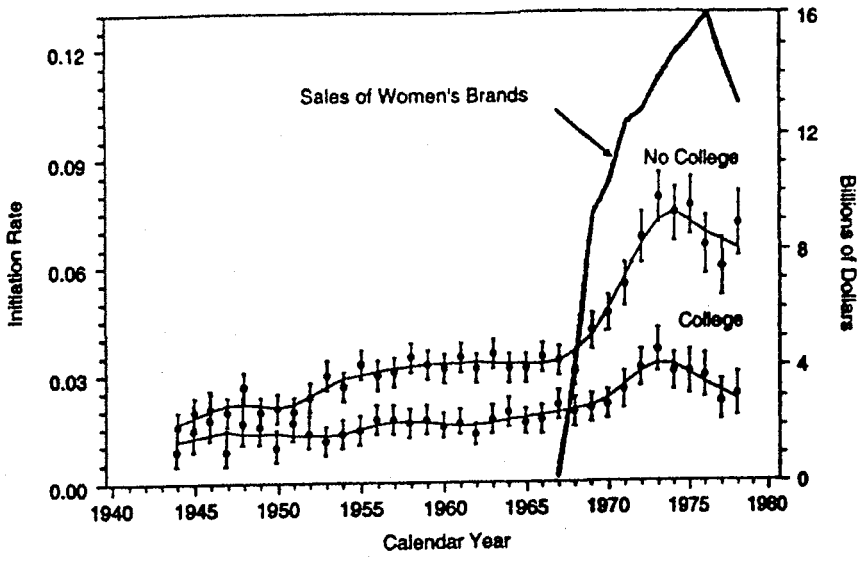


Fig 4.—Left ordinate, trends in initiation rates for 10- to 17-year-old girls during each calendar year for those who ultimately did and did not attend college. Right ordinate, combined sales in billions of dollars for Virginia Slims, Silva Thins, and Eve cigarettes.

Age-Specific Smoking Initiation In Adolescent Males

Males showed higher initiation rates than females until the middle 1970s. However, by 1975, each age of adolescents showed similar initiation rates regardless of gender. In 1975, about 10% of both 16-year-old boys and girls started to smoke.

Figure 3 shows smoking initiation rates for males. Toward the end of World War II (1944), initiation rates were high in 18- to 20-year-old men, peaking at 25% for 18-year-olds (Fig 3, top). In the immediate postwar years to 1948, the initiation rates in the 18- to 20-year-old age groups dropped dramatically by about one third. After a relatively stable period from the 1950s to the middle 1960s, the initiation rates in these age groups decreased markedly until the end of the study period.

Smoking initiation rates in 16- and 17-year-old boys decreased more gradually during the study period (Fig 3, middle). Rates in boys younger than 16 years have remained relatively constant (Fig 3, middle and bottom). During the 1967 to 1974 period, 15- to 17-year-old boys showed only a slight increase in smoking initiation that was far below the level of increase seen in girls. Just more than a 20% increase was reported from 1967 to 1973 in 15-year-olds, just less than a 20% increase from 1967 to 1972 in 16-year-olds, and a 7% increase from 1967 to 1974 in 17-year-olds.

Initiation Rates for 10- to 17-Year-Old Girls According to Attained Education Level

The increases in initiation rates seen in younger girls were related to attained education level (Fig 4). The percentage increase from 1967 to 1973 was 120% for 10- to 17-year-old girls who did not go on to attend college, but was only 70% for those who did attend college. Thus, during this period, the increase in smoking initiation in girls who never attended college was 1.7-fold higher than those who did.

Superimposed on Fig 4 are the combined sales in billions of dollars of Virginia Slims, Silva Thins, and Eve cigarettes, the three women's brands with notable market share during this period.[8] As can be seen from Fig 4, the temporal pattern of rapid increase to a peak followed by a decline coincides closely with the initiation rate data.

COMMENT

From the end of World War II through 1967, a stable, slightly increasing trend in smoking initiation was observed in adolescent girls. In 1967, the initiation rate increased rapidly in girls younger than 17 years and peaked around 1973, at which time the rates were up to 110% higher than the 1967 rate.

This increase in initiation specific to girls younger than the legal age to purchase cigarettes started the same year that the tobacco industry introduced women's brands of cigarettes. The advertising budgets for these brands started in 1967 and increased through 1979, by which time advertising targeting women had achieved levels equal to advertising targeting men.[7] Sales of these brands reached a peak that coincided with the observed peak in smoking initiation in underaged girls. From 1967 to 1970, the Fairness Doctrine was applied to cigarette advertising, mandating community service antismoking messages on radio and television.[14] Our data suggest that these health-oriented advertisements may have had some impact in older youths, but failed to influence adolescent girls in particular to not start smoking. The first year that initiation of smoking declined in most younger adolescent groups seems to be 1974. This year also marked the beginning of the consistent decline in per capita cigarette consumption in the United States.[14] Some authors have suggested that this year was associated with the start of the antismoking movement.[14] However, we believe that it would be highly unusual for the start of a societal movement to immediately cause such a marked effect. Instead, we postulate that initiation and consumption decreased because of a lagged effect of the banning of tobacco advertising and promotion in the electronic media, which occurred 2 years earlier. A lagged effect of 2 or more years would be expected if the advertising effect was related to a

predisposition to smoke rather to the behavior itself.[23,24]

Smoking initiation by birth cohort has been estimated by smoking prevalence in 20- to 24-year-olds using the same NHIS data source as in this study.[14,16] These prevalence data indicate that between 1965 and 1987, smoking initiation remained stable in young women and that smoking prevalence decreased in young men.[16] Thus, since prevalence was measured several years after most initiation occurred, increased initiation in girls aged 12 to 17 years was offset by the decrease in initiation in young women aged 18 years and older.

We found no evidence that initiation increased among males or among young women aged 18 years or older during this 1967 to 1973 or 1974 period. In women, as in men of the same age, the initiation rate actually declined. It is possible that along with young women who were college bound, those who reached age 18 years without starting to smoke had achieved a degree of maturity that made them less susceptible to the cigarette advertising messages of these early women's campaigns.

We also found evidence for an earlier decline in initiation in young men aged 18 through 20 years between 1944 and 1948, the immediate years after World War II. In 1944, more than one quarter of all 18-year-old nonsmoking men started to smoke, which may reflect the fact that cigarettes were freely available to GIs during World War II.[25] By 1948, the initiation rate for this age group had decreased by one third and coincided with the demobilization of troops; without the military, free or heavily discounted cigarettes were unavailable.

The health consequences of smoking are well documented, as is the addictiveness of the behavior that prevents many smokers from being able to successfully quit before these health consequences manifest.[14,26] In this study, we have demonstrated that tobacco advertising has a temporal and specific relationship to smoking uptake in girls younger than the legal age to purchase cigarettes. Our findings add to the evidence that tobacco advertising plays an important role in encouraging young people to begin this lifelong addiction before they are old enough to fully appreciate its long-term health risks.

If this is true, the popular and successful Joe Camel cigarette advertising campaign may pose a considerable problem for the public health movement. This campaign has been demonstrated to have a substantial impact on minors.[4,27,28] Indeed, the impact has been so great that another tobacco company, Philip Morris, has adopted some of the same advertising strategies (ie, redemption of proof-of-purchase codes from cigarette packages for clothing and other items, some of which are marked with cigarette brand identification) in its recently revitalized campaign for its major brands, including Virginia Slims (*Plain Dealer*. March 6, 1993;B9). The prudent public health approach to prevent another increase in initiation among young people is urgent action to extend the ban on tobacco advertising to cover all forms of advertising and promotion.[4,29,30]

This study was supported by grant 1RT245 from the University of California Tobacco-Related Disease Research Program, Oakland.

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INFORMATION AND IMAGERY IN CONTEMPORARY CANADIAN CIGARETTE ADS

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ABSTRACT

Content analysis of 394 Canadian cigarette ads from 1987 finds that, despite full legislative freedom to be informative, there is very little information manifest in ads. The healthiness of the product and the associated life styles of its consumers is displayed in several ways, typically visuals of bold and lively behavior in pure and pristine environments, sometimes with descriptors like "light" or "ultra mild." More than two thirds of the ads manifest healthfulness in one or more of these ways.

INTRODUCTION

Much of the debate about the regulation of cigarette advertising, including the consideration of total bans, centers on the content of the ads. To the extent that cigarette advertising conveys information that assists consumers in making well informed choices, it might be allowed or even encouraged with little or liberal regulation. To the extent that cigarette advertising conveys images that induce consumers to smoke, or that reassure smokers about the intelligence of their choice, or that risk misleading consumers about the healthfulness of cigarette smoking, it might be constrained and discouraged with conservative regulation.

The campaign for one brand, for example, scores as informative along each of the common dimensions, yet the illustrations are dominant and the textual information subordinate. The photography shows a woman cross country skier, cyclist or windsurfer. This raises the question of what else, besides verbally presented information, is important in the ad. To what extent and why do cigarette advertisers choose illustrations of athletic behavior? To what extent and why are cigarette advertising visuals pure and pristine, totally unpolluted environments? To what extent and why is smoke not even visible in cigarette advertising? To what extent and why are images of status and wealth used? To what extent and why isn't everyday reality mirrored by portrayals of people actually smoking in their kitchens, dining rooms, living rooms, offices, theatre lobbies, or while working, walking urban streets, or after eating, or in any of the places where smoking actually occurs most frequently?

An analysis of "confidential" corporate documents is required to research the question of rationale and intent. The required documents for Canada have been subpoenaed and many may become public through the course of the current litigation, Imperial Tobacco Limitee & RJR-Macdonald Inc. c. Le Procurer General du Canada (Montreal). This trial is assessing the constitutionality of Canada's Tobacco Products Control Act, a present ban on cigarette advertising. The purpose of this paper is to systematically and objectively measure both the information and imagery content of contemporary cigarette ads to assist policy evaluations, and generate data to augment the documentary record for specific firms. This content analysis of documents in the public domain, magazines, will tell us to what extent practices, images and themes are or are not commonplace.

VISUAL ASSOCIATIONS VS. VERBAL ASSERTIONS

There are many reasons to believe that it is the visual, not the verbal, aspect of cigarette advertising that is the most important. The amount of space given over to illustrations and the paucity of words in many modern ads suggests this. The advertising industry magazine, Printers' Ink (1960) noted that "Once more the (cigarette) industry is back to its traditional and usually successful course -- advertising flavor, taste and pleasure against a backdrop of beaches, ski slopes and languid lakes. It is a formula that works, as all time high sales show."

Consider the success at re-positioning the Marlboro brand from its earlier feminine image ("Mild as May") to its current masculine image. When Marlboro was being made more "male," the visual design of the package was thoroughly tested. The researcher who worked on the packaging concluded that "logic does not play a major role in marketing cigarettes" (Cheskin 1967, p135). A famous motivation researcher, describing a typical Marlboro ad said "the significant meanings are coming from the illustration. The copy logic is strictly after-the-fact" (Martineau 1957, p18). "Emotional supports which ... make smoking seem reasonable, justifiable, and highly desirable ... obviously cannot be thrown in people's faces in their bare essence: but when they are implied ... they are understandable and satisfying."

The current U.S. Vantage campaign seeks to reinforce an "energetic, action oriented" image. Because "the appeal is purely visual, making the photography the most critical element of almost every campaign" they hire photographer Peter Turner to (according to Art Director Alan Goodman) "bring out the high energy and super-saturated color we wanted ... (in) a bold graphic statement. It's important that people

thumbing through these magazines see the ad and immediately realize what it's about." The campaign shows female "athletes involved in risky, high action, non-team sports ... the ads suggest Vantage smokers lead high energy life styles." All models wear red to emphasize pack colors. The actual shoot takes a staff of 25, and three tightly scheduled days, starting at dawn, including some shooting from helicopters. The pre-shoot planning takes months to scout location and select talent (Kaplan 1987).

THE CONCERNS

One potential marketing response to health concerns is an indirect one, making no verbal claims but using visual images of vibrant, physically fit, successful, sociable, and sexy people in physically active or glamorous settings, associating smoking with people who are the very 'picture of health.' Other researchers have found proportionately more growth in the U.S. industry's use of women's and youth oriented magazines (Albright et al 1988), with women's magazine more likely to use ads with romantic and erotic themes, while ads in youth magazines displayed themes of adventure, risk and recreation (Altman et al. 1987). McCarthy reports for 1980-1983 that youth magazines featured cigarette personal image advertising almost exclusively. This psychologist stated: "If a picture is worth a thousand words in influencing adults, a picture is worth a million words in influencing children" (House of Representatives 1985, p169).

Comments and concerns about the character of cigarette advertising have been common in the public press and in official sources, like FTC rulings [FTC 1964] and self regulatory guidelines. Often at issue are the use of both verbal and visual symbols that communicate health claims or themes. The guidelines and commentary addressed tactics such as the use of testimonials from athletes, the linking of smoking to romance and sexual attractiveness, the appearance of official endorsements from medical bodies or government agencies, the use of young models or heros to youth, the use of pristine natural settings, and displaying stamina requiring activities.

CANADIAN CIGARETTE MEDIA WEIGHT

In 1987, cigarettes appeared in 394 ads in 14 different magazines kept by the Vancouver Public Library. These were regional and national magazines with diverse editorial styles, audiences and reach. There were 36 different creative executions, with 16 appearing more than ten times, and the most common one appearing some 30 times. These represent all of the firms in Canada's cigarette oligopoly, and the major transnational firms: Imperial Tobacco (B.A.T.), Rothmans - Benson & Hedges (Philip Morris), and RJR-Macdonald (R. J. Reynolds).

Based upon the list cost per page for four color ads, all that the industry ran in 1987, these 394 insertions cost a little over $5,000,000. Based upon the total circulation of each magazine to adults 18+ years of age, these 394 ads had a total circulation exposure of 584,615,000. Thus each dollar spent in magazines yielded a potential of more than 100 impressions (584M circulation divided by $5M budget). If the balance of the cigarette promotional budget was spent with comparable efficiency, an $80,000,000 promotional budget implies more than eight billion (8,000,000,000) exposures, or more than three hundred and twenty (320) impressions a year for every man, woman and child in Canada.

This estimate is conservative on at least three counts: (1) As buyers of large amounts of advertising space, the tobacco firms obtain discounts and bonuses, paying a net of far less than full list price; (2) The total spending is almost certainly greater than the official estimate of $80,000,000 for measured media subject to the self-regulatory control of the Canadian Tobacco Manufacturers Council (C.T.M.C.); and (3) other media are more efficient than magazines at generating multiple exposures, high reach and frequency. For examples, a single major outdoor urban sign can be seen by 50,000 people a day, or a child who passing a corner grocery to and from school is exposed at least twice each day to multiple ads.

MEASURING THE INFORMATION CONTENT

Cigarette advertising could provide meaningful information for consumers. A ad ban, it is sometimes argued, would deprive consumers and potential consumers of this information and impede their ability to find brands that best match their personal preferences. Further, it is sometimes alleged, if the future preferences of cigarette consumers are for "light" (lower tar and nicotine) products, an ad ban will be counterproductive, because consumers will be less able to find the lighter products they seek. This last contention seems feeble, as packaging and in-store displays could readily provide relevant information.

The nature and extent of the informativeness of Canadian cigarette advertising was measured using an established method suitable for all products (Pollay 1984). One dimension of potential information, "nutrition," is of apparent irrelevance to cigarettes, but the remaining fifteen dimensions of potential informativeness are fully applicable to cigarette advertising. Ads could easily inform consumers about competitive advantage, contents present or absent, guarantees, price, product design, research, etc.

The information manifest in cigarette advertising was measured for all available ads. These were studied as "originals" with printing, colors, paper quality and size of ad exactly as would have been seen by readers, still embedded in intact issues of the magazines. For no cases were reductions or photocopies used.

The mandatory minimal Health and Welfare disclosures were not coded, only those assertions that were present as the result of creative and managerial discretion. Previous research has shown that the level of informativeness of an ad is almost entirely a matter of creative discretion and is largely unconstrained by the nature of the product class or other factors (Pollay 1984).

Results

Despite the freedom to be informative, there is very little information in most cigarette advertising. We do not learn anything about when, where or how the product is available, nor anything about competitive advantages of brands versus one another, nor anything about guarantees or warranties, nor anything about premiums or gifts; nor see any testimonials or endorsements. Even more telling is the observation that we also see no information about the price or special deals, nor any information about research or surveys on cigarette qualities and performance, nor any information about the tobacco ingredients, nor any information about the filter attributes or performance, nor any information about the additives used to enhance flavor, burning properties, moisture control, etc., nor any information about the health consequences of smoking, neither in added detail to warnings nor in positive verbal assertions.

EXHIBIT 1
Information in 1987 Canadian
Cigarette Advertising

INFORMATION DIMENSION	PERCENTAGE OF CASES MANIFESTING INFORMATION: IMPERIAL	ROTHMANS/B&H	RJR-MACDONALD	ALL FIRMS
AVAILABILITY	0	0	0	0
COMPETITIVE ADVANTAGE	0	0	0	0
CONTENTS/FEATURES ABSENT	92	34	22	55
CONTENTS/FEATURES PRESENT	5	0	0	2
DIRECTIONS	0	0	0	0
GUARANTEES/WARRANTIES	0	0	0	0
NUTRITION	0	0	0	0
PACKAGING/PRODUCT DESIGN	17	25	0	19
PERFORMANCE	80	54	0	58
PERSONAL SAFETY	0	0	0	0
PREMIUMS/CONTESTS	0	0	0	0
PRICE	0	0	0	0
PRODUCT VARIATIONS	75	43	0	52
PRODUCT QUALITY	30	42	69	40
RESEARCH	0	0	0	0
TESTIMONIALS/ENDORSEMENTS	0	0	0	0
# OF ADS OBSERVED	152	197	45	394

As Exhibit 1 shows, the only "information" in cigarette ads appearing with any frequency are assertions regarding performance (almost always "taste"), product variations ("regular and king size"), contents absent ("ultra light, extra mild, etc.") and quality. Each of these appear in about half of the ads, although often the information about product variations, or absent contents, appears only in fine print or on the displayed packages. The bulk of space and attention is given over to visuals.

MEASURING ASSOCIATED IMAGES

To measure the extent to which associated themes are present in cigarette advertising, an established method was used that is specifically adapted to cigarette advertising (Pollay 1987). This method has been applied to American cigarette ads over many decades, with the analytical results entered into evidence in Cipollone v. Liggett et al. (N.J.). This is the only case whose jury judgement awarded compensation ($400,000) to a health impaired smoker, although an appeal court overturned that judgement in January 1990, and encouraged a retrial using a risk-utility theory of liability.

The method measures the frequency of visual display and/or verbal assertions manifesting themes along pre-defined dimensions. These definitions, of course, include the commonplace reasons to buy. Coding was done on the extent to which the product was WELL MADE, offered as a GOOD DEAL, and/or promised an ENJOYable experience. These product-cost-benefit reasons are widely, perhaps universally, accepted as valid, legitimate uses of advertising communication to inform potential consumers of the firm's offer. Because some brands are portrayed as feminine or masculine in image or product character, the ads were also coded for portrayal of brand consumers and/or spokespersons as FEMALE or MALE. Many advertisements show life styles, symbolizing experiences such as invigorated healthfulness or affluence and status. Definitions were developed for two life style portrayals often of concern; LIVELY/BOLD and GLAMOR/LUXURY.

Cigarette ads are held to sometimes assert or imply consequences of consumption beyond the immediate taste experience. Of note here is the content communicating that the consumers will likely experience either the physical benefits of improved HEALTH/SAFETY, or the psychological benefits of peace of mind and the ability to RELAX. Consumers are sometimes encouraged to buy because the product appears to be sanctioned, tested and/or endorsed by governmental agencies or scientific bodies, or because the product is seen to be very popular and instrumental to attaining personal popularity. Both OFFICIAL and POPULAR social support were measured. Lastly, the art work of ads often contains important content, providing brand associated symbols as well as portraying people. Both settings and artifacts can communicate abstract aspects like affluence or status (as in LUXURY above), modernity, ethnicity, sexuality, healthfulness, maturity, etc. Of interest here is the use of associated environments that communicate healthfulness, PURE SETTINGS.

All definitions can be seen in brief in Exhibit 2, and in full in Pollay (1987). There are twelve attributes of advertisements measured and an additional one, "HEALTHINESS," calculated. Three categories (WELL MADE, GOOD DEAL and TO ENJOY) measure the product-cost-benefit reasons for purchase. Two categories each measure sex role modelling (FEMALE and MALE),

EXHIBIT 2
Advertising Theme Coding Definitions (in brief)

BOLD/LIVELY: Active and athletic, exuberant, full of life, energy, vitality, zest; adventuresome, bold, brave, fearless, determined, competitive, fighting, striving, daring, wild, risk taking.

ENJOY: Satisfaction, pleasure, or other descriptions of the smoking experience and its taste, flavor or aromas, including terms such as "richness, full bodied, mild, light, cool, fresh."

FEMALE: Pretty, soft, stylish, fashionable, decorative, sensitive, alluring, nurturing.

GOOD DEAL: Any mention of price or justification of prices; offering economical value, getting more for the money, money back guarantees; "gifts", premium items, contest prizes or coupons usable by consumers.

HEALTH/SAFETY: Having positive physical effects; claims about the anatomy, symptoms and/or benefits, such as throat, coughs, fresh breathing, prevention, cures, relief or recovery; cigarette use or endorsements by medical personnel; apparently safe(r) because of reduction in an aspect popularly perceived as problematic, such as tar, nicotine, or gasses. Do NOT code as HEALTHY, minimal legal content listings or warnings unless emphasis added by art, layout or copy, as in "super lights, extra mild."

LUXURY/GLAMOUR: Famous, glamorous or wealthy, or endorsed by such persons; expensive, rich, elite, sophisticated, cosmopolitan.

MALE: Handsome, strong, virile, rugged, powerful, dominant, tough, composed, in control.

OFFICIAL: Screened, tested, used, or endorsed by authorities - scientists or government; reference to research, proof, discoveries.

POPULAR: Being enjoyed by others or sought after; Appeals to being "in," having fun with friends, neighbors or family; enjoying romance.

PURE SCENE: Settings commonly seen as wholesome and clean, such as springs, glaciers, mountain tops, streams, waterfalls, new fallen snow.

RELAX: Psychological (in contrast to physical) effects; peace of mind, tranquility, healthy nerves, concentration, reduction in stresses.

WELL MADE: Amounts, choice or blend of tobacco, cigarette size or special product type (extra longs, ultra thin), paper or packaging, filter qualities, or quality control.

*Complete definitions and appear in Pollay (1987).

the use of associated life styles (LIVELY/BOLD and GLAMOR/LUXURY), the consequences of consumption (HEALTH/SAFETY and RELAX), and the nature of social support for smoking (OFFICIAL and POPULAR). One category measures the associated physical environments (PURE SETTING). Lastly, a new variable was defined called "HEALTHINESS" which integrates the information from HEALTH/SAFETY, LIVELY/BOLD and PURE SCENE. "HEALTHINESS" was coded as in evidence when one or more of its three measured component attributes were present.

The 394 Canadian magazine ads described above was coded for the presence or absence of these themes. All ads were studied as "originals" with printing, colors, paper quality and size of ad exactly as would have been seen by the original readers, still embedded in intact issues of the magazines. For no cases were reductions or photocopies used.

Results

The results in Exhibit 3 show that when people are used, roughly equal proportions of men and women are shown as the model, with each appearing in about one quarter of the ads. Consistent with the total absence of price information noted earlier is the data that shows that absolutely none of the ads promote purchase by even suggesting economy, or a GOOD DEAL.

EXHIBIT 3
Associated Themes in 1987 Canadian Cigarette Advertising

	PERCENTAGE OF CASES MANIFESTING THEMES			
DIMENSION	IMPERIAL	ROTHMANS/B&H	RJR-MACDONALD	ALL FIRMS
BOLD/LIVELY	30	22	44	36
ENJOY	85	0	52	59
FEMALE	41	0	38	25
GOOD DEAL	0	0	0	0
HEALTH/SAFETY	62	0	33	41
LUXURY/GLAMOUR	40	69	48	47
MALE	43	22	15	26
OFFICIAL	0	0	0	0
POPULAR	24	0	28	18
PURE SCENE	37	31	3	19
RELAX	46	9	4	21
WELL MADE	25	0	42	31
ASSOCIATED HEALTHINESS: LIVELY, SAFE or PURE	94	31	58	68
# OF ADS OBSERVED	152	197	45	394

The healthfulness of the product and the associated life styles of its consumers is displayed in several ways, together appearing in 68% of the ads, more than two thirds of the cases studied. PURE SCENES and pristine environments are the setting in 19% of the ads. BOLD AND LIVELY behavior is shown in 36% of the ads. These are displays of people who are the very pictures of health, young adults engaged in adventuresome and athletic behaviors.

The behaviors include mountain climbing, cycling, skiing, canoeing in rapids, personal submarining, ballooning, flying bi-planes upside down, and windsurfing. Forty one percent (41%) of ads, many times the same ones, also imply the product offers HEALTH OR SAFETY, or are safer than other brands, by describing the product as "light, extra light, ultra light, extra mild, or special mild." Because ads can and often do display multiple themes, the data for these three means of communicating healthfulness cannot be simply added. Eliminating potential double counting, and considering "HEALTHINESS" as in evidence when one or more of BOLD/LIVELY, PURE SCENE, OR HEALTH/SAFETY are present, healthiness is communicated by the vast majority (68%) of Canadian cigarette ads. This is also true for U.S. cigarette advertising over the years, with a shift from verbal assertions to a greater use of visual imagery (Pollay 1987).

The next most common association is ENJOY, with 59% of ads displaying or asserting aspects of taste or other pleasures. The third common associated theme is LUXURY, with status associations appearing in 47% of the ads. Status and luxury are shown by words, settings and props: words like "deluxe, rich, distinctive;" settings like Caribbean beaches and Greek villas; and props like large sailboats, luxury automobiles and gold dust.

CONCLUSION AND DISCUSSION

Canadian cigarette advertising in 1987 contained absolutely no information about the price or special deals, nor any information about research or surveys on cigarette qualities and performance, nor any information about the tobacco ingredients, nor any information about the filter attributes or performance, nor any information about the additives used, nor any voluntary information about the health consequences of smoking. The healthfulness of cigarettes and the associated life styles of its consumers is displayed and suggested in one or more ways in 68% of Canadian cigarette magazine advertisements.

Very similar results were found earlier for U.S. ads from 1938 to 1983 (Pollay 1987). Inspection of specific ads demonstrates the similarities between the two countries. Except for the unfamiliar brand names, all Canadian cigarette ads appear to have identical counterparts in the U.S. and would be instantly recognized as familiar cigarette ad styles by American subjects. This is not surprising given the cultural similarities and the fact that cigarette marketing in both countries is done by the same multinational firms.

There seem to be least four styles of ads that are commonplace in recent cigarette ads of both countries, with imagery important to each. Ads for those cigarettes enjoying the greatest popularity and success, especially among adolescent starters, feature attractive adult images whose primary characteristic is autonomy and independence, like the ads for Marlboro and Virginia Slims. Other campaigns feature far more physically active adults, at home in nature, engaged in bold and lively, robust behaviors, often with accompanying slogans like "Come Alive" or "Alive with Pleasure." A third type of social portrayal features professionals, the affluent or other people who are "making it" in society, presumably for their intelligence as much as their luck. The group of ads which don't feature people, feature the product, sometimes with status props, but almost always with descriptors like "light, extra light, ultra light, extra mild, premium mild, or special mild." These position the products, often the reduced tar and nicotine brands that ill or concerned smokers trade down to, as a smart choice because of the greater healthfulness of the lower tar and nicotine products that is implied. These ads suggest that these products have especial "merit," despite the fact that no direct assertion to that effect could be made or substantiated.

The intention of the cigarette advertisers in repeatedly choosing and using these images suggesting independence, intelligence or "pictures of health," remains to be determined. Coincidence or blind luck might explain the success of the brands with "independence" images among adolescent starters, or the success of the "light" brands with imagery and positions of "intelligence" among concerned smokers, the potential quitters. Corporate documents would evidence the presence (or absence) of research into consumers, especially those starting and quitting, the positioning of the various products the product line, the care in pre-testing advertising imagery and understanding what it conveys. Most centrally, the corporate and ad agency copy platform or strategy statements would make clear the target audience and intended communication.

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Public Relations
REVIEW
A Journal of Research and Comment
Vol. XVI, No. 3 Fall 1990

Publicity and American Culture

Richard W. Pollay

Propaganda, Puffing and the Public Interest

Publicity has long played a key role in promoting the public acceptance of cigarettes. Its role changed in response to the 'health scare' of the 1950s, from the recruitment of new (women) smokers to the retention of existing (concerned) smokers and supporting legal and political battles. The efforts of Hill & Knowlton for the Tobacco Industry Research Council in the 1950s are discussed in detail. Based upon archival documents never before made public.

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> "The engineering of consent is the very essence of the democratic process, the freedom to persuade and suggest. The freedoms of speech, press, petition and assembly, the freedoms which make the engineering of consent possible, are among the most cherished guarantees of the Constitution of the United States."[1]

This value statement by one of America's deans of public relations is echoed in Philip Morris' current national campaign distributing copies of the Bill of Rights. The ads quote FDR to remind us that these are "privileges" and "men have died for them." Freedom of commercial speech, like advertising and publicity, is of particular value to firms like Philip Morris. Some forms of publicity already have this privilege without restraint. The Federal Trade Commission was recently frustrated in its challenge of an R. J. Reynolds advocacy ad because the ad was judged to be "entitled to the full protection of the First Amendment, *including the right to deceive.*"[2]

Publicity has long played a key and contentious role in the tobacco industry's promotion of the public acceptance of smoking, and the associ-

ated political and public opinion battles. The public opinion front was judged especially crucial "because here is where the beliefs, attitudes and actions of judges, juries, elected officials and government employees are formed."[3]

The Early Role for Public Relations

American Tobacco targeted women in the 1920s in an effort unprecedented in both its extensive use of public relations and its success. Competitors also used public relations to fight its success and excesses. American began by hiring ad agent A. D. Lasker, who had succeeded in selling Kotex sanitary napkins via national magazines. An early campaign for Lucky Strikes featured opera stars whose precious voices were unaffected by smoking. Another cited a survey of physicians claiming Luckies to be "less irritating." These health campaigns were criticized by the American Medical Association and the *New York Times* in editorials, and by the National Better Business Bureau, who called some "the lowest hokum."[4]

Edward Bernays was hired by Chesterfield to do public relations to combat both of these campaigns. Bernays ridiculed the opera star campaign by creating the "Tobacco Society for Voice Culture." Its letterhead slogan was: "So to improve the CORDS of the THROAT through cigarette smoking that the public will be able to express itself in songs of praise and more easily swallow anything." Its satirical aim was "to establish a home for singers and actors whose voices have cracked under the strain of their cigarette testimonials."

To combat the survey of physicians, 5,000 copies of an article from *Editor and Publisher* were distributed to influential people. Its headline: "Cigarette Copy Bunk, Physicians Declare Blanket Endorsement used in Ads Unwarranted." Lucky Strike's health claims were also attacked by R. J. Reynolds' advocacy ads costing $300,000, about $2 million in today's terms, "Turning the Light of Truth on False and Misleading Statements in Recent Cigarette Advertisements."[5]

The best known of Lasker's campaigns instructed women to "Reach for a Lucky Instead of a Sweet," previewing today's female brands positioned as symbols of slimness. Once well established, the ads simply featured shadows with large double chins. Brand sales went up 312% in the very first year, despite the protests of the sugar and candy interests. Ivy Lee, who directed American Tobacco's public relations, resolved this conflict. He persuaded the sugar people that the campaign was stirring public interest in both tobacco and sweets and would do more good than harm for both.[6]

American Tobacco evidenced their judgment about the power of publicity when the infamous George Washington Hill hired Bernays away from Chesterfield's, but still retained Ivy Lee, without telling either about the other. He would ask Lee for advice and critical comment, for example, on an ad campaign concept of Lasker's, and then ask Bernays what he

thought of Lee's advice. Only later did Bernays and Lee discover this duplicity and duplication when they met by chance in Hill's reception room. Hill explained: "If I have both of you, my competitors can't get either of you."[7]

The Modern Public Relations Professionals

The services and personal attention of Lee and Bernays came at a rich price. Hill paid Lee's firm the then substantial sum of $40,000 per year retainer. Bernays was paid $25,000 per year retainer, and at first given few responsibilities, being asked only for occasional advice and press releases.[8]

Lee and Bernays were not the classic white-washing, space-grabbing press agents. They were "the propagandist who specializes in interpreting enterprises and ideas to the public ... (a) 'public relations counsel.'" Lee encouraged his clients to set up their own internal publicity departments to handle daily routine operations, so he could consult on "the larger framework of ideas from which to base public policy." Their work was typically indirect, seeking to "set up psychological and emotional currents ... instead of assaulting sales resistance by direct attack."[9]

Bernays, a nephew of Sigmund Freud, learned the art of propaganda serving on the WWI Committee on Public Information. He justified his "molding of the masses" with blunt candor. "The manipulation of the news, the inflation of personality, and the general ballyhoo by which politicians and commercial products and social ideas are brought to the consciousness of the masses ... are necessary to orderly life." Those "who understand the mental processes and social patterns of the masses ... pull the wires which control the public mind."[10]

PR to Make Cigarettes Female and Fashionable

To attack the female market with more psychological sophistication, Bernays, on behalf of Lucky Strike, hired a famous psychoanalyst, A. A. Brill, who counseled that "cigarettes are symbols of freedom." This was ingeniously translated into action by Bernays, who hired models to smoke in public for publicity purposes. In the New York Easter parade, a major spring fashion event known and covered across the nation, smoking models wore placards that identified their lit cigarettes as "torches of liberty."[11]

Bernays once made green the fashion color of the year, to match Lucky Strikes' package. He organized a "Green Ball" with socialites and a Green Fashion Luncheon. He sent 6,500 letters and kits to department stores, fashion editors, and interior decorators announcing this "trend." He sent press releases of psychologists' declaration that green was the "color of spring, an emblem of hope, victory (over depression) and plenty." He said that for this "engineering of consent ... I drew up a comprehensive blueprint,

a complete procedural outline, detailing objectives, the necessary research, strategy, themes and timing of the planned activities."[12]

The Healthy Era for Cigarettes

Public relations aided the promotion of cigarette smoking among women, supporting and paving the way for the heavy advertising expenditures in all media in the 30s and 40s. The most remarkable aspect of that era's promotion, by today's standards, was the persistent and explicit verbal emphasis on health themes. Camels claimed that "They Don't Get Your Wind." Old Gold promised "Not a Cough in a Carload." Phillip Morris cited unnamed "eminent medical authorities" for their "less irritating" claim, for an additive described in bold red headlines as "an ounce of prevention." Chesterfields "will not harm nose and throat" because they were "much milder."

Camels claimed "More Drs. Smoke Camels Than Any Other Cigarette," but they never disclosed the specific data, gathered at a medical convention. "Unbeknownst to the people who read the ads based on these claims, was the fact that the interviewers had placed in the doctors' hotel rooms on their arrival cartons of Camel cigarettes. The chances are that the doctors ran out of cigarettes on arrival, and conveniently put a pack of Camels into their own pockets."[13]

Coping with a Crisis of Confidence

The health claims, however, prompted consumers to be mindful of health issues. As *Fortune* noted, many campaigns were "riddled with warning and appeals to fear" so that "the present turmoil could be considered an inside job" and the "industry may be promoting itself toward a dead end."[14]

The "present turmoil" was the spreading fear of cancer sparked in late 1952 when the widely read and respected *Reader's Digest*, with no advertising revenue at risk, published "Cancer by the Carton." Medical studies linking cigarettes to cancer, while not new, were now being reported in the popular press. *Good Housekeeping* stopped accepting cigarette ads in 1952. *The New Yorker* is said to have literally thrown Kent ad copy, and the associated potential ad revenue, out of their 17th floor window in dramatic objection to a health benefit claim. *The New York Times* published 12 health and cigarette articles in 1953, and 21 more in the first three months of 1954. In December 1953 *Woman's Home Companion, Look* and *Cosmopolitan* were each considering articles on the topic. Cigarette sales actually declined, a novel and challenging experience for the cigarette industry executives.[15]

The industry responded to the "health scare" in a number of ways. They rapidly developed and launched new products with filters made of

cotton, cellulose, and even asbestos. These were "miracle tips" tested by the "United States Testing Co." which were "Just what the Dr. Ordered" offering an "extra margin (of safety)." One unsubtle brand and campaign said "The secret to Life is in the Filter."[16]

But relying on new products and health advertising alone would not solve the problem of the "health scare" and might well be salt in the wound. When the industry CEOs convened to take unified action, Hill and Knowlton, their chosen PR firm, wanted to know if the industry's advertising had been a principal factor in creating a 'health problem.' "The companies voluntarily admitted this to be the case even before the question was asked."[17]

The Tobacco Industry Research Council (TIRC)

Public relations was used extensively by the cooperating industry to fight the health scare. All of the many tools of public relations were employed: advocacy organizations and advertisements, media monitoring, personal contacts with media managers, ghost writing, media placement, film and pamphlet production, coordinated political action, scores of press releases, and the redistribution of favorable items in large quantity.

The planning group was called together in late 1953 by Paul Hahn, CEO of American Tobacco. He had been issuing statements on his own attacking "loose talk" linking cigarettes to cancer, and he had staff assembling material for a "white paper." All firms were represented except Liggett & Myers. The TIRC wanted to keep unfavorable publicity to a minimum, and to counter it so as to promote the idea of scientific uncertainty and controversy.[18]

"A Frank Statement to Cigarette Smokers." Almost instantly, the TIRC spent $257,276 to place a full page advocacy ad in 448 newspapers of 258 cities, blanketing the nation and reaching an estimated 43,245,000 people on January 4th or 5th, 1954. Weekly, foreign language and negro newspapers were generally avoided, but special versions of the ad were prepared for *Editor and Publisher, Publishers' Auxiliary, American Press*, and 11 tobacco industry publications. The "Frank Statement" questioned research findings, reminded smokers of the "solace, relaxation, and enjoyment for mankind" claimed for cigarettes, and pledged to sponsor "impartial" studies and "let the results speak for themselves." The signing sponsors "accept an interest in people's health as a basic responsibility, paramount to every other consideration in our business ... We always have and always will cooperate closely with those whose task it is to safeguard the public health."[19]

TIRC Goals and Activities. This ad placement, as dramatic as it was, was merely the opening salvo in the very large public relations program that followed. The TIRC "should sponsor a public relations campaign which is positive in nature ... promoting cigarettes and protecting them from these

and other attacks that may be expected in the future." The active information service for the TIRC had the "following objectives in mind: (1) avoid encouraging or stimulating further publicity on the subject, but (2) assure that those planning to write or talk about smoking and health receive our material, and (3) enable staff to keep Committee members informed of the trend of publicity." In addition, a $50,000 public opinion poll and depth survey of smoking habits was commissioned, special efforts for congressmen planned, surveys of medical literature authorized for a "white paper," and plans made to announce a position of Research Director.[20]

Statistical research was undertaken to confound the cancer issue. Among the questions raised and getting executive endorsement were: Why was the rise in lung cancer most marked among men, when the greatest recent rise in cigarette use was among women? Were there variations in lung cancer rates city to city? urban to rural? cold to warm climates? What were the smoking habits of long lived distinguished public leaders? What human ills were historically, but erroneously, attributed to tobacco? This last argument was ultimately "found more marketable and has received the placement emphasis."[21]

The international searches "marshalling scientific facts and published materials to prepare for meeting future attacks" became proactive in purpose. Copies of scheduled conference papers were obtained in advance, coverage planned, and representatives attended the meetings. "Unfavorable publicity was anticipated with preparation of possible TIRC statements."[22]

Organization, Coordination and Cooperation. The day to day public relations chores for the TIRC were executed primarily by Hill and Knowlton, whose staff operation for 1954 used all or part of the time of 35 different staff members. The TIRC itself numbered more than 50, predominately tobacco CEOs, their lawyers, and PR professionals.[23]

Hill and Knowlton was and is a pre-eminent international firm, ranked as the country's leading PR firm by newspaper editors and other PR firms in polls by *Printers' Ink* and the *Gallagher Report*. The New York office and its work for the TIRC was guided in the 1950s by its founder and partner John W. Hill. His philosophy of public relations and the management of public opinion recognized that "merely putting facts before people is not always enough. Attitudes tend to be based more on feelings and emotions than upon cold logic ... (so one must) tie in with the deep motivations of people." Public opinion is based on what people hear, see and read, with individual responses dependent upon each individual's "racial, religious, political or economic interest, their background of culture and tradition, and their degree of education and level of intelligence."[24]

Hill and Knowlton did not, of course, operate in a vacuum. Public relations specialists from the cigarette firms and their agencies provided advice and assistance through the PR Advisory Committee. Tommy Ross, partner of Ivy Lee, apparently had the closest working relationship. In

addition to the phone calls and face to face meetings there may have been, many letters were exchanged in 1954, with Mr. Ross providing solicited comments in detail on plans and progress reports.[25] As the TIRC public relations activities were taking shape, the principals of Hill and Knowlton also obtained the comments and suggestions in face to face meetings with senior executives of the principal advertising agencies, including comments on the copy of the "Frank Statement." A meeting of the Research Directors of the ad agencies discussed polls and depth surveys, an action strongly encouraged by Young & Rubicam to guide and track the public relations program[26]

The need for a coordinated approach was felt from the very beginning. R.J.Reynolds, through its ad agency and its PR agent, Grant Clark of the Bureau of Research Information, had been planning to spend "around a million dollars" on "full page ads in some 10,000 papers," an action made unnecessary by TIRC's "Frank Statement." Mr. Clark was "instructed to put Hill and Knowlton first" and claimed he had the needed "connections" with the medical journals, Public Health Service and American Medical Association. He continued to issue press releases until one prompted the CEO of Philip Morris to suggest that "no releases go out, now that we have formed a parent holding company (TIRC), except through Hill and Knowlton ... any other procedure would get us in serious difficulties."[27]

Getting off to a Fast Start

The first few months of TIRC activity were important, intense and in secret. The files and procedures evoke Bernays' "comprehensive blueprint for action." The report summarizing the early activities took 24 pages and its cover letter identified it as "highly confidential" in three of its four paragraphs, suggesting that "no additional copies be made and that this copy not be placed in files."[28]

Files on Experts and Media. The TIRC library included: a cross indexed card file of medical and scientific papers from some 2,500 medical journals, with most pertinent information obtained in full; special files of all pertinent press clippings; a cross indexed card file on medical opinions as noted from press, radio and other popular media; full texts of speeches, announcements, and panel discussions which were germane and available; files drawn from documents of the U.S. Health, Education and Welfare, Internal Revenue, Agriculture departments, the U.N., and other official bodies.[29]

Media Monitoring and Meetings. One of the major benefits of having "carefully monitored" the press, radio, television and newsreels was that it allowed timely personal contact and letters to the editors requesting revisions, retractions, cancellations or rebuttals to unfavorable stories. When *LIFE* wrote "New Cigaret-Cancer Link," a meeting was held four days before the publication date where many TIRC responses were

considered. These included a strong protest with simultaneous release of the protest to the general press, a full page ad in *LIFE* to rebut the story, a counteracting story in *Look*, and a "factual protest to *LIFE* to be followed by a conference with Henry R. Luce, Editor-in-Chief ... (to request) prominent attention to TIRC's position." The luncheon meeting that did result was "friendly and congenial." Although Mr. Luce did not attend, his assistant and six other editors and science writers did. The TIRC team emphasized the need for a "balanced presentation" and "editorial responsibility in handling stories that rouse unwarranted fears." A visit of Luce's editors and writers to TIRC and Hill and Knowlton headquarters was planned. Similar meetings and correspondence occurred with many others, even *Reader's Digest* and William Randolph Hearst and his top executives.[30]

"Helping" the Media. There were too many items to be listed in the summary report, but specific mention was made of personal contacts with *Time, Newsweek, U.S. News and World Report*, and *Business Week*. "Considerable source material" was provided to Hal Boyle for an Associated Press story sent nationwide, and to Donald Cooley for his story in *True* magazine. Further research and personal conferences provided aid to Cooley in his writing of a paperback for newsstand sales called *Smoke Without Fear*. When published, "1,000 advance copies (were) sent to city editors, science writers and other newsmen of leading daily newspapers throughout the country." Editorial writers, including those on the *New York Daily News* and "influential Washington papers," wrote "several positive editorials" after receiving help. Editorials pre-written by TIRC and distributed by the U.S. Press Association were used heavily by "home town" dailies and weeklies.[31]

Early in the PR program, a survey was done of national magazines and syndicate writers to find who was working on tobacco stories. "Contact was established with authors and editors. Such regular checking continues as standard practice, requiring numerous contacts weekly." This proved helpful in permitting timely inputs and a chilling influence that yielded revisions and killing of planned stories. An article by Bob Consodine for *Cosmopolitan* was subject to "seven revisions and five qualifying additions to the story which was already in type." A TV show was "postponed after discussion." A pamphlet written by the Science Editor of the American Cancer Society was "discussed several times" by the TIRC Publicity Committee, "underwent several revisions" and was "guided to completion" by Hill and Knowlton. The author had earlier been subject to a "special conference" when he was critical of the TIRC.[32]

General News Releases. During the first six months, 11 general news stories were distributed, each supported by "direct personal contact." An illustrative case history told of the steps taken to publicize a talk by a Dr. Hueper at the International Cancer Congress in Brazil. A check of the program found his talk on environmental cancer and an advance copy of the paper was obtained and studied. No press distribution of the talk was

planned by Hueper, but "personal delivery of the Hueper release was made to important newspapers and services as well as distribution to science writers, editorial writers and feature writers ... Stories questioning the link between smoking and cancer were given wide attention, both in headlines and stories" despite the fact that many of the science writers covering the convention "failed to mention the Hueper talk in their dispatches."[33]

Illustrative Examples. The April release of "A Scientific Perspective on the Cigarette Controversy," and a June press conference introducing a Dr. Little of Maine as the Chairman of TIRC's Scientific Advisory Board, illustrate the preparation, execution and follow up during 1954.

"A Scientific Perspective ..." was a compendium of quotations from 36 "distinguished cancer authorities." The 18 pages of excerpts quarrelled with both "the alleged statistical association" and lab studies where mice painted with cigarette tars developed cancers. It presented those studies, carefully culled from an international search, with inconclusive or contrary results. These were handsomely laid out, with bold italic marginal headlines featuring key phrases, such as "None of Evidence Conclusive," "Questions Role of Cigarette," "Unwarranted Conclusion," and "Tobacco Relatively Unimportant." The preface was careful to state that the TIRC did "not suggest that these views represent the entire body of scientific opinion on the subject." It also reiterated an "interest in people's health as a basic responsibility and paramount to every other consideration."[34]

A total of 205,000 copies of this booklet were printed, with the majority, 176,800 sent to the nation's medical community. The booklet, with a covering press release, also went to a press distribution of 15,000, and copies were sent to all members of Congress. News magazines received advance copies and, several days in advance, "key press, network, wire services and columnists contacts were alerted by phone and in person. The booklet was hand delivered ..." Hill and Knowlton field offices around the country "alerted local press, radio and TV to the story." A week after the mailing, a follow up personal letter from TIRC's Chairman went to "114 key publishers and media heads." Substantial stories were used by AP, UP, INS and Dow-Jones wire services. The New York dailies carried stories, as did "hundreds of papers and radio stations throughout the country." Special "staff-written stories developed with the help of Hill and Knowlton field offices" appeared in newspapers like the *Cleveland Star* and *Chicago American*.[35]

The press conference announcing TIRC's research program and personnel was held at New York's prestigious and academic University Club concurrent with that year's AMA convention. All of the wire services, New York newspapers, news and business magazines, television and radio networks, and Movieton news were personally contacted to learn who would cover the story. The release, statement and photos were given "full distribution." Because of the news magazines' special schedules "the essen-

tial facts were given to them several days in advance." TIRC staff "serviced the tobacco trade publications ... medical journals, veterans publications, National Association of Science Writers, medical colleges, dental journals and colleges ... and cancer organizations" among others. Special film, owned and edited by TIRC's publicity department, was provided to CBS, ABC and Dumont, with only NBC choosing to shoot their own footage. Records of attendance were kept, and follow ups included delivery of rushed transcripts within three hours.[36]

The press conference was very successful, with all the news services and networks carrying the story, despite the fact that the AP and INS science writers were attending the AMA convention. The reach of this was considerable, as AP radio alone serviced 1400 stations, and "there is no telling how many additional TV and radio stations picked up the story from the above sources and wire service dispatches." The debriefing did note three problems: "Dr. Little was a bit more candid than anticipated; ... too many H&K people there in proportion to press attendance; ... (and the) take over" by TV and film crews and their equipment suggested scheduling them separately from the print press.[37]

The pattern of exhaustive distribution of releases and reprints, coupled personal invitations and follow up, was apparently the rule rather than the exception. Press releases went out periodically announcing increases in the cumulative amount authorized for research purposes. TIRC issued statements via its scientific directors, whose appointments, papers, editorials and speeches were given wide dissemination in press releases like the one headlined "Anti-Smoking Theories Not Based on Complete Scientific Knowledge." Studies that aided the industry cause, even if remote, were distributed too. A New Zealand study of immigrants, for example, was reported in the *Washington News* as "This Takes Cigaret Smoking Off the Hook." A *Research Booklet* was mailed to 134,549 recipients, primarily physicians under 65, hospitals, medical schools and libraries, cancer societies, medical journals, and selected members of the National Research Council and American Medical Writers' Association.[38]

Budgets and Priorities. Money never seemed to be in short supply. Throughout the 1950s, the TIRC authorized budgets for Hill and Knowlton consistently larger than the actual expenditures. During this same time period, the leading manufacturers also increased their brand advertising budgets more than 60%, going from $76 million in 1953 to $122 million in 1957. Of the total TIRC expenditures in 1954 of $948,151, Hill and Knowlton was paid almost exactly a quarter, $223,994. Another 26% went to the media costs of the "Frank Statement" ad. Sixteen percent was consumed by TIRC administrative and operating costs, which included the costs of reprints. Of the remaining 33%, or $314,448, some $156,268 in grants had been approved but not paid out in 1954. This means that the much ballyhooed grants to scientists in 1954 actually amounted to at most $158,000, less the overhead

costs of running the subsidiary Scientific Advisory Board. As this was budgeted at $78,000 for 1955, it seems that only about $80,000, or less than 10% of the total TIRC budget of 1954, actually found its way to the selected scientific projects. The lion's share went to public relations, including the advocacy advertising, reprints and related TIRC operating expenses.[39]

Success with the Media. By mid-February 1954 the clipping files already contained 416 items, including radio scripts. The majority of these were judged by Hill and Knowlton to be favorable to the industry. Indeed, even after eliminating the many items merely announcing the formation of the TIRC, the "favorable stories" outnumbered unfavorable "tobacco critic's publicity" by more than a 2 to 1 margin. Favorable stories, including syndicated serials by INS, Scripts Howard, New York Post syndicate and AP, were reported to be 16 times more numerous than publicity from the American Cancer Society, U.S. Public Health, and Veteran's Administration combined.[40]

Despite the volume and repetitiveness of the press releases, the media continued to carry them. "Newspapers, fearful of offending cigarette advertising, have given full coverage to the industry's statements." One ad executive noted that "The public ... was also put under heavy sedation by the public relations program of the tobacco companies which effectively cushioned every piece of unfavorable news ... with standardized rebuttals."[41]

A 19 page booklet of selected "Editorial Comment on Tobacco and Health" evidenced their success in getting favorable stories in the media and their efforts to foster a bandwagon effect by displaying editorial opinion that was uniformly favorable. Reprints of favorable articles, book reviews, and letters were individually circulated as well. A *Harper's* article, "Do We Have to Give Up Smoking?" was mailed to "all doctors under 65 years of age, to press and broadcasters, and other public opinion leaders."[42]

Carrying On

Ghost writing. "The Fight Against Lung Cancer," a 1955 work nominally by John Pfeiffer, "has been prepared ... and is designed as the basis for a TIRC document and for other public distribution material, for articles and for policy statements." Another book being titled by Hill and Knowlton in 1956 in consultation with the publisher had considered titles like "Smoking — Science and Nonsense" and "Smoking and Health — Fact vs. Fiction."[43]

On the Political Front. In early 1958, Hill and Knowlton was involved in political and lobbying battles to defeat labelling legislation because the "(Tobacco) Institute which had been formed to do this job was not yet ready to function." This state by state effort required Hill and Knowlton to "plan for opposing the legislation, select people to appear at the hearings, and develop a line of opposition argument." Hill and

Knowlton also sent regular mailings to all Members of Congress. The entire list received all issues of *Tobacco News*, *Tobacco and Health*, The Annual Report of the Scientific Director, and individual items as they appeared like *Tobacco, Source of Pleasure, Source of Wealth, Tobacco and the Health of a Nation*, and *Tobacco and Americans*. State specific materials were "frequently delivered to individual office of Congressmen."[44]

Consolidating and Clarifying its Position. A restructuring in 1958 created the Tobacco Institute (TI) which still survives. The CEO of American Tobacco, speaking for TI's Directors, wrote to Hill and Knowlton regarding "certain important questions of policy." He indicated that the "major objective should be: To defend the tobacco industry against attacks from whatsoever source on tobacco as an alleged health hazard, including efforts to impose labelling requirements." Taking the position that health charges were "unfounded," he counseled against "frontal attacks" on the motives of groups like the American Cancer Society, preferring instead to challenge them and muddy the waters by "presenting contradictory evidence." The TI should present the view that "smoking is not harmful to normal individuals," although "overindulgence or excess in anything may be harmful."[45]

A Small Scandal. The planting of stories, and reproducing them for mass distribution, was still in evidence in the late 1960s. In 1968 the Federal Trade Commission exposed the Tobacco Institute's role in placing stories in *True* and the *National Enquirer*. The latter's headline filled the front page with a bold declaration that "Cigarette Cancer Link is Bunk." The nominally different authors were in fact the same person, paid and fed material by the Tobacco Institute, and soon to join the staff of Hill and Knowlton. Ads in the daily press encouraged readership of the *True* article. Hundreds of thousands of reprints were sent to doctors, educators, researchers and members of Congress with an "editor's message" attachment rather than disclosing TI's role. The American Medical Association mailing list was obtained with the pretense that it was for a circulation campaign for *True*. The FTC judged these as "not the acts of an industry either confident of its facts nor solicitous of its reputation."[46]

Evaluations and Discussion

A Tobacco Institute internal memo of 1972 reviewed the preceding twenty years, and described its activities as a "holding strategy" defending the industry on "three major fronts — litigation, politics, and public opinion." The tactics included "creating doubt about the health charge without actually denying it, and advocating the public's right to smoke, without actually urging them to take up the practice." A decade earlier, an internal memo stated: "Historically, it would seem that the 1954 emergency was handled effectively. From the experience there arose a realization by

the tobacco industry of a public relations problem that must be solved for the self-preservation of the industry."[47]

To accomplish this holding strategy, the world was scoured for scientific and medical opinions that contradicted or confounded the ever growing evidence of tobacco's carcinogenic nature. That which could be found was reproduced, re-packaged and distributed with the full machinery of the nation's leading PR firm in high gear. The essential tactic was to gather, reproduce, and scatter seeds of scientific doubt to magnify and maintain the appearance of a scientific controversy.

Despite claims that the TIRC existed to fund impartial research, and pursue public health as "paramount to every other consideration," the activity reports and budgets show that influencing public opinion was actually the primary, perhaps exclusive, objective. A 1974 internal memo from Lorillard's research director to its CEO stated that: "Historically, the joint industry funded smoking and health research programs have not been selected against specific scientific goals, but rather for various purposes such as public relations, political relations, position for litigation, etc. Thus, it seems obvious that reviews of such programs for scientific relevance and merit ... are not likely to produce high ratings."[48]

The judge in the recent and temporarily successful liability trial, Cipollone v. Liggett et al (NJ 1988), was required by a motion of the cigarette defense to review the evidence. He judged that the jury could reasonably conclude that the TIRC and the work it performed was "nothing but a hoax created for public relations purposes with no intention of seeking the truth of publishing it ... The intensity of the advertising and public relations was sufficient to create the desired doubt in the minds of the consumer, and overwhelm or undermine pronouncements as to the dangers... (The) magazine entitled *Tobacco and Health*, and mailed free to practically every doctor in the country ... was a blatant and biased account of the smoking 'controversy.'" The evidence supported, in his view, an "industry wide conspiracy to accomplish all of the foregoing in callous, wanton, wilful and reckless disregard for the health of consumers in an effort to maintain sales and profits ... (a conspiracy) vast in its scope, devious in its purpose and devastating in its results."[49]

Another measure of the success of this sustained public relations effort is the extent to which, even today, most citizens, including well educated readers, tend to substantially underestimate the scientific consensus and the degree of medical health risk. Few people realize that there have been 20 Surgeon's General reports over 25 years on cigarettes, and that none of these has been equivocal about the health hazards of cigarettes. Some develop specific themes like nicotine's addictive properties. Each added to the ever growing evidence about cigarette's health hazards. In 1989, 390,000 Americans, more than 1,000 every single day, were estimated to have died from their cigarette smoking and nicotine addiction, more than from heroin,

crack, fire, homicides, auto accidents and AIDS combined.

These are men and women "who have died" in the name of the freedom to engineer consent. A measure of the success of contemporary cigarette PR programs is the extent to which, despite this death toll, the cigarette debate is often framed as a free speech issue, not a health issue. This "repositioning" ignores the deaths and other enormous medical and social costs in deference to feared infringements on the alleged freedoms of commercial speech. This repositioning effort is joined by associations of other advertisers who have "an offensive strategy for eliminating and blocking restrictions ... *Efforts Should be Made to Recast and Refocus Issues.* By broadening the terms of the debate over restrictions, a proposal to restrict particular types of advertising may become intertwined in broader issues that are not readily capable of resolution." Remembering, too, that it is "the freedoms of speech, press, petition and assembly, (are) the freedoms which make the engineering of consent possible," it's no wonder that Philip Morris champions these privileges vigorously.[50]

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Signs and Symbols in American Cigarette Advertising:

A Historical Analysis of the Use of "Pictures of Health"

Richard W. Pollay

Abstract

Cigarette advertising around the world has been the subject of much controversy and regulation. The intensity of concern by public health official has become increasingly intense as evidence accumulates linking smoking to high rates of fatality due to heart diseases, as well as lung cancers and disorders, and the risks borne by those exposed to "passive" or second hand smoke.

Despite efforts to restrict advertising volume and health representations, cigarette advertising and promotion continues at a record pace. Despite more than two generations of data, the public still grossly underestimates the risks associated with smoking, and smoking rates have diminished only slightly. These facts are related.

Content analysis shows that the bulk of cigarette advertising in both the US and Canada displays healthfulness through a variety of symbolic means. Since there is little overlap of firms or brands between the US and Canadian markets, this provides inter-jurisdictional replication. Historical data evidences a major shift from verbal to visual representations, from syntax to symbols. The content analysis, therefore, of necessity deals with the visual symbolism. The dimensions of analysis are derived from the criticisms and regulatory concerns about cigarette advertising.

The content analysis methods, results and examples of advertising over the years in both the US and Canada will be discussed and shared. This method and resulting data have been important in recent North American litigation; the only US finding to data of cigarette manufacturer's liability, and a constitutional challenge to a Canadian ban of cigarette advertising and promotion.

The purpose

Comments and concerns about the character of cigarette advertising are common in the public press and in more official sources, like U.S. Congressional Records, FTC rulings and reports or National Association of Broadcasters and self regulatory guidelines – the Cigarette Advertising Code (See, for example, Arbogast 1986; Chapman 1986; Ernster 1985, Foote 1981; House of Representatives 1986; Hutchings 1981; Warner 1986a, 1986b; Whiteside 1975). Criticism of the cigarette industry's communication is at least fifty years old (American Journal of Public Health 1931).

Often at issue are the use of both verbal and visual symbols that communicate health claims or themes, testimonials from athletes, the idea that smoking is a means by which youth can gain virility, charm, social prominence, success or acceptance as adults, the linking of smoking to romance of sexual attractiveness, the appearance of official endorsements from bodies like the American Medical Association or government agencies, the use of young models or heros to youth, life style ads, and/or the use of pristine natural settings or stamina requiring activities to symbolically communicate healthfulness.

Only some of this commentary and concern has been based on empirical measurement of the relative frequencies of these themes, and rarely do these offer any historical perspective. This study examines and systematically measures magazine cigarette advertising for common themes and tactics. "Tactics" here refers to the choices of executional elements, such as specific words, costumes, props, or settings, employed in ads to communicate themes. These are necessary operational decisions for the ad creators, and are necessary elements in the operational definitions for analysis of thematic content. By analysis and tabulation of these, this study characterizes the themes in the information environment presented to readers at various points in time.

Previous research

Most of the research on the content of cigarette advertising is quite recent. Howe (1984) reviewed 1935 to 1979 and Ernster (1985) reviewed the entire 20th Century for advertising targeted at women. The latter notes that cigarettes were carefully marketed, using public relations as well as advertising based on sophisticated psychological advice, to make cigarettes a positive symbol of emancipation for women.

Warner (1985a) studied 716 *Time* ads for selected years from 1929 to

1984 and found more health themes and more verbal content during or just preceding major smoking and health announcements "with the possible exception of 1964." 1964 is a major exception to have found, since this is the date of the first and most impactful Surgeon General's report. While not discussed, the obverse of his results is the more interesting – that following health announcements ads became less verbal.

Ringold (1986) studied one ad each for every major brand from 1925 to 1985, drawn primarily from *Time*, doing a highly detailed coding of the verbal content. This grossly overemphasizes the importance of the verbal elements and especially the fine print in ads, which is likely to have been read by less than 10% of even the proven ad audience. The sampling, by weighing all brands equally, makes the data a distortion from the consumer experience. Nonetheless, it is interesting to note the result that there is no difference between the various brands in terms of health claims frequently used.

Slater et al. (1987) report on 856 ads from eight popular magazines from 1960 to 1985. Using several elaborate methods (multiple coders, randomized block design, 150 variables, etc), they find increases in the advertising aimed at women and youth, and differential appeals directed at the target audiences.

The strategy of this research

The research strategy uses content analysis to identify the frequency of various themes employed in cigarette advertising creative, and then returns to the original ads for closer study of those identified as typical or seminal. This closer examination identifies the changing means by which these themes are manifest. This in turn can be related to the history of medical knowledge, regulatory efforts, and consumer behaviour research insights. This paper focuses on the content analysis methodology and results. The presentation is complementary with a focus on the more integrative historical description and discussion of specific illustrative examples.

The measures

All definitions for themes were developed and applied to generate data on the extent to which THE ADVERTISEMENT DISPLAYS OR ASSERTS THAT THE PRODUCT AND/OR ITS CONSUMERS ARE

(as defined). "Displays or asserts" encompasses the use of both visual and verbal symbols. Definitions were based on the concerns of regulators, broadcasters and the industry's self regulation. These were developed drawing from dictionaries, thesauri, previous studies of advertising content, and pilot studies on historical cigarette advertisements. The operational definitions were elaborated to include multiple examples and language as found in advertising copywriting, simplifying the interpretive task for judges. Condensed versions of these definitions can be seen in Exhibit 1. Reference to the core concept for each category is hereafter done by using capitals.

These definitions, of course, include the product-cost-benefit reasons to buy: because of an offer of a quality product at a good price promising consumer satisfaction. These are widely, perhaps universally, accepted as valid, legitimate uses of advertising communication to inform potential consumers of the firm's offer. Coding was done on the extent to which the product was WELL MADE, offered as a GOOD DEAL, promising an ENJOYABLE experience. Because some brands are portrayed as particularly feminine or masculine in image or product character, and hence particularly attractive to or appropriate for females or males, the ads were also coded for vivid sex role stereotyping of brand consumers and/or spokespersons as attractive FEMALE or MALE, where attractiveness could derive from any of the attributes shown in the definitions.

Many advertisements show life styles, symbolizing experiences such as invigorated healthfulness or affluence and status. Definitions were developed for two life style portrayals often of concern; LIVELY/BOLD and GLAMOR/LUXURY. Cigarette ads are held to sometimes assert or imply consequences of consumption beyond the immediate taste experience. Of note here is the content communicating that the consumers will likely experience either the physical benefits of improved HEALTH/SAFETY, or the psychological benefits of peace of mind and the ability to RELAX. Consumers are sometimes encouraged to buy because the product appears to be sanctioned, tested and/or endorsed by governmental agencies or scientific bodies, or because the product is seen to be very popular and instrumental to attaining personal popularity. Both OFFICIAL and POPULAR social support were measured. Lastly, the art work of ads often contains important content, providing brand associated symbols as well as portraying people. Both settings and artifacts can communicate abstract aspects like affluence or status (as in LUXURY above), modernity, ethnicity, sexuality, healthfulness, maturity, etc. Of interest here is the use of associated environments that communicate healthfulness, PURE SETTINGS.

In sum, there are twelve attributes of advertisements measured and reported here. Three categories [WELL MADE, GOOD DEAL and TO ENJOY] measure the product-cost-benefit reasons for. Two categories each measure sex role modelling [FEMALE and MALE], the use of associated life styles [LIVELY/BOLD and GLAMOR/LUXURY], the consequences of consumption [HEALTH/SAFETY and RELAX], and the nature of social support for smoking [OFFICIAL and POPULAR]. One category measures the associated physical environments [PURE SETTINGS]. The frequency of occurrence of content fitting these categories was determined empirically, as follows.

The sample

All ads appearing in 108 available back copies of *LIFE* from 1938 to 1983, and 26 back copies of *LOOK* from 1962 to 1971, were studied. After removal of redundancy for use in reliability testing, the net sample was 567 ads, almost five per issue. The distribution of these ads and magazine issues across various time periods is seen in Exhibit 2.

These magazines were those in evidence in the trial of Cipollone v Liggett & Myers, Philip Morris (NJ), the very first product liability suit to yield an award of damages ($400,000). A check of the distribution of issues across the twelve months revealed no significant deviation from randomness. Spot checks of other major print media, such as *Time* and *Newsweek*, for 1945, 1955, 1965 and 1975 revealed no exclusion of campaigns for major brands, nor any selectivity in what was represented in the sample.

LIFE and *LOOK* were popular photojournalism magazines, similar to one another, and both media reached a large and diverse audience. *LIFE* had a primary circulation of over 4 million issues in 1945, with *LOOK* enjoying less than half that at that time. By 1965, both had primary circulations, before any pass-on readership, of over 7 million copies.

Some 57 different brands are represented, from All American to York, but, of course, the most heavily advertised and popular brands appear with the greatest frequencies. Each of the following brands appeared in more than three percent each of the total cases: Camel, Chesterfield, Kent, Kool, L & M, Lucky Strike, Marlboro, Old Gold, Pall Mall, Philip Morris, Salem, Herbert Tareyton, Viceroy and Winston. Ads for these 14 brands comprised 75% of the total sample.

All ads were studied as "originals" with printing colors, paper quality and size of ad exactly as seen by the original readers, save for any paper aging and hence increased fragility. For no cases were reductions, photocopies, photographs, slides or other facsimiles used. Most ads (70%) were judged while still embedded in intact issues of the magazines.

The Judges

Judges were recruited by posting notices on bulletin boards on campus seeking "graduate students to work intensively (on a) careful coding of cigarette advertisements for a major court proceedings. No special experience required – only dedicated, thoughtful effort without prejudicial biases. Open to both smokers and non-smokers."

This attracted 25 interested applicants. Preliminary interviews determined if applicants were over 21 years of age, entirely educated in English and free from religious objections to smoking, or employment history with tobacco interests, or medical history (including immediate family) with diseases attributed to smoking, or advocacy history for or against smoking. All of the 17 qualified applicants were utilized as judges.

This panel of judges is an interesting and diverse assortment of individuals. The 11 men and 6 women ranged in age from 22 to 48, with a median age of 28. About half (8) had grown up in a household with a smoker. The majority (11) had been regular smokers at some time. Represented were degree holders or majors in accounting, agriculture, ancient history, art, asian studies, bible studies, economics, engineering, finance, geology, law, marketing, modern languages, physical education, social work and theology. These individuals also had an interesting diversity of work and life experience, ranging from aircraft technician, beef cattle farmer, cross country ski instructor, factory worker, real estate salesman, tow truck operator, social worker, welder, hotel manager, etc. This diversity of age, sex, experience and education means that the data represents the perceptions and judgments of a generous cross section of people.

The procedures

Qualified applicants were assembled promptly at 9. A.M. on a Monday in a large study hall environment fully equipped with large tables, chairs,

blackboards, lighting and ventilation, but with no wall clocks or windows. Chairs were spaced apart as in exam administration.

Each judge was given a written version of the orientation and training information and instructions to follow while it was read verbatim. The seriousness of the task was impressed upon the judges, again, by calling attention to unnamed legal proceedings (Cipollone) with emphasis that this was in no way a pretense to mask some other research purpose. Judges were blind to the specific allegations and indictments before the court, and what role the data might play. They were told the identities of neither plaintiff nor defendants, nor the venue of the case.

They were instructed not to "encourage" the data because of theoretical hypotheses or preconceptions, for or against cigarettes. They were cautioned, as well, about not judging actions in history by "today's regulatory, legal or moral standards" because medical knowledge and laws may have changed. They were encouraged to judge the ads by the provided definitions and only by those definitions.

In making their judgements they were instructed to accept all assertions and claims as valid and literally true, unless obviously satire or hyperbole. They were encouraged to base their judgement on the net impression made by the ad "because of its illustration(s), color, layout, headings, captions and/or insets and the relative sizes of these."

They were given as much time as desired and encouraged to be thoughtful. They were warned that they must not be superficial, but need not "strain for any interpretation." In discussion, this was restated as meaning that reading the full text, including all fine print, might well provide clarity of understanding, but that they need not "hunt for hidden clues" and should not code for content evidenced in the fine print but not elsewhere.

Conservatism of judgement was encouraged in other ways. It was suggested that difficult decisions be held to a "reasonable, common sense" criterion, and that they should not take any decisions they would feel uncomfortable personally defending.

The training activity was performed on an orientation sample of 35 cigarette ads drawn from other sources but representing similar campaign concepts. Two judges rated these orientation ads on each single definition, with assignments of judges to definitions randomly allocated. They worked in isolation, but anticipating discussion on the difficulties of certain case judgments and any discrepancies in their codings. In a few cases, after consultation with the researcher, this lead to supplemental keywords being added to definitions or notes defining the operational boundaries of the definitions.

When all coders completed these discussions and consultations and

indicated readiness to proceed, coding of the *LIFE* and *LOOK* ads was begun. This collection of ads was divided into twenty subsets, randomly sequenced and numbered. Judges were assigned starting positions that split those with the same definitions. The randomization of coding sequence and starting points protected the data against systematic distortion whether changes in coding behaviour due to learning or fatigue. Without randomization, any such evolution of coding behaviour might be misinterpreted as historical trend. With the randomization procedure, the effect of evolution of coding behaviour, if any exists, is randomly dispersed across all eras.

The judging task was executed in an exam-like atmosphere, supervised by two research administrators. Judges were encouraged to work at an unrushed pace, not to rush others, and to take breaks whenever needed to refresh. They were also instructed to reread their definitions frequently, at the least preceding every pile. They could consult them as often as they chose, keeping it always close at hand.

Queries about the operationalization of the HEALTH definition during preliminary task execution suggested possible reliability problems and/or an ongoing learning process. Even though the forethought of randomizing the coding sequence would distribute the impact of these across all eras, the likely interest in the data for HEALTH suggested added efforts. Hence two additional judges were assigned to code HEALTH. They were trained the next day on the definition and notes as had evolved during the judging by the first pair of judges. In hindsight, this precaution and replication of measurement was not absolutely necessary, because all four judges behaved with more than adequate reliability. Data for all four judges is reported and no data was discarded.

The data

Internal duplications, being spread apart in the coding task, permitted a embedded test of the intra-rater coding reliabilities. This is a test-retest measure of the consistency with which a rater performs, and measures the adequacy of the judges. These duplications were then pruned so that the data base reported represents a collection of 567 different examples. Two equivalent data streams representing two independent codings of the ads along all the same dimensions, were compared to measure the inter-rater reliabilities, the measure of consistency between the two independent judges. This measures the adequacy of the coding definitions

and instruments across the variety of themes and ad styles of various eras. All reliabilities show an 80% agreement rate or higher, with the majority over 90%. All are well above the 70% conventionally used as an acceptability criterion.

The two independent data streams were merged into a single set of data files which retained the information on judges' consensus, or the lack thereof. In these files, any inter-judge differences, whether due to coding errors or differences in perceptions and judgments, is kept visible and not masked by arbitrary reclassification. When both raters agree in their judgements, their consensus is shown.

Table 1 is the "Frequencies of Themes and Tactics by Era." For each time period and attribute, the cell entries are the percentage of cases for which both independent judges agree that the attribute is present. In the case of HEALTH/SAFETY, the requirement was agreement among at least three of the four independent judges. The bottom row of Table 1 gives both of these percentages for all eras, the full data base. For example, in the period 1938-1942, coders agree that 51% of the ads show the theme POPULAR, and are split on another 13% of cases. For all cases (TOTAL), coders agree that 15% of ads display a GOOD DEAL compared to the 25% that display HEALTH/SAFETY.

Table 2 is the "Coincidence of Content," showing data on the joint appearances of two attributes. This is a full attribute by attribute matrix, where each cell entry is the percentage of cases defined by the row attribute which also display the column attribute. This table also shows where these joint appearances are systematic, rather than randomly coincidental, as determined by chi square tests, with a 1% criterion level. This indicates those pairwise relations which are highly improbable by chance alone. The direction of the apparent dependence, i.e., whether the existence of one attribute systematically makes the other more or less likely to be in evidence, can be judged by deviations from the unconditional values for the full sample. Note that this matrix is not symmetrical, as the symmetrical positions show two different conditional percentages; one attribute conditional upon a second attribute, and vice versa. All entries are conditional upon the row attribute.

Expressed less technically, Table 2 can be read with each entry showing what percentage of ads that judges agree evidence a theme listed along the left side, also contain a theme shown along the top. For example, of all of the FEMALE ads, coders agree that 39% display the theme of GLAMOR/LUXURY. The "*" indicates that this is significantly different from the 23% of ALL CASES which display GLAMOR/LUXURY as seen in the bottom line. A similar observation is that, of all ads with the theme of GLAMOR/LUXURY, 54% also are FEMALE

(vs. only 19% MALE). The 54% contrasts significantly (*) with the 31% of ALL CASES as FEMALE in the bottom line. Note that while the number of ads showing both themes is constant, these percentage figures differ depending on whether one is calculating the percent of FEMALE or of GLAMOR as the base (denominator) of the percentage.

Lastly, a new variable was defined called "HEALTHINESS" which integrates the information from HEALTH/SAFETY, LIVELY/BOLD and PURE SCENE. "HEALTHINESS" is held to be in evidence when judges agree that a healthiness message is present, either by direct assertion or by use of visual symbols, for one or more of these three measured attributes. Separately, data is also shown where at least one judge held that one or more of these attributes were evident. The distributions of these "HEALTHINESS" data across the eras are shown in Table 3. This table is read simply. For example, in the period 1938-1942, judges agree that HEALTHINESS content is evident in one of more ways for 56% of the ads. Some judges denoted an additional 10% of ads as evidencing HEALTHINESS.

Discussion

These results make it clear that HEALTHINESS is a manifest theme in the vast majority of American cigarette ads, and has been so throughout at least the last fifty (50) years. [Health themes precede our data span, and were also common in the 1920s and early 1930s]. The frequency of these has not declined in the least, except for a brief period around the data of the release of the US Surgeon General's first report on Smoking and Health in 1964. Even in this era, the majority of ads were still manifesting HEALTHINESS.

This projection of healthiness continues despite the awesome amount of medical evidence on the addictive and fatal consequences to smoking, literally tens of thousands of studies and millions of deaths. It continues despite years of efforts by government agencies, like the Federal Trade Commission, and public health organizations, virtually all of them, to control and nature and volume of cigarette promotion. The ability to continue to project a healthy image in the face of a much crueller reality is evidence of their legal and lobbying might.

Closer analysis of the forms and style of cigarette advertising over the years does display an industry responsiveness to the changing climate and consumer concerns. While they continue to project healthiness, the

means for doing so have also changed in response to regulatory efforts and insights from psychological consumer research. The most dramatic change occurred in the late 1950s and early sixties. In the previous period, most health claims were made in direct verbal assertions, such as "More Doctors recommend...," "Not a Cough in a Carload," "Will not harm Nose or Throat," "Smoke to your Heart's Content," "Just What the Dr. Ordered," "Scientific Studies Prove...," or "The secret to LIFE (brand) is in the filter." Motivation researchers (e.g. Martineau 1957) repeatedly informed the industry that such advertising made the health problem salient, and that a more oblique approach to the health issue was appropriate. Put most simply, the strategy moved from a verbal one to a visual one, with healthiness communicated by people and settings which were the very 'pictures of health'. This is evidenced in Table 1 by the growth in the 1960s and following of PURE SCENES and BOLD/LIVELY behavior.

The promotion of cigarettes as healthy is important to the industry for several managerial reasons. It helps retain would be quitters, offering them tacit visual reassurance. It counteracts and undermines the efforts of public health officials to inform the public about the hazards of smoking, leading 80-90 percent of the population to underestimate the seriousness of the health consequences of smoking. This affects starting rates, retention rates and the politics of regulation. The monies spent buying media space are major sources of income for the media, and affects the frequency and tone of their coverage of the cigarette health problem (Warner 1985b; Weis and Burke 1986). Most importantly, images of healthiness, coupled with sharply drawn images of masculinity and femininity make certain brands "badge products" symbolic of a mature independence so coveted by adolescents.

At the moment this advertising is contributing to the recruitment of about one million (1.000,000) children smokers a year. Many of these will die because of their smoking. Small wonder, then, that with the industry's continual use of health appeals, whether verbal of visual, and the continuing high level of fatalities that result, that medical authorities call for a total ban on cigarette advertising. By mid 1986, an ad ban was supported by all of the following; American Academy of Pediatrics, American Academy of Family Physicians, American Cancer Society, American College of Emergency Physicians, American Heart Association, American Lung Association, American Medical Association, American Public Health Organization, National Advisory Council on Drug Abuse, and the World Health Organization (Warner 1986b).

A recent editorial in the US's leading medical journal expressed the bottom line reason clearly. "*Adolescents are cleverly encouraged by brilliantly designed advertisements ... the promise is adventure, happiness, and improved well-being; the reality is addiction ... and perhaps a premature death*, while the tobacco industry reaps enormous fiscal returns (profits). It is amazing that we sit back and allow this modern day Pied Piper of Hamelin to lure our children away from good health and to their eventual self-destruction" (JAMA, Vol. 261 #1 (Jan. 1989), p 99).

Exhibit 1
Coding definitions in brief*

Well made:	Amounts, choice or blend of tobacco, cigarette size or product type (extra longs, ultra thin), paper or packaging, filter qualities, product superiority, quality control, improved methods.
Good deal:	Any mention of price or justification of prices; offering economical value, getting more for the money, money back guarantees; "gifts", premium items, contest prizes or coupons usable by consumers.
Enjoy:	Satisfaction, pleasure, or other descriptions of the smoking experience and its taste, flavor or aromas, including terms such as "richness, full bodied, mild, light, cool, fresh."
Female:	Pretty, soft, stylish, fashionable, decorative, vain, sensitive, alluring, nurturing.
Male:	Handsome, strong, virile, rugged, powerful, dominant, tough, militaristic, composed, in control, successful, responsible.
Bold/Lively:	Active and athletic, exuberant, full of life, energy, "lift", pep, vim, vigor, vitality, zest; adventuresome, bold, brave, fearless, determined, competitive, fighting, striving, daring, wild, risk taking.
Glamor/Luxury:	Famous, celebrated, glamorous or wealthy, or endorsed by such persons; expensive, rich, elite, rare, unique, high status, sophisticated, cosmopolitan.
Health/Safety:	Having positive physical effects; claims about the anatomy, symptoms and/or benefits, such as throat, coughs, fresh breathing, prevention, cures, relief or recovery; cigarette use or endorsements by medical personnel; apparently safe(r) because of reduction in an aspect popularly perceived as problematic, such as tar, nicotine, or gasses.
Relax:	Psychological (in contrast to physical) effects, peace of mind, tranquillity, healthy nerves, mood relaxation, concentration; reduction in distresses like irritability.
Offical:	Screened, tested, sanctioned, used, authorized, or endorsed by authorities – scientific experts or government (Note: NOT tobacco experts); reference to research, truth, proof, discoveries.

Popular: Being enjoyed by others or sought after; Appeals to being "in", having fun with friends, neighbors or family; enjoying romance or marriage; Endorsements by popular stars of stage or screen; joining the bandwagon.

Pure scene : Settings commonly seen as wholesome, clean, and pure, such as springs, glaciers, mountains tops, streams, waterfalls, parks, forests, fields; amidst new fallen snow, spring rains or showers.

* Complete definitions and coding notes available from the author.

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Exhibit 2. **Magazines and Ads Studied**

	Issues Studied			Ads Studied		
	Life	Look	Total	Life	Look	Total
1938-42	13	0	13	39	0	39
1943-47	15	0	15	40	0	40
1948-53	13	0	13	39	0	39
1954-59	13	0	13	34	0	34
1960-63	7	5	12	28	21	49
1964-65	3	7	10	16	37	53
1966-67	10	9	19	29	42	71
1968-69	14	4	18	63	16	79
1970-72	12	1	13	104	8	112
1973-83	8	0	8	51	0	51
All years	108	26	134	443	124	567

Table 1 **Frequencies of themes and tactics by Era (% of cases with multiple judge agreement)**

	Conventional Reasons to Buy			Attractive Sex roles		Portrayal of Life Style		Consequences		Nature of Social Support		Locale Used
ERA	Well made	Good deal	To enjoy	Female	Male	Bold lively	Glamor luxury	Safe health	Relax	Offi-cial	Pop-ular	Pure Scene
1938-42	59	46	31	31	15	26	31	41	3	20	51	10
1943-47	72	2	45	32	8	10	25	32	10	18	48	12
1948-53	46	20	49	44	8	18	54	38	0	23	59	18
1954-59	59	3	59	38	22	6	24	24	6	15	56	21
1960-63	82	8	90	45	31	33	16	0	0	0	53	61
1964-65	60	0	94	47	24	24	11	2	0	0	34	26
1966-67	58	17	61	25	22	27	28	4	0	1	22	25
1968-69	42	18	58	29	19	16	18	28	0	20	32	27
1970-72	51	20	68	27	22	16	22	24	2	13	37	45
1973-83	61	6	39	10	39	26	8	76	0	47	12	33
Total	57	15	61	31	22	20	23	25	2	15	38	30

Table 2. **Coincidence of content (% of row incidence also showing column attribute)**

Traits	Conventional Reasons to Buy: Well made	Conventional Reasons to Buy: Good deal	Conventional Reasons to Buy: To enjoy	Attractive Sex roles: Female	Attractive Sex roles: Male	Portrayal of Life Style: Bold lively	Portrayal of Life Style: Glamor luxury	Asserted Consequences: Safe health	Asserted Consequences: Relax	Nature of Social Support: Official	Nature of Social Support: Popular	Locale Used: Pure scene
Well made n=324	–	15	54*	31	16*	16*	22	34*	<1	22*	35	24*
Good deal n=83	60	–	51	23*	17	12	34*	19	1	8	37	38
To enjoy n=348	51*	12	–	41*	25	19*	24	11*	2	6*	44*	40*
Female n=178	56	11*	80*	–	2*	19	39*	17*	2	10*	70*	38*
Male n=127	42*	11	69	2*	–	49*	19	22	2	13*	26*	43*
Lively/bold n=115	45*	9	58*	29	54*	–	19	19*	0	8*	44*	53*
Glamor/luxury n=128	57	22*	66	54*	19	18	–	20	2	16	61*	27*
Health/safe n=144	78*	11	28*	21*	19	15*	18	–	0	58*	31*	15*
Relax n=9	11	11	89	44	22	0	22	0	–	0	89	11
Official n=85	85*	8	26*	20	19*	11*	24	99*	0	–	36	13*
Popular n=213	53	15	72*	59*	15*	24*	37*	21*	4	14	–	41*
Pure scene n=173	46*	18	80*	39*	32*	35*	20*	13*	1	6*	51*	–
All cases	57	15	61	31	22	20	23	25	2	15	38	30

* Significantly interdependent, chi-square test, 01 level. All data based on multiple judge agreements. Each entry is the percentage of ads that judges agree display a theme listed in the left side, also contains a theme shown along the top. For example, of all FEMALE ads, 39% also display GLAMOR/LUXURY. The "*" indicates a significant difference from the 23% of ALL CASES which display GLAMOR/LUXURY as seen in the bottom line.

Table 3. **Frequency of "Healthiness" content (One or more of HEALTH, LIVELY or PURE SCENE)**

Time span	% Cases with Multiple Judge Agreement	Added % which Some Judges Denote	Total
1938-42	56	10	66
1943-47	45	30	75
1948-53	49	13	62
1954-59	50	23	73
1960-63	69	4	73
1964-65	41	17	58
1966-67	48	15	63
1968-69	63	18	81
1970-72	70	9	79
1973-83	88	2	90
All Cases	60	13	73

For example, in the period 1938-1942, judges agree that HEALTHINESS is evident in one of more ways for 56% of the ads. Some judges denoted an additional 10% of ads as evidencing HEALTHINESS.

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Marketing and Semiotics

Selected Papers from the Copenhagen Symposium

Editors: Hanne Hartvig Larsen
David Glen Mick
Christian Alsted

Handelshøjskolens Forlag
Nyt Nordisk Forlag Arnold Busck
Copenhagen 1991

Tobacco Control 1994; 3: 130–133

Exposure of US youth to cigarette television advertising in the 1960s

Richard W Pollay

Abstract

Objective **– To assess the efficacy of the US cigarette industry's self-regulation of 1963 broadcast advertising, following Tobacco Institute guidelines to avoid youthful audiences.**

Data source **– Federal Trade Commission (FTC) Report (1964) on Cigarette Advertising and Output (Appendix B – Audience Composition of Television Programs Sponsored by Cigarette Manufacturers, autumn 1963). Supplemented by 1963 census information and trade data on spot television buying.**

Methods **– FTC data recast by firm and by time of day. Statistical analysis to identify firms deviating from the industry norms for realised audiences, and the apparent target audience for the pattern of time slots sponsored. Total television cigarette ad exposures estimated for children, teenagers, and adults.**

Results **– Cigarette firms sponsored 55 network television shows in 125 half-hour time slots in 1963, with all firms participating. Children and teens constituted from 24% to 30% of the bought network television audiences for all firms except Brown & Williamson. The average teenager saw an estimated 26 cigarette television ads a week, or over 100 per month. The amount of cigarette sponsorship in prime-time slots was significantly correlated with the delivered proportions of teenagers, not adults.**

Conclusions **– Observed patterns of television sponsorship by US firms in 1963 were consistent with the cigarette industry's strategic interest in reaching the young. The Tobacco Institute's 1963 efforts at self-regulation were inadequate to protect youth in the US from the inducements of cigarette advertising on television.**

(*Tobacco Control* 1994; 3: 130–133)

Introduction

The CBS television network, selling itself to advertisers, once proudly proclaimed the television set as the "greatest cigarette vending machine ever devised."[1] Judging by the heavy spending on television in the 1960s by all six firms in the US cigarette oligopoly, they agreed. The intensive advertising efforts placing heavy reliance on television were detailed in the tobacco trade press for many of the firms: RJ Reynolds,[2] Philip Morris,[3] Liggett & Myers,[4] and Brown & Williamson.[5]

The cigarette industry provided more than 10% of the television networks' advertising revenue in 1963. There were several time slots when tobacco companies simultaneously sponsored programmes on all three networks, creating what is known as a "roadblock", with cigarette ad exposure inevitable no matter which network or programme was watched. Each network also had at least three nights of the week with cigarette sponsors in virtually every evening prime-time slot. *Advertising Age* noted the heavy reliance on television and the ever-increasing trends in ad spending, cigarette sales, and corporate profits. Cigarette advertising spending rose an impressive 179% between 1950 and 1960, the decade of the first "health scare". Per capita consumption over this decade increased by 17%, in apparent response to these persistent inducements.[6]

US cigarette advertising in 1963 faced mounting criticism, however, from the advertising trade as elsewhere, and the first US Surgeon General's report on smoking and health was in its final stage of preparation. The cigarette industry convened as the Tobacco Institute to discuss how to manage its television advertising in response to the growing concerns.[7] The resulting self-regulatory principles included one that programmes "whose content is directed particularly at youthful audiences should not be sponsored or used". The chief executive officers of all the major US cigarette firms, save for Brown & Williamson, instantly endorsed the Tobacco Institute suggestions, indicating that they would display the necessary judgement and self-regulatory restraint, with several claiming that their policies already conformed to these principles.[8]

The purpose of this analysis is to examine the efficacy of this apparent self-regulation. Television is an apt focus of study not only because it was the focus of criticism and Tobacco Institute suggestions, but also because of available reliable and exhaustive data, and because television commanded the lion's share (62%) of cigarette advertising on measured media in 1963. Total cigarette promotional spending for 1963 was reported to be just over 250 million dollars, about one twelfth of the total being spent by the entire top 100 national advertisers.[9]

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Methods

DATA SOURCES

An inventory of cigarette-sponsored network television shows in autumn 1963 and measures of their audiences were accumulated by the American Research Bureau, and later included in a Federal Trade Commission (FTC) report on cigarette advertising and output.[10] Its Appendix B (Audience composition of television programs sponsored by cigarette manufacturers – fall 1963), provides a census of the network television bought and the numbers of children, teenagers, and adults watching each programme. The programmes, sponsors, and estimated audiences were organised into half-hour time slots, and assembled by network. The FTC reported no analysis to identify differences in the behaviour of the various firms, or to examine how purchase patterns correlated with audience characteristics, or to calculate audience exposure rates. To do this analysis here, the FTC data were supplemented with census information and trade data on spot television buying.[11–13]

PROFILING EACH FIRM'S REACHED AUDIENCE

To calculate the characteristics of the total network television audience reached by each firm, the delivered audiences of children, teenagers, and adults for all shows sponsored by each firm were aggregated. To estimate a typical week, sponsorships scheduled on alternate weeks, or for 15-minute programmes and/or weekday shows were weighted (eg alternate week weighted by one half). The aggregate weighted audiences were converted into relative proportions for various age segments, and a Kruskal-Wallis one-way analysis of variance tested the null hypothesis that the firms were indistinguishable in terms of the age profile of the audiences bought.[14]

ESTIMATING EXPOSURES

The gross audience data were converted into estimated ad impressions, assuming that the typical half-hour slot involved a minimum of two ad exposures. The 1960s were a transition era between the sole sponsorships of the 1950s and the shared sponsorships of today. Cigarette sponsors had long used every available opportunity to plug their brands at sign-on, sign-off, act introductions, previews, etc. For example, the Raleigh Review on radio once contained 70 promotional references to the brand in a single hour.[15] The president of RJ Reynolds testified to Congress in 1965 that US cigarette firms "use lots of 8 second, we use lots of the twenties, and the sixties."[16(p300)] Given this history and admitted behaviour, assuming two conventional ad exposures per half hour is very conservative, ignoring all brand mentions in sign-ons, segues, sign-offs, and eight-second spots. It is also consistent with a finding six years later by the FTC that 342 shows contained 698 conventional commercials.[17]

ADJUSTING FOR SPOT TELEVISION

Network television show sponsorships were not the only means used by cigarette firms to get television advertising exposure in 1963. All of the US cigarette firms also spent relatively heavily for spot television, the local supplementation of national campaigns. Exposure estimates, therefore, were adjusted upwards assuming that spot television was delivering a similar audience to the network buy. On average, the cigarette firms topped up their network buying with additional spot television buying worth another 30% of what they spent for network shows. Aggregating for the entire industry was done after adjusting for each firm individually, with "topping up" adjustment factors for spot television ranging from 20% for RJ Reynolds to 46% for Liggett & Myers. Adjustments were made for each firm based on their specific reported spending on network and spot television.

CALCULATING EXPOSURES PER PERSON

The aggregate audience data, adjusted for spot television, were divided by census information for the size of the various age segments to estimate the number of exposures per week for viewers of various ages. The operational definitions for the age categories were unspecified in the raw data, but subsequent FTC reports on cigarettes contained data where children were defined as either ages 2–11 or 2–12 years, and correspondingly teens as either 12–17 or 13–17 years. The historical statistics give the US population in 1963 aged 0–13, 14–20, and older, age breaks at slight variance with the apparent FTC categories. The effect of this is conservative, however. Any overestimates of population due to larger age spans defining youth or adolescents would produce underestimates of the number of exposures these ages received.

TIME SLOT PREFERENCE PATTERNS

Using procedures similar to those described above, audience profiles for the total audiences being reached by the total industry's network buys were generated for each half-hour time slot. Rank order correlations were calculated between the observed sponsorship intensity for each time slot and the audience profile characteristics (eg, proportion of teenagers). Reported results focus on half-hour segments within prime time, 19:30 – 23:00. This excluded weekday soap operas and late-night talk shows where cigarette advertising was irregular and relatively infrequent.

Results

SPONSORSHIP INTENSITY

A total of 55 network television shows were sponsored by US cigarette firms in the autumn of 1963. Many of the sponsored shows were on the air for an hour or more, and several were on weekdays, while a few were sponsored on

*Table 1 US network TV advertising intensity and audience realization by cigarette firm (autumn 1963)**

Firm	Network TV advertising per week		Realised audiences			
	Shows	*Half-hour slots*	*% child (a)*	*% teen (b)*	*% adult (c)*	*Total % young (a+b)*
American	8	21	18	12	70	30
Brown & Williamson	10	22	8	8	83	17
Liggett & Meyers	9	26	15	9	76	24
P Lorillard	9	19	16	9	75	25
Philip Morris	8	18.5	18	10	72	28
R J Reynolds	11	18.5	18	10	72	28
All	55	125	16	10	74	26

* The audience composition data also appear in *Proc Am Acad Advertising* 1993; 11 (Exhibit 2).

Table 2 Cigarette company sponsorship of US TV shows with audiences of 30% or more youth [autumn 1963]

American	Combat (45%), Jimmy Dean (32%), Monday Night Movie (30%), Saturday Night Movie (30%), Twilight Zone (30%)
Brown & Williamson	—
Liggett & Myers	Outer Limits (46%), Price is Right (32%)
P Lorillard	Dick Van Dyke (33%), Joey Bishop (44%), Wide World of Sports (38%), Winter Olympics Preview (35%)
Philip Morris	Jackie Gleason (38%), Red Skelton (37%), Route 66 (31%)
RJ Reynolds	Beverly Hillbillies (38%), Glynis (44%), McHales Navy (40%), Sunset Strip (32%), Saturday Night at the Movies (32%)

alternate weeks. The bulk of the network sponsorships were for prime-time slots. The large number of sponsored shows and times created an overall pattern of saturation scheduling. The total air time on which cigarettes were advertised was 62.5 hours, or 125 half-hour slots, in the average week. This is equivalent to an average of three hours a day for each of the three major networks then: ABC, CBS, and NBC. The involvement of all six firms and the number of shows and slots bought by them is shown in table 1. A visual display of the pattern of sponsorship over the week, and exhibits listing the network sponsorship by firm and by time slot, can be seen elsewhere.[18]

AUDIENCES REACHED

Twenty four programmes each delivered an audience of at least 20 million people per airing that season. The comedy "Beverly Hillbillies" was the biggest hit that season. Over 50 million people watched the show, including 19 million teenagers and children, some 38% of this show's audience. The US cigarette firms bought successful shows with large reach, and were sponsoring so many shows for so many hours, that the gross audience delivery was stupendous. Table 1 translates these numbers into the proportions of exposures delivered to children, teenagers, and adults by the shows sponsored by the various firms.

The US cigarette firms bought schedules that included 19 programmes with particularly large proportions (30% or more) of children and teenagers as seen in table 2. Youth constituted 26%, more than a quarter of the total purchased audience. Only Brown & Williamson reached a predominately adult audience, buying 10 programmes with all but one delivering 20% or fewer youthful viewers. In contrast, all the other US cigarette firms bought network television schedules that delivered 24% to 30% youth (table 1). The null hypothesis that all firms were alike in terms of [illegible] of their acquired audiences

*Table 3 Estimates of exposure to cigarette commercials on US TV, by age [autumn 1963]**

Ad exposures network & spot TV	*per Week*	*per Month (4.33 weeks)*	*per Year (52 weeks)*
Children	16	70	845
Teens	26	112	1350
Older	37	162	1945
All	30	130	1557

* These data also appear in *Proc Am Acad Advertising* 1993; 11 (Exhibit 3).

was rejected by the Kruskal-Wallis analysis of variance ($H = 17.6$, $df = 5$, $p < 0.01$), with Brown & Williamson the obvious outlier.

NET AD EXPOSURE

Estimates of the number of television cigarette ad exposures experienced in 1963 by US children, teenagers, and adults are shown in table 3. On average, children were exposed to cigarette commercials 16 times a week, teenagers 26 times, and adults 37 times. Children growing up in this era would have seen 845 cigarette ads a year on television, increasing to a rate of 1350 cigarette ad exposures as teenagers. Of course, those who watched more or less than an average amount of television would have been subject to that much more or less cigarette advertising on that medium alone. In addition, cigarette advertising inducements would have been experienced from radio, billboards, newspapers, magazines, and retail signage, which received 38% of the total cigarette spending on measured media.

PROMOTIONAL TIMING PATTERNS

Not all prime-time slots from 19.30 to 23.00 were equally as popular with the cigarette advertisers. Table 4 presents the amount of sponsorship and the characteristics of the realised audience for the various time slots. This audience data shows a declining proportion of young children watching television as the evening progresses, with teenage viewing

Table 4 US TV cigarette advertising frequencies and audiences reached by time slot [autumn 1963]

Time slot(s)	Audience proportions reached			Half-hour sponsored slots per week
	% Child	% Teen	% Adult	
14.00–19.30	12.0	9.2	78.7	27
19.30–20.00	23.4	10.3	66.4	10
20.00–20.30	23.3	10.3	66.4	11
20.30–21.00	20.5	10.8	68.7	14
21.00–21.30	16.0	11.1	72.8	15.5
21.30–22.00	13.9	10.9	75.3	12.5
22.00–22.30	8.6	9.0	82.5	11
22.30–23.00	8.5	8.6	82.9	12
23.00–00.30	6.5	8.5	84.5	12

also tapering off, but not until after 21.30. The advertising intensity in these prime-time slots was positively and significantly rank-correlated with the proportions of teenagers in the audiences bought ($R = 0.67$; $p < 0.05$), and was *not* significantly correlated with the proportions of adults. Because audiences for the occasionally sponsored weekday soap operas and late night talk shows were predominantly adult, inclusion of these would not alter this pattern. These results are consistent with the idea that reaching teenagers was one of the objectives governing television buying.

Discussion

Television in 1963 delivered an audience to US cigarette sellers that was predominantly, but far from exclusively, adult. While Brown & Williamson bought a schedule whose audience was 83% adult, American Tobacco, Philip Morris, and RJ Reynolds each bought television schedules with 28% to 30% teenagers and children in their audiences. This might have been the incidental result of media buying criteria selecting those shows for other reasons: their overall ratings, their pricing, and cost per thousand people reached; or where programme content was particularly congenial to smoking, such as the on-screen smoking by a host (Rod Serling on Twilight Zone, sponsored by American Tobacco) or even by medical heroes (Dr Kildare and his mentor Dr Gillespie, sponsored by Liggett & Myers).[19] Of course, this could well be the consequence of purchasing policies that systematically preferred programmes that delivered large numbers of underage viewers.

It cannot be concluded with certainty that US cigarette firms were buying television slots in 1963 with the explicit intention of reaching as many teenagers as possible, despite the observed correlation that suggests this. Were appropriate and sufficient data available, one might estimate a discriminant function where sponsorship was modelled as a simultaneous function of the ratings, the audience characteristics, the costs per thousand people reached, and the programme character, generating inferential estimations of the relative import of these factors independent of one another. Far better evidence, however, would be the original corporate media planning documents, but these are not now or ever likely to be available. Without these, the true intentions and targets of the media plans cannot be known with absolute certainty. One can say, however, that the actual purchases of television programmes in the autumn of 1963 directly contradicted the spirit if not the letter of the US industry promise that they would avoid programming that reached television audiences rich with minors. While it may remain uncertain if they were intentionally seeking minors, it is clear that they were definitely not avoiding them. There is no evidence that any US cigarette firm, except for Brown & Williamson, bought television schedules in autumn 1963 that lived up to the previous summer's suggestions of the Tobacco Institute, despite the assertions by the chief executives of all other cigarette firms that they would do so, or already did. The suggestions of the Tobacco Institute, and the claimed acceptance of these suggestions by the US industry, failed to protect the young from the inducements of television advertising of cigarettes.

1 Greatest cigarette vending machine ever devised! (CBS-TV ad). *Advertising Age* 1962; 33(26): 64–65.
2 RJ Reynolds gives details of TV sponsorship. *US Tobacco J* 1963; 180(10): 5, 21.
3 Philip Morris will sponsor major shows on CBS-TV. *US Tobacco J* 1963; 180(12): 6, 23.
4 L&M to promote 3 brands on 10 network TV shows. *US Tobacco J* 1963; 180(14): 3.
5 B&W to sponsor 10 top evening television series. *US Tobacco J* 1963; 180(16): 3.
6 Kids see many cigaret ads on TV, FTC finds. *Advertising Age* 1964; 35(16): 1, 40.
7 Tobacco industry to weigh ad code on youth appeals at July 9 meeting. *Advertising Age* 1963; 34(27): 3.
8 Don't restrict hours; avoid shows with kid appeal, tobacco men urged. *Advertising Age* 1963; 34(29): 1, 8.
9 Kingman M. Top 100 national advertisers spend record $3.17 billion on promotion. *Advertising Age* 1964; 35(35): 1, 202.
10 Federal Trade Commission. A report on cigarette advertising and output. Staff report of the Bureau of Economics. Washington, DC: FTC, 1964.
11 *Historical Statistics of the United States, Colonial Times to 1970.* Washington, DC: Dep Commerce, Bureau of Census, 1975 Part 1, Series A29–42.
12 Top 100 network TV advertisers for 1963. *Advertising Age* 1964; 35(14): 64.
13 Top 100 spot TV advertisers spent $871,063,000 in '63. *Advertising Age* 1964; 35(15): 1, 101.
14 Kruskal WH, Wallis WA. Use of ranks in one-criterion variance analysis. *J Am Stat Assoc* 1952; 47: 583–621.
15 Fox S. *The mirror makers: a history of American advertising and its creators.* New York: William Morrow, 1984.
16 Cigarette labelling and advertising – 1965. Hearing before the Committee on Interstate and Foreign Commerce, House of Representatives, 89th Congress, Ser No 89–11, 1965.
17 Federal Trade Commission. Report to Congress: Pursuant to the Federal Cigarette Labelling and Advertising Act. Washington, DC: FTC, 1969.
18 Pollay RW, Compton D. Cigarette ad exposure to youth: TV use under self-regulation [1963]. University of British Columbia, History of Advertising Archives, Working Paper 1992.
19 Breed W, DeFoe JR. Drinking and smoking on television, 1950–1982. *J Public Health Policy* 1984; 5(2): 257–70.

Targeting Tactics in Selling Smoke: Youthful Aspects of 20th Century Cigarette Advertising

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ABSTRACT

A descriptive history reveals the strategic interest in the young manifested by the cigarette industry from 1920 to the present. The tobacco and advertising trade presses, FTC records and recently disclosed corporate documents display and discuss the targeting of adolescents and collegians. They also document the rationale and results of media choices, the use of cartoons, and especially the use of images of independence to appeal to the psychological need of adolescents. The implications for both the private sector and public policy are discussed, given this persistent targeting of youth and failure of regulation to curtail most of these tactics.

> "Carefully developed advertisements can lure our children into tobacco use behavior, then into addiction ... It is amazing that we sit back and allow this modern-day Pied Piper of Hamelin to lure our children away from their good health to their eventual self-destruction." Journal of the American Medical Assoc. Editorial (Greydanus 1989)

> "I don't think cigarettes ought to be advertised ... I don't know any way of doing this that doesn't tempt young people to smoke, and, in view of my present knowledge, this is something I prefer not to do." Retired Marlboro advertising executive (Daniels 1974)

The ethical reservations about cigarette advertising typically stem from two unique and devastating aspects of tobacco products: their addictive and too often lethal consequences. From the industry's perspective, the lethal consequences of smoking create a chronic and substantial need to replace those dying off, while the addictive nature of nicotine leads to phenomenally high rates of brand loyalty among smokers. This combination of factors leads naturally to a strategic interest in replacement starters, since brands able to attract starters will enjoy the profitability of their brand loyalties for many years. It is not surprising, therefore, that cigarette advertising has long been suspected of intentionally appealing to the young, for it is among the young that virtually all starting occurs.

In today's market, the irreverent cartoon Camel has been found to be better recognized by the very young than by the claimed older target audience, consistent with Coca-Cola's use of irreverence specifically to reach 12-25 year olds (Marketing News 1994). Critics contend that the campaign based on this character is intentionally designed to appeal to kids (Brody 1991). The Surgeon General has requested that the tobacco firms' "hired guns," their advertising agencies, curtail these practices, but to no avail (Elliott 1992). For their part, the tobacco firms vehemently deny that they either then or now engage in practices which target minors.

R. J. Reynolds' current use of a cartoon Camel trade character may falsely suggest to some that the specific use

of cartoons, or the more general targeting of youth, are new phenomena in cigarette marketing. This paper provides a descriptive history of cigarette advertising, focusing on the available evidence with respect to the young, and showing that current practices have many precedents. Giving primary attention to trade sources and corporate documents, it reports analyses and admissions demonstrative of the targeting of youth and the confidence of insiders in the power and import of cigarette advertising in inducing starting (market promotion), in addition to what it might do to reassure smokers concerned about their health (market retention).

EARLY TARGETING TACTICS

Concerned for Children

National cigarette brands, their associated skillful mass media advertising campaigns and the resulting dramatic growth in aggregate cigarette demand didn't occur until around WWI, long after mass production machinery had been in place. Whether intentional or incidental, the inevitable exposure of children to these well conceived and designed cigarette appeals was of concern to the parents and legislators of the 1920s. A U.S. Senator orating in support of amendments to the Pure Food and Drug Act said: "Not since the days when the vendor of harmful nostrums was swept from our streets, has this country witnessed such an orgy of buncombe (bunk), quackery and downright falsehood and fraud as now marks the current campaign promoted by certain cigarette manufacturers to create a vast woman and child market" (Schudson 1984) . From the very beginning of commercial radio, listeners complained to the National Broadcasting Company (NBC) about the effect of cigarette advertising on their children. One parent wrote: "I am very much worked up over the fact that the cigarette people are employing the radio to broadcast information that tends to corrupt the morals of my little son." Another stated that "deliberate propaganda put out to create an unnecessary appetite in young men and women is decidedly against public welfare" (Dunlap 1931).

For their part, the industry seemed boastful about its accomplishments at overcoming the moral reservations about smoking, including that by youths. American Tobacco's campaign for Lucky Strikes boasted "ancient prejudice removed" and one ad variant depicted a young man of uncertain age, but dressed in short pants, "breaking the chains of the past" to reach for opportunity and an open pack of cigarettes (Anderson 1929).

Music to their Ears

Cigarette sellers were among the most enthusiastic pioneers in the use of network broadcasting for coast to coast advertising. By 1930 American Tobacco (ATC), Brown & Williamson (B&W), P. Lorillard (LOR) and R.J.Reynolds (RJR) were all buying network radio time (Dunlap 1931, Appendix O). "There has been no greater enthusiast for radio broadcast advertising than George W. Hill of the ATC, whose business for the first five months of 1930 surpassed all records ... The company sponsors the Lucky Strike dance orchestra in three full hour broadcasts each week" (Dunlap 1931). Lucky Strike sponsored many radio comedies and musical shows, such as Jack Benny and the Kay Kayser Kollege of Musical Knowledge, and the best known and longest running of the popular music shows, Lucky Strike's Hit Parade. This show started in 1928 and ran into the 1950s on television. It featured teen idol Frank Sinatra when he was launching his career (Cone 1969). So popular was this show in 1938 that a sweepstakes promotion offering free cartons of Luckies for the names of the three most popular tunes drew nearly 7 million entries per week (Hettinger and Neff, 1938).

RJR advertised Camels on national radio programs such as the "Camel Pleasure Hour," "The All Star Radio Revue" and the enduring "Camel Caravan" featuring the swing music of Benny Goodman (Tilley 1985). Chesterfield in 1938 signed Glenn Miller and the Andrew Sisters to replace Paul Whiteman (Marin 1980). Artie Shaw appeared for Old Gold and Tommy Dorsey appeared for Kools and Raleigh (Lewine 1970). The audience attention and heavily commercial nature of these radio shows is hard to imagine by today's standard. A single hour of the "Raleigh Review," for example, contained seventy promotional references to Raleigh cigarettes (Fox 1984).

Market research studies guided the selection of musical shows and styles that appealed to "boys and girls." The market research files of J. Walter Thompson Co., the agency advertising Old Golds, included the following market research studies for 1941-42: Survey of Sales at Colleges, Survey of Dealers in 32 Colleges, remembrance check on the "Apple" campaign among college students, report by Crossley on New York City youth interests in radio programs, a research plan to deepen this knowledge, a survey of radio listening for "boys and girls," and radio preferences among "teenage boys and girls" (Pollay 1988).

POST WWII: BUILDING UPON SUCCESS

New Young Smokers Remain Important

Despite the impressive successes of 1920s, 1930s and 1940s promotion in recruiting starters and "growing the market," the industry still saw it as strategically important to continue efforts to recruit ever more new smokers. "A massive potential market still exists among women and young adults, cigarette industry leaders agreed, acknowledging that recruitment of these millions of prospective smokers comprises the major objective for the immediate future and on a long term basis as well" (USTJ 1950b). The "boys and girls in uniform" were seen as a target audience that made good business sense "since the majority are youngsters with pliable desires and subject to habit education that will be productive for many years to come" (Dunhill 1951). The strategic value of attracting the college aged young was expressed by a Phillip Morris (PM) executive: "Research and experience proved that the consumer, at this age and experience level, is more susceptible to change, has far reaching influence value, and is apt to retain brand habits for a longer period of time than the average consumer reached in the general market. Therefore, though the advertising cost per thousand in the college market is relatively high, the actual expenditure can be a great deal more efficient" (Gilbert 1957). Another PM executive said: "Students are tremendously loyal. If you catch them, they'll stick with you like glue" (USTJ 1962b). The same logic, of course, applies equally well, then as now, with respect to those even younger.

Cartoons, Comics and the Circus

The print advertising vehicle with the best penetration among the very young children of the 1940s was probably the cartoon Sunday comics, a feature of every major newspaper. "Puck: The Comic Weekly," a syndicated collection that in 1949 reached "8,000,000 homes and virtually all the kids," was self described as "America's most powerful and exciting sales force" (Puck 1949, emphasis in original). PM and RJR must have believed that this was an appropriate and effective medium for reaching one of their target audiences, for they both were Puck's clients in 1949, and RJR had been so for more than a decade.

In the 1950s, many brands used cartoon trade characters in their advertising. The ads on Lucky Strike's Hit Parade for a while featured a cute animated character called "Scoop" who, through the then impressive technical feat of super imposition, appeared on screen with the show's star, Dorothy Collins (BBD&O 1954). Philip Morris' used cartoons when advertising on "I Love Lucy." Lorillard created animated TV cartoon ads for Old Gold that featured the voices of their "Honeymooners" stars, Jackie Gleason and Art Carney (USTJ 1956d). This presaged the Winston spots that employed the animated hit characters from "The Flintstones," a totally cartoon show they sponsored, whose voices, structure and sense of humor all imitated the "Honeymooners" (AA 1961). Old Gold later used animated cartoons TV spots with a modern jazz jingle (USTJ 1957).

In 1958, the Philip Morris brand launched a print comic strip campaign featuring a "handsome, rough and ready" adventure hero, "Duke Handy." It was placed in the Sunday color comic sections of 40 newspapers in a national network. Supporting this was a heavy promotional campaign which included stories and ads in the major newspapers carrying the cartoon series, Duke Handy campaign buttons, truck posters, newspaper display cards, newsboy competitions and supporting publicity and promotional activities (USTJ 1958a).

Until 1961, B&W had advertised the Viceroy brand in comic supplements (USTJ 1961a). L&M used "Frosty the Snowman" for a holiday merchandising symbol in 60 second "Frosty" TV spots and in store displays, bins and shelf extenders (USTJ 1961b). The Ringling Bros. and Barnum & Bailey Circus, with its appeal to "children of all ages," was also used as an advertising vehicle by PM. Not only were their products promoted in the programs, but they were also featured in "clown gags ... before a captive audience ... in a relaxed happy atmosphere" (Printers' Ink 1960a).

Going to School

Cigarette promotional programs also included elements that went right into the nation's schools. One "subtle, clever and enticing" plan provided high schools with free football programs that included a two page Chesterfield ad in the center spread along with the game's score card. This was not the first such effort, for "cigaret (sic) advertisers have used high school programs for football and other sports in the past" (Tide 1948). In the 1930s, for example, Lucky Strike placed colorful image advertising on the covers of football programs of over 100 colleges and universities (PI 1935). Philip Morris' collegiate ad program started in 1933 (Kent 1963). Plastic coated book covers featuring school logos on the front and cigarette ads on the back were still being used in the 1950s by Old Gold to reach the students "in most of the nations' 1,800 colleges and more than 8,000 of its 25,000 high schools with unusual success" (AA 1953a).

In 1947, B&W included 200 college newspapers in its media mix for the Raleigh brand (PI 1947). In the 1950s, Lucky Strikes targeted collegians with its largest ever campaign using college newspapers, campus radio stations, football programs, and extensive campus sampling and tie-in promotions (AA 1953b). Cigarette firms were reported by a research firm specializing in children to be spending about $5,000,000 per year on college promotions in the 1950s. The researcher noted that most of these college students had started smoking at earlier ages, and that "Continual exposure to advertising to adults through the different media has its effects on young people" (Gilbert 1957).

Promotional efforts targeting collegians were estimated by the President of the Student Marketing Institute to have doubled in the five years between 1957 and 1962, with 20 brands active on college campuses. B&W had 17 salesmen assigned to work college campuses, and Philip Morris had 166 "campus representatives," students paid $50 a month to spread good will and free cigarettes. PM also ran a contest at colleges offering record players in exchange for collected packages, a contest eventually won by a sorority of physical education student teachers (Neuberger 1963). Contests and other promotions on college campuses became popular sales tools (USTJ 1961c, 1962b). Liggett & Myers (L&M) ran contests for collegians with cars as prizes (USTJ 1963b). Cigarettes ads accounted for an estimated 40% of the national advertising incomes of the 850 college newspapers in the National Advertising Service (Brecher and Brecher 1963, p165).

Keeping the Beat Going on TV

Success as pioneers on radio led the cigarette industry to pioneer on television, too. As early as 1950, more than seven hours weekly were being sponsored by cigarette sellers, evidence of the industry's faith that "it is an historically demonstrated certainty that the more people subjected to intelligent advertising, the more people will buy the product advertised" (USTJ 1950a). The Hit Parade radio show was one of the first radio programs to be translated to television, where it continued for many more years, developing a substantial following among the young, because of their intense interest in the latest in popular music. ATC ultimately attempted to capitalize upon this by launching a new brand called "Hit Parade" (USTJ 1956c). Music was also an important element in most cigarette ads on TV, as it had been on radio, with often repeated catchy jingles and theme music. In addition, some brands sponsored tours for their bands while others had tie-ins with record companies (USTJ 1953b). Marlboro, for example, featured a favorite band among the college and university crowd, "Ralph Marterie and his Marlboro Men" in TV and radio ads, as well as in personal appearances (USTJ 1958c). ATC and Columbia Records arranged a joint promotion around the slogan "Lucky Strike is to your taste as music is to your ears" (USTJ 1961e).

In addition to the Lucky Strike Hit Parade, ATC in the early 1950s sponsored the Horace Heidt amateur show which regularly gave "talented youngsters selected a chance to be heard" by a national radio audience (USTJ 1952). Chesterfield's TV ads of this period used the theme line "First with Young America" (Sarra 1953), an idea echoed in PM's print campaign concept a few years later (USTJ 1955a). Marlboro sponsored the "Dobie Gillis Show" whose young actor hero received a prominent award from the Catholic Youth Organization (USTJ 1961d). By the early 1960s the industry was relying heavily on TV, spending the majority of their total promotional budget on this one medium (AA 1963f, 1963h). This trust in the efficacy of advertising led to record promotional spending, corresponding sales growth and increased profits (e.g. AA 1963e,r,z).

Healthy Heros

Sporting event sponsorships and endorsements of cigarettes by professional athletes were commonplace well into the 1960s. Marlboro sponsored "Rookie of the Year" and "Pro Player of the Year" football awards, as well as sponsoring telecasts and employing five football stars as salesmen in the off season (USTJ 1960c). B&W sponsored radio and TV coverage of the New York Mets, Cincinnati Reds and LA Angels, as well as college basketball games, the Cotton Bowl, the Sugar Bowl and Viceroy advertising in the center spreads of the football programs of nearly 200 colleges (USTJ 1962a). L&M had long been associated with baseball, regularly sponsoring games and using athletes' testimonials. In 1962, RJR sponsored the telecast of the College All-Star Football Game (USTJ 1962c). In 1963, RJR sponsored the games of eight different baseball teams and ATC sponsored six more (AA 1963g). Roger Maris, the home run record holding baseball star, endorsed Camels (Changing Times 1962, p35). Football was also used to associate cigarettes with athleticism. Marlboro, which used athletes' endorsements primarily to appeal to blacks (Pollay,Carter-Whitney and Lee 1992), sponsored National Football League games on CBS (AA 1963i), and the championship games on NBC (AA 1963s). Lucky Strike used New York Giants star Frank Gifford in ads (AA 1963k). B&W sponsored college football Bowl games (AA 1963t). Lorillard, preempted from the football contracts, signed to sponsor the Olympic Games of 1964 and was already broadcasting previews in 1963 (AA 1963p).

Young by Design: Packaging

Appealing to the young was an explicit strategic interest of PM, for when they redesigned a package in 1955, their President said: "We wanted a new, bright package that would appeal to a younger market." Their ad director at the same press conference said: "Our ads are now aimed at young people and emphasize gentleness" (Tide 1955). Old Gold redesigned is package in 1957, spending eight months on "intensive development," so that new package would evoke reactions of a "modern, youthful, clean, fresh" image (USTJ 1957). Several years later, the creative director of one of Lorillard's agencies solicited package designs "attractive to kids" and that had "selling appeal to the 'Youth Market'" for a new brand concept: "Kicks." Its specifications noted that while "geared to the youth market, no attempt (obvious) can be made ... The package design should be geared to attract the youthful eye ... not the ever watchful eye of the Federal Government" (CR 1971).

Being Fashionable and Sexy

Lorillard's Kent and Newport brands sought acceptance as fashionable by teaming up with fashion magazines, seven "well known" fashion houses, and 265 stores. *Mademoiselle* was chosen specifically because it was "aimed at smokers in a younger age group" (Advertising Agency 1958). *Mademoiselle* was not the only magazine able to deliver a young audience. The new *Playboy* sold itself to tobacco firms by noting that its "young readers are naturally more receptive to tobacco brand advertising," citing Marlboro, Kent and Winston as clients (Playboy 1958).

CRITICISM AND RESPONSES

There were, of course, critiques of these successful selling efforts of the cigarette advertisers. Criticism and concern flared in the 1950s, sparked by *Reader's Digest* articles and other publicity of emergent scientific findings, leading to a "health scare" and the launching of many new brands and product line extensions designed to appear to be "healthier," such as filters, king sized ("naturally filtered"), menthol, or mild variants. For an overview of the chronology of bench mark events in the history of cigarette advertising, see Table 1, or Pollay (1988).

The criticisms became particularly pointed, as cigarette sales among teens grew despite the growing cancer concern among scientists in the early 1960s. The industry continued to enjoy and expect sales specifically "among the teenagers ... (who) have not been much impressed by any anti-smoking campaigns" (Fortune 1963). Gilbert Research, a firm specializing in the young, reported that estimates of smoking rates among ages 13-19 were 35%, compared with 25% only two years earlier, with 44% of graduating seniors smoking. This was an impressive increase in the teenage smoking rate over two years, and the growth was linked to advertising by *Fortune* who commented: "Cigarette ads often portray and seem to be pitched directly at young people" (1963).

Reader's Digest named ATC, RJR and LOR as aiming at the young, noting the on campus efforts aimed at collegians, hiring students to distribute cigarette samples and the dominant presence of cigarette advertising in campus publications. "Nowhere in that bright wonderful world depicted in cigaret (sic) ads is there any hint to youngsters that cigarets (sic) might be harmful" (AA 1963d). The National Congress of Parents and Teachers, the PTA, described the advertising as "smoke-washing," invoking an analogy to Communist brainwashing (AA 1963j).

Much of this criticism and concern was, however, muted in the public forum by the age-old reluctance of media to offend its lucrative sponsors (AA 1963u). *Changing Times* (1962) reviewed the 1962 ad campaigns noting that "one of the most characteristic aspects of the ads is their marked emphasis on youth," leading them to ask: "Are we so bemused by advertising that we have lost the capacity for either indignation or self protection?" When the first Surgeon General's Report on Smoking and Health was imminent, it was anticipated with much discussion of the probable legislative responses it might precipitate (AA 1963v; Cohen 1963). Much of that discussion focused on the industry's sponsorship of sports, use of athletes' endorsements, and copy appeals to the young.

Insiders' Admissions

The targeting of youth was openly acknowledged and even became the subject of criticism from knowledgable sources within the tobacco and advertising communities. A *Printers' Ink* editor (Brown 1964) stated that the companies' prime concern for their futures meant that: "Until now, most advertising has been directed to a young market in an attempt to create new consumers." Both the leading trade magazine (AA 1963l) and a leading advertising industry executive (AA 1964f) saw effective marketing to the young as strategically important to maintaining the industry's size and fostering further growth. *Advertising Age* editorially counselled the industry to put less emphasis on youth and athletes in their ads (AA 1963b). The National Association of Broadcasters, working on the development of a self-regulatory process, stated clearly that "tobacco advertising

TABLE 1

SOME BENCH MARK EVENTS FOR CIGARETTE ADVERTISING

Year	Event
1940s	FTC Complaints about nicotine and health claims in ads of most firms are in litigation for years.
1952	*Reader's Digest* sparks public "health scare" with "Cancer by the Carton" article.
1953	Tobacco Industry Research Committee formed for public relations. Evolves later to the Council for Tobacco Research and the Tobacco Institute.
1950s	Proliferation of apparently "healthier" products and brands: e.g. filters, king size, menthol, mild.
1950s	Motivation Research and industry agreements leads increasingly to ads featuring "pictures of health" and cease fires in the "Tar Wars" competition using verbal claims with health implications.
1955	Marlboro re-positioned as "male" product, eventually becoming first choice among starters and the dominant brand in the industry.
1964	First Surgeon General's Report.
1965	Industry sponsored law passed requires "may be" warnings on packages, but not advertising.
1965	Cigarette advertising self-regulation administered by National Association of Broadcasters.
1967	FCC mandates pro-health spots on radio and TV.
1969	Industry volunteers to Congress to leave Radio and TV.
1971	Direct Radio and TV advertising end. Warnings begin to appear in other advertising.
1970s	Ad spending increases dramatically in print, outdoor, retail, transit and diverse media, event sponsorships, promotions, sampling, etc.
1988	Cartoon "Smooth Move" Camel campaign begins.

having an especial appeal to minors, expressed or implied, should be avoided" (AA 1963c).

The campaign that drew the most specific criticism for its copy was Lucky Strikes', for their campaign built around the slogan "Luckies separate the men from the boys, but not from the girls" (AA 1963q, w). A typical print rendition showed a young man looking longingly at a mature man, such as race car driver simultaneously enjoying a cigarette, a victory trophy and the admiration of an attractive woman. The TV schedule called for all three networks and spot commercials on 500 stations in 90 markets (USTJ 1963c). The President of the National Association of Broadcasters (NAB) called the campaign a "brazen, cynical flouting of the concern of millions of American parents about their children starting the smoking habit ... They well know that every boy wants to be regarded as a man" (AA 1963x). *Advertising Age* condemned the campaign, too. "It is a too-clever, too-cynical attempt ... This is advertising we can do without" (AA 1963y). *Printers' Ink* also judged this campaign to be "directed specifically at young smokers, when the 'when-does-a-boy-become-a-man' dilemma is strongest felt" (PI 1963). The next year they applauded the NAB initiative for "raising the question of ethics" and booed ATC and its agency, BBD&O, for "callously continuing" this campaign (PI 1964a).

Industry Responses

In the face of this criticism and the impending Surgeon General's Report, the six major firms of the industry in 1963 claimed to cease virtually all advertising in college media, although this left in place other youth targeting practices. RJR was still spending about half of its spot radio commitment, nearly $2,500,000, on radio stations in after-school hours (AA 1964b). Viceroy ads still showed "two young couples having a cigarette at a football game that is obviously a collegiate one" (PI 1963). *Advertising Age* noted the dilemma facing the cigarette firms, for they were interested "in picking up business from new, younger smokers," but were "not wanting to be seen reaching to the young market" (AA 1963l).

Industry executives met in the summer of 1963 to discuss restrictions on TV advertising, using the Tobacco Institute as framework to avoid collusion charges (AA 1963m). The Tobacco Institute's "suggestions" included one that programs "whose content is directed particularly at youthful audiences should not be sponsored or used. Thus, good judgement in program content, rather than arbitrary restriction of sponsorship to certain hours of the listening or viewing day, should be the determining factor" (AA 1963n). While the Tobacco Institute took pains to note that it itself did not monitor or regulate the advertising of its members, the chief executives of all of the major firms, save for B&W, instantly endorsed these "suggestions," indicating that they would display the necessary judgement and self-regulatory restraint (AA 1963n).

Evaluation of the Response

Despite these promises, ATC had 1964 goals for Pall Mall "to increase the percentage of smokers who think of the brand as being 'for someone just starting to smoke'" and "to increase the proportion of beginning smokers who smoke Pall Mall" (Sullivan, Stauffer, Cowell & Bayles 1964, p14, 16, emphases in original). One U.S. Senator felt that this self-regulatory process was an "exercise in futility" and "motivated by a desire to head off government regulation" (AA 1963n). Another complained about the subsequent Kent sponsorship of the Ed Sullivan show providing the American debut of the Beatles, exposing millions of teens to Kent ads (AA 1965). *Printers' Ink* (1964c) noted that 1964 creative work showed couples smoking after playing tennis (Viceroy) and that both Newport and Salem used young looking models, contrary to the claimed avoidance of models who were or appeared to be less than 25.

The Federal Trade Commission noted that both the messages and the media placement seemed destined to attract the young. "Whether through design or otherwise, cigarette advertising is so placed that its audience is substantially and not merely incidentally or insignificantly, composed of non-adults ... Whether or not the cigarette industry has deliberately attempted to exploit the large and vulnerable youth market its advertising, in emphatically reiterating the pleasures and attractions of smoking without disclosing the dangers to health, has exercised an undue influence over the large class of youthful, immature consumers or potential consumers of cigarettes" (FTC 1964).

An analysis of the TV schedule chosen by cigarette firms in 1963 indicates that all firms except B&W bought a large number of shows whose audience was 30% or more youth under 21 (Pollay 1994a, b). All together in 1963, cigarette brands sponsored a total of 55 shows for 125 hours a week. Assuming conservatively that the average half-hour show involved only two commercial exposures, and based on realized audience data, it is estimated that teenagers saw an average of over 1,000 cigarette TV commercials a year, and that even younger children aged 2-12 saw nearly as many. The time slot preference pattern was significantly correlated with the proportion of teenagers each time slot

delivered - not the proportion of adults - consistent with the idea that reaching the young was a strategic priority and a criterion for media selection (Pollay 1994b).

An analysis for the week of January 1967 found 60 cigarette sponsored programs on TV, 7.8 of which were seen by the average teenager, "a substantial increase over the 5.9 programs viewed on average," by the population as a whole. This suggested to the FTC that: "Intentional or fortuitous, teen-agers appear to be a prime target for televised cigarette advertising" (Consumer Reports 1968). Another analysis counted 73 TV programs sponsored by cigarette brands, appearing 296 times during January 1968 and containing a total of 501 ads. Based on realized audiences for the shows carrying these full commercials, and ignoring other sponsor identifications, this schedule was estimated to have exposed the average teenaged viewer to over 60 full cigarette commercials per month (FTC 1968). Note that with remote controls rare then, audiences were more certain than today to be exposed to the ads contained within watched shows. Over 90% of the public thought that "special efforts should be made to discourage young people from smoking" (Miller and Monahan 1966).

More Self-Regulatory Failure

Congress reacted to the first Surgeon General's Report in 1964 by passing an industry sponsored bill that specifically exempted advertising from carrying the "may be" package warning, leading many to see the law as an industry "victory" (e.g. Drew 1965). The industry formalized its self-regulatory advertising code, including potential (but never imposed) fines of up to $100,000 (Cigarette Labelling and Advertising - 1965). The advertising code appeared substantial and adequate, for it prohibited cigarette advertising in school and college publications, and testimonials from athletes or other celebrities of appeal to the young. It also banned the use of comic books, newspaper comics and the distribution of samples at schools. It disallowed advertising on broadcasting programs directed primarily to persons under 21 years of age, and the use of models who were younger, or appeared younger, that 25 years of age. Representations that smoking was essential to social success, or representations that the healthiness of models was due to cigarette smoking were also not allowed.

Industry insiders did not seem to find the code particularly restrictive, however (PI 1965a). *Printers' Ink* noted that "in the past, advertising has been directed at a youthful market ... (and) there is still little reason to assume that the manufacturers are going to do a complete about face in their thinking" (PI 1965b). "Four months after the code was formulated, Viceroy ads featured young tennis players lighting up after a hot game. Salem showed a young couple playing giggling games alongside a waterfall ... A TV commercial producer admitted it didn't matter how young the models looked, or how youthful were their actions, so long as they possessed 'over twenty-five' birth certificates. In fact, his quest now is for older models who 'looked young'" (Baker 1968).

The cigarette code operationally defined "primarily" underage as prohibiting cigarette advertising on shows whose audience was 45% or more under 21 (AA 1966). This decision rule allowed the continuation of the sponsorship of 'The Beverly Hillbillies' by RJR despite the fact that two successive measured shows had 50% and 45% of its audience under 21, because an interpretation held that the prohibition would be applied only on the basis of two successive monthly audience analyses, not for specific shows (AA 1967b). It wasn't until later that year, after the monthly data also repeatedly showed extraordinarily high levels of minors, that RJR finally capitulated and dropped the show (AA 1967d).

When the 1969 Congress held hearings and considered the effectiveness of the self regulation in restraining advertising targeting the young, Michael Pertschuk, then a young lawyer and not yet an FTC Commissioner, presented "20 uninterrupted minutes of cigarette commercials stressing romance, pretty girls and athletics - many accompanied by rock music, with its unique appeal to young people, and all obviously designed to encourage young people to light up and smoke" (Consumer Reports 1969).

The National Association of Broadcasters Code Authority, who reviewed all ads in the self regulatory process, noted that: "Despite changes which have been brought about in cigarette advertising on radio and television, the cumulative impression created by virtually all of the individual campaigns supports a finding that smoking is made to appear universally acceptable, attractive and desirable ... The difficulty in cigarette advertising is that commercials which have an impact upon an adult cannot be assumed to leave unaffected a young viewer, smoker or otherwise. The adult world depicted in cigarette advertising very often is a world to which the adolescent aspires" (Bell 1966). While the advertising for many products may occasionally depict "a world to which the adolescent aspires," the research, development and design for some cigarette brands seem to have strived to maximize this appeal (see below).

Candy Cigarettes: How Sweet It Is!

In 1967 the FTC complained to the industry's self regulatory Code Authority about candy and bubble gum being sold in the same or look alike packages as cigarette brands (AA 1967a). At least five U.S. candy manufacturers distributed various candy cigarettes imitating existing brands: Camel, Lucky Strikes, L&M, Marlboro, Pall Mall, Salem, Winston, Chesterfield, Oases (sic), Lark and Viceroy, with candy versions of L&M, Camel, Marlboro, Salem, Winston, Lucky Strike and Pall Mall sold by more than one manufacturer. A chocolate cigarette came from a European source and appeared in packages stated "Made under licence of Philip Morris Inc., New York, NY, USA."

Candy cigarettes have been on the U.S. market since at least the 1930s (PI Monthly 1939). These infringements by small candy firms of the much larger cigarette makers' copyrights and trademarks seems to have been unaffected by the large and growing numbers of lawyers working for the industry. When questioned by reporters, the candy makers said that "no company had ever suggested that it might take action." Another said: "The companies don't object. That's the point. We've been doing it for many years. They don't care" (AA 1967c). The cigarette sellers disclaimed any intent to lure kids with candy cigarettes, but would not say what action, if any, would be taken. Candy cigarettes imitating Camel, L&M, Lucky Strike, Marlboro, Pall Mall, Salem, Viceroy and Winston were still available into the 1980s (Blum 1980).

THE ERA OF THE IMAGE

"Cigarette advertising, over the past several decades, has changed constantly to fit the conditions under which it operates. It is in the process of changing even now, and must continue to change, in order to fulfill its function: selling cigarettes" (USTJ 1956a).

Finessing Fear with Photos

Before the cancer scare of the early 1950s, cigarette advertising had characteristically used very explicit health claims, assertions and reassurances. With greater public awareness and concern about cancer, however, these explicit health claims were keeping the increasingly threatening health issue salient, i.e. prominent in consumers' thinking. While the intent was to reassure, explicit verbal references to health inevitably reminded viewers of health issues to be considered. *Fortune* called industry attention to the fact that many campaigns were "riddled with warnings and appeals to fear" so that "the present cigarette turmoil could be considered an inside job" and the "industry may be promoting itself toward a dead end" (Fortune 1953). Ad slogans, like Philip Morris' "The cigarette that takes the fear out of smoking" was judged by *Business Week* to be a "strange somersault" for coming so close to the word 'cancer' without actually using it (Business Week 1953a). The leading tobacco trade journal "warned editorially on many occasions that the health theme was a risky one" (USTJ 1958b).

The industry was getting similar counsel from the many motivation researchers it employed during this era (Cheskin 1967; Dichter 1964; Martineau 1957; Smith 1954). Leo Burnett, the adman who so successfully repositioned the Marlboro brand, noted that "Those who do smoke do so for various conscious or unconscious reasons ... Marlboro is made for them" (Burnett 1958). Social Research Inc. did motivation research into the depth psychology of smokers (Day 1955) and concluded that "Advertising makes cigarettes respectable, and is thus reassuring" (Neuberger 1963). Young & Rubicam also used depth motivational interviews of smokers to extract social meanings, conflicted feelings, attitudes, and perceptions and beliefs about health aspects (Smith 1954). "(Health appeals) may capture momentary competitive advantages, and they may offer some reassurance to the inveterate smoker. But they do utterly nothing to widen the market, to tap the driving force of the real psychological satisfactions" (Martineau 1957). Put simply, the recommendations from motivation researchers were to be oblique and indirect - to use images, not information - reassuring pictures, not words - pictures of health, not the less credible verbal claims of healthfulness.

This advice was apparently followed. The "grim messages from the health scare days gave way to pleasant, almost 'Pollyanna' prose ... cajoling the smoker with soft, 'gentle' phrases and oh-so-gay jingles" (Day 1955). A few years later, the trade press noted that "Once more the industry is back to its traditional and usually successful course - advertising flavor, taste and pleasure against a backdrop of beaches, ski slopes and languid lakes. It is a formula that works, as all time high sales show" (PI 1960b). "The artful copywriter succeeded in making, implicitly, health claims which had before been explicit" with copy written with "heavy use of terms like gentleness, purity, mildness, freshness, white ash" (Neuberger 1963). "Nowadays all allusions to the health question are models of indirection" (Fortune 1963).

In 1981 the FTC reviewed the changes in cigarette advertising since the 1964 Surgeon General's Report and noted the continuing glamorization of cigarette smoking.

"In the (last) sixteen years there has been little change ... ads have continued to attempt to allay anxieties about the hazards of smoking and to associate smoking with good health, youthful vigor, social and professional success ... thus the cigarette is portrayed as an integral part of youth, happiness, attractiveness, personal success and an active, vigorous, strenuous lifestyle." The FTC also noted that the ads were very visual and "rich in thematic imagery associating smoking with, among other things, outdoor activities, athletics, individualism and achievement. They are frequently filled with rugged, vigorous, attractive, healthy-looking people living energetic lives full of success and athletic achievement, free from any health hazards" (FTC 1981).

IMAGES OF INDEPENDENCE

The Marlboro Man

There may be no better example of the practical power of motivation research than the success enjoyed by Marlboro over the years, and this brand's ability to attract young starters with advertising that has used the mythology of the cowboy in its transformational, rather than informational, image based advertising. Marlboro was converted from a female product, "Mild as May," to a more masculine product with ads that initially featured various tattooed models, but soon relied solely on the durable cowboy of Marlboro Country, with all his favorable connotations of rugged individualism. The Marlboro ad man said: "We have been able to get under their skins a bit and find out what they really think about a product or the presentation of it and can't or won't express in words, thanks to Doctor Dichter, Burleigh Gardner, Pierre Martineau, Paul Lazarsfeld, the late Henry Link, and others" (Burnett 1961). Marlboro research was also done by Elmo Roper who surveyed the largest national sample of smokers ever - some 10,000 - and by the Color Research Institute for association testing (Cheskin 1967). Intensive field interviews were used to "pre-test our selling promotion and advertising techniques" (Weissman 1955).

Large advertising spending in all media made Marlboro commonplace. Outdoor advertising was seen as contributing to the success of Marlboro because its low cost per exposure allowed for signage that produced multiple exposures, creating a "friendly familiarity" that built consumer confidence. "The No. 1 factor in building confidence is the plain old fashioned matter of friendly familiarity" (Burnett 1961, emphasis in original).

One account describes the success of George Weissman and Jack Landry of PM. When Weissman assumed responsibility in the later 1950s, his research informed him that the young in search of an identity took up smoking as a way of declaring independence from their parents. Jack Landry, coordinating with the Leo Burnett agency, came up with "commercials that would turn rookie smokers on to Marlboro ... the right image to capture the youth market's fancy ... a perfect symbol of independence and individualistic rebellion" (Meyers 1984). The importance of this cowboy imagery of independence and its appeal to youth is suggested by its selection by PM despite being inferior in Starch readership scores to an ad featuring a more urbane tattooed man with whom adult men could more readily identify (PI 1964b).

The President and CEO of PM International discussed the Marlboro Man, emphasizing this idea of autonomy. "The cowboy has appeal to people as a personality. There are elements of adventure, freedom, being in charge of your destiny" (Trachtenberg 1987, p109). The Marlboro Man is consistently portrayed in ways that emphasize his independence. The Marlboro Man is almost always alone and is never subject to any authority whatsoever, or even in its presence. There are no parents, no older brothers, no foreman, and no bullies in Marlboro Country. It seems no accident that Marlboro Country doesn't even have a sheriff. The power of this associative style of image advertising was demonstrated by Marlboro's success at capturing the dominant share of starters every year, starters whose brand loyalty soon made Marlboro the best seller. This success led to much imitative competition. "The theme of masculine independence has been used by several other advertisers," with Camel, Newport and Old Gold given as examples (FTC 1970).

You've Come the Wrong Way, Baby!

The stunning success of Marlboro advertising led PM to launch a second brand with imagery of independence, this one with a female personality, Virginia Slims (Weinstein 1970). It, like Marlboro, was carefully researched and became an enduring success. An ad executive for a leading female brand recently stated: "We try to tap the emerging independence and self-fulfilment of women, to make smoking a badge to express that" (Waldman 1989).

Many other "female" brands have come and gone in the interim, such as the floral "Eve," or the self-indulgent "Satin" (Abrams and Guyon 1983; Dougherty 1970). Silva Thins was suspected as trying to appeal to dating teenagers with ad copy about first dates: "Should a girl skinny smoke on her first date? If she doesn't, she doesn't know what she's missing" (AA 1971). Analysts (e.g. Jones 1987) have noted that those women's brands stressing independence

have done far better than those implying excessive femininity or prettiness of design. The failure of most of the imitative or alternative tactics demonstrates the importance of the preemptive positioning of Virginia Slims as the symbol of independence.

A retrospective study observes that the launch campaign for Virginia Slims and other female brands seems to account for an abrupt increase in smoking rates among women younger than 18 years of age. "The tobacco advertising campaigns targeting women, which were launched in 1967, were associated with a major increase in smoking uptake that was specific to females younger than the legal age for purchasing cigarettes" (Pierce, Lee and Gilpin 1994).

Capturing Driving Passions

Many ad campaigns over the years have featured race car drivers, and many brands like Camel, Marlboro and Winston continue to sponsor racing teams, events and series for a wide variety of vehicles: Formula One, stock cars, drag racers, motorcycles, Grand Prix racing. The sponsorship of racing car events by Marlboro at first may seem inconsistent with the autonomous cowboy character, but it is not. A PM Vice President explained: "We perceive Formula One and Indy car racing as adding, if you will, a modern-day dimension to the Marlboro Man. The image of Marlboro is very rugged, individualistic, heroic. And so is this style of auto racing. From an image standpoint, the fit is good" (Marlboro 1989).

A commercial study of three different executions of a 1976 Viceroy ad with close-ups of "a young man in auto racing garb" found that those images could connote "positive personality characteristics including courageousness, independence, adventurousness and aggressiveness" (Schwartz 1976). These associations are also obtained through the sponsorships of many motor sport teams and events: Formula One, Indy Car, Road Rally, Speedboats, Drag Racing, GT and GTO Series, Motorcycles, Monster Truck, and Stock Cars (Blum and Solberg 1993). Signage placed at key camera angles insures brand exposures in TV and press coverage of events (Business of Smoking 1983).

OTHER RECENT AD TACTICS

Cigarette advertising in the 1980s, as before, had a number of characteristics that indicate an ongoing interest in reaching the young. In addition to the industry's failure to prosecute candy firms, cigarette brands have appeared in Video arcade games and been given away as free samples. Cigarettes sponsor rock, country, blues and jazz concerts (Business and Society Review 1984). RJR launched the "largest fully integrated music-marketing program in history" with their $40 million Salem Sound-Waves program that included free sampling, free merchandise, controlled circulation magazines (and mailing lists), membership in record/tape/compact disc clubs, concert and local radio tie-ins (Levin 1989).

RJR also experimented with the Dakota brand that targeted "virile females" who enjoyed cruising and attending Hot Rod shows and tractor pulls with their boyfriends. While the disclosed documents specified a target audience of 18-24, the focus of particular interest seemed to be on those under 20, for their target person was described as aspiring to get married by the time they reached their early twenties (Specter 1990).

Magazines particularly effective at reaching teenagers were increasingly used as advertising vehicles. Both magazines with a high youth readership (e.g. *Mademoiselle, Cycle World, Rolling Stone*) and women's magazines experienced dramatic increases in cigarette advertising, reaching 5-8 ads per issue by the 1980s (Albright et al. 1988). Each of the above magazines with high youth readership had 40% or more of its readers 18-24 in 1983, and a median subscriber age in the 20s, but unfortunately no data was available for readers under 18. Revenue to these magazines reaching the young and carrying cigarette ads was considerable by the late 1980s. *Glamour* with a quarter of its readers under 18, got over $6 million; *Sports Illustrated* with a third of its readers boys under 18, got nearly $30 million; *TV Guide* which reaches 8.8 million teenagers got about $36 Million (Davis 1987).

Making Out at the Movies

RJR held a monopoly on *Moviegoer* distributed free in movie theatres where about one half of the audience is under 21 (Davis 1987). Lorillard placed cigarette posters in movie theatres (Business of Smoking 1983). "One benighted cigarette advertiser even placed a spot in a movie theatre that was showing Snow White" (Business and Society Review 1984). Product placement for Larks in the James Bond film, "Licence to Kill," netted the producers $350,000 (Bergman 1989, CR 1987). Product placement can lead to script rewriting, such as Superman's love interest, Lois Lane, being made into a smoker in Superman II. "Batteries Not Included," a Steven Spielberg movie designed for children, featured prominent billboards for Salem, as have at least a dozen other youth-oriented films (Bergman 1989; Tobacco and Youth Reporter 1988).

Leaked Corporate "Secrets"

Recent revelations of corporate documents disclosed in litigation and associated investigations give compelling evidence to the long standing industry strategic interest in starters, who are almost entirely children. B&W documents include a "Project T" in 1969 which "deals with interviews with female starters concerning their attitudes, behavior, feelings and views on smoking." In 1975, B&W received recommendations from their ad agency, Ted Bates, that were judged by B&W to be "highly sensitive re: *mentality of smokers: introducing starters thru* (sic) 'illicit pleasure' theme" (Hilts 1994, p10). One former Winston model, now a whistle blower, says that he was explicitly told that his job with RJR depended on his appeal to the young (Anderson 1989; Tobacco on Trial 1989).

Previously secret corporate documents produced during the trial about Canada's cigarette advertising ban give evidence about the contemporary tactics to appeal to youth by both plaintiffs, R. J. Reynolds-MacDonald (RJR-M) and Imperial Tobacco Ltd. (ITL) (Pollay 1995b; Pollay and Lavack 1992). The 1988 Marketing Plan of Canada's Imperial Tobacco Ltd (ITL) noted: "If the last ten years have taught us anything, it is that the industry is dominated by the companies who respond most effectively to the needs of younger smokers" (emphasis in original). Extensive and sophisticated research discussed the behavior of those as young as 11, 12 and 13, identified target segments of youth for media plans starting at age 15, and guided the advertising aimed at them. Images of independence and freedom from authority were used to capitalize upon the psychological needs of young starters. Crafting and pretesting ensured that the ad images were not too immature, lest the brand be rejected by teens seeking symbols of maturity, and the activities not too aerobic, lest this precipitate cognitive counter-arguing.

Multiple research resources and perspectives were employed for a single brand. ITL's Project Huron, for example, evaluated the feasibility of a flavored cigarette targeted primarily at young males 15-25. It was the subject of at least 33 different market research reports, utilizing at least six external research suppliers, over the space of just four years. RJR-M also researched the young, studying 1,022 subjects from ages 15-24 in great depth in Youth Target Study '87. A third of these subjects were minors under 18. Whether starters came from particular family and social environments was addressed by measuring adult smoking, family pressures about starting, and smoking by teenage peers. Lifestyle was measured along fifteen dimensions such as laissez-faire, workaholic, wimpishness, or dropout. Attitudes and knowledge about the association between smoking and ill health were studied in great depth. The images of smokers, quitters, and never starters were measured along seventeen dimensions. Data on the image of brands was gathered along twenty five scales.

Picturing Young Health - Carefully

"Positive lifestyle images" were used by ITL to enhance the social acceptability of smoking as a matter of consistent policy. Models and activities were chosen by them to facilitate identification by the young. Imperial sells Player's, a starters' brand in a head-to-head competition with RJR-M's Export "A," paralleling the Marlboro and Camel positioning in the U.S. Their ad production instructions included: "Models in Player's advertising must be 25 years or older, but should appear to be between 18 and 25 years of age." RJR-M learned that models can be too young, however. Their Tempo brand was test marketed with most of the media budget going for out-of-home media, targeting key youth locations and meeting places, e.g. close to theatres, record stores, video arcades, etc. The J. Walter Thompson creative recommendations targeted the young by using imagery of "peer group acceptance ... belonging and security." The creative featured notably young models, arm in arm, and wearing casual clothes seen as trendy by the young. The brand met with mixed results in the test market, in part because it was too explicitly "young" in its character. Few self respecting teenagers, it seems, wanted an explicitly teen product, as they sought symbols of adulthood, not adolescence. Despite this, many cigarette ads in the U.S. feature models young in appearance (Mazis et al. 1992).

The images used in Canada's cigarette ads were carefully crafted to feature attainable activities which were appealing to youth, but which were not so 'aerobic' as to be unbelievable in the context of smoking. For example, a windsurfing ad for ITL's Player's brand was evaluated finding that carrying the equipment provoked thoughts of being out of breath, so the campaign was revised to sit the model down. These images were tested to elicit minimal thought and counter-arguing from viewers.

Images of Independence

The brands most successful with teenagers in Canada, as in the U.S., are those that offer adult imagery rich with connotations of independence, freedom from authority, and self-reliance, in addition to being 'pictures of health.' ITL's Project Sting tested "overtly masculine imagery, targeted at young males ... Young males are going through a stage where they are seeking to express their independence and individuality under constant pressure of being accepted by

their peers." ITL's Project Stereo (1985) provided creative guidelines for the effective display of freedom and independence in advertising imagery for appealing to a young market. It made recommendations for designing advertisements showing people "free to choose friends, music, clothes, own activities, to be alone if he wishes"; who "can manage alone" and be "close to nature" with "nobody to interfere, no boss/parents" and self-reliant enough to experience solitude without loneliness.

"Genital Joe" Camel

Consistent with the above, Camel advertising before the present cartoon campaign featured solo male adventurers, rugged men alone in the wilderness. This effort was particularly successful with young men, 18-24, but was never able to gain a substantial market share against Marlboro in the competition for starters (Taylor 1984). The current cartoon campaign renders the camel's face to bear a striking resemblance to male genitalia (Pollay 1994a). The campaign's character seems more explicitly rebellious and adolescent, such as the Smooth Move #437 ad teaching readers how to ask others for help in redeeming coupons (Tobacco and Youth Reporter 1989). This cartoon campaign has been described as "one of the most egregious examples in recent history of tobacco advertising targeted at children," encouraging even *Advertising Age* editors to urge that it be dropped (Cohen 1994). "Although the industry has been insisting for years that it doesn't target women or kids, anyone who's seen a Virginia Slims or Joe Camel billboard understands that's preposterous" (Quindlen 1994). A Philip Morris executive said: "You don't have to be a brain surgeon to see what's going on. Just look at the ads. It's ludicrous for them to deny that a cartoon character like Joe Camel isn't attractive to kids" (Ecanbarger 1993).

On a more scientific basis, several papers have noted the success of Camels at gaining the attention and interest of children as young as pre-schoolers (DiFranza et al. 1991; Fischer et al. 1991; Pierce at al. 1991). These studies and their authors have been investigated, subpoenaed, deposed and criticized by tobacco lawyers, consultants and apologists (e.g. Boddewyn 1993). The "academic" critiques have in turn been judged as superficial and intentionally unconstructive "baleful bombast" (Pollay 1993). Subsequent reports have corroborated the 1991 findings of Camels' popularity with youth (MMWR 1992). The latest, by Pierce et al. (1994) reports that "nomination of Joe Camel as the favorite advertisement was highest among 12 to 14 year olds (36.6%) and declined rapidly with age."

Whether or not the appeal to children of the cartoon Camel campaign is ever proven to be intentional, at least some of the RJR's sales force in 1990 operated under managementinstructions to place merchandising premium items like hats and T-shirts in stores in close proximity to colleges and high schools (Catanoso 1993).

ADVERTISING EFFECTIVENESS IN RECRUITING STARTERS

The role of cigarette advertising in inducing starters and buoying total market volume was easier to recognize in the days when the rate of recruitment exceeded the rate of dying and quitting so that total cigarette sales were growing. Comments from a diversity of sources expressed the unanimous opinion that cigarette advertising deserved much if not all of the credit for expanding sales and accelerating the social trends upon which they relied, such as smoking among women. The acknowledgement of cigarette advertising's effects on starting and aggregate demand came from academics, advertising agents and journals, the tobacco trade press, and tobacco executives themselves.

Professional Analysts

Printers' Ink, the leading advertising trade journal of its day, noted as early as 1930 that sales success demonstrated the power of "the one feature which has contributed more than any other single factor to the enormous growth of the cigarette industry - advertising" (Tennant 1950). This opinion was unchanged by the depression experience: "The growth of cigarette consumption has, itself, been due largely to heavy advertising expenditure. ...It would be hard to find an industry that better illustrates the economic value of advertising in increasing consumption of a commodity ... There can be no doubt but that steady advertising pressure has been a dominating force in increasing cigarette consumption among both men and women" (Weld, 1937).

Commenting on the diminishment of medical, moral and religious reservations about smoking previously held by consumers, a Harvard Business School professor noted: "The campaigns of testimonials featuring well-known personages and picturing the 'right' kind of people smoking have undoubtedly had an influence in breaking down such prejudices" (Borden 1942). One trade analyst noted that the industry is a "glowing testimonial to the power of advertising ... these firms have not only out spent but also have out earned any others ... tobacco tycoons ... are loudest in their praise for the part advertising has played" (Wootten 1941). *Business Week* commented that

"cigarettes offer the classic case ... of how a mass-production industry is built on advertising" (Business Week 1953b, p 66).

Tobacco Industry Insiders

The U.S. Tobacco Journal commented so frequently and unabashedly on the power of advertising that it became an editorial litany. "Advertising, in the hands of the manufacturers of tobacco products, has become a powerful tool for the construction of the massive edifice of this industry" (USTJ 1953a). After rebounding from the health scare of the early 1950s, they opined: "There is no obstacle to large-scale sales of tobacco products that cannot be surmounted by aggressive selling" (USTJ 1955a). Elsewhere, they noted "the pivotal importance of advertising (USTJ 1955b)," and expected the launch of multiple new filter brands and the associated intense advertising drives to "increase sharply the trend toward greater volume in the whole tobacco industry" (USTJ 1959). "The purpose of advertising ... has a simple answer: to sell cigarettes" (USTJ 1960a). "Steady increases in sales of cigarettes offer the classic example of what advertising can do ... advertising pays off" (USTJ 1960b).

The ever increasing record spending on cigarette advertising and promotion is perhaps the single most unambiguous evidence of the industry's convictions. George Washington Hill, proud of his role in building the industry, said: "The impetus of those great advertising campaigns not only built this for ourselves, but built the cigarette business as well, because ... you help the whole industry if you do a good job" (Tennant 1950). "The money invested by the tobacco industry in various forms of advertising and promotion essentially reflects the industry's faith in the effectiveness of advertising as a vital sales building tool. That faith appears justified by the continued annual rise in sales of cigarettes in this country" (USTJ 1963a). The official history of the RJR states: "The company's expenditures and those of its major rivals were extraordinary, reflecting the apparent agreement on the necessity of large scale advertising to fuel expansion" (Tilley 1985).

Advertising Agents' Admissions and Second Thoughts

John Orr Young, whose agency, Young & Rubicam, had cigarette experience, said that: "Advertising agencies are retained by cigaret (sic) manufacturers to create demand for cigarets among both adults and eager youngsters. The earlier the teen age boy or girl gets the habit, the bigger the national sales volume" (AA 1964f). Another leading advertising executive, the President of McManus, Johns & Adams felt that "There is no doubt that all forms of advertising played a part in popularizing the cigaret (sic)" (AA 1964i).

Not every advertising leader was sanguine about advertising's role in recruiting the young. Emerson Foote, a founder of Foote, Cone and Belding and later with McCann-Erikson, ridiculed the industry claims that its advertising only affects brand switching and has no effect whatsoever on recruitment. "I don't think anyone really believes this ... I suspect that creating a positive climate of social acceptability for smoking, which encourages new smokers to join the market, is of greater importance to the industry ... In recent years the cigarette industry has been artfully maintaining that cigarette advertising has nothing to do with total sales. Take my word for it, this is complete and utter nonsense" (Foote 1981).

Because of their conviction that cigarette advertising played a role in recruiting the young, many advertising professionals simply refused to do it. Just before the first Surgeon General's Report in 1964, *Advertising Age* (1963v) stated emphatically: "It seems safe to say that no advertiser, no agency man and no media would want to continue advertising cigarets if it were clear that they pose a serious and positive danger to the health of the ordinary smoker." When the Report was issued, several advertising industry leaders acted accordingly, avowing that their ad agencies would cease or refuse cigarette advertising accounts on moral grounds. This included several who were highly visible and prominent, such as Bill Bernbach (AA 1964e), David Ogilvy (AA 1964f), Emerson Foote (O'Gara 1964) and John Orr Young (AA 1964c).

DISCUSSION AND IMPLICATIONS

A Diversity of Effects Likely

Advertising effects can be both direct and indirect and, of course, advertising is not the only factor influencing smoking uptake. Other factors include both those under direct managerial control (e.g. distribution availability, package design and sizing, pricing) and various psycho-social factors, including several where advertising might still play a significant role: perceptions of smoking's risks and rewards, risk taking propensities, perceptions of the popularity of smoking, perceptions of the social support, sanctions or status of smokers, smoking by parents, sibling or peers, rebelliousness, self-esteem, socio-economic status, etc. For a more detailed review of factors contributing to adolescent smoking behavior and the probable effects of advertising, see *Preventing Tobacco Use Among Young People* (SGR 1994, Ch. 4).

Cigarette advertising by its very nature inevitably glamorizes smoking, potentially influencing the young by shaping their perceptions that many attractive people are smokers, that smokers appear to be healthy, that smokers obtain social approval for their smoking, and/or that smokers are especially independent and self-reliant in character (despite their nicotine addiction). Because of its pervasiveness, it is very difficult to believe that cigarette advertising would have no effects whatsoever on the product and social perceptions of the young. Several research studies indicate that youth overestimate the prevalence of smoking (Sherman et al. 1983; Sussman et al. 1988). Youths also tend to underestimate the negative attitudes of peers and the risk that they personally are exposed to should they smoke, and are generally misinformed, leading to some doubt as to whether their uptake of smoking is in any sense an "informed choice or decision" (Leventhal, Glynn and Fleming 1987).

"Teens are also more susceptible to the images of romance, success, sophistication, popularity, and adventure which advertising suggests they could achieve through the consumption of cigarettes" (Nichter and Cartwright 1991, p242). Cigarette ads intentionally appeal to the adolescent need for independence, and also communicate the meaning of this badge product which is so easily appropriated as a prop for communicating identity and maturity. "Cigarette advertising's cultural function is much more than the selling of cigarettes. Its collective images represent a corpus of deeply rooted cultural mythologies that are not simply pieces of advertising creativity, but icons that pose solutions to real, experienced problems of identity" (Chapman and Fitzgerald 1982).

Smoking uptake is increasingly associated with social class, with the greater risk borne by those more marginalized, experiencing less success and support at home or in school, and with dimmer future prospects (Hall 1985; McCracken 1992). Youths with emotional problems seem to be at greater risk facing cigarette ads. "Adolescents are encouraged to use tobacco by well designed advertisements that promise happiness and improved well being; these advertisements may be particularly alluring for adolescents who are depressed" (Anda et al. 1990). Teenage smoking is also associated with various indicators of stress, and may be used by the young as a socially sanctioned and legal self administered drug, unfortunately an addictive one and with lethal risks (Hadaway, Beyerstein and Kimball 1986).

Private Sector Implications

The cigarette example demonstrates that the young can be appealed to with obvious practices, like the use of young looking models (Mazis et al. 1992), media whose audience is exclusively or predominantly young, copy and art known to be attractive and interpretable to children (cartoons), or via contexts they trust (candy, games). The cigarette experience, however, demonstrates that targeting of the young need not be so manifestly obvious. With careful research, ads can be more indirect by using appeals that match the psychological needs and aspirations of the young, like images of independence to appeal to adolescents' needs as they go through maturation transitions. Similarly, much can be gained by advertising and promotion in association with those things of great interest to the young, such as automobile and other motor sports, popular music, fashions or the movies. Heavy media buying, coupled with in store and on street signage, can make a product attractive simply by virtue of being so well recognized that it becomes familiar and trusted. Ads to the young need not be informative. Indeed, because of the identity needs of adolescents, this age group may be particularly responsive to ads connoting style and symbolic product personality attributes.

All of these tactics can attract the interest of the young, just as they do the more mature. The cigarette experience suggests that what is necessary to avoid regulatory punishment is the maintenance of a level of plausible deniablility. Media which reach children can be used, even for hazardous products, so long as children are not their only or predominant audiences. Cartoons can be used, so long as it can be argued that cartoons also appeal to some adults, or are used in promoting some adult products. Children can be researched, and ads crafted accordingly, so long as target audience specification is nominally older customers. Seeing that the sellers of addictive and deadly products like cigarettes can do so, others are likely to be encouraged that they can also get away with murder in their targeting of children. If willing to suffer a little public criticism, and able to hire lobbyists and lawyers to fight in the corridors of powers and courts, as necessary, children can apparently be targeted with impunity.

Public Policy Implications

Protecting children from the inducements of cigarette promotion cannot, judging by its history, rely upon the moral restraint or self-regulatory promises of the industry. Despite avowals to the contrary, the industry has always had a manifest interest in starters and the young. This is perhaps inevitable given a single minded profit motivation and the facts that almost all starting occurs among the young and that nicotine users display very high rates of brand loyalties once addicted. This gives the managers of starters' brands an expectation of substantial future profits

from these young customers, in contrast to the lower net present value of attracting older, more fickle brand switchers with a far shorter life expectancy.

The persistence and political tolerance of these practices also indicates that we cannot rely solely on the federal institutions traditionally empowered for regulating commercial practices. Despite the best efforts of many individuals, to date neither Congress nor the Federal Trade Commission has been effective at protecting children from the practices romanticizing and promoting tobacco use. The failure of these institutions suggests the need to rely on others with a different mandate and/or different political priorities, such as the federal Food and Drug Administration, or state and local authorities.

Cigarette advertising practices in these jurisdictions could be either banned outright, as other jurisdictions have done, or limited by elimination of any or all of the following: billboards, point of sale signs (interior and/or exterior), sports stadium signage and advertising, events and promotions sponsored in brand names. Where advertising is to persist, its content could be regulated to permit presentation of information (new brand availability, product traits or performance) while reducing glamorizations. This is the spirit of proposals for bans of life-style advertising, while permitting so-called tombstone formats.

Marketing a product requires an integrated and consistent marketing mix utilizing all managerial decision variables. Any de-marketing of tobacco also requires a comprehensive program. Other initiatives which would help to protect the young include the following: limiting distribution to control access (such as vending machines, convenience stores, etc); making sales to minors illegal with penalties and enforcement (Kim 1987); making possession by minors illegal (DiFranza et al. 1987); banning product sampling (Davis and Jason 1988); raising prices to change the age distribution of initial trial behaviors; mandating minimum package transaction sizes (such as blocking sales of singles, or permitting carton sales only) to also inhibit easy access by the very young; plain packaging, so that brands are less of a badge product communicating brand imagery and social identity (Pollay 1994c); increasing warning and health disclosures at retail points of sale (Pollay and Gorn 1994); targeting and sustaining public education in mass media as well as schools to match the pervasive sophistications of pro-smoking communications.

No matter what the proposal, tobacco funded political resistance to any de-marketing policies will be vigorous. Various arguments will attempt to reframe the issue and distract concern away from children and health - such as uncertainties about the effectiveness of each proposal considered in isolation, fear of contraband and crime, fear of job loss or other economic costs, and assertions of constitutional freedoms of commercial practices and speech. It is unlikely, however, that the Constitution will forever be held to protect the pushing of deadly and addictive drugs, even for cigarettes which are still so commonplace that they are treated with more friendly familiarity than they deserve.

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The BUZ in Canada without an ad ban

Almost immediately after Canada's Tobacco Products Control Act was declared unconstitutional by its Supreme Court on 21 September 1995, a BUZ ad (figure) appeared, almost as if it were a test of what the public and the government would tolerate. Meanwhile, the three major players in the Canadian tobacco industry – affiliates of British American Tobacco (BAT), RJ Reynolds, and Philip Morris – worked to get an insider's cosiness with policy makers. They stated that they would continue to act as if the law were still in effect until they had completed a joint "consultation" process with government. This meant, however, the continuation of ads in brand names in all media, even radio and TV. While not directly merchandising cigarettes, these ads promoted many new and old promotional events: motor sport races, golf and tennis events, jazz festivals, country music, family fireworks competitions, fashion foundations, fishing derbies, etc (see *Tobacco Control* 1993; 2: 8–10). All of this continues, although even the majority of the Supreme Court who found the law unconstitutional thought so-called lifestyle advertising more problematic than purely informational advertising (page 20, paragraph 158).

For several successive weeks in October 1995, a small weekly entertainment newspaper in Vancouver, with the ironic name of *Terminal City*, featured this pioneering two page centre spread. It directly promotes BUZ cigarettes with "industrial strength flavoring" as "coming soon to Canada". A small US based firm, National Tobacco Corporation, doing business as BUZ Canada Ltd, paid a reported $1900 per insertion, in its pursuit of what has been termed a Calvin Klein or Benneton strategy – being intentionally outrageous in order to get word-of-mouth discussion and unpaid publicity in more expensive media.

This ad would be provocative in association with any product, much less cigarettes, and has provoked angry phone calls from both health advocates and lesbians. Two lovers, somewhat androgynous but apparently women, are sharing a (postcoital?) cigarette, naked except for stockings and draped in tousled bedclothes. Their alternative grunge or punk lifestyle, indicated by the handcuffs still partially attached to one, and the multiple body piercings, tattoo, and short dyed hair of the other, is known locally for its hopeless and fatalistic attitude, leading one to seek sensory satisfactions with minimal concern for risks and future consequences. The slogan, "Catch a BUZ...it's only naughty the first time",



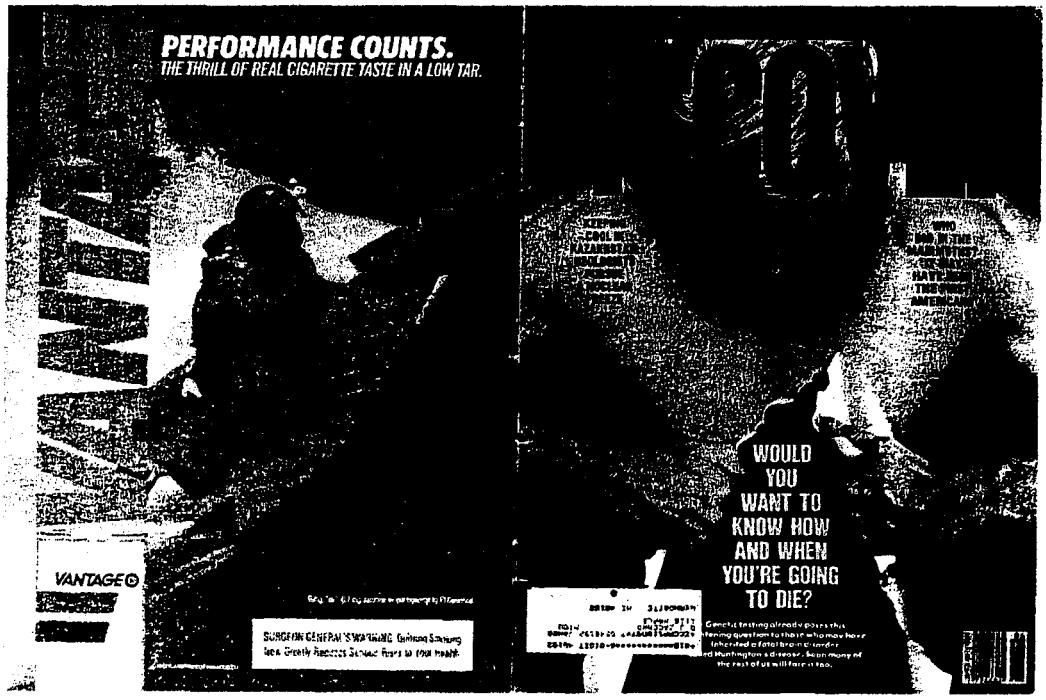
suggests the psychoactive effects of marijuana and "forbidden fruit" that one can enjoy with only transitory guilt or shame. These cigarettes are explicitly portrayed as an illicit pleasure suitable for the rebellious young, along with sexual experimentation, other drugs, and permanent body ornamentation.

The seller states that "Our target is the hip, younger crowd from 19 to 25." My students guessed the models' ages to be from 14 to 23. A company spokesman told reporters that they intend to sponsor "quite a few events: skateboarding events, snowboarding events, you know and stuff like that."[1]

While both local and national media have discussed the appearance and novel characteristics of this ad, to date nothing has been done by either provincial or federal authorities. The neglectful tolerance of the ad, which one letter to the editor described as making "Joe Camel ads look harmless by comparison", will certainly make it far more difficult for either authority to constrain the major firms' new initiatives when they appear. And appear they certainly will. Not only can they now do so perfectly legally, including being on radio and TV, but they can also now claim that they advertise "with reluctance" and only to defend their market shares from this new upstart entrant. The corporate documents in evidence in the just-concluded Canadian constitutionality trial show that, because of brand loyalties, their battle for market share induces a strategic, research, and media plan focusing on children as young as 15, whether now smokers or not.[2]

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1 Buz cigarette ads get nonsmokers' rights group fuming. *Georgia Straight* 1995, 19–26 October; 29(1452): 7.
2 Pollay RW, Lavack AM. The targeting of youth by cigarette marketers: Archival evidence on trial. In: L McAlister, ML Rothschild, eds. *Adv Consumer Res* 1993; 20: 266–71.



Submitted by Daniel J Zaccaro.

You've Come the Wrong Way, Baby!

Chapters in the Continuing Saga of
Cigarette Advertising Targeting Women

Working Paper 95.5
(Oct. 1995)

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One of a series of programmatic research papers and reprints on cigarette advertising and its history.

You've Come the Wrong Way, Baby!

Chapters in the Continuing Saga of
Cigarette Advertising Targeting Women

"At first the tobacco companies, in their advertising, encouraged smoking among women in a subtle way; then they went after this market openly and frankly, thus helping to eliminate the prejudice against smoking by women, and vastly increasing the potential market. There can be no doubt but that steady advertising pressure has been a dominating force in increasing cigarette consumption among both men and women." (Weld 1937, p72)

"We try to tap the emerging independence and self-fulfilment of women, to make smoking a badge to express that" - unnamed ad executive of leading female brand (Waldman 1989, p81).

This woman has a past ...

A contemporary Camel cigarette ad shows a woman smoking under the headline "This woman has a past..." [See **Exhibit #1**] Major cigarette brands did not explicitly target women at first for "fear that they may draw the lightning of the busybody element that brought about prohibition" (Bonner 1926, p23). During the roaring twenties, however, this self restraint gave way. Marlboro, for example, was positioned in the mid-1920s as a premium priced brand, sold to women as being "Mild as May." A billboard campaign for Chesterfield in 1926, showed a woman asking a man to "Blow Some (smoke) My Way," an ad described nearly four decades later as one of the great ads of all times (Printers' Ink 1963). Originally set before a moonlit, variations showed the couple on or in "couches, porch swings, roadsters, and rumble seats" (Goodrum and Dalrymple 1990, p196). The campaign precipitated moral outrage in letters to the editors and church sermons, for smoking in those days was an audacious behavior for a woman, symbolizing a rebellious, libertine lifestyle. Smoking cigarettes was done primarily by women free of family discouragements - college girls, city sophisticates and flappers (Ernster 1985; Schudson 1984)

George Washington Hill was described as "obsessed" by the yet to be developed potential of the female market, and quoted as stating: "It will be like opening a new gold mine right in our front yard" (Bernays 1965, p383). Hill hired ad agent A. D. Lasker because of his success with the delicate task of selling Kotex sanitary napkins to women via national magazines (Gunther 1960). Lasker and Hill got sophisticated European women, particularly actresses and opera stars, to give cigarette testimonials, for a while also citing a survey of physicians to claim that Luckies were less irritating.

Edward Bernays, a public relations specialist, was hired by Chesterfield to combat these promotional efforts. Bernays ridiculed the opera star campaign by creating the "Tobacco Society for Voice Culture." Its letterhead slogan was: "So to improve the CORDS of the THROAT through cigarette smoking that the public will be able to express itself in SONGS OF PRAISE or more easily to swallow anything." Its satirical aim was "to establish a home for singers and actors whose voices have cracked under the strain of their cigarette testimonials." To combat the survey of physicians, 5,000 copies of an article from Editor and Publisher with the headline "Cigarette Copy Bunk, Physicians Declare Blanket Endorsement Used in Ads Unwarranted" were distributed to influential people (Bernays 1965, p374). George Washington Hill of American Tobacco hired Bernays away from Chesterfield. Through Bernays, A. A. Brill, a famous psychoanalyst, was consulted and his central counsel was that cigarettes are "symbols of freedom," leading to publicity stunts such as women being hired to smoke in New York's Easter Parade and wear placards identifying their cigarettes as torches of liberty (Bernays 1965, p386).

The best known of American Tobacco's promotional efforts instructed women to "Reach for a Lucky Instead of a Sweet," previewing today's female brands still positioned as symbols of slimness (JAMA 1930; Wagner 1929; Wallace 1929). **[See Exhibit #2]** Once this idea was well established in the public mind, the ads counselled women to "avoid that future shadow," "the shadow which pursues us all," with visuals showing shadows of large double chins or fat ankles (JAMA 1930: Tyler 1964). **[See Exhibit #3]** Later academic analysis observed that "the theme of youthful aspirations were exploited with much skill as the millions of dollars of propaganda disseminated the news to everyone that he, and especially she, should 'Reach for a Lucky Instead of a Sweet,' or not be guided by 'Ancient Prejudices', and avoid 'Future

Shadows'" (Gottsegen 1940). This anti-fat positioning lead to a 312% increase in sales in the very first year, despite the reaction of the sugar and candy interests whose protests were overwhelmed "like the feeble trickle of raindrops into the sea" of Lucky Strike advertising (Gunther 1960, p169).

By the late 1920s, other brands, such as Old Gold were featuring women, too. **[See Exhibit # 4]** R. J. Reynolds was running several ads for its Camel brand that featured women, and ad space was bought in media with large female readership such as fiction magazines, True Story, Picture Play, Junior League Magazine, Delineator, Pictorial Review, Modern Priscilla, House and Garden, Vogue, Harper's Bazaar, and Vanity Fair (Tilley 1985). By the mid 1930s, cigarette ads targeting women were so commonplace that an ad addressing men for the mentholated Spud brand read in part: "To read the ads these days, a fellow'd think the pretty girls do all the smoking" (Saturday Evening Post 1935, p42). Another of their newspaper ads appealed to women with the claim: "Doesn't irritate my pretty girlish throat either." At the same time American Tobacco's Tareyton brand was aimed at women with copy stating: "Moist lips are thrilling lips! Keep them soft, alluring" (Tide 1936, p11-12). Marlboro, then positioned as a women's cigarette was advertised in Mademoiselle, Charm, Glamour, Vogue, House and Garden, and Cosmopolitan in 1943, and was available in both an ivory and a red "beauty tip" to mask lipstick stains **[See Exhibit #5]**.

Making Cigarettes Fashionable

During the time that Lucky Strikes were positioned against sweets and fat, Bernays helped American Tobacco by "flooding fashion editors with photographs of thin Parisian models in *haute couture* dresses" (Bernays 1965, p383). At one stage in the 1930s, Bernays worked for six months to make green the fashion color of the year, after research showed the green Lucky Strike package was unpopular with some women because it clashed with clothing. Bernays organized a "Green Ball" with socialites and art galleries; worked with manufacturers of accessories, dresses, textiles, etc; sent 6,500 letters and kits to department stores, fashion editors and interior decorators telling them of this so called trend; got Harper's Bazaar and Vogue to feature green on their covers on date of the Green Ball; had a silk company host a Green Fashion Luncheon with a menu of green foods; and sent out press releases claiming

psychological benefits of the color green, as "the color of spring, an emblem of hope, victory (over depression) and plenty." For this "engineering of consent ... I drew up a comprehensive blueprint, a complete procedural outline, detailing objectives, the necessary research, strategy, themes and timing of the planned activities" (Bernays 1965, p390).

Celebrity Testimonials add Glamour

In the late 1930s, Lucky Strike ads featured Luckies as a "light smoke" that was "gentle" and offered "throat protection." Testimonials to this "throat protection" were presented on behalf of the brand by "leading artists of radio, stage, screen and opera, whose voices are their fortune," including women like Miriam Hopkins, Carole Lombard, Joan Crawford, Myrna Loy, Delores Del Rio, and Claudette Colbert. By 1940, and continuing through the war years, Chesterfield ads regularly featured glamour photos of a Chesterfield girl of the month, drawn primarily from the worlds of fashion models and Hollywood starlets. Most described the brand as offering "real mildness" or being "definitely milder." Some endorsers were famous women stars, like Rita Hayworth, Marion Hutton, Joan Bennett, Rosalind Russell, Betty Grable, and Carole Landis. From 1943 to 1946, ads for the Regent brand featured drawings of celebrity endorsers including Diana Barrymore, Joan Blondell, Lilly Daché, Jinx Falkenberg, Merle Oberon, Jane Wyatt, Arlene Francis, Martha Tilton, Mitzi Green, Celeste Holm, and June Havoc. Many post WWII Chesterfield ads featured endorsements from women show business celebrities like Jo Stafford, Ann Sheridan, Barbara Stanwyck, Virginia Mayo, Ethel Merman, and Dorothy Lamour (Pollay 1993). Camels, too, were endorsed by celebrities in the early 1950s, such as opera star Nadine O'Connor or movie star Joan Crawford in ads claiming "Not one single case of throat irritation due to smoking Camels (Advertising Agency 1951; Starch 1953).

Advertising's Productivity and Promise

Huge Female Market Seen

(U. S. Tobacco Journal Headline, June 29, 1953)

The trade presses of both the advertising and tobacco industries were unequivocal in giving credit to advertising for the growth of cigarette sales, especially among women. "The growth of cigarette consumption has, itself, been due largely to heavy advertising expenditure. ...It would be hard to find an industry that better illustrates the economic value of advertising in increasing consumption of a commodity" (Weld 1937, p70). The tobacco press saw advertising as "not only as a sales producer but also as an educator of public opinion ... the cigarette companies were instrumental in destroying the fetters of an outmoded convention (against women smoking) ... The advertising appropriations of the cigarette companies have been truly large and truly productive" (Tobacco Retailers' Almanac 1938, p18). Of course, not all of the recognition of advertising's import in expanding cigarette smoking among women was proud or complacent. One advertising professional stated that: "The cigarette industry is directly responsible for the present bad state of feminine morals. By depicting feminine purity and cigarettes in one package of swank sophistication, young girls are taught to believe that smoking is desirable" (Printers' Ink 1946, p23).

Despite past successes at getting ever more women to take up cigarette smoking, industry insiders remained confident that the post WWII period offered them a still untapped potential among non-smoking women. "Women can be converted and there are a lot of them - particularly through the Middle and Far Western States - that have not had that comforting experience of smoking a cigarette" (Dunhill 1949, p32). Responding to a survey, cigarette industry leaders agreed that "a massive potential market still exists among women and young adults." They went on to acknowledge that the trade's recruitment of these millions of prospective smokers was "the major objective for the immediate future and on a long-term basis as well" (USTJ 1950, p3). This optimism about being able to recruit female non-smokers was still being publicly expressed in 1953, after the "health scare" that started in December 1952, when it was judged that "more than three-fifths of the nation's women comprise a potential new market for the cigarette industry" based upon a survey of 16 cities where only "40.53 per cent of the women in these markets now smoke cigarettes" (USTJ 1953, p3).

Re-emphasizing fashionability

R. J. Reynolds "elegant swashbuckling" Cavalier, a brand and trade character, was used

for many fashion "tie-ins" in 1950. A lapel pin fashioned in the image of the Cavalier figure was acquired by thousands of women and adaptations of his hat and shoes were sold in women's clothing stores. Cavalier was also connected with a new women's raincoat, housecoat, a fall suit and a sleeve cuff. Anticipated were Cavalier haircuts, a Cavalier nail polish, dress fabrics, and fashion shows. Initially, sample packs were distributed to hotel fashion shows, women's society meetings and bridge clubs. Reynolds' samplers then widened their area to include airlines, secretarial schools, and companies with employee lounges. The woman heading up the sampling program convinced a hat maker to sell a Cavalier hat in 24 colors, and arranged to give buyers free packs of Cavalier cigarettes (Tide 1950).

Ads for Parliaments in the mid-1950s and were "drenched in fashion appeal," a fashion-sensitive move that was not new, as Parliament had "steadily used a haut (sic) monde tone in its ads" (Printers' Ink 1955, p87). An L&M ad showed a lady with gloves putting L&M cigarettes in her purse, "Just Where You'd Expect to Find L&M" (Gerry 1956). Lorillard developed nationwide promotional campaigns designed to appeal to women through tie-ins with fashion. The promotions linked the company's Kent and Newport brands with such fashion magazines as Vogue and Mademoiselle, as well as with department stores, specialty stores and several prominent fashion houses. For the Kent campaign, six dresses were designed exclusively for the brand. Meanwhile, Newport's "Refreshing Change" promotional drive featured chemise dresses, sportswear and swim suits created by a range of designers and aimed at smokers in a younger age group. In announcing these campaigns, Lorillard vice-president and director of advertising commented that "It will enable us to reach the fashion pace-setters in many important communities and psychologically, we think our use of this special avenue for women's attention — an indirect sell — will be appreciated by the more fashion-conscious sex" (USTJ 1958, p20). In addition, 200 of the department stores involved in this promotion used point of sale merchandising material promoting these brands (Printers' Ink 1958). Also targeting fashion conscious women smokers, Liggett & Myers developed designer packaging for king-size Lark, L&M, and Chesterfield (AA 1968a).

Even campaigns with a health protection theme, such a Pall Mall's 1952 "Guard Against Throat Scratch," had variants such as one featuring a fashionable woman outfitted for dressage **[See Exhibit #6].**

Researching Motivation and Meanings

In the early 1950s, the Chicago Tribune hired the motivation research firm Social Research Inc. to conduct a study of cigarette purchase habits and attitudes and their advertising. The tests indicated that people did have brand preferences even though they could not differentiate between cigarettes when blindfolded. Their beliefs that each brand had certain qualities even extended to the gendering of brands as more or less apt for either men or women smokers. In particular, the novel king-size and cork and filter-tipped brands were considered feminine at that time. Commenting on the importance of advertising, and noting that smokers need reassurances, the noted that "the kind of advertising that is 'almost everywhere' makes cigarets (sic) 'respectable' and is therefore reassuring" (Tide 1952, p23-4). The Parliament brand tested 600 subjects for their responses to contemplated package designs, to counter the fact that word association tests showed masculine associations were three times more likely than feminine to the word "parliament" (Cheskin 1967). Another motivation researcher described smoking as an expression of freedom and worldliness for women, an idea he felt could be more exploited and reinforced by advertising (Martineau 1957).

The leadership of women

> **"The ladies have led every major cigarette trend in the past 15 years ... Our studies show that they were the first to embrace king-size cigarettes, menthol, charcoal, and recessed filters."** James Bowling, Philip Morris USA (Sanchagrin 1968, p26).

By 1953, the wave of new production introductions launching king sized and filtered versions of traditional brands and new brands had begun, with women smokers heavily represented among those first to accept the presumably "new and improved" products (Advertising Age 1953). Despite this, sellers of traditional brands continued to target their advertising toward women. For example, Philip Morris announced a "Young America" promotional drive that would include advertising in newspapers, Sunday supplements, magazines, radio and television. Ads for Philip Morris were placed in several publications with

distinctly female readership, such as Ladies' Home Journal, McCall's, Woman's Day, and Family Circle (USTJ 1955).

Virginia Slims

> **"Battered by the worst publicity ever to hit any product, the tobacco companies have countered with a host of new items that spark excitement, more effective ads, and appeals that are attracting more women."** (Sanchagrin, 1968, p24)

Following more than a decade of substantial success with the repositioning of the Marlboro brand as masculine, a parallel move was taken by Philip Morris to appeal to modern women with a new brand. Spurning strategies based on traditional feminine imagery, Virginia Slims launched a 100mm "slimmer than usual" cigarette in 1968 with the slogan "You've Come a Long Way, Baby!" (AA 1968b; AA 1968c). **[See Exhibit #7, 8]** The case history of Virginia Slims, and its success relative to competitive products and advertising shows (1) the importance of image based advertising establishing an attitude and persona for the brand, (2) the greater appeal to smokers of advertising displaying attitudes of independence than those emphasizing frilly fashionability.

Creative Concept Development

In an address to his professional peers, the ad agency's creative director explained that the Virginia Slims campaign was designed to meet the creative challenge of establishing a "consumer-related identity ... to establish and maintain a new attractive brand personality ... (for) the smoker's motivation and loyalty to a brand comes from identifying with the personality of that brand" (Weinstein 1970, p1). Underlying the campaign was the belief that motivation research had shown that "cigarettes are either masculine or feminine but never successfully neuter" (ibid, p4). The creation of brand personality would be achieved using aspects of style, tone, music and visuals, rather than information, for the team believed that "in cigarette

advertising ... 90% of what you communicate is non-verbal" (ibid, p13). This task was pursued by a large but initially all male staff, leading him to describe the effort as "15 Guys in Search of a Feminine Identity" (ibid, p1).

Seeking to capitalize on the product's distinctive thinness, the team felt that thinness provided "visual intrigue," "tactile distinctiveness" and "style and grace." They also felt that the success of Pall Malls pioneering king size was due in part to the how they flattered women. "Women took to them immediately because they felt the extra length made their noses look shorter. Maybe this thin cigarette similarly could be liked because it makes your hand look slimmer and more graceful" (ibid, p2).

After toying with a variety of combinations of names and product variations, they focused on variants of "Virginia" because it was the home state of Philip Morris, its marketing director's wife's name, and because Virginia was a "great name for a cigarette with a feminine personality. It not only has traditional tobacco overtones, but it romantically suggests moonlight, gentle breezes, and green hills" (ibid, p4). "Virginia Thins" was rejected for being too negative, and after some experimentation with "Virginia Lights," it was rejected as "lightweight indeed -- artificial and forced, strained and ad-y" (ibid, p7).

For copy strategy, the team also rejected an overtly cosmetic appeal, such as using a gold package, naming it something like Vanity, Flair, or Tiffany and promoting it in Vogue, for fear that this would make it too much of a novelty product with appeal to too few women. The memorability of an explicitly romantic mood was questioned. They also rejected a "newsy" approach and the concept of Queen-sized as a "bad phrase with all kinds of wrong (gay male) connotations you shouldn't mention in public (ibid, p9).

They finally settled on a "fun personality for the brand -- a lively, sparkly, happy cigarette" (ibid, p13) and "The first cigarette for women only... designed slimmer for a woman's slimmer hands and lips; designed with the kind of flavor women like; and packaged in a slim purse pack" (ibid, p7). A touch of humor in the execution seemed to make the basic proposition palatable and appealing. "Something about the tone-of-voice felt right. It's a male cigarette company saying, in effect, 'Woman, we put you on a pedestal. We think you're terrific, you're fabulous, you're great. We love you, and we want you to have this cigarette we made for you.' The message is out-and-out flattery, done lightly enough to be acceptable. Is there a woman

alive who doesn't like flattery?" (ibid, p15). "One great brain" came up with the concept of exploiting women's rights, re-emergent in popular culture in the late 1960s, with the slogan "You've come a long way, baby" and copy that contrasted women's historical lack of rights with the modern situation in which women could have everything, even "a cigarette brand for your very own" (ibid, p16). When the campaign concept was translated from magazine pages to radio and TV, the music chosen was deliberately "a corny, happy suffragette kind of sound like an updated Salvation Army band" with a message of "Congratulations on being a woman. Congratulations on your success" (ibid, p20).

After a summer's successful testing in San Francisco, Virginia Slims quickly moved into national distribution. The television and magazine ads contrasted the old social order with new mores in belittling dated restrictions on women: "In 1910 Pamela Benjamin was caught smoking in the gazebo. She got a severe scolding and no supper that night. In 1915, Mrs. Cynthia Robinson was caught smoking in the cellar behind the preserves. Although she was 34, her husband sent her straight to her room. Then, in 1920, women won their rights (AA 1968c, p2)." Virginia Slims launch year advertising was carried on nine TV network programs plus spot TV and radio, 16 women's publications and Sunday supplements (Sanchagrin 1968, p26). Television programs which carried Virginia Slims ads included: "Mission Impossible," "Family Affair," "Hogan's Heroes," "Mayberry RFD," "The Red Skelton Show," "Green Acres," Thursday and Friday Night Movies and CBS Evening News. Print ads for the launch of Virginia Slims appeared in American Home, Cosmopolitan, Ebony, Family Circle, Glamour, Harper's Bazaar, Ladies Home Journal, Life, Look, Mademoiselle, McCall's, the True Story group, TV Guide, Women's Day, Vogue, and Women's Wear Daily (AA 1968c, p2).

Rebellious, but unliberated

The Virginia Slims campaign was very successful (AA 1970). While the slogan "You've Come a Long Way, Baby!" may have resonated with the rhetoric of the burgeoning women's movement of the late 1960s, the execution of this campaign over the years seems "liberated" only in its co-optive use of this phrase. One advertising trade column described the campaign as featuring a "rebellious but unliberated woman" (AA 1973, pN2). The campaign for more than two decades was characterized by each ad showing a strikingly dressed contemporary

woman against the background of unappealing views of woman's history. **[See Exhibit #8]** Rarely, if ever, were contemporary women portrayed as bearing responsibilities, but merely as very slim or "superslim" models wearing trendy and faddish styles. The attitude of the ads mocked the older generation's experience, attitudes and behavioral constraints, while the visuals created a dialectal contrast between "new fashions" and the "old fashioned." Ad agency personnel later explained that the agency wanted to avoid "the obvious trap of being too feminine," resulting in a decision to "cut the frou-frou and coy feminine references" (AA 1968c, p2). Nonetheless, fashions were an important element in this campaign. Philip Morris placed an ad in Women's Wear Daily to thank the fashion trade for providing designs for its 1973 Virginia Slims campaign. The list included several top designers such as Bill Blass, Pierre Cardin and Halston (AA 1974a).

The Shift to Print

When cigarette advertising was no longer possible on broadcast media, budgets shifted dramatically to greatly increase the volume of advertising in women's magazines. For example, compared to only one year earlier, the first quarter of 1971 saw women's magazine's enjoying three to four times the volume of cigarette advertising. For example, cigarette ad pages rose from 5 to 22 in Ladies Home Journal, 7 to 21 in Redbook, 5 to 19 in Women's Day, 6 to 24 in Cosmopolitan, and 7 to 21 in Family Circle (Revett 1971). In 1974, Virginia Slims was supported with $8,300,000 in advertising in magazines, newspapers and newspaper Sunday supplements, making the brand the biggest spender on print advertising (AA 1974b). This intensity in women's magazines continued into the 1980s. Whelan (1984) estimated that regular readers of Glamour, House and Garden, Ladies Home Journal, Mademoiselle, McCall's, Metropolitan Home, Vogue and Women's Day were exposed to 100 cigarette ads annually from each. Regular reading of Better Homes and Gardens, Cosmopolitan, Family Circle, or Redbook would each generate 200 cigarette ad exposures. Reading Newsweek, People, TV Guide, or Time would each yield over 400 additional exposures. The reliance upon cigarette advertising revenue served to inhibit the magazines' coverage of the health aspects of smoking, with stories specifically mentioning Redbook and Ms as cases in point (Guyon 1982: Lipman 1992).

Sports Sponsorships

Virginia Slims started sponsoring women's professional tennis in 1970, with a full season of Virginia Slims tournaments played in 1971. That year, events were held in twenty cities and featured 8 professionals such as Billie Jean King and Rosemary Casals. Free samples were given away at stadium entrances, and contract players were not allowed to take any public position opposing cigarette sponsorship (Brinkman 1976; Ernster 1985). The company's public relations firm, Ruder & Finn, developed a program to reach media with "stories and angles of interest that extended far beyond match results and sports pages ... The Virginia Slims media guide, published annually ... became the encyclopedia of women's tennis" (Harris 1991, p208). Media luncheons were held at the start of the season in New York and before each event in every tournament city, where charity tie-ins created more publicity. "Despite the ban on cigarette advertising on television, the Virginia Slims Tournament was covered by network television ... bringing the advertising slogan, 'You've Come a Long Way, Baby,' to life" (Harris 1991, p209). A Philip Morris marketing V-P, explained: "Virginia Slims gets worldwide publicity and an opportunity to sample adult audiences and to spin off retail promotions" (Harris 1991, p209). It also had the advantage of acquiring grateful allies. In 1990 when U.S. Secretary of Health and Human Services, Dr. Louis Sullivan, called for an end to sports sponsorships by cigarette firms, Zina Garrison and Billie Jean King were supportive of the firm and industry in press interviews (Harris 1991).

Promotions and Merchandising

Virginia Slims ran an award winning premium promotion in 1977 offering a "Ginny Jogger" sweat suit. Some 30,000 of these were distributed, 50% more than expected. In the mid-1970s, some 400,00 additional items were distributed, including "You've come a long way, Baby" T-shirts (200,000), Jerseys (110,000)) and sweaters (70,000). All required cash and proof of purchase (Robinson 1979). By the mid-1980s, the mix of promotional items had changed somewhat. Promotional items were selected to contrast the "then-and-now" choices of women and highlight their invasion of previously male sanctums, e.g. a little black book for telephone numbers, jogging suits, rugby shirts, boxing shorts, etc. A promotional mainstay has been the "Book of Days," a hard-bound diary appointment calender noting historic dates

(including the Virginia Slims 1968 launch), historical anecdotes, and memorable sexist quotes. One million books were reported to be printed annually (Robinson 1985).

Others Follow Virginia Slim

Other cigarette brands also sought the favor and trade of women. Salem used a romantic appeal of "springtime, green fields, and soft summer dresses" (Weinstein 1970, p10). Brown & Williamson introduced Flair, a fashion concept cigarette for women in test markets in 1970 (O'Connor 1970). The next year, L&M introduced the Eve brand with a feminine floral design on the filter and the slogan "Farewell to the Ugly Cigarette" (AA 1971). **[See Exhibit #9]** Due to the impending ban on broadcast advertising, Eve's introduction was backed by a "virtual flood" of print advertising. Successful test marketing was conducted in Phoenix, Tulsa, Denver and Columbus. The national campaign included ads in TV Guide, women's magazines, "shelter books", and Ebony, Essence and Tuesday (for the African-American market). Also used were entertainment programs (eg. Playbill), full-colour newspaper ads, Sunday supplements and outdoor advertising in the top 25 markets. This emphasis on the cigarette's physical appearance reflected a "marketing philosophy" of L&M which led it to repackage its other cigarette brands, most with outdoor scenes (Dougherty 1970).

In the 1980s, women remained an important target audience for cigarette advertising as "Marketers Clamor(ed) to Offer Lady a Cigaret (sic)" (Sobczynski 1983, pM14). A number of distinctly positioned brands were on the market in the early 1980s, such as Lorillard's Satin, sold with an appeal to self indulgence: "Spoil Yourself with Satin," targeting the woman who was "self-confident, relaxed, realizing her goals." **[See Exhibit #10]** The More brand offered a long, thin cigarette to women, "especially the 18-34 year old female who considers herself to be sophisticated" (Sobczynski 1983, pM15). **[See Exhibit #11]** More's director of marketing said "Cigarets as a product people first wear, then smoke." The extra long brown colored "More 120a appeal to older more sophisticated women - women who are stylish, assertive, (and) want to call attention to themselves" (Masloski 1981, pS-7). Newport Stripes came in white packages with pastel stripes (Waldman 1989). Ritz cigarettes, premium priced with a name to suggest an "opulent life style," was designed by Yves St. Laurent and sold by R. J. Reynolds. It was intended to set a "new standard in stylishness" and targeted "the fashion conscious woman

... probably single, owns a designer handbag, reads Vogue and spends a high percentage of her income on clothes" (Hollie 1985, p29). A Lorillard brand was bluntly labelled with the brand name Style **[See Exhibit #14].**

By the end of the 1980s, cigarette producers were using various technological means to appeal to women: Virginia Slims offered a variant called Superslims. **[See Exhibit #13]** These were not only still thinner that Virginia Slims, but also claimed to reduce sidestream smoke. Capri offered "the slimmest slim" **[See Exhibit #15]** while Misty identified its users as "Slim 'n Sassy." **[See Exhibit #16]** R. J. Reynolds targeted women smokers with four-page ads for the novel Chelsea brand in women's magazines. This campaign included the industry's first "scratch-and-sniff" ad to promote the vanilla-like scent. The promotion offered a "compact lighter" featuring a small compact mirror, free-pack coupons and in-store buy-one-get-one-free offers. Chelsea used new paper technology to release the aroma while the cigarette was lit, to address the problem of ambient smoke by masking the smell (Dagnoli 1989).

Some Segments of Women

Older, Educated Women

In 1980, Philip Morris's Plans and Objectives for its Social Psychology Program of research included one study of the "psychosocial determinants of smoking behavior," using both objective questions and one-on-one two hour in-depth interviews. The data sought was "a spectrum of social, personality, attitudinal and situational dimensions ...1. Emotional state and responsivity (sic); 2. Stress-handling mechanisms; 3. Situational determinants and cues; 4. Socio-cultural influences; 5. Health concerns and smoking. To better understand the differences in the segments of women attracted to highly filtered products, they studied "45 year-old, white, college-educated, upper-middle class women," half of whom smoked high delivery cigarettes and half of whom smoked ultra-low delivery cigarettes (Dunn 1980, H7682).

"'Hell No' to Ladylike"

The ultra-feminine floral design of Eve did not prove as popular in its appeal as the pseudo-liberated position of Virginia Slims, prompting Eve managers toward ads with a less

delicate and more rebellious tone. In 1974, Eve was repackaged and repositioned to "free the brand from total domination of its packaging." Executives believed it was not "perceived as a real cigaret." New ad copy, aiming at the general women's smoking population, says "We asked her if she wanted a ladylike cigaret. She said 'Hell no'" (O'Connor 1974, p8).

"The Vulnerables"

In 1976, Philip Morris researchers profiled the teen girl smoker and concluded that she was not an "ill-at-ease youngster turning to cigarettes as a means of being thought of as more sophisticated" (Udow 1976, H7664). Instead the teen girl smoker displayed general signs of self confidence and risk taking, with 31% reporting sexual experience. Eight times as many of the teen girl smokers reported "drinking to get drunk" (32%) as non-smoking teen girls (4%). Twenty-five percent use marijuana regularly, compared to only 3% of non-smokers. One in four smokers had run away from home at some time compared to about 10% of non-smokers. But the girl non-smokers were not homogeneous. Almost half of them "share many of the same values as the smokers - and are highly exposed to the total smoking environment. We call them the **'Vulnerables'** for, on the surface, they appear to be ready candidates for the next wave of new smokers" (Udow 1976, H7664).

Dakota's "Virile Females"

The case history of R. J. Reynolds' promotional plan for the Dakota brand generated some controversy (Freedman and McCarthy 1990; Truehart 1991) and is illustrative of two significant trends in modern cigarette marketing: (1) the increasingly high degree of specificity in the psychographic research and definition of the target consumers, and (2) the increasing and even dominant use of promotions, sponsorships and related public relations, instead of relying predominantly on conventional media advertising.

"Virile Females' Hot Buttons"

While the segmentation research that isolated and identified the potential for effectively targeting this specific segment of women is unfortunately not in the public domain, a number

of documents describing the promotional plan provide a rich description of the lifestyle of the chosen target segment of women. The Dakota brand's assortment of promotional activities was targeted to influence poorly educated young blue collar women they described as "virile females" (Specter 1990). These are women who appreciate traditional "masculine" values - particularly being "independent, in control, self confident" - and who might otherwise smoke Marlboro as the result (Project VF: Recommended Next Steps, p11). Demographically, the primary target woman was 18-20, with no education beyond high school. She had an entry level service or factory job at most, with no career prospects, and a probability of being unemployed or employed only part-time. Her wardrobe was casual featuring jeans, knit tops, sweaters, shorts, warm-up suits, sweat shirts and pants, and she wore little eye shadow or make up. Her taste in TV programs ran to evening soap operas (Bitches) and situation comedies with working class heroines (Roseanne). Her musical tastes focused on all male classic rock and roll bands.

The "virile female" aspired to getting married soon, in her early twenties, and in the meantime spent her free time with her boyfriend "doing whatever he is doing." She and her friends were found pursuing their interests such as cruising, partying, classic rock and roll, various motor sports (drag races, hot rod shows, tractor pulls, motorcycle races), softball, bowling, wrestling, toughman competitions, fairs and carnivals. All of these, and more, were described as "hot buttons" for appealing to the "virile female" target and her friends (Trone 1989, 4-7).

Getting Everything Just Right

Forty package backgrounds and 40 names were tested in preliminary research in Philadelphia. Several variations in product and packaging were also considered in the search for some noticeable product differentiation: a slide box, slower burning with an increased puff count, wide cigarette circumference, and a foil inner seal. The research rejected the scented aroma because of its "appeal primarily to females, aged 25-34 who smoke 100mm products ...(and because it) does not work in conjunction with other marketing elements to reinforce the overall brand image" (Cohen 1989, p2). Other research explored three different packaging colors - blue, brown and burgundy - with the latter preferred for the extent to which it was judged by target women to be "unique/different, attractive, friends would carry, high quality,

modern/contemporary" and whose users they felt would be judged to be "a person like you, who likes to make own decision, a traditional person, a person like your friends, an independent person." Also assessed was product imagery regarding presumed product taste, smoothness, strength, mildness, artificial taste and harshness. Summary measures included purchase intent, preference and a thermometer rating (Project VF Packaging Test).

Developing the Advertising Imagery

> **A "fun-loving rebellious nature that they could easily identify with"** (Shore 1989, p6)

One hundred and twenty advertising concepts were tested in exploratory research with consumers in Atlanta. Subsequently, consumers in Baltimore evaluated 50 refined and additional ad concepts. The final ads required a photo shoot involving six days with a photographer, crew and 10 models (chosen by three agency people in a 3 day casting session). When last minute changes were called for, four (4) agency people went to LA for an additional 11 days of additional casting and shoot supervision (Perkins 1989). The select set of advertising images were tested with five focus groups of 18-20 year old Marlboro smokers in Chicago, with this research run by a professional and attended by 4 agency staff over three days. The tested ads seemed successful in conveying the desired product/user imagery of "independent yet approachable, sociable yet also enjoying her own company, feeling equal to men yet enjoying a warm fun relationship with a man," and doing so without alienating younger males (Shore 1989, p1). **[See Exhibit #12]** Negative reactions to the tested ads occurred either among women with "traditional values" who did not aspire to the "Dakota woman's independence, assertiveness and control" or among the "more conservative/introverted respondents (who) may have felt threatened by the strong personalities conveyed" (Shore 1989, p1,6). The ads caused many respondents to believe that the Dakota woman had a "fun loving rebellious nature that they could easily identify with (Shore 1989, p6)." Others, it was found, "may initially be unable to relate to her, but aspire to her psychological strength and independence as they mature" (Shore 1989, p2). Some ad variations were judged to display body language that was too "tomboy," such as

sitting first on a motorcycle with a boyfriend behind. This suggested that fine tuned imagery should be careful that the women depicted "cannot be too tough, ie. bitchy/cold ... (nor) too cute, giggly ..(nor) too submissive i.e. fawning at a man who looks disinterested" (Project VF, Recommended Next Steps, np).

Several alternative headlines were tested, such as "Smooth. Streetwise;" "Smooth Revolution;" "Smooth Action. Slow Burn;" "Come together Smooth;" and "Where Smooth Smokes." This last option was rejected by focus group respondents for its "obvious/overt use of younger adult language/slang (Shore 1989, p6)." The chosen slogan, "Where Smooth Comes Easy,' was preferred because it described and was the most consistent with the "attitude/personality" of the Dakota woman.

The media choices emphasized point of sale merchandising and materials usable in promotional venues such as bars. Considered were "door decals, in/out stickers, floor mats, change cups, banners, neon signs, counter mats, 3-D motion signs, clocks, gas pump toppers, and store hour signs" (Trone 1989, p36).

Using Promotional Events, not just Advertising

> Promotional activities were sought to be **"tightly targeted, extremely impactful, and innovative communication techniques"** (Promotional Marketing Inc 1989, p2).

A large number of promotional concepts were developed, corresponding to the many "hot buttons" and the several domains of interest to the target women. Their interest in men led to a proposal for a "Night of the Living Hunks" contest, for which the prize was a date with a male stripper, and a "Get a Grip on a Winner" contest whose prize was being the honorary ringside manager of a professional wrestler for a night. The target woman's interest in romance led to proposals for a Soap Opera trivia context and free copies of a customized Dakota romance novel in exchange for redeemed on-pack coupons. Her interest in motor sports led to proposals for limousine parties, and "We've Got Your Ticket" vouchers for entertainments like car shows and 4x4 contests. A "Cruising for a Party" concept would host parties in large parking lots near the

main drag, with a special Dakota backdrop and camera generating 22"x28" poster pictures of participants cars and friends. The target woman's interest in partying also led to a proposal for "party packages" custom designed for the target's "hot spots," such as bowling alleys, bars, apartments, and company picnics. Packages would include decorations, games, prizes, supplies and allow for product sampling (Trone, 1989).

Of the many ideas suggested, detailed tactical plans and budgets were developed for several that played to the target's inclination to patronize bars with rock and roll music.

(1) A "dramatically designed" Dakota Video Kiosk, which would be given to participating bars and clubs to promote Dakota's introduction and the specific Dakota activity(s). Resembling a 90's video juke box, it would utilize the Dakota colors, contain a built-in translite Dakota logo, and a Dakota video loop tape.

(2) A rock band would perform under the name Dakota, with all members chosen to resemble the "look" portrayed in the advertising. They would perform at several clubs surrounded by a large Dakota banner, with the band's clothing, stage materials and limousine all bearing the Dakota logo. Cassettes of the Dakota band would be given out with a sweepstakes form to collect names for a direct mail list. Winners of the sweepstakes would get pictures with the band, Dakota logo clothing and get to be "official Dakota Groupies for a night." All women at the clubs could get instant photos of themselves with the Dakota band in a special Dakota folder.

(3) While the Dakota band would be entirely men, auditions would be held for a girl rock singer to perform as guest artist, with posters in clubs, newspaper ads and direct mail and the video kiosks publicising this competition.

(4) Dakota would conduct screen tests for five finalists to appear in a so-called "feature role" in a music video of the Dakota band. This would be "highly publicized" by a local radio station. Registration will be conducted in clubs for a number of weeks. Another person, such as a friend, would be required to sign-up the participant in the screen test, so that both names could be "captured" for mailing lists.

(5) A "Rock Until you Drop" event to be publicized by a local radio station and hosted

by its DJ. Dakota samples would be distributed while two stages allowed for continuous music. Prior to this "mega Battle of the Bands" event, Dakota parties in night clubs would award free tickets, limousines and drinks to selected entrants, with all entries providing names and addresses for the mailing list.

Test market implementation plans called for weekly distribution of 500 T-shirts, 30 jackets, 1000 polaroid photos and folders, 250 cassettes, 200 sweepstakes forms, and 250 posters to support the planned events. Implementation also called for Dakota neon signs for bars, Dakota logos on napkins, coasters, stirrers, table tents, ashtrays, and "primp mirrors" (Promotional Marketing 1989).

Budget

The total development costs incurred were considerable. Even six months before the scheduled Spring 1990 test markets, and costs yet to be incurred for actually placing ads in media or implementing promotional projects, Project VF had an accumulated development expense of over $1,400,000 as follows:

Dakota (Project VF) Development Budget

Ad agency retainer (Apr-Dec)	450,000.
Advertising development	778,307.
Package development	165,498.
Promotional concepts	20,619.

Source: Perkins 1989, p1-2.

Conclusions

1. Cigarette marketing targeting women has a history spanning more than seven decades, beginning in the 1920s.
2. Cigarette marketing targeting women over the years has been consistently predominated by a durable theme in associating cigarettes with fashion, status and stylishness.
3. Cigarette marketing targeting women over the years has been consistently predominated by

a durable theme in associating cigarettes with slimness and weight control. More recently, this has been extended to associating cigarette brands with the concept of "superslim."

4. Cigarette marketing targeting women has often appealed to a consumer attitude of rebelliousness, as displayed by the flappers of the 1920s, the "rebellious, but unliberated" Virginia Slim, the "Slim 'n Sassy" Misty smoker, and the "fun-loving rebel" in Dakota's brand image.
5. Cigarette marketing targeting women now focuses on increasingly precise narrow segments of women, defined by lifestyle patterns, values and attitudes, and labelled with key traits or predispositions, e.g. "virile females" and "the vulnerables."
6. Cigarette marketing targeting women is now shaped by extensive consumer research influencing many aspects of the marketing mix: product forms, packaging design and colors, advertising imagery, and lifestyle research to choose promotional events.
7. Some cigarette marketing targeting women now relies on promotional events, not just media advertising, because these are "tightly targeted, extremely impactful."
8. Women have proven to be responsive to cigarette marketing. While not all brands seeking their trade can succeed simultaneously, substantial success was realized by associating cigarettes with slimness beginning in the 1920s, and by the Virginia Slims campaign of the late 1960s. In addition, women were the first to embrace product innovations such as king-size cigarettes, menthol, charcoal, and recessed filters.

---- circa 7000 words ---

You've Come the Wrong Way, Baby!

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You've Come the Wrong Way, Baby!
List of Exhibits

1. **Camel** (1995), "This woman has a past..."
2. **Lucky Strike** (1929), vs. "sweets that make you fat" (B/W)
3. **Lucky Strike** (1929), " ... when tempted"
4. **Old Gold** (1930s), "Not a cough in a carload"
5. **Marlboro** (1943), "nationally advertised in ..." (B/W)
6. **Pall Mall** (1952), "Guard against Throat Scratch"
7. **Virginia Slims** (unknown), "biologically superior to men"
8. **Virginia Slims** (1978), "You've Come a Long Way"
9. **Eve** (1976), "There's a little Eve in every woman"
10. **Satin** (1983), "Spoil Yourself" - Free Pouch Offer
11. **More** (1986), "Dare to be More (menthol)"
12. **Dakota** (1990), "Where smooth comes Easy"
13. **Superslims** (1991), distorted self imagery
14. **Style** (1993), "Be the One with Style"
15. **Capri** (1994), "There is no slimmer way to smoke"
16. **Misty** (1995), "Slim 'n Sassy"

© 1995 R.J. REYNOLDS TOBACCO CO.

"THIS WOMAN HAS A PAST..."

She first appeared in a 1934 Camel ad. Now, she can be found on the latest Camel Collector's Packs at participating stores. These ten classic packs revisit Camel's 80-year heritage through replicas of vintage ads. Collect all ten, before they're history, again.



CLASSIC
Camel
COLLECTOR'S PACKS

11 mg. "tar", 0.9 mg. nicotine av. per cigarette by FTC method.

GENUINE TASTE SINCE 1913

SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.

AT PARTICIPATING STORES BEGINNING IN AUGUST.

"Light a Lucky and you'll never miss sweets that make you fat"

Constance Talmadge

Constance Talmadge,
Charming Motion
Picture Star



INSTEAD of eating between meals ... instead of fattening sweets ... beautiful women keep youthful slenderness these days by smoking Luckies. The smartest and loveliest women of the modern stage take this means of keeping slender ... when others nibble fattening sweets, they light a Lucky!

Lucky Strike is a delightful blend of the world's finest tobaccos. These tobaccos are toasted—a costly extra process which develops and improves the flavor. That's why Luckies are a delightful alternative for fattening sweets. That's why there's real health in Lucky Strike. That's why folks say: "It's good to smoke Luckies."

For years this has been no secret to those men who keep fit and trim. They know that Luckies steady their nerves and do not harm their physical condition. They know that Lucky Strike is the favorite cigarette of many prominent athletes, who must keep in good shape. They respect the opinions of 20,679 physicians who maintain that Luckies are less irritating to the throat than other cigarettes.

A reasonable proportion of sugar in the diet is recommended, but the authorities are overwhelming that too many fattening sweets are harmful and that too many such are eaten by the American people. So, for moderation's sake we say:—

"REACH FOR A LUCKY
INSTEAD OF A SWEET."

Constance Talmadge,
Charming Motion
Picture Star



"It's toasted"

No Throat Irritation—No Cough.

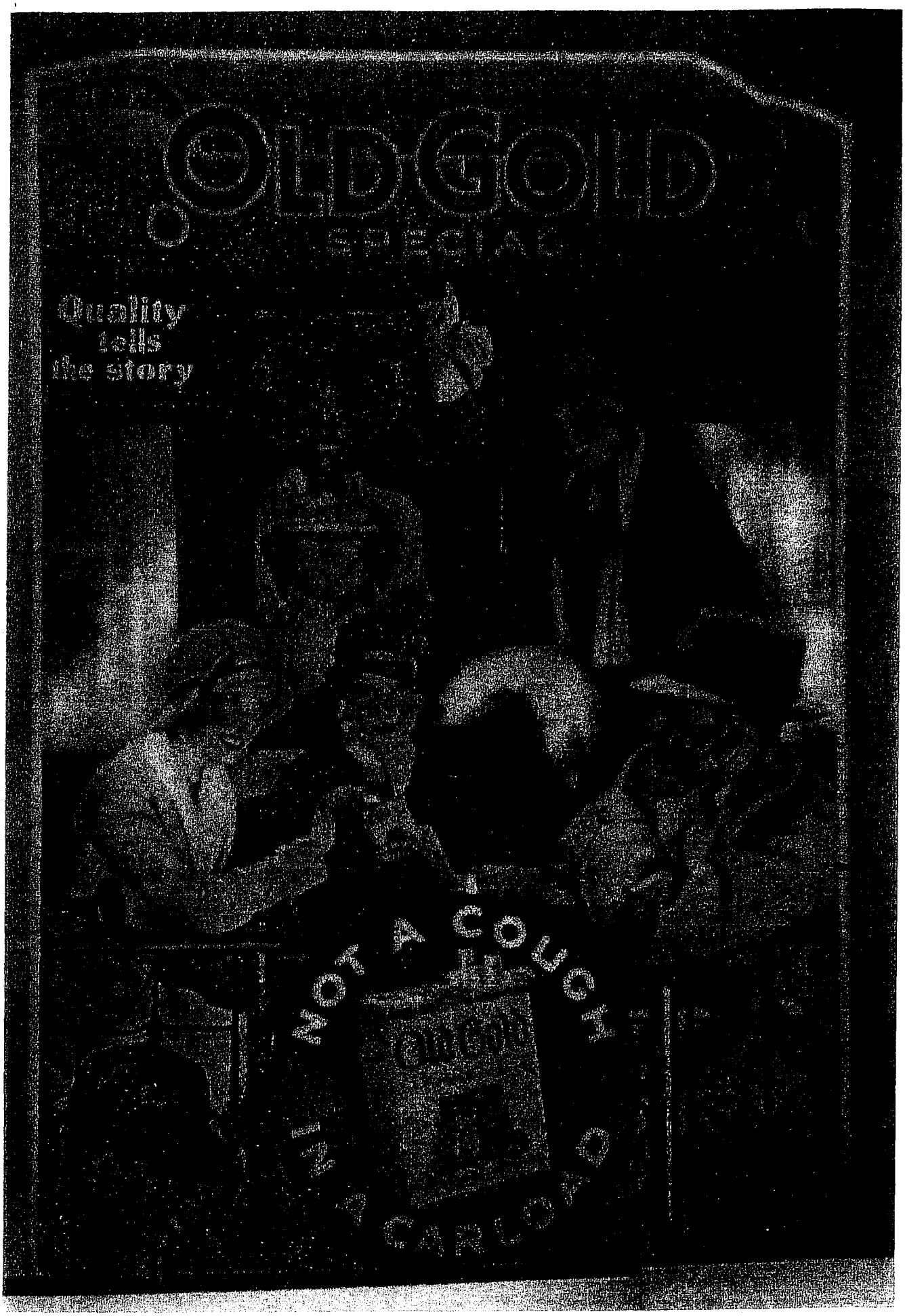
© 1929, The American Tobacco Co., Manufacturers

Reach for a Lucky instead of a sweet.

Coast to coast radio hook-up every Saturday night through the National Broadcasting Company's network. The Lucky Strike Dance Orchestra in "The Tunes that made Broadway, Broadway."



The work of George Washington Hill (see page 16), this 1929 ad was part of a highly successful campaign based on linking smoking with slimness. It is obviously intended to induce women to smoke Lucky Strike cigarettes, and as few women were smoking at that time it clearly refutes the tobacco industry's usual claim that advertising is not meant to recruit new smokers.


OLD GOLD
SPECIAL
Quality
tells
the story
NOT A COUGH
IN A CARLOAD

MARLBORO

America's Luxury Cigarette

LARGEST SELLING QUALITY CIGARETTE

attracts the

QUALITY TRADE!

NATIONALLY ADVERTISED IN

New Yorker	*House and Garden*
Mademoiselle	*Harper's Bazaar*
Charm	*Cosmopolitan*
Glamour	*Esquire*
Vogue	*N. Y. Times*

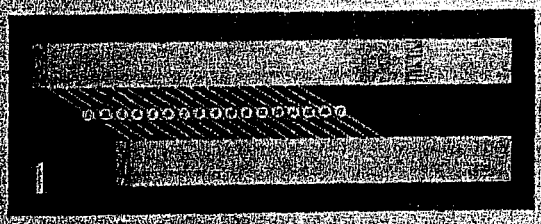
IVORY TIPS...PLAIN ENDS...
BEAUTY TIPS (Red)



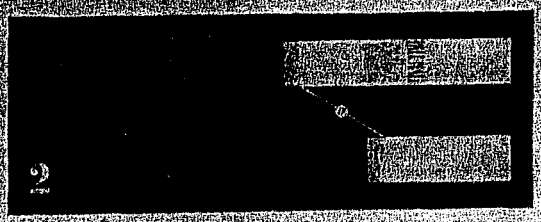
Guard Against Throat-Scratch

enjoy the smooth smoking of fine tobaccos

See how PALL MALL's greater length of fine tobaccos filters the smoke on the way to your throat



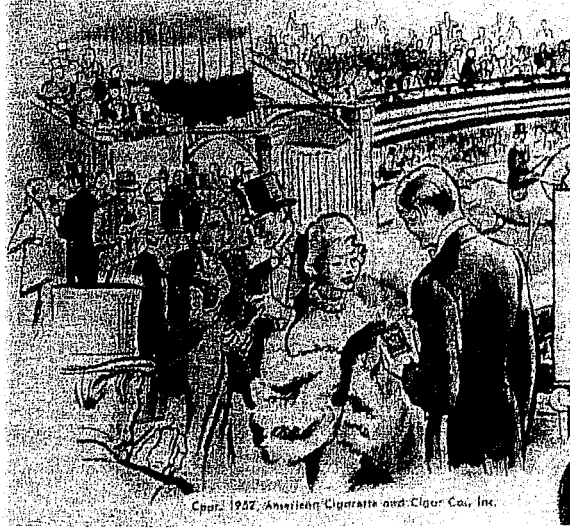
The further your cigarette filters the smoke through fine tobaccos, the milder the smoke becomes. And—from the very first puff, PALL MALL's fine tobaccos filter the smoke further than that of any other leading cigarette.

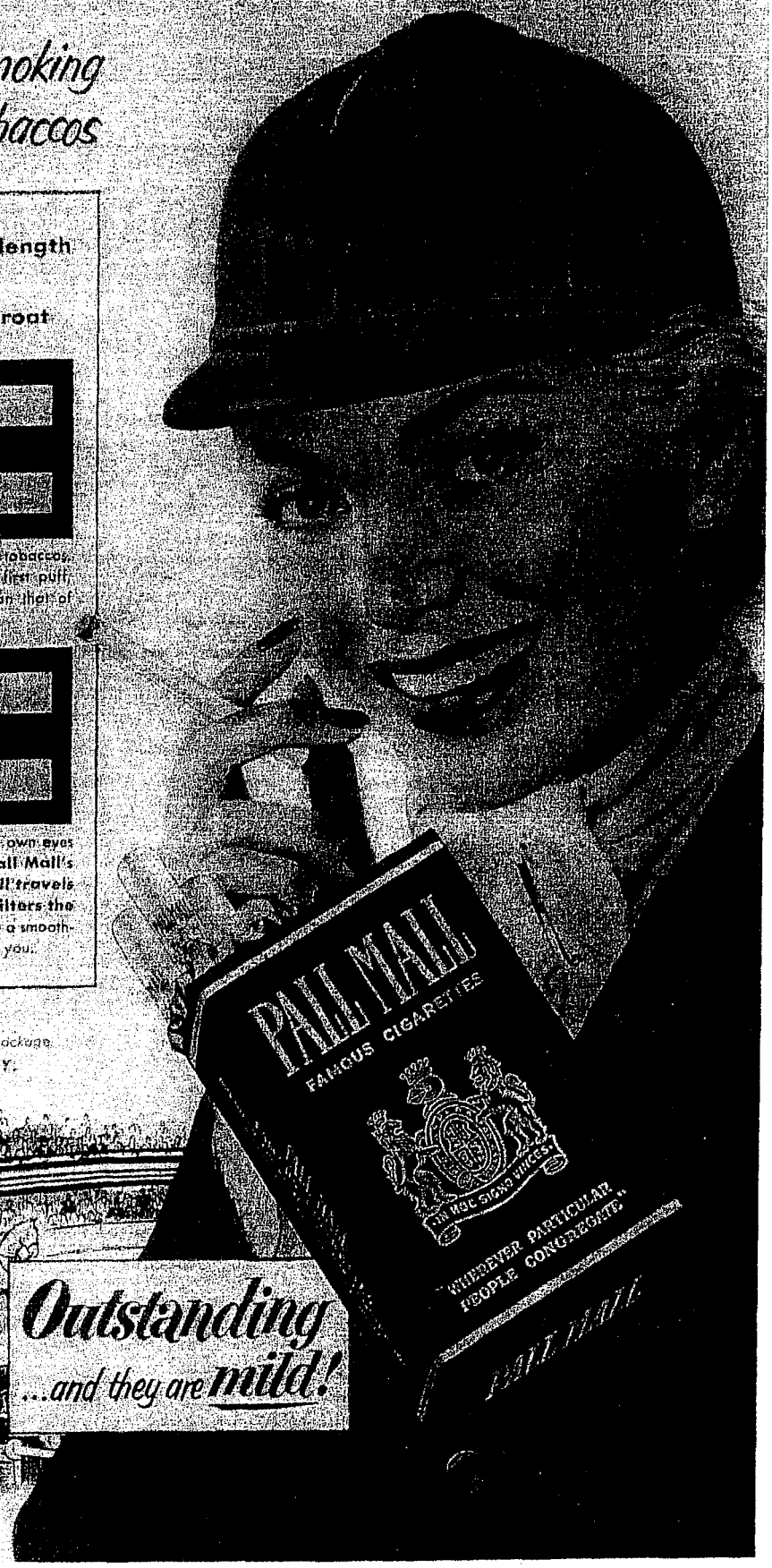


Again after 5—10—or 17 puffs of each cigarette, your own eyes can measure the extra length for extra mildness. For **Pall Mall's greater length of traditionally fine tobaccos still travels the smoke further on the way to your throat—filters the smoke and makes it mild.** Thus PALL MALL gives you a smoothness, mildness and satisfaction no other cigarette offers you.

Wherever you go, notice how many people have changed to PALL MALL in the distinguished red package

THE FINEST QUALITY MONEY CAN BUY.





Outstanding ...and they are mild!

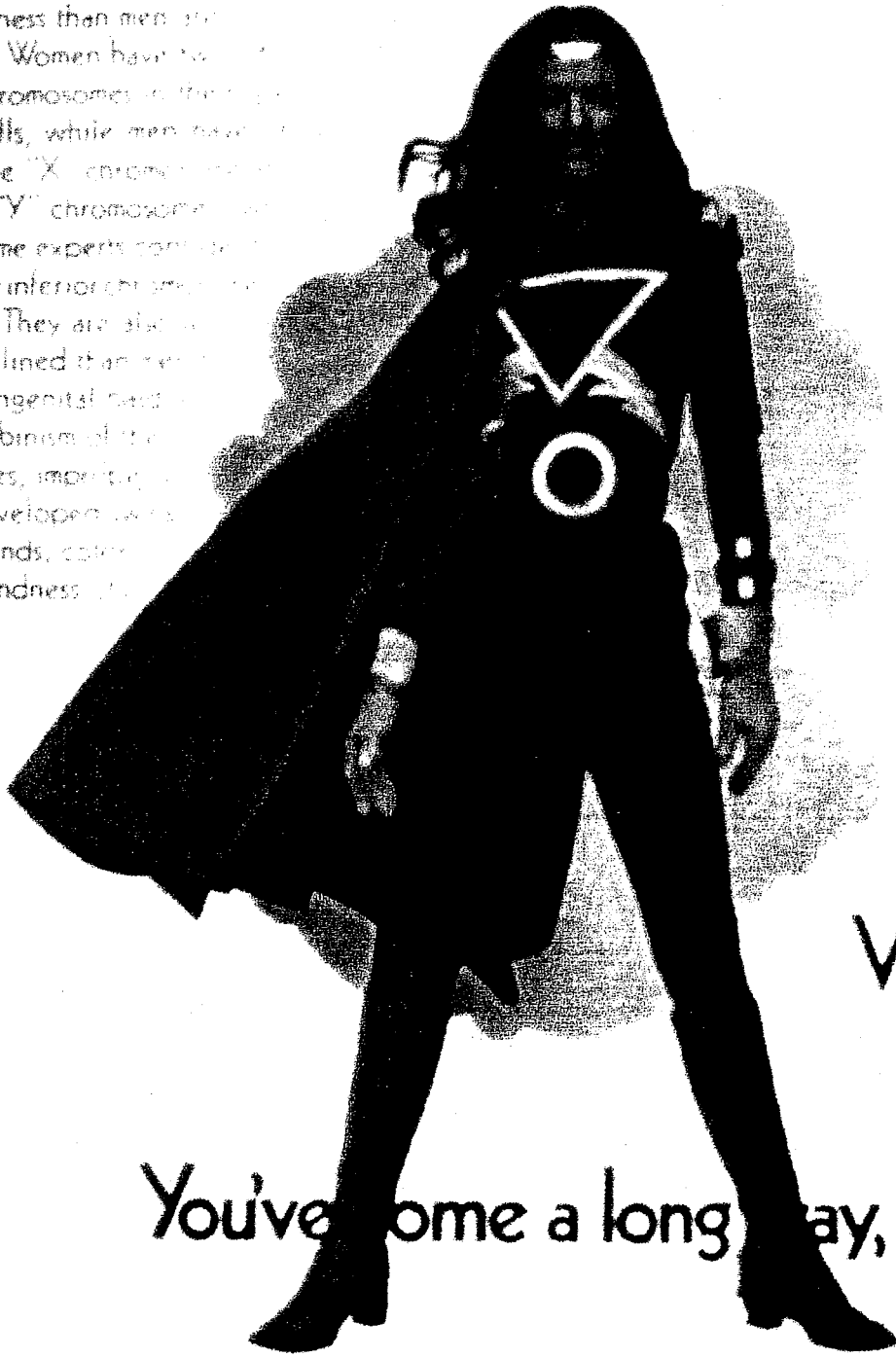
Copr. 1952, American Cigarette and Cigar Co., Inc.

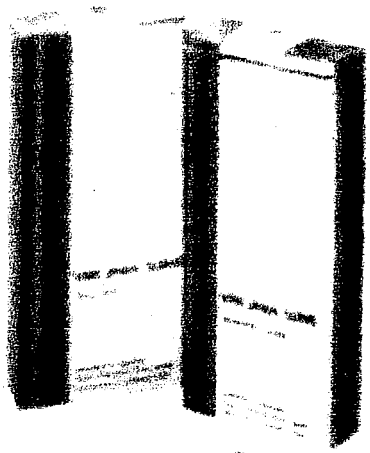
We make Virginia Slims especially for women because they are biologically superior to men.

That's right, superior.
Women are more resistant to starvation, fatigue, exposure, shock, and illness than men are.

Women have two X chromosomes in their cells, while men have one "X" chromosome and a "Y" chromosome. Some experts contend the inferior chromosome is the

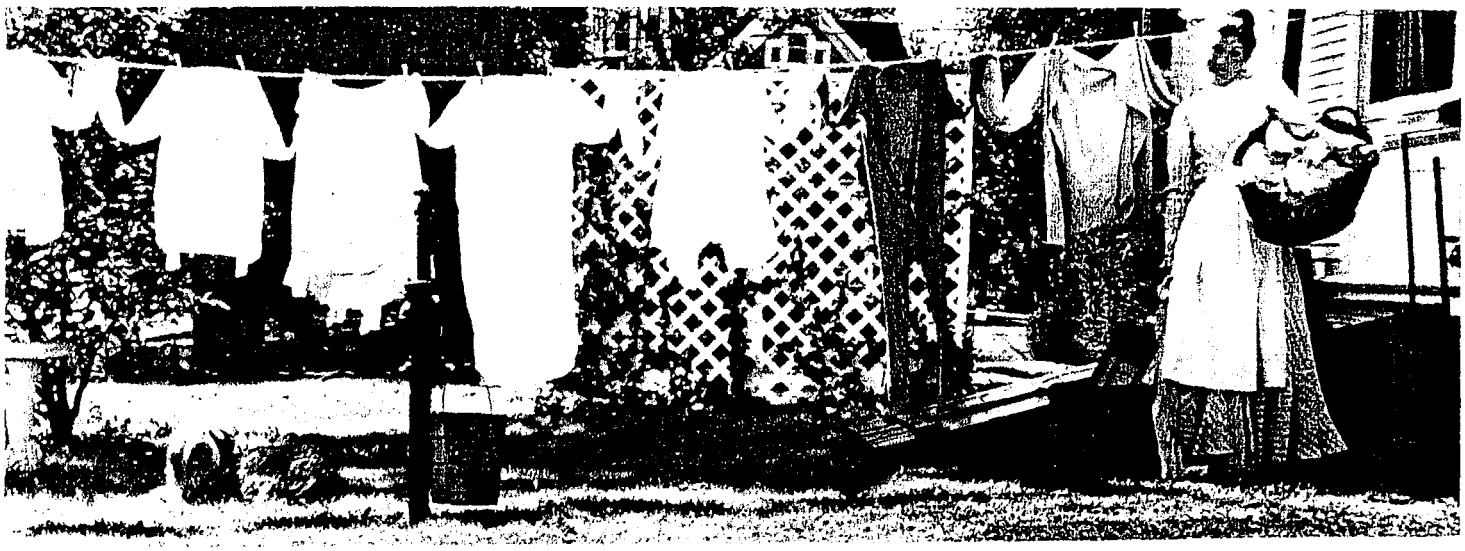
They are also more inclined than men to congenital defects. Albinism, eye, immune, developmental, glands, color blindness.



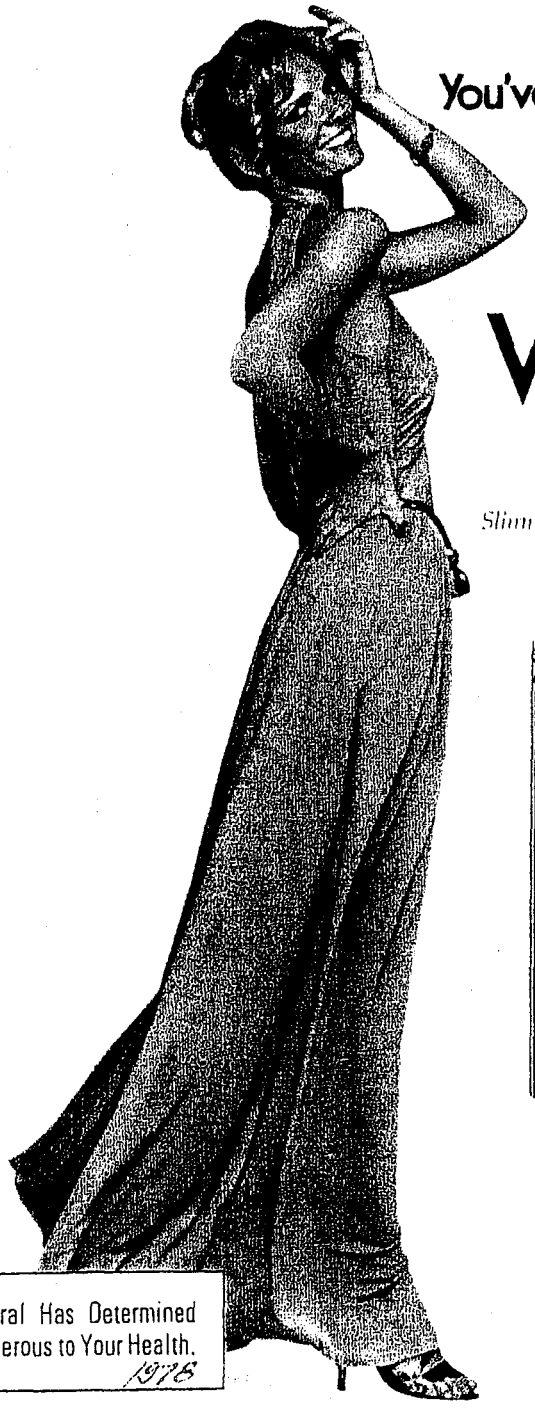


Virginia Slims.

You've come a long way, baby.



Back then every man gave his wife at least one day a week out of the house.



You've come a long way, baby.

VIRGINIA SLIMS

Slimmer than the fat cigarettes men smoke.



Fashions: Frank Tiquino

16 mg "tar," 0.9 mg nicotine av. per cigarette, FTC Report Aug.'77

Warning: The Surgeon General Has Determined That Cigarette Smoking Is Dangerous to Your Health.

1978

©LIGGETT & MYERS INCORPORATED, 1976



There's a little Eve in every woman.



Try today's Eve. Flowers on the outside. Flavor on the inside.

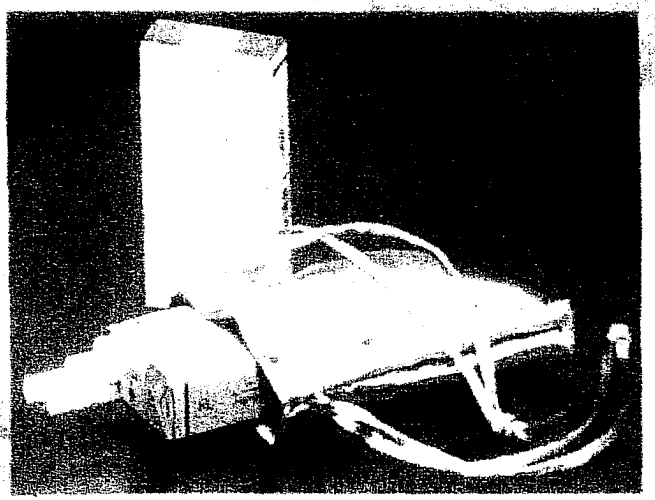
Warning: The Surgeon General Has Determined That Cigarette Smoking Is Dangerous to Your Health.
1976

Filter: 18 mg. "tar," 1.2 mg. nicotine.
Menthol: 19 mg. "tar," 1.2 mg. nicotine av. per cigarette by FTC Report (April '76).

CALL 1-800-221-6269 AND SPOIL YOURSELF WITH SATIN.

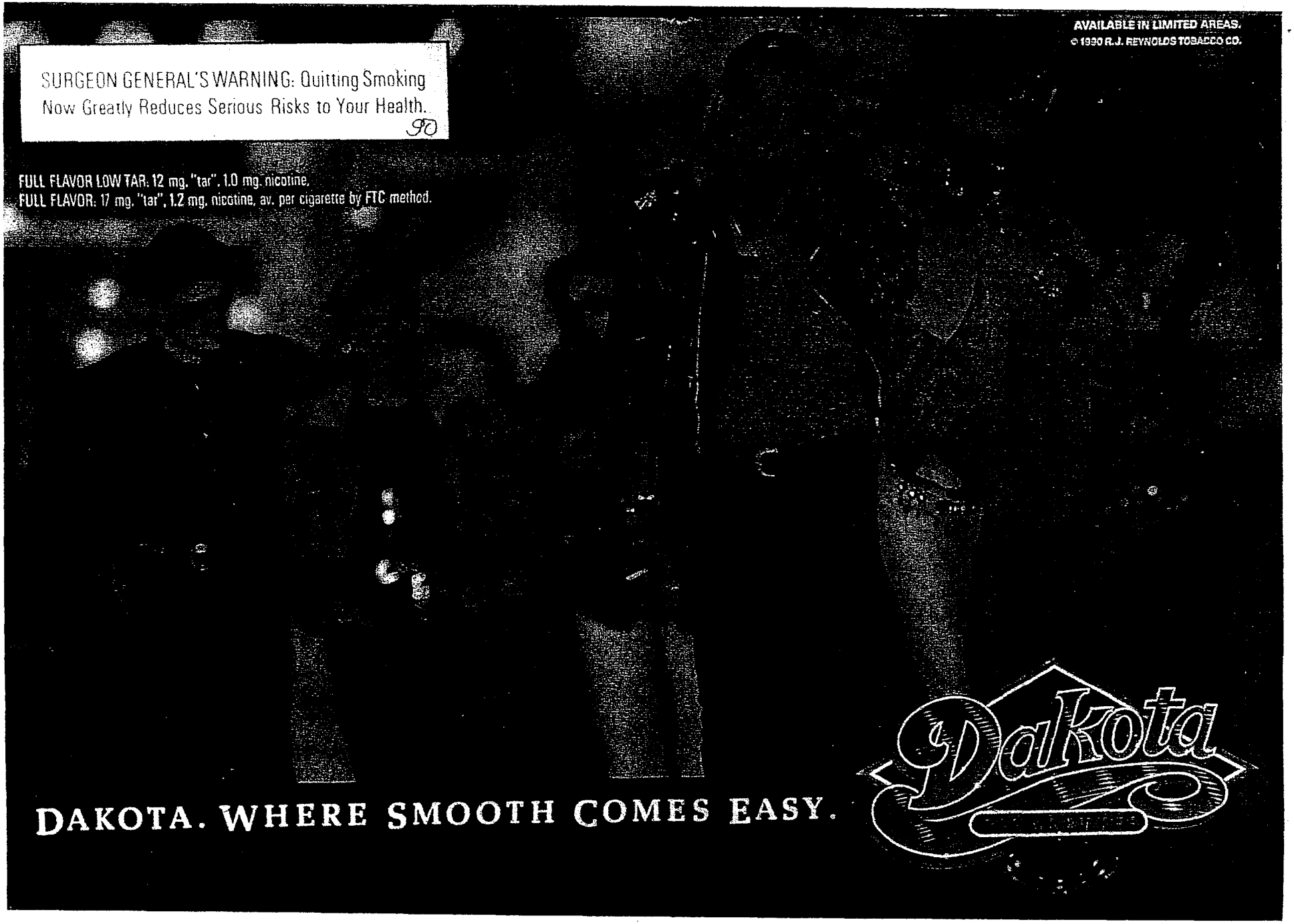


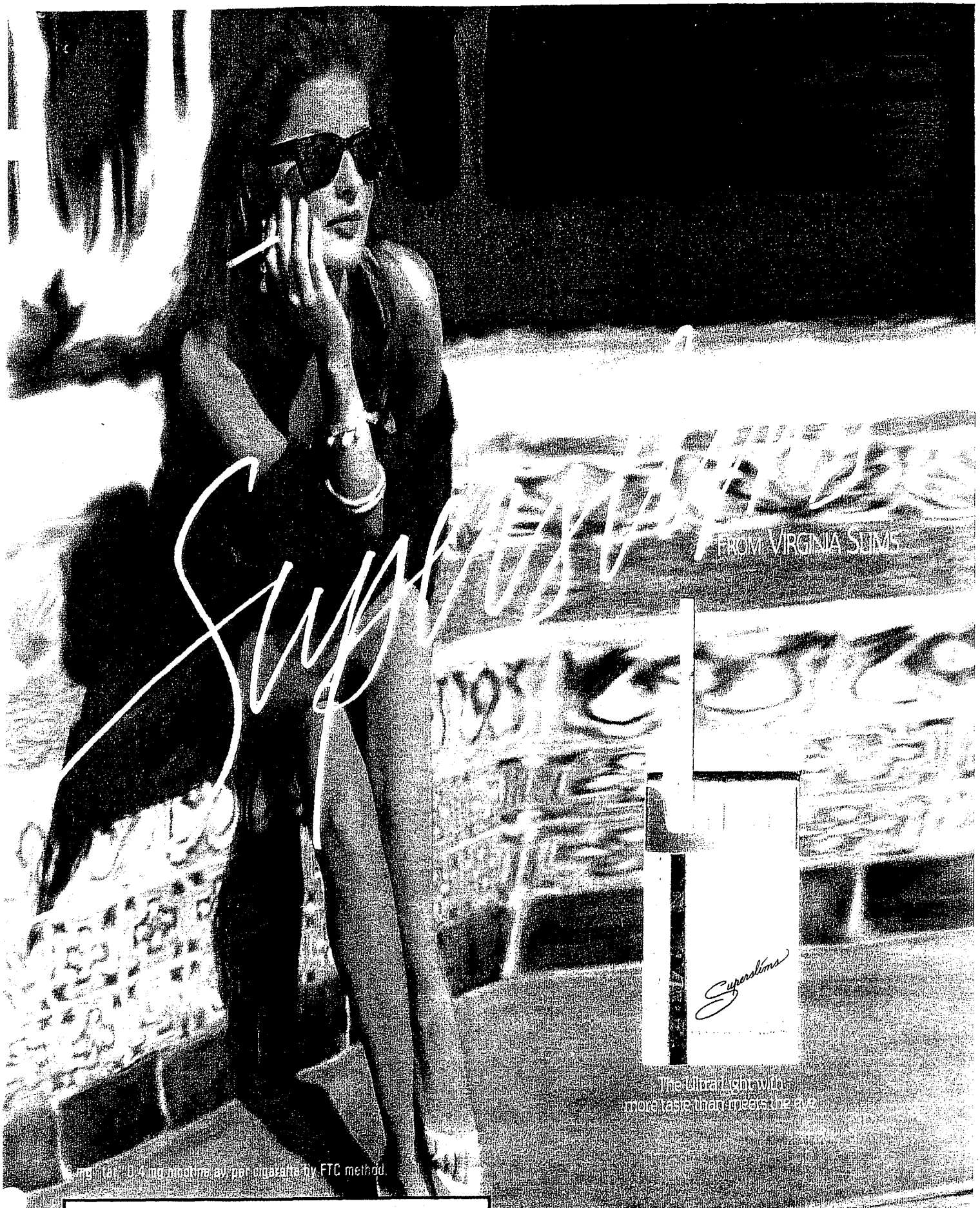
FREE SATIN CIGARETTES AND POUCH.



Offer ex[illegible] 1-800-[illegible]. Limit one [illegible] per [illegible]. Offer void where prohibited by law. Please allow [illegible] weeks for delivery. [illegible] yourself with Satin [illegible] us.


Dare to be More.
More
More
20 CLASS A CIGARETTES
More
MENTHOL
FILTER CIGARETTES
120's
SURGEON GENERAL'S WARNING: Smoking
Causes Lung Cancer, Heart Disease,
Emphysema, And May Complicate Pregnancy.

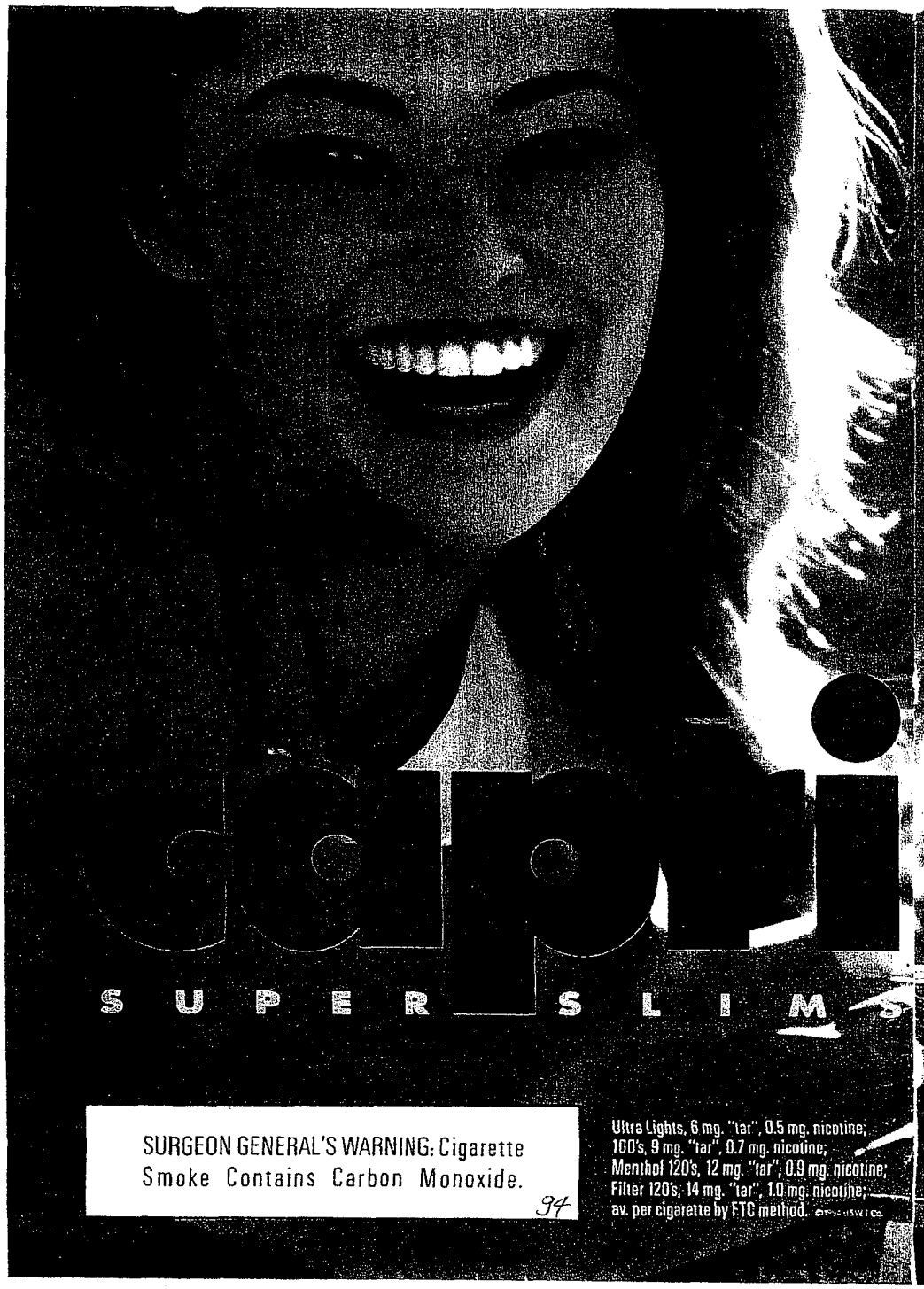

SURGEON GENERAL'S WARNING: Quitting Smoking Now Greatly Reduces Serious Risks to Your Health.
90
FULL FLAVOR LOW TAR: 12 mg. "tar", 1.0 mg. nicotine,
FULL FLAVOR: 17 mg. "tar", 1.2 mg. nicotine, av. per cigarette by FTC method.
AVAILABLE IN LIMITED AREAS.
© 1990 R.J. REYNOLDS TOBACCO CO.
DAKOTA. WHERE SMOOTH COMES EASY.
Dakota



1 mg "tar", 0.1 mg nicotine av. per cigarette by FTC method.

SURGEON GENERAL'S WARNING: Quitting Smoking Now Greatly Reduces Serious Risks to Your Health.


BE
the
ONE
with
STYLE.
Style
100's
Lights
GOOD
taste.
SMART
price.
SURGEON GENERAL'S WARNING: Cigarette Smoke Contains Carbon Monoxide.
1993
© LORILLARD 1993
Also in Slims where available



SURGEON GENERAL'S WARNING: Cigarette Smoke Contains Carbon Monoxide.

94

Ultra Lights, 6 mg. "tar", 0.5 mg. nicotine;
100's, 9 mg. "tar", 0.7 mg. nicotine;
Menthol 120's, 12 mg. "tar", 0.9 mg. nicotine;
Filter 120's, 14 mg. "tar", 1.0 mg. nicotine;
av. per cigarette by FTC method.

There

for exceptional taste in a super slim shape, there's original Capri.

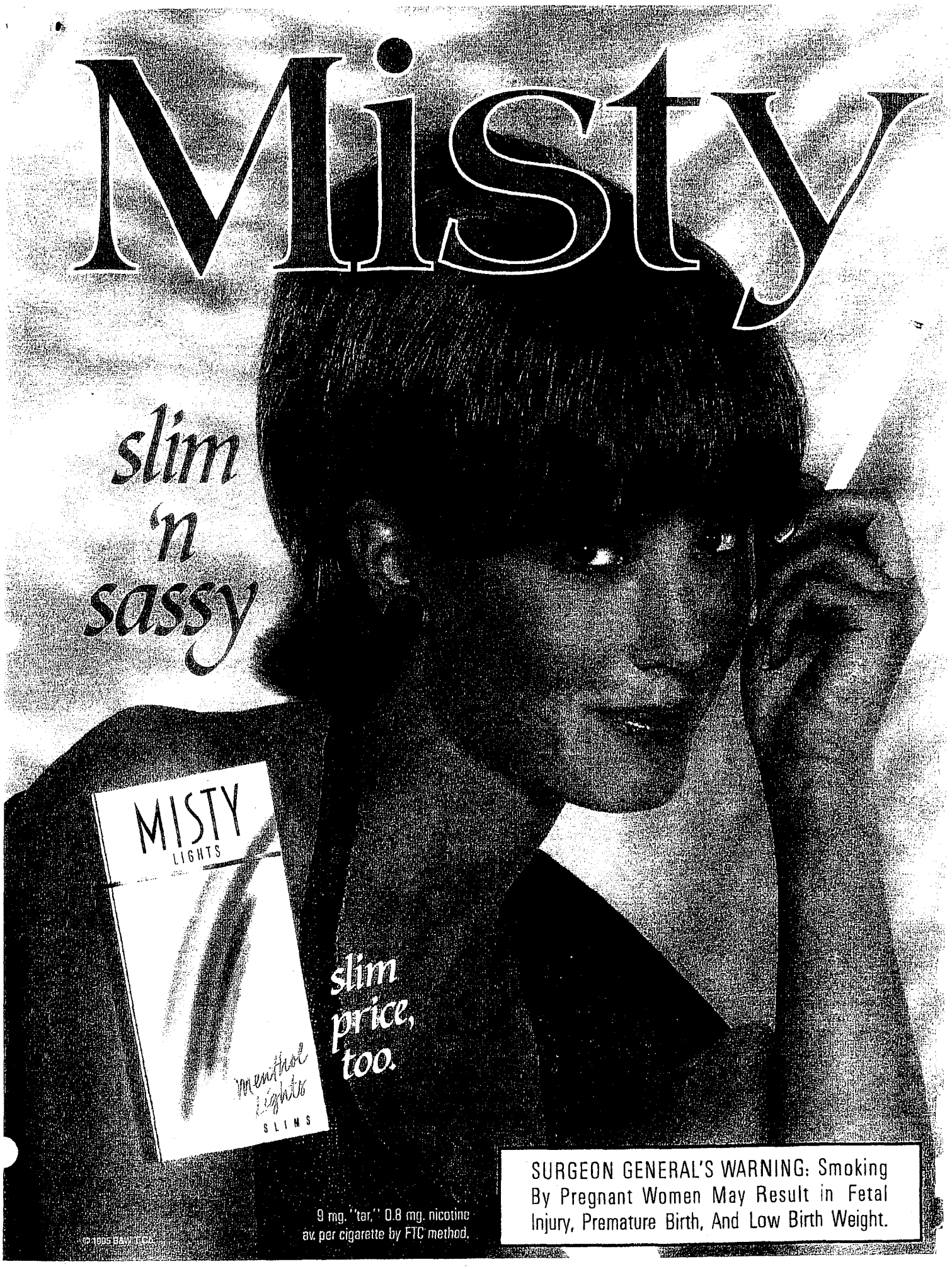
is no

for taste that goes a long way, try Capri 120's.

And for the lightest Capri ever-Capri Ultra Lights.

way to

No matter what your style, there's a Capri to suit your taste.


Misty
slim 'n sassy
MISTY
LIGHTS
menthol lights
SLIMS
slim price, too.
9 mg. "tar," 0.8 mg. nicotine av. per cigarette by FTC method.
SURGEON GENERAL'S WARNING: Smoking By Pregnant Women May Result in Fetal Injury, Premature Birth, And Low Birth Weight.
©1995 B&W TCC

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Advertising/Marketing of Low Yield Cigarettes: Themes, Messages and Miscommunication

Richard W. Pollay
(January 1997)

WORKING PAPERS AND RESEARCH REPRINTS

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(January 1997)

Working Paper 97.2
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Vancouver, Canada V6T 1Z2

Testimony to Commonwealth of Massachusetts
Department of Public Health Hearing (Jan 30, 31, 1997)
Re: 105 CMR 660.000 Cigarette and Smokeless Tobacco Products:
Reports of Added Constituents and Nicotine Ratings

One of an extensive series of working papers.
See the Tobacco Industry Promotion Series (TIPS).

Commonwealth of Massachusetts
Department of Public Health Hearing (Jan 30-31, 1997)

Re: 105 CMR 660.000 Cigarette and Smokeless Tobacco Products:
Reports of Added Constituents and Nicotine Ratings

Advertising and Marketing of Low Yield Cigarettes: Themes, Messages and Miscommunication

Statement of Richard W. Pollay
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Personal Qualifications

1. I am Richard Warren Pollay, Professor of Marketing at the Faculty of Commerce, University of British Columbia, where I am also Curator of the History of Advertising Archives. I have a MBA and a Ph.D. in Consumer Behavior from the University of Chicago and have published research extensively for over 30 years in the areas of advertising and its effects, consumer attitudes toward advertising and advertising history. I teach courses at the undergraduate, MBA and Ph.D. levels concerning advertising and its practical management and the related research methodologies, both in industrial practice and in academic research. I am a member of the American Academy of Advertising and the Association for Consumer Research. I serve on the editorial boards or review manuscripts for many academic journals, e.g. the Journal of Advertising, the Journal of Consumer Research, and the Journal of Marketing.

2. My research has been on advertising processes, history and social consequences. Among many other research products and activities, I have produced a reference book, Information Sources in Advertising History, and am Curator of the History of the Advertising Archives. This research institution holds the Tobacco Industry Promotion Series (TIPS), an extensive collection of materials on cigarette promotion. TIPS includes (a) thousands of cigarette ads and related merchandising materials, (b) related documents obtained in the course of serving as an expert witness in various trials and (c) notes taken from both tobacco and advertising trade sources (e.g. Advertising Age, Advertising & Selling, Marketing and Media Decisions, Printers' Ink, U.S.Tobacco Journals).

3. For the past 10 years I have been working extensively on cigarette advertising and its history, publishing over 80 research work products as working papers or in peer reviewed journals. Highlights from this stream of research products are listed Exhibit 1: "Select Publications on Cigarette Advertising." Of note are my contributions to the Surgeon General's Reports of 1994 on youth and reports in process on women and on minorities. Other research and reports have explored current practices and historical aspects of the various aspects of cigarette advertising such as the targeting of youths, the targeting of

racial minorities, the failures of self-regulation, the use of public relations, event sponsorships and promotion, sports stadium signage, media plans, packaging, distribution, and the adequacy of warnings.

4. My accumulated expertise has been augmented by the rare opportunity to access and review corporate documents for tobacco firms, their market research contractors, advertising agencies and public relations firms. Some of this was the result of my own research initiatives uncovering archival materials, e.g. the industry's public relations efforts to counter the "health scares."[1] On other occasions my access to corporate documents resulted from my role as an expert witness in litigation, e.g. "Cipollone v Liggett et al." (N.J. - 1988); "Imperial Tobacco Limitee & RJR-Macdonald Inc. c. Le Procureur General du Canada" (Quebec - 1990); "Horton v American Tobacco Company, et al." (Mississippi - 1990); and others, including several now in pretrial processes.

5. My expertise in cigarette advertising has led to many invitations to speak at other universities, including being the University Lecturer at the University of Wisconsin (1993), Center for Research in Journalism and Mass Communications Lecturer, University of North Carolina (1992), Donald W. Davis Lecturer at Pennsylvania State University (1990), Walter Schmidt Lecturer at the University of Santa Clara (1988), and numerous other unnamed lecturing at more than 20 other Universities abroad and in North America, such as Harvard, Rutgers and Columbia. This work was recognized by the University of British Columbia as deserving of the Professional Research Excellence Award, 1994.

The Purpose and Justifications of Advertising

6. From a profit seeking firm's perspective, the justification of advertising expenses and activity is its role in fostering sales revenue. Advertising and promotion are terms often used interchangeably, as all forms of both have the purpose of advancing sales of a product (or service). The roots of the words "advertising" and "promotion" mean "to turn toward" and to "move forward' respectively. Sales enhancement is the ultimate rationale for budget expenditures by profit maximizing firms, although the operational goals are often intermediate, such as affecting consumer perceptions, awareness, attitudes, opinions and/or beliefs. In the case of cigarettes, the common goals for advertising are (a) the reassurance of existing customers, many of whom have health concerns, to retain their patronage lest they quit or switch, and (b) the recruitment of new younger customers to replace those who are quitting, switching away, or dying.

7. The central justification for advertising and promotional activities from society's perspective is its potential role in providing consumers with marketplace information, allowing them to make better informed choices so as to advance their own well being and

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[1] Richard W. Pollay (1990), "Propaganda, Puffing and the Public Interest: The Scientific Smoke Screen for Cigarettes," Public Relations Review, Vol. 16 #3, 27 - 42.

to more optimally allocate their scarce resources, such as time and money, in their effort to maximize personal utility. The legal principle of *caveat emptor*, buyer beware, presumes the buyers have access to information of sufficient quality and relevance that they can indeed exercise their individual judgments and be wary, as they may deem appropriate. In reality, industries, media and advertising styles differ greatly on the extent to which this potential informativeness is realized and consumer and public benefit obtained.[2]

The Cigarette Marketing Dilemma

8. From the 1930s until the 1950s, cigarettes were heavily advertised, often with an explicit health premise, such as "More Drs. Smoke Camels ...," "Will not Harm Nose, Throat ..." and "Play Safe" (Chesterfield)," "Not a Cough in a Carload (Old Gold)," "Inhale to Your Heart's Content" (Embassy), "An Ounce of Prevention" and "The Cigarette that Takes the Fear out of Smoking" (Philip Morris), "Guard Against Throat Scratch" (Pall Mall) or by the endorsement of athletes and other celebrities. When publicity about lung cancer research findings in the early 1950s created what the industry termed a "health scare," the industry faced a more intense level of consumer suspicion about the health risks they might be facing.

9. The initial response of the industry was the introduction of filtered products, initially at first with explicit health premises, such as "Just What the Dr. Ordered" (L&M), "Better for Your Health" and "Double-Barreled Health Protection" (Viceroy - Exhibit 2). The biggest campaign was for Kent, initially sold a "Health Protection" with an implied endorsement from the American Medical Association (Exhibit 3). This reiteration of explicit health promises had the undesirable effect, from the firms' perspective, of keeping the health question prominent in consumers minds. This lead motivation researchers and other trade analysts to advise the industry to shift from explicit verbal assertions of health, to more implied healthfulness and visual imagery, often veritable "pictures of health," such as Kent's tennis player (Exhibit 4).[3]

10. In addition, filters which did indeed greatly reduce the nicotine available to consumers addicted to it, frustrated those customers and failed to produce smoking "taste satisfaction." This disinclined these customers to continue smoking that brand and inclined them to continue trying other brands in their search for a satisfaction of the nicotine intake levels to which they had become habituated.

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[2]Pollay, R. W., (1984), "Twentieth Century Magazine Advertising: Determinants of Informativeness," Written Communication, Vol. 1 #1, 56-77.

[3]Pollay, R. W. (1991), "Signs and Symbols in Cigarette Advertising: A Historical Analysis of the Use of Pictures of Health," in Hanne Hartvig-Larsen, David G. Mick and Christian Alsted, eds, Marketing & Semiotics. Copenhagen: Handelshojskolens Forlag, p160-176.

11. **The dilemma facing cigarette firms, then as now, was how to market a product that was less harmful to health, *or at least could be made to seem so*, while still delivering sufficient nicotine to be "satisfying."** For example, R. J. Reynolds' 1978 Business Plan for Canada stated: "As consumers shift from full flavour cigarettes to brands with lower tar and nicotine levels, they will desire as much flavour and satisfaction as possible while easing their concerns about the smoking/health controversy."[4]

Tactics Employed by the Cigarette Industry

12. While these seems like mutually contradictory goals characteristic of a true dilemma, the industry invented and adopted a number of marketing strategies to cope with this dilemma and further their profit seeking goals. Most of these created the impression of health benefits to consumers, or capitalized on the consumer perceptions and expectations that filters offered health "protection." This had been the explicit premise of earlier advertising and was, and still is, the only obvious raison d'etre for filters.

a. Kent offered several successive generations of product in the 1950s that were heralded as if "new and improved," but in fact were offering ever more tar and nicotine (See Exhibit 5 for a Chart of Yields over three product "improvements."). Similar filter "loosening" was also observed by Consumer Reports tests, and the subject of Congressional inquiry for another pioneering filter brand: L&M.[5]

b. Some subsequent brands relied on the credibility of filters established by the pioneering brands, offering filtered products where the filters were essentially cosmetic, without notable efficacy, as delivered tar and nicotine was not appreciably reduced. Congressional investigations found reversals in which some firms' filtered products delivered *even more* tar and nicotine than their unfiltered traditional products, such as Kent's higher yield than Lorillard's traditional Old Gold, Reynold's Winston being higher in yield than its unfiltered Camel, and American Tobacco's Hit Parade higher yield than plain Lucky Strikes.[6]

c. Menthol was introduced into some products for its "pseudo-health" benefit, a consumer perception derived from consumers experiencing menthol elsewhere only in the context of

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[4]Pollay, R. W. (1990), "The Functions and Management of Cigarette Advertising," for Quebec Superior Court, Imperial Tobacco Limitee & RJR-Macdonald Inc. c. Le Procureur General du Canada, 38p.

[5]Pollay, R. W. (1988), "Promotion and Policy for a Pandemic Product: Notes of the History of Cigarette Advertising (US)," Working Paper #88.1, History of Advertising Archives, 96p. Published in Tobacco Litigator's Bookshelf 4.7 TPLR, pp 6.30-6.79.

[6]Blatnik, J. (1958), "Making Cigarette Ads Tell the Truth," Harpers, 217 [August], 45-49.

cough and cold remedies, and later reinforced with selling slogans like Newport Light's "Alive with Pleasure"(Exhibit 6).

d. Filters and papers were developed which "air-conditioned" the smoke and allowed for dilution of the smoke column by the entry of side-stream air. Holes were placed by manufacturers in locations where fingers naturally fell when held by human consumers, obstructing them. When smoked by machines, as in FTC tests, these generated low tar and nicotine numbers, but delivered higher yields when smoked by real people (See Exhibit 7: TRUE "Laser-Cut").

e. New filters were developed and offered that seemed to be the fruits of scientific research and to have meaningful technological innovations, such as charcoal filters, dual filters, chambered filters" (Exhibit 8: DORAL) ever more "filter traps," recessed "safety zoned" filters, "gas trap" filters, etc, but almost none of these specified the hazardous elements being filtered. Some of these had implied endorsement from official sounding testing organizations, such as Parliaments' United States Testing Co. (Exhibit 9). Those rare ads mentioning or alluding to any unusual elements of smoke such as FACT's "aldehydes" (Exhibit 10), typically did so in the small print, and were short lived campaigns and swamped by the non-disclosing advertising for other brands.

f. Brands were given names that implied that they represented state of the art technology and/or offered consumers a virtuous product: e.g. Merit, True, Vantage, or Now (Exhibit 11). The text of the ads for these products implied healthfulness, such as presenting the options of "quitting or smoking True" as if equivalent competitive choices (Exhibit 12). Vantage (Exhibit 13), which ran the same campaign in Canada as in the US, described the campaign's purpose as targeting those "extremely concerned about their health, and would like to quit smoking," using a verbose (but still non-informative) ad style. Vantage wanted consumers to see this product as a "contemporary choice for intelligent smokers" with an intended received message of "no need to quit smoking, if you smoke Vantage."[7]

g. Some product lines had wide ranging tar and nicotine deliveries, allowing the seller to use the best of these for advertising purposes to reassure consumers, while continuing to sell other product varieties. This tactic is seen in ads for both Carlton (Exhibit 14) and Cambridge (Exhibit 15). Each promotes a product in a regular sized hard box package, while the bulk of its sales were of soft packs and longer sizes, which consumers might reasonably assume to be the same product. In fact, these alternative packages contained product delivering many times higher levels of tar and nicotine, a fact discernable only occasionally in the fine print of some ads, and not discernable at all in other ads.

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[7]Pollay, R. W. (1990), "The Functions and Management of Cigarette Advertising," for Quebec Superior Court, Imperial Tobacco Limitee & RJR-Macdonald Inc. c. Le Procureur General du Canada, 38p.

h. The ingredients combusted to produce smoke in many cigarette products evolved subsequent to the introduction and adoption of filters. Among the various means of reducing costs and increasing consumer access to nicotine were (a) using and reconstituting more of what had previously been trimmings and waste, (b) adding flavorings, extracts and concentrates, (c) changing the Ph of the blend, (d) blending in leaf rich in nicotine concentration. Whatever the specific formulae for various brands, the results were products like Merit which offered consumers an "Enriched Flavor" formula (Exhibit 16), although this ad and campaign failed to specify how of with what ingredients the product has ben "enriched." Once this concept was established, the ads reverted to lifestyle imagery of yachting (Exhibit 17) and currently displays celebratory exuberance resulting from the choice of Merit (Exhibit 18), neither providing any more information.

Non-informative tobacco advertising and ill-informed consumers.

13. Cigarette advertising is notoriously uninformative, both in general and for low tar products.[8] The characteristic ads for low tar products used veiled health implications, by reference to tar delivery, and promised taste and satisfaction, as illustrated in the Exhibits. Occasionally ads for new technological developments in filter design called attention to the filter, with allusions to filter effectiveness but were rarely specific about what constituents of tobacco or its smoke were of concern or the degree of effectiveness, beyond the tar and nicotine information as generated by conventional test methods and mandated..

14. Consumers are consequently generally ignorant of complex constituents of cigarettes and the their smoke, typically believing cigarettes to be exclusively or essentially a naturally derived agricultural product, a "shredded "leaf," coming from farms with only modest assembly fabrication in the factory, e.g. shredding and packing in paper sleeves. They are largely unaware of (a) the fact of reconstitution, (b) the many additives used to enhance flavors, aromas, burn characteristics, shelf life, bio-availability of nicotine, etc. They are also largely unaware of (c) the complexity of the constituents of smoke, and the many hazardous elements therein, such as cyanide, formaldehyde, etc., whether these are naturally occurring elements, additives, contaminants or burn products. Only by the occasional advertising which has claimed some product to be "natural" is it even implied that other products might be in some way other than natural because of unspecified additives, contaminants or synthesized and fabricated constituents.

15. Based on my experience and review of corporate documents, I believe that the typical consumer has faith that products sold with terms such as "light", "mild" and "low-tar" are

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[8]Pollay, R. W. (1989). "Filter, Flavor ... Flim-Flam, Too!: Cigarette Advertising Content and Its Regulation," Journal of Public Policy and Marketing, Vol. 8, 30-39.

----- (1994), "Historical Content Analyses of Cigarette Advertising," in Preventing Tobacco Use Among Young People: A Report of the Surgeon General. Atlanta, GA: USDHHS, CDC, Office on Smoking and Health, 1994, 179-184.

safe, or at least safer, that products without such descriptors, and that products with lower tar and nicotine yield data or claims are safe(r), everything else being equal. I believe that the typical consumer accepts the tar and nicotine data as a reliable and valid measure of what they actually experience when consuming that product. They have no technical reason to contradict the apparent scientific authority of standard testing and have seen little if any publicity questioning the validity of the standard measures. The persistent offering of low-tar products as if a meaningful step for them to take toward improving their health prospects, and as an alternative to quitting, has created and persistently reinforced the impression that these product forms are relatively risk reduced.

On the need for regulation

16. The cigarette industry has not voluntarily employed its advertising to inform consumers in a consistent and meaningful way about any of the following (1) the technologies employed in fabricating the products, (2) the constituents added in the manufacturing processes, (3) the residues and contaminants that may be present in the combustible column, (4) the constituents of smoke that may be hazardous, (5) the addictiveness of nicotine, or (6) the health risks to which its regular consumers are inevitably exposed. Their advertising for reduced yield products, instead, has relied on pictures of health and unnecessarily vague images of intelligence, and has misled consumers into believing filtered products in general, and low tar products in specific, to be safe(r) than other forms without knowing exactly why. This is known among students as following the Mushroom Model for Consumer Management, with the marketing philosophy: "Keep the consumers in the dark and feed them lots of bull shit."

17. The historical record shows that the industry cannot be relied upon to regulate itself in the public interest with respect to advertising content, targeting practices, retail sales programs, etc. Efforts in the past have been ineffective and served merely as window dressing and delays or distractions to meaningful public policies and legislation. The disclosures of advertising industry insiders, the evaluations of the advertising trade press, and academic analyses of media sponsorship patterns all indicate that these efforts were not effective managerial controls.[9]

Conclusion:

18. Based on the above, and my extensive research on the behavior of this industry, it is my opinion that legislative remedies are necessary to regulate many aspects of this industry, including its promotional and advertising practices. In the absence of these, when consumers considering quitting or continuing smoking, and associated brand choices, they

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[9]Pollay, R. W. (1994), "Promises, Promises: Self-Regulation of US Cigarette Broadcast Advertising in the 1960s," Tobacco Control, 3 #2 (Summer), 134-144.

will continue to be largely ignorant of (a) the fact of reconstitution, (b) the added constituents of cigarettes, (c) the contaminants, such as pesticide residues, (d) the many ingredients in smoke, and (e) the added risks that these elements may present as a consequence of their buying and smoking cigarettes. In the absence of legislative requirements, consumers will be left with only the all-too-often false and misleading impressions made by much cigarette advertising and associated promotion that many specific products are relatively safe to consume without the need for them to have more specific information. Only by providing more information to consumers can they make better informed decisions about their becoming or continuing to be tobacco consumers.

List of Exhibits

1. "Select Publications on Cigarette Advertising"(2 pages)
2. VICEROY - double barreled health protection
3. KENT - A.M.A...tests proved ...
4. KENT - tennis player
5. KENT - "new and (un)improved" Chart of T/N Yields
6. NEWPORT LIGHTS - "Alive with Pleasure"
7. TRUE 100's - Laser-Cut
8. DORAL - chambered filter
9. PARLIAMENT - U.S. Testing Co.
10. FACT - aldehyde in small print
11. NOW - Invitation to smoke NOW
12. TRUE - Quit or Smoke True
13. VANTAGE - Smoker's Guide ...
14. CARLTON - Latest U.S. Gov't Laboratory tests ...
15. CAMBRIDGE - Lowest Tar Ever
16. MERIT - Enriched Blend
17. MERIT - yachting
18. MERIT - Yes, yes, yes (Celebration)

Select Publications on Cigarette Advertising*

(as of July 1996)

Pollay, Richard W., S. Siddarth, Michael Siegel, Anne Haddix, Robert K. Merritt, Gary A. Giovino, and Michael P. Eriksen (1996), "The Last Straw? Cigarette Advertising and Realized Market Shares among Youths and Adults, 1979-1993," Journal of Marketing, Vol. 60 #2 (April), 1-16.

O'Keefe, Anne Marie and Richard W. Pollay (1996), "Deadly Targeting of Women in Promoting Cigarettes," Journal of the American Medical Women Association, Vol. 51 #1/2 (Jan/Apr), 67-69.

Pollay, Richard W. (1995), "The BUZ in Canada without an Ad Ban," Tobacco Control, Vol. 4 #4 (Winter), 397-398.

----- and Cynthia Callard (1995), "Primary Goal Clearly to Hook Teens," Ottawa Citizen, Dec. 21, A13.

Pollay, Richard W. (1995), "'Below the Belt' Cigarette Advertising," Tobacco Control, Vol 4 #2 (Summer), 188-191.

----- (1995), "Targeting Tactics in Selling Smoke: Youthful Aspects of 20th Century Cigarette Advertising," Journal of Marketing Theory and Practice, Vol. 3 #1 (Winter), 1-22.

----- (1994), "The Cowboy and Genital Joe" (poem), Journal of Advertising, Vol. 23 #4 (Dec), np (facing p1).

----- (1994), "A History of Cigarette Advertising to the Young," in Preventing Tobacco Use Among Young People: A Report of the Surgeon General. Atlanta, GA: U.S. Dept. of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Office on Smoking and Health, 1994, 164-179. (Final edit by others)

----- (1994), "Historical Content Analyses of Cigarette Advertising," in Preventing Tobacco Use Among Young People: A Report of the Surgeon General. Atlanta, GA: U.S. Dept. of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Office on Smoking and Health, 1994, 179-184. (Final edit by others)

----- (1994), "Exposure of Youth to U.S. Cigarette Broadcast Advertising in the 1960s," Tobacco Control, Vol. 3 #2 (Summer), 130-133.

----- (1994), "Promises, Promises: Self-Regulation of US Cigarette Broadcast Advertising in the 1960s," Tobacco Control, Vol. 3 #2 (Summer), 134-144.

* Reprints available from The History of Advertising Archives, Faculty of Commerce, UBC, Vancouver, Canada, V6T 1Z2. Ph: 604-822-8338. Fx: 604-822-8521.

----- (1993), "Pertinent Research and Impertinent Opinion: On Our Contributions to the Cigarette Advertising Public Policy Debates," Journal of Advertising, Vol. 22 #4 (Dec), 110-117.

----- (1993), "The Changing Character of American Cigarette Advertising: Content Analysis Findings," in M. Joseph Sirgy, Kenneth D. Bain and Tunc Erem, eds., World Marketing Congress, Vol. 6. Istanbul: Academy of Marketing Science, July, 297-301.

----- and Anne Lavack (1993), "The Targeting of Youth by Cigarette Marketers: Archival Evidence on Trial," in Leigh McAlister and Michael L. Rothschild, eds., Advances in Consumer Research, Vol. 20, Provo, UT: Association for Consumer Research, 266-271.

-----, Jung S. Lee and David Carter-Whitney (1992) "Separate, But Not Equal: Racial Segmentation in Cigarette Advertising," Journal of Advertising, 16 #1 (March), 45-57.

----- and Jean Kilbourne (1992), Pack of Lies (brochure). Northhampton, MA: Foundation for Media Education, 35 min (video).

----- (1991), "Signs and Symbols in Cigarette Advertising: A Historical Analysis of the Use of Pictures of Health," in Hanne Hartvig-Larsen, David G. Mick and Christian Alsted, eds, Marketing & Semiotics. Copenhagen: Handelshojskolens Forlag, 160-176.

----- (1990), "Information and Imagery in Contemporary Canadian Cigarette Ads," in Patricia Stout, ed., Proceedings of the American Academy of Advertising, Austin, TX: University of Texas, 74-79.

----- (1990), "Propaganda, Puffing and the Public Interest: The Scientific Smoke Screen for Cigarettes," Public Relations Review, Vol. 16 #3, 27-42.

----- (1990), "Cigarettes Under Fire: Blowing Away the PR Smoke Screen," Media & Values, 54/55 (Spring/Summer), 13-16.

----- (1989), "Filter, Flavor ... Flim-Flam, Too!: Cigarette Advertising Content and Its Regulation," Journal of Public Policy and Marketing, Vol. 8, 30-39.

Working Paper Series listing (8p) of The History of Advertising Archives, University of British Columbia, Vancouver, BC, Canada. Includes many sets of chronological notes on cigarette advertising drawn from diverse sources and trade journals such as Advertising Age, Media Decisions, Printers' Ink, Tide, U. S. Tobacco Journal and consumer magazines such as Consumer Reports and Reader's Digest.

Shelf List of the Tobacco Industry Promotion Series (TIPS), The History of Advertising Archives, 12p, archival materials.

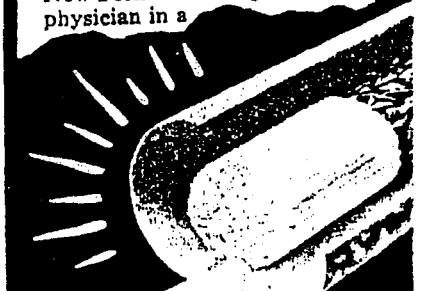
* Reprints available from The History of Advertising Archives, Faculty of Commerce, UBC, Vancouver, Canada, V6T 1Z2. Ph: 604-822-8338. Fx: 604-822-8521.

Leading N.Y. Doctor Tells His Patients What to Smoke!

Filtered Cigarette Smoke Is Better For Health

Prominent Physician Tells Patients—"Smoke Viceroy Filter-Tip Cigarettes. The Nicotine And Tars Trapped By The Viceroy Filter Cannot Reach Mouth, Throat Or Lungs!"

New York—A leading New York physician in a



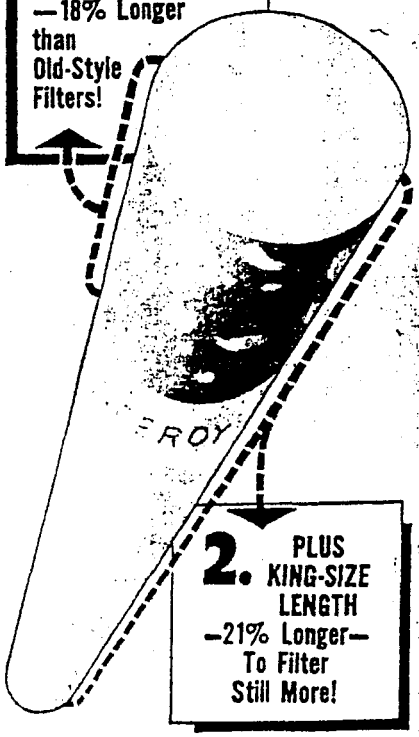
THIS IS THE TIP THAT DOES THE TRICK...ONLY VICEROY HAS IT!



VICEROYS COST ONLY A PENNY MORE THAN BRANDS WITHOUT FILTERS

New KING-SIZE VICEROY GIVES YOU DOUBLE-BARRELLED HEALTH PROTECTION

1. Amazing New HEALTH-GUARD FILTER —18% Longer than Old-Style Filters!



2. PLUS KING-SIZE LENGTH —21% Longer— To Filter Still More!

Now, for the first time, you can get all the advantages of Filter Tip and King-Size combined in one great cigarette. Yet new King-Size, Filter-Tip VICEROYS cost you only a penny or two per pack more than cigarettes without filters.



The Nicotine and Tars Trapped by Viceroys Double-Filtering Action Cannot Reach Your Throat or Lungs!

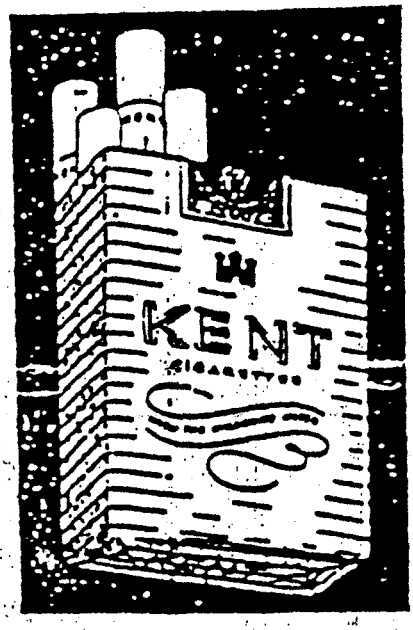
KING-SIZE FILTER-TIP
VICEROY

21-1953

The American Medical Association voluntarily conducted in their own laboratory a series of independent tests of filters and filter cigarettes.

As reported in the Journal of the American Medical Association, these tests proved that of all the filter cigarettes tested, one type was the most effective for removing tars and nicotine.

This type filter is used by Kent...and only Kent!



IMPORTANT to every smoker who has ever been bothered by nicotine and tars are these findings of the laboratory of the American Medical Association.

Here you have authenticated confirmation that KENT's exclusive Micronite Filter is more effective for removing both nicotine and tars than any other type of filter cigarette tested.

And remember, KENT and only KENT has the Micronite Filter, made of a pure, dust-free, completely harmless material that is so effective, and so safe that it actually is used to help filter the air in operating rooms of leading hospitals.

Yet with all its superior filtering efficiency, KENT's Micronite Filter gives an easy draw ... and the full, satisfying flavor of fine tobaccos that are blended especially for filter smoking.

For the greatest protection of any filter cigarette

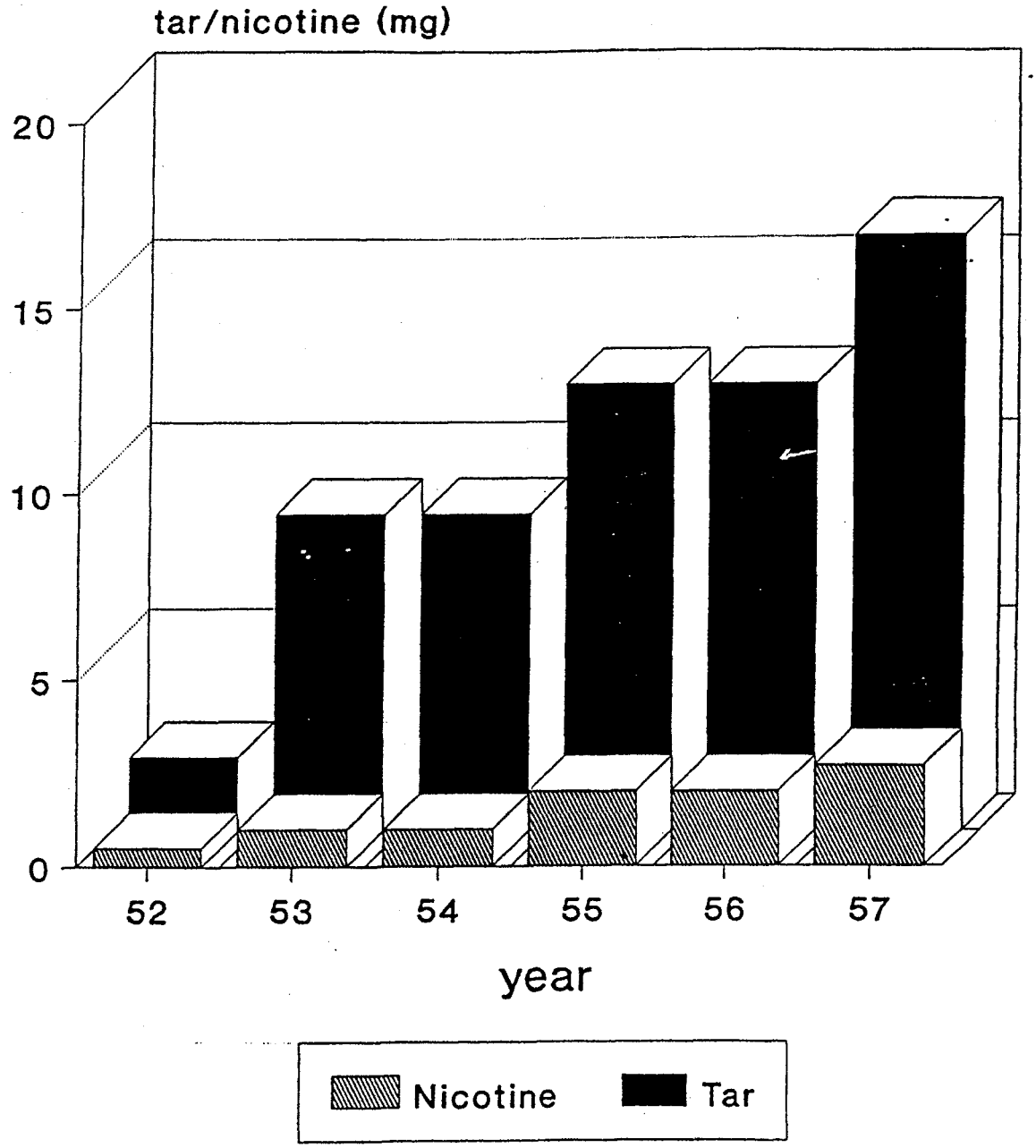
KENT

with exclusive MICRONITE Filter


Warning The Surgeon General Has Determined That Cigarette Smoking Is Dangerous to Your Health.
When you know what counts.
Kent
KENT
KENT Golden Lights
Taste you can count on.

Exhibit 4

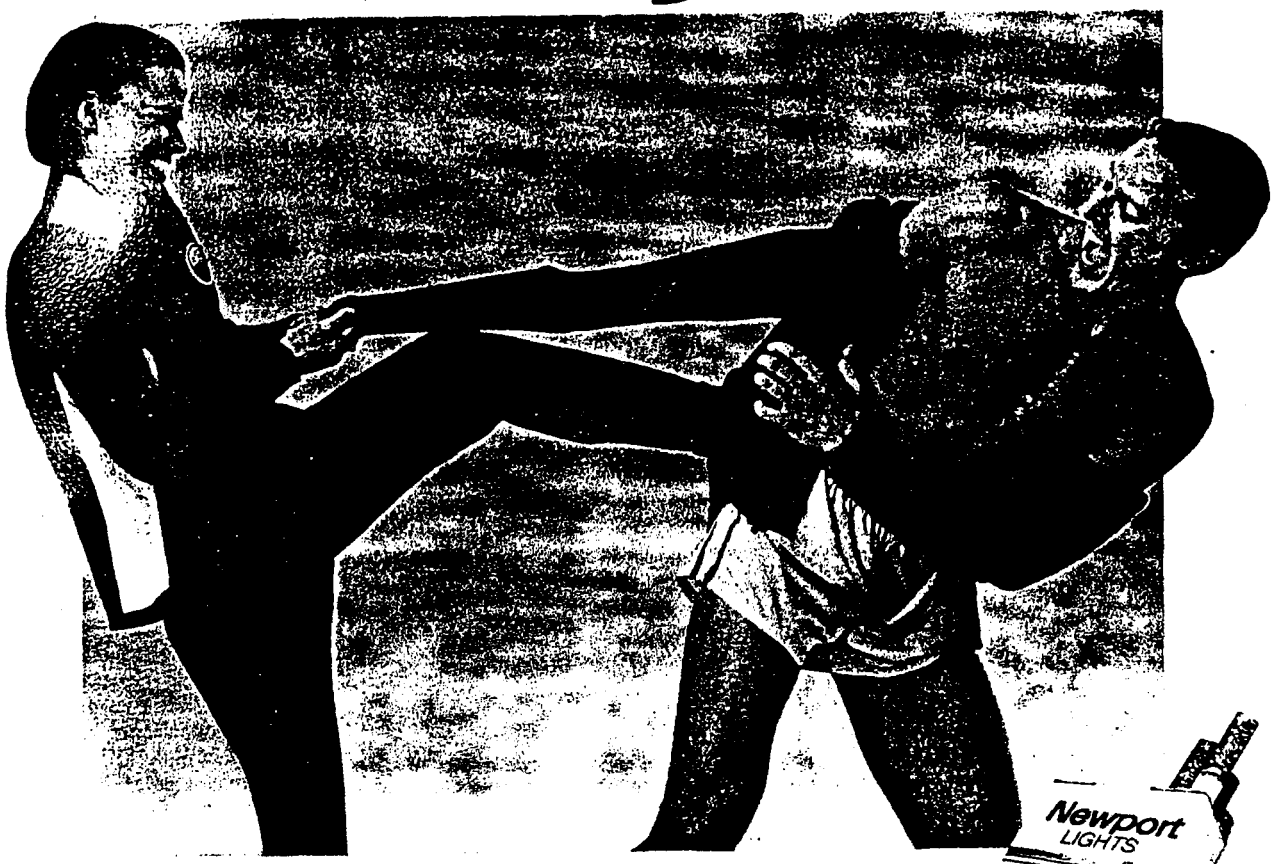
"New and Improved" KENT
Tar and Nicotine 1952-57

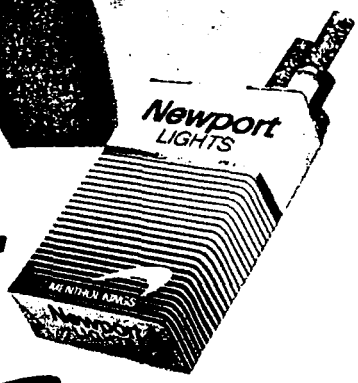


Source: Consumer Reports

Exhibit

Alive with pleasure!





Newport Lights

Newport pleasure comes to low-tar menthols

© Lorillard, Inc., U.S.A., 1988

SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy. 1988

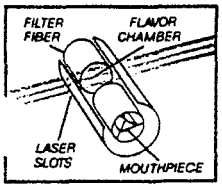
Kings: 8 mg. "tar", 0.7 mg. nicotine av. per cigarette, FTC Report February 1985.

Exhibit

© Lorillard, U.S.A., 1984

True 100's Innovation!

New True Laser-Cut "Flavor Chamber" Filter Provides *Tasteful Alternative to Higher Tar Brands.*



True Exclusive. We call it the "Flavor Chamber" Filter. A unique filtration system made possible by Laser Technology that improves True 100's taste to a new fullness and richness.

A flavor-rich tobacco experience that gives you a tasteful alternative to higher tar brands.

Longer Lasting Enjoyment Bonus.

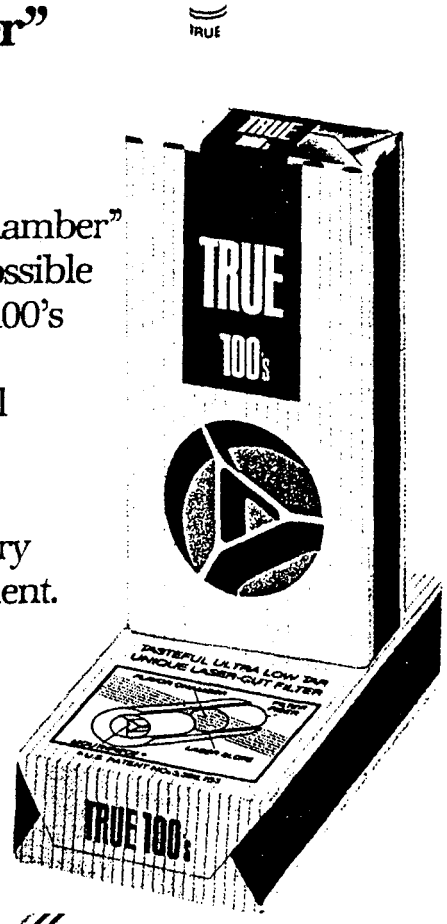
New True 100's are packed with extra tobacco. So every cigarette burns slower to give you longer lasting enjoyment. Noticeably longer.

New Breakthrough True 100's.

Go ahead. Test it against the only taste that counts. Yours!



It tastes too good to be True.



New BREAKTHROUGH True 100's

Warning: The Surgeon General Has Determined That Cigarette Smoking Is Dangerous to Your Health.

8 mg. "tar", 0.8 mg. nicotine av. per cigarette by FTC Method.

1984
VOGUE, NOV., p. 267

Exhibit

THE FIRST FILTER CIGARETTE IN THE WORLD THAT MEETS THE STANDARDS OF UNITED STATES TESTING CO.

★ ★ ★ ★ ★ ★

NEW HI-FI FILTER

(HIGH FILTRATION)

PARLIAMENT



PROVED: Over 30,000 traps—the most effective filtering materials in cigarette today—no other popular filter cigarette delivers less nicotine and tar.

PROVED: No other filter prevents leakage of tar and nicotine from filter to mouth. Only Parliament's filter is recessed, set deep down inside the mouthpiece where your lips can't touch it.

PROVED: New HI-FI Filter—with exclusive recessed design—offers you the most complete filtering action in cigarette history.

All the above filtering facts are proved by the United States Testing Co., world's leading independent research laboratories.

And the flavor story is simple. More expensive tobaccos bring you the friendly smoking satisfaction that cigarettes were invented for.

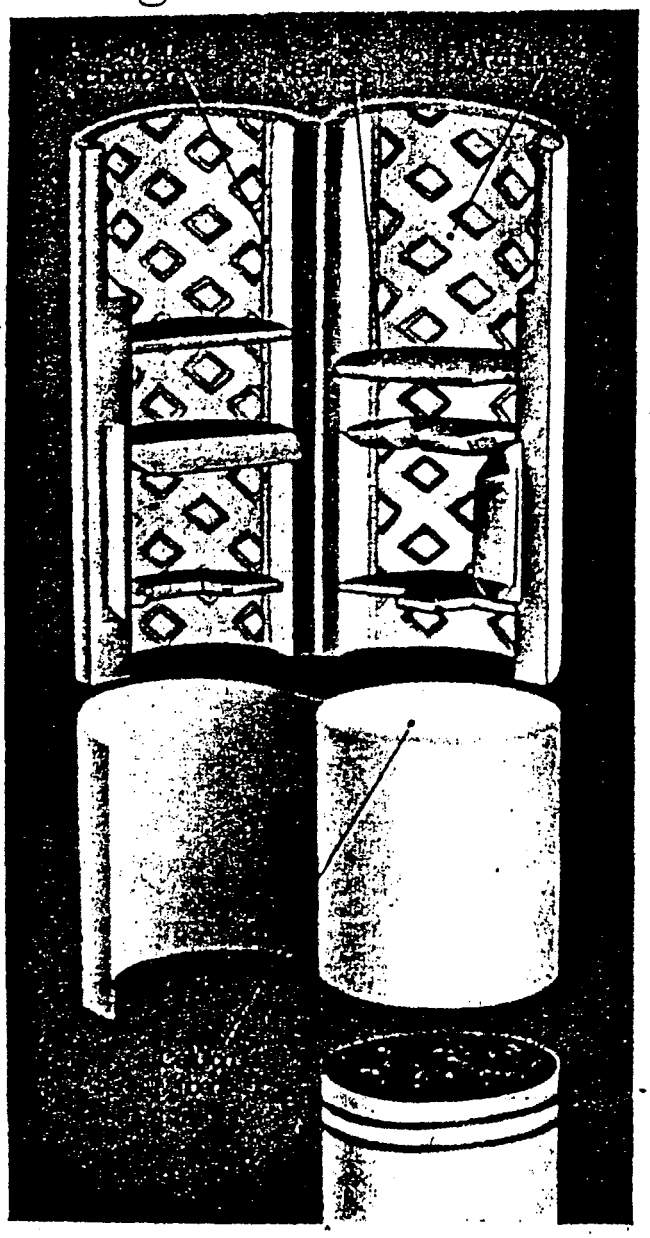
The Clean Smoke . . . with the Good Clean Taste!

NOW—POPULAR PRICE

1958

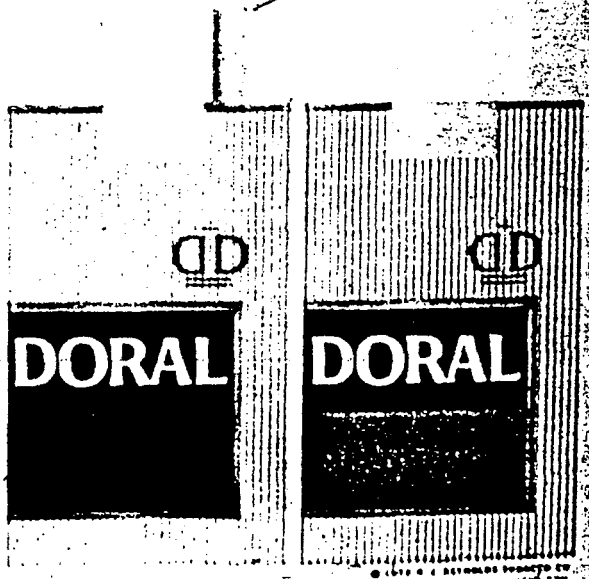
How does your cigarette stack up against Doral...

the cigarette low "tar" & nicotine smokers swear by.



Compare the filter. Only Doral has cellulon fiber to reduce "tar" and nicotine plus a strange looking polyethylene chamber with baffles and air channels. Then compare the taste and you'll agree. Doral comes out on top.

"I swear you can really taste me."

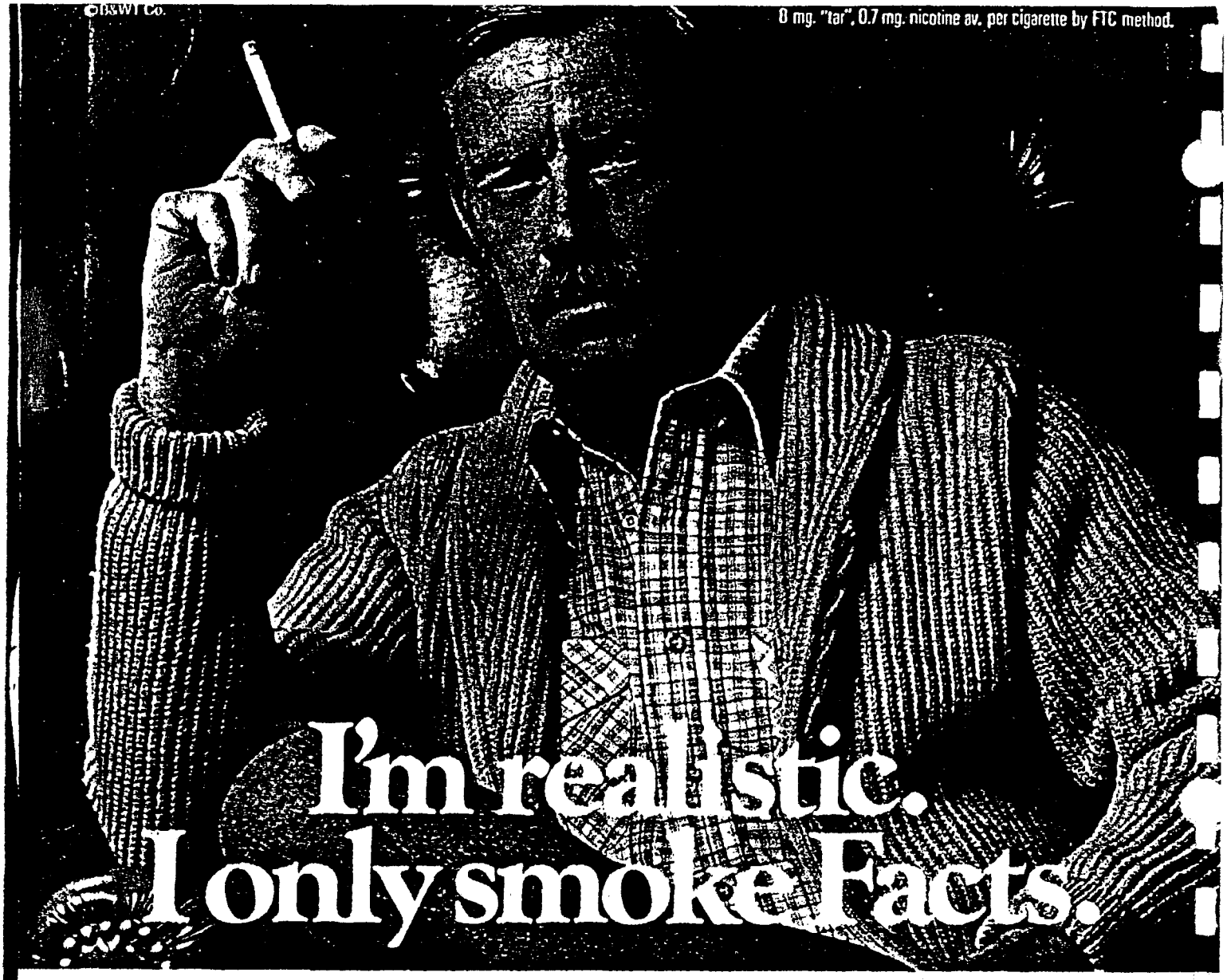


Warning: The Surgeon General Has Determined That Cigarette Smoking Is Dangerous To Your Health

FILTER MENTHOL 5 mg. "tar" 0.4 mg. nicotine av. per cigarette, FTC Report AUG. '72.

©B&W Co.

8 mg. "tar", 0.7 mg. nicotine av. per cigarette by FTC method.



I'm realistic. I only smoke Facts.

FACT 1: We don't want your taste buds to go to sleep.

FACT reduces the aldehyde* gases that we believe muddy the flavor of fine tobaccos so you can enjoy wide-awake taste.

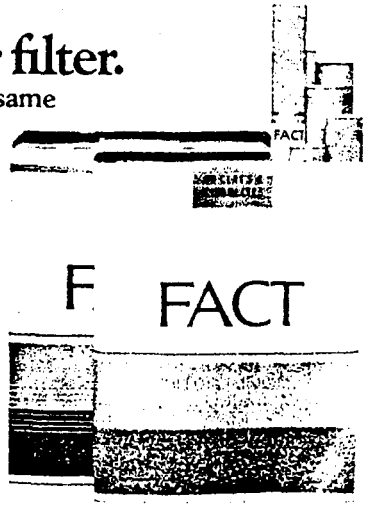
FACT 2: We have smoke scrubbers in our filter.

These Purite® scrubbers work like magnets to reduce these same aldehydes and let the fine flavor come through.

FACT 3: We have a patent on flavor in low 'tar' cigarettes: #3828800.

Our Purite filter helps deliver flavor in a way so new we've been able to patent it.

Add it all up. Low gas, low 'tar,' great flavor. That's a FACT.



*Formaldehyde, Crotonaldehyde, Acrolein

Warning: The Surgeon General Has Determined That Cigarette Smoking Is Dangerous to Your Health. 1978

Available in regular and menthol.

An invitation to smoke Now.

If you're a smoker who has been thinking about 'tar' and nicotine, here's why we invite you to smoke Now.

Now has the lowest 'tar' and nicotine levels available to you in a cigarette, king-size or longer: 2 mg. 'tar,' 2 mg. nicotine.

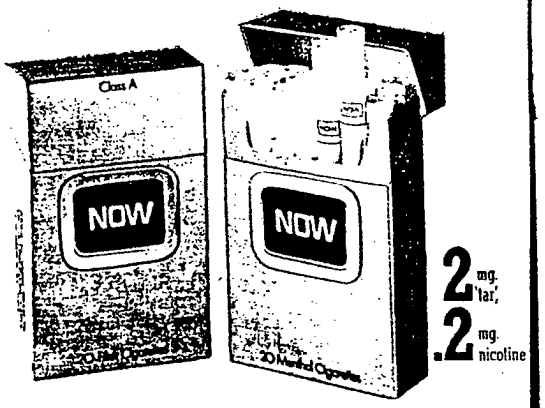
Now also gives you real smoking satisfaction. Mild and pleasant flavor. It comes in both filter and menthol.

Now draws free and easy for a cigarette so low in 'tar' and nicotine.

Only Now has the specially designed filter which makes all this possible.

Compare 'tar' numbers. You'll see that 2 mg. is the lowest of all king-size cigarettes.

For lowest 'tar,' plus pleasing flavor and easy draw, we invite you to smoke Now.



2 mg. 'tar,' .2 mg. nicotine

Now. 2mg 'tar' is lowest.

(King-size or longer.)

Warning: The Surgeon General Has Determined That Cigarette Smoking Is Dangerous to Your Health.

FILTER, MENTHOL 2 mg. "tar", .2 mg. nicotine, av. per cigarette by FTC me

If you are a smoker:

There are many reasons to smoke Now.

If you're a smoker who has been thinking about 'tar' and nicotine, these are the reasons to smoke Now.

Reason: Now has the lowest 'tar' and nicotine levels available to you in a cigarette, king-size or longer: 2 mg. 'tar,' .2 mg. nicotine.

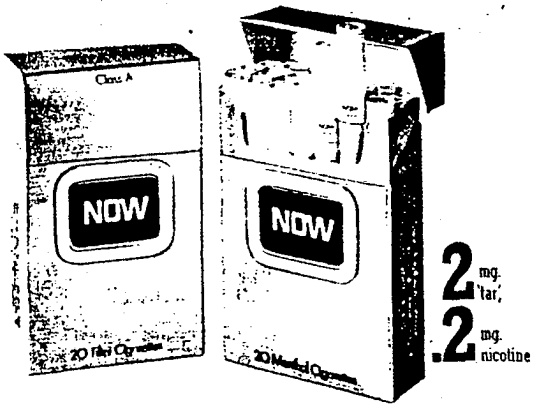
Reason: Now also gives you real smoking satisfaction. Mild and pleasant flavor. It comes in both filter and menthol.

Reason: Now draws free and easy for a cigarette so low in 'tar' and nicotine.

Reason: Only Now has the specially designed filter which makes all this possible.

Compare 'tar' numbers. You'll see that 2 mg. is the lowest of all king-size cigarettes.

You couldn't ask for better reasons to smoke Now.



2 mg. 'tar,' .2 mg. nicotine

Now. 2mg 'tar' is lowest.

(King-size or longer.)

Warning: The Surgeon General Has Determined That Cigarette Smoking Is Dangerous to Your Health.

FILTER, MENTHOL 2 mg. "tar", 2 mg. nicotine, av. per cigarette by FTC method

Exhibit 11

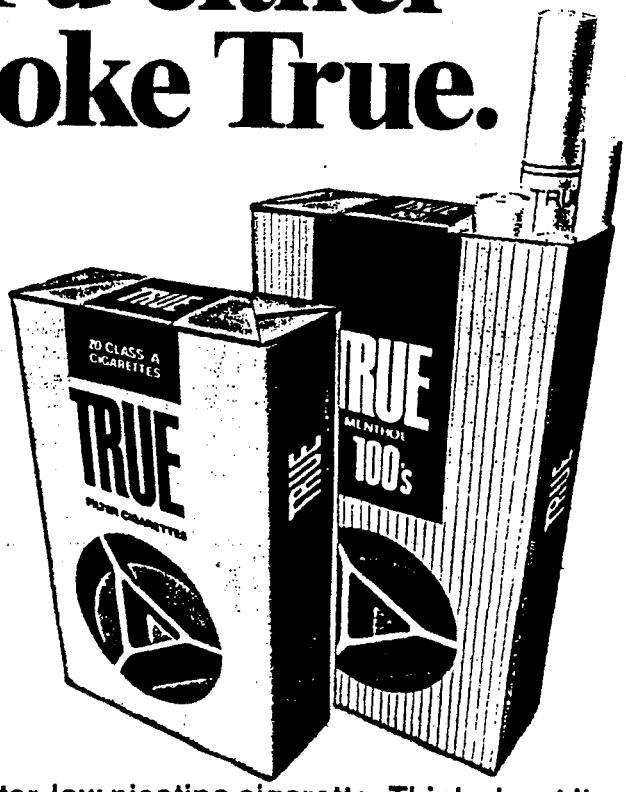
Exhibit 1

© Lorillard 1975



All the fuss about smoking got me thinking I'd either quit or smoke True.

I smoke True.



King Regular: 11 mg. "tar", 0.6 mg. nicotine, 100's Menthol: 13 mg. "tar", 0.8 mg. nicotine, av. per cigarette, FTC Report April '75.

Warning: The Surgeon General Has Determined That Cigarette Smoking Is Dangerous to Your Health. 1976

The low tar, low nicotine cigarette. Think about it.

The smoker's guide to low-tar cigarettes.

With all the controversy about smoking going on, lots of smokers are deciding to switch to low-tar cigarettes.

But which low-tar cigarette should a switcher switch to?

Well, here's an easy guide to follow.

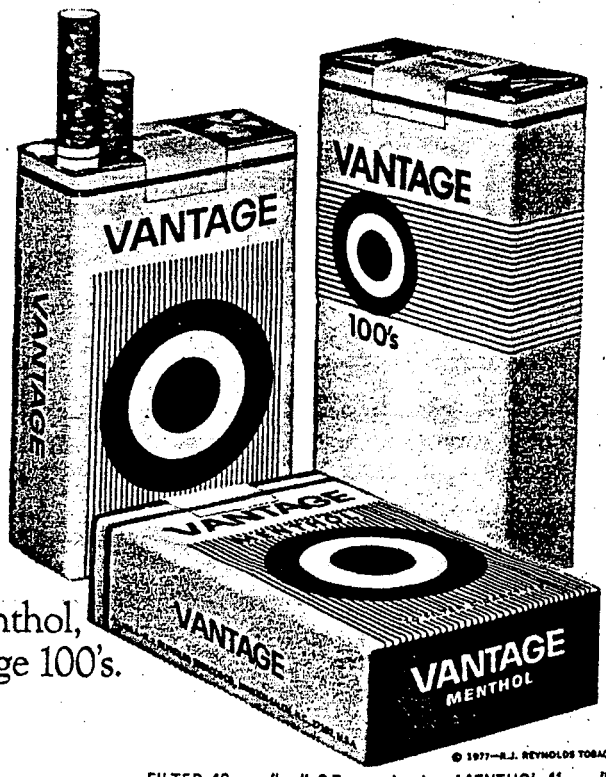
First, there are those so-called new cigarettes claiming scientific breakthrough and hyped-up flavor. Unfortunately there's nothing very revolutionary about the way they taste.

Next there are those brands that promise nothing but low-tar numbers. They're fine if low numbers are all you want. Because their scientific filters work so well, they filter out most of the taste.

Fortunately there is an alternative. Vantage. The low-tar cigarette that's different from all the others.

From the very beginning Vantage was designed to deliver flavor like a full-flavor cigarette with less tar than 95% of all cigarettes. So forget all those empty promises and go with the real flavor of Vantage.

It will probably turn out to be the only low-tar cigarette you'll enjoy.



Regular, Menthol, and new Vantage 100's.

© 1977—R.J. REYNOLDS TOBACCO CO.

Warning: The Surgeon General Has Determined That Cigarette Smoking Is Dangerous to Your Health. 1977

FILTER: 10 mg. "tar", 0.7 mg. nicotine; MENTHOL: 11 mg. "tar", 0.7 mg. nicotine, av. per cigarette, FTC Report DEC. '76; FILTER 100's: 11 mg. "tar", 0.9 mg. nicotine av. per cigarette, by FTC method.

Latest U.S. Gov't Laboratory test confirms, of all cigarettes:

Carlton is lowest.

Box King-lowest of all brands-less than 0.01 mg. tar, 0.002 mg. nic.

U.S. Gov't Report – no brand lower than Carlton Box King – less than 0.5 mg. tar, 0.05 mg. nic.



SURGEON GENERAL'S WARNING: Quitting Smoking Now Greatly Reduces Serious Risks to Your Health.

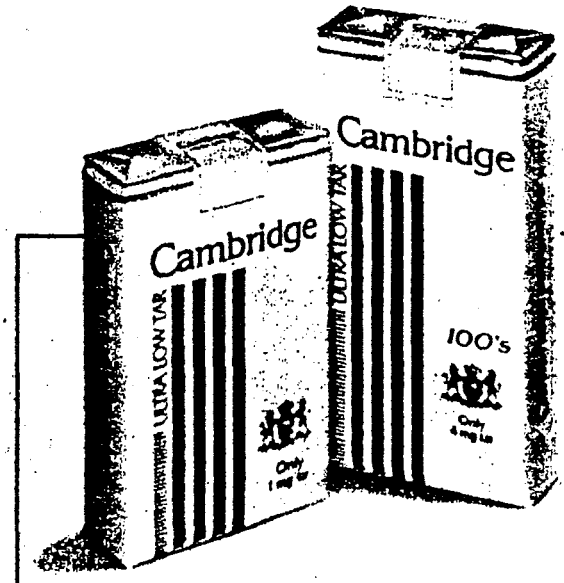
Box: Less than 0.5 mg. "tar", 0.05 mg. nicotine av. per cigarette, FTC Report Jan. '85.

1985

Introducing Cambridge Box:

The lowest tar cigarette ever.

Discover Cambridge contentment. The very special satisfaction of knowing that with Cambridge Box—less than 0.1 mg tar—you're getting the lowest tar cigarette ever made, yet still enjoying the unique pleasures of smoking.





Also available in Soft Pack and 100's.

Ultra low 1 mg Soft Pack, 4 mg 100's.

Warning: The Surgeon General Has Determined That Cigarette Smoking Is Dangerous to Your Health.

© Philip Morris Inc. 1980

Box: Less than 0.1 mg "tar," 0.01 mg nicotine—Soft Pack: 1 mg "tar," 0.1 mg nicotine—100's: 4 mg "tar," 0.4 mg nicotine av. per cigarette by FTC Method.

1980
LIFE, JULY, p. 80

Get enriched quick.

Want a big return on a small investment?
Here's the deal. A cigarette that gives you all the rich,
smooth satisfying flavor you want, with even less tar than other leading lights.
How do we do it? Enriched Flavor.™ How do you get in on it?
Invest in a pack of Merit.

Enriched Flavor,™ low tar. A solution with Merit.



SURGEON GENERAL'S WARNING: Smoking By Pregnant Women May Result in Fetal Injury, Premature Birth, And Low Birth Weight.

© Philip Morris Inc. 1988

Kings: 8 mg "tar," 0.6 mg nicotine av. per cigarette by FTC method.

Exhibit 17


Get a taste of it.
Merit
The low tar flavor break.
MERIT
MERIT
MERIT
MERIT
SURGEON GENERAL'S WARNING: Cigarette Smoke Contains Carbon Monoxide.
1986


Yes, Yes & Yes!
Can you switch down to lower tar and still find satisfying taste? The answer is obvious!
MERIT
MERIT
You've got MERIT
SURGEON GENERAL'S WARNING: Cigarette Smoke Contains Carbon Monoxide.

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CRAIG SUMMERS is an Associate Professor in Psychology at Laurentian University. He has published recent articles on risk perception and decision traps in *Peace and Conflict, Current Research on Peace and Violence, Perception and Psychophysics, Cortex, Behavioral Brain Science, Ethics and Behavior,* and *Behavior Research Methods, Instruments and Computers.*

KATE TILLECZEK currently teaches "The Adolescent and Society" in the Department of Sociology at Laurentian University. Her research interests include healthy transitions of adolescents into adulthood, including: school to work transitions; adolescent career choice; designing developmentally appropriate secondary schools; student participation in educational change innovations such as school councils; and understanding risk behaviors in social context. She has co-authored a policy document for the Premier's Council on Health, Well-Being and Social Justice on "Transition Aged Youth," and a chapter in Learning and Sociological Profiles of Canadian High School Students on high school dropouts.

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Journal of Social Issues, Vol. 53, No. 1, 1997, pp. 53–74

Hacks, Flacks, and Counter-Attacks: Cigarette Advertising, Sponsored Research, and Controversies

Richard W. Pollay
University of British Columbia

The tobacco industry promotes friendly "experts" and uses public relations tactics to produce uncertainty around research results that threaten it. This inhibits public policies responsive to these research findings. These tactics, long used against medical science, are now being used to counter the studies challenging to the myth that cigarette advertising is of no import. The numerous weaknesses of the industry-advanced argument are discussed, drawing particularly on the literature of consumer behavior, marketing, and advertising. The vast preponderance of evidence indicates that cigarette advertising plays a meaningful role in influencing the perceptions, attitudes, and smoking behavior of youth. Denials of these effects, without brand new and compelling evidence, are highly suspect.

> *"The other side is engaging in a reckless campaign of propaganda, mistruths, half-truths, innuendo, false piety and downright deceit."*
>
> — Geoffrey Bible, Chairman & CEO, Philip Morris (Jones, 1996).

> *"The industry has consistently sought to obscure the epidemiological data linking tobacco use and disease while simultaneously contesting the science behind these studies."*
>
> — Arno, Brandt, Gostin, & Morgan, 1996, p. 1258

The tobacco industry is acknowledged as outstanding for its ability to promote "friendly" research, to denigrate research inimical to its interests as prohibitionist

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propaganda (Jones, 1996), and "to produce and manage uncertainty" (Proctor, 1995, p. 105). At their extreme, critics are denigrated as a conspiracy of overzealous crusaders exhibiting totalitarianism (Boddewyn, 1986b). The industry's strategy doesn't require winning or resolution of the debates its principals manage to create or inflame. It is enough to foster and perpetuate the illusion of controversy in order to "muddy the waters" around potentially damaging studies and streams of research. This serves at least two important ends: offering reassurance and a basis for rationalization to the otherwise concerned, thereby calming public opinion; and encouraging friendly, ignorant, or naive legislators away from relying on scientific findings threatening to the industry. These tactics are now being used on many fronts of the tobacco battlefield.

The tobacco industry's first major success with this strategy was in combating the so-called "health scare" from the early lung cancer studies of the 1950s. Industry leaders gathered seeds of doubt from around the world, and reproduced and disseminated these through a massive public relations machinery (Pollay, 1990b). Encouraged by that success, they have continued to muddy the waters around the scientific findings relevant to almost every aspect of tobacco and its control, including: heart disease; passive or second-hand smoke; addiction; the medical and larger social costs consequential to smoking; the economic consequences of regulation, etc. Where necessary, as in the case of indoor air quality, they have even turned small local businessmen into apparent international authorities (Mintz, 1996). Of course, they prefer to employ those who seem to be independent from the industry, because trade organizations like the Tobacco Institute are admittedly biased. "We don't pretend to be objective, unbiased or fair. . . . We represent a commercially vested interest." (Cosco, 1988, p. 18). It should be no surprise, then, that these tactics are also used to combat the issue of cigarette advertising and its effects, particularly its role in recruiting new smokers.

For example, when Fischer et al. (1991) measured product logo recognition of three-to-six-year-olds, they found over 90 percent of the six-year-olds could correctly match the cartoon Camel with cigarettes. So threatening was this result that industry-hired academic consultants attacked the study with or without the benefit of added research (Boddewyn, 1993; Martin, 1993; Mizerski, 1995). Their primary line of attack was to allege that this work was methodologically "inferior," in part because it had been authored, reviewed and published by and for medical experts, rather than marketing or advertising experts. The finding of high awareness among the very young has since been replicated by marketing academics (Henke, 1994), and even by the R. J. Reynolds-sponsored researcher (Mizerski, 1995), although this report is notable for downplaying this embarrassing fact and, instead, emphasizing allegations of methodological weaknesses of the original. More recently, Pollay's (1996) report that teens were three times as responsive to cigarette advertising as adults drew instant and inaccurate attacks from the Tobacco Institute as "a great deal of sound and fury signifying nothing" and "flatly contradicted" by a study sponsored by R. J. Reynolds (Stolberg, 1996).

The standard response of the industry to concerns about children and cigarette advertising has been to insist that "kids just don't pay attention to cigarette ads . . . (Our advertising) purpose is to get smokers of competitive products to switch . . . virtually the only way a cigarette brand can meaningfully increase its business" (R. J. Reynolds, 1984), a thesis uncritically echoed by some others (e.g., Boddewyn, 1986b). The belief and assertion is that cigarette advertising is of little consequence, at least with respect to the young (e.g., Boddewyn, 1989; Reid, 1989; Ward, 1989). This assertion, so counter to common sense, is argued on theoretical grounds. Because cigarettes seem to be a so-called "mature" industry, i.e., one which has completed its dynamic growth and reached a stasis, it is claimed that its advertising and promotional activity can and does affect only brand-switching behavior among established adult smokers. By neither intent nor effect, tobacco industry magnates would have us believe, does cigarette advertising influence young people, reassure and retain existing smokers who might otherwise quit, or induce current smokers to smoke more—several of the ways in which advertising might conceivably influence primary demand.

The purpose here is to identify and outline the several lines of argument and evidence which contradict these assertions by the tobacco industry and its allies, as enumerated in Table 1. This is done from a marketing, advertising and consumer behavior perspective, based on my experience as marketing professor and researcher in a business school. My previous research has noted the industry's research on the behavior of eleven-, twelve-, and thirteen-year-olds, their explicit targeting of fifteen-year-olds, their efforts to promote social acceptance and peer pressure, and their use of images of independence to appeal to the pressing adolescent need for autonomy (Pollay & Lavack, 1993). Recent research found that, regardless of intent, the effects of cigarette advertising are three times the magnitude among teenagers as they are among adults (Pollay et al., 1996). Other studies have documented the low level of information in cigarette advertising (Pollay, 1989), the uses of "pictures of health" (Pollay, 1991), the public relations creation of controversy and scattering of "seeds of doubt" (Pollay, 1990), the failure of cigarette self-regulation (Pollay, 1994b), and other historical aspects too numerous to list. I have shared some of my knowledge with juries in American liability trials, and in the constitutional defense of Canada's effort to curtail these industry inducements. The more I've learned from my own research and trial evidence, the more certain I am that cigarette advertising is not innocuous in either intent or effect. The more I've learned, the less credible and ethical I find the speculations and rationalizations by others hired by the industry to make it seem innocuous (Pollay, 1993b).

Table 1. A Pack of Reasons to Doubt Tobacco Industry Assertions that Cigarette Advertising Has No Effect on the Young and Starting Smoker

1. The classification of cigarettes as a "mature market" is simplistic.
2. No known industry documents employ the classification of cigarettes as a "mature market."
3. Empirical evidence contradicts the classification of cigarettes as "mature market."
4. Enormous promotional budgets cannot be justified by "adult brand switching" alone.
5. No isolation or immunity protects youth from cigarette ads.
6. Advertising gives the cigarette "friendly familiarity."
7. The perceptions and judgments of youth are known to be biased.
8. Cigarette imagery appeals to adolescents.
9. The tobacco industry has long displayed a strategic interest in youth.
10. Adolescence is a time of identity formation and advertising attentiveness.
11. Youths are persuasion-coping novices.
12. Cigarette addictiveness and brand loyalty make adults proverbial "old dogs."
13. Youths are strategically more attractive than adults.
14. Teens are three times more responsive than adults to cigarette ads.
15. Industry apologists typically offer weak research, or none at all.
16. Apologists supporting the industry are admittedly biased.
17. Econometric analysis of aggregate data proves little.
18. The best cross-cultural research shows ad bans to have impact.
19. Advertising experts and trade journals discredit the industry's stance.
20. The industry's latest position is illogical and ludicrous.

A Pack of Reasons to Doubt Industry-Advanced Claims and Denials

"I am distressed at the venality, duplicity, and general lack of morals of those who testify in government hearings against the cigarette-advertising ban or a warning requirement. . . . Perhaps they are merely men of zero integrity."

— Simon, 1970, p. 253

No Known Industry Documents Employ the "Mature Market" Concept

To date, no corporate documents have been produced in litigation or research reports to verify that the "mature market" classification is relied upon by the industry in its internal strategic analyses, nor has any evidence of any kind been offered in support of the "mature market" opinions expressed by industry-advanced experts like Ward (1989). Reid (1989), when testifying for the industry, ignored the literature equivocal about the concept's validity, the literature specific to the cigarette industry, and the contradictory profit and advertising expenditure data. He ignored all the many corporate documents produced in the same litigation documenting the consumer research and advertising strategies focused on young starters (Pollay & Lavack, 1993). He even ignored his own observation, surely fitting cigarettes, that given "the existence of an undesirable image, advertising can play a major role" (Reid & Rotfeld, 1976, p. 26). Testimony like this that offers theoretical conjectures, while ignoring the relevant literature and the available case facts, is not merely speculative, but quite literally ignorant and prejudicial.

The Classification of Cigarettes as a "Mature Market" is Simplistic

Many marketing and advertising textbooks do not even mention the product-life-cycle concept from which the "mature market" hypothesis derives. The product-life-cycle notion is that products go through predictable phases from *being new technologies with little competition and small special interest markets* to being fully developed and saturated with many competitors. When this concept is discussed in texts, it is treated only as a pedagogical generalization, and far from the "fundamental law" with invariant implications alleged by Reid (1989). As a generalization across many industries, "the empirical evidence of the existence and pervasiveness of the product-life-cycle concept is quite uneven" (Lilien, Kotler, & Moorthy, 1992, p. 513). Even were this generalization valid, it is not at all obvious that it would apply well to tobacco, for the tobacco industry is unique in the addictive and deadly nature of its products, and the associated publicity and marketing problems that these facts present. It also has a unique legislative history and an oligopolistic market structure dominated by a few giant firms.

Empirical Evidence Contradicts the Classification of Cigarettes as "Mature Market"

The simple diagnostic tests indicative of "mature markets," such as diminished profitability and ad spending, are failed by the cigarette industry. A leading advertising industry spokesman stated that ad strategies for mature products "*always* specify the competitive brand from which the volume will be taken" (Colford, 1986, emphasis added). The industry fails this diagnostic test, too. This shouldn't surprise knowledgeable advertising professionals, since J. Walter Thompson, a leading international ad agency, tried to apply this concept to the cigarette industry long ago. No matter whether considering product class (e.g., cigarettes), product form (e.g., filter cigarettes), or brand (e.g., Winston), "it is not possible to validate the model at any of these levels of aggregation" (Dhalla & Yuseph, 1976, p. 103, examples in original). It unambiguously exhorted other researchers to "Forget the Product Life Cycle Concept."

Enormous Promotional Budgets Cannot be Justified by "Adult Brand Switching" Alone

The cigarette market may seem, to the naive, to be stable and, therefore, to be a so-called "mature market" because total sales seem nearly constant. This appearance, however, hides the dynamics of substantial rates of quitting attempts, quitting successes, and dying—and the countervailing rates of recruitment of hundreds of thousands of new smokers. Maintaining constancy of market size involves recruiting over a million new smokers a year, and almost all smokers are recruited as minors, not as consenting adults.

Brand-switching alone cannot easily justify the enormous advertising and promotional expenditures, over $6 billion a year in 1993, larger than Hollywood's gross income from the United States and Canada combined (Kilday & Thompson, 1995). Brand switchers are an unattractive market segment, as they are typically older, health-concerned, or symptomatic smokers, thus relatively frail in constitution, in addition to being fickle by definition. They are also few in number. Siegel et al. (1996), after noting that less than 10 percent of smokers will switch in any given year, estimate that the total profit from all "company switching" was $362 million, small compared to the costs of the battle of these brands. Accounting for sales in future years, the net present value of a new smoker to the cigarette companies has been estimated as US $1,085 (Tye, Warner, & Glantz, 1987).

If cigarette advertising had no effect on smoking recruitment, as the industry contends, a ban on advertising expenditures of this magnitude should and would be welcomed by savvy oligopolists like the tobacco industry. Indeed, a ban would benefit the larger firms the most, by saving them the enormous promotional expense and helping to freeze their large market shares. Thus, if advertising had no effect on primary demand, profit-maximizing firms and industries would curtail advertising competition, just as they would refrain from cut-throat price competition, and the largest firms would be expected to act as leaders in this self-restraint. Failing a tacit collusion to this end, the industry would eagerly seize the opportunity provided by regulatory proposals to ban advertising, with the larger firms the most motivated to do so. The fact that cigarette companies, led by the largest, are lobbying so hard against advertising bans or controls of any kind is illogical—unless the advertising and promotion has the effect of enticing new smokers. As Davis (1996, p. 3) stated: "The reason for the industry's failure to support a federal ban on tobacco advertising must be that . . . the companies must indeed perceive an industry-wide benefit to advertising and promotion." Failing that, they could save themselves all the spending on advertising that only attacked or defended market shares.

No Isolation or Immunity Protects Youth from Cigarette Ads

There is no way to isolate teens and pre-teens from popular culture and media, including cigarette advertising's inducements. The absence of a "magic curtain" around children obviates any "convincing defense of a view that would make young nonsmokers immune." (Cohen, 1990, p. 240–241.) Those empowered with self-regulatory responsibilities in the National Association of Broadcasters (NAB) saw this vividly for the medium of television: "The difficulty in cigarette advertising is that commercials which have an impact upon an adult cannot be assumed to leave unaffected a young viewer, smoker or otherwise." (Bell, 1966, p. 30–31.) Even a Marlboro ad man admitted after retiring, "I don't know any way of doing this that doesn't tempt young people to smoke." (Daniels, 1974, p. 245.) Consistent with these views, newer research indicates that the likelihood of adolescent smoking is related to ad exposure rates (Botvin et al., 1993).

Advertising Gives the Cigarette "Friendly Familiarity"

Cigarette advertising is so pervasive and ubiquitous that cigarettes are a cultural commonplace, taken for granted by the public, and treated as less risky than appropriate. We are all aware of the reverse of this, when we feel suspicion of the unfamiliar. This positive effect is called "friendly familiarity" by advertising professionals (Burnett, 1961, p. 217).

"The ubiquitous display of messages promoting tobacco use clearly fosters an environment in which experimentation by youth is expected, if not explicitly encouraged" (Bonnie & Lynch, 1994, p. 34). "The kind of advertising that is almost everywhere makes cigarets (*sic*) respectable and is therefore reassuring," according to Social Research Inc. (*Cigarets: who buys*, 1952, p. 23). Repetition, oft referred to as the soul of persuasion, likely biases both risk and social perceptions, such as assessments of smoking prevalence, and/or the social acceptance experienced by smokers, according to both consumer behavior and psychology experts (e.g., Cohen, 1990; Fishbein, 1977). This phenomenon is well known to psychologists as the "familiarity effect" (Zajonc, 1980).

The Perceptions and Judgments of Youth Are Known To Be Biased

The young do, in fact, overestimate the prevalence of cigarette smoking among both peers and adults, and the degree of this overestimation is among the strongest predictors of smoking initiation (e.g., Chassin et al., 1984). They also underestimate the negative attitudes of peers and the risks to which they personally are exposed should they smoke. Youths are also inclined to manifest an "invulnerability syndrome" (Greening & Dollinger, 1991). Youths tend to both "exaggerate the social benefit (by overestimating the prevalence and popularity of

smoking among peers and adults) and to underestimate the risks (by underestimating the prevalence of negative attitudes toward smoking held by their peers)" (Bonnie & Lynch, 1994, p. 34). Another literature review concludes that "cigarette advertising appears to influence young people's perceptions of the pervasiveness, image, and function of smoking. Since misperceptions in these areas constitute psychosocial risk factors for the initiation of smoking, cigarette advertising appears to increase young people's risk of smoking" (USDHHS, 1994, p. 195). These facts seriously undermine the notion that the uptake of smoking is an informed choice or decision (Leventhal, Glynn, & Fleming, 1987). Irrespective of this naiveté, it is a misbehavior of minors, not consenting adults.

Cigarette Imagery Appeals to Adolescents

Cigarette ads often feature veritable pictures of health, depicting bold and lively behavior typically in pure and pristine outdoor environments (Pollay, 1991, 1993a; USDHHS 1994). The images of cigarette ads portray themes known to appeal to young people, such as independence, adventure seeking, social approval, and sophistication. The theme of independence, in particular, so well captured by the Marlboro Man, strikes a responsive chord with the dominant psychological need of adolescents for autonomy and freedom from authority. Adolescent girls feel the same needs for autonomy as do boys, accounting for the otherwise surprising popularity of the Marlboro brand among girls. Motivation research confirms the insights of previous advertisers and public relations professionals in seeing smoking as an expression of freedom and worldliness for women (Martineau, 1957). It seems no coincidence that marketers of female brands "try to tap the emerging independence and self-fulfilment of women, to make smoking a badge to express that" (Waldman, 1989, p. 81).

In addition, some of the models in cigarette advertisements appear particularly youthful (Mazis et al., 1992). This isn't all that common, however, as cigarette firms know that teens desire symbols of adulthood, not symbols of youth (e.g., hard rock vs. "bubble gum" music). Imagery-based ads are potentially insidious, in contrast to verbal assertions which require cognitive processing. Imagery is taken in at a glance, experienced more than thought about, tending to "bypass logical analysis." Because of this, imagery advertising is deemed "transformational" rather than informational (Cohen, 1990). The old adage says "seeing is believing," and cigarette ads use carefully tuned images to create positive experiences, while being careful to avoid precipitating cognitive counterargumentation.

The Tobacco Industry Has Long Displayed a Strategic Interest in Youth

The industry has demonstrated an interest in the youth market in its planning documents, market research activities, and media plans for many decades (USDHHS, 1994, Pollay, 1995). Ads have been placed on billboards near schools and malls, and in after-school radio spots with effective reach into youth markets. The TV advertising schedules bought in the 1960s reflected a preference for those times with the higher proportions of delivered teenagers, not adults (Pollay, 1994a, 1994b). R. J. Reynolds' 1973 "Research Planning Document on Some Thoughts about New Brands for the Youth Market" described programs for appealing to "learning smokers" (Schwartz, 1995). Philip Morris found that almost half of the nonsmoking girls "share many of the same values as the smokers—and are highly exposed to the total smoking environment. We call them the 'Vulnerables' for, on the surface, they appear to be ready candidates for the next wave of new smokers." (Udow, 1976, H7664.)

Copy concepts for many brands focus on independence, with the adolescent need for autonomy and self-reliance known by the industry to be a dominant one (USDHHS, 1994). The success of starter brands, according to trial evidence, is the result of carefully planned and executed strategies, guided throughout by extensive research (Pollay & Lavack, 1993). Corporate research documents discuss the behavior, knowledge, and attitudes of eleven-, twelve-, and thirteen-year-olds, and media plans specify targets beginning at age fifteen, with willingness to pay as much for ad exposures to fifteen-year-old nonsmokers as to smokers. R. J. Reynolds' Canadian affiliate, for example, commissioned customization of "Youth Target Study '87" and got extensive data on subjects as young as fifteen.

The need to have a strategic interest in youth has long been recognized by the industry, and used to be freely admitted to. For example, just before the Surgeon General's Report of 1964, an advertising trade magazine, *Sponsor* ("What will happen," 1963), noted pro-health education with concern and asked: "If, however, impressionable youngsters are now approached mostly by the anti-smoking fraternity, how will cigarette sales fare 10 years hence?" Note, too, that this also demonstrates the long time spans appropriate in understanding cigarette advertising's effects, which are generational rather than instantaneous, inculcative rather than impulse-generating.

Adolescence Is a Time of Identity Formation and Advertising Attentiveness

"Cigarette advertising's cultural function is much more than the selling of cigarettes. Its collective images represent a corpus of deeply rooted cultural mythologies that are not simply pieces of advertising creativity, but icons that pose solutions to real, experienced problems of identity." (Chapman & Fitzgerald, 1982, p. 494.) The National Association of Broadcasters knew this when trying to help the

industry self-regulate TV ads. "The adult world depicted in cigarette advertising very often is a world to which the adolescent aspires. . . . To the young, smoking indeed may seem to be an important step towards, and a help in growth from adolescence to maturity." (Bell, 1966, p. 30–31.)

Youths are alert to popular culture for cues and clues as to what's hot and what's not. They attend to advertising for symbols of adulthood, but pay only scant attention to warnings (Fletcher et al., 1995). "Teens are also more susceptible to the images of romance, success, sophistication, popularity, and adventure which advertising suggests they could achieve through the consumption of cigarettes." (Nichter & Cartwright, 1991, p. 242.) Even brief cigarette ad exposures in lab settings can result in more favorable thoughts about smokers, enhance attitudes, increase awareness and change brand preferences of the young (Hoek, Gendall, & Stockdale, 1993; Pechmann & Ratneshwar, 1994).

This is consistent with consumer behavior knowledge as reflected in textbooks and journals. "Teenagers have become increasingly aware of new products and brands. They are natural 'triers'." (Loudon & Della Bitta, 1993, p. 151.) They have "a lot of uncertainty about the self, and the need to belong and to find one's unique identity . . . (so) teens actively search for cues from their peers and from advertising for the right way to look and behave . . . (becoming) interested in many different products" that can express their needs for "experimentation, belonging, independence, responsibility, and approval from others." (Solomon, 1994, pp. 503–504.) By high school, possessions and "badge products" like cigarettes are used as instruments for defining and controlling relations between people (Stacey, 1982).

As a 1974 RJR memo states: "To some extent young smokers 'wear' their cigarette and it becomes an important part of the 'I' they wish to be, along with their clothing and the way they style their hair." (Schwartz, 1996, p. A3.) One starter brand in Canada, according to the R. J. Reynolds affiliate who marketed it, was popular with "very young starter smokers . . . because it provides them with an instant badge of masculinity, appeals to their rebellious nature and establishes their position amongst their peers." (Pollay & Lavack, 1993, pp. 268–269.) Adults, in contrast, are not caught up in the processes of identity experimentation and formation. They are not as searching of their environment for consumption items symbolic of aspirational identities.

The image and badge aspects of brands are especially important to ethnic minorities. "While this is of utmost importance when marketing cigarettes in general, we feel it assumes even more importance when marketing cigarettes to blacks. Because blacks in general tend to be more insecure, for obvious reasons, it is critical that the public cigarette badge they adopt be one that supports what they are looking for in terms of psychological reassurance." (Reeves, 1979, p. 3.) Thus, the Newport name has the virtue of connoting "quality and class," because of associations with status symbols such as Newport Beach and the Newport Jazz Festivals.

Youths Are Persuasion-Coping Novices

The young, as consumers, tend to be less experienced in counterarguing against advertising and selling tactics, as well as more brand-conscious than older consumers (Brucks, Armstrong, & Goldberg, 1988; McNeal, 1992). They are also less experienced as shoppers, with fewer experiences of salesmen and persuasion tactics. Friestad and Wright (1994, p. 7) note that "novices in coping with advertising or selling encounters may recognize only simple, superficial patterns in these events and have little proficiency with self-regulatory processes . . . (and) coping strategies." Adults, with their longer histories, particularly as smokers, have less interest in, and greater resistance to, the temptations and appeals of most new brands and/or ad campaigns.

Cigarette Addictiveness and Brand Loyalty Make Adults Proverbial "Old Dogs"

Cigarettes enjoy phenomenally high brand loyalty, the highest of all consumer products (e.g., Alsop, 1989). A relatively low rate of brand switching is the norm, usually 10 percent or less (Cohen, 1990, p. 239; FTC, 1985; Gardner, 1984; Siegel et al., 1996). Some of this nominal switching occurs only within brand families (e.g., from Brand X milds to Brand X lights), and is of little net consequence to the firm's sales or net profit. The high brand loyalty that naturally results from nicotine "satisfaction" of addictive physiological needs makes it very difficult and expensive to convert competitors' customers to your brands. Also, the bulk of the brand switching is the behavior of older, health-concerned or symptomatic smokers who are trading down, typically within a brand family, to products with lower tar and nicotine labeling, in the mistaken belief that those products are safe(r), a belief fostered by years of advertising.

Youths Are Strategically More Attractive Than Adults

The trade of these older customers offers firms very little future and net present value, compared with the value inherent in attracting young starters, the bulk of whom will be brand-loyal (Tye, Warner, & Glantz, 1987). "This is a time when brand loyalties may be formed that could last well into adulthood" (Loudon & Della Bitta, 1993, p. 152, citing Moschis & Moore, 1981). The young are a "perpetually new market . . . thus a marketer must not neglect young consumers who come 'on stream' if the company's brand is to have continued success in the older-age market" (Loudon & Della Bitta, 1993, p. 155). Teens are a strategically important target audience, because brand loyalty is often developed during this time and this creates a "barrier-to-entry for other brands not chosen during these pivotal years" (Solomon, 1994, p. 504).

The death and quitting rates among aging smokers means that sales would drop rapidly were it not for a continuing influx of new starters. This strategic situation has been obvious to the industry for some time. R. J. Reynolds' research and development officers wrote in 1973: "Realistically, if our Company is to survive and prosper, over the long term, we must get our share of the youth market" (Schwartz, 1995). Contemporary corporate documents echo this idea, stating that "young smokers represent the major opportunity group for the cigarette industry," and "if the last ten years have taught us anything, it is that the industry is dominated by the companies who respond most effectively to the needs of younger smokers" (Pollay & Lavack, 1993, p. 267).

Teens Are Three Times More Responsive Than Adults to Cigarette Ads

The latest research (Pollay et al., 1996) uses state-of-the-art techniques to analyze market share as a function of relative advertising, also known as *share of voice*. This measures the impact of cigarette brand advertising on realized market shares, allowing for both current and historical effects of advertising for nine major brands over twenty years. The results, which are robust under many alternative assumptions, show that brand choices among teenagers are significantly related to relative cigarette advertising. Moreover, the relationship between brand choices and brand advertising is significantly stronger among teenagers than among adults by a factor of about three. The greater advertising sensitivity among teenagers is in part due to *scale* (i.e., high fractions of teens concentrated on highly advertised brands), and in part due to *dynamics* (i.e., teen purchase patterns being more responsive to changes in advertising intensity). Further, the impact of advertising on brand choices among youth apparently cannot be dismissed as an inappropriate attribution (i.e., teenagers actually imitating adult brand choices rather than responding to advertising). Even when this aspect is factored into the analysis, the result remains consistent.

Greater advertising sensitivity among youth is consistent with earlier observations that brand choices of youth are highly concentrated on the most heavily advertised brands (CDC, 1992, 1994). California's Operation Storefront also found that "heavy advertising in stores exactly matches the brand preferences of children who smoke . . . but the ad prevalence does not match adult smoker preferences." (Hilts, 1995, p. B10.) "Young people know advertising better, appreciate brand-stretching advertising more," and their ideal self-image matches the images offered by cigarette brands. (Rombouts & Fauconnier, 1988; see also Aitken et al., 1987.) A recent study (Pierce & Gilpin, 1995a, 1995b; Pierce, Lee, & Gilpin, 1994) reported data indicating that smoking rates among young women increased sharply in the late 1960s, coincidental with the launch of Virginia Slims and other nominally "female" brands.

Industry Apologists Typically Offer Weak Research, or None At All

The so-called "experts" that the industry gets to testify in courts and before legislative groups almost always offer opinions that are conspicuously ignorant of true corporate activity. Instead they opine based upon simplistic theorizing and conclusions. Martin told a court that cigarette ads can be of no appreciable import, no matter what their content or character, insulting the competencies of many advertising agencies, and judging their diverse efforts as all failing to alter public perceptions of the product, either individually or collectively. Perhaps the most simplistic and common position used to exculpate the industry is the "mature market" theory, discussed above, typically asserted with no corroborating evidence, perhaps because there is none to be had.

The industry has long relied on Boddewyn to argue that cigarette advertising doesn't influence children, but the survey methodology and logic reported in Boddewyn (1987) is totally inadequate, biased, and superficial. This research was sponsored by the international tobacco industry lobbying organization, conducted by a British contract research firm, and published by an American advocacy organization, not by a peer-reviewed scholarly journal or scientific body. Its conclusion is based solely on a self-report question asking children to select, from a list of thirteen offered reasons, only the most important reason for smoking their first cigarette. This question is, to my knowledge, without precedent in either academic research or trade practice as the sole means of validly assessing advertising's role and effects. Not surprisingly, few choose "I had seen advertising" as the most compelling reason, since to do so requires that advertising's influence be consciously appreciated, willingly admitted to, and predominant among all of the prompted reasons, rather than just a contributing factor. One wonders how many might have agreed or disagreed with a statement like "advertising makes cigarettes seem attractive." While the apologists for the cigarette industry have ignored this grievous weakness, they dramatically raise their critical methodological standards when encountering results threatening their tobacco clients' economic or legal interests (e.g., Boddewyn, 1989). Martin (1993), for example, took the initiative to canvas researchers with a detailed questionnaire soliciting criticism of Pierce et al. (1991), who had found the cartoon Camel well known to the very young, while never commenting on the fallaciousness of Boddewyn's data and conclusions, and his client's political use of same.

Apologists Supporting the Industry Are Admittedly Biased

Boddewyn, for one, at least, admits to being "biased because I have served as a paid expert witness for the tobacco industry." (Boddewyn, 1989, p. 1255.) He portrays health educators and promoters as "overzealous crusaders," characterized by anti-democratic "totalitarianism" and hypocrisy, even suggesting that their concern

with smoking and health might be a "conspiracy" (Boddewyn, 1986b, pp. 323–326). The work offered as objective research by the industry to support its positions includes those self-described as "prepared by and from industry sources" (Boddewyn, 1986a, p. 1) and described elsewhere as being "at the heart" of the International Advertising Association's vested interest efforts to block regulation of advertising (Bruce, Keller, & Cunard, 1985, pp. 28–29). Despite its manifest bias and many methodological weaknesses, this pamphlet has been described by advocates as "proof" that cigarette ad bans don't work.

Econometric Analysis of Aggregate Data Proves Little

Most econometric research has various measurement and estimation problems, and these tend to increase the likelihood of finding ambiguous results (Arbogast, 1986; Chapman, 1989; Franke, 1994). Econometric research characteristically looks at total cigarette sales for a time period and attempts to statistically relate these sales to total advertising expenditures for that and previous time periods. Common problems include a lack of experimental controls and/or systematic variation of the key variables; the omission of key variables such as anti-smoking public health programs; the mis-specification of key variables and their role; and the use of inappropriate criteria such as total sales, rather than something more specific, such as brand shares, the number of starters, smoking rates among youth, or quitting rates. At best, the relating of aggregate sales to aggregate advertising can only measure marginal impacts of the often proportionally small changes in actual aggregate advertising spending. It is not surprising, therefore, that results are typically ambiguous or seem small in magnitude. This suits the industry, as it uses them as so-called "proof" that advertising is, in fact, of little import.

The methodological issues, however, pale in importance compared to this erroneous interpretation of the results. At best, these studies estimate point elasticities of demand around current spending levels. If these elasticities were large, the firms would have a strong incentive to spend more. Therefore, we would expect that discovered point elasticities around current spending levels should be low, as is often found, presuming current spending to be approximately optimal. Too often, the equivocal results or small observed elasticities are illogically used to support the position that cigarette advertising bans would have no effect on consumption. Generalizing from studies of small variation to the import of a total ban is an enormous stretch and clearly fallacious. Expressed formally, "the nonsignificance and small magnitude of the estimated elasticities do not speak to the effects of a total ban on cigarette advertising" (Franke, 1994, p. 39). More simply, consider the inappropriateness of a gardener with meager results from a study of minuscule variations of rainfall on plant growth during a normal year, concluding that these plants would be *totally unaffected by a complete drought.*

The Best Cross-Cultural Research Shows Ad Bans To Be Impactful

A meta-analysis, aggregating data and results across many studies, found a significantly positive elasticity of demand with respect to advertising, despite the issues described above (Andrews & Franke, 1991). This review summarized the many time-series analyses of industry aggregate sales as a function of aggregate advertising and other variables, such as price. There were forty-eight such studies, which collectively covered the period from 1933 to 1990. Of these, twenty-five were based on U.S. data, with another thirteen from the United Kingdom. The advertising elasticity was positive, and appeared to decline over time, as ad spending was simultaneously becoming a smaller fraction of the total promotional budget. Other meta-analyses and international literature reviews have reached the same conclusion: that advertising and its regulation has an influence on primary demand in exactly the manner that common sense dictates (Laugesen & Meads, 1991; Toxic Substances Board, 1989; USDHHS, 1989). Advertising promotes consumption and regulation reduces promotional impact.

Advertising Experts and Trade Journals Doubt the Industry's Stance

Many ad executives, when confronted with the pioneering Surgeon General's Report, admitted that cigarette advertising influenced minors. John Orr Young, whose agency, Young & Rubicam, had cigarette experience, said that: "Advertising agencies are retained by cigaret (*sic*) manufacturers to create demand for cigarets among both adults and eager youngsters. The earlier the teen-age boy or girl gets the habit, the bigger the national sales volume" ("Agency would refuse," 1964a). Another leading advertising executive, the president of McManus, Johns, & Adams felt that "There is no doubt that all forms of advertising played a part in popularizing the cigaret (*sic*)" ("Make cigarets," 1964b.)

Emerson Foote, a founder of Foote, Cone, and Belding, and later CEO of McCann-Erikson, bluntly debunked the industry claims that its advertising affects only brand switching and has no effect whatsoever on recruitment. "I don't think anyone really believes this . . . I suspect that creating a positive climate of social acceptability for smoking, which encourages new smokers to join the market, is of greater importance to the industry . . . In recent years the cigarette industry has been artfully maintaining that cigarette advertising has nothing to do with total sales. Take my word for it, this is complete and utter nonsense" (Foote, 1981).

More currently, one advertising CEO comments generally that cigarette advertising is "even sicker than war. If you were to choose the ultimate insanity of our society, I'd put cigarette advertising at the top" (Horovitz, 1996). Another wrote about the cartoon Camel: "Those of us in the marketing business know exactly what *he's up to; we should be the first to denounce him*" (DesRoches, 1994). A Philip Morris executive adds, "You don't have to be a brain surgeon to see what's going on.

Just look at the ads. It's ludicrous for them to deny that a cartoon character like Joe Camel isn't attractive to kids" (Ecanbarger, 1993). This cartoon campaign has been described as "one of the most egregious examples in recent history of tobacco advertising targeted at children," encouraging even *Advertising Age* editors to urge that it be dropped (Cohen, 1994, p. 12).

The Industry's Latest Position Is Illogical and Ludicrous

The industry and its spokespersons would now have us believe that they have no influence at all on smoking onset, but that both their intent and the effect is exclusively on brand choice among existing smokers, now apparently admitted to include minors. When Pollay et al. (1996) reported on the impact of advertising on teens, a coalition of advertising groups, the Freedom to Advertise Coalition, said it "proves what we have been saying all along—that tobacco advertising is geared to influence market share among those people who already smoke" (Stolberg, 1996). This is saying that the firms' intentions and abilities are such that "we don't encourage children to smoke, only to switch brands." This has been satirized in editorial cartoons as a denial that cigarette advertisers entice kids to start smoking, because their marketing is aimed precisely at the second cigarette they smoke, not the first.

Research shows that the very young are aware of cigarette icons and associate these with both the product and brand. We also know that teens who have started smoking are substantially more affected by cigarette advertising than are adult smokers. Are the ones having their attitudes shaped at an early age all destined to make the perverse decision, from the advertisers' view, not to become smokers? Are the only ones who start smoking those who have had no awareness of, or attraction to, cigarette advertising they were exposed to while growing up (if, indeed, there can even be such a group of people)? Are those who start smoking, presumably despite their blindness and/or numbness to prior cigarette promotion, supposed to become instantly hypersensitive to it? Are we to believe that the children who have ignored advertising throughout their formative years suddenly are the only ones impacted by it?

As the perceptions, attitudes, and beliefs governing brand choice are influenced by cigarette advertising, it is totally implausible that those same brand perceptions, attitudes, and beliefs have no influence whatsoever on the temptation to start smoking. It is impossible to advertise a specific brand without also simultaneously advertising cigarettes as a product class. A Philip Morris marketing vice president, famous for managing Marlboro's success, once said, "A cigarette company's ads are not just competing with ads for other brands. You are competing with every other advertiser in America for a share of the consumer's mind" (Whiteside, 1974, p. 133). Advertising that makes a cigarette brand attractive inevitably also makes cigarette smoking attractive, at the very least the smoking of that brand. There is no known way to advertise so that only brand switching, but not product interest, is affected.

Conclusion

Creating the illusion of controversy is a worn-out tactic, and ought to be treated with incredulous cynicism by scholars and policymakers. In fact, there seems to be far less controversy about the role of advertising than a strong convergence of diverse streams of research and analysis. Strategic analysis indicates that new users are far more attractive to firms than the few, frail and fickle brand switchers. Historical analysis documents the industry's long-standing strategic interest in youth. Analysis of contemporary corporate documents shows this to be an intensifying interest, for it is among minors where virtually all starting of smoking occurs, and starting now occurs at younger ages than ever before. Content analyses of advertising show that cigarette advertising imagery is largely pictures of health and images of independence, known by the industry to resonate with adolescent needs for autonomy and freedom from authority. Behavioral analyses show that cigarette advertising constitutes a psychosocial risk factor. Not only is teen smoking behavior related to past and present advertising, but also this relationship is about three times stronger among teens than among adults. Meta-analysis has shown cigarette advertising elasticity to be positive.

This has important public policy implications. Whether intended or not, cigarette advertising is significantly related to youth smoking behavior. To the extent that advertising influences the use of cigarettes among a consumer group to whom their sale is illegal, the government has a legitimate interest in regulating cigarette advertising. Convergent analyses and results suggest that regulating cigarette advertising may be an effective policy intervention to influence smoking behavior among adolescents. This should at least address advertising whose character is likely to appeal to the young, and placement in media where exposure to the young is inevitable. The authors of the Institute of Medicine's literature review recommend that this be done at federal, state, and local levels, although this would require repealing current pre-emptive federal legislation (Bonnie & Lynch, 1994). For more on legislative options with respect to tobacco advertising, see Arbogast (1986), Blum and Myers (1993), Burns (1994), and Pytte (1990).

Given the many various analyses and diversity of evidence, it seems an inescapable conclusion that cigarette advertising plays a meaningful role in influencing the perceptions, attitudes, and smoking behavior of youth. It also seems appropriate for scholars to react to assertions that there are no such effects on youth with disbelief, and to suspect industry sponsorship as a likely basis for such assertions.

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tory of Advertising Archives, which he curates, has North America's largest collection of cigarette ads, and substantial documentation assembled as the Tobacco Industry Promotion Series (TIPS). This work has led to many publications and to serving as an expert witness in court, testifying on the character, functions, and management of cigarette advertising, public relations, and consumer expectations in the cases of *Cipollone v. Liggett et al.* (NJ, 1988); *Attorney General of Canada v. Imperial Tobacco and R. J. Reynolds-MacDonald* (Montreal 1989); and others. He also consults for the U.S. Surgeon General's Office on Smoking and Health.

Journal of Social Issues, Vol. 53, No. 1, 1997, pp. 75–95

Historical Overview of Tobacco Legislation and Regulation

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In this paper we describe the legislative and regulatory history of tobacco control efforts and discuss the ways in which the debate over tobacco control has been framed. From a regulatory perspective, primary concern is how to balance the individual's legal use of tobacco products with society's obligation to limit the use of a lethal product. Our review demonstrates the progress tobacco control advocates have made in enacting statewide legislation and local ordinances, especially during the past fifteen years, to restrict both smoking in public places and youth access to tobacco products. Nevertheless, this progress may be threatened by a powerful and determined tobacco industry. We discuss various strategies for determining how and where to allocate tobacco control resources.

The use and regulation of tobacco is one of the most controversial public policy topics at all levels of government. From a regulatory perspective, the principal conundrum is how to regulate a product that is lethal when used as intended, but remains legal for most people over eighteen years of age. As a consequence, tobacco

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Funding for this project was provided by a grant from the Robert Wood Johnson Foundation Substance Abuse Policy Research Program. We gratefully acknowledge support for this project provided by David Altman, Ph.D., and Robert Rabin, J.D., National Program Directors for the Substance Abuse Policy Research Program. Mr. Jacobson was in the Health Sciences Program at RAND when the research was undertaken.

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Export A Ads are Extremely Expert, Eh?

by Richard Pollay
Professor of Marketing,
Curator, History of Advertising Archives
University of British Columbia



The current R.J.Reynolds-Macdonald advertising campaign for Export A, which features solo athletes from the many and various extreme sports events that they sponsor with the slogan "Go Your Own Way," contains almost all of the elements that its competitors, its US parent and other US firms have found to be so vital and necessary to the commercial success of cigarette brands and industry.

The Extreme Challenge Export A Faces

The tobacco industry faces many serious business and legal problems, including growing public knowledge of the high levels of risk from smoking, suits seeking damage compensation, regulatory and political initiatives constraining advertising and marketing practices (e.g. plain packaging, retail sales to minors, etc) , and a total market whose size has been diminishing with the quitting and dying of existing smokers. Maximizing profit under these conditions is a daunting task.

The Extreme Importance of Smokers

Cigarette brands enjoy a phenomenally high rate of brand loyalty, higher than seen in any other consumer good. Annual brand switching rates are very low, even when including the switching that has no appreciable health or commercial consequences, i.e. within a brand family, such as from Brand X Mild to Brand X Light. While both the industry apologists and critics often use a ballpark figure of only 10% of smokers switching per year, the most recent figures I've seen for the U.S. indicate even less than this modest amount – from 4-8% a year according to documents produced by RJR (US).

Those who do switch are few in number, often anxious about health risks, and demonstrably fickle, making them a small and unattractive base for building business. In contrast, because of the high brand loyalty and year to year retention of customers, capturing starters builds a solid franchise base. The firms that succeed in capturing starters soon dominate the industry, as well evidenced by both Player's in Canada and Marlboro in the US. Put most simply, to succeed in Marlboro Country, you got to corral 'em while they're young and brand 'em while they're young.

The Canadian tobacco industry has long understood this fact of their life, with internal documents saying: "Young smokers represent the major opportunity group for the cigarette industry." Imperial Tobacco concluded that "If the last ten years have taught us anything, it is that the industry is dominated by the companies who respond most effectively to the needs of younger smokers. Our effort on these brands will remain on maintaining their relevance to smokers in these younger groups" (emphasis in original)



"The industry is dominated b companies who respond m effectively to the needs of you smokers."
Imperial Tobacco said it - but RJR-Macdonald which placed cigarette ad above the comic Mac's Milk

Export A versus Player's

During the last two decades, Export A has suffered greatly in its competition with Imperial Tobacco's Player's brand. When Player's modernized its image with ads associating the brand with recreational sports like hang gliding, mountain climbing and wind surfing, Export A was left behind with a blue collar truck driver image. No matter how realistically this reflects the social class realities of actual and potential smokers, it fails to capture the aspirations of the young.

Market Share of Player's and Exp Cigarettes 1978, 1988 and 1998

	1978	1988
Player's	14.6%	24.0%
Export	16.7%	11.8%

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Physicians for a Smoke-Free Canada

(PSC) is a national health organization, founded in 1985 as a registered charity. We are a unique organization of Can physicians who share one goal: the reduction of tobacco-caused illness through reduced smoking and reduced expos second-hand smoke.

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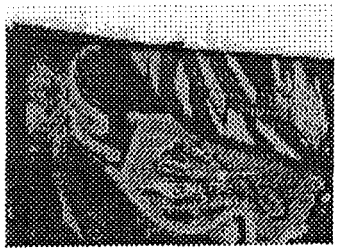
What's Extremely Vital about Export A Ads?

- **Pictures of Health**

Cigarette firms learned long ago to use pictures of health in their ads, rather than provide product information or make verbal claims. Imperial Tobacco's statement of philosophies (sic) which prefaced marketing documents expressed a policy to "support the continued social acceptability of smoking through ... positive lifestyle advertising" (among other activities). Not only does this promote the social acceptability of cigarettes, but it deftly finesses the law by making no falsifiable claims of fact. It also minimizes consumers' counter-argumentation – the tendency to talk back inside our heads to verbal commands and incredible claims. Visual imagery is apprehended and experienced without any necessary cognitive processing.



The pictures of health that have characterized cigarette ads for decades have been portrayals of bold and lively behavior or pure and pristine environments, and often both at the same time. Visible smoke is dirty, so ironically it is rarely seen. Cigarette brands have been frequently associated with sport and recreational activities such as tennis, bicycling, sailing, mountain climbing, hang gliding, wind surfing and general cavorting outdoors.



wind surfing and general cavorting outdoors.



• Risk Taking is Extremely Rewarding

The Export A campaign has pushed the envelope and now encompasses a variety of extreme sports where every competitor get attention and succeeds precisely because of their willingness to take extreme risks. Within the past year, Export A has run advertising calling attention to its sponsorship of extreme ski racing, mountain biking, wild water kayak racing, motorcycle motor cross and extreme water cross competitions on jet skis. In a similar vein, their Canadian competitors Player's and Rothmans, like many international brands, sponsor the fastest forms of automobile and motorcycle racing, and have worked hard to make heroes out of their drivers. They enjoy the added commercial benefit of extensive TV coverage for both the events and heroes.



Back cover of Time Magazine, Can Edition, August 24, 1998

• Extremely Glamorous and Exciting

The portrayals of the extremely risky sports in Export A ads has many consistencies, such as the extreme close-up on the head of the solo athlete shown, who wears mirrored sunglasses reflecting their sport. The sunglasses add several interesting dimensions to the image. Expensive sport glasses are a much prized symbol of status among the young. Their mirrored surfaces add an element of ambiguity and mystery that more readily permits viewers to project themselves into the scene and identify with the image. Perhaps most importantly, digital image manipulation allows the visual to stimulate how people are reflected in the mirrored lenses. This resonates with the concerns of the young as to how they will appear to their peers.



Cigarettes are a visible "badge product" and the user's character is displayed every time the branded package is. Corporate documents state: "Very young starter smokers choose Export A because it provides them with an instant badge of masculinity, appeals to their rebellious nature and establishes their position amongst their peers." Elsewhere they described "How We Want Consumers to View the Brand" stating that "The Export imagery will dimensionalize (sic) the breed of men who are masculine, independent, adventurous and possess the qualities of

natural leadership ... Women are attracted to these men because of their youthful virility, independence and spirit of adventure.

- **Extremely Independent and Individual**



The industry has long known that the most pressing psychological need of adolescents is their need for independence, autonomy, self-reliance – as they seek an adult identity independent of the family cocoon. The brands most successful with teenagers are those that offer adult imagery rich with connotations of independence, freedom from authority, and self-reliance. The Marlboro Man epitomizes this, as he is totally and autonomously free – usually alone and interacting with no one, and always with no parents, no older brothers, no foreman, no bullies, indeed no one at all whose authority must be respected. There is not even a sheriff in Marlboro Country.

In Canada the Player's campaign as always careful to convene individualism in both its visual portrayals of solo surfers, hand gliders, or mountain climbers. Their chosen imagery showed "nobody to interfere, no boss/parents" and used "overtly masculine imagery, targeted at young males ... going through a stage where they are seeking to express their independence and individuality under constant pressure of being accepted by their peers."

This appeal to independence and identity was reinforced by the copy writing of the Player's slogan "A taste you can call your own." Since success breeds imitation, the Export A slogan also resonates with the adolescent need for independence and identity with similar language: "Go Your Own Way."

It is no accident, indeed it seems essential, that all of the sponsored spots in this Export A campaign are individual sports, and that none are team sports. Thus we see skiing, but not hockey – racing in kayaks or jet skis but not in dragon boats. Absent are team sports like volleyball, baseball or soccer, despite their popularity.

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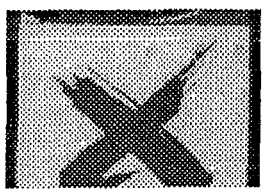
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Success is Extremely Likely but Not Guaranteed



No matter how attractive these ads may make this cigarette brand and smoking appear, their benefit to the firm is made uncertain for at least two reasons. The first lies in the use of pictures of health using emergent contemporary recreations in pure and. pristine environments that echoes those long used by Player's even given their current focus on auto racing. Thus, Export A is adopting a "me-too" positioning, by imitating and extending that which has been so successful for Player's, with the risk that they fall into the perceptual shadow of Player's brand image, with some viewers confusing this effort with ads for Player's. This risk is increased by Export's heavy use in its graphics of a shade of blue not very distinct from Player's blue. Given enough time and repetition, the associations in consumers' minds will increasingly link to Export A, unless Player's makes a competitive counter-move to reassert its highly similar brand image. Because theirs is the established image, it is easier for Player's to remind and retain brand imagery and associations than it is for Export to challenge and displace brand positions "owned" by a competitor.



The second reason success may be less than hoped is that the ads do not strongly establish a link to the current packaging colours or design, except for the typography of the brand name. The greatest graphic uniqueness is in the dramatic red **X**, symbolic for e**X**treme sports, for rendered like graffiti painted in a hurry with a brush. But neither this extreme **X** nor the dominant blue are now seen on all Export packaging. The in-store consumer experience when confronting brands on display wouldn't clearly



stimulate recall of the advertising brand imagery by itself, needing the support it gets from in store posters and displays.

If this campaign tests well except for this, we can expect to see package redesign to incorporate the extreme **X** to increase the payoff from the ad campaign.

Sponsorship Advertising Promotes Cigarette Brands



Positive lifestyle images rehearse and shape perceptions of cigarette brands and smoking, influencing consumer judgments about the popularity of smoking, the healthfulness of smoking, the social approval smokers experience, and the independence and self-reliance characteristics of nicotine addicts. It is assumed by the industry to influence perceptions and attitudes not only of smokers and pre-smokers, but also of their family and friends, the parents, and peers of the youth target market that is the future of the industry.

The Export A Extreme campaign uses vivid imagery to command attention. It is placed far before, far after and far afield from the nominal events themselves. It is placed on billboards, store window posters and displays, transit advertising, magazines and sundry other advertising media to reach a large fraction of the population and to provide persistent reminders at the local level. Repetition, often called the soul of persuasion, has the desirable effect of creating what tobacco ad executives call "friendly familiarity." Consumers come to trust and treat as benign brands and products they encounter frequently, so that repetition of exposure works to bias consumers' judgments about the safety of smoking.

For cigarette brands targeting the young, the advertising images portray smokers as independent and enviably adult, athletic and at home in nature. The Export A campaign does this and more, by associating the brand and cigarette smoking with glamorous contemporary life styles and with highly rewarded risk taking.



The Export A campaign seems to owe much of its inspiration to its predecessor, the Player's campaign – known to have targeted the young and to have been highly successful at so doing. The Export A

striking images attract attention and associate positive lifestyle images with the brand names, logos and other trade mark or graphic signifiers. These associations, particularly with repetition, serve influence the opinions, attitudes, perceptions and beliefs of viewers, whether young or old, smokers or not. It is these factors that bias consumers' judgments and increase the likelihood of smoking. All of this is totally consistent with the meanings of the words advertising (to turn toward) and promotion (to move forward).

These sponsorship ads establish these brand images no less effectively than traditional merchandise advertising. They are, however, different from traditional cigarette ads in two respects: the absence of the well known fact that the brand in question refers uniquely to cigarettes, and the absence of any health warning.

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The Targeting of Youths By Cigarette Marketers: Archival Evidence on Trial

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Anne M. Lavack, University of British Columbia

ABSTRACT

Contrary to vehement industry denials, the targeting of youth is amply evidenced in corporate documents produced during the trial about Canada's cigarette advertising ban. Extensive and sophisticated research identified target segments, starting at age 15, and guided the advertising aimed at them, while recognizing addiction among adolescents. Images of independence and freedom from authority were used by competing firms to appeal to the psychological needs of young starters. Careful crafting ensured that images were not too immature, lest the brand consequently be rejected, and the activities not too aerobic, lest this precipitate cognitive counter-arguing. "Positive lifestyle imagery" was used as a matter of policy to enhance the social acceptability of smoking. The importance of images of independence to attract Canadian youths is compared to the American experience with brands like Marlboro.

INTRODUCTION

Cigarette firms "vehemently, unequivocally and unilaterally deny any youth-directed marketing efforts (*Ad.Age* 1983)." Nonetheless, in 1988 Canada passed the Tobacco Product Control Act to severely limit "inducements" to smoking, i.e. advertising and promotional activities. The constitutionality of this near ban, in intent, was challenged by Imperial Tobacco Ltd. (ITL) and R.J. Reynolds-Macdonald Inc. (RJR). These two major cigarette marketers dominate the Canadian market, sharing it only with Philip Morris (Benson & Hedges). All are affiliated with major U.S. tobacco firms. Although final adjudication of this case is still pending, large quantities of confidential documents from the marketing and advertising files of the two plaintiff cigarette firms became available for pre-trial review and many became trial evidence and entered the public domain. These documents directly contradict many of the tobacco industry's common assertions, e.g., that all cigarette advertising is aimed solely at brand switchers, not starters; or that cigarette sellers take no strategic interest in adolescents. This paper reviews these documents, focusing on the targeting of youth, providing highlights in the firms' own words.

STRATEGIC ISSUES

Tobacco marketers are well aware of the increasingly difficult conditions they face. As awareness of death risks, addiction and the perils of passive smoking have grown and smoking has become less socially acceptable, tobacco companies have made attempts to provide reassurances to smokers in a variety of ways, including the extensive use of advertising and public relations (Pollay 1990b). RJR's 1986 Tempo Qualitative Post-Launch Evaluation (AG-171) points out that:

> "Many smokers are questioning their 'habit' for both health and economic reasons. The present anti-smoking climate has made smokers defensive about smoking both to themselves and to others ... These attitudes result in smokers requiring some reassurance about both the social acceptability of smoking and smoking a particular brand (p.7)."

The commitment to enhance the social acceptability of smoking was repeated often in ITL's statement of philosophies (AG-51) which prefaced most contemporary marketing documents:

> "Support the continued social acceptability of smoking through industry and/or corporate actions (e.g. product quality, positive lifestyle advertising, selective field activities and marketing public relations programs)(p.1)."

The Multiple Roles of Advertising

Cigarette marketers are acutely aware of the important roles played by their advertising. The ITL 1971 Marketing Plan states:

> "In a market with minimal product differentiation, advertising becomes a disproportionately important part of the marketing mix as compared to most other mass consumer products (p.18)."

Advertising also as not only advancing general social acceptability of smoking, and an instrument of competition preferred to price wars, but is seen as a means of influencing the attitudes, perceptions and resulting behaviors of two key consumer segments: concerned smokers (latent quitters), and young starters (new users). Advertising of maximal effectiveness for the firms and industry would (a) reinforce current smokers, inducing them to continue smoking rather than quit, and/or (b) attract starters. The dual interest in reinforcing existing smokers and recruiting new smokers is shown in many of the documents, with brand switchers of only tertiary importance. For example, RJR's 1978 Business Plan (AG-14) identified Export A has having the need to "maintain brand share of first time smokers (p.2060)." Export A's target audience for advertising was made up of "current Export A smokers," "new smokers," and lastly "full flavour switchers (p.2065)."

The Response of the Market and of Imperial Tobacco to the Smoking and Health Environment (AG-41) illustrates how product design, too, serves to retain would be quitters:

> "Smoking and Health has caused a general movement in the market down the T&N [tar and nicotine] scale.... We have evidence of virtually no quitting among smokers of those brands, and there are indications that the advent of ultra low tar cigarettes has actually retained some potential quitters in the cigarette market by offering them a viable alternative (p.2)."

The Strategic Importance of Starters

Capturing a healthy share of the starters market is particularly important in the cigarette industry, because of its phenomenally

[1]All corporate documents discussed were manifest in proceedings assessing the constitutionality of Canada's Tobacco Products Control Act: Imperial Tobacco Limitee & RJR-Macdonald Inc. c. Le Procureur General du Canada, Quebec Superior Court, 1990. Documents entered into evidence are cited using the trial numbers indicating who entered the documents, e.g. Attorney General (AG-###), R.J.Reynolds-MacDonald Inc. (RJR-###) or Imperial Tobacco Ltd. (ITL-###). These, and all others mentioned, were reviewed and reported to the court in Pollay (1990a) (AG-224). A condensed version of this expert opinion appears as Pollay (1992a).

Advances in Consumer Research
Volume 20, © 1993

Leigh McAlister and Michael L. Rothschild, eds., Advances in Consumer Research, Vol. 20. Provo, UT: Association for Consumer Research, 1992, p266-271.

high rates of brand loyalty. Because annual brand switching rates are very low, 10% or less a year in contemporary times, capturing starters builds a solid franchise base with high year to year retention. The firms that succeed in capturing starters soon dominate the industry, as best shown by Philip Morris and Marlboro. The Canadian tobacco industry has understood this for at least two decades. The 1971 Matinee Marketing Plan stated:

> "Young smokers represent the major opportunity group for the cigarette industry. We should therefore determine their attitudes to smoking and health and how this might change over time (p.11)."

More recently, the F'88 Marketing Plan of ITL notes:

> "If the last ten years have taught us anything, it is that the industry is dominated by the companies who respond most effectively to the needs of younger smokers. Our efforts on these brands will remain on maintaining their relevance to smokers in these younger groups in spite of the (poor) share performance they may develop among older smokers (p.6, emphasis in original)."

Although couched in the corporate terminology of "major opportunity group" and the desire to "respond most effectively to the needs of younger smokers," marketing documents demonstrate that the youth franchise which the primary youth-oriented brands enjoy is no accident, but instead is the result of carefully planned and executed strategies, guided throughout by extensive research.

RESEARCH

Multiple research resources and perspectives are employed for a single brand. ITL's Project Huron, for example, evaluated the feasibility of an American flavored cigarette targeted primarily at young males 15-25. It was the subject of at least 33 different market research reports, utilizing at least six external research suppliers, over the space of just four years. Market research enhances the potential impact of cigarette advertising by carefully identifying the effective appeals and executions. The techniques range from the pedestrian to the esoteric, from simple surveys and focus group discussions to elaborate and convergent analyses of multiple data bases. Most studies seek insight into the psychological dynamics of existing and potential consumers, and their perceptions, interpretations and recall of advertisements. Research documents discuss the behavior of 11, 12 and 13 year olds and the nature of the starting process. The consumer research identifies the needs, interests and concerns of target audiences so that advertising can position the product offering in terms that they will find relevant and appealing. The heterogeneity of consumers leads cigarette firms to identify segments who share similar patterns of social and political attitudes, lifestyles, product use and brand preferences.

Risks and Rationalizations

Both ITL and RJR have generated several research studies focused on starters, some of which have identified the risks and rationalizations of pre-teens and teens when beginning to smoke. Imperial Tobacco's Project 16 used focus groups of 16 and 17 year olds in the fall of 1977. It was described retrospectively in Project Plus/Minus (AG-217) as being a "memorable project" with the purpose of understanding:

> "why do young people start smoking, and how do they feel about being smokers?... The results were in depth, revealing, at times even fraught with drama in glimpses of the baring of that much investigated but still mysterious adolescent psyche (p.1)."

Project 16 (AG-216) was conducted at hotels where "closed circuit television observation facilities were in use for observers from Imperial Tobacco, McKim Advertising Limited, and Spitzer Mills and Bates [ITL's advertising agencies] (p.2)." Among the insights into starting that were revealed:

> "The adolescent seeks to display his new urge for independence with a symbol, and cigarettes are such a symbol.... Serious efforts to learn to smoke occur between ages 12 and 13 in most cases (p.i-ii)."

Project 16 also revealed that the cigarette firms know full well that many 16 and 17 year olds are already addicted to cigarettes, and are sorry they ever began to smoke:

> "However intriguing smoking was at 11, 12 or 13, by the age of 16 or 17 many regretted their use of cigarettes for health reasons and because they feel unable to stop smoking when they want to (p.vi)."

Imperial Tobacco subsequently commissioned Project Plus/Minus (AG-217), a study among young people aged 16-24 which sought additional insight into their perceptions of the pros and cons of smoking. The report concluded that:

> "Starters no longer disbelieve the dangers of smoking, but they almost universally assume these risks will not apply to themselves because they will not become addicted. Once addiction does take place, it becomes necessary for the smoker to make peace with the accepted hazards. This is done by a wide range of rationalizations ... The desire to quit seems to come earlier now than before, even prior to the end of high school. In fact, it often seems to take hold as soon as the recent starter admits to himself that he is hooked on smoking. However, the desire to quit, and actually carrying it out, are two quite different things, as the would-be quitter soon learns (p.i)."

Quebecois subjects expressed similar attitudes about being addicted. Project Plus/Minus: Young People and Smoking, Behaviors and Attitudes, 1982, Summary concluded:

> "They are sorry that they ever started smoking because it's harmful but they feel somewhat trapped. They are constantly reminded of their lack of willpower. To defend themselves they tend to put on a jaunty air. They do this to save face because they would really like to quit and not appear to be slaves to their cigarettes ... Those who have tried to give up smoking have found the experience very painful. It made them realize that, although they thought they could quit easily, they have become slaves to their cigarettes (p.12-13)."

Identifying Personality and Psychological Needs

The primary example of this focus is the Youth Target Study '87 (RJR-6), a major study with four large volumes of results. The 1,022 subjects of this research were aged fifteen (15) to twenty-four (24) years of age. Whether non-starters came from particular family and social environments was addressed by measuring adult

smoking, family pressures about starting, and smoking by teenage peers. Lifestyle was measured along fifteen dimensions such as laissez-faire, workaholic, wimpishness, or dropout. Attitudes and knowledge about the association between smoking and ill health were studied in great depth. The images of smokers, quitters, and never starters were measured along seventeen dimensions. Data on the image of tobacco products was gathered on twenty five scales. Advocacy issues were tapped by measuring awareness of anti-smoking campaigns and the relative credibility of various sources of information, such as doctors, teachers, government, and manufacturers.

Perhaps the most striking component of this massive research effort, however, was the measurement of personality traits with a clinical psychometric instrument, Cattell's 16 Personality Factors. Scales of this instrument ranges from Harria (tough-minded) to Premsia (tender-minded); Alaxia (trusting) to Protension (suspicious); or Threctia (shy) to Parmia (adventuresome). Still other scales measure, in the less obscure terminology, intelligence, ego strength, submissiveness, shrewdness, imaginativeness, guilt proneness, conservatism, self-sufficiency and self-discipline.

Sample Segments

Youth Target Study '87 (RJR-6) used cluster analysis to divide the youth market into seven psychographic groups, descriptively dubbed Big City Independents, Tomorrow's Leaders, Transitional Adults, Quiet Conformers, T.G.I.F.'s, Insecure Moralists, and Small Town Traditionalists (p.8-10). The T.G.I.F. (Thank God It's Friday) segment is the largest, containing about 30% of all those aged 15-24. A whopping 62% of the T.G.I.F. group are smokers making them a primary target segment (p.39). The T.G.I.F. group is primarily comprised of underachievers who are:

> "rooted in the present. They live for the moment and tend to be self-indulgent ... Achievement and leadership is not a goal for this group compared to others. Societal issues are relative non-issues ... [and] they are the most prominent supporters of smoking ... They do read newspapers and some magazines, including *Playboy* and *Penthouse*. Heavy metal and hard rock are common music choices (p.8, 21)."

In stark contrast, Tomorrow's Leaders are described as being "gregarious and assertive, clear in their direction and oriented toward achievement and success.... They are personally active in sports and concerned about fitness. Smoking is anathema (sic)(p.13)." Small Town Traditionalists "often come from rural and small town areas and [are] imbued with the conservative values emanating therefrom (sic).... [They] are hard working, unselfish and against smoking, sexual freedom, discrimination and overt sex and violence (p.26)."

An even more elaborate effort was RJR's Family Segmentation: Segment Descriptor Study (RJR-175), which used a triangulation of three complementary approaches to segment the entire cigarette market, not just youths. The first approach used perceptual mapping on data evaluating 16 brands across a series of product/user imagery statements. This identified five brand imagery clusters: masculine, female/moderation, popular/urban, concerned, and traditional. A second segmentation approach, called "tobaccographics," also found five segments reflecting differing patterns in attitudes toward smoking: Experimenters, Quitters, Guilty Unselective Habituals, Selective Habituals, and Ostriches (the industry term for those unresponsive to health information, like the proverbial ostrich with its head buried in the sand in response to threat). The third segmentation approach defined psychographic segments based on 74 statements which reflected attitudes toward life in general. Status Seekers, Affluent Progressives, Achievers, Conservatives, Traditionalists, and Geriatrics were the identified clusters from this perspective.

HOW ADS TARGET THE YOUNG

Modelling Young People and Behaviors

Player's, an ITL starters' brand, sought the starters market in head to head competition with RJR's Export A. The F'81 Advertising: Objectives and Strategies, Creative Guidelines (AG-35) specifies that the target market will "emphasize the under 20 year old group in its imagery reflection of lifestyle (activity) tastes (p.42)." Despite the self regulatory guidelines which in Canada, like the U.S., specify that models should be and appear to be over 25, the models used in Player's advertising were intended to be particularly young looking:

> "Models in Player's advertising must be 25 years or older, but should appear to be between 18 and 25 years of age (p.52)."

RJR learned the hard way that models can be too young, however. The Tempo brand was test marketed in select cities, with most of the media budget going for out-of-home media, targeting key youth locations and meeting places close to theatres, record stores, video arcades, etc. The J. Walter Thompson creative recommendations (AG-16) targeted the young who were "extremely influenced by their peer group" using "imagery which portrays the positive social appeal of peer group acceptance ... where acceptance by the group provides a sense of belonging and security (p.4)." The creative featured notably young models, arm in arm, and wearing casual clothes seen as trendy by the young. The brand met with mixed results in the test market, in part because it was too explicitly "young" in its character. Few self respecting teenagers want an explicitly teen product, as they seek symbols of adulthood, not adolescence.

Images of Independence

The brands most successful with teenagers are those that offer adult imagery rich with connotations of independence, freedom from authority, and self-reliance. The Marlboro Man epitomizes this, as he is totally and autonomously free - usually alone and interacting with no one, and always with no parents, no older brothers, no foreman, no bullies, indeed no one at all whose authority must be respected. There is not even a sheriff in Marlboro Country.

But while the young seek independence from authority (parents, teachers, etc.), they also want peer support. Cigarettes are a visible "badge product" and the user's character is displayed every time the branded package is. How peers view your brand of cigarette is also, therefore, vitally important. The firms are aware of this delicate dialectic, and the dual role of advertising in communicating to both the potential consumer and his or her peers. ITL's 1988 Project Sting tested "overtly masculine imagery, targeted at young males ... Young males are going through a stage where they are seeking to express their independence and individuality under constant pressure of being accepted by their peers (p.1-2)."

The Export A brand had a special appeal for young adolescents, as recognized by RJR in the Export Family Strategy Document of 1982 (AG-222):

> "...very young starter smokers choose Export A because it provides them with an instant badge of masculinity, appeals

to their rebellious nature and establishes their position amongst their peers (p.7299)."

RJR carefully nurtured this image of the Export A smoker. A section titled "How We Want Consumers to View the Brand" states that:

"The Export imagery will dimensionalize (sic) the breed of men who are masculine, independent, adventurous and possess the qualities of natural leadership.... Women are attracted to these men because of their youthful virility, independence and spirit of adventure (p.7331)."

ITL's 1985 Project Stereo (AG-27) provided creative guidelines for the effective display of freedom and independence in advertising imagery for appealing to a young market. Project Stereo described how Player's and its closest rival for starting males, Export A, both imaged independence, with subtle yet very important differences. Both used ads featuring strong, masculine, hardy men, typically alone in the fresh air of the outdoors. The brand images for Player's and Export A were, however, contrasted as follows by ITL, with the far more successful Player's brand image mentioned first:

"choose to be alone vs. being a loner;
masculine/softer man vs. macho/rugged;
okay to show feelings vs. can't show feelings;
can get along with women vs. no women;
better job/steady worker vs. working class, blue collar;
adventurous/try new things vs. daredevil;
independent/strong willed vs. doesn't care about society (p.18)."

Project Stereo's Final Report (AG-27) made recommendations for designing advertisements for the Player's brand showing people "free to choose friends, music, clothes, own activities, to be alone if he wishes"; who "can manage alone" and be "close to nature" with "nobody to interfere, no boss/parents"; and self-reliant enough to experience solitude without loneliness (p. 60).

Pictures of Health

The images used in the Player's ads were carefully crafted to feature attainable activities which were appealing to youth, but which were not so 'aerobic' as to be unbelievable in the context of smoking. The Player's Filter '81, Creative Guideline (AG-222) suggests that ads feature activities which:

"should not require undue physical exertion. They should not be representative of an elitist's sport nor should they be seen as a physical conditioner. The activity shown should be one which is practiced by young people 16 to 20 years old or one that these people can reasonably aspire to in the near future. The activity should not be limited to a certain social class or inaccessible to our target group because of their modest means.... The chosen scene should idealy (sic) depict a pause or moment of relaxation before, during or after the activity.... However, the scene may show participants in action if the moment of product consumption can be assumed to be close to the scene depicted (p.1-2)."

Minimizing Counter-arguing

Although images used in cigarette advertising often portray pictures of health, these images are tested, ensuring that they elicit minimal counter-arguing from viewers. For example, in the Project Stereo Advertising Evaluation (AG-220) a windsurfing ad for ITL's Player's brand was evaluated finding that:

"The reaction to windsurfing as an activity is neutral with regard to whether or not the people who engage in it are likely to be smokers or not. However, the more physically fit and healthy-looking the protagonists, the stronger the 'no-smoking' reaction. The same person sitting on the beach—perceived by most as resting after surfing—or shown carrying a surfboard—whether getting out of the water or walking toward the ocean—evokes different reactions regarding smoking. Respondents are willing to accept the man smoking while resting but are reluctant to think of him as a smoker while his well-built body is in full view (p.6)."

DISCUSSION

The American Experience.

Cigarette manufacturers have been judged to be targeting America's young for many years. *Fortune* (1963, p.120) long ago observed that "cigarette ads often portray and seem to be pitched directly at young people." Recent analysis of the television media buying by cigarette firms in the 1960s notes that the buying patterns were significantly correlated only with the size of the teenage audience various time slots delivered (Pollay 1992b).

American advertisers, like their Canadian counterparts, have long thought that individualism, and the related notions of independence, self reliance, autonomy from authority, are important strategic concepts in ad executions, accounting for the success among starters of some of the most prominent brands, like Marlboro or Virginia Slims. One account describes the success of Philip Morris' marketing executives George Weissman and Jack Landry. Marlboro had been sold as a woman's cigarette, with devices like lipstick colored filters and a "Mild as May" slogan, since the 1920s. The first attempts at repositioning the brand as male in the 1950s featured the breathy sensual singing of Julie London and tattooed WWII veterans, paying most attention to the flip-top box packaging innovation. When Weissman assumed responsibility in the late 1950s, his research informed him that post-adolescents in search of an identity were taking up smoking as a way of declaring independence from their parents. Jack Landry, together with the Leo Burnett agency, came up "commercials that would turn rookie smokers on to Marlboro ... the right image to capture the youth market's fancy ... a perfect symbol of independence and individualistic rebellion (Meyers 1984, p.70)." The power of this image based transformational, rather than informational, style of advertising was and is still demonstrated by Marlboro's stunning success over time at capturing a significant share of starters, inevitably becoming the best selling brand.

Marlboro's success led to much imitative competition. The FTC reported that one of the popular cigarette advertising strategies of the 1960's was the use of images portraying "personality characteristics which the advertiser hopes will appeal to the audience of existing and potential cigarette smokers ... The classic example of this approach is the Marlboro cowboy—ruggedly masculine, self-sufficient ... The theme of masculine independence has been used by several other advertisers (FTC 1970, p.8)." Ads for Camel, Newport and Old Gold were named as examples, and Virginia Slims in a parallel manner appealed to feminine independence, then as now. Neither the Marlboro campaign, nor the Virginia Slims campaign, have been substantially altered in more than twenty

years, a rare stability that is a sure indicator of their strategic soundness and success.

Many ad campaigns over the years have featured racers of cars, motorcycles, speedboats, etc. Many brands, like Camel, Marlboro and Winston in the U.S. and Player's and Rothmans in Canada, sponsor racing events and teams on an on-going basis. There is more to this than simply appealing to young men's interest in fast cars and other machines. A commercial study of a Viceroy campaign featuring close-ups of "a young man in auto racing garb" found that subtle visual differences, caused by the model's appearance, positioning, or other staging devices or decisions, had large effects upon consumer reactions. A test ad strongly communicated "positive personality characteristics including courageousness, independence, adventurousness and aggressiveness (Schwartz 1976, p.75)."

The sponsorship of racing car events by Marlboro may at first seem inconsistent with the cowboy character, but it is not. Philip Morris' Vice-President of Marketing Services, Ellen Merlo, explained: "We perceive Formula One and Indy car racing as adding, if you will, a modern-day dimension to the Marlboro Man. The image of Marlboro is very rugged, individualistic, heroic. And so is this style of auto racing. From an image standpoint, the fit is good (Marlboro 1989, p.5A)."

The President and CEO of Philip Morris International, Mr. R. W. Murray, discussed the Marlboro Man more generally and echoed this analysis, adding an aspect of self reliance: "The cowboy has appeal to people as a personality. There are elements of adventure, freedom, being in charge of your destiny (Trachtenberg 1987, p.109)." An ad executive who heads the account for a leading female brand, and who requested anonymity, was quoted by the *Wall Street Journal*: "We try to tap the emerging independence and self-fulfilment of women, to make smoking a badge to express that (Waldman 1989)."

The Importance of Images

The academic literature also recognizes that many teens believe that cigarettes enhance one's sense of maturity and reputation for autonomy (Covington and Omelich 1988). Teens may use smoking as a means of enhancing their identity (Burton, et al. 1989), or as a way of projecting an image of self (Leventhal, et al. 1991). Academic research has also suggests that cigarette advertising has predisposing as well as reinforcing effects on children's attitudes and behavior with respect to smoking (e.g. Aitken, et al. 1991). Cigarette marketers carefully craft youthful brand images which exemplify traits that the largest number of adolescents are most likely to find highly attractive - independence, freedom from authority, autonomy, self-reliance.

Positive lifestyle images are also believed by the industry to effect the continued social acceptability of smoking, as everyone is exposed to the advertising campaigns and their imagery, whether a smoker or not, whether old or young. This imagery rehearses and shapes the perceptions of smoking, both in general and for a specific brand, potentially biasing judgments about the popularity of smoking, the healthfulness of smoking, the social approval of smoking, and the independence and self-reliance characteristic of nicotine addicts. It is assumed to influence perceptions and attitudes, not only of smokers and pre-smokers, but also of their family and friends, the parents and peers of the youth target market that is the future of the industry.

CONCLUSION

Careful and extensive consumer research has been employed in all stages of the process of conceiving, developing, refining and deploying cigarette advertising strategy. The marketing research excerpts presented here sample the wealth of information and analysis which the tobacco industry has lavished on the youth starter market. This research provides the firms with considerable insight into smokers and starters, their motivations, perceptions, attitudes, interests and responses to test advertising. The research and strategic thinking identifies the psychological needs, wants and interests of the target segments, and leads to the creation of a strategic positioning of the products, presenting them in ways that promise satisfactions of their psychological needs.

For starter brands, such as America's Marlboro and Canada's Player's and Export A, images are created to address the adolescent need for adult independence, self reliance, and freedom from authority. Many ads also promote peer acceptance among targeted young people. The advertising images for brands targeting the young portray smokers as autonomous and adult, athletic and at home in nature. Test markets and copy testing has teaches cigarette advertising to craft these images carefully, avoiding models which are too young, lest the brand be rejected as immature, and avoiding activities that are too aerobic, lest the ad precipitate cognitive counter-arguing. The overall effect of these "images of independence" and "pictures of health" is intended to capture starters and promote the social acceptability of smoking.

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Richard W. Pollay, S. Siddarth, Michael Siegel, Anne Haddix,
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The Last Straw? Cigarette Advertising and Realized Market Shares Among Youths and Adults, 1979-1993

The authors test the hypotheses that parameters of advertising sensitivity for adolescents are significant and perhaps larger than those for adults. Cigarette brand shares of advertising voice are found to be significantly related to realized market shares, with advertising sensitivity being about three times larger among teenagers than among adults. This result is robust to various analytic assumptions and converges with strategic analysis, consumer behavior theory and research, econometric metanalyses, historical research, and corporate documents. The authors argue that cigarette competition between firms is predominated by the battle of brands for market share among the young, and assertions to the contrary, without supporting evidence, should be treated with scholarly skepticism.

Cigarette advertising has long been a subject of substantial academic, economic, and political interest. A fundamental concern has been the role of cigarette advertising in influencing cigarette primary demand (total consumption) and, particularly, the smoking behavior of children and adolescents. It is estimated that approximately one billion packs of cigarettes worth more than $1 billion are consumed annually in the United States by minors less than 18 years of age (DiFranza and Tye 1990). The younger the age of sampling and uptake (i.e., regular smoking onset), the greater the likelihood of chronic use as adults (Chassin et al. 1990). The World Health Organization now estimates that, of adolescents who continue smoking throughout their lives, "half will be killed by tobacco ... we can expect 200 million to 300 million children and adolescents under 20 (world-wide) currently alive to eventually be killed by tobacco" (Voelker 1995, p. 203). Thus, smoking uptake by minors has been the subject of two recent book-length literature reviews by the U.S. Surgeon General (U.S. Department of Health and Human Services [hereafter USDHHS] 1994b) and the Institute of Medicine (Lynch and Bonnie 1994) and has been the motivator for recent initiatives of the Food and Drug Administration describing nicotine addiction as a pediatric disease and nicotine as a design feature of cigarette products (Hwang, Freedman, and Frisby 1995; Kessler 1995a, b; Schwartz 1995).

Cigarette advertising attracts public and academic attention in part because there is so much of it. For 1993, total cigarette-industry advertising and promotional spending in the United States was over $6 billion, and it is still growing (Hwang 1995). Nonetheless, advertising is not the only contentious element of the industry's marketing mix. Others have reported on product aspects, such as filter design and package labeling (Davis, Healy, and Hawk 1990; Gori 1990; Henningfield, Kozlowski, and Benowitz 1994); nicotine as a product design feature (Hilts and Collins 1995; Mahar 1994; Slade et al. 1995); product additives (Freedman 1995;) and packaging graphics (Beede and Lawson 1992; Cunningham and Kyle 1995; Pollay 1994c). Other reports cover promotional aspects, such as advertising informativeness (Pollay 1991, 1993a), tar and nicotine data in advertising (Cohen 1995), targeting of minority groups (Blum 1989; Pollay, Lee, and Carter-Whitney 1992), sports sponsorship as access to television (Blum 1991; Ledwith 1984), and product placement in films (Bergman 1989; Hazan, Lipton, and Glantz 1994; Magnus 1985). Still others report on distributional aspects, such as sales of single cigarettes (Klonoff et al. 1994), unsupervised vending machines (Davis 1991), distribution near schools (Barovich et al. 1991), retail display advertising (Cummings, Sciandra, and Lawrence 1991; Hilts 1995; Kennedy 1970), and free product sampling (Davis and Jason 1988).

Of all the recent advertising events, probably none have provoked more comment and controversy than the "Smooth Character (Joe Camel)" campaign for R. J. Reynolds's

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Camel brand, and there are several reports that this cartoon character was widely recognized by young children (DiFranza et al. 1991; Fischer et al. 1991; Konrad 1991).[1] *Advertising Age* reported its own survey results, with Camel brand recall rates of 90% among children 8 to 13 years of age (Levin 1992). David Kessler (1995b, pp. 10–12), the Commissioner of the Food and Drug Administration, described the campaign as "irreverent, humorous and sophomoric" and reported that even the researcher hired by R. J. Reynolds found children to be as familiar with Joe Camel as with Ronald McDonald. That effort modified Fischer and colleagues' (1991) procedures, yet it was still found that "Joe Camel had relatively high recognition compared to several trade characters," because more than 50% of children 3 to 6 years of age correctly matched the Joe Camel trade character with cigarettes (Mizerski 1995, p. 66). Other researchers have reported even higher recognition rates of 86% for 8-year-old children (Henke 1994).

This has led to health advocates and even marketing professionals expressing a great deal of concern about the potential consequences of the Camel campaign, because young children are "neither legally capable of using nor fully able to understand the potential risks associated with the product's use" (Mizerski 1995, p. 61). As one adman wrote: "Those of us in the marketing business know exactly what he's up to; we should be the first to denounce him" (DesRoches 1994, p. 23). The standard response of the cigarette industry to concerns about children and cigarette advertising has been to insist that "kids just don't pay attention to cigarette ads ... [our advertising] purpose is to get smokers of competitive products to switch ... [which is] virtually the only way a cigarette brand can meaningfully increase its business" (R. J. Reynolds 1984, p. 89). This position is uncritically echoed by others (e.g., Boddewyn 1986, 1989).

To explore the validity of this important assertion, our research focuses on interbrand competition, not starting behavior or aggregate smoking rates. We examine the market shares of various cigarette brands to discover the extent to which these are related to the relative intensities of previous and current advertising for these brands,"share of voice," reasoning that "even in mature markets, relative advertising is important for gaining sales" (D'Souza and Rao 1995, p. 39). As the president of the American Association of Advertising Agencies, John O'Toole stated, "Share of voice ... almost always corresponds to share-of-market" (Harris 1991, p. 24).

Recent surveys have found that the brand choices of adolescent smokers were heavily concentrated on those brands with the largest advertising budgets (Centers for Disease Control and Prevention [hereafter CDC] 1992, 1994). To study this phenomenon in greater detail, we determine the relationship between share of advertising voice and brand share of sales with standard market share econometric methods and assumptions, such as the distributed lagged effects of advertising on sales. We study the interbrand competitive effects of cigarette advertising for the market as an undifferentiated whole and with adolescents and adults as separated segments of the market.

Before presenting our research, we briefly review previous econometric studies while focusing on those reporting results from brand-level cigarette data. Next, we develop hypotheses and present both those inherent in industry assertions and alternative ones suggested by theoretical, strategic, and behavioral analyses, as well as by evidence from the tobacco trade itself. We then present our methods and results, which are followed by further discussion.

Econometric Studies

Previous efforts to study the role of cigarette advertising on sales have often been fraught with methodological difficulties that yield results that are sometimes inconclusive and/or contentious, particularly so for highly aggregated data. Many measurement and estimation problems in these econometric studies tend to produce ambiguous results with uncertain implications (Arbogast 1986; Chapman 1989; Franke 1994). Common obstacles include lack of both experimental control and systematic variation of the key variables; limited ranges for the key variables being observed; identification problems; treatment of lagged and durable effects of advertising; use of inappropriate criteria, such as total sales, rather than something more specific, such as brand shares, the number of starters, or quitting rates; the omission of key variables, such as antismoking public health programs; and the (mis)specification of key variables and their roles. At best, relating aggregate sales to aggregate advertising can only measure the marginal impact of the often small changes in actual aggregate advertising spending.

The most serious problem, however, is not methodological, but interpretive. At best, these types of studies estimate point elasticities of demand around current spending levels. If the elasticities were large, the firms would have a strong incentive to spend more. Therefore, we expect that discovered point elasticities around current spending levels should be low if spending is close to optimal. Too often, the equivocal results or small observed elasticities illogically are used politically to support the position that cigarette advertising bans would have no effect on consumption. Generalizing from studies of small variation to a total ban is clearly fallacious. As an analogy, consider an agronomist with meager results from a study of small variations of rainfall on plant growth concluding that these plants would be unaffected by a total drought. Analysts recognize that this is an inappropriate conclusion and generalization. "The non-significance and small magnitude of the estimated elasticities do not speak to the effects of a total ban on cigarette advertising" (Franke 1994, p. 39).

Despite the diversity of databases and time spans analyzed, the models employed, the covariates considered, and the methodological problems previously alluded to, Andrews and Franke's (1991) metanalysis of this large body of literature shows a significantly positive elasticity of demand with respect to advertising. Their review does not deal with the few cross-sectional studies or estimates based on survey results, but rather the many time-series analyses of industry

[1]The use of tradenames is for identification purposes only and does not imply endorsement by the *Journal of Marketing*, the authors, or their universities or employers, such as the USDHHS.

aggregate sales as a function of aggregate advertising and other variables, such as price. There were 48 such studies, which collectively covered the period from 1933 to 1990. Of these, 25 were based on U.S. data, another 13 were from the United Kingdom, with the remainder from other countries. The weighted mean advertising elasticity appeared to decline over time but was positive and significantly different from zero, as was the income elasticity. The calculated negative price elasticity meant that all three elasticities were in the directions that basic economic theory posits. Other meta-analyses and international literature reviews reach the same conclusion that advertising and its regulation has an influence on primary demand (Laugesen and Meads 1991; Smee et al. 1992; Toxic Substances Board 1989; USDHHS 1989a).

Brand-Based Studies

The majority of econometric studies of cigarette advertising and sales use aggregate data. "Only a few studies have examined the relationship between brand advertising expenditures and brand consumption, a vital component in the discussion of the effects of cigarette advertising" (Wilcox 1991, p. 63). Using data at the brand level can produce inferences and insights not obtainable from more aggregate data and this "improved understanding can lead to more effective regulations" (Wilcox and Richards 1990, p. 153).

In an early pioneering paper, Telser (1962) used brand-based data from 1912 to 1960 for various purposes, estimating (1) the returns to advertising brand by brand, (2) the dynamics of competitive rivalry using advertisement spending, (3) the depreciation of advertising capital (goodwill), and (4) repeat purchase parameters. The fourth is of strategic interest, because it measures "the fraction of sales they [the firms] retain from year to year" once a brand "obtains a cohort of customers by means of advertising" (Telser 1962, p. 483).

Peles (1971) discussed data for 22 brands representing all six U.S. firms for the period between 1953 and 1965. His models consider brand advertising expenditures for all other brands and show that advertising increases demand for cigarettes and that advertising's effects carry over into future years with an advertising goodwill decay rate estimated at between 35% and 45%.

Schnabel (1972) studied cigarette-industry data for 18 brands from 1948 to 1963 by using Koyck's (1959) depreciation of advertising goodwill and found a depreciation rate of 27 to 35%. Brands with large shares of advertising earned proportionately large market shares, which suggests no substantial economies of scale.

Another study of economies of scale for advertising examined 14 unnamed brands for the period between 1953 and 1970 with equations that included parameters for competitive advertising, as well as current and accumulated "advertising capital" (Brown 1978). This study concludes that advertising is a significant barrier to entry, which puts new brands at a disadvantage, including new brands introduced by the established firms. It also finds that the returns to advertising fell the longer a brand had been on the market, though this finding could be specific to the era studied—when the industry was dramatically transformed by new brands offering the technological innovation of filters.

Recently, Holak and Reddy (1986) examined ten brands over the period 1950–1979 to compare industry behaviors before and after the cessation of broadcast advertising. They conclude that the withdrawal of cigarette advertising from broadcast media changed the competitive dynamics of the industry. The broadcast ban appears to have had the effects of decreasing advertising elasticity, increasing price elasticity, increasing brand loyalties substantially, and in general acting as a barrier to competitive entry.

Holak and Tang (1990) studied 12 brands over the period 1952–1979 to explore the *product evolutionary cycle*, an alternative to the more familiar *product life cycle*. They found a causal relationship between advertising and sales for Marlboro, Viceroy, Winston, L&M, Kent, and Salem brands, with more ambiguous results for the older unfiltered Camels and Pall Malls.

Wilcox and Richards (1990) related separately the 1949–1985 sales for five brands (Kool, Salem, Winston, Benson & Hedges, and Marlboro) to brand advertising activity, price, and other variables. They found advertising expenditures to be significantly and positively associated with sales for four of the five brands—all save Winston. An expansion of this analysis to ten brands representing five of the six U. S. firms adds Newport to the list of brands for which advertising was significantly related to sales and concludes that "advertising is perhaps a fairly important marketing tool" (Wilcox 1991, p. 65).

Hypotheses

Industry Assertions and Null Hypotheses

Despite the metanalysis (Andrews and Franke 1991) indicating that elasticity of cigarette advertising is positive, some persist in believing that cigarette advertising is of little consequence, at least with respect to young children (e.g., Boddewyn 1989; Reid 1989; Ward 1959). Arguing that cigarettes are a so-called mature industry, it is claimed that cigarette advertising and promotional activity affects only brand-switching behavior among established adult smokers. These sort of testifiers would have us believe that by neither intent nor effect does cigarette advertising influence young people, reassure and retain existing smokers who might otherwise quit, or induce current smokers to smoke more—several of the ways that advertising might conceivably influence primary demand.

The assertion that cigarette advertising has little or no effect on the young is the basis for our null hypotheses. We postulate two such null hypotheses, one more stringent than the other. The more stringent H_1 asserts that there is no effect on teenagers whatsoever, whereas a less stringent formulation, H_2, posits that advertising effects on teenagers, if evident, are significantly smaller than those on adults. Expressed more formally,

H_1: Brand choices among teenagers are unrelated to cigarette advertising (i.e., $\beta_{teen} = 0$, where β_{teen} is a coefficient of advertising sensitivity for teenagers).

H_2: Brand choices among teenagers are significantly less related to cigarette advertising than those among adults (or $\beta_{teen} < \beta_{adult}$, where β_{adult} is a coefficient of advertising sensitivity for adults).

Alternate Hypotheses

There are several reasons to posit alternate hypotheses. Theoretical, strategic, historical, and behavioral analyses all point to the distinct possibility that advertising is important among teenagers and affects their brand and product perceptions, attitudes, beliefs, and behavior—including brand choice. There are several reasons to posit that the relationship between advertising and brand choice may be more dramatic among teenagers than adults.

Some reasons to doubt the mature market classification; (i.e., $\beta_{teen} = 0$). First, no industry evidence supports the classification of cigarettes as a mature market. This classification from the product–life-cycle typology is at the cornerstone of the contention that cigarette advertising in both intent and effect only influences brand loyalties and switching among existing smokers. To the best of our knowledge, no corporate documents have ever been produced in litigation or research that indicate that the mature market classification is an element in the industry's own strategic analyses. There was no evidence to support the mature market opinions expressed by industry-nominated experts such as Ward (1989) or Reid (1989).

Second, the classification of cigarettes as a mature market is simplistic and fails to recognize the special nature of this industry. Many marketing and advertising textbooks do not even mention the product-life-cycle concept. When discussed, it is appropriately treated as a pedagogical generalization, not an axiomatic "fundamental law" with invariant implications, which tobacco industry spokespersons allege it to be (e.g., Reid 1989). Even as a generalization across other industries "the empirical evidence of the existence and pervasiveness of the product-life-cycle concept is quite uneven" (Lilien, Kotler, and Moorthy 1992, P. 513). The industry is unique in not only the addictive and deadly nature of its products (USDHHS 1988) and the associated publicity and marketing problems that these present, but also in its oligopolistic structure and legislative history and constraints.

Third, empirical evidence contradicts the classification. The cigarette industry fails the diagnostic tests indicative of mature markets, such as diminished profitability and advertisement spending. Furthermore, O'Toole, an advertising industry spokesman, states that advertising strategies for mature products "*always* specify the competitive brand from which the volume will be taken" (Colford 1986, p. 8, emphasis added). The industry fails this diagnostic test, too. J. Walter Thompson's senior researchers who tried to apply this concept to the cigarette industry suggest that other researchers should "forget the product life cycle concept" (Dhalla and Yuseph 1976). They find that whether considering product class (e.g., cigarettes), product form (e.g., filter cigarettes), or brand (e.g., Winston), "it is not possible to validate the model at any of these levels of aggregation" (p. 103, examples in original).

Some reasons to expect advertisement sensitivity among adolescents (i.e., $\beta_{teen} > 0$). First, no isolation or immunity protects children and adolescents. Teenagers and younger children are in no way isolated from cigarette advertising's attractiveness and inducements. There is no "magic curtain around children and teenagers who seek to learn how to fit into an adult world," nor is there any "convincing defense of a view that would make young nonsmokers immune" (Cohen 1990, p. 241, 240). The National Association of Broadcasters saw this long ago: "The difficulty in cigarette advertising is that commercials which have an impact upon an adult cannot be assumed to leave unaffected a young viewer, smoker or otherwise" (Bell 1966, pp. 30–31). Even one retired Marlboro adman admitted: "I don't know any way of doing this [advertising cigarettes] that doesn't tempt young people to smoke" (Daniels 1974, p. 245). Research indicates that the likelihood of adolescent smoking is related to advertisement exposure rates (Botvin et al. 1993).

Second, cigarettes have friendly familiarity. The pervasiveness and ubiquity of cigarette advertising in multiple media and forms makes cigarettes a cultural commonplace, which creates a benign taken-for-granted attitude that Marlboro's advertising agent called "friendly familiarity" (Burnett 1961, p. 217). The firm Social Research observed long ago that "the kind of advertising that is 'almost everywhere' makes cigarettes 'respectable' and is therefore reassuring" (*Tide* 1952, p. 23). Other researchers have stated that "the ubiquitous display of messages promoting tobacco use clearly fosters an environment in which experimentation by youth is expected, if not explicitly encouraged" (Bonnie and Lynch 1994, p. 34). (For a recent review in marketing research of the "robust and reliable" familiarity or mere exposure effect including advertising to children, see Mizerski 1995, pp. 59–60.) Highly repetitious advertisement exposure likely leads to judgmental biases in both risk and social perceptions, such as assessments of smoking prevalence and the social acceptance experienced by smokers.

Third, the young have biased perceptions and judgments. Adolescents as a group are subject to a generalized *invulnerability syndrome* (Greening and Dollinger 1991). They overestimate the prevalence of cigarette smoking among both peers and adults, and the degree of this overestimation is among the strongest predictors of smoking initiation (e.g., Chassin et al. 1984). The young also tend to underestimate the negative attitudes of peers and the risks to which they personally are exposed should they smoke, which creates doubts about whether their smoking is in any sense an informed choice or decision (Leventhal, Glynn, and Fleming 1987). "Cigarette advertising appears to influence young people's perceptions of the pervasiveness, image and function of smoking. Since misperceptions in these areas constitute psychosocial risk factors for the initiation of smoking, cigarette advertising appears to increase young people's risk of smoking" (USDHHS 1994b, p. 195). Others summarizing this line of research observe that vulnerable teenagers tend to both "exaggerate the social benefit (by overestimating the prevalence and popularity of smoking among peers and adults) and to underestimate the risks (by underestimating the prevalence of negative atti-

tudes toward smoking held by their peers)" (Bonnie and Lynch 1994, p. 34).

Fourth, advertisements use appealing imagery. Depicting vigorous people in pristine outdoor environments or cigarette brand names in promotional association with sporting events, cigarette advertisements typically feature veritable pictures of health (Pollay 1991, 1993a; USDHHS 1994b, pp. 179–84). The imaged themes of cigarette advertisements (e.g., independence, adventure seeking, social approval, success and sophistication, healthfulness) are known to appeal to young people. The theme of independence, so captured by the Marlboro Man or Virginia Slims, is particularly resonant with the characteristic need of adolescents for autonomy and freedom from authority. Moreover, some of the models in cigarette advertisements appear particularly youthful (Mazis et al. 1992). The visual experience of this imagery, in contrast to verbal assertions, tends to "bypass logical analysis" (Cohen 1990; Puto and Wells 1984).

Fifth, the industry initiatives, past and present, must be considered. The tobacco industry has long displayed a strategic interest in the youth market (Pollay 1995; USDHHS 1994b, Chapter 5). Since the 1940s, the industry's interest in the youth market has been manifest in the planning documents, market research activities, copy and creative preferences, and media plans for at least some brands. Marketing mixes have placed cigarette advertisements on billboards near schools and malls, and on after-school radio spots and television programs with effective reach into youth markets. The time preferences of the television advertising schedules of the 1960s correlated with the proportions of teenagers delivered in the audience, not that of adults (Pollay 1994a, b). R. J. Reynolds's 1973 "Research Planning Document on Some Thoughts About New Brands for the Youth Market" describes programs for appealing to "learning smokers," including adjusting the pH (acidity) to control the rate of nicotine absorption and appealing to anti-establishment sentiments (Schwartz 1995). Philip Morris considered targeting female teenage nonsmokers identified as "vulnerables," because their friends and/or parents smoked and because they "shared many of the same values as the smokers" (Udow 1976, p. 7664).

Copy concepts for many brands have long focused on images of independence, with the industry knowing that autonomy and self-reliance is a dominant psychological need of adolescents (USDHHS 1994b). Trial evidence shows that the success of starter brands is the result of carefully planned and executed strategies, guided throughout by extensive research (Pollay and Lavack 1993). Many research documents, strategy statements, copy platforms, and media plans specify targets beginning at 15 years of age. R. J. Reynolds's Canadian affiliate commissioned the customization of the "Youth Target Study '87" and obtained extensive data on subjects as young as 15 years of age. The popularity of their starter brand is attributed to their belief that "very young starter smokers choose Export A [cf. Camel] because it provides them with an instant badge of masculinity, appeals to their rebellious nature and establishes their position amongst their peers" (Pollay and Lavack 1993, p. 268–69). Its major competitor targeted 15-year old adolescents in its media plans and did not use smoking as a target audience criterion, thereby paying equally to reach both underage smokers and/or nonsmokers.

Some reasons to expect greater advertisement sensitivity among adolescents than among adults (i.e., $\beta_{teen} > \beta_{adult}$). Even if we conjecture that the U.S. firms base their strategies on a mature market concept, do not pursue the profit-maximizing strategies of attending to quitters and starters, no longer show the strategic interest in the young that is evidenced by their history, and behave differently from their Canadian subsidiaries, there are still several remaining reasons to believe that cigarette advertising and promotion has consequential effects among the young and that these effects might be more substantial than among adults. Both consumer behavior and psychology experts (e.g., Cohen 1990; Fishbein 1977) judge it highly implausible that cigarette advertising has no such effects. Their view is supported by the considerable evidence reviewed in two recent surveys of the research literature on cigarette advertising and the young by the U.S. Surgeon General (USDHHS 1994b, Chapter 5) and the Institute of Medicine of the National Academy of Sciences (Lynch and Bonnie 1994, Chapter 4).

First, identity formation and advertising attentiveness—adolescence is a time of identity formation, which makes teenagers especially attentive to both advertising and peer group influences for cues concerning symbols of adulthood and acceptance. Although adolescents pay only scant attention to warnings (Fletcher et al. 1995), they use advertising imagery as a window into the adult world. "Teens are also more susceptible to the images of romance, success, sophistication, popularity, and adventure which advertising suggests they could achieve through the consumption of cigarettes" (Nichter and Cartwright 1991, p. 242). Even brief cigarette advertisement exposures in laboratory settings can result in more favorable thoughts about smokers, enhance attitudes, increase awareness, and change brand preferences of the young (Hoek, Gendall, and Stockdale 1993; Pechmann and Ratneshwar 1994). "Cigarette advertising's cultural function is much more than the selling of cigarettes. Its collective images represent a corpus of deeply rooted cultural mythologies that are not simply pieces of advertising creativity, but icons that pose solutions to real, experienced problems of identity" (Chapman and Fitzgerald 1982, p. 494). This was seen by the National Association of Broadcasters when it assessed an industry attempt at self-regulation. "The adult world depicted in cigarette advertising very often is a world to which the adolescent aspires.... To the young, smoking indeed may seem to be an important step towards, and a help in growth from adolescence to maturity" (Bell 1966, pp. 30–31).

This is consistent with consumer behavior knowledge reflected in textbooks and journals. "Teenagers have become increasingly aware of new products and brands. They are natural 'triers'" (Loudon and Della Bitta 1993, p. 151). Because teenagers have a great deal of uncertainty about themselves and because they want to belong and find their own identity, they "actively search for cues from their peers and from advertising for the right way to look and behave"; they become "interested in many different products" that

can express their needs for "experimentation, belonging, independence, responsibility, and approval from others" (Solomon 1994, pp. 503–504). By high school, possessions and "badge products," such as cigarettes, are used as instruments for defining and controlling relations between people (Stacey 1982). In contrast, adults are not so caught up in processes of identity experimentation and discovery and the related searching of their environment for consumption items symbolic of aspirational identities. Their longer histories, particularly as smokers, likely gives them less interest in, and greater resistance to, the temptations of most new brands and/or advertising campaigns.

Second, adolescents are persuasion-coping novices. As consumers, the young tend to be more brand conscious, less price conscious, and less experienced in counterarguing against advertising and selling tactics (Brucks, Armstrong, and Goldberg 1988; McNeal 1992). Although there is only modest empirical evidence about the exact nature of persuasion knowledge at different ages, Friestad and Wright (1994, p. 7) note that teenagers, who are "novices in coping with advertising or selling encounters[,] may recognize only simple, superficial patterns in these events and have little proficiency with self-regulatory processes ... [and] coping strategies." It follows that "persuasion coping novices and people with considerable coping expertise may be influenced differently by the same persuasion attempt" (p. 13).

Third, previous research must be considered. "Young people know advertising better, appreciate brand-stretching advertising more," and possess an ideal self-image that is a better match to images created for cigarette brands than do adults (Rombouts and Fauconnier 1988, p. 317; see also Aitken et al. 1987). A recent study (Pierce and Gilpin 1995a; Pierce, Lee, and Gilpin 1994) reports data indicating that smoking rates among young women increased sharply in the late 1960s, coincident with the launch of Virginia Slims and other "female" brands. More recently, the three most commonly purchased brands among adolescent smokers in 1993 were the three most heavily advertised brands, and the changes in adolescents' brand preference for Marlboro and Camel between 1989 and 1993 did not appear to be explained by changes in overall market share for these brands so much as by changes in brand-specific advertising expenditures (CDC 1994).

Fourth, consider addiction and brand loyalty. Teens are a strategically important target audience, because brand loyalty is often developed during this time and this creates a "barrier-to-entry for other brands not chosen during these pivotal years" (Solomon 1994, p. 504). "This is a time when brand loyalties may be formed that could last well into adulthood"; The young are a "*perpetually* new market .... thus a marketer must not neglect young consumers who come 'on stream' if the company's brand is to have continued success in the older-age market" (Loudon and Della Bitta 1993, pp. 152–55, citing Moschis and Moore 1981). Previous econometric results have led to conjectures that "loyal and addicted buyers ... selectively screen out information about health hazards as well as competing advertising information" (Holak and Tang 1990, p. 25). In addition, we expect that the addictive nature of nicotine fosters high levels of brand loyalty and product dependence. The young have far less habituation to a specific brand because of their much shorter histories as smokers.

Fifth, segments have differential strategic attractiveness. Strategic analysis indicates that the cigarette firms should be far from indifferent to the dynamic phenomena of starting or quitting. The high rate of people quitting smoking and dying means that sales for this industry would drop precipitously were it not for a continuing influx of new starters. Concerned smokers who contemplate quitting are known in the trade as *prequitters* (Pollay and Lavack 1993). Profit-maximizing firms naturally want to reassure these customers to retain them. The cigarette industry is also well known for its phenomenally high brand loyalty, the highest of all consumer product categories (e.g., Alsop 1989). A relatively low rate of brand switching is evident, typically 10% or less (Cohen 1990, p. 239; Federal Trade Commission 1985; Gardner 1984; Siegel et al. 1996). There is nominal switching within brand families (e.g., from Brand X *milds* to Brand X lights), which is of little consequence to the firm's net profit. High brand loyalty resulting from the nicotine "satisfaction" of those addicted makes it difficult and expensive to convert competitors' customers. Most of the brand switching that does occur is by older, health-concerned, or symptomatic smokers trading down, typically within a brand family, to products with lower tar and nicotine labeling, in the misguided belief that those products are safer. As a result, the net present value of gaining the trade of these older customers is low compared with the value inherent in attracting young starters, the vast bulk of whom will be highly brand loyal for many years (Tye, Warner, and Glantz 1987).

This strategic situation has been evident to the industry for some time. In 1973, R. J. Reynolds' research and development officers wrote, "Realistically, if our Company is to survive and prosper, over the long term, we must get our share of the youth market" (Schwartz 1995). More contemporary corporate documents echo this idea in stating that "young smokers represent the major opportunity group for the cigarette industry," and "if the last ten years have taught us anything, it is that the industry is dominated by the companies who respond most effectively to the needs of younger smokers" (Pollay and Lavack 1993, p. 267).

Our alternative hypotheses, paralleling the industry's previous null hypotheses, are therefore:

H_3: Brand choices among teenagers are related to cigarette advertising (i.e., β_{teen}).

H_4: Brand choices among teenagers are significantly more affected by cigarette advertising than are those among adults (i.e., $\beta_{teen} > \beta_{adult}$).

The Data

Our data consist of market shares among adults and teenagers for five years between 1979 and 1993 (1979, 1986, 1989, 1992, 1993). Our analysis was based on information for nine brands, because some of the surveys measured only these brands specifically: Benson & Hedges, Camel, Kool, Marlboro, Merit, Newport, Salem, Virginia

Slims, and Winston. In addition, we have a time series of the advertising expenditures for each of the nine brands for each year in the period 1974–1993. The shares among teenagers are obtained from survey data, whereas those among adults are obtained from sales figures.[2]

Adolescent Brand Preference

The prevalence of smoking of each brand among adolescents was obtained from the following national surveys.

The National Health Interview Survey (NHIS), 1978–1980. The NHIS is a household survey of a nationally representative sample of the civilian, noninstitutionalized population of the United States and is administered by the National Center for Health Statistics and CDC. The 1978, 1979, and 1980 NHIS questionnaire asked current smokers to name the brand they smoked most often. Although the NHIS is usually administered only to persons 18 years of age and older, the 1978–1980 surveys included 17-year-old respondents, which provides an opportunity to estimate brand preference among adolescents. To increase the sample size, we used the combined data for the years 1978–1980. The total sample size for 17-year-old smokers was 243.

The 1986 Adult Use of Tobacco Survey (AUTS). The AUTS is a telephone survey of a nationally representative sample of the civilian, noninstitutionalized population of the United States; the respondents were 17 years of age and older; and the survey was administered by CDC's National Center for Chronic Disease Prevention and Health Promotion (USDHHS 1989b). To estimate adolescent brand preference for 1986, we used data for current smokers 17 to 18 years of age, because the sample size for 17-year-olds alone was too small to provide stable estimates. The total sample size for smokers 17 to 18 years of age was 100.

The 1989 Teenage Attitude and Practices Survey (TAPS). Data on knowledge, attitudes, and practices regarding tobacco use were collected from a national household sample of adolescents 12 to 18 years of age through a computer-assisted telephone interviewing system, administered by CDC and the National Cancer Institute (Allen et al. 1993). The 865 respondents who reported that they usually bought cigarettes themselves were asked the brand they usually smoked. We used data from the 554 respondents 12 to 17 years of age to determine brand preferences among adolescents.

The 1992 Gallup Poll. This was a national telephone survey of adolescents 12 to 17 years of age and included a question on current brand preference (Gallup 1992). The sample size of current smokers who provided brand preference information was 165.

The 1993 Teenage Attitudes and Practices Survey-II. This survey, jointly administered by CDC, National Center for Health Statistics, and the Robert Wood Johnson Foundation, used a methodology similar to the 1989 Teenage Attitude and Practice Survey, and involved both a follow-up of the 1989 respondents and a cross-sectional survey of approximately 5000 new respondents 10 to 15 years of age (USDHHS 1994a). We obtained estimates of adolescent brand preference from the sample of respondents 12 to 17 years of age. The sample size of current smokers who provided brand preference information was 438.

Adult Market Share

The adult market share for individual brands was obtained from Maxwell's consumer reports for each year (Maxwell 1980, 1989, 1994). Although sales to children are included in the aggregate data, this inclusion is unlikely to substantially affect the estimates of market share among adults. Nevertheless, we adjusted the estimates of adult market share for each year and brand by using adolescent brand preference data to subtract the estimated proportion of cigarettes smoked by adolescents. We used national data to estimate the average amount smoked by adults and adolescents and subtracted adolescent consumption volume to adjust the adult market share data.[3] To estimate the average amount smoked by adults and adolescents, we used data from the National Household Survey on Drug Abuse for the years 1979, 1985, 1988, 1990, 1991, and 1992.[4]

Brand-Specific Advertising

We obtained brand-specific advertising expenditures for the years 1974–1993 from Competitive Media Reporting (1993, 1994). This group reported annual expenditures by brand in each of the following medias: magazine, newspaper, Sunday supplement, and outdoor. We used total expenditures over all four medias. Data collected before 1988 do not include newspaper advertising expenditures, but this change in the reporting system affects all brands measured. The data do not, however, include costs of sponsorships, sampling, or other promotional activities, nor the costs of advertising de-

[2]To check the validity of using prevalence-based survey data to estimate market shares, we compared the overall market shares predicted from the prevalence of self-reported brand use in the 1986 Adult Use of Tobacco Survey (AUTS) to the sales-based market shares reported by Maxwell (1989) for 1986 for the 28 brands examined in the AUTS. These two measures were highly correlated ($r = .99$). For the nine brands examined in our study, we compared survey-based data for adults with sales data for the years 1979, 1986, and 1987. The difference between survey and sales estimates seemed to be random, with no correlation to advertising level ($r = .03$). Regressing these survey data against sales shows a strong correlation ($r = .98$), with only two outlying data points, both for Marlboro, which tip the regression slope from the perfect diagonal to a value of 1.1. These analyses reassure us that survey data on the prevalence of brand use is a reasonable proxy for sales-based market share data. Nonetheless, we subsequently examine the robustness of our findings by an analytical replication that omits the Marlboro data.

[3]For each brand, total cigarette sales were reduced to adult shares by subtracting the estimated teenage cigarette sales volume, calculated as the product of teenage market share, the number of teenage smokers, and the average amount smoked by teenagers. The adult market share in any year is each brand's sales in proportion to the total for all brands.

[4]This survey, which was administered by the National Institute on Drug Abuse until 1992, is now administered by the Substance Abuse and Mental Health Services Administration (USDHHS 1993).

sign and production. Expenditures were adjusted to 1992 dollars using the Consumer Price Index (IMF 1994).

The data for the nine brands show a substantial range of values for advertising share of voice and realized market shares among adolescents and adults (see Table 1).

Method and Results

Methodology

Most previous modeling of advertising effects have used sales as a dependent variable. Because the dependent variable of interest here is market share, we employ an attraction model wherein a brand's market share is equal to its attraction *relative* to all others. More formally, the market share MS_{it}^s for brand i (i = 1, 2, ..., m) in the period t and segment s is given by

$$(1) \qquad MS_{it}^s = \frac{A_{it}^s}{\sum_{j=1}^{m} A_{jt}^s},$$

where A_{it}^s is the attraction of brand i in period t and segment s. Such a formulation satisfies the logical-consistency requirements of market share models (Naert and Bultez 1973); that is, predicted market shares are nonnegative, and the sum of estimated market shares is bounded by zero and one. A general specification for the attraction function is

TABLE 1
Mean Market Shares and Shares of Advertising Voice*

Brand	Advertising Share of Voice	Realized Market Shares	
		Adolescent	Adult
Marlboro	12.7	59.5	21.9
	(5.6)	(11.2)	(3.5)
Camel	4.9	8.7	3.7
	(2.3)	(6.9)	(.6)
Newport	4.7	11.1	3.8
	(3.0)	(2.8)	(1.4)
Salem	5.4	3.8	6.4
	(1.9)	(4.7)	(2.0)
Kool	4.8	4.3	5.8
	(2.2)	(4.6)	(2.4)
Benson & Hedges	5.3	2.1	3.7
	(1.9)	(2.0)	(.9)
Winston	6.9	2.5	9.6
	(2.2)	(1.7)	(3.0)
Merit**	6.3	.9	3.8
	(1.7)	(1.0)	(.1)
Virginia Slims**	4.8	2.2	2.4
	(1.9)	(2.5)	(.5)

*Market shares based on years 1979, 1986, 1989, 1992, and 1993. Advertising data from 1974 to 1993. Standard deviations are in parentheses.
**Adolescent market share data for these brands are not measured for all years.

$$A_{it}^s = \prod_{k=1}^{K} f_k(X_{ki}^t)^{\beta_k},$$

where

X_{ki}^t = the value of the k^{th} explanatory variable, X_k, for brand i (e.g., brand advertising) in period t,
f_k = a monotone transformation on X_k, and
β_k = a parameter to be estimated.

Two possible specifications for the attraction function are the multiplicative competition interaction (MCI) model and the multinomial logit (MNL) model. Cooper and Nakanishi (1988, pp. 35–36) recommend using the latter specification to model advertising's impact on market share, because the predicted elasticity can capture threshold effects. We follow this advice and specify the attraction function as follows:

$$(2) \qquad A_{it}^s = \exp(\alpha_i + \beta \text{Adstock}_{it} + \epsilon_{it}),$$

where

α_i = a parameter for the constant influence of brand i,
Adstock_{it} = advertising goodwill of brand i in period t,
ϵ_{it} = an error term, and
β = an advertising-sensitivity parameter.

Two nested models are estimated. In the first, M1, a single β parameter is used in the attraction function to model the impact of advertising on brand share. The second model, M2, captures the differential impact of advertising on adolescents and adults with the following attraction function:

$$(3) \qquad A_{it}^s = \exp(\alpha_i + \beta_s \text{ Adstock}_{it} + \epsilon_{it}),$$

where β_s equals the segment-specific, advertising-sensitivity parameter. Thus, two different advertising coefficients are estimated in M2 as opposed to a single coefficient in M1. If our hypotheses are supported, we expect M2 to fit the data better than M1 and β_{teen} to be greater than zero and, perhaps, greater han β_{adult} in model M2.

Advertising Measures

A simple method of measuring the impact of advertising on sales is with a *current effects model*, in which current market shares are presumed to depend solely on current advertising expenditures. However, because several arguments can be made for why advertising's effect on sales may be distributed over time (Hanssens, Parsons, and Schultz 1990, p. 214), we employ a parsimonious method to capture the impact of the advertising expenditures of the previous period. Suppose that advertising for brand i in period t, Ad_{it}, affects its market share for subsequent periods and, in turn, that market shares in a given period are affected by previous, as well as present, advertising. In the spirit of the Koyck-type models used to study the advertising-sales relationship (Koyck 1959), the effective advertising, or Adstock at time t, where the brand subscript i has been dropped for convenience, can be written as

$$(4) \qquad \text{Adstock}_t = b_0 Ad_t + b_1 Ad_{t-1} + b_2 Ad_{t-2} + \ldots.$$

Although estimating separate coefficients for each period is not possible without a large number of data points, we can make the simplifying assumption that the coefficients

show an exponentially decaying pattern over time (Clarke 1976). Equation 4 can then be written as

$$(5)\quad \text{Adstock}_t = b_0 Ad_t + b_0\lambda Ad_{t-1} + b_0\lambda^2 Ad_{t-2} + \ldots,$$

where $0 < \lambda < 1$. Writing out the expression for Adstock_{it-1} and subtracting it from Equation 5 yields

$$(6)\quad \text{Adstock}_t = (\text{Adstock}_{t-1})\lambda + b_0 Ad_t.$$

Equation 6 can be further simplified by assuming $b_0 = 1 - \lambda$, thereby yielding

$$(7)\quad \text{Adstock}_t = \lambda\,\text{Adstock}_{t-1} + (1-\lambda)Ad_t.$$

When defined in this manner, the Adstock measure parsimoniously captures the advertising history and is analogous to the brand-loyalty measure used in brand choice models estimated on scanner data (e.g., Guadagni and Little 1983). Adstock is initialized equal to the brand's share of advertising expenditure in the first period for which advertising data is available (i.e., 1974). For any value of λ the Adstock measure for every other period is calculated by using Equation 6 successively on each brand's advertising share.

Model Calibration

The models are estimated by ordinary least squares regression after applying the log-centering transformation to the data (Cooper and Nakanishi 1988) for each period t. The regression equation used to estimate the parameters of M1 is specified as follows:

$$(8)\quad MS^*_{it} = \alpha_1 + \sum_{j=2}^{m}\alpha_j d_j + \beta\,(\text{Adstock}_{it} - \overline{\text{Adstock}_t}) + \epsilon^*_{it},$$

where

$MS^*_{it} = \log(MS^s_{it} / \tilde{M}S^s_t)$, $(i = 1,2,\ldots, m)$;
$\tilde{M}S^s_t$ = the geometric mean of MS^s_{it};
$d_j = 1$ for brand = j and 0 otherwise;
$\epsilon^*_{it} = \epsilon_{it} - \bar{\epsilon}_t$;
$\bar{\epsilon}_t$ = the arithmetic mean of ϵ_{it} over i in period t; and
$\overline{\text{Adstock}_i}$ = the arithmetic mean over i of Adstock_{it} in time period t.

Model estimation is carried out in two steps. In the first, we pick a value for smoothing constants λ and calculate Adstock for all periods. These advertising measures are then used in estimating M1 and M2 with the procedure previously described.[5] Repeating the process with different λ values enables us to select the best-fitting model on the basis of the adjusted R^2 criteria.

Results

We used λ values ranging from 0.0 (the current effects model) to .9 in increments of .1 and found that a smoothing constant of .8 or .7 provided the best fit for M1, whereas $\lambda = .3$ provides the best fit for M2.[6] Because our main focus is not the magnitude of the advertising carryover coefficient, we examined the differences between M1 and M2 for both $\lambda = .7$ and $\lambda = .3$. In Table 2, we report the parameters obtained in estimating the two models.

A comparison of columns A and B represents a conservative test of the null hypothesis, because λ has been chosen to maximize the fit of M1. A more appropriate comparison, perhaps, is of columns A and D. Finally, as a test of the null hypothesis, we can also compare columns C and D. All three comparisons show that M2 fits better than M1 (incremental F-ratios significant at the .01 level), which supports the hypothesis that β_{teen} (12.51/10.48) > β_{adult} (5.33/3.06). A t-test of the difference between β_{teen} and β_{adult} yields a t-statistic of 2.62 ($p < .01$) for $\lambda = .7$ and 3.36 ($p < .01$) for $\lambda = 0.3$. Advertising sensitivity among adolescents is not only substantial, but is also significantly larger than that among adults. In our best fitting model, M2 for $\lambda = .3$, β_{teen} is 3.42 times larger than β_{adult}. Even if our estimate of β_{teen} is 10% higher because of our use of survey rather than sales data, β_{teen} is still significantly larger than zero and β_{adult}. Under this conservative assumption, β_{teen} is still two to three times larger than β_{adult}.[7]

Modeling the Imitation Effect

A plausible supplemental hypothesis is that advertising may have an indirect effect on the young by directly effecting adult smoking behavior, which adolescents imitate. According to this view, therefore, brand market shares among teenagers might be explained substantially by incorporating an imitation effect into the model. To do this we rewrite Equation 3 as

$$(9)\quad A^s_{it} = \exp(\alpha_i + \beta_s\,\text{Adstock}_{it} + \beta_I \delta^T \text{Imit}^s_{it} + \epsilon_i),$$

where

Imit^s_{it} = market share of brand i among adults in period t,
β_I = imitation response parameter, and
$\delta^T = 1$ if s = teenager and 0 if s = adult.

Other terms and parameters are as defined in Equation 3. To the extent that teenagers imitate adults, we expect that brand market shares among adults are a good predictor of the corresponding market share among teenagers (i.e., $\beta_I > 0$). In addition, if the impact of advertising on teenagers occurs

[5]The estimated values of α_i $(i = 2,3,\ldots,m)$ in Equation 8 are not the estimates of the original parameters α_i but estimates of the difference $\alpha_i - \alpha_1$, where brand 1 is an arbitrarily chosen reference brand. M2 is estimated similarly, except that separate coefficients (β_{adult} and β_{teen}) are used to capture the impact of advertising on segment shares.

[6]The results indicate that the best-fitting value actually lies in the range from $.7 < \lambda^* < .8$. A finer grid-search may be used to locate this value were this the focus of our research. On the basis of a reviewer comment, we fixed the decay parameters for the adult group at .7 and .3, respectively, and varied the parameter for the teenage group (λ) from .1 to .9 in increments of .1. The results supported our main hypotheses (i.e., the relationship $\beta_{teen} > \beta_{adult}$).

[7]Because our formulation does not account for the possibility that both advertising and sales are jointly affected by other factors, a reviewer suggested we test whether advertising is exogenous to market share using lagged values of advertising as an instrumental variable (IV) for Adstock. We operationalized the instrumental variable as Adstock_{it-1} and used Hausman's (1978) specification test for the difference between β and β_{IV}. The results did not reject the null hypothesis of advertising exogeneity.

TABLE 2
Estimation Results

	λ = .7		λ = .3	
	A. M1	**B. M2**	**C. M1**	**D. M2**
β*	8.92 (3.52)		6.77 (3.27)	
β_{teen}		12.51 (4.55)		10.48 (4.75)
β_{adult}		5.33 (1.93)		3.06 (1.39)
Adj R2	.5788	.6142	.5699	.6271
Incremental F ratio d.f. = (1,72)		7.60 ($p < .01$)		12.05 ($p < .01$)

*For β estimates, parentheses contain asymptotic t-statistics.

only through an imitation effect, we expect the advertising coefficient to be nonsignificant in this formulation. We reestimated M2 with the enhanced specification of Equation 9. The advertising carryover parameter λ was fixed at .7. β_I was estimated as –.027 and was statistically nonsignificant ($t = -.51$; $p < .62$). Similar results were obtained with the carryover coefficient fixed at λ = .3. Taken together, these results reject the notion that the advertising impact on adolescents we observe is indirect and due to imitation behavior.

Elasticity Analysis

A clearer picture of differences in advertising response across segments is obtained by calculating segment-specific advertising elasticities, which are the ratios of the relative change in market share corresponding to a relative change in advertising. For the MNL formulation used in this study, the expressions for elasticity are given by

$$e_{teen} = \beta_{teen} (1 - MS_i) \text{ Adstock}_{it} \text{ and}$$
$$e_{adult} = \beta_{adult} (1 - MS_i) \text{ Adstock}_{it}.$$

An average brand, with a 10% market share and an Adstock level of 10%, has elasticities $e_{adult} = .28$ and $e_{teen} = .94$, where λ = .3. In other words, a 10% increase in the Adstock variable results in approximately a 3% increase in market share among adults and approximately a 9.5% share increase among teenagers. As before, when compared to adults, adolescent are estimated to show a threefold sensitivity to advertising.

Robustness of Results

The main focus of this work, the relationship $\beta_{teen} > \beta_{adult}$, seems robust. It is supported by alternative formulations of the model, wherein each segment is allowed to display different decay parameters (see footnote 5). Using the Multiplicative Competitive Interaction model specification, we also reestimated the models reported in Table 2 and found nearly identical results to those based on the preferred MNL specification. Finally, to explore the effect of using survey data for brand shares for adolescents, we reran our analysis for λ = .3, without Marlboro data. Despite the loss of degrees of freedom and the omission of the single most popular brand among teenagers, our results still indicate that $\beta_{teen} > \beta_{adult}$. For this case, both β_{teen} and β_{adult} are significant, with β_{teen} 2.77 times larger than β_{adult}—a close approximation to the findings we report in Table 2. Under many varied analytic conditions this data rejects the industry's null hypotheses of little or no effect among the young (H_1 and H_2) and supports H_3 and H_4, the alternative hypotheses, which anticipate a substantial relationship between brand market shares among adolescents and brand advertising during the past and present.

Discussion

To our knowledge, this is the first study to examine the relationship between the intensity of brand-level cigarette advertising and the separate effects on brand market shares realized among adults and adolescents. Using standard techniques to analyze market share, we modeled the impact of cigarette brand advertising on realized market shares to allow for current and historical effects of advertising and for effects of brand advertising relative to total advertising in the competitive set. The results, which are robust under many assumptions, support our hypotheses that (1) brand choices among teenagers are significantly related to cigarette advertising and (2) the relationship between brand choices and brand advertising is significantly stronger among teenagers than among adults. The greater advertising sensitivity among teenagers is in part due to scale (i.e., high fractions of teenagers concentrated on highly advertised brands), and in part due to dynamics (i.e., teenagers' brand choice patterns responding to changes in advertising intensity). Furthermore, the impact of advertising on brand choices among the young apparently cannot be dismissed as teenagers imitating adult brand choices. These results reject the null hypotheses of little or no relationship between advertising and cigarette sales among the young.

Limitations

Further research could seek to validate our results with new data without the less-than-ideal aspects of our data set. Three such aspects are subsequently discussed, with comments as to how these aspects might have affected our ability to discover results.

Survey data. Information on adolescent brand preferences was obtained from survey data, whereas information on adult brand preferences was based on sales data. The primary difference between the two is that survey-based data can measure share as a proportion of all people, which may not be exactly the same as the proportion of total consumption if different brands are smoked at substantially different rates. However, we found an extremely high correlation between prevalence-based market share estimates and sales-based market shares, which suggests that using survey data to estimate market shares is reasonable and unlikely to have seriously influenced the results of our model. Even if deflated to account for any possible bias in using survey data, our results remain substantial and statistically significant.

Unequal age distributions. The age distribution of respondents in the five surveys used to obtain adolescent market share data was not identical in all the years studied, and brand preferences might vary by age, even within the relatively narrow range of teenage years. If so and if the older teenagers providing our data for some years behave more like adults than the younger ones, this would have the effect of biasing results toward adolescents who seem less distinct from adults. If so, this limitation works against our finding that $\beta_{teen} > \beta_{adult}$, and the potential bias suggests that the true advertising sensitivity among teenagers would be even greater than that observed here, particularly for the younger ones.

Advertising only. Our data set included only advertising expenditures. Brand-level cigarette promotion and merchandising expenditure data were not available. Thus, we are unable to comment directly on the differential effects of brand-level sponsorships, contests, catalogues, and in-store merchandising expenditures on realized market shares among adults and adolescents.

Consistency With Previous Research

Our finding of a small effect of advertising intensity on market share among adults from 1979 to 1993 is consistent with some previous research. Holak and Reddy (1986) evaluate the effect of brand-specific advertising on brand sales before and after the 1970 advertisement ban. Their study reveals that advertising elasticity for eight of ten brands decreased in the postban period and that there was no significant effect of advertising for any of the brands after the ban. The finding of an adult advertising elasticity of .28 is consistent with the mean advertising elasticity of .22 found in a metanalysis of many studies in many industries (Assmus, Farley, and Lehmann 1984). Finding a teenager advertising elasticity that is about three times larger than the adult's is consistent with the idea that new users of any product are less fixed in their ways than older habitual users. Our findings about greater advertising sensitivity among the young are consistent with the basic observations that their brand choices are highly concentrated on the brands most heavily advertised (CDC 1992, 1994). Our results display a similar pattern to those found by California's Operation Storefront. "Heavy advertising in stores exactly matches the brand preferences of children who smoke ... but the ad prevalence does not match adult smoker preferences" (Hilts 1995, B10). Our results are also consistent with European research "suggesting that adolescents are more susceptible to tobacco advertising than are adults" (Rombouts and Fauconnier 1988, p. 308). They are consistent, too, with a review of the effectiveness of antismoking advertising on underage smoking (Pechmann, forthcoming) and the historical coincidence of the timing of youth initiation rates with major campaigns (Pierce and Gilpin 1995b). They are also consistent with the conclusions of the Surgeon General's Report (USDHHS 1994b) that cigarette advertising puts children at greater risk by influencing young people's perceptions of the pervasiveness, image, and function of smoking—all of which are psychosocial risk factors.

On Attracting Young Consumers

We examine brand-level cigarette advertising and its relation to brand choices among adolescents and adults, but do not directly examine the impact of advertising on smoking initiation among the young. Further research might expand on the approach presented here to model specifically the relationship between brand-based cigarette advertising and the young's initiation to smoking various brands. Although our study does not deal with data on product adoption or starting behaviors, our results nonetheless provide evidence that smoking behaviors of adolescents are demonstrably related to previous and current cigarette advertising. With the recent literature reviews, this suggests that marketing, particularly in its promotional aspects, plays a role in the epidemiology of pediatric nicotine consumption and the subsequent diseases (see Table 3). If the perceptions, attitudes, and beliefs governing brand choice are influenced by cigarette advertising, it seems implausible that those same brand perceptions, attitudes, and beliefs have no influence whatsoever on consumption in general. It is impossible to advertise a specific brand without also simultaneously advertising cigarettes as a product class. As the Philip Morris Marketing Vice President famous for managing Marlboro's success states, "A cigarette company's ads are not just competing with ads for other brands. You are competing with every other advertiser in America for a share of the consumer's mind" (Whiteside 1974, p. 133). Advertising that makes a cigarette brand attractive inevitably also makes cigarette smoking attractive, at least the smoking of that brand.

Public Policy Implications

Our study has some important public policy implications. The most important stems from our finding that, whether or not intended, cigarette advertising is significantly related to adolescents' smoking behavior. Because advertising influences the use of cigarettes among a consumer group to whom selling cigarettes is illegal, the government has a legitimate interest in regulating cigarette advertising. Our results also suggest that regulating cigarette advertising may be an effective policy intervention for influencing smoking behavior among adolescents. The authors of the Institute of Medicine's literature review recommend that this be done at federal, state, and local levels, though it would require repealing current preemptive federal legislation (Bonnie and

Lynch 1994). (For more on legislative options with respect to tobacco advertising, see Blum and Myers 1993; Burns 1994; Pytte 1990.)

The Last Straw?—An Implication for Marketing Scholars

Metanalysis has shown cigarette advertising elasticity to be positive. Strategic analysis indicates that new users who subsequently become addicted and loyal clientele offer greater expected net present value than do brand switchers. Historical analysis shows the industry's strategic interest in adolescents to be long-standing. Analysis of contemporary corporate documents shows a continuing interest in capturing the young, among whom virtually all starting occurs. Content analysis of advertising shows that cigarette advertising imagery largely consists of pictures of health and images of independence, which are known by the industry to resonate with adolescent needs for autonomy and freedom from authority. Behavioral analyses show that cigarette advertising constitutes a psychosocial risk factor. Our market share analysis adds to the existing literature by showing that teenage smoking behavior is not only related to previous and present advertising, but also that this relationship is about three times stronger among teenagers than among adults.

Given the preponderance of evidence that cigarette advertising plays a meaningful role in influencing the perceptions, attitudes, and smoking behavior of the young, it is appropriate for scholars to treat the hypotheses of no effects on youth with substantial skepticism. The disciplines of academic research and scientific inquiry require that we reject hypotheses that lack evidence to support them, especially when multiple lines of evidence support alternative hypotheses (Pollay 1993b). The present research and the mass of related work already in hand in no way obviates the need and desirability of additional studies, but the mass and direction of evidence indicates that balanced scholars should doubt industry assertions of there being no effects on the young until they are supported with evidence and analysis comparable to what supports the alternative hypotheses. Although objective scholars may reasonably presume there to be some impact of cigarette advertising on adolescents, further research can contribute to improving our understanding of the processes by which this impact in realized—the when, where, why, how, and to whom types of questions (for a well-articulated research agenda, see Warner et al. 1992).

TABLE 3
An Outline of Marketing's Role in the Epidemiology of Pediatric Nicotine Addiction[1]

Corporate		Consumer	
Intentions **(Strategic Goals)**	***Transmissions*** **(Tactics and Tools)**	**Contagions (Perceptions and Predispositions)**	**Infections (Adoptions)**
Need New Users	**Target New Users**	**Judgments of Prestarters**	**Get New Users**
Strategic Analysis	**Promotional Budgets**	***More Brand/Product***	**Number of Starters**
Replace the dying	> $16,000,000/day	**Awareness**	~3,000/day
Replace quitters	> $6,000,000,000/year	**More Brand/Product**	~1,000,000/year
Switchers fickle and frail	**Imagery Employed**	**Attractiveness**	**Ages**
High share of youth ⇒	Images of independence	**Brand and Product Badge**	Most when 12–15 years of age
High share overall	Pictures of health	**Effects**	Getting younger
Seek Friendly Familiarity	Slim fashionability	Peer and social approval	***Vulnerable Segments***
Normalize Smoking	Cartoon dudes	Independence	Low self-esteem
for more social acceptance	Some youthful models	Sexiness	White > Black
among targets	**Media Plans**	Maturity	Poor > Affluent
among peers	15-year-olds and up	**Judgmental Bias: Incidence**	TGIF > Leaders
among parents, etc.	Nonsmokers included	% of adults who smoke	Skids > Wimps
Corporate Documents, Plans and Actions (Canada)	**Street Saturation**	% of peers who smoke	**Total Sales to Minors**
	Outdoor, transit, shelters,taxi tops, store windows, etc.	**Judgmental Bias: Risks**	~1,000,000,000 packs
Strategy	**Intensive Distribution**	Risks of addiction	> $1,000,000,000/year
Research	Signage and displays	Risks of disease	
Creative	Point-of-sale merchandising miscellany: push plates, baskets, clocks, change trays, ash trays, etc.	Risks of death	
Media		**Judgmental Bias: Benefits**	
		Independence	
	Vending machines	Relaxation	
	Product Sampling	Fun	
		Weight control	

[1]Primary Sources: Lynch and Bonnie (1994), Pollay and Lavack (1993), USDHHS (1994b).

Conclusions

Because brand shares of advertising voice are significantly related to subsequently realized market shares, cigarette advertising appears to influence the smoking behavior of adolescents. This finding is robust to various assumptions regarding the carryover of advertising effects from period to period and accounting for the possibility that the behavior of adolescents is an imitation of adults who have been influenced by advertising. Notably, the effect is substantially larger among adolescents than among adults by a factor of about three. The battle of the brands for market share is waged largely among the young, for it is a brand's success among the young that leads to greater brand sales and profit in the long term.

Because of the many behavioral, strategic, historical, theoretical, and empirical lines of argument and research to which our results add, the preponderance of logic and evidence indicates that cigarette advertising is an important influence on the smoking behavior of the young. Scholars should treat the assertion that cigarette advertising has little or no effect on adolescents as naive or disingenuous.

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EUROPEAN JOURNAL OF PUBLIC HEALTH 1995; 5: 281–285

Perception of benefits to smoking cigarettes in adolescents unexposed to smokers in their social environment

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The objective of the study was to describe a group of adolescents who have no smokers in their social environment and to examine their beliefs regarding the benefits of smoking. The design was a telephone survey. A population-based survey was conducted in California in 1990. There were 7,767 adolescent respondents between 12 and 17 years of age, 373 (5%) of whom were unexposed to smokers in their social environment. A positive response to any 1 of 5 questions concerning a belief in the benefits of smoking was the main outcome measure. In teenagers unexposed to smokers in their social environment 70% were 12 or 13 years of age compared to only 35% of teenagers exposed to smokers. Unexposed teenagers were more often female and more often white rather than Hispanic, African-American or Asian. After adjusting for demographic factors, unexposed teenagers were only one-quarter as likely as exposed teenagers to harbour a belief in the benefits of smoking. However, 40% of unexposed teenagers held such a belief with 28% believing that smoking helps people feel more comfortable in social situations, 19% believing that smoking helps people relax and 13% believing that smoking helps people keep their weight down. It is unlikely that the group of teenagers unexposed to smokers in their social environment acquired their beliefs about the benefits of smoking through contact with smokers. Cigarette advertising might be a likely source of these perceptions.

Key words: adolescent smoking, perceived benefits of smoking, cigarette advertising

Considerable research exists documenting the effects of the social environment on the process of smoking uptake in adolescents.[1–7] Being around smokers, especially peers, may predispose adolescents to smoke either because the opportunity to smoke is greater or because smokers can be a source of distorted information about positive outcomes or benefits associated with smoking. Such beliefs have also been found to be related to smoking uptake.[2,8–11] Cigarette marketing provides another source of beliefs in the benefits of smoking.[12–14] To our knowledge, little attention has been paid to the role of cigarette advertising, independent from the role of smokers in the social environment, as a source of information on the benefits of smoking.

We isolated a group of teenagers 12–17 years of age who had no smokers in their social environment. These adolescents were respondents to a questionnaire administered as part of the 1990 California Tobacco Survey (CTS). The present study aims to characterize this unexposed group and identify the extent to which these teenagers perceive benefits associated with cigarette smoking. If such perceptions are present to a significant extent in these unexposed teenagers, we suggest that tobacco advertising is the most likely source.

METHODS

In 1990, the California Department of Health commissioned the CTS. Additionally, the County of Los Angeles commissioned a supplemental survey of minorities residing in Los Angeles County. Both surveys used the same methodology and instruments and were conducted between June 1990 and February 1991.

A stratified Waksberg random-digit dialling method was used to identify households.[15] A short 5-minute interview was completed with an adult member of each household who provided information on demographic factors (sex, age, ethnicity, and race) and smoking status for each household member. Altogether 57,246 households participated in the screening with a response rate of 75.1%. Of 32,125 households screened for the CTS, all teenagers between 12 and 17 years of age were scheduled for an extended interview; 5,040 complete interviews were obtained (response rate 78.4%). In the 25,111 households screened for the Los Angeles County Minority Supplement, only minority teenagers were scheduled for extended interviews; 2,727 minority teenagers completed extended interviews for a response rate of 80.6%. Post stratification weighting ensured that the combined CTS

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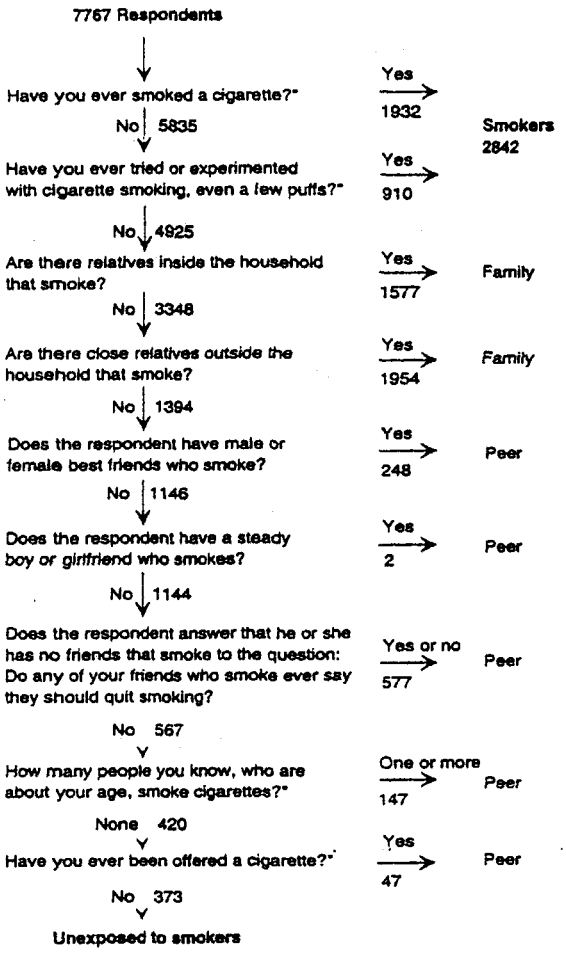


Figure Questions used to identify teenagers who may have not been exposed to smokers in their social environment
* Questions verbatim from California Tobacco Survey

and Los Angeles sample was representative of the state population by age, sex, county-region, education of the head of the household and race-ethnicity.

Smoking and exposure to smokers

The section on smoking behaviour begins by asking the respondent, Have you ever smoked a cigarette? Respondents who claimed that they had never smoked a cigarette were further probed with the question, Have you ever tried or experimented with cigarette smoking, even a few puffs? We considered those who answered yes to this question to be experimenters and included them with the smokers. Those who answered no to both questions were considered as having never smoked.

The questionnaire asked the respondents about the smoking status of their relatives and household members as well as their friends and peers. If anyone in their household (mother, father, older or younger siblings, other relative, guardian or unrelated person) smoked or any relative or guardian outside the household smoked, the respondent was classified as being exposed to family that smoked. If the respondent indicated that he or she had at least one best male friend who smoked, at least one best female friend who smoked, a steady boy or girl friend (if they have one) who smoked, friends who smoked (answer 'yes' or 'no' rather than 'don't have friends who smoke' to the question 'Do any of your friends who smoke ever say that they should quit smoking?') or they personally knew someone about their age who smoked, they were considered exposed to peers that smoke. If the answers to all these questions were negative and the respondent indicated that they had never been offered a cigarette, the respondent was considered unexposed to peers who smoke. The *figure* shows how the unexposed group was derived from the full sample by a process of elimination.

Five questions concerning the possible benefits of smoking were included in a section on general attitudes and beliefs. For each question the respondent was asked, 'Do you believe i) smoking can help people when they are bored, ii) cigarette smoking helps people relax, iii) cigarette smoking helps reduce stress, iv) smoking helps people feel more comfortable at parties and in other social situations and v) smoking helps people keep their weight down'. The answer choices for each question were 'yes' or 'no'.

Statistics

We computed percentages of the population or subgroups of the population using the sample weights. Although subgroup sample sizes are given, percentages cannot be derived directly from these figures. Percentages in the tables are accompanied by 95% confidence intervals derived from variance estimates computed using a variant of the jackknife procedure.[16] Briefly, the total sample was divided into 33 replicate samples that each comprised 32/33 of the full sample. Each replicate was weighted according to the same procedures as the full sample. We obtained variance estimates by summing the squares of the difference of an estimate of interest derived from the full sample and within each replicate. The sum was then multiplied by 32/33. These statistical methods and a full account of the survey design and methodology are described elsewhere.[17]

To examine the distribution of smoking status within demographic subgroups, we used chi-square statistics that were computed by using a method (Satterthwaite's approximation) based on the replicate samples (as described previously) and adjusted for the survey design.[18,19] Logistic regression was used to examine the relationship between exposure to smokers and perceived benefit from smoking, adjusting for demographic characteristics.[20] Again, a jackknife procedure was used to compute confidence intervals for risk ratios derived from the regression coefficients.

RESULTS

Among teenagers of 12–17 years of age, 373 (5.0%) had no family members who smoked, knew no one among their peers who smoked and had never been offered a cigarette. *Table 1* shows the demographic composition of both the unexposed and exposed to smokers groups.

Compared to teenagers who were exposed to smokers, more of the unexposed group were female (58.5 versus 50.1%). Whereas the age distribution in the exposed

group was fairly even across all ages from 12 to 17 years, in the unexposed group ~ 70% were only 12 or 13 years of age. Also, in the unexposed group, more respondents were white (54.6 versus 46.7%) and fewer were Hispanic (26.7% versus 34.3%) or African-American (6.8% versus 9.0%) than in the group with exposure to smokers.

A significant percentage of teenagers who were unexposed to smokers in their family or among their peers answered yes to each of the questions regarding perceived benefits of smoking; none of the 95% confidence intervals for these percentages include zero *(table 2)*. Over a quarter (28.4%) of this group believed that cigarette smoking facilitated socialization at parties and other situations. Nearly a fifth (18.8%) thought that smoking helped smokers to relax and 12.8% believed that cigarette smoking helped to control weight.

Over three-quarters (76.9%) of teenagers who had first-hand experience with cigarettes answered yes to at least 1 of the questions involving smoking benefits *(table 3)*. This percentage decreased to 62.0% for never smokers with exposure to smokers among both family and peers and fell to ~ 57% for never smokers with exposure to smokers among either family or peers but not both. However, over 40% of never smoking teenagers who were unexposed to smokers perceived some benefit to cigarette smoking. Adjusting for differences in demographic characteristics using logistic regression showed that the truly unexposed group was approximately one-quarter as likely (odds ratio, 0.24) to perceive some benefit to smoking as teenagers who had smoked.

DISCUSSION

In the present study we isolated a group of teenagers who apparently had no smokers in their social environment, including their family, peers or even acquaintances. We used every relevant question available from the questionnaire to eliminate anyone who might have had any personal contact with smokers. As a result, the group identified as unexposed to smokers comprised only a small percentage of the total population. However, these 373 individuals still constitute a sizeable study group and we are unaware of any previous study that has examined adolescents unexposed to smokers.

Over 40% of this unexposed group had one or more perceptions regarding the benefits of cigarette smoking. It is unlikely that any of these perceptions were obtained from personal or interpersonal experience and ~ 70% of this group was only 12 or 13 years of age. Even though this unexposed group was only approximately one-quarter as likely as those who had smoked to harbour a belief that cigarette smoking has any benefits, these perceptions were acquired somehow. Obviously, one cannot ignore the possibility of acquiring these perceptions from the sources that have not been detected by the questionnaire. For example, casual acquaintances who smoke or just smokers on the streets might represent such sources. However, the likelihood of acquiring the particular benefits of smoking by the unexposed children and adolescents through an active interaction with these sources appears to be quite insignificant. Activities like watching smokers on television or reading about them in the books, in other words obtaining information through indirect tobacco advertising, seem to be less common in the United States of America today than previously; moreover, smokers are

Table 1 Demographic characteristics of adolescents unexposed and exposed to smokers

	Unexposed n=373	Exposed n=7,394	P-value
Sex			
Males	41.5 ± 7.8	49.9 ± 0.4	0.048
Females	58.5 ± 7.8	50.1 ± 0.4	
Age (years)			
12	39.3 ± 7.2	15.5 ± 0.9	$<10^{-5}$
13	31.4 ± 7.8	19.9 ± 1.1	
14	11.2 ± 5.1	17.4 ± 0.9	
15	9.0 ± 4.4	16.7 ± 1.1	
16	5.1 ± 2.2	16.5 ± 0.9	
17	4.0 ± 2.9	16.0 ± 1.1	
Race/ethnicity			
White	54.6 ± 6.2	46.7 ± 0.5	0.021
Hispanic	26.7 ± 5.6	34.3 ± 0.5	
African-American	6.8 ± 2.5	9.0 ± 0.2	
Asian/other	11.9 ± 3.4	10.0 ± 0.2	

Table entries are weighted percentages ± 95% confidence intervals
P-values are from overall chi-square test

Table 2 Perceived benefits of smoking among adolescents unexposed to smokers (n=373)

	n	%
Smoking can help people when they are bored	37	9.3 ± 3.4
Cigarette smoking helps people relax	68	18.8 ± 5.9
Cigarette smoking helps reduce stress	40	8.3 ± 2.9
Smoking helps people feel more comfortable at parties and in other social situations	105	28.4 ± 8.0
Smoking helps people keep their weight down	46	12.8 ± 4.9

Percentages are weighted percentages with 95% confidence intervals

Table 3 Likelihood of perceiving some benefit of smoking according to exposure to smokers

	n	% Perceived any benefit	OR	95% CI
Smokers	2,842	76.9 ± 2.2	0	
Exposed to				
Family and peers	2,749	62.0 ± 2.6	0.51	0.43–0.61
Peers only	1,021	56.5 ± 4.3	0.41	0.32–0.51
Family only	782	56.9 ± 5.4	0.43	0.34–0.55
Unexposed	373	41.8 ± 8.4	0.24	0.17–0.34

Percentages are weighted percentage ± 95% confidence intervals (CI)
Odds ratios (OR) are adjusted for demographic characteristics

more and more frequently portrayed as negative and unattractive characters. The much more likely source of the perceived smoking benefits is direct tobacco advertising. Although a ban on direct tobacco advertising on radio and television has existed in the USA since 1971, advertisements continue to appear in magazines with large teenage readerships.[21] Billboards abound with cigarette advertisements for viewing by the bored passenger in the family car. Also, recent studies have presented evidence of the tobacco industry's increased targeting of children and adolescents.[22–24]

Because the percentage of American adults who smoke decreases each year,[25] new smokers must be recruited from youth. Furthermore, the tobacco industry currently makes aggressive attempts to recruit new smokers not only in the United States but also in Central and Eastern Europe. Large cities in the newly independent states of the former Soviet Union, such as Russia, are filled with various kinds of tobacco advertising that primarily targets youth.[26]

Advertisements that depict smiling, attractive people in relaxed social situations promote positive outcomes of cigarette smoking. At least 1 cigarette advertising campaign featured cartoon characters in this setting instead of people. Indeed, in the present study almost a quarter of the teenagers who had no personal or interpersonal experience with smoking thought that cigarette smoking helps people feel more comfortable at parties and in other social situations. Advertisements that show slim, athletic women smoking cigarettes convey the message that smoking controls weight, a perception expressed by 12.8% of the unexposed group. In addition to these articulated benefits, there is evidence that suggests the closer the self-rating of personality characteristics to those assigned to models in cigarette advertising, the more likely the teenager is to smoke.[27]

Perceived positive outcomes from smoking represent a significant constituent of a positive attitude toward smoking and have been shown to be a precursor of the intention to try tobacco or related to its actual use.[2,8–11] The perceived ability of smoking to keep weight down, especially in teenage girls[28] and the belief that it provides relief from boredom[9] have both been explicitly related to cigarette use.

Children and adolescents do not simply passively observe the messages from tobacco advertising; they also develop attitudes about these messages. Findings from a cohort study showed that children who approved of cigarette advertising were twice as likely to become smokers as children who disapproved.[2] However, it is possible that children disposed to smoke due to other influences may be more likely to view cigarette advertising favourably. Another study found that starting at approximately 12 years of age, children consistently could profile the type of individual depicted in various cigarette ads.[29] The type of individual (trendy, tough, relaxed, sophisticated, etc.) is one way to convey benefits of smoking.

The absence of a section in the questionnaire that would assess the actual exposure to tobacco advertising and its effect on the perceived benefits of smoking was a limitation of the present study. We believe, nevertheless, that our assumptions are justifiable because of the overwhelming amount of tobacco-promoting billboards, posters, advertisements in magazines, etc., making it virtually impossible to remain unexposed to tobacco advertising.

In conclusion, a sizeable percentage of adolescents unexposed to smokers in their social environment nonetheless believe that cigarette smoking has benefits. Tobacco advertising is a likely source of such beliefs. Without tobacco advertising, children would be left to derive their beliefs in smoking benefits from smokers within their social environment. As many more smokers struggle to give up cigarettes, the messages from smokers will likely be mixed; those concerning benefits may lose much of their impact if not reinforced by cigarette advertising. More studies are needed to investigate whether or not cigarette advertising amplifies beliefs concerning smoking benefits in adolescents with and without smokers in their social environment.

This study was supported by contract number 89–97872 from the California Department of Health Services, Tobacco Control Section and contract number 64182 from the County of Los Angeles Tobacco Control Section.

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Received 11 July 1994, accepted 17 November 1994

PROPOSED TOBACCO INDUSTRY SETTLEMENT

June 20, 1997

PREAMBLE

This legislation would mandate a total reformation and restructuring of how tobacco products are manufactured, marketed and distributed in this country. The nation can thereby see real and swift progress in preventing underage use of tobacco, addressing the adverse health effects of tobacco use and changing the corporate culture of the tobacco industry.

The Food and Drug Administration ("FDA") and other public health authorities view the use of tobacco products by our nation's children as a "pediatric disease" of epic and worsening proportions that results in new generations of tobacco dependent children and adults. There is also a consensus within the scientific and medical communities that tobacco products are inherently dangerous and cause cancer, heart disease and other serious adverse health effects.

The FDA and other health authorities have concluded that virtually all new users of tobacco products are under legal age. President Clinton, the FDA, the Federal Trade Commission ("FTC"), state Attorneys General and public health authorities all believe that tobacco advertising and marketing contribute significantly to the use of nicotine-containing tobacco products by adolescents. These officials have concluded that because past efforts to restrict advertising and marketing have failed to curb adolescent tobacco use, sweeping new restrictions on the sale, promotion and distribution of such products are needed.

Until now, federal and state governments have lacked many of the legal means and resources they need to address the societal problems caused by the use of tobacco products. These officials have been armed only with crude regulatory tools which they view as inadequate to achieve the public health objectives with which they are charged.

This legislation greatly strengthens both the federal and state governments' regulatory arsenal and furnishes them with additional resources needed to address a public health problem that affects millions of Americans, including most importantly underage tobacco use. Further, it is contemplated that certain of the obligations of the tobacco companies will be implemented by a binding, enforceable contractual protocol.

The legislation reaffirms individuals' right of access to the courts, to civil trial by jury and to full compensatory damages. Resolution through the Act of potential punitive damages liability of the tobacco industry for past conduct is only made in the context of the comprehensive settlement proposed by the legislation. It is not intended to have precedential effect, nor does it express any position adverse to the imposition of punitive damages in general or as applied to any other specific industry, case, controversy or product and does not provide any authority whatsoever regarding the propriety of punitive damages.

Among other things, the new regime would:

Confirm FDA's authority to regulate tobacco products under the Food, Drug and Cosmetic Act, making FDA not only the preeminent regulatory agency with respect to the manufacture, marketing and distribution of tobacco products but also requiring the tobacco industry to fund FDA's oversight out of ongoing payments by the manufacturers pursuant to the new regime ("Industry Payments").

Go beyond FDA's current regulations to ban all outdoor tobacco advertising and to eliminate cartoon characters and human figures, such as Joe Camel and the Marlboro Man, two tobacco icons which the public health community has long assailed as advertising appealing to our nation's youth.

Impose and provide funding out of the Industry Payments for an aggressive federal enforcement program, including a State-administered retail licensing system, to stop minors from obtaining tobacco products, while in no way preventing the States from enacting additional measures.

Ensure that the FDA and the States have the regulatory flexibility to address issues of particular concern to public health officials, such as youth tobacco usage and tobacco dependence.

Subject the tobacco industry to severe financial surcharges in the event

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underage tobacco use does not decline radically over the next decade.

Empower the federal government to set national standards controlling the manufacturing of tobacco products and the ingredients used in such products.

Provide new and flexible regulatory enforcement powers to ensure that the tobacco industry works to develop and introduce "less-hazardous tobacco products," including, among other things, vesting FDA with the power to regulate the levels of nicotine in tobacco products.

Require the manufacturers of tobacco products to disclose all previously non-public internal laboratory research and all new internal laboratory research generated in the future relating to the health effects or safety of their products.

Establish a minimum federal standard with tough restrictions on smoking in public places with enforcement funding from the Industry Payments, while preserving the authority of state and local governments to enact even more severe standards.

Authorize and fund from Industry Payments a $500 million annual, national education-oriented counter-advertising and tobacco control campaign seeking to discourage the initiation of tobacco use by children and adolescents and to encourage current tobacco product users to quit use of the products.

Authorize and fund from Industry Payments the annual payment to all States of significant, ongoing financial compensation to fund health benefits program expenditures and to establish and fund a tobacco products liability judgments and settlement fund.

Authorize and fund from Industry Payments a nationwide program, administered through State governments and the private sector, of smoking cessation.

The sale of tobacco products to adults would remain legal but subject to restrictive measures to ensure that they are not sold to underage purchasers. These measures respond directly to concerns voiced by federal and state public health officials, the public health community and the public at large that the tobacco industry should be subject to the strictest scrutiny and regulatory oversight. This statute imposes regulatory controls, including civil and criminal penalties, equal to, and in many respects exceeding, those imposed on other regulated industries. Further, it imposes on tobacco manufacturers the obligation to provide funding from Industry Payments for an array of public health initiatives.

The sale, distribution, marketing, advertising and use of tobacco products are activities substantially affecting interstate commerce. Such products are sold, marketed, advertised and distributed in interstate commerce on a nationwide basis, and have a substantial effect on the nation's economy. The sale, distribution, marketing, advertising and use of such products are also activities substantially affecting interstate commerce by virtue of the health care and other costs that federal and State governmental authorities have attributed to usage of tobacco products.

Various civil actions are pending in state and federal courts arising from the use, marketing or sale of tobacco products. Among these actions are cases brought by some 40 state Attorneys General, cases brought by certain cities and counties, the Commonwealth of Puerto Rico, and other third-party payor cases seeking to recover monies spent treating tobacco-related diseases and for the protection of minors and consumers. Also pending in courts throughout the United States are various private putative class action lawsuits brought on behalf of individuals claiming to be dependent upon and injured by tobacco products. Additionally, a multitude of individual suits have been filed against the tobacco products manufacturers and/or their distributors, trade associations, law firms and consultants.

All of these civil actions are complex, slow-moving, expensive and burdensome, not only for the litigants but also for the nation's state and federal judiciaries. Moreover, none of those litigation's has to date resulted in the collection of any monies to compensate smokers or third-party payors. Only national legislation offers the prospect of a swift, fair, equitable and consistent result that would serve the public interest by (1) ensuring that a portion of the costs of treatment for diseases and adverse health effects linked to the use of tobacco products is borne by the manufacturers of these products, and (2) restricting nationwide the sale, distribution, marketing

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and advertising of tobacco products to persons of legal age. The unique position occupied by tobacco in the nation's history and economy, the magnitude of actual and potential tobacco-related litigation, the need to avoid the cost, expense, uncertainty and inconsistency associated with such protracted litigation, the need to limit the sale, distribution, marketing and advertising of tobacco products to persons of legal age, and the need to educate the public, especially young people, of the health effects of using tobacco products all dictate that it would be in the public interest to enact this legislation to facilitate a resolution of the matters described.

Public health authorities believe that the societal benefits of this legislation, in human and economic terms, would be vast. In particular, FDA has found that reducing underage tobacco use by 50% "would prevent well over 60,000 early deaths." FDA has estimated that the monetary value of its present regulations will be worth up to $43 billion per year in reduced medical costs, improved productivity and the benefit of avoiding the premature death of loved ones. This statute, which extends far beyond anything FDA has previously proposed or attempted, can be expected to produce human and economic benefits many times greater than such existing regulations.

As part of this settlement, the tobacco companies recognize the historic changes that will be occurring to their business. They will fully comply with increased federal regulation, focus intense efforts on dramatic reductions in youth access and youth tobacco usage, recognize that the regulatory scheme encourages the development of products with reduced risk and acknowledge the predominant public health positions associated with the use of tobacco products.

[Source/precedent: FDA Rule]

TITLE I: Reformation Of The Tobacco Industry

Title I of the legislation would incorporate and expand upon FDA's recent regulation of nicotine-containing tobacco products. The following rules would apply to all tobacco products sold in the U.S. (including all its territories and possessions, as well as duty-free shops within U.S. borders). The new regime would be allowed to operate as described below for five years. FDA would have authority to make revisions even within this period under extraordinary circumstances. Thereafter, the FDA would be authorized to review and revise the rules under applicable Agency procedures.

A. Restrictions on Marketing and Advertising

The advertising and marketing of tobacco products would be drastically curtailed, including in ways that exceed the FDA rule as originally promulgated and in ways that have previously been challenged on First Amendment grounds. As in the FDA rule the new regime would:

> Prohibit the use of non-tobacco brand names as brand names of tobacco products except for tobacco products in existence as of January 1,1995 (897.16(a)) (The citations in this and in the next section are to Part 897 of the FDA's tobacco regulations, 61 Fed. Reg. 44396 (August 28, 1996).
>
> Restrict tobacco product advertising to FDA specified media (897.30(a)(1)-(2))
>
> Restrict permissible tobacco product advertising to black text on a white background except for advertising in adult-only facilities and in adult publications (897.32(a)-(b))
>
> Require cigarette and smokeless tobacco product advertisements to carry the FDA-mandated statement of intended use ("Nicotine Delivery Device") (897.32(c))
>
> Ban all non-tobacco merchandise, including caps, jackets or bags bearing the name, logo or selling message of a tobacco brand (897.34(a)).
>
> Ban offers of non-tobacco items or gifts based on proof of purchase of tobacco products (897.34(b))
>
> Ban sponsorships, including concerts and sporting events, in the name, logo or selling message of a tobacco brand (897.34(c))

Further, building on and going beyond the FDA rule, the new regime would:

> Ban the use of human images and cartoon characters - thereby eliminating *Joe Camel* and the *Marlboro Man* - in all tobacco advertising and on tobacco product packages
>
> Ban *all* outdoor tobacco product advertising, including in enclosed stadia as well as brand advertising directed

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outside from a retail establishment (modifies 897.30(a)(1) and extends 897.30(b))

Prohibit tobacco product advertising on the Internet unless designed to be inaccessible in or from the United States

Establish nationwide restrictions in non adult-only facilities on point of sale advertising with a view toward minimizing the impact of such advertising on minors. These provisions, which are detailed in Appendix VII, restrict point of sale advertising that was otherwise permitted in retail establishments by the FDA rule.

Ban direct and indirect payments for tobacco product placement in movies, television programs and video games

Prohibit direct and indirect payments to "glamorize" tobacco use in media appealing to minors, including recorded and live performances of music -- Without limiting the FDA's normal rulemaking authority in this area, require that the use, in both existing and future brand styles, of words currently employed as product descriptors (e.g., "light" or "low tar") be accompanied by a mandatory disclaimer in advertisements (e.g., "Brand X not shown to be less hazardous than other cigarettes"); exemplars of all new advertising and tobacco products labeling shall be submitted to FDA concurrently with their introduction into the marketplace for FDA's ongoing review.

[Source/precedent: FDA Rule; 21 C.F.R. 101.70]

B. Warnings, Labeling and Packaging

The federally-mandated warning labels on cigarettes were last changed in 1984. Since then a number of countries, including Canada and members of the European Union, have imposed new warning labels. Further, the Federal Trade Commission's methodology to measure the "tar" and nicotine yields of cigarettes has been criticized as producing misleading information.

1. The legislation, through amendments to the Federal Cigarette Labeling and Advertising Act and the Comprehensive Smokeless Tobacco Health Education Act, would mandate new rotating warnings, to be introduced concurrently into the distribution chain on all tobacco product packages and cartons, and to be rotated quarterly in all advertisements. For cigarettes, the warnings would be:

"WARNING: Cigarettes are addictive"

"WARNING: Tobacco smoke can harm your children"

"WARNING: Cigarettes cause fatal lung disease"

"WARNING: Cigarettes cause cancer"

"WARNING: Cigarettes cause strokes and heart disease"

"WARNING: Smoking during pregnancy can harm your baby"

"WARNING: Smoking can kill you"

"WARNING: Tobacco smoke causes fatal lung disease in non-smokers"

"WARNING: Quitting smoking now greatly reduces serious risks to your health"

For smokeless tobacco products, the warnings would be:

"WARNING: This product can cause mouth cancer"

"WARNING: This product can cause gum disease and tooth loss"

"WARNING: This product is not a safe alternative to cigarettes"

"WARNING: Smokeless tobacco is addictive"

For cigarettes, the warnings would occupy 25% of the front panel of the package (including packs and cartons) and would appear on the upper portion thereof. The legislation would contain a grandfather provision for existing brands with flip-top boxes

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outside that state's jurisdiction. Specifically, the FDA may withhold from such state an amount equal to 1% of moneys otherwise payable to that state under the Act to defray health care expenditures of public programs of medical assistance for each percentage point by which the state's performance on its mandatory compliance checks fails to meet the required performance targets for that year. In no event may the FDA withhold more than 20% of the money otherwise allocable to such state under the Act for such purposes.

The FDA shall reallot any Withhold Amounts, once final, to states that exceed the Act's Performance Targets, in amounts and by an allocation formula determined by the agency to reward those states with the best record of reducing youth access to tobacco products.

Appeal Following Withhold

Upon notice from the FDA of a withhold of moneys (the "Withhold Amount") allocable to the state under the Act, a state subject to such notice of withhold may petition the agency for a release and disbursement of the Withhold Amount, and shall give timely written notice of such petition to the attorney general for that state and to all tobacco product manufacturers. The agency shall hold, and invest in interest bearing securities of the United States government or its agencies, any Withhold Amounts subject to a pending petition for release and disbursement or related appeal until final disposition of such petition and appeal.

In the case of petition by a state for a release and disbursement of a Withhold Amount, the agency's decision on whether to grant such a petition, and the amount thereby released and disbursed, if any, shall be based on whether:

(1) the state has acted in good faith and in full compliance with the Act, and any agency rules or regulations promulgated thereunder;

(2) the state has pursued all reasonably available measures to attain the Retail Compliance Check Performance Targets and Youth Smoking Reduction Goals of the Act;

(3) there is evidence of any action, direct or indirect, taken by the state to undermine the achievement of the Retail Compliance Check Performance Targets and Youth Smoking Reduction Goals or other terms and objectives of the Act; and

(4) any other relevant evidence.

The burden shall be on the state to prove, by a preponderance of the evidence, that the state should be granted a release and disbursement of the Withhold Amount or any portion thereof. Prior to decision, the agency shall hold a hearing on the petition, with notice and opportunity to be heard given to the attorney general of that state and to all domestic tobacco product manufacturers.

Upon a finding by the agency that the state meets the grounds, as set forth above, and the burden of proof for a release and disbursement of a Withhold Amount, then it shall order a release and disbursement of up to 75% of the Withhold Amount appealed, and it shall so release and disburse to the state that amount, with interest at the average United States 52-Week Treasury Bill rate for the period between notice and release of such Withhold Amount. The agency may consider all relevant evidence in determining that percentage of the Withhold Amount to order released and disbursed.

Any manufacturer or state attorney general aggrieved by a Withhold Amount decision of the agency may seek judicial review thereof within 30 days in the United States Court of Appeals for the District of Columbia Circuit. Unless otherwise specified in this Act, judicial review under this Section shall be governed by Sections 701-706 of Title 5 of the United States Code.

No stay or other injunctive relief enjoining imposition of the withhold pending appeal or otherwise may be granted by the FDA or any court.

No appeal may be taken from an agency decision denying a petition to release and disburse a Withhold Amount unless filed within 30 days following notice of such decision. No stay or other injunctive relief, enjoining imposition of the withhold pending appeal or otherwise, may be granted, by any court or administrative agency. Appeals filed hereunder shall be made to the District of Columbia Circuit Court of Appeals and, on appeal, shall be governed by the procedural and evidentiary provisions of the Administrative Procedures Act, unless otherwise specified in this Act. The judgment of the District of Columbia Court of Appeals on appeal shall be final.

Appendix VII - Restrictions on Point of Sale Advertising

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The details with respect to point of sale advertising restrictions are as follows:

1. There shall be no Point of Sale Advertising of tobacco products, excluding adults-only stores and tobacco outlets, except as provided herein:

> A. Each manufacturer of tobacco products may have not more than two separate point of sale advertisements in or at each location at which tobacco products are offered for sale, except any manufacturer with 25 percent of market share may have one additional point of sale advertisement. A retailer may have one sign for its own or its wholesaler's contracted house retailer or private label brand. No supplier of tobacco products may enter into any arrangement with a retailer that limits the retailer's ability to display any form of advertising or promotional material originating with another supplier and permitted by law to be displayed at retail.
>
> B. Point of Sale advertisements permitted herein each shall be of a display area not larger than 576 square inches (either individually or in the aggregate) and shall consist of black letters on white background or recognized typographical marks.
>
> Point of Sale advertisements shall not be attached to nor located within two feet of any fixture on which candy is displayed for sale. Display fixtures are permitted signs consisting of brand name and price, not larger than 2 inches in height.

2. Except as provided herein, Point of Sale Advertising shall mean all printed or graphical materials bearing the brand name (alone or in conjunction with any other word), logo, symbol, motto, selling message, or any other indicia of product identification identical or similar to, or identifiable with, those used for any brand of cigarettes or smokeless tobacco, which, when used for its intended purpose, can reasonably be anticipated to be seen by customers at a location at which tobacco products are offered for sale.

3. Audio and video formats otherwise permitted under the FDA Rule may be distributed to adult consumers at point of sale but may not be played or shown at point of sale (i.e., no "static video displays").

Appendix VIII - Public Disclosure of Past and Future Tobacco Industry Documents and Health Research

The legislation would ensure that previously non-public or confidential documents from the files of the tobacco industry -- including the results of internal health research -- are disclosed to the federal government, the States, public and private litigants, health officials and the public. The legislation also would provide for binding, streamlined and accelerated judicial determinations with nationwide effect in the event that disputes remain over the legitimacy of claims of privileges or protections, including attorney-client privilege, and work product and trade secret protections.

1. Under the Act, the manufacturers and CTR and TI would establish a national tobacco document depository that is open to the public and located in the Washington, DC area. This depository would serve as a resource for litigants, public health groups, and anyone else with an interest in the tobacco industry's corporate records on the subjects of smoking and health, addiction or nicotine dependency, safer or less hazardous cigarettes and underage tobacco use and marketing. Specifically:

> The depository would include all of the documents produced to the other side by the manufacturers, CTR and TI in the Attorneys General actions (including all documents selected by plaintiffs from the Guilford, U.K. repository), Philip Morris Companies Inc.'s defamation action against Capital Cities/ABC News, the FTC's investigation concerning Joe Camel and underage marketing, the *Haines* and *Cipollone* actions and the *Butler* action in Mississippi.
>
> In the event there are additional existing documents discussing or referring to health research, addiction or dependency, safer/less hazardous cigarettes, studies of the smoking habits of minors and the relationship between advertising or promotion and youth smoking that the manufacturers or trade associations have not yet completed producing as agreed or required in the above actions, such additional documents shall be placed in the depository commencing within 90 days of the effective date of the Act, and

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SPECIAL COMMUNICATION

The tobacco industry's code of advertising in the United States: myth and reality

John W Richards, Jr, Joe B Tye, Paul M Fischer

Abstract

The major American tobacco companies developed and agreed to abide by the Cigarette Advertising Code in 1964. The stated aims of the code were to prohibit advertising directed at young people, to prohibit advertising that used fraudulent health claims, and to assure compliance with the code's provisions through the establishment of an administrative arm and enforcement mechanism to prescreen and monitor all cigarette advertising. In the 32 years since the Cigarette Advertising Code's adoption, the tobacco industry has used the existence of this code and its revisions and promises of self-regulation in accordance with this code as evidence that it promotes tobacco use only in a responsible manner. The code has served as the basis of the industry's efforts to avoid further local, state, and federal regulatory oversight of its marketing activities. A historical review of cigarette advertising since 1964 indicates that the voluntary code's major provisions have been regularly violated in the spirit and the letter. The administrative and enforcement provisions of the original Cigarette Advertising Code were quietly dismantled soon after the voluntary code's adoption and were completely omitted from the revised code in 1990. The historical evidence indicates that self-regulation of cigarette advertising and promotion by the tobacco industry has been repeatedly given trials and has not worked.

(*Tobacco Control* 1996;5:295–311)

Keywords: legislation; regulation; ethics; advertising; marketing.

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"We are proud of the industry's record with respect to cigarette advertising generally and youth in particular. We submit that the record is one of unparalleled restraint and responsibility."—Horace Kornegay, Chairman, The Tobacco Institute.[1]

"Evidence is now available that the 14 to 18 year old group is an increasing segment of the smoking population. RJR must soon establish a successful new brand in this market if our position in the industry is to be maintained over the long term."—RJR's Secret planning assumptions and forecast for the period 1976–1986.[2]

Introduction

During the past decade, scientific evidence has clearly implicated cigarette advertising in smoking experimentation by adolescents.[3–8] This effect may have its roots in childhood, long before experimentation with cigarettes actually begins.[9]

Although these findings have been published only recently in the scientific literature, policy makers have expressed concern about the influence of cigarette advertising for over 40 years. In an effort to forestall legislative or regulatory action that would limit tobacco advertising and promotion, cigarette manufacturers in the United States developed the Cigarette Advertising Code in 1964.[10] The tobacco industry has, for the past 32 years, consistently cited its advertising code as a shield against recommendations for any increased regulation of cigarette advertising and promotion. The following is an example of the industry's use of the code in the legislative arena:

"We have managed to stall HB51, the sampling ban legislation in the Senate Rules committee. At the same time, we have drafted amendments incorporating the industry code of ethics. If the sponsor is willing we will attach our amendments to HB51. If he is reluctant we will work to have a separate bill introduced and keep HB51 bottled up in the Senate Rules Committee. . . ." (Philip Morris Governmental Affairs document, 27 January 1989, regarding a bill in Utah.)

"All major cigarette companies in the United States claim to follow the provisions of the Cigarette Advertising Code." (Letter from Samuel D Chilcote, Jr, President of the Tobacco Institute, 5 March 1991.)

It would be difficult, however, for independent observers to monitor that claim. The text of the original code was made available to the public once, when it was published on 28 April 1964, on page 50 of the *New York Times* (appendix 1).

The code was updated and revised in 1990, and was available for a time in a pamphlet from the Tobacco Institute. According to the Tobacco Institute, this revision "combines (1) the provisions of the original Cigarette Advertising Code of 1964, as restated in 1982; (2) the Code of Cigarette Sampling Practices of 1981, as amended in 1983; and (3) the additional restrictions on cigarette advertising and promotion adopted by the industry in 1990"[11] (appendix 2). The revised Cigarette Advertising Code contains seven provisions relating to advertising, sixteen related to product

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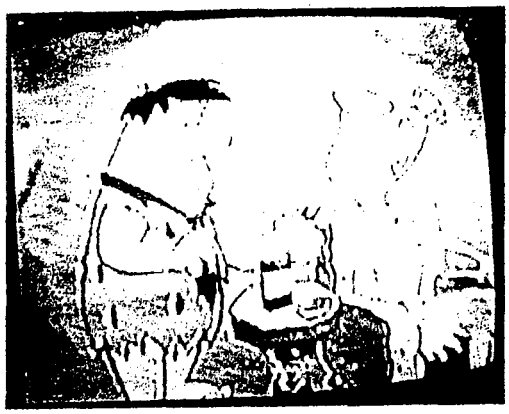


Figure 1 Fred and Wilma Flintstone promote Winston cigarettes in The Flintstones, *one of the most popular cartoon series of its time. Today, the Flintstones promote vitamins for children 2 years of age and older.*



Figure 4 Regarding the Lucky Strikes he was holding in the movie 48 Hours, *Eddie Murphy said, "These are very popular with the kids." Product placements extend beyond films themselves when movies are later shown on television and rented on videotapes. This was not mentioned in the code revised by the industry in 1990.*

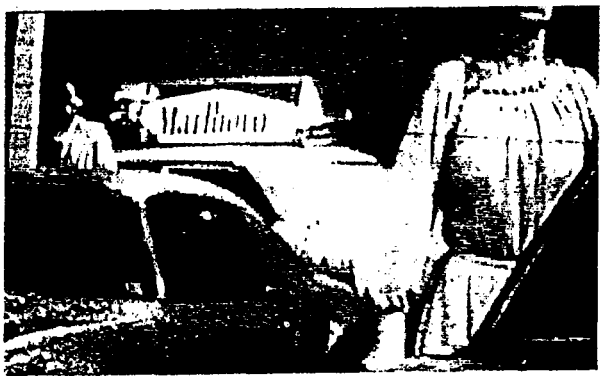


Figure 3 There were 22 paid advertisements for Marlboro in the movie Superman II. *Taxis with Marlboro signs were strategically placed for camera exposure and a truck was specially painted to look like a huge Marlboro pack. Additionally, three Kent, two Rich Lights, and a Kool advertisement were seen in the movie.*

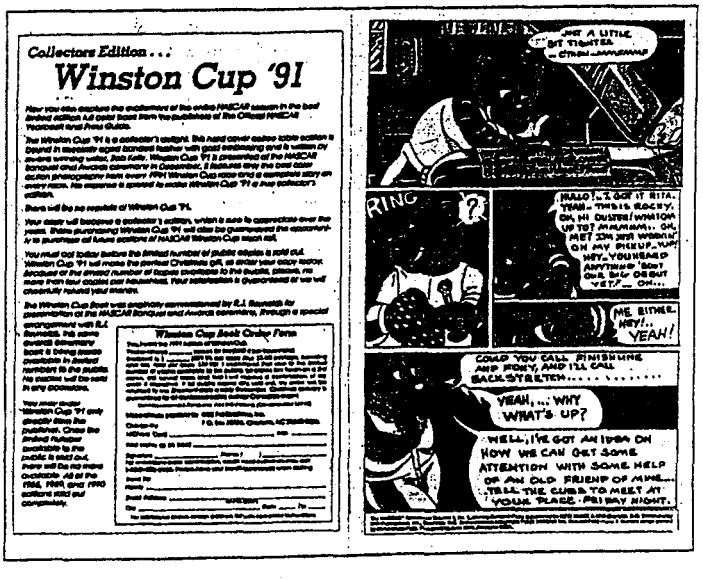


Figure 5 Although Philip Morris claims that it did not authorise the use of its Marlboro trademark in the Super Monaco GP *video game, five years after an inquiry by Congress, this arcade game and others still display the Marlboro logo.*

Figures 12, 13, and 14 Comic books aimed at grammar school readers (6–10 years) and junior high (11–14 years) readers also contain tobacco advertisements. The premier issue of NASCUBS *(below and bottom right) and the October 1992 (no 485) issue of* Batman *(right) are illustrated here.*







sampling, and three related to other promotional activities. Of note, it omits the original provisions for administrative oversight, enforcement, or penalties (Original code; articles II, III).

In this paper we examine the compliance by tobacco manufacturers with the letter and the spirit of their own Cigarette Advertising Code since its adoption in 1964.

Events leading to the code

The Cigarette Advertising Code was developed in 1964 by the tobacco industry in response to public complaints about advertising directed at young people and increasing legislative interest in restricting tobacco advertising. Before 1964, competing and misleading health claims saturated cigarette advertising. Some examples include: "More doctors smoke Camels," "Smoke Kent's Micronite filter for the greatest health protection in cigarette history" (the filter is now known to have contained asbestos[12]), and "Play safe with Philip Morris". Public relations reports from the tobacco industry questioned research findings that linked smoking with disease, and attempted to convince the public that people could smoke safely, if only the proper brand was selected.[13–15]

Industry documents that have surfaced are telling:

"Historically, the joint industry funded smoking and health research programs have not been selected against specific scientific goals, but rather for various purposes such as public relations, political relations, positions for litigation, etc."[16]

"The Communications Committee is committed to instituting national advertising to reinforce the smoker, his choice to smoke and the custom of smoking. This will be accomplished by: attacking bad research, attacking researchers themselves, where vulnerable. . . ."[17]

Cigarette companies recruited famous athletes, such as Joe DiMaggio, Mickey Mantle, and Bill Tilde; movie stars—for example, Bob Hope, Bing Crosby, Ronald Reagan, and Dorothy Lamour—and other celebrities, such as "famous aviators" and "US Antarctic explorers", to promote their products. Cigarettes sponsored numerous television shows with large audiences of children and teenagers including *The Beverly Hillbillies* (Winston) and cartoon programmes such as *The Flintstones* (Winston) (figure 1).[18–19]

As evidence amassed that smoking is hazardous to health, tobacco companies came under increasing criticism for advertising directed toward young people and for attempting to deceive the public into believing that they could smoke without endangering their health. These concerns went as far back as 1952 when a survey of 2200 advertising agency executives asked which advertisements were most objectionable.[20] The top seven were for cigarettes. These advertisements were criticised primarily for making unfounded health claims.

During the early 1960s, LeRoy Collins, president of the National Association of Broadcasters, criticised cigarette advertising on television. In a 1962 statement, he urged that restraints be imposed against "the use of commercials especially designed to influence the very young and beginning smoker."[21] In 1963, he blasted a Lucky Strike campaign which claimed that Lucky Strikes "separate the men from the boys – but not from the girls", calling it "a brazen, cynical flouting of the concerns of millions of parents about their children starting the smoking habit."[22]

The pressure intensified during 1964, the year that US Surgeon General Luther Terry issued the landmark report concluding that smoking causes premature death from lung cancer and other diseases.[23] In June of that year, the US Federal Trade Commission (FTC) announced that, from 1 January 1965, it would be an unfair trade practice for cigarettes to be sold without a warning stating that "Cigarette smoking is dangerous to health and may cause death from cancer and other diseases."[24]

In response to this proposed rule (which never became effective because it was superseded by the federal Cigarette Labeling and Advertising Act of 1965), the nine major tobacco companies developed and adopted the Cigarette Advertising Code. An article announcing its voluntarily adoption was printed in the *New York Times of* 28 April 1964. In this article, US senator Maurine Neuberger was quoted as saying that the Cigarette Advertising Code would eliminate "those most offensive appeals to adolescence and immaturity which have long scarred the face of the advertising media."[10]

Dismantling of the code's enforcement mechanisms

Almost immediately, it became clear that the Cigarette Advertising Code would not affect the content of cigarette advertisements. One extensive retrospective review of cigarette advertising in the print media in 1964 and 1965 reveals that there was no improvement in the advertising claims for any major existing cigarette brand following the adoption of the code.[13]

Former New Jersey governor Robert B Meyner was selected by the tobacco companies as the Cigarette Advertising Code administrator, and was given authority to fine tobacco companies up to $100 000 in "liquidated damages" for code violations. In late 1965, Meyner was criticised for taking no action when cigarette advertisements were run before the Beatles' appearance on the *Ed Sullivan Show*, which was watched by millions of teenagers. Meyner had previously ruled that tobacco companies could advertise on family-type television shows watched by children without violating the code.[25]

In 1967, the Cigarette Advertising Code's administrative and enforcement mechanisms were dismantled. We have not seen any evidence that any tobacco company was ever restrained or penalised by Meyner during his tenure.

In June 1967, the FTC issued a 57-page report on cigarette advertising that criticised the tobacco industry's Cigarette Advertising

Code as being ineffectual. It concluded that cigarette advertising continued to be deliberately targeted at young people:

"Self-regulation by the industry has proved to be ineffectual. Cigarette commercials continue to appeal to youth and continue to blot out any consciousness of the health hazards. . . . To allow the American people, and especially teenagers, the opportunity to make an informed and deliberate choice of whether or not to start smoking, they must be freed from the constant exposure to such one-sided blandishments and told the whole story."[26]

The industry has steadfastly maintained that the code's provisions are observed. A letter in March 1991 from Samuel D Chilcote, Jr, President of the Tobacco Institute, to one of the authors (JBT), claimed that all major US tobacco companies continue to comply voluntarily with the code. In a letter to the editor of *Advertising Age*, published in its 28 October 1996 issue, a spokesperson for the RJ Reynolds Tobacco Company stated, "We have a voluntary code. We adhere to it."[27] There is, however, no publicly available evidence of any current administrative structure for enforcement of the provisions of the code and the Tobacco Institute admits that no prescreening of any cigarette advertisements is conducted.[11]

Has the industry complied with its own code?

A review of the industry's advertising practices since 1964 shows that elements of their Cigarette Advertising Code have been violated with great regularity. In fact, the divergence between the provisions of the code and the actual practices of the industry suggests that compliance with the code may never have been intended.

EXAMPLES OF CODE VIOLATIONS

Original code (IV:1,e)

"Natural persons depicted as smokers in cigarette advertising shall be at least twenty-five years of age and shall not be dressed or otherwise made to appear less than twenty-five years of age. . . ."

Violation

Regardless of their chronological age, models are frequently selected who look younger than 25 years of age (figure 2). Studies of cigarette advertising confirm this fact.[28–32] In the study by Mazis *et al*, 17% of 65 models appearing in 50 print advertisements in 1987 had a mean perceived age of less than 25 years.[28] Furthermore, 49% of models were judged by at least a quarter of respondents to be less than 25 years of age.

Original code (IV:1,a)

"Cigarette advertising shall not appear on television and radio programs, or in publications, directed primarily to persons under twenty-one years of age."

Violation

Tobacco companies regularly target youth-oriented media for saturation exposure to cigarette advertisements. A study of cigarette advertisements in popular magazines in 1989 showed that youth-oriented entertainment, glamour, and sports magazines had heavy concentrations of cigarette advertising.[33] In a longitudinal review of cigarette advertising from 1960 to 1985, both adult and youth-oriented magazines showed a substantial increase in cigarette advertising.[34] In fact, *Sports Illustrated*, which carries numerous tobacco advertisements in each issue, promotes itself as the ideal gift for high school students (14–18 year olds) and a third of its readership is under 21 years of age.[29]

In 1969, cigarette companies were banned by the US Congress from television advertising (commencing 2 January 1971) because of con-



Figure 2a and b Models appearing under age 25 cannot be used to promote cigarettes, according to the Cigarette Advertising Code.

cerns that such advertising would influence adolescent decisions to smoke. According to an FTC report, "Intentional or fortuitous, teenagers appear to be a prime target for televised cigarette advertising" noting that teenagers viewed 7.8 cigarette-sponsored programmes per week *vs* 5.9 viewed on average by all persons (teenagers and adults).[27] This television and radio ban has been successfully circumvented through sponsorship of televised sports events (table 1). Lydia Stephens, ABC sports programme director, said of Philip Morris' sponsorship of Virginia Slims, "I think it's clever. They've found a loophole."[32] For example, during a single 90-minute telecast of the Marlboro Grand Prix auto race, the Marlboro logo was shown or the brand "Marlboro" was mentioned 5993 times.[33] This exposure was estimated by the auto racing industry to have a television air time value of $1 132 240.[34] The US Justice Department recently required Philip Morris to remove cigarette advertising from Madison Square Garden because of its location in relation to TV exposure.[35] The Justice Department did not address other sports such as auto racing.

Tobacco companies have also arranged for cigarette advertising to be placed in motion pictures, many of which are later shown multiple times on television, including some movies produced for children. Philip Morris paid $42 500 to have Marlboro cigarettes featured in *Superman II* (figure 3, page 296); Liggett and Myers paid $30 000 to have Eve cigarettes featured in *Supergirl*. In one scene from *Superman II*, while a lit Marlboro dangles from her lips, Lois Lane tells a meek Clark Kent that she will never get sick because she drinks orange juice. In the James Bond movie, *Licence to Kill*, a fee of $350 000 was paid to have a package of Lark appear as a bomb.[36] In response to criticism of the cigarette promotion, the producer added a Surgeon General's warning after the credits at the end of the movie.[37] Many other youth-oriented movies, including *Desperately Seeking Susan* (Camel), *Baby* (Marlboro), *Risky Business* (Marlboro), *Batteries Not Included* (Salem), *Crocodile Dundee* (Marlboro), and the Walt Disney movies *Who Framed Roger Rabbit?* (Lucky Strike, Camel) and *Honey I Shrunk the Kids* (Camel), contain cigarette advertising.

The marketing material for Associated Film Promotions states the case clearly: "A feature film is the most influential medium of our time. The power of films to create trends and influence lifestyles is enormous. . . . People identify with motion picture stars and seek to emulate them. . . . Your product can be placed exclusively in films that *target your specific demographic audience* [emphasis added]." Follow-up market research includes children as young as 12 years old.[38]

When the practice of product placement in movies, television shows, and music videos was initially brought to public attention, it was denied by the tobacco industry.[39] However, when questioned later by a Congressional committee, Philip Morris admitted to engaging in placement of its cigarette brands in movies. An aide to former Congressman Thomas Luken added, "They also pay to get general smoking scenes, particularly on television programs."[39] Following this public disclosure, the Cigarette Advertising Code was amended in 1990 to prohibit tobacco companies from paying for movie placement. However, neither paid placements in television programmes nor unpaid placements in movies or television programmes (figure 4, page 296) are prohibited.[39-40] Nor is placement advertising in theatres or payments directly to producers, crews, or actors (table 2). For example, documents have surfaced that reveal that Brown & Williamson paid more than $300 million for Kool Jazz advertisements in 4185 theatres, which reached 334.9 million moviegoers.[41] FTC chairwoman Janet D Steiger has referred to the "unexplained appearance of cigarette logos in video arcade games" as an example of possible targeting of children.[42] So far, eight video arcade games, three home computer games, and two home video console games have been found to contain cigarette logos (figure 5 on page 296, table 3).[43-44] Dave Rosen, co-chairman of SEGA of America, Inc., makers of *Super Monaco GP*, issued an official statement which said that the Marlboro logos were "simply a game designer's innocent attempt to mimic real-life locations as scenery to enhance the realism of game play."[45]

Table 1 Tobacco-product brand names and sports sponsors

Sport	*Tobacco brand name*
Auto racing	Winston, Marlboro, Camel, Skoal, Kodiak, etc
Drag racing	Camel, Winston, Skoal
Formula One	Marlboro, Camel, Rothmans, Hollywood, John Players, Gitanes, Mild Seven
Indy car	Marlboro, Players, Copenhagen, Hollywood, John Players, Viceroy, Taryton
Sprint car	Skoal, Copenhagen
Stock car	Winston, Skoal, Kodiak, Levi Garrett, Camel
Other racing	Camel (GT, Motorcycle), Players (Formula Atlantic), Marlboro (Road Rally)
Badminton	Winston
Baseball	Marlboro, Winston, Kodiak, Red Man, Renegade
Basketball	Marlboro, Winston
Billiards	Rothmans, Benson & Hedges, Silk Cut, Embassy
Bowling	Winston, Lucky Strike
Bowls	Embassy
Cricket	Benson & Hedges
Darts	Lucky Strike
Fishing	Red Man, Winston, Skoal, Copenhagen
Golf	Vantage, Winston, Salem, Doral, Dunhill, Players, du Maurier, Benson & Hedges, Kent, Peter Jackson
Greyhound racing	Winfield
Hockey	Marlboro, Winston, Players
Horse racing	Malrboro, du Maurier, Winfield
Hydroplane racing	Winston, Camel
Monster truck racing	Camel, Skoal, Copenhagen
Polo	Winfield, Benson & Hedges
Quarter horse racing	Marlboro, Red Man
Rodeo	Skoal, Copenhagen, Winston, Levi Garrett
Rugby	Winfield, Rothmans, Marlboro, John Player
Sailing	Marlboro, Newport, Kim, Skoal, Copenhagen, Export A
Skating	Benson & Hedges
Skydiving	Marlboro
Soccer	Marlboro, Winston, Montana, Camel, Mundial, Rothmans, Winfield
Speedboat racing	Marlboro, Players, Export A
Stunt flying	Marlboro, Winston
Tennis	Virginia Slims, Marlboro, Benson & Hedges, Salem, Kim
Tractor pulling	Red Man, Kodiak, Camel
Yachting	Salem, Merit, Vantage, Winston, Export A

List compiled by DOC (Doctors Ought to Care). Comment: Sponsorship of sports has allowed the tobacco industry to circumvent the code through television and radio coverage. It also provides the opportunity for enormous free advertising through television, radio, and print media news coverage, brand extenders such as clothing, and "downline" advertising for associated products and services.

Table 2 Tobacco-product placement in movies

	Value (US$)	Examples
Rhinestone Cowboy, Godfather III, Rambo, 50/50, Rocky IV	500 000	Sylvester Stallone: jewellery, watch, car, horse; property master: cash; producer: cash; Autistic Children Foundation: donation
Harry & Son	100 000	Paul Newman: air travel, car
Never Say Never Again	20 000	Sean Connery: jewellery
Where the Boys Are	100 000	
Tempest	70 000	
Shaker Run	5 000	
Blue Skies Again	7 500	
Sudden Impact	50 000	
Tank	25 000	
Smokey and the Bandit III	10 000	
Licence to Kill	350 000	
Superman II	42 500	

Sources:
Hilts PJ. Company spent $1 million to put cigarettes in movies, memos show. *New York Times* 1994 May 20: A16.
Lardman J, Considine M. Giving the name away: Product placement in popular cinema. QUIT and Australian Teachers of Media, 1992.
Ripslinger J. Letter summarising agreement between Stallone with AFP on behalf of Brown & Williamson. URL: <www.library.ucsf/edu/tobacco/docs/html2401.12>.
Stallone S. Agrees to use Brown & Williamson products in 5 films for $500 000 URL: <www.library.ucsf/edu/tobacco/docs/html2404.02>.
Coleman J. Re: Apocolypse Now—Marlboro. URL: <www.library.ucsf/edu/tobacco/docs/html2400.13>.
Comment: Whether for direct or indirect compensation, the planned appearance of products and behaviours such as smoking in films and television has been occurring for many years. The relaxed, unaware audience is particularly vulnerable because they think they are in the theatre or watching a show to be entertained, not sold to.

Table 3 Tobacco-product placement in video games

Video game	Company	Brand	Format
Sunny Shine: on the Funny Side of Life	Philip Morris	L&M	PC, Amiga, Atari, Commodore
OutRun	Sega	Marlboro	Arcade
Hang On	Sega	Marlboro, John Player Special	Arcade
Super Hang On	Sega	Marlboro, John Player Special	Arcade
Monaco GP	Sega	Marlboro	Arcade
Super Monaco GP	Sega	Marlboro	Arcade
Pole Position	Namco	Marlboro	Arcade
CHASE HQ	TAITO	Winston pack	Arcade
Ferrari Formula One	Electronic Arts	Marlboro	PC, Amiga, Commodore
*Final Lap**	Namco, Atari	Marlboro, Camel, John Player Special, Rothmans	Arcade
*Final Lap**	NEC, Turbografx	Marlboro, Camel	Arcade, Home console
A1 Unser, Jr, Turbo Racing	Nintendo	Marlboro	Genesis, Home console
F1 Challenge	Sega	Marlboro	

PC = DOS, Windows or Macintosh formats.
*Final Lap is distributed by two companies.
Comment: The appearance of every pixel in a video game is planned by a programmer. Tobacco-product placement in video games has not yet been investigated systematically. However, if the occurrence of tobacco-product brand names and logos in video games is simply the result of a programmer's attempt to mimic reality, then it is a sad commentary on reality.

Although in 1989 Philip Morris directed SEGA to "cease all such usage and that you recall all games currently existing in the marketplace", a number of conversations by one of the authors (JWR) with video arcade operators suggest that this was never done.

Are arcades for children and teenagers an expanding advertising venue? Newport basketball games[46,47] and other tobacco advertisements can also be found in arcades. In fact, Philip Morris has produced its own video game, described as "an adventure game in which Sunny talks with people and walks around in a cartoon setting . . . stuffed with open and hidden advertisements for Liggett & Myers (L & M) cigarettes. In the game, L & M posters hang on building walls and in shopping centers. L & M cigarettes are mentioned in the game's dialogue, cartoon characters appear on the computer scene to borrow cigarettes, and packets of L & M's appear over and over again."[47] The game, currently available in Germany, Switzerland, and Austria, was the idea of the public relations department of L & M in Munich, Germany. Still unexplained is how a Marlboro billboard appeared in a Batman comic book[49] geared for readers aged 9 to 17.[50]

Original code (IV: 1,b,c)

"Sample cigarettes shall not be distributed to persons under 21 years of age. . . . No sample cigarettes shall be distributed or promotional events conducted on school, college, or university campuses, or in their facilities or in fraternity or sorority houses."

1990 Code

"Cigarette samples shall not be distributed by mail without written, signed certification that the addressee is 21 years of age or older, a smoker and wishes to receive a product sample. . . . Cigarette samples shall not be distributed in direct response to requests by telephone."

Violation

One of the functions of tobacco giveaway campaigns is to attract young first time users. During 1988, the tobacco industry was projected to spend $876 million giving away sample cigarettes,[51] an amount equivalent to 16 free packs for every adult smoker in America, up from $265 million the year before.[26]

There is considerable documentation that tobacco company representatives provide free cigarettes to underage minors. (Note: The cigarette industry's code defines a minor as under 21. The smokeless tobacco industry's code defines a minor as under 18.) In a study by Davis and Jason,[52] 20% of the high school students said they had been given cigarette samples and 50% had seen other minors receiving samples.

Tobacco company coupons and mail distribution campaigns reach young people. When coupons are redeemed at a local store, no signature is required, and when redeemed through the mail, verification of age is impossible.[26,52-54] One technique is to publish a freephone (toll-free) number that anyone claiming to be 21 years of age or older can call and have free cigarettes sent to any address.

That minors are the target of many cigarette coupon programmes was suggested by a 1989 RJR Nabisco advertisement featuring the Camel cigarette cartoon character. The four-page advertisement featured "foolproof dating advice" and "how to impress someone at the beach". One tip suggested that a young man abduct a girl from the beach, "kicking and screaming" against her will. This advertisement also had a coupon for a free pack of cigarettes and suggested that those people who did not like to redeem coupons (underage teenagers?) should recruit "a kind-looking stranger" for this purpose (figure 6). Until 1964, cigarettes were one of the most heavily advertised products on college campuses. Upperclassmen were hired to give free cigarettes to incoming freshmen. Marlboro was apparently a top-selling cigarette among college students long before it was number one in total market sales. Although there is no evi-

dence that tobacco companies currently supply sample cigarettes at college events, this does not appear to be true for smokeless tobacco. The smokeless tobacco industry's voluntary code uses the cut off of 18 years, no doubt to allow it to conduct its college marketing campaign. US Tobacco distributes Skoal and Copenhagen smokeless tobacco and, until recently, ZigZig rolling papers. The company was one of the original signers of the Cigarette Advertising Code in 1964. Its *College Representative Manual* (31 July 1985, revised 13 March 1992) lists as a goal: "Create new users of US Tobacco's smokeless products." "All your activities around campus will focus on consumer sampling. . . . It is a fact that the only way to create a new user of our product is by having the consumer actually try the product. . . . Sampling should be conducted at social events, fraternity parties, student unions and wherever students congregate." In the accompanying US Tobacco "College Representative Training Video", Dick Kleicko, former professional football player, states that he enjoys working for US Tobacco because "the product is so popular with the kids".

Cigarette companies appear to be aware of locations near high schools and colleges where "young adults" (the industry's term) purchase cigarettes. In a 1991 letter to staff members, JP McMahon, division manager for RJ Reynolds, requested that sales representatives identify stores in which young people buy cigarettes to make sure that promotional gift items were always available as rewards:

"I need all of you to study the attached scroll list of monthly accounts in your assignment that are presently doing more than 100 CPW for purposes of denoting stores that are heavily frequented by young shoppers. These stores can be in close proximity to colleges, high schools or areas where there are a large number of young adults frequenting the store [*sic*]. The purpose of this exercise, is to be able to identify those stores during 1991, where we would try to keep premium items in stores at all times. . . . [B]y now I would think that you would have a good feeling on the subject."

Despite RJR's claim that this Florida case was unique and in violation of policy, it also occurred in Oklahoma in a memo from RJR division manager RG Warlick, who urged emphasis on sales calls to stores "located across from, adjacent to [or] in the vicinity of the High Schools".[55]

The use of brand-specific gifts, such as caps, teeshirts, and mugs, reflects the growing trend toward promotional marketing. Camel's "Camel Cash Giveaway" and Marlboro's "Get the Miles, Get the Gear" promotions are the most recent examples of incentive programmes that are designed to reward the behaviour of purchasing cigarettes.[56–58] The purpose of these giveaways was summed up by John Rosano, who runs a dozen Marlboro Adventure Team vans in New York: "You're trying to con the younger smokers to switch to Marlboro".[59]

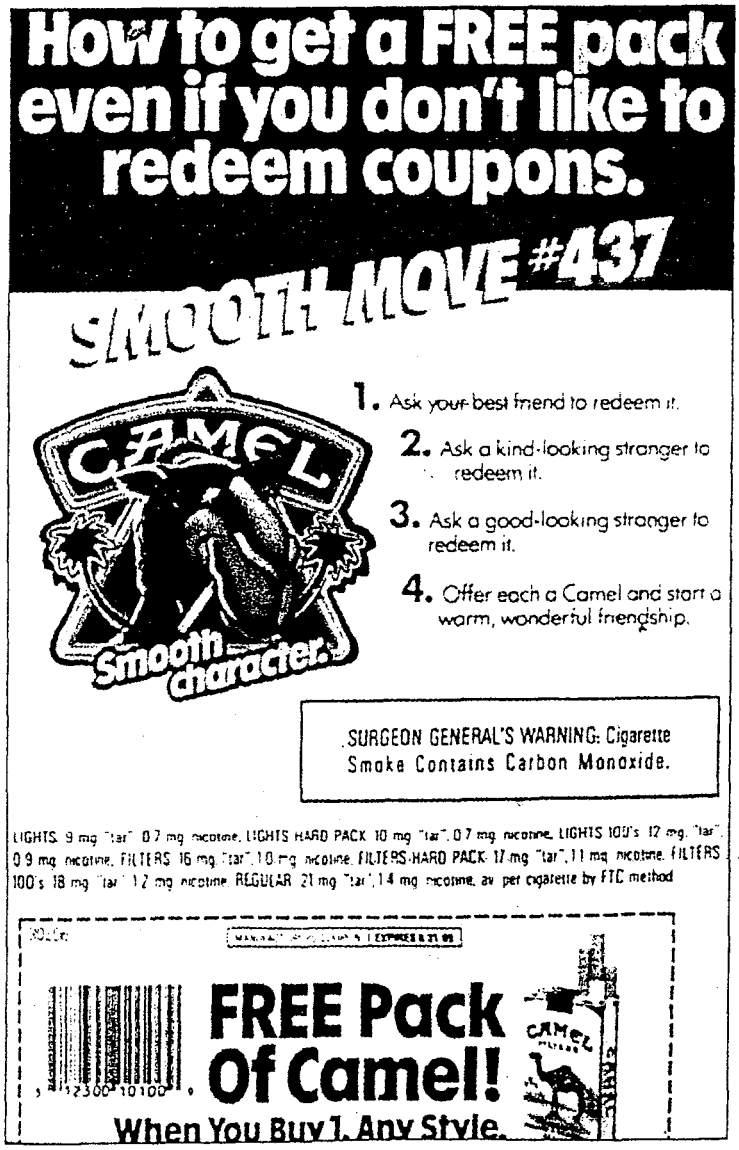


Figure 6 One page of the Camel beach advertisement instructs shy readers how to get Camels for free.

Original code (IV:1,d)

"Cigarette advertising shall not represent that cigarette smoking is essential to social prominence, distinction, success, or sexual attraction."

Violation

Social prominence, distinction, success, and sexual attraction were recurring themes in cigarette advertising long before 1964. The Cigarette Advertising Code has done nothing to alter this.

Barclay advertisements feature a James Bond-like character in a tuxedo. Ritz features thin, beautiful women in evening gowns (figure 7). The brand name itself connotes social prominence. Vantage advertisements during the early 1980s pictured affluent young people and the symbols of their success such as expensive homes and fancy cars. The tag line proclaimed Vantage to be "The Taste of Success". Implicit promises of sexual attraction are common in cigarette advertisements (figure 8). Newport, in its long-running "Alive with Pleasure" campaign, typically features a young couple or a young man with two young women, in a sexually suggestive situation. Salem advertisements of the 1980s depicted muscular surfers and bikini-clad girls.



Figure 7 "Social prominence, distinction, success, or sexual attraction" cannot be depicted in cigarette advertising, according to the Cigarette Advertising Code.

Sexual attraction is a dominant theme in much of the advertising for "feminine" cigarettes. Virtually all cigarette brands targeted at females feature words like "Slim", "Thins", "Light", or "Ultralight" in their titles. The advertising imagery features, without exception, thin, beautiful, young models. The implication is that smoking results in physical attractiveness and is an appropriate, effective dieting alternative. More cigarettes—with the slogan "I'm More satisfied"—are more obvious (figure 9).

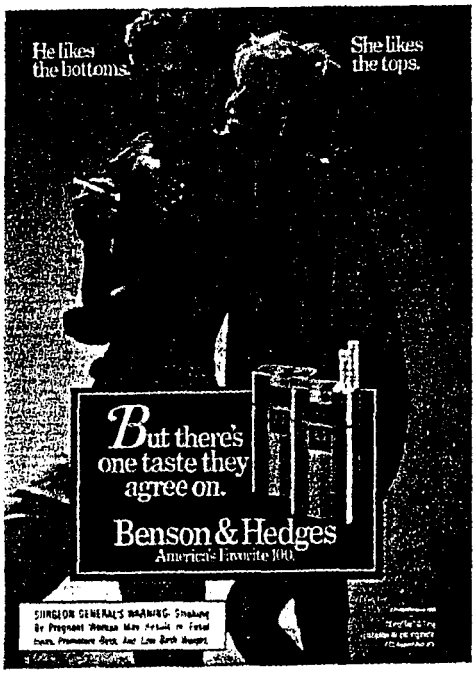


Figure 8 Sexual imagery in this Benson & Hedges advertisement, in which "He likes the bottoms" and "She likes the tops".

Original code (IV:1,h)

"Cigarette advertising shall not depict as a smoker any person well known as being, or having been, an athlete. . . . Testimonials from athletes or celebrities in the entertainment world, or testimonials from other persons who . . . would have special appeal to persons under twenty years of age, shall not be used in cigarette advertising."

Violation

A letter of 12 June 1990 in the *Wall Street Journal* by a Philip Morris vice president claimed: "We do not have celebrities or athletes endorse cigarettes in our advertising".[60] Yet at the very same time, Philip Morris was running Marlboro advertisements in *Sports Illustrated* and other youth-oriented publications featuring Indianapolis 500 racing car winners Danny Sullivan and Emerson Fittipaldi (figure 10). In selected issues of *Sports Illustrated* there was an eight-page foldout poster of Sullivan and Fittipaldi with their Marlboro racing cars. The Surgeon General's warning was printed on the back, the side most children would tape toward the wall. Danny Sullivan has appeared with his Marlboro Indy car on a playing card from *Sports Illustrated for Kids*, a magazine developed specifically for children (figure 11).

From a broader perspective, by sponsoring athletic events, tobacco companies convert athletes into implicit endorsers of cigarettes. The women who play in the Virginia Slims tennis tournament and the men who race in the Winston and Camel racing events lend their name, physical prowess, and athletic achievements to the promotion of cigarettes.

Every time an athlete accepts an award or support from a tobacco company with "I'd like to thank [insert brand]", a testimonial occurs. Athletes such as Martina Navratilova help Philip Morris promote its tennis-sponsoring brand by saying, "I'm not telling people to smoke. But if they're smoking, they might as well smoke Virginia Slims, because they're the best."[61] Tobacco has all but taken over one sport, auto racing, with sponsorship of individual races, cars, and related events. Spin offs from NASCAR's "The Winston Cup" range from the TNN cable network show (formerly *Inside Winston Cup*, now *Inside NASCAR*), to pure "Winston Cup" spring water as well as comic books and *NASCUBS*, a promotion for children of an age that still find stuffed animals appealing (figures 12–14, page 296). Analysis of *Vortex* comic issue no 1 revealed that Winston was mentioned by word or logo 47 times, Skoal (snuff) once, Kodiak (snuff) 24 times, and various beers 70 times.[62] NASCUBS' first comic book edition mentioned Winston 27 times.[63]

Actor James Colburn has appeared in youth-oriented television commercials for Lark cigarettes in Japan.* American cigarette brands have sponsored musical concerts shown on television in Asia, and advertisements have

*Videotape available from Dr Ronald Davis or Dr Gregory Connolly.



Figure 9 The model, the dress, the pose: Can "I'm More satisfied" be referring to something besides the nicotine?

featured both the cigarette logo/brand name and pictures of rock stars—for example, Paula Abdul, Madonna, and Bon Jovi.[50] Smokeless tobacco advertisements have featured Walt Garrison, Tom Seaver, Charlie Daniels, and many other celebrities and sports figures.[64 65]

Original code (IV:1,i)

"Cigarette advertising shall not depict as a smoker any person participating in, or obviously having just participated in, physical activity requiring stamina or athletic conditioning beyond that of normal recreation."

Violation

Many young people may refrain from smoking because of fear of impairing their athletic performance, as documented in a study funded by the tobacco industry's Council for Tobacco Research.[66]

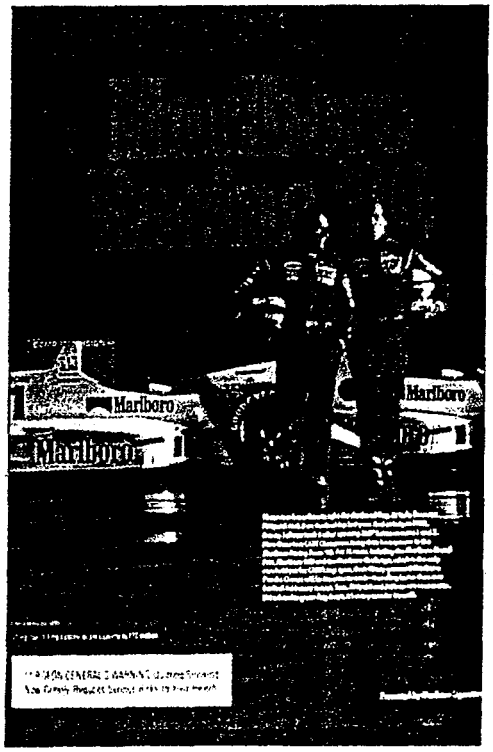


Figure 10 Tobacco companies claim that sports sponsorship is not advertising.

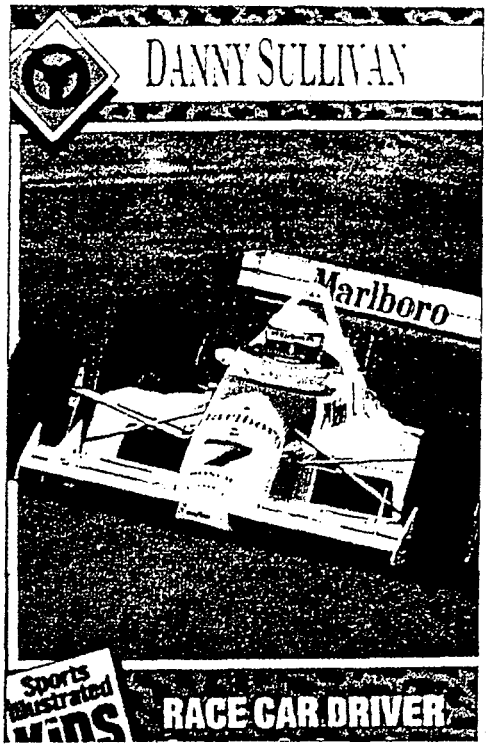


Figure 11 Danny Sullivan is an athlete, a celebrity, and a human billboard for Marlboro. He must also have special appeal to "persons under twenty one" because otherwise, Sports Illustrated for Kids *would not have selected him for one of its trading cards.*

Beyond simple sports sponsorship, cigarette advertisements routinely violate this provision of this code. Perhaps the most egregious examples are from the campaign by RJR Nabisco to promote Vantage cigarettes, wherein professional athletes, including downhill ski racers, aerobic dancers, windsurfers, kayakers, and other daredevils are pictured in scenes of obvious athletic achievement, and the Marlboro Adventure Team where dirt-biking, rafting and horseback-riding through the wilderness is featured. In some cases athletes are shown smoking, either just before or just after seemingly vigorous sports activity (figure 15).

Original code (IV:2,a;3;4)

"No cigarette advertisement which makes a representation with respect to health shall be used unless [having first been approved by the code administrator]." "The description or depiction of a filter, shall not be deemed a representation with respect to health. . . ." "No cigarette advertising shall be used which refers to the removal or the reduction of any ingredient in the mainstream of smoke of a cigarette. . . ."

Violation

For more than seven decades, cigarettes have been promoted with implied or direct claims of safety.[67] Viceroy used slogans such as "Filtered cigarette smoke is better for your health." (1951 and 1952); "For greater health protection get Viceroy with the new Health Guard filter." (1952); and "Safer for your throat, safer for your lungs than any other



Figure 15 "Cigarette advertising shall not depict as a smoker any person participating in, or obviously having just participated in, physical activity requiring stamina or athletic conditioning beyond that of normal recreation." Tennis and ballet are hardly activities that would be classified as "normal recreation" for adult smokers.

king-size cigarette."(1953).[68] The very notion of a "filter" on a cigarette suggests that harmful things will be "filtered out", and therefore will not reach the person who is smoking the cigarette. During 1968, the Liggett and Myers Tobacco Company introduced Lark cigarettes with a granulated charcoal filter. The advertising campaign highlighted the danger of poison gas in cigarette smoke, and positioned Lark as the solution. The campaign was inaugurated with an advertisement in the form of a press release from the American Medical Association convention (figure 16), inaccurately implying that organisation's endorsement.

Lorillard apparently withdrew from the code to launch True, as did American Tobacco to launch Carlton.[69 70] Ten years later, the Brown

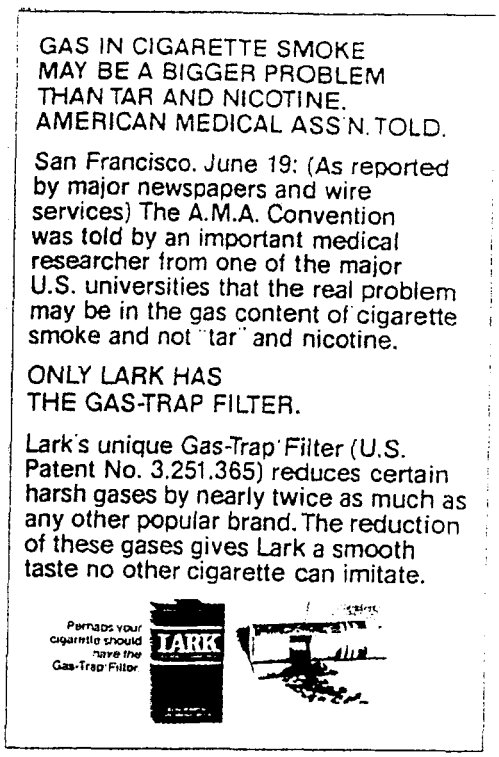


Figure 16 An "important medical researcher" from a "major US university" told the "American Medical Association convention" about "Lark's Unique Gas-Trap Filter", which "reduces harsh gases".

and Williamson Tobacco Company introduced Fact cigarettes with a similar "gas" theme. A typical 1977 advertisement read:

"FACT: If you're concerned about smoking, you should know something about gas. You might not know it, but cigarette smoke is mostly gas—many different kinds. Not just tar and nicotine. And despite what we tobacco people think, some critics of smoking say it's just as important to cut down on some gases as it is to lower tar and nicotine. No ordinary cigarette does both. But FACT does. FACT is the first cigarette with the revolutionary Purite filter. And FACT reduced gas concentration while it reduces tar and nicotine. . . . And that's not just fiction. That's a fact."

During the 1960s, 70s, and 80s, cigarette manufacturers played a confusing numbers game to convince smokers that smoking their brand was a safe alternative to quitting.[71] Each of several brands claimed to be "lowest" in tar and nicotine, often simultaneously. Implicit in these claims was that some brands were safe, or at least safer:

"I like to smoke, and what I like is a cigarette that isn't timid on taste. But I'm not living in some ivory tower. I hear the things being said against high-tar smoking as well as the next guy and I started looking for a low-tar smoke that had some honest-to-goodness taste. . . ."

"All the fuss about smoking got me thinking I'd quit or smoke True. I smoke True."

"I'm not too big in the willpower department. But I lost 700 milligrams of tar the first week on what I call the 'Doral diet'."

Today, the battle between Now cigarettes (RJR Nabisco) and Carlton (American Tobacco) is based upon competing and mutually contradictory claims of being lowest in tar and nicotine. In the context of these advertise-

ments, the word "lowest" is intended to convey that these brands are "safest". Philip Morris entered this market with Next as a "de-nicotinised" cigarette. The implication is that, like decaffeinated coffee, Next is somehow safer. With secondhand smoke becoming more of a health issue, it should be no surprise that many tobacco companies in the late 1980s began offering "low smoke" cigarettes. The thin cigarettes were designed to emit less sidestream smoke. RJ Reynolds introduced the first "smokeless cigarette", Premier, and positioned it as a "cleaner" cigarette. Although it was not a commercial success, modifications were made and its successor, Eclipse, has recently been introduced into test markets in the US. It too is positioned as a cleaner cigarette because the gasses it emits are purported to be invisible and odourless. Less sidestream smoke has also been touted in advertisements for two other cigarette brands—Vantage Excel and Superslims.

1990 Code addition

"[Prohibits cigarette advertising] on billboards located within 500 feet (152 metres) of any elementary school, junior high school of high school or any children's playground."

Violation

This code provision does not apply to the advertisements on public buses and subways that children ride to school; the advertisements on store fronts and displays across the street from schools; or the large trucks, with their sides painted with billboard-sized cigarette advertisements, seen parked near playgrounds in Boston and New York.[72 73] Nevertheless, if, as the tobacco industry claims, cigarette advertising has no impact on children, then one must ask what difference it makes if cigarette billboards *are* within 500 feet of a school or playground or even on the playground?

Conclusions

During the past 30 years the tobacco industry has adopted, dismantled, and revised its voluntary code, during which time individuals companies have withdrawn and rejoined the code. Through it all, the industry collectively has regularly violated many (if not most) of the provisions of the code. Research looking specifically at broadcast media advertising concluded "Both the Tobacco Institute and the NAB (National Association of Broadcasters) failed in their nominal efforts to restrain the cigarette industry from the inducements of television advertising for cigarettes."[74]

The goals of the original code as stated in 1964 are appropriate today: to prevent advertising that would influence children and to avoid advertising that makes unfounded claims. Unlike 1964, today there is sufficient research to indicate that tobacco advertising plays an important role in smoking decisions by children. And disturbingly, smoking is on the rise among young people in the US; smoking prevalence increased in 1995 for the fourth consecutive year among eighth- and tenth-graders (13–16 years old), and for the third consecutive year among high school seniors (17–18 years old).[75]

The industry has come full circle since the 1960s when the cartoon character Fred Flintstone promoted Winston. Today, the rakish Old Joe cartoon character effectively sells Camel (figure 17) and Willy the Penguin has been introduced as the hip spokesman for Kool (figure 18).

Ironically, the tobacco industry's voluntary Cigarette Advertising Code as written in 1964 was actually more restrictive than the regulations that are now enforced by the FTC. It is obvious, however, that the industry does not adhere to its own codes. We have witnessed more than three decades without progress. In



Figure 17 The industry has resurrected the use of cartoons to promote their brands. Here, RJR Nabisco uses Old Joe Camel to promote cigarettes. This brings 30 years of tobacco advertising from the Flintstones full circle.



Figure 18 Brown and Williamson has been test-marketing Willy the Penguin to promote Kool cigarettes.

fact, with the cartoon characters and adventure themes reaching children in youth-oriented media, the situation is probably worse today than it was in 1964. It appears to be the same story in other countries as well.[76,77] Michael Daube[77] perhaps said it best:

"Around the world, voluntary agreements fail and fail again for the simple reason that they were never intended to succeed. The tobacco industry only willingly accepts agreements that it knows to be worthless. These agreements suffer from some or all of the following failings: no body has authority to enforce them; if an independent body is charged with their enforcement, that body (which often includes direct or indirect representatives of the industry) will not take any firm action; the rules do not proscribe some of the industry's worst excesses; the wording of agreements is loosely phrased, with 'weasel words', so as to allow many different interpretations; much depends on interpretation of the 'spirit' as well as the letter of the agreements and the 'spirit' is always interpreted to favour the industry; the agreements cover certain forms of direct brand advertising only and usually not, for example, company advertising, advertising connected with sports sponsorship, or many other forms of sales promotion; the codes are framed without any regard to the extensive literature now available about influences on children and young people; no attention is paid to the quantum of advertising; there are no penalties for breach of the agreements; the agreements are so ill publicised that there are few complaints; investigation of complaints takes so long that the offending advertisements have ceased long before any decision is reached; and in the rare event that a tobacco company is criticised by the controlling body, for current advertising, the company simply carries on regardless."

In 1967, Senator Robert Kennedy stated, "We have intrusted a charade of proposed self-regulation for some years. The codes of self-regulation have been largely ineffective, and I see little hope for change."[78] In 1967, the FTC declared that "Self-regulation by the industry has proved to be ineffectual." In 1969, the FTC reported to Congress that it was futile to rely "upon voluntary regulation of cigarette advertising to achieve any significant change in the content and meaning of cigarette advertising."[79] In 1981, the FTC stated, "In light of the cigarette industry's position that smoking does not pose a hazard to health, that its current advertising practices do not pose any problems, and that the public is already well-informed, combined with the industry's failure to regulate itself in the past, voluntary industry self-regulation does not appear to be a reasonable alternative as a remedy to the current problems in cigarette advertisements."[80] In 1991 Senator Henry Waxman said "Cigarette advertising is the moral equivalent of a national campaign to 'Drive Drunk—just for the fun of it'."[81]

It is clearly time for government to do what voluntary codes have not, can not, and will never do. The Institute of Medicine has concluded: "Whether or not youths are a targeted market segment, advertisements present images that appeal to children and youths and are seen and remembered by them. . . . Research suggests that, regardless of intent, marketing pitches purported to be aimed at young adults ages 20 to 25 are also appealing to youths."[2] The American Academy of Pediatrics concluded: "There should be a ban on all tobacco and alcohol advertising in all media. This ban should include all 'passive' advertising in sponsored sports events (ie, banners, logos, etc)."[3] The US Food and Drug Administration has promulgated restrictions on sale and distribution to persons under 18, as well as on advertising and promotion to include format, content, and the use of non-tobacco items to promote tobacco products.[54] Although these rules, if they survive legal challenge and are enforced exactly as written, would be an improvement, they still fall short of what is needed to prevent the promotion of tobacco products.

The mandate should be clear, given what we know about the health consequences of smoking, what we know and suspect about the effects of cigarette advertising on children, what we know about the tobacco industry's compliance with voluntary codes in the United States and other countries, and what we know from studying the history of the tobacco industry relative to its response to any type of regulation—that is, act offended that anyone would suspect them of any wrongdoing, buy time through editorial and paid advertising to debate the issues, buy legislative support for their position through hard and soft campaign contributions, compromise to avoid meaningful regulation, and block enforcement and/or circumvent the intent of the rules.

There is only one approach that has any chance of decreasing smoking among young people. It is simple, obvious, easy to monitor and enforce; yet, remarkably, it has never been tried. There should be an immediate halt to all tobacco advertising and promotion of any type until such a time as the tobacco industry proves beyond a shadow of doubt that these activities do not lead to tobacco use by children or cause the adult population to be misinformed about the consequences of tobacco use. There must be no more compromises. There can be no further working with the tobacco industry to devise yet another plan that will not be effective either.

The only beneficiaries of continuing tobacco advertising and promotion in any format are the tobacco industry and those who feed off its profits. Everyone else in the world will benefit from a total ban of its promotion. To be fair, if in time, the tobacco industry does prove that advertising and promotion do not influence young people, and that adult smokers are making a fully informed decision regarding using tobacco products, using the same high standards the tobacco industry invokes for studies that would be necessary to prove to the tobacco industry that smoking does cause disease, then the Tobacco Industry's Code of Advertising, as stated in 1996, could be placed into law with a prospective reviewing process, appropriate enforcement mechanisms, industry funding, and meaningful rapid penalties for violations.

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Appendix 1: Original Cigarette Advertising and Promotion Code

The text of the tobacco industry's original voluntary cigarette advertising code as it appeared in the *New York Times* on 28 April 1964.

Statement of purposes

The purposes of this Code are to establish uniform standards for cigarette advertising and to provide means whereby compliance with this Code can be ascertained promptly and fairly and on a consistent basis.

Article I

DEFINITIONS

Section 1 "Advertising"

(a) Means all forms of advertising in, or primarily directed to, the United States, Puerto Rico, any territory or possession of the United States, or any military installation of the United States including but not limited to, radio, television and cinema commercials of all types, newspaper and magazines advertisements, billboards, posters and signs, subway and rail or bus car cards, automobile and truck decals, posters and signs, calendars, pamphlets, handbills, matchbook advertising, and point of sale display material of all types;

(b) Includes any written material or article or excerpt there from not otherwise advertising when used for promotional purposes;

(c) Includes labelling, namely, the display of graphic matter upon any portion of the package, carton, or other container in which cigarettes are packages or shipped by the manufacturer; but

(d) Does not include the entertainment portion of any television or radio program.

Section 2 "Representation"

Means any statement, references or claim, express or implied, direct or indirect, whether in oral, written, printed or graphic form, or in any combination of such forms.

Article II

THE CODE ADMINISTRATOR

Section 1 There shall be a Code Administrator who shall be a person of recognized independence, integrity and intellectual achievement to the end that decision by him shall command public confidence and respect. The Administrator shall have all of the powers and authority necessary and proper to enable him to discharge effectively the responsibility entrusted to him by this Code.

Section 2 The Administrator shall have complete and final authority to determine whether cigarette advertising complies with the standards of this Code and to enforce this Code in all other respects.

Section 3 The Administrator shall appoint a staff adequate and competent to assist him in discharging his duties.

Section 4 Neither the Administrator nor any member of his staff shall be an officer, director, employee or stockholder of any manufacturer of tobacco products, not shall any such person have any financial interest in the business of any such manufacturer.

Section 5 The Administrator is authorized to convene scientific advisory panels to enable him to carry out his duties. Persons selected for such panels shall be of independence, integrity and competence in their particular areas of scientific discipline. In selecting such persons, the Administrator may consult with appropriate governmental and private agencies such as the US Department of Health, Education and Welfare; National Academy of Science; National Research Council; American Medical Association; Scientific Advisory Board of the Council for Tobacco Research—USA; medical and scientific societies; colleges and universities; and non-profit research institutes.

Section 6 The Administrator shall by regulation establish procedures for the administration and enforcement of this Code including, without limitation, procedure for:

(a) The submission to him of proposed cigarette advertising which, together with any supporting data or documents, shall be kept confidential, except as otherwise provided in Article IV, Section 4, of this Code or as agreed to by the submitting party:

(b) The submission of protests by parties subject to this Code concerning any determination by him;

(c) Hearings in connection with all submission and protests; and

(d) Reconsideration by him of any of his determinations.

Article III

ADVERTISING CLEARANCE

Section 1 No cigarette advertising shall be used unless such advertising shall first have been submitted to the Administrator and determined by him to be in compliance with the standards of this Code; provided that by regulation promulgated by the Administrator specified advertising may be excepted from the requirement of such submission but not from the requirement of compliance with the standards of this Code.

Article IV

ADVERTISING STANDARDS

Section 1 All cigarette advertising and promotional activities shall be subject to the following:

(a) Cigarette advertising shall not appear (i) On television and radio programs, or in publications, directed primarily to persons under twenty-one years of age; (ii) In spot

announcements during any program break in, or during the program break immediately preceding or following a television or radio program directed primarily to persons under twenty-one years of age, (iii) in school, college, or university media (including athletic, theatrical and other programs); (iv) in comic books, or comic supplements to newspapers.

(b) Sample cigarettes shall not be distributed to persons under twenty-one years of age.

(c) No sample cigarettes shall be distributed or promotional efforts conducted on school, college, or university campuses, or in their facilities or in fraternity or sorority houses.

(d) Cigarette advertising shall not represent that cigarette smoking is essential to social prominence, distinction, success or sexual attraction.

(e) Natural persons depicted as smokers in cigarette advertising shall be at least twenty-five years of age and shall not be dressed or otherwise made to appear less than twenty-five years of age, fictitious persons so depicted in the form of drawings, sketches or any other manner shall appear to be at least twenty-five years of age in dress and otherwise.

(f) Cigarette advertising may use attractive, healthy looking models, or illustrations or drawings of persons who appear to be attractive and healthy, provided that there is no suggestion that their attractive appearance or good health is due to cigarette smoking.

(g) No cigarette advertising shall contain a picture or an illustration of a person smoking in an exaggerated manner.

(h) Cigarette advertising shall not depict as a smoker any person well known as being, or having been an athlete.

(i) Cigarette advertising shall not depict as a smoker any person participating in, or obviously having just participated in, physician [*sic*] activity requiring stamina or athletic conditioning beyond that of normal recreation.

(j) Testimonials from athletes or celebrities in the entertainment world, or testimonials from other persons, who in the judgement of the Administrator, would have special appeal to the persons under twenty-one years of age, shall not be used in cigarette advertising.

Section 2 No cigarette advertising which makes a representation with respect to health shall be used unless;

(a) The Administration shall have determined that such representation is significant in terms of health and is based on adequate relevant and valid scientific data; or

(b) If the Administrator shall have determined it to be appropriate, a disclaimer as to significance in terms of health shall be set forth in such advertising in substance and form satisfactory to the Administrator; or

(c) The Administrator shall have determined that the representation with respect to health in such advertising is not material,

Section 3 The inclusion in cigarette advertising of reference to the presence or absence of a filter, or the description or depiction of a filter, shall not be deemed a representation with respect to health unless the advertising including such reference, description shall be determined by the Administrator to constitute through omission or inclusion, a representation with respect to health. If the Administrator shall have determined that such advertising constitutes a representation with respect to health, the provisions of Section 2 of this article shall apply.

Section 4 No cigarette advertising shall be used which refers to the removal or the reduction of any ingredient in the mainstream smoke of a cigarette, except that it shall be permissible to make a representation as to the quality of an ingredient present in the mainstream smoke or as to the removal in toto of an ingredient from the mainstream smoke, or as to the absence of an ingredient normally present in the mainstream smoke if;

(a) The Administrator shall have determined that such representation is significant in terms of health and is based on adequate relevant and valid scientific data; or

(b) A disclosure as to significance in terms of health shall be set forth in such advertising in substance and form satisfactory to the Administrator; or

(c) The Administrator shall have determined that a disclaimer is unnecessary for the reason that the representative in such advertising has no health implication or that such implication is not material; and

(d) The quality of such ingredient is determined and expressed in accordance with uniform standards adopted by the Administrator for measuring the quantity of the ingredient present in the mainstream smoke, provided that until such uniform standard is so adopted, the quantity of such ingredients may be determined and expressed in accordance with any recognized scientifically valid method disclosed to the Administrator without any requirement of confidential treatment.

Section 5 Any advertising determined by the Administrator to be in conformity with the Code may include the following legend: "This advertising (label) conforms to the standards of the Cigarette Advertising Code."

Article V

PROCEDURES IN EVENT OF VIOLATION OF CODE

Section 1 Any person, firm or corporation subject to this Code, who violates any provision of this Code shall, in the discretion of the Administrator with respect to each such violation, pay to the office of the Administrator as liquidated, damages, and not as a penalty, a sum not to exceed One Hundred Thousand Dollars ($100,000), as determined by the Administrator after consideration by him of all relevant facts. The Administrator shall establish regulations for the determination of such violation and for the assessment and payment of such damages. No sanction shall be imposed

without affording a hearing to the alleged violator. Upon written request from the Administrator, an alleged violator of the Code shall promptly deliver to the Administrator any material and documents in its possession which are relevant and material to a determination by the Administrator as to whether the Code had been violated.

Section 2 Nothing herein contained shall be construed to give any person, firm or corporation, other than the Administrator any cause of action.

Section 3 In the event of a violation of this Code, the Administrator in his discretion may make public the fact of such violation in such manner as he may deem appropriate.

Appendix 2: Current Cigarette Advertising and Promotion Code

The text of the tobacco industry's current voluntary cigarette advertising code as it appears in a pamphlet obtained from the Tobacco Institute.

Cigarette Advertising and Promotion Code

Cigarette smoking is an adult custom. Children should not smoke. Laws prohibiting the sale of cigarettes to minors should be strictly enforced. The cigarette manufacturers advertise and promote their products only to adult smokers. They support the enactment and enforcement of state laws prohibiting the sale of cigarettes to persons under 18 years of age.

The cigarette manufacturers have adopted the following Code to emphasize their policy that smoking is solely for adults.

This Code, as set forth below, combines (1) the provisions of the original Cigarette Advertising Code of 1964, as restated in 1982; (2) the Code of Cigarette Sampling Practices of 1981, as amended in 1983; and (3) the additional restrictions on cigarette advertising and promotion adopted by the industry in 1990.

Advertising

1. Cigarette advertising shall not appear—
   (a) in publications directed primarily to those under 21 years of age, including school, college or university media (such as athletic, theatrical or other programs), comic books or comic supplements; or
   (b) on billboards located within 500 feet of any elementary school, junior high school or high school or any children's playground.
2. No payment shall be made by any cigarette manufacturer or any agent thereof for the placement of any cigarette, cigarette package, or cigarette advertisement as a prop in any movie produced for viewing by the general public.
3. No one depicted in cigarette advertising shall be or appear to be under 25 years of age.
4. Cigarette advertising shall not suggest that smoking is essential to social prominence, distinction, success or sexual attraction, nor shall it picture a person smoking in an exaggerated manner.
5. Cigarette advertising may picture attractive, healthy looking persons provided there is no suggestions that their attractiveness and good health is due to cigarette smoking.
6. Cigarette advertising shall not depict as a smoker anyone who is or has been well known as an athlete, nor shall it show any smoker participating in, or obviously just having participated in, a physical activity requiring stamina or athletic conditioning beyond that of normal recreation.
7. No sports or celebrity testimonials shall be used or those of others who would have special appeal to persons under 21 years of age.

Sampling

1. Persons who engage in sampling shall refuse to give a sample to any person whom they know to be under 21 years of age or who, without reasonable identification to the contrary, appears to be less than 21 years of age.
2. Sampling shall not be conducted in or on public streets, sidewalks or parks, except in places that are open only to persons to whom cigarettes lawfully may be sold.
3. Cigarette product samples shall not otherwise be distributed in any public place within two blocks of any centers of youth activities, such as playgrounds, schools, college campuses, or fraternity or sorority houses.
4. The mails shall not be used to distribute unsolicited cigarette samples.
5. Cigarette samples shall not be distributed by mail without written, signed certification that the addressee is 21 years of age or older, a smoker and wishes to receive a product sample.
6. Cigarette samples shall not be distributed in direct response to requests by telephone.
7. Persons who engage in sampling shall not urge any adult 21 years of age or over to accept a sample if the adult declines or refuses to accept such sample.
8. Persons who engage in sampling shall indicate by oral or written means that samples are intended for smokers.

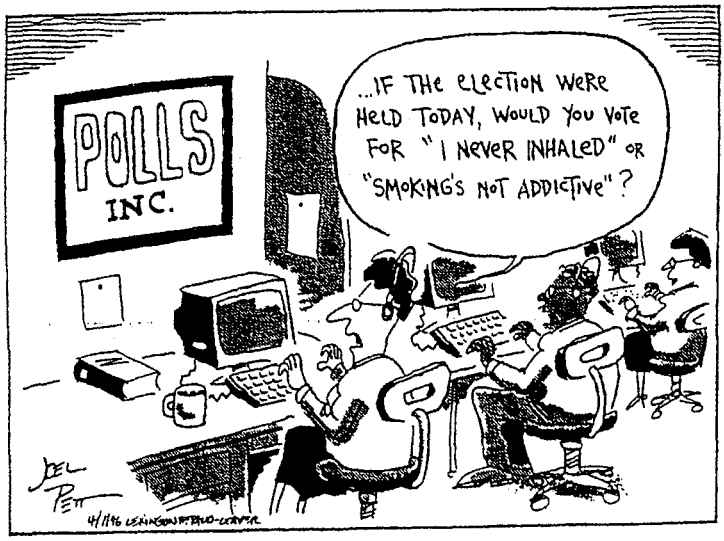
9. No cigarette samples shall be distributed by a sampler in a public place to any person in a vehicle.
10. Persons distributing cigarette samples shall secure their stocks of samples in safe locations to avoid inadvertent distribution of samples contrary to these provisions.
11. Persons distributing cigarette samples shall avoid blocking or otherwise significantly impairing the flow of pedestrian traffic.
12. In the event that circumstances arise at a particular location that make it unlikely that sampling can be conducted in a manner consistent with the provisions of this Code, sampling shall be stopped at that location until such circumstances abate.
13. Persons distributing samples shall promptly dispose of empty sample boxes and shall take reasonable steps to ensure that no litter remains in the immediate area of sampling as a result of sampling activities.
14. Each cigarette manufacturer shall impose by contract on all independent contractors who conduct cigarette sampling on the manufacturer's behalf a set of sampling standards no less stringent than those contained in this Code. In addition, each cigarette manufacturer shall require such sampling contractors to inform all personnel employed by the contractor who engage in sample activities, both orally and in writing.
15. Persons who engage in sampling shall be monitored on a periodic basis by supervisory personnel of the cigarette manufacturer and/or independent contractor for whom the sampling activities are being conducted to ensure compliance with the provisions of this Code concerning cigarette sampling.
16. Each cigarette manufacturer shall take all reasonable steps to ensure that any person who engages in sampling and knowingly violates any of the provisions of this Code concerning cigarette sampling shall be discharged from employment as a cigarette sampler.

Other Promotional Activities

1. There shall be no mail distribution of nontobacco premium items bearing cigarette brand names, logos, etc., without written, signed certification that the addressee is 21 years of age or older, a smoker and wishes to receive the premium.
2. There shall be no other distribution of nontobacco premium items bearing cigarette brand names, logos, etc., except with the purchase of a package or carton of cigarettes or to persons 21 years of age or older.
3. Clothing bearing cigarette brand names or logos shall be in adult sizes only.

Definitions

1. "Advertising" means all forms of advertising including vehicle decals, posters, pamphlets, matchbook covers and point of purchase materials in the United States, Puerto Rico, and US territorial possessions.
2. "Sampling" means giving or distributing without charge packages of cigarettes in a public place for commercial advertising purposes ("cigarette samples"), but does not include isolated offerings of complimentary packages or the distribution of such packages to wholesale or retail customers or to company shareholders or employees in the normal course of business.
3. "Public place" includes any street, sidewalk, park, plaza, public mall, and the public areas of shopping centers and office buildings.



By Joel Pett, of the Lexington *(Kentucky)* Herald-Leader, *reprinted with permission.*

The effects of tobacco sales promotion on initiation of smoking

– experiences from Finland and Norway

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Scand J Soc Med Suppl 49

Norway and Finland were among the first countries to adopt a total ban on tobacco sales promotion. Such legislation came into force in Norway and Finland in 1975 and 1978 respectively. These two countries are sometimes referred to as illustrations that such legislation has been successfully used as a means to reduce tobacco consumption. Tobacco industry spokesmen seem to interpret available evidence in the opposite way and maintain that the prohibition has not contributed to reducing the use of tobacco. Among the publications referred to and misused by tobacco industry spokesmen are publications from the authors of the present report.

The effects of a ban on advertising can only be properly examined after describing a reasonable conceptual model. Such a model has to take into account (i) other social and cultural predictors of smoking, (ii) tobacco sales promotion in the contexts of all other mass communication, (iii) control measures other than a ban, and (iv) the degree of success in implementing the ban on advertising.

Like any other kind of mass communication tobacco advertising influences the individual in a rather complex way. Behaviour change may be regarded as the outcome of an interpersonal and intrapersonal process.

Social science research on tobacco advertising and the effects of banning such advertising has a short history, most studies having been carried out in the late 1980s.

After examining available evidence related to the effects of tobacco advertising on the smoking habits of adolescents we conclude as follows: the few scientifically valid reports available today give both theoretical and empirical evidence for a causal relationship. Tobacco sales promotion seems both to promote and to reinforce smoking among young people. The dynamic tobacco market represented by children and adolescents is probably the main target of tobacco sales promotion.

In Finland, there have been few studies explicitly addressing the causal links between tobacco sales promotion and the smoking habits of adolescents. In Norway, no such studies have been carried out.

If we examine the changes in the use of tobacco over time, the data available do not lend support to the conclusions drawn by the tobacco industry spokesmen. In Norway the prevalence of daily smokers was higher in 1975, when the ban on tobacco advertising came into force than either before or after. The strongest decrease in the prevalence of daily smokers took place during the first five-year period after the ban was introduced. In Finland, where voluntary restrictions on tobacco advertising had already been introduced before the total ban came into force, and where the implementation of the ban has been far more difficult than in Norway and rather ineffective, the connection between the introduction of the legislative ban on advertising and the changes in smoking habits among adolescents is less obvious.

There is a strong need to initiate and carry out research on the effects of tobacco sales promotion and the effects of the prohibition of tobacco sales promotion.

Key words: tobacco advertising, legislation, adolescents

INTRODUCTION

The European Commission recently adopted a proposal to ban tobacco advertising except at the point of sale. This proposal is now under consideration and, to come into force, it has to pass the European Parliament and finally be approved by the Council of Ministers (1, 2, 3, 4). Both proponents and opponents of the ban are at present carefully assessing all available information about the role of sales promotion restriction in preventing health hazards caused by tobacco products.

Norway and Finland were among the first coun-

This paper was prepared during our stay at the Research Center for Health Promotion, University of Bergen 1991

This publication was made possible by a grant from the Finnish Cancer Foundation. This study was supported by the Academy of Finland and by a grant from the §27 appropriation of the Finnish Tobacco Act

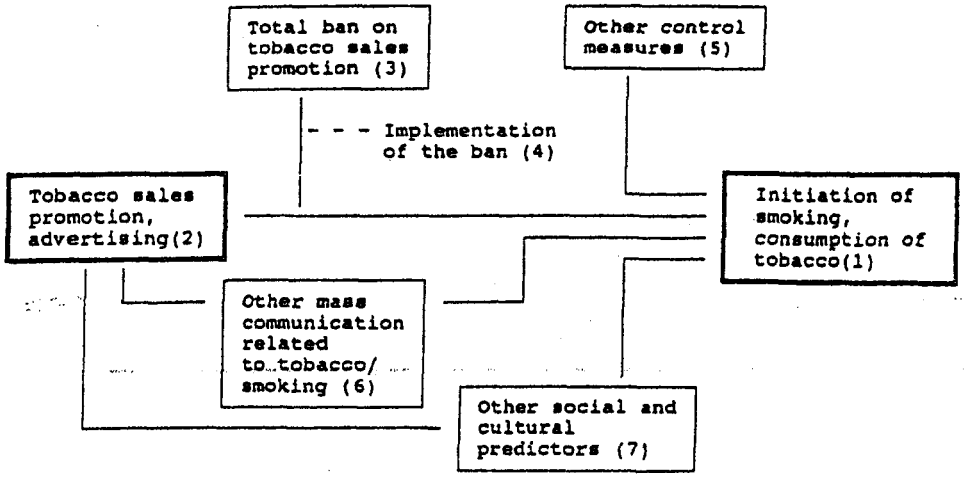


Fig. 1. Use of tobacco and tobacco sales promotion in context. A simplified model.

tries to adopt a total ban of tobacco sales promotion for health reasons by the mid 1970s (5). In a way, these countries serve as test-grounds for total bans on tobacco sales promotion. According to tobacco industry spokesmen, experiences from our countries speak against legislative measures to restrict tobacco sales promotion (6, 7, 8, 9). However, the same countries seem to serve as evidence for the effectiveness of such bans as well (10, 11, 12).

Tobacco industry spokesmen have interpreted Finnish and Norwegian studies of smoking among adolescents as evidence against the usefulness of advertising bans on several occasions in different countries, for instance in Australia, Belgium, Canada, England, Scotland and USA. A recent example of this was Professor J J Boddewyn's (8) paper at the XIV World Conference on Health Education in Helsinki. During his presentation in Helsinki as well as in other contexts, Boddewyn has referred to publications by the authors of this article. We claim that Boddewyn and other spokesmen for the tobacco industry have misused our results and derived misleading conclusions from them.

In this paper the impact of tobacco advertising bans on smoking among young people in Finland and Norway is explored. We first deal with the conceptual and methodological issues of how advertising may influence the use of tobacco and what are adequate indicators and study designs. The actual content of the ban decisions and their implementation, as well as the trends in smoking among adolescents in Finland and Norway will be described. The argument presented by tobacco industry spokesmen is commented on using Boddewyn as an example and we conclude by discussing the role of tobacco sales promotion on initiation of adolescent smoking.

I. TOWARDS A CONCEPTUAL FRAMEWORK

Conceptual model

Our conceptual framework, which attempts to follow the recommendations by Earp and Tennet (13), is presented in Figure 1. Total consumption of tobacco products and the initiation of smoking (1) are outcome (dependent) factors, sales promotion (2) input (independent) factor and total ban (3) a factor which modifies the effect (Figure 1). However, the impact of a total ban depends on implementation (4) and on the other control measures (5) influencing the situation simultaneously. Sales promotion has to be seen in the context of all other communication (6) for tobacco products and smoking. In addition to those listed above, there are several other predictors of smoking initiation (7). All these factors and their interrelationships are instable, changing over time.

To determine whether a total ban hinders tobacco sales promotion in influencing adolescents to start smoking, one has to measure factors presented in figure 1 and examine the relationships between the factors during periods of change. In order to specify the model, relevant aspects of tobacco sales promotion, implementation of the ban, and initiation of smoking will be reviewed in the following chapters.

Tobacco sales promotion as persuasive communication

Reviewing research on tobacco sales promotion restrictions, Henry and Waterson (6) defined advertising simply as a way of communicating with customers. According to Boddewyn (7) advertising is a part of the promotion efforts used by manufacturers to inform and persuade consumers. We understand to-

Table 1. *The input variables of McQuire's Communication/ Persuasion Model (14) as applied to tobacco sales promotion and adolescent smoking.*

Source	Tobacco manufacturers, manufacturers of other products. shopkeepers, sport teams, rally drivers. sailors, soap operas and movies-producers, jazz festivals, writers of human interest-stories, sport news editors, etc.
Message	Cigarettes (that are easy to obtain) are placed in apposition to cherished and desired values (that are difficult to obtain or experience) (Chapman, 1985)
Channel	Television, newspapers, magazines, billboards, shops, etc.
Receiver	A. Children and adolescents B. Social environments and culture, significant others
Destination	A. Inhibition of health promotion messages B. Attitudes and norms favourable to smoking, tobacco products and the tobacco industry C. Starting regular smoking, experimentation with cigarettes/a new brand

bacco sales promotion as a special category of persuasive communication.

One of the most popular models of how persuasive communication operates and should be evaluated has been developed by McGuire (14). His Communication/Persuasion Model is based on an input/output matrix. The input factors (source, message, channel, receiver, destination) are the independent variables and persuasive message options that can be manipulated. The outcome can be described as a series of twelve consecutive steps:

1) exposure to the communication,
2) attending to it,
3) liking and becoming interested in it,
4) comprehending it (learning what),
5) skill acquisition (learning how),
6) yielding to it (attitude change),
7) memory storage and/or agreement,
8) information search and retrieval,
9) deciding on the basis of retrieval,
10) behaving in accordance with desired acts,
11) reinforcement of desired acts, and
12) post-behavioural consolidation.

According to McGuire these substeps constitute a useful checklist for constructing and evaluating a communication campaign. Behaviour change comes towards the end of the list, and the previous steps can be regarded as steps towards behaviour change.

Input factors: The input variables of McGuire's matrix applied to tobacco advertising from children's and adolescents' points of view are presented in table 1.

Using the best available expertise of persuasive communication, the tobacco companies have manipulated the input components of table 1 for constructing more effective communication. When the health motivated debate on tobacco advertising started in the 1950s, advertising was understood mainly as typical newspaper, television, billboard or television advertisements and both the source and message were easy to recognize. Within the last 30 to 40 years, persuasive communication for tobacco products has become much more sophisticated and complex. The investments have steadily shifted from traditional print advertising to promotional activities (see 15, 16, 17, 18). The message contains minimal factual information about products, even this very limited amount of information only seldom being noticed by potential consumers (see 19).

Modern tobacco sales promotion has diverse tasks. The emphasis may be more on preserving cultural values and norms positive to smoking than on direct influence on potential consumers. Instead of simply selling cigarettes, sales promotion creates brand "personalities" (20) and strengthens people's awareness of the cultural significance of smoking (21, 15, 16).

As a part of the modern sales promotion approach, the tobacco companies have made large investments in "health controversy" in order to neutralize the medical information about health effects of tobacco products (see 22, 23). In this context visible cigarette information as such plays an important symbolic role ("smoking can't be dangerous since the Government allows tobacco sales promotion" (18, p.93)). Dependence on tobacco advertising money and even on other advertising investments of the diversified tocacco companies, has persuaded editors and publishers to ignore tobacco as a health issue and to minimize information critical to tobacco industry in their media (see 10, 24, 25).

Output factors: The list of output factors of the McGuire's model focuses on the reactions of each receiver individually, ignoring interpersonal processes completely. In table 2, we present a list of

Table 2. *Possible outcomes of tobacco sales promotion*

Exposure to advertising or other sales promotion
Product/brand awareness
Brand imagery/brand personality
Opinion on cigarette advertising
Attitudes towards tobacco products and smoking
Social norms regarding tobacco products and smoking
Image of the "smoker"
Decision to experiment with cigarettes
Becoming a regular "smoker"
Daily smoking
Consolidation of the smoking habit
Brand selection/switching
Cessation attempts
Becoming an "ex-smoker"

possible outcomes of tobacco sales promotion without following the logical sequence of McGuire. The factors covered are found in recent research reports (see 20, 21, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43). Our purpose is to emphasize the complex nature of the process through which the effect of advertising is mediated, and to demonstrate the range and the variety of outcome factors which may be used to indicate the effects of advertising.

Examining the possible effects of tobacco advertising on use of tobacco means exploring a range of sales promotion activities, monitoring a number of outcome factors, studying a list of steps in the process of individual change, and studying interpersonal and cultural processes which may be influenced by tobacco sales promotion. Such interpersonal and cultural processes are major predictors of behaviour and behaviour change.

Implementation of a ban

The rationale behind a total ban on tobacco sales promotion is the hypothesis that communication by the manufacturer aims to persuade potential customers to consume more tobacco products (24). A total ban on tobacco sales promotion expressed in the legislation is expected to cut that communication link by stopping the exposure to tobacco sales promotion. But a legislative ban in itself is not enough to stop the exposure, the effective and successful implementation of the ban being needed.

Implementation is a process through which the policy expressed in the legislation is put into effect. An implementation – as defined by van Meter and van Horn (44) – encompasses those actions by public and private individuals (or groups) that are directe at the achievement of objectives set forth in pric policy decisions. On a more operational level implementation can be defined as a function of policy formulator, implementor, outcome and time (45) As this is applied to the tobacco control legislation, the policies are the goals, the provisions (means) and the goal-means relationships expressed in the legislation; the formulators are those who drew up more detailed programmes on the basis of the Act (e.g. the government, health authorities); the implementors actually carry out the programmes (e.g. health authorities at the national, regional and local level); and the outcome should be the stopping of the exposure to tobacco sales promotion.

There are several practical and conceptual problems in defining how effective and successful the implementation has been (see 45). but putting it simply we can ask: has the implementation structure (formulators and implementors) effectively used the means expressed in the legislation to produce the outcome. In the Finnish Tobacco Act for example the communication link between the sale promoters and potential smokers is supposed to be reduced by supervision and guiding of health authorities with powers to impose fines and imprisonment if the law is not obeyed. Recent analyses have, however, shown that these means were ineffectively used (46).

Effective implementation of a ban is difficult if the implementation structure does not have inadequate means to stop advertising. Some external factors, as international sport events and the satellite TV-channels presenting tobacco advertising, are to a large extent out of the control of a single country and even a most effective implementation is unable to stop advertising completely without international collaboration. On the other hand, a ban which was intended to be total, may turn out not to be a total ban when tested in the Higher Administrative Court (see 46).

The behaviour of the target group (the tobacco sale promoters) is crucial. If they do not keep the ban as a legitimate norm, the implementation structure needs powerful control measures to stop sales promotion. If these do exist in the law the implementation structure must also be willing to apply them. In the end, a necessary condition for good implementation is effective administration. The implementation structure should be based on expertise, motives, and skills.

Smoking by the young as a self-recruitment process

Theoretical and conceptual approaches to the initiation of smoking cover a wide field from the biological basis of the addiction to social milieu and social control (see 47). The following approaches seem to be useful in the context of this paper: social influences (including both social learning and social control), coping and addiction.

From a *social influences* perspective, smoking is promoted by the modelling of smoking behaviour by high-status role models (e.g., parents, peers, media personalities) and persuasive communications (e.g., advertising and peer pressure). The extent to which individuals are influenced by these social factors would depend on the characteristics of the model or communicator, the characteristics of the potential imitator or receiver, the communication itself and the frequency of contacts or exposure (48).

According to Hansen and Graham (49) the primary cause of using products such as cigarettes has to do with social availability of and internal expectations about social accessibility of use. Epstein et al. (50) have emphasized that the social environment of an experimental smoker is littered with smoking related information: Smoking by significant others and media figures and expressed attitudes towards smoking might affect the adolescent smoker's smoking-related attitudes, beliefs, values, expectations, and behavior. Lau et al. (51) pointed out the complex relationship between parents' influence on children's beliefs and behaviour, which persists throughout life, and vulnerability to other socializing agents. In early adolescence many children are open to important social models whose health beliefs and behaviour differ from those of the parents.

Our studies have demonstrated the impact of significant others on the smoking habits of adolescents. According to Aarø et al. (52), among 15-year-olds surrounded by non-smokers and not permitted by their parents to smoke the prevalence of daily smokers was less than 2 per cent. Among 15- year-olds surrounded by smokers and permitted by their parents to smoke, more than 90 per cent were daily smokers. In Finland, when all of the significant others' were non-smokers, none of 14 to 16 year-olds smoked daily. However, when adolescents were surrounded by four or more smokers, over 60% of them smoked daily (53).

The *social control* point of view emphasizes weakened ties to conventional institutions that discourage substance abuse (54, 55). Establishing conservative norms seems to prevent smoking (49, 52). According to Grube et al (37), cigarette advertising is perhaps the most obvious means by which shared images of smokers are cultivated or reinforced: Smokers are seen as being concerned with values related to personal enjoyment and autonomy. In contrast non-smokers are regarded as more conventional, and more concerned with religious, interpersonal, and family values.

The *coping* model of smoking suggests that individuals smoke as a means of coping with failure or expected failure or as an alternative means of obtaining specific goals (e.g. achieving social status, coping with anxiety induced by social situations, see 48, 56). According to McNeill (57), the most prominent subjective effect reported by adolescent smokers was feeling "calmer". An increased feeling of ability to cope with stress is thus an important function of smoking. Clayton (58) claims that using smoking as a social coping mechanism is typical of boy smokers.

Nicotine has intrinsic rewarding actions; it leads to tolerance, and deprivation can produce withdrawal symptoms. The classic *addiction* model describes smoking as an escape response to nicotine withdrawal (59, 60, 61). Adolescents receive substantial doses of nicotine from a very early stage in their smoking careers (62), and nicotine plays an active role in reinforcing smoking (57, 47). Russell (60) claims that more than 90% of teenagers who smoke 3–4 cigarettes are trapped into a career of lifelong smoking.

These three views of adolescent smoking offer a reasonable background for explaining the impact of sales promotion. Smoking was already a common phenomenon and had achieved a stable positive image in our cultures years before its relationship to health became as visible as it is today. Models and values favourable to smoking influence children and adolescents to experiment with cigarettes, and in particular those who become alienated from conventional institutions early learn to cope with everyday situations by smoking. The early-maturated smokers may acquire leadership roles in peer groups and create a complex combination of normative social influences on those children who still share the more "conservative" values of their parents, many of whom are vulnerable to the new socializing agents. The powerful addiction caused by nicotine, the psychological dependency of the habit itself combined

with rewarding and reinforcing social experiences ensures that a large proportion of the experimental smokers will become lifelong consumers of tobacco.

The complex combination of social influences, coping and the addictive nature of cigarettes leads to a kind of *selfrecruitment process* in adolescent smoking. If tobacco sales promotion was removed completely from the society, smoking would not necessarily start decreasing. The self-recruitment of smokers would probably ensure a relatively stable market for the tobacco industry. Only by increased educational efforts, by restrictions on the use and availability of tobacco and by increasing prices of tobacco products we would be able to counteract the self-recruitment of smokers. From this perspective, *the primary task of tobacco sales promotion is not to create new values and new demands among non-smoking children, but to reinforce the self-recruitment process of adolescent smoking, to neutralize health education and to strengthen cultural values and norms positive to smoking.*

Other control measures and predictors

Both the Finnish and Norwegian tobacco acts were based on the paradigm of comprehensive health-oriented tobacco policy (see 5, 11, 63). As Leppo and Vertio (64) have emphasized, an important principle of the policy was that several means (health education, restrictions both on marketing and on smoking, pricing policy and supporting research and development) should be applied simultaneously: comprehensive policies reinforcing each other would work synergistically and produce better results than single ones in isolation.

From a research point of view (Fig. 1) a comprehensive healthoriented tobacco policy represents a major problem. Research on adolescent smoking has demonstrated the importance of a number of predictive variables at an individual level (20, 37, 47, 53, 58, 65, 66). Unfortunately, much less is known about predictors of changes in adolescent smoking in a whole population over time and about predictors of cross-national variation in prevalence rates. Due to high intercorrelations between intervention measures, finding out the impact of single measures like a ban on tobacco advertising is very difficult. The only constant finding is the importance of price policy, which was by far the most important determinant of changes in consumption of tobacco products from the 1950s to 1980s in Finland (67, 68).

How to measure the effect of the ban?

To gain empirical evidence on the effect of an advertising ban needs careful planning of studies. At least the following factors must be considered: time, study design, indicators of sales promotion, indicators of the effect, and unintentional effects.

Time: In designing the evaluation of a ban on advertising, the most difficult problem is the time factor. The ban is aimed to cut the communication process, not to add something to it. Let's assume that the ban is implemented effectively and all persuasive communication by tobacco manufacturers ends. But the brand personalities as defined by Aitken (20) and myths as explored by Chapman (21) do not disappear nor even lose their power immediately after the ban comes into force. On the contrary, persuasive communication might continue even for years living its own life in peer groups, families, neighbourhoods, movies, magazines, novels as well as in culture in general (for lag or sleeper effects of advertising, see 69).

In real-life situations, not only the implementation of the ban, but all other control measures and predictors of adolescent smoking (Fig. 1) change and, for reliable analysis, data on these changes are needed.

Study design: When measuring the effects of a defined factor on outcome variables two key questions are 1) is the group where the factor is influencing comparable with the group where the factor is not influencing and 2) is the follow-up time adequate (already discussed in above). True experimental designs are difficult and usually impossible to obtain in real-life settings. However, those principles help us to see that a reliable design for measuring the effect of an advertising ban must be longitudinal. Young people's exposure to advertisements as well as other relevant indicators should be measured.

Boddewyn (8) presented in his Helsinki paper both crosssectional and longitudinal data on tobacco consumption. However, he violates the first principle as he supposes that the two groups of countries, those with a ban on advertising and those without, are comparable. There are several factors other than an advertisement ban that affect smoking rates and which are either not similar or do not change similarly over time in the two groups of countries. Thus the effect of a ban is obscured.

Table 3. *Validity of the indicators of the effect of the ban*

Validity of the indicator	Indicator
High	Decrease in the amount of sales promotions – number of advertisements in newspapers, magazines, TV, radio, billboards – number of pictures in newspapers etc with brand names or brand signs – etc.
–	Change in the exposure to sales promotion – proportion of young people having seen advertising in newspapers, etc.
–	?
Low	Prevalence of smoking or incidence of smoking (initiation of smoking)

In assessing the effect of the ban and restrictions on juvenile smoking, he violates the second principle by comparing crosssectional smoking rates in countries with the ban with those without it. Although true experimental designs are not feasible, the researchers should at least try to apply some of the principles described in the research literature on quasi-experimental designs (e.g. 70).

Indicators of sales promotion: The tobacco industry, of course, has detailed information on the amount and quality of the tobacco sales promotion activities, and of their changes over time. But those data are not available to health-oriented researchers (see 71), although a few exceptions do exist. In some cases researchers have been able to measure the advertising exposure objectively over a limited time and within a defined region (15, 31, 32, 42).

Lack of direct information about exposure to sales promotion has to be compensated by questionnaire data measuring perceived exposure. The more the tobacco industry uses other channels than traditional advertising, the more difficult it is to measure perceived exposure to sales promotion by survey methods.

Indicators of effect: In real life, there is no single reliable indicator of the effect of a particular ban. Although the final goal of a total ban on tobacco sales promotion is to prevent health hazards, it is obvious that the health of a population is not a proper indicator of the effectiveness of an advertising ban. There are too many confounding factors and processes. The next level, which is total consumption or prevalence rate of smoking is often used as an indicator of the impact of advertising restrictions both in econometric studies (see 8, 24, 68, 72) and studies focusing on children and adolescents (8).

Tones et al (73) has emphasized that it is rarely possible to measure the effectiveness of health education programmes by using the ultimate desired outcomes as indicators of success. Successive responses to substeps (intermediate indicators) are a necessary condition, at least in the beginning of the process, for communication to be effective (see Table 1). The first effect of the ban and its implementation should be a measurable decrease in the exposure to tobacco sales promotion (Table 2). If the ban does not have measurable impact on exposure to advertising, it obviously cannot affect the later steps of the process. The further we move along the paths of the model, the more time passes and other factors influence the initiation of smoking thus obscuring the effect of the ban itself (see Table 3).

Unintentional effects: Restrictions of communication between manufacturer and consumer may have unintentional effects. Boddewyn (8) claimed that banning advertising only tends to stagnate the market and makes it difficult for consumers to get to know new brands (see 24, 35). The Finnish experiences do not lend support to the stagnation hypothesis. On the contrary, the change from medium tar cigarettes to low tar ones may have been the most rapid within the last 15 years. In 1991, more than 40% of cigarettes smoked in Finland yielded tar less than 10 mg per cigarette (74).

The proponents of tobacco advertising refer to their responsibility to inform consumers about products. However, there is very little factual information in tobacco advertisements today and, except from the warning by governments, no information at all about the health effects of cigarettes. According to Leventhal et al. (75, 76) misinformation among young people is widespread and those at the greatest risk for smoking are the most misinformed. Even the extensive advertising in the United States has not provided consumers with information about the product needed for informed choice. Tobacco advertising is mainly image based (15, 17, 20, 77) and adolescents often do not see the worded elements;

including health warnings (19). Thus, the tobacco industry's argument that advertising is a necessary condition for an "informed choice" to smoke or not to smoke merit less (75, 78).

The tobacco industry spokesmen claim that a total ban on advertising may run the advertising industry into financial difficulties. The voluntary restrictions in the UK (18) and total bans in Finland and Norway have however only had marginal effects on the profitability of the advertising business.

These examples demonstrate how important it is to identify major unintentional effects of the ban and include them in the study design.

II. IS THERE A CAUSAL RELATIONSHIP?

After discussing methodological aspects and defining a framework for the assessment of effects of an advertising ban, we move to the crucial question: does the body of research data available today give evidence of a causal relationship between tobacco sales promotion and the smoking habits of young people?

The tobacco industry spokesmen claim that there is no convincing evidence for a relationship between tobacco advertising and cigarette consumption (6, 7; see 24, 35). Moshis (33), after reviewing the evidence, concluded that it is insufficient to clarify whether cigarette advertising in any way creates the desire to initiate smoking and maintain smoking habits among youth.

In his Helsinki paper, Boddewyn (8) referred to our studies and to the Children's Research Unit of London (CRU) studies (9; see comments by 20) and concluded: "These studies confirm that advertising has no significant influence on a young person's decision to smoke". He quoted the testimony of Professor R D Blackwell in 1986, which contained an even more extreme conclusion: "None of the research suggests that advertising influences children to view smoking in a positive light...".

On the other hand, after reviewing the available research findings, Aitken (20) and more recently Amos (10) and Vickers (79), referring both to the European Commission initiative to ban tobacco sales promotion and the New Zealand experiences, concluded that young people are likely to be particularly susceptible to cigarette advertising and promotions (see also 39, 40, 43, 80, 81).

These reviews seem to result in a "dialogue of the deaf" (see 82). The tobacco industry spokesmen ask for direct demonstration of the effect and give no merit to indirect evidence. On the other hand, many of the health motivated researchers, referring to the complexity of the social and individual processes, state that there is no way to demonstrate a direct connection between advertising and smoking of children (see 82). We share Chapman's (69) view that the question of whether advertising "causes" individuals to smoke, while sounding commonsensical rests on a simplistic premise. Thus, the answer to the question about causality has to be based on indirect evidence and logical reasoning.

Tobacco industry spokesmen claim that sales promotion is not addressed to children. They refer often to the "maturity" of cigarette markets (see 24): when total consumption does not increase or is even decreasing, advertising can only redistribute brand shares among those who have already decided to smoke. Two points speak against these arguments. Firstly, actual brand-switching among daily smokers is limited (35). Secondly, the concept of a mature market applies to adults, but the market among children and adolescents is dynamic, not mature. A great majority of smokers start daily smoking before the age of 18 years and a majority of teenagers who experiment with smoking are trapped in the career of regular smoking which typically lasts for some 30–40 years (57, 60). Thus the battle of both recruiting new consumers and brand shares is mainly fought among non-smoking children and adolescents, not among adult smokers. For example, the sports-minded young represent a specific target group for the tobacco sponsorship of sport (see 10, 18:85, 80, 81).

Aitken (20), ASH (83), Amos (10) and the BASP Report (82) have found plenty of evidence showing that children are exposed to tobacco sales promotion. Such exposure seems to effect children in many measurable ways:

- Children are exposed to tobacco sales promotion and become aware of brand personalities and smokers' images (36, 38, 41, 84, 85, 86, 87, 88). For example, associations, unconscious or otherwise, between cigarette brand imagery and sponsored sport can be elicited by simple advertisements even in children of primary school age (30, 39, 40).
- A favourable opinion of advertisements is associated with adolescent smoking (89). Goldstein et al. (34) found a dose-response relationship be-

tween smoking level and advertising recognition in a group of U.S. high school students (see also 38).

- Klitzner et al. (41) found that adolescents who had experimented with cigarettes were better able to recognize advertised products than those who had not. Conversely, subjects who were better to recognize advertised brands were more likely to have experimented with cigarettes; an effect due to their exposure to cigarette advertising. In New Zealand, heavy advertising of a new brand gained market share for that brand among youth and in doing so raised total cigarette sales (42). According to Botvin et al. (38) those children who are in the initial stages of the smoking onset process are selectively attending to cigarette advertisements and adolescents seem to buy those cigarettes which are heavily advertised.

Before answering the question presented above, we would like to emphasize that the effect of tobacco advertising has become the subject of critical scientific research only recently. The first empirical reports were published in early 1980s and only a few teams have focused their work on that theme. As Moshis (33) did, the easiest response would be to conclude that evidence presented up to now has not been sufficient to verify or to falsify the hypothesis about a causal relationship between advertising and the smoking habits of young people. However, when starting from the self-recruitment concept presented above the scientifically valid reports available today provide both theoretical and empirical evidence for a causal relationship: Tobacco sales promotion seems both to *promote* and to *reinforce* smoking by the young. In fact, the dynamic tobacco market among children may even be the main target of tobacco sales promotion.

III. WHAT REALLY HAPPENED IN FINLAND AND NORWAY

What was banned and when?

Both the Finnish and the Norwegian Tobacco Act was part of a more comprehensive tobacco control strategy (see 11, 63, 64). In the following only the paragraphs related to tobacco sales promotion will be described.

Finland: The first voluntary restrictions by the tobacco manufacturers, published in 1969, were supposed to end advertising in youth magazines. Pictures of persons younger than 25 years or youth idols were not to be used in advertising. The Finnish Broadcasting Company ended television advertising of tobacco products voluntarily in 1972.

The Tobacco Act passed the Parliament in 1976 and came into force on March 1st, 1977. The advertising ban took effect a year later on March 1st, 1978. The paragraphs of the Tobacco Act and the Tobacco Ordinance which gave more detailed orders are presented in the Appendix.

Among many other measures the Act included a ban on all advertising and all other kind of sales promotion activities on tobacco, any tobacco product, smokers' requisites or tobacco imitations directed at the consumers (see the Appendix; 5, 64). It did not cover sales promotion from manufacturer to retail salers. Another exception were those foreign printed publications whose main purpose was not that of advertising tobacco, tobacco products or imitations, or smokers' requisites.

The advertising of product families (e.g. Camel Boots, Marlboro Leisure Wear) was nonexistent at the time of the enactment of the legislation. Later court cases have shown that the Act does not cover the advertising of product families. Whether the Act bans sponsorship is an open question. According to the Ministry of Health and Social Affairs it does not, but several experts in civil law have claimed that the wide definition of sales promotion of the Act covers all kind of sponsorship aiming at increasing the demand for tobacco products. This has not yet been tested in the Higher Administrative Court.

The Act also prohibited the linking of tobacco, tobacco products and imitations as well as smokers' requisites to the sale or transfer of other products or to the provision of services.

Norway: The Norwegian Act relating to restrictive measures for the marketing of tobacco products came into force on July 1st 1975 (see Appendix; 90). The Act prohibited the advertising of all types of tobacco products, including cigarette paper, cigarette rollers and pipes. The prohibition also applied to the use of tobacco products in connection with the advertising of other goods. It was assumed in the Record of Preliminary Proceedings leading to the Tobacco Act, as well as in the regulations, that the advertising ban should also apply to the display of tobacco products in shop windows. In 1977, the Storting (Norwegian Parliament) adopted a Bill al-

Table 4. *Four most often smoked and four most often advertised cigarette brands, among 12 to 18-year-olds in Finland in 1989.*

Cigarette brand	Percentage of adolescents who reported that the brand is among the most advertised ones	Percentage of daily smokers who reported that they smoked the brand
Marlboro	51%	68%
Belmont	15%	21%
Camel	14%	9%
Colt	6%	4%

lowing limited displays in the windows of defined, specialized tobacconists. The ban on advertising applied to all advertising media, such as the press, films, electric light advertisements and billboards.

A more specified list of regulations on exceptions to the advertising ban were issued in 1989 (see Appendix). A necessary exception was made in respect of newspapers and other printed matter imported into Norway, unless the main purpose of the publication was to advertise tobacco products in Norway. Another exception concerned indirect publicity of minor importance in programmes of the Norwegian radio and television broadcasting network (e.g. sport events) and in movies. Neutral information to retailers was permitted, too, as well as some other minor exceptions.

Tobacco sales promotion in the 1970s and 1980s

Finland: Finnish health authorities were satisfied with the implementation of the ban until the end of the 1980s (64) and first attempts to systematically measure the amount of sales promotion were initiated as late as 1988 (84, 88, 91).

After the advertising ban came into force in 1978, the tobacco companies soon found new means of sales promotion. The first mass media attempts to break the ban were company image advertising, advertising of product families (e.g. Camel boots, Marlboro Leisure Wear), and sport sponsorship. In the late 1980s, advertising of product families increased.

In the 1970s Finland already had several well-known rally and motor-bike drivers (e.g. Jarno Saarinen, Hannu Mäkinen). In 1982, Keijo Rosberg from Finland won the formula one world championship, and achieved wide visibility for Marlboro cigarettes. The young formula one drivers Jyrki Järvilehto and Mika Häkkinen have gained publicity for Marlboro since 1987. Matti Alamäki won the world championship in rally-cross several times and advertised North State cigarettes. In 1989, more than 40 well-known professional sportsmen had an agreement on sales promotion collaboration with tobacco companies. In 1989, one of the most popular afternoon newspapers published almost every second day sport sponsorship pictures including information on tobacco products (92).

In 1985, Philip Morris Inc. introduced successfully sailing sponsorship program to advertise Belmont cigarettes. After strong public pressure and an appeal to the Chancellor of Justice on the negligence of the authorities, the National Board of Health banned that sales promotion in August 1989 on the basis of the Tobacco Act (92). The same process was repeated with the tobacco sponsorship of Pori International Jazz Festival, which started in 1987 and ended in 1991 on the decision of the health authorities, again after an appeal to the Parliamentary Ombudsman.

The tobacco companies sponsored domestic movies, organized holiday trips for national media VIPs (e.g. Marlboro Country Club) and got publicity by giving prizes and grants to artists on different fields. The nationwide network of salesmen to assist shops, kiosks and restaurants in tobacco sales promotion was strengthened. Cigarettes are clearly visible in shops just before a cashier so that usually it is impossible to go out from a shop without seeing tobacco products. The number of shops and kiosks selling tobacco products also increased in the 1980s.

Increasing tourism, new international tv-networks and many international sport programmes exposed the Finns to international tobacco sales promotion. For several months on Friday evenings before the main news programme in 1989, the Finnish Broadcasting Company aired a soap opera about the life of Formula one drivers full of cigarette advertisements.

The first study of perceived exposure to tobacco advertising among adolescents was carried out in 1989 (the Adolescent Health and Lifestyle Survey, 84). Children aged 12 to 18 years were asked whether they had seen tobacco advertisements somewhere in Finland during the past month and where they had seen them (options: TV, newspapers, magazines, elsewhere). About 60 per cent of 12 to 18 year-old Finns reported that they had seen tobacco advertisements. A similar survey carried out in 1991 showed that the proportion had not changed from 1989 to 1991. (see 93). In 1989 adolescents

were also asked in an open question which brands were advertised most. The most popular brands among young smokers were the same as were advertised most heavily (Table 4).

A cross-national comparison among schoolchildren showed that the amount of perceived exposure to advertising was significantly lower in Helsinki than in Los Angeles, where tobacco advertising was not banned (88).

The Finnish Tobacco Act was effective in traditional tobacco advertisements, but did not eliminate new sales promotion strategies (see 16): images of adventure or risk replaced the traditional tobacco ads. Sales promotion information was transmitted by sport sponsorship combining it with healthy and at same time risky outlook of successful young men in pictures of sailing and motorsports. In the 1980s, persuasive communication for cigarettes was again both visible and widespread in Finland. The health authorities passively followed that process and used the powers of the tobacco act to enforce the ban only when the external pressure became high (see 46, 92).

Why did Finland experience a combination of high investements by the tobacco companies on new means of sales promotion and weak implementation of the ad ban?

1. The Finnish cigarette market was subject to competition between three domestic companies representing major international companies; BAT, Philip Morris, and Reynolds. Finland served as test country for these international companies. New sales promotion methods as well as lobbying means to make ad ban ineffective were tested.
2. No administrative body had anti-smoking as a primary priority either in public administration or on the voluntary basis (see 46). The implementation of the Tobacco Act was one of many tasks of the Health Education Office at the National Board of Health, having no permanent legislative expertise and no real expertise in marketing and consumer protection. The implementation of the advertising ban was not among the main interests of the Health Education Office.
3. The Act originally set aside 0,5% of the tobacco excise duty for implementing tobacco control measures. However, due to the good collaboration between the Ministry of Finance and the tobacco lobby, the actual resources for tobacco control remained much smaller than were planned by the Parliament in 1976 (see 46, 64).

The experienced legal experts of tobacco companies were able to make health education oriented civil servants to feel themselves unsecure, and the powers of the Act were applied properly only when the public pressure became intolerable.

Norway: In Norway, no research has been carried out on young people's exposure to tobacco advertising after the implementation of the Tobacco Act. There is, however, a common understanding among experts involved in the field of tobacco control that the ban has been effective in reducing young people's exposure to tobacco advertising. Some exceptions do exist, however.

Some cases of advertising of product families have been discovered. Two cigarette brands in the Norwegian market, Camel and Marlboro, were indirectly advertised by the marketing of Camel Boots, Camel Trophy (watches), Camel Collection (clothes) and Marlboro Classics (leisure and sports wear). Advertising of tobacco products in imported magazines and on satellite TV as well as exposure to smoking in imported TV-programmes and movies is unavoidable.

In Norway motor sport is far less popular, and TV coverage of rallys taking place abroad represents a less influential kind of tobacco sales promotion compared with the situation in Finland. An attempt was made to market one brand of cigarettes (Silk Cut) during a sports event in Oslo. This was counteracted and stopped immediately (Arne Hauknes, previously Head of staff, National Council on Smoking and Health, 1991, personal communication). In a study carried out by The National Council on Smoking and Health among 150 000 pupils in secondary school in November 1990, 60 per cent reported that they had recently seen products which they associated with tobacco advertising (94).

The Norwegian Tobacco Act has been characterized as successful, and three explanations have been mentioned:

1. In Norway it has been virtually impossible for the industry to find any loopholes in the law.
2. Most of the dubious issues have been thoroughly discussed in the pre-legislative documents. Problems arising in connection with enforcement can nearly always be solved by referring to these documents.
3. The general public as well as the National Council on Smoking and Health have been keeping a

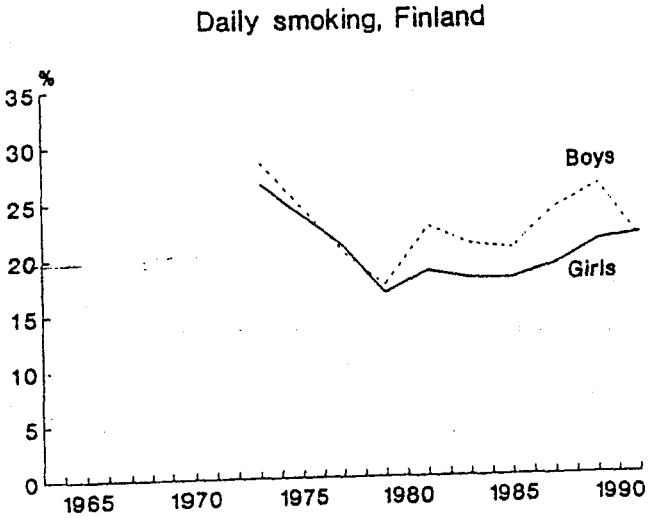


Fig. 2. Proportion (%) of daily smokers among adolescents aged 14 to 16 in Finland, 1973–1991, by sex.

watchful eye on the marketing practices of the tobacco industry. The authorities have cracked down on illegal advertising (95).

More points can be added to this list. The implementation of the tobacco legislation in Norway has been carefully supervised by the National Council on Smoking and Health, and the Council has had outstanding legal expertise at their disposal. In Norway the tobacco industry has been less eager to counteract the tobacco legislation than in other countries with similar legislation. During the first years after the prohibition of tobacco advertising, the industry was rather meekly complying to the ban. During the 1980s the tobacco industry made a few attempts to market tobacco products. Illegal advertising of tobacco products has, however, never reached such proportions that it should represent any real threat.

One explanation for the lack of aggressiveness from the tobacco industry may be the dominating position of one single tobacco company. One company in fact has a market share of approximately 85 per cent. Free advertising of tobacco products might in fact represent a threat to the dominant market position of this particular company.

Changes in adolescent smoking and in its determinants

Finland: The first reliable nationwide survey on children's smoking was carried out in 1973. Starting in 1977, smoking habits have been monitored biannually by a national survey programme (The Adolescent Health and Lifestyle Survey, 96).

In the 1960s the prevalence of smoking by the young increased, more among girls than boys. The highest prevalence figures were measured at the beginning of the 1970s, but the increasing trend levelled off and smoking started to decrease between 1973 and 1977 (Fig. 2). The lowest prevalence figures were recorded in 1979. From 1985 to 1989 smoking rates showed an increasing trend, which levelled off in 1989–1991. In 1991, the prevalence of smoking was at the same level as in 1977 (figure 2).

More than 90 per cent of young smokers are consumers of manufactured cigarettes. By 1987, a quarter of young smokers preferred brands yielding tar less than 10 mg per cigarette.

The changes in smoking habits among Finnish adolescents were related to similar changes among the adults and in total tobacco consumption from the beginning of the 1970s to the beginning of the 1980s (64, 74). After 1985 trends in adolescent smoking were similar to changes in mothers's smoking which was increasing. However, during the same period fathers' smoking was decreasing (93).

The mass media visibility of the health hazards of the cigarettes was low in the 1980s. After 1982, the national health authorities launched no new mass media programmes dealing directly with the health effects of smoking. The climate of opinion became less negative to children's smoking in the 1980s: the number of schools allowing smoking in the schoolyard increased, the attitudes of adolescents became more negative towards smoking restrictions and health education about smoking, and an increasing percentage of them regarded smoking as a personal matter. (See 97).

The main factor influencing smoking among adolescents in Finland seems to be the increase in purchasing power of the young in comparison with stable real prices of cigarettes. During the economic boom of Finland in the 1980s, the purchasing power of 14 year-olds in real terms, indicated by the amount of pocket money, almost doubled (93).

Due to the decreasing trends in the end of the 1970s, activities aiming at prevention of smoking by the young had low nationwide priority in the 1980s. Towards the end of the 1980s, with increasing smoking trends, new nationwide programmes were implemented (e.g. health sponsorship of the non-smoking sport clubs, the non-smoking class competition, and the Healthy School programme based on life skills training). However, their impact on adolescent smoking will be seen later in the 1990s.

Norway: Trends in smoking habits among young

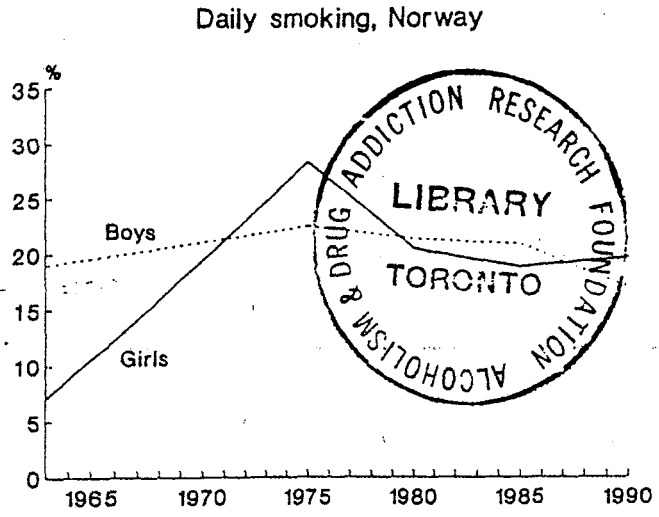


Fig. 3. Proportion (%) of daily smokers among adolescents aged 15 in Norway, 1963–1990, by sex.

people have been monitored in two series of surveys. The National Council on Smoking and Health has carried out nationwide surveys among pupils aged 13–15 in 1975, 1980, 1985 and 1990. The results can be compared with surveys carried out in 1957 and 1963 (Fig. 3). The prevalence of daily smoking in all these age groups reached a maximum in 1975, and showed a marked decrease during the next five year period (98). During the period 1980–1990 the decrease in smoking rates among young people was less pronounced and less consistent. This latter conclusion has also been confirmed in other studies (99).

It is interesting to note that the prevalence of daily smoking among young people in Norway was higher in 1975 than in any previous survey. In the next surveys, the prevalence has been decreasing, particularly among girls during the first five years after the ban on advertising entered into force.

The changes in smoking habits among young people in Norway is related to similar changes among the adult and the parent population. During the 1970s the sales of tobacco stagnated (12). Presently the per capita consumption of tobacco is relatively stable. The reduction in the prevalence of smokers among young adults (aged 16–24), however, continues. The changes taking place in various segments of the population reveals a more turbulent picture. The prevalence of smokers has been decreasing far more rapidly in high-status segments of the population. Among 20–30-year-olds with a university or college level education the prevalence of smoking is 17 per cent among men and 22 among women. Similar figures for those with only lower secondary education are 66 per cent and 59 per cent respectively (100). The effects of the anti-smoking efforts seem to have been more successful among those with a higher education.

IV. COMMENTS ON THE VIEWS ADVOCATED BY TOBACCO INDUSTRY SPOKESMEN

Boddewyn's Helsinki paper was typical of a "paid expert witness for to tobacco industry" (see 101). He wrote:

(i) The experiences from Finland and Norway confirm that there is no discernible connection between advertising and tobacco consumption among young people.

(ii) Studies of smoking among adolescents in Finland, Norway and many other European countries confirm that advertising has no significant influence on a young person's decision to smoke.

(iii) Laws banning tobacco advertising only tend to stagnate the market, favouring the major brands, and make it more difficult for consumers to get to know new brands.

(iv) Banning of tobacco advertising is not an effective means of discouraging smoking.

Boddewyn neither discussed methodological problems in measuring the effects of tobacco advertising, nor did he refer to the earlier debate which he started in the British Journal of Addiction (see 82, 101, 102). However, we have found several methodological problems in his way of collecting and using data and deriving conclusions. The most serious fault is the absence of any quantitative or qualitative information about tobacco advertising and other forms of tobacco sales promotion in Finland and Norway. He refers only to the decisions by parliaments and treats them as indicators of tobacco sales promotion. Even in using that limited information he makes mistakes when he does not take into account the advertising restrictions before legislative bans. In Finland, an increasing trend in smoking by the young became a decrease after 1973, a few years after the first restrictions of advertising. Thus, when applying Boddewyn's own method to the correct information from Finland, the conclusion is that smoking by the young decreased significantly after the restrictions of tobacco advertising were announced.

As far as the Norwegian situation is concerned, Boddewyn's use of data and research results is even more misleading. Since smoking prevalences among young people showed a marked decrease during the years after the Tobacco Act entered into force, it is far more reasonable to conclude that the legislative measures led to a positive change. Since studies explicitly trying to throw light on possible causal links between the tobacco legislation and smoking habits have not been carried out in Norway, however, we cannot be conclusive. An educated guess would, however, undoubtedly be that the Tobacco Act contributed to the reduction in the prevalence of smokers.

None of our studies referred to by Boddewyn dealt with tobacco advertising and smoking and therefore they do not give any evidence for or against an advertising ban (e.g. 103). The cross-national comparisons of smoking rates and the conclusions drawn by Boddewyn without any information about the amount and quality of sales promotion violate the basic criteria of valid study design.

Thirdly, the markets in Finland and Norway are in no way stagnant. On the contrary, in Finland the shift to new low tar brands has been more remarkable that in many other countries.

Finally, we partly approve of the last comment of Boddewyn. Banning of tobacco advertising as such is definitely not a sufficient strategy to stop young people from becoming smokers. It has to be implemented effectively and revised according to changes in society and in sales promotion strategies. The Finnish experience does not tell us about the ineffectiveness of total bans on tobacco advertising, but it demonstrates where weak implementation of a ban will get us. The Norwegian experience indicates that the prospects are better the stronger the implementation.

Even a total ban on advertising, restrictions on the sales and use of tobacco and an effective implementation of such legislation is not enough to stop the recruitment of young people into lifelong smoking. Legislative measures must be combined with increasing the prices of tobacco products and with information and education strategies.

V. CONCLUSIONS

The impact of tobacco sales promotion on smoking by the young is mediated by a complicated process. There is no direct method for studying this relationship. However, an increasing number of studies have explored children's exposure to sales promotion information and the effect of that information on their attitudes and behaviours. The evidence reviewed here speaks strongly for the causal effect of sales promotion on the smoking of the young and even for the hypothesis that children and adolescents are the main target group of the tobacco sales promotion. The task of tobacco sales promotion information is not limited to persuading young people to start smoking but also aims at neutralizing the impact of health education.

To study the effectiveness of legislative restrictions on persuasive communication from tobacco manufactures to potential consumers is even a more demanding task. Advertising restrictions have evolved in an ad hoc fashion emerging as the complex result of different pressures (see 5, 72). The implementation of the legislative bans was not systematically monitored and evaluated either in Finland or in Norway. Information about changes in quantity and quality of tobacco companies sales promotion activities in the 1970s and 1980s is rather limited in all countries with legislative restrictions on tobacco advertising.

The question of the role of tobacco advertising in smoking and health policy was already being discussed in the 1950s and the total ban on advertising has been among the cornerstones of anti-smoking programmes since the 1960s. Unfortunately, the scientific interest in the impact of advertising on smoking has been limited to econometric studies. Only in the late 1980s has the relationship between sales promotion and smoking became the subject of intensive social science interest, so that there has been room for such uncritical papers and reports as Boddewyn's Helsinki paper (8).

The main target of the Finnish and Norwegian advertising bans was traditional tobacco advertisements. In the 1990s, the picture of tobacco sales promotion is much more complex. The first task of research in this field is to describe and make visible all different forms and techniques of tobacco sales promotion (see 17).

Secondly, we strongly recommend a continuous monitoring of the exposure to tobacco sales promotion both as indicated by the amount and quality of all kinds of tobacco-related information in the mass media and as perceived by potential consumers and especially by children and adolescents. The tobacco sales promotion monitoring programmes should be-

long to the information base of national health authorities in all countries.

Thirdly, the information war between tobacco manufacturers and the health lobby will be one of the most fundamental and critical fields of health promotion during the years to come. Similar information wars are going on in many other fields (e.g. milk products, vitamins and environmental questions). These controversies should be regarded as themes just as central to research as are the biological processes of cancer and coronary heart disease.

Finally, we recommend a large scale comparative study of tobacco sales promotion in European countries. Collaborative studies would help to collect comparable data and give researchers a chance to meet each other and exchange views and collectively contribute to this relatively new field of health research.

From a health point of view it is impossible to find any reasonable arguments to allow tobacco sales promotion. In theory, a total ban based on legislation should solve the problem. However, the Finnish experience in particular indicates that legislation without sufficient expertise and will to implement it effectively is in the long run counterproductive. Therefore, besides lobbying for the European Commission proposal (1) the urgent task of health authorities in all countries is to initiate and support scientifically valid studies on tobacco sales promotion as well as on the prohibition of tobacco sales promotion.

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APPENDIX. Paragraphs in the Finnish and Norwegian tobacco legislation concerning advertising and sales promotion and area of application.

FINLAND

Act

on Measures for the Restriction of Tobacco-smoking. Issued in Helsinki on 13 August 1976. In accordance with decisions of Parliament it is prescribed that:

§ 1
Area of application

In this Act, it is intended:

1) that tobacco refers to a stimulant which is manufactured or which contains leaves, stalks or stems of tobacco plants (nicotiana):
2) that substitute tobacco refers to stimulants which in their mode of employment correspond to tobacco, but which do not contain tobacco:
3) that tobacco products refer to those products which are manufactured of tobacco or its substitutes and which are intended for enjoyment, such as cigarettes, cigars, pipe, cigarette and chewing tobacco, and snuff:
4) that smoker's requisites for smoking of tobacco, or mainly for preparation thereof, refer to equipment, such as cigarette paper or other covering, cigarette-rolling machines, mouthpieces, filters, pipes or pipe-cleaners in accordance with more detailed determinations of Ministry for Social Affairs and Health:
5) that tobacco imitation refers to those products intended for enjoyment and which in form have a close resemblance to tobacco or its substitute, and
6) that tobacco smoking refers to smoking or other utilisation of tobacco products as stimulant.

§ 8

Advertising for tobacco, tobacco products and imitations, and also smokers requisites, and other sales promotion activity directed at the consumer, together with their conjunction with advertising for other products and services, or other sales promoting activity, is forbidden.

That prescribed in 1 para shall similarly not be applicable to advertising in those foreign printed publication whose main purpose is not that of advertising tobacco, tobacco products or imitation, or smokers requisites.

§ 9

The linking of tobacco, tobacco products and imitations , and smokers requisites to the sale or transfer or other products or to the performance of services is prohibited.

ORDINANCE

on measures for the restriction of tobacco-smoking. Issued in Helsinki on 25 February 1977.

§ 1

In application of the Act on Measures for the Restriction of Tobacco-smoking (637/76), which in this ordinance is refereed to as the Tobacco Act, and with the authority of the prescriptions and stipulations contained therein, there is meant:

a) by cigarette products other than cigars, pipe, cigarette and chewing tobacco, together with snuff:
b) by cigar a tobacco product whose wrapper or covering leaf and wrapper consist of tobacco leaves or corresponding artificial covering, of which the proportion of tobacco is at least 75 per cent:
c) by pipe and cigarette tobacco loose or compressed tobacco products, which by the application of cutting or other means are finely divided and which are suitable for smoking in a pipe or for the making of a manually-rolled cigarette:
d) by chewing tobacco a tobacco product intended for chewing:
e) by snuff a finely-ground tobacco product intended for inhaling into the nose or for other use as a stimulant:
f) by advertising announcements directed towards the consumers, or other information which those engaged in the manufacture, import or sale of tobacco, tobacco products, imitation tobacco or smokers requisites themselves engage in, pay the cost of or otherwise support with the aim of developing or promoting the consumption of tobacco, tobacco products, tobacco imitations or smokers requisites in trading activity:
g) with other sales promotion activity directed at the consumers than that intended in point f) activity directed towards the consumers, which is aimed at or which according to general experience can develop or promote the consumption of tobacco, tobacco products or smokers requisites in trading activity:

NORWAY
ACT RELATING TO PREVENTION OF HARMFUL EFFECTS OF TOBACCO
§ 2

Advertising of tobacco products is prohibited. Cigarette paper, cigarette rollers and pipes are regarded as tobacco products.

Tobacco products must not be included in the advertising of other goods or services.

The King may issue regulations concerning exceptions to provisions in the first and second paragraphs.

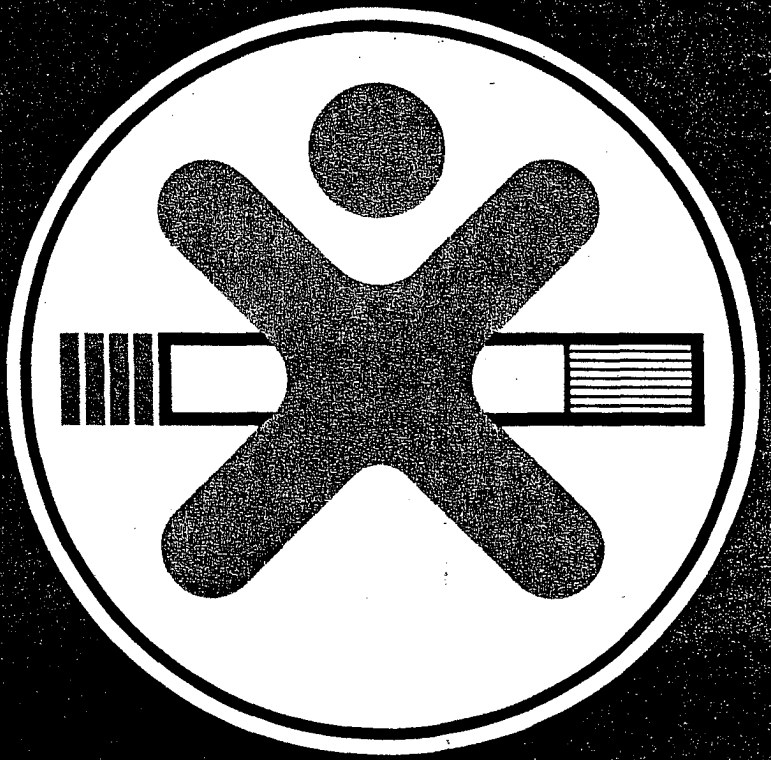
Regulations No. 925 of 4 September 1989 amending the Regulations concerning exceptions to the ban on advertising contained in Section 2 of the Law on protection against tobacco-induced injury (Norsk Lovtidend, Part 1, 12 October 1989, No. 18, pp. 825–826)

'1. Insofar as the cases fall within the scope of the ban on advertising referred to in the first and second paragraphs of Section 2 of Law No. 14 of 9 March 1973... and the regulation issued by the Ministry of Social Affairs in pursuance of Section 8 (cf. the second paragraph of section 7) of the Law, the following exceptions shall apply:

1. advertising in foreign publications imported into Norway unless the main purpose of the publication or of its importation is to advertise tobacco products in Norway;
2. information to retailers, etc., referring entirely to the product itself, and having a neutral typographical design consisting of black letters on white letters on a white background and no illustrations;
3. information given in a publication concerning the marketing of a new specifically defined product that is substantially less injurious to health than previous products of a corresponding nature;
4. announcements or other information in a publication concerning the opening up of a new retail outlet, stabbing the outlets name, location, and opening hours as well as the range of goods, restricted to the following designations; cigarettes, cigars, smoking tobacco, chewing tobacco, snuff, cigarette paper, cigarette rollers, and pipes. No colour other than black, and printing as normally employed in the publication in question, must be used.

   The above also applies to any change of ownership of the outlet.
5. indirect publicity of minor importance in programmes of the Norwegian Radio and Television Broadcasting Network and in films;
6. singboards of ordinary size and design (not electric light advertisements), whose sole function is to provide information, e.g. "tobacco", in connection with tobacconists retail outlets; and
7. the display of tobacco products on the premises of the retail outlet, insofar as such displays are appropriate for effective sales.'

Smoke free Europe



Legislative Strategies for a Smoke-free Europe



Smoke-free Europe: 2

This booklet is part of a series written to support the Action Plan on Tobacco adopted by the World Health Organization's Regional Committee for Europe in September 1987, and the "Europe Against Cancer" programme of the European Community.

It has been co-produced by the WHO Regional Office for Europe and the Commission of the European Communities.

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The views expressed are those of the author and do not necessarily represent the decisions or policies of the co-producers.

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1

Introduction

In the 18 years since the World Health Organization (WHO) launched its campaign against tobacco it has become increasingly clear that control of the smoking epidemic is both a health and a political issue. As the evidence has mounted on the dangers to health from using tobacco, the multinational tobacco companies have increased their resistance to measures designed to reduce consumption. Governments are thus caught in a cleft stick between the health needs of their people and powerful political and economic interests — the interests of the tobacco industry and also perceived interests of their own. To counter these political influences pitted against people's health, governments have turned increasingly to legislation to establish policies and programmes that will serve as a countervailing force to the smoking epidemic. A good example is the programme "Europe Against Cancer", launched in 1986 by the Commission of the European Communities (CEC). This programme gives high priority to tobacco control and includes strong legislative directives to strengthen and harmonize anti-tobacco policies among the Member States of the European Community.

In adopting the European Action Plan on Tobacco[a] and, together with the CEC, organizing the first European Conference on Tobacco or Health, WHO's Regional Committee and Regional Office for Europe have wisely decided that enough experience has been gained to warrant a new examination of the various legislative approaches to combating smoking adopted by various countries.

No claim is made that legislation *per se* can control the smoking epidemic, but legislation can express government policy on the production, promotion and use of tobacco; emphasize the government's commitment to combating smoking by allocating governmental resources to effective anti-tobacco programmes; launch governmental and voluntary antismoking activities; encourage smokers to stop smoking and dissuade potential smokers, particularly young

[a] *Action Plan on Tobacco.* Copenhagen, WHO Regional Office for Europe, 1987 (unpublished document EUR/RC37/7).

people, from starting to smoke; protect the right of nonsmokers to be free from involuntary or passive smoking; and contribute to a climate of opinion and social pressure in which smoking is unacceptable.

This booklet, written on the initiative of the Health Legislation unit of the WHO Regional Office for Europe, presents information on ten legislative strategies for smoking control that have been adopted by countries in the WHO European Region. Commentaries on these measures summarize the experience gained in each case. Some measures that have been proposed but not yet tried out are also described.

The material is based on two earlier analyses of smoking control legislation published by WHO *(1,2)*, on reports submitted to the WHO Regional Office for Europe, and on personal communications from experts on smoking control in a number of European countries.

The legislative approaches described in Tables 1–8 fall into two main categories: (*a*) legislation designed to bring about changes in the production, manufacture, promotion and sale of tobacco (the supply side), and (*b*) legislation designed to bring about changes in practices among smokers (the demand side). The tables are based mainly on the statutes and, in a few cases, on reports of legislation from the countries. The apparent absence of legislation of a particular kind in one country or another does not necessarily mean that no legislation exists but rather that it was not available to the author.

Definitions of tobacco products covered by the legislation vary. If the term "tobacco products" is used rather than "cigarettes", it is broad enough to include cigars, cigarillos, pipe and cigarette tobacco, cigarette paper and smokeless tobacco or snuff. Because of the recent growth in the use of smokeless tobacco, particularly by young people — in some cases in the mistaken belief that it is less dangerous than cigarette smoking — special mention is made of this problem.

Legislation intended to bring about changes in the production, manufacture, promotion and sale of tobacco

The laws described in this category depend on governmental policy rather than on individual action. They serve the purpose of alerting the nation to the dangers of smoking and of freeing individuals from the pressure to smoke. These laws are ideal public health measures because they do not depend on behaviour change in individuals but rather alter the environment for the population as a whole. Just as providing a safe water supply eliminates the need for each family to boil its own water, so laws banning the advertising and promotion of tobacco alter the environment in which young people grow up and free them from the pressure to smoke.

Control of Advertising

Advertising is one of the strongest weapons of the tobacco industry *(3)*, which spends 2000 million US dollars a year to lure consumers to its products. The power and pervasiveness of tobacco advertising, which associates smoking with success, pleasure, relaxation, freedom and even sexuality, have led countries to impose restrictions on it. This is the most common type of smoking control legislation. Table 1 presents the information available on legislation and voluntary agreements with the industry to control advertising in the European countries.

Degree of stringency of controls

The minimum approach is to prohibit advertising of tobacco on television and radio. An intermediate approach is to add to this ban restrictions on the content

Table 1. Control of advertising

Country	Total ban	Restrictions on the use of mass media (television, radio, press, billboards)	Restrictions on promotion of tobacco through sponsorship of sports and cultural events	Restrictions on content or format
Austria		x		
Belgium		x		x W[a]
Bulgaria	x			
Czechoslovakia	x			
Denmark		(x)		
Finland	x			
France		x	x[b]	x[c]
German Dem. Rep.	x			
Germany, Fed. Rep. of		x		W[d]
Greece				
Hungary	x			
Iceland	x		x	
Ireland		x		W
Israel				
Italy	x			
Luxembourg				
Malta		x		
Netherlands		x		
Norway	x		x[e]	
Poland[f]	x			
Portugal[g]	x			W
Romania	x			
Spain[h]		x		
Sweden		x[i]		x W
Switzerland				
Turkey				
USSR	x			
United Kingdom		x		(W)[j]
Yugoslavia	x			

Notes to Table 1

W = warning on advertisement required by law.

( ) = provisions laid down by voluntary agreement.

[a] Belgium limits the contents of advertising to the name and address of the manufacturer, importer or distributor, the name of the product, its brand name and symbol, representations of products directly associated with smoking, tar and nicotine levels, and information on price and quality.

[b] The law in France excepts motor racing from the ban on sponsorship of sports events by tobacco companies.

[c] Advertising in the press is limited to the "tombstone" format in France (i.e. only the package and lettering may be shown), and the amount of space allocated each year to press advertising is restricted.

[d] The Federal Republic of Germany prohibits the use of advertising material that is likely to have an effect on physical performance or wellbeing, that is likely to induce adolescents to smoke, that makes it appear that inhaling tobacco smoke is something to be imitated, or that suggest that tobacco products are pure.

[e] All forms of tobacco promotion are banned in Norway. When Camel cigarettes attempted to evade the law by advertising Camel boots, the Norwegian Government forced withdrawal of the advertisements by threatening legal action.

[f] In addition to banning the advertising of tobacco on television and radio, Polish law provides for a reduction in smoking on television programmes and an increase in relevant scientific broadcasts on television and radio.

[g] Portugal prohibits advertising in the national media and by apposition of the name, brand or symbol of a tobacco product to consumer goods that are not directly concerned with the use of tobacco.

[h] Spain permits informational advertising of new tobacco products with low tar or nicotine contents for two years following their introduction on the market.

[i] Sweden prohibits advertising of tobacco products in the sports pages of daily newspapers, in sports newspapers, and in publications aimed at people under 20 years of age. Direct mail advertising and billboard advertising of tobacco products are prohibited. There is no commercial advertising on Swedish radio or television.

[j] In the United Kingdom, by voluntary agreement with the industry, all advertisements in newspapers and magazines, on posters and cinema screens, in leaflets and brochures, consumer catalogues and circular letters must carry a reference to the government warning that appears on cigarette packets. Certain restrictions on the content of advertisements are also imposed by voluntary agreement.

or format of advertisements in the printed media and on billboards. A total ban on all advertising of tobacco is the most rational and best approach.

Trend towards stronger laws

Experience in several countries has shown that, once a country enacts moderate restrictions on advertising, it then moves to enact even stronger laws. Hong Kong, Portugal and Spain illustrate this trend.

Warnings on advertisements

It is not enough to require merely that warnings on the dangers to health from tobacco be carried on all advertisements. The warnings should be strong and used in rotation so as to capture the attention of the reader, and they should be in large enough type, particularly on billboards, to be read easily.

Closing loopholes

Legislation should be drafted in such a way as to prohibit advertising of all tobacco products, to ban the association of tobacco with other products, to ban smoking by actors on television, and to prohibit all sponsorship of sports and cultural events by tobacco companies.

The industry has sought to evade advertising restrictions by advertising Camel boots in Norway, Camel matches (Fig. 1) and Marlboro lighters (Fig. 2) in Belgium, and Camel adventure travels and Marlboro leisure wear in Sweden. This ruse is actually prohibited by the Norwegian legislation, which provides that tobacco products may not be included in advertisements for other goods and services. It is prohibited also by the French legislation, which provides that advertisements for any other product may not indirectly advertise tobacco. Iceland also bans indirect advertising, such as showing the consumption or handling of tobacco or smokers' requisites in advertisements or information on other kinds of goods or services.

Voluntary agreements with the industry

While individual voluntary agreements between the tobacco industry and the Governments of Denmark, New Zealand and the United Kingdom have

Fig. 1. Advertisements for cigarettes (left) and for matches (right), Belgium



Source: Centre de recherche et d'information des organisations de consommateurs (CRIOC), rue Souveraine 28, 1050 Brussels, Belgium.

Fig. 2. Advertisements for cigarettes (left) and for lighters (right), Belgium



Source: Centre de recherche et d'information des organisations de consommateurs (CRIOC), rue Souveraine 28, 1050 Brussels, Belgium.

achieved certain limited controls on advertising, the introduction of warnings and publication of tar and nicotine contents have not proved adequate. Agreements of this nature are difficult to monitor; they are subject to differences of interpretation which make them difficult to implement; the penalties provided are not an adequate deterrent; and they leave the industry free to evade the intent of the restrictions by sponsoring sports and cultural events and advertising on billboards. Eight years ago, in 1980, the Chairman and the Secretary of the Conference of Medical Royal Colleges and their Faculties, representing all the medical royal colleges in the United Kingdom, stated that successive voluntary agreements with the industry had failed to restrain the promotion of tobacco and that the only option left open to the Government was to legislate *(4)*.

The Royal College of Physicians of London has called repeatedly for replacement of the voluntary agreement by legislation *(5,6)*. In 1984 the British Medical Association also called for an end to all forms of tobacco advertising and promotion *(7)*. Similar frustrations with the voluntary agreement exist in New Zealand *(8)*.

Advertisements in foreign publications within the European Economic Community

One type of tobacco advertising that is generally allowed, even in countries with total bans, is advertising in foreign publications. This exception is understandable. Nevertheless, uniform standards restricting tobacco advertising should be attainable within the European Economic Community, just as uniform legislation in other fields has been achieved.

The importance of eliminating the influence of tobacco advertising in foreign publications is shown by the experience of Luxembourg. Cigarette manufacturers in Luxembourg oppose restrictions on advertising and on the promotion of tobacco products because they would put products made in Luxembourg at a disadvantage in relation to international brands, which would continue to be advertised in the country on foreign television networks, and especially in German magazines which are widely read in Luxembourg.

Political influences

Not only the powerful tobacco companies, but also the print and broadcasting media and the sports and cultural organizations that depend on the tobacco industry for financial support, are opposed to a total ban on advertising. Despite these powerful forces, the British and American Medical Associations have called for a total ban on all advertising of tobacco products, and as of 1986 all advertising of cigarettes had been prohibited in 20 countries (13 of them in the WHO European Region).

Health Warnings, and Statement and Control of Tar and Nicotine Contents

In 1986, 43 countries (18 of them in Europe) were known to require health warnings, but in many of these countries the warning is weak and familiar, stating merely that smoking is dangerous to health. Such a warning does not arrest the attention of the smoker. Twenty-one countries (12 of them in Europe) require a statement of the tar and nicotine contents, and sometimes the carbon monoxide emission, of cigarettes. However, only a few countries (5 in Europe) have taken action to set maximum levels of noxious substances. Table 2 presents the information available.

Rotating warnings

Recognizing the ineffectiveness of a single weak and familiar warning, more and more countries are adopting the Swedish practice of using strong, rotating warnings, periodically changed, which attract the smoker's attention. Six European countries use this type of warning. Iceland illustrates the warnings with pictures, increasing their impact (Fig. 3). The same policy is being considered by Norway, whose 12 rotating warnings, introduced in 1984, are shown in Fig. 4.

New alternative warnings, as follows, have been issued as Order No. 10 of 10 April 1986 of the Swedish National Board of Health and Welfare.

- Do not expose your colleagues to tobacco smoke. It is harmful and irritating. *National Board of Health and Welfare.*
- Tobacco smoke contains many carcinogens. The smoke in passive smoking, which affects those in the vicinity of the smoker, contains the highest level of carcinogens. *National Board of Health and Welfare.*

The World Health Organization is a specialized agency of the United Nations with primary responsibility for international health matters and public health. Through this organization, which was created in 1948, the health professions of some 180 countries exchange their knowledge and experience with the aim of making possible the attainment by all citizens of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life.

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THIS BOOK BELONGS TO
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CANADIAN CANCER SOCIETY

Legislative action to combat the world tobacco epidemic

Second edition

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World Health Organization
Geneva
1993

WHO Library Cataloguing in Publication Data

Roemer, Ruth
Legislative action to combat the world tobacco epidemic / Ruth Roemer ; with a chapter by Richard A. Daynard. — 2nd ed.

1.Smoking – prevention & control – legislation
I.Title

ISBN 92 4 156157 2 (LC Classification: HV 5740)

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TYPESET IN INDIA
PRINTED IN ENGLAND

92/9332 - Macmillan/Clays - 6500

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Chapter 3

Control of advertising and sales promotion

> The inter-relationship of tobacco advertising and tobacco consumption was examined in thirty-three countries in a study commissioned by the Board, and it covered the years 1970 to 1986...
> Overall, the study found that the greater a government's degree of control over tobacco promotion, the greater the annual average fall in tobacco consumption and in the rate of decrease of smoking among young people. In total ban countries compared with the group of countries without controls, tobacco consumption fell more rapidly, and this effect could not be explained away by tobacco price or income per capita trends. The elimination of tobacco advertising, other factors being equal, more likely than not *causes* tobacco consumption to decrease.
>
> *Health or tobacco. An end to tobacco advertising and promotion*, Toxic Substances Board, Wellington, New Zealand, May 1989, pp.xxiii-xxv

The importance of advertising to the tobacco industry is reflected in the size and growth of expenditure for this purpose. In 1978, global advertising costs of the transnational conglomerates amounted to US $1.8 thousand million (United Nations, 1978).[1] A decade later in 1988, in the USA alone, the tobacco industry spent $3.27 thousand million in advertising and promotion — nearly double its global expenditure in 1978 and an increase of 26.9% over its US expenditure in 1987. From 1975 to 1988, total cigarette advertising and promotional expenditure increased more than six-fold and, when adjusted by the consumer price index to constant

[1] All dollar figures in this monograph refer to US dollars except where otherwise indicated.

1975 dollars, increased threefold (Centers for Disease Control, 1990a).

The enormous amounts spent by the multinational tobacco companies worldwide on the sponsorship of sports and cultural events — a form of promotion that associates tobacco with healthy and pleasurable pursuits — are not known. Such sponsorship reaches not only the audience attending the events but also the vast audiences, many of them children and adolescents, who watch them on television. In recent years, the industry has been increasing its expenditure on sponsorship. From 1980 to 1983 in the USA, total advertising expenditure rose by 30%, but promotional expenditure nearly doubled (Warner, 1986a). Sponsorship support, including newspaper and billboard advertising of the event, is generally thought to require expenditure equal to that spent on sponsorship itself. To give some idea of the order of magnitude of expenditure on sponsorship, in 1988 in the USA, cigarette advertising and promotional expenditure related to the sponsorship of sports events amounted to $84 million (Centers for Disease Control, 1990a). In 1990, the Philip Morris Companies spent $15 million in the USA on sponsorship of the arts alone (Rothstein, 1990).

Importance of advertising

Advertising is an integral part of the corporate expansion of the tobacco industry. The industry claims that advertising is not designed to increase consumption but only to maintain market share, prevent brand-switching or maintain brand loyalty, and promote low-tar and low-nicotine cigarettes. But this is clearly false, as fewer than 10% of smokers change brands in any one year, much brand-switching is between brands of a single company, and nearly all 250 brands marketed in the USA are made by only six companies. Thus, brand-switching cannot explain the billions spent on advertising because, with 10% of 55 million US smokers switching, that would mean an expenditure of about $345 per switcher in the USA alone (Tye et al., 1987). In Hong Kong, the launching of Virginia Slims for women at a time when only 1% of women under 40 smoked was clearly not designed to prevent brand-switching but to create a market among women. Further evidence of the spuriousness of the industry's claim is the fact that, even in a country where a tobacco company holds a monopoly position, its advertising activity is intensive (Currie & Ray, 1984; Roemer, 1982).

The claim that advertising is necessary to promote low-tar and low-nicotine cigarettes is patently specious in view of findings that

tobacco from low-yield cigarettes does not contain less nicotine than tobacco from higher-yield ones and that smokers of low-yield cigarettes do not consume less nicotine than smokers of higher-yield ones (Benowitz et al., 1983). These findings led Claude Lenfant of the National Heart, Lung and Blood Institute at the National Institutes of Health in the United States to conclude that "despite the seductive advertisements, there is no less hazardous, safer cigarette" (Lenfant, 1983). Moreover, strategies other than advertising of low-tar brands are available to decrease the tar and nicotine contents of cigarettes, namely legislation authorizing governments to set maximum levels of tar, nicotine, and carbon monoxide yields (see Chapter 5) and increased taxes on high-yield cigarettes (see Chapter 8).

Authoritative statements of advertising executives in Australia, the United Kingdom, and the United States rebut the industry's claims and agree that advertising increases tobacco consumption (Chapman, 1985). David Abbott, a leading British advertising executive said (Daube, 1975):

> I think it's incontrovertible, though people will argue against it, that advertising things encourages people to use them. The advertising industry believes that in every other product. I don't see why the rules are different for cigarettes.

As an Australian advertising executive (Dumas, 1978) said:

> As an argument [that tobacco advertising is only aimed at brand-switching and not at attracting new consumers] it is so preposterous it is insulting. . . To claim cigarette advertising does not encourage smoking flies in the face of all advertising knowledge and experience... We have the ironic situation of the Advertising Federation of Australia, on the one hand, saying that advertising in general helps expand markets, and thereby reduces the cost of products; and on the other hand claiming that cigarette advertising keeps the market in a miraculously static state.

In the USA, Emerson Foote (Foote, 1981), former chairman of the board of the world's second largest advertising agency, commented that:

> The cigarette industry had been artfully maintaining that cigarette advertising has nothing to do with total sales... This is the public position of the tobacco industry but I don't think anyone really believes this. I am not even convinced that competition among brands is the most important purpose of such advertising. I suspect that creating a positive climate of social acceptability for smoking, which encourages new smokers to join the market, is of greater importance to the industry.

These authoritative statements have been confirmed by the industry itself. In 1986 and again in 1988, the Canadian tobacco company, Imperial Tobacco Ltd, commissioned a consulting firm to undertake a project to investigate the future of the tobacco industry.

Imperial Tobacco's instructions to the consulting firm, as quoted in Chapter 2, include the statement that Project Pearl is directed at expanding the market, or at the very least forestalling its decline.

A definitive study commissioned by the Toxic Substances Board of New Zealand on the relationship between tobacco-promotion policies and trends in tobacco consumption in 33 countries for the period 1970–1986 shows the crucial importance of advertising for increased consumption. The overall finding of this study (New Zealand Toxic Substances Board, 1989) is that:

> When countries were grouped according to the degree of government restriction of tobacco promotion, the greater the degree of restriction, the greater average annual fall in tobacco consumption. This was also true for the rate of decrease in the percentage of adults and young people who smoke.

The specific findings of this study present conclusive proof that advertising increases tobacco consumption. The amount consumed per adult fell most rapidly in the group of countries where such advertising had been totally banned and where the ban was imposed for health reasons. It fell next most rapidly where tobacco promotion was banned for political reasons, or was allowed in only a few media. By contrast, tobacco consumption increased markedly in the group of countries where tobacco was promoted in all media. Tobacco is advertised even in countries with a tobacco monopoly, often state-owned, thus indicating that the purpose of advertising is to increase consumption rather than to protect brand share (New Zealand Toxic Substances Board, 1989).

The increase in smoking prevalence among young people and women in a number of countries heightens the concern about tobacco advertising that associates smoking with youth, sport, beauty in nature, sophistication, independence, virility, femininity, and glamour. Studies in Australia indicate that tobacco advertisements probably encourage children to smoke, since "approval of cigarette advertising" was second only to having friends who smoked as the best predictor of whether a child would subsequently smoke (O'Connell, 1981). A survey in the United Kingdom in February 1984 found that children were most aware of cigarette brands frequently associated with sponsored sporting events on television, indicating the importance of this influence on young people (Ledwith, 1984). In 1991, a study in the United States reported that in just three years Old Joe Camel cartoon advertisements (a cartoon camel modelled after a well known fictional television detective and a fictional secret agent) "had an astounding influence on children's smoking behaviour". The proportion of smokers under 18 years of age who chose Camels rose from 0.5% to 32.8%, accounting for an

estimated rise in sales from $6 million per year to $476 million per year, representing one-quarter of all Camel sales (Di Franza et al., 1991).

An important factor in the decision of the New Zealand Toxic Substances Board to recommend a total ban on all advertising and promotion of tobacco was its analysis of the effects of such advertising on children's knowledge and attitudes. Having found that 78% of New Zealand children aged 7–15 reported having seen cigarette advertising and that children not only see but remember the advertisements, the Toxic Substances Board commented:

> The question then becomes one of which right takes precedence — that of the tobacco manufacturers to advertise products which have been established as a grave health hazard, or that of young people, and ultimately society as a whole, to be free of social and economic costs of this hazard? (New Zealand Toxic Substances Board, 1989).

Many governments, including those of New Zealand and Western Australia, have specifically rejected the "legal to sell, legal to advertise" argument of the tobacco industry. In many countries it is not legal to sell cigarettes to minors. Certain prescription drugs and other products and services that are legal may not be advertised. But, above all, tobacco, unlike alcohol, has been proven to be harmful even in small doses, and there can therefore be no justification for promoting it.

Tobacco advertising is one of the strongest weapons of the industry. It strikes a double blow at the public's health. First, it conveys the message that it is socially acceptable to smoke and, moreover, that it is pleasurable and sophisticated. By associating tobacco with youth, sport, beauty in nature, and sexuality, tobacco advertising encourages and invites smoking, even though the industry claims that it advertises merely to preserve market share. Second, the substantial revenues that newspapers and magazines receive from tobacco advertising have a marked effect on their editorial policies and deter them from publishing articles on smoking and health. An analysis of women's magazines in the USA revealed that ten leading women's magazines that accept cigarette advertising contained only eight feature articles on smoking and health in more than a decade, although these magazines frequently cover other health-related topics, such as diet, exercise, and skin care. This meagre coverage of a topic so vital to women's health can be contrasted with the record of two magazines that refuse cigarette advertising — *Good housekeeping* and *Seventeen* — which ran 11 and five articles, respectively, on smoking and health (Whelan, 1984; Warner et al., 1986).

An exhaustive survey in 1989 of the policies of the most widely read women's magazines in Europe reported that in 11 countries more than two-thirds of the magazines accepted cigarette advertisements, although many exercised control over the acceptance of advertisements for other products or services, such as alcohol, cosmetic surgery, and pornographic images. Many of the tobacco advertisements were targeted to women, emphasizing the slimness, lightness, and elegance of the brands. Although many editors wanted to inform their readers about the health hazards of tobacco use, half the magazines had failed to cover this issue in the previous year, and the amount of space devoted to it was generally considerably less than that given to tobacco advertisements (Amos, 1990).

The same pattern can be found in magazines aimed at a general readership. A study in the USA of seven years of magazine content after 1970, when cigarette advertisements were banned from television, found that magazines that refused cigarette advertisements, namely *Reader's digest* and *The New Yorker*, carried accurate articles on the link between tobacco and disease (Smith, 1978) but that:

> In magazines that accept cigarette advertising I was unable to find a single article, in several years of publication, that would have given readers any clear notion of the nature and extent of the medical and social havoc wreaked by the cigarette-smoking habit.

Reader's digest, in fact, was punished for a strong article on the medical evidence against tobacco published in July 1957. Later that month, the advertising agency that it had used for 28 years and to which it paid $1.3 million annually, Batten, Barton, Durstine, and Osborn, said that it no longer wanted *Reader's digest* as a client. Another of its clients, the American Tobacco Company, which spent $22 million a year with the agency, had asked the agency to choose between it and the *Reader's digest* (Bagdikian, 1987, p. 171). This policy continues. In 1989, Saatchi and Saatchi, the advertising agency representing Northwest Airlines, the first US airline to become smoke-free, lost its account with R. J. Reynolds because of its representation of a smoke-free airline.

Concern about the influence of the tobacco industry on magazine coverage of the tobacco and health issue is heightened by the industry's diversification into other consumer products. It was reported that a US magazine, the *Saturday Evening Post*, was threatened with loss of non-tobacco advertising because the magazine persisted in covering the subject of smoking and health (Warner et al., 1986; *Smoking and health reporter*, 1985).

With the enactment of restrictions on advertising in many countries, the industry has sought to evade them by placing its name and insignia on other products that indirectly advertise tobacco, e.g., Camel boots in Norway, Camel matches and Marlboro lighters in Belgium, and Camel adventure travel and Marlboro leisure wear in Sweden.

Norwegian legislation prohibits this evasion of its total ban on tobacco advertising by providing that tobacco products may not be included in advertisements for goods and services (Roemer, 1988). Section 8 of Canada's Tobacco Products Control Act of 1988 specifically prohibits the sale or advertising of non-tobacco goods bearing tobacco brand names or trade marks. A minor exception is provided for goods where it can be demonstrated that the retail value of non-tobacco goods sold in 1986 was greater than one-fourth of the value of tobacco products sold retail in the same year. Only Dunhill and a few small companies qualify for this exception. Compliance with this provision is widespread, and there have been no enforcement problems.

This type of evasion of advertising restrictions has occurred in other countries as well. In France, a tobacco company advertised cigarette lighters and matches with the image of the cigarettes on the lighters. In a lawsuit brought to stop this practice, the court held this action to be a violation of Law No. 76-616 of 9 July 1976 concerning measures to combat smoking. The court stated that the advertisement conveyed to the viewer at first sight the well-known brand of cigarettes, and it was irrelevant that the word "Lighters " appeared under the brand name (De Givry, 1984), since:

> slight differences between the object, which is in fact a lighter, and a cigarette packet... cannot be noticed "at first sight" and, for their perception, require a person to stop and examine the poster, which the average observer does not do.

In the Sudan, a billboard advertising lighters under the brand name of a cigarette was placed at the entrance of a training school for nurses in Omdurman, but was subsequently removed (*Tobacco alert*, 1984, 1985).

Increasingly, the tobacco industry seeks to keep its name and products before the public and to promote a positive image by sponsoring and financing sports events and the arts. Thus, in the arts, Philip Morris has supported theatre companies, art galleries, art exhibitions, dance companies, and ballet theatre. In 1983, it donated space in the lobby of its New York building to the "Whitney Museum of American Art at Philip Morris". What does Philip Morris receive in return? As a *New York Times* journalist (Rothstein, 1990) says:

> Philip Morris is of course very concerned about letting the public know about its contributions, so it can build that positive image. As a condition of

many grants, the company's name appears in advertisements, programs, brochures and other literature put out by the arts organizations.

In exchange, though, Philip Morris often provides much more than money. "It follows up with publicity, advertising and entertaining," said Jane Hermann, the executive director of American Ballet Theater. "And in every city we play, they always buy 400 or 500 tickets".

As smoking has declined in the industrialized countries, the transnational tobacco conglomerates have intensified their promotion of cigarettes in developing countries (Lokschin & Barros, 1983; Muller, 1978; Nath, 1986). A study of smoking behaviour and the lack of knowledge of its health effects in Mexico illuminates the serious consequences of tobacco advertising in a Latin American country (Stebbins, 1987).

Marketing strategies in many developing countries are not restricted by legislation. In Kenya, mobile cinemas and billboards saturate the countryside. Radio quiz programmes offer cigarettes with cash prizes (Currie & Ray, 1984). In Pakistan, revenue from cigarette commercials on television and radio increased sixfold between 1976 and 1981 (Yach, 1986). In Malaysia, cigarettes and tobacco products are the largest advertisers of any product category, despite a ban on direct advertising on radio, television, and in cinemas (*Asian advertising review*, 1989). In Hong Kong in 1988, Marlboro spent the largest sum of any advertiser — $10.39 million, a 137% increase over its 1987 figure (*Asian advertising review*, 1989).

The graphic account in *Tobacco control in the Third World* (Chapman & Leng, 1990) of tobacco advertising and promotion in developing countries details the lack of health warnings, the promotion of tobacco sales in famine-torn areas, the brazen targeting of the youth market, the flagrant use of tobacco names and insignia on other products, the use of tobacco-sponsored lotteries to bolster sales and consumption, the pervasiveness of tobacco posters "to brighten up the squalor". Candid statements by tobacco industry representatives can be quoted, such as that by Mike Pavitt, Public Affairs manager of Rothmans Export Ltd (Chapman & Leng, 1990, p. 76):

> We're just like any other business. It would be stupid to ignore a growing market. I can't answer the moral dilemma. We are in the business of pleasing our shareholders.

As pointed out in *Tobacco control in the Third World* (Chapman & Leng, 1990, p. 75) :

> Tobacco advertising is the industry's frontline in its ambition to increase smoking prevalence and consumption. In many LDCs it represents some of the most blatantly lurid efforts anywhere in the world to associate smoking with dreamlike promises of prestige, power, freedom and luxury.

Basic reasons for restricting advertising

Public health advocates support restrictions on tobacco advertising for the same reasons that the tobacco industry spends vast amounts of money on it — because advertising increases sales and consumption of tobacco, encourages smokers to continue, induces young people to start smoking, and creates an atmosphere in which smoking is viewed as socially acceptable.

The principal reason for banning tobacco advertising is to free young people from the pressure to smoke. Forbidding the association of tobacco with sports and cultural events protects children and young people from the subliminal promotion of tobacco. Canada is encouraging people to "Break free for a new generation of non-smokers."

Restrictions on advertising and sponsorship of sports and cultural events are essential to reverse the smoking epidemic among women in the USA and other industrialized countries and to prevent the tobacco industry's assault on women in developing countries. Deploring the fact that lung cancer has become the leading cause of cancer deaths among women in the USA, the US Surgeon General, Dr Antonia Novello (Novello, 1991), indicted tobacco advertising:

> The false images that link smoking with sex appeal and depict smoking as an appetite depressant, a fashion accessory, and an essential component of a good time — all messages delivered by the tobacco industry — have been remarkably "successful". Young girls are smoking more than boys. Women are simply not getting the health message.

Restrictions on advertising free the print media from dependence on revenues from the tobacco industry and allow them to publish information on tobacco and health. Eliminating advertising accords with, and lends credence to, government health education campaigns against smoking and enhances the effectiveness of health promotion by removing counterpersuasion.

Advertising affects the rate at which the smoking habit spreads in a society, and every year that advertising is allowed more people take up smoking (Muller, 1978, p. 49). Since advertising conveys the idea that cigarette smoking is pleasurable and that tobacco is a wholesome, high-quality product, restrictions on advertising are designed to protect consumers against false or misleading advertisements and against publicity that creates false values and harms the public's health. The ultimate goal of restrictions on advertising is to help make smoking socially unacceptable and to contribute to the creation of a smoke-free society.

Total ban on advertising of tobacco products

The foregoing evidence on the effects of advertising on tobacco consumption and knowledge of the numbers of tobacco-related deaths have led increasing numbers of countries to enact total bans on all advertising of tobacco products. As of 1 January 1991, such legislation was in force in 27 countries (see Annex 1). As pointed out by the New Zealand Toxic Substances Board, bans on tobacco advertising have been enacted for health, political, trade, and religious reasons. But, regardless of the motivation for the restriction, these laws benefit the public's health (New Zealand Toxic Substances Board, 1989).

In the early 1970s, Finland, Iceland and Norway were the first countries to enact total bans on tobacco advertising for health reasons. Singapore's ban, introduced in 1970 under the Prohibition of Smoking in Certain Places Act, was almost total. As already mentioned in Chapter 2, Spain in 1982 and Portugal in 1983 replaced their moderate controls on advertising with a virtually total ban (Spain allows advertising for new low-tar, low-nicotine tobacco products for two years after their introduction on the market). Canada in 1988 and New Zealand in 1990 are the first English-speaking countries to adopt legislation outlawing both advertising and sponsorship. On 10 January 1991, France enacted landmark legislation, effective 1 January 1993, prohibiting all advertising and sponsorship of tobacco and tobacco products and imposing stringent limitations on the promotion of alcoholic beverages.

On 1 April 1992, the Australian Federal Cabinet resolved to phase out tobacco advertising and sponsorship throughout the country. This resolution is expected to be approved by the Parliament in August 1992, and complements action taken by the various states and the Capital Territory. The legislation of the states and the Capital Territory had been deficient in not being able to control national and international tobacco-sponsored events that crossed state boundaries.

According to the analysis of the New Zealand Toxic Substances Board, legislation prohibiting tobacco advertising was undertaken at first for various reasons. In eight countries of eastern Europe there was no advertising of consumables, including tobacco. In China, tobacco advertising was formerly non-existent and the situation began to change only in the 1980s. In China (Province of Taiwan), Italy, and Thailand, tobacco advertising was prohibited originally for reasons of trade, and in Algeria, Iraq, Jordan, Mozambique, and the Sudan originally for religious reasons (New Zealand Toxic Substances Board, 1989). But as active anti-tobacco programmes are being developed in these countries, the ban on advertising lends credibility and strength to their activities.

While, as already mentioned, 27 countries ban all advertising of tobacco products, only 18 restrict sponsorship of sports and cultural events by the tobacco industry. To meet the objection that sports and the arts depend on financial support by this industry, the State of Victoria in Australia pioneered an innovative strategy, now being adopted by other Australian states, namely that of imposing a state tax on tobacco to "buy out" the tobacco industry's sponsorship of sports events. In Victoria, taxes on cigarettes were increased by 50 cents a pack, with the proviso that 30% of the increased revenue be allocated to replacing the tobacco industry's sponsorship of sports events, 30% to health promotion, 10% to research, and 30% to other uses. The Victoria legislation provides for a percentage increase in the tobacco tax, which has remained constant, so that the Victorian Health Promotion Foundation, established under the Tobacco Act 1987, is protected against erosion of the income from the tax by inflation. An account of the passage of this legislation (Raw et al., 1990) concludes:

> Where top politicians used to attend sports events as the guests of the tobacco sponsors, they are now guests of the Anti-Cancer Council of Victoria.

Two other Australian states — South Australia and Western Australia — have adopted the strategy pioneered by the State of Victoria. The Western Australia Tobacco Control Act 1990 establishes the Health Promotion Foundation of Western Australia to provide alternative funds for sporting and artistic activities formerly sponsored by the tobacco industry. It will also support a wide range of sporting, recreational, and artistic activities to advance health-promotion campaigns and encourage healthy lifestyles. It will give grants to community organizations to promote good health, and fund research related to health promotion. Financing for the Health Promotion Foundation will be derived from substantial government funding that has been committed and from an increase in the state tobacco licence fee from 35% to 50% of the wholesale and retail value of tobacco products sold. The tobacco industry spends an estimated A$1.5–1.7 million annually on the sponsorship of sports and cultural events in Western Australia alone, but, as the Honorable K. Wilson, Minister for Health of Western Australia, said (Wilson, 1990):

> The Foundation will have much more money available to it than is required solely for replacement of cigarette sponsorship. This will provide a remarkable opportunity for sporting, cultural, community, and health organisations to seek new funding for worthwhile projects.

The New Zealand Smoke-free Environments Act of 1990 also institutionalizes the idea of replacing funding of sports and the arts formerly provided by the tobacco industry, although with some exceptions for multinational events, as discussed later. The Act establishes a Health Sponsorship Council, which is required to provide alternative sponsorship and financial assistance for two or possibly three years to persons deprived of financial or other assistance from manufacturers, importers, or distributors of tobacco products because of the legal ban on sponsorship by the tobacco industry.

In some countries sponsorship by the tobacco industry has been banned even in the absence of replacement funding. In Ireland, the Tobacco Products (Control of Advertising, Sponsorship and Sales Promotion) (No. 2) Regulations of 1986 provide that an event that was not sponsored by the tobacco industry prior to 1 May 1986 may not now be sponsored. In France, the Law of 10 January 1991 on measures to combat tobacco use and alcoholism provides for a total ban on all sponsorship of tobacco and tobacco products. By deferring the effective date for full implementation of the law until 1 January 1993, as previously mentioned, the Law allows time for organizations to adjust to this restriction.

Only a few countries — Bolivia, Canada, Finland, France, Iceland, Ireland, New Zealand, Norway, and Portugal, for example — have enacted legislation specifically prohibiting the indirect advertising of tobacco products by placing the name or insignia of tobacco products on other goods and services — a strategy widely used by the tobacco industry to evade restrictions on advertising. In Finland, in order to ban such indirect advertising, an amendment to the Tobacco Act of 1976 has been proposed that would require those seeking an inspection certificate necessary to market tobacco products to certify that the name of the tobacco product and other wording or features on the retail package do not refer to the name or other distinctive feature of any well-known product (T. Piha, personal communication, 1990).

It may be helpful, before turning to countries that have enacted strong partial bans on tobacco advertising, to examine in more detail the recent legislation of Canada, New Zealand, and France providing for a total ban on the advertising and promotion of tobacco products.

The purpose of the Canadian Tobacco Products Control Act of 1988, as stated in Section 3, is:

> ... to provide a legislative response to a national public health problem of substantial and pressing concern and, in particular,
>
> (a) to protect the health of Canadians in the light of conclusive evidence implicating tobacco use in the incidence of numerous debilitating and fatal diseases;
>
> (b) to protect young persons and others, to the extent that is reasonable in a free and democratic society, from inducements to use tobacco products and consequent dependence on them; and
>
> (c) to enhance public awareness of the hazards of tobacco use by ensuring the effective communication of pertinent information to consumers of tobacco products.

The Act prohibits print, media, broadcasting, and billboard tobacco advertising; allows signs at the place of sale only until 1993; reduces billboards and transit posters by one-third of their dollar value annually to 1991; limits expenditure on the sponsorship of sports and cultural events to what was spent in 1987 and stipulates that only the corporate name may be used (no visual depictions of tobacco products or related trade marks are allowed); prohibits the free distribution of tobacco products; and prohibits tobacco trade marks on non-tobacco products. The Act is designed to phase out tobacco advertising gradually but completely.

The one exception is that sports and cultural events can continue to be sponsored by tobacco companies in their full corporate name only, provided that no tobacco advertising or imagery is used. Tobacco companies have taken advantage of this provision by creating shell corporations, named after major tobacco brand families. As a result, Canadians now watch the Player's Ltd Tennis Tournament and the Benson and Hedges Inc. Fireworks Festival. Major national health organizations state that the effectiveness of the Tobacco Products Control Act has been somewhat undermined as a result (Collishaw et al., 1990).

The tobacco industry fought the legislation strenuously and, as mentioned previously, has brought lawsuits to declare the Canada Tobacco Products Control Act invalid as a violation of the Canadian Charter of Rights and Freedoms (Department of the Secretary of State of Canada, 1987). On 26 July 1991, the Quebec Superior Court held the Tobacco Products Control Act unconstitutional as not within the power of the Federal Government but within provincial jurisdiction and as a violation of the provisions for commercial freedom of expression in the Charter. On 14 August 1991, the Canadian Government filed an appeal to the Quebec Court of Appeal. (See also Chapter 13, pp. 146–147)

The New Zealand Smoke-free Environments Act of 1990 was adopted after careful study by the Toxic Substances Board. The Board considered other policy options, such as health advertising to counter tobacco advertising, disallowance of tobacco advertising as a tax-deductible item, and further controls on advertising content, but

concluded that a partial ban would have little effect on consumption and that only a total ban was likely to reduce it significantly. The study of tobacco-promotion policies and consumption trends in 33 countries during the period 1970–1986, commissioned by the Board, was critical in the decision to recommend the elimination of all forms of tobacco advertising and promotion and to set December 1990 as the date by which such action should take effect.

Accordingly, the New Zealand Act provides for a general prohibition of the advertising of tobacco products, with a few exemptions, such as foreign publications and retailers' displays. Use of tobacco product trade marks and brand names on goods other than tobacco products and in relation to sponsored events is prohibited. The sponsorship of a cultural, educational, sporting, or recreational activity or event by any manufacturer, importer, distributor, or retailer of tobacco products in New Zealand is prohibited. As mentioned previously, the Act establishes a Health Sponsorship Council to promote health and healthy lifestyles and to provide alternative sponsorship and financial assistance to replace tobacco industry sponsorship and support (Beaglehole, 1991).

Unfortunately, six months after the passage of the Act, the New Zealand Parliament amended it to exempt from the ban the sponsorship of multinational events, defined as those in which at least three countries participate, one of which is New Zealand. Tobacco advertising as such is still banned, and the ban on the advertising of sponsorship applies to all events other than multinational and international yachting events (the latter were exempted in the original legislation). At the time of writing, a bill is before the New Zealand Parliament that seeks to repeal all provisions banning the advertising of sponsorship but that contains new provisions concerning health warnings on signs and billboards advertising sponsorship.

In France, the law on measures to combat smoking and alcoholism, enacted on 10 January 1991, replaces as of 1993 Law No. 76-616 of 9 July 1976 providing for the strict control of tobacco advertising and will impose a total and sweeping prohibition of all direct and indirect advertising and the sponsorship of events by the manufacturers of tobacco and tobacco products. The background to the passage of this comprehensive legislation is provided by the report of the Commission on Cultural, Family and Social Affairs of the National Assembly, presented at the first reading of the bill. The Commission's report proclaimed a "public health imperative" in view of the 61 000 deaths in France, or 12% of total mortality, directly related to tobacco in 1985 (Commission des Affaires Culturelles, Familiales et Sociales, 1990). Although the report noted a 7% decline in smoking by young people from 1977 to 1988, it

contained alarming statistics: 32.5% of adolescents between the ages of 12 and 18 smoke — 1.5 million young people; each year 250 000 young people between the ages of 15 and 16 begin smoking, of whom 70 000–80 000 will die of cancer between ages 45 and 50; the smoking habit is being acquired at younger and younger ages (65% of smokers began before age 13, 90% before age 20). In the light of the mixed messages that young people receive from anti-tobacco campaigns, on the one hand, and from seductive advertising associating tobacco with pleasure, success, and virility, on the other, the Report to the National Assembly states that this situation alone justifies legislative intervention.

In addition, the Law of 1976, although strengthened by Law No. 89-18 of 13 January 1989, which imposed further restrictions on advertising, was neither obeyed nor enforced. The National Assembly therefore elected to impose a total ban on all advertising, promotion, and sponsorship. A transitional period is allowed until the Law is fully implemented in 1993 in order to permit the various sectors to adjust to the ban. During the transition period, the definition of indirect advertising is expanded, a health warning is required on all advertising, and the amount of space in the print media allowed for tobacco advertising is reduced annually.

This landmark legislation is of immense significance for the fight against the tobacco epidemic. For 14 years, from 1976 to 1990, France had strong legislation restricting tobacco advertising, which was neither adequate nor adequately implemented to prevent young people from taking up smoking. A clear, unambiguous law was required if the smoking epidemic was to be curbed. This legislation also marks an innovative step in the advance of health promotion and public health. It is one of the few laws to address smoking and alcohol consumption in a single legislative approach. Although the restrictions on the advertising of alcoholic beverages are designed to prevent the abuse of alcohol, while the total ban on tobacco advertising is aimed at eliminating tobacco use altogether, the strategy of using similar legislative procedures to deal with these two problems is an important contribution to the use of law to establish public policy giving priority to people's health.

In Sweden, tobacco advertising has long been limited to the "tombstone" format, a rectangular design containing only the name, company, tar level, and price of the tobacco product, with no pictorial or theme advertising. In March 1990, legislation proposed by the Committee on Tobacco Control, appointed by the Minister of Health and Social Affairs, would impose a total ban on all forms of tobacco advertising, direct and indirect. Inside tobacco shops factual information on prices, tar levels, etc., would be available to

consumers. Tobacco products, brand names, and trademarks would not be displayed in shop windows or outside points of sale, except that generic terms, such as "tobacco" or "cigarettes", could be printed on signs outside the shops. A total ban would be imposed on all forms of advertising in all media, on posters, and other outdoor advertising, direct mail advertising, free samples, and sponsorship of sports and cultural events by the tobacco industry. The advertising or promotion of non-tobacco products would not be permitted to include depictions of tobacco products or to be designed in a way that would promote the sale of such products (Swedish Committee for Tobacco Control, 1990).

Partial ban on advertising of tobacco products

Legislation providing for a strong partial ban on the advertising of tobacco products has been enacted in Australia, Argentina, Belgium, Bolivia, Egypt, Gambia, Ireland, Luxembourg, Senegal, Spain, and Sweden. Such legislation generally limits advertising to the "tombstone" format, including only the name and address of the manufacturer, importer, or distributor, the brand name and symbol of the product, tar and nicotine levels, information on price and quality, and a health warning.

For example, in Belgium, the Crown Order of 5 March 1980 banned all advertising of tobacco and tobacco products on radio and television, in films and other visual projection in public places, on signs and billboards, except in places where tobacco products are normally sold, and by illuminated signs either within or outside places where such products are sold. Also forbidden are the house-to-house distribution of leaflets advertising tobacco, oral public promotional statements, the free distribution of tobacco samples, the use of the brand emblem of tobacco products on items not related to tobacco, and all promotion in publications for children. The representation of public figures is forbidden, as are excerpts from scientific texts or texts having any relation to health. Competitions or sporting events may not be organized in association with tobacco advertising. The advertising of each brand is restricted to a half-page in newspapers and one page in periodicals, and all advertisements must carry a health warning. On 10 April 1990, the legislation was strengthened to prohibit other forms of publicity and marketing practices, to ban all advertising aimed at minors, and to restrict advertising to the "tombstone" format (see Annex 1, note to Table D1).

In Egypt, Law No. 52 of 20 June 1981 prohibits all advertising or promotion of the sale of cigarettes or other tobacco products by state agencies, public corporate bodies, public sector units, cinemas, theatres, and sports clubs. It limits advertisements for cigarettes and tobacco products to the shape, contents, and price of the package and requires the warning, "Smoking is very harmful to health" to be displayed conspicuously in all advertisements.

In 1978, Bolivia enacted a new Health Code under which all advertising is prohibited that encourages tobacco consumption on grounds of well-being or health, as well as the use of children or adolescents in advertisements or the association of tobacco in advertisements with sporting, domestic, or occupational situations.

On 3 October 1989, the Council of Ministers of the European Communities adopted Directive 89/552/EEC banning all forms of advertising of cigarettes and tobacco products on television. Although the European Commission had proposed a Directive to limit the advertising of tobacco products in the press and by means of bills and posters, allowing only the representation of the package and the inclusion of certain facts concerning the product and requiring health warnings, by December 1990 the Council of Health Ministers had not reached a common position on further restrictions on the advertising of tobacco products (*BASP Newsletter*, 1990a,b). The action plan of the European Communities for 1990–1994 includes a proposal for regulating the advertising of tobacco products.

Two arguments have been offered in support of strong partial bans that prohibit pictorial or theme advertising of cigarettes. One contends that such bans do not interfere with commercial free speech, since tobacco companies are allowed to advertise the name and characteristics of their products. The other is that such a strong partial ban eliminates a powerful influence on young people, whereas "tombstone" advertisements, which would still be allowed, are of interest mainly to confirmed smokers.

Many countries have imposed restrictions on the content of tobacco advertising (see Annex 1). In the USA, where the free speech argument is most strongly urgUd, the US Supreme Court has upheld a restriction on commercial speech as justified by the public interest (*Posadas de Puerto Rico Associates, DBA Condado Holiday Inn* v. *Tourism Company of Puerto Rico et al.*, 1986). Commercial speech is less protected than other speech, a principle that should govern the promotion of a product as harmful as tobacco. Concerning "tombstone" advertising, one should note that partial restrictions require personnel and other resources for enforcement — resources that are often in short supply. Most importantly, the evidence from the New Zealand Toxic Substances Board, discussed above, shows that, for a

ban on advertising to reduce tobacco consumption significantly, total prohibition of all advertising and promotion is necessary.

Many countries have adopted moderate partial bans on advertising. The legislation generally prohibits advertising on television and radio, and may require inclusion of a health warning, restrict sponsorship of sporting events, and prohibit the association of tobacco with healthy activities or successful achievements.

The tables in Annex 1 contain many examples of countries that have enacted moderate partial bans on tobacco advertising. For example, the United States of America prohibits advertising in the electronic media, but advertising with rotating health warnings is allowed in the print media and on billboards. No restrictions are imposed on the sponsorship of sports and the arts by the tobacco industry, and no health warnings appear on advertisements for ballet performances in which sponsorship by the tobacco industry is publicized.

The limited federal legislation in the USA restricting tobacco advertising has led local authorities to impose controls on advertising in areas under their jurisdiction. Sports stadia in several large cities have restricted tobacco advertising. The public transportation systems of the cities of Denver, New York, San Francisco and Seattle ban or restrict tobacco advertisements in buses, streetcars, subways, and public transport stations. In San Francisco, the impetus for the ban came from an organization, Parents Opposing Addictive Drug Advertising, concerned about the mixed messages children receive from cigarette advertising encouraging use of tobacco, on the one hand, and from injunctions not to use drugs, on the other. About 28 000 youth passes are sold by the San Francisco Municipal Railway system each month (Lev, 1991).

Ordinance No. 58 of 1982 of Hong Kong provides that cigarette advertising in printed publications must carry the Government health warning and the tar group designation of the cigarettes; certain exceptions are permitted in material printed outside Hong Kong. Advertisements on television and radio must comply with the restrictions on time and content specified by the Codes of Practice of the Television Ordinance. A bare two years after the enactment of these provisions, the Government of Hong Kong moved to consider a complete ban on tobacco advertising. Strong opposition from the Tobacco Institute of Hong Kong, formed in 1983, delayed action until 1986, when the Government announced the introduction of a three-stage ban on tobacco advertising on television and radio, culminating in a total ban on such advertising in December 1990. In March 1990 the Government announced that, by December 1991, it would extend the ban on advertising in the electronic media to

include cinemas and require rotating health warnings in tobacco advertising on billboards, public transport vehicles, and external signboards to be displayed conspicuously.

Although some gains have been made in strengthening the moderate partial ban on tobacco advertising, the Hong Kong Government has rejected a total ban as an unacceptable interference with the print media and an infringement of property rights. The proposal to introduce a levy on tobacco to provide alternative financing of sports and the arts in place of tobacco sponsorship has been rejected as not in accordance with Hong Kong's fiscal system (Hong Kong Council on Smoking and Health, 1990). In contrast to the Government's position is the view expressed by Dr Judith Mackay, Director of the Asian Consultancy on Tobacco Control, that the freedom of children to grow up in a society without commercial pressure to smoke is more important than that of a vested commercial interest to promote a product that kills one-quarter of the people who use it (Mackay, 1986).

The need for enforcement

Once legislation has been enacted, there is a need for constant, vigilant enforcement of the law. Finnish experience illustrates this need. Law No. 693 of 13 August 1976 on measures to reduce smoking was one of the first laws banning tobacco advertising. Sections 8 and 9 provide that:

> Advertising of tobacco, tobacco products and imitations and also smokers' requisites and other sales promotion activity directed at the consumer, together with their conjunction with advertising for other products or services or other sales promoting activity, is forbidden.
>
> The linking of tobacco, tobacco products and imitations, and smokers' requisites to the sale or transfer of other products or to the performance of services is prohibited.

In the mid-1980s, the National Board of Health of Finland encountered increasing problems in enforcing the Law as the tobacco industry tried out new forms of sale and promotion. In 1988, the Board banned two tobacco company image advertising campaigns, and its action was sustained by the Finnish Supreme Court. In 1989, the Board banned media activities linked to a sophisticated sports sponsorship campaign for Belmont cigarettes, a decision that was not appealed. But in 1990 the Finnish Supreme Court, by a vote of 4 to 3, reversed a decision of the National Board of Health to ban the advertising (but not the sale) of Marlboro Classics men's wear. In view of this experience the first significant amendments to the

Finnish Law of 1976 are being proposed in order to restrict indirect advertising and media publicity for sports sponsorship (T. Piha, personal communication, 1990).

General experience

Experience with different types of legislation restricting tobacco advertising and promotion leads to several conclusions:

1. Legislation is essential. Voluntary agreements with the industry fail to restrict the promotion of tobacco products. The example of New Zealand has sounded the death knell of such agreements. In 1983, the New Zealand Department of Health, after having negotiated on tobacco advertising with the industry for a decade, notified the Health and Welfare Committee of Parliament that it supported in principle a total ban on all tobacco advertising. In May 1989, the New Zealand Toxic Substances Board issued its definitive report analysing the conditions in New Zealand and the impact of restrictions on tobacco advertising in 33 countries. The report called for the elimination of all tobacco advertising and promotion by December 1990. By that date, the New Zealand Parliament acted to ban all tobacco advertising and promotion. All countries with voluntary agreements with the tobacco industry must take account of the experience of New Zealand and of other countries that have found such agreements unsatisfactory (see Chapter 1). Legislation restricting tobacco advertising is an essential component of a comprehensive tobacco-control programme.

2. Partial bans on tobacco advertising are not effective in controlling tobacco consumption. Even strong partial bans are easily evaded. They permit the industry to shift resources to other forms of advertising that may still be allowed and particularly to sponsorship of sports and the arts. Annex 4, reprinted from the report of the New Zealand Toxic Substances Board, shows the annual average rates of change in tobacco consumption per adult, according to the advertising restrictions in force. The countries with a partial ban on tobacco promotion for health reasons had low rates of reduction in consumption. A rigorous regression analysis of tobacco pricing and advertising controls in 22 countries of the Organisation for Economic Co-operation and Development over 26 years revealed that the higher the prices and the more stringent the advertising controls, the greater the decline in tobacco consumption (Laugesen & Meads, 1990).

3. A total ban on both advertising and sponsorship is essential if tobacco consumption is to be reduced significantly and quickly. In 1979, the report of the WHO Expert Committee on Smoking Control called for the total prohibition of all forms of tobacco promotion (World Health Organization, 1979). In 1990, the World Health Assembly reiterated the appeal for "progressive restrictions and concerted actions to eliminate eventually all direct and indirect advertising, promotion and sponsorship concerning tobacco" (resolution WHA43.16) (see Annex 2). It has long been clear that allowing the advertising and promotion of tobacco suggests that smoking is acceptable social behaviour, whereas eliminating it contributes to making non-smoking the norm. No longer are strong restrictions on advertising deemed adequate. In a press release issued at its fourth Executive Committee Meeting, held in Hong Kong on 9–11 January 1991, the Asia Pacific Association for the Control of Tobacco (APACT) called for total bans on all forms of advertising, sponsorship, and other promotion of tobacco products. The European Conference on Tobacco Policy, held in Madrid in 1988, urged countries to "outlaw the advertising and promotion of tobacco products and sponsorship by the tobacco industry" (World Health Organization, 1990b).

"It can be done" became the slogan of the Madrid Conference. And it *has* been done in 27 countries.

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A. African region

Table A1. Control of tobacco advertising and promotion

Country	Total ban	Restrictions on the use of mass media (television, radio, press, billboards)	Restrictions on the promotion of tobacco through sponsorship of sports and cultural events	Restrictions on the content, format, or location of advertising
Algeria	X			
Burkina Faso		X		
Gambia[1]		X		
Mozambique*	X			
Nigeria[2]			X	W
Senegal[3]		X		X
Sudan*	X		X	

* Text of legislation not available to author.
W = health warning required.

Notes to Table A1

1. Gambia. The Tobacco Products (Control of Advertisements) Act, 1985 prohibits the advertising of tobacco products on television and radio and by photographs and films, as well as by the display or distribution of notices, signs, posters, models, placards, labels, or showcards. Advertising on billboards and by lotteries or games is banned.

2. Nigeria. The Tobacco Smoking (Control) Decree 1990 provides that a health warning is required on tobacco advertising in newspapers, magazines, radio, television, cinemas, billboards, and handbills. Sponsorship or promotion of sports events by the tobacco industry is prohibited.

3. Senegal. Law No. 85-23 of 25 February 1985 prohibits the advertising of tobacco products on television. Where the promotion or advertising of tobacco products is authorized, it may be effected only under conditions specified by decree. Under Decree No. 85-1375 of 28 December 1985, advertising announcements may not employ the voice of, or depict a person under 21 years of age, and films advertising tobacco may not be projected during programmes for young persons.

B. Region of the Americas[1]

Table B1. Control of tobacco advertising and promotion

Country or territory	Total ban	Restrictions on the use of mass media (television, radio, press, billboards)	Restrictions on the promotion of tobacco through sponsorship of sports and cultural events	Restrictions on the content, format, or location of advertising
Argentina[1]		X	X	XW
Bahamas				W
Bermuda				W
Bolivia[2]		X	X	XW
Brazil[3]		X	X	XW
Canada[4]	X	X	X	W
Cayman Islands		X		
Chile[5]		X		W
Colombia[6]		X		XW
Costa Rica[7]		X		X
Cuba	X			
Ecuador[8]		X		W
El Salvador[9]		X		
Mexico[10]		X		XW
Panama[11]		X		W
Paraguay[12]		X		X
Peru[13]		X		W
Trinidad and Tobago[14]		X		XW
United States of America[15]		X		W
Uruguay[16]		X		W
Venezuela[17]		X		W

W = health warning required.

[1] Minor discrepancies between the tables given here and those in the 1992 report of the Surgeon General (US Department of Health and Human Services, 1992) are due mainly to differences in availability of information.

Notes to Table B1

1. Argentina. Under Law No.23344 of 31 July 1986, advertising on television and radio is prohibited from 08:00 to 22:00, except that the brand name can be stated. Advertising directed to young people is prohibited and in theatres and cinemas to which persons under 18 are admitted. The distribution and promotion of samples at colleges and universities is prohibited. Advertising associated with the practice of sports is prohibited. Featuring personalities from artistic and cultural circles whose public consists essentially of young persons is prohibited. The use of expressions or terms characteristic of young persons is prohibited. Young persons may not be shown as models in tobacco advertising, and the representation of persons smoking excessively is prohibited. Low-tar and low-nicotine cigarettes may not be represented as beneficial to health.

2. Bolivia. Under the Regulations of 15 March 1982, advertising of tobacco is restricted to the format of "tombstone" advertising in which only the name, brand, symbol, tar and nicotine contents are given. Only products directly associated with smoking may be depicted. The content of advertising is restricted to statements concerning the quality, origin, and purity of tobacco products. Persons inhaling or exhaling cigarette smoke, adolescents, pregnant women, and children may not be shown. Tobacco advertisements may not be associated with sporting, domestic, or occupational activities. Labels and advertisements for tobacco must be licensed by the Health Authority to prevent indiscriminate promotion of tobacco consumption.

3. Brazil. Under order No. 490 of 25 August 1988, advertising of tobacco products is permitted on television only between 21:00 and 06:00. Advertising in theatres before 20:00 is prohibited if persons under 18 are admitted. Tobacco advertisements must meet certain requirements: the advertisement must not incite excessive or irresponsible consumption; it must not allude to health, holidays, or say that tobacco has soothing properties; it must not associate tobacco products with sexuality, virility, or femininity; reference to children and adolescents is prohibited; and tobacco advertising may not be addressed to young people. The size and frequency of health warnings are prescribed. Announcement of sponsorship of events by tobacco companies is limited to the presentation of the name and logo of the company, and such announcement is not permitted as part of the programme of the event.

4. Canada. The Tobacco Products Control Act of 1988 prohibits the advertising of any tobacco product offered for sale in Canada. Until 1 January 1991, a tobacco manufacturer or importer may advertise the product by signs, subject to a limitation on the amount to be expended on their preparation and presentation. The Act limits the amount of a tobacco manufacturer's or importer's contributions to cultural or sporting activities or events where brand names of tobacco products are used to the value of contributions to such events in 1987. Regulations under the Act specify the health warnings that must appear on signs, the number and size of signs at a retailer's place of business, and on vending machines.

   The Act is coming into force in stages. Print media advertising was prohibited as of 1989, signs as of January 1991, and point of sale advertising will be prohibited in 1993.

   Legislation restricting sponsorship prohibits merely the use of brand names but not corporate name sponsorship. The cigarette companies have created limited companies named after the brand names to circumvent the ban on sponsorship.

5. Chile. Under Decree No. 106 of 8 April 1981, a health warning is required on advertisements for tobacco products in print media, on television and radio, and in cinemas, where the warning must remain on the screen for at least 5 seconds after the advertisement is shown. No direct or indirect reference to minors may be made, and young people may not be depicted in tobacco advertising.

6. Colombia. Tobacco advertising is restricted to the presentation of brand, quality, price, and system of marketing. Depiction of minors and the act of smoking is prohibited. Advertising of tobacco is allowed on television only after 23:00 and is limited to 30 seconds for each brand. All commercials advertising cigarettes must devote 20% of transmission time to the warning "tobacco is harmful to health". The Council of the District of Bogotá prohibits tobacco advertising at children's sports and in scientific publications; on murals, posters, or signs in sports, cultural, educational, or residential places; and in public transportation vehicles.

7. Costa Rica. All advertising or promotion of cigarettes in newspapers, radio, television, and cinemas must be approved by the Ministry of Health so as to avoid publicity detrimental to the public health. Advertising of tobacco is prohibited on radio and television programmes intended for children.

8. Ecuador. Tobacco advertising directed at or referring to minors is prohibited. Also prohibited are broadcasting tobacco advertisements before 19:30, inserting such advertisements in programmes for children, using minors as models, advertising near schools and colleges or in comics, depicting sports figures or people who have contributed to the literature and history of Ecuador.

9. El Salvador. Tobacco advertising on radio, television, and in cinemas in programmes directed to children is prohibited, but advertising in programmes not directed to children is allowed.

10. Mexico. The legislation prohibits advertising of tobacco that asserts that the product enhances social prestige, or induces consumption by asserting that it is a sedative or reduces fatigue or tension, or by attributing to it stimulant qualities leading to success, or induces persons to consume the product on health grounds, or associates tobacco with sports, domestic, or professional activities, or emphasizes femininity or virility, or suggests greater success in sexual relations, or depicts children or adolescents, or attributes an effect of well-being, or depicts persons smoking in public. Tobacco advertising is limited to information on the characteristics, quality, and techniques of preparation of these products.

11. Panama. All advertising of tobacco must be approved by the Ministry of Health. Advertising that shows people smoking is prohibited.

12. Paraguay. Under Law No. 836/80 of 15 December 1980, tobacco advertisements may refer only to the quality and origin of the tobacco and must not encourage consumption. The use of figures or characters representing children or adolescents is prohibited, as is the association of tobacco with sports, work, study, or home. No televised promotion of tobacco may occur before 19:00 except for presentations of international meetings, whether produced locally or abroad.

13. Peru. Advertising of cigarettes is prohibited before 20:00 on radio and television and in places of entertainment during shows suitable for minors.

14. Trinidad and Tobago. The Bureau of Standards, established under the Standards Act, No. 38 of 1972, has enunciated standards based on the Code of Advertising Practice, 1969 of the Advertisers' Association of Trinidad and Tobago, which was developed in cooperation with the Advertising Standards Authority and other agencies. These standards require the traditional health warning on tobacco advertisements; permit advertisements for free samples only in the trade press; prohibit the inclusion of coupons or trading stamps in cigarette packages; and forbid the directing of tobacco advertisements and promotion at audiences including children.

15. United States of America. Federal legislation prohibits the advertising of cigarettes, little cigars, and smokeless tobacco on television and radio. Health warnings are required on print advertising and on billboard advertising.

16. Uruguay. Legible health warnings are required on written tobacco advertising, and they must remain on a screen long enough to be read. Oral advertising must refer to the health warning once for every five references to tobacco products. No promotion of tobacco products, direct or indirect, may be undertaken in schools or other educational institutions, whether public or private. Legislation proposed in 1988 would lay down standards for the advertising of tobacco products, including the prohibition of directing advertising to young people, the depiction of young people, and of low-tar and low-nicotine cigarettes as beneficial to health, and the association of smoking with sports, physical strength, social prestige, virility, or femininity; advertising would be restricted to objective facts on the characteristics of the product, its price, and quality.

17. Venezuela. Under Decree No. 849 of 21 November 1980 and Decree No. 996 of 19 March 1981, all advertising of tobacco products by television or radio that directly or indirectly encourages the consumption of cigarettes and tobacco products is prohibited.

C. Eastern Mediterranean Region

Table C1. Control of tobacco advertising and promotion

Country	Total ban	Restrictions on the use of mass media (television, radio, press, billboards)	Restrictions on the promotion of tobacco through sponsorship of sports and cultural events	Restrictions on the content, format, or location of advertising
Afghanistan*	X			
Bahrain[1]		X		X
Cyprus				W
Egypt[2]		X		W
Iraq[3]	X			
Jordan	X			
Kuwait		X		
Lebanon				W
Morocco		X		
Pakistan[4]		X		
Saudi Arabia[5]		X		
Sudan[6]		X		

*Text of legislation not available to author.
W = health warning required.

Notes to Table C1

1. Bahrain. By order of the Minister of Information, smoking is banned in television serials, plays, and other theatrical presentations.
2. Egypt. The advertising of tobacco products on radio and television is prohibited.
3. Iraq. All advertising of tobacco is banned.
4. Pakistan. In 1977, the advertising of tobacco products and smoking in schools and public places were banned.
5. Saudi Arabia. By order of the Minister of Information, smoking in television serials, plays, and other theatrical presentations is banned.
6. Sudan. The distribution and use of any form of poster, picture, or publication for the advertising of cigarettes is prohibited.

D. European Region

Table D1. Control of tobacco advertising and promotion

Country	Total ban	Restrictions on the use of mass media (television, radio, press, billboards)	Restrictions on the promotion of tobacco through sponsorship of sports and cultural events	Restrictions on the content, format, or location of advertising
Austria		X		
Belgium[1]		X		XW
Bulgaria	X			
Czechoslovakia[2]	X			
Denmark[3]		X		
Finland[4]	X		X	
France[5]	X		X	
Germany[6]		X		W
Greece		X		
Hungary	X			
Iceland[7]	X		X	
Ireland[8]		X	X	XW
Italy	X			
Luxembourg[9]		X	X	X
Malta		X		W
Netherlands		X		
Norway[10]	X		X	
Poland[11]	X			
Portugal[12]	X		X	XW
Romania	X			
Spain[13]		X		
Sweden[14]		X		XW
Former USSR[15]	X	X		
United Kingdom[16]		(X)	(X)	(W)
Yugoslavia	X			
European Communities[17]		X		

W = health warning required.
(X) = provisions laid down by voluntary agreement.

Notes to Table D1

1. Belgium. The Crown Order of 10 April 1990 strengthens the controls on tobacco advertising specified in the Crown Order of 20 December 1982. Under these two orders, advertising of tobacco products on radio and television and in newspapers, reviews, and other publications aimed mainly at minors is prohibited, as is advertising:

   — by means of aircraft, boats or vehicles, except for those taking part in competitions or being used to transport tobacco, tobacco products, or similar products;

   — by using films, videotapes, slides, or other types of visual presentation;

   — by the distribution or door-to-door delivery of stickers or promotional leaflets;

   — by means of public speeches promoting tobacco products;

   — by means of free samples of tobacco, tobacco products, and other products in any form whatsoever, even under the pretext of carrying out market research, or a public opinion or consumer survey;

   — by using the brand name or symbol of tobacco, tobacco products, or similar products, or by using any other image or reference usually associated with such products, on, or close to everyday objects or by any other means other than those which are part of the personal equipment of participants in sporting competitions or of the accompanying technical team;

   — by referring to, or mentioning or representing the act of smoking or the representation of everyday products or articles linked with tobacco use;

   — by using illuminated signs, except within or at the entrance to places where tobacco, tobacco products, or similar products are available for sale.

   Where tobacco advertising is permitted, its contents are limited to the name and address of the manufacturer, importer, or distributor, the name of the product, its brand name and symbol, representations of products directly associated with smoking, tar and nicotine levels, and information on price and quality.

2. Czechoslovakia. On 28 March 1989, the Czech National Council passed Law No. 37/89 on protection against alcoholism and other addictions, which prohibits publicity, promotion, and advertising of smoking in the press and other information media. Inconsistent with this total ban on tobacco advertising is the Law of 30 October 1991 on radio and television broadcasting, adopted by the Czech and Slovak Federal Republic, which provides that advertising of tobacco products must indicate the tar and nicotine content and contain the health warning that smoking is harmful. A new Tobacco Act is in preparation.

3. Denmark. There has long been a voluntary agreement with the tobacco industry. Legislation was enacted in 1988 prohibiting the advertising on radio and television of tobacco products or goods primarily used in connection with tobacco smoking.

4. Finland. One of the first countries to enact a total ban on tobacco advertising, its Law No. 693 of 13 August 1976 banned advertising of tobacco, tobacco products and imitations, and smokers' accessories, and other sales promotion activities directed at the consumer, as well as their association with advertising for other products or services, or other sales promotion activity.

5. France. From 1976 to 1990, French legislation authorized tobacco advertising only in the "tombstone" format, in which only the name of the product, the package, and the lettering may be shown. Advertising of products using the name or emblem of tobacco products was required to conform to the same restrictions as those applying to tobacco products. Sponsorship of sports events by the tobacco industry was prohibited, with the exception of motor car racing.

   In January 1991 the National Assembly repealed the 1976 law and enacted a new statute, effective 1 January 1993, banning all advertising, direct and indirect, of tobacco and tobacco products, all free distribution of such products, and all sponsorship of tobacco that has the aim or purpose of advertising tobacco or tobacco products directly or indirectly. Indirect advertising of tobacco includes all advertising for an agency, service, activity, product or article other than tobacco or a tobacco product, when that advertising, on account of its logo, presentation, use of a trade mark, symbol, or any other distinctive sign, is suggestive of tobacco or a tobacco product.

   Until 31 December 1992 all advertising of tobacco and tobacco products, allowed under transitional provisions, must carry the health warning "Abuse is dangerous".

6. Germany. The use of advertising material is prohibited if it is likely to have an effect on physical performance or well-being, to induce adolescents to smoke, to make it appear that inhaling tobacco smoke is something to be imitated, or if it suggests that tobacco products are pure.

7. Iceland. A total ban on all advertising and promotion of tobacco products has been in force since 1971. It is reported that, overall, the ban has been closely observed, even though indirect advertising occurs on a small scale.

8. Ireland. The Tobacco (Health Promotion and Protection) Act, 1988, restricts the media that may be used for tobacco advertising. Advertising is allowed only in the print media and at points of sale. The content of advertisements is restricted to the brand name, emblem, representation of the package, and health warning. Rotating health warnings on packages and advertisements are compulsory. Expenditures on advertising and sponsorship are limited to the actual expenditures for such activities in 1985, with an increase each year to allow for inflation. Regulations under the Act restrict sponsorship of events by the tobacco industry. An event which was not sponsored prior to 1 May 1986 cannot now be sponsored. Events or activities in which the participants are aged 18 years or under cannot be sponsored. Sponsored events can be advertised only in newspapers and magazines, at the place where the event is taking place, and internally in premises which are points of retail sale. Such events cannot be advertised in comics or other publications aimed primarily at persons 18 years or under or along a public roadway. An advertisement relating to a sponsored event may contain only the name of the event, a written description of the event, the name of the sponsor, and the corporate emblem. An advertisement about a sponsored event may not appear alongside an advertisement for a tobacco product. Participants at a sponsored event or their assistants are not permitted to display the sponsor's emblem, brand name, or symbol of a tobacco product

on themselves or their equipment, such as racing cars or golf bags. The restrictions relating to participants at sponsored events were designed to defeat the industry's objective of using tobacco advertisements at such events in order to circumvent the ban on television advertising of tobacco products.

9. Luxembourg. The Law of 24 March 1989 prohibits advertising of tobacco products on television, radio, in theatres and other places open to the public, by means of boats and aircraft, by distribution of free samples of tobacco products, by using the emblem or name of the brand of tobacco products on products other than those directly related to the use of tobacco, in magazines and periodicals designed to reach minors, in stadiums and public and private sports arenas (although the name of the product on a billboard or vehicle not surrounded by text or graphic representation is allowed). The content of advertising is restricted; it may not be addressed to minors; it may not make use of arguments based on health; and it may not contain any representation of public figures. The tobacco industry is prohibited from sponsoring events for children or minors, and the organizers of such events may not accept their patronage.

10. Norway. All forms of tobacco promotion are prohibited. Tobacco products include cigarette paper, cigarette rollers, and pipes. Tobacco products may not be included in advertisements for other products, nor may a person smoking be depicted in advertisements of other products. The name or logo of a tobacco company may not be used in the sponsorship of sports or cultural events. Advertising low-price tobacco products is forbidden. Inside a sales outlet, tobacco products may be displayed only to the extent that this is necessary to serve customers in a rational way; special displays with product markers or pennants are forbidden. Window displays of tobacco products are forbidden. The secondary use of tobacco names, pictures of tobacco products, etc., on such things as playing cards, matchboxes, ashtrays, napkins, wardrobe tags, and sunshades is forbidden. The ban on tobacco advertising applies to pamphlets, catalogues, samples distributed to the consumer or other groups, whether sent through the mail, distributed at trade fairs, in shops, or in public or private places. Selling or supplying imitations of tobacco products (candy cigarettes) to persons under 16 years of age is forbidden. In order to restrict promotion of tobacco, in 1989 Norway adopted regulations (No. 1044 of 13 October 1989) prohibiting the importation, sale, and supply of new forms of products containing tobacco or nicotine. The Ministry of Social Affairs and the Directorate of Health are authorized to demand that manufacturers, importers or dealers submit representative samples of the product, or institute such investigations as are necessary to evaluate the product's characteristics and effects. The manufacturer or importer shall bear the cost of such investigations. The above-mentioned authorities are authorized to have free access to buildings, means of transport, warehouses, installation areas, etc., where products governed by these regulations are to be found.

11. Poland. Tobacco advertising on television and radio is banned. The Ordinance of 4 June 1974 also provides for a reduction in smoking on television programmes and an increase in popular scientific broadcasts on the harmful effects of smoking.

12. Portugal. Advertising is prohibited in the national media and by apposition of the name, brand, or symbol of a tobacco product to consumer goods that are not directly concerned with the use of tobacco.

13. Spain. Under Crown Decree No. 709/1982, informational advertising of new tobacco products with low tar or nicotine contents is permitted for two years following their introduction on the market. Legislation introduced in the Spanish Parliament would ban all tobacco advertising, except on radio from 22:00 to 08:00.

14. Sweden. Tobacco advertising is restricted to the "tombstone" format. Under the 1979 Guidelines, advertising of tobacco products in the sports pages of daily newspapers, in sports newspapers, and in publications aimed at people under 20 years of age is prohibited. Direct mail advertising and billboard advertising of tobacco products are prohibited. There is no commercial advertising on Swedish radio or television. Advertising in films, in hospitals, and in places frequented by young people is prohibited. No human figures or beautiful scenery may be shown.

    In March 1990, the Committee for Tobacco Control, appointed by the Minister of Health and Social Security recommended the adoption of a comprehensive tobacco act, which would impose a total ban on tobacco advertising.

15. Former USSR. The laws in the states of the former Soviet Union are in flux. In Lithuania, for example, a draft tobacco control act would regulate cigarette production, sales, and advertising, provide for increased taxes and prices, allocate tobacco tax revenue for health education, and ban smoking in schools, health premises, and other public places.

16. United Kingdom. By voluntary agreement with the industry, all advertisements in newspapers and magazines, on posters and cinema screens, in leaflets and brochures, in consumer catalogues and circular letters must carry a reference to the government warning that appears on cigarette packets. Certain restrictions on the content of advertisements are also imposed by voluntary agreement, but much more than "tombstone" advertising is permitted. On 24 March 1986 the voluntary agreement banned advertising of cigarettes in cinemas.

17. European Communities. A Directive of 10 March 1989 prohibits tobacco advertising on television. A directive on advertising on radio is under consideration. On 12 February 1992, the European Parliament voted to support a total ban on tobacco advertising. The Council of Health Ministers will make the final decision.

E. South-East Asia Region

Table E1. Control of tobacco advertising and promotion

Country	Total ban	Restrictions on the use of mass media (television, radio, press, billboards)	Restrictions on the promotion of tobacco through sponsorship of sports and cultural events	Restrictions on the content, format, or location of advertising
Bangladesh*		X		W
India		X		W
Nepal		X		
Sri Lanka		X		
Thailand[1]	X			

* Text of legislation not available to author.
W = health warning required.

Notes to Table E1

1. Thailand. A resolution of the Thai cabinet of 26 April 1988 directed the Ministry of Finance to order the Thailand Tobacco Monopoly to refrain from advertising. Foreign cigarettes continued to be advertised, although they were not imported legally at that time. Accordingly, by cabinet resolution dated 20 December 1988, a total ban was imposed on all foreign cigarette advertising in all forms, both direct and indirect, in all media. On 13 March 1989 the Council of Ministers of Social Affairs adopted a resolution directing the Administrative Committee of Radio and Television Broadcasting to control strictly indirect advertising of tobacco in radio and television programmes, e.g., the expression of emotion portrayed by the action of smoking.

   On 13 March 1992 Thailand adopted the Tobacco Products Control Act banning tobacco advertising in the electronic and print media and on billboards. Two exceptions permit advertising in international magazines and on live television shows from abroad. "Advertising" is defined in the Thai law as any act that enables people to see or to know the wording for commercial purposes, such as logos or wording on T-shirts. Advertising of other products with the same name is prohibited. The production, import, advertising, or sale of products that imitate tobacco products, such as candy or savings banks for children, are banned. The free distribution of cigarettes for commercial purposes is prohibited, as are free samples, exchanges, and gifts of tobacco products for commercial purposes.

F. Western Pacific Region

Table F1. Control of tobacco advertising and promotion

Country or territory	Total ban	Restrictions on the use of mass media (television, radio, press, billboards)	Restrictions on the promotion of tobacco through sponsorship of sports and cultural events	Restrictions on the content, format, or location of advertising
Australia[1]		X	X	
Australian Capital Territory		X	X	
South Australia			X	W
Victoria		X	X	
Western Australia	X		X	
China[2]	X			
French Polynesia	X		X	
Hong Kong[3]		X	X	XW
Macao		X		X
Malaysia[4]		X		X
New Zealand[5]	X		X	
Papua New Guinea	X			
Singapore[6]	X			

W = health warning required

Notes to Table F1

1. Australia. The Broadcasting and Television Act 1972 imposed restrictions on tobacco advertising on the electronic media. Because of a loophole in the law, television stations have been permitted to show billboards, banners, and other paraphernalia that advertise tobacco products during sporting events. Legislation has been introduced in the Australian Parliament to ban such incidental television advertising of tobacco. On 28 December 1989, under the Smoking and Tobacco Products Advertisements (Prohibition) Act, a total ban was introduced on tobacco advertising in the print media (newspapers and magazines). On 1 April 1992 the Federal Cabinet resolved to phase out tobacco advertising and sponsorship throughout the country. This resolution was passed by the Parliament in August 1992, and complements the legislation of the various states and territories.

   The Australian Capital Territory established in 1989 the ACT Health Promotion Fund with an additional 3% levy on the wholesale price of tobacco products. The income from this fund is expected to be A$900 000 a year, and it will be used in grants and sponsorships for events formerly sponsored by the tobacco industry.

The Tobacco Products (Licensing) Act 1986 of the State of South Australia provides for a licence fee to be paid by tobacco merchants as a contribution to State revenues in place of a consumption licence to be taken out by a consumer of tobacco products. The Tobacco Products Control Amendment Act 1988 provides for an increase in the tobacco tax to replace industry sponsorship of sports events.

In the State of Victoria, the Tobacco Act 1987 provides for the establishment of the Victorian Health Promotion Foundation, created by an increase in the tobacco tax, to replace industry sponsorship of sports events and to support health promotion and research.

In the State of Western Australia, the Tobacco Control Act 1990 phases in a ban on all tobacco advertising and promotion, prohibits sponsorship by a tobacco manufacturer or distributor promoting a tobacco product or brand name, and establishes the Western Australian Health Promotion Foundation to fund health promotion activities and to offer an alternative source of funds for sporting and arts activities currently supported by the tobacco industry.

2. China. On 29 July 1991, the Standing Committee of the 7th Plenary Session of the National People's Congress, China's highest legislative body, announced approval of China's first tobacco law, effective 1 January 1992. The Law regulates many aspects of the State national tobacco monopoly — growth, distribution, licensing, manufacture and sales, import and export of tobacco products and machinery, measures against smuggling, etc. It also contains several important provisions aimed at protecting the health of the people. Section 19 bans tobacco advertising on radio, television, and in newspapers and magazines.

3. Hong Kong. As of December 1990, amendments to the Television Code of Practice on Advertising Standards arising from the ban on tobacco advertising and sponsorship specify the conditions under which a sponsored event may be broadcast: the television station may not be paid for the broadcast; no undue emphasis may be given to the sponsorship; and references to the sponsor may not obtrude on the programme or entertainment. Advertising of a product containing nicotine is prohibited. Advertising of a non-tobacco product with the corporate name or image of a tobacco company is allowed only if the advertisement clearly demonstrates that it has no association with any tobacco products, e.g., by referring only to the corporation or the non-tobacco products of the corporation. Advertisements of events sponsored by tobacco companies are permitted if no reference is made to the attributes of the product or the slogan of the company, if the lettering is uniform and the sponsor's name does not stand out, and if the air time is not paid for by tobacco advertisers. Tobacco products may not be presented as prizes or gifts for television contests. Advertisements for tobacco accessories may be directed only to adult audiences.

4. Malaysia. The Ministry of Information, which controls the broadcast media, has banned advertisements of cigarettes, but cigarette brand names have been permitted on other products and services, e.g., Kent Fashion, Camel Adventure Gear, Marlboro Travel, Salem High Country Travel, and Mid Seven Fishing Tackle. The Censor Board under the Home Ministry is authorized to restrict the content of advertisements in the mass media.

5. New Zealand. The Smoke-free Environments Act of 1990 imposes a total ban on all advertising of tobacco products in New Zealand. The only exceptions are publications printed outside New Zealand and films or radio or television transmissions originating outside New Zealand unless their principal purpose is

the promotion of tobacco use or the targeting of a New Zealand audience. Retailers may display tobacco products inside their place of business provided no such product is visible from outside that place and may display inside their place of business notices identifying tobacco products for sale and their price. A tobacco product sold through an automatic vending machine and its price may be depicted on the exterior of the vending machine. The use of tobacco trade marks on goods other than tobacco products or in relation to sponsored events is prohibited. The tobacco industry is prohibited from organizing or promoting or making any financial contribution towards any organized activity (cultural, educational, sporting, or recreational) in New Zealand where the activity involves the use of a tobacco trade mark, except that the Minister of Health may grant an exception for craft participating in an international race under certain circumstances. The free distribution of tobacco products and the offering of rewards to purchasers of tobacco products are prohibited.

The Act establishes a Health Sponsorship Council to provide alternative sponsorship of sports and cultural events to persons and organizations that formerly received financial assistance from the tobacco industry and, when that assistance was provided, had a reasonable expectation of receiving future financial or other assistance. Funding for the Council shall consist of appropriations by Parliament, gifts and bequests, and interest earned on these funds.

6. Singapore. Legislation of 7 November 1989 imposes a total ban on all forms of tobacco advertising and sales promotion. All advertising of tobacco products on television and radio, in printed material, and on billboards is prohibited, except that on souvenirs or mementos given free of charge or as gifts, on vehicles of tobacco retailers and distributors, and at premises where tobacco products are sold. It is prohibited to sell or offer for sale tobacco products together with any other product as a free gift or vice versa, as is the selling or offering for sale of tobacco products packaged or labelled together with any other product. Distribution of free samples of tobacco products to the public is prohibited. Sponsorship of an event or promotion of goods unconnected with tobacco products is restricted in that these advertisements must not encourage or promote smoking and must be approved by the Minister of Health.

Penalties for offences under the Act have been increased from a fine of S$2000 for a first offence to S$10 000 and from a fine of S$4000 for each subsequent offence to S$20 000.

Summary Table A. Number of countries and territories with legislation to control the production, sale, and promotion of tobacco, by WHO region

Type of legislation	Number of countries and territories						
	All regions	Africa	Americas	Eastern Mediterranean	Europe	South-East Asia	Western Pacific
Total ban on tobacco advertising	27	3	2	3	13	1	5
Some restrictions on advertising	77	7	19	9	26	5	11
Restriction on sponsorship	18	2	4	—	8	—	4
Rotating/strong warnings on cigarette packages	29	1	6	6	11	1	4
Familiar warnings on cigarette packages	48	6	14	7	12	4	5
Statement of tar and nicotine content	40	4	6	8	15	—	7
Restrictions on places of sale	11	—	3	1	5	2	—

Summary Table B. Number of countries and territories with legislation to influence smoking practices, by WHO region

Type of legislation	Number of countries and territories						
	All regions	Africa	Americas	Eastern Mediterranean	Europe	South-East Asia	Western Pacific
Restrictions on smoking in public places	90	20	17	10	28	4	11
Restrictions on smoking in the workplace	34	3	11	1	14	—	5
Preventing young people from smoking	42	2	18	2	12	1	7
Controlling smokeless tobacco	19	—	2	1	11	1	4
Health education	36	1	14	3	12	2	4

Annex 2

Resolutions of the World Health Assembly

Resolution WHA23.32

The Twenty-third World Health Assembly,

Having considered the report of the Director-General;

Recalling the resolutions on this subject adopted by the Executive Board, the Directing Council of the Pan American Health Organization/Regional Committee for the Americas, and the Regional Committee for Europe;

Conscious of the serious effects of smoking in promoting the development of pulmonary and cardiac disease, including bronchopulmonary cancer, chronic bronchitis, emphysema and ischaemic heart disease;

Being aware that bronchopulmonary cancer is at present increasing in all countries of the world where records are available in a form which permits assessment;

Holding that health agencies must now demonstrate their concern for the reduction of the main causal factor in diseases related to smoking; and

Considering that smoking of tobacco during meetings may constitute a nuisance to non-smokers,

RESOLVES that:

(1) all those present at meetings of the Assembly and its committees be requested to refrain from smoking in the rooms where such meetings are held;

(2) the Director-General be requested:

(*a*) to consider the desirability of making the subject for World Health Day "The health consequences of smoking," on the earliest possible occasion;

(*b*) to call the attention of all Members and Associate Members to the report on limitation of smoking and to suggest that the advantages of applying the recommendations on pages 19 and 20 of that report[1] should be considered in all countries;

[1] See *WHO Chronicle*, **24**, 365.

(*c*) to consider convening an expert group to recommend further action that might be taken to discourage smoking;

(*d*) to examine to what extent and by what educational methods young people might be persuaded not to begin smoking;

(*e*) to bring to the attention of FAO the need for studying crop substitution in tobacco-producing countries;

(*f*) to report to the Executive Board at its forty-seventh session and to the Twenty-fourth World Health Assembly on the action proposed and the financial consequences for the Organization.

May 1970

Resolution WHA24.48

The Twenty-fourth World Health Assembly,

Having considered the report of the Director-General;

Recalling the resolutions on this subject adopted by the Twenty-third World Health Assembly, the Executive Board, and the respective Regional Committees;

Recognizing the relationship between smoking and the development of pulmonary and cardiac disease, including lung cancer, ischaemic heart disease, chronic bronchitis and emphysema; and

Believing that a sustained effort by health and education authorities and others is needed to reduce tobacco smoking and to prevent the extension of the habit, with special attention to young people and pregnant women,

1. THANKS the Director-General for his report;

2. ENDORSES the recommendations contained therein;

3. CALLS UPON all Member States and Associate Members to give all possible consideration to putting these recommendations into effect; and

4. REQUESTS the Director-General:

(i) to continue to assemble information on the health effects of tobacco smoking and the action being taken by countries to reduce the habit;

(ii) to place emphasis on the control and prevention of smoking as an integral part of operating programmes as and when feasible;

(iii) to continue in co-operation with the United Nations, the specialized agencies and the appropriate non-governmental organizations to foster a greater awareness of the health hazards of smoking and to take whatever action is deemed necessary to reduce them, and particularly to draw the attention of the Food and Agriculture Organization of the United Nations to the necessity of undertaking a study on crop diversification in tobacco-growing areas in view of the expected decrease in tobacco consumption;

(iv) to stimulate the strengthening of health education activities, including the production, dissemination and exchange of educational materials to discourage the [illegible] of sm[illegible]; and

(v) to produce a code of practice that can guide governments in the formulation of legislative action relevant to the health consequences of smoking.

May 1971

Resolution WHA29.55

The Twenty-ninth World Health Assembly,

Recalling resolutions EB45.R9, WHA23.32, EB47.R42 and WHA24.48 concerning the health hazards of smoking and ways towards its limitation;

Noting with satisfaction that the recent WHO Expert Committee report on smoking and its effects on health,[1] prepared in accordance with resolution EB53.R31 and reviewed favourably by the Executive Board at its fifty-seventh session, provides a thorough and authoritative summary of current knowledge in the field and contains a number of important recommendations for WHO and the Member States;

Considering that the results of the Third World Conference on Smoking and Health, held in New York in June 1975, gave further support to the evidence and proposals presented by the WHO Expert Committee;

Recognizing the indisputable scientific evidence showing that tobacco smoking is a major cause of chronic bronchitis, emphysema and lung cancer as well as a major risk factor for myocardial infarction, certain pregnancy-related and neonatal disorders and a number of other serious health problems, and also has harmful effects on those who are involuntarily exposed to tobacco smoke;

Seriously concerned about the alarming worldwide trends in smoking-related mortality and morbidity and the rapidly increasing consumption of tobacco, especially in cigarettes, in countries in which it was not previously widespread, and about the growing number of young people and women who are now smoking;

Recognizing that an effective strategy to tackle the problem requires a concerted effort consisting of educational, restrictive and legislative measures, combined with coherent taxation and price policies, and supported by continuous research and evaluation on a multidisciplinary basis;

Noting that very few countries have thus far taken effective steps to combat smoking;

Believing that no organization devoted to the promotion of health can be indifferent in this matter, and that WHO has an important role to play in promoting effective policies against smoking, as envisaged in the Sixth General Programme of Work of WHO covering the period 1978–1983;

1. URGES governments of Member States to identify the actual or anticipated health problems associated with smoking in their countries;

[1] WH[illegible] nical t Seri .568,

2. RECOMMENDS governments of Member States:

(1) to create and to develop effective machinery to coordinate and supervise programmes for control and prevention of smoking on a planned, continuous and long-term basis;

(2) to strengthen health education concerning smoking, as a part of general health education and through close collaboration with health and school authorities, mass media, voluntary organizations, employers' and employees' organizations and other relevant agencies, taking into account the different needs of various target groups, laying emphasis on the positive aspects of non-smoking, and supporting individuals wishing to stop smoking;

(3) to consider steps which can be taken towards ensuring that non-smokers receive protection, to which they are entitled, from an environment polluted by tobacco smoke;

(4) to give serious consideration to the legislative and other measures suggested by the WHO Expert Committee in its recent report on smoking and its effects on health;

3. REQUESTS the Director-General:

(1) to continue, and intensify, WHO's antismoking activities;

(2) to collate and disseminate information on smoking habits, smoking-related health problems and smoking control activities in Member States;

(3) to give assistance and encouragement to research in smoking and health, with particular emphasis on studies that are directly relevant to the assessment and improvement of the effectiveness of antismoking activities;

(4) to promote the standardization of:

(*a*) definitions, measurement methods and statistics concerning smoking behaviour, tobacco consumption and the occurrence of smoking-related morbidity and mortality;

(*b*) laboratory techniques used for the quantitative analysis of the harmful substances in tobacco products;

(5) to give assistance, upon request, to governments in the formulation, implementation and evaluation of their policies and programmes to combat smoking;

(6) to continue, in cooperation with the United Nations, the specialized agencies and appropriate nongovernmental organizations, to make all efforts deemed necessary to reduce smoking; and particularly to work out with the Food and Agriculture Organization of the United Nations and with the United Nations a joint strategy for crop-diversification in tobacco-growing areas with a view to avoiding the anticipated economic consequences of reducing tobacco consumption in the world as a whole for public health reasons;

(7) to convene an expert committee in 1977 or 1978 to review and evaluate the world situation in regard to smoking control;

(8) to report to a future Health Assembly on developments in this field.

May 1976

Resolution WHA31.56

The Thirty-first World Health Assembly,

Recalling resolutions EB45.R9, WHA23.32, EB47.R42, WHA24.48, EB53.R31 and WHA29.55 concerning the health hazards of tobacco smoking and ways towards its limitation;

Recognizing the increasing and indisputable scientific evidence showing that tobacco smoking is a major cause of chronic bronchitis, emphysema and lung cancer, as well as a major risk factor for myocardial infarction, certain pregnancy-related and neonatal disorders and a number of other serious health problems, and that it also has harmful effects on those who are involuntarily exposed to tobacco smoke;

Seriously concerned at the alarming increase in production and consumption of cigarettes during the last two decades in some of the countries, particularly developing countries, in which it was previously not widespread, and at the extensive promotional drive for the sale of cigarettes being carried out on radio and television, in newspapers and other news media, and through association with sporting and cultural events, often inducing young people to smoke tobacco;

Noting that few countries have so far taken comprehensive action to effectively combat smoking through educational, restrictive and legislative measures for the control of publicity and advertisements in the news media, combined with coherent taxation and price policies for tobacco cultivation and cigarette production;

Believing that WHO has an important role in promoting effective policies against smoking, as envisaged in the Sixth General Programme of Work covering the period 1978–1983 inclusive;

1. URGES Member States:

(1) to strengthen health education programmes concerning tobacco smoking as a part of general education, through close collaboration among health and education authorities and other relevant agencies, taking into account the different needs of the various target groups;

(2) to adopt comprehensive measures to control tobacco smoking, *inter alia* by providing for increased taxation on the sale of cigarettes and restricting as far as possible all forms of publicity for promotion of smoking;

(3) to protect the rights of non-smokers to enjoy an atmosphere unpolluted by tobacco smoke;

(4) to seek economically sound alternative undertakings to replace tobacco growing and processing, where appropriate;

2. REQUESTS the Director-General:

(1) to continue to intensify WHO's activities in connexion with control of tobacco smoking;

(2) to collaborate with Member States, the United Nations, the specialized agencies and appropriate nongovernmental organizations as required, in the formulation, implementation and evaluation of programmes to combat smoking, including studying possibilities for crop diversification in tobacco-growing areas;

(3) to cooperate with Member States upon request in developing measures for the control of publicity with regard to smoking through the news media, especially newspapers, radio and television;

(4) to give urgent consideration to having non-smoking as a theme for World Health Day as soon as possible, and in this and other ways to give maximum publicity to an anti-smoking campaign;

(5) to encourage research as to the cause of tobacco smoking;

(6) to report on progress in this field not later than the Thirty-third World Health Assembly.

May 1978

Resolution WHA33.35

The Thirty-third World Health Assembly,

Recalling resolutions EB45.R9, WHA23.32, EB47.R42, WHA24.48, EB53.R31, WHA29.55, and WHA31.56 concerning the health hazards of tobacco smoking and WHO's role in the limitation of this harmful habit;

Noting the report of the WHO Expert Committee on Smoking Control;[1]

Reiterating its firm conviction that the effect of tobacco smoking is now a major public health problem in all industrialized countries and in many developing countries and that it will become so in the near future in all other developing countries unless action is taken now;

Mindful of the ill-effects of smoking, particularly on risk groups such as pregnant women, lactating mothers and children;

Seriously concerned about the aggressive promotional drives for the sale of cigarettes that occur in developing as well as developed countries, thus inducing the new generations to take up the habit of smoking;

Alarmed by the fact that advertising practices using psychological means in both industrialized and developing countries have the effect of inducing and perpetuating smoking habits, especially among youth;

Encouraged by the existence of total bans, restrictions or limitations on tobacco advertising in several countries;

Noting encouraging signs of expanded national activities and of increasing public awareness of the harmful health effects of cigarette smoking in many countries, partly as a result of WHO's efforts and of this year's World Health Day on "Smoking or health: the choice is yours";

Realizing that national and international strategies to combat the spreading of the habit of smoking must be carried out on a continuous, long-term basis;

Believing that WHO has an essential role to play in promoting effective smoking control policies;

[1] WHO Technical Report Series, No. 636, 1979.

1. URGES Member States:

(1) to strengthen, and to initiate where lacking, the smoking control strategies outlined in the above-mentioned resolutions, laying special emphasis on educational approaches, particularly with respect to youth, and on measures to ban, restrict or limit advertising of tobacco products;

(2) to support WHO's action in the field of smoking and health;

2. REQUESTS the Director-General:

(1) to further develop an effective WHO action programme on smoking and health, clearly defining lines of responsibility and priority areas, and taking into account the multidisciplinary and intersectoral character of the relationship between smoking and health;

(2) to ensure that WHO plays a leading role in coordinating international activities and to strengthen collaboration with other United Nations agencies and with relevant nongovernmental organizations, and, particularly, to pursue the study on crop diversification in tobacco-growing areas in collaboration with FAO;

(3) to collaborate with Member States in their efforts to reduce smoking;

(4) to consider problems caused by the marketing and consumption of tobacco, particularly in developing countries;

(5) to mobilize financial and other resources for the implementation of the programme;

(6) to report on progress of this programme to the Thirty-fifth World Health Assembly.

May 1980

Resolution WHA39.14

The Thirty-ninth World Health Assembly,

Recalling resolutions WHA31.56 and WHA33.35 on the health hazards of tobacco smoking and the WHO action programme on smoking and health;

Deeply concerned by the current pandemic of smoking and other forms of tobacco use, which results in the loss of the lives of at least one million human beings every year and in illness and suffering for many more;

Believing that the battle between health and tobacco must and can be won for the sake of human health;

Encouraged by the existence of total bans, restrictions or limitations on tobacco advertising in several countries;

1. AFFIRMS:

(1) that tobacco smoking and the use of tobacco in all its forms is incompatible with the attainment of health for all by the year 2000;

(2) that the presence of carcinogens and other toxic substances in tobacco smoke and other tobacco products is a known fact; and that the causal link between tobacco and a range of fatal and disabling diseases has been scientifically proven;

(3) that passive, enforced or involuntary smoking violates the right to health of non-smokers, who must be protected against this noxious form of environmental pollution;

2. CALLS for a global public health approach and action *now* to combat the tobacco pandemic;

3. DEPLORES all direct and indirect practices the aim of which is to promote the use of tobacco, as this product is addictive and dangerous even when used as promoted;

4. URGES those Member States which have not yet done so to implement smoking control strategies; these, as a minimum, should contain the following:

(1) measures to ensure that non-smokers receive effective protection, to which they are entitled, from involuntary exposure to tobacco smoke, in enclosed public places, restaurants, transport, and places of work and entertainment;

(2) measures to promote abstention from the use of tobacco so as to protect children and young people from becoming addicted;

(3) measures to ensure that a good example is set in all health-related premises and by all health personnel;

(4) measures leading to the progressive elimination of those socioeconomic, behavioural, and other incentives which maintain and promote the use of tobacco;

(5) prominent health warnings, which might include the statement that tobacco is addictive, on cigarette packets, and containers of all types of tobacco products;

(6) the establishment of programmes of education and public information on tobacco and health issues, including smoking cessation programmes, with active involvement of the health professions and the media;

(7) monitoring of trends in smoking and other forms of tobacco use, tobacco-related diseases, and effectiveness of national smoking control action;

(8) the promotion of viable economic alternatives to tobacco production, trade and taxation;

(9) the establishment of a national focal point to stimulate, support, and coordinate all the above activities;

5. APPEALS to other organizations of the United Nations system:

(1) to support WHO in all ways possible within their fields of competence;

(2) to show solidarity with WHO's efforts to stem the spread of tobacco-induced diseases by protecting the health of non-smokers on their premises, as this action would have a major exemplar role;

(3) to help Member States in identifying and implementing economic alternatives to tobacco cultivation, production and trade;

6. REQUESTS the Director-General:

(1) to strengthen the present programme on smoking and health without waiting for its official introduction in the Eighth General Programme of Work, as a visible

and resolute attitude on the part of WHO would provide Member States with encouragement and support, which are necessary prerequisites to abating the smoking pandemic before the year 2000;

(2) to mobilize support for the present programme on smoking and health in terms of funds and manpower which would ensure adequate programme continuity on a long-term basis;

(3) to coordinate activities in support of WHO's action on smoking and health with other organizations of the United Nations system at the highest executive level;

(4) to continue and strengthen collaboration with nongovernmental organizations as appropriate;

(5) to ensure that WHO plays an effective global advocacy role in tobacco and health issues and that, in common with other health institutions, it plays an exemplar role in non-smoking practices;

(6) to provide support to national smoking control efforts;

(7) to report on progress to the Executive Board at its eighty-first session and to the Forty-first World Health Assembly.

May 1986

Resolution WHA40.38

The Fortieth World Health Assembly,

Bearing in mind the objective of the World Health Organization contained in Article 1 of the Constitution, "the attainment by all peoples of the highest possible level of health";

Recalling resolution WHA39.14 on "Tobacco or health";

Expressing its satisfaction at the measures increasingly being taken by Member States to reduce smoking;

Gratified at the decision taken by the Director-General to declare the WHO premises a smoking-free area;

Aware that the consumption and use of tobacco result in serious health consequences, as well as economic and social problems, notably in developing countries;

Noting that on 7 April 1988 the World Health Organization will celebrate its fortieth anniversary;

1. CALLS UPON all Member States, as part of their continuing efforts to reduce the smoking pandemic, through all appropriate means including, where applicable, legislative and regulatory measures:

(1) to celebrate 7 April 1988 as a world no-smoking day;

(2) to encourage the population, by all appropriate means, to desist from smoking and from using tobacco in all other forms on that day;

(3) in conjunction with governmental and nongovernmental organizations, to use the occasion to launch, or strengthen existing, anti-smoking campaigns and health-promoting initiatives;

(4) to encourage vendors to refrain voluntarily from selling all forms of tobacco on that day;

(5) to inform the Director-General on actions taken in response to this resolution;

2. APPEALS to all manufacturers of tobacco and those who promote its consumption, in the spirit of this resolution and of resolution WHA39.14, to refrain voluntarily from all publicity activities in all countries, especially in developing countries, and calls upon the press and the other media in each country voluntarily to do likewise;

3. REQUESTS the Director-General to report to a subsequent Health Assembly on the action taken in this regard.

May 1987

Resolution WHA42.19

The Forty-second World Health Assembly,

Recalling resolution WHA39.14 and resolution WHA41.25 requesting the Director-General to draw up a plan of action on tobacco or health for submission through the Programme Committee to the eighty-third session of the Executive Board;

Recognizing that the use of tobacco is responsible worldwide for more than two million premature deaths annually;

Recalling that active efforts are needed to resolve the economic issues involved in reducing tobacco production;

Concerned at the fact that, while tobacco consumption is decreasing in developed countries as a result of effective health promotion supported by appropriate legislation and regulations, the developing countries are registering increases in tobacco consumption;

Reaffirming that the health services should clearly and unequivocally publicize the health risks connected with the use of tobacco and actively support all efforts to prevent the associated diseases;

1. THANKS the Director-General for having already accelerated implementation of the WHO programme on tobacco or health;

2. APPROVES the plan of action for the WHO programme on tobacco or health for 1988–1995 as proposed by the Director-General and endorsed by the Executive Board;

3. REQUESTS the Director-General:

(1) to continue to support this programme as outlined in the plan of action and to mobilize extrabudgetary funds for its implementation;

(2) to support national authorities, at their request, in taking measures to disseminate information on the health risks of tobacco, to promote life styles without tobacco, and to control the production of [illegible] consumption;

(3) to work, in close collaboration with national health authorities, with organizations of the United Nations system, and with relevant nongovernmental organizations in official relations with those organizations, to ensure that both health and economic aspects are fully taken into account;

(4) to review the impact of tobacco production on the economy, environment and health of the populations in developing countries which depend upon tobacco production as a major source of income, and to report on this issue to the Forty-third World Health Assembly;

(5) to collaborate actively with FAO and other relevant United Nations agencies with a view to developing agricultural projects that demonstrate how crop substitution programmes can be implemented in countries whose economies depend heavily upon tobacco production and to encouraging such countries to implement these programmes;

4. RESOLVES that each year 31 May shall be World No-Tobacco Day.

May 1989

Resolution WHA43.16

The Forty-third World Health Assembly,

Recalling the strong statement on the issue of smoking and health made by the President in opening the Forty-third World Health Assembly;

Recalling resolutions WHA33.35, WHA39.14, WHA41.25 and WHA42.19 on the health hazards of tobacco smoking and the WHO programme on tobacco or health;

Recalling the requirement contained in resolution WHA42.19 concerning a review of crop substitution and the health and economic aspects of tobacco production and consumption;

Recalling further that resolution WHA39.14 urged Member States to implement a comprehensive nine-point smoking control strategy;

Encouraged by:

(a) the significant progress made by many Member States in the implementation of this strategy;

(b) the continuing decline in tobacco consumption in Member States that have adopted comprehensive smoking control policies;

(c) recent information demonstrating the effectiveness of tobacco control strategies, and in particular:

— legislation or other measures to provide protection from involuntary exposure to tobacco smoke in workplaces, public places and public transport;

— policies to achieve progressive increases in the real price of tobacco;

— comprehensive bans and other legislative restrictive measures to control effectively direct and indirect advertising, promotion and sponsorship [illegible]

Deeply concerned by increasing evidence of the dangers to health of passive smoking and by a new WHO estimate that, unless current smoking rates decrease, there will be 3 million tobacco-related deaths per year during the 1990s, and that this figure will rise sharply to 10 million deaths per year by the 2020s;

Believing that millions of future premature deaths can be avoided if current smoking rates are quickly and substantially reduced;

1. URGES all Member States:

(1) to implement multisectoral comprehensive tobacco strategies which, at a minimum, contain the nine elements outlined in resolution WHA39.14;

(2) to consider including in their tobacco control strategies plans for legislation or other effective measures at the appropriate government level providing for:

(a) effective protection from involuntary exposure to tobacco smoke in indoor workplaces, enclosed public places and public transport, with special attention to risk groups such as pregnant women and children;

(b) progressive financial measures aimed at discouraging the use of tobacco;

(c) progressive restrictions and concerted action to eliminate eventually all direct and indirect advertising, promotion and sponsorship concerning tobacco;

2. NOTES that, in countries where more than one level of government exists, national authorities may not have complete jurisdiction over these issues;

3. REQUESTS the Director-General:

(1) to intensify support for the 1988–1995 plan of action for the WHO programme on tobacco or health;

(2) to ensure the provision of sufficient budgetary resources to assist Member States in implementing comprehensive tobacco control programmes;

(3) to ensure that the report requested in resolution WHA42.19 is presented to the Forty-fourth World Health Assembly;

(4) to monitor and report biennially to the Health Assembly on the progress and effectiveness of Member States' comprehensive tobacco control programmes;

(5) to report to the Forty-fourth World Health Assembly on the progress made in assistance to countries that depend on tobacco production as a major source of financial resources for health and development, with emphasis on measurement of efficacy of such assistance.

May 1990

Resolution WHA44.26

The Forty-fourth World Health Assembly,

Recalling resolutions WHA33.35, WHA39.14, WHA41.25 and WHA42.19 on the health consequences of tobacco consumption and the WHO "tobacco or health" programme, formerly the action programme on smoking and health;

Recalling in particular resolution WHA43.16, which urges all Member States to adopt effective measures to prevent involuntary exposure to tobacco smoke in enclosed public places and public transport;

Recognizing that there is no safe level of exposure to tobacco smoke;

Aware of the technical problems of ensuring a smoke-free environment in many public conveyances, especially trains and aircraft;

Congratulating the transport authorities and companies that have adopted measures to offer their passengers a smoke-free environment and encouraging all those responsible for public transport to do likewise;

Deeply concerned about the dangers to the health, and the violation of the right to health, of non-smokers caused by enforced, or passive, smoking and about the WHO-approved estimates that the annual number of deaths in the world attributable to smoking will be about three million in the 1990s,

1. URGES all Member States:

(1) to adopt appropriate measures for effective protection from involuntary exposure to tobacco smoke in public transport;

(2) to ban smoking in public conveyances where protection against involuntary exposure to tobacco smoke cannot be ensured, and to adopt effective measures of protection wherever possible;

(3) to promote educational activities necessary to make people aware of the importance of protecting themselves and their families, especially children, against passive smoking, for example, while travelling in private cars;

2. REQUESTS the Director-General:

(1) to collaborate with the International Civil Aviation Organization and all competent international and national agencies in developing guidelines and recommendations for a smoke-free travel environment in all types of public conveyances;

(2) to support Member States at their request in implementing effective measures to protect people against involuntary exposure to tobacco smoke in public transport;

(3) to keep the Executive Board and the Health Assembly informed of the progress made in implementing this resolution as an element of the WHO "tobacco or health" programme.

May 1991

Annex 3

List of legislation reviewed[1]

AFGHANISTAN

Order of the Cabinet of 28 December 1971 (prohibiting all advertising of cigarettes)*

ALGERIA

Law No. 85-05 of 16 February 1985 on health protection and promotion (Sections 63–66) (IDHL, 1985, 36(4): 909, 916)

ARGENTINA

Law No. 18604 of 1970 (prohibiting certain forms of advertising of cigarettes)*

Order No. 33.266 prohibiting drivers of school buses from smoking and prohibiting smoking on vehicles transporting dangerous substances

Order No. 22.900 prohibiting smoking on public transport vehicles

Order No. 09-12-910 prohibiting smoking in theatres including interior vestibules and corridors

Law No. 23344 of 31 July 1986 on restrictions on the advertising of tobacco, cigars, cigarettes, and other products intended for smoking and their packaging (IDHL, 1986, 37(4): 796–797)

Parliamentary Decree No. 226 of 27 April 1988 requiring health warnings that smoking is prejudicial to health in all advertising and promotion of tobacco

Argentine Food Code, Article 18 (prohibiting use of tobacco in food establishments and places where food products are handled)

ARGENTINA (BUENOS AIRES)

Order No. 6762-DOC5-84 of 5 December 1984 concerning smoking in public transport, stations of the underground, school buses, vehicles transporting dangerous substances, theatres, and food establishments

[1] Texts marked with an asterisk were not available to the author. Texts marked with two asterisks are due to be published in forthcoming issues of the *International digest of health legislation* (abbreviated to IDHL in the list).

Law No. 10.600 of 12 November 1987 prohibiting smoking in public transport vehicles

ARGENTINA (CORDOBA)

Order No. 8425 of 11 October 1988 prohibiting smoking in the offices of the municipal government that serve the public

Law No. 7827 of 20 September 1989 prohibiting smoking in enclosed places of the executive, legislative, and judicial branches of the government

ARGENTINA (JUJUY)

Law No. 4292 of 17 June 1987 prohibiting smoking in public buildings, school rooms of all levels, hospitals, and means of urban and suburban transport

ARGENTINA (MENDOZA)

Law of 3 December 1988 prohibiting smoking in indoor public places, elevators, and public offices, in hospitals and health centres, in official banks and educational establishments of all levels

ARGENTINA (SAN FERNANDO DEL VALLE DE CATAMARCA)

Order No. 565-C-89 prohibiting smoking in enclosed places of the municipal government and ordering a campaign against smoking with the objective of extending the prohibition to all public and private places

ARGENTINA (VALLE VIEJO)

Order of 25 October 1988 prohibiting smoking in government offices, indoor public places, and means of transport

AUSTRALIA

The Broadcasting and Television Act 1972 (IDHL, 1973, **24**(3): 453)

Notice of Declaration of Unsafe Goods and of Reasons for Decision of 12 October 1989 under the Trade Practices Act of 1974 prohibiting the manufacture, import, and sale of oral snuff and chewing tobacco.

Air Navigation Regulations (Amendment) 25 November 1987

Air Navigation Regulations (Amendment) 13 September 1990

The Smoking and Tobacco Products Advertisements (Prohibition) Act 1989, 28 December 1989 (IDHL, 1991, **42**(1): 48)

AUSTRALIA (CAPITAL TERRITORY)

The Tobacco Products (Health Warnings) Ordinance 1986 requiring the printing of health warnings on containers in which tobacco products are packaged (IDHL, 1987, **38**(3): 541–542)

AUSTRALIA (NEW SOUTH WALES)

The Cigarettes (Labelling) Act, 1972 (IDHL, 1973, **24**(3): 459)

AUSTRALIA (SOUTH AUSTRALIA)

The Cigarettes (Labelling) Act, 1971–1972 (IDHL, 1973, **24**(3): 468)

The Cigarettes (Labelling) Regulations. Dated 3 May 1973 (IDHL, 1974, **25**(4):714–715)

An Act to prohibit the sale or supply of certain tobacco products to children, dated 15 November 1984 (IDHL, 1986, **37**(1): 45) (repealed by the Tobacco Products Control Act, 1986).

The Tobacco Products Control Act, 1986 (IDHL, 1988, **39**(2): 392–394)

The Tobacco Products (Licensing) Act 1986 (IDHL, 1988, **39**(2): 394–395)

The Tobacco Products Control Amendment Act 1988

AUSTRALIA (TASMANIA)

The Cigarettes (Labelling) Act, 1972 (IDHL, 1974, **25**(4): 721)

The Cigarettes (Labelling) Regulations 1973 (IDHL 1976, **27**(1): 20–21)

The Tobacco Products (Labelling) Act 1987 to prohibit the sale of tobacco products except in packages marked with health warnings (IDHL, 1988, **39**(2): 395)

AUSTRALIA (VICTORIA)

The Health (Amendment) Act 1969 (IDHL, 1972, **23**(1): 22–23)

The Tobacco Act 1987 creating a State-wide programme to reduce the prevalence of smoking in Victoria, restricting various forms of advertising, prohibiting the supply of tobacco to persons under 16 years of age and restricting the siting of vending machines, and establishing the Victorian Health Promotion Foundation (IDHL, 1988, **39**(3): 652–653)

AUSTRALIA (WESTERN AUSTRALIA)

The Tobacco (Warning Labels) Regulations, 1987 (IDHL, 1988, **39**(2): 395–396)

The Tobacco Control Act 1990 (IDHL, 1991, **42**(2): 273–275)

AUSTRIA

Decree of 15 February 1979 of the Federal Ministry of Health and Environmental Protection on smoking in hospitals (IDHL, 1980, **31**(1): 19)

The Employees' Protection Law of 1972, as amended by the Federal Law of 20 October 1982 (IDHL, 1986, **37**(1): 114–115)

BAHAMAS

The Health Services (Amendment) Act of 1976, cited as the Health Services Rules, requiring a health warning on tobacco advertising and cigarette packages.

BELGIUM

Crown Order of 28 December 1979 on the manufacture and marketing of tobacco, tobacco products, and similar products (IDHL, 1981, **32**(1): 85–86) as amended by the Crown Order of 30 March 1981 (IDHL, 1982, **33**(1):32–33)

Crown Order of 5 March 1980 on advertising for tobacco, tobacco products, and similar products (IDHL, 1981, **32** (1):86–87), as amended by Crown Order of 22 September 1980 (IDHL, 1982, **33**(1): 32)

Crown Order of 21 January 1982 amending the Crown Order of 5 March 1980 on advertising for tobacco, tobacco products, and similar products (IDHL, 1983, **34**(4): 767–768)

Decree of 2 December 1982 on the control of smoking and tobacco consumption (IDHL, 1986, **37**(1): 45–48)

Crown Order of 20 December 1982 on the advertising of tobacco, tobacco products, and similar products (IDHL, 1985, **36**(1): 62–63)

Crown Order of 20 December 1982 amending the Crown Order of 28 December 1979 on the manufacture and marketing of tobacco, tobacco products and similar products (IDHL, 1985, **36**(1): 63)

Crown Order of 31 March 1987 prohibiting smoking in certain public places (IDHL, 1987, **38**(3): 542–543)

Crown Order of 19 January 1990 modifying the Crown Order of 29 December 1979 on the manufacture and marketing of tobacco and tobacco products**

Crown Order of 10 April 1990 modifying the Crown Order of 20 December 1982 on advertising of tobacco and tobacco products**

Crown Order of 15 May 1990 prohibiting smoking in certain public places**

BERMUDA

The Tobacco Products (Public Health) Act 1987 requiring warnings on packages and advertisements for tobacco products (IDHL, 1989, **40**(1): 100)

The Tobacco Products (Public Health) Regulations 1988 requiring health warnings on cigarette packages (IDHL, 1989, **40**(1): 100–101)

BOLIVIA

Decree-Law No. 15629 of 18 July 1978 promulgating the Health Code (including Chapter IX, Tobacco) (IDHL, 1983, **34**(2): 232)

Ministerial Resolution (Ministry of Social Welfare and Public Health) of 7 April 1980 (establishing a health warning on cigarette packets)

Regulations of 15 March 1982 on the use of tobacco (IDHL, 1983, **34**(3): 538–539)

Ministerial Resolution No. 883 of 12 October 1984 prohibiting smoking in any educational establishment, private or public, throughout Bolivia

BRAZIL

Law No. 7488 of 11 June 1986 establishing a National Anti-Smoking Day (IDHL, 1989, **40**(2): 406)

Order No. 490 of 25 August 1988 restricting smoking in public places, requiring health warnings on tobacco packages, restricting advertising (IDHL, 1989, **40**(2): 406)

Regulation No. 731 of the Ministry of Health dated 31 May 1990 restricting advertising of tobacco products, requiring a health warning on packages and advertising, regulating smoking in health institutions and on airline flights, encouraging federal districts and municipalities to restrict smoking in public places, and forbidding sale of tobacco products to persons under 18 years of age (Resolution No. 490 of 25 August 1988 is repealed)

BRAZIL (RIO GRANDE DO SUL)

Order No. 1/80-SSMA of 8 April 1980 concerning smoking in the workplace, smoking in health institutions, restrictions on sales in health institutions (IDHL, 1981, **32**(1): 87)

Law No. 7813 of 21 September 1983 laying down provisions on smoking, and other provisions (IDHL, 1983, **34**(4): 768)

BRAZIL (SÃO PAULO)

Law No. 3.938 of 8 September 1950 prohibiting smoking on public transportation vehicles, in elevators, and in places of public entertainment

Law No. 8.421, of 14 July 1976 prohibiting smoking in indoor supermarkets and other stores

Law No. 9.032 of 27 March 1980 concerning educational programmes in the schools on the harmful consequences of tobacco and alcohol consumption

Law No. 9.120 of 8 October 1980 prohibiting smoking in public places, health establishments, elementary and secondary schools, and public urban transportation vehicles.

Law No. 2.845 of 20 May 1981 prohibiting smoking on school premises, sports grounds, and public health establishments

Decree No. 17.451 of 22 July 1981 regulating Law No. 9.120 of 8 October 1980 prohibiting smoking in public places, hospitals, elementary and secondary schools

BULGARIA

Sanitary Rules approved by the Chief State Sanitary Inspector to restrict smoking in working premises and workplaces (IDHL, 1970, **21**(3): 536)

Decree No. 2431 of 2 November 1973 embodying the Law on public health (Section 58) (IDHL, 1974, **25**(3): 502, 512–513)

Ordinance No. 2 on health requirements in connection with smoking (IDHL, 1980, **31**(4): 752–755)

BURKINA FASO

Order No. AN V-81 FP. SAN CAPRO.DP of 29 February 1988 containing measures aimed at the control of smoking (IDHL, 1990, **41**(2): 273–274)

CANADA

The Tobacco Restraint Act (Chapter 266 of the Revised Statutes of Canada)

Aeronautics Act: Air Regulations, amendment, SOR/87-554, dated 10 September 1987 (IDHL, 1988, **39**(1): 86)

The Tobacco Products Control Act. An Act (C-51) to prohibit the advertising and promotion and respecting the labelling and manufacturing of tobacco products, dated 31 May 1988 (IDHL, 1988, **39**(4): 858–859)

The Non-smokers' Health Act. An Act (C-204) to regulate smoking in the federal workplace and on common carriers and to amend the Hazardous Products Act in relation to cigarette advertising, dated 31 May 1988 (IDHL, 1988, **39**(4): 859–860)

The Non-smokers' Health Act, 1988, Chapter 21, Revised Statutes of Canada, as amended by Chapter 7, Revised Statutes of Canada, 1988 (IDHL, 1990, **41**(1): 83–84)

Tobacco Products Control Regulations, Statutes of Canada 1988, Chapter 20

The Non-smokers' Health Regulations. Dated 14 December 1989 (IDHL, 1990, **41**(1): 84–85)

CANADA (BRITISH COLUMBIA)

The Tobacco Products Act. Dated 27 October 1972 (IDHL, 1975, **26**(2): 268)

The Tobacco Products Regulations. British Columbia Regulation 258/72. Regulation made by Order in Council 3941, approved 2 November 1972 (IDHL, 1974, **25**(1): 52)

CANADA (MANITOBA)

An Act to Protect the Health of Non-Smokers. 15 March 1990

CANADA (NOVA SCOTIA)

The Drug Dependency Act. Dated 30 March 1972 (IDHL, 1973, **24**(1): 66)

CANADA (ONTARIO)

The Smoking in the Workplace Act, dated 26 July 1989 (IDHL, 1990, **41**(3): 450–451)

CANADA (QUEBEC)

An Act respecting the protection of non-smokers in certain public places, dated 18 June 1986 (IDHL, 1987, **38**(1): 65–66)

CAYMAN ISLANDS

The Tobacco Product and Intoxicating Liquor Advertising Law 1986, making provision for the display of a health warning in connnection with the advertisement of tobacco products and providing for the control of advertising of tobacco products and intoxicating liquor (IDHL, 1989, **40**(3): 602)

CHILE

Decree Law No. 2763 of 11 July 1979 (IDHL, 1982, **33**(4): 671) and Supreme Decree No. 395 of the Ministry of Health creating a National Commission for the Control of Smoking

Decree No. 106 of 8 April 1981 prescribing a warning in connection with the marketing and advertising of tobacco (IDHL, 1982, **33**(4): 732)

Circular No. 601/81 of the Ministry of Education, dated 11 May 1981, restricting smoking by teachers and in the schools

Circular No. 3H/95 of 23 June 1982 of the Ministry of Health prohibiting smoking by professionals, officials, and the general public in hospital rooms, clinics, waiting rooms, administrative offices serving the public, elevators, auditoriums and waiting rooms of the National Health Service

Law No. 18290 of February 1985 concerning the public transport of passengers and prohibiting smoking in the interior of public vehicles

Decree No. 1 of 2 January 1986 establishing the National Commission for the Control of Smoking (IDHL, 1987, **38**(4): 797–798)

Decree No. 164 of 4 June 1986 prescribing a new warning for use in the marketing and advertising of tobacco (IDHL, 1987, **38**(4): 787)

Circular No. 3F/123 of 13 August 1986 of the Ministry of Health restricting smoking in the health facilities of the National Health Service

Circular No. 1-27 of the Ministry of Health of July 1989 concerning promotion of the anti-tobacco campaign in the community and in the schools of the municipal education system.

Circular No. 27 of 4 July 1989 of the Ministry of the Interior recommending restrictions on smoking in government services and on the sale of tobacco products in kiosks and other places of the government services

CHINA

Law of 29 June 1991 on the exclusive sale of tobacco of the People's Republic of China (IDHL, 1991, **42**(4): 666)

COLOMBIA

Decree No. 1188 of 25 June 1974 promulgating the National Statute on Narcotics in which Section 20 restricts tobacco advertising in cinemas and the broadcast media (IDHL, 1978, **29**: 23–26)

Resolution No. 001974 of 7 May 1975 prescribing Regulations for the implementation of Sections 10 and 20 of Decree No. 1188 of 1974

Decree No. 3430 of 26 November 1982 concerning restrictions on advertising of tobacco

Resolution No. 4063 of 1982 regulating Decree No. 3430 of 26 November concerning restrictions on advertising

Resolution No. 07559 of 12 June 1984 creating the National Board on Tobacco and Health

Decree No. 3788 of 1986 concerning educational campaigns against tobacco

COLOMBIA (BOGOTÁ)

Accord No. 3 of 1983 concerning smoking in public places, public vehicles, schools, health establishments, and government offices

COSTA RICA

Decree No. 1520-SPPS of 24 February 1971 requiring warnings on cigarette packages (IDHL, 1974, **24**: 61)

Decree No. 17377-S of 13 January 1987 concerning health warnings on packages (IDHL, 1987, **38**(4): 787)

Decree No. 17967-S of 4 February 1988 concerning restrictions on sales to minors (IDHL, 1989, **40**(1): 101)

Decree No. 17969-S of 4 February 1988 concerning information programmes (IDHL, 1989, **40**(1): 101)

Decree No. 18216-S-TSS of 23 June 1988 concerning smoking in the workplace (IDHL, 1989, **40**(1): 101)

Decree No. 18248-MOPT-S of 23 June 1988 concerning smoking on public transport vehicles (IDHL, 1989, **40**(1): 101–102)

CÔTE D'IVOIRE

Decree No. 79-477 of 6 June 1979 prohibiting smoking in certain public places (IDHL, 1981, **32**(2): 258)

CUBA

Ministerial Resolution No. 165 of 17 August 1981 concerning smoking in health institutions, smoking in the workplace (IDHL, 1989, **40**(2): 407)

CYPRUS

The Health Protection (Smoking Control) Law of 1980 (IDHL, 1981, **32**(4): 731–732)

The Health Protection (Smoking Control) Regulations of 1988 (IDHL, 1989, **40**(1): 102)

CZECHOSLOVAKIA[1]

Order No. 45 of 13 June 1966 of the Ministry of Health concerning the establishment and protection of healthy living conditions (Section 22) (IDHL, 1967, **18**(2): 327)

[1] There are a number of other items of legislation in Czechoslovakia restricting smoking in public transport vehicles, etc.

Instructions No. 12 of 1972 of the Ministry of Health of the Czech Socialist Republic (subsection 3 of Section 21)*

Instructions No. 13 of 1973 of the Ministry of Education of the Czech Socialist Republic (subsection 2 of Section 3)*

Regulations of the Slovak Ministry of Health of 1 September 1976 (prohibiting smoking in all health establishments)

Standard CSN 569560. Dated 1 November 1979

Law No. 37/89 of 28 March 1989 of the Czech National Council on protection against alcoholism and other addictions

DENMARK

Law No. 398 of 10 June 1987 on the Council on Prevention and the Council on Tobacco-induced Damage to Health (IDHL, 1988, **39**(2): 396)

Order No. 416 of the Ministry of Culture prohibiting advertising of tobacco on television. Dated 18 June 1987

Circular of 23 March 1988 of the Ministry of Health on the provision of nonsmoking environments in public premises, means of transport, etc. (IDHL, 1989, **40**(2): 407–408)

Order No. 441 of 26 July 1988 on advertisements through local radio services (IDHL, 1989, **40**(1): 603)

Law No. 426 of 13 June 1990 on the labelling of tobacco products and the tar content of cigarettes (IDHL, 1991, **42**(1): 49–50)

Order No. 507 of 28 June 1990 on the labelling of tobacco products and the tar content of cigarettes (IDHL, 1991, **42**(1): 50)

ECUADOR

Supreme Decree No. 965 of 24 August 1973 promulgating Regulations governing manufacturing, sales, and advertising activities associated with the use and consumption of cigarettes and alcoholic beverages (IDHL, 1978, **29**(1): 64–65)

EGYPT

Order No. 386 of 1977 of the Ministry of Communications and Culture prohibiting the advertising of cigarettes on radio and television

Law No. 52 of 20 June 1981 on protection against the harmful effects of smoking (IDHL, 1981, **32**(3): 459)

EGYPT (ALEXANDRIA)

Alexandria Municipal Ordinance of 20 July 1904 prohibiting smoking in theatres, amended on 29 December 1938 and by Law No. 372 of 29 October 1956 and again in 1964 to ban smoking in public places and advertising

EL SALVADOR

Decree No. 955 of 11 May 1988 promulgating the Health Code (IDHL, 1990, **41**(1): 1–15)

EUROPEAN COMMUNITIES

Council Directive No. 77/805/EEC of 19 December 1977 amending Directive 72/464/EEC on taxes, other than turnover taxes, which affect the consumption of manufactured tobacco (IDHL, 1978, **29**(2): 330–331)

Resolution of 18 July 1989 of the Council and the Ministers of Health of the Member States, meeting within the Council, inviting the Member States to ban smoking in enclosed premises open to the public which form part of public or private establishments and to extend the ban on smoking to all forms of public transport (IDHL, 1989, **40**(4): 890–891)

Council Directive 89/552/EEC of 3 October 1989 on the coordination of certain provisions laid down by law, regulation or administrative action in Member States concerning the pursuit of television broadcasting activities

Council Directive 89/622/EEC of 13 November 1989 on the approximation of the laws, regulations and administrative provisions of the Member States concerning the labelling of tobacco products, and requiring statements of tar and nicotine yields in specified form and health warnings on tobacco packages (IDHL, 1990, **41**(1): 85–88)

Council Directive 90/239/EEC of 17 May 1990 on the approximation of the laws, regulations and administrative provisions of the Member States concerning the maximum tar yield of cigarettes (IDHL, 1990, **41**(3): 451–452)

FINLAND

Law No. 693 of 13 August 1976 on measures to restrict smoking (IDHL, 1977, **28**(3): 486–489)

Law No. 1147 of 31 December 1976 concerning allocation of revenue from tobacco taxes to anti-smoking activities.

Ordinance No. 225 of 25 February 1977 on measures to restrict smoking (IDHL, 1977, **28**(3): 489–491)

Decree No. 227 of 25 February 1977 of the Council of State on the maximum permitted limits for substances dangerous or harmful to health that are contained in tobacco products approved for sale or that are released when such products are smoked (IDHL, 1977, **28**(3): 491)

Decree No. 254 of 25 February 1977 of the Ministry of Social Affairs and Health on smokers' accessories (IDHL, 1977, **28**(3): 491–492)

General Directive on Health Education (1978) DNO 3113/02/78

Decree No. 747 of 26 September 1979 of the Council of State on the maximum levels of harmful substances in tobacco products approved for sale and the classification of self-burning factory-manufactured cigarettes (IDHL, 1980, **31**(2): 307–308)

Ordinance No. 125 of 22 February 1980 amending the Ordinance on measures to restrict smoking (IDHL, 1980, **31**(2): 308)

Decree No. 770 of 15 November 1984 of the Council of State on the maximum levels of harmful substances in tobacco products approved for sale and the classification of factory-manufactured cigarettes (IDHL, 1985, **36**(4): 992–993)

Law No. 914 of 12 December 1986 on product safety (IDHL, 1991, **42**(1): 100–101)

Law No. 1037 of 11 December 1987 concerning allocation of revenue from tobacco taxes to anti-smoking activities

FRANCE

Law No. 76-616 of 9 July 1976 concerning measures to combat smoking (IDHL, 1976, **27**(4): 732–734)

Decree No. 77-1042 of 12 September 1977 prohibiting smoking in certain places intended for use by groups of people where this practice may have harmful effects upon health (IDHL, 1978, **29**(2): 352–353)

Decree No. 77-1273 of 17 November 1977 for the implementation of Law No. 76-616 of 9 July 1976 concerning measures to combat smoking (IDHL, 1978, **29**(2): 361)

Order of 30 January 1978 establishing the list of substances which must be indicated on cigarette packaging units and the conditions for determining the presence of such substances (IDHL, 1979, **30**(1): 44)

Order of 1 March 1978 on the limits of the space devoted to advertising of tobacco in the printed press (IDHL, 1979, **30**(1): 44)

Circular No. 519 of 1 March 1978 on the opening of tobacconists' shops in hospital establishments (IDHL, 1979, **30**(1): 44)

Order of 9 March 1978 for the implementation of the third and fourth paragraphs of Section 10 of Law No. 76-616 of 9 July 1976 concerning measures to combat smoking (IDHL, 1979, **30**(1): 44)

Order of 2 October 1978 concerning conditions for the implementation of the prohibition of smoking in aircraft (IDHL, 1979, **30**(1): 45)

Decree No. 78-1108 of 23 November 1978 for the implementation of the Law of 1 August 1905 on fraudulent practices and misbranding with regard to products or services in respect of tobacco, tobacco products, and tobacco substitutes (IDHL, 1979, **30**(4): 785–786)

Order of 5 June 1979 on the additives permitted in the manufacture of tobacco and tobacco products and their substitutes (IDHL, 1979, **30**(4): 786)

Law No. 83-25 of 19 January 1983 prescribing various measures relating to social security (IDHL, 1983, **34**(4): 767)

Order of 4 March 1983 determining the form to be taken by the distinctive mark to be apposed to the packaging of alcoholic beverages and tobacco (IDHL, 1983, **34**(4): 767)

Order of 16 July 1984 on the additives permitted in the manufacture of tobacco products and their substitutes (IDHL, 1985, **36**(3): 648)

Circular No. 231 of 13 January 1988 on the control of tobacco consumption in hospital establishments (IDHL, 1989, **40**(1): 102)

Law No. 89-18 of 13 January 1989 amending the law of 9 July 1976 concerning the fight against smoking by requiring advertising of products bearing the name or emblem of tobacco products to comply with the restrictions on advertising of tobacco

Law No. 91-32 of 10 January 1991 on measures to combat tobacco use and alcoholism (IDHL, 1991, **42**(1): 44–47)

Decree of 26 April 1991 laying down the maximum tar content of cigarettes

Decree of 26 April 1991 on the methods of analysis of the content of nicotine and tar and the methods of checking the accuracy of the information given on packages, as well as the modalities for showing health messages and the obligatory statements on packs of tobacco and tobacco products

Decree No. 92-478 of 29 May 1992 establishing the conditions for application of the prohibition of smoking in premises assigned for community use and modifying the Public Health Code.

FRENCH POLYNESIA

Deliberation No. 82-11 of 18 February 1982 of the Territorial Assembly of French Polynesia on the organization of the control of tobacco abuse and tobacco dependence in the Territory (IDHL, 1982, **33**(2): 283)

GAMBIA

The Tobacco Products (Control of Advertisements) Act, 1985 (IDHL, 1986, **37**(3): 570–571)

GERMANY[1]

Law on the protection of juveniles in public (version dated 27 July 1957)

Law of 15 August 1974 for the overall reform of foodstuffs law (IDHL, 1975, **26**(3): 524–526)

Workplace Ordinance of 20 March 1975 (Section 5)

The Tobacco Ordinance. Dated 20 December 1977 (IDHL, 1978, **29**(4): 737)

GREECE

Decision No. A2a/5648 of 20 November 1976 introducing the Child Health Booklet (IDHL, 1978, **29**(2): 379–380)

Ministerial Decision No. A2g/Ec 1989 of 2 April 1979 prohibiting smoking in hospital establishments and private nursing homes (IDHL, 1981, **32**(3): 459–460)

Ministerial Decision No. A2g/EC 3051 of 25 April 1980 prohibiting smoking in enclosed public places (IDHL, 1981, **32**(3): 460)

Ministerial Decision No. A2/ik. 6139 of 23 December 1988 on the labelling of tobacco products with regard to the harmful effect of tobacco on health (IDHL, 1989, **40**(4): 844–845)

GUATEMALA

Decree No. 80-74 of 13 September 1974 establishing a health warning on cigarette packets

Government Accord No. 681 of 3 August 1990, prohibiting smoking in public transportation vehicles and in public places in government and private offices

HONDURAS

Law of the Honduran Institute for the Prevention of Alcoholism and Drug Addiction, Decree No. 136-89 of 14 October 1989 providing for control of smoking in public places

HONG KONG

The Smoking (Public Health) (Notices) (Amendment) Order 1983 (IDHL, 1983, **34**(4): 768–769)

The Smoking (Public Health) (Amendment) Ordinance 1984 (IDHL, 1984, **35**(4): 771–772)

The Smoking (Public Health) (Amendment) Regulations 1984 (IDHL, 1984, **35**(4): 772)

The Smoking (Public Health) (Specification of Newspaper Circulation) Notice 1984 (IDHL, 1984, **35**(4): 772)

The Public Health and Municipal Services (Amendment) (No. 2) Ordinance 1986 containing a definition of "smokeless tobacco products" (IDHL, 1987, **38**(1): 66–67)

[1] The German Democratic Republic had a number of statutes restricting smoking and access to cigarettes. The terms of the unification of the two Germanys provide that the laws of the Federal Republic of Germany shall prevail.

The Smokeless Tobacco Products (Prohibition) Regulations 1987 (IDHL, 1987, **38**(1): 67)

The Hong Kong Council on Smoking and Health Ordinance 1987 (IDHL, 1988, **39**(1): 86–87)

HUNGARY

Regulations No. 118244 of 1972 of the Minister of Posts and Transport concerning the transportation of passengers, baggage, and urgent goods, taking into account all subsequent amendments and regulations (Sections 7 and 8)

Policy Statement No. 127128 of 1973 of the Minister of Culture concerning the internal regulations of schools

Policy Statement No. 4 of 1976 of the Ministry of Internal Trade concerning smoking in commercial and hotel establishments

Instructions No. 500551 of 1976 introducing provisions intended to restrict smoking in buses

Instructions No. 10 of 1977 of the Minister of Agriculture and Food concerning the warning notices that must appear on confectionery products and on tobacco products

Ordinance No. 10 of 14 May 1977 of the Minister of Internal Trade amending Ordinance No. 13 of 12 March 1968 concerning the marketing of tobacco products for purposes of consumption

Recommendation of the Ministry of Internal Trade of 1979 concerning abstention from smoking during children's mealtimes

Policy Statement No. 31 of 1980 of the Ministry of Health on measures to control smoking (IDHL, 1980, **31**(4): 839)

ICELAND

Law No. 59 of 18 April 1971 amending Law No. 63 of 28 May 1969 on State trade in alcoholic beverages, tobacco, and medicaments (IDHL, 1978, **29**(3): 581)

Law No. 27 of 11 May 1977 prescribing measures to reduce smoking (IDHL, 1979, **30**(3): 570)

Law No. 74 of 28 May 1984 on the prevention of the use of tobacco (IDHL, 1984, **35**(4): 772)

Regulations No. 499 of 28 December 1984 concerning warnings on tobacco products (IDHL, 1986, **37**(1): 47–48)

INDIA

The Cigarettes (Regulation of Production, Supply and Distribution) Act, 1975 (IDHL, 1977, **28**(4): 996–999)

The Cigarettes (Regulation of Production, Supply and Distribution) Rules, 1976 (IDHL, 1977, **28**(4): 999)

Prohibition of tobacco smoking in public places. Office Memorandum No. 27/1/3/90 Cab. Government of India, Cabinet Secretariat, New Delhi, 7 May 1990

INDIA (STATE OF NEW DELHI)

The Delhi (Place of Public Entertainment) Prohibition of Smoking Act, 1953

IRELAND

The Tobacco Products (Control of Advertising, Sponsorship and Sales Promotion) Act, 1978 (IDHL, 1979, **30**(4): 806–807)

The Tobacco Products (Control of Advertising, Sponsorship and Sales Promotion) Regulations, 1979 (IDHL, 1980, **31**(3): 537–538)

The Health (Restricted Article) Order, 1985 (IDHL, 1986, **37**(1): 48)

The Tobacco Products (Control of Advertising, Sponsorship and Sales Promotion) Regulations, 1986 (IDHL, 1986, **37**: 48–49, 571)

The Tobacco (Health Promotion and Protection) Act, 1988 (IDHL, 1989, **40**(1): 103–104)

The Tobacco (Health Promotion and Protection) Regulations, 1990. Dated 23 February 1990 (IDHL, 1990, **41**(3): 452)

ISRAEL

The Restriction of Smoking (Public Places) Law, 1983 (IDHL, 1984, **35**(3): 617)

The Aircraft (Operation of Aircraft and Flight Rules) (Amendment) Regulations, 1987 (IDHL, 1988, **39**(4): 861)

The Criminal Procedure (Violations Subject to a Fine — Smoking Restrictions in Public Places) Order, 1986 (IDHL, 1988, **39**(4): 861)

Order restricting smoking in public places (change in Appendix to the Law of 1983), 1988

ITALY

Law No. 165 of 10 April 1962 prohibiting advertisements for tobacco products

Law No. 584 of 11 November 1975 prohibiting smoking in specified premises and on means of public transport (IDHL, 1977, **28**(3): 621)

Ministerial Decree of 18 May 1976 laying down provisions governing air-conditioning or ventilation systems as referred to in Law No. 584 of 11 November 1975 prohibiting smoking in specified premises and in means of public transport (IDHL, 1977, **28**(4): 1018)

JAPAN

Law No. 33 of 7 March 1900 prohibiting smoking by minors, as amended by Law No. 251 of 18 December 1948

JORDAN

Law No. 64 of 1977 for the protection of public health against health hazards caused by smoking (IDHL, 1983, **34**(2): 283)

Decision No. 1 of 1980 of the Ministry of Health establishing a health warning on cigarette packets (IDHL, 1985, **36**(4): 993)

KENYA

The Public Health (Warning on Cigarette Smoking) Rules, 1984 (IDHL, 1985, **36**(4): 993)

KUWAIT

Ministerial Resolution No. 25 of 1980 on the particulars to be stated on cigarette packages (IDHL, 1981, **32**(2): 258)

Ministerial Decree No. 180 of 28 April 1988 laying down detailed provisions on the analysis of the components of imported cigarettes (IDHL, 1988, **39**(4): 861)

KUWAIT (MUNICIPALITY OF KUWAIT)

Resolution No. 981 of 1980 of the Mayor of the Municipality of Kuwait (cancelling licences for advertisements for tobacco products within the municipality) (IDHL, 1981, **32**(2): 258)

LEBANON

Decree-Law No. 101 of 16 September 1983 on the warning of citizens of the harmful effects of tobacco (IDHL, 1985, **36**(1): 63–64)

LUXEMBOURG

Law of 24 March 1989 relating to the restriction of advertising of tobacco products and prohibiting smoking in certain places (IDHL, 1990, **40**(4): 845)

Law of 19 June 1990 implementing the Law of 24 march 1989 restricting advertising of tobacco products and prohibiting smoking in certain places (IDHL, 1990, **41**(4): 636)

MACAO

Law No. 3/83/M of 11 June 1983 on the prevention and control of smoking (IDHL, 1985, **36**(3): 648–649)

MALTA

The Tobacco (Control of Advertisement) Act, 1970 (IDHL, 1973, **24**(1): 183)

The Prohibition of Advertisement of Tobacco on Television and in Cinemas Regulations, 1970 (IDHL, 1973, **24**(1): 183)

The Tobacco (Smoking Control) Act, 1986 (IDHL, 1987, **38**(3): 544–547)

The Health Warnings (On Smoking) Regulations, 1987 (IDHL, 1989, **40**(2): 408)

Smokeless Tobacco (Ban) Regulations 1988, to prohibit the importation, manufacture, preparation, storage, sale or supply of smokeless tobacco

MAURITIUS

Public Health (Prohibition of Smoking) Regulations 1990, requiring health warnings, prohibiting sales of cigarettes to minors, and restricting smoking in public places

MEXICO

Decree of 26 February 1973 promulgating the Health Code of the United Mexican States (Sections 249–252) (IDHL, 1974, **25**(1): 123–141)

Regulations of 16 December 1974 on advertising for foodstuffs, beverages, and medicaments (IDHL, 1976, **27**(1): 163–168)

The General Law on Health, dated 26 December 1983, including Chapter II, Programme Against Smoking, Chapter XI, Tobacco, and Title 13, Advertising (IDHL, 1986, **37**(3): 493, 498, 501)

Coordination Agreement of 10 November 1986 between the Federal Executive and the Executive of the State of Tabasco, for the purpose of supporting the Smoking Control Programme (IDHL, 1987, **38**(4): 787–788)

Decree of the Secretary of Health of 17 April 1990 restricting smoking in medical facilities of the Secretary of Health and in the National Institutes of Health

MEXICO (FEDERAL DISTRICT)

Regulation for the protection of non-smokers dated 5 July 1990 prohibiting smoking in indoor public places, public transport vehicles, public and private schools, hospitals and clinics, government offices, cinemas, theatres, and shops and business places where the public is being served

NETHERLANDS

The Cigarette and Cigarette Tobacco Labelling Decree (Commodities Law) of 29 April 1981 (IDHL, 1982, **33**(1): 33)

Decree of 9 December 1986 amending the Cigarette and Cigarette Tobacco Labelling Decree (IDHL, 1988, **39**(1): 87–88)

Law of 10 March 1988 prescribing measures for the restriction of tobacco use, and in particular for the protection of non-smokers (IDHL, 1989, **40**(2): 408–410)

NEW ZEALAND

The Police Offences Act 1927 (reprint as of 1 January 1974) (IDHL, 1975, **26**(2): 398–399)

The Toxic Substances Act 1979 (Sections 72–74) (IDHL, 1980, **31**(4): 855–856)

The Toxic Substances Regulations 1988. Amendment No. 2. Dated 21 March 1988

The Smoke-free Environments Act 1990 (IDHL, 1990, **41**(4): 636–640)

The Smoke-free Environments Regulations 1990

NICARAGUA

Decree of 30 June 1976 (establishing a health warning on cigarette packets)*

NIGERIA

The Tobacco Smoking (Control) Decree 1990, Decree No. 20. Dated 25 June 1990 (IDHL, 1990, **41**(4): 640–641)

NORWAY

Law of 19 April 1899 for the protection of children against the use of tobacco

Law No. 14 of 9 March 1973 on restrictive measures in trade in tobacco products, etc. (IDHL, 1975, **26**(3): 571–572)

Regulations of 25 October 1974 on the labelling of packets of cigarettes, packets of smoking tobacco, and packets of cigarette paper (IDHL, 1975, **26**(3): 572), as amended on 5 June 1975 (IDHL, 1976, **27**(3): 593–594)

Regulations of 25 October 1974 on the prohibition of tobacco advertising (IDHL, 1975, **26**(3): 572)

Regulations of 29 November 1977 on conditions governing exemptions from the prohibition on advertising in the Law on restrictive measures in trade in tobacco products, etc. (IDHL, 1979, **30**(1): 125–126)

Regulations No. 830 of 25 March 1983 on the labelling of packets of cigarettes, packets of smoking tobacco, and packets of cigarette paper (IDHL, 1984, **35**(2): 344–345)

Regulations No. 2145 of 14 December 1984 on asbestos (IDHL, 1985, **36**(4): 1060)

Law No. 24 of 6 May 1988 amending Law No. 14 of 9 March 1973 on restrictive measures in trade in tobacco products (IDHL, 1988, **39**(4): 862)

Regulations No. 563 of 8 July 1988 on protection against tobacco-induced injury (IDHL, 1988, **39**(4): 862–863)

Regulations No. 925 of 4 September 1989 amending the Regulations concerning exceptions to the ban on advertising contained in Section 2 of the Law on protection against tobacco-induced injury (IDHL, 1990, **41**(2): 274)

Regulations No. 1044 of 13 October 1989 on the prohibition of new products containing tobacco and nicotine (IDHL, 1990, **41**(2): 275)

'AKISTAN

The Cigarettes (Printing of Warning) Ordinance, 1979 (IDHL, 1984, **35**(1): 74–75)

The Cigarettes (Printing of Warning) Rules, 1982 (IDHL, 1984, **35**(1): 75)

PANAMA[1]

Cabinet Decree No. 56 of 17 March 1970 prescribing measures against cigarettes (IDHL, 1973, **24**(3): 581)

Decree No. 129 of 19 June 1978 prescribing measures on the advertising of alcoholic beverages, non-alcoholic beverages, cigarettes, and tobacco

PAPUA NEW GUINEA

The Tobacco Products (Health Control) Act 1987 (IDHL, 1988, **39**(4): 863–865)

PARAGUAY

Law No. 836/80 promulgating the Health Code, 15 December 1980 in which Sec. 202 restricts advertising of tobacco and authorizing the Ministry of Health to require a health warning on tobacco products (IDHL, 1981, **32**(4): 624–634)

Resolution S.G. No. 20 of the Ministry of Public Health and Social Welfare, 23 January 1990, prohibiting smoking in the facilities of the Ministry of Public Health and Social Welfare and setting forth means of control

Decree-Law No. 4012 regulating Articles 202–205 of the Sanitary Code on Advertising of Tobacco and Alcohol

PARAGUAY (ASUNCIÓN)

Capital Municipality Transit Rule 298 of August 1981 prohibiting smoking in urban passenger vehicles

Capital Municipality Ordinance 15,381 dated 2 February 1984 prohibiting smoking in cinemas, theatres, and other similar public places

Order of the Municipal Council, Article 298 in relation to World No-Tobacco Day, 1991 prohibiting smoking in collective public transportation vehicles

PERU

Supreme Decree No. DS-0079-70-SA of April 1970 requiring health warnings on cigarette packages and advertising and restricting advertising (IDHL 1977, **28**(3): 689)

Law No. 23482 of 20 October 1982 on the selective consumption tax on cigarettes made from blond tobacco (IDHL, 1987, **38**(1): 67)

[1] There are a number of other provisions in Panama restricting smoking in buses, cinemas, etc.

POLAND

Ordinance of 4 June 1974 of the Minister of Health and Social Welfare concerning restrictions on smoking based on health grounds (IDHL, 1975, **26**(1): 200–201)

PORTUGAL[1]

Order No. 212 of 18 April 1978 prohibiting smoking in urban public transport as well as in inter-urban public transport on journeys lasting up to one hour (IDHL, 1979, **30**(3): 638–639)

Order No. 375/78 of 11 July 1978 prescribing Regulations for the implementation of Order No. 212/78 of 18 April 1978 concerning the prohibition of smoking in public transport, prescribing the manner in which the prohibition and, in certain cases, permission to smoke are to be indicated, and determining the right to carry out inspection and collect fines and the manner in which this is to be done (IDHL, 1979, **30**(3): 639)

Decree-Law No. 421/80 of 30 September 1980 prescribing rules governing advertising (IDHL, 1981, **32**(3): 481–482)

Law No. 22/82 of 17 August 1982 on the control of smoking (IDHL, 1985, **36**(1): 64)

Decree-Law No. 226/83 of 27 May 1983 for the implementation of Law No. 22/82 of 17 August 1982 on the control of smoking, and establishing the Smoking Control Council (CPT) (IDHL, 1985, **36**(1): 64–65)

ROMANIA

Law of 6 July 1978 on the safeguarding of the health of the population (Section 84) (IDHL, 1979, **30**(2): 263)

SAUDI ARABIA

Royal Decree M/10 dated 1392 (H)-03-03 (1982) requiring health warnings in Arabic and English on cigarette packages as well as tar and nicotine contents, and specifying maximum tar and nicotine contents

Circular of 18 October 1983 prohibiting smoking in ministerial offices, Government agencies, and public institutions (IDHL, 1986, **37**(1): 49)

SENEGAL

Law No. 81-58 of 9 November 1981 prohibiting advertising for tobacco and smoking in certain public places (IDHL, 1983, **34**(1): 90)

Ministerial Order No. 8236 M.S.P.-D.PH. of 30 July 1982 prescribing the substances that must be indicated on the packaging units of tobacco or tobacco products and the conditions for determining the presence of such substances (IDHL, 1983, **34**(1): 90)

Law No. 85-23 of 25 February 1985 amending Law No. 81-58 of 9 December 1981 prohibiting the advertising of tobacco and smoking in certain public places (IDHL, 1986, **37**(4): 798)

Decree No. 85-1375 of 28 December 1985 specifying the conditions governing the promotion or advertising of tobacco or tobacco products (IDHL, 1986, **37**(4): 798–799)

[1] According to a report in the *Daily Telegraph* (London) of 11 June 1981, the Portuguese Parliament has approved a ban on smoking by children under 16 years of age.

SINGAPORE

The Prohibition of Smoking in Certain Places Act, 1970 (IDHL, 1973, **24**(1): 217)

The Prohibition of Advertisements relating to Smoking Act, 1970 (IDHL, 1973, **24**(1): 218)

The Environmental Public Health (Food Handlers) Regulations 1973

The Consumer Protection (Warning Against Danger of Smoking) Regulations, 1980 (IDHL, 1981, **32**(3): 460)

The Smoking (Prohibition in Certain Places) Notification 1988. Dated 15 June 1988 (IDHL, 1990, **41**(2): 276)

The Consumer Protection (Labelling of Tobacco Product Containers) Regulations 1989. Dated 11 January 1989 (IDHL, 1990, **41**(2): 276)

An Act to amend the Smoking (Prohibition of Advertisements) Act 1989. Dated 7 November 1989

SPAIN

Crown Decree No. 1100 of 12 May 1978 regulating advertising for tobacco and alcoholic beverages by State broadcasting media (IDHL, 1978, **29**(4): 817)

Crown Decree No. 1259 of 4 April 1979 on the designation of cigarette products as "low-nicotine" and "low-tar" (IDHL, 1981, **32**(4): 732)

Order of 23 May 1980 approving the technological standards necessary in order to perform the chemical analysis of cigarette products as referred to in Crown Decree No. 1259 of 4 April 1979 (IDHL, 1981, **32**(4): 732)

Crown Decree No. 709/1982 of 5 March 1982 regulating the advertising and use of tobacco (IDHL, 1985, **36**(2): 403–404)

Crown Decree No. 192/1988 of 4 March 1988 laying down restrictions on the sale of tobacco, for the protection of the health of the population (IDHL, 1988, **39**(3): 653–656)

Order of 8 June 1988 for the implementation of Crown Decree No. 192/1988 laying down restrictions on the sale of tobacco, for the protection of the health of the population (IDHL, 1989, **40**(3): 603)

Order of 7 November 1989 prohibiting the sale and distribution of tobacco and alcoholic beverages at public school centres under the authority of the Ministry of Education and Science (IDHL, 1991, **42**(3): 479–480)

SPAIN (CATALONIA)

Law No. 20 of 25 July 1985 on prevention and care in regard to potentially dependence-producing substances

SPAIN (VALENCIA)

Order of 20 June 1988 of the Council on Health and Consumer Affairs approving the Programme on the Reduction of Tobacco Consumption (IDHL, 1989, **40**(3): 603–605)

SRI LANKA[1]

Direction 14 under Section 6(1)(c) of the Consumer Protection Act, No. 1 of 1979 (IDHL, 1980, **31**(2): 383–384)

[1] There are also a number of other provisions in Sri Lanka restricting smoking in public transport vehicles.

SUDAN

The Regulation of Cigarette Smoking Act, 1982. Dated 12 April 1983 (IDHL, 1983, **34**(4): 769)

Regulation No. 16 of 1983 on the control of smoking (IDHL, 1986, **37**(1): 49)

SWEDEN

Law of 11 December 1975 concerning the warning notices and declarations of content to be displayed on tobacco products (IDHL, 1976, **27**(4): 868–869)

Order No. 32 of 31 May 1976 of the National Board of Health and Welfare concerning the warning notices and declaration of content to be displayed on tobacco products (IDHL, 1976, **27**(4): 869–870) as amended by Order No. 13 of 24 February 1978 (IDHL, 1979, **30**(2): 320–321) and Order No. 17 of 26 February 1981 (IDHL, 1981, **32**(3): 460–461)

Law No. 764 of 30 November 1978 prescribing certain provisions concerning the marketing of tobacco products (IDHL, 1980, **31**(3): 556)

Guidelines No. 7 of the National Board for Consumer Policies on the marketing of tobacco products (IDHL, 1980, **31**(3): 556–558)

Order No. 18 of 26 February 1980 of the National Board of Health and Welfare on the mean values determined in 1980 for the content of cigarette smoke in accordance with Annex B to Order No. 32 of 31 May 1976 of the National Board of Health and Welfare concerning the warning notices and declaration of content to be displayed on tobacco products (IDHL, 1980, **31**(3): 558–559)

Order No. 17 of 26 February 1981 of the National Board of Health and Welfare amending Order No. 32 of 31 May 1976 concerning the warning notices and the declaration of content to be displayed on tobacco products (IDHL, 1981, **32**(3): 460–461)

General Recommendations (AFS 1893: 10) concerning smoking restrictions, issued by the National Board of Occupational Safety and Health and the National Board of Health and Welfare (IDHL, 1988, **39**(1): 88)

Order No. 10 of 10 April 1986 of the National Board of Health and Welfare amending Order No. 32 of 1976 of the National Board of Health and Welfare concerning the warning notices and declarations of contents to be displayed on tobacco products (IDHL, 1988, **39**(1): 88–89)

Order No. 6 of 5 February 1988 of the National Board of Health and Welfare concerning the warning notice and declaration of contents on tobacco products (IDHL, 1989, **40**(1): 104).

SWITZERLAND

Ordinance on foodstuffs. Amendments of 18 October 1978 (IDHL, 1979, **30**(2): 327–328)

SWITZERLAND (CANTON OF VAUD)

Law of 29 May 1985 on public health (Sections 52–54) (IDHL, 1985, **36**(4): 942)

THAILAND

Order of the Commission on Advertisement of the Consumer Protection Board providing for a total ban on tobacco advertising in accordance with Cabinet resolutions of 26 April 1989 and 20 December 1989

approving the principles of tobacco control. *Royal Gazette*, Vol. 106, Section 25, 10 February 1989

Tobacco Products Control Act 1992. *Royal Gazette*, Vol. 109, Section 38, 5 April 1992

Nonsmokers' Health Protection Act 1992. *Royal Gazette*, Vol. 109, Section 40, 7 April 1992

TRINIDAD AND TOBAGO

An Act relating to the protection of children and young persons, industrial schools, and orphanages, and juvenile offenders (the Children Act), Chap. 46: 01, Laws of Trinidad and Tobago, 17 March 1925

Compulsory standard. Requirements for labelling: Part II — Labelling of retail packages of cigarettes. TTS 2110500 Part II, 10 March 1989

(FORMER) UNION OF SOVIET SOCIALIST REPUBLICS

Resolution No. 706 of 12 June 1980 of the Central Committee of the Communist Party of the Soviet Union and the USSR Council of Ministers on measures to intensify the campaign against smoking (IDHL, 1981, **32**(1): 87–90)

UNITED KINGDOM

The Children and Young Persons Act 1933 (Section 7)

The Television Act 1964*

The Finance Act 1978 (IDHL, 1979, **30**(3): 653)

The Tobacco Products (Higher Tar Cigarettes) Regulations 1978 (IDHL, 1979, **30**(3): 653)

An Act (Chapter 34) to amend the Children and Young Persons Act 1933, and the Children and Young Persons (Scotland) Act 1937, to make it an offence to sell any tobacco product to persons under the age of sixteen, and for connected purposes (IDHL, 1986, **37**(4): 799–800)

The Oral Snuff (Safety) Regulations 1989. Dated 13 December 1989 (IDHL, 1990, **41**(3): 452–453)

UNITED STATES OF AMERICA[1]

The Federal Cigarette Labeling and Advertising Act, 1965, as amended by the Public Health Cigarette Smoking Act, 1969 and the Comprehensive Smoking Education Act, 1984 (IDHL, 1971, **22**: 998; IDHL, 1985, **36**(3): 649)

The Comprehensive Smoking Education Act concerning information programmes, warnings on packages, evaluation of smoking control programmes, advertising restrictions (IDHL, 1985, **36**(3): 649–652)

The Comprehensive Smokeless Tobacco Health Education Act of 1986 concerning information programmes, smokeless tobacco, restrictions on sales to minors, health warnings on packages, advertising restrictions, levels of toxic constituents, evaluation of smoking control programmes (IDHL, 1987, **38**(1): 67–70)

Regulations under the Comprehensive Smokeless Tobacco Health Education Act of 1986 (IDHL, 1987, **38**(3): 547)

[1] There are many other items of legislation relating to smoking control at the State, county, and municipal levels.

Smoking Regulations. Part 101-20 (Management of Buildings and Grounds) of Title 41 (Public Contracts and Property Management) of the US Code of Federal Regulations (IDHL, 1987, **38**(3): 547–548)

The Department of Transportation and Related Agencies Appropriations Act 1988 concerning smoking on board aircraft (IDHL, 1988, **39**(4): 865)

Smoking aboard aircraft. Parts 121 and 135 of Title 14 (Aeronautics and Space) of the US Code of Federal Regulations (IDHL, 1989, **40**(1): 104)

An Act (Public Law 101-164) making appropriations for the Department of Transportation and related agencies for the fiscal year ending 30 September 1990 and concerning the permanent prohibition against smoking on scheduled airline flights. Dated 21 November 1989 (IDHL, 1990, **41**(3): 453)

Prohibition against smoking; final rule. Parts 121, 129, and 135 of Title 14 (Aeronautics and Space) of the US Code of Federal Regulations. Dated 28 February 1990 (IDHL, 1990, **41**(3): 453)

UNITED STATES OF AMERICA (CALIFORNIA)

Chapter 139 of the Laws of 1980 . . . relating to smoking (IDHL, 1981, **32**(1): 90)

UNITED STATES OF AMERICA (KENTUCKY)

Chapter 438 of the Human Resources Law of Kentucky, 1976 Supplement (IDHL, 1977, **28**(2): 394–395)

UNITED STATES OF AMERICA (MINNESOTA)

The Minnesota Clean Indoor Air Act. Approved 2 June 1975 (IDHL, 1976, **27**(3): 704–705)

UNITED STATES OF AMERICA (NEW YORK)

An Act to amend the penal law, in relation to a label upon cigarette packages. Approved 24 June 1965 (IDHL, 1967, **18**(2): 442)

An Act to amend chapter seven hundred eighty-seven of the laws of nineteen hundred sixty-seven, entitled "An Act directing the commissioner of education to establish a five year program for critical health problems, and making an appropriation therefore", in relation to the continuing of such program. Approved 8 May 1970 (IDHL, 1974, **25**(2): 458)

An Act to amend the public health law, in relation to smoking restrictions and to repeal article 13-E of such law relating thereto. Approved by the Governor: 5 July 1989 (IDHL, 1990, **41**(1): 88)

UNITED STATES OF AMERICA (UTAH)

Chapter 10 of the Laws of 1976 (IDHL, 1979, **30**: 146)

URUGUAY

Resolution No. 1150/970 of 21 July 1970 assigning the Ministry of Health the task of studying the effects of smoking and disseminating information thereon through a special commission (IDHL, 1973, **24**(3): 680)

Resolution 765602 adopted 23 September 1976 prohibiting smoking in the clinics and hospital of the Faculty of Medicine by physicians, students, and technical and administrative personnel; requiring inclusion of smoking histories in patient charts; establishing smoking cessation

programmes in the hospital; intensifying education against tobacco in the maternal and child clinics; and increasing information on smoking and its risks at all levels of instruction — professional, middle-level, and primary education

Decree No. 407/981 of 17 December 1980 prohibiting the smoking of tobacco products in any form in buses used for interdepartmental transport of passengers

Law No. 15361 of 24 December 1982 adopting provisions on the advertising and marketing of cigarettes, cigars, and tobacco products (IDHL, 1983, **34**(3): 539)

Decree No. 263983 of 22 July 1983 regulating the marketing and advertising of tobacco products

Law No. 15656 of 10 October 1984 extending the interval for publishing the maximum contents of nicotine and tar by cigarette manufacturers and importers (IDHL, 1988, **39**(2): 396)

Resolution of the Chamber of Deputies dated 9 May 1989 prohibiting smoking in the plenary sessions and working committee meetings of the Chamber of Deputies

Ministry of Public Health, Special Order No. 3904 (undated) prohibiting smoking in the hospitals of the Ministry of Public Health by patients and their visitors, and by physicians, students, and technical and administrative personnel while on duty and in contact with patients, and calling for intensified education on tobacco especially in the maternal and child health clinics, and requiring inclusion of information on smoking in clinical histories in the hospital

URUGUAY (MONTEVIDEO)

Decree No. 16.750 of 21 March 1975 prohibiting smoking by bus drivers for school children

Decree No. 19.067 of March 1979 concerning requirements for theatrical performances, including authorization for the sale of non-alcoholic drinks, cigarettes, and other items in theatres

Decree 407/981 of 12 August 1981 concerning smoking on interdepartmental passenger transportation

VENEZUELA

Law of 13 September 1978 prescribing the tax on cigarettes and tobacco products (IDHL, 1979, **30**(4): 925)

Decree No. 3007 of 2 January 1979 prescribing regulations for the implementation of the law prescribing the tax on cigarettes and tobacco products (IDHL, 1979, **30**(4): 925)

Decree No. 849 of 21 November 1980 prohibiting the transmission by television stations of any commercial advertising which directly or indirectly encourages the consumption of cigarettes and other products derived from tobacco manufacture (IDHL, 1982, **33**(3): 499)

Decree No. 996 of 19 March 1981 prohibiting the transmission by radio stations of any commercial advertising which directly or indirectly encourages the consumption of cigarettes and other products derived from tobacco (IDHL, 1982, **33**(3): 499)

Resolution of 23 October 1984 establishing a Standing Honorary National Council attached to the Division of Chronic Disease of the Ministry of Health and Social Welfare for studying health problems associated with smoking and with a view to formulating policies for the prevention of smoking and the organic diseases resulting therefrom (IDHL, 1986, **37**(2): 276–277)

Resolution of 1985 of the Venezuelan Institute of Social Security prohibiting smoking in administrative and medical care facilities.

VIET NAM

Law of 30 June 1989 on the protection of public health (IDHL, 1990, **41**(1): 15–27)

YUGOSLAVIA

Decree of 29 November 1972 to promulgate the Law on the wholesomeness of foodstuffs and consumer goods (IDHL, 1974, **25**(1): 249)

Annex 4

Effect of legislation on tobacco consumption

Table A4.1 Annual average rates of change in the percentage of adults smoking according to tobacco advertising restrictions in force, 1970–86

Country and year of ban	Age group studied	Years of study	% who smoke		Annual percentage change over study period	
			beginning	end	per country	per group
Enforced tobacco advertising ban						
Iceland, 1972	18–69	1985–86	40.0	36.2	− 9.5	average − 3.6
Finland, 1978	15–64	1978–86	25.8	25.5	− 0.1	
Norway, 1975	16–74	1973–86	41.5	34.5	− 1.1	
Portugal, 1983	na	1983–84	na	23.5	na	
Tobacco promotion in few media						
Belgium	15 +	1980–87	41.5	32.0	− 3.3	average − 2.5
France	15 +	1976–83	44	39	− 1.6	
Italy (enforced ban)	14 +	1980–83	34.9	31.1	− 3.6	
New Zealand	15 +	1976–86	35	30	− 1.4	
Singapore	15 +	1977–84	23	19	− 2.5	
Sweden	16 +	1976–85	38.5	29.6	− 2.6	
Tobacco promotion in most media						
Australia	16 +	1972–83	38.0	33.5	− 1.1	average − 1.2
Austria	15 +	1972–81	28	27	− 1.4	
Belgium	15 +	1970–79	20.2	21.3	+ 0.6	
Canada	15 +	1970–86	45	32	− 1.8	
Denmark	15 +	1970–79	57.9	48.9	− 1.7	
France	15 +	1970–76	53.1	46.7	− 2.0	
Federal Republic of Germany	15 +	1970–84	41.7	36	− 1.0	
Ireland	15 +	1973–82	43	35	− 2.1	
Netherlands	15 +	1970–86	58.5	38.0	− 2.2	
Switzerland	15 +	1972–81	34.6	37.5	+ 0.9	
United Kingdom	16 +	1972–86	46	33	− 2.0	
United States	17 +	1970–86	36.6	26.5	− 1.7	
Tobacco promotion in all media						
Greece	15 +	1985	na	21.5	na	− 1.2
Japan	20 +	1970–86	46.6	37.6	− 1.2	
Spain	15 +	1970–87	na	40.5	na	

Source: *Health or tobacco. An end to tobacco advertising and promotion.* Wellington, Toxic Substances Board, 1989.
na = data not available.

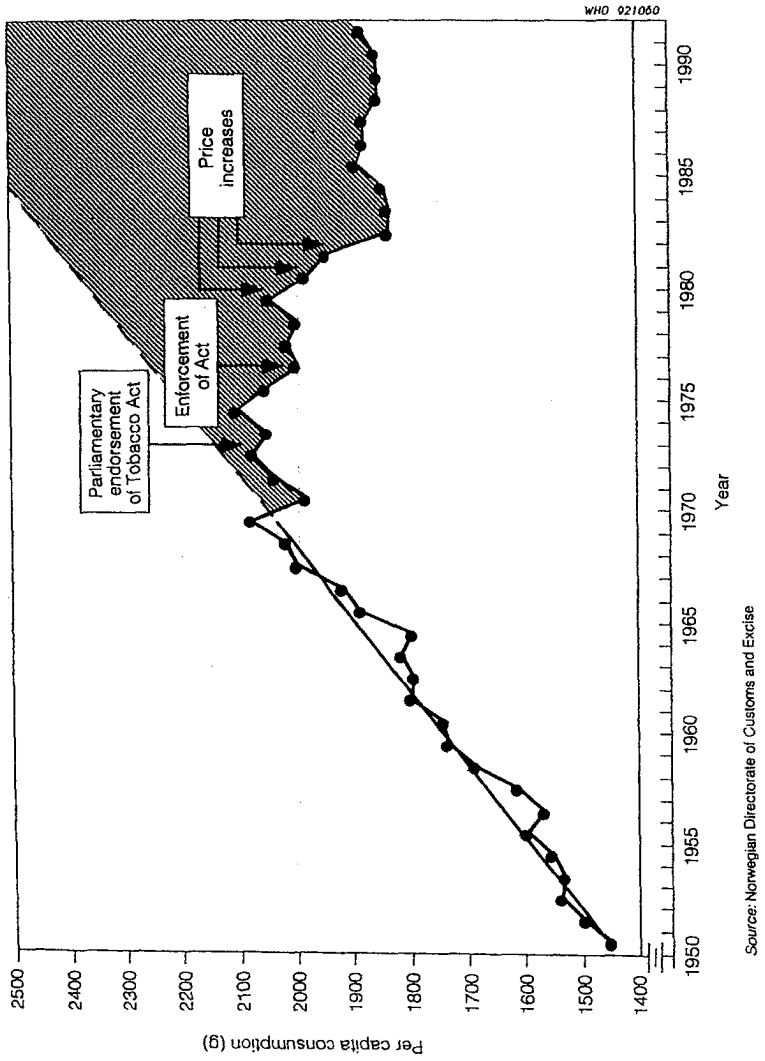
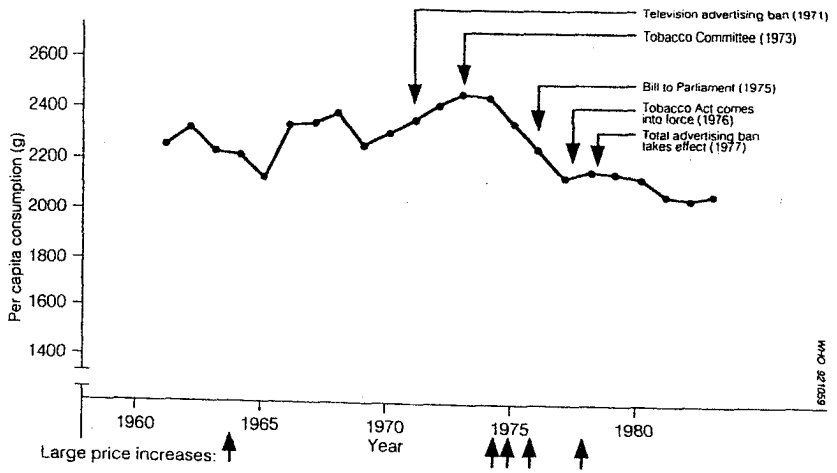


Fig. A4.1 Norway: per capita consumption of cigarettes and smoking tobacco by people aged 15 years and over

Source: Norwegian Directorate of Customs and Excise

Fig. A4.2. Finland: per capita consumption of tobacco products by adults (moving three-year averages)



Source: National Board of Health, Finland.

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What is Learnt Early is Learnt Well? A Study of the Influence of Tobacco Advertising on Adolescents

Katrien Rombouts and Guido Fauconnier***

This article examines the effects that tobacco advertising may have on adolescents' orientations to smoking. First, the literature on the influence of tobacco advertising on smokers and the determinants of initial smoking behaviour is surveyed. Second, the findings of an empirical investigation of 260 young people and 198 adults, designed to discover whether or not adolescents are more strongly influenced by tobacco advertising than adults, are presented. Despite the restrictions that have been imposed on tobacco advertising in Belgium for years, the results show that tobacco manufacturers are still able to reach adolescents and to influence the juvenile consumer pattern.

Situating the Problem

Medical research demonstrating the harmfulness of smoking on health has, over the past fifteen years, spurred communication research into the effects of advertising on smoking habits. The first significant reports on the health risks of smoking were issued in the 1960s. Only after their publication were the serious disadvantages of smoking acknowledged. From that moment, both smoking and tobacco advertising were viewed with increasing disfavour, for an unhealthy product was being sold and promoted. In 1970 the World Health Organization began an anti-tobacco campaign, urging the member states to limit the consumption of tobacco products by law (Roemer, 1983). The campaign evoked a world-wide response. A 1975 Belgian law stipulated that every packet of cigarettes should contain a warning against the hazards of smoking.

In 1977 the first anti-tobacco campaign was launched in Belgium. In addition, the national government increased taxes on tobacco products, which now have the highest tax rate of all goods: 70 percent

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European Journal of Communication (SAGE, London, Newbury Park, Beverly Hills and New Delhi), Vol. 3 (1988), 303–322.

of the cost of a packet of cigarettes goes to the Belgian treasury. Tobacco advertising was also regulated. It could only contain information about the product itself, and no image-oriented elements or people smoking were permitted. The advertisers, however, have succeeded in getting round the law by using 'brand-stretching' techniques. These techniques, which are not covered by the legal provisions (e.g. advertising lighters, matches, travel where the travellers are smoking etc.) enabled the former image-oriented elements to reach the consumer anyhow. The data on the health risks of smoking and the consequent laws prompted a world-wide controversy between the proponents — the tobacco manufacturers — and the opponents of the use of tobacco — the health organizations. The proponents contended that tobacco advertising does not increase consumption but only determines brand choice. The opponents maintained that, by creating a positive image, advertising is responsible for increased consumption. Both parties support their statements with statistics and reject one another's findings. This has made it difficult for the government to take effective measures to limit the use of tobacco. The Centre for Communication Research at the Catholic University of Leuven was accordingly commissioned to examine the validity of the theses of both parties and further the effectiveness of Belgian legislation on tobacco advertising.

Two questions arose. First, does tobacco advertising actually stimulate consumption and, more specifically, is initial smoking behaviour affected by it? Second, are the restrictions imposed on tobacco advertising by recent legislation really effective? This provoked a further question about how far advertising for brand-stretching products was being substituted for the former tobacco advertising.

Survey of the Literature

The literature on this disputed topic presents few unequivocal data. Studies comparing the use of tobacco in countries with and without advertising restrictions (Bergler, 1981; Waterson, 1985; Boddewyn, 1986) found no connection between advertising and consumption. In controversial studies using econometric models (McGuinnes and Cowling, 1975; Metra Consulting, 1979; Witt and Pass, 1981; Reuijl, 1982) advertising emerges as both a determining and an insignificant influence on consumption. Proponents and opponents succeed in interpreting the results in such a way as to support their own arguments favourably. Indeed, the amount of advertising is not

always a reliable measure of its possible influence. Not only the quantity, but also the quality and the total socio-cultural environment, should be taken into account. The question as to whether tobacco advertising encourages consumption is therefore a difficult one to answer.

Research on the causes of initial smoking does not yield unequivocal results either. The fact that adolescent smokers recall the tobacco advertising messages better (Chapman and Fitzgerald, 1982) or find them more attractive (Potts et al., 1985) does not necessarily demonstrate the influence of advertising. As a matter of fact, it is possible that smokers are more attracted by tobacco advertising because of their smoking. Longitudinal research on the factors that initiate smoking shows the crucial role of a young person's peer group. The chance that adolescents will start smoking increases when their friends smoke regularly (Levitt and Edwards, 1970; Murray et al., 1981; Aaro et al., 1981; Biglan and Lichtenstein, 1984; Chassin et al., 1984). In addition, the risk of becoming a smoker later on is commensurate with the young person's need for excitement and drive for autonomy (Murray et al., 1981; Kuiper and Feij, 1983; Chassin et al., 1984). Although advertising can hardly be held responsible for all this, two longitudinal studies (Murray et al., 1981; Chassin et al., 1984) show that a positive attitude to smoking increases the chance of the individual becoming a smoker. The positive images conveyed by tobacco advertising could influence attitudes, which in turn could lead to initial smoking. It was demonstrated in one large-scale longitudinal study (Alexander et al., 1983) that appreciation of tobacco advertising, along with the age and influence of friends, were the most important determinants of the initial smoking behaviour of twelve-year-olds. No such evidence however, was found in other studies. McKennel and Bynner's study (1969) and its replication by Chassin et al. (1981) and Barton et al. (1982) present interesting data on the influence of advertising on initial smoking behaviour. They note that adolescents ascribe a certain image to smoking. The respondents attributed very specific 'typical qualities' to young smokers, such as boldness, sociability and maturity. Adolescents who smoked or intended to smoke were more attracted by these qualities than were non-smokers. The researchers therefore concluded that the attractive image of the smoker, promoted by advertising campaigns could induce young people to smoke. Finally, research into the influence of anti-tobacco information suggests that such campaigns do bring about a decrease in smoking behaviour (O'Keefe, 1975;

Vuylsteek et al., 1979; Surgeon General, 1971). For example, anti-tobacco campaigns at school restrain adolescents from smoking (Murray et al., 1984). If anti-tobacco propaganda can keep young people from smoking, then, conversely, tobacco advertising should be able to encourage them to smoke. Although the analogy is imperfect (pro- and anti-campaigns are not necessarily comparable), it still supports the hypothesis of a possible impact of advertising on initial smoking in juveniles.

Research Hypotheses

Despite many attempts to express the influence of advertising on initial smoking in solid figures, it seems very difficult to isolate tobacco advertising as the only culprit causing such behaviour. On the other hand, advertising cannot be entirely exonerated. With this in mind it was decided not to try to show a causal relationship between advertising and smoking. Because of budgetary restrictions a longitudinal study, and thus a replication of the research by Alexander et al., was impossible. Since comparisons between young smokers and non-smokers concerning their susceptibility to advertising resulted in little unequivocal data, our initial questions were re-formulated into less problematic ones.

It was important to find out if the *conditions* under which tobacco advertising might influence young people are actually obtained. First we asked if adolescents were attracted by the advertisements more than adults; then, whether the young smokers' consumption patterns were attuned to the advertising. The hypothesis was that young people are more attracted by tobacco advertising than adults, and that advertising determines their consumption pattern more closely than for adults. Because the decision whether to smoke or not is made at an early age, advertising messages constitute an extra inducement to initial smoking. Moreover, the appealing smoking image, propagated by these messages, can encourage young non-smokers to smoke.

A second hypothesis concerned the influence of Belgium's legal restriction on tobacco advertising. As stated above, Belgian law prohibits image-oriented elements in advertising, but leaves loop holes for the adoption of brand-stretching techniques by the advertisers. It is therefore assumed that little has changed, and that young people perceive such brand-stretching advertisements as cigarette advertising.

Method

Random sample

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Method

Random sample

The research was carried out in April, May and June 1986. For budgetary reasons it was limited to Leuven and its surroundings (approximately 85,000 inhabitants). The adolescents were interviewed in class, the adults individually. Two hundred and sixty-two young people between fifteen and twenty-one years of age, from eight different schools and thirteen separate classes, were asked to cooperate. About half of the pupils were between seventeen and eighteen, a quarter between fifteen and sixteen, and another quarter between nineteen and twenty-one years old. As many boys as girls were included. Although all educational systems and kinds of schools were covered it should be mentioned that technical and vocationally oriented pupils were somewhat over-represented, whereas pupils from Catholic schools were a little outnumbered. As a comparison group, 198 adult residents of Leuven were selected at random from the electoral roll. Again, as many women as men were chosen, and the different age groups were equally represented. Although compared with the Belgian Flemish population as a whole white-collar workers were somewhat over-represented in the adult sample, this reflected the occupational distribution for Leuven. In fact some interviewees mentioned their former occupation instead of stating that they were out of work at the time, which probably explains why inactive persons were under-represented as well. Overall, although the samples are not entirely representative of the population of Flanders, they probably offer a tolerably accurate picture of the matters surveyed at the time.

The Questionnaire

Adolescents and adults were asked identical questions. In order to elicit unbiased replies, the respondents were only informed about the real purpose of the inquiry after the questioning. Both groups' susceptibility to advertising was operationalized by the determination of the degree to which the adolescents and the adults knew and appreciated current advertising messages for tobacco products. For this study the advertising messages of five brands of cigarettes and two brands of roll-tobacco with the highest advertising budgets in 1984 and 1985 were selected. According to the Advertising Audit Service (a Belgian institute specializing in calculating advertising expenditure), these brands were, in order of the size of their budgets:

Marlboro, Belga, Barclay, Camel, Bastos and the roll-tobacco brands Drum and Ajja. The choice between the different advertising messages was based on Hansebout (1984), Dujourie (1985) and Aspinwall (1985), because their studies examined the most prevalent themes in the advertising campaigns of the cigarette brands concerned. Questionnaire items were designed to deal, among other topics, with respondents':

recognition of specific advertising messages (presentation of pictures of well-known tobacco advertising messages mixed with messages for other products);
knowledge of advertising slogans and sponsorship;
appreciation of advertising messages (on a five-point scale);
perceptions of tobacco brand images (by eight semantic differential scales) and assessments of their own ideal self-images on mainly the same scale;
attitudes to smoking, tobacco advertising and anti-tobacco campaigns.

Results

A general inspection of the results suggests that adolescents are more susceptible to tobacco advertising than are adults. This is indicated not only by young people's greater familiarity with the advertising messages and brand images, but also by their preference for highly advertised cigarette brands. Moreover, the adolescents express less negative attitudes to smoking generally than do the adults. The respondents' smoking behaviour, their knowledge and appreciation of the advertising messages and brand images, their brand preferences and, finally, their attitudes to smoking in general, will be discussed in turn below.

The Respondents' Smoking Behaviour

The results indicate that proportionally more young people smoke than adults. Forty-four percent of the adolescent respondents smoked (43 percent of the boys and 45 percent of the girls) compared with 34 percent adult smokers. The difference between the two groups is due to the fact that fewer adult women smoke (27 percent of the females versus 46 percent of the males). Although fewer adults smoked, those who did smoked significantly more. Whereas almost half of the adolescents smoked fewer than five cigarettes a day, about 60 percent of the adults smoked ten or more daily. As to initial

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Only 18 percent of
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Brand Recognition
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To find out if young
general than adults, th

smoking, the average age at which respondents started smoking was fourteen. Moreover it seems that adolescents will gradually smoke more, since the oldest amongst them smoked significantly more cigarettes daily than their younger peers.

Knowledge and Appreciation of Advertising Messages

The figures on the numbers of smokers give a good indication of the magnitude of the problem. However, a more detailed analysis is necessary to see if smoking behaviour is encouraged by tobacco advertising. For this purpose it is important to examine the respondents' perception of advertising messages, their brand and product recognition, their familiarity with slogans and sponsors, and finally, their appreciation of the messages.

Perception of the Advertising Messages

For tobacco advertising to influence people the first condition is that it should be noticed. The study reveals that adolescents notice tobacco advertisements more often than adults ($p < 0.5$).[1]

TABLE 1

The Average Recognition Score (percentage never, sometimes or often seen) of Eight Tobacco Advertisements, Adolescents and Adults Considered Separately

	Adolescents (%)	Adults (%)
Never	18	45
Sometimes	44	32
Often	38	23

Only 18 percent of the adolescents have never noticed the advertising messages concerned, whereas 45 percent of the adults claimed never to have seen them.

Brand Recognition

The adolescents are much more familiar with cigarette brands than adults. They are significantly more successful in connecting the correct brand with the advertising message. As Table 2 illustrates, no fewer than 96 percent of the adolescents succeeded in filling in the correct brand for a Marlboro advertisement compared with only 79 percent of the adults. In fact, Marlboro advertising is best known to both groups.

To find out if young people are more susceptible to advertising in general than adults, the difference in knowledge of the eight

TABLE 2
Percentage of Brand Recognition in Eight Advertising Messages, Adolescents and Adults Considered Separately

	Adolescents (%)	Adults (%)
Marlboro	96	79 (p=0.00)
Drum	53	15 (p=0.00)
Barclay	63	24 (p=0.00)
Ajja I	51	22 (p=0.00)
Belga	89	78 (p=0.00)
Ajja II	57	27 (p=0.00)
Camel	80	46 (p=0.00)
Bastos	83	52 (p=0.00)
Average percentage of recognition	72	43 (p=0.00)

randomly chosen advertising messages between the two groups was examined. Although, as Table 3 shows, the adolescents do know these messages better than the adults, the difference here is only half as great as the differences in knowledge of tobacco advertising.

TABLE 3
Average Percentage of Brand Recognition in Eight Tobacco Advertising Messages and Eight Non-tobacco Advertisements, Adolescents and Adults Considered Separately

	Adolescents (%)	Adults (%)	Difference adolescent–adult (%)
Tobacco advertising (n = 8)*	72	43	29 (p=0.00)
Non-tobacco advertising (n = 8)	66	55	11 (p=0.00)
Difference tobacco/ non-tobacco advertising	6 (p=0.21)	-12 (p=0.00)	

*n = number of messages.

Whereas the average score is 72 percent for the adolescents and 43 percent for the adults in the case of tobacco advertising, where advertisements for other products are concerned, it is respectively 66 percent and 55 percent. Young people are particularly attracted by tobacco advertising: adults, on the other hand, are relatively more familiar with other advertising messages.

Product Recognition

Because Belgian legislation on tobacco advertising forced companies to replace cigarette advertisements with those for brand-stretching products, the interviewees were asked what product was advertised in each such message.

Table 4 shows the percentage of adolescents and adults who stated that advertising messages for brand-stretching products actually advertise cigarettes and tobacco. It is clear that the majority of the respondents experienced advertising for brand-stretching products as cigarette advertising, young people to an even higher degree than adults as a result of their greater familiarity with tobacco advertising. Bastos scored best, but in its advertising message a packet of cigarettes was shown, while the atmosphere was created by a matching advertising message for a travel agency. This kind of combined advertising was subsequently prohibited in Belgium.

TABLE 4
Percentage of Product Recognition of Six Suggestive Tobacco Advertisements, Adolescents and Adults Considered Separately

	Adolescents (%)	Adults (%)	
Marlboro	91	83	(p=0.009)
Barclay	70	57	(p=0.000)
Ajja I	67	53	(p=0.000)
Belga	96	81	(p=0.000)
Camel	76	52	(p=0.000)
Bastos	96	98	(n.s.)
Average percentage product recognition	83	71	(p=0.000)

TABLE 5
Percentage of Brand Recognition in Five Tobacco Advertising Slogans, Adolescents and Adults Considered Separately

	Adolescents (%)	Adults (%)	
Drum	2	2	(n.s.)
Belga	78	54	(p=0.000)
Bastos	25	1	(p=0.000)
Marlboro	50	29	(p=0.000)
St Michel	10	9	(n.s.)
Average percentage brand recognition	33	19	(p=0.000)

Knowledge of Advertising Slogans and Sponsors

As Table 5 shows, slogans and sponsors are significantly better known to the adolescents than to the adults. The adolescents score better than the adults. Only with respect to Drum and St Michel is no difference between both groups noticeable. Apparently the Drum slogan is so little known that hardly any in either sample was able to recognize the brand. Failure to recognize the St Michel slogan is probably due to the fact that it was in use ten years ago.

TABLE 6
Percentage of Association of Four Events with their Tobacco Sponsor, Adolescents and Adults Considered Separately

	Adolescents (%)	Adults (%)	
Paris-Dakar '86 (Gauloises)	65	55	(p=0.025)
Torhout-Werchter '85 (Drum)	38	17	(p=0.000)
Sade Concert '86 Vorst (Belga)	32	17	(p=0.000)
Formula 1 Grand Prix (Marlboro)	64	69	(n.s.)
Average percentage of association	50	40	(p=0.000)

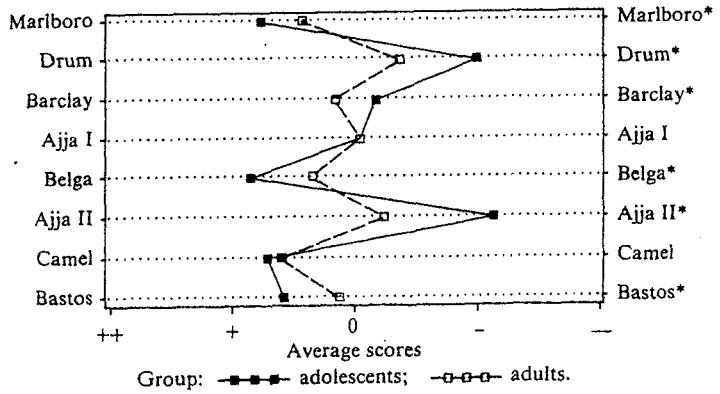
Not surprisingly, the young people know the sponsors better than the adults. Nevertheless, Marlboro scores equally high in both groups, probably because the adults were interviewed at a time when a large-scale Marlboro campaign sponsoring motor sports was taking place, while the majority of the adolescents were questioned just before the campaign was launched. Young people not only know the sponsors better however; they are also more interested in the activities sponsored by the cigarette manufacturers: rock concerts and motor sports were valued significantly more highly by them.

Appreciation of Advertising Messages

So far, only respondents' knowledge of, and cognitive involvement in, tobacco advertising has been discussed. The influence of an advertising message does not result only from people's knowledge and recognition of it, however, but also from their appreciation.

Figure 1 shows the respondents' appreciation of the advertising messages of the eight brands. It is striking that the groups' appreciation of the messages hardly diverged from each other. The greatest differences were found for the Drum and Ajja advertisements. Unlike the other advertising messages, Drum and Ajja advertisements depict only a packet of tobacco without recourse to brand-stretching.

FIGURE 1
Appreciation of Advertising Messages, Adolescents and Adults Considered Separately



*$p < 0.05$. Significance calculated by *T*-test.

By comparing the average appreciation scores of adolescents and adults, it appears that the former appreciate image-oriented advertising depicting brand-stretching products more than the latter. For the six advertising messages concerned the adolescents have an average score of 4.09, while the adults' score is 3.33 ($p = 0.000$) (on a five-point scale). On the other hand, advertisements showing only the cigarette product are more appreciated by the adults. Their average score for the Drum and Ajja messages comes to 2.74, compared with 2.56 for the adolescent ($p = 0.005$). Apparently, image-oriented advertising is necessary primarily to reach younger consumers. For them, the difference between appreciation of image advertising and product advertising is much greater than for the adults.

Knowledge and Appreciation of Brand Images

Because knowledge and appreciation of one specific advertising message reveals little about the attractiveness of a campaign as a

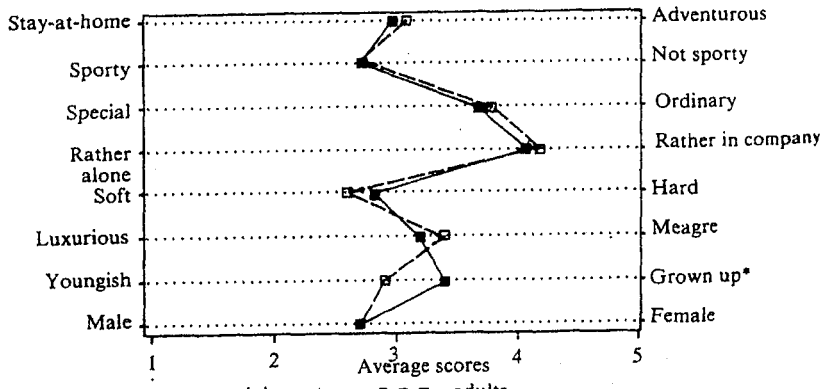
whole, or a total brand image, it was essential to determine whether or not adolescents felt more attracted by the brand image of highly advertised cigarette brands. Therefore, respondents were asked to construct image profiles of five brands. Because only those who knew the brand concerned could sketch its image, the number of respondents is a good indication of their familiarity with it. Not surprisingly, the adolescents succeeded better than the adults in sketching the profiles.

Ninety-seven percent of the adolescents were able to assign an image to Belga and Marlboro, compared to respectively 81 and 94 percent of the adults. Also the other brand images were quite well known to the young people (80 percent overall), but much less to the adults (55 percent).

Every brand has its typical features. Figures 2 and 3 show the brand images of Belga and Marlboro as perceived by both sets of respondents.

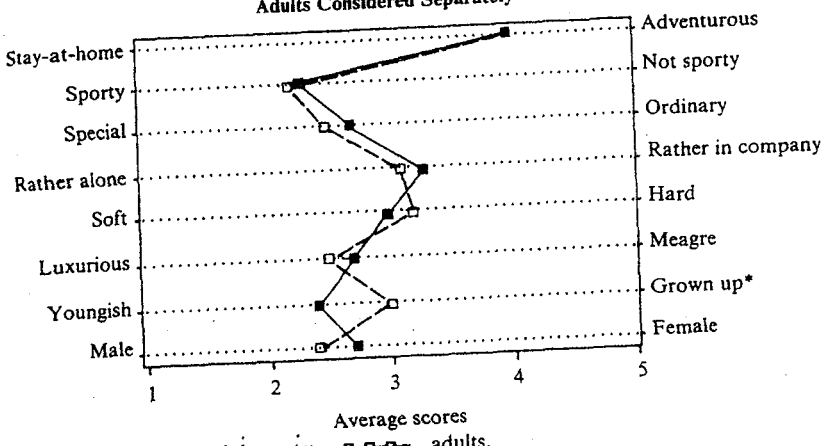
As Figure 2 shows, both adolescents and adults have rather similar images of Belga which is most associated with simplicity and conviviality.

FIGURE 2
Brand Profile of Belga, Adolescents and Adults Considered Separately



According to Figure 3, adventure and sportiness are associated with Marlboro. According to the interviewees, Marlboro smokers prefer luxury and are more special than Belga smokers. As for Belga, young people and adults agree on the Marlboro profile. Otherwise

FIGURE 3
Brand Profile of Marlboro, Adolescents and Adults Considered Separately

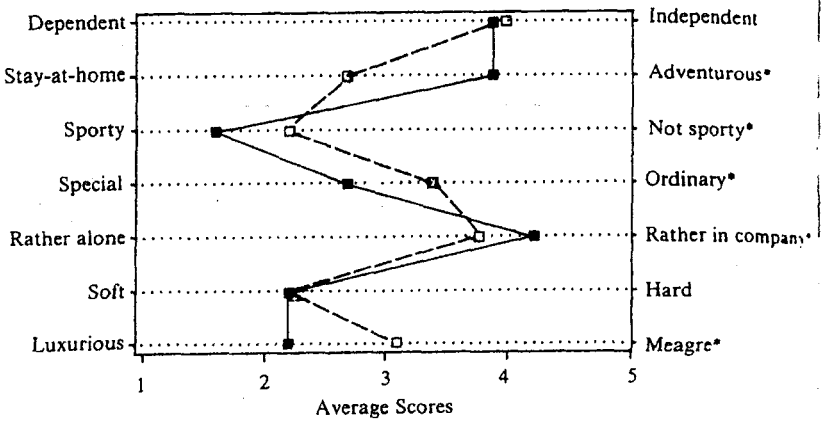


Groups: ■■■ adolescents; □□□ adults.
* $p < 0.05$. Significance calculated by *T*-test.

the profiles of Camel and Marlboro smokers were almost equivalent. However, Camel smokers are perceived as more masculine and not so keen on company. A Barclay smoker mainly likes luxury. He (or she) wants to be special rather than ordinary, and is more likely to be an adult than an adolescent. The groups' perceptions differed most over Drum smokers. Everyone agreed they tended to be masculine and did not like frills, but young people considered a Drum smoker to be less sporting, older and tougher than did the adults. Are adolescents attracted by the qualities associated with specific brands? To determine this a comparison was made between the ideal self-images of the adolescents and adults and the brand image. Figure 4 shows the profiles of the respondents' answers to the question 'What would you prefer to be like?'

In this case the two sets of perceptions diverge, sometimes even in opposite directions. This particularly concerns qualities such as luxuriousness/meagreness, special/ordinary and stay-at-home/adventurous. Unlike the adults, the adolescents are keen on luxury and adventure, and prefer being special to being ordinary. Everyone likes sportiness and conviviality, the young people more than the adults. Both groups equally prefer independence to dependence and softness to toughness. Since the subjects had constructed cigarette brand images as well as their ideal self-images, a comparison between the two was possible. For each brand, Table 7 shows the total

FIGURE 4
Profile of the Ideal Image of Adolescents and Adults



Groups: ■—■—■ adolescents; ○—○—○ adults.
* $p < 0.05$. Significance calculated by *T*-test.

difference between the respondents' brand profiles and their ideal images. The smaller the difference, the more the brand profile corresponds with the ideal image of the group in question. In these

TABLE 7
Average Difference Score between Brand Image and Ideal Image of Belga, Marlboro, Barclay, Camel and Drum, Adolescents and Adults Considered Separately

	Adolescents		Adults		
Belga	19.5	(*n*=238)*	13.5	(*n*=182)	(p=0.000)**
Marlboro	14.5	(*n*=243)	17.7	(*n*=158)	(p=0.005)
Barclay	19.9	(*n*=201)	15.5	(*n*=91)	(p=0.019)
Camel	17.9	(*n*=207)	18.0	(*n*=132)	(n.s.)
Drum	31.1	(*n*=187)	17.9	(*n*=89)	(p=0.000)

**n* = number of respondents.
***Significance calculated by *T*-test.

terms, adolescents show greatest identification with the brand image of Marlboro ($p < 0.05$). Camel comes second, while Drum seems least attractive to them. Qualities such as adventurousness, luxuriousness, being special and sportiness particularly explain the appeal of Marlboro. For their part, the adults are more attuned to the Belga image. Their scores for the remaining brands do not differ significantly from each other. The Belga image of simplicity and moderation

is particularly what adults consider important. Indeed, in the construction of their ideal image they prefer simplicity to luxury and being ordinary to being special. The fact that adults find Belga more congenial shows that not all cigarette brands have an image primarily oriented to adolescents. Barclay, too, fits the adult profile better. All this information contradicts the assumption that the most frequently advertised brands project a youthful image. Nevertheless it is uncertain whether Belga wishes to maintain its adult-oriented image. Having become the second most important advertiser in Belgium over the past few years (1986–7), it has initiated a massive rock concert sponsorship campaign. The creation of a 'Belga racing team', too, seems an attempt to become more youth-oriented.

Link Between Advertising Susceptibility and Consumption Pattern

The preceding has dealt with the conditions for advertising to influence people. It was ascertained that young people know advertising better, appreciate brand-stretching advertising more, and that their ideal image corresponds mainly with the Marlboro image. If the adolescents' smoking behaviour is affected by advertising they will choose a brand whose advertising they know and appreciate, and whose message appeals to them. The results concerning brand preference (Table 8) demonstrate that Marlboro is their favourite brand. Marlboro not only spends the most money on advertising in Belgium, it also receives the highest scores for the three conditions mentioned above. It is clear that the attractive Marlboro advertising messages, which are diffused very widely, appeal very much to adolescents in their choice of a cigarette brand.

TABLE 8
Brand Preference of Adolescent and Adult Smokers Related to the Five Most Advertised Cigarette Brands*

	Adolescents (%) (n=136)	Adults (%) (n=130)	
Marlboro	60	10	(p=0.00)
Belga	5	33	(p=0.00)
Barclay	4	2	(n.s.)
Camel	4	1	(n.s.)
Bastos	22	23	(n.s.)
Total	95	69	(p=0.00)

*For each smoker, a maximum of two brands were taken into account.

The Table also shows that Belga is the adults' most popular brand. Here, too, a correlation exists between advertising and consumption, although it is less clear. Indeed, only 33 percent of the adults smoke Belga. Moreover, adults smoke more brands that are hardly advertised at all.

Attitudes Towards Smoking

It appears from the results that adolescents have a more positive attitude to smoking in general than do adults. The answers to the questions on the health risks of smoking indicate that 90 percent of the young people and the adults agree on the general thesis that smoking is dangerous for health. The adolescents' answers to the more specific questions are significantly less detailed than the adults'. Although over the past ten years the specific dangers to health as a result of smoking have become more and more apparent, the adolescents are significantly less convinced that smoking increases the risks of lung cancer, bronchitis or heart attacks. In addition, the young people are less familiar with the anti-tobacco campaigns. Only 39 percent are aware of their existence, and only 50 percent are convinced of their importance. By contrast the adults are significantly more familiar with the anti-tobacco campaigns and consider them more important. Eighty-nine percent of the adults are aware of the anti-tobacco campaigns, and for 90 percent of them these are really necessary. Neither the adolescents nor the adults consider that the anti-tobacco campaigns exaggerate their assertions.

The adolescents' less negative attitude to smoking also appears from the fact that they describe smoking as socially more desirable than adults. Table 9 shows the positive qualities that adolescents more often associate with smoking than adults.

TABLE 9
Percentage of Positive Answers of Adolescents and Adults to Questions about Social Desirability of Smoking

	Adolescents (%)	Adults (%)	
A smoker is more *attractive* than a non-smoker	12	3	($p<0.05$)
. . . *independent* . . .	10	5	($p<0.05$)
. . . *adult* . . .	21	11	($p<0.05$)
. . . *masculine* . . .	28	11	($p<0.05$)
. . . *feminine* . . .	13	1	($p<0.05$)

The results indicate that adolescents have a less negative attitude than do adults, though not necessarily a positive one. Indeed, the majority do not agree with these pro-smoking statements. In addition, 76 percent of the adolescents confirm that smoking disturbs others (compared with 89 percent of the adults). The young people's less negative attitude is also confirmed by the fact that they consider, to a significantly lesser degree than do adults, that tobacco advertising should be prohibited (40 percent versus 58 percent, $p<0.05$).

Conclusion

All these data indicate that tobacco advertising primarily reaches young people. Adolescents seem to be more familiar with such advertising and are also more likely to appreciate its brand-stretching messages. In addition, Marlboro, the most important advertiser in Belgium, has probably succeeded in creating a brand image that appeals to young people in particular. A likely consequence of all this is the rather high proportion of cigarette smokers among adolescents (44 percent), compared with only 34 percent among adults. The hypothesis that advertising influences the adolescents' choice of cigarette brand is supported by the massive consumption of Marlboro in this group: 60 percent of the smokers choose Marlboro.

In contrast to tobacco advertising, which is obviously aimed at adolescents, anti-tobacco information mainly seems to reach adults. The latter are more familiar with the existence of anti-tobacco campaigns and with the risks smoking constitutes for health. The fact that adolescents are more susceptible to tobacco advertising, and are less familiar with the anti-tobacco campaigns, could explain their less negative attitude to smoking and their high cigarette consumption.

It seems that the Belgian legislation, which was intended to protect adolescents from image-oriented advertising, has had little effect, since brand-stretching products have adequately replaced cigarettes. Almost all the young people perceive the advertising messages for the Marlboro lighter and the Belga metal box as cigarette advertising. Many of them also associate specific profiles with the different brands, which suggests that image-oriented publicity has continued to be effective. Even Barclay, a brand that was launched on the Belgian market only after the restrictive legislation was in effect, could be assigned a brand image by the majority of the adolescents (compared with 48 percent of the adults).

On the basis of these results, it may be concluded that adolescents are particularly vulnerable to the dangers of smoking. At precisely

the moment they have to decide whether they are going to smoke or not, they are inundated with, for them, very attractive tobacco advertising messages, while warnings about the dangers to health that can result from smoking do not seem to reach them sufficiently clearly. If the Belgian government really wants to limit cigarette consumption, it might try to target young people more effectively. To achieve this one could probably learn a great deal from the tobacco industry, which succeeds very well in attracting young people through advertising messages.

It should be possible for the health organizations to make the image of the non-smoker more appealing by using the same positive image elements. Indeed, not smoking can be more readily associated with sports, adventure, conviviality or maturity. At this moment, however, according to the Belgian Anti-Tobacco Coordinating Committee, the budget for anti-tobacco campaigns is about 1000 times less than that for tobacco advertising. Thus, such campaigns sink into insignificance beside the massive onslaught of tobacco advertising. Prohibition or limitation of tobacco advertising, together with more resources for anti-tobacco campaigns, could give an enormous boost to the latter.

Notes

The article presents the main results of a study carried out at the Centre for Communication Research at the Catholic University of Leuven, Van Evenstraat 2A, 3000 Leuven, Belgium in February 1987. The research was commissioned by the Belgian Minister–Secretary of State for Public Health and the Incapacitated, and was carried out by Katrien Rombouts and Kristien Veldeman. Professor Dr Guido Fauconnier coordinated the project.

1. Significance always calculated by χ^2 test, unless indicated otherwise.

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A STUDY ON YOUTH SMOKING

Plain Packaging, Health Warnings, Event Marketing and Price Reductions

KEY FINDINGS

A joint research project by:

University of Toronto
University of Illinois at Chicago
York University
Ontario Tobacco Research Unit
Addiction Research Foundation

Irving Rootman, Ph.D., and Brian R. Flay, D.Phil., Principal Investigators

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BACKGROUND

Today, we are releasing findings from a collaborative Canadian-American study about tobacco use among youth. This study provides evidence in support of a 3-point policy plan to reduce youth smoking: ***plain packaging, a return to higher prices for tobacco products,*** and ***effective restrictions on sales to minors.***

Tobacco products cannot be easily differentiated based on physical differences -- it's difficult for people to discriminate between brands in blind taste tests. However, as Roy Ronald Brown of Imperial Tobacco Ltd. said, "*put it in a package, and put a name on it, then it has a lot of product characteristics*". Promotion is key in encouraging purchase of particular brands of an undifferentiated product like tobacco. Promotion increases awareness of the product and associates the product with images, activities and events that are appealing and desirable.

Restrictions on the promotion of tobacco products are much more stringent in Canada than in the US. In Canada, tobacco advertising is prohibited on radio, television, billboards, magazines and newspapers. In the US, advertising on broadcast media is prohibited; however direct advertising on billboards and in the print media is not. In the US, tobacco companies spend $4 billion annually on advertising and promotion of cigarettes. In Canada, tobacco companies promote their products through the sponsorship of sporting and cultural events. Through the formation of shell companies (e.g., du Maurier Ltd., Player's Ltd., Matinée Fashion Foundation Ltd.), tobacco companies are able to advertise events that they sponsor, using names, colours, logos and font styles that are similar to those on cigarette packages.

This study examines the extent to which these tactics have resulted in event advertising that is mistaken for cigarette advertising by youth. It examines plain cigarette packaging as a strategy to break the link between such ads and the cigarette brand. This study also provides an opportunity to examine two related issues: the impact of plain packaging on recall of health warning information, and the impact of changes in price on youth smoking.

Plain cigarette packages are light brown or white packages with black printing only. No colour, trademarks or unique print fonts are used. Plain packs include only the brand name (in standard font), risk warnings, and product contents information.

This paper reports on the impact of the following on youth awareness, attitudes and intentions:

- sponsorship activities of tobacco companies
- health warnings
- plain packaging
- reduced prices

METHOD

Design

Both qualitative and quantitative research methods were used in this study. Because the results and conclusions drawn from one method support the results and conclusions from the other, overall confidence in findings is greatly enhanced.

Focus Group Discussions

A total of 339 people participated in 52 focus group interviews. Forty group discussions were conducted in Barrie, Kitchener, Peterborough, Ottawa, Sudbury and Toronto, and 12 were held in Chicago. Youth who participated ranged in age from 12 to 17. These group interviews investigated brand imagery, attributes of smokers of plain-packaged and regularly-packaged cigarettes, recall of health warning information on plain and regular packages, perceived impact of plain packaging on smoking behaviour of youth, and students' awareness of the sponsorship of events by tobacco companies, when shown posters of the events with the words on the posters altered to make them unintelligible.

Classroom Survey

A total of 2,132 students participated in 71 classroom surveys conducted in various locations across Ontario, and 10 classroom surveys in Chicago, Illinois. Results from the Ontario component of 1,559 youth are generalizable to the Ontario population of Grade 7 and 9 students. Results are accurate to within 2.5 percentage points, 19 times out of 20.

The questionnaire measured students' awareness of the sponsorship of events by tobacco companies, when shown posters of the events with the words on the posters altered to make them unintelligible. It also measured attitudes toward regular and plain packages, expectations about the impact of plain packaging on smoking, attitudes and behaviours relating to smoking, perceptions of the believability and seriousness of health warnings on cigarette packages, and estimated impacts of the February 1994 price reduction on youth smoking. Data were collected between November 7, 1994 and January 16, 1995.

Students in Grades 7 and 9 (most of whom are age 12 to 14) were selected for the survey because they are most likely to be influenced by cigarette packaging. It is in this age range that many are contemplating smoking, or experimenting. This is also the age at which youth are most actively seeking personal identities, and are often very image-conscious.

A PROFILE OF STUDENT SMOKERS

How many youth smoke?

- Almost half (47%) of Ontario Grade 7 and 9 students report having had "at least one puff of a cigarette". Forty percent of these report that they had their first puff at 10 years of age or younger.

- One quarter (23%) of Chicago youth in Grades 7 and 9 reported smoking cigarettes in the last year.

- Eight percent of Grade 7s in Ontario smoke, but most (7%) do not smoke daily. Twenty-eight percent of Grade 9s in Ontario smoke: 9% smoke daily and 19% smoke less than daily.

- Grade 9s in Ontario are as likely as adults to smoke (28%) although they are less likely than adults to smoke *on a daily basis.*

What brands do they smoke?

- Eighty-eight percent of smokers in Grades 7 and 9 in Ontario smoke either du Maurier (64%) or Player's (24%) cigarettes.

- In the United States, the most popular brand among Whites is Marlboro (71%), and among African-Americans is Newport (61%).

Where do they get their cigarettes?

- Despite the provisions of Ontario's November 1994 *Tobacco Control Act*, which makes it illegal for those under 19 years of age to purchase cigarettes, 30% of light smokers and 59% of daily smokers in our sample of underage Ontario youth mostly buy their cigarettes at a store.

SPONSORSHIP ACTIVITIES OF TOBACCO COMPANIES

Do youth misinterpret advertising of tobacco-company sponsored events as advertising for tobacco products?

... YES

- Ontario students were shown posters advertising the du Maurier Jazz Festival and Player's racing. The words were replaced by nonsense letters to render them unreadable while preserving the font style. Students were asked to write down "what you think this poster is about". Fifty-three percent mentioned that the Player's racing poster was about cigarettes and only 4% recognized it as being about Player's racing (Figure 1). Twelve percent indicated that the du Maurier Jazz Festival poster was about cigarettes and only 2% recognized it as an advertisement for a jazz festival (Figure 1).

Do youth associate the sponsorship activities with images, activities and events that are appealing and desirable?

... YES

- Comments by Ontario youth demonstrate a sophisticated understanding of the messages being portrayed by these sponsorship ads.

  About the du Maurier Jazz Festival ad, they had this to say:

  "Jazz is smooth and mellow, and du Maurier wants people to believe that its smokes are smooth and mellow".
  "If you are into music, you are into smoking".
  "People who smoke and like the festival will try du Maurier, since they support the festival".

  About the Player's racing ad, they had this to say:

  "You don't think about cancer; driving is more exciting".
  "Race car drivers are tough" (a characteristic teen boys want to emulate).
  "Kids idolize car racers and kids will want to be like car racers and smoke"

  It is clear that Player's has chosen an event whose image has positive connotations for youth.

HEALTH WARNINGS

Are youth aware of health warnings?

... YES

- Students were asked to list everything they could remember about a cigarette package after they had viewed it for about one minute. In Ontario, 83% mentioned the health warning. It was recalled more frequently than even the brand name, which was mentioned by 77% of students.

- There are marked differences between Ontario and Chicago. Among those in the Chicago sample, the health warning was mentioned only 6% of the time compared to 83% of the time in the Ontario sample (Figure 2). The warnings on Canadian cigarette packages are much more prominent than those on American packages. These data show that ***while Canadian warnings have been effective at getting the attention of young smokers, the American warnings have not.***

- In Ontario, twice as many students reported that it was easier to see the health warning on the plain package (51%) than on the regular package (29%). The remainder (20%) said it made no difference.

- In Ontario, actual recall of the health warning was improved by plain packaging, but only for regular smokers. More daily smokers (82%) remembered the health warning when it was shown on a plain package than when it was shown on a regular package (62%)[1]. For the Chicago sample, memory of the warning was no different when it was presented on a plain package or on a regular package.

- Believability of the health warning is enhanced by plain packaging. While 53% of Grade 7 and 9 students in Ontario said the plain package makes the health warning look more serious, only 19% said the regular package makes it look more serious.

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1 We expect, however, that this effect might be temporary. Smokers are very familiar with regular packages and therefore do not pay as much attention to the details of the package. The same habituation might occur if all cigarettes were in plain packages.

PLAIN PACKAGING

Does plain cigarette packaging project less positive imagery than regular packaging?

... YES

- When shown posters with cigarettes in regular packages and in plain packages, 64% of Ontario students and 68% of Chicago students said they liked the regular package better, while only 8% of Ontario and Chicago students said they liked the plain package better.

- Fully 86% of Ontario students said the plain package was *more boring;* 78% said it was *uglier*. Sixty-four percent said *cool kids* would smoke cigarettes from the regular package; only 5% said *cool kids* would smoke cigarettes from the plain package (Figure 3).

- Students understood that the product was the same in both styles of packaging, but were nevertheless susceptible to the more positive imagery projected by the regular packaging.

- When asked to describe people who would smoke cigarettes packaged in regular packaging, focus group participants used words with positive connotations: *fun, popular, cool, with it, good-looking*. When asked to describe people who would smoke cigarettes packaged in plain packaging, the words most often used had distinctly negative connotations: *wimpy, boring, buys the cheapest, geeky.*

Do youth report that plain cigarette packaging would reduce youth smoking?

... YES

- Ontario students were asked what impact they thought plain cigarette packaging would have on youth smoking. One-quarter (25%) said young smokers would smoke less and 71% said it would make no difference (Figure 4). One-third (35%) said young nonsmokers would be less likely to start and 62% said it would make no difference (Figure 5). Comments such as these exemplify the opinion that plain packaging will affect youth smoking:
  "It will mostly affect teens (because) they want to be cool and look mature"
  "The tradition is broken; it implies cigarettes are not the same"
  "People will smoke less because plain packaging won't catch your eye; it is not as nice, not as flashy, therefore people will be less interested"
  "The red package makes a statement: I am sophisticated. The plain one doesn't".

- Chicago students were shown the same cigarettes in a plain package, regular package and novel package (new, appealing design), and asked which they would like to take home. Most chose the regular package (80%), 17% chose the novel package and only 3% chose the plain package. (The students were not actually given the cigarettes). Clearly, plain packages hold very little appeal to youth.

REDUCED TAXES

Has the price decrease for cigarettes had an impact on youth smoking? ... YES, A REPORTED INCREASE

- In an attempt to reduce smuggling of cigarettes into Canada, the federal government, on February 9, 1994, decreased taxes on cigarettes. The province of Ontario decreased provincial cigarette taxes shortly thereafter. The effect of these tax cuts was to reduce the price of a package of cigarettes by almost half. Health groups, pointing to economic studies on the importance of price to consumption-- especially for young, price-sensitive teens-- predicted increased smoking among youth.

- In the Ontario survey, Grade 7 and 9 students who smoked were asked if the price cut caused them to smoke more, smoke less, or if it made no difference to the amount they smoked. Fully one third (34%) said they smoked more as a result of the lower cost (Figure 6); only 3% said they smoked less.

- These results confirm those from the Waterloo Smoking Project, who surveyed over 4,000 Grade 10 students in southwestern Ontario in the spring of 1994. This survey asked "Compared to January 1994, do you smoke more or less now than you did then?". One-half of smokers who smoked at least weekly reported smoking more since the tax cuts, one-third reported smoking about the same, and 14% reported smoking less.

- The results of these two independent surveys do not support those reported by Health Canada's Survey on Smoking in Canada, which tracked the impact of the tax cuts and the various initiatives under the federal government's Tobacco Demand Reduction Strategy. Health Canada surveyed 11,119 Canadians aged 15 and over in the spring of 1994, again in the summer, a third time in the fall of 1994, and a fourth time in February, 1995. These surveys showed the prevalence of smoking among young people to be ***unchanged*** from May 1994 to February 1995. ***The federal government would like to conclude from this survey that the price cut had no effect on youth smoking. However, it cannot do so for three important reasons.***

  - The national survey sampled those 15 and over, providing no information for 12-14 year olds.

  - The first survey in the series was not a good baseline measure of pre-price-reduced smoking rates, as it occurred two to four months *after* the price cut. Smoking probably increased before the survey began.

  - Only 59% of the original sample responded to all four surveys, calling into the question the representativeness of the sample. It is likely that there has been selective attrition of smokers, and particularly young smokers, as these groups are less likely to agree to respond to a telephone survey about smoking.

CONCLUSIONS

Tobacco companies are successful in creating awareness for their brands among youth, in both the United States and Canada. This is despite a ban on advertising in Canada. Our data indicate that youth misinterpret ads for events sponsored by tobacco companies as cigarette advertising. Less than 5% of young people mentioned the event being advertised by the poster for Player's racing and for the du Maurier Jazz Festival, when the words were rendered unreadable. A significant proportion, however, interpreted the posters as advertisements for cigarettes. Fifty-three percent said the Player's racing poster was about cigarettes, and 12% said the du Maurier Jazz Festival poster was about cigarettes. ***Player's, and to a lesser extent, du Maurier, have successfully circumvented the spirit, if not the letter, of the law banning cigarette advertising.***

Plain cigarette packaging would render ineffective one of the few remaining tools that tobacco companies in Canada use to build an image for their products. It would break the connection young people make between tobacco company-sponsored event advertising and cigarettes, by removing the critical links of colour, unique font style and logo designs that connect the event advertising to a specific brand of cigarette.

The evidence is strong that plain packaging of cigarettes would reduce the positive imagery associated with smoking particular brands for many young people. While 12-15 year olds see no difference between the actual cigarettes in regular or plain packages, they are, nevertheless, susceptible to the image associated with regular packages, saying *cool* kids smoke cigarettes in regular packages, regular packages are more likely to make their peers begin smoking, and they would most like to be seen with regular packages. Plain packages are seen as *boring* and *ugly,* and *wimpy* kids smoke cigarettes in plain packages..

Plain packaging also makes the package look more serious, which may mean the health warning on it is taken more seriously. While recall of the health warning does not appear from our research to be affected by plain packaging[2] (warnings are prominent and remembered by four out of every five Ontario students in Grade 7 and 9, regardless of whether they are on plain or regular packaging), believability may be enhanced. Comparison of Ontario and US findings clearly shows the importance of placement and size of the warning for increasing recall. Recall of the health warning on American cigarettes was very low (6%), regardless of whether the warning was on a plain or regular package.

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2 A notable exception was found for daily smokers--recall of the health warning was higher when it was presented on a plain package than when it was presented on a regular package. This may be due to smokers' familiarity with regular packages and the novelty of plain packages to them, causing them to pay more attention to the details of the plain package. We expect this enhanced recall would be temporary.

Findings from the recently released federal study on plain cigarette packaging, *When Packages Can't Speak: Possible Impacts of Plain and Generic Packaging of Tobacco Products,* indicate that plain packaging would likely decrease the number of youth starting smoking and might increase the incidence of smoking cessation among teen and adult smokers. Our study reinforces that conclusion. ***One quarter of Grade 7 and 9 students in our survey said that young smokers would smoke less, and one-third said that young nonsmokers would be less likely to start, if all cigarettes were sold in plain packages.***

Of course, more than product image contributes to decisions to smoke. Rebellion, curiosity, availability, price and peer influences also contribute to decisions to smoke. This study sheds some light on two of these additional factors: price and availability.

One-third of youth reported smoking more after the price of cigarettes was reduced through tax rollbacks. This study and other surveys contradict findings from the Health Canada survey that suggest youth smoking has not increased since the tax rollback. In fact, ***there are several indicators that suggest that the price reduction has led to an increase in smoking among youth***. The Health Canada survey reported that in February, 1995, 26% of 15-19 year olds smoked. This is substantially higher than earlier national surveys (23% in 1989; 19% in 1990; 16% in 1991)[3] . Young people are more price sensitive and less concerned about health effects than older adults and so are more likely to respond to tax cuts. Sales data for tobacco show significant increases since the price change - increases that cannot be accounted for by the drop in contraband sales.

On the issue of availability, our study shows that the majority of daily smokers in Grades 7 and 9 in Ontario still buy their cigarettes from retail outlets. Given that it is rare to find a Grade 7 or 9 student age 19 or older, this suggests that the new *Tobacco Control Act* in Ontario does not impose effective barriers to the purchase of tobacco products by Ontario youth. We look forward to a change in this picture, as enforcement of the *Act* picks up steam, as retailers are charged for selling to minors, and as these charges are publicized.

In summary, this study shows how youth smoking could be reduced with an effective 3-point policy plan: ***plain packaging, a return to higher prices for tobacco products***, and ***effective restrictions on sales to minors.***

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[3] These figures are from the following national surveys: National Alcohol and Other Drug Survey, 1989; Health Promotion Survey, 1990; and General Social Survey, 1991.

A STUDY ON YOUTH SMOKING

Plain Packaging, Health Warnings, Event Marketing and Price Reductions

FIGURES

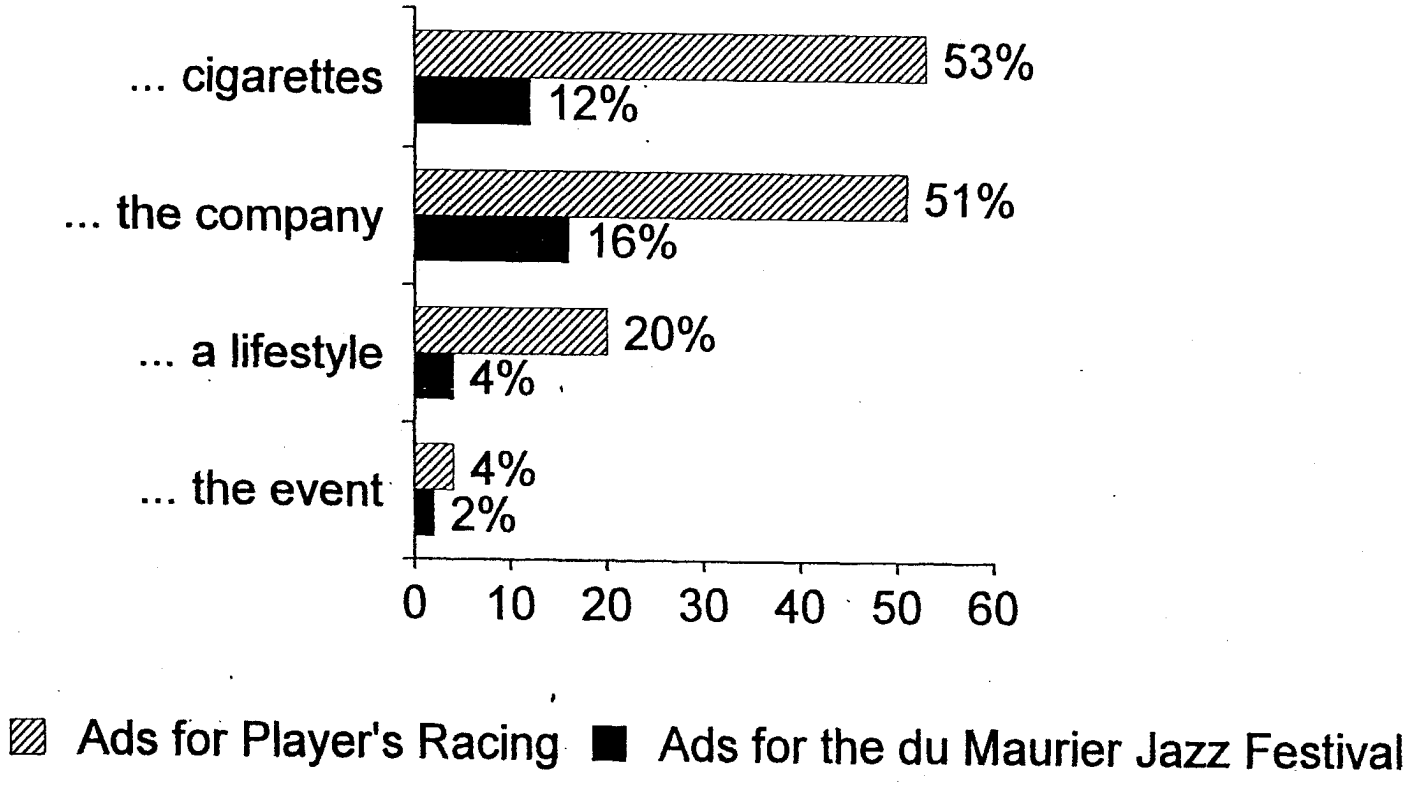
A joint research project by:

University of Toronto
University of Illinois at Chicago
York University
Ontario Tobacco Research Unit
Addiction Research Foundation

Irving Rootman, Ph.D., and Brian R. Flay, D.Phil., Principal Investigators

FIGURE 1

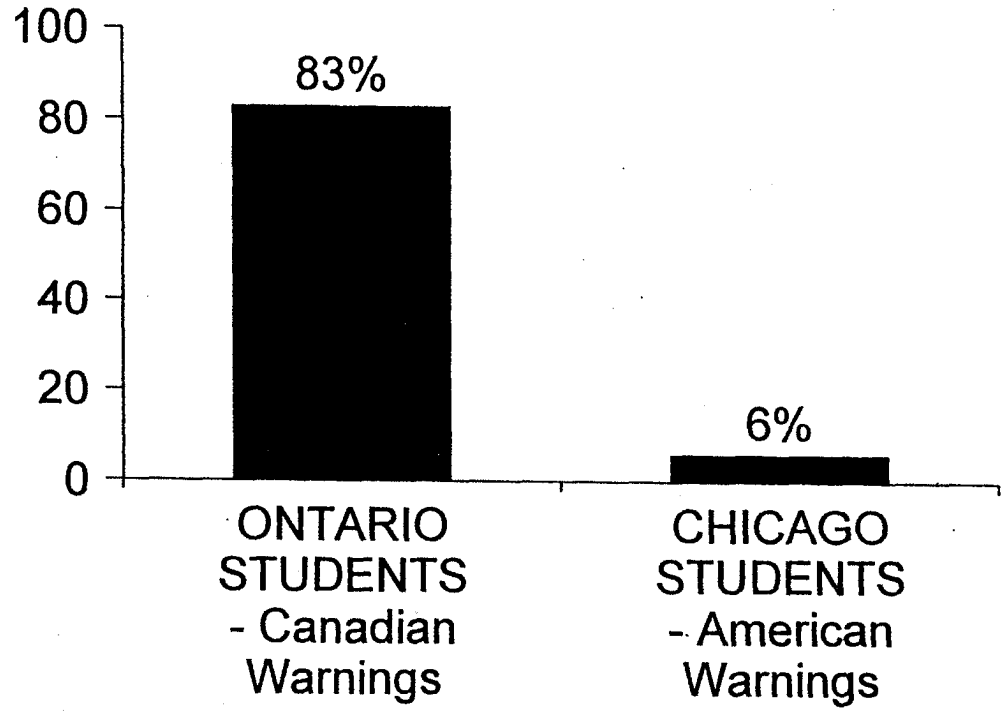
Percent of Grade 7 & 9 Students in Ontario Who Said Tobacco-Sponsored Event Ads Were About...



Ontario students misinterpret ads for tobacco company sponsored events as ads for cigarettes

FIGURE 2

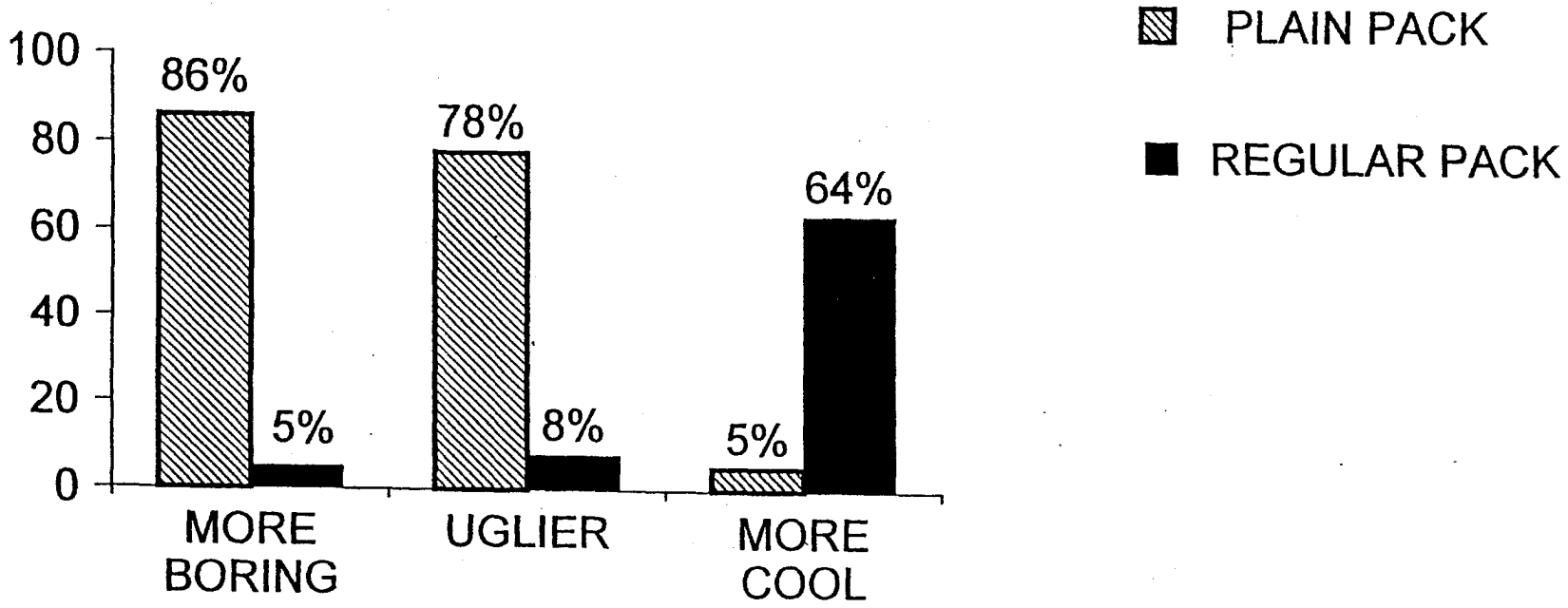
Percent of Students Who Recalled the Health Warning



Health warning labels are much more prominent on Canadian cigarettes than American cigarettes. Ontario students are much more likely to remember the health warning than are Chicago students.

FIGURE 3

Ontario Students Rate Plain and Regular Cigarette Packs Differently:



Students are susceptible to the positive imagery projected by cigarette packaging. Plain packaging does not project the same positive imagery. In fact, the imagery projected by plain packaging is decidedly negative.

FIGURE 4
Ontario Students Think Plain Packaging Will Make Young Smokers...

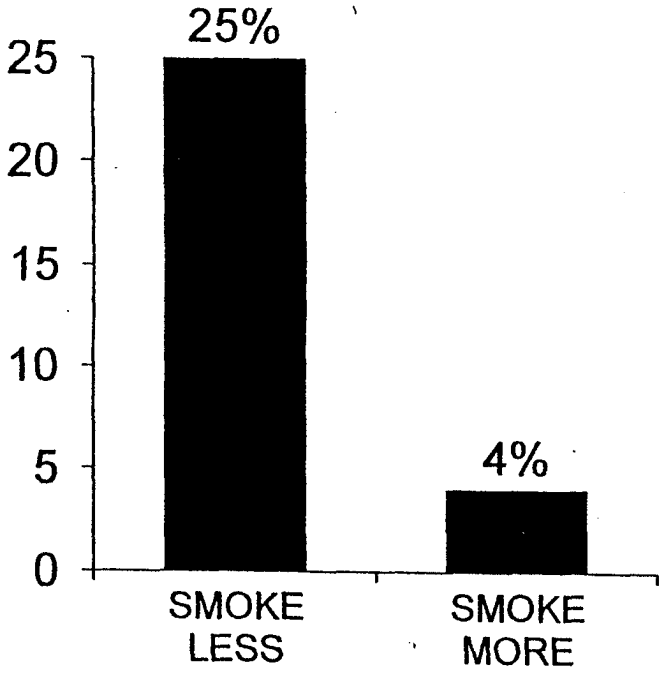
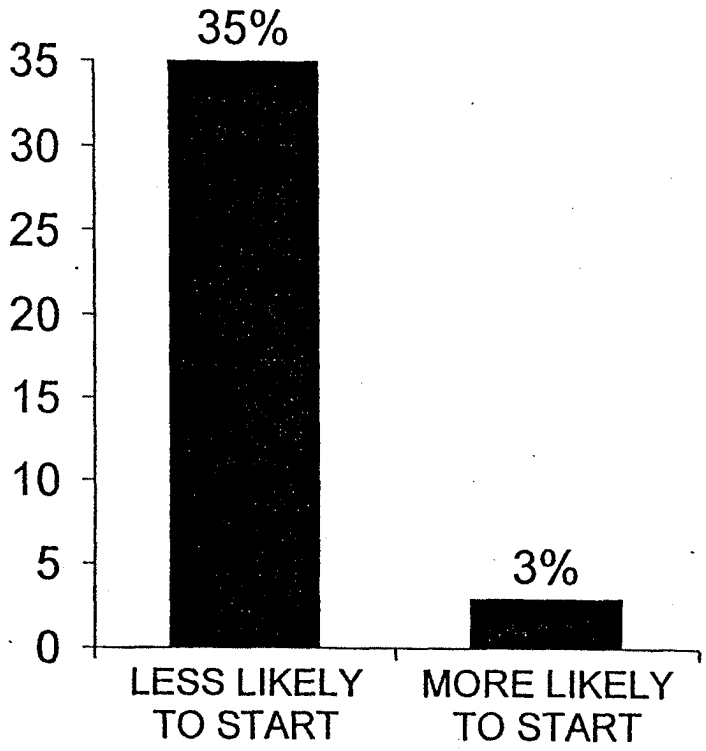


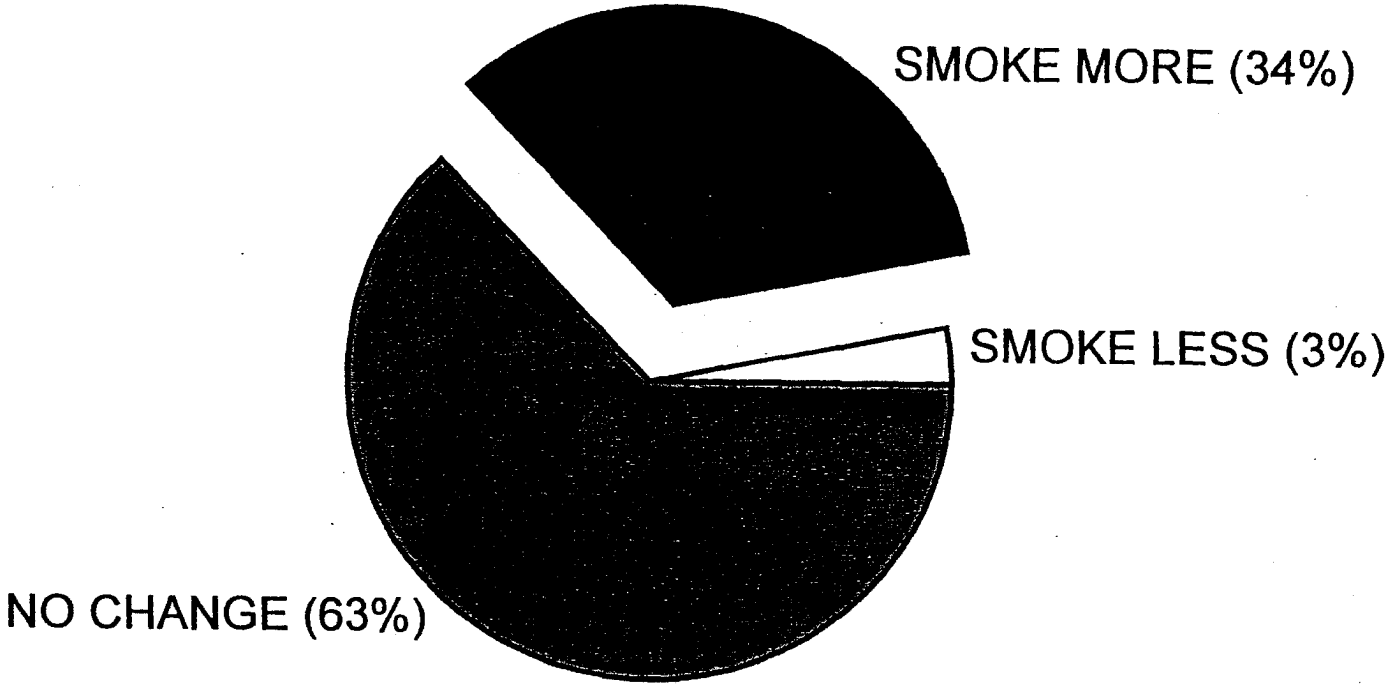
FIGURE 5
Ontario Students Think Plain Packaging Will Make Young Nonsmokers...



While two-thirds of Ontario students think plain cigarette packaging will not affect youth smoking, a substantial percent think it will make young smokers smoke less, and make young nonsmokers less likely to start.

FIGURE 6

Reported Effect of the February 1994 Tax Reduction on Amount Smoked



Fully one-third of Ontario Grade 7 & 9 smokers report smoking more as a result of the tax rollback.

...al and Clinical Psychopharmacology
...l. 4, No. 4, 447-450

1996 T+V

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Memory for Cigarette Advertisements Enhanced by Smoking Abstinence

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Abstinent and nonabstinent smokers were exposed to a series of cigarette and automobile advertisements. After a distractor event, a subsequent task tested recognition. Nonabstinent smokers showed no differences in recognition for the 2 types of stimuli. Abstinent smokers, on the other hand, recognized more cigarette advertisements than automobile advertisements ($p < .001$). These results, coupled with previous research, indicate that although withdrawal induces general cognitive deficits, abstinent smokers selectively attend to, and remember, smoking stimuli. Such a bias may have ramifications for cessation efforts.

Acute abstinence from smoking enhances perception and cognitive processing of smoking-related lexical stimuli while it impairs processing of non–smoking-related words (Gross, Jarvik, & Rosenblatt, 1993; Jarvik, Gross, Rosenblatt, & Stein, 1995). Compared with nonabstinent smokers, abstinent smokers are less able to ignore the meaning of smoking-related words (Gross et al., 1993). In contrast, abstinent smokers can more rapidly categorize words as being smoking related and more quickly recognize smoking-related words than can nonabstinent smokers (Jarvik et al., 1995). If smokers pay selective attention to cigarette advertising, particularly during periods of smoking abstinence, this cognitive bias might promote actual smoking. The purpose of this study was to determine if overnight smoking abstinence encourages selective attention to cigarette advertisements.

Previous work with other clinical disorders has also shown persistent processing biases in participants. Preoccupation or persistent intrusive thoughts produce distraction on tests requiring general attention. Anorectic participants showed slower color naming for food-related words than for neutral words on a Stroop type of test (Channon, Helmsley, & de Silva, 1988), and patients suffering from posttraumatic stress disorder showed attentional bias for threatening information (McNally, Riemann, Louro, Lukach, & Kim, 1992).

The present study was designed to extend previous memory and attentional bias work into the natural environment of smokers by measuring memory for cigarette advertisements. In 1988, cigarettes were the most advertised product in outdoor media and the second most advertised product (after automobiles) in magazines specifically, and in print media overall. That year, the tobacco industry spent over 1 billion dollars in advertising for cigarettes (Centers for Disease Control [CDC], 1990). It has been argued that cigarette advertising is actually a causal agent of smoking inception in adolescents (CDC, 1990; Klitzner, Gruenwald, & Bamberger, 1991; Pierce et al., 1991). In 1985–1989, despite a decrease in smoking initiation among young adults and a general decrease in smoking prevalence among adults, the smoking initiation rate among adolescents increased from 5% to 6%. This means that during these years an additional 600,000 adolescents began to smoke. During this same period, cigarette advertising and promotional expenditures increased from about 3.4 billion dollars per year to 4.2 billion (CDC, 1995). All of this makes cigarette advertising a particularly important type of smoking stimulus to study and makes the question of differential memory for smoking advertisements highly consequential from a public health standpoint.

If, as shown in previous studies, abstinence from smoking increases thoughts about smoking, then abstinent smokers ought to have better memory for smoking advertisements than for other advertisements. On the other hand, while nonabstinent smokers may show some bias for cigarette advertisements, it should be significantly smaller in magnitude. To assess this, we compared abstinent smokers with nonabstinent smokers in their ability to recognize smoking advertisements and neutral (automobile) advertisements that had previously been presented to them.

Method

Participants

Thirty-five volunteer inpatients and outpatients, from a wide range of services, of the West Los Angeles Veterans Affairs Medical Center

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This research was supported in part by the Research Service of the West Los Angeles Veterans Affairs Medical Center.

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participated in the study. All participants were male and confirmed smokers, signed consent forms, and were paid for their participation. Abstinent and nonabstinent participants did not differ in duration of smoking (27.2 years vs. 24.6) or number of cigarettes smoked per day (21.8 cigarettes vs. 22.1).

Design

A 2 × 2 factorial design was used to manipulate two independent variables. Smoking status was manipulated between subjects with two levels: abstinent (for a minimum of 16 hr) and nonabstinent (smoked, on average, within the previous 12 min). Seventeen participants were assigned to be abstinent, and 18 to be nonabstinent. Advertising type was manipulated within subject with two levels: smoking advertisements and automobile advertisements. The dependent variable of primary interest was how many of each type of advertisement was remembered in a memory recognition task.

Materials and Apparatus

Twenty-six advertisements were chosen for each of the two advertisement sets. Advertisements were drawn from current issues of several different popular magazines. The 26 advertisements of each type were then split into two groups: 13 for the memory acquisition portion of the experiment and the entire 26 for the recognition portion of the experiment. Thirteen color slides of each type of advertisement were placed in a slide tray to be shown in the memory portion of the experiment, and 26 of each type of advertisement (which included the original 13) were placed in a slide tray to be shown in the recognition portion of the experiment (a modification of Perfect & Askew, 1994).

A single random presentation order was determined for the 26 advertisement memory set, with the following constraint: No more than 2 of any single type of advertisement could be shown in succession. A single random presentation order was also determined for the 52 advertisement recognition set, with the following two constraints: No more than 2 of any single type of advertisement could be shown in succession, and no 2 advertisements shown in succession in the initial presentation could be shown in succession in this presentation.

Procedure

Each participant was scheduled and tested individually. On the day before the experimental session, each participant was randomly assigned to either the abstinent or the nonabstinent condition. Abstinent participants were told to return to the lab about 4:00 p.m. that afternoon when a preabstinence breath sample for the measurement of expired carbon monoxide (CO) was taken. The participant was told that this sample would be compared with a sample taken the following morning, to verify abstinence, and that he could not smoke at all after giving the first sample. No participants refused to participate after receiving this instruction. Participants in the nonabstinent condition were told to smoke normally until their scheduled testing session the next day.

The experimental session was held between 8:30 a.m. and 10:30 a.m. the following day. On arrival, all abstinent participants provided a breath sample for CO testing. If participants said they had smoked or if their CO had not decreased sufficiently, they were given a second chance to comply with the abstinence requirement, and a second high-CO reading resulted in the participant being dropped from the experiment. One participant was dropped from the experiment for this reason. The memory portion of the advertising experiment was then administered.

Each participant was seated in a darkened room 6 ft (1.8 m) from a projection screen. A slide projector was placed 11 ft (3.4 m) from the screen. The pictures of the advertisements thus presented measured 5 ft 8 in. high × 7 ft 5 in. wide (111.7 cm × 102.6 cm) wide (or the reverse, depending on the orientation of the advertisement). The participant was read the following instructions:

> In this study you will see some advertisements flashed briefly on the screen in front of you. I would like you to pay close attention to the advertisements as you will only see them for about a second each. Look at the screen and tell me when you are ready to begin and I will start showing the advertisements.

After these instructions, the participant indicated to the experimenter that he was ready by saying "begin," and the 26 advertisements (13 of each type) were flashed on the screen. Each advertisement appeared for 1 s, then the next advertisement appeared until all 26 advertisements had been shown. The participant was then moved to another room and asked to write as much of the multiplication table as he could in 5 min. The slide tray was changed.

The participant was then reseated in the viewing room and given a sheet of paper indicating Slides 1–52, with blanks after each number, and which contained the following instructions (which were also read to the participant):

> I am now going to show you a larger group of advertisements which contains some advertisements I showed you before and some which I did not. Mark 'Y' or yes if you saw this advertisement in the previous group of slides. Mark 'N' or no if you did not see this advertisement in the previous group of slides. Mark '?' if you are not sure if you saw this advertisement in the previous group of slides.

Participants were told that each advertisement would remain on the screen until they answered the question. Each of the 52 slides was then shown on the screen; the next slide was not shown until after the participant had answered a question. After completion of the experimental task, the participant answered a brief questionnaire that assessed his smoking history.

Results

To verify that the abstinent participants were in fact abstinent, we compared measures of CO levels from the evening before the experimental session (11 ppm–47 ppm, M = 21.8 ppm) with CO levels from immediately before the experiment (4 ppm–12 ppm, M = 6.8 ppm). Overnight individual reduction in CO levels ranged from 45% to 85% (M = 71%). Furthermore, a paired t test revealed a significant difference between preabstinence CO levels (M = 21.8) and postabstinence CO levels (M = 6.8), $t(16) = 9.73$, $p < .001$. Nonabstinent participants had all smoked within the last 25 min (5 min–25 min, M = 12.3 min).

The number of advertisements correctly recognized was analyzed by using a 2 × 2 (Abstinence Condition × Advertisement Type) analysis of variance. For the abstinent condition, 62% of cigarette advertisements versus 45% of automobile advertisements were recognized (significant difference), for the nonabstinent condition, 62% of cigarette advertisements versus 63% of automobile advertisements were recognized (as illustrated in Figure 1). Thus, there was a significant main effect for advertisement type (smoking M = 16.2, automobile M = 14.1), $F(1, 33) = 16.53$, $p < .001$. There was also a significant main effect for abstinence (abstinent M = 14.0, nonabstinent M = 16.3), $F(1, 33) = 4.84$, $p < .05$. The Abstinence × Advertisement Type interaction was significant, $F(1, 33) = 19.22$, $p < .001$. Post hoc comparisons using Fisher's least

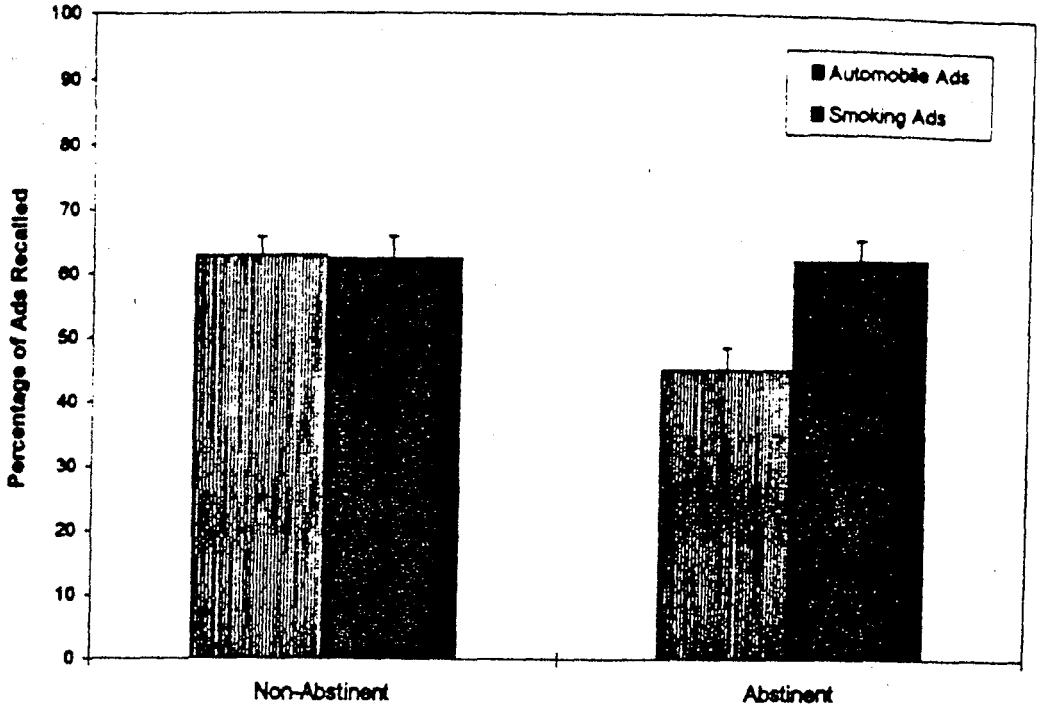


Figure 1. Percentage of automobile versus smoking advertisements recalled for abstinent and nonabstinent smokers. Bars represent standard error of the mean.

significance difference test indicated a significant difference for recognition of advertisement type for the abstinent smokers, $t(17) = 5.89, p < .001$, but not for the nonabstinent group, $t(18) = -0.22$, *ns*.

Discussion

As predicted, participants in the nicotine-abstinent condition recognized more cigarette advertisements than automobile advertisements; whereas in the nonabstinent condition, there were no significant differences in the number of advertisements recognized. The latter suggests that the collections of advertisements were equally memorable for smokers. Therefore, the results are not obviously due to the specific collection of advertisements utilized.

It is possible that the greater difficulty in identifying automobiles advertisements by abstinent smokers may represent a general cognitive impairment commonly found during withdrawal (Heishman, Taylor, & Henningfield, 1994; Snyder & Henningfield, 1989). However, performance was maintained for the smoking advertisements. This is consistent with the idea that deprivation from smoking causes selective attention to smoking-related information as found in earlier studies of the effects of smoking abstinence on cognitive tests (Gross et al., 1993; Jarvik et al., 1995). Thus these results suggest that abstinence from smoking protected the recognition of briefly presented cigarette advertisements from a generalized withdrawal deficit. This may imply an abstinence-based facilitation of smoking-stimuli processing at the semantic level. Such a pattern of findings is consistent with the hypothesis that smoking-related concepts are activated, or primed, during deprivation from tobacco smoking.

Tiffany (1990) maintained that for smokers, nicotine-seeking behavior is relatively effortless and highly automatized and is accompanied by very little higher cognitive activity. However, when cigarette smokers are forced to stop smoking, the highly automatized behavior is disrupted and is replaced with directed efforts to replace the missing cigarettes or nicotine. Under such conditions the likelihood of cognitive activity supporting smoking behavior would tend to increase. This cognitive activity would provide a mechanism for priming that underlies the performance enhancement for smoking-related stimuli.

Heavy smokers undergo a withdrawal syndrome due to overnight abstinence through mid-morning (Hatsukami, Hughes, & Pickens, 1985). These daily, though limited, withdrawal experiences may provide a reinforcement context for smoking-related stimuli. Eventually the encoding and recognition of such stimuli should be enhanced. We suggest that this facilitation of the processing of smoking stimuli is sufficient to overcome the typical attentional cognitive-impairing effects of withdrawal on other stimuli. Additionally, selective attention to smoking stimuli may impair performance with non–smoking-related stimuli. It is possible, therefore, that smoking withdrawal produces a content-specific enhancement in processing smoking-related information despite general cognitive impairment.

Individuals attempting to quit smoking are subject to enhanced processing of a class of stimuli that is strongly associated with the behavior they are trying to avoid. Taken together with the finding that abstinent smokers have more difficulty suppressing smoking words in completion of an alternate task (Gross et al., 1993), we predict that abstinent smokers will find it more difficult to suppress or forget such stimuli once

perceived. It would be useful to identify techniques that could decrease sensitivity to smoking stimuli during acute or prolonged withdrawal. This should minimize relapse to smoking by limiting the primed processing of smoking stimuli. Reduction of exposure to smoking cues during withdrawal ought to decrease the influences of smoking stimuli that might lead to relapse. Nicotine replacement therapy may also reduce receptiveness to smoking-related stimuli by allowing for the extinction of associations between nicotine withdrawal and the processing of smoking information.

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Received March 7, 1996
Revision received June 14, 1996
Accepted June 14, 1996 ■

Eur Respir J 1998; 11: 517–519
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European Respiratory Journal
ISSN 0903 - 1936

EDITORIAL

Banning tobacco advertisements: is there a question?

C. Roussos

Often the answer to a serious problem does not lie in the results of even more complicated research or in the acquisition of ever larger databases. Rather, it involves the ability to accept the truth, assume a responsible and moral attitude towards it and act accordingly. This may very well appear self-evident, but in reality, as in the case of the tobacco advertising and promotion ban, it becomes, paradoxically, an unattainable goal.

Today we, as health professionals and as thinking adults, are faced with this paradox. On the one hand we have been informed through numerous research projects and statistics that cigarette smoking causes a catastrophic degree of harm and cost both to individuals and to countries throughout the world. On the other hand, we have been disqualifying the facts by allowing tobacco advertising to lure adults and children into taking up smoking. In doing so we unwittingly, but at the same time unforgivably, collude with the tobacco industry and the governments. The former disguises a deleterious and addictive product in images that appeal to the young; the latter are reluctant to give up the immoral income that comes from this poison, the tobacco.

The facts relating to the harmfulness of tobacco are staggering. Cigarettes are more lethal than handguns, hard drugs, suicide, acquired immune deficiency syndrome (AIDS) and automobile accidents combined. In the European Union 90% of lung cancers in men are caused by smoking tobacco and more than 500,000 deaths are related to tobacco use each year. Lung cancer also kills passive smokers. It is estimated that passive smoking causes 17% of the cases of lung cancer among nonsmokers. They are caused by high levels of exposure to cigarette smoke during childhood and adolescence [1]. Overall 20–25 productive years are lost per death from smoking. Even smokers who do not die from cancer suffer other deleterious effects as a result of this habit. They more frequently develop chronic bronchitis, emphysema and cardiovascular disease. Children who are passive smokers may also develop bronchitis and suffer from infections and exacerbations of asthma.

Historically, men have exhibited the highest levels of smoking-related disease. The smoking epidemic, however, is now spreading to women. In 1987 lung cancer became the number one cause of cancer death in American women, surpassing breast cancer. Among women, lung cancer has increased fourfold in the past 30 yrs, and it is predicted that this rise will not plateau until well after the year 2010. The increase in the incidence of lung cancer among women is almost entirely due to the increase in their tobacco use. More than 25 million American women smoke. One out of four girls under the age of 18 smoke, and a recent survey revealed that up to 34% of all high school girls were serious smokers. More than 140,000 women die each year in the USA alone from smoking-related diseases. While the death rate from smoking-related diseases for men has levelled off, the rate for women is rising dramatically. Ironically, with the help of the tobacco industry's advertisements, a dependence like cigarette smoking became a symbol of independence for women, with devastating effects [2–6].

The situation with children is even more dramatic. One out of every two teenagers who starts smoking and continues to do so will die of the habit. It is estimated that if the rate of tobacco smoking continues at the current level, 5,000,000 American children who are alive today will die from tobacco-related diseases [7]. In the UK about one in five of today's children aged 11–15 yrs will eventually be killed by their addiction [1]. Undoubtedly similar or even worse results may be found in other European countries and the rest of the world.

The attrition in the ranks of tobacco smokers due to death and, to a lesser degree, by quitting the habit, constitutes a serious "hazard" for the tobacco industry! Thus, it is imperative for the financial compensation of the industry and that of their secret allies, *i.e.*, some governments, that new smokers be recruited. In this case advertising is the main player. Advertisements very carefully show only the point of entry into the world of tobacco smoking. No advertisement depicts the dependence, the sickness, the detrimental effects on the foetus during pregnancy, the financial burden or the death.

Once they achieve the goal of enticing new smokers, the tobacco industry is safe because stopping a smoking habit is notoriously difficult. It is a well-known fact that smoking cessation programmes both in adults and children have given dismal results despite their ingenuity and the money spent on their implementation. The alarming fact remains true: once a person has taken up smoking it is very difficult for him or her to stop. This is even more true for people who started smoking before they were 18 yrs of age, while more "hard core" smokers begin between 11–13 yrs of age. Obviously the most attractive new clients are those who are unaware or unable to conceive the fatal risks involved in cigarette smoking. This makes the market in developing countries, and developing human beings, *i.e.*, the children, an advertiser's dream. The advertisers then proceed to realize this goal by pouring vast amounts of money into their business. Presently, the tobacco industry spends $4.6 billion yearly, which is $12.6 million a day on tobacco advertising. In Europe alone

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advertising expenses reach the exorbitant amount of 400 million ECU a year. As far as the children are concerned there is a degree of "urgency" for the advertisers: it has been documented that unless people start smoking before they are 18 yrs of age the chances are that they will not become smokers. Thus, the tobacco industry, in conjunction with other confounding factors such as peer pressure, family smoking and social class has a narrow window of opportunity (children and adolescents) to welcome people into the "wonderful" world of addiction.

The advertisers are doing extremely well, as the figures show. The world now has an estimated 1.1 billion smokers, that is, about one third of the global population aged 15 yrs and over. Most of these smokers (800 million) live in developing countries [8]. The despicable figure, however, is that 90% of the newcomers are children.

The tobacco industry argues that tobacco is legal, therefore, the advertisements are legal. There is an important truth in this, since all nations treat tobacco as if it were a simple grocery item. Many, like us, argue that if cigarettes had recently been "invented" and subjected to the rigorous tests for safety as required for foods and drugs, no nation would allow its release into the market as it is sold today. They would at least be subjected to the same regulations as the nicotine patches. The device designed to control a dangerous substance is under control, while the substance itself is not. What an oxymoron!

The industry further maintains that they design advertising for adults with the aim of promoting brand switch or brand loyalty [9–11]. Even if this were so, given the fact that children are below the age that their informed consent can be assumed, tobacco advertisements directed at them, or which can be shown to appeal to them, are unethical. They clearly seek to influence consent in people deemed legally incapable of giving their consent. Such obvious and dangerous pharisaism still prevails in our society, and even expands, instead of receiving unequivocal rejection.

In fact, the evidence does not support the tobacco industry's position that advertising only targets adults. The themes used in tobacco advertising are the result of extensive research on children conducted by the tobacco industry "to learn everything that there is to learn about how smoking begins" [12–15]. It is well known that the industry has conducted market research with teenagers and that the target group for advertising includes 12–17 yr olds. One advertising consultant said "Where I worked, we were trying very hard to influence kids who were 14 to start to smoke"[16]. This is contemptible to say the least.

Even without these confidential reports there is ample evidence that tobacco advertising affects children. Even preschool children are not immune to advertising, as the studies pertaining to their knowledge of Joe Camel showed [17]. This advertisement translated into a tremendous increase in sales of this brand. Since 90% of the newcomers are children, it is rather difficult indeed to believe that they designed this cartoon figure for adults.

Children as young as 6 yrs of age can reliably recall tobacco advertisements and children 12 yrs of age can match personality sketches with the brand using this imagery [18, 19]. Smokers 11–14 yrs of age were found to be more adept at recalling, recognizing and identifying cigarette advertisements. This greater awareness and appreciation of cigarette advertising were independent of other important predictors of underage smoking, such as peers, siblings and parents [20].

Promotional marketing undertaken by the tobacco industry has been effective in capturing the interest of adolescents. After social influences to smoke were controlled for, exposure to cigarette marketing was related to self-reported smoking behaviour. The likelihood of experimenting with smoking was 2.2 times greater among those who owned promotional items and 2.8 times greater among those who had received mail from a tobacco company [21]. In addition, adolescent smokers prefer the most heavily advertised brands and report that they would smoke the brand whose advertisement they like the most [22, 23]. The case of Joe Camel illustrates this point. When Joe Camel came on the scene, Camel's market share among underage smokers increased from 0.5–33%, making adolescents the fastest growing group of smokers in the USA [24]. Furthermore, data exists to prove that young people are influenced by indirect advertising such as sponsorship of sporting events, *i.e.*, Formula 1 racing.

As we impassively stand by, our children form an endless queue which salutes the tobacco industry, echoing the horrific greeting in the ancient stadia *"Ave Tobacco Industry Morrituriti te salutant"*. We, then, as citizens and without protest, proceed to pay the bill, which for the USA soars to $2.60 per packet of cigarettes for health-related expenses. Even if health costs in Europe were half of what they are in the USA, and there is no reason to believe that it is so, the amount of money we are paying is unthinkably high.

Health professionals have always accepted the responsibility of informing their governments about health hazards for the citizens, and guiding their interventions. The onus is on us once again to spearhead the battle against this horrific but preventable epidemic of our times. We have to prevent the purposeful dissemination of erroneous information by the tobacco industry. The confrontation is a forceful one and if we are to succeed we need every pulmonary physician to get personally involved in this. We also need to mobilize all concerned people, the members of the government foremost. We must tell them in a persuasive and documented way how they and we fall victim to the greed of the tobacco industry. We need to demand that the least that one can do to prevent the damage done by this addictive substance is ban tobacco advertisements. The predicament of a moral person, and physicians are moral people, is to be active and not merely a bystander where ethical issues are at stake. The projection to the public of the illustrious image of tobacco smoking has to stop now that we, as physicians, know that it is false and misleading. False and powerful images like these limit the freedom of the young and uninformed and, therefore, insult the dignity of the human person. We have no other choice but to stage a ferocious war against nicotine addiction by mobilizing the people, the state, the nations, and the European community. The latter has already started. The European Respiratory Society (ERS) has entered the antismoking campaign. The recent petition with over three thousand signatures which we presented to the European Union gives evidence to this effect.

Recently the European Union Health Council voted in favour of the banning of tobacco advertisements. It is very encouraging that countries which have traditionally been against such a stand and which have a vested interest in

the tobacco industry as a source of national income joined forces with the other European countries in an effort to curtail the usage of tobacco, to the extent that this is dependent on tobacco advertisements. As the issue comes up in the European Parliament for final voting, it is imperative for us to lend limitless support to this act through presentation of scientific data and lobbying of our national representatives. It is beyond any shred of doubt that our national representatives know that banning advertisements decreases young people's smoking. Undoubtedly our politicians are sensible human beings. Thus, we have to call their attention to this long overdue duty: that is to stop the promotion of a deleterious poison which kills one in two of our children who become addicted to smoking. Tobacco advertising has to be banned. There is no question.

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ARTICLE

Cigarette Promotional Items in Public Schools

James D. Sargent, MD; Madeline A. Dalton, PhD; Michael Beach, MD, PhD; Amy Bernhardt; Deborah Pullin, CPNP; Marguerite Stevens, PhD

Objectives: To assess the prevalence of ownership of cigarette promotional items (CPIs) by rural northern New England students and to examine the association between CPI ownership and smoking behavior.

Design and Setting: Voluntary, self-administered survey of 1265 sixth- through 12th-grade students representing 79% to 95% of all students attending 5 rural New Hampshire and Vermont public schools in October 1996. We examined the association between ownership of a CPI and smoking behavior through regression models and conducted a sensitivity analysis on the findings.

Main Outcome Measures: Adjusted odds of being a smoker (lifetime use of ≥100 cigarettes) and, among never smokers and experimental smokers, adjusted cumulative odds of having higher levels of smoking uptake given CPI ownership.

Results: One third of students owned a CPI: Prevalence of ownership did not vary by grade or sex, but was higher among poor-to-average school performers (45.0% vs 21.0% for excellent school performers, $P<.001$) and children whose friends and family members smoked (43.4% vs 13.8% for students with no family members or friends smoking, $P<.001$). Cigarette promotional items included articles of clothing (T-shirts, hats, backpacks, and jackets), smoking paraphernalia (lighters and ashtrays), camping gear, and electronics. More than half of CPIs (58.2%) bore the Marlboro logo, and almost one third (31.7%) bore the Camel logo. These items were obtained directly from catalogs or vendors 22.4% of the time. Whereas only 4.5% of students reported bringing a CPI to school with them the day of the survey, 44.5% reported seeing such an item at school the day of the survey. After controlling for confounding factors, such as having friends who smoke, students who owned CPIs were 4.1 times more likely to be smokers than those who did not own CPIs (95% confidence interval [CI], 3.1-5.5). Never and experimental smokers (n=1008) who owned CPIs were more likely to be in a higher category on the smoking uptake index in grades 6 (cumulative odds ratio [OR]=5.7, 95% CI, 1.9-16.8), 7 (OR=1.8, 95% CI, 0.9-3.7), 8 (OR=2.3, 95% CI, 1.1-4.8), and 9 (OR=2.1, 95% CI, 1.1-3.9), periods when children are most vulnerable to initiating cigarette use. A sensitivity analysis indicated that an unmeasured confounder of CPI ownership and smoking was unlikely to alter our conclusions.

Conclusions: Cigarette promotional items are owned by one third of students in these rural northern New England schools. These items are highly visible in the public school setting, and their ownership is strongly associated with initiation and maintenance of smoking behavior. These data lend support to a ban on CPIs to be included in US Food and Drug Administration regulations to prevent tobacco use among US youth.

Arch Pediatr Adolesc Med. 1997;151:1189-1196

Editor's Note: If CPIs were bacteria, no one would be opposed to eradication. So why can't we eliminate this pathogen?

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THE PREVALENCE of tobacco use is decreasing among adults in the United States[1] but has increased by 1% to 2% each year among children since 1992.[2] At the same time (1990-1994), expenditures for the advertising and promotion of cigarettes climbed from $3.99 to $4.83 billion.[3,4] One category of cigarette promotional activity, cigarette promotional item (CPI) distribution, has experienced massive growth since 1990. Cigarette promotional item distribution comprises expenditures for promotional gear and clothing campaigns in which catalogs for these items are distributed by vendors. Through catalogs, items such as clothing, camping and sports equipment, cigarette lighters, and electronics bearing cigarette logos can be purchased with cash or added-value coupons that are included with cigarettes. Money spent by the tobacco industry for this category of promotion has increased each year in this decade, from $0.31 billion and 7.7% of the cigarette advertising budget in 1990 to $1.25 billion and 25.8% of the advertising budget in 1994.[3] Thus, the possibility exists that the recent increase in tobacco use among teenagers is, in part, the result of a successful cigarette promotional campaign aimed at children.

Historically, the tobacco industry has denied intent to advertise and promote

SUBJECTS AND METHODS

Five rural schools in Vermont and New Hampshire participated in this survey. Selection of the schools was based on the following criteria: (1) schools enrolled students in grades 6 through 12; (2) schools were located in rural communities in Vermont or New Hampshire, within a 2-hour driving distance from Lebanon, NH; and (3) schools served communities that were in the lowest quartiles for median household income and percentage of adults who completed high school for each state. We chose low-income rural communities because they represent the populations at highest risk of tobacco use.[4] Of 13 schools initially contacted and asked to participate, 3 schools declined, 4 schools could not accommodate our schedule of survey dates, and 1 school was surveyed but the data were discarded because of inadequate implementation of consent procedures. Of 5 schools surveyed in October 1996, 3 were in New Hampshire (school A, grades 9-12, 469 students; school B, grades 6 and 7, 169 students; school C, grades 8-12, 378 students) and 2 were in Vermont (school D, grades 7-12, 288 students; school E, grades 7-12, 543 students).

Participating students were asked to voluntarily complete an anonymous, self-administered questionnaire in a classroom or assembly setting. Study personnel were present to give instructions, answer questions, and maintain order while students filled out the questionnaires. Teachers were present during the survey but were asked to remain at the front of the room and not to answer any questions about the survey. Fewer than 10 students required assistance in reading the questionnaire; for these students, either a teacher's aide or 1 of the survey administrators read the questions and answers aloud and the students marked their answers on their own questionnaire. Passive parental consent was obtained for the administration of this survey in school by mailing consent forms to students' homes 1 to 2 weeks prior to the survey date. Parents were responsible for contacting the school only if they did not want their child to participate in the survey. The study and consent procedures were approved by the Dartmouth College Committee for the Protection of Human Subjects, Hanover, NH.

STUDENT SAMPLE

Completed questionnaires were obtained from 1543 students, representing between 79% and 95% of the students in each school. Following the procedures of Stevens et al,[16] 107 (6.9%) questionnaires were discarded because the students indicated that they did not answer all the questions honestly or because there were 5 or more logically inconsistent answers or extreme values on the questionnaire. An additional 171 (11%) questionnaires were omitted from this analysis because of incomplete data for 1 or more of the variables examined in this report. Therefore, results are reported for 1265 students.

The age of the student sample ranged from 10 to 19 years, with fewer than 10% of respondents being younger than 12 or older than 18 years. More than 95% of the respondents were white, which reflects the racial composition of rural New Hampshire and Vermont. Data on socioeconomic status were not collected from individual students because schools were selected based on the low socioeconomic status of the communities they served.

VALIDITY AND RELIABILITY

To increase the validity of self-reported data, we assured the students anonymity[17] and employed a bogus pipeline procedure,[18] in which students were asked to give a saliva sample by licking a piece of filter paper once and sealing it in an envelope that had the same identification number as the one on their questionnaire. Students were told that saliva could be tested to verify their reports of tobacco use.

We measured the external validity of reported tobacco use among this sample of students by comparing our results with those from a nationally representative sample of students surveyed in the 1996 Monitoring of the Future Survey (MTFS).[2] For the prevalence of lifetime tobacco use, the 95% confidence intervals (CIs) for our sample overlapped those of the MTFS results among eighth (49.2% vs 50.0% for MTFS) and 10th graders (59.6% vs 61.2% for MTFS); lifetime use was significantly higher for 12th graders in our study (74.0% vs 63.5% for MTFS). For 30-day use of tobacco, the 95% CIs of our results overlapped those of the MTFS for all grades.

To evaluate test-retest reliability of the questions, we surveyed 114 students at a school that was selected in the same manner as the ones that participated in the survey. The students completed the questionnaire twice, with a 5-week interval between the 2 surveys. Procedures for the test-retest survey were identical to those listed above, except we obtained active informed consent, were unable to survey the children anonymously, and did not use a bogus pipeline procedure. The κ statistic[19] was used to measure agreement between test-retest answers for categorical and ordinal data. All variables reported herein have a minimum κ statistic of 0.70, which indicates very good reliability for these items; it was unnecessary to exclude any variable because of an unacceptably low κ value.[20]

SMOKING EXPERIENCE AND SUSCEPTIBILITY TO SMOKING

In our analyses, we categorized students based on 2 variables that describe smoking attitudes and behavior and have been shown to predict later smoking in prospective

cigarettes to children.[5] However, as part of a legal settlement, 1 cigarette manufacturer has recently admitted publicly to marketing cigarettes to children as young as 14 years of age.[6] Moreover, available evidence points to a high sensitivity to advertising among youth. Children are more receptive to cigarette advertising than adults[7]; the "Joe Camel" character has been shown to have high name recognition, even among children in primary school.[8] Market shares for heavily advertised cigarette brands are much larger among smoking children than market shares for these brands in smoking adults.[7,9-11] Increases in the initiation of cigarette use among adolescents are associated with advertising campaigns aimed at these groups.[12,13] For example, the RJR Nabisco Joe Camel advertising campaign heralded a 10-fold increase in the market share among youth for Camel cigarettes. Finally, sensitivity to advertising and promotional messages has been linked to susceptibility to initiation of smoking among never-smoking children in cross sectional studies.[14,15]

cohort studies of adolescents. Data from Collins et al[21] indicate that the best predictor of future smoking is experience with cigarette use at baseline. Lifetime smoking experience was determined by students' answers to 2 questions: "Have you ever tried smoking cigarettes, even a few puffs?" and "How many cigarettes have you smoked in your whole life?" "Never smokers" were defined as those who answered "no" and "none," respectively. "Experimental smokers" were those who had smoked fewer than 100 cigarettes, and "smokers" were those who had smoked 100 cigarettes or more. Lifetime use of more than 100 cigarettes has been used to classify ever smokers in studies of adults and is used in the United States to define an individual who has been dependent on cigarettes in the past.[22]

Pierce and colleagues[23] have shown that a variable that describes attitudes toward smoking (termed "susceptibility to smoking") can be combined with measures of experience to more accurately predict later smoking behavior. Susceptibility to smoking is determined from responses to "How likely are the following? (1) I will smoke a cigarette in the next 6 months; (2) I would smoke a cigarette if a friend offered me one." Any individual who cannot definitely rule out smoking in the future by answering "definitely not" for both of these statements is susceptible. Prospective studies show that susceptible individuals are more likely to increase their consumption of cigarettes in the future, regardless of their current experience category.[24]

We modeled smoking based on lifetime smoking experience, comparing smokers with all others. The finding of an association between CPI ownership and being a smoker could easily be an expression of an adolescent who acquired these items after having made the decision to become a smoker. Of greater concern would be an association between CPI ownership and a higher level of smoking uptake among never smokers and experimental smokers, especially during the critical period of adolescent initiation (grades 6-9).[16] For students in the initiation phase of smoking (lifetime use of 0-99 cigarettes), we modeled phases of smoking uptake by creating a 4-category ordinal measure that categorized individuals based on their lifetime smoking experience and susceptibility to smoking. The categories for this smoking uptake index are: never smoker and not susceptible, never smoker and susceptible, experimental smoker and not susceptible, and experimental smoker and susceptible. Choi and colleagues[25] describe a similar variable as the "uptake continuum" and have shown in prospective studies that adolescents in higher categories are at progressively greater risk of becoming smokers in the future. A variable similar to our smoking uptake index was also used by Altman et al[15] in an analysis examining the association of tobacco promotion with smoking uptake in adolescents using proportional odds models.

EXPOSURE VARIABLES

Social environment is a key element in adolescents' decisions to smoke. In evaluating the relationship between CPI ownership and smoking behavior, we controlled for the effects of other individual and environmental characteristics known to be associated with smoking: friends and family smoking as constructed by Evans et al[14] (none, family only, friends only, or family and friends), grade in school, sex, and school performance. School attended was also included as a variable in all models.

STATISTICAL ANALYSIS

We evaluated the link between CPI ownership and smoking behavior in 2 separate analyses. In the first analysis, we classified students as being either smokers (lifetime use of $\geq$100 cigarettes) vs all others (lifetime use of 0-99 cigarettes) and modeled the probability of being a smoker using "overdispersed" logistic regression.[26] Overdispersion is a technique that relaxes the variance restriction imposed by standard logistic regression and allows for models in which student behavior may cluster. Compared with standard logistic regression, use of this technique often results in conservative significance tests for all estimates, widening the 95% CI.

A second analysis used responses from only the 1008 students who were never or experimental smokers (lifetime use of 0-99 cigarettes). These students were classified into 4 ordered categories based on the smoking uptake index described earlier. Proportional odds models were used to model the likelihood of being further along the smoking uptake process given CPI ownership, after adjusting for confounders. Proportional odds models give cumulative odds ratios (ORs) modeling the probability of being in any higher category on the smoking uptake index, not just the adjacent one. With an ordered dependent variable, these models have the advantage of retaining information that would be lost by combining the data into 2 arbitrary groups. We modeled CPI ownership by grade in school using interaction terms, to determine if the association between ownership and smoking uptake was strongest during the period of smoking initiation (grades 6-9). In all models, changes in deviance and residual plots were used to assess model fit, and SEs were scaled using the square root of deviance-based dispersion.

A sensitivity analysis was undertaken to assess the robustness of the association between CPI ownership and smoking behavior. The strength of this association was examined with the addition and deletion of a number of covariates. The influence of an unmeasured but potentially influential covariate on the association between CPI ownership and smoking behavior was tested by including a simulated covariate with various degrees of association between both CPI ownership and smoking behavior.

We observed CPIs in school while conducting focus groups on tobacco use in children attending a rural Vermont school (kindergarten through eighth grade), where there were promotional clothing and backpacks in a seventh- and eighth-grade classroom. We were surprised that the teachers and principal in this school had not noticed these items. We informally polled the students and found that 40% of them owned CPIs. Later, we observed caps, T-shirts, windbreakers, and backpacks bearing cigarette logos in other rural Vermont schools. These observations extended from the high school grades down to the early primary school grades. For example, 3 children from 1 first-grade class brought their personal items to school in Marlboro backpacks, which were hanging in the back of the classroom.

These observations raised the possibility that children were becoming the means through which cigarettes were being promoted to other children, and that promotional activity was occurring in the public school setting. To confirm these observations in a larger sample of rural

Table 1. Cigarette Promotional Item Ownership by Student Characteristics*

Characteristic	N	Own Cigarette Promotional Items, %	Odds Ratio	95% Confidence Interval
Total	**1265**	**31.7**		
Grade				
6	67	34.3	Reference	...
7	164	27.4	0.7	0.4-1.3
8	148	37.2	1.1	0.6-2.1
9	245	31.0	0.9	0.5-1.5
10	230	37.0	1.1	0.6-2.0
11	219	29.2	0.8	0.4-1.4
12	192	27.6	0.7	0.4-1.3
School performance				
Excellent	372	21.0	Reference	...
Good	517	29.8	1.6	1.2-2.2
Average or below average	376	45.0	3.1	2.2-4.3
Sex				
F	662	30.1	Reference	...
M	603	33.5	1.2	0.9-1.5
Environmental smoking				
None	145	13.8	Reference	...
Family only	104	22.1	1.8	0.9-3.4
Friends only	343	19.2	1.5	0.9-2.6
Family and friends	673	43.4	4.8	2.9-7.9

*Ellipses indicate not applicable.

Table 2. Types, Brands, and Sources of CPIs Owned by 401 Students*

Characteristic	No. (%)
Type of CPI	
Clothing	
T-shirt	240 (30.2)
Hat	149 (18.7)
Backpack	73 (9.2)
Jacket	69 (8.7)
Other clothing	14 (1.8)
Smoking paraphernalia (lighter, ashtray)	176 (22.1)
Camping gear (sleeping bag, pocketknife, etc)	41 (5.1)
Electronics (watches, clocks, cameras, CD players)	14 (1.8)
Other miscellaneous items	19 (2.4)
Total	**795† (100.0)**
Brand of CPIs	
Marlboro	292 (58.2)
Camel	159 (31.7)
Other‡	51 (10.2)
Total	**502§ (100.0)**
Source of CPI	
Parents	153 (30.9)
Obtained it themselves from a catalog	84 (17.0)
Friend	83 (16.8)
Another adult	82 (16.6)
Sibling	34 (6.9)
Store	27 (5.4)
Other	32 (6.4)
Total	**495‖ (100.0)**

*CPIs indicates cigarette promotional items.
†Total number of CPIs owned by 401 students.
‡Other brands include Winston, Basic, Merit, Jacks, Newport, Kool, GPC, Virginia Slims, and Parliament.
§Total number of brands reported by 373 students; 28 students did not specify a brand name for the CPIs they own.
‖Total number of sources reported by 401 students who own CPIs.

children, we selected 5 rural Vermont and New Hampshire middle and high schools and conducted in-school surveys of students to determine the prevalence of CPI ownership, the extent of CPI presence and visibility in the public school setting, and the association between CPI ownership and smoking behavior in students.

RESULTS

WHO OWNS CPIs?

The student population was drawn from grades 6 through 12, with most students attending grades 9 and above (**Table 1**). Environmental exposure to tobacco use was high in this sample; only 11.5% of students did not have family members or friends who smoke. Approximately one third of students owned CPIs, with ownership being evenly distributed across grade and sex. There was significantly higher CPI ownership among students with lower school performance (45.0% vs 21.0% for excellent students, $P<.001$), and in students whose family members and friends smoked (43.4% vs 13.8% for students whose friends and family members did not smoke, $P<.001$).

TYPE AND SOURCE OF CPI

Clothing was the largest category of CPI in this sample of children (**Table 2**), with T-shirts being the most common item, followed by hats, backpacks, and jackets. Ownership of smoking paraphernalia was also common. Fewer students owned camping gear and electronic items su as watches, cameras, and CD players. Marlboro was t brand logo that appeared on the majority of CPIs (58.2%); the Camel logo was also common, appearing on 31.7%. Although most CPIs were obtained from a family mei ber or another adult, 17.0% were obtained directly fro... a catalog and 5.4% from a retailer.

CPIs IN THE SCHOOL

Fifty-seven children (4.8%) brought a CPI to school with them the day of the survey, while 563 (44.6%) report seeing one at school the day of the survey. These percer ages did not vary substantially across grades or schools (**Figure 1**), but boys were significantly more likely than girls to bring (7.3 vs 2.0%, respectively) and observe (49.9 vs 39.6%, respectively) CPIs at school. Thus, these iter... are highly visible, with almost 10 students seeing a CPI for each 1 who brings it into the school environment.

ASSOCIATION OF CPI OWNERSHIP WITH SMOKING

The proportion of students who were smokers (lifetir use of ≥100 cigarettes) increased by grade, from 3.0% of sixth graders to 31.8% of students in grade 12. Within each grade (**Figure 2**), the prevalence of smoking w

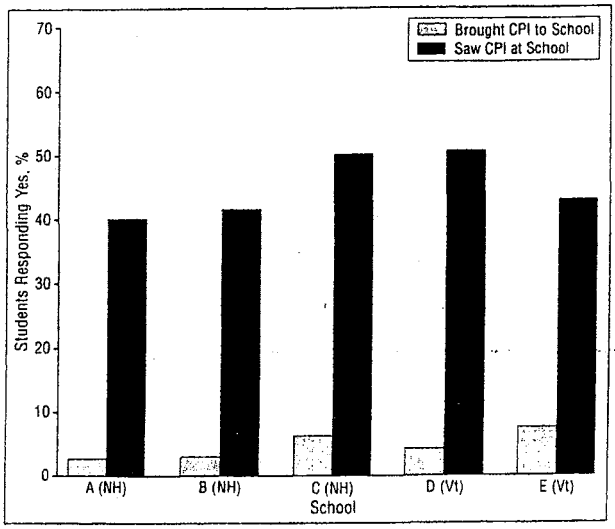


Figure 1. *Percentage of students bringing and seeing cigarette promotional items (CPIs) at school the day of the survey, by school. See "Subjects and Methods" section for description of school designators.*

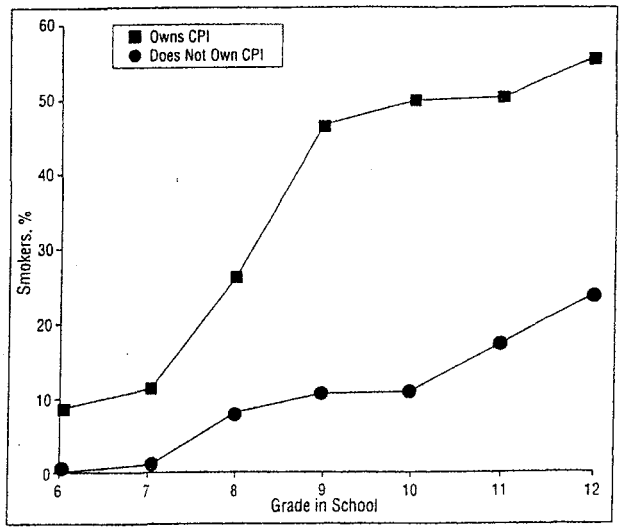


Figure 2. *Comparison of percentage of students (N=1265) who are smokers (lifetime use of ≥100 cigarettes) by cigarette promotional item (CPI) ownership. P value for Fisher exact test comparing proportion of smokers by CPI ownership for each grade: sixth grade, .11; seventh grade, .006; eighth grade, .004; all others, <.001.*

higher in students who owned CPIs. In younger students, virtually all smokers owned CPIs; for example, none of the sixth graders who did not own CPIs were smokers, while almost 10% of CPI owners were smokers. By 12th grade, 23% of CPI nonowners were smokers vs 57.7% for CPI owners ($P<.001$).

After controlling for confounding factors in a logistic model, students who owned CPIs were 4.1 (95% CI, 3.1-5.5) times more likely to be smokers compared with those who did not own CPIs (**Table 3**). Consistent with previous research, other factors were associated with being a smoker: environmental smoking, poorer school performance, and higher grade in school. There appeared to be an interaction between friends and family smoking. Whereas students with friends who smoked were 6.7 (95% CI, 1.2-37.7) times more likely to be smokers compared with students whose friends and family did not smoke, those whose friends and family smoked were 28.2 (95% CI, 5.2-158.5) times more likely to be smokers.

Table 3. Adjusted Odds of Being a Smoker (Lifetime Use of ≥100 Cigarettes) According to Student Characteristics*

Student Characteristic	Adjusted Odds Ratio	95% Confidence Interval	P
Ownership of a CPI	4.1	3.1-5.5	<.001
Environmental smoking			
None	Reference	...	...
Family only	3.4	0.5-24.2	.22
Friends only	6.7	1.2-37.7	.03
Family and friends	28.2	5.2-153.8	<.001
Grade in school			
6	Reference	...	...
7	1.4	0.3-6.8	.69
8	3.5	0.5-23.6	.21
9	7.6	1.1-50.9	.04
10	7.8	1.2-52.1	.03
11	11.2	1.7-74.6	.01
12	15.3	2.3-101.7	.005
School performance			
Excellent	Reference	...	...
Good	2.0	1.3-3.1	.002
Average or below average	5.7	3.7-8.8	<.001
Sex			
F	Reference	...	...
M	1.1	0.8-1.4	.68
School (state)			
A (NH)	1.2	0.8-2.0	.38
B (NH)	1.6	0.4-6.7	.55
C (NH)	1.7	1.0-2.8	.04
D (Vt)	Reference	...	...
E (Vt)	1.3	0.8-2.1	.29

**CPI indicates cigarette promotional item; ellipses, not applicable.*

ASSOCIATION OF CPI OWNERSHIP WITH SMOKING UPTAKE AMONG NEVER AND EXPERIMENTAL SMOKERS

More than three fourths of the sample (n=1008) are in the initiation phase of smoking uptake (lifetime use of 0-99 cigarettes). **Figure 3** compares the proportion of these students who are experimental smokers (lifetime use of 1-99 cigarettes) for CPI owners vs nonowners for each grade in school. In grades 6 through 9, the group who own CPIs contains significantly higher proportions of experimental smokers compared with the CPI nonowner group. For example, 61.0% of eighth graders who own CPIs are experimental smokers, compared with only 33.7% for CPI nonowners ($P=.004$). Among older students (grades 10-12), there is no association between experimental smoking and CPI ownership. Similar findings apply for the smoking uptake index (for which the categories are never smoker and not susceptible, never smoker and susceptible, experimental smoker and not susceptible, and experimental smoker and susceptible); students in grades 6 through 9 who own CPIs are, on average, further along in the smoking uptake process compared with those who do not own such items.

Smoking initiators in grades 6, 8, and 9 who own CPIs are more likely to report higher levels of smoking

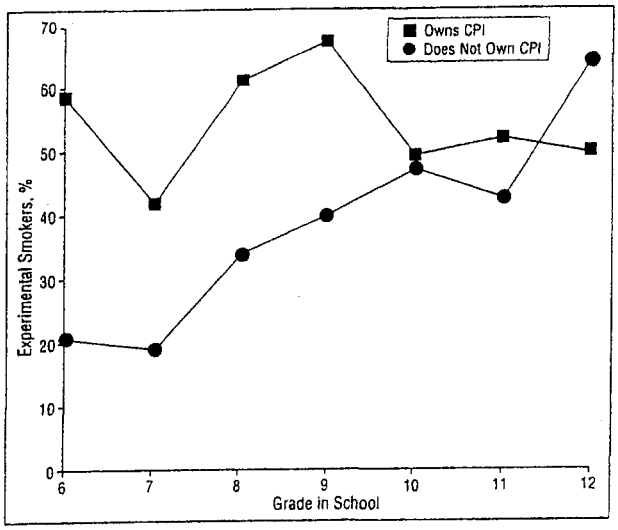


Figure 3. *Comparison of percentage of never and experimental smokers (n=1008) who are experimental smokers (lifetime use of 1-99 cigarettes) by cigarette promotional item (CPI) ownership. P value for Fisher exact test comparing proportion of experimental smokers by CPI ownership for each grade: sixth grade, .005; seventh grade, .006; eighth grade, .004; ninth grade, .004; 10th grade, .73; 11th grade. .32; 12th grade, .24.*

uptake, even after adjusting for the effects of grade, school performance, environmental smoking, sex, and school attended (**Table 4**). For example, a sixth grader who owns a CPI has a cumulative OR of 5.7 (95% CI, 1.9-16.8) for being in a higher category on the smoking uptake index compared with a peer who does not own such an item. The association between smoking uptake and promotional item ownership was of borderline statistical significance for seventh graders and there was no association in grades 10 through 12.

When all univariate and bivariate analyses were redone using the full sample (students for whom there were missing data on 1 or more responses), the results were the same as those presented earlier. Sensitivity analysis indicated that the strength and significance of the association between CPI ownership and smoking is not substantially changed with the addition of other terms or in alternative logistic models. Furthermore, an unmeasured confounder of CPI ownership and smoking behavior is unlikely to alter our conclusions. For the analysis of smokers vs all others, an unmeasured covariate would have to both increase the odds of smoking (as in Table 3) and of CPI ownership (as in Table 1) by a factor of 10 to falsely implicate CPI ownership. For never and experimental smokers, an independent unmeasured covariate would have to both increase the cumulative OR (as in Table 4) by a factor of 5 and be related to CPI ownership (as in Table 1) by a factor of 3 to alter our conclusions about the effect of CPI ownership.

COMMENT

Based on the health risks to minors who use tobacco, the US Food and Drug Administration issued regulations aimed at restricting the sale, distribution, promotion, and advertising of cigarettes and smokeless tobacco to minors.[27] The intent of these regulations is to restrict the advertising and promotion of tobacco to children. A dis-

Table 4. Adjusted Cumulative Odds of a Student Being Further Along the Smoking Uptake Process According to Student Characteristics* Among Never Smokers and Experimental Smokers

Student Characteristic	Adjusted Cumulative Odds Ratio	95% Confidence Interval	P†
Ownership of a CPI in grade‡			
6	5.7	1.9-16.8	.002
7	1.8	0.9-3.7	.12
8	2.3	1.1-4.8	.03
9	2.1	1.1-3.9	.03
10	1.0	0.5-1.9	.99
11	0.9	0.4-1.9	.84
12	0.5	0.2-1.3	.16
School performance			
Excellent	Reference	...	...
Good	1.7	1.3-2.2	<.001
Average or below average	2.0	1.5-2.9	<.001
Environmental smoking			
None	Reference	...	...
Family only	1.5	0.9-2.7	.16
Friends only	3.5	2.2-5.5	<.001
Family and friends	5.5	3.5-8.6	<.001

**This model also includes controls for grade in school, sex, and school.*
†Ellipses indicate not applicable.
‡Reference group for each grade includes all students who do not own cigarette promotional items (CPIs).

cussion has ensued around the constitutionality of restricting such commercial speech,[28] but has thus far narrowly focused on whether the effects of print and storefront advertising on smoking behavior are large enough to warrant government restrictions.[29] However the US Food and Drug Administration regulation also "prohibits the tobacco industry from disseminating any non-tobacco item or service that identifies it with tobacco products . . . including such items as T-shirts, caps sporting goods, and other items that display tobacco products." The tobacco industry and other industries are challenging these restrictions in federal court under the First Amendment of the US Constitution.[30] Legal scholars have suggested that the difficulties in proving that advertising is causally linked with tobacco use in children are a weakness in the US Food and Drug Administration's case.[29] Other scholars suggest that the direct distribution of CPIs to children through catalogs or vendors and the use of children as a medium for the promotion of tobacco are illegal and satisfy previously published criteria for a ban on the distribution of these items.[31] Regardless of the merits of the case, judicial challenges to the regulations in court could last for years.

In the meantime, negotiations are proceeding between the tobacco industry and attorneys general from several states that are suing to recover medical costs of smoking-related disease. These negotiations retain restrictions on advertising with a CPI ban. This study offers compelling reasons to include restrictions of CPI distribution in any negotiation involving cigarette advertising Cigarette promotional items are prevalent and highly visible in these rural northern New England public schools, where children now promote tobacco products to their peers by wearing CPIs to school.

Peer cigarette promotion is likely to be a powerful pro-smoking message to children. Students wearing and using CPIs in schools heightens the perception of approval of tobacco use by peers and promotes smoking as normative behavior. The influence of peers has been posited as the single most important factor in determining when and how cigarettes are first tried.[4] Peer use of tobacco is the strongest and most robust social mediator of later smoking in multiple longitudinal studies.[21,32-41] Finally, the display of tobacco logos by children increases the perceived prevalence of tobacco use among students, a factor that is important in the initiation of cigarette use among adolescents.[4,21,42]

These theoretical concerns are supported by a strong, direct, independent association between ownership of CPIs and smoking behavior in this and other samples of adolescents.[14,15,43] Among never and experimental smokers, the association between CPI ownership and higher levels of smoking uptake is prominent during sixth through ninth grade, the ages adolescents are most vulnerable to adopting smoking behavior. Measures of smoking uptake are linked with the later maintenance of smoking behavior.[23,44] Thus, the association between ownership of CPIs and being a regular adolescent smoker is not surprising. Half of the adolescent smokers in this study were daily smokers, who are likely to maintain their smoking behavior well into adulthood.[45] Moreover, the CPI effect remains after controlling for family and peer smoking, and even exceeds effect size for family and peer smoking in some studies.[14] Thus, it is unlikely that an unmeasured covariate is responsible for this effect. Finally, one longitudinal study finds that CPI ownership in never smokers is associated with smoking uptake in the future (J. P. Pierce, PhD, W. S. Choi, PhD, E. A. Gilpin, PhD, A. J. Farkas, PhD, C. C. Berry, PhD, unpublished data, August 1997). Taken in combination, this study and others expose a disturbing relationship between the ownership of CPIs and initiation and maintenance of smoking in children.

Cigarette promotional item ownership was not associated with higher levels of smoking uptake in older students (grades 10-12), suggesting a washout of the CPI effect. It is possible that older never and experimental smokers are more resistant to advertising and promotional messages. As a population of sixth-grade never smokers ages, many would be expected to try smoking and become smokers in ensuing years, selecting out by 12th grade individuals who are more resistant to initiating smoking.

It is difficult to conceive of alternatives for limiting the influence of CPIs in children short of an outright ban. A substantial proportion of adolescents in this survey and others[43,46] obtained CPIs directly through the mail with value-added coupons,[47] disputing industry claims to limit the distribution of these items only to adults. Were the industry to devise a way to keep from directly mailing these items to children, substantial numbers would still obtain them from adult friends and family members. An educational campaign aimed at these adults would take years and many millions of dollars to implement. The presence of CPIs in public schools despite dress codes that preclude their use suggests that these items are not highly visible to supervisory adults, who are relatively insensitive to cigarette logo advertising. It would be difficult to enforce a school ban on the wearing of these items; in fact, an enforced school ban could enhance CPI desirability in rebellious students.

Our study and others published to date are subject to the usual limitations inherent in cross-sectional studies, in that we are unable to infer a direction between the exposure (ownership of a CPI) and smoking behavior, limiting our ability to invoke a causal relationship between CPI ownership and smoking. This limitation is inherent in many studies of the effects of tobacco advertising, as pointed out by proponents of the tobacco industry position.[48] An additional factor that limits our ability to generalize these results to the larger population involves the regional character of the subjects, who live in low-income, rural, and predominantly white northern New England towns with high rates of family and peer smoking. However, as mentioned earlier, the CPI campaign is a national one, and surveys of nationally representative samples of children have demonstrated that CPI ownership among youth is a national phenomenon.[46,49]

Cigarette promotional item distribution has all the earmarks of a successful advertising campaign. Because these items are owned by a high percentage of children, because they are highly visible in schools, because ownership is linked with experimentation with and maintenance of smoking in children, because the increase in CPI spending is temporally associated with recent increases in tobacco use among youth, and because children, when they wear CPIs in public places, are cast as promotional tools for a behavior that annually kills half a million Americans, all CPI distribution should end immediately.

Accepted for publication July 22, 1997.

This work was supported by grants CA-67538 and CA-23108 from the National Cancer Institute, Bethesda, Md, and by grant 022315 from the Robert Wood Johnson Foundation, Baltimore, Md (Dr Sargent).

We thank Susan Moyer for her help in organizing the surveys and preparing the manuscript and all the schools for their generous support of the survey. We also thank Allen Dietrich, MD, E. Robert Greenberg, MD, Robert Kaplan, PhD, Robert Z. Klein, MD, and Robert Sege, MD, for their helpful comments on the manuscript.

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Seventh Graders' Self-Reported Exposure to Cigarette Marketing and Its Relationship to Their Smoking Behavior

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ABSTRACT

Objectives. This study examined among youth the extent of their perceived exposure to cigarette marketing and the relationship of their perceptions to their smoking behavior.

Methods. Surveys measuring exposure to cigarette advertisements and promotions were completed by 571 seventh graders in San Jose, Calif.

Results. Eighty-eight percent of these 13-year-olds reported exposure to cigarette marketing: the majority often saw ads in magazines, on billboards, and at stores and events, and one quarter owned cigarette promotional items. After social influences to smoke were controlled for, exposure to cigarette marketing was related to self-reported smoking behavior. Likelihood of experimenting with smoking was 2.2 times greater among those who owned promotional items and 2.8 times greater among those who had received mail from a tobacco company. Seeing cigarette advertisements in magazines increased this likelihood by 21%, and seeing tobacco marketing in stores increased it by 38%.

Conclusions. Youth are daily and widely exposed to tobacco industry marketing efforts; this exposure is related to smoking behavior. More effective regulation is needed. (*Am J Public Health.* 1996;86:1216–1221)

Introduction

More and more young people are beginning to smoke: the proportion of eighth graders who smoke rose from 7% in 1988 to 18% in 1993.[1] It is estimated that 3000 young people become regular smokers every day, and if tobacco use rates among youth continue at current levels, 5 000 000 American children who are alive today will die from tobacco-induced disease.[2] At the same time, tobacco industry expenditures for advertising and promoting cigarettes are on the rise. In 1993, the tobacco industry spent $6.03 billion to advertise and promote cigarette consumption, an increase of 16% over the previous year.[3]

Tobacco marketing does reach youth. Young people are able to name and recognize cigarette ads[4–7] and can also match cigarette brand names with cigarette slogans.[8] More than half of current adolescent smokers and approximately one quarter of nonsmoking teens own cigarette promotional items and participate in these campaigns.[5,9,10] Moreover, there is a growing recognition that such advertising and promotion influence teen smoking.[2,11,12] Longitudinal studies of advertising patterns and young people's tobacco use demonstrate a positive association between advertising and teenage smoking.[13–18] In addition, the vast majority of adolescent smokers prefer the most heavily advertised brands[13,19] and report that they would smoke the brand whose advertisements they liked most.[20]

In this study, we seek to elucidate how young people perceive the quantity and diversity of tobacco marketing that surround them. Our objective is to examine systematically the myriad ways in which youth are exposed to pro-smoking messages during the course of their daily activities, such as going to school, running errands, and engaging in leisure-time pursuits. We also analyze whether their perceived exposure to these marketing materials is associated with smoking behavior.

Methods

Participants

In May 1994, a paper-and-pencil questionnaire (available from the first author) was administered to 571 seventh graders in five middle schools in two school districts in San Jose, Calif, the 11th largest city in the United States. The study population was ethnically diverse and economically disadvantaged. According to school district data for the 1993/94 academic year, approximately half the students received free or reduced-price meals.* Out of 36 eligible classes, 25 intact classrooms were randomly selected to participate in the survey. Active parental consent was obtained prior to survey administration, and 5% of parents declined.

*Free lunches and breakfasts are available to children whose families receive food stamps, Aid to Families with Dependent Children, or benefits from the Food Distribution Program on Indian Reservations. Reduced-price meals are available to children whose annual household incomes are equal to or less than those on a scale ranging from $13 616 for one person to $45 732 for eight persons.

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This paper was accepted December 15, 1995.

Materials and Procedure

To enhance the validity and reliability of advertising and promotional exposure items, participants were shown two magazine advertisements for cigarettes and pictures of two cigarette promotional items (a lighter and coasters). In addition, they were shown actual examples of six cigarette promotional items (T-shirts, lighters, sunglasses) as well as catalogs and mailings for three cigarette brands.

The participants' exposure to mass media, to advertisements for smoking on billboards and in various types of stores, and to tobacco promotions was assessed. Items from Slade[9] were replicated to measure the students' experience with tobacco promotions via direct mail and other venues, such as sports and community events. Smoking behavior and social influences regarding smoking were assessed with the use of previously validated questions.[7] Participants also provided demographic information.

The staff read all items aloud to enhance comprehensibility. Participants were shown overhead projections of five advertisements and asked questions regarding the advertising. Next, they were shown printed materials from several cigarette promotional campaigns and asked to report their familiarity with the programs. Participants were then shown an array of cigarette promotional items and asked about their exposure to and experience with similar items. The staff read the remaining questions, and the participants completed the survey. The staff then presented information about tobacco marketing strategies, the hazards of smoking, and prevention resources. Questionnaire administration took one class session (approximately 50 minutes).

Statistical Analyses

Odds ratios were computed to examine factors associated with smoking behavior. Univariate statistics were examined to determine the participants' exposure to promotional items and to cigarette advertisements in youth-oriented magazines and on billboards. In addition, chi-square tests were used to examine how exposure to cigarette advertising and promotion varies by sex, ethnicity, and experimentation with smoking.

Analyses were also directed toward determining whether self-reported exposure to these marketing materials was associated with self-reported smoking behavior. Experimenting with smoking was used as the dependent variable because 41% of respondents had experimented but very few were regular smokers. In addition, since experimentation typically precedes regular smoking, these analyses provide information regarding prevention.

A hierarchical logistic regression equation was computed to examine whether exposure to cigarette advertising and promotion is related to smoking behavior after controlling for the effects of social influences. This technique permitted control over the entry of independent variables into the regression equation. Social influences were given higher priority of entry because research has shown that these are among the most important precipitants of adolescent smoking.[2,11] The association of relatives' (parents and siblings), friends', and dating partners' smoking behavior were examined separately so that the influences on adolescent smoking could be explored more carefully. Since parental smoking temporally precedes peer smoking, family members' smoking behavior was entered into the equation first. Because each independent variable is assigned the variability, unique and overlapping, left to it at its own point of entry, the association between exposure to tobacco marketing and adolescent smoking could be assessed after accounting for the variance explained by social influences.[21] This provides a conservative test of the effects of respondents' reported exposure to cigarette marketing by isolating the effects of advertising and promotion on self-reported cigarette consumption. A P value of less than or equal to .05 was used to define statistical significance.

TABLE 1—Sociodemographic Attributes of Full Sample and Those Who Had Experimented with Smoking: 571 Seventh Grade Students, San Jose, Calif

	Full Sample (n = 571), %	Experimenters (n = 231), %	Odds Ratio for Experimentation (95% Confidence Interval)
Sex			
Female	56.7	46.7	
Male	43.3	53.3	1.99 (1.41, 2.80)
Race/ethnicity			
African American	5.4	6.6	1.44 (0.69, 3.01)
Asian/Pacific Islander	44.9	32.3	0.41 (0.29, 0.58)
Latino/Hispanic	38.0	53.3	3.04 (2.13, 4.35)
Native American[a]	0.9	0.0	
White	11.6	7.9	0.51 (0.29, 0.91)[b]
Parents smoke			
No	54.7	43.9	
Yes	45.3	56.1	2.10 (1.76, 2.44)
Siblings smoke			
No	82.2	73.2	
Yes	17.8	26.8	2.78 (2.34, 3.23)
Friends smoke			
No	45.6	21.4	
Yes	54.4	78.6	6.11 (5.73, 6.50)
Dating partners smoke			
No	86.0	75.8	
Yes	14.0	24.2	4.38 (3.85, 4.90)

[a]Owing to low representation in the sample, Native Americans were not included in statistical analyses.
[b]Ratios were calculated using the aggregate of all other groups as reference.

Results

To ensure that there were no systematic biases in the data, we tested for differences between responses to five randomly selected variables based on school, classroom, and survey staff. No differences were found. The following analyses, therefore, use the individual student as the unit of analysis.

Sample characteristics are shown in Table 1. Participants were fairly evenly split by sex, and the average age was 13 years and 8 months. Participants were ethnically diverse: 45% Asian or Pacific Islander, 38% Latino, 12% White non-

TABLE 2—Seventh-Grade Students' Self-Reported Exposure to Cigarette Advertising and Promotion

	Total		Sex		Race/Ethnicity[a]				Experimenter	
	No.	%	Boys, %	Girls, %	White, %	African American, %	Latino, %	Asian/Pacific Islander, %	No, %	Yes, %
Frequency of seeing cigarette ads in magazines										
Don't read magazines w/ cigarette ads	259	45.8	19.6	65.9	35.9	36.7	45.5	50.4	51.2	38.5
Hardly ever/never see ads	25	4.4	7.4	2.2	1.6	0.0	4.3	5.2	4.5	4.3
See ads sometimes or a lot	281	49.8	73.1	31.8	62.5	63.4	50.3	44.3	44.4	57.1
χ^2 test			$P \leq .001$				$P \leq .001$		$P \leq .001$	
Frequency of seeing billboard cigarette ads										
Don't see billboards	49	8.7	4.9	11.6	1.6	6.7	8.1	11.7	10.1	6.6
Hardly ever/never see ads	7	1.2	2.1	0.6	0.0	6.7	1.4	0.8	1.2	1.3
See ads sometimes or a lot	507	90.1	93.0	87.9	98.5	86.7	90.4	87.5	88.7	92.2
χ^2 test			$P \leq .001$				$P \leq .01$		NS	
Frequency of seeing cigarette ads in stores										
Don't go to stores	180	32.1	31.2	32.9	50.0	26.7	24.8	34.3	41.3	19.1
Go to stores, but never see ads	35	6.3	6.2	6.3	4.7	3.3	5.8	6.5	7.5	4.4
Go to stores, see ads sometimes or a lot	345	61.6	62.7	60.8	45.3	70.0	69.5	59.3	51.2	76.5
χ^2 test			NS				NS		$P \leq .001$	
Frequency of seeing cigarette ads at sports and community events										
Don't attend events	107	19.0	15.7	21.6	18.8	6.7	12.9	26.4	24.0	12.2
Hardly ever/never see ads	42	7.5	4.1	10.0	4.7	13.3	5.2	9.4	8.4	6.1
See ads sometimes or a lot	413	73.5	80.2	68.4	76.6	80.0	81.9	64.3	67.7	81.7
χ^2 test			$P \leq .001$				$P \leq .001$		$P \leq .001$	
Received mailing from cigarette company?										
No	472	83.5	80.4	85.9	82.8	76.7	79.2	87.1	90.8	72.7
Yes	93	16.5	19.6	14.1	17.2	23.3	20.9	12.9	9.2	27.3
χ^2 test			NS				NS		$P \leq .001$	
Own cigarette promotional items?										
No	415	73.5	64.5	80.3	71.9	66.7	67.8	78.2	83.6	57.6
Yes	150	26.5	35.5	19.7	28.1	33.3	32.2	21.8	16.4	42.4
χ^2 test			$P \leq .001$				NS		$P \leq .001$	
If yes, where did you get these items?[b]										
Mail	22	14.1	19.5	6.4	27.8	30.0	10.3	13.0	7.3	18.4
χ^2 test			NS				NS		NS	
Sent in coupons	14	9.0	13.8	3.2	11.1	10.0	11.8	5.6	3.6	12.2
χ^2 test			NS				NS		NS	
With cigarette purchase	13	8.3	10.3	6.4	16.7	10.0	7.4	7.4	0.0	13.3
χ^2 test			NS				NS		$P \leq .01$	
At an event	27	17.7	13.8	22.2	16.7	20.0	23.5	11.1	3.6	25.5
χ^2 test			NS				NS		$P \leq .001$	

[a]Owing to low representation in the sample, Native Americans were not included in statistical analyses.
[b]The percentages do not add to 100% because participants could have acquired several items through different venues.

Latino (hereafter referred to as White), 5% African American, and 1% Native American.

Forty-one percent of participants reported having experimented with cigarettes; this was defined as having ever tried cigarette smoking, even if just a puff. Examination of the odds ratios reveals that boys were twice as likely as girls and

that Latinos were three times more likely than students of other ethnicities to be experimenters. Experimenters were much more likely to have relatives and friends who smoke than were other seventh graders. Almost one quarter (22%) of the participants said they had smoked a whole cigarette, and 9% reported being current smokers. Only 4% reported that they had ever smoked a cigarette every day for at least a month. Thus, because the number of students who were regular smokers was small, the following analyses examine the association between experimentation and exposure to tobacco marketing. These analyses inform us about smoking initiation since experimentation generally precedes regular smoking.

TABLE 3—Predictors of Experimentation with Smoking among 565 Seventh-Grade Students

Block and Predictors	Logistic Regression Coefficient (b)	*P*	Odds Ratio
Familial smoking			
Parental smoking	0.48	.05	1.62
Sibling smoking	0.76	.01	2.14
Improvement (Δ-2LL) = 39.33, $P \leq .001$			
Peer smoking			
Friend smoking	1.24	.001	3.46
Dating partner smoking	0.79	.01	2.20
Improvement (Δ-2LL) = 76.89, $P \leq .001$			
Exposure to cigarette marketing			
See cigarette ads in magazines	0.19	.01	1.21
See cigarette ads on billboards	−0.04	NS	
See cigarette ads in stores	0.32	.001	1.38
See cigarette ads at events	0.10	NS	
Receive mail from cigarette company	1.04	.001	2.83
Own promotional items	0.78	.001	2.18
Improvement (Δ-2LL) = 60.73, $P \leq .001$			

Note. Model $\chi^2 = 176.95$, $P \leq .001$.

Magazine Advertising

Seventeen, Teen, and *Game Pro,* the three magazines that respondents rated as most popular, do not carry cigarette advertisements. However, 54% of participants had favorite magazines that do publish cigarette advertisements. Twenty-eight percent of these seventh graders reported reading *Sports Illustrated* and 7% stated they read *People.* Other favorite magazines that print cigarette advertisements included *Low Rider, Playboy,* and *Cosmopolitan.* Table 2 indicates that boys, Whites, African Americans, and experimenters reported more exposure to magazine cigarette advertising than other participants did ($P < .001$).

Billboard Advertising

We examined the neighborhoods in which participating schools were located and did not find any tobacco billboards located within 500 feet of the schools. More than half the participants in this study reported seeing billboards every day, however, and on popular travel routes to participating schools we found 11 billboards that advertised cigarettes. Ninety percent of participants reported seeing billboards advertising cigarettes "sometimes" or "a lot" (see Table 2). Boys and Whites were more likely than others to say they saw cigarette advertisements on billboards ($P < .01$).

In-Store Marketing

Examination of transit routes to participating schools revealed 16 retail outlets such as convenience stores, small grocery stores, and liquor stores where cigarettes were prominently promoted via banners, multiple posters, and free-standing signs. Sixty-two percent of respondents reported going at least once a week to these types of stores, which previous research indicates have the most in-store advertising.[10,22–24] Table 2 indicates that experimenters were more likely than other respondents to report exposure to tobacco marketing in stores ($P < .01$).

Advertising and Promotions at Events

In 1993 the tobacco industry spent almost $162 million on sporting events and public entertainment.[4] Publicizing such sponsorship serves to advertise cigarettes, as do the promotional items that are often distributed at these venues. Eighty-one percent of the seventh graders we surveyed attended professional sports or community events. Table 2 indicates that experimenters, boys, African Americans, and Latinos were more likely than others to see cigarette ads at these events ($P < .001$). Moreover, 18% of those who had promotional items reportedly received them at sports or community events.

Mail Distribution of Promotions

Our data indicate that young people received promotional items in the mail; we did not, however, determine whether they misrepresented their age or smoking status to receive these mailings. Seventeen percent of participants reported having received mailings such as surveys, coupons, free gifts, product catalogs, or free cigarettes addressed to themselves from cigarette companies (see Table 2). Experimenters were more likely to receive such mailings than other participants, ($P < .001$), and the mail was most likely to have come from Marlboro (40%), followed by Camel (32%). Those who received these mailings were significantly more likely to want cigarette promotional items such as T-shirts, lighters, or hats ($P < .001$); to save redeemable proofs of purchase (e.g., Camel Cash, Marlboro Adventure Team Miles) ($P < .001$); and to own promotional items ($P < .001$). Moreover, of the 156 participants who owned promotional items, 14% reportedly got them through the mail and 9% got them by sending in coupons. Those who received their promotional items through the mail were most likely to own Camel items (43%).

Other Distribution of Promotions

Table 2 shows the methods whereby 27% of participants reportedly acquired tobacco promotional items. Many respondents said they received promotional items from friends and family; however, only data regarding venues that can be regulated are displayed in the table. Those who reportedly got promotional items with a cigarette purchase or at an

event were more likely to be experimenters ($P < .01$). The most commonly owned products were lighters and T-shirts, and these items were most likely to promote Camel (85%) and Marlboro (84%). Boys and experimenters were significantly more likely to own these items. In addition, those who owned items were more likely to want more items ($P < .001$) and to save redeemable proofs of purchase ($P < .001$).

Relationship between Tobacco Marketing and Smoking

Results reveal that 88% of participants reported exposure to tobacco marketing materials via magazines, billboards, mailings, stores, or events. Boys ($P < .001$), African Americans, Latinos ($P < .001$), and experimenters ($P < .001$) reported higher levels of exposure to tobacco marketing than other participants did. We computed a hierarchical logistic regression equation to test the proportion of variance in respondents' smoking behavior that was attributable to exposure to cigarette advertising and promotion after variance due to parental, sibling, and peer smoking had been accounted for.

The model chi-square (176.95, $P < .001$) indicates that familial smoking, peer smoking, and exposure to cigarette marketing predict participants' self-reported smoking behavior (see Table 3). The observed significance value for deviance was large (.22), indicating that the model classifies the observed data well. The peer smoking variables were the most important predictors of experimentation (improvement = 76.89, $P < .001$). The next most important predictors were the exposure to tobacco marketing variables (improvement = 60.73, $P < .001$), which were more important than familial smoking (improvement = 39.33, $P < .001$). Respondents who had reportedly received mail from a tobacco company were 2.8 times more likely to have experimented with smoking than those who had not received mail; those who said they owned promotional items were 2.2 times more likely to have experimented. Reportedly seeing cigarette advertisements in magazines increased this likelihood by 21% and seeing tobacco marketing in stores increased it by 38%.

Another indicator of marketing influences is the desirability of heavily advertised brands and the items associated with these brands. Respondents who had ever smoked were most likely to have smoked Marlboro (67%) and Camel (22%) cigarettes. These were also the most popular brands when respondents were asked which brands they would pick if they could have a pack of cigarettes. In addition, of those who had a favorite cigarette advertisement, 71% chose Camel and 22% chose Marlboro. Finally, of the students who wanted promotional items, 37% would choose Camel products and 36% would choose Marlboro products.

Discussion

Results of our school-based survey of 571 ethnically and socioeconomically diverse seventh graders reveal that 88% reported exposure to tobacco marketing. Adolescents are exposed to cigarette advertising and promotions in magazines, on billboards, through the mail, in stores, at sports and community events—indeed, in various ways as they travel to and from school, go shopping, and engage in other daily activities. These data paint a compelling picture of youth environments that are saturated with pro-smoking cues and messages.

These high levels of exposure to tobacco marketing are troubling because of their relationship to students' smoking behavior. Our results indicate that perceived exposure to tobacco advertising and promotion is associated with self-reported tobacco use even when we controlled for the powerful influences of friends and family. In fact, it appears that exposure to cigarette marketing is a more important predictor of youth's experimentation with cigarettes than is parental or sibling smoking. In addition, our data suggest that marketing materials may shape young people's attitudes. Participants reported that they were most likely to own items and receive mail from Marlboro and Camel, had favorite ads for these brands, and were more likely to have experimented with and to want these brands. These data corroborate previous research demonstrating youth preferences for heavily advertised brands of cigarettes.[13]

Our data are unique in that we examine the wide array of advertising and promotions to which young people are exposed. Our analyses suggest that those who receive mailings are almost three times as likely to experiment with cigarettes, and youth who own promotional items are more than twice as likely to smoke. Exposure to in-store cigarette marketing increases the chance a young person will smoke by almost 40%. These forms of advertising and promotion parallel where the tobacco industry is moving the bulk of its marketing expenditures. In 1993, the most marked increases were for specialty item distribution ($756 million, compared to $339 million in 1992) and coupons ($2559 million in 1993, $2175 million in 1992).[3] To date, there has been little research regarding these forms of tobacco marketing, which this study demonstrates to be important sources of pro-smoking messages for youth.

Limitations and Caveats

This sample includes only two school districts in Northern California and is more heavily minority (particularly Asian) than the US population as a whole. However, because the smoking rates we report (41% experimenters, 9% current smokers) are comparable to those reported in other national[1] and California[7] studies, the generalizability of these data may not be as limited as they might first seem. Another potential limitation of this study is our reliance on self-reported data, raising the possibility of response bias. The substantial variance in reported smoking behavior, ranging from 41% reporting experimenting to 4% reporting daily smoking, suggests that respondents were truthful. Moreover, responses to behavioral items reliably discriminated between levels of perceived exposure. The fact that our findings are consistent with previous research and the logical gradation of responses provides confidence regarding the accuracy of these data. Although this is a cross-sectional survey and we are thus unable to draw causal inferences regarding the effects of cigarette advertising and promotion, our findings are highly complementary with other published work. We feel, therefore, that these results support previous research suggesting a causal connection between cigarette marketing and consumption.[2]

Policy Implications

The tobacco industry asserts that it does not market its cigarettes to minors, citing adherence to the voluntary self-regulatory Cigarette Advertising and Promotion Code, which prohibits advertising that appears where large numbers of youth will see it, the use of images and models that are especially appealing to youth, the provision of free samples, and the distribution of promotional items to the young.[25–27] This study demonstrates that the code fails to protect youth from the tobacco industry's marketing efforts.

One issue is that the code's provisions are very limited. Proscription of cigarette advertising appearing in publications directed primarily at those under 21 years of age does not protect the many young people who read adult-oriented magazines that are replete with attractive images of cigarettes. In addition, the rule mandating no cigarette ads on billboards located within 500 feet of schools may protect youth during the school day but does little to protect them from pro-smoking messages during the course of their daily lives outside school. Moreover, code provisions regarding promotions do not appear to impede young people's access to these materials through the mail, at sports and community events, and with cigarette purchases. Another issue is that although the tobacco industry spends about 75% of its multibillion dollar marketing budget promoting its products with coupons, gifts with cigarette purchases, and promotional allowances for retailers and wholesalers, the code has no provisions regarding venues such as retail stores.

Our results contribute to previous research discussed above demonstrating that young people are exposed to and influenced by ubiquitous cigarette advertisements and promotions. To reduce the persuasive appeal of these pro-smoking messages, tobacco marketing must be more effectively regulated. Policies seeking to limit young people's exposure to messages that advocate smoking include federal regulations that (1) restrict advertising outdoors, in publications, in retail outlets, and at sporting, entertainment, and other community events; (2) ban distribution of promotional items through the mail, as giveaways, or by sale; and (3) create a mechanism to conduct an ongoing counteradvertising program in youth-oriented venues such as stores and movie theaters, as well as on television and radio. The results of this study add to the mounting evidence that the time has come for aggressive actions to curb an industry that continues to reach our children with messages that entice them to become the next generation of nicotine addicts. □

Acknowledgments

This research was funded by a grant from the Tobacco Policy Research and Evaluation Program of the Robert Wood Johnson Foundation to Dr June A. Flora, 22935.

The authors acknowledge Stacy Weinberg for participation in the development and implementation of this study; Lani Shiota for assistance in conducting the research; and Dina Borzekowski for assistance with the statistical analyses. We thank Pat Stelwagon of the Berryessa School District and Sandra Will of the Franklin McKinley School District for their encouragement and cooperation.

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SSK Shepardson Stern & Kaminsky
#167
11/96

ADVERTISING AGENCY SURVEY
(N = 300)

SCREENING QUESTIONS:

Hello, my name is _____ and I'm calling from *[insert name of field service]*. We are conducting a brief survey among advertising executives about public policy issues facing the advertising business. I'd like to ask you a few questions, but first ...

A. Which of the following best describes your job function?

1.	Account management	33% *[NB: reflects quota]*
2.	Creative	33%
3.	Media	12%
4.	Research	4%
5.	Strategic planning, account planning	8%

B. How many years have you worked in advertising?

3.	Five to nine years	31%
4.	10 - 14 years	22%
5.	15 - 19 years	17%
6.	20 years or more	29%

C. And what is your current job title? (RECORD OPEN END RESPONSE, CHECK AGAINST LIST)

_____

D. Does your job involve overall agency management responsibilities?

1.	Yes	75%
2.	No	25%

There has been a lot of discussion recently about advertising for certain product categories. Do you personally favor or oppose each of the following, some of which are in effect and some of which have been suggested ... (READ LIST, ROTATE)

	Strgnly favor	Smwht favor	Smwht oppose	Strngly oppose	DK/ Ref.
1. Prohibiting broadcast advertising for hard liquor	15%	23%	27%	28%	7%
2. Limiting the style and placement of advertising for cigarette and tobacco products to minimize impact on children and teenagers	53	26	12	6	3
= 79% favor					
3. Limiting the style and placement of advertising for alcohol to minimize impact on children and teenagers	47	29	14	9	1

4. Thinking about current tobacco industry advertising, do you think that each of the following is or is not a goal of the current advertising for cigarette and tobacco products?

	% saying "is a goal"
a. Marketing cigarettes to adults who already smoke	86%
b. Marketing cigarettes to teenagers who already smoke	68
c. Marketing cigarettes to adults who do not already smoke	63
d. Marketing cigarettes to teenagers who do not already smoke	59
e. Influencing adult smokers to switch cigarette brands	91

5. Whether or not the tobacco industry intends to target children and teenagers, do you think that current advertising for cigarettes and tobacco products reaches children and teenagers in significant numbers?

1. Yes	82%
2. No	13
3. Don't know	4
4. Refused	1

6. And whether or not the tobacco industry intends to target children and teenagers, do you think that current advertising for cigarettes and tobacco makes smoking more appealing or socially acceptable to children and teenagers?

1.	Yes	78%
2.	No	19
3.	Don't know	3
4.	Refused	1

7. Again whether or not the tobacco industry intends to target children and teenagers, do you think that current advertising for cigarettes and tobacco changes behavior and increases smoking among children and teenagers?

1.	Yes	71%
2.	No	23
3.	Don't know	6
4.	Refused	1

8. Some people have said that tobacco industry advertising makes it more difficult for parents to keep their kids from smoking. Would you say that you ...

1.	Strongly disagree	21	
2.	Somewhat disagree	26	
3.	Somewhat agree, or	27	= 48% agree
4.	Strongly agree?	21	
5.	Don't know	5	
6.	Refused	--	

9. Are you aware of a recent Food and Drug Administration policy that would restrict some advertising for cigarette and tobacco products in order limit the impact on children?

1.	Yes	76%
2.	No	23
3.	Don't know	1
4.	Refused	--

I'm going to read you some of the provisions of the FDA policy and I'd like you to tell me if you agree or disagree with each. Please tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree.

	Strgnly agree	Smwht agree	Smwht disagree	Strngly disagree	DK/ Ref.
10. In magazines with significant youth readership, cigarette and tobacco advertising would have to be all-text, although the text could be handled creatively	23%	31%	20%	24%	3%
Total: 54% agree/44% disagree					
11. Outdoor advertising would be banned within 1,000 feet of schools and playgrounds	64	20	6	10	1
Total: 84% agree/16% disagree					
12. Other outdoor advertising would be all-text, although the text could be handled creatively	26	23	23	27	2
Total: 49% agree/50% disagree					
13. Companies would be prohibited from distributing T-shirts, hats, backpacks or other items that kids may wear or use	41	21	19	17	2
Total: 62% agree/36% disagree					
14. Brand name sponsorship of sporting and entertainment events would be prohibited (corporate sponsorship would, however, be permitted)	32	23	21	21	3
Total: 55% agree/42% disagree					

15. The Freedom to Advertise Coalition, made up of the American Association of Advertising Agencies (the four A's),the American Advertising Federation, the Direct Marketing Association, and other industry groups has opposed the FDA policy. They say that the rule violates advertisers first amendment rights and that, since the advertising is not tarketed at youth, such a rule will not achieve the intended goal of reducing teen tobacco use.

    Do you feel that the views expressed on this issue by the four A's and the coalition accurately reflect <u>your</u> views as a member of the advertising community?

1.	Yes	49%
2.	No	43
3.	Don't know	7
4.	Refused	1

17. Some people have suggested that the advertising industry should voluntarily adhere to these guidelines aimed at limiting advertising of tobacco products to children. Would you personally support or oppose voluntary restrictions on tobacco advertising?

1.	Support	78%
2.	Oppose	17
3.	Don't know	5
4.	Refused	--

18. Do you think that advertising agencies would comply with voluntary restrictions?

1.	Yes	45%
2.	No	43
3.	Don't know	12
4.	Refused	--

19. Do you think that the advertising industry would be able to enforce voluntary restrictions among agencies?

1.	Yes	32%
2.	No	60
3.	Don't know	7
4.	Refused	--

20. Would you personally like to work on an effort to develop such voluntary guidelines?

1.	Yes	33%
2.	No	61
3.	Don't know	6
4.	Refused	

DEMOGRAPHIC QUESTIONS:

The following questions are for statistical purposes only.

21. Does your agency currently work on any tobacco accounts?

1.	Yes	5%
2.	No	94
3.	Don't know	--
4.	Refused	1

22. Tobacco companies have many subsidiaries, for example Kraft and Nabisco. Do you know if your agency currently work on any accounts for tobacco company subsidiaries?

1.	Yes, does work for	7%
2.	No, does not work for	87
3.	No, don't know whether or not works for	5
4.	Refused	1

23. Do you yourself currently work on any tobacco accounts?

1.	Yes	3%
2.	No	96
3.	Don't know	
4.	Refused	1

24. Have you ever worked on a tobacco account in the past?

1.	Yes	16%
2.	No	82
3.	Don't know	1
4.	Refused	1

25. Does your agency have any policy against taking cigarette or tobacco related accounts?

1.	Yes	13%
2.	No	77
3.	Don't know	10
4.	Refused	1

RECORD FROM SAMPLE:

26.	Size of agency	Mean: 133
27.	Annual billings	Mean: $193 million
28.	Organization memberships	26% AAAA members
29.	Location of agency	

12/18/96

FOR IMMEDIATE RELEASE

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NEW SURVEY FINDS MAJORITY IN ADVERTISING INDUSTRY SAY CIGARETTE ADS AFFECT KIDS, FAVOR RESTRICTIONS

NEW YORK, Dec. 18--Nearly 80 percent of advertising agency executives approve of restrictions on cigarette advertising to reduce the effect on children and teenagers, according to a national survey announced today at a press conference here. Asked if they thought cigarette advertising actually increases smoking among youth, 71 percent of respondents said "yes."

The findings are in contrast to the advertising industry's long-held position that tobacco advertising does not influence young people's decisions about smoking. In fact, 68 percent said marketing cigarettes to teens who smoke was a goal of tobacco advertising; 59 percent said marketing cigarettes to teens who do not smoke was also a goal.

The new survey comes exactly two weeks after the advertising industry's self-regulatory arm, the National Advertising Review Council, announced it is considering imposing a voluntary code of conduct and establishing a unit to review ads for products, such as tobacco, that could influence minors.

The survey was sponsored by the Initiative on Tobacco Marketing to Children, a group of advertising, marketing and public relations executives concerned about tobacco marketing to young people.

David Milenthal, chairman of HMS Partners, a $200 million advertising agency and a leader of the Initiative, said, "Members of our industry have spoken loud and clear. Not only do they feel strongly that advertising influences kids to start smoking, but they want changes to reduce the effect these ads have on the most vulnerable segment of society. These survey results should remove any barriers from our industry's trade associations in moving swiftly to develop voluntary guidelines."

- MORE -

A majority of respondents (78 percent) would support voluntary guidelines on tobacco ads to minimize the effect on minors, and a third (33 percent) would be willing to work on developing them.

When asked if they supported the Freedom to Advertise Coalition's opposition to the FDA rule restricting tobacco marketing to children, respondents were almost evenly split. Forty-nine percent said they agreed with the Coalition's position while 43 percent did not. The Coalition has said the federal regulation violates advertisers' First Amendment rights and that, since the advertising is not targeted at youth, it will not reduce teen tobacco use.

The survey found that 76 percent of respondents were aware of the FDA regulation, and in large measure support the provisions, including:

- requiring all-text ads in magazines with high youth readership--54 percent agree vs. 44 percent disagree;
- banning outdoor advertising within 1,000 feet of schools--84 percent agree vs. 16 percent disagree;
- banishing tobacco brand names from appearing on T-shirts, hats and other gear--62 percent agree vs. 36 percent disagree;
- prohibiting tobacco companies from sponsoring sporting and entertainment events--55 percent agree vs. 42 percent disagree.

"The advertising industry has a duty to acknowledge the role it plays in encouraging kids to smoke and to initiate fundamental change on its own," said William D. Novelli, president of the CAMPAIGN FOR TOBACCO-FREE KIDS, an Initiative member in favor of the federal regulation.

Patricia J. Fiske, president of Worldwide Partners, Inc., believes the time for change has come. "It's clear now that the overwhelming majority in our industry is deeply concerned about the effect that tobacco advertising has on children," she said. "This survey shows that our industry wants to take action."

Worldwide Partners, the world's largest network of independent advertising and marketing communications firms, adopted a resolution in October calling for the adoption of voluntary guidelines to regulate tobacco advertising to children.

The survey was conducted by the advertising agency of Shepardson Stern & Kaminsky in New York. The survey, conducted Dec. 2-10, of 300 advertising executives at agencies with billings of more than $10 million has a margin of error of plus or minus 5.5 percent.

# # #

The Extent of Cigarette Brand and Company Switching: Results From the Adult Use-of-Tobacco Survey

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To evaluate the effects of cigarette advertising on brand switching, an accurate estimate of the extent of cigarette brand and company switching among current smokers is needed. Data from the 1986 Adult Use-of-Tobacco Survey were analyzed to estimate the percentage of adult smokers who switched cigarette brands and companies in the previous year. Approximately 9.2% of adult smokers (4.2 million) switched cigarette brands in 1986, and 6.7% (3.1 million) switched cigarette companies. The aggregate profitability of brand switching in 1986 was approximately $362 million. Based on this analysis, brand switching alone justifies only a small percentage of a cigarette company's advertising and promotion expenditures, suggesting that future research should address other potential effects of advertising, including maintenance of brand loyalty and expanding the cigarette market. Medical Subject Headings (MeSH): addictive behavior, advertising, smoking, tobacco. [Am J Prev Med 1996;12:14–6]

In 1990, cigarette smoking caused more than 400,000 premature deaths in the United States.[1] In the same year, cigarette companies spent $4.0 billion on advertising and promotion of tobacco products.[2] Some argue that the intended effect of cigarette advertising is to encourage brand switching and to maintain brand loyalty,[3–5] but others assert that the primary intent of cigarette advertising is to increase consumption, including encouraging children and young adults to smoke.[6–8] The answer to this question has considerable public health significance. The extent to which advertising has market expansion as opposed to brand share effects will help determine whether restriction of advertising is an appropriate public health intervention.

To evaluate the effects of cigarette advertising on brand-switching behavior, we need an accurate estimate of the extent of cigarette brand and company switching among current smokers. An understanding of brand-switching patterns may also help us to evaluate the brand-specific effects of advertising. A widely cited estimate that 10% of smokers switch brands each year was reported in a 1984 article,[9] but the source of this estimate is not clear. To the best of our knowledge, no estimate of the extent of cigarette brand and company switching based on the results of a nationally representative survey has been published.

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METHODS

We analyzed data from the Adult Use-of-Tobacco Survey (AUTS) conducted in 1986 by the Office on Smoking and Health, Centers for Disease Control and Prevention.[10] This survey consisted of computer-assisted telephone interviews with 13,031 noninstitutionalized U.S. civilians 17 years of age and older. The overall response rate was 74.3%. Current smokers were defined as persons who reported having smoked at least 100 cigarettes in their lifetime and who reported smoking at the present time. We analyzed data from the 4,651 current smokers 18 years of age and older.

Definition of cigarette brand and company switching. Current smokers were asked several questions about specific cigarette brands. If the length of time they had smoked their current brand was less than the total length of time they had smoked, respondents were asked to identify their previous cigarette brand.

Brand switching. To estimate the extent of brand switching in the previous year, we determined the percentage of smokers who reported having smoked a different cigarette brand within the previous year than they smoked at the time of the survey.

Because many respondents (346) reported switching brands exactly one year ago, we randomly classified half of these respondents as having switched within the previous year. A change in the type of cigarette smoked alone was not considered a brand change (e.g., "Marlboro 100's" and "Marlboro Lights" were considered the same brand).

Company switching. The Maxwell Consumer Report[11] was used to identify the parent company for each cigarette brand. The two brands for which no company could be identified were classified as undetermined. Company switchers were defined as brand switchers in the past year for whom a different parent company was identified for the current cigarette brand compared with the previous brand. The 285 respondents for whom either former or current brand was missing or undetermined were excluded from this analysis, leaving a final sample size of 4,368.

Analysis of brand and company switching. We analyzed brand and company switching by recency of a cessation attempt, gender, race, education level, average annual household income, and age. Comparisons within groups were made using chi-square tests, for trend when appropriate. We used the Statistical Analysis System (SAS) statistical package[12] and calculated standard errors based on survey design effects.[10] Data were weighted to produce national estimates for both brand and company switching.

RESULTS

In 1986, there were approximately 46.1 million adult current smokers. Of these, we estimate that 9.2% (4.2 million) switched cigarette brands within the past year and 6.7% (3.1 million) switched cigarette companies (Table 1).

Brand switching and company switching were more likely to occur among female smokers ($P < .01$) (Table 1). There was a significant trend of increasing prevalence of brand switching and company switching with recency of a cessation attempt ($P < .05$). There was a significant trend of increasing prevalence of brand switching, but not company switching, with decreasing level of household income ($P < .05$). There was no significant relationship between brand switching and race, education, or age. Differences in the extent of company switching by education and age were significant ($P < .05$), but there was no apparent trend.

Table 1. Prevalence of Switching Cigarette Brands and Companies, Adult Use-of-Tobacco Survey (AUTS), 1986

	Switched brand in past year % (95% CI)	Switched company in past year % (95% CI)
Current smokers (total)	9.2 (8.2, 10.3)	6.7 (5.8, 7.6)
Cessation attempts		
Cessation attempt in past year	13.1 (10.0, 16.3)	8.9 (6.2, 11.6)
Cessation attempt ≥1 year ago	8.4 (6.9, 9.8)	6.6 (5.3, 7.9)
No cessation attempts	7.9 (6.2, 9.6)	5.7 (4.3, 7.2)
Gender		
Male	7.2 (5.9, 8.5)	5.5 (4.4, 6.7)
Female	11.5 (9.9, 13.2)	8.0 (6.6, 9.4)
Race		
Caucasian	9.6 (8.4, 10.7)	6.9 (5.9, 7.9)
African-American	6.7 (3.7, 9.6)	5.0 (2.4, 7.6)
Other	9.3 (3.2, 15.5)	5.9 (1.0, 10.9)
Education		
<12 years	10.7 (8.2, 13.3)	8.5 (6.2, 10.8)
12 years	8.6 (7.1, 10.2)	5.9 (4.6, 7.2)
13–15 years	9.6 (7.5, 11.8)	6.3 (4.5, 8.0)
≥16 years	6.8 (4.3, 9.2)	5.3 (3.1, 7.4)
Household income		
<$20,000	10.8 (8.8, 12.8)	7.6 (5.9, 9.3)
$20,000–40,000	9.0 (7.6, 10.5)	6.2 (5.0, 7.5)
>$40,000	6.7 (4.6, 8.8)	6.2 (4.2, 8.1)
Age		
18–24	10.8 (7.6, 14.0)	7.3 (4.6, 10.0)
25–44	8.3 (6.9, 9.6)	5.5 (4.4, 6.6)
45–64	10.7 (8.5, 12.8)	8.8 (6.8, 10.8)
≥65	7.7 (4.3, 11.1)	6.0 (3.0, 9.0)

Data were weighted to produce national estimates for both brand switching and company switching.

DISCUSSION

Our estimate of the extent of brand switching is consistent with the previously published estimate that 10% of smokers switch brands each year.[9] Brand switching appears to be higher among female smokers, among smokers with lower household income, and among smokers who have recently attempted to quit. The latter finding suggests that some smokers may switch cigarette brands as part of an attempt to quit smoking or after a failed cessation attempt. The AUTS included a question about switching to low tar, low nicotine cigarettes as part of a cessation attempt. About 26% of current smokers who had made at least one prior cessation attempt indicated that they had used this method as part of a prior cessation attempt.[10]

The total profits from domestic tobacco sales in 1986 for the six major U.S. cigarette companies were $5.4 billion,[13–18] or $117 per smoker. Thus, the total profit derived from the 3.1 million company switchers in 1986 was on the order of $362 million. Clearly, brand switching alone does not justify the $2.4 billion[2] spent on cigarette advertising and promotion in 1986. However, maintenance of brand share may be occurring as well; our analysis did not measure this potential effect of advertising.

Our results should be interpreted with caution, since the increased marketing of generic and discount cigarette brands over the past eight years may have produced changes in the extent of brand switching.[19,20] The overall market share for discount and generic brands increased from 9.0% in 1986 to 36.8% in 1993.[21] The market share for discount and generic brands among 12–18-year-olds in 1993 was no more than 9.5%.[22] This suggests that the increase in market share of discount brands is largely attributable to brand switching among adults. Data from California suggest that a substantial portion of brand switching among current smokers between 1990 and 1992 involved switching to generic brands.[23] Approximately one third of all smokers who switched brands between 1990 and 1992 had switched to a generic brand.[23] It appears that brand differentiation and pricing, as well as advertising, influence brand-switching behavior.

This analysis suggests that brand switching alone cannot be the sole effect of cigarette advertising. Future research should attempt to measure the effect of advertising on maintenance of brand loyalty. Such research would permit an assessment of the relative importance of advertising's effects on maintenance of brand share, compared to its effects on expansion of the cigarette market.

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TOBACCO PRODUCT ADVERTISING DURING MOTORSPORTS BROADCASTS

A Quantitative Assessment

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INTRODUCTION

Despite a ban on advertising cigarettes and moist snuff products in electronic media in the US, advertising for these products regularly occurs through signage, uniforms, decals, and other sources at sporting events which are covered by broadcast and cable television. Additional coverage is achieved through magazine-style programs built around auto racing. The availability of estimates of the advertising value of exposure during auto races and related programming provided an opportunity for measuring the extent of this problem.

METHODS

The *Sponsors Report* (Joyce Julius & Associates, Ann Arbor, MI) provides a standardized, quantitative estimate of the value of product exposures for most auto races carried on television in the US. The service measures the clear, in focus exposure of brand names and logos for every product and relates the times these symbols are visible to the cost of advertising on the program. Verbal mentions are assigned a value of 10 seconds of exposure. The service also estimates overall audience size from Nielsen ratings.

Sponsors Report was reviewed for the years 1988-1993. All 354 covered motorsports broadcasts for 1992 were analyzed and the 119 races in the six year period that were broadcast on the major networks (ABC, CBS and NBC) were analyzed. Data on audience age were available for some 1993 races (Nielsen National Audience Demographics).

Tobacco and Health, Edited by Karen Slama, Plenum Press, New York, 1995

RESULTS

In 1992, *Sponsors Report* covered 354 motorsports broadcasts involving 11 racing series and three magazine shows. The major events were the NASCAR Winston Cup series and the Indy Car World Series. Most events were televised by the ESPN (191) or the TNN (135) cable networks; the three major networks carried 18 auto races. The total viewership for all 354 events was 915 million people.

Eight cigarette and moist snuff brands achieved 53.5 hours of clear, in-focus exposure and 10,623 mentions on these 354 broadcasts. This represented 8.2% of all sponsor exposure and 14.6% of all sponsor mentions. Of the US$67.9 million in exposure value achieved, Winston (Winston Cup series) received 59.8%, Marlboro 17.1%, Skoal 10.2%, Camel 6.2%, Kodiak 2.8%, Copenhagen 2.1%, Players 1.8%, and Levi Garrett 0.1%. The US$67.9 million in exposure value received by tobacco products represented 8.2% of the overall value all sponsors received in 1992 during these programs.

During the 119 auto races covered by ABC, CBS and NBC over the period 1988-1993, tobacco products received 20.0 hours of clear, in focus exposure that was worth US$113 million in advertising value. This represented 7.6% of the total value received by all sponsors during these broadcasts. Marlboro (Indy Car series) received 46.5% of the total value, Winston 27.3%, Skoal 8.1%, Kodiak 7.9%, Copenhagen 5.8%, Camel 1.8%, Levi Garrett 1.3%, and other tobacco brands 1.5%.

The television audience measured by Nielsen for nine autoraces broadcast on networks in 1993 included 2.6 million children aged 6-11 years and 2.2 million teenagers. These age groups constituted 7.4% of the overall audience. They were 7.2% of the audience for the six Indy Car races (ABC) and 7.5% of the audience for the three Winston Cup events (CBS) for which data were available.

DISCUSSION

Despite the legislated bans on advertising cigarettes and moist snuff on television, these products receive regular and extensive exposure through sponsored sporting events. The *Sponsors Report* quantifies this exposure for motorsports events in a consistent manner permitting an overview of this practice. In 1992, tobacco products received at least US$68 million worth of free advertising on covered motorsports broadcasts. (Formula 1 racing, which features Marlboro, is not analyzed by *Sponsors Report* although all of these races are broadcast in the US.) Moreover, motorsports themes are tied in to other marketing efforts for Marlboro, Winston, Camel, Skoal, and Kodiak.

Tobacco product advertising through motorsports sponsorship is only a small fraction of overall sponsorship activity. This means that the removal of tobacco from motorsports would not cause a collapse of these sports. These events are, simply, too important for the several hundred other sponsors who participate in these sports and who contribute more than 90% of the observed sponsorship value.

Auto racing has an immense following in the US. The Daytona 500 and the Indianapolis 500 have the largest attendances of any sporting events in the country. The auto racing audience includes many people who are below the age that tobacco companies say are their target audience.

The federal government should enforce the laws that ban cigarette and moist snuff advertising on television by prohibiting the participation of tobacco product brands or their surrogates in sponsorship of events that are televised.

ACKNOWLEDGEMENT

This work was supported in part by the American Cancer Society and by Doctors *Ought* to Care.



INFORMATION
Newsline

UNICEF backs European plan to ban tobacco ads

Friday, 7 November 1997: A directive banning all direct and indirect tobacco advertising in the 15 nations of the European Union (EU) would constitute a major advance in the protection of child rights to health and development, UNICEF Executive Director Carol Bellamy said today.

A draft directive prepared by the European Commission is currently under consideration by the Council of European Health Ministers, which has scheduled a vote for 4 December in Brussels. The advertising ban would go into effect if approved by both the Council and the European Parliament.

"While it is not UNICEF's intention to intrude on legislative deliberations involving Member States of the European Union, it must be said that we view broad restrictions on advertising as a significant step in protecting children from the ravages of tobacco," Ms. Bellamy said. "Not only would such a ban help save countless lives in the region -- it could lend momentum to the broader campaign for worldwide restrictions on the promotion and sale of tobacco products, particularly to children in developing countries."

UNICEF believes that a global strategy

is needed to treat tobacco products commensurate with the enormous harm they cause, she said -- a strategy that must begin with prohibitions on direct and indirect tobacco advertising aimed at children and young people.

The World Health Organization says that unless current trends are reversed, tobacco-related causes will kill more people worldwide by the year 2020 than any single disease.

Under current projections, 300 million of today's children and teenagers will eventually die of tobacco-related causes, 200 million of them in industrialized countries in Europe, North America and elsewhere. But with the tobacco industry increasingly under siege in those regions, the proportion of all tobacco deaths -- currently 3 million a year worldwide -- is expected to shift over the next 30 years to the developing world, where 7 million of the anticipated 10 million tobacco-related deaths will occur.

That is why it is vital, Ms. Bellamy said, that restrictions on tobacco in industrialized countries be matched in the developing world. "The tobacco industry is already seeking to offset its market losses in the North by promoting its products all the more aggressively in the South, especially to children and young women," she said.

Tobacco companies rely heavily not only on direct advertising and promotional give-aways -- much of which seeks to associate tobacco use with sex appeal, adventure, and glamour -- but with more indirect techniques, such as underwriting positive references to smoking in popular movies and other mass media.

"We should have no illusions about the seductive power of modern marketing

techniques as a factor in why children and adolescents take up smoking," Ms. Bellamy said. "This is an area where governments have an especially important role to play -- as well as by stepping up the taxation of tobacco products."

She warned that unless steps are taken now, the consequences of vastly increased tobacco use in the developing countries will push already strained health care systems in those regions to the breaking point -- especially in light of projections that within a decade, the vast majority of new AIDS cases will be in developing countries and countries in transition to a market economy.

"The confluence of these two plagues would have truly catastrophic effects on global development efforts," she said.

A group of eminent physicians and cancer research organizations from eight EU counties have strongly endorsed the EU proposal, declaring in an open letter last month that a European advertising ban "would save hundreds of thousands of lives and protect adolescents against a deadly manipulation" -- as well as help limit the damage of second-hand smoke, particularly to infants and to foetuses in utero.

The group, including three Nobel laureates in medicine, noted that tobacco manufacturers spend the yearly equivalent of $2.3 billion on direct and indirect tobacco promotion in the European Union, an effort they said has one clear goal: to "induce the largest number of youngsters to start smoking."

Although the tobacco industry insists that its advertising is aimed at

persuading adult smokers to switch brands, not to entice young people to take up smoking, studies indicate that smoking rates do in fact drop when advertising is prohibited. In one report, the United Kingdom Department of Health found that in four countries that have effectively banned tobacco advertising -- France, Finland, New Zealand and Norway -- cigarette sales and smoking prevalence among people aged 15 and older dropped between 14 per cent and 37 per cent.

UNICEF advocacy of worldwide curbs on tobacco products is based on the 1989 United Nations Convention on the Rights of the Child, which obligates governments to safeguard the health of infants and children; protect children from drugs and exploitation; and promote health education. The convention, ratified so far by 191 countries, is the most universally accepted human rights instrument in history.

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ADV 8701

Tobacco Advertising and Consumption: Evidence of a Causal Relationship

JOE B. TYE, KENNETH E. WARNER, and STANTON A. GLANTZ

CIGARETTES are the most heavily advertised and promoted product in America. Between 1975 and 1983 the amount of money spent to promote cigarettes increased from $490 million to $1.9 billion (1). This 288 percent increase was more than triple the growth rate of the consumer price index over the same period (2). Major health organizations have proposed total elimination of advertising and promotion of tobacco products. They argue that this would decrease consumption, thereby reducing tobacco-induced disease and death. Tobacco industry representatives counter that their promotional activities are not intended to, and in fact do not, increase consumption but merely influence the brand preference of current smokers, leading to changes in the market shares of individual tobacco companies.

This paper considers the evidence and concludes that advertising and promotion do increase tobacco consumption.

THE TOBACCO MARKET

Markets for certain products may be thought of as being "mature" or "growth" markets. In mature markets total demand is relatively stable; most potential users of the product are already using it. In growth markets new users cause a rapid increase in demand. The fact that a market is mature does not mean that manufacturers are not vitally interested in attracting new users, who may develop intense loyalty to their first brand. The cigarette market simultaneously displays characteristics of being both a mature and a growth market.

It is a mature market in that total sales have been stagnant for several years, and on a per capita basis have steadily declined since 1973. Industry representatives cite the absence of aggregate sales growth as evidence that their promotional activities do not increase consumption.

It is a growth market in that cigarette companies must compensate for an unparalleled attrition rate. Since 1964, an estimated 33 million Americans have quit smoking, and approximately seven million more have died of tobacco-induced diseases. This attrition rate disguises the fact that the market is very dynamic, exhibiting many of the characteristics of a growth market. To replace smokers who quit or die prematurely, the industry must attract approximately two million new smokers per year. Most of these replacement smokers are children or adolescents. Approximately 60 percent of smokers start by the age of 13 (3) and fully 90 percent before the age of 20 (4). These statistics translate into the need for more than 5,000 children and teenagers to begin smoking every day simply to maintain the current size of the smoking population.

The cigarette market is not a monolithic structure, but contains many segments, some of which are growing and others of which are contracting. The market segment of middle-aged male smokers has been shrinking as health-conscious adults—and particularly those with higher education levels—have quit smoking in large numbers. The market segments of young females and some minorities, on the other hand, have been recognized as growth sectors by the industry, and account for a large proportion of advertising and promotion expenses (5,6). An example of growing and contracting segments cancelling each other in the aggregate is represented by smoking trends in California between 1979 and 1983. There was an 18 percent increase in smoking by all 18–19 year olds during this period, while smoking rates in all older age groups declined (7).

CIGARETTE ADVERTISING AND PROMOTION: BRAND SHARE OR MARKET EXPANSION?

Advertising and promotional expenditures could influence individual tobacco company profits by redistributing market share, or by preventing the erosion of market share to competitors. They could also increase total industry sales, thereby increasing the potential profitability of all tobacco companies regardless of their market share positions. Industry sales could increase by the attraction of new smokers, retention of smokers who might otherwise quit, or increasing daily consumption by existing smokers.

In the cigarette business, actual brand-switching is very limited. Cigarettes enjoy one of the most tenacious brand loyalties of any consumer product (8); in a given year only about 10 percent of smokers

switch brands (9). Much brand-switching occurs between brands of a single company. Nearly all of the 250 cigarette brands marketed today are produced by just six companies; the two major producers control two-thirds of the market. Little effort is made in cigarette advertising to link a brand with its parent company; many major brands do not even include the corporate name in their advertising.

A simple calculation shows that brand-switching, alone, could never justify the enormous advertising and promotional expenditures of the tobacco companies: with 10 percent of some 55 million smokers switching brands in 1983 (taken as a representative recent year), a total investment of $1.9 billion would imply an expenditure of $345 per switcher. If each of these brand-switchers switched companies as well, each would have accounted for a virtually identical $347 in gross revenue to the companies. (This is calculated by multiplying one and a half packs per day—the average consumption—by 365 days per year, by the average 1983 retail price per pack after excise taxes are removed (10).) However, given the concentration within the industry, as noted above, much of the brand-switching is intracompany, i.e., from one brand to another brand of the same company's cigarettes. In these cases, the advertising and promotional investment would yield no new revenue and obviously no profit. Thus, advertising and promotion can be considered economically rational only if they perform a defensive function—retaining company brand loyalty that otherwise would be lost to competitors who promote their products—or if they attract new entrants to the smoking marketplace, or discourage smokers from quitting.

The cigarette manufacturers insist that advertising and promotion serve only to retain brand loyalty and encourage brand-switching. If this were accurate, with brand-switching so modest each year it would pay the companies individually, and the industry collectively, to cease advertising and promotion altogether: the industry would save $2 billion in "defensive" expenditures that could be devoted to revenue-generating investments, or simply returned to stockholders as dividends; individually, the two leading companies, Philip Morris and R. J. Reynolds, each would save well over half a billion dollars per year.

No company could afford to abandon advertising and promotion unilaterally, if they did serve to retain brand loyalty, and collusion would be illegal. Logically, however, the industry and its member companies would seize the opportunity afforded by the current congressional debate to lobby in favor of a legal banning of tobacco advertising and promotion.

Instead, they have lobbied vigorously against a ban. The industry's support in the late 1960s of the broadcast ad ban—in recognition of the reductions in cigarette sales that the Fairness Doctrine antismoking messages were producing (11)—demonstrates that the industry would not combat an ad ban on grounds of "principle". Thus, the only reasonable interpretation of the industry's position is that it believes that advertising and promotion do attract new smokers and discourage current smokers from quitting.

If advertising and promotion expanded (and maintained) the market by fewer than two million smokers per year—less than four percent of all smokers—the industry's investment would be fully justified financially even absent the brand-share functions. This can be seen as follows: in 1983, the average smoker generated approximately $80 in cigarette company profits annually (12). Using a four percent discount rate, and assuming that each new or retained smoker continued to smoke a specific company's cigarettes for 20 years, the present value of each incremental smoker's future cigarette purchases would be $1,085. Therefore, in 1983 a cigarette company should have been willing to pay $1,085 to attract a person who would smoke its brands for two decades. A total of 1.8 million new or retained smokers would have justified the entire promotional investment.

Each year, more than two million children begin to smoke and an estimated 30 million adults attempt to quit, the vast majority unsuccessfully. If 5.5 percent of these new smokers and attempted quitters were influenced by cigarette advertising and promotion, the industry would have achieved a positive return on its investment, independent of companies' success in encouraging brand-switching and retention.

EMPIRICAL EVIDENCE OF A CAUSAL RELATIONSHIP BETWEEN ADVERTISING AND CONSUMPTION

The assessment that cigarette advertising and promotion increase total consumption is supported by empirical evidence, including econometric studies and examples of promotional expenditures being serially correlated with changed demand within the target market.

To estimate the impact of advertising on demand, econometric studies use statistical regression techniques to isolate its effect. There are problems with using such studies to predict the impact of a total elimination of advertising and promotion. The techniques are designed to estimate the impact of marginal increments of advertising expenditure on incre-

mental demand, which led Cox to conclude that they are "irrelevant for the purpose of evaluating the effect of comprehensive legislative controls on advertising and promotion" (13). In addition, if a significant base level of advertising is required to achieve and maintain a certain sales level, and an additional increment is required to compete for market share, it is possible that regression studies would not detect the former effect (14). These studies do not consider non-advertising promotional activities like event sponsorship and product give-aways, which have been increasing at a much faster rate than advertising in recent years. Nor do they consider the constantly changing advertising themes used by cigarette advertisers as they strive to reposition their brands to tap new market segments.

If, despite these methodological difficulties, econometric studies detected a measurable influence of advertising on increased demand, it would be reasonable to infer that there is a certain degree of advertising-elasticity in the demand for cigarettes, and that the more advertising there is, the more cigarettes will be smoked.

Several econometric studies have concluded that advertising does not increase demand. Schmalensee (15), for example, was unable to find a causal relationship between advertising and either total industry sales or the sales of any individual company (in other words, advertising had no effect). Not wanting to conclude that cigarette companies were acting irrationally in allocating their resources, he speculated that "they may well have information that we do not about the efficacy of their advertising outlays."

The tobacco industry-funded Metra study (16) also concluded that advertising does not increase cigarette consumption. This study has been criticized, however, because it did not consider the possibility that advertising could increase sales in time periods beyond that in which the expenditure was made (a residual or investment effect), it ignored smoking by children, and it did not account for other variables like antismoking publicity and non-advertising promotional expenditures such as sports sponsorship and free sampling (17).

Schneider, Klein and Murphy (18) studied the 1971 ban on broadcast cigarette advertising and concluded that it had an insignificant effect on total consumption, and in fact may have actually increased consumption by inhibiting the flow of information to consumers and reducing cigarette prices due to temporarily lower advertising costs. They suggest that the aggregate level of advertising is actually a function of consumer demand

(not the other way around), and that cigarette company promotional expenditures have increased because of "an increase in the desired level of advertising stock as consumers demanded increased information about comparative tar and nicotine figures and a new 'light' or 'healthful' image from their cigarettes."

Other studies have concluded that cigarette advertising does increase consumption. Taken together, these studies indicate that advertising increases cigarette consumption, at least in part by attracting new customers. A number of these studies were conducted during the years when total cigarette sales were growing. It may be argued that the cigarette market is qualitatively different today, because total cigarette sales are stagnant. As discussed above, however, there are growth segments within the market. Advertising could still be promoting sales growth within these segments, thereby preventing a decline in total sales.

Borden (19) found that, while cigarette consumption in the pre–World War II period increased as a result of sociological forces, the trend was significantly accelerated by advertising. He concluded, "without advertising, cigarette use would probably have grown; with advertising, the increase has been amazing." A company-approved history of the R. J. Reynolds Tobacco Company supports Borden's findings by acknowledging the role of advertising during these years: "The company's advertising expenditures and those of its major rivals were extraordinary, reflecting their apparent agreement on the necessity of large-scale advertising to fuel expansion" (20).

Telser's 1962 study (21) concluded not only that cigarette advertising increased demand in the period of the advertising, but that it had a residual effect, creating a higher level of demand in future periods. Simon's 1968 study (22) evaluated data from several earlier econometric studies and concluded that "the abolition of cigarette advertising would decrease per capita consumption by five percent in the first year, and cumulatively more in a negative geometric fashion in following years." Peles (23) studied U.S. cigarette industry advertising and sales between 1953 and 1965. He concluded that an additional one dollar in advertising expenditures resulted in increased sales of 600 cigarettes in the period of expenditure and 430 cigarettes in the following period (due to the residual effect). He implied that at least part of the sales increase resulted from the attraction of new customers.

Hamilton (24) studied the impact of pro-smoking and antismoking advertisements between 1968 and 1970, when television and radio sta-

tions were required to furnish broadcast time for antismoking ads. He found that promotional advertising did increase demand, although antismoking advertising had a depressing effect of greater magnitude, causing a net reduction in per capita consumption during the period.

A 1975 British study by McGuinness and Cowling (25) found that advertising increased consumption, which "probably reflects the role that advertising plays in attracting potential customers into the market." They also concluded that as people grew more aware of the health hazards of smoking, greater advertising expenditures were required to achieve a specified level of cigarette sales.

In a 1982 study of the West German cigarette market using industry-supplied data, Reuijl (26) tested the cigarette industry's hypothesis that the effects of cigarette advertising are limited to causing current smokers to switch brands, without influencing nonsmokers to start smoking. He concluded that advertising significantly increased total cigarette sales, and found "no support" for the industry hypothesis that an increase in sales for one brand always came at the expense of sales for another brand.

More recently, Radfar's econometric analysis (27) confirmed McGuinness and Cowling's findings. Radfar found that the effect of advertising on consumption was "positive, small but significant." He also concluded that a total ban on advertising could have a substantial impact on cigarette smoking.

ADVERTISING AND TOBACCO CONSUMPTION AMONG YOUNG PEOPLE

One of the major reasons given for ending tobacco advertising and promotion is that they increase tobacco use by young people. Many of the lifestyles glamorized in cigarette advertising today, like motorcycle and automobile racing, surfers and beach parties, hang-gliders and mountain-climbers, are those most aspired to by adolescents. According to advertising industry critic William Myers, cigarette marketers "prey on the insecurity" of adolescents by targeting them with smoking role-models (28).

There is a theoretical basis for believing that children are more strongly influenced by advertising than are adults. According to Fishbein, personal attitudinal factors are probably more important in decisions that adults make concerning smoking, while social normative factors are more important in the decisions of children. Advertising can function as a direct normative influence by shaping a child's image of what it means to be a smoker, or act indirectly by increasing peer pressure to emulate role

models provided in cigarette advertising. In his exhaustive 1976 literature review, he said "there can be little question that cigarette ads attempt to create a positive image of the 'smoker'," and concluded "our review suggests that cigarette advertising does affect cigarette consumption" (29).

Several studies have shown that young people are aware of and influenced by cigarette advertising. While this does not establish a cause-and-effect relationship, it constitutes suggestive evidence consistent with the hypothesis that advertising influences consumption. Australian studies showed that school children who smoke are more aware of cigarette advertising (30); that most children who smoke use only one brand, suggesting the "major role" advertising plays in causing and maintaining smoking among children (31); and that children themselves believe that advertising is a major reason that children smoke (32). A British study concluded that cigarette company sponsorship of sporting events creates subconscious positive associations between smoking and exciting sports among very young children (33).

A recent American study found that the more a child smoked, the more likely he or she was to be aware of cigarette advertising messages. This study also found that children who smoke identify a preferred brand very early, and that the most heavily advertised brands are most often so identified (34). In a longitudinal study of children's awareness of cigarette advertising and tobacco use patterns in Bogalusa, Louisiana, children aged 12-to-17 were found to have "been clearly influenced by advertising and promotional campaigns." Between 1976 and 1981, changes in cigarette brand preferences among children closely tracked cigarette company advertising over the period (35).

The only econometric study to have examined whether advertising increases smoking by teenagers concluded that there is a causal relationship, albeit a small one in percentage terms. Given the large size of the overall market, though, a small percentage increase could translate into a significant number of youngsters being influenced by advertising to start smoking (36).

Tobacco company sampling practices also appear to be designed to attract young people. The giving away of free samples, either through direct distribution or coupon programs, is a classic mechanism for attracting new users to a product. Cigarettes are often given away at rock music concerts and sporting events with many adolescents in attendance. There are many documented instances of free samples of cigarettes and

other tobacco products being given to children (37). Smokeless tobacco companies have given away free samples for the express purpose of attracting new users, as discussed below.

There are several examples of tobacco advertising and promotion campaigns being followed temporally by increased use by young people. In 1968, Philip Morris introduced the Virginia Slims brand with a major promotional campaign targeting young females. Other companies soon followed with their own "feminine" cigarettes, which quickly became one of the most heavily advertised products in magazines for young women. Between 1968 and 1974, the proportion of teenage girls smoking cigarettes nearly doubled from 8.4 percent to 15.3 percent (38). Today, smoking rates among young women are higher than they are among young men, possibly in part because many young women are susceptible to the implicit weight-reducing promises in cigarette advertising.

In recent years, cigarette companies have targeted Hispanic populations with aggressive marketing campaigns. Prior to 1984, cigarettes were hardly advertised in many magazines like *Hispanic Times* and *Hispano Americano*; now, they are heavily advertised. Special brands with names like Rio and Dorado have been introduced for Hispanic populations. Cigarette billboards are prevalent in Hispanic communities. Philip Morris is the top advertiser in Hispanic markets, while R. J. Reynolds is number 10 (39). In recent years, smoking by Mexican-American youth has increased rapidly, at a rate in excess of the white and black population (40).

The smokeless tobacco market, which for the better part of this century was stagnant or shrinking, has grown rapidly since the industry embarked upon a major promotional campaign in the early 1970s. One of the primary aims of its advertising and product sampling has been to attract non-users to experiment with the product (41,42). For example, the U.S. Tobacco Company ran advertisements in *Sports Illustrated* offering free samples of its fruit-flavored, low nicotine snuff products to "beginners," including instructions on how to use the substance. A 1978 ad featuring famous football and baseball stars offered: "If you've never tried smokeless tobacco before, we'd like to send you a few free pinches of Happy Days" (43). Between 1978 and 1984, sales of moist snuff products, about 90 percent of which are sold by U.S. Tobacco, increased by 55 percent. A substantial proportion of this growth occurred among chil-

dren; an estimated 3 million of the nation's 10 million smokeless-tobacco users are under the age of 21 (44).

OTHER EVIDENCE

The Case of "Less Hazardous" Cigarettes

There are several examples of advertising apparently increasing sales of cigarettes claimed to be less hazardous than conventional cigarettes. In 1952, on the eve of the first real public awareness of the role played by smoking in causing lung cancer, filter-tipped cigarettes accounted for less than one percent of the total cigarette market. By 1958, they accounted for 40 percent of the market (45). During this period, many health claims were made for filter cigarettes (46,47). For example, the Kent Micronite filter (now known to have contained asbestos (48)) was promised to provide "the greatest health protection in cigarette history"; Viceroy promised "double-barreled health protection" (49).

In the mid-1970s, smokers' health concerns were assuaged with advertising for low tar/nicotine cigarettes. Cigarette promoters used a confusing numbers game in which many different brands were claimed to be "lowest" in tar and nicotine content (50). The increased market share of low tar cigarettes closely tracked advertising expenditures for these brands. Many people who were alarmed about the potential health consequences of smoking may have felt reassured that certain cigarette brands were relatively safe to smoke, and perceived smoking these brands as an acceptable alternative to quitting (51). A 1981 review of public opinion surveys by the Federal Trade Commission concluded that "many smokers falsely believe that smoking is not dangerous to *them* if they smoke low-'tar' and low-nicotine cigarettes" (52).

If this interpretation is correct, then many smokers who switched to new, allegedly "safer" cigarettes would have quit smoking altogether had they not been influenced by advertising. In this way, advertising and promotion of cigarettes claimed to provide "health protection" or to be "lowest" in dangerous constituents successfully offset the demand-decreasing impact of publicity concerning the adverse health consequences of smoking.

The Case of Little Cigars

After cigarette advertising was legally removed from television and radio in 1971, manufacturers circumvented the law by advertising little cigars

until this practice was outlawed in 1973. Televised advertising of little cigars appears to have had a remarkable impact on little cigar sales. Consumption rose sharply following the end of cigarette advertising, by 290 percent, and fell after the restriction was extended to little cigars. The fall in consumption occurred gradually in a manner consistent with both the predicted residual effect, and with Simon's projection of a steady decline in consumption following an advertising ban.

Other Countries

As evidence that advertising does not increase smoking, tobacco industry representatives frequently point to countries where advertising is illegal yet tobacco consumption continues to rise. A favorite example is Italy, where such a law has been in effect for 25 years yet smoking has increased sharply. A study funded by the advertising industry concluded that "advertising does not have any relevance to tobacco consumption in Italy" (53). This study overlooked the fact that cigarette companies in Italy have found it expedient to violate the law and advertise and promote their products, treating governmental fines as a routine cost of doing business (54). In a newly released version of the advertising industry report, the author acknowledged: "However, until recently certain forms of advertising remained available in practice. [Italy] is therefore a valid country to examine although one should remember that the ban, for a period, was not at all what it appeared to be." In fact, the Italian government is now considering more stringent smoking control legislation, including stiffer penalties for lawbreakers (55).

The industry also points to Eastern Bloc nations where smoking has increased in the absence of advertising. It is possible, however, that other factors have contributed to growth rates that would have been even greater if stimulated by advertising. These could include western influence, subsidized prices, inadequate public knowledge of the health risks, and absence of antismoking programs.

In Norway, cigarette advertising was outlawed, tobacco taxes were increased, and educational programs were initiated in 1975. Over the next five years, cigarette sales declined by 15 percent, with the largest component of the decline being among children, particularly girls. The decline was especially striking when compared to the steady growth in consumption prior to the initiative (56). This example suggests the potential of a comprehensive program to reduce tobacco consumption. A study of smoking control strategies in fifteen countries found that comprehen-

sive, legislated approaches including advertising bans were more effective than voluntary approaches in reducing cigarette consumption (57).

In many developing nations where there is heavy cigarette advertising, consumption has grown dramatically. In Brazil, where cigarettes are heavily advertised in all media, including television (58), cigarette sales increased by 14 percent in 1985 and by a projected 10 percent in 1986 (59). In Kenya, the British American Tobacco Company is the nation's fourth-largest advertiser despite the fact that it has no competitors from which to entice brand-switchers (60). Although there have been no quantitative studies of the reasons for rapidly expanding cigarette sales in many developing nations, an expert committee of the World Health Organization concluded that "in the case of tobacco, advertising technology has been a catalyst of consumption, with all the attendant health-related problems" (61).

Media Self-Censorship on Tobacco and Health

Tobacco advertising can indirectly increase consumption by limiting the availability of information about the health hazards of smoking. Publicity regarding smoking and health has been shown to cause a decline in smoking (62). It has also been suggested that media which accept large amounts of tobacco advertising revenue limit their coverage of smoking and health issues (63–65). Warner concluded that "the media's self-censorship on smoking and health may well be contributing to the occurrence of avoidable illnesses and premature deaths among tens of thousands of Americans" (66).

CONCLUSION

In the case of tobacco, the addictive properties of nicotine give the phrase "investment in future increased sales" an ominous ring. Over half of high school seniors who smoke have unsuccessfully tried to quit; while only 5 percent believe they will still be smoking 5 years after graduation, in fact 73 percent are still smoking an average of 8 years later (67). Though a large majority of adult smokers say that they would like to quit, most who try are unsuccessful.

The consequences of tobacco-induced diseases are enormous human suffering and social cost. The evidence linking advertising and promotion with increased smoking, and the resulting disease and death, is sufficiently compelling to warrant that it not be permitted by our society.

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ABSTRACT

This paper considers whether there is a causal relationship between advertising and promotion and the consumption of cigarettes. If advertising and promotion increase cigarette consumption, then less than two million new or retained smokers—5.5 percent of smokers who start each year or try to quit (most failing)—alone would justify the annual promotional expenditure of $2 billion.

A preponderance of quantitative studies of cigarette advertising suggest a causal relationship with consumption. Other studies show that children are influenced by cigarette advertising. Additionally, there are many individual examples of targeted marketing campaigns being followed by increased consumption within the target market. The evidence supports the hypothesis that cigarette advertising and promotion increase and sustain cigarette consumption. If brand share were the only function of advertising and promotion, as the cigarette manufacturers insist, the industry would lobby vigorously for an ad ban.

Effect of sports sponsorship by tobacco companies on children's experimentation with tobacco

Sharad G Vaidya, U D Naik, Jayant S Vaidya

Tobacco companies often seem to direct their advertising campaigns at adolescents—for example, the campaign using the cartoon character Joe Camel.[1] These advertisements are thought to influence adolescents' perceptions and behaviour,[2] and sponsorship of sports events by tobacco companies may have the same effect.[3] We studied the effect of sports sponsorship on children's experimentation with tobacco.

Subjects, methods, and results

The India-New Zealand cricket series, which was televised live in India during October-November 1995, was sponsored by the tobacco company Wills (a subsidiary of British America Tobacco Company) and the logo was prominently displayed on the outfits of the players and at the ground. Four Square cigarettes, and Manikchand Gutkha, a smokeless tobacco product, were also advertised.

We randomly selected one class of year IX from all 53 high schools in urban Goa. The 1948 students in these classes (total of 5362 children in year IX) were asked to complete a structured questionnaire, in January 1996. The questionnaire was administered by the class teacher.

All students completed the questionnaire but not everyone answered all the questions. The median age was 14 (range 13-16) years; 1013 were boys and 935 girls. Most children (1480) knew that tobacco was as addictive as heroin and caused cancer and heart disease and that smoking reduces life span. Despite this knowledge, 66 out of 1275 (5.2%) children who watched the matches were tempted to buy, and 40 (3.1%) bought and smoked Wills cigarettes.

Although all the children were aware of sponsorship of cricket matches by three tobacco products, experimentation with tobacco was significantly higher among those who watched the matches (100/1275 (7.8%) *v* 29/605 (4.8%), P = 0.01). Girls are culturally inhibited from smoking in India, but the rate of smoking Wills among girls who watched the series (15/532 (2.8%)) was the same as for boys (27/803 (3.4%), P = 0.6).

Although no player in the Indian team smokes, 1110 children thought that at least one player smoked and 428 thought that at least four players smoked. Table 1 shows that children who believed that there were no smokers in the team were significantly less likely to experiment with Wills than those who believed that there were some smokers (odds ratio = 3.55, 95% confidence interval 1.07 to 14.57). Only 1.7% (26/154) of those who believed that Sunil Gawaskar (an Indian cricketing hero) was a non-smoker had experimented with Wills compared with 5.5% (23/414)of those who believed he smoked. The proportion of children who thought that Gawaskar smoked was significantly higher among those who watched the matches (313/1355 *v* 115/607; odds ratio = 1.3, 95% confidence interval 1.02 to 1.68).

The likelihood of experimentation with tobacco was higher when the children perceived that smoking gives more strength, improves batting and fielding, and increases chances of winning (table 1). The perception that smoking improved performance increased with watching the match (66/1335 *v* 16/607; 1.92, 1.07 to 3.5).

In a multiple linear regression analysis, the perception that smoking improves performance at cricket was the most significant factor influencing experimentation with Wills, followed by the perception that players smoked, watching the series, and not knowing that smoking reduces lifespan (partial $F = 7.64$, 4.04, 3.55, and 2.74 respectively). Thus knowledge about the adverse effects of smoking was overshadowed by false perceptions created by tobacco sponsorship.

Comment

Almost 100% of the population in urban Goa has access to a television, and watching cricket is popular across all social classes. However, the possibility that the children who were interested enough in cricket to watch it on television were also more likely to experiment with tobacco cannot be completely excluded.

Despite a high level of knowledge about the adverse effects of tobacco, cricket sponsorship by tobacco companies increased children's likelihood of experimentation with tobacco by creating false associations between smoking and sport. Many of the children believed that the cricketers smoked. We previously found that half of those who experiment with smoking will become regular smokers.[4] Our results therefore support the case for banning sports sponsorship by tobacco companies.

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BMJ 1996;313:400–416

Table 1—*Effect of children's perceptions about smoking on likelihood of experimenting with tobacco*

Perception about smoking	No of children experimenting who agreed	No of children experimenting who disagreed	Odds ratio (95% confidence interval)
Gives more strength	14/127	35/1814	6.3 (3.1 to 12.1)
Improves batting	8/124	41/1818	2.99 (1.25 to 6.87)
Improves fielding	13/82	36/1860	9.55 (4.55 to 19.79)
Increases chances of winning	13/112	36/1829	6.5 (3.16 to 13.35)
Members of India's cricket team smoked	24/912	3/397	3.55 (1.07 to 18.57)
Sunil Gawaskar smoked	23/414	26/1514	3.37 (1.84 to 6.17)

We thank P C Gupta, senior scientist at Tata Institute of Fundamental Research, Bombay, for his help in analysis of this study.

Conflict of interest: SGV is chairman of the National Organisation for Tobacco Eradication, India, and all authors work in cancer institutes.

Funding: Goa Cancer Society.

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Journal of Substance Abuse, 8(3), 347–359 (1996)

Smoking and Preference for Brand of Cigarette Among Adolescents

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This study examined the association between having a preferred brand of cigarette and smoking in African American, Mexican American, and White 5th, 7th, 9th and 11th graders. The prevalence of having a preferred brand of cigarette increased with grade level, with over 20% of 11th graders reporting having a preference. Brand preference was related to cigarette use in a dose–response fashion for all subgroups, with preference highest among African American students who smoked at least half a pack of cigarettes on a daily basis. There was a strong association between having a brand preference and current daily cigarette use, whereas preference also was related to intention to smoke cigarettes when older. These findings suggest that brand preference may play an important role in cigarette use acquisition and maintenance among adolescents.

The advertising practices of the tobacco industry are coming under increasing scrutiny as a growing body of evidence accumulates regarding the association of advertising and cigarette use (Aitken, Leathar, Scott, & Squair 1988; Fischer, Schwartz, Richards, Goldstein, & Rojas, 1991; Madden & Grube, 1994; Pierce et al., 1991). Recent research has shown that very young children recognize cigarette brand logos at rates similar to those for recognition of popular cartoon characters (Fischer et al., 1991). There is also evidence that youth are attracted to tobacco promotion campaigns, and many possess items promoting specific brands (Coeytaux, Altman, & Slade, 1995). This is despite the tobacco industry's repeated claims that they do not target children in their advertising and promotional cam-

Portions of this article were presented at the Annual Meeting of the Research Society on Alcoholism, June, 1994. This article was supported by a grant from the National Institute on Drug Abuse (Grant DA06514). We would like to acknowledge the assistance of Rose Anderson, Sue Cook, and Jennifer Pohlplatz in collecting the data, and Robert Jono, Carol Carlson, Jon McFather, and Kristy Smith in managing the data set.

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paigns (Institute of Medicine, 1994). Of course, the very high rate of cigarette brand logo recognition suggests that it is not a specific risk factor for cigarette use, as both adolescent smokers *and* nonsmokers recognize the more popular brand logos. It seems, therefore, reasonable to consider other explanations for how brand of cigarette might be related to use by children and adolescents. In particular, brand preference or loyalty—the declared goal of tobacco advertising—may represent an important phase in the process of cigarette smoking acquisition and maintenance among youth.

Stage-based theories of cigarette smoking acquisition offer a conceptual framework for considering the association of having a preferred brand of cigarette with smoking (Aitken, Eadie, Hastings, & Haywood, 1991; Elder et al., 1990; Stern, Prochaska, Velicer, & Elder, 1987). Adolescents in the contemplative stage have begun to consider smoking, and associate certain positive connotations with cigarette use. In the action stage, adolescents have begun to smoke, and place greater emphasis on the positive aspects of smoking while being uncommitted about smoking in the future. The maintenance stage is characterized by more regular cigarette use, with no desire to stop and a commitment to smoking in the future.

Two national surveys have examined cigarette brand preference among adolescents. In 1989 the National Center for Health Statistics of the Centers for Disease Control and Prevention conducted the Teenage Attitudes and Practices Survey (TAPS), and in 1990 the National Cancer Institute surveyed ninth graders in 10 U. S. communities as part of the Community Intervention Trial for Smoking Cessation (COMMIT; Centers for Disease Control, 1992) evaluation. The TAPS study was repeated in 1993 (TAPS–II; Centers for Disease Control, 1993). Several conclusions were drawn from the COMMIT, TAPS, and TAP–II studies: Brand preference tends to be more concentrated among adolescents than among adults, with approximately 85% of adolescents preferring one of three brands (Marlboro, Camel, or Newport). African American adolescents preferred mentholated cigarettes, whereas Whites preferred Marlboro, and Hispanic adolescents preferred both types in about equal proportions. The recent (1989–1993) increase in preference for Camel and decrease in preference for Marlboro is explained in large part by changes in advertising expenditures over the same time period. The exception is Newport, where expenditures decreased but preference increased by 4.5%. However, the COMMIT and TAPS studies reported preferred brands for only those adolescents who purchased their own cigarettes, about 70% of current smokers. Brand preference was not assessed for adolescents having other sources of cigarettes, such as peers, siblings, or parents. Furthermore, it was assumed in these studies that purchasing cigarettes necessarily implied a brand preference, which may not be the case for many adolescents.

The relationship of brand preference to patterns of use and intention to smoke when older has not been examined in previous studies. This study investigates the association between having a cigarette brand preference and cigarette use in a multiethnic, multiracial sample of primary and secondary students. The study had four purposes: (a) to determine the prevalence of cigarette brand preference as a function of grade level in the total sample, and in gender and racial/ethnic subgroups; (b) to examine sociodemographic predictors of having a cigarette brand

preference; (c) to examine the association of having a cigarette brand preference with current cigarette use; and (d) to examine the association of having a cigarette brand preference with expected future cigarette use.

METHODS

The Youth Evaluation Study is a prospective multicohort study of adolescent drug use initiation and sequencing, designed to determine similarities in initiation and sequencing for male and female adolescents of various ethnic and racial backgrounds. Using a cohort-sequential design, approximately 8,000 adolescents are being monitored over a 3-year period. Data reported here come from the Fall of 1992 (the 2nd year of the project), for 5th, 7th, 9th and 11th graders.

Subjects and Procedures

Lake County in northwestern Indiana and Cook County in northeastern Illinois were selected as target counties for sampling due to their representation of African American and Hispanic (primarily Mexican American) students in the school systems. In addition, Lake County offered a mix of urban, suburban, and rural school corporations. These two counties are included in the Chicago–Gary–Lake County, IL–IN–WI Consolidated Metropolitan Statistical Area (CMSA). Two additional, contiguous rural counties also were targeted. To ensure sufficient representation of African American and Hispanic students in the study, schools were stratified by racial/ethnic composition using state school enrollment figures. Schools were then selected from each strata for recruitment based on anticipated likelihood of the school staying with the project for the full 5 years. This sampling scheme resulted in 31 elementary, 8 secondary/middle, and 8 high schools from seven corporations participating in the 2nd year of data collection. The numbers of participants completing questionnaires from each racial/ethnic and sex subgroup, by grade, are given in Table 1 (these numbers do not include absentees or students withdrawn from the study by their parents).

Scannable, self-administered questionnaires were completed by students during class time set aside for the project. Repeat visits to participating schools were scheduled to minimize attrition due to absenteeism (824, or 10.1% of eligible students were lost to absenteeism). Parents were notified of the study and could withdraw their child from the study by returning a parental notification form to the project staff at each school (274, or 3.3% of students were withdrawn by parents). Standard questions on the frequency of cigarette, alcohol, and drug use were adapted from other national drug use surveys, including the Monitoring the Future project (Johnston, O'Malley, & Bachman, 1993). A Spanish version of the questionnaire was made available (30 students requested the Spanish version). In addition, data collectors offered to read items to students with such a preference (questionnaires were read to 15 students). Questionnaire administration generally took less than 50 min and was limited to allotted class time.

Table 1. Sample Size Breakdown

Grade	White	African American	Mexican American
5th			
Boys	321	295	275
Girls	316	320	281
n	637	615	556
7th			
Boys	271	277	269
Girls	305	258	286
n	576	535	555
9th			
Boys	424	206	240
Girls	419	205	264
n	843	411	504
11th			
Boys	389	197	274
Girls	422	239	279
n	811	436	553
All Grades			
Boys	1405	975	1058
Girls	1462	1022	1110
n	2867	1997	2168

Note. Numbers represent surveys administered.

Measures

Racial/Ethnic Identification

Designation of race/ethnicity was determined by responses to the question, "How do you primarily describe yourself?" Students were allowed to endorse more than one option to account for students of multiethnic multiracial backgrounds, and an "other" category was included. Race/ethnicity was coded as Mexican American if the student indicated Mexican or Mexican American and no other Hispanic ethnicity (i.e., Cuban or Cuban American, Puerto Rican, or other Latin American). Race/ethnicity was coded as African American if the student indicated Black or African American, and was not previously coded as Hispanic or Mexican American. Finally, race/ethnicity was coded as White if the student indicated White or Caucasian, and was not previously coded as Hispanic, Mexican American, or African American. Of the total sample, 73 students (2% of the total) endorsed more than one racial/ethnic group and were assigned to a single racial/ethnic group using this coding scheme.

Cigarette Use

Cigarette use status was evaluated using two questions (Johnston et al., 1993). First, students were asked, "Have you ever smoked?" with the following response options: *never* (i.e., lifetime abstainers), *once or twice, occasionally (but not regularly), regularly in the past,* and *regularly now.* Responses to this question were used to identify lifetime abstainers. The second question asked, "How much have you smoked

cigarettes during the past 30 days?" with response options ranging from *not at all* to *2 or more packs per day*. Responses to this question were used to identify daily cigarette users. In addition, these items were used to identify cigarette use groups and the number of cigarettes used in the past 30 days for dose–response analyses.

Intention to Smoke Cigarettes When Older

Students were asked, "Do you think you will smoke cigarettes when you are older?" Response options included *definitely yes, probably yes, probably no,* and *definitely no*. Responses were collapsed to form dichotomous indicators of intention, with the first two coded *yes* and the latter two coded *no*.

Brand Preference

Students responding *never* to the question about having ever smoked were instructed to skip the other questions about cigarette use. The remaining students were then asked about their preference for brand of cigarette, "Do you prefer your brand of cigarette over all others?" Students responding *yes* were coded as having a brand preference.

Parents' Education

Educational attainment of the mother and father was used as an indicator of socioeconomic status. Responses to the question, "What is the highest level of school your mother completed" (repeated for father when possible) were collapsed to form an ordinal indicator of parents' education. The highest level of education attained by *either* parent was used for students responding for both a mother and father. Three groups were identified: (a) parent not having graduated from high school; (b) parent having graduated from high school with no further training; and (c) parent having training beyond high school.

Analyses

The prevalence of brand preference as a proportion of the total sample, lifetime cigarette users, and current users (smoked in past 30 days) was determined for each racial/ethnic and sex subgroup across grade level. To examine sociodemographic predictors of brand preference, logistic regression models were specified where cigarette brand preference was predicted by sex of student, grade in school, race/ethnicity, and parents' educational achievement. To control for different lifetime prevalence rates of cigarette use across racial/ethnic and sex subgroups, lifetime cigarette abstainers were excluded from these analyses. In addition, models were tested separately for boys and girls to reveal any sex by race/ethnicity interactions. Models were then estimated separately for each racial/ethnic group to test for effects of parents' educational achievement within racial/ethnic groups. Only 9th and 11th graders were retained in these analyses as the proportion of lifetime users was expectedly small among the 5th and 7th graders.

Several approaches were taken in examining the association of having a brand preference with cigarette use. First, to test for a dose–response relationship between preference and use, the percentage of students with a preferred brand was esti-

mated for each cigarette use group following responses to the question, "Have you ever smoked?" and then for the number of cigarettes smoked on a daily basis over the past 30 days (9th and 11th graders were combined in these analyses).

Second, odds ratios and 95% confidence intervals were computed to estimate the relative likelihood of daily cigarette use for students with a brand preference compared to those without a preferred brand of cigarette. Models were estimated separately for each racial/ethnic and sex subgroup. Data for 9th and 11th graders were combined as the estimates differed little by grade. Once again, lifetime abstainers were excluded to control for different use rates by boys and girls from the three racial/ethnic groups represented in this study. Finally, the same strategy was used to estimate the relative likelihood of intention to smoke cigarettes when older for students with, compared to those without, a brand preference.

RESULTS

Prevalence of Brand Preference

Figure 1 shows the prevalence of (a) lifetime cigarette use, (b) current use (past 30 days), and (c) having a preferred brand of cigarette for the total sample. The prevalence of having a brand preference was higher for each successive grade level, and closely paralleled the prevalence of current cigarette use. Among fifth graders, 7.3% of Mexican American boys indicated having a preferred brand, highest among the racial/ethnic and sex subgroups in the study. For 11th graders, 26.5% of White

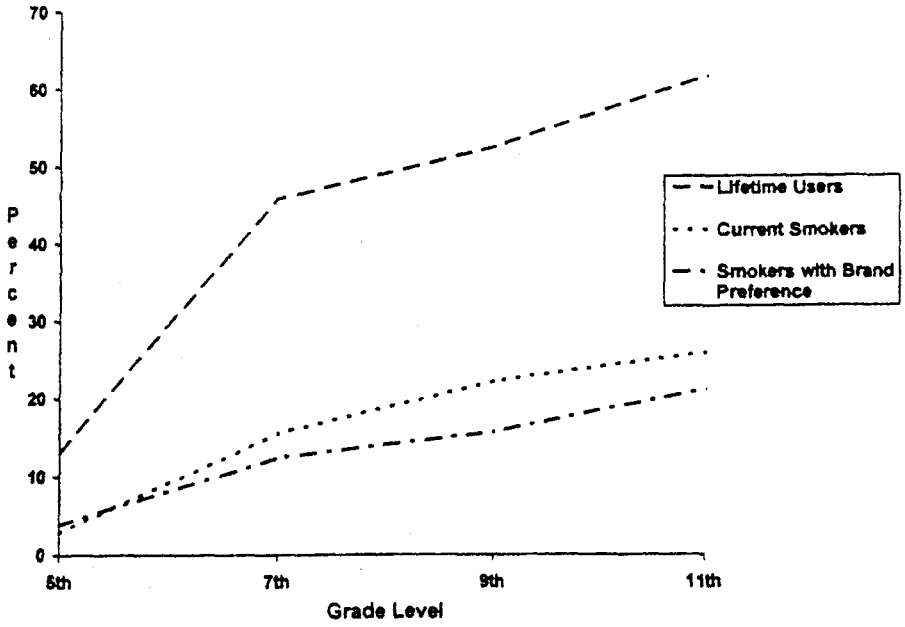


Figure 1. Prevalence of lifetime cigarette use, current cigarette use, and having a preferred brand of cigarette.

girls, 24.1% of White boys, and 27.5% of Mexican American boys reported having a preferred brand. In contrast, for 11th graders, 12.4% of African American girls, 11.6% of African American boys and 15.8% of Mexican American girls reported having a preferred brand.

Sociodemographic Predictors of Brand Preference

Table 2 gives odds ratios, and 95% confidence intervals from logistic regression models, where grade level, race/ethnicity and parents' education served as predictors of having a cigarette brand preference (lifetime cigarette abstainers were excluded from these analyses, as were 5th and 7th graders because of the low prevalence of brand preference). Sex was a significant predictor of brand preference only among the Mexican American students. Grade level was a significant predictor among boys, and in particular, White boys. In the total sample, White students were more likely to have a brand preference than were African American students. In addition, Mexican American boys were more likely than African American boys to have a brand preference, and White girls were more likely to have a brand preference than Mexican American girls (OR = 1.57, 95% CI = 1.14, 2.16). Finally, White students whose parents had not completed high school were almost twice as likely to have a brand preference than those students whose parents were at least high school graduates (parents' education was not significant in the two ethnic minority subsamples).

Association of Brand Preference and Current Use

The dose–response relationship between having a cigarette brand preference and cigarette use is depicted in Figure 2 (9th and 11th grades; boys and girls were combined as no differences by sex were indicated). As Figure 2 shows, there is a strong association between having a preference and use for each racial/ethnic subgroup, with fewer than 13% of the adolescents having smoked cigarettes once or twice indicating a brand preference, compared to over 75% of current, regular cigarette smokers (i.e., regularly now group). Differences by racial/ethnic subgroup were suggested, with *all* African Americans in the regularly now group indicating a preference.

Figure 2 also shows the dose–response relationship between the number of cigarettes smoked on daily basis in the past 30 days and having a cigarette brand preference. The percentage of student smokers having a preference increased with the number of cigarettes smoked per day. Over one third of students who smoked less than one cigarette per day indicated having preferences, whereas over 60% of pack-a-day smokers indicated having preferences. Again, differences by racial/ethnic subgroups were suggested, where *all* African American students who smoked at least half a pack of cigarettes per day in the past 30 days indicated having a preferred brand.

Table 3 gives odds ratios and 95% confidence intervals for having a cigarette brand preference related to daily cigarette use (9th and 11th graders combined).[1]

[1]The observed prevalence of daily cigarette users among the African American adolescents in the study was expectedly low: 24 female and 20 male African American students were daily cigarette users.

Table 2. Odds Ratios (ORs) and 95% Confidence Intervals (CIs) from Logistic Regression Models Predicting Adolescent Cigarette Brand Preference Status.

	Model											
	All Students (N = 1,958)		Girls (n = 1,025)		Boys (n = 933)		White (n = 945)		African American (n = 372)		Mexican American (n = 641)	
	OR	(95% CI)	OR	(95% CI)	OR	(95% CI)	OR	(95% CI)	OR	(95% CI)	OR	(95% CI)
Sex												
(Female = 0; Male = 1)	1.08	(0.89, 1.30)		—		—	1.04	(0.80, 1.36)	0.65	(0.39, 1.08)	1.50*	(1.07, 2.10)
Grade in School												
(9th = 0; 11th = 1)	1.23*	(1.02, 1.50)	1.10	(0.84, 1.44)	1.38*	(1.04, 1.83)	1.36*	(1.03, 1.77)	1.27	(0.77, 2.08)	1.01	(0.72, 1.42)
Race/Ethnicitiy (African American is reference group)												
White	1.88*	(1.43, 2.48)	1.59*	(1.11, 2.28)	2.43*	(1.57, 3.77)		—		—		—
Mexican American	1.43*	(1.06, 1.94)	1.02	(0.68, 1.52)	2.17*	(1.35, 3.48)		—		—		—
Parents' Education (Post High School is reference group)												
Not High School Graduate(s)	1.26	(0.93, 1.70)	1.16	(0.78, 1.73)	1.33	(0.84, 2.10)	1.81*	(1.06, 3.07)	0.98	(0.39, 2.49)	0.94	(0.62, 1.45)
High School Graduate(s)	1.03	(0.84, 1.27)	0.89	(0.67, 1.20)	1.19	(0.88, 1.61)	1.27	(0.96, 1.69)	0.70	(0.40, 1.21)	0.79	(0.52, 1.18)

Note. Lifetime abstainers excluded.
*Significant difference (i.e., CI does not contain 1.00).

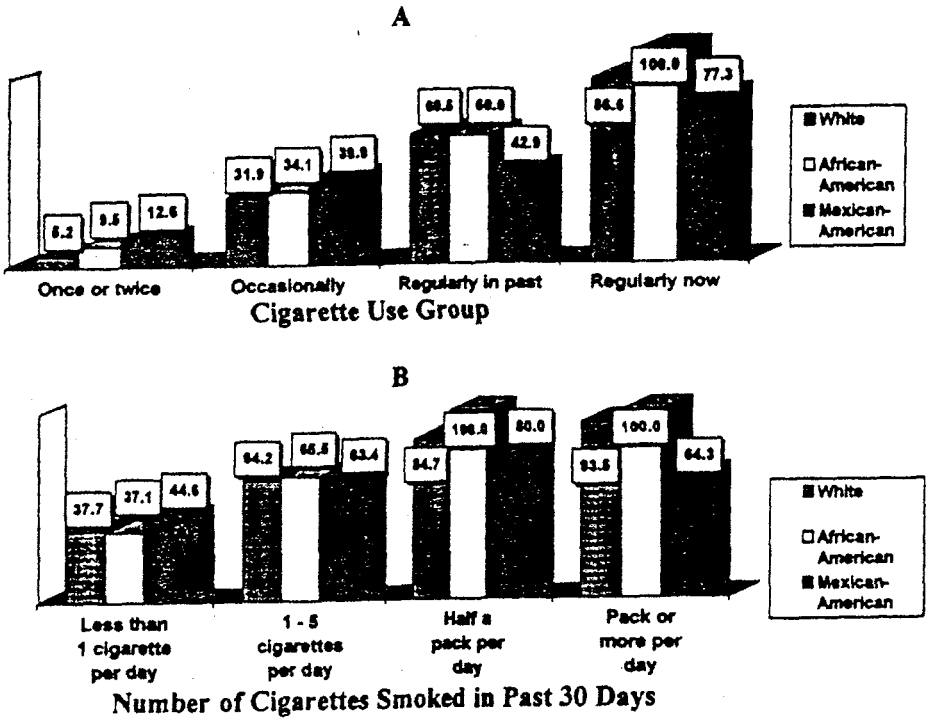


Figure 2. Prevalence of having a cigarette brand preference, by (A) cigarette use group and (B) quantity of cigarettes smoked in past 30 days (as percentages, 9th and 11th graders combined).

Table 3. Likelihood of Daily Cigarette Use for Students with, Compared to Those Without, a Brand Preference (Lifetime Cigarette Abstainers Excluded)

	n	*OR*	*(95% CI)*
Girls			
White	489	7.61	(5.13, 11.29)
African American[a]	208	19.47	(6.04, 62.73)
Mexican American	327	4.01	(2.41, 6.68)
Boys			
White	456	6.35	(4.45, 9.06)
African American[a]	161	7.79	(3.39, 17.88)
Mexican American	312	4.17	(2.83, 6.14)

Note. OR = odds ratio, 95% lower and upper confidence intervals (CIs) given in parentheses; data are combined for 9th and 11th graders. [a]24 female and 20 male daily cigarette users among African American students.

Table 4. Likelihood of Intention to Smoke Cigarettes When Older for Students with, Compared to Those without, a Brand Preference (Lifetime Cigarette Abstainers Excluded)

	n	OR	(95% CI)
Girls			
White	490	4.18	(3.05, 5.73)
African American	209	2.96	(1.65, 5.33)
Mexican American	327	2.51	(1.82, 3.46)
Boys			
White	456	6.02	(4.10, 8.83)
African American	165	3.24	(1.71, 6.14)
Mexican American	314	3.26	(2.33, 4.55)

Note. OR = odds ratio, 95% lower and upper confidence intervals (CIs) given in parentheses; data are combined for 9th and 11th graders.

As Table 3 shows, there was an increased likelihood of daily cigarette use for adolescents with a brand preference, for each racial/ethnic and sex subgroup. Among Mexican American youth, boys and girls with a preferred brand were about four times as likely to smoke cigarettes on a daily basis than those without a preferred brand. For White adolescents, the likelihood of daily cigarette use for adolescents with a preferred brand was more than six times greater than for those without a preferred brand. Odds ratios were highest among African American adolescents (girls in particular), although the precision of these estimates is not great given the low prevalence of daily cigarette use.

Association of Brand Preference and Intention to Smoke When Older

Finally, Table 4 gives odds ratios and 95% confidence intervals for brand preference related to intention to smoke cigarettes when older. Having a cigarette brand preference increased the likelihood of intention to smoke when older, although these estimates were generally smaller than those for current cigarette use. The odds ratios were higher for White girls and boys than for African American and Mexican American students of either sex.

DISCUSSION

Several preliminary conclusions are suggested by this study. First, the prevalence of having a cigarette brand preference increases with grade level, and tends to run parallel to the prevalence of current cigarette use. As would be expected, the higher cigarette-using subgroups (White boys and girls, and Mexican American boys) reported higher rates of having a brand preference. This pattern also was supported by results from logistic regression models, where sex was a significant predictor of having a brand preference for Mexican American students, but not for White or

African American students. Second, race/ethnicity is related to having a brand preference, but the association differs by sex of student. Among boys, White and Mexican American students are more likely than African American students to have a brand preference. Among girls, White students are more likely than both African American and Mexican American students to have a brand preference. Socioeconomic status appears to be a predictor of preference among White students whose parents did not graduate from high school.

Third, this study demonstrates a clear dose–response relationship between having a brand preference and quantity and recency of cigarette use (as indicated by cigarette use groups and number of cigarettes smoked in the past 30 days). The majority of current, regular smokers and those smoking at least a half pack a day in this study indicated having a preferred brand of cigarette, lending support to a stage-based argument for cigarette initiation and maintenance (Aitken et al., 1991; Elder et al., 1990; Stern et al., 1987). According to stage-based theories of cigarette use, smokers in the maintenance stage are characterized by more regular cigarette use with no desire to stop and a commitment to smoking in the future (i.e., intention to smoke when older). A similar association of brand preference and use for experimental smokers (smoking less than one cigarette per week), light smokers (less than one pack per week), and regular smokers was noted in a study of private senior high school students (Goldstein, Fischer, Richards, & Creten, 1987). Findings from this study further indicate that cigarette brand preference is related to an increased likelihood of intention to smoke when older. A similar association has been reported for cigarette advertising awareness and intentions to smoke when older in a study of Glasgow adolescents (Elder et al., 1990).

Racial/ethnic differences were suggested for cigarette brand preference and smoking, as all African American regular smokers indicated having a preferred brand (although the prevalence of regular cigarette use among African Americans was low). Cigarette use rates do not appear to explain these differences as African American adolescents are less likely to be daily cigarette users than are White or Hispanic youth based on national estimates (this is the case when only lifetime users and those having smoked during the past 30 days are considered; Bachman et al., 1991; Johnston et al., 1993). The TAPS and TAPS–II studies reported that a higher proportion of African American adolescents prefer a single brand (Newport, 70.4% in TAPS–II), whereas the top brands for White and Hispanic youths were preferred by smaller proportions (for Whites, 63.5% preferred Marlboro, and for Hispanics, 45.5% preferred Marlboro; Centers for Disease Control, 1993). Sociocultural factors may explain this increased concentration of brand preference among African American adolescent smokers, and these factors should be further explored.

Despite using a large and ethnically diverse sample, this study is limited by the use of cross-sectional data. A reasonable argument could be made that preference and daily cigarette use may develop concomitantly, or preference may be acquired as a result of daily cigarette use. Although the evidence from this study comes from cross-sectional data, the relative dearth of information in the empirical literature on adolescents' preferences for brand of cigarette, and the relationship of brand preference to current use and intention to use in the future, suggests that this

design provides an appropriate initial look at the association. Clearly, longitudinal studies are needed to identify the attributable risk, if any, of brand preference on subsequent use and tobacco-related health outcomes.

This study does not address the important issue of cigarette advertising's impact on subsequent brand preference and cigarette use by adolescents. Yet, there appears to be empirical support for this contention. Although the relationship between advertising and cigarette use is complex, there are several areas where the literature seems to converge. First, young children and adolescents are aware of, and able to recognize, cigarette brand logos and advertisements (Aitken & Eadie, 1990; Aitken et al., 1988; Chapman & Fitzgerald, 1982; Fischer et al., 1991). Furthermore, adolescent smokers are more aware of cigarette advertisements than nonsmokers, and favorable responses to cigarette advertising are related to greater cigarette initiation (Armstrong, de Klerk, Shean, Dunn & Dolin, 1990; Chapman & Fitzgerald, 1982). Recent analyses using the National Health Interview Survey showed a correspondence of the tobacco industry's introduction of cigarette brands targeted at females, and increased cigarette initiation between 1967 and 1973 among girls less than 17 years old (Pierce, Lee, & Gilpin, 1988). It is less clear how advertising affects more frequent or daily cigarette use. At the same time, it should be recognized that brand awareness will not be a powerful predictor of use as a majority of youth are aware of cigarette brands (i.e., most have the risk factor). In contrast, brand preference may be an important stage in cigarette use.

There is a strong association between having a brand preference and smoking among primary and secondary school students. Although not all adolescent cigarette smokers have a preferred brand, preference tends to increase with use in a dose–response fashion. This study provides descriptive evidence of the association of brand preference and use, and suggests that brand preference may represent an important "within-drug" stage and may play an important role in cigarette use initiation and maintenance.

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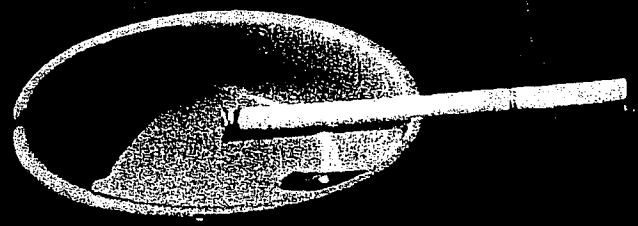
ISBN 0-87553-145-8
American Public Health Association
1015 Fifteenth Street, NW
Washington, DC 20005

SELLING SMOKE:

Cigarette Advertising and Public Health

Kenneth E. Warner, Ph.D.

APHA Public Health Policy Series



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1015 Fifteenth Street, NW
Washington, DC 20005

The APHA Public Health Policy Series is intended to bring professional perspectives to bear on issues important to the health of the public. The views expressed are those of the authors and do not necessarily reflect the official position of the Association.

Library of Congress Cataloging-in-Publication Data

Warner, Kenneth E., 1947 -
Selling Smoke.

(Public health policy series)
Bibliography: p.
1. Tobacco—Toxicology; 2. Health education.
3. Advertising—Cigarettes. 4. Consumer education.
I. American Public Health Association. II. Title. III. Series.
[DNLM: 1. Advertising. 2. Public Health. 3. Smoking.
WA 754 W282s]
RA1242.T6W37 1986 363.1'94 86-25875
ISBN 0-87553-145-8

10/86 1 M

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ACKNOWLEDGMENTS

My initial work on the subject of this monograph was supported by grants from the National Cancer Institute (1 R03 CA 39106-01) and the Josiah Macy, Jr., Foundation. My appreciation of the issues has benefited enormously from discussions with Virginia Ernster, John Holbrook, Eugene Lewit, Michael Pertschuk, Jesse Steinfeld, Joe Tye, and Elizabeth Whelan, all of whom have served as co-authors with me on papers on tobacco advertising and promotion. I have also derived insights from conversations with colleagues, too numerous to mention, in the fields of medicine, public health, law, advertising, and the media. Ruth Galanter, John Holbrook, and John Pinney offered detailed, helpful comments on an earlier draft. Finally, I thank Kathleen Van Wagenen for her cheerful and highly competent secretarial assistance on a very tight schedule.

CHAPTER 1

INTRODUCTION

According to the Surgeon General of the United States, "cigarette smoking is the chief, single, avoidable cause of death in our society and the most important public health issue of our time".[1] The source of from 270,000 to almost 500,000 fatalities every year,[2-4] smoking accounts for as many as one of every four American deaths. The cigarette is also the object of the most massive advertising and promotional campaign ever dedicated to a single product, with over $2 billion devoted to the effort in 1984.[5]

Is there a relationship between these two facts? The tobacco industry insists vehemently that cigarette promotion does not encourage use of cigarettes. Rather, they claim, promotion techniques are directed solely at, and only affect, brand shares of a market populated by confirmed smokers. By contrast, many health professionals believe that advertising is a significant determinant of young people's initiating tobacco habits and of existing smokers' continuing their habits. As such, they associate the promotion of tobacco products with the persistence of widespread smoking and its enormous disease burden.

Recently, belief in the association between advertising and tobacco use, and an independent concern with the morality of permitting tobacco promotion, have led numerous health and medical organizations to call for a ban on the promotion of tobacco products. The proposal is strong medicine, a bitter pill for the tobacco industry and the print media and a dosage of regulation that the American Civil Liberties Union has said may exceed the limits of constitutionality. At stake are such issues as freedom of commercial speech and the economic viability of scores of publications. The willingness of proponents of an ad ban to pursue their cause, in the face of the enormity of these issues, is indicative of the strength of their conviction that promoting tobacco products is wrong and represents a significant public health hazard.

With the goal of informing the ongoing debate, this monograph explores the advertising and promotion issue in some depth. Its specific objectives are to describe the nature and magnitude of promotional expenditures on cigarettes; to identify the diverse functions that advertising and promotion are alleged to serve; to

review the evidence on the relationship between advertising and cigarette consumption; to examine the issues involved in the ad ban proposal, as well as other policy alternatives that have received recent attention; and to offer an assessment of whether the ban should be implemented.

While many of the issues discussed in this monograph generalize across tobacco product types, most of the presentation focuses on cigarette advertising and promotion, for several reasons. One is that the debate has emerged from concern about the enormous health toll of cigarette smoking, the predominant form of tobacco use. Second, the vast majority of tobacco promotional expenditure is devoted to cigarettes, although a growing proportion is dedicated to smokeless tobacco products. Third, virtually all of the existing empirical evidence on the consequences of tobacco advertising relates to cigarettes. Given the growing use, and promotion, of smokeless tobacco, however,[6] issues and evidence presented here should be considered in the broader context of all tobacco products.

Chapters 4 through 7 constitute the heart of the monograph, addressing the objectives identified above. Chapters 2 and 3 present contextual background material, including a brief review of the demographics of smoking, an overview of the health consequences, a summary of efforts to communicate health effects to the public, an assessment of the public's current appreciation of the facts of smoking and health, and comments on associated attitudinal and behavioral change. A fundamental thesis of this monograph is that there is a logical chain connecting information flow to knowledge change, knowledge change to attitudinal change, and attitudinal change eventually to behavioral change. This logical chain applies equally to the relationship between dissemination of health information and the avoidance of smoking, and between cigarette advertising and the initiation or continuation of smoking. Chapter 3 addresses the first of these relationships, while Chapters 4 and 5 address the second.

Readers familiar with the basic facts of smoking and health can comfortably skip Chapter 2. Chapter 3 can be skimmed or omitted by readers familiar with public education and publicity on smoking's hazards and their effects on public knowledge, attitudes, and smoking behavior.

CHAPTER 2

WHO SMOKES AND TO WHAT EFFECT?

Who Smokes?

Today, the smoking population in the United States consists of roughly equal numbers of males and females, totalling about 30 percent of the adult population. The appearance of parity between males and females, however, masks important distinctions between the sexes in the age composition of smokers and in the histories of smoking by men and women. The data in Table 1, reporting smoking rates by sex over time, indicate that smoking was prevalent among men—indeed, much more prevalent than it is today—for many decades when the habit was relatively uncommon among women.

Prior to the Second World War, social taboos against smoking by women restricted the habit primarily to the male population. Arising in a major way during World War I, smoking by men rapidly grew into a habit of the majority, a phenomenon that

Table 1. Percentage of Adults Reporting Themselves to Be Smokers, U.S., by Sex and Year[a]

Year	% Males (1)	% Females (2)	% Total (3)	Ratio male to female rates (4) = (1) ÷ (2)
1935	52.5	18.1	n.a.	2.90
1955	52.6	24.5	37.6	2.15
1965	52.4	34.1	42.7	1.54
1970	44.5	31.9	37.8	1.39
1976	41.9	32.0	36.4	1.31
1980	38.3	29.4	33.6	1.30
1985	33.2	27.9	30.4	1.19

Note:
[a] For years 1965–85, the rates are for adults 20 years and older, taken from the Health Interview Survey; for 1955, adults 17 years and older, from supplement to Current Population Survey; ages not indicated for 1935.

Sources:
US Department of Health, Education, and Welfare, Public Health Service: Smoking and Health: A Report of the Surgeon General. Washington, DC: Govt. Printing Office, 1979, Table A-1; U.S. Department of Health and Human Services, PHS: The Health Consequences of Smoking for Women: A Report of the Surgeon General. Washington, DC: Govt. Printing Office,1980, Table 1; and US DHHS, PHS: Health—United States—1986. Washington, DC: Govt. Printing Office, forthcoming 1987.

persisted through the mid 1960s. Yet saying that half of men smoked understates the popularity of smoking. At the age of peak smoking prevalence, roughly from the age of 20 through the early 30s, up to 70 percent of all American men were smokers. (See Table 2.)

Table 2 also shows three critical developments in the smoking trends by the two sexes. One is the distinct decreases in smoking by men, perhaps reflected most powerfully in the fact that peak prevalence smoking reached only 40 percent of the cohort of men born 1951-60. This cohort of males appears to be the first born in the 20th century that never included a majority of smokers.

The second development is seen in the age of peak prevalence for women. Four ten-year birth cohorts of women reached peak prevalence within a five-year period, an extraordinary phenomenon reflecting the fact that smoking by women became socially acceptable only in the post-World War II era.

The third development is derivative from the first two: while men have out-numbered women in all earlier birth cohorts, the percentages of male and female smokers approached parity in the birth cohort born 1951-60. For cohorts born since then, the new smoking population has consisted of a larger proportion of females than males, a phenomenon unprecedented during this century.

The changing sex pattern of smoking among young Americans is undoubtedly the most interesting development in the epidemiology of smoking in recent years. Table 3 presents data showing

Table 2. Peak Rates of Smoking, by Sex and Birth Cohort

	Men			Women		
Birth Year	Peak Smoking Prevalence (%)	Year	Avg. Age	Peak Smoking Prevalence (%)	Year	Avg. Age
1901–10	61.9[a]	1938	32.5	23.9[a]	1958	52.5
11–20	71.3	1947	31.5	37.2	1960	44.5
21–30	69.6	1953	27.5	44.4	1958	32.5
31–40	60.8	1962	26.5	44.5	1963	27.5
41–50	58.5	1969	23.5	41.4	1970	24.5
51–60	40.3	1977	21.5	37.8	1976	20.5

Notes:
[a] Rate for 1901–10 cohort may be an underestimate, reflecting that larger proportion of ever-smokers in cohort had died at time of survey. (See Harris, JE: Cigarette smoking among successive birth cohorts of men and women in the United States during 1900–1980. JNCI 1983; 71:473–479.)

Source:
Unpublished data from J.E. Harris.

changes in the prevalence of regular smoking by American teenagers. The table exhibits the clear trend through the 1970s toward higher rates of smoking among teenage girls and lower rates among teenage boys. More recent data suggest that smoking prevalence decreased among both boys and girls in the early 1980s, although the percentage of female teen smokers persisted at rates higher than those of males.[7] A focus exclusively on smoking, however, misses the rapid adoption of smokeless tobacco habits by adolescent males in recent years. With perhaps a fifth of all teenage boys being users of smokeless tobacco,[6,8,9] it is not clear that one can characterize tobacco use—as opposed to cigarette smoking—as primarily a female habit among youngsters.

Data on smoking habits reveal significant differences among groups of people defined by characteristics other than age and sex. For example, while smoking used to be associated with wealth and class, the reverse holds true in American society today. Survey results also suggest that blacks may smoke in greater numbers than whites, although probably with less intensity (i.e., fewer cigarettes per day).[3,10,11] There are also significant differences in smoking by occupation groups, with physicians the leading group of nonsmokers and blue collar workers including close to a majority as smokers.[12,13] A probable result of this shift in the demographic pattern of smoking is that the gap between the health of the affluent and poor segments of society, and between whites and blacks, seems likely to expand in the next few decades.

While there are numerous other dimensions to an exploration of smoking patterns, this brief introduction should serve to paint a portrait of the American smoker today. The essential fact is that 56 million Americans are smokers at present, including over four

Table 3. Percentages of Teenagers Reporting Themselves to Be Regular Smokers, US, by Age, Sex, and Year

	% Males Age (Yrs)			% Females Age (Yrs)		
Year	12–14	15–16	17–18	12–14	15–16	17–18
1970	5.7	19.5	37.3	3.0	14.4	22.8
1974	4.2	18.1	31.0	4.9	20.2	25.9
1979	3.2	13.5	19.3	4.3	11.8	26.2

Source:
US Department of Health, Education, and Welfare, National Institute of Education: Teenage Smoking: Immediate and Long-term Patterns. Washington, DC: Govt. Printing Office,1979.

million teenagers. And while the prevalence of smoking has decreased significantly over the past two decades, the remaining prevalence—30 percent of the adult population—represents perhaps the most significant modifiable risk factor in our society.

Health Effects of Smoking

That cigarette smoking is hazardous to health should hardly come as a surprise. The burning cigarette has been described as a "prolific chemical factory," producing thousands of compounds, several of which are known carcinogens, while numerous others are suspected carcinogens. The gas phase of tobacco smoke includes carbon monoxide and carbon dioxide, nitrogen oxides, ammonia, at least eight volatile N-nitrosamines, hydrogen cyanide and cyanogen, close to 30 volatile sulphur compounds, more than 30 volatile nitriles, several hundred other N-containing volatile compounds, and volatile aldehydes and ketones, including formaldehyde. Turning to the particulate phase, "tar" is defined as the total particulates minus water and nicotine. The particulate phase includes nicotine and minor tobacco alkaloids, nonvolatile N-nitrosamines, aromatic amines, benzene and napthalenes, polynuclear aromatic hydrocarbons, aza-arenes, phenols, carboxylic acids, over 70 metals, including arsenic, nickel, and cadmium, pesticides, including DDT and parathion, and radioactive elements, including polonium 210 and potassium 40. The average smoker takes about a dozen puffs on roughly 30 cigarettes per day, thus inhaling the above compounds close to 400 times daily.[14]

Scientific understanding of the relationship between tobacco and a wide variety of diseases is a product primarily of the second half of the present century. However, the ill effects of smoking have been suspected for at least three and a half centuries. An illustration of that suspicion is captured in the words of King James I of England who, in 1604 in his *Counterblaste to Tobacco*, described smoking as:

> . . . a custome Lothsome to the eye, hatefull to the Nose, harmfull to the braine, dangerous to the Lungs, and in the blacke stinking fume thereof, neerest resembling the horrible Stigian smoke of the pit that is bottomeless.[15]

The very first issue of the *Journal of the American Medical Association*, published in 1883, included an anecdotal account of

the harmful effects of smoking by children.[16] Evidence of a more scientific nature began to emerge in the 1920s, '30s, and '40s,[17] but it was not until the late 1940s and early 1950s that major epidemiological studies were conducted and began to find their way into print. The landmark research of Wynder and Graham, published in 1950 in *JAMA*,[18] and of Doll and Hill, published in 1952 and 1954 in the *British Medical Journal*,[19,20] produced the first truly compelling evidence that lung cancer was associated with smoking. These studies opened a literature that now comprises some 50,000 research publications linking smoking to a wide variety of devastating illnesses. Collectively, this literature constitutes the single most impressive body of epidemiological and scientific knowledge associating a single risk factor with human disease.

Smoker Mortality and Morbidity

Estimates of the annual U.S. mortality toll of smoking range from 270,000[2] to close to 500,000,[4] with an estimate of 350,000 cited by the Surgeon General.[3] Among these 350,000 are 130,000 cancer deaths—approximately 30 percent of all cancer mortality—170,000 coronary heart disease deaths—again, about 30 percent of the nation's premier cause of death*—and 50,000 chronic obstruc-the nation's premier cause of death*—and 50,000 chronic obstruc-tive lung disease deaths—from 80 to 90 percent of fatalities from emphysema and chronic bronchitis. If numbers such as these seem abstract, they are put into perspective by recognizing that the death toll associated with smoking is the equivalent of three fully loaded jumbo jets crashing and leaving no survivors, every single day of the year.

While it may not claim the most victims, cancer is the disease category the public most commonly associates with smoking. In part this is attributable to the fact that the earliest research on the health hazards of smoking concerned its relationship with cancer. That relationship was easier to discover because the relative risk of lung cancer—the major smoking-related cancer—is so very high. Overall, the average smoker stands a 10-fold greater chance of contracting lung cancer than someone who has never smoked, and for heavy smokers the risk rises to 15 to 25 times that of the never-smoker.[22]

* In a recent estimate, the Congressional Office of Technology Assessment attributed 13 percent of heart disease deaths to smoking.[21]

Lung cancer was virtually nonexistent at the turn of the century. Today, it accounts for more than a quarter of all cancer deaths. While it has long been the leading cancer killer of men, lung cancer has recently surpassed breast cancer as the leading cause of cancer death in women.[23,24] The epidemic growth of lung cancer deaths in each of men and women paralleled the growth in the prevalence of smoking two to three decades earlier. The decreasing rates of smoking among men since the mid-1960s seem to be reflected in steady and possibly falling lung cancer death rates in the 1980s.[24] While as many as 15 percent of lung cancers are diagnosed in nonsmokers, many of the nonsmoking victims of lung cancer are former smokers and others are individuals with a long history of "second-hand" exposure to tobacco smoke.

Lung cancer is not the only cancer associated with smoking. Smoking is also identified as a major cause of cancers of the oral cavity and esophagus and a contributing factor to cancers of the urinary bladder, kidney, and pancreas. All told, the 30 percent of yearly cancer deaths attributed to smoking constitute the single reason that cancer death rates have been rising in the United States. Absent smoking-related cancers, the age-adjusted cancer death rate has actually been falling.[25]

Coronary heart disease accounts for 30 percent of this country's deaths each year. While a number of uncontrollable risk factors, such as genetic predisposition, influence the CHD death rate, there are three major independent risk factors that can be modified: smoking, high blood pressure, and cholesterol. Given its prevalence and the fact that it can be avoided, smoking is commonly identified as the single most important preventable cause of CHD death. Smoking is also associated with atherosclerosis and cerebrovascular disease and is the most powerful risk factor predisposing to atherosclerotic peripheral arterial disease.[26]

Three observations highlight the importance of the relationship between smoking and heart disease. First is the assessment that the vast majority of sudden death in young adults is the result of smoking.[27] Second is the estimate that if smoking habits in this country do not change, 10 percent of Americans alive today may die from smoking-related CHD.[26] That is 24 million people. Finally, while the nation's attention has been riveted on the drama of replacing the quintessential human organ, the heart, with a mechanical substitute, few people are aware that the first three recipients of artificial hearts had collectively smoked over one million cigarettes.

While coronary heart disease has multiple important causes, chronic obstructive lung disease (COLD) does not. The vast majority of deaths due to COLD are associated with smoking and the vast majority of suffering from nonfatal emphysema and chronic bronchitis is also caused by cigarettes. Relatively few lifelong smokers escape some degree of emphysema. While many victims merely find their daily activities more difficult, others must chain themselves to mechanical breathing apparatus simply to satisfy their bodies' demands for oxygen.[1]

This last point emphasizes a second dimension of the health effects of smoking: while death is the most dramatic outcome, the most prevalent consequence of smoking is morbidity and disability. The Surgeon General estimates that more than 145 million days of excess bed disability and over 80 million days of excess work days lost are the product of smoking-related illnesses each year. Thus, while smoking is the nation's leading cause of preventable premature death, it is also the single most important source of avoidable illness and disability.[3]

The tenacity of smoking in persistently claiming its annual toll of deaths and illness is a function of the fact that the behavior is so addicting, both physically and psychologically. While the public perception is one of "habituation", tobacco dependence has all the essential characteristics of a drug dependency.[28,29] The former Director of the National Institute on Drug Abuse has labelled smoking "the most widespread form of drug dependence in our country"[30] and the American Psychiatric Association includes "tobacco use disorder" within its classification of diseases.[31] Evidence suggests that cigarettes are as difficult to kick as heroin.[29,32,33] In part this could reflect the intensity of the motivation to quit; but in part it might reflect the virtual impossibility of completely removing the agent from one's environment. Few people work in job settings that are completely devoid of smokers; one sees smokers on every city street; and, pertinent to the subject of this monograph, virtually every American is exposed daily to the attractive imagery of cigarette ads in magazines and on billboards.

Involuntary Smoking

Without question, the vast majority of the disease burden of smoking is imposed by smokers on themselves. Nevertheless, a great deal of contemporary attention focuses on the effects of

"smokers' pollution" on the nonsmoking majority of the population. Long recognized as a significant annoyance and source of physical irritation, tobacco smoke in the environment has been indicted as a hazard to the health of nonsmokers. While smoke released into the atmosphere is rapidly diffused, in certain settings smoking leaves markedly elevated levels of carbon monoxide and other products of combustion. These settings include bars and restaurants, workplaces populated by significant numbers of smokers, and the homes of heavy smokers. Nonsmokers, including infants, heavily exposed to tobacco smoke have nicotine levels in their blood and urine that would be produced by smoking one or two cigarettes per day.[34,35] Further, the lung function of nonsmoking workers employed in a smoky setting has been measured as comparable to that of light smokers.[36]

Given the toxicity of tobacco smoke in smokers, and the carcinogenicity of constituents of smoke demonstrated in the laboratory, it is readily comprehensible that laypersons and scientists alike would be concerned about the possible hazards that environmental tobacco smoke poses for nonsmokers. As a result, the health effects of involuntary smoking have become a topic of substantial scientific interest. A growing body of literature—one bibliography listed 800 publications as of the end of 1985[37]—implicates smoking as a risk factor in conditions arising in nonsmokers from cradle (literally, before the cradle) to grave.

Reflecting the fear that cancer evokes, the greatest public concern has concentrated on reports that long-term involuntary smoking may double the risk of lung cancer. In 1981, a study published by Hirayama in the *British Medical Journal* found a two-fold increase in this risk in the nonsmoking wives of smoking husbands in Japan.[38] This study received a great deal of attention in both the scientific and lay public communities, the latter in part because the Tobacco Institute, the industry's Washington lobby, attempted to discredit the study and publicized its interpretation of the research. In full-page ads in major newspapers and magazines,[39] the Institute emphasized scientific criticism of the work and cited an American Cancer Society study that failed to find evidence of involuntary smoking-induced lung cancer.[40] Since 1980, close to 20 studies have been published on the relationship between involuntary smoking and lung cancer, the majority finding a statistically significantly elevated risk for people exposed over many years to large doses of involuntary smoke.[41]

A doubling or trebling of risk for an individual exposed to a risk factor represents a substantial percentage increase in risk, but the likelihood of experiencing the disease in question is also a function of the underlying prevalence of the condition. In the case of lung cancer, the likelihood that a lifelong nonsmoker will contract lung cancer is so small that a doubling of that risk remains relatively small. Thus the literature on involuntary smoking lung cancer should not be misinterpreted as suggesting that the nonsmoking spouse of a smoker is likely to get cancer as the result of his or her spouse's tobacco habit.

At the same time, the widespread prevalence of involuntary smoke-exposed people suggests that a substantial number of cases may be found in the aggregate. Repace and Lowrey have estimated that involuntary smoking causes between 500 and 5000 cases of lung cancer each year throughout the United States.[42] While these numbers pale in comparison with the total number of lung cancer deaths—126,000 in 1985[23]—even the lower end of the range would make environmental tobacco smoke the single most important cancer-causing pollutant to which the general public is exposed. And a doubling of cancer risk associated with any other environmental hazard is commonly deemed a strong basis for regulatory action.

While public anxiety focuses on cancer, better established consequences of involuntary smoking receive relatively less attention. Prominent among these are the effects of tobacco smoke on the fetus. Reliant on its mother's blood supply, the developing fetus is perhaps the preeminent "involuntary smoker" in society. A substantial body of research has established that maternal smoking is a major risk factor in low birthweight, itself associated with a number of hazards, and in spontaneous abortion, fetal death, and neonatal death.[43] The risk posed by smoking mothers to their unborn babies has led biomedical scientists recently to coin the descriptor, fetal tobacco syndrome.[44]

The risks associated with parental smoking both precede and follow pregnancy. Research suggests that smoking is a factor in impotence and that, short of impotence, it reduces the probability that a couple will be able to conceive.[45,46] Following birth, the children of smokers face a long list of ailments their contemporaries with nonsmoking parents experience with lesser frequency. The child of a mother who smoked during pregnancy faces an elevated risk of developmental disabilities, both physical (e.g., height) and

mental. The children of smokers experience an increased number of respiratory illnesses, a relationship that shows a clear dose-response effect: children having two smoking parents experience more respiratory illness than children having one smoking parent; the latter, in turn, have more illness than children of nonsmoking parents.[47,48]

While the victim of fetal tobacco syndrome is as innocent as can be, there is a second class of individuals for whom a compelling case can be made that they are truly the ultimate innocent victims of other people's smoking. These are the children who are burned while they sleep because a neighbor or parent failed to extinguish a cigarette. Cigarettes are the cause of an estimated 30 to 40 percent of home fires. Some 2300 Americans die each year in cigarette-ignited fires and another 5000 are burned.[49] The irony is that few of these injuries and deaths would occur if the cigarette manufacturers did not treat their papers and tobaccos with chemical additives designed to keep cigarettes burning essentially continuously. Absent the additives, the cigarettes would self-extinguish when not puffed upon, thereby substantially reducing or eliminating the risk of igniting a fire. The manufacturers insist, however, that a "fire-safe" cigarette is not technologically feasible, or at least that self-extinguishing cigarettes would be unacceptable to smokers. The issue is being examined at present by a congressionally mandated committee including representatives from both the health community and the tobacco industry.

Composition of the Cigarette

The concern about manufacturing cigarettes to burn continuously illustrates a broader phenomenon: the composition of the cigarette has changed markedly over the past three and a half decades, and the changes have numerous health implications, some obvious and some quite subtle and even unexpected.

The cigarette of the 1940s consisted primarily of shredded tobacco leaf, often including some sweetened leaf, wrapped in largely unadulterated cigarette paper. Today's product, by contrast, contains much less tobacco, which has been "puffed" so that a given weight fills a greater volume, the tobacco includes processed stems and other parts of the plant, the tobacco and cigarette papers are treated with hundreds of additives to enhance flavor and improve

burning, and the cigarette is commonly tipped with a filter, itself an intricate product comprised of a wide variety of substances.*

At first blush, the concept of the low tar and nicotine (t/n) cigarette appears attractive. To the extent that it reduces the smoker's ingestion of tars, nicotine, carbon monoxide, and the other constituents of tobacco smoke, it should reduce health risks. Furthermore, for the confirmed smoker who cannot or will not quit, the low t/n product might offer an alternative that would reduce risk without eliminating the habit.

The perception than low t/n smoking is "safe," or at least safer, is widespread, as we see in the next chapter. This perception accounted for the rapid diffusion of low t/n cigarettes through the decade of the 1970s. As Figure 1 indicates, low t/n cigarettes (defined as 15 mg or less tar per cigarette, as measured by the Federal Trade Commission) constituted an insignificant component of the market in the late 1960s and early 1970s. From the mid-1970s through 1981, however, the low t/n share of the market rose from 10 to 15 percent to 60 percent. Since then, the low t/n share

* One of the earliest filters, marketed with the theme that it reduced the smoker's exposure to potentially hazardous substances in cigarette smoke, was the Kent Micronite filter. The Micronite filter was made of asbestos.[50,51]

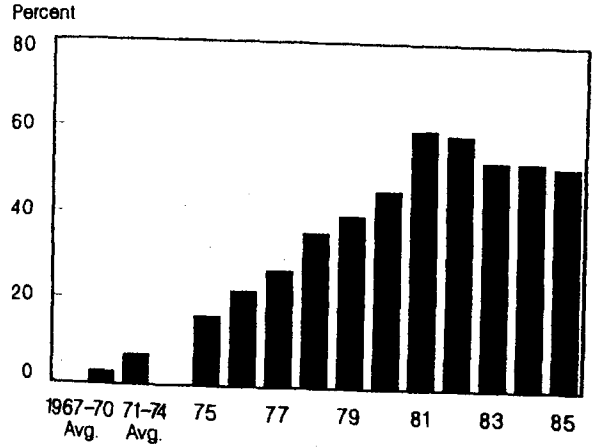


Figure 1. Low-Tar Share of Cigarette Market

Source:
US Department of Agriculture, Economic Research Service: Tobacco Outlook and Situation Report. TS-194 (March 1986). Washington, DC: Govt. Printing Office, 1986, p. 6.

has backed off, but the low t/n cigarette has remained the dominant product on the market.

Evidence on the health impacts of low t/n smoking is limited, in large part reflecting the relative novelty of the product. In part, too, demographic differences in smokers between the regular smoker in the first half of the century and the low t/n smoker of the 1980s make assessment of the differential effects of low t/n cigarettes a still more complex endeavor.

Despite these problems, there is some evidence that suggests that low t/n smokers have a lower risk of smoking-related cancer than do smokers of regular cigarettes, assuming that the number of cigarettes smoked does not increase, although the low t/n smoker's cancer risk remains substantially above that of the nonsmoker.[52] There is no evidence, however, that low t/n cigarettes significantly reduce other smoking-related risks, such as heart disease.

Little is known about the health effects of the hundreds of additives that are found in the modern cigarette. While several of the identified additives are known or suspected carcinogens, virtually all are present in minute or trace amounts. Still, the frequency with which the average smoker puffs on cigarettes means that exposure might not be inconsequential.

The picture of the low t/n cigarette as a "safer" cigarette is much more deceptive than it appears at first. There are several reasons to suspect that low t/n cigarettes may have *increased* the risks of smoking for many people and failed to reduce them for others. The existence of low t/n cigarettes may account for a larger population of smokers than would exist had the regular medium- and high-tar products remained the only options on the market. Many potential quitters may have decided to adopt low-tar cigarettes as an alternative to quitting. In addition, the epidemic of smoking among girls and young women may be explained in part by the availability of the less harsh low-tar products, a cigarette that makes initiation of smoking habits easier.[53]

Low t/n cigarettes may have failed to reduce risks for confirmed smokers who "switch down" to the low-tar product because, consciously or otherwise, many smokers compensate for the reduced yields of the low t/n products. As smoking is addictive, and nicotine is the addicting substance, the lesser yields of the low t/n products force smokers to find ways to "make up" for the

reduced drug yield. Among the more obvious ways are smoking more cigarettes, inhaling deeper on individual cigarettes, puffing more frequently, and smoking further down the cigarette. The first of these may be a major factor in explaining the increase that has been observed in the average daily cigarette consumption of smokers.

A less obvious means of compensating for the reduced nicotine yield of the modern cigarette is the often unconscious subversion of filtration systems that account for much of the reduction in yield. A common technological approach to reducing yields involves placing a ring of tiny perforations midway down the filter. The function of the perforations is to allow air to be pulled into the cigarette when the smoker draws on the cigarette. The air mixes with the smoke and thereby dilutes it, reducing the yield of tar and nicotine. In some brands of cigarettes, these perforations are readily visible; in others, they cannot be seen by the naked eye.

Whenever a smoker occludes some of these holes, less air is drawn into the cylinder and hence more smoke is inhaled. Some smokers intentionally subvert the filtration system, either by placing tape around the holes or by snapping off the filters, apparently in the belief that the low yields of tar and nicotine are inherent in the tobacco itself, with the filter and its perforations simply being a nuisance. Occlusion also takes place quite naturally and unconsciously when smokers hold cigarettes between their fingers at the location of the perforations, or when their lips block the holes while puffing on the cigarettes. Blocking the perforations, partially or completely, raises the effective yield of tars, nicotine, carbon monoxide, and other components of smoke from 50 to 300 percent, thereby converting the rated low t/n cigarette into a medium or high t/n cigarette.[54]

The evidence for nicotine regulation is abundant and varied in nature. For many years, Schachter and his colleagues have investigated the circumstances in which smokers increase their consumption of cigarettes, relating consumption changes to social situations and accompanying changes in body chemistry. They have found, for example, that increases in cigarette consumption while smokers are at parties or are under stress are associated with acidification of the urine. When stress and urinary pH were manipulated independently in one experiment, they found that

smoking correlated more closely with urinary pH than with stress. This supported their hypothesis that heavy smokers smoke for nicotine, rather than social reasons.[55]

More recently, a number of studies have documented that blood and urine levels of smoke products do not vary substantially according to the tar and nicotine ratings of smokers' cigarettes. In 1980 Russell and his colleagues reported that differences in rated nicotine yields could explain only four percent of the variation in blood nicotine concentrations.[56] In reinterpreting Russell's data, Kozlowski *et al.* found that the impact of the rated delivery was statistically significant and more substantial than Russell had indicated, but that the impact remained far short of the differences in rated yields.[57] More recently, several other studies have also found little variation in blood and urine concentrations compared with variations in brand delivery ratings.[58,59] Together, these studies constitute powerful biochemical evidence that smokers do find ways to "make up" for the technology of reducing a cigarette's nicotine delivery.

The Other Side of the Smoking and Health "Controversy"

As noted above, the evidence implicating smoking in the deaths of millions of Americans represents the most substantial and well-documented epidemiological case ever developed concerning any human behavior hazardous to health. Nevertheless, the tobacco industry continues to insist that the evidence against smoking is merely circumstantial. While the industry's case has little scientific merit, its presentation to the public is an essential ingredient in consideration of the roles and impacts of promotion of cigarettes. Ever since the first scientific evidence began to emerge, the industry has employed a promotional strategy designed to reassure smokers that the health issue was unresolved, or to downplay smokers' perception of the severity of the risks associated with smoking. The very notion of using words like "other side" and "controversy" illustrates how the language employed has been intended to connote a balance in the evidence pro and con risk. As we shall see in the next chapter, survey studies probing the depth of the public's appreciation of the hazards of tobacco suggest that the industry may have been successful in defusing the perception of risk.

At the heart of the industry's side of the story is the constitutional argument, the notion that people who choose to smoke are different

from people who do not and that the former are more susceptible to the diseases associated with smoking, but for constitutional reasons other than smoking. The constitutional hypothesis is not disturbed by the fact that people who quit smoking experience a reduction in tobacco-related disease risks, with risks falling the longer the quitter remains abstinent. The explanation offered here is that quitters are constitutionally more like never-smokers, and presumably long-term quitters are still more like never-smokers.[60-62] Obviously, this argument is perfectly circular. Scientists have presented ample evidence to refute the hypothesis, including twin studies in monkeys,[3] but the industry and the handful of scientists who adhere to the hypothesis can always appeal to that circularity.

The industry does not deny the statistical relationship between smoking and a wide variety of diseases. Rather, it labels this evidence "correlation" and not "causation". The industry's appeal to this distinction has long been a source of aggravation to scientists because, while it has an element of truth—*by definition*, statistics can never prove causation—the terminological distinction can be abused in appealing to a statistically unsophisticated public. Epidemiologists have defined logical conditions which should lead an unbiased party to interpret correlations as causation, and rarely have these conditions been as well met as in the case of smoking and disease. The conditions are:

1. the consistency of the association
2. the strength of the association
3. the specificity of the association
4. the temporal relationship of the association
5. the coherence of the association[63]

In addition to the rigor of the epidemiological evidence, there is laboratory animal evidence in which, for example, the tars in cigarette smoke have induced cancers on the skin of mice and smoking itself has produced lung cancer in dogs.

What kind of evidence would the tobacco industry accept to resolve the scientific "controversy"? Presumably they would have difficulty denying the findings of a major, multi-decade, controlled trial in which scientists randomly selected a control group of people who would never be permitted to use tobacco products throughout their lives, and an experimental group who would be required to become and remain regular smokers. Short of this approach, which has rather obvious practical and ethical limitations, it is difficult to conceive of any evidence against smoking that would satisfy

proponents of the constitutional hypothesis. Yet while the industry seems to insist on an unobtainable level of evidence to find smoking a cause of disease, they indiscriminately publicize scientific studies that question the smoking-disease connection, irrespective of the quality of the studies.

The industry has a clear need to persist in portraying the case against smoking as unproven. It has a legal need: an admission that smoking was hazardous, and that the industry has long known this, would be tantamount to a plea of guilty in the dozens of product liability lawsuits now filed against the industry, with a virtually inexhaustible supply of lawsuits sure to follow such an admission. Furthermore, and perhaps equally fundamentally, the industry would no longer be able to engage in the charade of portraying smoking to its customers as a pleasurable and innocent habit.

In recent years, the R.J. Reynolds Company has attempted to sway public opinion with a series of advertisements that it inaugurated under the banner of wanting to have "an open debate." As leaders of all the major voluntary associations were quick to point out, there is nothing to debate in the health arena, and Reynolds was the only "side" of the "debate" to have the resources to present its case to the reading public in full-page advertisements in prominent newspapers and magazines.

The Reynolds ads have addressed a wide variety of subjects, ranging from the undesirability of legislating restrictions on smoking in public places, to the Company's assurance that it does not want children to smoke,* to the undesirability of smoking in bed.

But one ad has had an explicit health theme and has captured the attention of the health and regulatory communities. Entitled "Of Cigarettes and Science," the text misinterpreted the findings of a major national study to suggest that cigarette smoking may not cause heart disease.[64] The American Heart Association and other health organizations believed that the misinterpretation was willful, with the intent of misleading—and reassuring—the smoking

* Many health professionals have found this particular theme to be the most repugnant, simply because it cannot possibly be true. The vast majority of smokers—an estimated 90 percent—start smoking as teenagers and pre-teens and become addicted. The reality is that the industry needs to have over two million children start smoking each year—well over 5000 per day—simply to replace the adult smokers who die or quit smoking, in order to keep the aggregate number of smokers from falling.

public, and perhaps potential smokers as well. The matter was brought to the Federal Trade Commission to investigate whether remedial action was warranted under the Commission's responsibility to assure that advertising is neither false nor misleading. On June 16, 1986, concluding that the ad did misrepresent the facts and misled the public, the Commission issued an administrative complaint against the company.[65] Less than two months later, an administrative law court judge ruled against the Commission.

Another example of the industry's unbalanced quest for "balance" in the "debate" on the hazards of tobacco occurred in 1984 when R.J. Reynolds purchased full-page advertising space in major publications to counter concern accorded the risks of second-hand smoke.[66] Among the arguments the company presented in the text was the fact that one of "the tobacco industry's biggest critics," Lawrence Garfinkel of the American Cancer Society, had not found any evidence of involuntary smoking-induced lung cancer in an ACS study.[40] Garfinkel claims that his finding was taken out of context.[67] In a recent case-control study designed to examine the involuntary smoking issue, Garfinkel and his colleagues did find a statistically significant risk of lung cancer associated with involuntary smoking.[68] In this case, however, Reynolds chose not to publicize the findings.

The tobacco industry's public presentations regarding smoking and health date back into the early decades of the century. In less constrained and less sophisticated days, the image of smoking as a nonhazardous behavior was promoted explicitly in cigarette ads. Beginning more than half a century ago, the manufacturers of Lucky Strikes assured readers of their ads that Luckies caused "No throat irritation - no cough." "Do you inhale?" readers were asked, "What's there to be afraid of?" R.J. Reynolds claimed that Camel cigarettes steadied the nerves, provided "a harmless restoration of the flow of natural body energy," aided digestion, and increased manual dexterity. The producers even evoked the public's image of the health-conscious medical profession to sell cigarettes. American Brands told ad readers that "20,679 physicians say Luckies are less irritating to your throat." R.J. Reynolds responded that "More doctors smoke Camel than any other brand." L&M cigarettes were presented as "just what the doctor ordered," while Philip Morris cigarettes were "recognized by eminent medical authorities."[69]

About three decades ago, the presidents of major cigarette

manufacturers and warehousers and growers associations issued a public assurance of their concern to sell the public a safe product, to engage in research, and to share with the public what they knew about the risks of smoking. They also stated that "We accept an interest in people's health as a basic responsibility, paramount to every other consideration in our business . . . We always have and always will cooperate closely with those whose task it is to safeguard the public health."[70] In 1986 the president of R.J. Reynolds, Gerald Long, told a magazine interviewer, "If I saw or thought there were any evidence whatsoever that conclusively proved that, in some way, tobacco was harmful to people, and I believed it in my heart and my soul, then I would get out of the business and I wouldn't be involved in it."[71]

CHAPTER 3

PUBLICITY AND EDUCATION ON THE HAZARDS OF SMOKING: NATURE AND EFFECTS

Publicity and Public Education

The very fact that the tobacco industry has found it necessary to try to counter the image of smoking as dangerous suggests that that image has been conveyed to the public. The financial resources available to transmit the health message pale in comparison with those used by the industry to obscure the message and promote their product. Nevertheless, there are numerous and varied methods that have been used to communicate the hazards. This section indicates the principal sources of information and considers associated changes in the nation's smoking habits. The following section considers how effectively the public has heard and understood that information. A third section briefly identifies implications.

Media Communication of Scientific Findings

The heart of the antismoking campaign,* and its essential motivation, has always been the body of scientific research that has identified and elucidated the links between smoking and disease. By itself, however, the scientific literature is much like a new automobile without any gas: it may be well-designed, interesting, and attractive, but it isn't going to go anywhere, and the only people who will be able to appreciate it are those who work on the assembly line. The gasoline fueling the smoking-and-health engine has always been the news media. It is newspapers, magazines, radio, and television that have picked up on scientific

* "Antismoking campaign" is used as a summary descriptor for the largely uncoordinated activities of a variety of voluntary organizations and public and private sector agencies united only by their objective of reducing the toll of smoking. These activities are as diverse as antismoking public service announcements and the marketing of aids to cessation. We examine primarily the "information arm" of the campaign, efforts to communicate the hazards of smoking to the public.

findings about smoking, translated them into layman's English, and transmitted them to the reading, listening, and viewing public.

The first significant discussion of the hazards of smoking by the media occurred in the early 1950s, most notably in the *Reader's Digest*. As indicated above, the first major research linking smoking to lung cancer was performed in the late 1940s and published in the early 1950s. With such forbidding titles as "Tobacco Smoking as a Possible Etiologic Factor in Bronchiogenic Carcinoma"[18] and medical journals as publication vehicles, the early findings might have remained epidemiological esoterica had *Reader's Digest* not distilled their essence and produced articles with such provocative titles as "Cancer by the Carton."[72] This article and others in the *Digest*[73,74] grabbed the public's attention and contributed to a public reaction that was swift and dramatic. In 1953 and 1954, adult per capita cigarette consumption—total national cigarette consumption divided by the number of adults over age 17—fell two years in a row for the first time in the century. As Figure 2 indicates, previous

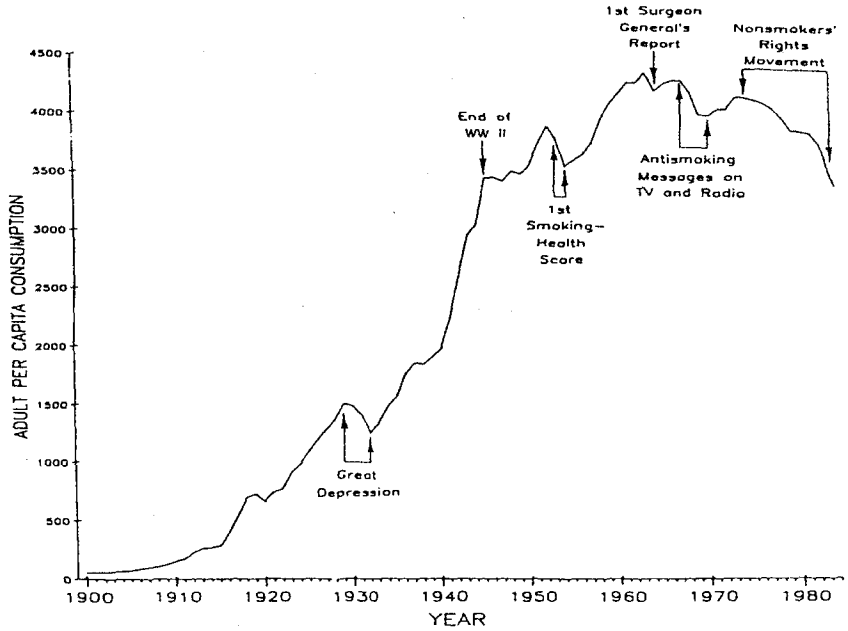


Figure 2. Adult per Capita Cigarette Consumption and Major Antismoking Events
Source:
Warner KE: Cigarette advertising and media coverage of smoking and health. New Engl J Med 1985; 312: 387.

Table 4. Filter-Tip Share of Cigarette Market

Year	% Filters	Year	% Filters
1949	0.3	1968	74.9
1950	0.6	1969	77.5
1951	0.7	1970	80.1
1952	1.3	1971	82.4
1953	2.9	1972	83.7
1954	9.2	1973	85.4
1955	18.7	1974	86.7
1956	27.6	1975	87.7
1957	38.0	1976	88.5
1958	45.3	1977	89.4
1959	48.7	1978	90.9
1960	50.9	1979	91.8
1961	52.5	1980	92.5
1962	54.6	1981	92.7
1963	58.0	1982	93.2
1964	60.9	1983	93.6
1965	64.4	1984	94.2
1966	68.2	1985	94.6
1967	72.4		

Source:
US Department of Agriculture, Economic Research Service: Tobacco Outlook and Situation Report. Washington, DC: Govt. Printing Office, various issues.

decreases in per capita consumption were rare events and lasted only a year. Their causes were the economic disruption of the Great Depression and the end of World War II.*

While per capita consumption fell, the market share of filter-tipped cigarettes soared. Virtually unknown in the late 1940s and very early 1950s, filters were an innovation intended to blunt health concerns. Advertisements heralded the filters' abilities to capture undesirable elements in the smoke. As is seen in Table 4, the apparent impact of the *Reader's Digest* and other lay press articles was swift and substantial. The market share of filter-tipped cigarettes jumped from 1.3 percent in 1952 to 2.9 percent in 1953, the first year of serious public coverage of the lung cancer link, to 9.2 percent the following year, and to 18.7 percent a year later. By

* Cigarettes were distributed free to soldiers during the War. In addition to being smoked by the GIs, they were used for bartering for other goods and services. The return home of the soldiers altered two conditions that had caused cigarette consumption to rise sharply during the War: cigarettes were no longer free to large numbers of Americans and their value as a barter commodity had evaporated.

1960—only seven years after the first public coverage—half of all cigarettes purchased in the United States were filter-tipped. The filter-tipped share of the market rose steadily thereafter, reaching 90 percent in 1978.*

Beginning in the mid-1950s, coverage of the hazards of smoking became less prominent and the seemingly inexorable climb in per capita consumption resumed. Despite continuing accumulation of damning evidence by the scientific community, per capita consumption rapidly returned to its pre-1953 trend line and continued to grow annually through 1963. (See Figure 2.)

1964 was a seminal year in the history of smoking and health. Two years after being appointed to advise the Surgeon General, a neutral expert panel** issued what has come to be known as the first Surgeon General's report on smoking and health, a thoroughly documented review of the evidence that concluded that the link between smoking and lung cancer in men was strong enough to be labeled causal and that associations with other chronic illnesses warranted consideration as serious risk factors.[75]

Publication of the Surgeon General's report was a landmark event that received ample press coverage. Again, as a decade earlier, the coverage seems to be responsible for a drop that year in per capita consumption—a 3.5 percent decrease that was a statistically significant fall from the upward sloping trend line.[76] This was only the second decrease in per capita consumption in the post-War period and both occurred during years of substantial media publicity on the hazards of smoking.

An idiosyncratic episode, occurring more than a decade later, further illustrates the power of the media, covering science, to influence behavior. In 1978, an official of the National Cancer Institute, Gio Gori, and a colleague, C.J. Lynch, wrote a paper suggesting that smokers of the very lowest tar and nicotine cigarettes might not be subjecting themselves to an identifiable increased risk of disease.[77] The media jumped on the story, in

* A nonhealth explanation for the rapid growth in filter-tipped cigarettes is that women, who were just entering the smoking market in large numbers after World War II, preferred the new product because it was neater and less dirty than the standard unfiltered cigarette. While this may have contributed to the appeal of filter-tipped cigarettes, most experts believe that the health scare of the early 1950s was the most important factor.

** Its membership included scientists who were then smokers. All of the panel's members were approved by the tobacco industry.

many instances interpreting it as evidence that low t/n smoking was "safe" smoking. For several weeks thereafter, sales of Carlton cigarettes, the lowest rated t/n cigarette on the market, soared.

The scientists' analysis was flawed in numerous ways, however, having been based on an untenable premise. The article received ample criticism in the *Journal of the American Medical Association* in which it had been published.[78,79] The criticisms and corrections suggested that the findings were unwarranted due to the flaws inherent in the analysis. Subsequent research has demonstrated convincingly that the premise of the Gori-Lynch study was unjustified. Yet neither the immediate criticisms of the article nor these subsequent studies have received more than a small fraction of the attention devoted to the dramatic, if erroneous, Gori-Lynch article. Today, despite scores of scientific statements to the contrary, a sizable minority of Americans continues to believe that smoking low t/n cigarettes is either not harmful to health or else not very harmful.[80]

Scientific findings are not the only smoking-and-health news that the media has transmitted to the public. Much of what has received attention since the first Surgeon General's report relates to public policy on smoking and health, itself the product of the scientific understanding that began to develop in the 1940s.

The emergence of public policy interest in smoking and health dates from the mid-1960s, spawned by the findings reported in the Surgeon General's report. Indeed, while scientists continued to probe the connections between smoking and illness, publication of the Surgeon General's report moved the center of attention on the smoking issue from the scientist's laboratory to the public forum. Congress debated the issue and federal agencies became involved, most notably including the Federal Trade Commission. State legislatures also began to consider public policies related to smoking. State excise taxes were raised at an unprecedented clip[81] and the FTC initiated its advertising restriction and labeling requirements. Yet per capita cigarette consumption headed upwards again in 1965 and 1966, once the widespread media coverage of 1964 had dissipated.

In 1967, a young attorney named John Banzhaf won a remarkable legal victory by convincing the Federal Communications Commission that smoking was a controversial issue and, as such, that broadcast advertising of cigarettes was subject to the Commission's Fairness Doctrine. The Fairness Doctrine required that broad-

casters provide balanced coverage of controversial issues, and hence, when necessary, that they donate air time to ensure balance. This episode created one of the most fascinating chapters in the history of smoking and health, the only period during which the antismoking message was delivered to the public frequently in an advertising format. Television and radio stations were required to donate air time to the antismoking message to balance the pro-smoking message conveyed by cigarette ads. At the beginning of the period, many of the stations interpreted "balance" as requiring no more than a minute of antismoking message for every 12 minutes of paid smoking advertisements, with the former concentrated outside of prime time. But following Banzhaf's monitoring of the situation and reporting his findings to the FCC, actions against major New York stations led to an improved ratio nationwide.[82]

At its peak, the antismoking message received about one minute for every three minutes of smoking ads, again with the latter receiving the best air time. But the effects of the health messages seem to have been substantial. In 1967 per capita consumption turned down and it continued to decrease each of the years of the Fairness Doctrine period—1967-1970. This was the first four-year decrease in per capita consumption to ever occur. Its coinciding perfectly with the Fairness Doctrine years, and its cessation the year that cigarette ads were removed from the airwaves (which negated the legal need for the Fairness Doctrine antismoking messages), constitute substantial circumstantial evidence that the antismoking publicity had a significant deterrence function.

This circumstantial evidence has been supported by statistical studies that found that the antismoking messages were more effective in discouraging smoking than the pro-smoking ads were in encouraging it.[83] Further evidence that the antismoking publicity had an impact is the observation that people increased their underreporting of their smoking by a significant amount between 1966, the year preceding the Fairness Doctrine messages, and 1970, the final year of the messages. During that period, total national cigarette consumption fell by one percent (an impressive figure, since the smoking-age population was increasing by 6.6 percent); but on surveys, people's reporting of their cigarette consumption fell by almost 9.5 percent. The increase in underreporting is consistent with the observation that people tend to underreport activities that imply a personal threat or a social

stigma, and that the Fairness Doctrine ads increased both the perception of personal threat and social impropriety.[84]

With the possible exception of the publicity accorded former HEW Secretary Califano's announcement of a new antismoking campaign in 1978, since 1970 there has been no single smoking-and-health event that is comparable in its uniqueness and visibility to those reviewed above. At the same time, there have been many events that have warranted the attention of the media and hence the public. These range from the annual publication of Surgeon General's reports to congressional attempts to reduce the tobacco subsidy, introduce stronger rotating health warnings on cigarette packs and ads, and increase and then maintain the federal excise tax on cigarettes; to the American Medical Association's call for a ban on promotion of tobacco products.

Perhaps the most striking smoking-and-health phenomenon of the 1970s and 1980s has been the passage of nonsmokers' rights legislation (clean indoor air laws) in dozens of states and municipalities. In the 1970s, the locus of activity was at the state level.[81] In the early 1980s, the locus shifted to the local level, and by the mid-1980s a further if subtle shift was visible in the activation of businesses themselves as agents of introducing environmental protection for the nonsmoker.[85] The importance of the nonsmokers' rights movement, in the context of the present study, is that, like many of its public policy predecessors, it has generated a substantial amount of media attention. While most of that attention has concentrated at the jurisdictional level at which legislation is being contemplated (i.e., the state or locality), a few of the battles for clean indoor air laws have achieved national prominence. In particular, the unsuccessful efforts of Californians to achieve a state clean indoor air law received national press attention, in part due to the aggressive and well-funded opposition provided by the Tobacco Institute and the cigarette companies. San Franciscans' adoption of a strong smoking restriction law in 1983 also received national attention. The latter was the first ballot initiative that succeeded against the tobacco industry's heavily funded war chest: reports from the San Francisco campaign indicate that the industry spent $1.2 million, several dollars for every eligible voter, in its efforts to defeat the initiative.[86]

Through the 1970s, decreases in per capita cigarette consumption, which have occurred every single year since 1973 (see Figure 2),

paralleled increases in the activities and success of the nonsmokers' rights movement.[87] The movement has helped to keep the smoking issue in the press and hence in the minds of the public.

Crediting the media with having educated the public about the basic facts of smoking and health is not the same as saying that the media have done an adequate job of covering the tobacco and health story. To the contrary, a substantial body of evidence indicts the media for having evaded the subject, primarily as the result of the media's dependence on cigarette advertising revenue. This evasion, it has been suggested, is responsible in part for the public's surprisingly shallow understanding of the hazards of tobacco, examined later in this chapter. That limited understanding, it appears, contributes to the maintenance of smoking habits by thousands and perhaps millions of Americans who might have quit smoking, or never started in the first place, if they had been adequately informed about the dangers of smoking. The role of the media in this context constitutes one of the principal emphases of Chapter 5's consideration of the impact of tobacco advertising.

Public Policy Not Related to the Media

While much of the educational value of governmental policy on smoking and health has derived from media coverage, several public policies have been debated, adopted, and implemented, and have educated the public, without relying on media coverage. These have ranged from school health education on tobacco to package labeling requirements to excise taxation. Clearly the most direct non-media educational policy has been school health education on tobacco. This effort is central to any antismoking campaign; we devote an independent discussion to it below.

Among other policies, ostensibly the most directly education-oriented has been the congressional requirement that cigarette packages and ads bear the Surgeon General's health warning. Initially adopted in 1965, the warning labeling requirement has been modified twice, most recently in 1985 when four rotating labels were introduced. A similar labeling requirement was extended to smokeless tobacco products by congressional action the same year. While the labeling of cigarette ads achieves its educational value through the media—i.e., from readers' seeing the warnings in print media and billboard ads—the direct labeling of

individual packages can only educate by the purchaser's, or potential purchaser's, reading the package itself.

A 1981 Federal Trade Commission study called the labels ineffective, noting that most smokers were essentially oblivious to the warning, familiarity having bred an almost unanimous ability to "tune it out."[80] Whether the new more specific rotating labels will achieve any appreciable increase in capturing smokers' attention remains to be seen. All told, the evidence suggests that the warning label may have outlived its usefulness as a significant educational tool, at least in its current format.* Nevertheless, its value in emphasizing the basic danger of smoking in its early years may have been considerable.

Other public policies are not self-consciously concerned with informing the public, yet ironically some of them may have substantially more "educational value" than explicit education policies. Foremost among these is an increase in cigarette excise taxes, at the federal, state, or municipal level. While it seems likely that taxes have been increased primarily to raise revenue,[81] the smoking and health consequences of taxation have been an increasingly visible component of legislative debates on proposed tax increases.[88] Indirectly, taxes serve an educational function by conveying to tobacco users that their habits are expensive. Whether many users interpret the expense in health and social terms is problematic; yet it seems likely that the singling out of tobacco products serves a reinforcing function in educating users and potential users that tobacco consumption is a costly behavior, in more than just monetary terms. Raising taxes has been demonstrated to have a substantial smoking deterrence effect.[89,90]

A similar interpretation can be accorded clean indoor air laws. While much of their educational impact is achieved through media coverage, both their physical manifestations—the profusion of no smoking signs, for example—and their subtle impact on the social milieu seem likely to serve a public educational function.

The Voluntary Agencies

The nation's major health voluntary agencies, the American Cancer Society, American Heart Association, and American Lung

* The FTC study proposed that the format be changed to draw attention to the new messages, for example by encapsulating the message in a circle with a large arrow, instead of the familiar plain white rectangular box.[80]

Association, have played significant roles in disseminating information on the hazards of tobacco. This has been achieved by a wide variety of interventions, ranging from development, testing, and distribution of educational materials for the schools, to production and dissemination of counteradvertising, posters or radio or television spots—public service announcements (PSAs)—that carry an antismoking message, often parodying pro-smoking advertisement imagery.

The antismoking advertising and educational activities of the voluntaries are no match for the resources of the tobacco industry. To put the matter into perspective, the sum total of the budgets of the three major agencies is in the vicinity of half a billion dollars per year. If 10 percent of this amount were devoted to production and distribution of materials and programs, and purchase of advertising space, the resource base for such activities over the course of an entire year would amount to only the equivalent of nine days' worth of tobacco industry expenditures dedicated to promotion of cigarettes. When one recognizes that each of the voluntaries has many important concerns other than smoking, the limited ability of the agencies to educate the public becomes clear.

The heyday of the voluntaries' communicating the hazards of tobacco to the public was the Fairness Doctrine era. At its peak, the donated television and radio time constituted a subsidy of approximately $200 million (in 1985 dollars) to the antismoking cause. The effectiveness of the Fairness Doctrine messages seems all the more remarkable when one considers how relatively amateurish the early counteradvertising efforts were. The success of those messages prompted an advertising agency executive to conjecture that a truly sophisticated, professionally-developed counteradvertising campaign could have an enormous impact on deterring smoking.[91]

Throughout the country are many other groups that work to reduce the burdens of smoking as either a singular focus or one of several health goals.* Each, in its own way, has enlarged the public's awareness and understanding of the smoking-and-health

* Prominent examples of grass-roots organizations dedicated exclusively to tobacco-and-health issues are Action on Smoking and Health (ASH), Americans for Nonsmokers' Rights (ANR), Group Against Smokers' Pollution (GASP), Citizens Against Tobacco Smoke (CATS), Stop Teenage Addiction to Tobacco (STAT), and the Tobacco Products Liability Project (TPLP).

issue. Yet each of these organizations possesses such modest resources that even collectively they cannot hope to compete with the multi-billion dollar tobacco industry for access to the public.

Organized Medicine

No group has responded to the smoking-and-health message more than American physicians. In the 1940s and 1950s, over 50 percent of physicians smoked, but since then the figure has dropped dramatically. In a recent survey of Rhode Island physicians, for example, researchers found a smoking prevalence of only 8.3 percent in 1983, down from 33 percent in 1963. Among physicians under age 30, the rate was only 4.5 percent.[12]

The role of the medical profession in transmitting its knowledge of smoking to the general population has been less exemplary. While many physicians conscientiously counsel their patients on smoking, many others do not. There is considerable irony in this since, on surveys, people claim that they would give up smoking, or would give it serious consideration, if their physicians told them to do so. While such statements might not translate into wholly consistent behavior, there is evidence from a controlled trial that physicians' counseling patients on smoking, even for only a couple of minutes, substantially increases the quit rate.[92] The irony of physicians' limited efforts in this area is that, for the time and effort invested, there are probably few things physicians can do that would have as substantial a long-run health impact.

With some noteworthy exceptions, the reticence of individual practitioners to deal with their patients' smoking has carried over to the roles of organized medicine in addressing the hazards of tobacco in the public forum. Certainly, the scientific arm of organized medicine has a long and illustrious history, as evidenced by the landmark publications on the hazards of smoking published in the *Journal of the American Medical Association* in the early 1950s. When one examines the organizational arm, however, the history is less illustrious. Over the years, for example, the American Medical Association has adopted a number of policy statements acknowledging the hazards of tobacco and urging reductions in its use, but its public pronouncements on the issue have been few and far between and relatively mild, until recently (as discussed below).

On occasion, a sinister element has crept into the AMA's dealings

with tobacco. In 1984, for example, a reporter suggested that the AMA *Journal* had cancelled an article on tobacco it had previously accepted for fear of offending southern state legislators whom the Association needed for support on legislative matters.[93] The "sensitivity" of tobacco issues, in this political context, is illustrated by the text of a confidential memorandum distributed by the editor of *JAMA* to his editorial staff in 1982. Headed "Particularly Sensitive Political Issues," the memo read in part:

> In a recent meeting, [AMA Executive Vice-President] Doctor James Sammons and Mr. Thomas Hannon pointed out the existence of some particularly sensitive political questions and urged that we exercise appropriate caution in our JAMA publication on these subjects. They are:
>
> • tobacco and control of tobacco use,
> • nuclear war,
> • abortion
>
> . . . [S]ensitivities here are particularly high prior to the meetings of the Board of Trustees and . . . of the House of Delegates.[94]

When organized medicine has had an ideal opportunity to present the hazards of smoking to the public, it has not invariably insisted on its right to do so. Perhaps the most notorious episodes in this connection were a series of special supplements on personal health care written by the AMA and the American Academy of Family Physicians (AAFP) for, respectively, *Newsweek* and *Time* magazines. With one exception (in four supplements published from 1983 through 1985), the subject of smoking was not addressed at all, while full text pages were devoted to such topics as nutrition, diet, stress management, and exercise. Both the magazines and the medical associations offered lame explanations for the absence of discussion of smoking; but there is written evidence that the magazines resisted any mention of smoking, apparently for fear of offending advertisers. Obviously, the medical associations accepted this restriction, although, following substantial criticism from the health community, the AAFP did not prepare a second supplement for *Time* when the magazine refused to guarantee editorial control to the Association.[95]

These episodes created a furor within the public health and medical communities.[96] Criticism directed at the medical societies may have contributed to a new public aggressiveness by the medical community on the issue of tobacco and health. Over a recent period of 15 months, for example, *JAMA* produced three all-tobacco issues.[97-99] In late 1985, the AMA issued a call for a legal ban on promotion of tobacco products. While other health organizations had previously taken this position, the AMA's stature, and its willingness to make its view highly visible, brought the possibility to the public's attention in a manner that no previous organization's declaration could have. At present, the AMA and other elements of organized medicine are providing leadership on tobacco and health issues that has long seemed their logical role.

The first of *JAMA*'s three all-tobacco issues appeared after publication of a highly acclaimed all-tobacco issue of the *New York State Journal of Medicine*.[100] This and its successor tobacco issue[101] are worthy of note not only for their specific content, which was unusually political for a medical journal, but also as an "Establishment" accomplishment of their creator, former editor Dr. Alan Blum. An outspoken critic of the tobacco industry, particularly on the issue of advertising, Blum is also the founder and first president of DOC (Doctors Ought to Care), an anti-establishment group of physicians who develop satirical counteradvertising to emphasize the absurdity of the imagery of health and vitality that dominates cigarette advertising.* Once again, the financial resources available to DOC are minuscule, but the organization has substituted cleverness for money to promote its cause. DOC has created media events to generate the kind of publicity that the organization cannot afford to purchase directly. A prominent example is their sponsorship of the Emphysema Slims Tennis Tournament as a counterpoint to the Virginia Slims Tournament.

School Health Education

Most health professionals agree that the ultimate conquest of tobacco-related disease can only be achieved through primary prevention—preventing children from initiating tobacco habits. Tobacco's tenacious grip on its users means that cessation is not

* An example of a DOC ad is a macho male with his shirt partially unbuttoned, revealing a thick mat of black hair, and a cigarette stuck in his nose. The caption on the ad reads, "I smoke for smell."

a viable option for many; for others, much damage has already been inflicted once cessation can be achieved. Thus, a great deal of attention is properly focused on teaching children about tobacco. Less clear has been how to teach children so that they will retain what they have learned and, later, convert that knowledge into behavior as adolescents and adults. Many proponents of prevention have nevertheless been skeptics about the ability to undertake meaningful school health education on tobacco.

Recently, a major research effort provided evidence that school health education can translate into desired behavioral impact later in children's lives.[102] Publication of these findings should help resolve the debate within the public health community, but the effect on the actual provision of educational services is less probable. School health education in general suffers from competing demands on teachers' time and the restricted resource base of most public education systems. Assessments of the coverage of topics like tobacco and health in the nation's school systems suggest that the topics receive lip service in many systems, but few provide truly substantial curricula.

Regardless of our ability to assess their precise impacts, the nationwide efforts to educate children about the perils of smoking have produced a generation of children who are more sophisticated than were their parents at a comparable age; and many of their parents were elementary school students when the smoking-and-health message was made public in the 1950s and 1960s. The payoff to the educational effort would seem to be evident in the declining rates of smoking among teenagers; but several factors muddy these waters. Among them is the relative increase in smoking by girls and the increase in the use of smokeless tobacco by boys. Furthermore, it is impossible to say with any certainty that decreases in smoking are attributable to school health education, rather than to basic changes in the social environment regarding the acceptability of smoking. Regardless of the ultimate interpretation, it seems clear that school health education is and will remain a cornerstone of this nation's effort to produce a citizenry well informed about the leading cause of preventable premature death.

The "Other Side" of Publicity and Public Education

This section has reviewed the public's major sources of information on tobacco and health. There has been one omission,

however, a source of disinformation that may well be more significant than any of those covered. The omission—tobacco advertising and related efforts—is the subject of the remaining chapters, following the next two sections' assessment of the sophistication of the public's understanding of the hazards of smoking. In examining that understanding, it is essential to recognize that it *has* been influenced by the tobacco industry. From the earliest years of "health scare" to the present, the industry has used advertising, quasi-advertising, and news releases to downplay the risks of smoking, to confuse and mislead the public. While it is impossible to assess the contribution of this disinformation to the public's limited appreciation of smoking's risks, it seems equally implausible to discount that campaign as a factor.

Public Understanding of the Hazards of Smoking

The call for a ban on tobacco advertising and promotion reflects in part advocates' belief that the public's understanding of tobacco's hazards is inadequate, and that massive expenditure on the promotion of tobacco products bears much of the responsibility. Before considering how cigarette advertising and promotion might influence consumer knowledge, we briefly examine the nature of the knowledge base.

The conventional wisdom is that everyone understands the basic facts of smoking and health. The logic underlying this conclusion is hard to challenge: that smoking is dangerous to health has been known, publicly, for three decades and the message has been conveyed to the public repeatedly through a wide variety of mechanisms. The product package itself is clearly labeled.

Survey findings support the conventional wisdom at its most superficial level. On one survey after the next, respondents acknowledge that smoking is hazardous to health and causes cancer. While nonsmokers exhibit greater recognition of these facts, the vast majority of smokers acknowledge them as well.

Despite this, surveys that have probed the depth of the public's knowledge have produced some startling findings indicating that understanding is remarkably superficial—for example, that recognition of smoking as "dangerous" does not necessarily translate into understanding that smoking reduces life expectancy. While the vast majority of survey respondents acknowledge smoking as a cause of cancer, sizable minorities of respondents do not recognize smoking as the principal cause of lung cancer; and a

majority do not think of lung cancer as being typically fatal. Knowledge of the relationship between smoking and heart disease—the principal smoking-related killer—and smoking and chronic obstructive lung disease is "soft". And as would be expected, understanding erodes further once one gets beyond the most basic facts. For example, comprehension of the dangers of smoking during pregnancy is limited, and there is a great deal of misunderstanding of the implications of smoking low tar and nicotine cigarettes.[80]

The superficiality of the public's knowledge can be summarized as follows: for sizable percentages of the population, knowledge of the basic facts of smoking and health is exceedingly basic and the implications of those facts are not well understood. Furthermore, the public ranks smoking as a hazard in the same category as toxic dumps, saccharine, EDB in muffin mix, moderate overweight, and so on. That is, there is little differentiation of the *degree* of hazard, and hence the importance of not smoking becomes diluted by the perception that smoking is simply one more ingredient in an environmental soup of risks to health. Finally, careful research has revealed that smokers do not personalize the risks of smoking. They acknowledge them, but they perceive them to be "other people's problems."[80]

The issue of the superficiality of the public's understanding was brought forcefully to the attention of the smoking-and-health community in 1981 by a Federal Trade Commission staff report on an investigation of cigarette advertising.[80] In assessing the nature and depth of the public's knowledge of the hazards of smoking, the FTC staff relied heavily on the findings of eight survey studies, most previously conducted for other organizations, private and public, and the remainder commissioned by the FTC. To demonstrate the superficiality of the public's understanding, at least during the years 1978-80 when these surveys were conducted, we review some of the major findings cited in the public version of the FTC report.

Overall Risk of Smoking

- While 90 percent of survey respondents recognized that smoking is hazardous to health, from a fifth to a fourth of heavy smokers did not know this.
- In a 1980 Roper poll, 30 percent of all respondents and 41 percent of smokers did not know that a typical thirty-year-old man shortens his life expectancy *at all* by smoking.
- Among respondents who recognized that life expectancy was shortened, nonsmokers underestimated the loss of life expectancy (six to eight years) by two years; smokers underestimated it by four years.
- Half of the 1978 Roper poll respondents, and fully two-thirds of the smokers, did not conclude that smoking made "a great deal of difference" in life expectancy.
- Close to a third of the 1978 Roper respondents, including 40 percent of smokers, believed that "only heavy smoking is hazardous."
- In an FTC-commissioned study in 1979, two times as many respondents ranked traffic accidents as causing the most deaths during the previous year as chose smoking. In fact, for every traffic accident death, seven or eight people die from diseases caused by smoking.
- 90 percent underestimated the yearly number of smoking deaths, with more people selecting the lowest alternative—10,000 deaths—than the correct answer of 300,000.

Cancer

- In a 1978 Gallup poll, nearly one in five respondents did not believe that smoking causes lung cancer.
- In a 1980 Roper poll, 43 percent of respondents, including almost half of all smokers (49 percent), did not know that smoking causes most cases of lung cancer.
- When asked whether they agreed that "Air pollution is the major cause of lung cancer, not cigarette smoking," half of the respondents to a 1978 Roper study either agreed with the statement or answered "don't know."
- Half of a Chilton survey estimated that 25 or 45 percent of the victims of lung cancer die from the disease. In fact, 95 percent do, 70 percent within the first year and 90 percent within five years.
- Two-thirds of the 1980 Roper sample did not know that smoking causes most cases of cancer of the mouth.
- Three-quarters of the adults surveyed by Chilton did not believe that smoking was associated with bladder cancer. Smokers have a bladder cancer risk twice that of nonsmokers.

Heart Disease

- A third of 1978 Gallup poll respondents, including 40 percent of smokers of a pack or more per day, did not know that smoking caused heart disease.
- In the 1980 Roper study, two-thirds of respondents did not list smoking when asked in an open-ended question to name all the causes of heart attack of which they could think.*

Chronic Obstructive Lung Disease

- Almost 60 percent of the 1980 Roper sample did not know that smoking causes most cases of emphysema.
- Over a third did not know that smoking causes many cases of the disease.

Smoking and Pregnancy**

- Nearly half of the women polled by Roper in 1980 did not know that, "If a woman smokes during pregnancy, she significantly increases her risk of losing the baby before or during birth."
- Only 12 percent of the women polled mentioned smoking in response to an open-ended question to identify all of the causes of miscarriage of which they could think.
- Large minorities of the respondents to the Chilton survey did not appreciate the existence of the greater risks of miscarriage and stillbirth that are associated with smoking during pregnancy. Among smokers, the proportions ignorant of these effects of smoking reached and exceeded half.
- In a study of college students, almost three-quarters of the sample did not know that women who smoke during pregnancy have a significantly increased risk of spontaneous abortion or miscarriage.

* Knowledge of the smoking-heart disease connection may be improving considerably. On a recent survey, 90 percent of respondents agreed that smoking contributes to heart disease.[103] This does not address how "hard" this knowledge is, however.

** The findings reported here are from surveys predating or coinciding with publication of the 1980 Surgeon General's report on the health consequences of smoking for women.[43] The report devoted considerable attention to the effects of smoking on pregnancy. Publicity on these effects generated by media coverage of the report's issuance is not reflected in these findings.

- Over 60 percent of the students doubted or disbelieved that smoking reduces average birthweight.

Other Issues

- In the 1978 Roper sample, half of respondents felt that smoking was merely a habit, and not an addiction.
- In the Chilton and 1980 Roper studies, half or more of respondents did not know that cigarette smoke contains carbon monoxide.
- In the 1980 Roper survey, more than a third of smokers believed the statement that "It has been proven that smoking low-tar, low-nicotine cigarettes does not significantly increase a person's risk of disease over that of a nonsmoker." An additional third indicated that they did not know whether or not the statement was true.

Public Understanding: Concluding Observations

At the beginning of this section, we stated that the public acknowledges smoking as hazardous but ranks it simply as "one more ingredient in an environmental soup" of health risks. A single survey finding vividly illustrates the overall trivialization of the risks of smoking in the public's mind. When asked to identify the nation's most important health and safety measures, health and safety experts ranked not smoking as the number one priority. The general public, by contrast, ranked not smoking number ten.[104] Ranked ahead of not smoking were such items as having smoke detectors in the home, despite the fact that 6000 people die in home fires each year, while some 350,000 perish from smoking. Ironically, 30 percent or more of home fire deaths are the result of cigarette-ignited fires. The cigarette is the single most important cause of fires.[49]

The message of the data is that the public's understanding of tobacco's hazards is indeed surprisingly superficial. That superficiality has two important dimensions. First is the fact that the public has little appreciation of *how* hazardous smoking is. Second is the conclusion that many smokers, and presumably potential smokers, do not see the personal relevance of the dangers of smoking. The data contradict the assessment that further public education on the hazards of smoking is unnecessary, an assessment based on the premise that "everyone knows that smoking is bad

for you." That most everyone acknowledges that smoking is hazardous is a tribute to the effectiveness of public education and publicity; that the level of understanding is so poor is an index of the difficulty of conveying the message and of the need to develop more effective methods for doing so.

The poverty of understanding may also be a reflection of the power of the tobacco industry's advertising and promotion activities. To the extent that cigarette advertisements successfully translate their imagery into consumer beliefs—acceptance of smoking as a normal everyday part of a healthy lifestyle—surely the message of cigarette ads at least partially offsets the message of health educators. But regardless of the specific effectiveness of the ads, their very presence—their acceptance by government and society—serves as a subliminal message that "Smoking can't be really all that dangerous; otherwise the government would ban cigarette advertising." When presented with that statement in a British government survey, 44 percent of smokers agreed.[105]

Implications of Public Understanding

That public knowledge of smoking's hazards has improved over the past quarter century is self-evident. It is reflected in the fact that the population of smokers represents the lowest precentage in decades, and adult per capita cigarette consumption, which has fallen annually since 1973, is now 22 percent below its 1963 peak and 40 percent below the level that might have been expected absent the antismoking campaign.[87] The rate of per capita consumption in 1985 was the lowest level attained since 1944 and represented a still more profound change than these numbers can indicate: the per capita consumption of *tobacco* had achieved its lowest level in a century.* That the transmission of the facts of smoking and health has been incomplete is reflected in the paucity of specific understanding and in the fact that tens of millions of Americans continue to smoke and hundreds of thousands of teenagers start to smoke each year.

* In addition to reflecting reductions in smoking, the record low use of tobacco results from the greater efficiency with which cigarettes are made today—there is less wastage and more parts of the tobacco plant are used—and the fact that less tobacco is used in the modern cigarette than in its predecessors. In 1954, 2.7 pounds of tobacco were used to make 1000 cigarettes. Today, only 1.7 pounds are needed for the same output.[106]

The picture, thus, is of the proverbial half-filled cup. Whether one views the cup as half empty or half full may reflect one's basic emotional predisposition as much as the inherent facts of the situation. It is important to appreciate these facts, however, to evaluate the implications of information—positive and negative—on the knowledge, attitudes, and behavior of smokers and potential smokers. As noted at the outset of this monograph, a major thesis is that these four phenomena are integrally related, that information influences knowledge, that knowledge change translates into attitudinal change, and that attitudinal change eventually develops into behavioral change.

Thus far we have reviewed how knowledge of smoking and health has evolved in the three decades since the media first delivered the science of smoking and health to the general public. We have briefly examined some of the behavioral changes that have redefined the size and composition of the smoking population. In closing this chapter, it seems useful to emphasize that the generalized knowledge change documented above has significantly altered the public's attitudes toward smoking. Since the mid-1960s, one survey after another has demonstrated that Americans are becoming less tolerant of public smoking, more insistent on their right to breathe air unpolluted by tobacco smoke.[107-109] The most significant manifestation of this attitudinal change has been the recent profusion of clean indoor air laws passed at the state and local level. Surveys even find a majority of smokers in favor of such laws.[110]

The attitudinal shift has not been uniform across all segments of society. While smoking exacts a social stigmatization in professional circles, it is still easily tolerated and is even the norm in many working class settings. It seems reasonable to characterize the change in the social acceptability of smoking over the past three decades as nothing short of profound; but it is vital to recognize that it is least profound in precisely those populations in which the knowledge change has been most superficial.

The behavioral changes noted above reinforce the perception that health behavior improvement is a product of increases in knowledge and derivative changes in attitudes toward risk factors. The two principal sources of information on smoking have both conveyed their messages through the media. One is reporting and commentary on the facts of smoking and health. The second is cigarette advertising. We have examined the former earlier in this

chapter and will return to it, in a different context. Now we turn to the most prevalent form of information on cigarettes: advertising and promotion of the product.

CHAPTER 4

NATURE AND MAGNITUDE OF CIGARETTE ADVERTISING AND PROMOTION*

Magnitude and Distribution

The common, everyday cigarette—some chemically-treated plant material rolled inside a thin piece of paper, all of which costs only a penny or so to make—is the object of one of the most massive advertising and promotional campaigns that has ever been mounted. In 1984, the six major cigarette manufacturers devoted over $2 billion to encourage the use of their products.[5] Put into more readily comprehensible terms, expenditures on cigarette advertising and promotion amounted to almost $9 for every man, woman, and child in the United States. Alternatively, if one accepts the manufacturers' claim that their efforts are directed solely at capturing shares of a fixed market of existing smokers, the industry spent in the vicinity of $38 for every smoker.

Table 5 shows expenditures on cigarette advertising and (where available) promotion since 1970 in nominal amounts and, for total expenditures, in constant 1984 dollars. The most striking development is the shift from broadcast advertising in 1970 to print advertising beginning in 1971,** the result of the banning of

* Emphasis in this monograph is on the contemporary situation. The fascinating older history can be found in numerous previous writings.[17,111-114]

** The figures shown in Table 5 are illustrative of advertising spending patterns through most of the 1960s. TV and radio advertising expenditures peaked in 1967, when they totaled $244.4 million. Total pre-1970 ad expenditures also peaked that year, at $311.5 million. The relative constancy of expenditure totals and patterns in the five years immediately preceding the broadcast ad ban is seen in total expenditures varying only between $297.5 million and $311.5 million, with TV and radio expenditures constituting exactly 77 or 78 percent of the total for each year 1966 through 1969. In 1970, the TV/radio share dropped to 69 percent of the total and newspaper and magazine ad expenditures increased by almost a third over the preceding year. It seems likely that this relative shift represented a tentative step in the direction of the "brave new world" of cigarette advertising that was to emerge the following year. As Table 5 shows, newspaper and magazine expenditures in 1971 were two and one-half times those of 1970. As a share of total advertising, the newspaper and magazine expenditures rose from a fifth in 1970 to almost two-thirds in 1971.

advertising beginning in 1971,** the result of the banning of broadcast advertising of cigarettes, effective January 2, 1971, by the Public Health Cigarette Act of 1969.[82] At the hearings preceding passage of the Act, the president of one of the major tobacco companies stated that, in the event of a broadcast ad ban, he could not imagine the absolute amount of advertising reaching its earlier level, since television was by far the most effective advertising medium.[115] In fact, as the figures in Table 5 show, total nominal advertising expenditures exceeded those of the last year of broadcast advertising a mere five years later, and real (constant dollar) advertising and promotional expenditures caught up with the 1970 total only one year later.

Two general trends are also worthy of attention. One is the consistent substantial growth in real expenditures since the mid-1970s: from 1975 through 1983, total real expenditures increased by more than 18 percent per year. The other trend is the shift in locus of expenditures among the advertising media and between advertising and nonadvertising promotional activities. Among the advertising media, magazines and newspapers have remained the dominant locus of expenditures since the broadcast ad ban, although their relative dominance has decreased, from 62.6 percent of total advertising expenditures in 1971 to 54.5 percent in 1983.* During that time, while magazine and newspaper expenditures increased less than four-fold, other advertising expenditures more than quintupled.

The shift in the relative shares of advertising and promotional expenditures is pronounced. In 1970, the final year of broadcast advertising, fully 87 percent of the total was devoted to advertising. In the first post-ban year for which data on promotional expenditures are available, 1975, advertising accounted for three-quarters of all advertising and promotional expenditures. Since then, the advertising share has fallen steadily, to the point that in 1983 it represented only 57 percent of the total. Promotional expenditures, now verging on $1 billion by themselves, represent almost as large a real investment today as the grand total of advertising and

* Not seen in Table 5, due to the aggregation of magazine and newspaper expenditures, is the recent shift away from the latter. According to FTC data, in 1981 newspaper ad expenditures were 23 percent greater than those for magazines; newspaper expenditures totaled $358 million in 1981. Just two years later, newspaper ad expenditures were only half of magazine expenditures, the newspaper total having plummeted to $201 million.

Table 5. Cigarette Advertising and Promotional Expenditures, 1970–83 ($ millions)

	Advertising								
Year	TV/radio (1)	Magazines & Newspapers (2)	Outdoor & transit (3)	Other (4)	Total (5)	Promotional (6)	Total (7) = (5) + (6)	Total in constant (1983) dollars (8)	Advertising as % of Total (9) = (5) ÷ (7)
1970	217.4	64.2	11.7	21.4	314.7	46.3	361.0	962.2	87.2
1971	2.2	157.6	60.6	31.2	251.6	NA	NA	NA	NA
1972	—0—	159.2	67.5	30.9	257.6	NA	NA	NA	NA
1973	—0—	157.7	63.2	26.6	247.5	NA	NA	NA	NA
1974	—0—	195.1	71.4	40.3	306.8	NA	NA	NA	NA
1975	—0—	235.7	95.2	35.3	366.2	125.1	491.3	909.5	74.5
1976	—0—	263.8	122.0	44.2	430.0	209.1	639.1	1118.5	67.3
1977	—0—	364.0	141.8	46.2	552.0	247.5	799.5	1314.4	69.0
1978	—0—	371.2	171.9	57.4	600.5	274.5	875.0	1336.2	68.6
1979	—0—	498.7	184.2	66.1	749.0	334.4	1083.4	1487.1	69.1
1980	—0—	530.6	219.5	79.8	829.9	412.4	1242.3	1502.0	66.8
1981	—0—	649.3	250.0	99.0	998.3	549.4	1547.7	1695.4	64.5
1982	—0—	632.1	291.0	117.0	1040.1	753.7	1793.8	1851.5	58.0
1983	—0—	589.0	321.9	170.1	1081.0	819.8	1900.8	1900.8	56.9

Source:
Federal Trade Commission: Report to Congress Pursuant to the Federal Cigarette Labeling and Advertising Act, for the Years 1982–1983. Washington, DC: FTC, June 1985, as revised December 1985, Tables 6–8.

promotional expenditures did in 1970. The importance of this phenomenon is substantial in the context of the inquiry into the impacts of cigarette advertising and promotion and the policy debate over whether to ban them. Only a few years ago, the health community generally did not recognize the role of nonadvertising promotional expenditures, as was reflected in the early calls for bans: virtually all of them focused exclusively on advertising. Awareness of promotional expenditures received a substantial boost in 1984 with the publication of *Smoke Ring*,[116] a book that discussed their magnitude and institutional implications.

As the figures in Table 5 suggest, the importance of promotional efforts is rising exceedingly rapidly in the most recent years. From 1980 to 1983, for example, total advertising expenditures rose 30 percent. During the same three-year period, promotional expenditures doubled. Recently, the president of Brown & Williamson Tobacco Company predicted that promotional expenditures will exceed advertising expenditures by a factor of four by 1990.[117] Consistent with this prospect is industry discussion of the need to scrutinize magazine advertising more carefully, reducing its overall share of advertising and promotion expenditures and targeting it away from "high-brow" and "middle-brow" publications and toward those with a greater blue collar readership.[118] Blacks are also being targeted more aggressively.[10]

Advertising

Nature of Cigarette Advertising

Few images rival the Marlboro Man for familiarity. This and the other images of cigarette ads are seen daily by virtually every American. The images are encountered when flipping through almost every major magazine and when driving on the highway: no other product commands as much space on the nation's billboards as the cigarette.

Regarding the imagery of cigarette ads, it is instructive to identify the principal categories of ad themes and juxtapose them against a voluntary advertising code the cigarette manufacturers adopted in 1964 in response to the adverse publicity associated with the Surgeon General's report. The code specified that "cigarette advertising shall not represent that cigarette smoking is essential to social prominence, distinction, success or sexual attraction," and that it not be associated with vigorous physical activity. The

manufacturers also agreed to use only models over age 25 and to avoid advertising intended to appeal to children and teenagers, then defined as persons under 21 years of age.[115]

The code is honored today mostly in the breach. The image of social prominence and distinction seems to be the central message emanating from the tuxedo-clad Barclay smoker and is embedded in the appeal to the first "designer cigarette," Ritz, associated with the famous "YSL" logo of Yves Saint Laurent. While the concept of a "designer cigarette" is new, the appeal to high fashion, stylishness, and social acceptability represents a return to an earlier imagery. In addition to Barclay and Ritz, the theme is seen in ads for Players, Satin, and Benson and Hedges.

The theme of success is spelled out explicitly, in writing, in Vantage ads that herald "the taste of success." The sexual attraction of the provocatively dressed models in recent ads for Luckies is flagrant. As if the models' expressions and attire were not sufficiently alluring, the models say, "Light my Lucky." One of them is a bare-chested young male who might be judged too young to order a beer in a bar.

The association with vigorous physical activity is explicit in a series of Kent ads in which the model is "cooling down" after a hard game of tennis or some other racket sport, a cigarette serving to relax the triumphant athlete. Similarly, Vantage shows a model engaging in a vigorous dance, perhaps a demanding ballet, and Sterling portrays a model hang-gliding.

Cigarette ad themes transcend the short list originally prohibited by the code. A common theme today is independence, possibly best reflected in a series of ads for Camels in which the rugged Camel man relaxes with his smoke atop a mountain peak, in a remote forest, or in a Third World country. These ads' image of independence is diametrically opposite to reality: most smokers are typically enticed to smoke by a need to conform and soon thereafter become highly dependent on their cigarettes.

Closely related to the independence theme is, for want of a better word, the macho theme. Here rides the pervasive Marlboro Man and his latter-day counterpart, the Kool motorcyclist, his two-wheeler clenched tightly between his legs and roaring down the highway next to the beach. It is interesting to note, parenthetically, that while they are lit, the Marlboro Man's and the Kool cyclist's cigarettes emit no smoke. Smoke is rarely seen in cigarette ads because it conveys a negative image, especially in an era of

consciousness of nonsmokers' rights. Advertisers air-brush smoke out of cigarette ads.

A major theme of recent years, best exemplified by the Virginia Slims ads, is the notion that smoking is associated with independence for women, with women's liberation. The theme has been immortalized in the Virginia Slims ads' imagery and in their slogan, "You've come a long way, baby!" In fact, of course, the exact opposite is true: the female smoker has merely conformed to the previously male standard of smoking, thereby chaining herself to the nation's most deadly habit. As observers of trends in women's cigarette advertising have paraphrased the slogan, "You've come the wrong way, baby!"

While the above ads are likely familiar to all readers, there are numerous ads that are unfamiliar to many of us because they are placed in publications and on billboards directed at specific minority groups. Most white people are unfamiliar with major ad campaigns targeted at blacks and Hispanics, for example.

Finally, a theme that was prevalent from the early 1970s through the early 1980s, accompanying the growth in low t/n cigarettes, was the "health theme." In various guises, this theme has popped up at several points throughout the century. While the message and the method have changed, the health theme ad has always represented an attempt to portray smoking, or smoking the advertised brand, as somehow "safe" or at least "less hazardous."[69,111,119]

Today, the low t/n cigarette is the dominant product on the market, but the health theme ad has become uncommon, perhaps because it is viewed as counterproductive, reminding smokers of the risk to which they are exposing themselves.[111] A few cigarette brands still rely on it, such as Now, which emphasizes its low-tar rating. Other low t/n cigarettes have shed the health theme imagery, returning to the more conventional images of the "virtues" of cigarettes; these include True, Merit, and Vantage, to name only a few. Even the prototypical modern low t/n cigarette, Carlton, relies only subtly on the health theme. Its current ad states, simply, "If you smoke, please try Carlton." One must assume that the reason is clear; but it is also implicit.

Institutional Significance of Cigarette Advertising

As Peter Taylor has documented in *Smoke Ring*, tobacco advertising and promotional expenditures have numerous, subtle,

and important influences on a wide variety of national institutions, ranging from the press to government, from organized sport to organized medicine.[116] One of the most significant, and insidious, is the effect of cigarette advertising revenues on the media's coverage of smoking and health. The potential influence of these revenues is seen in Tables 6 and 7, which present advertising revenues for several major magazines in selected recent years, in both absolute dollar amounts and, where data were readily available, as a percent of total advertising revenue for the publications. Table 6 includes general interest magazines and a few specialty publications, while Table 7 covers only major women's magazines.* The figures indicate that many of the nation's most prominent magazines received substantial fractions of their advertising revenues from cigarette ads. The tables also indicate that a few prominent magazines received no revenue from cigarette ads, the result of conscious decisions to refuse to accept cigarette ads. While various health groups have identified over 100 publications

* The reason to list the women's magazines separately is that, as a group, they have been identified as providing the worst coverage of smoking and health. This is discussed in the next chapter.

Table 6. Advertising Revenues for Selected General Interest and Specialty Magazines, 1980 or 1981

Magazine	Year	Cigarette ad revenue	
		$ millions	% total
Time	1981	40.5	17.2
Parade	1981	36	25.4
Newsweek	1981	30	15.8
TV Guide	1980	27	n.a.
Sports Illustrated	1980	21	n.a.
People	1980	15.5	n.a.
U.S. News & World Report	1981	11	14.6
Playboy	1980	9.5	n.a.
Field & Stream	1980	4	n.a.
Popular Mechanic	1980	3	n.a.
Car & Driver	1980	1.5	n.a.
Reader's Digest	1981	0	0
New Yorker	1981	0	0

Sources:
Dale KC: ACSH survey: which magazines report the hazards of smoking? ACSH News and Views 1982; 3(3): 8–9; and Hutchings R: A review of the nature and extent of cigarette advertising in the United States. National Conference on Smoking or Health—Developing a Blueprint for Action. New York, NY: American Cancer Society, 1981, pp. 255–256.

Table 7. Advertising Revenues for Selected Women's Magazines, 1984

Magazine	Cigarette ad revenue	
	$ millions	% total
Family Circle	16.3	12.5
Better Homes & Gardens	15.0	11.9
Woman's Day	13.8	12.5
McCall's	10.7	14.0
Ladies' Home Journal	9.3	14.0
Redbook	8.0	15.1
Cosmopolitan	7.5	7.9
Vogue	3.6	5.4
Harper's Bazaar	2.8	8.8
Mademoiselle	2.5	6,8
Ms.	0.5	7.9
Good Housekeeping	0	0
Seventeen	0	0

Source:
Ernster VE: Mixed messages for women: a social history of cigarette smoking and advertising. NY State J Med 1985; 85:339.

that refuse cigarette ads, only a handful of the country's major magazines fall into this category.

Several of the magazines in Tables 6 and 7 include large readerships among teenagers (e.g., *TV Guide*, *Sports Illustrated*, *People*, *Playboy*, *Car & Driver*, *Family Circle*, *Cosmopolitan*). The cigarette companies claim that their advertising is directed solely at adults, and at confirmed smokers among the adults. These data, and the youthful imagery of the ads found in many of these magazines, challenge this claim, as does common sense and additional evidence, both discussed below.

Magazines' dependence on cigarette ad revenues is substantially greater than that of newspapers. Newspaper revenues from cigarette ads often run on the order of one to three percent of total revenues. For major newspapers, this can amount to a substantial dollar figure; but the proportional dependence on cigarette ads is certainly much less than that of major magazines. To illustrate, in 1984 the *Washington Post* received $2.1 million in cigarette advertising revenues, which amounted to two-thirds of one percent of total ad revenue for the year.[120] Among the reasons for the relatively smaller role of cigarette ads in newspapers' advertising revenues are the fact that so much of newspaper advertising is of a local character, since most newspapers serve a local readership, and the fact that the imagery of cigarette ads is best served by a glossy colorful presentation, which newsprint does not deliver.

As substantial as the magazine ad dollars may be, they considerably understate the publications' economic dependence on the cigarette makers. Each of the cigarette companies is a conglomerate, and the products produced by these conglomerates cover the full range of everyday consumer goods. The pervasiveness of the cigarette companies' control of consumer products is such that it is the very rare American who does not use a cigarette company product each and every day. A short list of some of the common household-name products sold by the cigarette companies will make this point amply clear. These include Kentucky Fried Chicken, Dole Pineapple, Miller Beer, Lite Beer, Canada Dry, Shredded Wheat, Oreo Cookies, Jello, Bulova watches, Minute Rice, Alpo dog food, Ritz crackers, Planters Nuts, Cool Whip, Life Savers, Carefree gum, Sanka, Chun King, Oscar Mayer, Grape Nuts, Maxwell House coffee, Smirnoff vodka, Jim Beam, J & B Scotch, Ingelnook wines, and Smurfberry Crunch cereal.

The significance of the companies' diversification, in the present context, is that publications' dependence on advertising revenues from the cigarette companies extends well beyond revenues for cigarette ads per se. This is demonstrated vividly in the following data:

- In 1983, four of the six cigarette-producing conglomerates ranked in the top 10 among magazine advertisers. R.J. Reynolds ranked as the nation's leading magazine advertiser and Philip Morris ranked second.
- That same year, the same four companies ranked among the top 10 newspaper advertisers, with R.J. Reynolds again leading the list.
- The same four companies were the nation's top four outdoor advertisers.[121]

While the above figures suggest the enormity of the importance of the cigarette companies to the media, they preceded three of the most significant acquisitions ever achieved by the cigarette companies, or by any companies for that matter. In 1985, R.J. Reynolds acquired the Nabisco Company. Later in the year, Philip Morris acquired General Foods. The latter was the largest non-oil company merger in history. These acquisitions mean that in 1986 and ensuing years, each of R.J. Reynolds and Philip Morris, by itself, will be spending in the vicinity of $1 billion or more on advertising and promotion annually. Of lesser importance financially, but highly germane to a consideration of the influence of

cigarette companies on the media, is the 1985 acquisition by Loew's Corp., the parent company of Lorillard, of a significant block of shares of CBS.

Promotion

Not all cigarette advertising comes in the form of commercials touting cigarettes in magazines and newspapers and on billboards. Numerous, diverse other forms of promotion are used to acquaint smokers, and potential smokers, with cigarette brands, or to generate an image of the cigarette maker as socially responsible, the proverbial pillar of the community. As defined by the Federal Trade Commission, nonadvertising promotional activities include sampling distribution, promotional allowances, distribution bearing name, distribution not bearing name, public entertainment, direct mail, endorsements, testimonials, audio-visual, etc.[5] Within these categories fall a wide range of activities, including such familiar ones as sponsorship of sports events and the arts, contests and give-aways, retail outlet promotions, and the street corner handing out of free samples of cigarettes. With the nonadvertising share of advertising and promotional expenditures increasing rapidly, it is important to appreciate the nature and significance of the emerging strategies to sell smoke to the American consumer.

Nature of Nonadvertising Promotional Activities

The data in Table 5 indicated that nonadvertising promotional expenditures for cigarettes are well on their way to becoming a $1 billion enterprise by themselves. Promotional efforts vary from handing out free cigarette samples at rock concerts to supporting fund-raising activities for local hospitals, with company or brand sponsorship often publicized. The category of "promotion" thus covers a diversity of types of activities united, definitionally, only by the fact that they are intended to enhance the sponsor's image or directly maintain and boost cigarette sales (in the aggregate or for individual brands) and are not conventional advertising.

Sampling distribution is a prominent promotional technique that is simple in concept and execution: a company is hired to distribute samples of particular cigarette brands, typically in mini-packs of a few cigarettes, to passersby either on the streets of a community or at special events. The cigarette companies claim that samples are given only to adults and that sampling distribution will not

occur close to "centers of youth activity." Each of these "protections" is violated frequently, with numerous documented instances of samples having been handed to young teenagers and with sampling occurring close to schools and universities, as well as at such centers of youth activity as the aforementioned rock concerts. When individuals distributing cigarettes have been confronted about handing cigarettes to children, they refer their accusers to their managers, who in turn refer them to the cigarette company. The company's response commonly is that, while it adheres to the distribution guidelines, it has no control over what the local hired hands actually do.

Another familiar promotional device is the contest or give-away in which smokers are encouraged to enter a contest to win trips or prizes. Implicitly, such promotions associate cigarette brands, or cigarettes in general, with pleasant activities; undoubtedly, the manufacturer hopes that individuals will be enticed to smoke their brands through association with the contest.

A third familiar device, for which popularity has waxed and waned over time, is the awarding of coupons with packs or cartons of cigarettes. Coupons can be exchanged for a wide variety of consumer goods, even including an automobile, if one smokes enough (or at least buys enough cigarettes). One scholar has characterized this extreme "give-away" as "external combustion leading to internal combustion."[122]

Another increasingly familiar form of promotion is sponsorship of sports events. The prototypic case is the Virginia Slims Tennis Tournament, a tournament that is so widely recognized that "Virginia Slims" has become almost synonymous with women's professional tennis. But sports sponsorship extends to horse racing (e.g., the Marlboro Cup), car racing (again, Marlboro comes to mind, as does Skoal, among smokeless tobacco products), golf (Vantage), soccer (Winston), and so on. Sports sponsorship has a more micro form in the companies' paying athletes to wear their logos; a prominent case was tennis star Martina Navratilova's donning an outfit designed to resemble the packaging of Kim cigarettes, a British cigarette marketed to women.

Sports sponsorship represents one of the most ironic of the promotional techniques, in that few of the direct beneficiaries of the companies' largesse, the athletes themselves, would today dare to smoke, for smoking is wholly antithetical to fitness, endurance, and athletic performance. Sports sponsorship also represents an

effective device for getting around the ban on broadcast advertising of cigarettes, since the sponsor's name is spoken and seen repeatedly whenever a sponsored sporting event is broadcast. The pervasiveness of the cigarette logo on broadcast sports events has led one British observer to estimate that the cigarette message may be receiving almost as much air time through such exposure today as it did through advertisements when the latter were permitted.[116]

Sponsorship extends to other areas of society that develop similar dependency on tobacco money to exist and thrive. The most prominent of these areas is music, with the Kool Jazz Festival perhaps the best known example. As in the case of sports, the irony is plentiful, with many jazz greats having been chain smokers and victims of lung cancer, such as Duke Ellington. Music sponsorship encompasses a range from support of the Farm Aid concert to support of symphony orchestras. Other cultural activities that have been the beneficiaries of tobacco industry support include art museums, ballet companies, and, for the ultimate irony, hospitals. An example of the latter was Virginia Slims' raising funds for Children's Hospital Medical Center in Oakland, California.

Still another form of sponsorship has been the industry's collaborating with professional organizations to produce and publicize an activity of interest to the organizations, but one which the organizations could not afford on their own. Tobacco industry support makes the activity feasible and may lend the tobacco industry an image of "wholesomeness" through the association with the otherwise socially desirable activity. A prominent recent example was the Tobacco Institute's funding of a booklet prepared by the National Association of State Boards of Education and entitled, "Helping Youth Decide." According to the introduction, the purpose of the booklet was to "help family members . . . make more responsible decisions . . . " The Tobacco Institute's role was acknowledged on the inside front cover as making the booklet possible. The Institute claimed that, "The people who make cigarettes do not want young people smoking them."[123*]

* This frequent industry claim led activist Elizabeth Whelan to ask the Tobacco Industry *why* they did not want children to smoke, since they continually deny that there is anything wrong with smoking.[124] The Institute did not respond to Whelan's inquiry.

Presumably, the benefit of sponsorship derives from the good will that is generated both within the benefitting organizations and among the public, who appreciate the work of the organizations and see the role of the tobacco industry in bringing it to them. Thus, sponsorship is undertaken with the intention, usually if not always, of making the public explicitly aware of the tobacco industry's largesse in making these "good works" possible.

In contrast, another form of "sponsorship" is done "behind the scenes," with the tobacco industry's role intentionally obscured or at least not made public. A prominent example was Philip Morris' alleged payment to the producers of the movie, *Superman II*, to show the Marlboro logo as part of the "scenery" of the movie. During *Superman II*, a movie directed to a significant degree to an audience of children, the Marlboro logo appeared frequently.[125] This is not an isolated event, although no one knows precisely how extensive is the practice of such "payola", plugging cigarettes through the subtle means of making the familiar logo part of an appealing back-drop.

One of the more intriguing forms of promotional effort in recent years has been "social issue advertising." This is an effort of the Tobacco Institute or an individual manufacturer to bring to the public's attention the cigarette industry's perspective on the social and scientific issues in smoking. The most recent major advertising campaign of this type has been the R.J. Reynolds Company's "open debate" ads, a series introduced to "encourage an open debate" on the issues when in fact Reynolds was the only side of the argument having the resources to buy media space to present its case. This series has ranged in scope and seriousness from a challenge to the conventional wisdom that smoking contributes to heart disease to a "cutesy" appeal to smokers not to smoke in bed. In between have been discussions of the inappropriateness of legislating restrictions on smoking in public places and claims that the scientific evidence does not support the conclusion that environmental tobacco smoke is hazardous to nonsmokers.

Noted earlier, the ad challenging the cardiovascular disease/smoking connection is particularly interesting because it is one of the most obvious of recent industry efforts to allay smokers' fears about the hazards inherent in their habits.[64] The ad relies on the findings of a major government-funded health promotion intervention study—the Multiple Risk Factor Intervention Trial—to question the relationship between smoking and cardiovascular deaths.

The text of the ad misinterprets the findings of the study, which was not designed to assess that relationship and which nevertheless did find the familiar connection between smoking and heart disease deaths. The Federal Trade Commission has concluded that the ad was misleading.[65] Regardless, it seems likely that Reynolds has succeeded in persuading some smokers, who want to believe that their habits are not really "all that dangerous," that the basic facts of smoking and health are not as well-established as in fact they are.

The Reynolds series is similar in nature and purpose to an earlier campaign by the Tobacco Institute. In an ad entitled, "Do cigarette companies want kids to smoke?" the text began, "No. As a matter of policy. No. As a matter of practice. No. As a matter of fact. No!" To some observers, this representation is among the most cynical the industry offers, since, as noted earlier, the industry would lose its customers if children did not start smoking and become addicted.

The industry's sense of "balance" in presenting its message is illustrated by a full-page social-issue ad that was placed by Reynolds in major newspapers and magazines in 1984 in response to public concern about the dangers of involuntary smoking.[66] As described earlier, the ad relied heavily on the fact that one of "the tobacco industry's biggest critics," Lawrence Garfinkel of the American Cancer Society, had not found evidence of involuntary smoking lung cancer in a study based on U.S. data.[40] Garfinkel claimed that his findings were taken out of context, but while he stated this in a letter to the editor of the *New York Times*,[67] Reynolds' message filled an entire page of that newspaper, as well as numerous other publications. Not surprisingly, Reynolds did not publicize the more recent findings of Garfinkel and colleagues from a study designed specifically to address the link between involuntary smoking and lung cancer.[68] That study supported the conclusion of many early studies that substantial chronic exposure to tobacco smoke does increase the nonsmoker's risk of lung cancer.[41]

A further example of social issue advertising ran in several prominent liberal magazines in 1984. Headed "We're the tobacco industry, too," the ad featured a picture of three workers—a black man, a white man, and a white woman—who are members of the Bakery Confectionary and Tobacco Workers International Union. The text begins by describing how the union workers have participated actively in social causes, honoring the work of Martin Luther

King, Jr., and so on. The text then informs the reader that "well-meaning" but presumably misguided anti-smokers are threatening their jobs.[126] The appeal to liberal support for unions and unionism is clear, although it may well have back-fired. Noted supporters of liberal causes, including unionism, have labeled the ad one of the most exploitative efforts they have seen.[127,128] Their obvious concern is that the appeal for the tobacco workers' jobs must be juxtaposed against the deaths created by the product they produce, an exchange that can be estimated at roughly one job per year in exchange for one tobacco-related death.[129]

The remaining promotional techniques are numerous and diverse, ranging from publication of a guide to Hispanic organizations and their leaders, to seminars and conferences hosted by the industry in very posh settings for such groups as an association of black journalists, to financial contributions to legislators through conventional campaign-funding mechanisms and honoraria for lectures. In the latter category, in 1984 the tobacco industry paid more to congressmen in honoraria than any other interest group.

A novel effort is being mounted by Philip Morris to respond more aggressively to "the antismoking forces." This campaign includes publication of the new *Philip Morris Magazine*, a publication for smokers that features articles of general interest, discussions of pro-smoking efforts around the country, and criticism of anti-smoking activities. The campaign also includes insertion of a message in cartons of particular brands of cigarettes (e.g., More) warning smokers of their loss of freedoms from nonsmokers' rights laws, increasing excise taxes, etc.[130,131]

Institutional Significance of Cigarette Promotion

The institutional significance of cigarette promotion is difficult to assess quantitatively. While the Federal Trade Commission receives figures on promotional expenditures by the cigarette manufacturers, these are not broken down into sufficient detail to describe the financial role the industry plays in supporting the institutions considered above. However, a few comments of a qualitative nature can be made about the direct and indirect institutional significance of cigarette companies' promotional expenditures.

First and foremost, it is clear that no societal institution is so dependent on cigarette promotional dollars that the institution's

future would be jeopardized by withdrawl of those dollars. But, like the case of magazines' dependence on cigarette advertising revenues, individual members of several institutions might find their viability threatened. For example, the heavy dependence of some portions of American soccer and of women's professional tennis could mean that these sports would have to work hard to sustain their current levels of activity absent tobacco industry sponsorship. A model for the possibility of "life after tobacco sponsorship" has been provided by the experience of the Canadian Ski Association which decided after much debate, and pressure from the health community, to refuse to continue to accept tobacco industry sponsorship of Canadian ski events.

Similarly, several cultural events might be jeopardized, ranging from the Kool Jazz Festival to art exhibits. There is little doubt that cultural institutions derive significant support for their activities from tobacco sponsors; neither, however, is there doubt that jazz and art would survive without such money.

The potentially insidious role of tobacco industry largesse in funding legislators' campaigns, or simply providing them with income, and entertaining journalists is obvious yet difficult to assess. Certainly such activities must produce some reservoir of good will among the beneficiaries, and such good will might well be expected to color the way legislators, journalists, and others look at tobacco issues.

Perhaps the least well-defined but potentially most important institutional impact of cigarette companies' promotions is their contribution to creating an aura of legitimacy, of wholesomeness, for an industry that produces a product that annually accounts for about a fifth of all American deaths. The image of the tobacco industry is undoubtedly not pristine; but neither is it likely that most members of the general public, or of state and federal legislatures, subscribe to Ellen Goodman's characterization of the industry as "just a notch above . . . the streetcorner pusher."[132] Promotional expenditures undoubtedly serve in the aggregate to enhance and protect the industry's image as a valid, legitimate wheel in the machine of private enterprise, and likely to sell cigarettes as well. As the president and chief executive officer of R.J. Reynolds has put it, "We made it clear from the day we announced our sponsorship [of horse racing] that we were in the business of selling cigarettes, not the racing business."[133]

CHAPTER 5

FUNCTIONS OF CIGARETTE ADVERTISING: THEORY AND EVIDENCE

Theory

Does cigarette advertising encourage smoking? In particular, does advertising encourage children to smoke? As would be expected, within the public health community there is a strong consensus that advertising does encourage smoking and that it is a significant influence on children's adopting the habit, although not necessarily the principal influence (and certainly not the only one). Industry representatives, on the other hand, unanimously claim that advertising does not affect smoking rates or levels. They contend that individual companies and individual brands are vying with each other simply for brand share, for larger slices of an economic pie of a fixed and independently determined size. The industry also contends that advertising serves the function of conveying useful information to smokers, such as brands' tar and nicotine ratings.

The argument over whether advertising affects smoking in the aggregate tends to obscure the issue of *how* advertising might affect smoking, if it does so at all. In fact, there are several quite separate ways in which advertising could affect consumption. Some of these are direct; that is, the advertising (its imagery, etc.) could directly encourage people to smoke or smokers to consume more cigarettes. In addition, there are indirect mechanisms by which advertising could influence something else (e.g., institutional behavior) which, in turn, affects smoking.

The direct mechanisms are four in number:

1. Advertising could entice children or young adults to experiment with cigarettes and initiate tobacco habits. This is the concern at the heart of opposition to cigarette advertising, since children are not deemed to be in a position to make mature, rational judgments about smoking.

2. Advertising could reduce current smokers' resolve to quit or to consider quitting. Repeatedly confronting the smoker with its glamorous imagery, and its implicit allaying of fears, advertising could blunt good intentions and motivation.

3. Advertising could increase current smokers' daily consumption of cigarettes. The imagery of ads could serve as an immediate cue, a stimulus, to smoke that reaches the smoker at a subconscious level.

4. Advertising could encourage former smokers to resume their habits. The seductive imagery of the ads could break the smoker's resolve to remain off of cigarettes. The quitter must grapple with both physiological and psychological withdrawl, and must do so in an environment in which there are many cues to smoke, reinforcing of the attractions of smoking.

These statements represent possibilities, not certainties, and it seems likely that to the extent that they are realities, they apply differently to different types of individuals.

The indirect mechanisms by which advertising might influence smoking are:

1. The media's dependence on advertising revenues from the cigarette companies may discourage full and open discussion of the hazards of tobacco use and of the workings of the industry. If this is the case, the public is receiving less information on the dangers of smoking than it would in an environment in which coverage was influenced solely by the inherent newsworthiness of the subject. Since we know that information on tobacco hazards has led to knowledge change, which in turn has been converted into behavior change, it follows that greater availability of information and commentary would lead to an even lower rate of smoking. Thus, while smoking rates in 1986 are well below those of the early 1960s, they are still high, in part due to the reluctance of the media to tackle the subject with the full force they would devote to a health hazard that was not the object of a billion-dollar advertising campaign.

2. Cigarette advertising may contribute to an environment in which smoking is perceived to be socially acceptable or at least "not really all that bad." It is easy to imagine how such an environment contributes to the initiation of smoking habits by children and helps to sustain habits among adult smokers.

Evidence

Direct Mechanisms

Does cigarette advertising directly encourage smoking that would not occur in its absence? The evidence on this question is diverse

in type, ample in quantity but thin in quality, and often conflicting in its conclusions. The evidence falls into two categories: (1) logic and experience and (2) formal empirical analysis.

Logic and Experience. Advertising executives say that market expansion is invariably a purpose of advertising, even for a mature industry, and they note that few advertising experts claim that their trade serves exclusively a market-share function, except in a self-serving case like that of cigarettes. Emerson Foote, former chairman of the board of McCann-Erickson, the world's second largest advertising agency, once responsible for $20 million in cigarette accounts, put it this way: "[T]he cigarette industry has been artfully maintaining that cigarette advertising has nothing to do with total sales . . . [T]his is complete and utter nonsense. The industry knows it is nonsense . . . I am always amused by the suggestion that advertising, a function that has been shown to increase consumption of virtually every other product, somehow miraculously fails to work for tobacco products."[134]

No one would assert that market expansion is the *sole* function of advertising. Specific ad campaigns clearly appear to be targeted at brand share; witness the recent ads for Carlton cigarettes that say, simply, "If you smoke, please try Carlton." But overall advertising trends, both current and historical, make it difficult to believe that the intention of ad campaigns has been exclusively brand share. For example, among the most significant advertising trends in the past three decades has been the aggressive advertising of cigarettes marketed for women. The advertising campaign emerged well before, and led, the diffusion of the habit within the targeted group (women). It can be argued that the cigarette advertisers simply saw the coming trend and hopped on the advertising bandwagon to establish claims in a market that was emerging for other reasons. But to many students of the subject it seems implausible that the massive, "pre-emptive" ad campaign did not influence the amount of acceptance of the object of the advertising.[135]

That advertisers believe their efforts can recruit new smokers, among children, is vividly illustrated in an advertising strategy developed for the Brown & Williamson Company and revealed during the Federal Trade Commission's cigarette advertising investigation. The strategy, which Brown & Williamson claims it rejected, stated:

Thus, an attempt to reach young smokers, starters, should be based . . . on the following major parameters:

- Present the cigarette as one of a few initiations into the adult world.
- Present the cigarette as part of the illicit pleasure category of products and activities.
- To the best of your ability (considering some legal restraints), relate the cigarette to 'pot', wine, beer, sex, etc.
- DON'T communicate health or health-related points.[136]

Two current advertising campaigns lend further support to the notion that market expansion is a goal of cigarette advertising. One is an expanding effort directed at the Hispanic community, with an increasing emphasis on Hispanic women, a group known to have a smoking prevalence well below average[11] and therefore considered an attractive marketing target. The second is the growing advertising effort of the tobacco multinationals in Third World countries. In many of these countries, relatively few people currently smoke manufactured cigarettes, so the proliferation of billboards and similar advertising associating smoking with sophistication and affluence can only be directed at market expansion.[116,137,138]

In several countries in which cigarettes are a government monopoly, the state enterprise advertises. If advertising served solely to redistribute smokers among brands, there would be no reason to advertise in such countries, a point that an executive of a major British cigarette manufacturer has acknowledged.[139]

A logical argument in support of the conclusion that advertising does expand the market comes, ironically, from the Tobacco Institute's vocal opposition to the proposal to ban all cigarette advertising. If the only function of advertising were to determine brand share, as the industry claims, the Institute, representing all of the manufacturers, should have no practical basis for opposing an ad ban. To the contrary, if banning advertising did not decrease consumption (which is the corollary to the argument that advertising increases consumption), a ban would work simply to increase industry profits, reducing the companies' costs by over $1 billion per year (the after-tax cost of $2 billion in advertising and promotion expenditures), without reducing sales. Indeed, the argument that a ban would work principally to increase industry profits, at least

in the short run, has both theory and experience (following the TV-radio ad ban) to support it, an issue to which we will return.

Of course, the Institute could (and does) argue that the industry opposes an ad ban on grounds of principle, appealing to the broad social implications of the makers of a legal product losing their right to advertise. This argument rings hollow, however, when one examines the history of the industry's position in the policy debate on removing cigarette ads from the nation's airwaves. In the late 1960s, industry representatives reportedly worked quietly to seek from Congress an exemption from antitrust action if the tobacco companies agreed to remove their cigarette advertising from TV and radio.[115] Their logic, confirmed by independent analysis,[83] was that the antismoking messages required by the Federal Communication Commission's Fairness Doctrine were discouraging smoking more than the pro-smoking ads were encouraging it. While the antitrust exemption was not granted, the desired effect was achieved in Congress' passage of the Public Health Cigarette Smoking Act of 1969 which banned cigarette advertising from the broadcast media. In short, the industry did not object on principle to a legal ban on advertising when the ban served the industry's economic purpose.

There are alternative explanations for the Tobacco Institute's opposition to the ad ban proposal. It is conceivable, for example, that the two major manufacturers, Philip Morris and R.J. Reynolds, controlling two-thirds of the total cigarette market, believe that an ad ban would work to their disadvantage in the brand-share battle; and that, given their dominance of the industry, these two firms have effective control of the Tobacco Institute's position on the issue. But this seems highly unlikely. Indeed, a ban might work to the relative advantage of these firms, as they have the established products and a ban would eliminate one avenue for competition to cut into their markets.

The industry itself provides an additional observation supporting a direct link between advertising and smoking. A Brown & Williamson marketing executive, quoted anonymously, told a reporter at the *Louisville Courier Journal* that:

> Nobody is stupid enough to put it in writing, or even in words, but there is always the presumption that your marketing approach should contain some element of market expansion, and market expansion in this industry means two things—kids

and women. I think that governs the thinking of all the companies.[140]

The need for a sizable class of new recruits each year is evident from some simple arithmetic. For any product to retain sales comparable to those of earlier years, new consumers must be brought in to replace consumers who leave the market, either due to death or other reasons. This need is magnified in the case of the cigarette industry because the industry loses 350,000 or more consumers per year to premature deaths caused by the product, a loss of life, and hence customers, for which there is no comparison among other products. Furthermore, since 1964 the industry has lost an average of one and a half million smokers each year to quitting. If the industry now loses from 1 to 1.5 million smokers to quitting and perhaps a million to death (an estimate of the number of smokers dying annually from both smoking-related and other causes), approximately 2 to 2.5 million people must become new smokers each year simply to keep constant the total number of smokers. With about 90 percent of beginning smokers being children and teenagers, this means that at least 5000 children and teens have to start smoking each and every day.

The need for new smokers does not imply that advertising alone is sufficiently effective to meet the need. But it does mean that the manufacturers have a powerful incentive to use all available vehicles to produce future sales among current nonsmokers. The obvious target must be children. The amount of advertising that the companies purchase in publications with large youthful readerships (e.g., $21 million in *Sports Illustrated* in 1980[141]) and the imagery of those ads strongly suggest that the industry does see market expansion potential in advertising.

Observation of smoking trends and levels in countries that do not permit cigarette advertising is a source of evidence to which both sides of the argument have appealed. Proponents of the industry perspective emphasize that in countries that do not permit cigarette advertising—primarily consisting of East European and other communist-bloc countries that have never permitted advertising—cigarette consumption is high and growing rapidly.[142] Smoking-and-health activists point to the case of Norway, in which a steady upward trend in per capita consumption was abruptly interrupted and reversed following the 1975 banning of cigarette

advertising and introduction of several other antismoking measures.[143]

Each of these arguments lacks what scientists refer to as proper controls. The fact of increasing smoking in countries lacking advertising says nothing about whether advertising influences consumption. It simply indicates that advertising is not the only cause of smoking, a premise that no one would challenge. Indeed, growth in smoking during the years examined would have been expected in these countries, as smoking prevalence has been correlated with growing affluence in most countries until those countries enter a "post-industrial" phase. The appropriate question is how, if at all, the observed growth patterns would have been different if advertising had existed. If smoking would have increased faster or earlier, or achieved higher peak levels, then advertising would be assessed as influencing consumption. Only if the observed pattern were unaffected would one draw the conclusion that advertising did not influence consumption. The data needed to address this question do not exist.

The case of Norway is flawed too, in that the ad ban was not the only component of antismoking policy at the time. To the contrary, it was part of a package—certainly an important part—intended to discourage Norwegians from smoking. That the package worked seems evident; but the case does not offer definitive evidence that it was the ad ban that was principally or substantially responsible.

Formal Empirical Analysis. To the scientific mind, there is no substitute for the findings of a well-designed, carefully controlled scientific study. Unfortunately, the vagaries of reality often impinge upon the ability of scientists to construct and conduct the appropriate study. The appeal of formal analysis explains why so many participants in the advertising debate have turned to scientific studies to support their case. The realities of the analyses performed to date, however, limit the utility of their findings.

Two broad types of formal analysis address the issue of whether advertising affects cigarette consumption. One is the assessment of reactions to ads and their imagery, often then (or later) correlated with smoking behavior. Recall of cigarette brands and ad themes falls into this category, as do several other kinds of surveys. The subjects in such studies are often children, with the intent being to explore kids' interest in and response to cigarette ads.[144-147] One

can also imagine experiments to study specific advertising-consumption questions. For example, one could observe smokers' cigarette consumption sitting in a waiting room with a Marlboro poster, compared with the behavior of similar smokers seated in an identical waiting room with a poster having a noncigarette theme. Such an experiment could test whether cigarette ads and imagery serve as cues stimulating greater consumption by smokers (personal communication with R. Davis, Centers for Disease Control).

Most of the studies that fall into this broad class of simulating or recalling advertising experiences and measuring responses to them provide evidence that cigarette ads are attention-getting and memorable, and that strength of interest correlates with smoking behavior, either current or future. The studies also show that children certainly are not "immune" to awareness of the ads, but rather are often quite attracted to them. Recall of cigarette brand names and ad themes is extraordinarily high. Yet despite these strong associations, the studies do not provide definitive evidence that there is a causal link between advertising and smoking.

On the opposite side of the issue, when children and adults are asked on surveys whether they think they are influenced to smoke by advertising, most respond negatively. The industry has used such findings as evidence of its position that advertising does not influence the basic decision of whether or not to smoke. The actual utility of this kind of questioning in evaluating the role of advertising is minimal, however. Conscious response to advertising is a poor index of actual response. One authority has referred to self-reports on the subject as "quite worthless."[148]

The second category of formal analysis is econometric (regression analysis) studies of the relationship between aggregate advertising expenditures and levels of cigarette consumption, over time and within a given country. To date, more than a dozen such studies have been performed and they have yielded mixed results. In one camp are a series of studies that find no statistically significant effect of ad expenditures on aggregate consumption.[149-152] In the other camp are studies that find statistically significant effects, particularly over the long run and when allowance is made for lagged responses to advertising campaigns.[153-157] Some scholars have identified a positive statistically significant relationship but have discounted its importance because it is so small.[83] It should be noted, however, that a small percentage response can represent

a substantial absolute number of people, given a smoking population in excess of 50 million Americans.

The econometric studies are plagued by a series of technical problems, such as the modeling of lagged effects of advertising expenditures. Given the habitual nature of tobacco use and the investment nature of much advertising, one would not necessarily expect to find a substantial positive association between current-year advertising expenditures and current consumption, even if advertising ultimately did influence aggregate consumption. This is reflected in the findings of two studies that accounted for lagged effects and identified a statistically significant relationship between advertising and aggregate consumption over the long run.[153,155]

An additional technical problem is adequately controlling for changes in the environment in which cigarettes are sold and changes in the character of advertising. The environment has been in a state of flux for decades, with "health scares" and smoking policy activities constituting frequent "disruptions" that have evoked advertising responses. As several studies have shown, the basic character of cigarette advertising has changed frequently, and often radically, in apparent response to manufacturers' perceptions of public concern about the health issue.[111,114,119] Econometric studies, relying on gross measures such as aggregate advertising expenditures, cannot capture the qualitative aspects of various ad campaigns and may not adequately control for the adverse (i.e., antismoking) influences. Especially if some of the tobacco ad campaigns have been counterproductive, as some analysts believe,[111] treating all ad dollars as identical will obscure very distinct phenomena.

Complicating the reading of the econometric studies is the fact that the vast majority have not been designed to assess the consequences of an ad ban—a 100 percent decrease in advertising expenditures—yet they are being interpreted in the context of the ad ban debate. The technology of these regression analyses is such that estimated regression coefficient estimates can predict only the effects of *small* changes in the independent variables, unless certain very restrictive linearity conditions hold. While some of the findings in the literature have been read as indicating that advertising does not substantially influence the level of cigarette consumption, the only conclusion one can safely draw from these analyses is that *marginal* changes in the level of advertising have not significantly affected cigarette consumption *on the margin*.[158]

There is an additional theoretical reason that one might not expect to find a sizable statistically significant relationship between advertising and consumption: if manufacturers intend advertising to expand the overall market for their product *and* capture existing market share from competitors (or simply maintain their own market share), the rational level of advertising expenditure will exceed that which increases aggregate consumption. That is, *on the margin* the function of ad dollars will be to compete for existing market share, not to expand the overall market. Hence, regression analyses, examining marginal effects, would not be expected to demonstrate a strong correlation between advertising expenditures and aggregate consumption.

A handful of studies have attempted to measure the impacts of advertising bans directly. Schneider, Klein, and Murphy studied the 1971 broadcast ad ban in the U.S. and concluded that the ban *per se* was at most only mildly effective in reducing the demand for cigarettes. In its aggregate effects, they suggested, the ban actually may have worked to increase cigarette consumption by substantially reducing the costs of producing and distributing cigarettes, thereby lowering the price of cigarettes which, in turn, would increase demand.[159] Hamilton also saw the ad ban as a "Pyrrhic victory," although he attributed its failure to the associated loss of donated air time for antismoking messages under the Fairness Doctrine.[83]

Both of these studies offer limited insight into the long-run implications of the broadcast ad ban. Unless one assumes that the bulk of the impact of a ban would be experienced immediately, one must allow for the possibility of effects occurring well into the future, for example a reduction in the recruitment of successive generations of teenagers into the smoking population. This would be difficult to assess empirically, especially soon after the ban had taken effect. Hamilton's point about the relative effectiveness of pro-smoking advertising and antismoking messages similarly suffers from a short time horizon[82] and it depends on the coupling of pro- and anti-smoking advertising. There is no legal barrier to prohibiting tobacco ads and funding antismoking media education, although there is an obvious financing barrier to achieving the latter.

In another study, Hamilton also addressed the effect of broadcast ad bans on per capita cigarette consumption in several countries and did not find a significant relationship between the two variables.[160] Again, however, the analysis failed to control adequately

for other potential influences, ranging from possible increases in other promotional activities to the passage of time sufficient to identify impacts.

In the attempts to evaluate the consumption impact of advertising at an empirical level, the principal issue of concern has largely escaped attention: does advertising specifically entice children and teenagers to smoke? Only one econometric study has addressed this question directly. Lewit and his colleagues examined teens' responses to the Fairness Doctrine and estimated the impact of the broadcast ad ban on the prevalence of smoking by teens. The researchers found that teens were quite responsive to the Fairness Doctrine messages, especially those that stressed the health hazards of smoking, a finding that runs contrary to the belief that teens do not respond to the health message. Further, Lewit *et al.* estimated that the ad ban reduced teen smoking prevalence by 0.6 percentage points from 1970 to 1974. Though not a substantial effect quantitatively, the analysis supports the notion that teen smoking does vary directly with the presence or absence of advertising and inversely with the presence or absence of counteradvertising.[90]

Direct Mechanisms: Concluding Observations. We should not be surprised that the evidence on the direct relationship between advertising and cigarette consumption does not yield a definitive answer to this analytically complex question. There is no technical statistical methodology available to address the fundamental question directly, and there is no obvious controlled experiment that would resolve the matter, simply because it is impossible to isolate a sample of the population from advertising over a long enough period to assess the implications.* Casual empiricism and lessons from logic and experience necessarily produce conflicting opinions, reflecting the political and emotional nature of the debate.

* It is possible, however, to design experiments to evaluate specific aspects of the matter. In the text we noted one example of this: a study of smokers' response to the visual stimulus of a cigarette ad in a waiting room. Such a study could determine whether the imagery of tobacco ads tends to increase consumption by smokers immediately. Even in this case, however, a finding that consumption was greater among smokers exposed to the ad would not necessarily prove that ads increase smokers' consumption. One could hypothesize that these same smokers would then smoke less over the next hour or two, having received a larger dose of nicotine while in the waiting room. This, too, is testable, however.

At the same time that no definitive answer is available, a summary review of the evidence does recommend a conclusion. The history and function of advertising, both for products in general and specifically for cigarettes, and the reality of the tobacco industry's behavior combine to strongly suggest that the people who should know best—the manufacturers and advertising experts—believe that advertising has influenced and can continue to affect the level of cigarette consumption. The empirical evidence points to the complexity of assessing precisely how and how much advertising affects consumption. Despite their limitations, the econometric studies support the thesis that additional (marginal) advertising expenditure in the aggregate has at best a small impact on increasing consumption. But these studies say nothing about the potential of targeted advertising (e.g., toward Hispanics), nor do they inform the debate over whether advertising *in toto* makes a difference, or whether the disappearance of advertising, through a legal ban, would make a difference; nor do they clarify the role of advertising in encouraging children to smoke.

Indirect Mechanisms

Ironically, the case linking advertising to smoking may be stronger for the indirect than the direct mechanisms, at least concerning the media coverage issue. The effects of advertising and promotional expenditures on the general social environment are numerous and diffuse. Although they are of great interest and importance, these influences have not been evaluated in a sufficiently rigorous manner. Thus we will focus on the influence of advertising on the media's coverage of smoking and health, and the consequent implications for public knowledge and smoking behavior. Taylor presents the best discussion of the social implications of the non-media institutional dependence on tobacco as a benefactor.[116]

In examining the evidence linking advertising to smoking through the vehicle of media censorship, one must address the several components of the logical chain: the relationship between media dependence on tobacco advertising and coverage of smoking and health; the relationship between media coverage and public understanding of the hazards of tobacco; and the relationship between understanding and smoking behavior. In Chapter 3 we discussed the last two of these. Thus here we focus on the evidence linking media coverage of smoking and health to dependence on advertising revenue. The implications of this evidence are then derived by integrating the evidence into the remaining components of the logical chain.

Cigarette Advertising Revenue and Media Coverage of Smoking. The evidence linking dependence on cigarette advertising revenue to suppression of coverage of smoking and health is abundant, if primarily anecdotal. While much of it has been developed recently,[120,161-165] some of the evidence dates back half a century.[113,166] Interest in the issue has arisen out of separate concerns with journalistic integrity and the health implications of suppression of coverage.

Distinguished journalists have addressed the relationship out of concern with the former. Bagdikian has referred to advertising-motivated suppression of coverage of smoking as the "most shameful money-induced" censorship of the American news media.[167] Writing in the journalism profession's watch-dog publication, the *Columbia Journalism Review*, Smith in 1978 characterized "[t]he records of national magazines that accept cigarette advertising . . . [as] dismal." He observed that *Newsweek* had failed to emphasize the central role of cigarette smoking in cancer in a 1976 cover story entitled "What Causes Cancer?" and he criticized *Time* for an attempt to discredit the growing protest against public smoking. With the exception of *Good Housekeeping*, women's magazines were identified as providing virtually no coverage of smoking and health.[168]

Among all the media, women's magazines stand out as the publications most influenced by cigarette ad revenues to restrict coverage of the hazards of tobacco. They are also the object of two of the four empirical studies that have examined the relationship between advertising and coverage.[169-172] In one of these, in 10 prominent women's magazines that carry cigarette advertisements, researchers found a total of eight feature articles from 1967 to 1979 that seriously discussed quitting or the dangers of smoking—less than one article per magazine for more than a decade. Four of the 10 magazines carried no antismoking articles in the entire 12-year period. By contrast, two prominent magazines that do not accept cigarette advertising, *Good Housekeeping* and *Seventeen*, ran 11 and five such articles, respectively. On average, the magazines that accept cigarette advertisements published from 12 to 63 times as many articles on each of nutrition, contraception, stress, and

mental health as they did on the antismoking theme. *Good Housekeeping* and *Seventeen* published three times as many articles on contraception as on smoking, two more articles on nutrition, and fewer on stress or mental health than on smoking.[171] A recent example of the lack of balance in the women's magazines that accept cigarette advertising is the May 1986 special issue of *Ms.* Entitled "The Beauty of Health," the issue had 15 articles under its theme, not one of which dealt with the leading cause of preventable illness and early death. The issue included four full-page cigarette ads, including the back cover.

In another empirical study, researchers examined coverage of smoking and health in a diverse group of prominent magazines recognized for their coverage of health matters in general. Publications selected for the study included a minimum of 60 articles on health topics during the years 1965 to 1981. The percentage of health articles devoted to smoking was compared to the percentage of advertising revenues derived from cigarette ads. Only four of the magazines devoted as many as one out of 10 of their health-related articles to "the chief, single, avoidable cause of death in our society and the most important public health issue of our time."[1] Of these four, the top three—*Reader's Digest*, *Good Housekeeping*, and *Prevention*—do not accept cigarette advertising. The proportion of health articles that dealt with smoking in those magazines was 34.4 percent, 22.1 percent, and 15.4 percent, respectively. Of the magazines that accept tobacco advertising, the only magazine to devote more than one of 10 health articles to smoking (11.7 percent) was *Vogue*; at 5.1 percent of total revenues, its cigarette advertisement share of advertising income was the lowest of the remaining magazines. The percentage of advertising revenues from cigarettes in other magazines ranged from 7.1 percent to 17.2 percent, with the percentage of health articles discussing smoking varying from 7.4 percent to none (including *Ms.* and *Redbook* among the latter). There was no substantial correlation between the volume of advertisements and smoking coverage within this group of magazines, but the contrast between the magazines that accept cigarette advertisements and those that do not was striking.[169] (See Table 8.)

The handful of correlational studies, including a new one by the American Council on Science and Health,[172] certainly supports the contention that dependence on cigarette advertising revenues influences magazines' editorial policy regarding tobacco. One could

Table 8. Cigarette Ad Revenues and Coverage of Smoking and Health, Selected Magazines[a]

Magazine	Years surveyed	% Health articles discussing smoking	Cig. ad revenue as % of total ad revenue
Reader's Digest	1965–81	34.4	0
Good Housekeeping	1965–81	22.1	0
Prevention	1967–78	15.4	0
Vogue	1965–81	11.7	5.1
U.S. News & World Report	1965–81	7.4	14.6
Ladies' Home Journal	1968–81	7.1	16.3
Time	1965–81	6.9	17.2
Harper's Bazaar	1968–81	4.5	7.1
McCall's	1969–80	4.5	15.1
Newsweek	1969–81	2.9	15.8
Cosmopolitan	1971–81	2.3	9.4
Mademoiselle	1966–81	1.9	7.3
Ms.	1972–81	0	14.8
Redbook	1970–81	0	16.1

Note:
[a] Magazines listed included a minimum of 60 health-related articles in the years surveyed.

Source:
Dale, pp. 8–9.

argue, however, that the mechanism of causality is the opposite, at least in part; that is, it is possible that publications that have editors or publishers who have strong antismoking sentiments, and perhaps a desire to campaign in their publications to discourage smoking, choose not to accept cigarette advertising. Thus, rather than advertising revenues impeding coverage, magazines not accepting cigarette advertising might provide "excess" coverage, the result of the editors' or publishers' excessive zeal. By this logic, the norm of acceptance of cigarette advertising and limited coverage of smoking and health might reflect balanced coverage. While the percentages of health articles in magazines accepting cigarette ads fall dramatically short of the relative health importance of smoking, the deficit could be attributed to such factors as the widespread belief that everyone knows that smoking is dangerous and the perception that smoking is old news, stale news.[173]

The anecdotal evidence on the influence of ad revenues limits the plausibility of this argument. Dozens of writers, editors, and publishers have described instances of censorship on coverage of tobacco attributed directly to publications' fears of alienating cigarette advertisers. The cases apply to a wide spectrum of magazines and even newspapers, although to a lesser extent.

Numerous examples of censorship in women's magazines have been reported by health writers asked to prepare articles for the magazines. The censorship has been either complete—removal from an article of references to smoking or refusal to publish an article because of its emphasis on smoking—or partial. As an example of complete censorship, the American Council on Science and Health reports that *Harper's Bazaar* rejected a science writer's article entitled "Protect Your Man from Cancer" after it was commissioned and paid for, because, according to the editor, "it focused too much on tobacco," and "the magazine is running three full-page, color ads [for tobacco] this month."[169] Television investigative reporter John Stossel has stated on the show, *20/20*, "The publisher [of *Family Circle*] denies that cigarette articles are censored, yet a few years ago, the magazine asked me to write an article and said, 'Don't write about cigarettes. It might offend advertisers.' "[174]

Partial censorship has taken such forms as "softening" references to smoking—qualifying them—for example, by an editor's inserting the adjective "heavy" into a statement that smoking is dangerous (i.e., "heavy smoking is dangerous"), and moving references to the hazards of tobacco to the end of lengthy articles, when the author had placed them at the beginning. Whelan and her colleagues have reported several examples of this kind.[17,171] Similarly, Okie, a physician who writes a health column for *Cosmopolitan*, says that smoking is the one subject (except occasionally for alcohol abuse) for which "softening" editing occurs regularly. Okie is convinced that this type of editing is a response to editors' concerns about alienating tobacco advertisers (personal communication, March 18, 1986). Helen Gurley Brown, the publisher of *Cosmopolitan*, has essentially acknowledged this in the case of her magazine. In an article in the *Washington Post*, she is quoted as saying, "Having come from the advertising world myself, I think, 'Who needs somebody you're paying millions of dollars a year to come back and bite you on the ankle?' "[120]

Brown's response is unusually candid. Several writers and reporters have been told by editors and publishers, off the record, that the censorship issue is real and occurs with regularity. Few of these editors and publishers are willing to say this on the record, however. And when some have been asked about the issue on the record, they have denied that censorship exists, despite the fact that they had confirmed it in earlier off-the-record discussions.

The author of an article on the censorship issue, eventually published in the *Washington Monthly*, alleges that this is what happened in the case of his article, originally prepared for the *New Republic*.[162,163]

Much of the purported influence of cigarette advertising appears to take the form of media self-censorship, reflecting publishers' perceptions that substantial revenues will be lost if a publication openly addresses the issue of smoking and health. Illustrative of the fear some publishers feel is the example of a reporter who was fired in 1982, after writing a preview of the Kool Jazz Festival in which he labeled a disease caused by smoking as "un-Kool" and noted that Duke Ellington had died from lung cancer. According to the reporter, "The publisher . . . called me in to his office [the next day] and he said, 'If we have to fly to Louisville, Kentucky, and crawl on our bended knees and beg the cigarette company not to take their ads out of our newspaper, we'll do that.' And then he told me, 'You're fired.' " When questioned about the characterization of the situation, the publisher said, simply, "True."[174]

The avoidance of discussion of smoking is dramatic, if not necessarily obvious (due to its absence), in the obituaries published by both newspapers and magazines. Typically, the victim of a smoking-related death is described as succumbing following "a long illness"; or the disease may be labelled as "cancer", but rarely "lung cancer." Even when cancer or lung cancer is indicated as the cause, it is extremely rare to see the victim's smoking status referenced. In part, one might assume that this occurs out of respect for the family of the deceased. This is what the *New York Times* informed Elizabeth Whelan when she inquired why the story on the death of a prominent New York City politician in his middle 50s had not mentioned that he was a heavy smoker and had died of lung cancer. Whelan questioned this motivation when she noted that the death announcement placed by the family, at the bottom of the same page as the story, requested that donations be sent to the Sloan-Kettering Memorial Cancer Center for lung cancer research (personal communication, August 15, 1986). Families' wishes certainly should be respected; and no one would argue that obituaries should be the forum for a crusade against smoking. Nevertheless, the virtually complete failure of publications to identify decedents' smoking status implies the loss of a potentially powerful educational tool regarding smoking and health.

The censorship phenomenon appears to extend to other tobacco

products, in addition to cigarettes. Recently, the author of an article on athletes' giving up smokeless tobacco was told by a baseball writer of *Sports Illustrated* that the magazine's management might perceive a "conflict of interest" in publishing an article that was negative on a product advertised in the magazine. Despite favorable reviews by the baseball writer and a senior editor, the article was turned down.[175]

It has been suggested that it is standard practice for major advertisers to be alerted in advance about stories that could be detrimental to their business; until the early 1980s, R.J. Reynolds reportedly requested such notification routinely.[176] Illustrative of the potential consequence of this policy is the June 6, 1983, issue of *Newsweek*. That issue included a four and one-half page article on the nonsmokers' rights movement, and it carried no advertisements for cigarettes. With cigarette ads typically bringing in up to $1 million per issue in *Newsweek*, the decision to publish the article appears to have been an expensive one. *Newsweek* claims that its tobacco advertisers learned of the intended article as a result of calls for information from reporters and requested that their advertisements be moved to later issues.[177] To corroborate this claim, we reviewed the numbers and distribution of ads in the issues preceding and following the June 6 issue for three months in each direction, and we compared them with the ads in the same months for 1982 and 1984. We could find no pattern of ads that would be consistent with *Newsweek*'s claim.

Another example of the relation between advertising and coverage is the 1978 and 1979 cancellation by three tobacco companies of all their cigarette advertisements in *Mother Jones*, after publication of two articles on tobacco. An editor of *Mother Jones* said that the companies "made it clear that *Mother Jones* would never get cigarette advertising again." Loss of these advertisements caused the magazine "severe problems from the considerable lost revenue."[171]

The experiences of *Newsweek* and *Mother Jones* illustrate that although no publication is exempt from the editorial pressure associated with cigarette advertising, smaller publications may be particularly vulnerable. A major national publication may have enough market power to afford an occasional article or commentary on the hazards of smoking. The publication's profits may permit the one-time loss of revenue, to whatever extent it occurs, and the size of its readership makes the cancellation of cigarette

advertisements an unlikely punishment. For the smaller publications, however, economic viability is typically marginal, adding importance to all advertising revenue, and circulation is insufficient to ensure the cigarette companies' allegiance.

While the broadcast media have provided a few excellent programs on tobacco and health issues in recent years, studies of broadcast programming have found little coverage, particularly in the years preceding the 1971 ban on cigarette advertising in broadcasting. One study of television coverage did not find a single documentary on smoking from 1938 through 1955, the era in which the first solid scientific research was being published and discussed in the scientific community. The study also showed that television stations completely ignored three major smoking-and-health news events in 1960.[178] On a public television panel, Howard K. Smith bemoaned the fact that a 1965 CBS documentary on smoking and health had created the impression of balance between the opinions of medical professionals, "who had every reason to be objective," and representatives of the tobacco industry, "who have no reason to be objective." "The public was left with a blurred impression that the truth [about the role of smoking in cancer] lay between [the two sides] whereas . . . we have everything but a signed confession from a cigarette that smoking has a causal relation to cancer."[167]

Censorship is found in other media as well. According to Whelan, thousands of dollars raised to place antismoking messages on billboards were rejected by a billboard company "because it didn't want to alienate its tobacco clients."[179]

Critics of the media's coverage of smoking and health emphasize the exemplary coverage of a few publications that do not accept cigarette advertising. Preeminent among these is *Reader's Digest*. Even the *Digest*, however, has experienced the monetary influence of the tobacco industry. Because of the magazine's vigorous coverage of smoking and health, it has been reported, the American Tobacco Company asked the *Digest*'s advertising agency to drop its account with the magazine. The account was worth $1.3 million, but the American Tobacco Company's account with the same agency was worth $22 million. The wishes of the tobacco company were respected.[167]

The influence of cigarette advertising extends not only to editorial policy but also to advertising policy. Some publishers have reportedly rejected advertising solely because it had an antismoking

message. For example, the president of World Wide Media, Grace Reinbold, reported difficulties in placing advertisements for antismoking clinics. Of 36 national magazines contacted by Reinbold, "22 . . . responded with an absolute 'no' to anti-tobacco advertising but would not state an explicit reason." *Psychology Today* would not accept any advertising with an antismoking theme, telling Reinbold, "we have a lot of money that comes in from tobacco companies, and frankly, we don't want to offend our tobacco advertisers." *Cosmopolitan* also refused to accept the advertisements, noting that "we get 200 pages of cigarette advertising . . . [A]m I going to jeopardize $5 or $10 million worth of business?" Three magazines were willing to accept Reinbold's advertisements.[174,180]

The potential reach of the influence of tobacco company advertising extends to the threat of loss of *non-tobacco* product advertising for products sold by the cigarette-manufacturing conglomerates. Given tobacco company ownership of consumer products companies such as Nabisco and General Foods, the potential for economic intimidation of virtually any publication is self-evident. As a dramatic example, given its record of coverage of smoking, the *Reader's Digest* has been reported to have recently rejected a proposal from the American Heart Association to publish an advertising supplement on heart disease because the supplement would have discussed the role of smoking. According to a Heart Association memo, the editors of the *Digest* "voiced concern that they would not be able to find sponsors because their major advertisers are food companies now owned by tobacco companies."[179] Obviously, such intimidation can extend to the broadcast media as well. Recently, for example, an antismoking public service announcement was turned down by a New York City radio station reluctantly but explicitly due to fear of loss of nontobacco ad revenues from the tobacco conglomerates.[181]

If there is such a thing as a "paragon of virtue" in journalism, many people think that it is the *New York Times*. Indeed, the *Times* deserves credit for having insisted on health warnings on cigarette ads before they were legally required and for occasionally providing excellent coverage of smoking-and-health issues. Nevertheless, the *Times'* record with regard to tobacco is not unblemished. Emblematic is the years-long correspondence that Dr. George Gitlitz, a New York State vascular surgeon, carried on with the *Times* concerning the paper's acceptance of cigarette ads.

He wrote numerous letters, several intended as letters-to-the-editor, yet not one was ever published. Responses to the others, when they were offered, were uninformative. The correspondence, much of it published in 1983 in the *New York State Journal of Medicine*, makes for fascinating, telling reading.[182] Gitlitz finally succeeded in getting the *Times* to agree to publish an op ed column by him on the subject of cigarette advertising and journalistic responsibility. But the *Times* required Gitlitz to "depersonalize" the article by changing references to the *Times'* responsibility to refer to the responsibility of newspapers in general.[183]

The issue of the media's coverage of smoking and health and its relation to dependence on advertising revenues was accented in recent years by two episodes in which major medical associations apparently went along with major publications' insistence to downplay or ignore smoking as a health hazard. In both instances, the associations were responsible for writing special supplements on personal health care, supplements that purported to tell readers what they could do to improve and preserve their own health. Mentioned in Chapter 3, these episodes warrant description here both because they add to the evidence that the media restrict discussion of smoking and because they illustrate that even major medical organizations have capitulated to pressure to avoid the topic.

The first supplement was prepared by the American Medical Association and published in *Newsweek* on November 7, 1983. "This special supplement," the introduction said, "offers easily understandable information on good health from the most knowledgeable and dependable source available: the medical profession itself." The supplement promised to discuss "the most important things" related to health and devoted full pages among its 16 pages of text to detailed advice on diet, exercise, weight control, and stress. Although the Surgeon General considers smoking the most important public health issue of our time, the AMA-*Newsweek* supplement mentioned cigarettes in only four sentences, none of which explicitly identified smoking as a health hazard. The same issue of *Newsweek* contained 12 pages of cigarette advertisements, worth close to $1 million in revenues.

In response to an inquiry, a spokesperson for *Newsweek* said, "we naturally share concerns regarding smoking . . . but hope that you understand that there is just not enough space sometimes to do justice to all the subjects involved."[184] The executive director

of the AMA explained that "[s]ince smoking . . . and [its] effect on health are actually quite complex subjects for people to accept, and since most people need counseling and help to deal with them, it was thought that these subjects are best discussed with a physician to allow for the greatest interaction between the person with the habit . . . and the person who can best explain and advise on a proper course of action."[185] Thus, in 16 pages of text on "the most important things" one could do to improve one's health, *Newsweek* claimed it "just [didn't have] enough space" to discuss the leading cause of premature death and avoidable illness. The AMA suggested that the health effects of smoking are more complex for people to understand than the less well-established health effects of moderate overweight, stress, and a sedentary life style. Furthermore, the AMA implied that people are better prepared to deal by themselves with sustained weight reduction, for example, than with quitting smoking. Yet an estimated 95 percent of the 34 million people who have permanently quit smoking have done so on their own, while sustained weight loss, on one's own or through an organized program, is a relative rarity.

An alternative explanation for the omission of discussion of smoking in the supplement is found in a letter from the science news editor of the AMA to a physician in the state of Washington: "[The AMA's] intention, expressed and argued, was to have a much stronger statement . . . [about] smoking. *Newsweek* resisted any mention of cigarettes . . . "[186] As the supplement shows, the AMA went along with *Newsweek*'s insistence.

Less than a year later, on October 8, 1984, *Time* magazine published a similar supplement, produced by the American Academy of Family Physicians. The text of this supplement contained absolutely no references to smoking and a brief health quiz included questions about smoking behavior that had been sufficiently distorted as to give the appearance that "moderate" smoking was "okay". In an unpublished letter to the editor of *Time*, the chairman of the board of the Academy expressed "disappointment that editors of the supplement chose to edit out narrative references to the health hazards involved in smoking cigarettes . . . in the final copy."[187] The implicit suggestion of the letter was that the removal of references to smoking was accomplished without the knowledge of the Academy. More recently, however, the Academy acknowledged that it had been aware of *Time*'s progressive elimination of material on tobacco in successive drafts and, like the AMA in the

Newsweek case, had chosen to go along with the deletions rather than forego the supplement altogether.[120] The October 8 issue of *Time* contained eight pages of cigarette ads.

The medical societies', and the magazines', avoidance of the subject of the hazards of smoking ultimately may contribute to the health toll of smoking. Certainly the message conveyed to the public by the supplements is that the nation's leading medical authorities do not consider the hazards of smoking to rival those of moderate overweight, stress, or a sedentary life style. This is precisely the kind of coverage that can contribute to the public's gross underestimation of the dangers of smoking, discussed in Chapter 3. The potential impact is illustrated by the report of the executive director of a consumer health organization that smokers are using the supplements to justify their continued smoking because "even the AMA doesn't think cigarettes are worth mentioning."[188]

The first AMA/*Newsweek* supplement created substantial professional criticism of the AMA.[96] Such criticism may have contributed to the AMA's decision to include a brief but strong statement on the hazards of smoking in a second *Newsweek* supplement, published October 29, 1984. The five paragraphs on smoking constituted only four percent of the entire text of the supplement. Nevertheless, it is interesting to note that that issue of *Newsweek* contained only four pages of cigarette advertisements.

On September 9, 1985, *Newsweek* published its third AMA supplement on personal health care. Like the first supplement, this one virtually ignored smoking. In discussing the prevention of cancer, the text dedicated 11 paragraphs to breast cancer, which it erroneously identified as the leading cause of cancer death in women, and six of these paragraphs discussed breast self-examination. In startling contrast, lung cancer—which in 1985 surpassed breast cancer as the leading cancer killer of women—received mention in only one paragraph, in which the AMA noted that "lung cancer . . . [is] linked to . . . cigarette smoking." The supplement offered no advice to smokers as to resources to help them to quit; nor did it address the primary prevention of smoking.

The American Academy of Family Physicians reportedly asked *Time* to permit the Academy to prepare a second supplement, but with the understanding that the Academy would retain editorial control of the text. *Time* refused to agree to this constraint and the Academy decided not to prepare another supplement for *Time*.[95]

If the media have avoided the bad news about smoking, they have shown no reluctance in dealing with the "good news." Above we noted that the obituaries of victims of smoking-related diseases rarely mention the decedent's smoking status. Yet a few years ago, when comedian Andy Kaufmann died at an early age of lung cancer, the nation's newspapers made a significant news story out of the fact that Kaufmann was a "health nut" and lifelong nonsmoker. The coverage undoubtedly reinforced the public's substantial underestimation of the importance of smoking in lung cancer.

A second dramatic illustration of an apparent enthusiasm for promoting the "good news" side of the tobacco story was *Cosmopolitan*'s recent (January 1986) article on smoking and health. The magazine's first article on this subject in many years, the story reported the findings of a single scientific study suggesting that heavy smokers have a lower rate of endometrial cancer than nonsmokers, and noting that quitters' risk of endometrial cancer approached that of never-smokers a few years after quitting. While the story mentioned the "downside" to smoking and cancer, the headline and emphasis of the story could reassure the smoking reader that the cancer risks and benefits of smoking roughly "balance out." *Cosmopolitan* is regarded by the American Council on Science and Health as providing the worst coverage of tobacco of all the major women's magazines.[172]

Evidence such as that presented here strongly suggests that the public is fed a media diet deficient in accurate news, comment, and commercial promotion relating to the adverse consequences of smoking. Bagdikian has observed that "medical evidence on tobacco and disease has been treated differently from any other information on carriers of disease that do not advertise." In support of this contention, he noted that "In 1980 . . . there were still more stories in the daily press about the cause of influenza, polio, and tuberculosis than about the cause of one of every seven deaths in the United States."[167]

Implications of Suppression of Media Coverage. The chain connecting cigarette advertising revenues to smoking behavior, and ultimately to health effects, has several links, each firmly in place. That some of the media, especially magazines, are highly dependent on cigarette advertising revenues is clear from a simple examination of the dollar volume of such revenues and their percentage

contribution to the total advertising revenues of those media. That that financial dependency translates into media self-censorship on the subject of tobacco and health seems obvious from the wealth of anecdotal evidence and the direct testimony of the involved actors. While the case relies on anecdotes and testimony, their sheer quantity and power together lead to the clear conclusion that the media's coverage of tobacco is affected by dependence on tobacco ad revenues. The public, one must conclude, is receiving substantially less (and less accurate) information on and editorial discussion of the hazards of tobacco than it would be were tobacco merely an agent of disease that did not advertise.

The next link in the chain follows logically and is supported by a wealth of survey evidence: the public's knowledge of and attitude toward tobacco have been affected significantly by what coverage the media have afforded the subject. Suppression of coverage means that the public's knowledge base is less than it would be had coverage reflected the inherent newsworthiness of the topic. Suppression of coverage undoubtedly contributes to the surprising superficiality of the public's understanding, described in Chapter 3.

That increased knowledge of tobacco's hazards has altered smoking behavior is well-established by a myriad of behavioral changes all consistent with the knowledge change that has occurred. Fewer people are smoking today than would be the case had the hazards of smoking never been studied and brought to the public's attention; among smokers, there is a strong tendency to adopt smoking behaviors that are perceived to be less hazardous (e.g., low t/n cigarettes). Nevertheless, the "residual" smoking population includes 56 million members, almost a quarter of the American public, including children. On average, they smoke a pack and a half per day, 11,000 cigarettes per year. About 350,000 of them will die each year as the result of their habits. Hundreds of thousands of others will suffer as the result of smoking-related illness and disability.

The bottom line is that the media's yielding to the pressure of tobacco ad dollars is likely responsible for thousands, perhaps millions, of Americans continuing to smoke who would not be doing so had the media simply covered tobacco as they would any other comparably important cause of disease that was not the object of a multi-billion dollar advertising campaign. The logical conclusion is a strong one, yet it is inescapable: people have died

and will die as the result of the media's failure to accord tobacco and health the coverage that is warranted by the inherent interest and importance of the subject.

The potential significance of this conclusion is suggested by the finding that, as the result of their antismoking campaign-induced decisions to quit smoking or not to start, over 200,000 Americans did *not* die prematurely in the first 15 years following the Surgeon General's report.[189] While this accomplishment ranks high among the public health accomplishments of the century, almost four million other Americans *did* die of smoking-related diseases during the same years. It can only be left to conjecture as to how many of those four million people would not have died prematurely, how many would be alive today, if the media had simply done their job.

Summary and Conclusion

To the tobacco industry and its allies in the media and the field of advertising, cigarette advertising serves merely to allocate slices of a market pie of fixed size to the various cigarette companies. To members of the public health community, advertising and promotion are significant weapons in a tobacco industry arsenal dedicated to recruiting new smokers.

The evidence suggests that attributing a singular or exclusive role to advertising and promotion is inappropriate. The brand-share function is undoubtedly a major one. Yet the logical and empirical case for concluding that advertising and promotion encourage cigarette consumption, including initiation of the habit, substantially dominates the case against this proposition. The formal analytical evidence on the direct effects of advertising leaves room for uncertainty, but the preponderance of evidence of all types supports the existence of a relationship between promotion and cigarette consumption. The evidence on the indirect effects—the suppression and distortion of media coverage of tobacco, and the consequent impact on the public's knowledge and smoking behavior—leaves little room for doubt.

CHAPTER 6

POLICY ALTERNATIVES

The idea of restricting or regulating promotion of tobacco products is not new. Smoking itself was illegal in many states early in the century.[17] In the latter half of the century, federal regulation has included the requirement that cigarette packs and ads carry a health warning label and advertising has been banned from the broadcast media. At the state and local level, a variety of other promotional activities have been prohibited, such as free distribution of product samples on a city's streets. Internationally, dozens of countries impose restrictions on cigarette advertising, including the complete banning of cigarette ads.[144,190]

Whether or not tobacco promotion warrants further remedial action in the United States—perhaps a philosophical as much as factual question—powerful social voices have raised the matter with a forcefulness that has not been experienced for a decade and a half. Recent calls for a ban on tobacco promotion by major health organizations have commanded a position for the question on the national health policy agenda. The ban proposal—the most restrictive and hence most dramatic of several alternatives—is center stage at present, but alternative policy measures are also receiving attention.

The present chapter discusses the ban and outlines the nature of alternative policy measures, identifying the major issues that each raises. Evaluation of the potential effectiveness of these measures is limited both by the availability of relevant objective evidence and by the imprecise articulation of the purpose of the measures. Some proponents of restrictions on advertising and promotion base their advocacy on the expectation that restrictions would result in substantial decreases in tobacco use. Others might wish to alter a perceived imbalance in the public's exposure to pro- and anti-tobacco information. Still others may simply seek the elimination of the inconsistency of the legal glamorization of tobacco use and governmental labeling of tobacco as the nation's most important public health problem.

Banning Promotion of Tobacco Products

The notion of a comprehensive prohibition of all forms of promotion of all tobacco products is fairly new in the United

States. Calls by major health organizations for the elimination of cigarette advertising date back almost two decades—in 1967, the American Cancer Society urged voluntary cessation of advertising[191]—but the new campaign is unique in its intensity and breadth. The more timid call for voluntary restrictions is gone; all recent proposals have called for federal legislation. Reflecting a growing awareness of the diversity of promotional techniques, and the steady growth in the nonadvertising share of the tobacco companies' promotional budgets, proposals now cover all forms of promotion and not simply advertising. Reflecting rapid diffusion of the smokeless tobacco habit among teenage boys, and the associated advertising and promotion campaign, proposals cover all forms of tobacco use. In the space of less than half a year, from late 1985 to early 1986, three of the nation's most influential health organizations—the American Heart Association, American Medical Association, and American Cancer Society—issued calls for the abolition of tobacco advertising and promotion. In so doing, they joined forces with numerous other prominent national and international health organizations that have supported bans covering the spectrum from cigarette advertising alone to all forms of promotion of all tobacco products.*

The call for a ban raises issues ranging from the philosophical to the purely pragmatic. The most visible and fundamental is the question of free speech, or more specifically in this instance commercial free speech, the right of the producers of a legal product to advertise and the right of consumers to have access through ads to information on legal products.

At the opposite end of the spectrum, one of the most significant pragmatic issues is that withdrawal of hundreds of millions of dollars of cigarette advertising revenues might jeopardize the

* The Board of Directors of the nation's other major voluntary health organization, the American Lung Association, passed a resolution "encourag[ing] the cessation" of tobacco advertising and promotion in December 1983. The resolution did not state whether "encouragement" referred to voluntary or legal means. In December 1985, however, the Board commended the AMA for joining the ALA in the effort to eliminate tobacco promotion. This was followed in short order (May 1986) by a resolution describing detailed steps to achieve the elimination.[192] Other health organizations that have called for bans, many within the year preceding the announcements by the AHA, AMA, and ACS, include the American Academy of Pediatrics, American Academy of Family Physicians, American College of Emergency Physicians, National Advisory Council on Drug Abuse, British Medical Society, Canadian Medical Association, and World Health Organization.

existence of some publications and the quality of others. Similarly, the availability of concerts, art exhibits, and sports events might be diminished by loss of tobacco sponsorship, especially in the short run. Also at issue are such questions as what difference a ban would make in Americans' smoking behavior—the focus of much of the preceding discussion—and whether less restrictive policies might achieve desired effects while proving less threatening to First Amendment freedoms. An important pragmatic question is whether a ban-produced decrease in tobacco company costs would lead to product price reductions that, in turn, would increase the demand for tobacco products; and if so, how such demand increases would compare with possible decreases reflecting the elimination of advertising and promotion.

The free speech issue is the most fundamental philosophical question and the most obvious grounds for developing an impressive coalition in opposition to a ban. While the principle of free speech deserves the widest and broadest protection, several qualifications apply in this instance. First, does commercial free speech differ from political, religious, and other types of free speech? Court decisions clearly draw distinctions between these, but different legal scholars have arrived at different conclusions as to the applicability of the body of case law to the question of the ban. Several leading experts, including independent consultants and a government attorney, have concluded that a ban would not violate First Amendment protections,[193-195] but others believe that it would.[196,197] A recent Supreme Court case lends credence to the position that a ban would be found constitutional. On July 1, 1986, the Court ruled that Puerto Rico could prohibit advertising of casino gambling, despite the legality of the activity. Of particular interest, the majority opinion suggested that states could ban or restrict advertising "of products or activities deemed harmful, such as cigarettes, alcoholic beverages, and prostitution."[198] Despite this decision—representing a 5-4 split among the justices—the diversity of opinion and the complexity of the issues seem certain to occasion a court battle should Congress legislate a ban.

In part, the issue revolves around a pragmatic question: could the desired social effect be accomplished by less restrictive regulatory measures? Both legal theory and case law suggest that commercial speech can be restricted to achieve a compelling (and competing) social goal, such as preservation of the public's health, but the law seems to call for the least infringement upon commercial

free speech necessary to attain the goal. Ban proponents argue that anything short of a complete ban would fail to eliminate the negative health consequences they perceive to derive from tobacco advertising and promotion. Opponents of a ban, including some health professionals who find tobacco promotion distasteful, question whether even a complete ban would significantly affect tobacco consumption. In this context, empirical analysis of the effects of promotion becomes relevant; and the difficulties of such analysis, discussed above, are highlighted.

The commercial free speech argument is muted conceptually, if not necessarily legally, by the fact that free speech for tobacco advertisers appears to translate into restricted speech for the media recipients of tobacco ad expenditures, as discussed in the preceding chapter. If the journalism profession could resolve this issue, this concern might diminish in importance. But the economics of tobacco advertising seem so compelling as to make universal voluntary elimination of the problem appear essentially unattainable. If this is true, then the appropriate framing of the issue may be the choice between competing restrictions on genuinely free speech, with the media's freedom restricted at present and the tobacco industry's freedom restricted in the event of a ban.*

The notion that tobacco advertising should be legal because tobacco products are legal products is the fundamental rallying cry of ban opponents. Its apparent appeal is diminished, however, when one considers the nature of the legality of tobacco products. First, use of tobacco products is *not* universally legal. Sale to children is illegal in over three-quarters of the states (with minimum purchase ages varying). In other instances in which products are not legally available to minors, advertising has been restricted, often severely and occasionally completely. A notable example is the wares available in "adult book stores."

Second, the legality of tobacco products stems from historical accident and deliberate circumvention of the nation's legal and regulatory apparatus intended to deal with hazardous substances. The historical accident is that tobacco use diffused widely before

* For reasons discussed above, banning tobacco ads would not eliminate the advertising revenue pressure for the media to downplay coverage of tobacco issues; the tobacco companies are now among the leading producers, and advertisers, of nontobacco consumer products. A ban, however, would almost certainly diminish the perceived pressure to avoid coverage of tobacco and health. This in turn would likely increase such coverage.

the hazards of tobacco were well understood. Apart from judging its philosophical merits, banning tobacco products today would be wholly impractical, as it would make criminals out of more than 50 million law-abiding citizens who are physiologically and psychologically dependent on their tobacco products.

Tobacco products are legal today solely because they have been specifically exempted, by legislation or administrative decision, from the regulatory authority of numerous federal agencies mandated to protect the public from hazardous products. In several instances, federal law clearly would require the banning of tobacco product sales were it not for the explicit exemption of these products. For example, federal legislation specifically precludes the Consumer Products Safety Commission from considering the safety of cigarettes, despite the fact that cigarettes are responsible for more deaths than the combination of all of the other products that have come under the Commission's purview. As a second example, the Food and Drug Administration has repeatedly chosen not to evaluate the safety of tobacco products, claiming that they are neither food nor medication. Yet the makers of a nicotine-based chewing gum, an aid to smoking cessation, secured FDA approval before marketing their product, and it is available only with a doctor's prescription. As a further irony, the stringent Delaney clause requires that food additives found to cause cancer in laboratory animals must be removed from the market. Yet the nation's most significant source of cancer death escapes coverage. With tobacco products' legality predicated on such exceptional grounds, ban advocates perceive an exception to the legal-to-sell, legal-to-advertise principle as readily justifiable.

Support for the legal-to-sell, legal-to-advertise principle has been echoed by a number of interested parties, ranging from the tobacco industry, to associations of advertisers, to the media, to the American Civil Liberties Union. While the theme is invariably couched in terms of basic principles, several adherents have an obvious practical economic interest in the outcome of the ban debate. In the case of the tobacco industry, the relative importance of principle and pragmatic economic considerations is suggested by the experience of the late 1960s, when the industry worked quietly to encourage the broadcast media ad ban in order to eliminate the Fairness Doctrine antismoking messages.[115]

Pragmatic considerations head the list of concerns of several interest groups. The notion that removal of tobacco advertising

would jeopardize the economic viability of some publications has some basis in fact, although the likely extent of this phenomenon has been exaggerated. While some economically marginal publications might be forced out of business, the vast majority probably would adjust with relative ease. This was the experience of the broadcast media following the 1971 ban, despite dire predictions to the contrary. A similar assessment applies to cultural activities and sporting events, with the viability of selected events jeopardized in the short run.

A pragmatic and philosophical concern is that the banning of tobacco advertising might generalize to other products, such as alcoholic beverages, foods high in cholesterol or salt, automobiles, and so on. To this idea, ban advocates respond by noting that the same concern was raised at the time of the cigarette broadcast ad ban and the fears proved to be wholly unwarranted. Ban advocates also point to the quantitative and even qualitative uniqueness of the problem of tobacco use. Tobacco products, they argue, constitute the only significant legal consumer products that are harmful when used as intended. Furthermore, the magnitude of the harm associated with this product is unprecedented and has no parallels today. And most smokers become addicted before they reach the age of legal accountability.

This last point underlies one of the proponents' strongest arguments for a ban on promotion of tobacco products. The cigarette manufacturers claim that they do not want children to smoke. A wide variety of evidence, and simple logic, indicates that the industry cannot genuinely hold this position. Tobacco experimentation typically begins in the early teens, and the habit of regular cigarette smoking is usually established today by the mid-teens; rarely does smoking begin in adulthood. Further, it is the addictiveness of tobacco that sustains much of its use. Without children adopting tobacco habits, ban advocates conclude, tobacco use would diminish dramatically. Thus it is essential for the survival of the industry that children be attracted to tobacco, and it appears to ban proponents to be no accident that many tobacco promotions portray role models the young aspire to emulate.

That the public might be offended by tobacco companies using advertising to encourage tobacco use by children is emphasized by the very fact that the tobacco companies are so vehement in their protestations that they do not advertise to children. The appropriate question, then, is how society can assure that tobacco

use is engaged in only by the truly knowledgeable, consenting adult. Discouraging the initiation of use in the impressionable teenage years would seem to be essential to this. To proponents of a promotion ban, eliminating the seductive imagery of tobacco advertising is vital to discouraging initiation of smoking and smokeless tobacco use by teenagers. Prohibiting tobacco advertising would have this effect, at least in the print media. Restricting sponsorship of sports events could help to dispel the association between tobacco and athletics.

The fundamental question remains, however, as to whether or not, and how much, advertising and promotion entice children to use tobacco products. The conventional wisdom of the health community—that promotion does encourage experimentation and habituation—has much logical appeal and finds support in a wealth of anecdotal experiential evidence, but the body of formal research on the question, examined above, is not definitive.

Tombstone Advertising

Instead of banning advertising, policy could restrict its content. A common proposal in this area is that tobacco product advertising be restricted to "tombstone advertising," a mode in which no models, slogans, scenes, or colors are permitted. Tombstone ads could be restricted to pictures of the cigarette packages (with no models or scenery permitted on the packs) or to the brand name only, possibly restricted by type size, shape, and color, perhaps supplemented with prescribed data on tar, nicotine, and carbon monoxide, for example, and price.[80]

The Federal Trade Commission is charged with monitoring advertising for false or misleading claims. Tombstone advertising might be justified on the grounds that it is the only form of advertising that is not in violation of such standards. According to proponents of this approach, the advantage of restricting advertising to the tombstone mode is that the free-speech issue is mitigated, while the false and misleading imagery is avoided. Furthermore, by permitting data on tar, nicotine, CO, and price, tombstone ads would allow dissemination of factual and useful information to consumers, as the advertisers claim they want to provide.

The most obvious weakness of the tombstone approach is that it does not begin to address the growth area of cigarette promotion, its nonadvertising forms. A second possible disadvantage is that, to the extent that the manufacturers continued to advertise, the

influence of ad revenues on publications' coverage of tobacco would remain. It must be assumed, however, that restriction of advertising to the tombstone mode would cause manufacturers to substantially reduce the volume of their advertising and correspondingly hasten the shift toward nonadvertising forms of promotion. Reduction in conventional advertising would mitigate the revenue-influence issue, if not eliminate it.

Enforcement of an Advertising and Promotion Code

Perhaps the least intrusive approach to restricting the false and misleading imagery of tobacco ads would be to develop a code defining permissible imagery in tobacco ads and then to develop an effective mechanism to assure that the Federal Trade Commission monitored advertising and strictly enforced compliance with the code. A good starting point for such a code might be the manufacturers' own voluntary advertising guidelines, developed in the 1960s.

In a similar context, the R.J. Reynolds "open debate" campaign could be interpreted for what it is: product promotion. In this capacity, all of the ads in the series could be required to bear the Surgeon General's health warning label. As a remedy to the misleading material the company has published, the Federal Trade Commission or the courts could require Reynolds to disclose in future ads that there is no genuine controversy on the hazards of tobacco.

The FTC's failure to respond expeditiously to the request to seek a remedy in the case of the ad entitled "Of Cigarettes and Science," combined with a history of lengthy FTC negotiations with tobacco advertisers on other advertising matters,[111] suggests the difficulty of establishing an effective procedure to assure compliance. Further, experience in Great Britain with agreements developed collaboratively by the government and the tobacco industry has not been encouraging in this regard.[116] The least restrictive of the alternatives we consider, the development of an advertising code also seems least likely to have any significant effect on the adverse impacts attributed to tobacco advertising. As in the case of tombstone advertising, it would not address other forms of promotion, although there, too, legal codes of acceptable behavior could be developed. For example, manufacturers could be forced to comply with their stated standards of not distributing

product samples to children and not engaging in sampling activities near centers of youth activity.

Counteradvertising

Perhaps the most discussed alternative to a promotion ban is development of a means of funding a substantial counteradvertising campaign, a paid use of the media that could carry the tobacco-and-health message to the public with a frequency equal to at least a significant fraction of that achieved by tobacco advertisers. The concept of a media antitobacco campaign appeals to large segments of the public health community, primarily because experience with the Fairness Doctrine messages on TV and radio from 1967-70 was so successful. Empirical analysis has documented that the antismoking messages, produced by the major voluntary health organizations and the federal government, depressed cigarette consumption much more than pro-smoking advertising encouraged it.[83] This accomplishment was particularly impressive in light of the much greater frequency of the latter and their greater concentration in prime time, as well as the amateurish quality of many of the antismoking messages.[91]

The major problem with the counteradvertising strategy is how to fund it. For a counteradvertising campaign to match even a tenth of the expenditures the tobacco industry devotes to promotion would require $200 million. A quarter of the industry effort would necessitate $500 million. These amounts substantially exceed the resources that could even conceivably be made available through the major voluntary agencies' combined budgets, not to mention the minimal sums devoted to the federal government's Office on Smoking and Health.

Two policies could raise the needed resources. One would be the development of a requirement that tobacco advertisers pay for an equivalent amount of space (or some fractional amount) to be used by organizations promoting understanding of the health consequences of smoking, such as the major voluntary associations and the Office on Smoking and Health. According to proponents of this approach, an "equal space" requirement would permit the public to receive some balance in its exposure to the characteristics of tobacco products.

While the notion of having tobacco advertisers pay for advertising space to combat their products may seem remarkable, the practice

is already in effect: all cigarette ads are required to carry the Surgeon General's warning. The fact that the counteradvertising proposal seems so radical simply emphasizes how relatively ineffectual the Surgeon General's warning seems to be. The lesson of the warning is that a small written message cannot compete for attention with the much larger slick visual imagery of tobacco ads.[80] Large, visually slick counterads might compete successfully.

The second policy would be to earmark a few pennies of the federal cigarette excise tax to pay for a media antitobacco campaign. Each penny of the federal tax generates almost $300 million, so even as little as one penny devoted to the effort would permit a visible campaign. For the typical pack-and-a-half per day smoker, a one-cent tax would amount to less than $5.50 per year, while a five-cent earmarked tax—generating almost $1.5 billion—would cost the smoker just over $27 annually. The tax has the desirable feature of yielding diminishing revenue as consumption—and hence need for antitobacco publicity—falls. The earmarking proposal could also be applied at the level of state government. In recent years, a handful of states have begun to earmark cigarette taxes for a variety of health and health care purposes, but thus far no state has created substantial resources for a media antismoking campaign.

The idea of government purchasing advertising time might strike some observers as being inappropriate, or at least unusual. While appropriateness might be debated, the practice has considerable precedence. Currently, the federal government purchases ad time for the Departments of Defense and Transportation, and authority exists for the Department of Energy to buy time for energy conservation advertising.

These two options for funding a counteradvertising campaign have quite different implications in one important capacity: the first must be construed as an alternative to an advertising ban; it depends on the continued existence of tobacco advertising to materialize. In contrast, the second need not be considered an alternative. Drawing on tax revenues, the counteradvertising campaign could exist concurrently with a ban on tobacco promotion. The probable effects of the options might be dissimilar as well. If, for example, the "equal space" regulation required that the counteradvertising space be adjacent to that of the tobacco ad, it is likely that the regulation would dramatically decrease the amount

of tobacco advertising, and thereby counteradvertising, and hasten the trend toward nonadvertising promotion of tobacco products.

Other Possibilities

Other approaches to addressing the perceived deleterious effects of tobacco promotion range from variations of the preceding regulatory themes to nonregulatory voluntary efforts. Illustrative of the former would be partial bans, perhaps prohibiting advertising and promotional activities to which substantial numbers of children might be exposed. For example, all ads on billboards and those in magazines with significant readerships under age 21 might be prohibited, along with a ban on sports and rock concert sponsorship and distribution of sample products on city streets. The attraction of a ban on ads and promotional activities reaching children is that the concept of "legal-to-buy, legal-to-advertise" is not violated, since underage children may not legally purchase cigarettes in most states. In a similar vein, in Great Britain a recent agreement between the government and the tobacco industry bans cigarette ads from movie theaters and more than two dozen women's magazines. Lasting for three years, the agreement also limits outdoor cigarette advertising to half of the 1980 level.[199]

Tax policy could represent an alternative regulatory approach. While the excise tax earmarking remains merely a concept, an alternative tax policy proposal is currently before Congress: ending the tax deductibility of tobacco advertising and promotion expenditures. The sponsors of this proposal, Senator Bradley and Representative Stark, argue that taxpayers should not subsidize the advertising of the nation's leading cause of premature death. The constitutionality of this proposal seems to be much less in doubt than the overall ban, as there is no constitutional "right" to tax deductions.

Most of the above proposals involve federal government action. In part, this emphasis reflects the obvious notion that the biggest impact could be achieved at this level. It also reflects an anomalous legal situation, however. One of the provisions of the federal Public Health Cigarette Smoking Act of 1969, referred to as the preemption clause, specifically prohibits the states from regulating cigarette advertising; the federally legislated restrictions "preempt" state action. Little noted at the time of the law's passage, the preemption

clause has come to be recognized as a major asset for the cigarette manufacturers, since it is widely believed that individual states would have taken action on their own, had the law permitted them to do so, as it does regarding other products. In addition to creating a laboratory of potentially interesting experiments and innovations, the possibility of state-level regulation would greatly increase the difficulty of the tobacco industry's lobbying efforts to avoid restrictions on advertising and promotion. The perceived importance of the preemption clause is suggested by the American Lung Association's recently (May 1986) calling for its repeal.[200]

While attention in the tobacco advertising debate currently focuses on the public policy arena, and particularly that of the federal government, we should note in closing a review of "policy" options that the voluntary sector can mount nonmandated efforts that could also affect tobacco advertising and promotion. Illustrative would be consumer boycotts of publications accepting tobacco ads, or of a particular brand of heavily advertised cigarettes, or of sporting events sponsored by tobacco companies. Alternatively, a visible nontobacco product of a major tobacco conglomerate could be the object of a boycott, an idea proposed by APHA President William Foege.[201] A second nonregulatory voluntary effort could involve physicians cancelling subscriptions to tobacco-advertising magazines for their waiting rooms, making sure to inform the magazines of their reason for the cancellations and discussing the effort with the media. The American Lung Association recently issued a call for the removal of all magazine cigarette ads from doctors' waiting rooms.[200]

CHAPTER 7

SHOULD TOBACCO ADVERTISING AND PROMOTION BE BANNED?

The two essential facts that establish cigarette advertising and promotion as a topic of vital public health concern are the morbidity and mortality toll of cigarettes and the massive and multifaceted campaign to promote the product. Each of these facts represents an extreme: cigarettes are the leading cause of premature death and avoidable illness, and their advertising and promotion budget is the largest for any product. Neither of these extreme positions would be essential to mark cigarette promotion as a public policy concern, but together they do spotlight its importance on the stage of public health policy issues.

The nation's leading health officer has called smoking the most important public health issue of our time; he has called for a smoke-free society by the year 2000.[202] Yet the average American views the cigarette pandemic with ignorance of its importance and an associated complacency. This is readily understandable. The product is mundane and ever-present and its disease-causing mechanisms subtle, impossible to "see" or "feel". Smoking-related illness typically occurs in the middleaged and elderly, commonly decades after the habit was initiated; yet new recruits are children, imbued with a sense of immortality, to whom middle and old age are almost abstractions having little personal relevance. That these children will become the next generation of cigarettes' victims results from the addictiveness of smoking, a phenomenon that also has little meaning or personal relevance to a teenager or a pre-teen.

The pervasive glamorization of smoking—in magazine and newspaper ads, on billboards, in sporting events and concerts—perpetuates the association of smoking with maturity, sophistication, success, sex appeal, and athletic prowess—imagery certain to appeal to adolescents. Further, the very legality of cigarette advertising and promotion serves as an implicit endorsement of the belief that smoking "can't really be all that bad," a view to which many smokers and potential smokers want to subscribe. The legality contradicts and thereby diminishes official governmental pronouncements on the hazards of tobacco. Those pro-

nouncements, presented in the drab language of science and bureaucracy, are dwarfed in quantity and attractiveness by the pro-smoking message, which exemplifies the most appealing imagery that Madison Avenue has to offer.

In this context, the tug of war for the hearts and minds of potential smokers would appear to be no contest. Yet the imbalance is greater still, for the influence of the cigarette manufacturers greatly exceeds the attention they can buy directly with $2 billion in promotional expenditures: they also buy a measure of silence from the media. That measure has been enlarged recently by the two dominant firms' acquisitions of Nabisco and General Foods. In magazines that crusade on illicit drugs and environmental hazards, on overweight and stress, silence about tobacco only serves to reinforce the public's perception that smoking is simply one more risk among dozens, a risk factor less important than the absence of smoke detectors in the home. Yet cigarettes, alone, annually kill more Americans than do all of the following together: heroin, cocaine, alcohol, fire, automobiles, homicide, suicide, and AIDS.*

Should tobacco advertising and promotion be banned? The issues are numerous and often complex. While principle—most notably, the freedom of commercial speech—lies at the center of articulated opposition to a ban, pragmatic bottom-line concerns undoubtedly weigh heavily on the minds of the advertisers, media, and tobacco representatives who oppose a ban. A ban would hurt some publications; it might jeopardize selected athletic and cultural events; it would withdraw hundreds of millions of dollars from the nation's advertising agencies.

Would it reduce sales of tobacco products? The tobacco industry

* This is not intended to imply that smoking necessarily represents a greater health or social problem than these other sources of death and misery. Each has a unique set of consequences which are not strictly comparable. For example, while cocaine and heroin cause relatively few deaths, they are enormously destructive of the potential of their users and they create substantial fear and crime. While alcohol kills many fewer people than does tobacco, it is highly socially and emotionally disruptive and may well be more socially costly.[203] Similarly, motor vehicle accidents kill only a seventh or an eighth as many people as smoking, but the victims of the former are disproportionately teenagers and young adults, while the latter are predominantly middleaged and old. The comparison in the text simply presents a fact pertaining to the absolute number of premature deaths. In that context, the toll of smoking exceeds the sum of the other enumerated causes of death by 50 to 100 percent.

and its advertising association colleagues insist that it would not. Much logical evidence and some analytical evidence suggest the contrary, although not all. The tobacco industry's vocal opposition to a ban is itself testimony that the industry does not believe its own stated position: if advertising and promotion do not increase consumption, then their cessation would increase industry profits and might even increase consumption, by permitting reductions in the prices of tobacco products. If such were the case, the industry would support a ban. Their support of the 1971 broadcast ad ban demonstrated that they are more interested in the economic than the philosophical bottom line.

The fate of the nation's magazines and sports events is a legitimate concern, but it should not be exaggerated. Experience in this regard with the broadcast media following the broadcast ad ban proved much less dire than ban opponents had predicted. As important as tobacco advertising and promotion may be, they are not so dominant as to threaten the viability of entire institutions. A few economically marginal publications or sports events might be victims of an ad ban, but only a few. That this is of genuine concern, however, emphasizes how complacently we view the toll of tobacco, how accepting we are of the product. No one would express similar concern for the viability of a magazine if it were reliant on ad revenues for cocaine. But then, of course, cocaine is an illicit drug, while cigarettes are a legal product.

The legality of tobacco products is the foundation of opposition to the ban proposal. From it emanates the principle that truthful advertising of a legal product is a vital component of free speech, protected by the First Amendment. Espousal of this principle may be grounded in large part in immediate practical concerns—advertisers' fear of a significant loss of business, the media's fear of loss of substantial advertising revenues, tobacco companies' fear of loss of market—but there is also a genuine concern with erosion of commercial free speech liberties. Known as "the slippery slope," this concern sees the banning of tobacco advertising and promotion as opening the door to bans on the advertising of other hazardous products. The slippery slope argument, however, ignores the qualitative and quantitative uniqueness of tobacco. It is the only major legal product that is hazardous when used as intended, and its toll of premature death and avoidable illness exceeds that of every other consumer product. Further, the slippery slope never materialized following the broadcast ad ban.

Since the legality of tobacco products lies at the heart of opposition to a ban, the nature of this legality must be thoroughly appreciated. Tobacco products are legal solely by extraordinary exception, the result of historic accident. Tobacco became a widespread phenomenon, glamorized to the point of often being socially obligatory, well before the hazards of tobacco became known to medical science. The popularity of tobacco and its insidious addictiveness created a nation in which tens of millions of citizens were dependent users. They, in turn, served as role models for successive generations.

The existence of such a huge tobacco-dependent population makes the option of banning tobacco products wholly impractical and undesirable. The addictiveness of tobacco would turn millions of honest citizens into criminals, reliant on a black market that undoubtedly would come under the influence of organized crime; Prohibition taught this country a valuable lesson that has direct relevance in this case. Besides, there is a legitimate smoker's interest in the legal availability of tobacco products, effectively articulated by Michael Pertschuk, former chairman of the Federal Trade Commission:

> There's a recognizable smoker's freedom at stake in this debate: a genuine, recognizable freedom: the freedom of consenting, mature adults, spared the psychological manipulation of Madison Avenue during adolescence, fully informed by a free and responsive media, to choose to smoke in the privacy of their homes. That's a freedom worthy of some respect. The rest is grotesque propaganda.[204]

It is important to emphasize that cigarettes would be illegal, or their use at least highly restricted, if they had not been singled out for exceptional treatment under the federal legal and regulatory apparatus applying to consumer products and the environment. If tobacco were treated like any other consumer product, its safety, output of products of combustion, and so on, would fall within the purview of a dozen or more federal agencies. Most noteworthy, perhaps, is the fact that the Consumer Products Safety Commission has been specifically precluded by federal law from considering the safety of cigarettes. Ironically, cigarettes cause damage enormously greater than that of the total of all the products the Commission has investigated.

With the legality of tobacco products dependent on such exceptional circumstances, the commercial free speech issue is mitigated. In addition, according to its recent decision, the Supreme Court finds little threat to First Amendment freedoms in the banning of even truthful advertising of products and services that are dangerous or sufficiently offensive to community standards of morality. The government, the Court noted, has the constitutional right to ban these products and services outright; thus the legality of banning advertising for them—a less restrictive step—seems only logical.

Despite all of this, the burden of proof in the current debate on the ad ban clearly rests on proponents of the ban, and on their advocating deviation from a status quo with firmly entrenched economic interests. This is reflected in the emphasis placed by both sides on determining whether advertising and promotion increase consumption, and particularly whether they entice children to initiate tobacco habits. One can imagine other circumstances in which the fundamental issues would be the consequences of the product and the character of efforts to encourage its use. In such a debate, emphasis would shift to the ethics of promoting the leading cause of premature death, and the burden of proof would shift to the opponents of a ban.

At the end, we return to two basic questions: should tobacco advertising and promotion be banned? Will they be? Given the complex workings of the U.S. Congress, the second question cannot be answered. Congress seems likely to struggle with the issue for months or even years. In their time-honored tradition, the lawmakers will contemplate alternatives and compromises, including those described in the preceding chapter. One of these seems worthy of the health community's consideration: a counteradvertising campaign with resources guaranteed to at least equal a sizable fraction (e.g., a fourth) of those devoted to tobacco advertising and promotion. Beyond it, however, it is difficult to imagine an alternative or a compromise that can address the varied concerns of the health community and have much prospect of significant impact.

Would a comprehensive ban have a substantial impact on the use of tobacco products? The evidence we have surveyed does not reveal an absolutely conclusive answer. Ultimately, however, the need for a definitive assessment may prove as unnecessary as it is elusive. Certainty, or the search for it, is the life's blood of

the scholar; ambiguity, and probability, are both the dominant realities of life and the currency of politics and the law. If the causal relationship between advertising and consumption were the issue, a legal or legislative judgment would be expected to rest on presumption, rather than irrefutable proof. In its entirety, the evidence is sufficient to make a strong presumptive case that the causal relationship exists.

While pragmatic concerns may dominate the debate, ethical issues cannot be evaded. As noted above, one can question the ethics of permitting tobacco promotion on the grounds of the inherent impropriety of promoting the leading cause of premature death. Beyond this, however, is a second ethical argument, one that is also firmly grounded in pragmatic public health: absent the elimination of tobacco products themselves, which is both impractical and undesirable, society has an obligation to its members to create an environment supportive of smokers' desire to quit and free of seductive enticements to children to start. The glamorous world of tobacco advertising, the temptation of the free sample, the intimidation of the media—these are antithetical to such an environment. A ban on tobacco promotion is an essential step toward creating that environment.

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SPECIAL ARTICLE

CIGARETTE ADVERTISING AND MAGAZINE COVERAGE OF THE HAZARDS OF SMOKING

A Statistical Analysis

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Abstract *Background.* Health professionals have charged that magazines that depend on revenues from cigarette advertising are less likely to publish articles on the dangers of smoking for fear of offending cigarette manufacturers. Special concern has focused on magazines directed to women. Restricted coverage of smoking hazards could lead readers to underestimate the risks of smoking in relation to other health risks.

Methods. Using logistic-regression analysis of a sample of 99 U.S. magazines published during 25 years (1959 through 1969 and 1973 through 1986), we analyzed the probability that the magazines would publish articles on the risks of smoking in relation to whether they carried advertisements for cigarettes and in relation to the proportion of their advertising revenues derived from cigarette advertisements. We controlled for other factors that might influence coverage.

Results. The probability of publishing an article on the risks of smoking in a given year was 11.9 percent for magazines that did not carry cigarette advertisements, as compared with 8.3 percent for those that did publish such advertisements (adjusted odds ratio, 0.73; 95 percent confidence interval, 0.42 to 1.30). For women's magazines alone, the probabilities were 11.7 percent and 5.0 percent, respectively (adjusted odds ratio, 0.13; 95 percent confidence interval, 0.02 to 0.69). When the proportion of revenues derived from cigarette advertising was the independent variable, the probability of publishing an article on the risks of smoking in a given year was reduced by 38 percent (95 percent confidence interval, 18 percent to 55 percent) for magazines with the average proportion of total advertising revenues derived from cigarette advertising for the entire sample of magazines (6 percent) as compared with magazines with no cigarette advertising. This relation was particularly strong in the case of women's magazines. An increase of 1 percent in the share of advertising revenue derived from cigarette advertisements decreased the probability of covering the risks of smoking by three times as much as in other magazines.

Conclusions. This study provides strong statistical evidence that cigarette advertising in magazines is associated with diminished coverage of the hazards of smoking. This is particularly true for magazines directed to women. (N Engl J Med 1992;326:305-9.)

IN 1988, U.S. cigarette manufacturers spent $3.27 billion on cigarette advertising and promotion, the equivalent of $100 per second. Eleven percent of that amount, or $355 million, was devoted to magazine advertising, making cigarettes the second most heavily advertised product in this medium.[1] Health professionals and critics of journalism have charged that magazines that depend on revenue from cigarette advertisements are less likely than others to publish articles dealing with the hazards of smoking for fear of offending cigarette manufacturers[2]; the greatest concern in this regard relates to magazines directed to women.[3-6] Restricted coverage of the hazards of smoking could lead readers to underestimate the risks of smoking as compared with other risks to health,[7,8] with adverse results for smoking behavior and health.[2]

The literature is replete with anecdotes about magazines' alleged advertising-induced self-censorship on the subject of smoking and its effects on health.[2] Only a small part of the evidence has included empirical analysis directly addressing the relation between advertising and editorial practices.[3-5,9,10] These analyses have had serious limitations. Generally, they have relied on small samples of magazines; none have included an explicit examination of the statistical strength of the relation between advertising and content; and none have isolated the relation between advertising and coverage of the risks of smoking by controlling for other relevant characteristics of the magazines studied. In this article, we report the findings of a rigorous statistical analysis of the relation between cigarette advertising and the publication of articles on the risks of smoking.

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Supported by a grant (R01-DA04091) from the National Institute on Drug Abuse.

An earlier version of this paper was presented at the 7th World Conference on Tobacco and Health, Perth, Australia, April 1-5, 1990.

METHODS

The Model

We considered two hypotheses related to the relation between magazines' dependence on revenues from cigarette advertising and the frequency with which they publish articles on the health effects of smoking. In the first part of our analysis, we examined whether a magazine's acceptance of any cigarette advertising during a given year was negatively associated with the probability of the magazine's publishing any articles on the issue of smoking and health in that year. In the second, we examined whether a magazine's relative dependence on revenues from cigarette advertising (i.e., the proportion of its advertising revenues derived from cigarette advertising) was inversely related to its coverage of smoking.

To test our hypotheses, we modeled the probability of a magazine's covering the health effects of smoking in a given year as a function of the magazine's dependence on cigarette advertising. For both hypotheses, the dependent variable was set equal to 1 if a given magazine published an article on the risks of smoking during a given year and 0 if it did not. For the first hypothesis, a magazine's dependence on revenues from cigarette advertising was also modeled as a dichotomous variable, reflecting the presence or absence of any cigarette advertising in the magazine in a given year. For the

Reprinted from the *New England Journal of Medicine*
326:305-309 (January 30), 1992

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second hypothesis, a magazine's dependence on revenues from cigarette advertising was expressed as the percentage of its total advertising revenue that was derived from cigarette advertising in a given year.

A simple regression of magazines' dependence on cigarette advertising and their coverage of smoking may falsely attribute lower coverage to advertising revenues, when coverage may instead be determined by other characteristics of the magazines. Therefore, we also tested a model in which other characteristics were included as independent variables. Some of these variables were specific to the individual magazines (such as the size of their readership and their propensity to cover health-related subjects in general); others related to groups of magazines (for example, the type of magazine — specifically, newsmagazines and women's magazines, the latter defined as magazines with at least 75 percent female readership); still others were time-period variables representing major national smoking-related "events" that affected all magazines in a similar manner (for instance, 1964 was the year of the surgeon general's first report on smoking and health)[11]; decade variables were used to distinguish the periods before and after the 1971 ban on cigarette advertising on radio and television,[12] which produced an enormous flow of advertising revenues into the print media.[9]

Data Collection

We collected data on 99 U.S. magazines for the years 1959 through 1986 (excluding 1970 through 1972, when the magazine indexing service, described below, was inoperative). Inclusion of a magazine in the sample was dictated by the availability of essential data for any given year in each of the areas noted below, as well as the requirement that a magazine had to be included in our data sources during at least 5 of the 25 years for which we had data. The unit of observation for the study was a single magazine in a single year (a "magazine-year"). Most of the magazines were not published throughout the entire period, and some were not included in the data sources during particular years. As a consequence, the total number of magazine-years for which adequate data were available was 1303.

The principal elements of the data set and their sources were as follows: (1) annual data on cigarette-advertising revenues and total advertising revenues, provided by Leading National Advertisers–Publishers Information Bureau for up to 150 magazines; (2) data on magazines' coverage of 10 different health risk factors, including smoking, derived from the Magazine Index, a computerized index of the subjects covered by articles in 435 U.S. magazines; (3) demographic data on the readerships of magazines, provided by Simmons Market Research Bureau; and (4) data on yearly paid and unpaid subscriptions, from the Audit Bureau of Circulation. To determine whether a magazine covered the hazards of smoking in a given year, we searched the Magazine Index's menu of descriptive words and phrases for those pertaining to cigarette smoking. Using article titles and key words, we classified an article as on the topic of smoking and health if it specifically discussed the health effects of smoking or the political and social issues related to the dangers of smoking.

Statistical Analysis

We used logistic-regression analysis to assess the hypothesized relations. Pooling cross-sectional and longitudinal data allowed us to examine trends over time as well as differences among magazines at a given time. It is possible, however, that the probability of individual magazines' covering smoking is determined in part by unknown characteristics of the magazines that do not change over time; thus, the observations for the same magazines in different years may not be independent. Therefore, we also specified and tested a fixed-effects regression model that captures magazine-specific effects. This model, known as the covariance model, is equivalent to including a dummy variable for each magazine.[13] In this article, we report primarily the quantitative results from the logistic regressions because, in addition to the principal hypotheses, we were also interested in selected effects that do not vary with time (i.e., differences among magazines), such as the type of magazine and the time period. These cannot be considered in the fixed-effects model. We therefore used the fixed-effects model, the most restrictive statistical formulation, to confirm the findings from the logistic model.

Results

Table 1 shows the numbers of observations and the estimated probability of covering the subject of smoking for magazines that carried cigarette advertisements and those that did not, both for all magazines and for women's magazines only. Also shown are odds ratios and 95 percent confidence intervals with and without adjustment for covariates (additional independent variables that might contribute to an observed relation between advertising and coverage). Each odds ratio compares the odds of covering the dangers of smoking for magazines with and without cigarette advertising. The results shown in Table 1 were derived from the regression analysis corresponding to the first hypothesis.

Table 2 presents the principal results from the regression analysis corresponding to the second hypothesis, which addressed the relation between magazines' relative dependence on cigarette-advertising revenues and their coverage of the hazards of smoking. This table includes the odds ratios and 95 percent confidence intervals, with and without adjustment for covariates, for all magazines and for women's magazines. In Table 2, the odds ratio represents the average effect of dependence on cigarette advertisements on the probability of coverage. For all magazines, the average proportion of advertising revenues derived from cigarette advertising was 6 percent; for women's magazines, it was 5 percent. Thus, the odds ratio compares the likelihood of publishing articles on the risks of smoking in magazines with the average proportion of revenues from cigarette advertising and in those with no revenues from cigarette advertising.

We hypothesized that magazines that carried cigarette advertising would be less likely to publish articles on the hazards of smoking than magazines that did not carry such advertising (hypothesis 1). As is evident in Table 1, the odds ratio for all magazines from the regression without covariates (0.88) is consistent with this hypothesis and almost significant at the 95 percent confidence level (0.60 to 1.03). Once covariates were introduced, however, even though the odds ratio became smaller still, the near-significance of the relation disappeared (probably because of correlation among the large number of covariates, which led to imprecision in the estimate). For women's magazines, by contrast, the relation between the presence of cigarette advertising and the probability of covering the hazards of smoking was statistically significant. This finding held whether or not covariates were included. Indeed, the inverse relation appeared to be strengthened by inclusion of the covariates.

The odds ratios in Table 2 provide strong support

Table 1. Odds Ratios for the Coverage of the Risks of Smoking by Magazines with Any Cigarette Advertisements, as Compared with Magazines with No Cigarette Advertisements.*

Magazines	No. of Magazine-Years	Probability of Coverage (%)	Odds Ratio (95% CI)	
			Without adjustment	With adjustment†
All magazines				
No cigarette advertising	403	11.9	0.88 (0.60–1.03)	0.73 (0.42–1.30)
Any cigarette advertising	900	8.3		
Women's magazines				
No cigarette advertising	104	11.7	0.22 (0.05–0.90)	0.13 (0.02–0.69)
Any cigarette advertising	212	5.0		

*A magazine-year is defined as a single magazine in a single year. CI denotes confidence interval.

†We adjusted for the following covariates: the number of subscriptions for each magazine in each year; the number of articles on nine health risk factors published in each magazine in each year and the square of this value; whether or not a magazine was a newsmagazine (for all magazines only); whether or not a magazine was a women's magazine (for all magazines only); an interaction term between women's magazine and the measure of cigarette advertising (for all magazines only); and the time-period variables for 1964, the 1970s, and the 1980s.

for the hypothesis that a magazine's proportion of cigarette advertising and its probability of covering the risks of smoking are inversely related. The relation is stronger for women's magazines than for magazines in general, and it is strengthened by the inclusion of the covariates.

For both hypotheses, the statistically significant relation between the covariates and the probability of coverage was as follows (data not shown). The odds of publishing articles on the hazards of smoking increased (1) as coverage of other health risks increased; (2) as the size of a magazine's readership increased; (3) for newsmagazines, as compared with all other magazines; (4) in 1964, the year of the surgeon general's first report on smoking and health[11]; and (5) in the 1960s, as compared with the 1970s and 1980s.

Another way to evaluate the relation between the coverage of this subject and advertising revenue is to compare the average probabilities of coverage derived from our logistic regressions. Magazines that did not carry advertisements for cigarettes were more than 40 percent more likely to cover the hazards of smoking than were magazines that carried cigarette advertisements (Table 1). As compared with the 1960s, the difference was particularly striking in the 1970s and 1980s, when magazines that did not carry cigarette advertisements were almost twice as likely to cover the dangers of smoking as those that did (data not shown). In the 1970s and 1980s there was a dramatic shift in cigarette advertising revenues from the broadcast to the print media, caused by the banning of broadcast advertising of cigarettes as of January 1971.[9]

The most substantial effect of cigarette advertising on the probability of publishing articles on the risks of smoking was evident in women's magazines. As is clear in Table 1, women's magazines that did not carry cigarette advertisements were 2.3 times more likely to cover the risks of smoking than were women's magazines that did accept cigarette advertising. In addition, coverage by women's magazines, as compared with other magazines, was more sensitive to changes in the degree of dependence on revenues from cigarette advertising. Using the logistic-regression coefficients, we calculated that an increase of 1 percent in cigarette advertising's share of total advertising revenue in women's magazines decreased the probability of their coverage of the risks of smoking by 1.9 percent — three times the decrease in other magazines.

Given the possible nonindependence of our observations, the confidence intervals reported in Tables 1 and 2 may not be accurate. However, the results of the fixed-effects model, which provides an upper bound on significance tests, confirmed our key findings. For example, as in the logistic-regression analysis, in the fixed-effects model an increase in a magazine's proportion of revenues from cigarette advertising significantly decreased the probability that the magazine would cover the risks of smoking. The probability of such coverage for a magazine with the same proportion of total revenues from cigarette advertising as the average for the entire sample was estimated to be 4.7 percentage points below that of a magazine with no cigarette advertising.

Technical details on this and other analyses are available elsewhere.*

Table 2. Odds Ratios for the Coverage of the Risks of Smoking by Magazines with the Average Proportion of Revenues from Cigarette Advertisements, as Compared with Magazines with No Revenues from Cigarette Advertisements.*

Magazines	Odds Ratio (95% CI)	
	Without adjustment	With adjustment
All magazines	0.79 (0.65–0.97)	0.62 (0.45–0.82)
Women's magazines	0.41 (0.17–1.01)	0.50 (0.32–0.78)

*To illustrate the interpretation of the odds ratios, the odds ratio of 0.62 for all magazines, with adjustment for covariates, means that the probability of covering smoking was reduced by 38 percent (from 1.00 to 0.62) for magazines with an average proportion of revenues from cigarette advertisements as compared with magazines with no cigarette advertising. CI denotes confidence interval. The covariates for which we adjusted are the same as those listed in Table 1.

Discussion

Our findings provide strong statistical support for the belief that magazines in the United States have restricted their coverage of the dangers of smoking out

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of fear of economic reprisals by cigarette manufacturers. The degree of restriction appears to be a function of the magazine's degree of dependence on revenues from cigarette advertising. Our results are also consistent with the widespread perception that the restriction of coverage associated with the acceptance of cigarette advertising is particularly important in the case of women's magazines.[3-6]

A weakness of the conventional wisdom concerning such censorship is that it has been derived solely from anecdotes and simple correlations of cigarette advertisements and coverage of the risks of smoking. We found, however, that not only did the relation persist when we controlled for the other variables, but it was even strengthened.

Statistical findings do not in themselves constitute proof of a causal relation. It is conceivable, for example, that editors or publishers of magazines that have a relatively low likelihood of covering the risks of smoking simply do not believe that smoking entails a serious health hazard. They might be more willing than others to accept cigarette advertising and simultaneously less inclined to discuss the dangers of smoking in print. Conversely, editors or publishers who are convinced of the hazards of smoking could be both more reluctant to accept cigarette advertising and more inclined to publish articles on the subject of smoking and health.

We interpret the results of this study as inconsistent with this alternative explanation, particularly since the relation between advertising and coverage reflects the proportion of revenues from cigarette advertising, rather than its presence or absence, and because we controlled for the coverage of other health-related issues. Editors or publishers who were uninterested in or ignorant about the dangers of smoking would probably be similarly ill-informed about other major health risks.

If editors and publishers fear economic reprisals if they cover the hazards of smoking, are their fears warranted? Although a few anecdotes suggest that they are,[2,5] whether magazines have been systematically "punished" by the withdrawal of advertisements remains unknown. We examined this question by developing an additional model to test the hypothesis that revenues from cigarette advertising fall in the year after the publication of an article on the hazards of smoking. The results of an ordinary least-squares regression supported this hypothesis, but the relation was not significant in a fixed-effects model, the most restrictive statistical formulation. Thus, we cannot rule out the possibility that we may be observing magazine-specific effects repeated annually, as well as, or instead of, the loss of cigarette advertisements by magazines in the year after they cover the hazards of smoking.

If the principal relation documented in this study is causal — that is, if dependence on revenues from cigarette advertising has caused magazines to restrict their coverage of smoking and health — one might assume that a reversal of that dependence, through a ban on tobacco advertising, for example, would end or at least greatly mitigate the restriction of coverage of smoking and health. This assumption is problematic, however. The cigarette manufacturers have become huge conglomerates, especially since the mid-1980s. Recent anecdotal literature on the "censorship phenomenon" describes instances in which the media have allegedly restricted their discussion of smoking out of fear of losing revenues from advertisements for the nontobacco products of the cigarette-producing conglomerates.[14] Such fears may have been heightened by RJR/Nabisco's cancellation in 1988 of an $80-million annual contract with Saatchi and Saatchi for advertising food products, after that agency prepared advertisements touting the no-smoking policy of another client, Northwest Airlines.[15]

Since the period covered by this study, media coverage of tobacco-related issues appears to have increased, as has these issues' social salience. At the same time coverage has expanded, there has been a decrease in cigarette advertising in magazines aimed at a white-collar readership; the relative share of cigarette advertising has increased substantially in magazines targeted to blue-collar readers and in those with predominantly minority readerships.[16,17] Whether there is a connection, other than the temporal one, between expanded coverage and the redistribution of advertising dollars is unknown. It is certainly plausible, however, that the shift in advertising has been motivated primarily by the cigarette manufacturers' decision to target minorities and blue-collar workers as their best chance of maintaining, if not expanding, their domestic market.[18]

In the absence of meaningful alternative hypotheses, our study provides strong statistical evidence for the conventional wisdom that cigarette advertising in U.S. magazines has been associated with restricted coverage of the hazards of smoking. The implications for the integrity of journalism are obvious.[19-21] Less obvious have been the implications for public health. Americans substantially underestimate the dangers of smoking as compared with other risks to health.[7,8] If the media bombard the public with frightening stories about health risks, ranging from toxic dumps to the use of Alar on apples, and fail to accord smoking its proper position in the constellation of risks, the public will confuse the important with the trivial. People who might not smoke if full and balanced coverage of the risks of smoking were available will continue to smoke. Avoidable suffering and premature death are the inevitable consequences.

We are indebted to Jennifer Kirscht, James Davis, and Willard Manning for assistance with the analysis of data and to Laura Flinchbaugh, William Foxcroft, John Grasse, Elizabeth Lowe, William McCaughrin, and Robin Speis for other research assistance.

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The Emerging Market for Long-term Nicotine Maintenance

Kenneth E. Warner, PhD; John Slade, MD; David T. Sweanor, LLB

In increasing numbers, Americans will seek to satisfy nicotine addictions through the use of novel nicotine-delivery products devoid of several of the poisons that make cigarettes so deadly. In the vanguard are tobacco industry devices that heat tobacco derivatives rather than burn tobacco, and pharmaceutical industry nicotine-replacement products, with nicotine gum and the patch now available over the counter. Ostensibly, these 2 industries have diametrically opposed objectives, the tobacco industry striving to sustain nicotine addictions, the pharmaceutical industry to end them. However, a series of technological, economic, political, regulatory, and social developments augurs a strange-bedfellows competition in which these industries will vie for shares of a new multibillion dollar long-term nicotine-maintenance market. Regulatory options range from encouraging competition to banning all nicotine-delivery devices. A more realistic approach discourages use of the most dangerous products, while making less hazardous products readily available to adults.

JAMA. 1997;278:1087-1092

ACCOUNTING for a fifth of all deaths in America,[1] the toll of tobacco is all too familiar. So, too, is the ultimate source of tobacco's toxicity: the extraordinary grip that nicotine places on its users.[2] Although most smokers say they want to stop, for tens of millions, efforts to quit have failed, often despite frequent attempts.[3]

Recognition of the tenacity of smoking and its eventual deleterious consequences has led some health professionals to question continued, complete reliance on the traditional treatment paradigm, which has regarded abstinence as the only therapeutic goal. Instead, they are cautiously considering a harm-reduction strategy that envisions a role for long-term nicotine maintenance using products that deliver nicotine without the other toxic substances in tobacco products.[4-8]

At the heart of the nicotine-maintenance concept lies the belief that, although it is not risk free,[9-12] nicotine per se does not directly cause most of the enormous burden of tobacco-attributable disease. Rather, it is the tobacco products themselves (and their combustion products), the vehicles that deliver nicotine, that are "dirty" and dangerous.

The avoidance of tobacco use is thus considered far more important than kicking an addiction to nicotine. For those who cannot or will not stop using nicotine, might it not be prudent to offer an alternative to tobacco products, one that satisfies their addiction while dramatically reducing their risk of disease?

This question is actually quite complicated, requiring resolution of a myriad of issues. Can consumer-acceptable products be developed that will satisfy nicotine needs without subjecting consumers to substantial health risks? (What constitutes "substantial"?) Would such products induce children who do not now use tobacco products to initiate nicotine addictions? Would they cause former smokers to relapse? To what effect? Would users of such products also use conventional tobacco products? Would the availability of alternative nicotine-delivery devices substantially reduce the number of people who successfully become abstinent in the future? Again, to what effect? (Again, what is "substantial"?) How would the nation's drug regulatory apparatus respond?

These are not merely abstract questions. A series of technological, economic, political, regulatory, and social developments has brought us to the brink of a new market for long-term nicotine maintenance. Whether or not the health community finds this desirable, these developments mean that tobacco users are likely to have growing numbers of nicotine-maintenance options available to them soon. Some will involve no tobacco; others will use tobacco in ways not previously imagined. There are numerous patents for such devices, including an electrically fired pseudocigarette.[13]

The options that will eventually be brought to market and the conditions of their availability remain to be defined. It is here that the health community can work with the larger society and its formal policymaking apparatus to shape the future of long-term nicotine maintenance. To broaden the debate, we describe developments that are forcing the issue and consider alternative approaches to defining and regulating a future market for nicotine-maintenance products, including those that use tobacco derivatives as the vehicle for delivering nicotine and those that do not. We derive salient lessons for the emerging environment of nicotine delivery from the history of innovation in the cigarette industry.

RECENT AND ANTICIPATED DEVELOPMENTS

New technology for delivering nicotine is evolving rapidly and dramatically. Some of the technology already commercially available is very familiar, such as

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2 nicotine replacement therapy (NRT) products: gum (nicotine polacrilex) and the patch.[14,15] Some new technology has been introduced but is less familiar, including 2 cigarettelike devices from the R. J. Reynolds Tobacco Company, Premier and Eclipse.[16-18] Finally, some of the new nicotine-delivery technology is quite unfamiliar. For example, nicotine nasal spray became available as a prescription drug only last year and a nicotine inhaler has recently been approved for marketing by the Food and Drug Administration (FDA).[19,20]

In terms of their purposes, new products from the cigarette companies and nicotine-replacement pharmaceuticals appear to be worlds apart, the former dedicated to the perpetuation of nicotine dependence, the latter to its curtailment. However, plausible developments in both product categories and in the conditions of their availability could well make the cigarette and pharmaceutical companies the strangest of bedfellows, competing vigorously for a large market of long-term nicotine maintainers. The logic underlying this statement will emerge following consideration of each industry's innovations.

NEW-GENERATION CIGARETTELIKE DEVICES AND OLD-GENERATION EFFECTS ON HEALTH

Eclipse is being test marketed in Chattanooga, Tenn, Germany (under the name HI-Q), Sweden (Inside), and Japan (AIRS). Structurally, the device is dramatically different from the conventional cigarette, especially since it burns very little tobaccolike material. A carbon fuel element, insulated with a fiberglass jacket, heats a glycerin-laden charge of reconstituted tobacco. This vaporizes material that cools to condense into an aerosol largely made up of water and glycerin droplets that, in turn, carry nicotine and other volatiles. The consumer inhales an aerosol consisting largely of water, glycerin, nicotine, and the oxides of carbon. Nicotine is delivered at about the same rate and amount as a cigarette having a Federal Trade Commission–rated yield of 0.9 mg. Carbon monoxide yield is moderately higher than that delivered by such a cigarette. Carcinogens are much lower than in most conventional cigarettes.[17,18,21,22]

The only similar device was Eclipse's immediate predecessor, Premier, a more radical innovation that produced an aerosol from glycerin and a tobacco extract adsorbed onto alumina beads just proximal to the carbon fuel element. Introduced in 1988, Premier failed market tests and was taken off the market amid mounting pressure on the FDA to regulate it under the Food, Drug and Cosmetic Act.[23]

Both Premier and Eclipse seem designed to address 2 industry problems: smokers' concerns about the health effects of smoking, especially its carcinogenic potential, and nonsmokers' concerns about environmental tobacco smoke (neither product produces much visible smoke). Both of these industry problems have been addressed, largely without success, by earlier generations of product innovation. The environmental tobacco smoke issue is of more recent vintage, and relevant innovations are fewer in number. Two were cigarettes with built-in perfume and low-smoke cigarettes, designed with special papers resulting in less visible sidestream particulate matter.[24,25]

Health concerns drove the 2 major previous paradigm shifts in cigarette architecture: filter-tipped cigarettes in the 1950s and low tar and nicotine (t&n) cigarettes at the end of the following decade, both presented to the public as radical design changes, much like the emerging generation of devices.

Filters were the industry's response to the then newly emerging public concern about smoking's relation to lung cancer.[26] The cigarette companies marketed filters as trapping the dangerous components of cigarette smoke but letting the "flavor" through.[24] Affording smokers an apparent alternative to quitting smoking, filters rapidly became the dominant product on the market. Their introduction and marketing were quickly followed by reversal of a 2-year decline in per capita cigarette consumption in 1953 and 1954 that had resulted from new evidence linking lung cancer to smoking, which then meant unfiltered cigarettes.[23] Ironically, the most successful early filter, touted quite explicitly for its health protection properties, the Kent Micronite filter, used crocidolite asbestos as the filtering agent.[27,28] That filter cigarettes were introduced primarily as a public relations gambit, rather than as truly less dangerous products, is suggested by the fact that some early filtered cigarettes used harsher tobaccos, so that the filtered smoke would taste like the unfiltered smoke of old.[26]

The industry's next technological "fix" was the low t&n cigarette, marketed, often explicitly, with the theme that health-conscious smokers had the choice of either quitting smoking or switching to low t&n brands.[29] By 1981, low t&n cigarettes had captured a majority of the market. Medical textbooks frequently recommended their use by patients unable or unwilling to stop smoking.[30,31]

Since then, scientists have learned that smokers who switch from regular cigarettes to low t&n brands engage in "nicotine regulation," compensatory behavioral changes that greatly narrow the supposed gap between high- and low-yielding cigarettes. Low t&n smokers may consume more cigarettes, take larger and more frequent puffs, inhale more deeply, smoke to a shorter butt length, and subvert the technologies that lower machine-measured t&n yields (by blocking ventilation holes in filters that, unoccluded, dilute smoke by mixing it with air).[2,22,32]

The net effect is that, consistent with smoking being a drug dependence process, the variance in smokers' blood cotinine levels is significantly smaller than the variance of nicotine deliveries indicated in cigarette advertisements.[34] The public is generally unaware that t&n ratings are derived from standardized machine smoking of cigarettes, in which cigarettes are puffed at a constant volume (35 mL) and at a constant interval (60 seconds). As the data on nicotine regulation demonstrate, people do not usually smoke like machines.[35]

Low t&n cigarettes could reduce health risks if smokers did not engage in nicotine regulation to a significant degree and if they would have continued to smoke even if low t&n cigarettes were not on the market. However, most smokers who "switch down" to low t&n cigarettes do engage in nicotine regulation.[32,33,36] Further, the availability of low t&n cigarettes has probably substantially impeded smoking cessation.[23,37-40] On balance, therefore, low t&n cigarettes may well have *increased* the aggregate societal burden of smoking, primarily by reducing the number of people who would have quit in the absence of their availability, and secondarily by switchers smoking more cigarettes.[23]

Cigarette use likely would be much lower today if the only products for sale were 70-mm unfiltered smokes. The introduction and diffusion of filters and then low t&n cigarettes thus clearly benefitted the industry by maintaining or increasing sales. Industry documents show that at least some industry scientists regarded low-tar cigarettes as "health-image" products, public relations gimmicks, rather than truly "health-oriented" products.[38]

The introduction of Eclipse thus follows a decades-old tradition of industry product innovation in response to public concern, with the industry's apparent intent being to reduce concern and thereby maintain or expand sales. "Concern," in this instance, has a social as well as a health connotation: emitting less visible smoke, Eclipse may be less objectionable to others around the smoker, thereby further reducing the smoker's incentive to quit. More similarly moti-

vated new-generation products will likely soon appear,[13,17] especially if Eclipse is successfully introduced or if the national tobacco settlement proposed in June[41] is enshrined in federal law. The proposal includes provisions that would encourage industry innovation leading to less hazardous products.

Whether past history is relevant to the new generation of tobacco company products remains to be seen. The promise of reduced risk for confirmed smokers may be genuine this time, especially with regard to cancer. If history repeats itself, however, this ostensibly less hazardous product might sustain high levels of nicotine addiction and, on balance, increase the aggregate disease toll.

One great risk specific to low-smoke devices is that they may be deemed acceptable for use in settings in which smoking is prohibited, such as workplaces. A plausible consequence would be regular cigarette smokers' consuming these devices during work hours, when at present they do not smoke, and then continuing to smoke their regular brands outside work. The net effect would be increased exposure to nicotine and carbon monoxide, since workplace smoking bans decrease daily cigarette consumption.[42] For people who would have quit smoking in the absence of the daytime nicotine alternative, all the risks associated with smoking would be greatly increased.

Nicotine-Containing Pharmaceuticals

Nicotine gum introduced the era of NRT pharmaceuticals in the United States in 1984, followed by patches in 1991 and nicotine nasal spray last year, with the nicotine inhaler on the marketing horizon. A nicotine-containing lozenge on a stick (like a lollipop) is also being developed.[43] Researchers are investigating combination therapies as well, attempting to exploit the specific virtues of the different products.[44]

A major change in product distribution may be as important as the development of NRT products: over-the-counter (OTC) sale, of nicotine gum and patches thus far. Although the quit rate will be lower than that associated with using NRT under the guidance of experienced clinicians, greater NRT accessibility could more than compensate, leading to more quitting in the aggregate.[45]

Over-the-counter availability will also likely increase the use of nicotine-bearing products as partial or complete *ongoing* substitutes for cigarette smoking (and other tobacco product use). It will likely routinize the use of NRT products by smokers not trying to quit, to supply nicotine when they are not smoking, either because they want to reduce their cigarette consumption or because law or custom precludes their smoking in certain locations (eg, workplaces or airplanes).[8,46] For this use, NRT products should logically be called nicotine-*maintenance* products.

Strange Bedfellows

Through product innovation by tobacco companies, pharmaceutical companies, and other consumer products companies, and through OTC distribution of NRT products, the lines distinguishing different types of new-generation nicotine-delivery devices could eventually become blurred. More or less intentionally, each company could find itself sustaining nicotine dependence among consumers whose choices would otherwise be limited to conventional tobacco products or abstinence. Ironically, tobacco companies and pharmaceutical companies, which approach nicotine addiction from diametrically opposite positions, could find themselves in direct competition for sales of nicotine-maintenance products among the same group of consumers.

The tobacco industry would clearly vie aggressively for such sales. With a potential market in the tens of millions of consumers in the United States alone, the pharmaceutical industry would also have to seriously consider aggressive involvement in a reconceptualized nicotine-maintenance market. Drug companies are competing now with advertising campaigns for OTC gum and patches exceeding $100 million, which would certainly pay off more handsomely if consumers used these products over a long period.[47,48] The relative ease of the transition from focusing exclusively on nicotine replacement to contemplating a much larger market for nicotine maintenance has been hinted at in advertisements promoting a non-nicotine smoking cessation aid, CigArrest, "for those times when you want to stop smoking, *for a moment* or forever" (emphasis added).

What would be the health impact of such a market? As described above, the history of tobacco company innovation is not encouraging: previous generations of ostensibly "less hazardous" products may well have increased the aggregate harm caused by cigarettes by encouraging the maintenance of smoking rather than quitting. Still, some future mix of products could conceivably overcome enough of smoking's dangers that the cost of their substitution for cigarettes—continued dependence on nicotine—would be less than the benefit of the reduced exposure of the population to the other poisons associated with use of tobacco products.

ALTERNATIVE SCENARIOS FOR THE FUTURE AVAILABILITY OF NICOTINE

For many health professionals, contemplating competition between the tobacco and pharmaceutical industries for long-term nicotine users will generate a sense of moral repugnance. Like it or not, however, this competition will continue to develop, barring extraordinary regulatory measures (eg, the FDA's returning nicotine gum and patches to prescription-only distribution and prohibiting the marketing of any new tobacco industry products not demonstrated to be safe).

An optimal set of market and regulatory circumstances could conceivably create incentives that encourage the development of less hazardous methods of consuming nicotine. Note that we have had a market for long-term nicotine maintenance for decades: the tobacco market. Through strict regulation of nicotine in nontobacco products, and virtually no product regulation of tobacco to date, we have, essentially, granted the tobacco industry a monopoly in the nicotine-maintenance market. Reconceptualizing that market, opening it to innovative, less hazardous products introduced through competition between the tobacco and pharmaceutical industries, could conceivably satisfy the public's desire for nicotine without exacting the current enormous cost in ruined lives.

The creation and marketing of novel nicotine-delivery devices raise a myriad of possible scenarios concerning the future availability and use of both tobacco and nontobacco nicotine-bearing products. Here we summarize scenarios defined by the regulatory approach adopted. Product availability and use will also be defined by consumer demand. Without discussing this explicitly hereafter, we assume that many consumers will want to use nicotine devices characterized by convenience, reasonable price, social acceptability, and provision of a high degree of nicotine satisfaction.

Either consistently or idiosyncratically, each of the product categories—current tobacco products, new tobacco industry nicotine-delivery systems, and nicotine devices produced by the pharmaceutical (or other) industries—could be regulated according to the following options: (1) no regulation, (2) legal availability on a nonprescription basis, (3) availability by prescription only, and (4) not legally available. In addition, regulation could include limits on advertising, disclosure of information to consumers, and so on, such as the youth-oriented marketing and sales restric-

tions pertaining to cigarettes and smokeless tobacco imposed last year by the FDA.[49]

Although a court has recently affirmed the FDA's authority to regulate conventional tobacco products,[50] they are currently subject to no health and safety regulation. In contrast, all pharmaceutical company innovations have been submitted to and regulated by the FDA, with efficacious nicotine-replacement products first permitted for prescription sale and then OTC, if their abuse liability is deemed low. The FDA has also asserted its authority over other nicotine-delivery devices not submitted to the agency for approval. Favor, a precursor to the new inhaler, was prohibited as an untested drug-delivery system. Similarly, the FDA determined that Masterpiece Tobacs, a chewing gum containing shredded tobacco leaf intended for use "Anytime, when you can't smoke," was a food product adulterated with an unapproved additive, tobacco.[23]

The regulatory status quo is thus well defined, with 1 critical exception: innovative tobacco industry products. To date, no major tobacco company has submitted an innovation for FDA approval, and the agency has not asserted its regulatory authority when confronted with a product from a major producer. However, the FDA has been petitioned to regulate Eclipse.[51] The agency was considering claiming regulatory jurisdiction over Premier before R. J. Reynolds removed it from the market.[23] The proposed national tobacco settlement would accord the FDA regulatory authority over such devices.

A future regulatory structure for nicotine-delivery devices could continue current policy, with new tobacco industry products treated either more like conventional tobacco products or more like conventional pharmaceutical products. Alternatively, it could treat all nicotine-yielding products identically, regulating them as either prescription or nonprescription drug-delivery devices. In theory, a decision could be reached to keep government out of the nicotine market altogether, allowing a free enterprise shoot-out between the tobacco and pharmaceutical giants. As unlikely as that seems, another possibility, banning all nicotine-yielding products, is even less conceivable.

A more rational regulatory approach might be to advantage less toxic products, instead of honoring accidents of history, as at present. All currently available nicotine-delivery devices would continue to be sold, but the least toxic would be the most easily available and attractively presented, as discussed below. Such an approach could also provide incentives, or requirements, for incremental improvements in conventional products, for instance by requiring that cigarettes be fire safe.[52]

A more radical differential regulatory strategy would require reduction of the nicotine content of conventional tobacco products over several years to levels unlikely to cause or sustain addiction.[52] This would afford current users ample opportunity to wean themselves off of tobacco products, while simultaneously reducing the ability of tobacco products to addict future generations of children. All other nicotine-yielding products, regardless of industry of origin, would be evaluated as drug-delivery devices by the FDA, permitting only those that met a relative harm standard on the market. The harm theshold might (for example) tolerate nicotine addiction, but prohibit any other substances known or believed dangerous to health.

Under this policy, despite their delivery of toxic compounds, tobacco products could be freely sold once they were denicotined (possibly subject to age restrictions, as at present). If people really smoke for "flavor" or "taste"—the predominant tobacco industry claim—sales of tobacco products should not be affected. If, in fact, people smoke primarily to satisfy nicotine addictions, few if any consumers likely would choose to use denicotined products on a regular or even frequent basis. This may have been the experience with Next, a denicotined brand introduced by Philip Morris in the late 1980s that failed its market tests.[53]

In addition to determining legal availability, regulatory agencies frequently regulate circumstances of manufacture, marketing, time and location of sale, and age of purchase. Current FDA regulation of cigarettes and smokeless tobacco, to protect children, focuses exclusively on just such conditions of marketing and sale.[49]

Future nicotine-delivery device regulation could rely heavily on differential marketing and sale conditions to reduce the attractiveness of the most hazardous products and increase that of the least hazardous. For example, firms might be permitted to advertise, without restrictions, products that the FDA found minimally dangerous. In contrast, if permitted at all, cigarette advertisements might be limited to black-and-white block-letter factual text. Similar distinctions could be made with regard to packaging, with plain packaging required for the most dangerous products, such as cigarettes, with warning labels consuming a third to a half of the front panel of the package.[54,55] Differential rates of excise taxation might be used to encourage consumer use of the less hazardous products.

Regardless of which of the diverse regulatory scenarios might be adopted, there is no reason to delay marketing, packaging, and sales restrictions to reduce the glamorous imagery associated with tobacco use or incremental product design changes helpful to the public's health (eg, fire safety).

TOWARD DEVELOPMENT OF A NICOTINE POLICY

The intent of a rational nicotine policy must be to deal realistically and constructively with the public health disaster wrought by the widespread use of tobacco products. An underlying premise, supported by a wealth of evidence, is that because of addiction, tobacco products exact their toll predominantly involuntarily on the part of consumers. With rare exceptions, nicotine addiction begins during childhood and adolescence; despite sincere desires to quit, many simply find the chore too difficult.

The primary goal of a new nicotine policy should remain to help everyone who wishes to be free from nicotine and tobacco to avoid addiction or achieve abstinence. Such a policy must recognize that people who are nicotine-dependent are victims of addiction and not social miscreants. They deserve a policy that acknowledges their individual dignity, the difficulty many would have in being forced to forgo nicotine, and the opportunity to continue consuming nicotine should they so desire. At the same time, children deserve the opportunity to grow up free of inducements to become addicted to nicotine. As such, the option of having minimally harmful nicotine products available to adults, in a social and policy environment that deglamorizes nicotine consumption, seems worthy of open-minded consideration.

The notion of nicotine maintenance in less harmful forms, rather than complete abstinence, is not new. Following the introduction of filtered and then low t&n cigarettes, numerous health professionals supported switching from the conventional product to the innovation.[38,56] More recently, an oral pathologist has advocated the use of smokeless tobacco products as a less dangerous alternative for addicted cigarette smokers.[57]

With hindsight, support of filtered and then low t&n cigarettes appears to have been misguided, quite possibly the cause of more rather than less disease caused by tobacco. Similarly, encouraging addicted smokers to switch to smokeless tobacco products appears shortsighted,[58] especially given the availability of the new NRT devices, the spray and the inhaler. These are far cleaner than smokeless tobacco and may satisfy nicotine needs at least as effectively.

The approach considered here—nicotine maintenance for some addicted consumers through the provision of less toxic nicotine-delivery devices—has been advocated for quite a while by a handful of prominent scientists.[4,59,60] Nevertheless, nicotine maintenance is certain to be unpopular with many seasoned veterans of the tobacco wars. Acknowledgment of the possibility of a world in which nicotine addiction might be tolerated, and even encouraged, would be a bitter pill to swallow for many health professionals.

Stopping short of supporting a ban on cigarettes, universally recognized as implausible (and we believe undesirable), a prevalent "zero tolerance" philosophy derives in part from the accurate perception that, to date, ostensibly risk-reducing product innovations have typically had quite the opposite effect. For at least some members of the tobacco-control community, it also likely derives in part from a puritanical streak and a cynicism fed by decades of consistently dishonest and dangerous tobacco industry behavior.[26,38,61] Such people may find completely unacceptable the tobacco industry's continuing to profit from the sale of any kind of product, especially one that perpetuates nicotine dependence.

Adoption of a nicotine maintenance policy is fraught with dangers, as well as opportunities; the 2 may occur together. For example, to compete successfully with cigarettes and other tobacco products, nicotine-only pharmaceuticals may need to be made more attractive to consumers. The current unappealing flavor of nicotine gum may have to be improved. Similarly, more efficient (rapid) means of getting nicotine into the brain may be required (eg, the new spray or inhaler). Therein lies the promise of consumer-driven shifts away from tobacco products; but the very process of making nicotine products competitive with tobacco products, from a consumer's perspective, will increase the abuse potential associated with the new products. This amplifies the need to ensure that any involved regulatory authority develops explicit objectives and criteria with both foresight and flexibility. Flexibility may prove essential to deal with failures in the domain of foresight: any regulatory system will need to make adjustments in light of actual experience.

The presence of alternatives to conventional tobacco products will influence the degree to which people seek abstinence, and there may be shifting back and forth among delivery devices. The risks faced by novices, the young, under various scenarios will have to be carefully considered as well. What may be good policy for dealing with the current generation of tobacco users may not be so good for future generations. The opposite holds as well. For example, in the absence of consumer-acceptable alternative nicotine-delivery devices, a multiyear phaseout of nicotine in tobacco products could avoid future generations' addiction; however, it might do so at the expense of already addicted smokers ingesting more carcinogens, by smoking more low-nicotine cigarettes to satisfy their nicotine cravings. Clearly, it would be prudent for a national nicotine policy to be subject to periodic review and revision.

In any event, the absurd irony of the contemporary nicotine regulatory environment must be reversed: new pharmaceutical products currently face a long and expensive marketing approval process, while the most dangerous nicotine-delivery devices ever invented, tobacco products, are introduced and sold without regulatory impediments. In essence, the deck of competition has been stacked heavily in favor of conventional tobacco products. A manufacturer who wishes to introduce a new cherry-flavored smokeless tobacco product does so with no regulatory obstacles. If a pharmaceutical company wants to add mint flavoring to nicotine gum to make it more palatable as a nicotine-replacement product, the company must endure years of expensive regulatory hurdles. At a minimum, rationality recommends comparable treatment of the 2 situations. Certainly, the no-regulation tobacco product model is inappropriate. But the highly constrained, time-consuming, and expensive model for contemporary pharmaceuticals may be undesirable as well, effectively minimizing firms' attempts to be innovative in this challenging market environment.

A nicotine-maintenance market will emerge from the present ferment in device innovation. Its precise characteristics remain to be established. We urge the health community, and the broader public as well, to engage in thoughtful research and discussion on the nature of this market and on the characteristics it ought to have. The stakes are extraordinarily high.

Preparation of this article was assisted by grants 026421 and 028627 from the Robert Wood Johnson Foundation, Princeton, NJ.

We are grateful for constructive comments from Neal Benowitz, MD, Ronald Davis, MD, Karl Olov Fagerstrom, PhD, Jack Henningfield, PhD, and 3 anonymous reviewers.

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Cigarette advertising and onset of smoking in children: questionnaire survey

David While, Sheila Kelly, Wenyong Huang, Anne Charlton

Abstract

Objectives—To investigate uptake of smoking in a cohort of 11 to 12 year olds related to awareness of advertised cigarette brands named.

Design—Self completed questionnaires administered to whole classes of schoolchildren in June 1993 and June 1994.

Setting—Primary, middle, and secondary schools in the north and south of England.

Subjects—1450 pupils aged 11 and 12 years at the time of the first survey.

Main outcome measures—Onset of smoking and brands smoked by the second survey related to cigarette brands named in the first one. Less advertised brands were used as the base for calculating odds ratios.

Results—Girls who named the most advertised brands—namely, Benson and Hedges alone (odds ratio = 2.50, 95% confidence interval = 1.18 to 5.30) or Benson and Hedges and Silk Cut (2.15, 1.04 to 4.42) in the first survey were at greatest risk of taking up smoking by the second one. The difference was similar but not significant for boys. Boys and girls who named the least advertised brands in the first survey were at no greater risk of taking up smoking by the second survey than those who named no brands (boys odds ratio = 0.49 (0.24 to 1.01); girls 0.79 (0.38 to 1.62)). New smokers were more likely to smoke any available brand (29.5%) or a less advertised brand such as Embassy (24.6%) than the most advertised ones, Benson and Hedges (19.7%) and Silk Cut (14.8%). Established smokers were more selective, only 15% smoking any available brand and 38.3% smoking Benson and Hedges.

Conclusions—Cigarette advertising appears to increase children's awareness of smoking at a generic level and encourages them to take up the behaviour, beginning with any cigarettes which are available and affordable.

Introduction

It is widely accepted that cigarette advertising plays a part in children's decision to smoke.[1-3] The tobacco industry claims that it does not want children to smoke and that its advertising is intended to encourage brand switching in adults who are already smokers.[3] Children are undoubtedly aware of cigarette advertising, and some of it appeals to them more than it does to adults.[4] Studies which have shown increased uptake of smoking in children who expressed awareness of cigarette brands or advertising have been viewed with reservation on the grounds that the wish to smoke might precede the awareness, rather than the reverse.[5] As part of a much larger study, we investigated whether or not awareness of the most advertised brands of cigarette was more likely than awareness of less advertised brands to precede onset of smoking.

Subjects and methods

This paper describes some of the findings of a cohort study of a sample of children aged 9 and 10 years in 1991 and followed to age 13 and 14 in 1995. The findings presented here are from phase 3 (ages 11 and 12 years in June 1993) and phase 4 (ages 12 and 13 years in June 1994). This age range coincides with the highest onset of smoking. Some of the children moved from primary to secondary school between the two phases, so 31 schools were involved in phase 3 and 21 in phase 4.

The five annual surveys were carried out by means of self completed questionnaires administered to whole classes in school under examination conditions supervised by the class teacher. The questionnaires were named for the purpose of matching, but were sealed into plain envelopes by the respondents before handing in, and the names were removed by the researcher after an identity number had been allocated. The questionnaire used for this study was administered to all the pupils present in the participating school classes on the two occasions, a total of 1490 pupils (814 boys and 676 girls). Response was 100%. Forty questionnaires (2.7%) were omitted from the analysis because they were spoilt, incomplete, or gave inconsistent answers to the check questions relating to smoking behaviour, leaving 1450 (97.3%).

The questions included smoking behaviour of the respondents, their families, and friends; beliefs about smoking; self perception; brand awareness; favourite cigarette advertisements; and brand smoked.

Results

One hundred and thirty six boys (23%) and 134 girls (26%) who had never smoked at phase 3 became smokers by phase 4. By phase 4, 4% of the boys and 8% of the girls were regular smokers. Smokers were more likely than never smokers to name at least one cigarette brand. The percentage increased from 53% at phase 1 to 83% at phase 5 in boys who had never smoked and from 73% to 95% in boys who had at least tried smoking: for girls the increases were from 48% to 81% and from 78% to 97% in never smokers and smokers respectively.

The cigarette brands on which the tobacco industry spent the greatest amount of money in media advertising during the year covered by this survey, July 1993 to June 1994, were Benson and Hedges and Silk Cut.[6] Embassy was not heavily advertised during the period but featured in the form of the "Reg" advertisements immediately before.[4]

Benson and Hedges and Silk Cut were the most frequently named brands, either individually or in combination with each other, that respondents were aware of. Benson and Hedges was most frequently mentioned by boy smokers. Perhaps surprisingly, Silk Cut on its own was generally more frequently mentioned by girls who had never smoked than by any other group. Boys and girls who named brands other than Benson and Hedges and Silk Cut in phase 3 were at no greater risk of taking up smoking by phase 4 than those who named no brands ((base: naming other brands) boys odds ratio = 0.49 (95% confidence interval 0.24 to 1.01); girls 0.79 (0.38 to 1.62); table 1).

Girls who named Benson and Hedges were at significantly greater risk of taking up smoking than those who named other brands (2.50 (1.18 to 5.30)) as were those who named both Benson and Hedges and Silk Cut (2.15 (1.04 to 4.42)). No such significant difference was found for boys.

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BMJ 1996;313:398–9

J. ADV. 1609

Table 1—*Changes in smoking behaviour in never smokers between June 1993 and June 1994 related to cigarette brands named. Results are percentages (and numbers)*

Smoking behaviour June 1994	Cigarette brands named by never smokers (June 1993): Boys: Benson and Hedges only	Boys: Silk Cut only	Boys: Benson and Hedges and Silk Cut	Boys: Other brands only	Boys: None	Girls: Benson and Hedges only	Girls: Silk Cut only	Girls: Benson and Hedges and Silk Cut	Girls: Other brands only	Girls: None
Never smoked	70 (78)	72 (88)	72 (79)	80 (81)	89 (131)	60 (44)	75 (89)	64 (60)	79 (53)	83 (130)
Smoked	30 (34)	28 (35)	28 (31)	20 (20)	11 (16)	40 (29)	25 (30)	36 (34)	21 (14)	17 (27)
Base for %	112	123	110	101	147	73	119	94	67	157

Table 2—*Cigarette brands smoked by new, established, and all smokers aged 12-13 years. Results are percentages (and numbers)*

Cigarette brands usually smoked	New smokers: Boys	New smokers: Girls	New smokers: Total	Established smokers: Boys	Established smokers: Girls	Established smokers: Total	All smokers: Boys	All smokers: Girls	All smokers: Total
Any brand	29.6 (8)	29.4 (10)	29.5 (18)	9.1 (2)	18.4 (7)	15.0 (9)	29.2 (19)	24.5 (23)	26.4 (42)
Embassy	29.6 (8)	20.6 (7)	24.6 (15)	31.8 (7)	23.7 (9)	26.7 (16)	26.2 (17)	20.2 (19)	22.6 (36)
Benson and Hedges	29.6 (8)	11.8 (4)	19.7 (12)	36.4 (8)	39.5 (15)	38.3 (23)	29.2 (19)	25.5 (24)	27.0 (43)
Silk Cut	7.4 (2)	20.6 (7)	14.8 (9)	9.1 (2)	13.2 (5)	11.7 (7)	6.2 (4)	19.1 (18)	13.8 (22)
Other brands	3.7 (1)	8.8 (3)	6.6 (4)	4.5 (1)	2.6 (1)	3.0 (2)	6.2 (4)	6.4 (6)	6.3 (10)
Marlborough	0 (0)	8.8 (3)	4.9 (3)	9.1 (2)	2.6 (1)	5.0 (3)	3.1 (2)	4.3 (4)	3.8 (6)
Base for %	27	34	61	22	38	60	65	94	159

However, overall more of the children who had begun to smoke between phases 3 and 4 smoked any brand which was available, or Embassy, rather than the two most advertised brands Benson and Hedges or Silk Cut. Embassy was the most popular specific brand smoked and also the most frequently named of the "other" brands. For example, out of the 17 girls who had never smoked at phase 3 and named Benson and Hedges, only two smoked that brand when they took up smoking at phase 4. Out of the 15 who named Silk Cut, five smoked it. These findings are based on those girls who responded to both questions.

As table 2 shows, there were also gender differences in the choice of cigarette smoked and changes in brand choice as smoking became established—that is, among those who had tried in phase 3 and had become regular smokers by phase 4. New smokers tended to smoke whatever brand was easily accessible or available. Established smokers tended towards the more heavily advertised Benson and Hedges, although Embassy was popular throughout.

Children's reasons for choosing particular brands also reflected this process. Of the 152 pupils who responded to this question, most smokers (45% of the boys and 48% of the girls) said they did not know why they chose their cigarette brands, but the source of their first cigarettes—namely, parents, friends, siblings—and general availability and popularity determined 13% of their choices. Otherwise taste and liking (26% of boys and 17% of girls) and strength (not as strong 7% of boys and 16% of girls; strong 5% of boys and 4% of girls) were the most frequently stated reasons. Earlier studies have shown that children smoke the most advertised brands.[7-12] All these studies were carried out 5-10 years ago, and the price of cigarettes has since risen sharply. Although only 2% mentioned cheapness of the brand as a reason for choosing a brand, price is probably now a major issue for children. It is as unfashionable to smoke cheap cigarettes as it is to wear certain cheap clothes. Children might not admit to smoking cheap cigarettes.

Comment

Awareness of certain brands of cigarette was linked to an increased risk of onset of smoking in 11 to 13 year olds, especially girls. Awareness of the most advertised brands was a strong predictor of smoking, while awareness of other brands, probably known from other sources, was a less likely predictor. Children appear to take in the messages of cigarette advertising and interpret them as generic to smoking rather than brand specific.

We thank the directors of education and head teachers for giving permission for the study and the teachers and participants without whose help the work could not have been carried out.

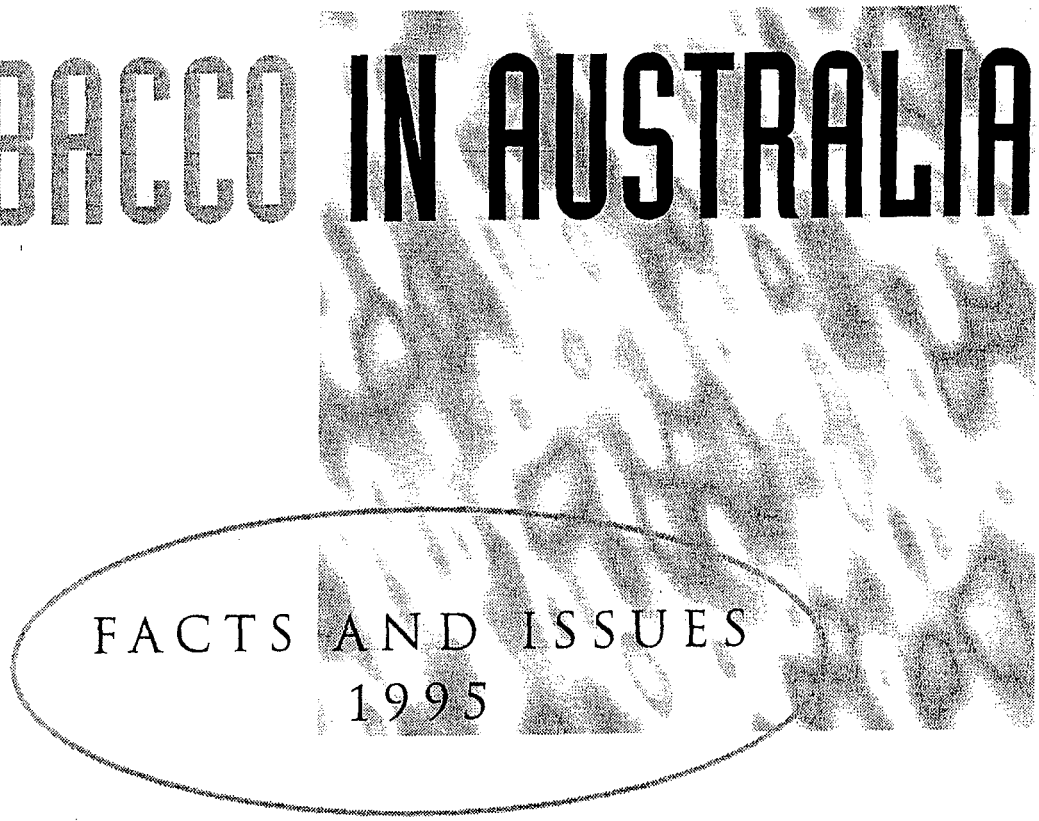
Funding: Cancer Research Campaign (Grant No CE1055/0102) and the Sino-British Foundation and the British Council for funding.

Conflict of interest: None.

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(Accepted 24 May 1996)

TOBACCO IN AUSTRALIA



FACTS AND ISSUES
1995

SECOND EDITION

MARGARET WINSTANLEY STEPHEN WOODWARD NONI WALKER

Tobacco in Australia: Facts and Issues

First edition published by ASH (Australia) Limited, 1989

Second edition published by the Victorian Smoking and Health Program, Australia (Quit Victoria), 1995

ISBN NUMBER: 0 646 14103 1

Much of the research and writing of this text was undertaken by Margaret Winstanley and Stephen Woodward, as employees of ASH (Australia). Following the winding-down of ASH in 1993, the Victorian Smoking and Health Program undertook completion and production of the book. Additional research and writing was provided by Noni Walker of the Australian Council on Smoking and Health.

This work has been produced with the objective of bringing about a reduction in death and disease levels due to smoking. Much of it has been derived from other published sources and these should be quoted where appropriate. The text may be freely reproduced and figures and graphs may be used, giving appropriate acknowledgement to Quit Victoria.

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15. Tobacco advertising

In the course of writing this chapter, legislation has been proclaimed in several states and federally to ban most remaining forms of tobacco advertising. However a documentation of the history of advertising restrictions in Australia, and a detailed discussion about the justification for these restrictions has been retained as these issues remain of interest to many Australian and overseas readers.

15.1 National restrictions on advertising in Australia

Broadcast media (television and radio)

Direct cigarette advertising on radio and television was phased out over the three years between September 1, 1973 and September 1, 1976. The ban was introduced by the Labor Government under Gough Whitlam, and seen through to completion by the Liberal Government of Malcolm Fraser.

Advertising which is construed as 'accidental or incidental' to a broadcast or transmission has been allowed, a provision included as a late amendment to the legislation before it was passed in 1976. There is little doubt that this amendment occurred in direct response to tobacco industry lobbying.[1] The tobacco industry had already managed to ensure major exposure on television in the United States following a direct advertising ban by engaging in sponsorship of sport: they planned to do the same in Australia, provided the legislation gave them the opportunity.

The 'accidental or incidental' loophole has enabled exploitation of this legislation on a massive scale, becoming the major battleground for further restrictions on tobacco advertising during the early 1990s. With the passage on 17 December 1992[2] of the federal government's Tobacco Advertising Prohibition Act, most forms of tobacco sponsorship will have been phased out by December 1995, and cricket sponsorship will conclude on 30 April 1996.[3] The maximum penalty for 'knowingly or recklessly' broadcasting a tobacco advertisement after July 1 1993 is $12,000 for a person and $60,000 for a corporation. However the 'accidental or incidental' broadcasting of a tobacco advertisement remains legal, enabling the broadcast of specifically exempted Australian sporting events and overseas sporting events receiving tobacco sponsorship to continue.[3] See Section 15.5 for further discussion.

Print media (newspapers, magazines and billboards)

In October 1988, the then Federal Minister for Health, Dr Neal Blewett, stated his support for a national ban on tobacco advertising in newspapers and magazines, advising that he would proceed with legislation provided he had the support of the states.[4] In the following year federal support was gained for a ban in the recommendations of the Parliamentary Joint Committee on the National Crime Authority. That Committee, comprising representatives from all major political parties, unanimously recommended that tobacco advertising be completely banned, reporting to Parliament in May 1989[5] (see Appendix II).

In August 1989 Democrat Senator Janet Powell announced her intention to table the Smoking and Tobacco Products Advertisements (Prohibition) Bill, which proposed a ban on tobacco advertising in the print media, billboards and cinema, and to outlaw sporting sponsorship.

The legislation was subsequently amended by the Government to include print media (locally-produced newspapers and magazines), but exclude cinema, billboard and sponsorship advertising, on the grounds that these more correctly fell within state jurisdictions. The Smoking and Tobacco Products Advertisements (Prohibition) Act was passed on December 28, 1989.[4]

The subsequent passage in December 1992 of the Tobacco Advertising Prohibition Act 1992 has, with limited exemptions, banned all remaining forms of tobacco advertising in the print media in Australia. No advertising on billboards, illuminated signs and other outdoor signs may be displayed after 31 December 1995. The maximum penalty for any regulated corporation to 'knowingly or recklessly' publish, or authorise or cause a tobacco advertisement to be published after July 1 1993 is $12,000 for a natural person and $60,000 for a corporation. 'Accidental or incidental' transmission of any advertising material (essentially material which is outside the control of the publisher, and for the publication of which the publisher receives no direct or indirect benefit) remains permitted. Publication of advertisements associated with events of international significance may also be granted Ministerial exemption, within government guidelines.[3]

Other specific exemptions include tobacco industry trade literature (provided that its distribution is limited to industry personnel), tobacco packages, tobacco products, and business documents of the tobacco manufacturers, retailers and distributors who may continue to carry material which would under other circumstances be construed as an advertisement. However the potential loophole of advertising material being printed on company letterhead or on special promotional stationery runs is closed.[3] In December 1994 the Federal Government tabled amendments to the legislation, intended to make explicit the tobacco companies' right to publicise their names under certain circumstances; for example in job advertisements, in the pages of telephone books, in publicising product recalls, and when calling for tenders.[6]

Magazines, journals, newspapers or similar documents printed outside Australia and not principally intended for the Australian market, may, unless excluded by the Minister, be sold in Australia. Tobacco advertising would not be permitted in the Australian edition of a periodical, nor a periodical with more than 50% of its readership in Australia.[3] However an individual may import for private use periodicals containing tobacco advertising. Public libraries, libraries of tertiary educational institutions and libraries under the authority of the Commonwealth, states or territories are also exempted from these and other provisions of the Act, provided they are engaging in their ordinary activities.

Provided they receive no benefit for doing so, independent individuals are permitted to 'publish' an advertisement. To qualify for this exemption, the individual must not be publishing the advertisement as part of his or her involvement in the manufacture, sale or distribution of a tobacco product, and must be acting on their own initiative. This exclusion means that private individuals may continue (for example) to wear clothing which bears tobacco brand names or logos should they so wish.

The definition of a tobacco advertisement for the purposes of the Act is outlined below.

Other forms of advertising

As defined by the Tobacco Advertising Prohibition Act 1992, to 'publish a tobacco advertisement' is to include advertising material in a document, film, video, audio program or other object that is available to the public or is otherwise displayed or distributed to the public, or a section of the public. However, as noted above, publication deemed to be accidental or incidental is allowed.[3]

A designated range of non-tobacco products carrying the brand names 'Dunhill' and 'Cartier' (including certain related brand names, logos and devices) are permitted by specified exemption under subsection 9(5) of the Tobacco Advertising Prohibition Act 1992. The exemption for this form of advertising, generally known as 'parallel promotions', means that the range of Dunhill and Cartier goods including toiletries, jewellery, leather goods, stationery, and crockery may be legally sold.[7]

Point-of-sale advertising (advertising material at retail outlets) is permitted under the Act, although the federal government reserves the right to impose restrictions on this kind of advertising if there is no existing state or territory legislation in force (see Section 15.6 below).

Where advertising has been curtailed overseas, cigarette manufacturers have offered inducements such as coupons and price discounts.[8] Coupons promoting a tobacco brand are prohibited under the Federal Act (for example, coupons which might be collected and then exchanged for cigarettes).

Predictions that a total advertising ban in Australia would result in price discount wars[9,10] have been fulfilled.[11,12] Advertising bans have increased the difficulty of maintaining brand loyalty among smokers of more expensive brands.[13] Companies may also reduce the numbers of brands as they consolidate their promotions in the fight to maintain market share (see also Chapter 14, Sections 11 and 13). Ranked by stringency of advertising restrictions, Australia is currently equal fifth among the 22 OECD countries.[14]

What is a tobacco advertisement?

The Explanatory Memorandum to the Tobacco Advertising Prohibition Act 1992[3] deliberately takes a broad approach in its definition of a tobacco advertisement. It states that:

> for the purposes of interpreting this Act, the phrase 'tobacco advertisement' is any visual or audible message which promotes (by giving publicity to or by any other means) any words or designs closely associated with tobacco products whether or not they are also closely associated with other kinds of products. [This] ... specifically includes any messages and images promoting: smoking; the purchase or use of a tobacco product; and tobacco trademarks, brand names, designs and manufacturers' names as advertisements.
>
> This is intended to be a wide definition so that the use of any phrase or image associated with tobacco products is included within the operation of this Act. This will avoid the need for frequent amendments to be made to this Act when new advertising techniques are created.

The Memorandum then goes on to outline areas of specific exemption, as discussed above.

One of the tobacco manufacturing companies operating in Australia, Philip Morris Ltd, has issued proceedings for a challenge in the High Court to the Tobacco Advertising Prohibition Act 1992. See Section 15.13 below for further discussion.

15.2 State restrictions on tobacco advertising

Prior to 1989, some states had already started to remove or otherwise restrict tobacco advertising on billboards, in cinemas, and in certain publications. The passage of the federal Tobacco Advertising Prohibition Act 1992 now places uniform restrictions upon all states and territories, except in settings deemed by the federal government to be under state supervision. This is limited to advertising at point-of-sale, which will continue to be permitted under the new legislation.[3] The federal legislation enables states and territories to retain and enforce their own laws concerning tobacco advertising; the stated intention of the Federal Act being to set a minimum standard for tobacco advertising prohibition. State or territory legislation will take precedence wherever it has a more restrictive prohibition.[3]

Victoria was the first state to introduce effective restrictions on tobacco advertising, with the Tobacco Act (1987). This legislation banned advertising in cinemas, and on billboards, handbills and leaflets, on the exteriors of shops and on all vehicles. Limited display of signage in association with tobacco sponsored events was permitted. South Australia introduced similar legislation in 1988, and the ACT and Western Australia followed in 1990. In 1991 the Parliament of New South Wales legislated to phase out tobacco advertising by 1995, and in 1992 the Northern Territory legislated to restrict content of advertisements. Specific legislation relating to tobacco advertising has not been introduced in Queensland or Tasmania.

In Victoria, South Australia, the ACT and Western Australia, health promotion foundations have been established by legislation encompassing a wide range of tobacco control measures, including advertising bans and restrictions. These foundations have been an alternative source of sponsorship for sporting and other bodies which relinquished tobacco sponsorship, as well as providing funding for other deserving groups which had declined to accept tobacco money. The foundations have also been a source of advertising revenue, by directly and indirectly promoting health messages in a range of media where tobacco advertising is no longer permitted. Activities of the health promotion foundations are discussed further in Chapter 13, Section 3.

15.3 Voluntary codes versus legislation

Examples of industry breaches of voluntary agreements for advertising are legion and it is not possible to discuss more than a few here. Readers interested in pursuing this issue further should refer in the first instance to references 17–19 and 21. Since the introduction of legislation federally and in most states and territories, voluntary codes have greatly reduced application in Australia.

Wherever possible, the tobacco industry will seek voluntary agreement for restrictions on advertising and other practices, rather than legislation. Voluntary agreement allows room for industry negotiation, and allows the industry to claim that it holds a responsible position in the community (whereas the necessity for legislation strongly suggests otherwise). It keeps communication channels open between the industry and the marketing sector, assisting with industry lobbying and defences of the status quo in advertising. At a government level, the voluntary codes have enabled the industry to negotiate directly with Ministers for Health.

The cold finality of legislation effectively closes these doors and isolates the industry from potential allies and lobbying opportunities. Further, once passed, legislation is

difficult to rescind. It also carries with it penalties for misfeasance, whereas breaches under the voluntary agreements have typically carried little or no penalty.

The hallmark of voluntary agreements has been their illogical and contradictory approach; for example, recognising on the one hand that advertising should not reach children, but assuming that children do not see billboards if they are placed more than 200 metres away from their schools; or that signage which is banned on buses may be permitted on taxis. All past voluntary codes have mandated health warning sizes on billboards known by the advertising industry to be too small to be effective.[15] Inadequacy of size has been verified by independent research.[16] The futility of the previous codes of conduct regarding appearance of health warnings on advertisements has been well documented.[17,18]

The self-regulatory system, especially as it has governed advertising, has come under constant criticism from the health lobby in the last 15 years. The process of adjudication tended to be so prolonged that it was not unusual for campaigns to be over before the complaint was heard; further, there was no penalty for breaching the code. Moreover, rationale for upholding some complaints and not others at times seemed inconsistent.[19]

Probably the best known and most protracted exchange occurred between the Advertising Standards Council (whose responsibility it is to hear and adjudicate complaints concerning all voluntary agreements in advertising) and MOP UP (a small Sydney-based group of health professionals) over the Paul Hogan advertisements for Winfield. Hogan had appeared in 32 television commercials for Winfield and, following the broadcast ban in 1976, in a major print campaign which pushed Winfield 25s to market leadership.[20] MOP UP maintained that as Hogan was a celebrity with major appeal to children under the age of 18, his appearance in cigarette advertisements constituted a clear breach of the code. Correspondence passed between the complainants and the Advertising Standards Council (ASC) for some months before the ASC recognised that they were in fact dealing with a complaint.[21] The final decision which removed Hogan from the advertisements did not occur until May 1980, 18 months after the first letter of complaint was lodged. Incidentally, during 1992 advertisements carrying Hogan's picture could still be seen in Honiara, in the Solomon Islands.[14]

If the health lobby felt concerned about tobacco advertisements, so was the tobacco industry concerned about anti-smoking advertisements, succeeding in having a number of advertisements removed from television under the jurisdiction of the Advertising Standards Council. These included 'Pretty Face', an advertisement made by the Health Department of Western Australia, which portrayed premature aging associated with tobacco use. The advertisement was deemed 'misleading', as the effects of smoking could not be said to be so dramatic. However an advertisement illustrating the rejuvenating properties of bath salts by showing an old man stepping into a bath and emerging youthful, was not considered misleading.[22]

The frequency with which the tobacco industry contravened their voluntary code of conduct caused the ASC itself to become disillusioned with the industry's attitude to the agreement. In 1987 it wrote that:

> It was noted that where cigarette advertising is concerned it appears there is no longer voluntary self-regulation. Although the tobacco companies may be members of the Australian Association of National Advertisers, most will only conform to the codes where they are compelled to do so.[23]

In the same year, following representations from health, consumer, and other interested parties, the Trade Practices Tribunal refused to authorise updated Codes submitted by the Media Council of Australia on the grounds that the Codes presented were not likely to result in 'overall benefit to the public'.[24]

Among other things, the Tribunal expressed a need for increased contribution from bodies concerned with consumer affairs and the welfare of children and adolescents, and health authorities.[24]

On this basis, new committees to consider revised Codes, including the Cigarette Advertising Code, were convened during 1988, and a new code for cigarettes was authorised by the Trade Practices Tribunal on 2 December 1988. However the community, health and consumer representatives on the committee which examined the cigarette code disassociated themselves from the final code, maintaining that the new code reflected the wishes of the tobacco industry representatives (who had sufficient numbers to vote en bloc to protect their interests).[25]

Even the direct threat of legislation in the event of the New South Wales code being breached was not sufficient to ensure adherence by the tobacco companies. For example, it was a condition of the New South Wales' voluntary agreement that the health warning in advertisements be rotated with equal frequency.[26] It had been observed that this did not appear to be taking place, and research examining tobacco advertising appearing in a wide variety of magazines published during 1989 showed that the industry favoured the warning 'Smoking reduces your fitness', which appeared in 86% of advertisements. The other three, disease-specific warnings appeared in only 14% of advertisements. 'Smoking causes heart disease' and 'Smoking damages your lungs' each appeared in 6% of advertisements, and 'Smoking causes lung cancer' only appeared in 2%.[18]

Federal legislation banning most forms of tobacco advertising, and legislation in most states and territories, means that voluntary codes have for the most part been superseded. Content of point-of-sale advertising continues to be governed by voluntary code in all states and territories (see also Section 15.6 below), and provisions of voluntary codes still control conduct relating to aspects of promotion and selling such as availability of free samples and placement of vending machines in some states.[27-29]

15.4 Expenditure on advertising

Because the tobacco companies have preferred to keep their advertising budgets confidential, accurate figures for advertising expenditure have never been easily obtainable. Moreover, advertising expenditure has covered a number of components (print, billboard, sponsorship, sales promotions, revenue to advertisers and so forth) and figures quoted have rarely provided a detailed breakdown of costs.

From information provided by the tobacco companies to a Parliamentary study on sports funding, around $20 million was spent on sports sponsorship in 1989.[30] During their campaign in 1989 to preserve the right to advertise in the press, the tobacco industry consistently quoted $50 million as the amount spent on print advertising,[31] and independent research suggests that this is probably true.[32] Given that these amounts do not include advertising agency fees, or costs of billboard, cinema or point-of-sale advertising and other promotional expenses, they roughly tally with a statement made by the Tobacco Institute of Australia, which attributed the industry with total advertising and promotional expenditure of $120 million in

1989.[33] It should be noted, however, that in an environment where advertising was under threat, it would have been in the tobacco industry's interests to overstate the amount of money spent on advertising, thereby making the potential loss of revenue more intimidating to those affected. There is evidence that the tobacco industry overstated the amount of its sports sponsorship during the debate leading up to the introduction of the Victorian Tobacco Act (1987).[34]

In the first quarter of their final year of print advertising before the ban, tobacco companies increased their expenditure in newspapers and magazines by around 30%, becoming the highest spending industry group on advertising.[35] Rothmans and Philip Morris launched new brands in the last weeks before the print ban came into force, Wills introduced an Ultramild Menthol extension to Stradbroke, and Davidoff, an imported brand, was introduced by The Alexander Group.[36] Rothmans' launch of Holiday 50s in late 1990 was believed to cost between six and seven million dollars.[37]

According to the Prices Surveillance Authority (PSA), in 1993, marketing and advertising costs (excluding some elements of selling costs) represented approximately 20 percent of manufacturers' total costs, and around 16 percent of total sales (before excise). The PSA observed that compared to other declared consumer goods, cigarettes are heavily promoted by advertising.[38]

Australian tobacco companies may also increase promotional activities in the off-shore marketplace. Rothmans is said to have committed $82 million for this purpose for the next five years, almost doubling its budget from the past five years.[39]

15.5 · Sponsorship

As noted in Section 15.1 above, 'direct' advertising of tobacco products was phased out by federal legislation between 1973–1976, but 'accidental or incidental' advertising was permitted. This resulted in extended, prime-time exposure on television for cigarette brands.

Following the passage of the legislation, the tobacco companies rapidly bought out most major Australian sport. In 1980 the three major tobacco companies then operating in Australia (Philip Morris, Amatil and Rothmans) were also the three largest sports sponsors in the country.[40] In 1989 the tobacco industry was believed to account for $20 million of the approximately $90 million provided to sport through private corporate sponsorship (around 22%).[30] The largest sponsorship packages in Australia were those of Winfield (Rothmans) and the New South Wales Rugby League (reportedly worth $14 million over five years), and the Benson & Hedges (Wills) and Australian Cricket Board deal (said to be worth $15 million over five years).[41]

These arrangements have enabled extraordinarily cost effective advertising, as a number of analyses have shown. The televising of test cricket over the summer of 1980–81 gave the sponsors Benson & Hedges at least 72 hours of coverage. This included 40,000 exposures of the name Benson & Hedges on a single channel.[40] More recent studies have shown that during a day's play of a Benson & Hedges sponsored cricket match televised from Sydney in 1988, the Benson & Hedges name received a full 88 minutes of the day's coverage.[42] By comparison, the sponsor of a top rating television program could expect to get about seven minutes of coverage in an hour.[43] The media coverage arising from Benson & Hedges' $15 million, five-year investment has been estimated to be worth $7 million each year.[34] (According to WD & HO Wills, makers of Benson & Hedges, radio and television coverage of the 1992 World Cup of

Cricket was beamed to 29 countries[44]). Tobacco company sponsorship of race teams in the 1992 Tooheys 1000 Classic touring car race resulted in an estimated $9.6 million worth of television exposure and accounted for more than one-third of airtime.[45]

An analysis of the Adelaide 1989 Grand Prix showed that Marlboro gained exposure for up to 36% of the broadcast time, through coverage of the Marlboro sponsored racing vehicles, and perimeter advertising. The author of this study noted that:

> This repeated exposure, even for relatively short periods, of the name or logo is likely to have a significant impact on the viewers' subsequent responses to it. The psychological literature on so-called 'mere exposure' effects is both extensive and consistent. It reveals a powerful association between exposure to an object and the development of positive sentiments towards it.[46]

Of course, good coverage is not solely dependent on winning the race. Simply finishing the race, having a big crash that is replayed often, or even having continual mechanical problems can all contribute to heightened brand exposure. Further, apart from immediate benefits of sponsorship through attendance and live coverage, advantages are extended by replay in overseas highlights, news reports, newspaper articles, and magazine and radio coverage.[47]

Prosecutions and court actions

As shown above, television promotions for tobacco brands continued to flourish following the direct ban on tobacco advertising, via sponsorship agreements with sporting and other bodies. Provided that such exposure could be deemed as 'accidental or incidental' to a broadcast, and that the licensee (television or radio station licence holder) did not receive payment or other valuable consideration for broadcasting the advertising matter, then promotion material could be broadcast without penalty.

However the excesses of tobacco advertising shown in association with some televised programs, particularly sporting events, gave rise to criticism and formal complaints about the nature of and intent of tobacco sponsorships.

During 1983[48] and 1984,[49] the Australian Broadcasting Tribunal (ABT) clarified its interpretation of the legislation. During this process the ABT concluded that a number of television broadcasts, including the 1982 telecast of the New South Wales Rugby League (NSWRL) Grand Final (sponsored by Winfield), and promotional exposure associated with Benson & Hedges' sponsorship of the Australian Ballet and test cricket, were in breach of the Act.

The tobacco companies responded with a legal challenge of the ABT's authority to reach such a ruling. Proceedings commenced in the Federal Court of Australia in 1984,[50] and the decision, which favoured the ABT on most issues, was the subject of an appeal by the tobacco companies.[51]

On 20 March 1985 the Full Bench of the Federal Court dismissed the appeal. In their decision, the Chief Judge and Justices reconsidered the sequences of advertising under question, and the contractual arrangements between the tobacco companies and the sponsored agencies.[52] The court noted that the agreement made between Rothmans (Winfield) and the NSWRFL stated that 'the league has agreed to assist Rothmans in the advertising and promoting of Rothmans' products upon the terms and conditions and for the consideration hereinafter expressed.' The NSWRFL's contractual obligations included:

- The flying of Winfield flags at all competition matches.
- The playing of Winfield theme music at all competition matches 'where appropriate'.
- That the terminology 'Winfield Premiership' be adopted by the league in all material relating to the competition including public announcements, interviews and press releases.
- The assistance of the league in obtaining prominent advertising space at all grounds. 'In particular, the league will assist Rothmans in obtaining advertising space at the Sydney Cricket Ground including the painting of the Winfield logo on the grass playing area during the competition finals series'.
- Exhibiting floats and displays advertising Rothmans products during the Grand Final.

A feature of the Winfield and other contracts reviewed was an 'escape' clause for the tobacco companies from the sponsorships if the type of advertising they sought were restricted or banned by government or other authority. The Court agreed that 'the sponsorship arrangement was intended as an advertising opportunity rather than an act of sporting philanthropy.' This was further underlined by the fact that in some of the contracts, as much as 75% of the sponsorship funding was earmarked for advertising and promotional purposes, leaving only 25% of the funds for the actual recipients of the money.[53] According to evidence given by the tobacco companies before the Federal Parliament's House of Representatives Standing Committee on Finance and Public Administrations inquiry into sports funding and administration,[30] of the estimated $20 million provided by the companies to sporting sponsorship in 1989, $12 million (60%) was for the sports groups and $8 million (40%) for promotional activities).

Despite the legal battle concerning Winfield's sponsorship of the 1982 Rugby League Grand Final, the broadcast of the 1984 Grand Final had contained prominent advertising, including an opening ceremony called 'The Winfield Spectacular', featuring dancers and the familiar Winfield theme music (a passage from Tchaikovsky's Fifth Symphony). Mr Brian McBride, acting for the Non-Smokers' Movement of Australia (NSMA), 'laid information' (alleged that a breach of the law had taken place) that the United Telecasters (Channel 10) was in breach of section 100(5a) of the Broadcasting Act in that it televised direct advertising matter.

The committal hearing began on 6 May 1985.[54] After a review of the evidence presented by the NSMA, it was decided that United Telecasters had a case to answer. However the magistrate ruled that he could not consider multiple breaches, and that the NSMA must choose a single segment. The NSMA selected the 'Winfield Spectacular', to which the subsequent hearings were confined.

The trial was eventually heard in September 1987 in the District Court in Sydney, with the Director of Public Prosecutions (DPP) taking the NSMA case. The jury reached a guilty verdict, a finding which was promptly appealed by United Telecasters on a number of technicalities. A re-trial was ordered, and the decision was quashed. The DPP then appealed to the High Court and was successful; in February 1990, more than five years after the telecast, Channel 10 was convicted of televising a cigarette advertisement.

Out of frustration at the delay in their first case, the NSMA launched a second action in 1989, again about the Winfield sponsored Rugby League Grand Final, but this time

concentrating its efforts on perimeter advertising. The entire telecast was accepted by the Magistrate as evidence. Although a committal was obtained for early 1990, the case never proceeded, as it coincided with the High Court's verdict on the earlier case.

Tobacco promotion or corporate philanthropy?

In public defence of their sponsorship of sporting and other events, the tobacco companies typically claim that their sponsorship is not advertising; that it has no effect on children or overall consumption. There is ample evidence to the contrary, even from the tobacco industry itself, as one American tobacco executive has put it:

> We made it clear from the day we announced our sponsorship of the Grand National division that we were in the business of selling cigarettes, not the racing business. We felt that stock car racing was a very good avenue for us to market our products and we are even more convinced of that today.[55]

In Australia, the Rothmans Sport Foundation was established when the threat of broadcast media bans became imminent. As minutes from a Rothmans management meeting held in November of 1970 state:

> Discussing smoking and health, Mr Watson [general manager] advised that we can expect more severe attacks on the industry in the near future. In Canada and the USA, advertising restrictions are pending, and in the UK, there is no cigarette advertising other than press. We can expect similar restrictions here within the next few years. This is the reason for the existence of the Rothmans National Sport Foundation and our sponsorships which are being developed in anticipation of restrictive advertising action in Australia.[56]

Evidence given in a New South Wales District Court in early 1990[57] has given further insights into how the tobacco companies — in this case, Rothmans — have capitalised on their sponsorships. The presiding Justice made the following comments on Rothmans' sponsorship procedures:

> The company's main concern in all this however would seem to have been to circumvent the ban placed upon the advertising of tobacco products on television not only by having events assume the company's brand name but also by ensuring that the advertising signs were transmitted on television. No-one seems to have questioned the legality of all this, a question which perhaps would now have to be reconsidered in the light of the High Court's decision, the DPP v United Telecasters Sydney Limited (which was decided only on 15 February last). The company was obviously prepared to pay large amounts of money in this sponsorship and exploitation.

Note: the matter brought to trial was alleged fraudulent activity by a Rothmans executive who had responsibilities in the area of promotions. Information on Rothmans' sponsorship procedures was aired, but ultimately peripheral to the matter being tried. The trial found the executive guilty, but the case was re-opened on a point of law unrelated to the sponsorship issues and the conviction was eventually quashed.

An effective form of advertising

Advertising via sponsorship is an effective way of increasing brand awareness. Studies have demonstrated that brand recall is heightened among children following viewing sponsored sport.[58,59] Children, especially those who smoke, are adept at recognising edited, simple or even cryptic tobacco advertisements,[60,61] and are able to identify tobacco advertisements appearing out of their usual contexts.[62]

A relationship has been found between tobacco sponsorship of sport and brand choice among Australian children. A national survey undertaken in 1984 to measure the smoking habits of schoolchildren found different brand preferences between states. In New South Wales and Queensland, far more children smoked Winfield — where Winfield received high exposure through sponsoring the major winter sport, rugby league. Escort dominated the young adolescent market in South Australia, where Escort sponsored the Australian Rules Escort Cup (football). The numbers of children smoking Escort were negligible in all other Australian states. In Victoria, Peter Jackson was most popular, followed by Winfield. Both of these brands were heavily advertised at that time through Victorian league football.[63]

In some events, advertising by tobacco companies has reached the point of saturation. Even if sponsorship were completely banned, it has been observed that the bond between the Marlboro name and colours and the McLaren Formula One racing team would endure.[64]

Benefits of sponsorship to the tobacco industry

Apart from providing extended, cost efficient coverage of brand and company names, sports and cultural sponsorship delivers a number of other important side benefits to the companies involved.

- It enhances the corporate image of the company involved. Far from emphasising the commercial benefits the company might receive, sponsorship tends to be seen in the light of charity, and recipients of funds commonly express gratitude for the beneficence of the 'donor' company.
- It associates cigarettes with the sponsored event, ensuring that the 'image' of the event is inextricably linked with the brand name. Hence Benson & Hedges is elevated by association with the Australian Ballet; Marlboro's international image is enhanced by association with Formula One racing; Winfield's all-Australian image is fostered by linkage with rugby league football. It is particularly insidious to link tobacco with activities which require peak physical fitness.
- It spawns a base of support for continued tobacco advertising, in the event of threatened bans. Organisations which regard themselves as dependent on tobacco funds for survival form a vocal, powerful and diverse lobby group for the tobacco industry in times of hardship.
- It effectively gags sporting and other personalities who might otherwise be logical and willing supporters of health education campaigns. One example of this was the disciplinary action taken by the Australian Cricket Board (recipients of Benson & Hedges sponsorship) against cricketer Greg Matthews following his appearance in an anti-smoking advertisement in May 1992, in which Matthews was photographed crushing a Benson & Hedges pack. The Australian Cricket Board has since reworded its player contracts to prevent team members from damaging the reputation of its sponsor.[65]

Closing the legislative loophole

Since the passage of the Victorian Tobacco Act (1987), a number of states and territories have moved to discourage or restrict tobacco sponsorship, some establishing health promotion foundations funded by tobacco licence fees to assist organisations requiring an alternative source of financial support. The federal

Tobacco Advertising Prohibition Act 1992, passed in December 1992, is now in force in all Australian states and territories, ensuring the phasing out of sponsorship of sport by tobacco companies, with limited exemptions.

With the announcement of the proposed legislation on 1 April 1992, the government informed sporting and cultural bodies that sponsorship contracts with tobacco companies were not to be renewed, nor new contracts entered into. Contracts in force prior to that date would be allowed to run their course, but alternative sponsorship was to be in place by 1995. As a special case, the Australian Cricket Board could see out its contract with Benson & Hedges until the end of the 1995-1996 season. Ministerial exemption may be granted for events of international importance which might otherwise not be held in Australia due to the ban.[66] In September 1994 the Federal Government announced that it would permit the South Australian Formula One Grand Prix to proceed, allowing limited tobacco advertising to occur during a six-week period encompassing the build-up to and broadcast of the event.[67] Advertising on cars, drivers' uniforms and on pit signs was permitted, but display advertising outside the immediate track area was almost totally banned. The conditions of the 1994 exemption were far more narrow than those stipulated by the government in previous years.[68]

The imposition of uniform national legislation has stymied tobacco industry attempts to subvert state legislation. The tobacco companies had responded to state legislation by negotiating large contracts with motor sport and yachting, with the intention of making any attempted government intervention likely to cause public anger. The major swing into a wide range of motor sports was calculated to maintain the support of the Confederation of Australian Motor Sport for tobacco sponsorship, and to provide leverage to continue the staging of events as they wished.[69] Further, while the states had differing (or no) controlling legislation in force, they were vulnerable to industry threats to move events from one state to another, the most obvious example of which being the movement of the Motor Cycle Grand Prix from Victoria to New South Wales and back again between 1989 and 1992, instigated by a bitter and protracted dispute over the display of tobacco advertising.[70,71]

Sports sponsorship will still be seen on Australian television screens in years to come, but in greatly reduced volumes. Presumably, events exempted under provisions of the Tobacco Advertising Prohibition Act (1992) will be broadcast, with their attendant (albeit tightly restricted) tobacco advertising, and transmission of tobacco sponsored events from overseas is allowable.

15.6 Advertising at point-of-sale

Point-of-sale advertising is the promotional material on display where cigarettes are sold. Under provisions of the Tobacco Advertising Prohibition Act 1992, point-of-sale advertising may continue, provided it is in compliance with any relevant state or territory requirements. The federal government has reserved the power to impose regulations on size, content and location of point-of-sale advertising where there is no existing state or territorial legislation.[3]

Point-of-sale advertising has always been important to the manufacturer, providing the last chance to persuade a customer to choose a particular brand. The increase in price competition between the companies in recent years means that the smoker is more likely than ever to select a brand at the counter. It has also placed cigarette

advertising among soft drinks, sweets and chewing gum and is likely to have had some impact on the juvenile shopper.

Tobacco advertising on shop exteriors has been banned in Victoria and South Australia. In Western Australia, point-of-sale advertising that is visible from public places outside shops or other retail outlets has been banned since February 1992, in Regulations introduced pursuant to the Tobacco Control Act (1990). Advertisements at point-of-sale may not exceed 3,000 square centimetres in size, and may only occur as part of an advertising display (defined as a dispensing unit for cigarette packs, together with any tobacco advertisement directly adjacent to it, but excluding vending machines). Advertising, including illuminated signs, must carry an approved health warning and government attribution of a specified size appearing in black lettering on a white background and occupying 25% of the total area of each tobacco advertisement. Advertising which makes any use of electronically generated images or sounds is banned.[72]

Legislation has also been introduced in New South Wales to ban tobacco advertising visible from a public place, and to restrict the total amount of space which tobacco advertising at point-of-sale may occupy (no more than 2,000 square centimetres). A health warning and attribution statement must occupy at least 25% of the total area of an advertisement.[73]

In the ACT, point-of-sale advertising is permitted, provided it is not visible from a public place. There are currently no restrictions on the presence of point-of-sale advertising in Queensland, Tasmania or the Northern Territory. Visual content of point-of-sale advertising is still governed by voluntary code in all states and territories.[74] Major elements of the code are that:

- cigarette advertising should not have a strong or evident appeal to children or adolescents;
- advertisements should not encourage people, particularly the young, to start smoking or encourage existing smokers to increase their consumption, but should only be intended to effect or deter a change of brand among existing adult smokers;
- no person shall be depicted or represented in any cigarette advertisement;
- advertisements should not depict sexual, social or business success or distinction as being attributable to the act of smoking;
- advertisements may not claim health properties from cigarettes, or 'dare' people to smoke or imply that they will 'prove' themselves in some way if they accept the challenge offered by smoking.

As one of the very few remaining avenues for advertising, point-of-sale promotion is crucial to the manufacturers. This battlefield is particularly felt by the retailers, who have limited space and many competing forces. In the United States and Canada, incentives are offered to retailers and distributors by companies to maintain prominent shelf space and display areas,[75,76] and companies are turning their creative talents to designing new merchandising displays to help reduce retail clutter.[77] It is likely that similar trends will be observed in Australia.

15.7 Product placement

Product placement (also known as 'embedded' advertising) occurs when a product or brand gains exposure, apparently incidentally; for example in a film, or a photograph, or even in an advertisement for something else. While brand exposure obviously provides a distinct benefit to a particular company, it is not essential. The simple activity of smoking can also be enhanced by its association with a broad variety of desirable personalities or characteristics.

Under provisions of the Tobacco Advertising Prohibition Act 1992, the broadcast or publication of tobacco advertising deemed to be 'accidental or incidental' remains permissible. In the Explanatory Memorandum to the Act,[3] it is explicitly stated that the use of cigarettes by characters in films and in published material falls into this category, provided that no direct or indirect benefit (financial or otherwise) is received by the broadcaster or publisher.

Films

American research shows that teenagers are three times as likely as adults to be frequent movie-goers,[78] and the situation is likely to be similar in Australia. This makes films an effective way to reach young people.

A review article examining the health content of the most popular American films made between 1977 and 1988 noted that portrayal of tobacco smoking had increased. The authors noted a number of effects that this could have[79]:

- health-detrimental messages embedded in popular media are widely accessible, well-utilised and personally involving, making them particularly compelling to the audience. By casting powerful, attractive actors in roles that glamorise health-detrimental practices, popular films provide teenagers with ready models of 'typical' adult behaviours.
- they can help shape public opinion and agenda, by desensitising certain issues and helping mould attitudes and acceptance of even patently ill-advised behaviours.

A study examining trends in tobacco use in the 20 top-grossing US films each year from 1960 through to 1990 (based on the random selection of two films each year)[80] found that smokers were typically presented as white, male, middle class, successful and attractive. Smoking was associated with youthful vigour, good health, good looks and personal and professional acceptance. Over the time period surveyed, smoking became more frequently portrayed in a social than a personal setting, and its use was associated with stress reduction. Although the films changed to some extent to reflect the reality that smoking has declined among better educated and more affluent groups, it was still almost three times as prevalent as in comparable population members and was represented as a majority behaviour. Another interesting observation made by this study is that ashtrays have virtually disappeared from movies.[80]

Various brands have featured in a number of recent, well known movies. An American-based group has identified nearly 50 feature films, many made for children, which contain brand-specific cigarette advertising.[78] For example the brand Marlboro received a number of exposures in the film 'Superman II', where Lois Lane (a non-smoker in the comics) chain-smoked and the name appeared on a semi-trailer used in an action sequence. In a scene in 'Beverly Hills Cop', Eddie Murphy

holds up a pack of Lucky Strike and says 'These are very popular cigarettes with the children'.[78] Walt Disney movies 'Who framed Roger Rabbit' featured Lucky Strike and Camel cigarettes; 'Honey I shrunk the kids' featured Camels; and in 'Baby', the story of a cute baby dinosaur, the lead female figure smokes Marlboros.[81] The rebellious machismo imparted to smoking by Mel Gibson in 'Lethal Weapon II' was in no way undermined by his acknowledgment that smoking is dangerous in the final scene.[82] Camel and Lucky Strike were both used by the chain-smoking character played by Madonna in 'Desperately Seeking Susan', and Susan Sarandon as the character Louise smoked constantly throughout 'Thelma and Louise', a movie which has since been held up as a post-feminist anthem and the first female version of the 'buddy and road' movie genres.[83] The character played by Winona Ryder in 'Reality Bites' was also a chain-smoker.[84]

It is known that money or other consideration has passed between tobacco companies and film makers in at least some of these instances. Although for the most part payments between tobacco companies and movie makers are kept secret, it is public knowledge that stars and crew members of 'Who Framed Roger Rabbit' received clothing and other items from tobacco manufacturers,[85] and that Philip Morris paid $US42,500 to have Marlboro appear in 'Superman II', and $US350,000 to have James Bond and others light up a Lark in the ironically titled 'Licence to Kill'.[82] (For those who bothered to watch 'Licence to Kill' to the bitter end, a US Surgeon General's health warning was included in the closing credits, apparently because the film makers feared potential legal problems).[86] According to internal documents leaked from the US tobacco company Brown & Williamson, Sylvestor Stallone guaranteed to use their brand of cigarettes in at least five films, for a total fee of $US500,000, paid in cash and in kind. The films included 'Rhinestone Cowboy', 'Godfather III', 'Rambo' and 'Rocky IV'. The same documents show that Sean Connery was offered $12,000 in jewellery to use cigarettes in 'Never Say Never Again', Paul Newman was offered a $US40,000 car for product placement in 'Harry and Son', and Clint Eastwood was offered a $US22,000 car for a placement in 'Killing Ground'.[87]

It is interesting to note that even in films where it is known that money changed hands in order to promote cigarettes, smoking has not necessarily received a simple and uncritical endorsement. For example Superman does draw attention to the fact that Lois might get lung cancer, using his x-ray vision to check her lungs. Since it is fair to assume that the tobacco company involved did not pay to have their product disparaged, one can only assume that the industry is well aware of the psychological profile of its target audience and the portrayal of smoking most likely to appeal.

In response to pressure, the Walt Disney Corporation has agreed to prevent tobacco companies from gaining exposure in return for money or in-kind consideration. However it has stopped short of adopting a policy that prevents glamourised or inappropriate depiction of smoking in its movies, or inclusion of cigarette brand names not paid for by tobacco companies.[88]

According to the US Tobacco Institute, its 13 member companies have agreed to stop using product placement in films,[78] but through product placement, tobacco advertising has achieved a kind of immortality. Long after tobacco advertising has vanished from other forms of media, exposure will continue through movie classics, leaving young viewers with the message that smoking is tough, cool, sexy, glamorous, sophisticated and larger than life.

Actors and models

During the 1930s and 1940s, American tobacco companies paid literally thousands of movie stars and sporting heros to endorse their brands.[89] Paying actors and models to smoke in public was an early technique employed by the promoters of Lucky Strike, to lend glamour — and acceptability — to smoking among women. Lucky Strike even managed to persuade the fashion industry to feature green one year, so that Lucky Strike packets would complement the latest fashions.[90]

During the 1970s in Australia, Australian actors featured heavily in brand promotions. Paul Hogan advertised Winfield, Stuart Wagstaff and George Lazenby promoted Benson & Hedges, Graham Kennedy promoted Wills Super Milds, Tony Barber appeared in Cambridge advertisements, Frank Thring advertised Martins, George Mallaby and Gus Mercurio advertised Claridge; and in a campaign not surprisingly doomed to failure, Norman Gunston (a popular but farcically inept character played by actor Garry McDonald) endorsed Dukes.

These kinds of campaigns are now long gone, but attractive images of smoking persist. Photographs of actors, actresses and models with cigarette in hand have become increasingly common during the early 1990s. Whether intended to convey rebellion, risk-taking and defiance, to evoke the movie-star glamour of the 1940s and 1950s, or simply to shock the audience, the cigarette has been included as an accessory on the catwalk, in fashion features[91,92] and in clothing advertisements directed to the young.[93] Marlboro's image is enhanced by being the brand publicly smoked by American model and actress, Jerry Hall. Photographs of actress Michelle Pfeiffer, actress and model Isabella Rossellini,[94] actor Liam Neeson,[92] and model Kate Moss,[91] all smoking, have been published recently, to name only a few. No brand is usually apparent, but this doesn't diminish the message that smoking is glamorous, and to hell with the consequences.

Australian cigarette advertisers are no longer permitted to purchase advertising space in newspapers and magazines for their products, but (except for the absence of a brand name) the effect is almost the same, perhaps even more impressive, if smoking is featured as a fashion accessory by beautiful women throughout the fashion pages, or if film stars are seen explicitly endorsing cigarettes by smoking in their movies.

15.8 Packaging

Pack design is integral to the marketing of cigarettes. Given that the average smoker handles their cigarette pack around 20 times a day, frequently in public or in company, the image projected by the packaging is an important component of brand advertising and brand loyalty. The pack is a constant accessory, and helps convey the smoker's own personal image.[95]

Pack design has always been important. Cigarette packs used to carry extensive descriptive copy, proclaiming the merits of a particular brand. (One surviving example of this is the Camel design, which has remained substantially unchanged since 1913. Although RJ Reynolds attempted to update the pack in 1958, they met strong resistance from loyal Camel smokers who were attached to traditional graphic and descriptive text). Camel is an exception, however; most modern brands are identified by a simple combination of colour and graphics, with little accompanying text on the packages.

Pack design has been simplified to promote strong brand consciousness in the mass media,[96] in some cases using an easily recognised logo or colourway repeatable on items such as clothing, motor vehicles, billboards and shopfront awnings. For example the gold of the Benson & Hedges pack, the red and white of Winfield and the red, blue and yellow of Peter Jackson have all been repeated and reinforced through extensive promotions in every available media. In Germany, Philip Morris has launched a campaign designed to 'appropriate' the colour red for Marlboro, using the slogan 'Marlboro is red. Red is Marlboro' and a series of promotions featuring widespread use of the colour. It is argued that their intention is to have red act as an advertising 'prompt' for the brand, once tobacco advertising is eventually banned.[97]

Research has confirmed the importance of pack design to the consumer. In an American study, smokers were offered cigarettes guaranteed to be Marlboros, at half the normal price but in a plain brown wrapper. Only 21% of the sample were interested in the cigarettes.[98] An Australian survey has shown that 74% of smokers base their brand selection on pack design.[99] Pack design was seen as a major selling point for a new brand launched in Germany in 1991. According to a company executive, 'the witty packs, emblazoned with fresh summer colours, were seen as a coveted summer object — even by non-smokers'.[100]

Pack design is one of the few remaining ways open for a tobacco manufacturer to publicly position a brand in Australia (price being the other key method). It is possible, therefore, that pack designs will become elaborate once more, carrying advertising text which can no longer be conveyed by any other means. In the absence of reinforcement for brand imagery provided by media advertising, 'tobacco values' may become more important,[96] brands concentrating on differentiation by features such as tobacco blend, quality, flavour and strength.

Generic packaging

It has been argued that advertising imagery conveyed by pack design could be curbed through the introduction of generic packaging.[101] An example of generic pack design is that used by the 'No Frills' labelling on a number of supermarket lines now common in Australia. Cigarettes would be contained in plain packages simply labelled with plainly presented, factual information about the contents, and bearing a generically lettered brand name.

Generic packaging would diminish the marketing benefits of product placement, parallel promotions and piggy-back marketing (see Sections 15.7 and 15.9). There would also be no incentive for tobacco manufacturers to attempt to advertise through sponsorship, as identification with trademarks and colours would be disallowed. Finally, health warnings could not be obscured by clever package design.

The Ministerial Council on Drug Strategy has identified the introduction of generic packaging as an area for future review.[102]

Pack size

In recent years the tobacco industry has made cigarettes available in a variety of (mostly larger) pack sizes. This is discussed in Chapter 14, Section 12.

15.9 Alternative methods of advertising (no longer permissible under Australian federal legislation)

As means of advertising have been systematically closed to the tobacco industry, it has adapted by finding new conduits for its messages. The following summary outlines the alternative ways of promoting tobacco products employed in Australia following various restrictions. These forms of advertising have now been legislated against in the Tobacco Advertising Prohibition Act 1992. However the tobacco industry is internationally renowned for its ability to discover and exploit legislative loopholes and the true test of the effectiveness of the legislation will be what, if any, unexpected tobacco advertising appears following the provisions of the Act taking full effect.

Direct mail

The impending introduction of the federal print ban in 1989 brought about industry experimentation with direct mail.[37,103-106] Direct mail remained allowable in at least some states, provided that the customers targeted had specified that they wished to receive promotional material.[105] This was generally indicated by entering a competition, or sending away for mail-order items; for example the return coupon for ordering Philip Morris' Nineteen Ninety-Two Ideas Diary asked for the customer to sign a certification that they were 18 years or over, and ticking a box gave the option of being sent other promotional material.[107] The St Moritz Fashion Collection operated along similar lines.[108] A national competition promoted by the importers of Drum loose tobacco in the months prior to the introduction of the print media advertising ban merely required entrants to write their names and addresses on the appropriate coupon, the intention being to compile a direct mail list of purchasers and potential purchasers.[109]

Direct mailing by tobacco companies is well established in the United States, where it has been used to foster loyalty and a sense of solidarity among their customers. It is clear that the companies have tried to connect their client base with their lobbying base; according to RJ Reynolds' corporate mission statement, 'We work for smokers'[75](see also Chapter 14, Section 19).

RJR has sent its customers Christmas cards, made available a 'smokers' rights' kit, and sponsored initial meetings for smokers interested in forming their own smokers' rights groups. Additionally, RJR has produced a magazine for customers which discusses industry issues and encourages readers to take action in their community and with government.[75] Philip Morris in the US began publishing its own glossy monthly magazine in the mid-1980s,[110] but has since discontinued this particular promotion, presumably because it was not cost effective. 'Waves', a magazine launched by Philip Morris for Australia's Alpine smokers during 1992, continues to be produced and is available through direct mail. Although the name and the shade of green used in the title graphics recalls the colour of the Alpine pack, no reference is made to smoking other than in a covering letter, which states at the foot that 'Waves' is a promotion of Philip Morris Limited.[111]

Parallel promotions and special offers

Parallel promotions occur when tobacco companies attach their brand names or company names to non-tobacco products. This generates increased exposure for the names, and also enables unrestricted advertising opportunities.

There have been many examples of parallel promotions in Australia, including the line of pens, lighters, aftershave and other luxury items marketed under the Dunhill name, Yves St Laurent perfumes and cigarettes, the Freeport fashions and accessories associated with the brand's launch,[112] the Alpine diary and the St Moritz mail-order fashion catalogues.

Philip Morris has been the most active of Australian tobacco companies in exploring the possibilities of promotional offers. In early 1990 the company packaged a bottle of Peter Jackson sunscreen with two packs of Peter Jackson cigarettes as a 'summer time promotion'. Philip Morris' audacious venture into cancer prevention was met with derision and Peter Jackson sunscreen was withdrawn soon after.[113] The following year Philip Morris packaged two packs of Longbeach 40s with a lifestyle 'video magazine' called 'Life on the Beach' which featured outdoor adventure activities.

During 1992 Philip Morris released presentation sets of two packs of Peter Jackson or Alpine, combined with special offers of key rings, brass cigarette lighters and music cassettes containing popular Australian rock music. In Perth, a shop manager was fined in the Magistrate's Court for stocking the combined Peter Jackson and music cassette packs, on the grounds that the promotion breached the Western Australian Tobacco Control Act by offering an enticement to buy cigarettes. Under the terms of the legislation it was not possible to prosecute the manufacturer or the wholesaler.[114]

As legislation in several states and territories began to restrict opportunities for parallel promotions and special offers to occur, the Alpine diary was reincarnated in 1992 as the 'Nineteen Ninety-Two Ideas' diary and published by a special subsidiary owned by Philip Morris.[107] The diary was still available in 1995. The cover of the diary features the familiar green and white (green and other colours in 1995) of the Alpine pack, but as consumer recall of the old Alpine advertising campaigns can be expected to fade, so, according to a Philip Morris executive, are the diary's days likely to be numbered.[99]

In conjunction with its promotional magazine 'Waves' (see preceding Section), Philip Morris continues to make available special offers. One example is a picture frame, featuring a pattern which incorporates the 'Waves' logo (which is not obviously connected to any tobacco pack design feature). The application form for the frame asks what brand (if any) is normally smoked, age group, whether information on further offers is requested, and requires a signature certifying that the applicant is 18 years of age or over. Although the form clearly states that Philip Morris is the promoter, no reference to any tobacco brand is made.[115]

Under the provisions of the Tobacco Advertising Prohibition Act 1992, these forms of promotion may no longer occur unless the marketed items were available prior to 1 April 1992. A specified range of Dunhill and Cartier products have received exemption and will continue to be available (see Section 15.1 above). Presumably Philip Morris' magazine, diary, and associated special offers are now so tenuously linked with any definable form of tobacco promotion that they defy prosecution.

Private individuals may continue to make use of items bearing tobacco brand names or logos provided they are acting on their own initiative, and are not doing so as part of an involvement in the manufacture, sale or distribution of a tobacco product.

'Piggy-back' advertising

Piggy-back advertising occurs when tobacco advertising appears, apparently incidentally, in another product's advertisements. An Australian example of this kind of advertising is an advertisement for Tag-Heuer watches, which featured Formula One driver Ayrton Senna wearing his racing gear, upon which was displayed a Marlboro brand logo. A complaint to the Advertising Standards Council that the prominence of the Marlboro logo made the watch advertisement tantamount to a tobacco advertisement, thereby contravening the national ban on tobacco advertising on the print media, was not upheld. The Advertising Standards Council took the view that Senna was wearing his usual racing attire and that the logo was partly obscured and incidental to the central purpose of the advertisement. However Tag-Heuer has since stated that it would voluntarily remove the advertisement.[116]

Under the Tobacco Advertising Prohibition Act 1992, a message or image which primarily promotes a non-tobacco product but which also, explicitly or implicitly, promotes a tobacco product, is deemed to be a tobacco advertisement and is therefore prohibited.[3]

15.10 Tobacco advertising and editorial compromise

This Section has been included for historical interest. Now that a print ban has been enforced in Australia, it will be interesting to see whether discussion about tobacco issues receives greater attention or prominence.

Australian and international research has shown that there is some link between acceptance of tobacco advertising and lack of reporting on tobacco issues for some publications. The connection appears stronger for magazines than for newspapers, is especially strong for women's magazines, and has been evident for some time.[117-122]

An Australian study which examined 11 different magazines (nine of which carried tobacco advertising) between 1979 and 1986 reported 'a severe deficiency in the reporting of the hazards of smoking'.[120] In an average five years' publication per magazine, ten magazines carried two anti-smoking articles between them, while Readers' Digest (which refuses tobacco advertising as a matter of policy) ran five. Those ten magazines ran twice as many 'pro-smoking' features as they did anti-smoking features. The same study documented specific cases where stories about smoking were not printed out of fear of losing tobacco advertising accounts. Examples and outcomes of publications and journalists attempting to print unflattering articles about the tobacco industry in the UK and the US are also detailed by Taylor[117] and Warner.[118]

One tobacco industry trade journal has, perhaps inadvertently, commented that anti-tobacco sentiment is freely expressed in the Australian electronic and print media now that tobacco advertising bans are in place, as they now 'have no need to consider or appease the feelings of an advertiser'.[123]

15.11 The case for banning tobacco advertising

The case for banning tobacco advertising rests on the inescapable fact that tobacco is the major preventable cause of death and disease in Australia today. If tobacco were not harmful to health, there would be no argument for preventing advertising and promotion of tobacco products.

The introduction of a complete ban on all forms of tobacco promotion is recognised as a key component of a comprehensive smoking control program. However it cannot be expected to effect a change in smoking behaviour if not supported by other smoking control measures, as has occurred in Canada and New Zealand, for example (discussed below). This Section discusses the reasons why a complete ban is justified.

Effects of advertising on consumption

Any discussion about advertising bans brings up the question about whether advertising affects consumption. The commonsense answer is that of course it does; why else would the tobacco industry bother spending so much money on it if it did not? The tobacco manufacturers typically respond that their advertising is not intended to encourage uptake of smoking, but simply to encourage brand swapping — or brand loyalty — among the existing population of smokers[33] (see also Section 15.14 below). While there is no doubt that this is *one* of the functions of tobacco advertising, it would be disingenuous to suggest that the broadly appealing images of tobacco advertising do not make the product interesting to non-users and therefore encourage them to use it.[128]

The US Surgeon General has noted seven ways in which tobacco advertising and promotion could increase tobacco consumption.[124] In summary, these are:

Direct mechanisms

- Advertising and promotion could encourage children or young adults to experiment with tobacco products and initiate regular use.
- Advertising and promotion could increase tobacco users' daily consumption.
- Advertising and promotion could reduce current tobacco users' motivation to quit.
- Advertising and promotion could encourage former smokers to resume smoking.

Indirect mechanisms

- Media dependence on advertising revenues from the tobacco companies may discourage full and open discussion of the hazards of tobacco use.
- Financial independence of organisations receiving tobacco company sponsorship may mute political opposition to measures designed to control advertising and promotion.
- The ubiquity and familiarity of tobacco advertising and promotion may create an environment in which tobacco use is seen as not only acceptable but likely to be without hazard.

Note: The Tobacco Institute of Australia[125] and its associated allies[126] have selectively quoted from the US Surgeon General's Reports in a way that suggests that the Reports are favourable to the tobacco industry view on advertising. This is not the case, and interested readers should obtain the response published by C Everett Koop MD, former Surgeon General.[127]

Measuring the effects of advertising is a complex task. Given that advertising is one of a number of influences on smoking, it is difficult to separate out the effect of advertising alone.[128]

Studies which have attempted to single out the effect of advertising from other factors influencing tobacco use through an analysis of advertising expenditure compared to consumption trends are, to a greater or lesser extent, flawed by these limitations.[124,128] That said, it is interesting to note that at least three comprehensive and critical reviews of the available econometric studies have concluded that advertising and promotion do have the effect of increasing total consumption.[129-131]

Other research has attempted to take into account a variety of factors known to impact on smoking behaviour. Tobacco promotion has been banned in Norway since 1975, as part of a comprehensive program to reduce smoking. Tobacco taxes were increased as a component of health policy, but since the increases did not keep in line with salary increases, cigarettes actually became more affordable. Nonetheless, between 1975–1985 tobacco consumption per adult declined by 9%. Prevalence of smoking among adult males declined from 51% in 1973 to 39% in 1986, and among children aged under 16, from over 40% in 1973 to under 30% in 1986. Prevalence among adult females remained stable over the same time period.[129]

Canada also has a comprehensive set of legislation concerning tobacco products, covering advertising bans, prominent health warnings, taxation, and disclosure by the tobacco companies of additives. In the two years following the introduction of the legislation in 1989, tobacco consumption (per adult) has fallen by 13.8%.[132] In the first six months following the introduction of an advertising ban in New Zealand, supermarket sales of tobacco fell by over 7% compared to the same period in the previous year, and customs and excise data showed a reduction of 17% in the amount of tobacco released into the market place, compared to the immediate six months preceding the ban. Adult smoking prevalence dropped from 28% to 25% in the first half of 1990.[132]

Research comparing variables of tobacco advertising restrictions, price of cigarettes, personal income and tobacco consumption in OECD countries has shown that advertising restrictions and higher real retail prices are associated with lowering tobacco consumption.[133] A report by the British Department of Health reviewed a broad body of published studies on the effects of tobacco advertising and concluded that 'The preponderance of positive results [showing an increase in consumption in response to advertising] points to the conclusion that advertising does have a positive effect on consumption'.[131]

Children and advertising

The tobacco industry denies that it targets children through its advertising, and from time to time engages in publicity campaigns which it claims are intended to discourage juvenile experimentation with tobacco. The Australian industry has attempted on at least two occasions to distribute material to school students and teachers.[134,135] The content, and hence motivation of these campaigns, has been criticised by health workers.[134-137]

Measuring the impact of advertising on children's consumption patterns is not without its difficulties. For example, it would be unethical and impossible to devise a trial exposing one group of children to advertising while protecting another group, thereby setting up an experimental model[138] (although it has been observed the tobacco industry could easily do this by voluntarily removing tobacco advertising on a regional basis, allowing for comparisons[139]). Studies are limited to probing children's attitudes to and recognition and recall of advertising, and their brand

selection. Findings from studies which have investigated these issues are discussed below.

Children observe and recall cigarette advertising

Australian schoolchildren are well aware of tobacco advertising.[140-143] In a 1980 study undertaken in Western Australia, children were asked to nominate the first cigarette brand which came into their mind. Four brands (which also happened to be among the five top-selling and most heavily advertised brands in Australia) accounted for 87% of responses to this question. Those same four brands were then nominated by the children as the most popular cigarettes smoked by children. Asked 'why do you think these are the most popular?', nine out of ten children answered 'because they are the most advertised'.[142]

A study undertaken in Sydney in the same year showed that the same four brands (Winfield, Benson & Hedges, Alpine and Marlboro) were far and away the most popular brands smoked by children. Interestingly, in another survey at around the same time, Sydney adults demonstrated that they had brand preferences more evenly spread across the spectrum of the 130 or so brands on the market at the time,[144] suggesting that advertising has a greater effect on young people than adults. Subsequent research from the United Kingdom[145] and the United States[146,147] has reached the same conclusion.

Cigarette advertisements contain imagery which appeals to children

During the 1980s, advertisements for the cigarette brands Peter Jackson and Alpine were of particular concern to health workers. Both brands featured very attractive and fashionable models in eye-catching settings, with themes of fun and romance. The appeal of these advertisements to children became evident in their consumption patterns. A report on a survey undertaken among New South Wales secondary schoolchildren in 1986 commented that:

> The advertising efforts on the part of Peter Jackson are reflected in its rise from 1% of the market in 1983 to 27% in 1986 ... Alpine nearly doubled its share from 4.7% in 1983 to 8.5% in 1986.[148]

Research by the Western Australian Department of Health showed that Peter Jackson and Alpine advertisements commonly conveyed the messages to young people that 'smoking makes you attractive, popular and sexy', and that 'smoking is fun and makes you happy'.[149] In other findings from Western Australia, children demonstrated not only that they recognised cigarette advertisements with a high degree of accuracy, but that they also preferred cigarette advertisements over any others.[139] It has been proposed by Shean that for some children, cigarette advertisements provide an ideal image of adult life (as opposed to the actual mundane nature of adulthood they observe in the lives of, for example, their parents). Children with this 'discrepant' view of adulthood are more likely to move from experimental to committed smoking.[150]

American researchers have found that the use of cartoon character 'Joe Camel' in advertising has increased the popularity of the Camel brand from around half a percent to nearly 33% among underage smokers. Conceived as a composite character apparently based on fictional smooth superspy James Bond, and a popular character in the US TV show 'Miami Vice', advertisements featuring the phallic-nosed[151] Joe Camel are more recognised and more appealing to children than to adults.[152] Joe has even achieved high awareness among very young children: a

study of recognition of logos has shown that around 30% of three-year-old children correctly associated Joe the Camel with cigarette products, awareness increasing with age to over 90% of six-year-olds. This age group was as familiar with the smoking Camel character as with the Mickey Mouse logo.[153] The then US Surgeon General, Dr Antonia Novello, and the American Medical Association demanded that RJ Reynolds desist from using the cartoon imagery. Although RJ Reynolds has admitted that Joe is meant to appeal to younger smokers, it has denied that there is a connection between advertising and consumption.[154] In 1989 an advertising trade journal rated the Joe Camel 'Smooth Character' campaign as the second most popular print campaign (among all products) in the United States.[76]

Evidently not wanting to be left out, the American manufacturers of Kool, Brown & Williamson, have market tested a cartoon penguin character to support their brand, the goal being '... to strengthen the appeal of the brand, for young smokers as well as those who've been loyal to the classic Kool taste over the years. '[155] According to one critic, Willy the penguin has 'the biceps of Hulk Hogan, a Vanilla Ice hairdo, Spike Lee high top sneakers, and a Bart Simpson attitude', although the tobacco company denies that its cartoon character influences children.[156]

(See Chapter 14, Section 10 for further information about brand preference among children).

Attitudes to advertising an influence in uptake of smoking among children

Children's views of tobacco advertising shape their pattern of future uptake.[157] A major study in New South Wales[140] in 1983 showed that children who approved of cigarette advertising were twice as likely to take up smoking as those who disapproved of the advertising, and that children who disapproved of cigarette advertising were more likely to give up smoking than those who approved of it. Generally, those who held favourable attitudes to smoking and cigarette advertising were at greater risk of adopting or maintaining smoking behaviour than those whose attitudes were more disapproving. This report went on to recommend that tobacco advertising be banned.

Similar research from Western Australian found that compared to other influencing factors on uptake of smoking, children's perceived responses to cigarette advertising showed the strongest and most consistent evidence of an uptake effect among children who were initially non-smokers. The association become stronger over time.[141]

Advertising as a reinforcing factor in smoking among children

As noted above, children who approve of cigarette advertising or think it likely to influence their decision to smoke, are more likely to become smokers.[140,141] It is also a consistent finding that children who smoke are more aware of cigarette advertisements than children who do not smoke.[60,158-161] For example, Scottish research has suggested that children who smoke are better able to recall, recognise and identify cigarette advertisements, and are more appreciative of them than non-smoking children. This finding was independent of the other known influences on under-age smoking. The authors also found that under-age smokers tend to show heightened preferences for heavily advertised cigarette brands most preferred by adults,[160,161] and appeared to gain some kind of pleasure and reassurance out of the

advertisements.[161] Follow-up research on these same children one year later confirmed a reinforcing effect of advertising.[158]

Tobacco sponsorship and children

There is clear evidence that sponsorship has a direct effect on children's smoking patterns (see Section 15.5 above for discussion).

Advertising and peer group pressure

There is general agreement that peer influences affect in some measure a child's decision to smoke, which begs the question of what affects peer influences. The research findings outlined above make it clear that children are not only aware of tobacco advertising, but like it. That aside, the tobacco industry is happy to give peer group pressure a helping hand, as a West German RJ Reynolds executive, describing her company's inroads into East Germany, has noted:

> Since Camel has been so successful among younger smokers, we distribute 'yellow-blue' materials in places where young people gather ... To a restaurant or a disco in which the people are over 18 years old, we give ashtrays and signage and cafe umbrellas. As the leaders of our target groups smoke our products while they socialise in these meeting places, then others naturally want to buy the leaders' brands.[162]

The 'illicit pleasure' category — cigarettes as forbidden fruit

It is not surprising that advertisements for an 'adult' product like cigarettes should appeal to children, especially given the recurrent themes of tobacco advertising — glamour, independence, social success. Children and teenagers eagerly anticipate maturity, and are quick to adopt the trappings of adulthood.

Market research conducted for an advertising agency retained by a major American tobacco company, and subpoenaed by the US Federal Trade Commission for a major review of tobacco advertising, confirmed that 'young starters' are within the sights of tobacco companies, and that one method of appeal is the temptation of forbidden fruit.[117]

The research stated that:

> For the young smoker, the cigarette is not yet an integral part of life, of day-to-day life, in spite of the fact that they try to project the image of a regular run-of-the-mill smoker. For them, a cigarette, and the whole smoking process, is part of the illicit pleasure category ... In the young smoker's mind a cigarette falls into the same category with wine, beer, shaving, wearing a bra (or purposely not wearing one), declaration of independence and striving for self-identity. For the young starter, a cigarette is associated with introduction to sex life, with courtship, with smoking 'pot' and keeping late studying hours.

The market research company then suggested how young people could be attracted to the brand in question:

- Present the cigarette as one of a few initiations into the adult world.
- Present the cigarette as part of the illicit pleasure category of products and activities.
- In your ads create a situation taken from the day-to-day life of the young smoker but in an elegant manner have this situation touch on the basic symbols of the growing up, maturity process.

- To the best of your ability (considering some legal constraints) relate the cigarette to 'pot', wine, beer, sex etc.
- Don't communicate health or health-related points.

Refer to Chapter 10 for further discussion about factors in the uptake of smoking by children.

Advertising and women

As described elsewhere (especially in Chapter 1), since the end of the Second World War the percentage of adult male smokers has nearly halved, while the percentage of adult female smokers has shown little variation. Therefore it is not surprising that the targeting of women, and particularly young women (who will be customers for longer), increased in prominence in tobacco advertising. There is no secrecy in this: the fact that the female market has grown in importance for the tobacco manufacturers has been acknowledged by advertisers and health educators alike.[163,164]

Of course women have been recognised as a potential market for many decades, encouraged by advertising featuring perennially successful themes: style, sex appeal, social distinction and more recently professional success and emancipation. Particular brands, especially the 'designer' names, have been marketed solely as a woman's cigarette (for example Alpine, St Moritz and Vogue).

Women's magazines have been a major vehicle for cigarette advertisements. For many women, they are also a major source of leisure reading and information on lifestyle issues. Australian research has shown, however, that there is a paucity of reliable information about the health consequences of smoking in magazines, and suggests that the financial relationship between the magazines and their tobacco advertisers has been responsible for this.[120] (See also Section 15.10). It is certainly significant that the Tobacco Institute of Australia chose the *Australian Women's Weekly* to carry their four-page advertisement about passive smoking (see also Chapter 14, Section 20). With the print ban now in place, it will be interesting to see whether availability of information through these sources improves. See also Chapter 16, Section 6.

15.12 Tobacco industry defences of advertising

Unless otherwise noted, information in this section comes from references 165 and 166.

The tobacco industry stoutly defends its right to advertise, and vigorously opposes any attempts to further restrict its promotions (see Chapter 14, Sections 18 and 19). It is through maintaining advertising that the industry in part maintains public credibility: once governments ban all advertising and promotion, it will be evident to the community that there really is something gravely wrong with the product. A British survey showed that 44% of smokers agreed that 'Smoking can't be really dangerous or the government would ban advertising'.[167]

Tobacco advertising promotes the notion that smoking is an acceptable and desirable activity. One former advertising leader has commented that fostering a conducive atmosphere for smoking is probably the major service derived from advertising; survival of the industry being more important in the end than brand competition.[168]

The tobacco industry uses a number of defences for its fight to continue advertising. The following are summaries of the major arguments presented by the tobacco industry in support of continued marketing practices, with critical comment.

Tobacco advertisements do not increase consumption — they only persuade smokers to change brands

The tobacco companies claim that advertising does not increase tobacco consumption, and does not encourage non-smokers, who by definition can have no interest in their advertising, to start smoking. Instead, advertising is inter-company competition which encourages existing smokers to change or stay with a particular brand.[33]

While this argument might have some credibility if tobacco were a product with a strictly defined or limited market (as, for example, petrol, which is only of use to car owners or drivers), it is unconvincing when applied to cigarettes. Tobacco products are advertised with themes of mass appeal like sexual success and glamour; themes which do not distinguish between smokers and non-smokers. Car manufacturers would hardly argue that their advertising is intended only for existing car owners, rather than potential first car buyers.[128]

Tobacco companies also have something of an imperative to attract new customers: since 18,920 Australians die from tobacco caused diseases each year,[169] and around 150,000 more quit smoking permanently each year,[170] it is essential that tobacco companies recruit new smokers in order to survive.

The inconsistency of the tobacco industry's argument has been exposed by the advertising industry itself. A former president and chairman of the Board of the world's second largest advertising agency has said:

> In recent years the cigarette industry has been artfully maintaining that cigarette advertising has nothing to do with total sales. Take my word for it, this is complete and utter nonsense. The advertisers know it is nonsense, the industry knows it is nonsense, and I suspect, the public knows it is nonsense. I am always amused by the suggestion that advertising, a function which has been shown to increase consumption with virtually every other product, somehow miraculously fails to work for tobacco products. The industry only advances this argument to try to undermine efforts to restrict tobacco promotion.[168]

More recently, an Australian marketing consultant has commented that 'it's time cigarette advertisers stopped the tripe that their advertising does not encourage people to take up smoking. Of course it does — it is high quality advertising that does its job very well'.[171]

If advertising is simply competition between the companies for a larger share of a limited pool of customers, it would logically follow that in countries where a tobacco monopoly exists, there would be no need to advertise. This argument has in fact been put forward by one company executive[172] as a reason why bans have been enforced in some countries. However there are no bans in several other countries where the governments have tobacco marketing monopolies; for example South Korea, Thailand and Turkey: therefore the advertising in these countries could only be intended to expand the markets.

It has further been noted that since brand loyalty for cigarettes is so strong (only around 10% of smokers swapping brands in a given year), that it is unlikely that the

tobacco companies would seriously allocate such large advertising budgets to the protection of such a small sub-section of their overall market.[130]

The evidence most commonly cited by the tobacco industry in Australia and internationally in support of their contention that advertising does not increase consumption is research which has appeared in a number of publications over the past decade, edited by Professor J Boddewyn and commissioned by INFOTAB (now known as the Tobacco Documentation Centre), the international tobacco industry lobby group. This research examines data from a number of different countries and concludes that advertising is not a determining factor in uptake of smoking among the young.[173,174]

A detailed critique of this research has been published in the 1989 report of the Toxic Substances Board of New Zealand.[129] In brief, the research was criticised because:

- it gave no information on advertising expenditure before or after bans;
- consumption and other data are not consistent with what is known from other sources; referencing is not clear on these points;
- the presence or absence of advertising is evaluated without consideration of other consumption-determining factors, for example price of tobacco, per capita income, prevalent cultural or other attitudes, education programs etc.

The Toxic Substances Board concluded that the data presented 'were deficient and the conclusions simplistic, unjustified, erroneous and misleading'.[129]

Finally, there is some evidence that the tobacco industry itself does not believe its no-effect-on-consumption argument. In arguing against advertising bans in Australia, the industry has mobilised the support of its employees with the fear that advertising bans will reduce sales and consumption, thereby threatening their future employment.[175]

Legal to sell, legal to advertise

The 'legal to sell, therefore legal to advertise' argument is much used by the tobacco industry and their advertisers to defend tobacco advertising. If tobacco can be legally grown, processed and sold, why should it not be legally promoted?

The argument does two things: it makes advertising bans on tobacco products appear unreasonable and unprincipled, and throws back the challenge that if tobacco smoking is so harmful, why is it not banned?

The argument plays on an historical accident. Tobacco is only legal today because it was introduced to the community on a wide scale decades before its health dangers were understood. If tobacco smoking were discovered tomorrow, it is unlikely that any responsible government anywhere in the world would allow tobacco to be manufactured, much less advertised, but legislators cannot now outlaw a product to which a quarter of the adult population is addicted, and no-one would seriously suggest that they should. The product may be well be sold legally under certain circumstances, but it cannot be ethical to promote it when it causes so much preventable death and disability. Banning its promotion seems a reasonable middle ground.[127]

In Australia there are already products which are legally available for sale, many without prescription (mainly drugs and therapeutic goods, for example insulin and Ventolin), but which are illegal to advertise to the general public. (There are also products and services which may legally be advertised, but for which some

publications refuse to carry advertising as a matter of principle: for example, 'escort services' and brothels).[166]

The argument also ignores the fact that tobacco is not sold freely in Australia. In Tasmania and Queensland (legislation pending for an increase to 18 years) it is illegal to sell tobacco to children under 16 years of age, and in Western Australia, the ACT, Victoria, New South Wales and Northern Territory, the minimum age is 18. However, all children are exposed to tobacco advertising in the same ways as are adults.

Freedom of speech; freedom of choice

The tobacco industry frequently refers to 'freedom' when arguing for the right to advertise without restriction. The basis of this argument is that information about tobacco products should be freely available to the public, who can then make their decision whether or not to smoke. People who oppose this argument are apparently, therefore, enemies of freedom.

This argument does not take into account that:

- The vast majority of people who smoke begin in their teens or as children. Most are confirmed users by the age of 15 or 16[176]: they become users long before society accepts that they are mature enough to make decisions about issues like voting and driving. There is no guarantee that they will make a responsible decision about the use of an addictive, dangerous and costly drug.
- It is reasonable for society, and especially children, to be free of advertising pressure to take up or use a dangerous drug of addiction.
- Tobacco advertising is not informative for the consumer in any case. Tobacco advertisements seldom give information on price and do not include specific information on the toxic nature of the product.

Tobacco promotion in all its forms was banned in Canada during 1988. During the passage of legislation the Canadian Minister for Health, Jake Epp, commented that:

> The responsible exercise of freedom of speech does not include the freedom to portray a lethal product as glamorous and socially acceptable.[166]

Where will it end?

Another industry argument is that once tobacco advertising is banned, what will be next? Cars, sugar, alcohol, lollies? All of these things can cause harm; they will be the next target of an intrusive and over-regulating government — the 'nanny state'.

The argument overlooks the fact that there is no threshold of safe use for tobacco products, whereas the other products listed are dangerous only when abused.

A concluding comment

On balance, there is no doubt that advertising has some effect on influencing uptake of smoking among children, and on this basis, should be discontinued. The most compelling industry defence of advertising — that to deny them the 'right' of advertising denies the consumer important product information — is fatuous, given the dearth of useful product information typically provided by tobacco advertising, particularly sponsorship.

15.13 The tobacco industry's legal challenge to advertising restrictions

One of the tobacco companies operating in Australia, Philip Morris Ltd, commenced proceedings in the High Court in June 1994 against the validity of the Tobacco Advertising Prohibition Act 1992.[177] According to the company's Statement of Claim, the Act breaches the Constitution's implied guarantee of freedom of communication, breaches the guarantee of freedom of intercourse between states, and goes beyond the powers conferred on the Federal Parliament by the Constitution. The company claims that the effect of this legislation is to deny it the right to take part in debate on political, public and social issues and to deny it normal commercial freedom of speech.[178]

The case is still in its preliminary stages, and at the time of writing had not been listed for hearing. However in March 1995 the Federal Government passed amendments to the legislation, intended to make explicit the tobacco companies' right to publicise their names under certain circumstances; for example in job advertisements, in the pages of telephone books, in publicising product recalls, and when calling for tenders. The amendments also permit the tobacco industry to publicly voice their case for tobacco advertising.[179]

15.14 Impact of bans on the advertising industry

Advertising revenue before and after tobacco advertising broadcast ban

Table 15.1 below shows total advertising revenue collections from radio and television between 1970 and 1980. The ban on tobacco advertising on Australian television and radio stations came into effect on 1 September, 1976. The figures show that advertising revenue for both radio and television continued to increase after the ban on tobacco advertising. For comparative purposes, the table also evaluates revenue in 1985 dollars.

Table 15.1: Advertising revenue from Australian television and radio before and after the ban on tobacco advertising

	Television $ '000			Radio $ '000		
Year	Actual revenue	Inflation adjusted♦	% change	Actual revenue	Inflation adjusted♦	% change
1969/1970	91,192	385,380		37,059	56,600	
1970/1971	87,869	354,410	–8.0	39,481	159,240	1.7
1971/1972	92,040	347,600	–1.9	43,630	164,770	3.5
1972/1973	105,389	375,270	8.0	46,696	166,270	1.0
1973/1974	118,381	373,200	–0.6	53,494	168,640	1.4
1974/1975	136,816	369,100	–1.1	59,017	159,430	–5.5
1975/1976	195,916	468,450	26.9	74,378	177,840	11.2
1976/1977	257,049	539,860	15.2	92,884	195,070	9.7
1977/1978	303,929	582,740	7.9	107,688	206,470	5.8
1978/1979	366,909	650,260	11.5	121,476	215,140	4.2
1979/1980	428,238	689,200	6.0	134,253	216,060	0.4

♦ *Actual revenue has been adjusted to allow for inflation, rounded to the nearest $1,000 and is expressed at constant 1985 prices.*

Source: *Australian Broadcasting Tribunal.*

Effect of national print advertising ban

As a result of advertising restrictions in other media, cigarette advertising had become the largest revenue source for outdoor advertising companies, worth an estimated $75 million per annum. One outdoor advertising division, 3M Australian Posters, prepared itself for the enforcement of the federal print ban by targeting new advertisers, changing the image of outdoor advertising, and by developing new technology to enhance its sites.[180] Responding to the ban, the Outdoor Advertising Association of Australia (the industry association for outdoor advertising companies) introduced changes to make the medium more attractive to prospective advertisers, and to raise its profile in the advertising industry.[181]

The print ban as it applied to newspaper and magazine advertising came into force at the end of 1990. Newspaper advertising revenues increased marginally between 1991 and 1992, but magazine revenue declined by 0.4% over the same time period.[182] However factors other than advertising restrictions (especially the economic recession of the late 1980s and early 1990s) were an important contributing factor to downturn in magazine advertising revenues.[183]

15.15 Public attitudes

Five polls in Australian states or territories have been undertaken seeking public opinion about tobacco advertising and sponsorship, and support for tobacco tax since 1987.[184-188] Key findings are summarised in Table 15.2 below. In general, the surveys have shown broad support for bans on advertising and sponsorship, especially if sports and art sponsorship are augmented by money raised from tobacco taxes. Public opinion on the taxation issues is discussed in Chapter 7, Section 10.

Table 15.2: Public opinion on bans on tobacco advertising and sponsorship in five Australian states

	Vic Jun 1987	SA Dec 1987	NSW Jul 1988	Tas Aug 1989	Qld July 1990
	Percentage				
Approve unconditional ban on tobacco company sponsorship of sport	37	46	52	52	47
Approve ban on tobacco company sponsorship of sport if money replaced from tobacco tax	57	75	67	70	69
Approve ban on all forms of cigarette advertising	63	65	70	74	74

Source: *Anti-Cancer Council of Victoria,[184] Anti-Cancer Foundation of the Universities of South Australia,[185] New South Wales Cancer Council,[186] Tasmanian Cancer Committee,[187] Queensland Cancer Fund.[188]*

A poll was also undertaken in Perth in 1989.[189] The key findings from this research are not included in Table 15.2 as the questions asked were not directly comparable with surveys undertaken in the other states or territories shown. The Perth study found that 74% of all people questioned approved of a ban on cigarette advertising, and 60% were in favour of a ban on tobacco sponsorships. This increased to 77% if sport were given 'government money' in place of money from tobacco companies.

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Appendix II: Policy recommendations

There is no shortage of policy advice on how communities are to overcome the tobacco problem. Since the early 1960s health and medical groups have recognised a need for government action to introduce measures designed to reduce tobacco consumption in the community.

In 1977 the Senate Standing Committee on Social Welfare devised a series of strong recommendations on how smoking should be treated, including taxation increases, advertising bans, systematic reductions in tar and nicotine levels, and an end to government subsidies.[1]

Of the 18 recommendations made which related to tobacco, only three were accepted by the federal government of the day: the general recommendation 'That Commonwealth and State Governments determine as national policy a commitment to a decrease in per capita consumption of tobacco', and recommendations which related to package labelling of tar and nicotine content, and lowering of tar and nicotine levels over time.

We are yet to see a coordinated, comprehensive attempt to reduce cigarette consumption in Australia.

This appendix lists a selection of policy recommendations on smoking control, both international and Australian. They show that there is general agreement about which policy initiatives should be pursued.

The value of formulating a policy

A clear policy statement on smoking from a health organisation serves a number of useful purposes:

- It marshals the organisations' particular concerns (as seen from the policies below, they can be very specific to a given profession or speciality).
- It encourages professional concern, reminding its membership of its duty to patients and the welfare of the wider community.
- It can enhance public education campaigns, especially those targeted within the organisation's area of expertise.
- It stimulates activism, and provides a blueprint for action by the organisation and its wider membership.
- It provides a clear signal to politicians, other decision makers and the public of the organisation's opinions, concerns and area of expertise.
- It allies the organisation with the national and international coalition of health professionals concerned in the area.

Organisations interested in devising a policy who would like assistance are advised to contact the Australian Cancer Society or the National Heart Foundation of Australia in the first instance.

1. International policies

International Union Against Cancer (UICC) and the World Health Organization (WHO)

The following are the general policy objectives of the UICC in its endeavour to reduce rates of death and disease due to smoking.[2] These objectives have been adopted by WHO and are suitable bases for an international approach to smoking control.

1. Achievement of lower smoking rates in all age groups of the population. This implies the application of whatever downward pressures on smoking rates that are practical. These might include health warnings on packets, taxation manipulation, restrictions on smoking opportunities, encouragement of the rights of the non-smoker, as well as measures such as are involved in political, publicity and education programs.
2. The encouragement of non-smokers to remain non-smokers. The emphasis of this program is on youth.
3. The cessation of all forms of tobacco promotion.
4. Those who have not yet stopped smoking, and therefore remain at high risk, should be encouraged to reduce, as far as possible, their exposure to harmful components of tobacco smoke.
5. To maintain liaison with other health organisations and authorities to ensure maximum effectiveness and avoid conflict of activities.
6. To achieve public health control of relevant industrial and environmental factors which contribute to lung cancer.

2. National policies (government)

2.1 National Health and Medical Research Council National Strategy on Tobacco Smoking Control

At the 91st Session of the Council, in June 1981, the NH & MRC endorsed the following activities for smoking control.[3]

An information program

Aim

To make Australians aware of the problem, its dimensions, and the progress of community programs designed to improve the situation.

Tasks

1. To collect data on tobacco and tobacco related disease in Australia and to continuously monitor these data in the future. Typical data which would be needed would be:
   - epidemiology of tobacco related diseases.
   - total per capita consumption of tobacco and cigarettes.
   - tar weighted cigarette consumption.
   - past and present smoking habits of the population.

- costs to the economy of tobacco smoking related illness.
- real costs of tobacco and cigarettes, related to wages and CPI.
- smoking habits of certain target groups, e.g. pregnant women.
- smoking habits of exemplar groups, e.g. doctors, teachers.
- measurement of all media usage in relation to tobacco information, education, and advertising — direct and indirect.

2. To gain the formal support of the media, both government and non-government.
3. To gain media usage and conduct smoking information programs in the media.

Education campaign

Aim

To influence non-smokers so that they do not start smoking; and to influence and assist smokers so that they stop smoking or reduce their risk of tobacco related disease.

Tasks

1. Conduct media programs, including paid advertising, to achieve these aims.
2. Mobilise and direct the resources of health professionals in smoking programs, e.g. general practitioners, health centres, Family Planning clinics, hospital and industrial clinics.
3. Promote and apply programs for high risk groups such as: pregnant women, indigent persons, children and adolescents, women taking oral contraceptives, workers at risk, e.g. those in the asbestos industry.
4. Promote and apply programs for exemplar groups such as parents, teachers, health professionals.
5. Promote and apply 'Quit Smoking' programs.
6. Promote and apply 'Hospital' smoking policies.

Government action program

Aim

To demonstrate and confirm Governments' support of accepted policy by action in legislation, regulation or other spheres of influence.

Tasks

1. Make budget allocations to tobacco smoking control programs.
2. Control tobacco smoking promotion at state and federal levels.
3. Introduce taxation measures to discourage smoking.
4. Use the government-supported media agencies to promote the information and education campaigns.
5. Reduce tobacco advertising and smoking on government property such as hospital, administrative, transport, media facilities.

6. Commission a study by the Bureau of Agricultural Economics of the effects of declining tobacco consumption — with a view to ameliorating adverse effects on tobacco growers.

2.2 Better Health Commission

In March 1985 the then Commonwealth Minister for Health, the Hon Dr Neal Blewett, established the Better Health Commission. The terms of reference for the Commission centred on illness prevention, health promotion, and community involvement.

The Commission reached the following conclusions and makes the following recommendations about treatment of the smoking epidemic:[4]

> The case against smoking is so overwhelming that the Commission believes measures should be taken as a matter of urgency, to reduce its prevalence and the adverse health effects that ensue.
>
> Community attitudes to smoking are changing. The steady decline in prevalence, especially in the middle classes, and the attitude to smoking in public places are testimony to this. The emerging awareness of the harmful effects of passive smoking is likely to lead to increasing community pressure and support for moves to further restrict smoking in public places. It is time for governments to take the lead:
>
> The Commission makes the following recommendation:
>
> > Health authorities should seek to eliminate as far as possible smoking from the work environment, from enclosed public places, and from public transport, restaurants and hospitals.
>
> Tobacco advertising was banned from the electronic media in 1976. This has done little to reduce electronic exposure of tobacco products via the more insidious means of sporting and cultural sponsorships. The print media, untouched by the 1976 decision, continue to carry advertising which is increasingly aimed at susceptible groups, young people and women.
>
> The Commission makes the following recommendation:
>
> > States and territories should develop a phased and coordinated plan to extend the ban on cigarette advertising in the electronic media to a ban on all forms of tobacco advertising and promotion.
>
> Cigarette consumption is sensitive to price increases, especially in the younger age groups and the lower income groups. These same groups have to date failed to register the general decline in smoking prevalence seen in other sectors of the community.
>
> The Commission therefore makes the following recommendation:
>
> > As a means of discouraging tobacco consumption, federal and state governments should increase existing imposts on tobacco products.

2.3 The Health Targets and Implementation (Health for all) Committee: Health for All Australians.

(Report to the Australian Health Ministers' Advisory Council and the Australian Health Ministers' Conference).

In March 1987, the Australian Health Ministers' Advisory Council established the Health Targets and Implementation (Health for All) Committee to develop a set of health goals and targets for Australia for the year 2000. These include wide-ranging recommendations for the reduction of smoking caused death and disease. In its chapter headed Priorities for Action, this report states that:[5]

> There are four main goals for preventing smoking related cancers: preventing the onset, encouraging cessation, reducing the tar, and eliminating involuntary exposure to tobacco smoke.
>
> Achieving these goals requires a co-ordination of smoking control efforts by all agencies which will involve education through efforts at individual, local, community and mass levels as well as a variety of other methods of drawing attention to the issue. Smoking cessation assistance through primary health care services, restrictions leading to total bans on advertising and promotion of tobacco particularly through sports sponsorship, taxation on cigarettes and tobacco, pack warnings, and reduction in tar yields will all help to reduce the cancers associated with smoking. Involuntary exposure should also be reduced by an extension of smoking bans in public places.

Based on research by the Better Health Commission and the Australian Cancer Society (also included within this Appendix), the report of the Health for All Committee identifies a number of specific targets relating to tobacco use:

1. To reduce the prevalence of smokers from 33% (1983) to 28% or less by the year 1990 and to 15% or less by the year 2000.
2. To reduce the difference in prevalence of smoking between males and females from 23% to 10% or less by the year 1990 and to a negligible figure by the year 2000.
3. To reduce the difference in the prevalence of smoking between upper white collar and lower blue collar males from 34% (1983) to 10% or less by the year 2000.
4. To reduce the prevalence of regular smokers from 31% (1984) to 26% or less for adolescents aged 15 years by the year 1990 and 18% or less by the year 2000.

In discussing possible strategies to achieve these goals, this report foreshadows the publication of the National Health Policy on Tobacco in Australia (see below).

2.4 National Campaign Against Drug Abuse: National Health Policy on Tobacco in Australia and Examples of Strategies for Implementation[6]

The Ministerial Council on Drug Strategy (MCDS) comprises all Australian Ministers for Health and law enforcement, and oversees the National Drug Strategy (formerly the National Campaign Against Drug Abuse). The National Health Policy on Tobacco in Australia is based on the following principles:

- Tobacco use is so injurious to the health of both smokers and non-smokers as to warrant the imposition of appropriate restrictive legislation.
- Tobacco use has adverse health effects even with infrequent use and there is no completely safe level or form of tobacco use.

- Tobacco use is such a widely accepted practice among adults that to ban it completely would be impractical.
- The extent of the health effects of smoking requires strong action to deter people from taking up smoking and to encourage existing smokers to give up smoking.
- The association of smoking with social success, business advancement and sporting prowess through the use of advertising and promotion has a particularly harmful effect by encouraging children and young people to take up smoking.

Policy Goal

The overall goal of the National Health Policy on Tobacco is to improve the health of all Australians by eliminating or reducing their exposure to tobacco in all its forms.

Policy Objectives

- To prevent the uptake of tobacco use in non-smokers, especially children;
- to reduce the number of users of tobacco products;
- to reduce the exposure of users to the harmful health consequences of tobacco substances; and
- to reduce involuntary exposure to tobacco smoke.

Examples of strategies for implementation of the National Health Policy on Tobacco in Australia:

Marketing

Packaging

Ensure that packaging will not appeal, particularly, to young people, by:

- Tobacco products being packaged in units of sufficient size to discourage young people from purchasing the product.
- Promotional products not being incorporated into tobacco packages.
- The design of the package not containing attractive life-style images.
- Tobacco products not being associated with images of slimness to avoid particular appeal to young women.

Labelling

Ensure that uniform labelling of tobacco products occurs throughout Australia and that appropriate product information is provided, by:

- Government agreed health warnings being incorporated into tobacco labels.
- Health warnings being clear, forceful, factual and visible and reviewed periodically.
- Tobacco packaging including adequate and comprehensible information about the harmful components contained within.
- All tobacco packages clearly stating the nature of the product.
- Brand names not being misleading.

Advertising

Eliminate all forms of tobacco advertising, by:

- The introduction of legislation to phase out all forms of advertising of tobacco products in the print media in cinemas, on billboards, hoardings and other advertising visible from a public place.

Promotion

Discontinue promotion of tobacco products, by:

- All forms of tobacco product promotion such as free samples, competitions, discount accessories, gifts or other benefit and 'parallel promotion' being phased out. Jurisdictions would need to introduce legislation prohibiting promotional activities unless the tobacco industry agrees to voluntarily stop these forms of promotion.

Sponsorship

Phase out sponsorship of sporting, cultural and educational activities by tobacco companies, by:

- The introduction of legislation to prohibit promotion of tobacco products through sporting, cultural and educational activities.
- Investigating the availability of alternative sources of funding for sponsorship including other corporate bodies and governments.

Availability

Access to tobacco products

Ensure that access to tobacco products is limited to adults and that the sale of smokeless tobacco is prohibited throughout Australia, by:

- Introducing stringent measures to further restrict the availability of tobacco products to children and young adults.
- Banning the manufacture and importing of smokeless tobacco products.
- Ensuring that penalties for illegal sales to minors are appropriate and that sales staff are adequately informed of their legal responsibilities in relation to the sale of tobacco products.
- Introducing measures to ensure that vending machines which dispense tobacco products are permitted only in premises not accessible by young people and are located in places which are properly controlled.

Taxation

Ensure that Federal and State taxation upon the sale of tobacco products is at an appropriate, and in State cases uniform, level to discourage smoking; and making funds available to support appropriate activities, by:

- Maintaining price pressure and reviewing Federal and State taxation upon the sale of tobacco products.
- Governments considering using funds raised through taxation for health promotion, sporting, cultural, educational and other sponsorship and relevant research.

Education

Ensure that optimum education on tobacco consumption and ill health is provided on a broad community base, by:

- Providing education programs aimed at increasing awareness among young people of health and smoking issues.
- Targeting school age children through school based programs aimed at preventing children from taking up smoking and assisting children to cease smoking.
- Educating relevant professional groups in both the education and health fields about the hazards of tobacco use.
- Conducting educational programs designed to raise awareness of health and smoking issues in the community as a whole. There is also a need for particular strategies in the education area to be directed towards particular groups, for example teenagers and women.
- Providing adequate funding and resources for major public and community programs on smoking, on an ongoing basis and at a level appropriate to the magnitude of the problem.

Passive smoking

Ensure the reduction and where possible the elimination of the hazards of passive smoking, by:

- Taking action to encourage the elimination of smoking in workplaces and enclosed public places through the adoption of appropriate policies, including example and encouragement and the use of legislation, where relevant.
- Passive smoking in the domestic environment being targeted in education programs to alert the community to this problem.
- Education programs including special focus on passive smoking.

Cessation services

Enable the establishment of a diversity of effective smoking cessation programs in appropriate locations based on need, by:

- Each Government examining the provision of smoking cessation services to ensure their adequacy and effectiveness in supporting smokers, recognising that they are only one of a range of mechanisms aimed at reducing the incidence of tobacco use.
- Providing cessation services to those people wishing to make use of these facilities.
- In the light of recent developments in workplace policies in relation to smoking, providing cessations services to those people wishing to make use of those services if bans are in place or imminent.
- Encouraging employers to provide cessation services in the workplace with agreement and/or cost sharing with unions.
- Encouraging health funds to consider reimbursement for cessation services as part of benefits payable in preventive health strategies.

Monitoring of achievement

Ensure the effective monitoring of programs outlined in this policy, by:

- Establishing mechanisms including specific targets to monitor and reporting regularly on the implementation of this policy.
- Monitoring tobacco usage by all age and sex groups in the population on a regular basis.
- Each Government reporting to the Ministerial Council on Drug Strategy on trends on tobacco usage.

In June 1993, the National Drug Strategy Committee published its National Drug Strategic Plan for the period 1993–1997.[7] This Plan discusses goals and objectives, key national indicators and program priorities for the Strategy's efforts to minimise the harmful effects of drug use in Australia. Tobacco policy is discussed in conjunction with strategies for ameliorating other drug problems. The national policy objectives for tobacco are to:

- Reduce the proportion of the population which smokes on a regular basis.
- Increase the proportion of the population which has never smoked regularly.
- Reduce exposure to tobacco smoke (passive smoking) throughout the community.
- Reduce premature death and illness associated with tobacco use.

2.5 Commonwealth Department of Human Services and Health. Better Health Outcomes for Australians. National goals, targets and strategies for better health outcomes into the next century. Canberra: Australian Government Publishing Service, 1994. *(Commonwealth of Australia copyright reproduced by permission).*

This substantial document details a wide range of areas in which improved health outcomes can be obtained, and strategies for achieving these outcomes. Policy relating to smoking includes:

General strategy

The Commonwealth and State/Territory governments should continue to implement the strategies which flow from their endorsement of the National Health Policy on Tobacco in Australia (1991). Some of these are repeated here.

Price

Commonwealth and State/Territory Departments of Health, and non-government organisations, should provide input and advice to State and Territory government Treasury departments to increase annually their *ad valorem* state licence fee by a minimum of 5% each year.

The Commonwealth should commission a study to evaluate the effects of cigarette price rises on low income groups.

The Commonwealth should continue to increase its customs and excise duty on cigarettes and tobacco by 4% every 6 months above the already Consumer Price Indexed (CPI) increases, thus continuing to increase the price of these products in real terms.

The Commonwealth should review the possibility of removing tobacco from the CPI, or using the version without tobacco for determination of CPI linked economic decisions.

The Commonwealth should change the way the excise rate is levied from manufactured cigarettes from dollars per kilogram (which encourages tobacco manufacturers to produce large packets of cheap cigarettes) to a method which minimises the cost differential between large and smaller pack sizes (for example per stick).

The Commonwealth should remove duty-free concessions on tobacco products for all international travellers.

Promotion

Commonwealth departments should enforce provisions of the Tobacco Advertising Prohibition Act 1992 and regulate to remove the power of the Minister to grant exemptions.

State and Territory governments should continue to implement and monitor their legislation which prohibits tobacco advertising.

State and Commonwealth Consumer Affairs departments should monitor any attempts by tobacco companies or their associates to promote cigarette brands through the promotion and sale of same-named or marked non-tobacco products. If such activity becomes widespread, they should legislate to control it.

All States and Territories should implement and enforce strong point of sale advertising controls on tobacco advertising, especially in retail outlets frequented by young people (using the New South Wales regulations as a model).

The Commonwealth should work in international forums to outlaw tobacco promotion on international satellite mass media broadcasts.

Product packaging

The Commonwealth should implement and enforce the new regulations under the Trade Practices Act 1974 which require appropriate labelling of tobacco products with information on the health effects of smoking.

The MCDS should commission a review of the potential benefits of generic labelling of tobacco products and of any legislation or international obligation with regard to protection of trademarks that might make implementation of generic or standardized packaging difficult. The review should report by June 1995 on a plan of action for overcoming obstacles to implementation with the aim of implementing such packaging by the year 2000.

The Commission should commission the ACS to monitor the effects of the implementation of changes to labelling requirements and to provide recommendations about the need to provide extra product information and/or to strengthen or extend the warnings in place.

The Commonwealth should support the provision of the strongest possible information to callers to the information line promoted on all cigarette packs. This should include advice on cessation and on where to get help that cannot be provided over the phone or through mailed resources.

The Commonwealth should investigate the viability of including information on all additives and known carcinogens on or with all cigarette packs.

Sales to minors

The States and Territories should move to a common minimum age for the purchase of cigarettes by the end of 1995.

The States and Territories should adopt proven strategies that ensure high compliance with legislation prohibiting sales of cigarettes to minors, including use of a licence cancellation as a sanction for repeated breaches of the legislation.

States and territories should restrict the places where tobacco vending machines are available to supervised areas, or areas where young people under 18 are unlikely to be found unsupervised.

Education — cessation

Government and non-government organisations should continue to develop, implement, monitor and evaluate a range of smoking cessation services which serve the dual purpose of providing information about the health effects of smoking and providing assistance for people to cease smoking.

The Commonwealth and State/Territory governments should ensure the continued development, trialing, monitoring and evaluation of smoking cessation aids (including self-help resources).

The Commonwealth and State/Territory governments should support research to find better strategies for encouraging cessation in high smoking prevalence groups and in preventing regular smoking in susceptible adolescents and young adults.

The Commonwealth and State/Territory governments should increase support, including funding support where appropriate, for mass deliverable cessation services.

The level of anti-smoking activity by Quit campaigns, Cancer Councils and other groups should be at least sustained.

Quit campaigns and other agencies running education programs should give priority to strategies that reach the more disadvantaged. This must include appropriate use of mass media, supported by community-based resources.

Primary health care workers should increase emphasis on smoking control in their work and be given resources to do this by Quit campaigns and other agencies.

Government and non-government organisations should consolidate public education and information efforts to avoid duplication and improve efficiency.

Government and non-government organisations should ensure the development of high quality information and education which meets the identified needs of particular target groups.

The Commonwealth should take a lead in consulting with Aboriginal and Torres Strait Islander communities and other relevant agencies to determine the most appropriate way of conducting research on trends of tobacco consumption and individual and community attitudes towards smoking.

Quit campaigns should consult with National Aboriginal Community Controlled Health Organisations (NACCHO), Aboriginal and Torres Strait Islander Commission (ATSIC), and Aboriginal and Torres Strait Islander communities about the content and form of delivery of smoking prevention and cessation programs within their communities.

Other strategies relevant to lung cancer or smoking are to be found in the general chapters of this document, especially in regard to treatment, support and palliation.

Passive smoking

Exposure of non-smokers to environmental tobacco smoke (passive smoking) is now an established risk factor for lung cancer and a range of other diseases. Targets and strategies for passive smoking are related to the overall health goal of creating healthy environments as well as being relevant to lung cancer.

Strategies

Commonwealth and State/Territory governments, ACS member organisations and the NHF should continue to provide appropriate funding for the provision of education and information materials to the general public, employers, unions, and other relevant groups on the health effects of passive smoking.

Occupational health and safety authorities should strengthen efforts to increase awareness of and compliance with occupational health and safety legislation among workplaces and enclosed public places.

Commonwealth and State/Territory governments should legislate to restrict smoking in enclosed public places, complementing occupational health and safety legislation that covers workplaces.

Further strategies may be suggested in the report of the NH&MRC Review on Passive Smoking (1987).

2.6 Drugs, Crime and Society. Report by the Parliamentary Joint Committee on the National Crime Authority.

Although this report's major focus was on illicit drug use, at Paragraph 7.11 it makes the following statement about tobacco:[8]

> Recommendation: The Committee recommends that the Commonwealth Government ban all advertising of alcohol and tobacco products on radio, television, in cinemas and in print, so far as it is within its constitutional power to do so.

Four Committee members (Senators Alston and Hill, Mr MacKellar and Mr McGauran) dissented from this recommendation, supporting a ban on tobacco but not alcohol advertising. Their dissent, on page 127 of the report, reads as follows:

> We dissent from recommendation 7.11 which proposes a ban on all advertising of tobacco and alcohol products. The Committee's Terms of Reference did not allow a full investigation of advertising and its impact. The evidence submitted therefore does not justify a recommendation in these absolute terms.
>
> We would support a ban on tobacco advertising but we are not satisfied that a ban on the advertising of alcohol products is justified.

The dissent goes on to explain their reservations about a ban on advertising of alcohol.

2.7 National Occupational Health and Safety Commission: National Policy Statement on Smoking and the Workplace (1990).

The National Occupational Health and Safety Commission comprises representatives of the Commonwealth government and all state and territory governments, the Australian Council of Trade Unions (ACTU) and the Australian Chamber of Commerce and Industry.

The Commission resolved at its 21st Meeting on 29 August 1990 'that a smokefree working environment should be the objective for Australian workplaces'.[9]

In July 1994, the Commission issued a Guidance Note,[10] intended to provide advice to employers, unions, occupational health and safety practitioners, managers, health and safety committees and representatives, medical practitioners and others on how passive smoking in the workplace can be addressed. The Guidance Note is discussed in Chapter 6, Section 2 of this book.

2.8 National Campaign Against Drug Abuse. An outline for approaches to smoking cessation. Quality assurance in the treatment of drug dependence projects. National Campaign Against Drug Abuse. Monograph Series No 19. Mattick RP, Baillie A (eds). Canberra: Australian Government Publishing Service, 1992.

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1. Formal treatment interventions for smoking cessation should be maintained and promoted in new settings. These settings should range from specialist 'stop smoking' or 'quit' clinics in the community and workplace through to primary health care facilities, but should also extend into as many community settings as possible (including non-medical settings). They should be seen as an essential component of an overall approach to decreasing the prevalence of smoking. Smoking cessation treatments in a variety of settings are an important complement to structural (or 'population') approaches to the reduction of smoking prevalence, such as increasing tobacco taxation, legislating to abolish all types of tobacco promotion, establishing smokefree workplaces and public areas, and encouraging grass roots community action. Cessation treatments offer smokers who are unable to quit on their own an improved chance of achieving and maintaining abstinence, and a way to reduce the unpleasant effects of nicotine withdrawal. Treatment and population approaches are complementary in an integrated strategy to this problem. The small decline in the prevalence of smoking in Australia over the last ten years does not inspire confidence that the methods currently in place will be sufficient to markedly reduce smoking rates in the community.
2. Primary health care workers should be encouraged to identify smokers, offer advice to quit, and provide written materials on quitting. Primary health care settings, for example, general medical practice, are under-used for the promotion of smoking cessation, yet they have the potential to reduce the prevalence of smoking. Barriers to the involvement of primary health care professionals in these activities should be the subject of research.
3. Media-based interventions have a long history of use in the attempt to reduce smoking prevalence. These interventions range from simple educational or motivational campaigns, of the type still used in Australia, to similar campaigns supported by self-help materials and information about cessation clinics, to brief messages on methods to quit, through to media-based cessation courses or clinics. The latter approaches have promise for further decreasing the prevalence of tobacco smoking. Mass media guided self-help cessation courses, supplemented with written materials, should be provided on an ongoing basis. Brief messages on how to quit strategies should be provided in any media-based educational or motivational interventions.

4. Legislative restrictions on the advertising and promotion of tobacco products should be complete. Restrictions on sales through the limitation of sales outlets and the banning of vending machines should be imposed. Taxation should be increased to reduce demand. Restrictions on smoking in public places and in the workplace should be further promoted in order to increasingly establish non-smoking as a normative behaviour. In the committee's opinion there is no reason to delay the implementation of these measures. They are well described in the Australian National Health Policy on Tobacco. Procrastination in implementing these measures, which relies on arguments that there is insufficient evidence of their likely impact to know that they will have the desired effect, is inappropriate.
5. Community-based interventions for smoking cessation should be encouraged, utilising multiple channels of intervention, including primary health care workers, media-based interventions, legislative changes, and community-based action influencing health policy and setting non-smoking as the social norm.
6. Withdrawal symptoms from tobacco are important phenomena that should be attended to in smoking cessation intervention. The addictive substance in tobacco is nicotine. Because there is a nicotine withdrawal syndrome that occurs upon quitting and that predisposes to early relapse to smoking, it is important that intervention addresses this problem through either nicotine replacement therapy or through non-pharmacological withdrawal management techniques.
7. Assessment of smokers prior to commencing treatment should be brief and aimed at matching smokers to specific intervention modalities. Assessment of the motivation of the smoker to quit is recommended to match the smoker to an intervention according to the stage of change. Assessment for level of nicotine dependence is also advocated and the adapted Fagerstrom Test of Nicotine Dependence, or items from it, provides a basis for doing this. Such assessment will assist in determining: (a) motivation to quit and the need for a motivation enhancing intervention; and (b) the smoker's need for nicotine replacement therapy or the need for non-pharmacological withdrawal management if nicotine replacement is not to be used. Formal assessment of other areas prior to treatment is not generally advocated, although ongoing assessment may occur within the context of the intervention.
8. Motivational interviewing is advocated for use with smokers who are not motivated to quit. It is a relatively new procedure that is designed to enhance the motivation of smokers who are ambivalent about quitting and thereby increase the likelihood of attempting, and being successful at, quitting. It does this by eliciting the smoker's concerns about smoking and reasons for wishing to change, as well as reasons for continuing, and then developing a discrepancy in the smoker about future life goals and continued smoking.
9. Personalising the health effects of tobacco smoking is advocated as a means of enhancing the motivation of the smoker to quit. Such personalisation may rely on a simple discussion of cardiac, vascular and pulmonary symptoms and diseases, or it may involve the feedback to the smoker of the results of measures of carboxyhaemoglobin levels or lung function.
10. Setting a quit date should be a part of all cessation interventions. The quit date should be set within a reasonable time period of initial contact, but be delayed

for only a few days through to a couple of weeks, depending on the frequency of contact between the agency and the smoker.

11. Self-monitoring of smoking behaviour is viewed to be a form of assessment without long-term effects on smoking behaviour. It is not advocated as a part of smoking cessation intervention beyond this assessment function, if it is to be used at all.
12. Brand switching to progressively lower nicotine content cigarettes may be used in structured programmed interventions where there is a clear goal of abstinence. The procedure may assist the smoker to reduce withdrawal symptoms upon eventual cessation. Switching to low-nicotine tobacco products should not be viewed as an alternative to quitting as there is little evidence of any benefit to health.
13. Cutting down consumption prior to quitting is not advocated, as the process may make quitting more difficult than abrupt cessation, which is the preferred method. If the cutting down procedure is used, it should only be in the context of a structured program where the smoking rates can be monitored and an emphasis on abstinence maintained.
14. Withdrawal management through the use of non-pharmacological methods should occur in interventions where there is sufficient time to describe their use. These methods include brand switching, discussion of withdrawal symptoms and their likely duration, distraction and avoidance of high-risk situations.
15. Stimulus control procedures attempt to reduce the exposure of the smoker to cues that have previously been strongly associated with smoking to decrease craving and thus the likelihood of relapse. These procedures are not advocated as an intervention on their own, although they may be used in the context of multisession programmed interventions.
16. Aversive therapies, especially rapid smoking, may have some benefit in achieving abstinence from smoking. The use of satiation smoking, focused smoking, covert sensitisation, or shock aversive therapies is not recommended.
17. Contingency contracting may be conceptualised as a form of social support to assist the smoker to maintain abstinence. The procedure may have benefits in the context of multicomponent interventions, but is not advocated as a standalone intervention.
18. Social support for cessation attempts is seen as an important form of assistance that should be included in all forms of intervention for smoking cessation. Support may be derived from family, friends or other quitting smokers.
19. Stress management procedures are often included in multicomponent interventions for smoking cessation. They have a place in these programs, but are not thought to be useful in briefer interventions as it is unlikely that there will be sufficient time to train the smoker in their use. If these procedures are included in multicomponent interventions they should take up only a limited time (30 minutes).
20. Weight gain is common upon cessation of smoking and may lead to relapse. Advice to follow a low-fat diet and to exercise should be a part of smoking cessation interventions.

21. Relapse prevention refers to a set of procedures aimed at assisting the smoker to avoid or cope with high-risk situations and to prevent a lapse to smoking from becoming a full relapse. The use of the procedures is advocated in as many settings as is possible, given time constraints.
22. Nicotine gum combined with brief advice, or with more intensive procedures, is an effective intervention that should be recommended to smokers who are motivated to quit, especially where there is evidence of a high level of nicotine dependence. The use of nicotine gum is generally advocated in most smoking cessation settings where adequate counselling and instructions about its use are available. To maximise its effects, the proper use of the gum should be carefully explained to the smoker and a follow-up appointment made to check on continued appropriate use.
23. Transdermal nicotine patches may possess advantages over nicotine gum as a method of nicotine replacement. Further research on the use of these patches is needed to substantiate these advantages.
24. Nicotine replacement through the use of nasal sprays and aerosol inhalants is not recommended as there is no evidence of efficacy and they are less satisfactory than other available methods, such as nicotine chewing gum. Similarly, because of a lack of evidence of efficacy and due to their carcinogenic potential, roll-on tobacco products are not advocated as a method of nicotine replacement.
25. The use of pharmacotherapies that do not use nicotine replacement as the method of minimising nicotine withdrawal symptoms is not recommended. In the case of clonidine and tricyclic antidepressant medications, it remains unclear whether these drugs possess advantages of other pharmacological approaches and they may have significant negative effects. The use of benzodiazepines or other tranquilisers in the context of smoking cessation is inappropriate as there is no evidence of efficacy and they also have negative effects. The use of other preparations, especially most over-the-counter products, should be discouraged as there is no evidence of efficacy and, for some preparations, there is potential for rare but serious toxicity.
26. Acupuncture does not seem to be more effective than placebo or control conditions for smoking cessation. Its use is not advocated.
27. Hypnotic procedures are not generally advocated for use in smoking cessation interventions. There is a lack of evidence that the hypnotic procedure facilitates smoking cessation or prevents relapse beyond the effects exerted by the other treatment components provided within the hypnotic state.
28. Self-help materials for smoking cessation should be made readily available and much more widely distributed. Self-help materials must be, at a minimum, attractive and easily understood by the target population, being written for a reading age of eight years. In addition, to be most effective, they should be developed on the basis of market research principles. These materials should also be targeted to people of non-English speaking backgrounds, adolescents and other minority groups.
29. The content of interventions for smoking cessation is determined by the amount of time available to intervene. In settings where there is no time to intervene, such as some primary health care settings, quality self-help materials should be

prominently displayed. In settings where there is only a very brief amount of time available, attention should be focused on personalising the health effects of smoking, providing firm advice to quit, providing self-help material and, if the smoker is motivated to quit, setting a quit date, identifying social support for cessation and organising a follow-up visit. If there is more time to intervene, say up to one hour over a number of occasions, the use of nicotine chewing gum is also advocated with methods to deal with high-risk situations. Longer interventions would use all of these methods, presenting them in more detail, and would also address the stress management and the minimisation of weight gain. Written materials should be given in all settings.

30. Intervention in the workplace should be encouraged as this setting provides a way to take cessation activities to the smoker, rather than requiring the smoker to attend a clinic. Such intervention ranges from the introduction of smokefree policies, to brief screening and advice programs, through to more involved cessation clinics run on a group basis and possibly newer quit and win incentive schemes.

31. There is a need to intervene directly with adolescents through prevention programs and through cessation programs for those who are already dependent. In the case of cessation programs, relatively little is currently known about the best methods of intervention. It is likely that many of the procedures applicable to adult smokers will be relevant to adolescents, although special attention should be directed to issues of weight control, social support and assertiveness skills to prevent relapse. A number of factors make programs for adolescents difficult to devise and to run effectively and these should be taken into account when considering intervening with this group.

3. State government bodies

3.1 Parliament of New South Wales Legislative Council Standing Committee on Social Issues. Drug Abuse Among Youth.

In the report's Executive Summary, the following paragraphs (numbered as in the original document) relate to smoking:[11]

11. From whichever perspective one cares to make a 'cost' comparison between tobacco and other drugs, whether it be mortality figures per annum, cost to the community in the provision of health services to users, cost to the health of individuals exposed to others' smoke, or cost to the economy in terms of days lost through ill health of addicts, cigarette smoking is clearly and overwhelmingly the most serious drug problem for the general community.

12. There is absolutely no safe level of tobacco use. Nicotine is a highly toxic and addictive drug. To continue to allow the promotion and advertising of tobacco products would be a dereliction of Government responsibility and would be sanctioning the marketing of a substance which, if used as the manufacturer recommends, can lead to premature death.

13. Evidence heard by the Committee overwhelmingly supported increased, government-sponsored action on price, availability, advertising, education, age-of-purchase and warnings in relation to cigarettes and other tobacco products.

14. The Committee is of the opinion that the evidence linking advertising, promotion and sponsorship of tobacco products with reinforcement of smoking among minors, is overwhelming. The 'voluntary code' which currently regulates the sale, advertising and other forms of promotion of tobacco products in New South Wales is vague and ineffective. The Committee considers that it should be withdrawn and replaced by legislation which would prohibit cigarette advertising at point-of-sale, on billboards and on taxis, and also parallel advertising.
15. Consistent with the Committee's concern to do all in its power to limit the availability and attractiveness of tobacco to minors, it recommends an increase in the legal age at which cigarettes may be purchased, the abolition of tobacco company sponsorship of all sporting or cultural events, and that there should be an increase in the size of health warnings on tobacco products.
16. Current research indicates that passive smoking is an issue of considerable concern. The Committee is encouraged by the trend in Government Departments and Statutory Authorities towards the provision of smokefree workplaces. As a further step, it recommends that all restaurants in New South Wales seating in excess of 100 people be required to provide a smokefree area.
17. Increasing the cost of cigarettes appears to be the most effective single measure for curtailing total consumption of tobacco, particularly among young people. Thus, in order to achieve a substantial price increase and to simultaneously provide funding for a proposed health promotion foundation, it is recommended that the tobacco licence fee be increased initially by 10% (from 35% to 45% of the wholesale price) and in successive years by one per cent annually until the total state licence fee reaches 50% of the wholesale price.

Recommendations relating to tobacco

The Committee recommends:

10. That a person or persons be prohibited from the sale, display, importation or advertising of any product (not including cigarettes) which include a tobacco trademark, brand name or logo or part of a trademark, brand name or logo used by a tobacco company.
11. The Committee recommends that no taxi be permitted to carry a tobacco advertisement.
12. That billboard advertising of tobacco products be prohibited.
13. a) That the minimum age at which cigarettes may be purchased be raised to 18.
    b) That the proposed 'proof-of-age' card or photographic drivers licence be acceptable evidence of age.
    c) That a person who sells tobacco to a person who is under the age of 18 years is guilty of an offence with a maximum penalty of 50 penalty units.
14. That as soon as practicable no sporting, cultural or artistic event in New South Wales may advertise or exhibit a tobacco brand name, logo, or trademark in association with the name of that event.
15. a) That one tobacco health warning, that relating to a reduction in fitness, be abolished and replaced with something more appropriate to the destructive effect of tobacco consumption;

b) That the tobacco warnings be increased in size from fifteen percent to twenty-five percent of the surface area of the packet, that they be moved from the bottom to the top of the packet and contrast with the background colour of the cigarette packet;

c) That these warnings no longer contain the postscript 'Health Authority Warning'; and

d) That each cigarette packet contain a cardboard insert, inside the packet itself, of not less than six centimetres by four centimetres, which on one side would contain a health warning and the 'Quit for Life' telephone number and on the other side list a selection of the worst carcinogens to be found in cigarettes.

16. That all advertising at point-of-sale and on public venues, ovals and sporting grounds, including brand names and trademarks and logos represented on the surface of such venues, be prohibited as soon as practicable.

17. That any film financially or administratively assisted by the NSW Film Corporation display no identifiable brand name of cigarettes or incidental advertising, unless it incorporates 'file' footage and that no such film accept any form of payment or sponsorship from a tobacco company.

18. That all restaurants in New South Wales which seat in excess of 100 people must provide a 'smokefree' area.

19. A further tax of ten percent on all tobacco products be instituted and channelled directly into the recommended health promotion foundation. That this tax increase at the rate of one percent per year for the next five years until the total rate of state taxation reaches a figure of fifty percent.

4. Health charities, non-government organisations and professional agencies

4.1 The Australian Cancer Society: National Cancer Prevention Policy 1993

Following a detailed discussion of policy issues concerning tobacco, the Australian Cancer Society makes the following recommendations concerning prevention of smoking-related cancers:[12]

National goal

The national goal is to reduce the prevalence and incidence of diseases caused and exacerbated by tobacco smoking by:

1. Reducing the prevalence of tobacco smoking.
2. Preventing the onset of smoking in non-smokers, especially children.
3. Reducing the frequency of smoking in continuing smokers.
4. Reducing the mean mg/tar/cigarette smoked by continuing smokers.
5. Reducing the exposure of smokers and non-smokers to environmental tobacco smoke.

Goal 1 requires some expansion in terms of population sub-groups.

National targets

Smoking prevalence

1. By 1994, national adult smoking prevalence should fall from 29% (1986) to 26%, and by 2000, to a maximum of 20%.
2. By 1994, national teenage (at 15 years) smoking prevalence should fall from 26% to 23%, and by 2000 to 10%.
3. By 1994, in the context of maximising the decline in all socio-economic groups, increasing social class differentials (as assessed by occupational category) in smoking prevalence should be reversed with the gap between the upper white collar group and lower blue collar group narrowing. By 2000, the maximum difference should be 5%.
4. By 1994, within an overall decline in smoking prevalence, adult sex prevalence differentials should be minimised.

Reduction in mean daily tar inhaled per smoker

5. By 1994, the mean daily tar inhaled per smoker should have fallen from the 1989 level of 204 mg/day in men and 157 mg/day in women by 20% in men and 10% in women. By 2000 the mean daily tar inhaled per smoker should be reduced below 90 mg/day.

Reduced exposure to environmental tobacco smoke

6. By 1994, all States and Territories should have laws and/or regulations prohibiting smoking on all forms of State controlled and regulated public transport; the Federal Government should have banned smoking on all flights; all Government offices should be smokefree.

National strategies

Co-ordination of total smoking control efforts

1. By 1994, all major Government health agencies, NGOs and public interest groups concerned with smoking control should have formed a formal multisectoral coalition to co-ordinate all aspects of smoking control policy development; program development and delivery; behavioural, sociological and economic research and monitoring; lobbying activity; and public advocacy.

Health education about smoking

2. Until 2000, all Australians should be exposed annually to at least one major (mass reach) health education campaign about smoking, in addition to the important on-going smaller, low-budgeted and opportunistic efforts that characterise the field of smoking control. Such campaigns could include mass media centred campaigns and 'smokefree days'. Schoolchildren should be exposed to school-based educational programs throughout their school years.
3. Coverage by newspapers and magazines of items unfavourable to smoking should increase by encouraging researchers to publicise their work in the popular media and by fostering the development of newsworthy events and commentary.

Smoking cessation

4. Primary health care workers, especially general practitioners, occupational nurses and doctors, dentists and community health staff should be encouraged to participate actively in on-going smoking cessation campaigns through their influence on patients, clients and employees in routine contacts and this should be a higher priority than special labour-intensive clinics and therapies.

Restrictions on advertising and promotion of tobacco

5. By 1995, all forms of tobacco advertising and promotion, including point of sale, should be prohibited by law. Measures introduced by governments to eliminate tobacco advertising promotion are strongly supported by the ACS.

Restrictions on availability

6. Laws preventing the sale of tobacco products to underage people should be enforced.

Prevention of involuntary (passive) smoking

7. By 1994, all States should have laws requiring:
   - smoking to be totally prohibited on all public transport;
   - smoking to be prohibited in all enclosed public places;
   - all restaurants and public eating establishments to be either smokefree or have smoking zones, with non-smoking being the norm.
8. By 1994, smoking control agencies in all States and Territories should have in place, significant and on-going health education programs directed at reducing smoking in the workplace.

Taxation levels on cigarettes and tobacco

9. All States should annually increase their State tobacco licence fees by a minimum of 5% of recommended retail price.
10. The Commonwealth Government should increase its excise duty on cigarettes and tobacco by 5% per annum above the already CPI-indexed increases that now apply, thus increasing the price of these products in real terms.
11. The Commonwealth Government should be encouraged to change the way in which the excise rate is levied for manufactured cigarettes, from dollars per kilogram to cents per stick.

Tobacco packaging

12. The rotating pack health warnings introduced in July 1987 have been reviewed for their effectiveness. The ACS strongly supports the 1992 recommendations of the Ministerial Council on Drug Strategy to increase substantially the size and strength of health warnings on tobacco packages.
13. Steps towards the elimination of attractive tobacco packages should be made, leading to tobacco products only being available in standardised generic packages.

Tar yields

14. By 2000, the maximum tar yield permissible in cigarettes sold in Australia should be 10 mg/cigarette.

Intersectoral government policy for smoking control

15. By 1995, all Government subsidies for the tobacco industry should be directed towards industry adjustment and crop substitution by affected farmers to allow for the orderly reduction in tobacco produced in Australia.

16. By 1994, tobacco should be removed from the calculation of the Consumer Price Index, as is appropriate to a product currently used by less than one-third of the adult population, and the use of which is declining further.

4.2 The National Heart Foundation of Australia

The National Heart Foundation has issued a policy statement on tobacco smoking. Chief among its recommendations are:[13]

> Providing information on the harmful effects of smoking and the benefits of not smoking, through vigorous, carefully designed public health education with an emphasis on conveying the message to children; and through informative warning labels on cigarette packets and cigarette advertisements (while such advertising continues). These campaigns could be funded partly by taxes levied on the sale of cigarettes.
>
> Phasing out of all forms of tobacco advertising and promotion, including print media, billboards, cinema, point-of-sale, promotional schemes and give-aways, and the brand-name exposure which occurs through such methods as the sponsorship of sport and the arts.
>
> The financial disincentive of progressively increasing the real (inflation-adjusted) cost of cigarettes to consumers. Revenue from associated Government rises in tobacco excise and licensing fees should be directed towards health promotion.
>
> Decreasing the availability of cigarettes to minors, by instituting strong fines for sales to them and by restrictions on the placement of cigarette vending machines.
>
> Eliminating all Government financial assistance to the tobacco industry and redirecting those funds to encourage and assist tobacco farmers to take up other employment.
>
> Ensuring that non-smokers and children are not exposed to tobacco smoke, by the provision of smokefree areas or by total smoking bans, for example in the workplace, lifts, taxis, public transport, public buildings, hospitals and restaurants.
>
> Assisting smokers who wish to give up the habit, by the provision of information and quit-smoking clinics. These should be in addition to public education and health promotion programs aimed at prevention.
>
> Research into the best ways of promoting and supporting smoking cessation (recognising the great difficulty that many smokers have in giving up an addictive habit).

4.3 Australian Medical Association[14]

1. Tobacco smoking is a serious health hazard.
2. The Australian Medical Association is committed to achieving a reduction in smoking with the objective of reducing the disease, disability and premature death related to smoking.
3. To achieve this objective action is necessary:

a) to change the social climate so that smoking is no longer viewed as desirable or tolerated as normal, but is rejected as unnecessary, hazardous and offensive.

b) to change the economic and legislative climate so that cigarettes are less readily available, influences promoting smoking cease, and educational programs on the hazards of smoking are supported and reinforced.

c) to ensure the right of the non-smoker to clean air, unpolluted by tobacco smoke.

4. Research should be conducted into why people begin to smoke, how to help the smoker to cease smoking, and the social and economic cost to the community of the effects of smoking on health.
5. Insurance companies should offer reduced premiums to non-smokers.
6. Smoking should be prohibited in confined public areas, including on public transport.
7. Smoking in schools by teachers, staff, pupils and visitors should be discouraged because of the effect of example in the development of early smoking habits of children.
8. Smoking should be prohibited in hospitals, other health care institutions, and medical practices (except in specially designated smoking areas) and at meetings of health professionals.
9. Doctors have a responsibility to advise their patients on the risks of smoking, to assist them to give up smoking, and to co-operate with community education programmes to discourage smoking.
10. All health professionals have a responsibility by example and precept to encourage non-smokers to remain non-smokers, and smokers to cease.
11. The Australian Medical Association believes it to be inappropriate for medical research to be funded by the tobacco industry.

4.4 Faculty of Anaesthetists, Royal Australasian College of Surgeons

Statement on Smoking[15]

Note: references to this statement are listed immediately following the statement below.

The Faculty of Anaesthetists, RACS, recognises that the smoking of tobacco is addictive and can damage health, particularly with regard to the lungs, heart and arterial system. The Faculty wishes to encourage the cessation of smoking wherever possible.

The Faculty recommends a policy to bring about a decline in tobacco consumption, the aims of which would be:

- To achieve lower smoking rates in all age groups of the population
- To encourage non-smokers to remain non-smokers
- To proscribe all forms of tobacco promotion
- To protect people from involuntary exposure to the tobacco smoke of others.

The Faculty recognises that there are powerful benefits to be gained in the perioperative period by the acute cessation of such smoking.[1,2] Tobacco smoking affects many body systems adversely, and some of these effects are reversible following its cessation.

1. Carboxyhaemoglobin levels are increased with an average elimination half life of 4 hours.[3] Thus, even 12 hours of non-smoking will greatly reduce carboxyhaemoglobin levels, improve oxygen content and availability, and reverse negative inotropic and arrhythmic tendencies. Effects on polycythaemia and viscosity take longer to reverse, and require cessation for a few days.[4]
2. The effects of nicotine are to increase heart rate, systolic and diastolic blood pressure, and peripheral vasoconstriction.[5] There is a general improvement in these adverse effects following 12-24 hours of smoking abstinence.[6]
3. The respiratory system is affected by hypersecretion of mucus, impairment of tracheobronchial clearance and small airway narrowing. Sputum production declines over a 6 week period. Approximately 50% reduction occurs in the first 2 weeks following cessation of smoking.[1] For small airways function there is an improvement after 1 month with further improvements after 2 months and continuing up to 6 months of smoking abstinence.[7] There is a greatly increased incidence of chest infection in smokers after coronary artery surgery. Smoking cessation for 2 months results in substantial improvement, and after 6 months the incidence is the same as for patients who have never smoked.[8,9] The early recovery period is characterised by a greater tendency to hypoxia and a greater need for supplemental oxygen.[10]
4. The immune system demonstrates deterioration in smokers.[11-15] and it would appear that after a period of 6 months' abstinence there is a return to normal of some aspects of the immune function.[1]
5. There is an increase in perioperative analgesia requirements.[16-17] This may be due to increased enzyme induction[16] or withdrawal of endogenous opoid stimulation. It requires smoking abstinence of 6 to 8 weeks to improve.[18]

Conclusion

The Faculty recognises that tobacco use affects patients in the perioperative period increasing the risk of surgical procedures. It recognises that smoking as a habit is difficult to stop, and that the long term aim should be toward education programs leading to a lower use of tobacco products.

Those patients who smoke should be advised to cease immediately. Patients should be encouraged to abstain from smoking for at least 6 to 8 weeks prior to surgery to allow a return to more normal function of those reversible factors which otherwise increase the perioperative risk. The more major the surgical procedure, the more important this advice. In the short term, patients should refrain from smoking in the 12 hours prior to surgery to aim for maximal tissue oxygenation.

Recommendations

The Faculty's position regarding smoking and surgery is that tobacco use is a major identifiable risk factor relating to surgery and the perioperative period.

Patients who smoke should be encouraged to cease smoking at least 6 to 8 weeks prior to surgery and in the short term smoking should not be permitted 12 hours prior to surgery.

The overall policy of the Faculty is to support all reasonable measures to reduce tobacco use in the community.

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4.5 The Australian College of Paediatrics

Policy Statement on Smoking[16]

The Australian College of Paediatrics recognises that the smoking of tobacco is addictive and can damage the health of smokers.

The existing evidence of harm from smoking tobacco is overwhelming, yet at least one in three Australian women smoke during pregnancy, parents continue to smoke in the same environment as their infants, and children are steadily recruited to smoking.

The serious health hazards of smoking to the adult smoker are well understood but less widely known are the dangers to the foetus when mothers smoke in pregnancy and the increased hazards young children are exposed to when their parents smoke. Adults can of course choose whether to smoke or not. The unborn infant and toddler exposed to the serious effects of parental smoking are not so fortunate.

The Australian College of Paediatrics is committed to achieving a reduction in smoking, particularly where infants and children are the innocent victims of their parents' smoking habits. These situations include mothers smoking in pregnancy and parents smoking in the same environment as young children. The College appreciates that it is equally important to prevent older children and adolescents from starting the smoking habit at all.

The College recommends that:

1. Smoking should not be permitted in obstetric and children's hospitals and in children's units within general hospitals, except in designated areas.
2. Parent and teacher associations, State and private education authorities, and other persons or organisations concerned with the education of children, should discourage smoking in schools by teachers, staff, visitors and students.
3. Smoking should not be permitted in all areas where infants and young children assemble. These include day care facilities of all kinds, cinemas, theatres, and all forms of enclosed public transport. Smoking should not be permitted at any social or recreational gathering organised predominantly for children, such as school dances.
4. Greater efforts should be made to provide improved education and assistance to pregnant women, parents of young children and the older child in the prevention or quitting of smoking.
5. Research should be conducted into reasons why people smoke and into possible methods of helping smokers to quit smoking.
6. Advertising of tobacco products in all forms should be prohibited.
7. Economic and legislative activity should continue to ensure that tobacco products become less accessible to parents and children.
8. All paediatricians have a responsibility to advise their patients on the dangers of smoking, to assist their efforts to quit and to participate in programs which discourage smoking.
9. Co-operation should be established and maintained with other health organisations and authorities to ensure maximum effectiveness of programs designed to reduce smoking.
10. All doctors have a responsibility to set an example by not smoking.

Policy Statement on 'Tobacco and Cigarette Smoking in Pregnancy'[17]

The effects of maternal cigarette smoking on the foetus and subsequent parental smoking on the infant are now well documented. They should be further publicized among the medical profession and the public in the hope that this may lead to

reduction in the numbers of young and pregnant women who smoke. As the effects of smoking include:

- an increased risk of low birth weight with its associated problems
- increased perinatal and subsequent mortality in babies of mothers already at high risk of adverse perinatal outcome;
- increased risk of respiratory illness in infancy

the Committee believes that practising doctors, particularly Obstetricians and Paediatricians, should now become involved in prevention by:

1. Encouraging pregnant women to stop smoking;
2. Encouraging young women never to start smoking.

4.6 The Thoracic Society of Australia[18]

Note: references to this statement are listed immediately following the statement below.

Smoking control policy

The Thoracic Society of Australia acknowledges that cigarette smoking is the single largest cause of preventable death and disease in Australia.

It is unrealistic to expect any single measure to effect a reduction in the use of tobacco and the consequences to health of smoking. Therefore, the Thoracic Society of Australia recommends a comprehensive smoking control policy, the objectives of which are:

1. To achieve lower smoking rates in all age groups of the population;
2. To encourage non-smokers to remain non-smokers;
3. To encourage smokers to either stop smoking or reduce their exposure to the harmful components of tobacco smoke as far as possible;
4. To proscribe all forms of tobacco promotion; and
5. To protect people from involuntary exposure to the tobacco smoke of others.

These objectives will be pursued through the following procedures.

1. Research into smoking behaviour in the community to establish prevalence rates and time trends. These data are necessary to determine appropriate target groups and suitable aims and strategies for these target groups.
2. A public information programme. This involves the transmission of information to the medical profession and the public regarding the magnitude and complexity of the smoking problem, and reinforces the components of a smoking control programme.
3. A public education programme that is intended for specific target groups, and has distinct aims that depend on the perceived needs of the target group. As part of public education, members of the Thoracic Society of Australia will set an example to the Government and the general population by refusing to accept the tobacco companies' sponsorship of research and events, which lends respectability to the tobacco industry. Members will be encouraged to support measures to create a positive, healthy image of non-smokers, and to support lower insurance premiums for non-smokers, whose risks to life are fewer.

4. Support for legislative programmes. Legislative programs are multifaceted, and comprise the following essential components.

   Health warnings. Members of the Thoracic Society of Australia support health warnings on all tobacco product packages; the warnings should be visible, understandable, believable, and able to be recalled by smokers.

   Freedom from the pressure of cigarette advertising. Members of the Thoracic Society of Australia believe that it is inconsistent to allow the continued promotion of a product which is responsible for the deaths of 16,600 Australians annually, and acknowledge that total advertising bans in other countries, where supported by educational and taxation programmes, have resulted in a significant decline in the prevalence of smoking, particularly among young smokers.

   Tar testing and labelling of cigarette packets. Members of the Thoracic Society of Australia support the testing of tar, nicotine and carbon monoxide levels and the publication of these levels on cigarette packets. Members also propose the listing of all the ingredients of cigarettes on packets, as is done with other consumer products, such as food and drink.

   Taxation. Members of the Thoracic Society of Australia recognise that an increase in real cigarette price will reduce cigarette consumption by approximately 0.7% for every 1% increase, and support the maintenance of regular tax increases on cigarettes.

   Subsidies. Members of the Thoracic Society of Australia believe that it is inappropriate that a government should offer subsidies or incentives of any kind for the production or promotion of tobacco.

   Smokefree public and working environments. Members of the Thoracic Society of Australia believe that non-smokers should not be exposed involuntarily to the discomfort and health risk of cigarette smoke, and support reasonable measures to ensure that non-smokers are protected from such exposure in public and working environments.

The Thoracic Society of Australia urges its members, wherever appropriate, to initiate and support these strategies which are designed to improve the well-being of their patients.

References to the Policy of the Thoracic Society of Australia:

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Note: the Thoracic Society of Australia has also adopted policy statements on Passive smoking and health and Children and smoking. These have been published in the Medical Journal of Australia.[19,20]

4.7 The Royal Australian College of General Practitioners[21]

The Royal Australian College of General Practitioners considers smoking is a serious health hazard and represents numerically the greatest avoidable cause of death in the community.

Position Statement

1. Coronary heart disease is a major cause of death among the smoking-related diseases and the rewards for stopping smoking are both immediate and substantial.
2. Smokers are responsible for their own health, as well as for those about them, yet most smokers are still unaware of the grave dangers of smoking and how they could avoid them.
3. Few smokers realise that about one in four of them will die from smoking-related diseases and that on the average, a smoker of twenty cigarettes a day will lose about five or six years of life.
4. The health risks of smoking increase with the passage of years. The dangers of smoking are greatly reduced by stopping.
5. Studies have shown that passive smoking can be harmful to healthy people and aggravate those with heart and lung disease and this underlines the basic right of non-smokers to work, eat and play in a non-polluted atmosphere.

Tobacco smoking and advertising[22]

Smoking should be strongly discouraged by members of the Royal Australian College of General Practitioners. Help in giving up smoking should be offered to all patients who smoke. The Royal Australian College of General Practitioners condemns the advertising of any tobacco products.

Supporting Statement on Tobacco Smoking and Advertising

1. Tobacco smoking is the major avoidable cause of illness in Australia today. It is an addiction which contributes to more deaths per year than alcohol and all other drugs combined.
2. Passive smoking also constitutes a definite health hazard.
3. The Royal Australian College of General Practitioners believes that Australia should be a non-smoking society with areas set aside for those people who wish to smoke.
4. The Royal Australian College of General Practitioners strongly urges that smoking should be banned completely in planes, buses and all forms of public transport.
5. Active and passive tobacco advertising, tobacco sponsorship of sport and other activities serves to promote an industry which threatens the nation's health and escalates health costs.
6. It is well recognised that smoking is harmful during pregnancy and adversely affects the foetus.
7. The Royal Australian College of General Practitioners is very concerned about the increase in numbers of children smoking at a very early age and

also the increasing numbers of women smoking in the 16-24 age group (with an increase in the lung cancer rate).

8. The Royal Australian College of General Practitioners conducts education sessions for doctors to assist them to help patients give up smoking.

4.8 The Royal Australasian College of Physicians

Statement On Tobacco And Tobacco-Related Problems: Tobacco: A major drug of concern for Australia.[23]

Note: references for this statement are listed immediately below the statement.

Rationale

1. Tobacco contains over 4,000 chemicals, including 43 known carcinogens.[1] Tobacco also contains nicotine, a drug of dependence.[2]
2. Tobacco is used by 28% of the adult Australian population.[3]
3. Tobacco smoking is the largest single preventable cause of death and disease in Australia today. Smoking is estimated to have caused 19,899 deaths in Australia in 1991.[4]
4. Seventy-five percent of drug-caused deaths are due to tobacco, 23% are due to alcohol (including road crash fatalities) and 2% are due to opiates.[4]
5. Around one third of all cancer deaths in Australia are attributable to smoking.[5] Between one in five and one three smokers will die of a tobacco-caused illness, depending on how heavily they smoke.[6,7]
6. The inhalation of others' tobacco smoke ('passive smoking') also has adverse health effects, for children[8–10] and adults. Passive smoking is a cause of lung cancer[10] and heart disease[11–4] in adult non-smokers.
7. Smokers do not necessarily have a good understanding of the health consequences of smoking,[15–17] and may engage in self-denial about the personal likelihood of damaging their health.[18,19]
8. The main developmental period for uptake of smoking is between the ages of 12 and 16 years. In most of these age groups, smoking prevalence is higher among girls than boys.[20]
9. Advertising by tobacco companies, including their sponsorship of sporting and cultural events, has been a factor in encouraging the uptake of smoking by young people.[21–27]
10. In response to the overall declines in tobacco consumption in Australia,[28,29] tobacco companies are increasing their activities in the Asia-Pacific region.[30,31]
11. The tobacco industry sponsors medical research as part of their strategy to undermine research findings about the health effects of smoking, to foster the illusion that whether smoking damages health is still a matter for debate, and to enhance its public image.[32–36]

The role and responsibilities of the medical profession

1. Physicians have a responsibility to provide expert advice about the health consequences of smoking, and to be able to offer effective counselling to their

patients on smoking cessation. Australian physicians are not currently being adequately trained in this area.

2. Physicians have an important role in advising all individuals to stop smoking, as well as attending to the health needs of individuals who have already sustained damage from tobacco use. Counselling by physicians reduces the incidence of smoking.
3. Physicians must act as a role model for the community by not smoking, and by disallowing smoking in their workplaces.
4. Physicians can play an important role in raising community awareness of the adverse health effects of active and passive smoking.
5. Physicians can also be effective in raising government awareness of the health effects of smoking. This may be through recommending particular policy initiatives, or through the provision of expert and accurate advice about the effects of tobacco use on the health and welfare of the community.

Recommendations

Australian physicians should:

1. Cease smoking to improve their own health and set an example to their patients and the wider community.
2. Counsel their patients to stop smoking.
3. Provide their patients with strategies to assist with cessation, and keep abreast with new developments in the field.
4. Provide a smokefree workplace.
5. Take an active role in reducing smoking in the community.
6. Encourage parents, teachers, sportspeople, entertainers and other community leaders to provide non-smoking role models for children.
7. Identify smoking as the final cause of death (where appropriate) in Part 1 of death certificates, to enable the true burden of smoking mortality to be estimated.
8. Refuse research grants or any other sponsorship from tobacco companies or tobacco-funded research foundations.
9. Provide information, advice and support to colleagues managing tobacco-related problems in Less Developed Countries.
10. Participate in continuing medical education programs on tobacco problems for undergraduate and hospital staff.

Australian medical schools should:

1. Establish programs to improve undergraduate knowledge of nicotine pharmacology, smoking cessation techniques, and other tobacco-related problems. These programs should include critical appraisal of the literature.
2. Appoint core faculty members to provide leadership in curriculum development in tobacco problems, and to establish faculty development programs about tobacco-related problems.
3. Facilitate elective study periods for students on smoking cessation strategies.

4. Include formal assessment of knowledge and skills of students about tobacco problems.

The Royal Australasian College of Physicians should:

1. Act as a lobby group by asking politicians to enact legislation to:
   - protect public health by ensuring a smokefree environment in the workplace and public places;
   - outlaw all remaining forms of tobacco advertising;
   - assist tobacco growers to develop other agricultural activities, or other occupations;
   - ensure all tobacco packages, whether for domestic use or export, are appropriately labelled with health warnings;
   - ensure that tobacco prices are not included in the Consumer Price Index;
   - ensure tobacco excise is increased.
2. Consult with government education and health departments, and voluntary agencies concerned with education about the health effects of smoking, to ensure that effective prevention strategies are introduced informing the community, and particularly children, about the effects of smoking on health.
3. Encourage medical schools and colleges of advanced education to include in their curricula a study of tobacco problems and strategies for control.
4. Provide to its Fellowship advice on smoking cessation programs and patient counselling.
5. Provide its Fellowship with accurate data on morbidity and mortality due to smoking.
6. Include an assessment of knowledge and skills in the management of tobacco-caused health problems in college examinations.

The Federal Government should:

1. Provide financial support for public awareness health programs about tobacco.
2. Enact legislation to protect all people from passive smoking in enclosed public and work places (including entertainment areas and on transport).
3. Ban all remaining forms of tobacco advertising.
4. Legislate to ensure that all tobacco products, domestic and export, carry appropriate health warnings.
5. Legislate to remove tobacco price from the Consumer Price Index.
6. Increase tobacco excise.

State Governments should:

1. Support health and education department programs to provide primary and secondary school children with accurate information about tobacco use in the community.
2. Provide information and counselling services for tobacco cessation within hospitals and community health centres, other key central and regional locations.

References to the Policy of the Royal Australasian College of Physicians:

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4.10 The Royal Australian College of Medical Administrators[24]

The College is of the opinion that tobacco is so hazardous to health that any level of use should be discouraged. The aim of the College in this regard is to hasten the decline and eventual disappearance of tobacco smoking.

In this context the objectives in suggested order of priority are:

1. To change the social climate so that smoking is no longer viewed as desirable or tolerated as normal, but is rejected as unnecessary, hazardous and offensive.
2. To change the economic and legislative climate so that cigarettes are less readily available, influences promoting smoking cease, and educational programs on the hazards of smoking are supported and reinforced.
3. To prevent the uptake of smoking, particularly by young people, and encourage and aid smokers to give up smoking.
4. To ensure the right of the non-smoker to clean air, unpolluted by tobacco smoke.

To achieve these objectives, the College has adopted policies, some of which are shared with the Australian Medical Association, to:

1. Conduct research into why people begin to smoke, how to help the smoker to cease smoking and the social and economic cost to the community of the effects of smoking on health.
2. Encourage Insurance Companies to offer reduced premiums to non-smokers.
3. Control the content rather than the extent of advertising and the promotion of cigarettes.
4. Direct health education to children aged 10–14 years, pregnant women, parents and young children.
5. Restrict public smoking by influential figures such as sporting identities and television performers.
6. Progressively enforce and strengthen legal restrictions on the supply of tobacco to persons under 18 years of age.
7. Withdraw cigarette vending machines.
8. Maintain prices of tobacco products according to the changes in the real value of money.
9. Impose a penalty tax on high tar content cigarettes.
10. Remove subsidies to tobacco growers and use the resulting funds to encourage growers into other lawful agricultural activities.
11. Extend bans on smoking in certain public areas, including public transport.
12. Discourage smoking in public eating and drinking places.
13. Discourage smoking in schools by teachers, staff, pupils and visitors because of the effect of example in the development of early smoking habits of children.
14. Prohibit smoking in hospitals, other health care institutions, and medical practices (except in specially designated smoking areas) and at meetings of health professionals.
15. Reinforce the responsibility of doctors to advise their patients on the risks of smoking, to assist them to give up smoking, and to co-operate with community education programs to discourage smoking.
16. Reinforce the responsibility of all health professionals, by example and precept, to encourage non-smokers to remain non-smokers, and smokers to cease smoking.

4.11 Public Health Association of Australia

Tobacco Control[25]

The Public Health Association of Australia acknowledges that:

1. Cigarette smoking is the single largest cause of preventable death and disease in Australia.
2. Cigarette smoking causes 19,000 avoidable deaths in Australia each year. It has been estimated that smoking costs the Australian economy more than $6 billion annually in terms of health care costs, absenteeism, lost income from those unable to work and other factors.
3. No single measure will be effective in reducing the health consequences of smoking.

The Public Health Association of Australia therefore recommends:

4. A comprehensive smoking control policy, the objectives of which are:
   - to achieve lower smoking rates in all age groups of the population;
   - to encourage non-smokers to remain non-smokers;
   - to encourage smokers to either stop smoking or reduce their exposure to the harmful components of tobacco smoke as far as possible;
   - to proscribe all forms of tobacco promotion; and
   - to protect people from involuntary exposure to the tobacco smoke of others.
5. That these objectives be pursued through the following measures:
   - research into smoking behaviour in the community to establish prevalence rates and time trends. These data are necessary to determine appropriate target groups and suitable aims and strategies for these target groups;
   - a public information program which involves the transmission of information to health professionals and the public regarding the magnitude and complexity of the problem, and reinforces the components of a smoking control program; and
   - a public education program that is intended for specific target groups, and has distinct aims that depend on the perceived needs of the target group. As part of public education, members of the Public Health Association will refuse to accept tobacco company sponsorship of research or events, which lends respectability to the tobacco industry. Members will also be encouraged to create a positive, healthy image of non-smokers and support lower life insurance premiums for non-smokers whose risks are fewer.

The Public Health Association of Australia supports legislation containing the following essential components:

6. Health warnings:
   The Public Health Association of Australia supports health warnings on all tobacco product packages and tobacco advertisements. These warnings should be visible, understandable, believable, and able to be recalled by smokers.
7. Freedom from the pressure of cigarette advertising:
   The Public Health Association of Australia believes it is inconsistent to allow the continued promotion of a product responsible for the deaths of 19,000 Australians annually, and acknowledges that total advertising bans in other countries, where supported by educational and taxation programs, have resulted in significant declines in the prevalence of smoking, particularly among young people.
8. Tar testing and labelling of cigarette packets:
   The Public Health Association of Australia supports the testing of tar, nicotine and carbon monoxide levels and the publication of these levels on cigarette packets. PHA also proposes the listing of the major harmful ingredients in cigarettes on packets.
9. The Executive Committee and Branches will urge governments to prohibit the importation and sale of any new tobacco or tobacco substitute products, other than therapeutic goods.

Tobacco Sponsorship Advertising in the Ottawa/Hull Region

Prepared by

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On behalf of

The Canadian Council on Smoking and Health

December, 1993

EXECUTIVE SUMMARY

Canadian tobacco companies continue to promote cigarette brand names in spite of a federal law prohibiting the advertisement of tobacco products. They do this by taking advantage of a loophole in the law that allows them to sponsor sporting and cultural events in the name of a company. All three major Canadian tobacco companies have established "shell" corporations using the brand names of their cigarettes -- such as Player's Ltd. for example -- and promote the sponsored events in that name.

This study examines the prevalence of advertising in the Ottawa/Hull region by two **Imperial Tobacco Ltd.** (ITL) "shell" corporations -- Player's Ltd. and Matinée Ltd. -- and uses the results to draw conclusions about the extent of these national campaigns in other centres across Canada. Informal surveys of five advertising media were undertaken:

Point-of-sale Advertisements

In the cities of Ottawa and Hull there are approximately 1,600 advertisements for tobacco sponsorships in tobacco retail outlets. Storefront advertisements for *Player's Ltd. Racing* and the *Matinée Ltd. Fashion Foundation* generate nearly 280 million advertising exposures annually with an estimated value of $100,000. Point-of-sale ads are commonplace in tobacco retail outlets in rural and urban communities Canada-wide.

Billboard Advertising

Player's Ltd. Racing was the subject of a 17-week billboard campaign in Ottawa, Hull and district. The campaign cost an estimated $2.5 million and generated approximately 4 million exposures. Similar billboards were seen in cities across Canada.

Transit Advertising

The *Matinée Ltd. Fashion Foundation* was advertised in public buses across the country. The firm that handles OC Transpo advertisements refused to release details on the length of the campaign. Assuming that the campaign ran for the shortest possible period (4 weeks), the circulation of the ads could have approached 9 million. Exposure nationwide can only be estimated to be many times greater than that.

Print Advertisements

Matinée Ltd. Fashion Foundation advertisements appeared in two Ottawa daily newspapers and in many national magazines widely available in the capital region. The total cost of these advertisements attributable to the Ottawa region was estimated at $42,793. Those print advertisements identified generated in excess of 2.3 million exposures in 1993-1994. As only selected magazines were examined for advertisements, the total number of print advertisements viewed in the Ottawa area is probably much larger. Newspapers and magazines across the country accepted these ads for publication, thereby greatly expanding their reach.

Spectator Sports

Advertisements for *Player's Ltd. Racing* and *Player's Ltd. Tennis* are posted at both the Civic Centre (home of the Ottawa Senators and Ottawa 67's) and at Frank Clair Stadium (home of the Ottawa Rough Riders). Advertising rates were not available. Total direct exposure of these advertisements during the 1993-94 seasons of these teams approached 670,000. This figure does not take into consideration exposure at other events held at these venues, nor does it take into account the exposures generated through televised events at these facilities, which would reach Canadians in many other communities. Most importantly, this advertising strategy is not unique to Ottawa, but rather, these types of ads are viewed by youth and adults in stadia all over Canada.

Conclusion

In the limited area encompassed by the cities of Ottawa and Hull, point-of-sale advertising for *Player's Ltd. Racing* and the *Matinée Ltd. Fashion Foundation* generated about 280 million exposures -- the equivalent of more than 2 exposures per resident each day -- for just over $100,000. In the larger Ottawa/Hull region (including Nepean, Gloucester, Kanata, etc.), other forms of advertising generated more than 16 million exposures at a cost exceeding $2.5 million. Given that tobacco sponsorship campaigns are normally carried out on a nationwide basis, the conclusions in this report will also have relevance for other Canadian urban centres.

No matter how these data are interpreted, one can only conclude that the *Tobacco Products Control Act* has been ineffective in banning tobacco advertising in Canada.

INTRODUCTION

In 1988, the federal government passed the *Tobacco Products Control Act* (*TPCA*), banning the advertising of tobacco products in Canada. Unfortunately for the health of Canadians, the legislation contains a loophole which the tobacco industry has exploited ruthlessly. The *TPCA* allows tobacco companies to continue sponsoring sporting and cultural events, but not to associate tobacco brand names or logos with these events. In a direct violation of the spirit of the legislation -- if not the letter of the law -- the tobacco industry has formed limited "shell" corporations to distribute "sponsorship" funds. The shell corporations have names such as "Player's Ltd.", "Matinée Ltd.", and "du Maurier Ltd.". As a result of the *TPCA*, Player's Light posters and billboards disappeared -- Player's Ltd. posters and billboards replaced them.

Although these "new" advertisements no longer contain actual cigarettes, they do bear a striking resemblance to the packaging of the cigarettes associated with the "shell" corporation providing the funding. Graphic design, typography and colouring recall the design of brand name packages. The absence of direct reference to tobacco products in these advertisements provides the industry with one huge advantage over traditional tobacco advertising: they do not have to include health warnings. This advantage appears to be one reason that American tobacco companies are *voluntarily* shifting promotional resources from traditional advertising methods to sports sponsorships.[1]

This study attempts to estimate the significance of tobacco industry advertising of sponsored events in Ottawa and Hull, with a special focus on two **Imperial Tobacco Ltd.** tobacco brand names: "Player's" and "Matinée." Five types of advertising media are considered: point-of-sale posters, billboards, transit posters, print advertisements, and advertisements in spectator sports facilities. An informal survey of tobacco sponsorship advertising in each media was undertaken. The approximate dollar value and circulation rates of advertisements identified during the survey are estimated based on information available in *Canadian Advertising Rates and Data.*

It should be emphasized that the figures presented here are necessarily estimates. For obvious reasons Canadian tobacco manufacturers would prefer that the details of their advertising expenditures remain secret. While the conclusions of this study accurately reflect the magnitude of the tobacco-related advertising undertaken in Ottawa and Hull, the exact figures should be considered approximations.

BACKGROUND

Imperial Tobacco Ltd. (ITL), one of Canada's largest manufacturers of tobacco products, produces such brands as Avanti, Cameo, Medallion, Peter Jackson, Player's Filter, Player's Light, Matinée and Matinée Light. It is difficult to approximate the national advertising expenditure of **Imperial Tobacco Ltd.**'s shell companies; however, the **reach** of their advertising is easier to assess.

Each year the *National List of Advertisers* collects information from the largest sources of advertising dollars in Canada, and each year **Imperial Tobacco Ltd.** is listed as a major advertiser. Clearly the Canadian advertising industry sees straight through the "shell" corporation façade established by the firm. In the mid-1980s, **Imperial Tobacco Ltd.** advertised its products in seven media: point-of-sale displays, outdoor ads, transit ads, consumer magazines, newspapers, business publications and farm publications. In 1991 and 1992 (following the introduction of the *TPCA*), the firm used only point-of-sale advertising and placards at spectator sports. In 1993, the number of media used in **ITL** shell company advertising increased to the level it was at before the *TPCA* became law. Again, seven advertising media were employed: point-of-sale displays, outdoor ads, transit ads, consumer magazines, newspapers, spectator sport ads and radio spots.

This post-*TPCA* resurgence in the range of media employed by **Imperial Tobacco Ltd.** is made more disturbing by the change in the type of advertising media used by the firm. **Imperial Tobacco Ltd.** no longer advertises in farm and business publications -- advertising media which attract an "older" audience -- but has started advertising on radio and at spectator sports -- advertising media with a distinctly younger audience.

Imperial Tobacco Ltd. Advertisements

Player's Ltd. Racing and the *Matinée Ltd. Fashion Foundation* are two of the most heavily advertised tobacco industry sponsorships in the Ottawa/Hull region. **Imperial Tobacco Ltd.** has adopted distinctly different strategies to advertise these shell corporations. *Player's Ltd. Racing* signs clearly dominate point-of-sale displays in Ottawa and Hull and, during the summer, were the focus of a major billboard campaign. In contrast, the *Matinée Ltd. Fashion Foundation* was heavily advertised in the print media -- advertisements appeared in *The Ottawa Citizen* and *Le Droit* newspapers and in major national magazines distributed in the region -- as well as in the local public transit system. Only limited use was made of point-of-sale displays.

Typically, *Player's Ltd. Racing* advertisements contain the words "Player's Ltd." in a typeface that is 3 to 4 times larger than the word "racing." Some advertisements include both a stylized graphic of a race car and a logo that is reminiscent of the "sailor" logo on Player's cigarette packages. Others, especially advertisements at spectator events, contain only the small logo. (See illustration in Appendix A.) All advertisements appear with a blue background of the same shade as that used on Player's packages and employ typography similar to that appearing on Player's packages. Confidential internal **Imperial Tobacco Ltd.** documents strongly suggest that this similarity of colour and type is an intentional strategy. In planning the *Player's Ltd. International Tennis* tournament, **ITL**'s advertising agency urged the firm to "make major use of Player's (blue) colours to enhance the connection with Player's cigarettes."[2] On another occasion, the firm was advised that "typography for . . . Player's advertisements should reflect pack typography while remaining contemporary in its selection."[3]

Matinée Ltd. Fashion Foundation advertisements include a stylized graphic of a female model and a sweeping central stripe that recalls the graphic design of the Matinée package. The logo featured in the ads is comparable in dimension to that featured on Matinée and Matinée light packages. (See Appendix A for illustration.) Again, the colours of the Foundation's advertisement mimic the general colour scheme of the brand name tobacco packages.

Point-of-sale ads for Player's Ltd. and Matinée Ltd. generated approx. 280 million exposures in the cities of Ottawa and Hull in 1993.

POINT-OF-SALE ADVERTISEMENT OF TOBACCO-RELATED SPONSORSHIPS

An informal survey of tobacco retailers in selected areas of Ottawa and Hull from December 12 to December 17, 1993, revealed that most outlets carried at least one advertisement for a tobacco-related sponsorship. (See Appendix B for list of outlets.) ITL shell company-funded sponsorships generally make use of sophisticated point-of-sale advertising displays. Most consist of two internally-lit plastic posters in a metal frame that often contains a clock or price board as well. Other tobacco companies use less expensive cardboard posters of varying sizes to publicize their connection with a sponsored event. Advertisements for Craven "A" country also appear on boot-shaped clocks in some retail outlets. Promotional materials describing events and locations are also available in some stores.

The point-of-sale survey was conducted in two areas of Ottawa -- one primarily residential, and one commercial -- and one area of Hull. (See Appendix C for area boundaries.) Each tobacco outlet was approached individually and all tobacco-related

advertising was recorded. Brand names and visibility of the advertising from the street were also noted.

Ottawa Tobacco Retail Outlets

In Ottawa, **75 percent** of tobacco retailers surveyed contained tobacco-related advertising of some sort -- **52 percent** contained at least one advertisement for *Player's Ltd. Racing* or the *Matinée Ltd. Fashion Foundation*. Tobacco-sponsored advertising was slightly more common in tobacco outlets in downtown Ottawa than in residential outlets (79 percent vs. 62 percent).

The survey revealed that some "types" of tobacco retailers are much more likely to carry tobacco sponsorship advertisements than others. For example, advertising appeared in 20 percent of the Ottawa gas bars surveyed, 63 percent of the convenience stores surveyed and 100 percent of the tobacco shops surveyed. Chain pharmacy stores -- such as Shoppers Drugmart (owned by Imasco, ITL's parent company) -- were dramatically more likely to carry tobacco advertising than independent pharmacies. All Shoppers Drugmart and PharmaPlus drugstores surveyed carried some form of tobacco-related advertising. Shoppers Drugmart tended to carry Player's Ltd., du Maurier Ltd., and Matinée Ltd., advertisements, while PharmaPlus drugstores generally contained Rothman's Ltd. advertising. Only 2 of the 12 independent pharmacies surveyed in Ottawa continue to sell cigarettes, and only one contained tobacco advertising.

The city of Ottawa has a bylaw that requires all tobacco retail outlets to purchase a licence once a year. In 1993, there were 880 licensed retail sources of tobacco in Ottawa. The survey results suggest that, on a prorated basis, about **660** of these retailers -- 75 percent of the 880 licensed outlets -- carry tobacco sponsorship advertising.

The average number of posters in those Ottawa retailer outlets surveyed who carried tobacco sponsorship advertising was 2.2 posters per store. If each of the estimated 660 retailers in Ottawa carrying tobacco sponsorship advertisements carries an average of 2.2 posters, then there are approximately **1452** tobacco-related advertisements in the city of Ottawa.

Hull Tobacco Retailers

Tobacco retailers surveyed in Hull were substantially less likely to carry tobacco-sponsorship advertisements than their Ottawa counterparts, but this does not appear to stem from a sudden burst of health consciousness. Instead, liquor laws allowing convenience stores to carry beer and alcohol in Québec have led to an inundation of

beer advertisements in Hull stores. In many cases there is simply no space for tobacco advertisements. **Forty-three percent** of Hull tobacco outlets surveyed carried tobacco-related advertising; **30 percent** carried *Player's Ltd. Racing* or *Matinée Ltd. Fashion Foundation* advertisements.

Hull, unfortunately, does not license tobacco outlets. It seems reasonable to assume, however, that the number of tobacco outlets varies with population. Since Hull's population is approximately one-fifth that of Ottawa[4], it seems likely that the city would have approximately one-fifth the number of tobacco retailers -- approximately 176 outlets. The survey suggests that **76** of these outlets (43 percent of the 176 retailers) carry tobacco-related advertising.

Presumably because of the prevalence of alcohol advertising, the average number of posters in retail outlets carrying tobacco sponsorship advertising is slightly lower in Hull than in Ottawa, at 1.7 posters per store. That translates into about **130** point-of-sale advertisements in Hull.

Dollar value of Point-of-sale Advertisements and Circulation Rates

Storefront Posters leases 32-inch by 24-inch, internally-lit poster frames that are mounted on storefront windows. Each poster unit is double sided (one poster is visible from the street, the other from inside the store). In Ottawa, these poster frames lease for $25 per store per month.[5] A spokesperson with Storefront Posters' Toronto office confirmed that the weekly circulation of each poster is 8,488.[6]

As noted, most **Imperial Tobacco Ltd.** point-of-sale advertisements are mounted on internally-lit, double sided frames, directly comparable to those leased by Storefront Posters. In Ottawa, 33 percent of retailers surveyed carry an internally-lit *Player's Ltd. Racing* advertisement or *Matinée Ltd. Fashion Foundation* advertisement that is visible from the street. Assuming this figure is representative of the city as a whole, there are approximately 290 of these advertisements in the city. At the market value assigned by Storefront Posters, that is, the equivalent of **$7,250** in advertising every four weeks -- **$94,250** each year. If each of these has the same circulation as Storefront Posters' products -- 8,488 exposures per week -- then Ottawa residents are exposed to **Imperial Tobacco Ltd.** advertisements more than **250 million** times each year. That is the equivalent of more than **800** exposures for each city of Ottawa resident each year -- 2.2 exposures per resident per day.[7]

In Hull, 18 percent of the tobacco retailers surveyed carried tobacco sponsorship advertising directly comparable to the product offered by Storefront Posters. This suggests that about 32 Hull stores carry Player's Ltd. or Matinée Ltd. ads that are

visible from the street. At Storefront Poster prices, these advertisements are worth **$10,400** each year and generate about **28 million** exposures annually.

These figures would be much higher if tobacco sponsorships other than *Player's Ltd. Racing* and *Matinée Ltd. Fashion Foundation* ads were considered in the calculation. Unfortunately, it is difficult to estimate the value and circulation of sponsorship advertisements that do not correspond to the product offered by Storefront Posters. There is no doubt, however, that in-store advertisements and cardboard posters contribute significantly to the daily exposure of Ottawa and Hull residents to tobacco sponsorship advertising.

Conclusion

Point-of-sale advertising is clearly a major source of exposure to tobacco-related brand names and images in Ottawa/Hull. There are an estimated **1,582** posters advertising tobacco sponsorships in the municipalities of Ottawa and Hull. Window-mounted point-of-sale advertisements for *Player's Ltd. Racing* and *Matinée Ltd. Fashion Foundation* in Ottawa and Hull have a value of approximately **$100,000** and an annual circulation of almost **280 million.** Total dollar value and circulation rates for all 1,582 tobacco-related advertisements would be much higher.

BILLBOARD ADVERTISING IN THE REGION OF OTTAWA/HULL

A 17-week Player's Ltd. Racing billboard campaign generated about 4 million exposures at a cost of approx. $2.5 million.

During the summer of 1993, **Imperial Tobacco Ltd.** undertook an extensive, and apparently nation-wide billboard advertising campaign in support of the *Player's Ltd. Racing* series. Billboard advertising provides a particularly effective means for the tobacco industry to exploit the loophole in the *TPCA*. Advertising agencies estimate that the average viewer of a billboard only sees the sign for between 3 and 5 seconds.[8] On *Player's Ltd. Racing* billboards, the word "racing" is in smaller, more widely spaced type than the words "Player's Ltd." One can hardly expect an individual viewer to distinguish between Player's Ltd., the shell corporation, and Player's Light, the cigarette, in the viewing time available, especially in light of the similarity of the names, their shared colours, and the under-emphasis of the term "racing."

Billboard advertising is generally purchased by Gross Rating Points (GRP) -- the percentage of a given area's population that is exposed to the billboard each week. Mediacom, which leased Ottawa billboards to **Imperial Tobacco Ltd.**, calculates GRP in terms of the population of Ottawa, Hull and District. Thus, the area considered is more extensive than that considered when calculating the value of point-of-purchase advertising.

A telephone interview with a Mediacom employee provided the information on the duration and extent of the Player's Ltd. billboard campaign in the Ottawa/Hull district that appears in Appendix D.[9] Calculations of the percentage of the region's population exposed to the billboard campaign also relies on Mediacom data listed in the November, 1993 edition of *Canadian Advertising Rates and Data* (CARD).[10] Although the entire population of the region was not exposed to these advertisements in any given week, the cumulative effect of 17 weeks of advertising virtually ensured 100% coverage of the region's population. This is especially true given that it is standard practice in the advertising industry to rotate billboards from one location to another during a long campaign to ensure maximum coverage.

Standard advertising rates such as those that appear in *CARD* can only be considered a guideline to the actual cost of advertising. All contracts are negotiated on an independent basis, so the conclusions of this section must be considered approximate. Based on Mediacom's standard rates, however, the Player's Ltd. advertising campaign cost in the range of **$2.5 million.**[11] On average, 221,234 residents[12] of the Ottawa/Hull region were exposed to billboard advertisements each week; total circulation of the billboards during the 17-week campaign approached **4 million.**

TRANSIT ADVERTISING OF IMPERIAL TOBACCO LTD. SPONSORSHIPS

Advertisements publicizing the *Matinée Ltd. Fashion Foundation* appeared in Ottawa buses during the Spring of 1993. Because these advertisements did not directly mention cigarettes, they technically skirted OC Transpo's ban on tobacco and alcohol advertising.

A Matinée Ltd. Fashion Foundation advertising campaign in Ottawa buses is estimated to have reached 9 million residents at an estimated cost of $5,750.

The leasing of advertising space on OC Transpo and Outaouais buses is handled by Trans Ad. When the Ottawa office of Trans Ad was asked about the number and cost of the Matinée Ltd. advertisements appearing in OC Transpo and Outaouais buses, the representative had been told to direct enquiries to the Toronto office as the Matinée campaign was "nationally organized." The national office representative declined to release the information requested, citing it as "proprietary information of the company." He did, however, acknowledge the moral dilemma of these advertisements which, in his words, "look more like cigarette packages than like any foundation...."[13]

According to information available in *CARD*, Trans Ad will place a poster in each of Ottawa's 831 buses at a cost of $5,750 for a four week period.[14] Approximately 320,000 people use OC Transpo buses each day.[15] Even if the *Matinée Ltd. Fashion Foundation* ads ran only for the minimum length of time they would have generated almost 9 million exposures.

The tobacco industry denies targeting sponsorship advertising at children, but by placing these ads in public buses they guarantee that they will be seen by youths. OC Transpo ridership surveys suggest that almost one-third of all passengers using the transit system use student bus passes.[16] While some of these passes are purchased by University students, most are purchased by elementary and high school students **who depend on the buses to get to school.** That is the equivalent of 100,000 students riding OC Transpo each day, many of whom are much younger than the legal age at which tobacco may be purchased, i.e., 18 years old in Ontario and 16 years old in Québec.

PRINT ADVERTISEMENTS

Matinée Ltd. Fashion Foundation advertisements appeared and continue to appear in English- and French-language Ottawa newspapers and in a variety of national magazines, with a particular focus on "women's" magazines. Matinée Ltd. print advertisements appeared in two groups: the first ran in late 1992 and early 1993 to publicize the launching of the Foundation; the second ran in the fall of 1993 to announce the fashion designers who received grants from the *Matinée Ltd. Fashion Foundation.* Magazine advertisements tended to appear about one month after newspaper ads, presumably because magazines require longer lead times than newspapers. The advertisements were both unified in graphic design and colour, but the second grouping also carried small pictures of several grant recipients.

Print advertisements worth an estimated $42,793 generated 2,362,805 exposures in Ottawa/Hull.

Newspapers

The national sales editor of *The Ottawa Citizen* identified four dates when advertisements purchased by Imperial Tobacco Limited were run: December 24, 1992; September 30, 1993; October 4, 1993; and October 7, 1993.[17] All of these advertisements were publicizing the *Matinée Ltd. Fashion Foundation* and all were in full colour. The Dec. 24, 1992 advertisement measured approximately 9 inches in height and four columns in width -- approximately 432 modular agate lines (MAL). *The Ottawa Citizen* lists its standard advertising price as $7.20 per MAL.[18] At that rate, the first Matinée Ltd. advertisement cost $3,110.40 to run. Taking into account the additional charge of $1,740 for colour[19], running that particular advertisement in *The Ottawa Citizen* cost approximately $4,850.40.

Each of the three Matinée Ltd. ads that ran in the fall measured approximately 12 inches by 4 columns -- 576 MAL. Including the additional charge for use of colour, each of these advertisements would have cost approximately $5,887.20. Most newspapers offer reduced rates for frequent customers. Without access to the actual contracts for print ads, it is difficult to know if discounted prices were offered. Thus,

the costs assessed here must be considered approximate and perhaps a somewhat high estimate of the money spent by the shell companies of **ITL**.

The total cost for running the four advertisements in *The Ottawa Citizen* was therefore approximately **$22,512.** *The Ottawa Citizen* reports a paid circulation of **170,489.** Taken together, the four advertisements had a total exposure of about **681,956.** On average, each copy of *The Ottawa Citizen* is read by several people. Independent polling performed for *The Ottawa Citizen* suggests that 61 percent of people 18 years or older living in the Ottawa/Hull region read the paper each day.[20] The daily readership of the issues of *The Ottawa Citizen* carrying the Matinée ads could be as high as 519,049. Total readership of the four ads, therefore, probably approached **2,076,196.**

Matinée Ltd. Fashion Foundation advertisements ran four times in *Le Droit* during December, 1992. Each of these advertisements was approximately 9 inches by 4 columns -- 528 MAL. *Le Droit* charges a rate of $741 for the use of colour. Total cost to run each advertisement was approximately $1,797.[21] The cost for the entire run of advertisements was in the range of **$7,188.** *Le Droit* reports a daily paid circulation of **35,697.**[22] Together the four advertisements had a total exposure of about **142,788.** Total readership of *Le Droit* is almost certainly much higher and this figure must be considered a low estimate.

Magazines

The following chart details the appearance of *Matinée Ltd. Fashion Foundation* advertisements in a number of selected national magazines. Time constraints prevented a more thorough review of the national magazines available in Ottawa. Note that the list of publications is not exhaustive, and *Matinée Ltd. Fashion Foundation* ads may also have appeared in other national publications available in Ottawa. Therefore, the circulation and cost estimates may be low.

Title	Date	No. of pages	Cost per page[23]	Total Cost
Chatelaine	Feb. 93 Mar. 93 Nov. 93 Dec. 93	2 2 4 4	$9,780	19,560 19,560 39,120 39,120 --- $117,360
Time	Jan. 4, 93 Oct. 18, 93	2 2	$18,300	36,600 36,600 --- $73,000
Flare	Apr. 93	2	$12,260	$24,520
Canadian Living	Jan. 93	2	$23,158	$46,316
TV Guide	Nov. 27 - Dec. 3, 93	2	$18,025	$36,050
Maclean's	Jan. 4, 93	1	$26,295	$26,295

Total cost for the advertisements run nationally in these magazines is $323,541. The Ottawa/Hull region is a major market for most Canadian magazines. Based on information obtained directly from the publishers, the following chart estimates the portion of *Matinée Ltd. Fashion Foundation* magazine advertising expenditures attributable to the Ottawa/Hull region.

Magazine	Total Circulation[24]	Ottawa/Hull Circulation	Ottawa/Hull as percentage of total circulation	Advertising $ attributable to Ottawa/Hull
Chatelaine	904,454	34,500[25]	4%	$4,694
Time	363,587	15,000[26]	4%	$2,920
Flare	191,205	4,938[27]	2.5%	$613
TV Guide	811,759	48,022[28]	6%	$2,163
Maclean's	579,004	30,000[29]	5%	$1,314
Canadian Living	578,755	18,200[30]	3%	$1,389
Totals:	3,428,764	143,820		$13,093

ITL's shell companies purchased advertising in both magazines and newspapers worth approximately **$42,793** in print advertising directed toward the Ottawa/Hull region and achieved a circulation rate of **2,362,804.**

Player's Ltd. advertisements at spectator sport facilities generated an estimated 666,100 direct exposures in 1993.

SPECTATOR SPORTS

Internal **ITL** documents reveal that spectator sports have always been considered central to the marketing strategy for Player's cigarettes. **ITL**'s *Fiscal '81 National Media Plans* notes that Player's brand cigarettes "will continue to be associated with sports arena signage and sports programme advertising, specifically baseball, football, hockey and soccer."[31] An examination of the Civic Centre (home of the Ottawa Senators and Ottawa 67's) and Frank Clair Stadium (home of the Rough Riders) suggests that the *TPCA* did little to alter this advertising strategy after the tobacco ad ban came into effect in 1989.

Frank Clair Stadium

Frank Clair Stadium (formerly Lansdowne Stadium) has a capacity of approximately 30,000 spectators. *Player's Ltd. Racing* purchased advertising space in four key areas of the field. A large, internally-lit sign with the words "Player's Ltd." in large type and "Racing" in a much smaller font was mounted on top of the scoreboard during football season. Player's Ltd. advertising also occupied a prime location as one of the "book-ends" of an electronic message board located at mid-field on the south side of the stadium. This panel advertises Player's Ltd. Tennis, but again, the word "tennis" is diminutive in comparison to the word "Player's." A third Player's Ltd. sign appears on the side of the media booths on the north side of the field. It is worth noting that the lettering used for the words "tennis" and "racing" is so small that from field-level it requires considerable effort to determine which of the signs contains the word "tennis" and which contains the word "racing". The fourth Player's Ltd. ad appears on the 20 second clock in the western end zone.

An average of 21,000 people attended Rough Rider home games during the 1993 season.[32] During the ten home games played by the Riders, more than **200,000** people were directly exposed to the Player's Ltd. advertisements. This does not take into consideration any other events held in the Stadium (such as rock concerts, for example) which would add significantly to the number of exposures. It should also be noted that two of the advertisements are visible to traffic crossing the Bank Street bridge -- an additional audience that is not accounted for in these figures.

The Civic Centre

The Ottawa Civic Centre is the temporary home of the Ottawa Senators and the permanent home of the Ottawa 67's. *Player's Ltd. Racing* has purchased advertising

in three locations within the rink -- two of which must be considered prime advertising spaces. A *Player's Ltd. Racing* poster hangs directly behind each goal, over the tunnel where the players enter the rink. Once again, the lettering of the word "Racing" is in much smaller type than the rest of the lettering. The third Player's Ltd. advertisement is located on the cement separating the first and second levels of the spectator seating, directly behind the goal. An Ottawa Senators official refused to release details on the rates charged for advertising in the locations held by Player's Ltd., claiming that all contracts are negotiated on an individual basis and that no "standard" rate exists.[33]

Attendance at Ottawa Senators games has averaged about 10,000 while paid attendance at Ottawa 67's games averaged 1,700 in 1992.[34] The teams play 41 and 33 home games respectively. During one full season of play, **466,100** spectators were directly exposed to the Player's Ltd. advertisements, not taking into consideration the additional exposure provided during televised games. Moreover, this figure somewhat underestimates the direct circulation of the Player's Ltd. signs as the Civic Centre is used by many other Ottawa amateur hockey teams, many of whose players are too young to legally buy tobacco products.

1994 du Maurier Ltd. Classic

In 1994, the number of tobacco sponsorship advertisements seen by Ottawa residents is expected to increase considerably. The 1994 du Maurier Ltd. Classic, touted as "one of the four major [LPGA] championships" and "the only Canadian stop on the Ladies Professional Golf Association Tour," is being held at the Ottawa Hunt and Golf Club. Both those attending this event and those watching it on television will be exposed to du Maurier Ltd. advertising.

Television

In theory, Canadian tobacco manufacturers voluntarily quit advertising tobacco on television in the early 1970s. The *TPCA* then made televised advertising of tobacco products illegal. But by exploiting the sponsorship loophole of the *TPCA*, tobacco companies continue advertising through that medium. Tobacco firms go to great lengths to ensure maximum coverage of the events they sponsor. For example, during the 1992 du Maurier Ltd. Canadian Open, the organizers provided a free non-commercial service to Canadian television stations. This service carried hourly coverage and leaderboard updates, in addition to special coverage of the Canadian players involved in the event.[35]

Every time the television camera focuses on the Ottawa Rough Riders 20 second clock, Player's Ltd. benefits from a televised advertisement. Seven of the Riders' games were televised during the 1993 season, but only the three games carried by CBC could

be seen live in the Ottawa/Hull region. The four games carried by TSN were blacked out in this area.

In the Civic Centre, Player's Ltd. advertisements directly behind each of the nets receive extensive television exposure. Virtually all Senators home games are televised -- either nationally by TSN or CBC, or locally by CJOH -- and two-thirds of Ottawa 67's home games appear on the local cable channel.[36]

In addition to this exposure to tobacco sponsorship advertising during television coverage of local sports franchises, Ottawa and Hull residents also view tobacco-related advertising when tobacco-sponsored sports held elsewhere are broadcast in the city. For example, CBC televised five hours of the *Matinée Ltd. International Tennis Championships*. Each of the car races sponsored by *Player's Ltd. Racing* received national television coverage by either CBC or TSN. Indeed, of the 22 major sporting events carried by CTV in the 1993-94 broadcast season, at least five were tobacco industry sponsored events.[37] These events are also heavily promoted on television before they occur.

A yet-to-be-published study entitled "Sports Sponsorship by the Canadian Tobacco Industry Since the *Tobacco Products Control Act*" by M.C. Taylor, I. Mian, and L. MacKinnon of Physicians for a Smoke-Free Canada, studied the visibility of Player's Ltd. advertising during TSN's coverage of the Moosehead Grand Prix in Sept. 1991. During the 58.5 minute broadcast, the Player's Ltd. name and logo were seen a total of 580 times. The total time during which the name or logo was easily visible was 9 minutes and four seconds. It seems likely that Ottawa/Hull residents viewing 1993 *Player's Ltd. Racing* events were exposed to similar levels of advertising.

Promotion of tobacco industry sponsored sporting events is also widespread in sports news. Every time an announcer or a reporter mentions these events, the tobacco industry benefits from free exposure. It is therefore difficult to accurately estimate the dollar value of televised tobacco-related advertising in the Ottawa/Hull region, but it is clearly substantial. Similarly, exact exposure rates to this form of tobacco sponsorship advertising are difficult to calculate. The importance of this media warrants additional investigation.

CONCLUSION

A number of conclusions are immediately obvious. The Ottawa/Hull region is blanketed with tobacco-related advertisements. (See Appendix E for total estimates.)

The *Player's Ltd. Racing* billboard campaign was clearly the most expensive advertising format pursued in Ottawa/Hull in the past year, while, perhaps surprisingly, point-of-sale advertisements are the primary source of exposure to tobacco industry sponsorship advertisements. In the limited area encompassed by the cities of Ottawa and Hull, point-of-sale advertising for *Player's Ltd. Racing* and the *Matinée Ltd. Fashion Foundation* generate about 280 million exposures annually -- the equivalent of more than 2 exposures per resident each day. In addition to point-of-sale, and despite a federal law banning the advertisement of tobacco products, **Imperial Tobacco Ltd.**, through its shell companies, purchased more than $2.5 million in advertising in the Ottawa/Hull region -- advertising that generated more than 16 million exposures in 1993.

While this report surveyed only one region of the country, its data and conclusions can be considered to be reflective of the magnitude of tobacco company sponsorships Canada-wide. Tobacco manufacturers normally use extremely comprehensive, national marketing strategies to promote sponsored events.

For example, *Player's Ltd. Racing* events take place in a number of cities, including Vancouver, Calgary, Toronto, Montréal, Trois-Rivières, and Halifax, and are advertised in even more locations. A billboard advertisement for *Player's Ltd. Formula Atlantic Championship Racing* was photographed in Winnipeg in the summer of 1993.

Print advertisements for many tobacco company-sponsored events reach Canadians in every region of the country, including advertisements for *Player's Ltd. Racing* and *Tennis, Matinée Ltd. Fashion Foundation and Tennis, Benson & Hedges Inc. Symphony of Fire*, and *du Maurier Ltd. Arts and Jazz*. Many of these events also receive substantial television exposure through both programming and the news.

It is difficult to estimate exactly how much tobacco companies spend on promoting these events, or how often Canadians are exposed to the promotions, since the companies do not publicly reveal their expenditures. However, this report indicates that the exposure to tobacco advertising is indeed overwhelming.

The findings of this study all point to one conclusion: Canada's legislated advertising ban of tobacco products, by continuing to allow the tobacco industry to promote its lethal products through "sponsorships", simply cannot be considered effective.

1. Susan A. Wichmann and D.R. Martin. "Sports and Tobacco: The Smoke Has Yet to Clear," The Physician and Sports Medicine, 19, No. 11 (Nov. 1991), p. 125.

2. ITL "Project Plus/Minus" Kwechansky Marketing Research Inc. for Imperial Tobacco Ltd. From RJR-Macdonald Inc. vs. the Attorney General of Canada. Quebec Supreme Court. Vol. 55. Exhibit AG 217

3.ITL "Player's Trademark F'81 Advertising." From RJR-Macdonald Inc. vs. the Attorney General of Canada. Quebec Supreme Court. Vol. 6, Oct. 2, 1989a, Exhibit AG-35.

4. 1992 Corpus Almanac and Canadian Sourcebook, (Don Mills: Southam Business Information and Communications Group) Section 19. Note: the 5 to 1 population ratio refers to the populations of the city of Ottawa and the city of Hull and not to the regional municipality.

5. Canadian Advertising Rates and Data, (Toronto: Maclean Hunter Canadian Publishing), Nov. 1993, p. 418.

6. Telephone interview with Storefront Posters employee. Dec. 16, 1993.

7. Total exposure rate was arrived at by multiplying Storefront Posters' published weekly circulation rate by the estimated number of sites carrying comparable tobacco-related advertising. This figure was then doubled as each site houses two posters, to arrive at the total weekly exposure rate. Multiplying by 52 provided the yearly total. Exposure per person was calculated using the population of the city of Ottawa (not the regional population.) The value of this advertising was calculated by multiplying Storefront Posters' price of $25 per store for four weeks of advertising by the estimated number of sites carrying comparable tobacco-related advertising. This figure was then divided by four to arrive at the weekly value of this advertising, and multiplied by 13 to determine its yearly value.

8. Sandra Linville Dean. How to Advertise: A Handbook for Small Business, (Delaware: Enterprise Publishing), 1980, p. 134.

9. Telephone interview with Mediacom employee. Dec. 16, 1993.

10. Canadian Advertising Rates and Data, (Toronto: Maclean Hunter Canadian Publishing), Nov. 1993, p. 414.

11. According to CARD figures, the average daily cost for one billboard varies from $1,043 to $1,117 depending on the GRP purchased. An average of $1,065 per billboard per day was adopted for these calculations. On average, there were 20 billboards posted each day of the 17 week campaign. Average cost per day, therefore, is calculated at $21,300 -- $149,100 per week. At these rates, a 17 week campaign would cost $2,534,700.

12. According to Mediacom data in CARD, each billboard reaches about 1.3% of the Ottawa population each week (arrived at by dividing the listed GRP of 25 by the approx. number of boards, 19). On average, 20 billboards were posted each week of the campaign. If each reached 1.3% of the population each week, in total they would reach 26% of the Ottawa/Hull population -- 221,234 people. Over 17 weeks, the exposure would be 3,760,978 people.

13. Telephone interview with Trans Ad employee, John Sweeney. December 3, 1993.

14. Canadian Advertising Rates and Data, (Toronto: Maclean Hunter Canadian Publications), Nov. 1993, p. 423.

15. Rider's Guide, (Ottawa: OC Transpo), 1993, p. 1.

16. Ibid.

17. Telephone interview with Ottawa Citizen employee. Dec. 13, 1993.

18. Canadian Advertising Rates and Data, (Maclean Hunter Canadian Publishing), Nov. 1993, p. 16.

19. Ibid.

20. Telephone interview with Ottawa Citizen advertising staff member. January 7, 1993.

21. Ibid.

22. Ibid.

23. All advertising rates are taken from the Nov. 1993 edition of Canadian Advertising Rates and Data (Maclean Hunter Canadian Publishing), and include charges for the use of colour.

24. Circulation data taken from the November, 1993 edition of Canadian Advertising Rates and Data (Maclean Hunter Canadian Publishing).

25. Telephone interview with Chatelaine editorial staff member. Dec. 30, 1993.

26. Telephone interview with Time advertising staff member. December 30, 1993.

27. Telephone interview with Flare editorial staff member. Jan. 4, 1993.

28. Data listed in Canadian Advertising Rates and Data, (Toronto: Maclean Hunter Canadian Publishing), Nov. 1993, p. 82.

29. Telephone interview with Maclean's editorial staff member. Jan. 4, 1993.

30. Telephone interview with Canadian Living editorial staff. Jan. 3, 1994.

31."Fiscal '81 National Media Plans" From RJR-Macdonald Inc. vs. the Attorney General of Canada. Quebec Supreme Court. vol. 55. Exhibit-223.

32. Telephone interview with Rough Rider administrative staff. Jan. 3, 1994.

33. Telephone interview with Chris Knight, Ottawa Senators employee. Dec. 15, 1993.

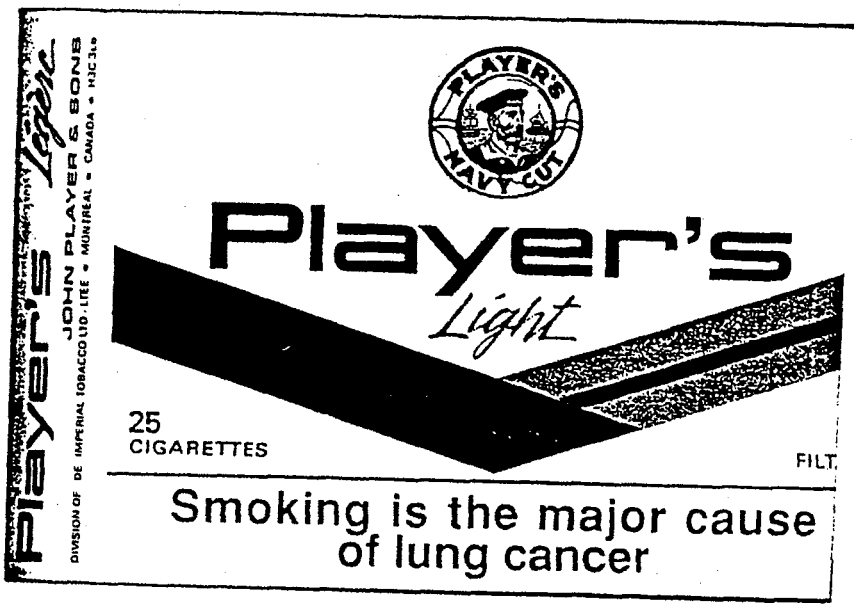
34. Telephone interview with Ottawa 67's staff. Jan. 3, 1994.

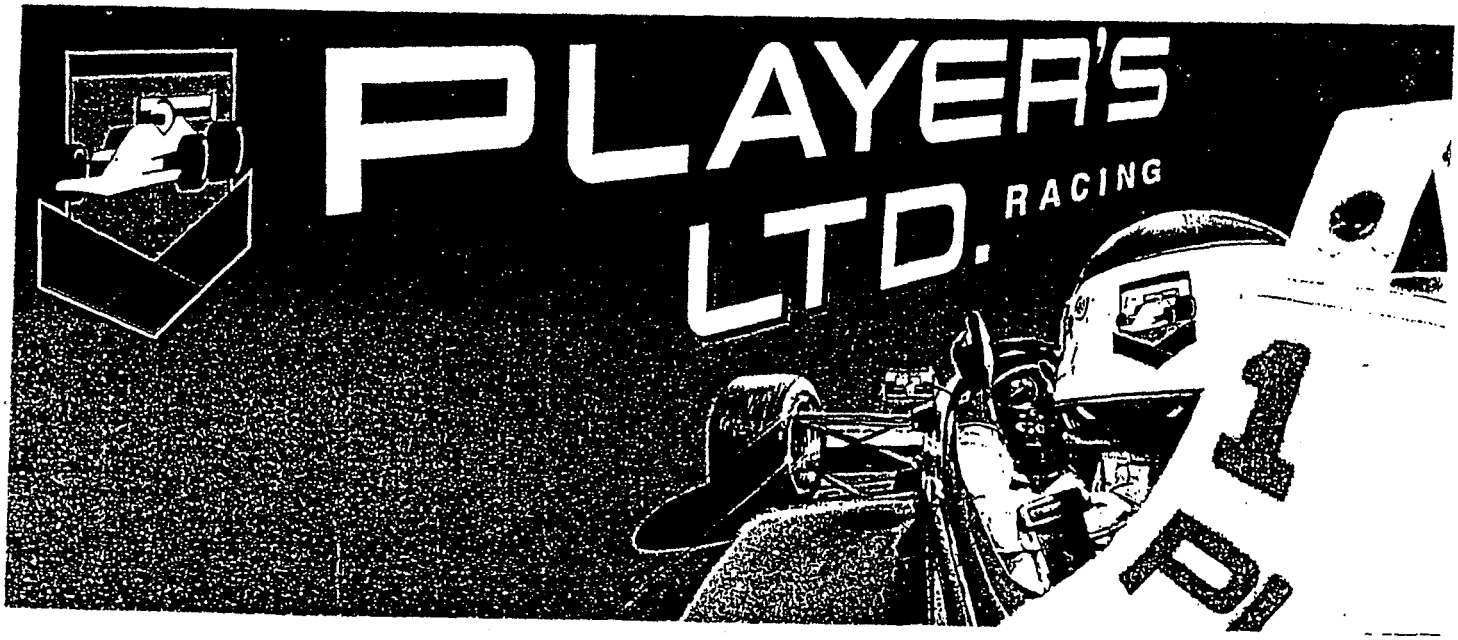
35. "The du Maurier Ltd. Canadian Open," Canada Newswire," Sept. 1, 1992, Datelined Toronto.

36. Telephone interview with Ottawa 67's staff. Jan. 3, 1994.

37. "CTV Announces the 1993-94 Broadcast Season," Canada Newswire, June 8, 1993, Datelined Toronto.

APPENDIX A: SAMPLE OF PLAYER'S LTD. LOGO
COMPARED TO PLAYER'S TOBACCO PRODUCT LOGO

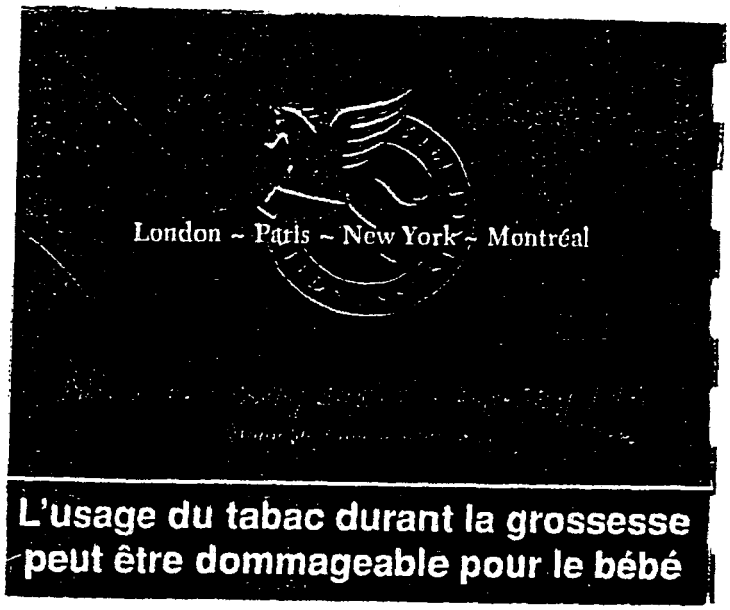




APPENDIX A (cont'd): SAMPLE OF MATINÉE LTD. LOGO
COMPARED TO MATINÉE TOBACCO PRODUCT LOGO



Front of package



Back of package

Matinée Ltd.



FASHION
FOUNDATION

APPENDIX B: STORES SURVEYED THAT CARRIED TOBACCO SPONSORSHIP ADVERTISING

Store	Location	Brands advertised	Ad location
AREA A - CENTRETOWN			
Grocery Food Market	Somerset at Percy	Player's	window
Sunoco	Somerset at Kent	Player's	window
Kars Confectionary	Kent at Somerset	Player's Craven "A"; Export "A"	window inside
Express Food Market	Laurier at Kent	Player's	inside
Butt Shop	340 Laurier	Player's; Craven "A"	inside
Looney Smart	389 Somerset	Player's	window
Mac's Milk	Place Bell	Craven "A"	window
Between Friends	Place Bell	Player's; Matinée; Craven "A"	mall
Shoppers Drugmart	Place Bell	Matinée;	mall
United Cigar Store	L'Esplanade Laurier	Matinée; Player's; du Maurier	mall
Le Calumnet	Albert near O'Connor	Export "A"; Craven "A" Rothman's;	window inside
Minto Place Drugmart	Lyon and Slater	Craven "A"	window
Shoppers Drugmart	Metcalfe and Slater	Matinée; du Maurier	inside but visible through window
Shoppers Drugmart	Queen and Metcalfe	Matinée; du Maurier	inside but visible through window

United Cigar Store	Place de Ville (Sparks St.)	du Maurier	mall
Chandra's	240 Sparks	Player's; Rothman's	mall
"sign missing"	240 Sparks	Craven "A"	mall
PharmaPlus Drugstore	240 Sparks	Rothman's;	mall
Green Dragon	185 Sparks St. Mall	Player's; Craven "A"	window inside
United Cigar Store	Slater and Kent	Player's; du Maurier	window
Bud's Smoke Shop	O'Connor and Laurier	Craven "A"; Matinée	window inside
Heck's Confectionary	O'Connor at Nepean	Craven "A"	inside
Tony's Smoke Shop	Elgin and Cooper	Player's; Craven "A"	inside
Big Buck for Bargains	Elgin and Cooper	Player's	inside
Somerset Food Market	Somerset and Bronson	Craven "A"	window
Cambridge Food Market	Primrose and Cambridge	Craven "A"	window
Royal Variety	Bank and Cooper	Player's; du Maurier Craven "A"	window inside
Esquire Smoke Shop	Bank and Lisgar	Player's	inside
Friendly Corner Groceteria and Deli	Bank and Lisgar	Player's	inside but visible through window
Commerford's Cigar Store	Bank and Albert	Player's; Rothman's	window inside
Zeller's	Sparks St.	Rothman's	inside
AREA B - THE GLEBE			
Clemow Smoke Shop	Bank and Glebe	Player's; Craven "A"; Export "A" (ad which still displays cigarettes)	window inside

Avenue Restaurant	Bank and First	Player's	window
Becker's	Bank and Third	Player's; Craven "A"; Craven "A"	inside window
Britton's Smoke Shop	Bank and Fifth	Player's; Craven "A"; Rothman's	window inside
Mac's Milk	Bank and Fifth	Craven "A";	window
Esso	Bronson and Chamberlain	Craven "A";	window
Mac's Milk	Bronson and Powel	Craven "A";	window
"No sign"	Bronson and Holmwood	Export "A"	window
Yaghi's Food Market	Lyon and Fifth	Player's	inside
AREA C - HULL			
"No sign"	Papineau and Laval	Player's	window
Epicerie Victoria	Garneau and Laval	Player's; Craven "A"	inside window
Bon Soir	St. Redemption and Garneau	Player's	inside
XL (gas bar)	Papineau and Garneau	Player's	window
- closed store -	Eddie and Garneau	Player's; Export "A";	window
Epicerie Carillon	Wright and Carillon	Craven "A"	window
Epicerie Yvon Fournière	Morin and Iberville	Player's	inside
Affection	Place du Portage IV	Craven "A"; Belvedere	window
Librairie Quartier	Du Portage and Laval	Player's; Belvedere	window
"No sign"	Du Portage and Laval	Belvedere	window

APPENDIX C: AREAS SELECTED FOR POINT-OF-SALE SURVEY

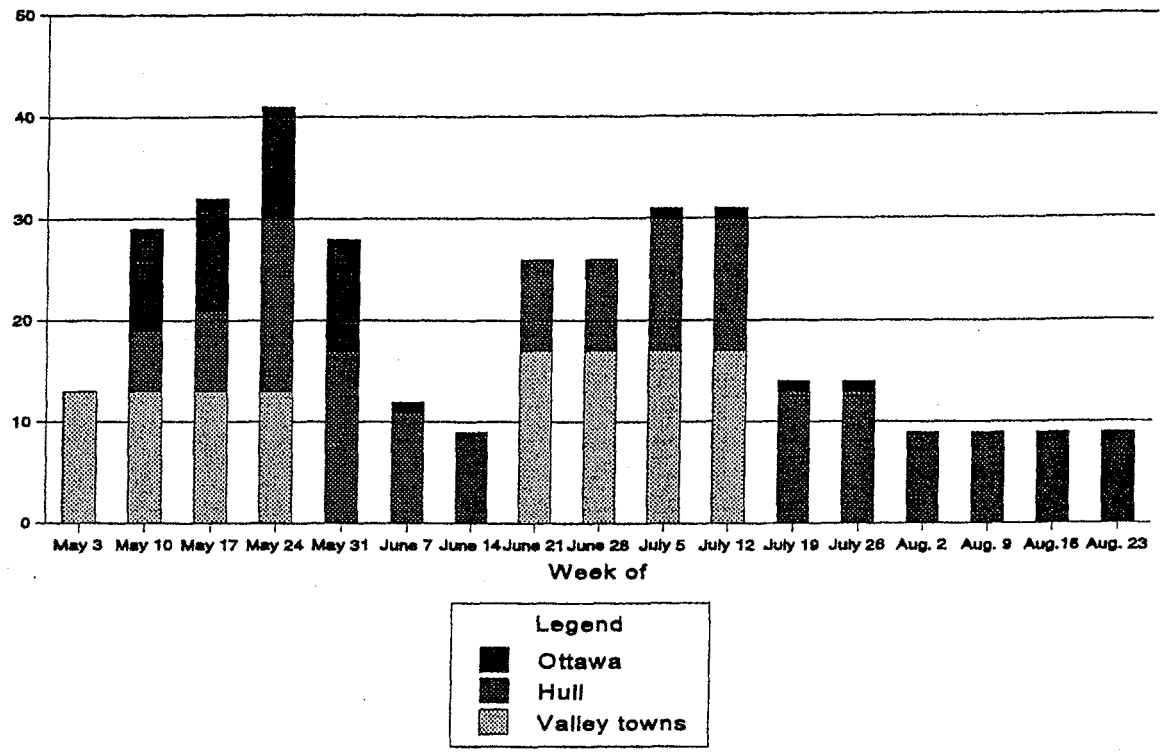
Area C

Area A

Area B



APPENDIX D: PLAYER'S LTD. BILLBOARD CAMPAIGN



APPENDIX E: ESTIMATED TOBACCO SPONSORSHIP AD EXPOSURES IN THE OTTAWA/HULL REGION IN 1993

Type of Sponsorship Advertising	Estimated Number of Exposures	Estimated Expenditure by Tobacco Industry Shell Companies
Point-of-sale ads	**280 million** exposures in the cities of Ottawa and Hull	$104,650
Billboard campaign	**4 million** exposures in the Ottawa/Hull Region	$2.5 million
Transit advertisements	**9 million** (a substantial number of whom are not of legal age to buy tobacco) in the Ottawa/Hull Region	$5,750
Print ads	**2.3 million** in the Ottawa/Hull Region	$42,793
Spectator sport ads	**670,000** direct exposures, with hundreds of thousands more exposures at events other then those researched and through television coverage	no information on cost of advertising space was available -- wide television exposure is free through coverage of events

There were therefore, at the very least, **295,970,000** exposures of people in the Ottawa/Hull Region to tobacco sponsorship advertisements in 1993.

FORTY-NINTH WORLD HEALTH ASSEMBLY

WHA49.17

25 May 1996

Agenda item 17

International framework convention for tobacco control

The Forty-ninth World Health Assembly,

Recalling resolutions WHA29.55, WHA31.56, WHA33.35, WHA39.14, WHA43.16 and WHA45.20, all calling for comprehensive, multisectoral, long-term tobacco control strategies;

Noting with satisfaction that the Director-General has prepared a report on the feasibility of developing international instruments for tobacco control, as requested by resolution WHA48.11, and that this report concludes that the development of such instruments is feasible,

1. URGES all Member States, and, where applicable, organizations of the United Nations system and other international organizations progressively to implement comprehensive tobacco control strategies that include the measures referred to in resolutions WHA39.14 and WHA43.16 as well as other appropriate measures;

2. URGES Member States to contribute the necessary extrabudgetary resources to permit the implementation of this resolution;

3. REQUESTS the Director-General:

(1) to initiate the development of a framework convention in accordance with Article 19 of the WHO Constitution;

(2) to include as part of this framework convention a strategy to encourage Member States to move progressively towards the adoption of comprehensive tobacco control policies and also to deal with aspects of tobacco control that transcend national boundaries;

(3) to inform the Secretary-General of the United Nations of this initiative, and to request the collaboration of the United Nations system, coordinated through the United Nations system focal point on "tobacco or health";

(4) to keep the Health Assembly informed of the development of the framework convention in his biennial reports to the Health Assembly on the progress and effectiveness of Member States' comprehensive tobacco control programmes, as called for in resolution WHA43.16.

Sixth plenary meeting, 25 May 1996
A49/VR/6

= = =

WORLD NO-TOBACCO DAY

SPORT AND THE ARTS WITHOUT TOBACCO: PLAY IT TOBACCO FREE!



WORLD HEALTH ORGANIZATION
TOBACCO ALERT
SPECIAL ISSUE

ADVISORY KIT 1996

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WHO SUPPORT FOR WORLD NO-TOBACCO DAY 1996

Concerned by the booming tobacco epidemic the World Health Assembly through its resolution WHA.42.19, resolved that each year 31 May shall be World No-Tobacco Day with the objective of discouraging tobacco users from consuming tobacco in all forms and of encouraging governments and all concerned to take appropriate action to attain healthy tobacco-free societies.

Each year, attention is focused on a specific issue. The 1996 World No-Tobacco Day is dedicated to ***"Sport and the arts without tobacco"***, highlighting the role athletes and artists can play in promoting a tobacco-free environment and non-smoking as normal social behaviour.

MESSAGE FROM THE WORLD HEALTH ORGANIZATION FOR WORLD NO-TOBACCO DAY 1996

"Sport and the arts without tobacco"

"I applaud and encourage the use of sports and cultural events to convey messages regarding the value of a tobacco-free life to young people everywhere."
— Dr H. Nakajima, Director-General, WHO

Every year the World Health Organization invites people all over the world to focus on issues related to tobacco or health on this special day, 31 May, which has been designated by the World Health Assembly as World No-Tobacco Day. The celebration of World No-Tobacco Day aims at encouraging governments, communities, groups and individuals to become aware of the problems caused by the use of tobacco, especially among young people, and to take appropriate action to combat this harmful behaviour. It is also a day when WHO appeals to everyone who smokes or chews tobacco to give up the habit.

This year, World No-Tobacco Day is dedicated to the theme ***"Sport and the arts without tobacco".*** This is a unique opportunity to mobilize athletes, artists and the media, as well as the public in general, in support of WHO's objective of promoting a society and a way of life where tobacco use is no longer an accepted norm.

World No-Tobacco Day 1996 is being co-sponsored by the United Nations Educational, Scientific and Cultural Organization and the International Olympic Committee. Both organizations have welcomed WHO's initiative of combining sport and the arts for the prevention of tobacco use. Portraying athletes and artists as role models of a "smoke-free" and therefore healthy lifestyle can be a powerful way of conveying to the public in general and to young people in particular our message about tobacco or health. It is also consistent with the Olympic ideals of good health and protection of the environment.

These organizations also support WHO's concept of "sport for all" as the right for all human beings to participate in sport and physical activities to improve all aspects of their health and well-being. Dr H. Nakajima, Director-General of WHO has stated that: "Regular physical activity is vital for good health: it provides protection from a wide variety of physical and mental ailments. However, physical fitness and good health can be ruined by tobacco use... The consequences of tobacco use are very serious: it is estimated that about half of the adolescents who start smoking cigarettes and continue throughout their lives will eventually die from tobacco-related diseases. Apart from smoking, all other forms of tobacco use are also very hazardous."

Ensuring that health promotion messages are heard and put into practice is a real challenge. Holding sport and cultural events that are tobacco-free contributes to giving a positive image to these messages, emphasizing disease prevention and health promotion. Experience has shown that, to be effective, communication must be established in the right setting and with a receptive audience. Sports and entertainment can create the ideal environment to convey our health messages to the public.

This has been fully realized by the tobacco industry which has been developing a positive image for itself and its products by sponsoring personalities and events in the field of sports and culture. In many countries, it has been making maximum use of achievers and role models in sport and the arts, to create a positive association between sport, the arts and cigarette smoking.

Sport and arts institutions, and organizers of entertainment events should be given the facts about tobacco-or-health issues. They must come to understand why their prestigious activities should not be linked to products which impair health and cause avoidable premature death. As sport and arts institutions or associations realize that tobacco is incompatible with their attitudes and values, they can turn into precious allies, who then actively promote a tobacco-free lifestyle.

COMMITMENT TO THE TOBACCO-FREE PROMOTION OF SPORTS AND CULTURE

IN THE LIGHT OF THE CONSEQUENCES FOR HEALTH ASSOCIATED WITH THE USE OF TOBACCO AND ITS DERIVATIVES, AND DESIROUS OF HELPING TO IMPROVE THE QUALITY OF LIFE,

➤ I UNDERTAKE NOT TO PROMOTE THE USE OF TOBACCO AND ITS DERIVATIVES IN CONNECTION WITH SPORTS AND/OR CULTURAL ACTIVITIES.

Organizers of sports and/or cultural events and the officers of sports and cultural associations who make this COMMITMENT and apply it in their work are authorized to use the logo of the "Tobacco or Health" programme of the World Health Organization on the occasion of World No-Tobacco Day, 31 May 1996, which will take as its theme "Sport and the arts without tobacco". The use of the official logo commits users not to receive a financial or other contribution from tobacco manufacturers in any form whatsoever and not to undertake any promotion for tobacco by any direct or indirect allusion to this substance and its derivatives.

EVENT PLANNER
World No-Tobacco Day 31 May 1996
Sport and the arts without tobacco

The following information has been compiled to support the celebration of World No-Tobacco Day. It suggests activities to help promote the dissemination of the message "Sport and the arts without tobacco".

These activities will need to be adapted to local conditions and could stimulate new ideas and initiatives to make 31 May 1996 an even more successful World No-Tobacco Day.

How is the message to be conveyed?

All activities and events organized for World No-Tobacco Day lend themselves to media reporting: they can be filmed, discussed in radio interviews, photographed and/or reported in newspapers and magazines. All the activities – poster or children's drawing competitions, sporting events, musical and drama festivals, programmes in schools, messages from well-known athletes and artists, displays of photos – can become media events as long as national and local media (television, radio, newspapers and magazines) are contacted well in advance. The material prepared and distributed by WHO should be seen as a starting point to stimulate local activities and new initiatives whose only limits are the creativity of the organizers.

Once you have decided what type of event you want to organize to celebrate World No-Tobacco Day, consider how you are going to organize it.

Some questions that will perhaps help you to organize your World No-Tobacco Day:

- What are our reasons for organizing this event?
- How can we recruit partners (leading figures in the community, organizations, associations, families) to help us organize and celebrate World No-Tobacco Day?
- What celebrities (athletes, artists and others) should we invite to participate?
- What media representatives should we contact right now, to inform them about the activities planned for World No-Tobacco Day?
- How could the media – press, radio, television – help with advance publicity for World No-Tobacco Day?
- How could we initiate or support the development of alternatives to tobacco sponsorship of sports and entertainment activities/events?
- What items should we have made: badges, T-shirts, drawings, posters, letters for the use of the organizers?
- How can action be sustained after World No-Tobacco Day (smoke-free venues, etc.)?



SECTION ONE

Worldwide trends in tobacco consumption and mortality

TOBACCO: THE TWENTIETH-CENTURY EPIDEMIC

Every ten seconds, somewhere in the world, tobacco kills another victim. If current smoking trends continue, this toll will increase up to one tobacco-caused death every three seconds over the next thirty to forty years.

Recent data have confirmed that the risks of smoking are substantially higher than previously thought. With prolonged smoking, smokers have a death rate about three times higher than nonsmokers at all ages from young adulthood. Tobacco products are known or probable causes of over two dozen diseases or groups of diseases (See *Box*). If, as is likely, much of the excess mortality from these diseases is directly attributable to tobacco use, then this implies that the lifetime risk of a smoker being killed by the use of tobacco products is at least 50%. Therefore, a lifelong smoker is as likely to die as a direct result of tobacco use as from all other potential causes of death combined!

Other problems ensue because the negative health consequences of tobacco are not as immediate as with other hazardous substances. The health risks of tobacco are vastly underestimated by the public, and even by many of those who are responsible for protecting and promoting public health. Yet the risks of smoking are very high when compared to other risks faced in everyday life (See *Table 1*). Widespread underestimation of risks associated with tobacco use, is a major reason why tobacco products are still widely available, and why lenient tobacco policies have been allowed to occur. But nothing can alter the fact that tobacco use is one of the major public health challenges facing the world as it enters the twenty-first century.

Tobacco products have no safe level of consumption, and are the only legal consumer products that

TOBACCO USE IS A KNOWN OR PROBABLE CAUSE OF DEATH FROM:

Cancers of the:
- Lip, oral cavity and pharynx
- Oesophagus
- Pancreas
- Larynx
- Lung, trachea and bronchus
- Urinary bladder
- Kidney and other urinary organs

Cardiovascular diseases:
- Rheumatic heart disease
- Hypertension
- Ischaemic heart disease
- Pulmonary heart disease
- Other heart diseases
- Cerebrovascular diseases
- Atherosclerosis
- Aortic aneurysm
- Other arterial diseases

Respiratory diseases:
- Tuberculosis
- Pneumonia and influenza
- Bronchitis and emphysema
- Asthma
- Chronic airway obstruction

Paediatric diseases:
- Low birth weight
- Respiratory distress syndrome
- Newborn respiratory conditions
- Sudden infant death syndrome

Lung cancer and possibly other diseases caused by passive smoking

Fires caused by smoking materials

TABLE 1. ESTIMATED ANNUAL RISK OF DEATH SELECTED CAUSES, USA, 1989

Selected cause	Annual deaths per million exposed persons
Smoking	7000
Alcohol	541
Traffic accidents	187
Drowning	22
Passive smoking	19
All other air pollutants	6
Lightning	0.5

Source: United States Surgeon-General, 1989

kill when used exactly as the manufacturer intends. Researchers have rated nicotine as even more addictive than heroin, cocaine, marijuana or alcohol. The Tenth Revision of the International Classification of Diseases reserves classification F17.2 for "tobacco dependence syndrome". Yet tobacco products continue to be aggressively marketed by tobacco companies. The result is that global tobacco consumption has doubled since medical science conclusively proved, 30 years ago, that these products were unrivalled killers. And consumption is still increasing in many areas of the world.

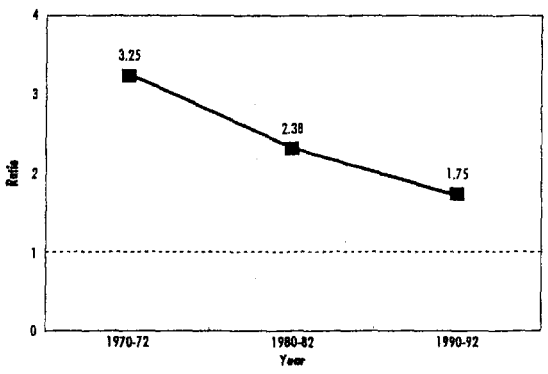
An analysis of trends in cigarette consumption for WHO regions indicates that the two regions with the highest average per capita (adult) consumption in 1990-1992 were Europe (2290 cigarettes per adult per year) and the Western Pacific (2000). The lowest consumption was observed in the African Region (540). For the developed countries as a whole, per capita adult consumption is currently about 2400 cigarettes, which is still significantly greater than the average consumption in the developing world (1370 cigarettes).

The gap is rapidly narrowing, however. In 1970-1972, consumption per adult in the developed countries was 3.25 times higher than in the developing world (see *Figure 1*). By 1980-1982, this ratio had narrowed to 2.38, and by 1990-1992, to 1.75. During the last decade, per capita consumption has declined by an average of 1.4% per year in developed countries, but has risen by 1.7% annually in developing countries. If these trends were to continue, consumption of cigarettes per adult in the developing world will exceed levels in the developed world some time between the years 2005 and 2010, i.e., within two decades.

There have been very noticeable differences in trends among WHO regions. Over the last decade, the fastest decline in per capita consumption occurred in the Americas. Nor was this entirely due to declines in consumption in Canada and the United States of America; excluding those two countries, per capita consumption in the Region still declined by an annual average of 1.7%. On the other hand, the increasing consumption in the Western Pacific (2.2%) and South-East Asia (1.8%) is primarily due to the trends in China and India respectively. From 1983, per capita (adult) consumption in China rose by 3.9% per year

RELATIVE CHANGE IN CIGARETTE CONSUMPTION
Ratio of cigarette consumption per adult in developed to that in developing countries

Figure 1



to reach 1990 cigarettes in 1990-1992. In India, where about 90% of cigarettes are consumed in the form of *bidis* (traditional hand-rolled cigarettes), adult consumption has risen by about 2% per year over the last decade and now exceeds 1200 cigarettes (including *bidis*).

WHO estimates that there are about 1100 million regular smokers in the world today. About 300 million (200 million males and 100 million females) are in the developed countries, and nearly three times as many (800 million: 700 million males and 100 million females), in developing countries. In developed countries, 41% of men are regular smokers, as are 21% of women (see *Figure 2*). Half the men living in developed countries are smokers, compared with about 8% of women.

The health consequences of the smoking epidemic in developed countries have been quantified by WHO, in close collaboration with the Imperial Cancer Research Fund's Cancer Studies Unit at the University of Oxford, UK. A major report giving detailed estimates of the numbers and rates of smoking-attributed deaths for over 50 countries or groups of countries, has been published. Between 1950 and 2000, it is estimated that smoking will have caused about 62 million deaths in the developed countries (12.5 % of all deaths: 20% of male deaths and 4% of female deaths). More than half of these deaths (38 million) will have occurred at ages 35-69 years. Currently, smoking is the cause of more than one in three (36%) male deaths in middle age, and about one in eight (13%) of female deaths. Each smoker who dies in this age-group loses, on average, 22 years of life compared with average life expectancy. During the 1990s, the report estimates that almost 2 million people a year will die from smoking in developed countries (1.44 million men and 0.48 million women).

As regards cigarettes the health consequences of tobacco use are much more difficult to estimate in developing countries owing to lack of data. Currently, it is estimated that tobacco causes about 1 million deaths a year in developing countries, but there is substantial uncertainty about this figure. If current trends continue, and if the risks of death from tobacco use are similar in developing countries to those that have been observed in the industrialized world, then the annual toll of mortality from tobacco will rise dramatically to around 7 million deaths per year in the 2020s or early 2030s (see *Table 2*). The chief uncertainty is not whether, but rather when, these deaths will occur if current trends in tobacco use persist.

SMOKING PREVALENCE
in developed and developing countries, men and women, 15 years of age and over, early 1990s

Figure 2

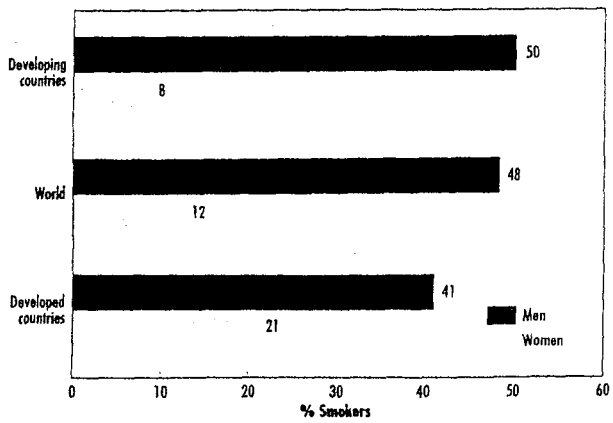


TABLE 2. ESTIMATED NUMBER OF DEATHS CAUSED EVERY YEAR BY TOBACCO

	Decade	Decades
	1990s	2020s/early 2030s
Developed countries	2 million	3 million
Developing countries	1 million	7 million
Total	3 million	10 million



SECTION TWO

SPONSORSHIP

Sponsoring is a modern way of marketing which catches its target group in their leisure time and when the audience is more receptive and susceptible to messages.

The tobacco industry uses the sponsoring of sports and entertainments to complement and/or replace other marketing activities, to reach large audiences and to associate their products with positive images. According to market researchers, sports sponsorship has the same effect as advertising. When tobacco advertising restrictions are introduced the tobacco industry moves to indirect advertising, creating visual images to get the brands recognised without the use of texts.

Tobacco sponsorship of sports creates subconscious positive images of the relationship between smoking and existing activities. Besides, there are no health warnings to disturb the effects of advertising. The personalities of public figures can be used effectively because the audience gets a subliminal impression as the sender of the message does not emerge clearly. Thus, the effectiveness of sponsoring depends on the favourable publicity.

Sponsorship is a relatively new tool to health promotion. For health sponsors, sport and cultural events provide promotional and educational opportunities to reach specific target groups and to create smoke-free healthy environments in sporting and cultural settings, helping to promote a culture of smoke-free generations.

TOBACCO-FREE SPORT, ARTS AND HEALTH PROMOTION

Sport and arts offer excellent opportunities for health promotion, especially in the area of tobacco control. Developing partnerships with sport and arts groups with health in mind is in contrast to the tobacco industry policy of using sport and arts to sell cigarettes.

Sport and arts offer the tobacco industry lucrative opportunities because of the size of the audience exposed to the tobacco messages – immediate audiences of spectators, and much larger and more significant audiences through electronic and print media.

In particular, sports sponsorship links smoking strongly to an active, sporting lifestyle, thereby undermining warnings of the health consequences of smoking.

Tobacco industry use of sponsorship of sport and arts

➤ **Promoting cigarettes: Using role models**

A positive association is created between sport and arts, and cigarette smoking. Consumers, especially young people, are encouraged to associate smoking with high profile sports, arts and cultural achievers. The tobacco industry has exploited to the maximum this use of sport and arts achievers and role models to sell cigarettes.

➤ **Promoting cigarettes: Marketing**

Innovative methods are used to promote the marketing message. Tobacco companies use marching girls, signs around the perimeters of sports grounds, signs in the foyer of arts and cultural events, signs on cars for motor sport, international telecasts of high profile speeches that mention to-

bacco sponsorship, and ceremonies to present trophies branded with the tobacco company's name and logo. The range of marketing methods used not only highlights the name of a company's product, but also promotes the product in subtle ways associating cigarette smoking with strength, sexual prowess, glamour, beauty, wealth and elegance.

➤ **Promoting cigarettes: Patronage**

Cigarette companies also see sponsorship as an opportunity to enlist support. They do this by encouraging sport and arts organizations and personalities to support their cause and by making good use of preferential seating at sport and arts events to influence senior decision makers to support legislation and financial policy at a state and national level.

An alternative to tobacco promotion of sport and arts

➤ **Victorian Health Promotion Foundation**

An alternative to tobacco sponsorship is provided by the model initiated in Australia by the Victorian Health Promotion Foundation (VicHealth). VicHealth uses funds from a dedicated levy on tobacco products to counter the tobacco industry's use of sport and arts, to optimize the health benefits from exercise and leisure. VicHealth implemented a model of health promotion; this has since been adopted in other states of Australia, New Zealand and a few other countries. While the broad goal of VicHealth is to promote health and prevent disease, tobacco control is its primary focus.

The model uses a small percentage of a dedicated tax or levy on tobacco products for health promotion generally, but, in the case of VicHealth, to offer sport and arts replacement funding so that they can give up tobacco sponsorship. In effect, VicHealth uses health sponsorship of sport and arts groups as one of its primary methods for tobacco control.

➤ **Tobacco tax for health promotion sponsorship of sport and arts**

The use of the tobacco tax for tobacco control embodies a health promoting paradox: that of using a tax on a disease-creating substance for health promotion while at the same time raising the price of cigarettes, in itself one of the most effective health promotion actions possible. For every 1% increase in price, consumption can be expected to fall by 1/2%. The banning of television advertising in many countries and the gradual imposition of restrictions on other forms of tobacco advertising, has made sponsorship even more important to tobacco companies.

The Victorian Tobacco Act (1987) established VicHealth, a statutory body with the objectives of promoting health and safety and encouraging healthy lifestyles. The Act does not prohibit tobacco sponsorship of sport and arts but specifically authorizes VicHealth to offer its own replacement sponsorships for sporting or cultural activities previously sponsored by tobacco companies. Tobacco sponsorship is now banned by national legislation in Australia. To fund this and all other health promotion work, VicHealth is allocated one-sixth of the income from the Victorian tobacco franchise. Thirty percent of that income is generated by the Victorian Tobacco Act and is allocated to sporting bodies, a percentage intended to produce double the reported amount of tobacco industry spending in that area. While no fixed proportion is allocated to the arts, the Tobacco Act also includes the need to remove tobacco sponsorship from that sector and replace it with health messages.

Opportunities for health promotion in sport and arts

➤ **Size of market**

Sport and arts provide significant opportunities for health promotion. These are large entertainment industries with turnovers of millions of dollars. They have huge infrastructures of education and training facilities, and the media profile offered by sport and arts events gives them unprecedented access to millions of spectators, both in the country and internationally, as well as to the millions who participate in the sport and arts activities themselves.

➤ **Role models**

As the tobacco companies well know, sport and arts provide convincing advocates and powerful role models – cultural ambassadors capable of carrying ideas across the community. The Tobacco Act provided the opportunity for VicHealth to offer replacement health promotion funds to evict tobacco sponsorship from sport and arts. VicHealth recognized the potential of sport and arts as agents of cultural change towards a tobacco-free society. Sport and arts offer the opportunity to integrate tobacco control messages into the events people value and enjoy.

Replacing tobacco sponsorship with health promotion

The innate contradictions implicit in tobacco sponsorship of sport, a healthy activity that requires significant lung capacity, is not lost on sporting groups. Many groups are uncomfortable about their association with the tobacco industry and are relieved to have an alternative means of obtaining sponsorship.

In order to replace tobacco sponsorship in sport and arts, it is necessary to assume a role of a sponsor, not that of a grant maker, the aim being to promote health, specifically behavioural change towards non-smoking, and to create supportive environments that enable people to live without smoking or to give up smoking.

The benefit initially expected to generate the greatest return will be that of exposing the public to tobacco control messages.

Tobacco replacement sponsorship also provides opportunities for other media-related benefits.

The smoke-free message should be linked to the sponsored sport, arts activity or event and is thus attached to role models through celebrity endorsement. Football stars or rock music stars, role models for young people could visit schools and youth groups to promote non-tobacco use.

Building alliances for health promotion

➤ **Media relationships for health promotion**

Building favourable relationships with the media maximizes promotional exposure and allows for additional media exposure both in editorials in local and daily newspapers and in community service announcements. Indeed, media representatives may sometimes be recruited as "ambassadors for health" and to work with the organizers of events to achieve health goals. Given the media's interest in health campaigns, especially with the array of human interest angles that are invariably present, there is usually considerable free media coverage for tobacco replacement sponsorships.

➤ **Long term relationship with sport and arts for health promotion**

Health promotion sponsorship of sport and arts becomes more valuable over time as the tobacco-free campaign and the sport or arts group becomes familiar with the possibilities for the raising of awareness and the introduction of structural changes achievable through the sponsorship. Experience will show how best to maximize the value of tobacco replacement sponsorships and to integrate them into general health promotion planning.

➤ **Sport and arts: Healthy environments for health gain**

In health promotion programmes there has been a noticeable bias towards approaches which concentrate on promoting behavioural change in individuals whilst neglecting the development of supportive and healthy environments to allow people to make healthy choices. Tobacco replacement sponsorship enables VicHealth to work towards creating the environments conducive to good health, called for by WHO. This cooperation with arts and sports groups generates changes leading to healthy environments so that all indoor arts or sports venues are smoke free and remain so.

➤ **Tobacco control combined with other health promotion programmes**

As well as tobacco control, these healthy environments are able to provide other health and safety aspects such as delicious and healthy food, occupational health and safety aspects for employees in sport and arts events, availability of non-alcoholic drinks to discourage alcohol abuse, and sports safety promotion for the

prevention of injury in athletes. In these ways, the development of healthy environments contributes to the development of a health promotion culture. The positive views people hold on tobacco control and health promotion encourages greater awareness of the risk factors, an appreciation of the possibilities for a healthy lifestyle change and, eventually, behavioural modification.

➤ **Healthy participation in sport and exercise**

Once the funding capacities of sports have been developed to expand participation by disadvantaged groups in sport and exercise, there is an important health promotion benefit from tobacco replacement sponsorship. Women's sport, for example, has traditionally been underfunded. The lesser emphasis on women's sport has contributed to the generally lower level of involvement by women in sporting and exercise activities and constitutes an important risk factor for noncommunicable diseases.

The opportunity to promote tobacco control messages to women should be used to the full. Women are the target of the tobacco industry for marketing campaigns in most countries, especially developing countries where the women's market offers a new lucrative opportunity for the tobacco industry.

➤ **Community development with sport and arts organizations**

While individual clubs or events are being sponsored, more emphasis should be placed on the building of long-term strategic alliances with leading sport and arts organizations. The initial incentive for these alliances is the prospect of sponsorship. But the relationships formed during these negotiations provide opportunities for community development in which local artists, educators, business people, and governmental and nongovernmental health organizations could work together to develop healthy public policies.



Evaluation

The effect of lifestyle changes occasioned by tobacco control is seen over decades rather than within the life of a particular campaign. Therefore, most evaluations in this area should address intermediate process objectives, such as the recall of the sponsored message; longer-term evaluations sample attitudes and beliefs on health issues.

➤ **Effects of health promotion sponsorship of sport and arts**

Tobacco control using sports and relevant organizations, enables the raising of awareness, health education, information dissemination, advocacy, access to particular target groups and opportunities for smoke-free changes to environments. By sponsoring sport and arts, new supportive settings for tobacco control are created and this will establish a climate of opinion favourable to achieving the goal of promoting good health and preventing illness.

The biggest winners of all are the millions of people – young, middle-aged, and older – whose lives will be enriched by staying healthy, not smoking or giving up smoking and participating in the sports and cultural life of their community.

Sport and arts are where people have fun, relax and are therefore very open to hearing and seeing tobacco-free messages. The outcomes of tobacco replacement sponsorship are long term and structural, offering lasting health benefits.

REMOVING TOBACCO FROM SPORT AND THE ARTS IN NEW ZEALAND

Tobacco companies in New Zealand are no longer allowed to use sponsorship to promote their brands and products to consumers. This is part of the ban on tobacco advertising contained in the Smoke Free Environments Act, enacted by the New Zealand Parliament in 1990.

The Health Sponsorship Council, established under the Smoke Free Environments Act, is charged with providing replacement sponsorship to organizations who received support from tobacco companies. The Council then uses those sponsorships to promote its health messages to New Zealanders who are at greatest risk of becoming smokers, namely youth (particularly young women) and Maori people. The Council is funded from general taxation revenue.

A health name, "Smokefree", has been developed by the Health Sponsorship Council, and social marketing techniques are used to 'sell' the name and its attendant healthy lifestyle messages to at-risk groups in an appealing and relevant way. The Council is unique as an exponent of social marketing in New Zealand. It also recognises that other approaches, including legislation and education, have key roles to play in effecting healthier lifestyles. Accordingly, the Council works very closely with other health promotion agencies in New Zealand to ensure messages are strong and consistent.

Selling healthy lifestyle messages is challenging, because the legacy of the tobacco industry's association with sport and the arts in New Zealand is strong. Over many years, the industry effectively created the perception that it was a vital and positive contributor, particularly to sport.

The primary objectives of the Health Sponsorship Council are



Action on Smoking and Health (ASH) Smokefree Singers – New Zealand

to eliminate tobacco industry images from sport and the arts in New Zealand, and establish a culture in which positive health choices are equally desirable and acceptable. Already "Smokefree" has a pervasive and credible presence in New Zealand sport. The Council actively began establishing the brand when it was formed in 1990, and when tobacco images were still prevalent in sport. Now tobacco replacement sponsorships dominate the "Smokefree" portfolio, and Council sponsorship managers strive to exploit all of the health promotion opportunities they present.

Organizers of the sponsored events and activities have acknowledged that there are genuine benefits to be gained by being associated with a positive health message like "Smokefree". Council sponsorship managers assist organizers in developing a new image for the activity and for future growth potential. Most organizers are willing to take advantage of that opportunity.

In all cases, the Health Sponsorship Council endeavours to present "Smokefree" as a modern, fashionable and fun sponsorship brand. In so doing, a positive result for the event and Council's health messages can be gained.

While there is concern that tobacco images associated with overseas sporting activities continue to appear in New Zealand through television and other media, the "Smokefree" choice, promoted by the Health Sponsorship Council, is increasingly becoming the fashionable choice to make.

THE NEW ZEALAND FOUNDATION FOR ALCOHOL AND DRUG EDUCATION

The work of the government-sponsored Health Sponsorship Council is complemented by New Zealand's Foundation for Alcohol and Drug Education (FADE), a non-governmental organization that has also recognized the value of sport for promoting healthy drug-free living. FADE promotes the clear message, "Get the most out of what you've got... say yes to health positively." In a unique and successful educational programme, FADE employs sporting role models as full-time educators. These sporting heroes are inspirational in their delivery, offer quality educational resources and can have a strong, positive influence on young people.



The 'Smokefree' message, promoted by New Zealand's Health Sponsorship Council, is now associated with high-profile sports such as international soccer (depicted is action from a recent match between New Zealand and Denmark). Both soccer and cycling were sponsored by tobacco companies until the introduction of the Smoke Free Environments Act.

TOBACCO INDUSTRY SPONSORSHIP OF SPORTS AND CULTURAL EVENTS IN LATIN AMERICA

In developing countries, there has been an increase in recent years in sponsorship of cultural and sports events by tobacco companies. Possible reasons for this increase include:

- The interest of the tobacco industry in investing in an expanding consumer market, effectively associating cigarettes with popular sports and cultural events.
- Sponsored events offer opportunities for further promotional activities, such as distribution of free samples. Sponsorship is also seen as an inexpensive form of advertising. It also allows tobacco brand names and logos to be seen on television, thereby circumventing bans on television advertising of tobacco products.
- Favoured target groups, like teenagers at a rock concert, are easily reached.
- Legal restrictions on tobacco company sponsorship are rare or non-existent in most developing countries.
- Government financial support for sports and cultural activities is likewise rare or non-existent in most developing countries, making the lure of tobacco funding irrestible.

Sponsorship of sports in Latin America - some examples:

Sports sponsorship is ubiquitous in many Latin American countries. Cigarettes are heavily advertised in sports sections of newspapers. In addition, cigarette advertising is common in many sports facilities such as soccer stadiums, tennis courts and sports car racing circuits. Sponsored sportspersons wear clothing bearing the brand logo in all public appearances. In Colombia, the professional soccer championship has been sponsored by a tobacco company since 1989. Other events sponsored by tobacco companies include a national cycling competition and an equestrian event. The obstacles in equestrian competitions resemble large packets of cigarettes. In Panama, a boxing match of a famous Panamanian boxer was sponsored by the tobacco industry. He wore a tobacco logo T-shirt and displayed a banner during the game. In Brazil, tobacco companies sponsor Formula 1 race pilots and racing fans organizations, and motorcycle road and cross-country races. The World Motorcycle Race sponsored by a tobacco company in Rio de Janeiro, in September 1995, was advertised extensively in the media.

Sponsorship of arts and cultural events in Latin America - some examples:

Young people are the target audience for most tobacco company sponsorship of sports and arts in Latin America .

Every year in Brazil jazz and rock music festivals are sponsored by tobacco companies. Distribution of free cigarettes and matchboxes resembling cigarette packs are part of the promotion. Other sponsored cultural events include a dance festival and cable TV programmes.

In Venezuela, tobacco companies often sponsor "cultural workshops" which support the traditional cultural events and practices. In Uruguay, empty cigarette packs can be exchanged for tickets to dances organized by youth groups and sponsored by tobacco companies.

In Costa Rica, as tobacco advertising at sports and cultural events is prohibited, tobacco companies circumvent this prohibition by setting up independent agencies which bear cigarette brand names. These agencies then sponsor sports and cultural events.

Product endorsement by well-known sports and cultural figures is another favoured form of tobacco advertising.

Besides direct sponsorship of sports and cultural events described above, general promotion of tobacco products includes a connection between smoking and arts, smoking and culture, smoking and sports and, last but not least, smoking and feelings (such as love and passion) in the advertising campaigns.

Sponsorship of sports and arts by the tobacco industry can be counterbalanced by legislation to prohibit any kind of tobacco advertising and sponsorship. At the same time, government funding should be made available, possibly through tobacco taxation, to sponsor sports and cultural events.

SPONSORSHIP OF SPORT, ARTISTIC AND CULTURAL EVENTS IN NEPAL

Facing one of the highest prevalence rates of tobacco smoking in the world, Nepal has been strengthening tobacco control policy: such action includes the restriction of tobacco smoking in public places, transport and government offices; and mandatory health warnings with all tobacco advertising. However, there has yet been no restrictions on either direct or indirect advertising or promotion of sports and cultural activities by the tobacco industry.

The tobacco industry has been spending large sums on the sponsorship of sport and cultural events, aiming to promote a positive image and to recruit new smokers. The reality in Nepal, as in many developing countries, is that both sports and cultural organizations and the media do not have the required funding and have to turn to tobacco companies which are the most readily available partners.

In the last three years the tobacco industry has sponsored: art exhibitions, musical evenings, The Gaijatra Festival, The Karate International Championship and football tournaments. Tobacco companies have also been



sponsoring the broadcasting of various other important international events.

The amount of the marketing budget spent on sponsoring such events in Nepal shows that the tobacco industry is fully aware of the importance of such sponsorship for promotion of its products, as demonstrated by increased brand awareness and the connection of the sponsored brand with sports both by children and adults.

In this gloomy scenario there has been a positive step: the imposition of a health tax on cigarettes. Nepal is one of the few developing countries which has imposed such a tax. The health tax is used to finance much-needed improvements in health care delivery in Nepal. To date, no money has been allocated to replace tobacco company sponsorship of sports and cultural events. Nevertheless there are some sports or cultural and social organizations which have refused to accept industry funds.

An alternative to tobacco sponsoring needs to be developed to reverse the situation and facilitate a situation where sport and entertainment could be a health promotion tool with a clear smoke-free message.

Provisions should be taken to guarantee the financial support of such activities, using funds from a dedicated levy on tobacco products to promote health through sport and the arts without tobacco.

ACHIEVING SPORT AND ARTS WITHOUT TOBACCO IN INDIA

Tobacco company sponsorship of sport and arts is widespread in many countries. India, the world's second most populous country, is far from immune to this phenomenon. Sports sponsored by tobacco companies in India cover an astonishing range, including field hockey, football, cricket, billiards, golf, wrestling, archery and even kite flying.

It has been suggested that a special tax on tobacco products (cigarettes, bidis and others) could be used to finance tobacco control activities, and replace tobacco company sponsorship with health promotion sponsorship. Such an approach would build on the successful model of health promotion sponsorship pioneered by the State of Victoria in Australia and funded by new revenue raised from special tobacco surtaxes. The application of this model in India would require adaptation. A wide variety of smoking and smokeless tobacco products are consumed in India. Except for manufactured cigarettes, which represent only a small fraction of the total tobacco market, taxes on tobacco products in India could be difficult to impose and collect. Therefore, tobacco sponsorship replacement in India should be considered in conjunction with strategies to improve tobacco tax imposition and collection.

SOME SURPRISING DEFENDERS OF TOBACCO INTERESTS

Millions of televisions viewers were glued to their sets as the final overs of an international cricket match between Pakistan and South Africa were bowled. Each time the camera followed the bowler it broadcast the sponsor's name, a tobacco company, which was spelled out in giant letters on the pitch.

Yet in 1976, when television first began broadcasting in South Africa (SA), the tobacco companies voluntarily agreed not to advertise on television. They also undertook not to use as endorsers, celebrities in the sporting or entertainment world. Was tobacco advertising during the cricket match a flagrant breach of these agreements? No, says the Advertising Standards Authority of SA (ASA). The ASA maintains that sponsorship is not advertising, and that sports stars pictured in the press or in television commercials with cigarette brand logos on their clothing are neither advertising nor endorsing cigarettes.

The tobacco industry's cricket sponsorship deal is rated as a top-rate buy. It provides a loophole which give them regular, prestigious, and generous coverage on television. According to an advertising industry journal, research conducted for a tobacco company predicts that, "cricket will grow enormously in future, and that money invested now will achieve worthwhile returns." Conveying the "youthfulness and vibrancy of the brand is also the rationale behind the continued heavy sponsorship of cricket", admits the advertising agency.

The tobacco industry is intensely sponsoring sports. The name of a certain tobacco company is virtually synonymous with limited-over cricket. Other tobacco companies sponsor events such as motor racing, the Cape to Rio yacht race, horse racing, including the July handicap (the country's premier horse race), rugby, surfing, golf, bungee jumping, whitewater rafting, mountaineering and camelback adventures across Africa.

The tobacco giants are generous patrons. Their largesse extends beyond sport to sponsoring art exhibitions, music concerts, and supporting conservation groups like the SA Nature Foundation.

The tobacco firms are benefactors of education. Large amounts are donated to universities and technical colleges, mostly towards their rag efforts – an annual parade by students to collect money for charity.

Recognizing that 'do good' promotions not only provide a positive public image but also mass audiences for their products, corporate spending on sports sponsorships has soared in SA from Rand 50 million in 1985, to Rand 139 million in 1990, to Rand 240 million in 1992. Although the tobacco industry only contributed about Rand 8 million to sport in 1992, extensive marketing of its association gave a much higher public profile than its financial contributions warranted.

Why not take the money?

Why should arts, sports and cultural bodies turn down money from a legal, if tarnished, source? Recipients of tobacco money invariably use the same justifications: money is scarce, the work is important, and the donations are unconditional.

For those few organizations that do not accept tobacco money the arguments are equally straightforward. There has to be some connection between the kind of work they do and the kind of charity they accept.

There is an even more compelling reason for not allowing the tobacco industry to sponsor sports. Such sponsorships are a betrayal of the millions of young people who look to the sports' bodies to promote healthy competition and not to use sport to promote harmful products.

When a child sees his or her favourite sport linked literally hundreds of times each season with a cigarette brand name, the child learns to associate cigarettes with action, drama and excitement and any association between cigarettes and ill health takes a back seat in the child's mind. However, some sporting disciplines, such as athletics and swimming, do not accept tobacco money. Some labour unions have gone further and formulated an ethical investment code. The Community Growth Fund – a body which invests pension funds for some of the largest trade unions – has declared cigarette manufacturers as "inappropriate" investment vehicles because it believed it was socially irresponsible to invest in such companies.

PROMOTING TOBACCO-FREE LIVING THROUGH ARTISTIC FESTIVALS AND COMPETITIONS FOR YOUTH

There are many ways to link the artistic and creative energies of young people to strong messages in favour of good health in general and a tobacco-free life in particular. Often this can be done with some imagination and very little money. Greece and Bulgaria have recent experience of imaginative and successful arts and cultural competitions for young people.

In 1995, 130 Bulgarian children aged 6-14 competed in a poster competition to design posters on the theme "Life is better without tobacco." Prizes awarded included trips to Italy, donated by a commercial sponsor, for the artists of the best posters and their parents. The competition and the awards ceremony attracted considerable media attention. For very little money, this poster competition produced many benefits. It encouraged and rewarded artistic expression among children; it heightened awareness of the health hazards of tobacco among young people, and it attracted media and broad public attention to both the artistic potential of Bulgarian youth and the importance of protecting them from the serious health hazards of tobacco.

"Evidence suggests that students are more aware of tobacco sport sponsorship than conventional advertising, and recommends that intervention programmes need to address nicotine addiction and be in place before grade seven".

Tobacco truths: the impact of role models on childrens' attitudes toward smoking. Meier KS. Health Education Quarterly. Summer, 1991, 18(2):173-182.



1st International Anti-smoking Youth Festival, 14 July 1994. Preparation of the dancing group.

In 1994 Athens, Greece hosted the First International Anti-smoking Youth Festival, sponsored by the Hellenic Action Against Tobacco. Young people from many countries were invited to exercise their creative talents on tobacco-free themes in many fields of artistic endeavour. Prizes were awarded for the best presentations on a tobacco-free theme in the following creative categories:

- essays
- drawings and photographs
- comics
- videos
- cartoons
- music
- dance
- theatre

Entries came from many countries of Europe, North America and Asia with sponsorship from the Hellenic Action against Cancer as well as several private sponsors. As in Bulgaria, with some imagination and very little money, the Hellenic Action Against Cancer created a significant artistic event for young people that also conveyed strong messages in favour of a life free from tobacco.

The experience was so successful that it will be repeated. The Second International Anti-Smoking Youth Festival will be held in Athens on 7 September 1996.

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SNUFFING TOBACCO OUT OF SPORT

"Use of oral snuff has risen sharply among baseball players following a tobacco industry marketing campaign that linked smokeless tobacco with athletic performance and virility. Many adolescents have copied these professional role models and, today, are at risk of developing oral cancer and other mouth disorders. New policies and programmes are needed to break the powerful grip that the tobacco industry has on professional sport. Health agencies, including the National Cancer Institute and the National Institute for Dental Research have teamed up with major league baseball teams to help players quit and reduce public use of oral tobacco. If these efforts are successful, our national pastime will once again become America's classroom for teaching health and fitness, not nicotine addiction."

Connolly GN et al. Snuffing tobacco out of sport. American Journal of Public Health, 1992, 83(3):751-753.



SECTION THREE

PREVENTION AND HEALTH PROMOTION MESSAGES THROUGH SPONSORSHIP OF SPORTS AND CULTURAL EVENTS

Two Geneva associations, CIPRET-Genève (Geneva Information Centre for the Prevention of Smoking) and FEGPA (Geneva Federation for the Prevention of Alcoholism) decided more than four years ago to be represented at many cultural and sports events in their canton. They receive substantial subsidies from the Public Health Directorate, which comes under the Department of Social Action and Health of the Republic and Canton of Geneva, Switzerland. The Chairman of the Department, State Councillor Mr Guy-Olivier Segond, has provided them with financial resources together with his political support for the prevention of tobacco use and alcohol abuse. In particular, he has supported an original policy of sports and cultural sponsorships that these two nongovernmental agencies have developed on a wide scale in their region.

In recent years the agencies have focused on ways of effectively communicating the prevention message stressing the timing of, and receptiveness for, the message. The messages on the prevention of smoking and alcohol abuse are well received by the public provided that promotional materials are attractive and convey positive messages. All messages that might make smokers or drinkers not feel guilty are avoided. The slogans are well known, but they still need to be acted upon! For example, during Vernier-Sur-Rock, the first European rock music festival without tobacco advertising, the associations realized why the cigarette manufacturers choose events of this kind to influence the young. Young people come to listen to music. They are in a relaxed and receptive mood. They are particularly receptive to whichever messages may be present. In a few venues at least, CIPRET ensures that they receive positive messages about the benefits of smoke-free living instead of an invitation to a lifetime of nicotine addiction.

With the young in particular, prevention has to take short cuts and the message needs to be combined with pleasure.

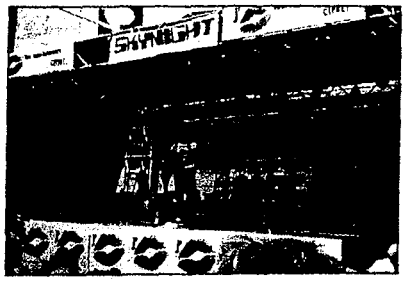
Some examples of sponsored cultural events:

- Vernier-Sur-Rock (VSR), the first European rock festival without cigarette advertising;
- The Festival for Europe, an annual festival that attracted 30 000 people in each of its first two years at the Place des Nations in Geneva;
- Les Ponts de Saint-Gervais, two festivals (200 000 people at each);
- Geneva Festival (Festival de la Bâtie);
- a large number of disco, rap, rock concerts, etc. and sponsored sports events:
- The men's and women's basketball teams of Genève-Bernex-Basket;
- Marc Houlmann with his yacht "Cipret-Genève" for the Figaro Race in France;
- Serge David, 500-cc motorcycle racer, who competed in the Continental Circus and the World Endurance Championship;
- Isabelle Pentucci, who has qualified with the Swiss fencing team for the Olympic Games in Atlanta in July 1996, bronze medallist at the 1995 World Student Games in Tokyo;
- VTT – La Tribune de Genève Grand Prix, with a junior mountain bike team with Serge David as patron;
- The Geneva "Bicross" Club, which is organizing the European Championships in 1996;

- support for many other sports associations, clubs and events;
- In December 1995 the "Geneva International Supercross". In the past, the event was named after a well-known brand of cigarette. As its organizer said at the press conference: "I have changed sides and I now welcome prevention agencies as sponsors for this tenth event". This competition is the equivalent of the Supercross at Bercy in Paris and is a mega-event. The fact that it can be held without cigarette advertising proves that the tobacco industry funds are not indispensable!



CLOCKWISE FROM TOP LEFT: *Geneva's Basketball (women) team "Non-fumeur"; Rock concert, Geneva; 500 cc motorcycle racer Serge David (photo: Team Reporters); Sponsoring: Isabelle Pentucci qualified for the Swiss fencing team for Olympic Games Atlanta '96 (photo: F. Cruchon).*







Two conditions are generally set for participation in such events: no direct or indirect advertising of dependence-producing substances, and a choice of alcohol-free beverages that are cheaper than beer. The sale and consumption of these drinks is unrestricted.

For these agencies health is not an end in itself, but more a means of enabling everyone to achieve his or her life goals, whether professional, family or personal. People are not told how they ought to live. It is rather a matter of providing sound information so that they can make the choice which they consider appropriate, in keeping with their approach to freedom! Support for such events therefore helps to give a positive image of non-smoking and health promotion and also represents moral and financial support for the organizers. This commitment backs up the view that prevention, properly understood, contributes to a strategy for promoting quality of life.

CIPRET and FEGPA have joined with other Swiss associations, including the Anti-Smoking Association in Berne to set up the Swiss Association for the Promotion of Sport, Culture and Health, (ASP-S-C-S). Based in Lausanne, this new national association came into existence on 3 March 1994. The statutory aims of the new association are very clear: to do all it can to set up the Swiss Foundation for the Promotion of Sport, Culture and Health (FSP-S-C-S) and above all to provide it with the funds essential for its effectiveness.

So how should we set about doing something along these lines and what are the original features of this project?

Together with various national associations, a proposal should be made in the medium term for the introduction of a "tax" on tobacco for the prevention of smoking.

The new Association will work out the best strategy for achieving this levy as there are several possibilities. The money will be used to finance the Swiss Foundation for the Promotion of Sport, Culture and Health (FSP-S-C-S) which will redistribute funds available for the promotion of sport, culture and health in newspapers, on cinema screens and on hoardings, and for the sponsorship of sports and cultural events.

So there would be no prohibition. Far from it. The challenge of free competition would be issued!

In the interests of free compe-

tition and, above all, the protection of public health, the prevention agencies will be able to offer the public a genuine choice.

In conclusion it should be pointed out that:

- for three years now, the national campaign "New pleasure without tobacco" run by Association Tabagisme AT in Berne, has also developed a new sponsorship policy involving entertainment for young people and support for sports such as skate-boarding, snowboarding and roller-skating;
- The Swiss Federal Council has allocated additional financial aid for the prevention of smoking, for the period 1996-1999. In this way the Federal Council has issued a clear and precise message concerning the prevention of smoking. It is partly in response to a study of 10 000 Swiss people concerning the environment, with a section on smoking, carried out by Professor Philippe Leuenberger, Head of the Department of Lung Diseases at the University Hospital in Lausanne. The study demonstrated and confirmed that passive smoking is an "occupational risk", causing an increase in respiratory and bronchial system triggering asthma attacks.

TOBACCO SPONSORSHIP OF SPORTS AND CULTURAL EVENTS IN THE CZECH REPUBLIC

Sponsorship has been a powerful tool in leading the public to believe that tobacco products are desirable and acceptable lifestyle accessories. The Czech Republic has not escaped from the tobacco industry's promotional activities through the sponsoring of sport and cultural events. During the past few years the tobacco industry has been successful in controlling the sponsorship of a large number of these events.

Since 1993, tobacco companies have sponsored a famous musical in the Music Theatre of Prague performed by a young avantgarde music band, as well as other musical and theatrical performances by famous rock personalities. They have also issued a tobacco company calendar with photos of famous national artists.

In the promotional drive, tobacco companies have also sponsored several top sportsmen and sportswomen, racing drivers, figure skating competitors, windsurfing competitors, a team of American footballers, and a motocross team.

The final goal of the tobacco industry sponsorship drive is to recruit young people to their harmful products. A tobacco company yearbook illustrates the industry's objectives, it indicates that at events such as motocross, rock concerts and discos, which are venues especially fascinating for young people, these create a unique and indescribable atmosphere for sponsorship.

A positive signal amid this gloomy environment has been the Czech Philharmonic Orchestra's refusal to accept any support by the tobacco industry for its activities because of the incompatibility of such products with the Orchestra's goals.

INTERNATIONAL NONGOVERNMENTAL COALITION AGAINST TOBACCO

One of the most successful tactics of the tobacco industry in creating economic allies has been to associate the name of a tobacco product with a cultural or sports activity or event. Marketing tactics use sponsorship to improve the tobacco industry's credibility and respectability in the eyes of the public, to indirectly advertise their products, and to gain "loyalty" from those sponsored. Tobacco-sponsored arts and sports rapidly become addicted and not only defend such sponsorship, but may also choose to lobby against tobacco control measures for fear of losing that sponsorship.

But organizers or participants in cultural and sports events may feel uncomfortable being associated with the tobacco industry; loyalty to the tobacco sponsors can be removed if alternative sponsorship can be found. Australia's state of Victoria has shown the world the possibilities of using hypothecated taxes to replace tobacco sponsorship.

The International Non governmental Coalition Against Tobacco supports the action of the WHO World No-Tobacco Day in encouraging the development of other sources of revenue for the arts and sports to replace undesirable tobacco sponsorship, and in encouraging the arts and sports to break free from their ties to tobacco.

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SMOKE-FREE POLICIES AND PROGRAMMES FOR ATHLETIC EVENTS

The 1988 Winter Olympic Games held in Calgary, Alberta, Canada were the world's first smoke-free Olympic Games. Since then, every Olympic Games, both winter and summer, has been smoke-free. And the examples of smoke-free Olympic Games in Calgary and Seoul in 1988, Albertville and Barcelona in 1992 and Lillehammer in 1994 will be repeated at the 1996 Olympic Games in Atlanta.

The smoke-free policies and programmes of the 1988 Winter Olympics in Calgary were subject to rigorous evaluation. The Smoke-Free Olympic Evaluation Team made some recommendations for planning future smoke-free athletic events. Their recommendations (see below) remain helpful and timely for planners of athletic events.

Recommendations of the 1988 Calgary Winter Olympics Smoke-free Olympic Evaluation Team

Planning

- Obtain support from the decision makers who are responsible for the event.
- Start the planning process early and include the individuals who will be involved in the event.
- Assess and utilize the physical layout of the site(s) and any existing smoking policies and signs.
- Smoking and non-smoking areas should be designated clearly.
- Appoint a person with expertise in methods of smoking prevention to direct the programme.
- The policy should be written clearly and concisely.
- A plan for policy implementation should be established.
- If multiple sites are to be used, a site authority should be appointed for each site to maintain the policy.

Promotion

- The written policy should be distributed to all who will be involved in the event.
- The policy should be included in all handbooks and training manuals.
- The policy should be discussed at orientations and meetings.
- A media liaison should be appointed.

Sign Boards

- The signs should be simple, using international symbols.
- A detailed plan for the location of signs at each site should be developed, keeping in mind visibility in crowds.
- The signs should be put in place well before the event.

Programme Enforcement and Research

- All ashtrays should be removed from the designated non-smoking areas.
- Statements concerning the policy should be included in programmes announced during the event.
- Decisions regarding enforcement should be made and an individual should be appointed to be responsible for enforcement.
- The impact of the policy should be evaluated for future events.

For the Olympic Charter

- The International Olympic Committee should include tobacco on the list of prohibited drugs.
- Tobacco smoking should be banned at all indoor events. For outdoor events, there should be no smoking within the confines of the event and within all athlete preparation areas and corrals.
- The administration of the stimulants and addictive substances contained in tobacco via the oral or nasal route should be banned at all Olympic events.

BARCELONA DECLARATION ON THE SMOKE-FREE OLYMPICS

Health is a basic resource for human life, as it allows us to develop a more fulfilling life, and to obtain resources to support ourselves and others. Our health is conditioned by our environment and our lifestyle: in order to promote good health, for most people, it means turning the healthiest option into the easiest option.

Physical activity enhances good health. The new public health order favours the regular practice of sport for the promotion of good health. There are exercise options for everyone, man or woman, young or old, physically challenged or able-bodied. Regular exercise provides better living, developing strength, stamina and flexibility, and it also enhances the sensation of well-being.

Tobacco use is one of the aspects of personal lifestyle which is most negative for health. Despite this, its use is promoted by aggressive publicity, often misleading, due to vested economic interests opposed to public health. Use of tobacco is harmful to the human body, particularly to the respiratory and circulatory functions, and thus affects performance in sport. Thus, the use of tobacco is not compatible with Olympic sports. It is also responsible for many avoidable deaths in developed countries, and is becoming a serious problem in developing countries. Health authorities are attempting to control its use, and in some countries promising results of these efforts are already visible.

The Olympic Games are a model and a reference for many young sports men and women, summarizing their ideal of individual excellence. As the Olympic Games are an event followed by millions of spectators around the world, the International Olympic Committee (IOC) has banned sponsoring and publicity by the tobacco industry, strengthening the dignity and the healthy image of the Olympics. In this context, the 1992 Olympic Games in Barcelona were declared smoke-free, reinforcing the links between sports and health and refusing tobacco as a product non-compatible with sport or health.

The Barcelona Olympic Games were a very important challenge for the city and the country. Their declaration as smoke-free games has prompted a programme of joint action involving the Olympics Organizing Committee, the Barcelona City Council, the Catalan Government, the Ministry of Health, and the World Health Organization. All organizations, corporations and citizens of Barcelona, and particularly sports-related organizations, were invited to join this effort for the development of sports and the promotion of health and for a smoke-free environment, in Barcelona and elsewhere.

OBJECTIVES OF THE BARCELONA SMOKE-FREE OLYMPICS PROJECT

- To restrict smoking in the competition areas and other areas where athletes and other members of the team gather.
- To avoid smoking in the Olympic Village, except for designated places and individual rooms. To turn at least one building into a completely smoke-free building.
- To avoid any smoking in public by volunteers and personnel while on duty.
- No smoking in premises where indoor athletics events take place. In open venues, to maintain areas for athletes as smoke-free zones.
- No smoking in transportation services provided by the Organizing Committee.
- No smoking in restaurants where the athletes eat. To designate well-defined smoking and non-smoking areas in other bars and restaurants within Olympic areas.
- To attain a smoke-free Official Hospital for the Olympic Family, and other medical centres.

Ban on tobacco sales and promotion

- No Games-related publicity of tobacco products.
- No sale of tobacco products in the Olympic areas.

A positive health concept

- To contribute to the promotion of a positive concept of health, not confined to the idea of being free from disease, by reinforcing the links between sports, non-smoking and health.
- To engage sports organizations in the effort to attain a smoke-free society.
- To raise awareness of the threat of passive smoking and the importance of smoke-free areas in public places.

SMOKE-FREE WORLD ATHLETICS CHAMPIONSHIP GOTHENBURG 1995

Smoke-free sports serve as a source of inspiration for young people interested in sports. Big events such as a World Championship in athletics, one of the biggest sports events in the world, will attract many young people.

The first ever smoke-free World Championships in Athletics took place in Gothenburg in August 1995. The initiative, following the smoke-free example set by the Olympic Games in Calgary, Seoul, Barcelona, Albertville and Lillehammer, was launched by the Swedish Institute of Public Health and the Swedish Medical Association, and was supported by the Swedish Athletics Federation, whereupon the International Athletics Federation declared the 1995 Athletics World Championships a smoke-free event.

In his opening speech, the Chairman of the Swedish Amateur Athletic Association proclaimed that the competition, constituted the very first smoke-free World Championship in Athletics.

A survey showed that the vast majority of the spectators supported the smoke-free event.

SMOKE-FREE OLYMPIC GAMES ATLANTA 1996

SMOKE-FREE OLYMPIC GAMES

1988 Calgary
1988 Seoul
1992 Barcelona
1992 Albertville
1994 Lillehammer
1996 Atlanta

The Atlanta Committee for the Olympic Games (ACOG) announced a smoke-free policy for all Olympic venues during the 1996 Centennial Olympic Games. This policy supports the objectives of the IOC to establish smoking standards at all future Olympic Games which will be consistent with the Olympic ideals of good health and protection of the environment. Each Olympic venue will be configured to comply with ACOG's policy, as well as to those of all appropriate local laws and ordinances.

In addition, the advertising and promotion of tobacco products will be prohibited, including distribution of free samples, coupons and other promotional items. Sponsorship of the Olympic Games by tobacco companies is prohibited and the ACOG will restrict the sale of tobacco products within all venues wherever possible.

The ACOG will work with the Centers of Disease Control and Prevention, The Georgia Public Health Department, and other appropriate agencies to develop a public information campaign which will explain the smoking policy to visitors and media, as well as to athletes and officials from participating countries.

"Our intention is to ensure that our visitors will be able to enjoy the 1996 Olympic Games in a smoke-free environment", said Morris Dillard, ACOG Managing Director for Operations.

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In addition to the present information kit, the WHO intends to produce the following items as background material for the eighth World No-Tobacco Day:

- **A Press Release**
- **A Video (12 minutes) with the theme "Sport and the arts without tobacco"**
- **A Press Kit, featuring articles, pictures, stickers and posters**
- **Radio recordings**

If you are interested in any of the above, please ensure that you contact in advance the relevant WHO focal point in your region which you will find listed on this page. A charge will be made for the provision of the video.

This advisory kit has been prepared by the staff of WHO's Tobacco or Health programme, Geneva with the assistance of Ms R. Galbally, Chief Executive Officer, Victorian Health Promotion Foundation, Australia and the following individuals:
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Professor S. Vassilaros, Hellenic Action Against Cancer, Athens, Greece

Mr R. Sadki, Graphic Designer, Geneva, Switzerland.

In addition, the Tobacco or Health programme gratefully acknowledges the generous collaboration of all WHO Regional Offices, Mr P. Stroot, WHO Information and Media Support, Geneva and Mr E.G. Webster, Division of Strengthening of Health Services, WHO, Geneva.

WORLD HEALTH ORGANIZATION

WORLD NO-TOBACCO DAY

SPORT AND THE ARTS WITHOUT TOBACCO
PLAY IT TOBACCO FREE!

31 MAY 1996

WHO COMMENDS SMOKE-FREE OLYMPICS AND CALLS ON ALL INTERNATIONAL SPORTS EVENTS TO BE SMOKE-FREE

Athletes train vigourously to reach a peak of performance at the time of the Olympic Games. This performance can be compromised significantly by exposure to Environmental Tobacco Smoke (ETS), which is harmful to spectators of athletic events as well. As a celebration of human health and physical fitness, the Olympic Games are incompatible with smoking. They are also the largest, most prominent and the most viewed of all sporting events. The model that is set at the Olympics will influence the sports community throughout the world.

The 1988 Winter Olympic Games held in Calgary, Alberta, Canada were the world's first smoke-free Olympic Games. Since then, all Olympic Games, both winter and summer, have been smoke-free. In keeping with this smoke-free tradition, organizers of the Atlanta Olympics have banned smoking in all arenas and stadiums. Smoking will also be restricted in the International Broadcast Center, where 15 000 reporters will work during the Games. The Games will have designated smoking areas. In addition, the advertising and promotion of tobacco products will be prohibited, including distribution of free samples, coupons and other promotional items. Sponsorship of the Olympic Games by tobacco companies is prohibited, and the sale of tobacco products will be restricted within all venues whenever possible.

Sports have a natural link to a healthy lifestyle, as physical fitness is often a prerequisite for top achievements, and many athletes consequently refrain from using tobacco. Thus, athletes can often serve as role models for children and young people. Tobacco-free policies have already proven successful at a number of international sporting events. WHO applauds the efforts of all those who have helped bring these tobacco-free policies to fruition. It is now the time to go forward with these ideas, and to break all associations with tobacco. It is time for all countries to work towards banning broadcasts of tobacco advertising masquerading as sports sponsorship. WHO also recommends legislation which would prohibit smoking in sports premises, during international as well as local sporting events. Changes that occur in these areas will go a long way towards the achievement of a society where non-tobacco use is the social norm. And when that occurs, we will all be the winners.



The World's first Smoke-Free World Championship in Athletics, Gothenburg 1995, *was launched by Sweden's Institute of Public Health and the Swedish Medical Association. It immediately received the backing of the Swedish Athletics Federation, whereupon the International Athletics Federation declared the 1995 Athletics World Championships a smoke-free event. Separate specially designated areas were available for those who wished to smoke. However, smoking was not allowed in any of the stands, the track and field area, the changing-rooms, the press centre or in the public premises in the stadium. Tobacco sales were banned inside the arena as well as any advertising and marketing of tobacco. Nearby pharmacies with expanded hours of operation had available a supply of nicotine substitutes, such as chewing gum and patches. An information tent, manned almost round the clock provided information on a number of non-smoking themes. A survey carried out consequent to the Games found that the majority of smokers supported the smoke-free event.*

SMOKE-FREE OLYMPIC GAMES

1988 Calgary
1988 Seoul
1992 Barcelona
1992 Albertville
1994 Lillehammer
1996 Atlanta

WORLD HEALTH ORGANIZATION

WORLD NO-TOBACCO DAY

SPORT AND THE ARTS WITHOUT TOBACCO
PLAY IT TOBACCO FREE!

31 MAY 1996

COMMITMENT TO THE TOBACCO-FREE PROMOTION OF SPORTS AND CULTURE

In the light of the consequences for health associated with the use of tobacco and its derivatives, and desirous of helping to improve the quality of life,

➤ I UNDERTAKE NOT TO PROMOTE THE USE OF TOBACCO AND ITS DERIVATIVES IN CONNECTION WITH SPORTS AND/OR CULTURAL ACTIVITIES.

Organizers of sports and/or cultural events and the officers of sports and cultural associations who make this COMMITMENT and apply it in their work are authorized to use the logo of the "Tobacco or Health" programme of the World Health Organization in association with World No-Tobacco Day, 31 May 1996, which will take as its theme *"Sport and the arts without tobacco"*. The use of the official logo commits users not to receive a financial or other contribution from tobacco manufacturers in any form whatsoever and not to undertake any promotion for tobacco by any direct or indirect allusion to this substance and its derivatives.

ENDING THE EXPLOITATION OF SPORT AND ARTS TO PROMOTE TOBACCO PRODUCTS

Tobacco-caused diseases result from the actions of a business that is very lucrative but extremely detrimental to a society as a whole (see World No-Tobacco Day Advisory Kit 1995). Global experience shows that tobacco interests will vigorously oppose any tobacco control measures which could potentially reduce their sales and profits. Tobacco companies value the positive image given to its products through associations with sports and cultural events, and have contested any efforts to discontinue this association.

Tobacco interests can be expected to make many, and often contradictory, arguments in support of continued product links with sports and arts. These can include the following arguments:

➤ Money given to such groups is pure philanthropy and that this "philanthropy" would cease if they were not able to get promotional value from the investment.

➤ The amount of money being spent on these sponsorships is huge. However, they fail to mention that most of these expenditures are not for the actual event but for the marketing costs of associating tobacco products with the event.

➤ The sports and arts communities depend upon them for their very existence. However, tobacco interests do not mention the difficult situation of many accomplished artists and athletes who are unwillingly put in the position of endorsing the use of an addictive, harmful product that they would never use, nor want anyone else, particularly youth, to use.



- Partial restrictions are preferable to a total end to these tobacco product sponsorships, despite the fact that the nature of promoting tobacco products is such that any loopholes may be used to circumvent the intent of the law.

Those working toward healthy public policies can and do take concerted action against tobacco interests. Leadership can come from many places. Often, it is committed politicians or public servants who take the lead. In many countries, nongovernmental health, medical and consumers groups induce the changes. Key roles are often played by the media through analysis of the situation, coverage of the debate and editorial support for freeing sports and the arts from being a tobacco marketing tool. Religious leaders and spokespeople from the arts and sports community have also been shown to be able to play critical roles.

The tactics of those promoting the health agenda can vary according to the nature of the players and the nature of the opposition to public health improvement. For example, past successes have shown that winning tactics can include the following:

- A Minister of Health who will make this issue a very high personal priority.
- Health organizations that make detailed arguments to governmental bodies concerning the reasons for, and methods of, banning tobacco associations with sports and the arts.
- Health advocates who vigorously counter the actions of tobacco interests through news conferences, letters and personal visits to key politicians, use of advocacy advertising, exposing of tactics by tobacco interests, and any other measures deemed necessary to protect public health.
- Cultural and sports personalities and organizations who show leadership by making a commitment not to promote the use of tobacco, but to promote healthy lifestyles instead.

There are many lessons which have been learned from all of these actions. For example, efforts to advance public health may require political confrontations that require health advocates to get involved in directly countering those who stand to gain from a strengthened tobacco presence. In many cases, a combined effort by a coalition of interested groups has been shown to accomplish more than these groups could have accomplished working individually. It is also important that health efforts not be sidetracked by tobacco interests' claims that the association between sponsorships and tobacco consumption must be clearly delineated, with standards of proof that are often unattainable, prior to any restrictions on the marketing of tobacco products. In reality, with so many lives being at stake and there being reasonable grounds to believe that positive associations with a product will promote its consumption, it is important for countries to act as quickly and comprehensively as possible to protect the health of their citizens.

TOBACCO CONTROL AND CHILDREN

Tobacco control efforts are often undermined by the promotion of cigarettes on the most powerful medium to which children are exposed: television broadcasts of tobacco sponsored sports. In some countries coverage of such events are regulated by a voluntary agreement between the tobacco industry and national authorities. One aim of the agreement is to protect children from the exposure to tobacco promotion by confining television coverage to events with an adult audience.

Yet, studies have shown many children aged between 9 and 15 claim to see cigarette advertising on TV. What they are seeing are sporting events sponsored by tobacco companies: tennis, rugby, motor racing, cricket, snooker, sailing competitions etc.

In surveys of children's attitudes to smoking, the sponsorship of sports and other events by cigarette companies is cited as evidence that the Government is not seriously concerned about the problem of smoking. "If they really want to make us realise smoking is dangerous, why do they allow all this sponsorship", is a typical comment.

Children see things straight. We should be straight with them.

Sir Donald Maitland, Chairman
Health Education Authority, UK.

WORLD HEALTH ORGANIZATION

WORLD NO-TOBACCO DAY

SPORT AND THE ARTS WITHOUT TOBACCO
PLAY IT TOBACCO FREE!

31 MAY 1996

MESSAGE FROM THE DIRECTOR-GENERAL OF THE WORLD HEALTH ORGANIZATION

The lives and accomplishments of sports heroes, leading actors, musicians and other artists are highly visible and attract widespread interest all around the world. Young people in particular look to sports stars and art performers as role models. It is fitting therefore that World No-Tobacco Day 1996 should be dedicated to the theme Sport and the arts without tobacco. Athletes and artists can lead the way in promoting healthy lifestyles where tobacco use is no longer the social norm.

Every year, World No-Tobacco Day is a special occasion for the World Health Organization and people from all its Member States to call attention to the harm that results from tobacco use. It is also a day when governments, communities, groups and individuals together explore the ways through which they can stem the tobacco epidemic, and especially prevent young people from becoming addicted to this harmful substance. We applaud those individuals who have already given up tobacco use, and encourage those who still use tobacco to make a special effort to finally break free from this dependence.

World No-Tobacco Day 1996 is co-sponsored by the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the International Olympic Committee (IOC). These organizations have welcomed the initiative of combining sport and the arts to promote, jointly with WHO, the prevention of tobacco use. They too have fully realized the importance of athletes and artists as role models who can convince the public in general and young people in particular that a healthy lifestyle should be "smoke-free".



Communities and societies express themselves through their arts and culture. Promoting good health and a tobacco-free lifestyle in conjunction with cultural and artistic events will contribute not only to improving people's health but also to giving full expression to the creativity and vitality of different groups and cultures.

We also want to promote "sport for all" as the right for all human beings to participate in sport and physical activities for recreation and to improve their health and well-being. Regular physical activity is vital for good health: it provides protection from a wide variety of physical and mental ailments. Physical fitness and good health, however, can be ruined by tobacco use. It is estimated that about half of the adolescents who start smoking cigarettes and continue throughout their lives will eventually die from tobacco-related diseases. Not only smoking but all forms of tobacco consumption are extremely hazardous.

Unfortunately, the tobacco industry has geared its efforts towards developing positive images for its products through extensive sponsorship of sports and cultural personalities, organizations and events. In many countries, sport and the arts rely heavily on sponsorship from commercial enterprises, and tobacco companies are among the main sponsors. In many cases, sports and cultural events, which should celebrate good health, physical prowess, intellectual freedom and cultural independence are cynically used as an opportunity to promote addictive and hazardous products among the young.

In contrast, tobacco-free sports and cultural events are ideal venues to promote good health and healthy lifestyles. Alliances must be forged between the public, the health sector and all those who are active and interested in sports and the arts to sponsor sports and cultural organizations so that these no longer need to depend on tobacco sponsorship.

This has been done in many places around the world as illustrated by the examples attached in this Media Kit. Health organizations can sponsor sporting and cultural activities, and in so doing create major opportunities to convey their health promotion messages in novel and effective ways. Such sponsorship, however, requires resources. Some governments have generated new revenue for this purpose by increasing taxes on tobacco products, a measure which has also helped to decrease tobacco consumption.

The sponsorship of sports and the arts by tobacco companies is now widely recognized as ethically unacceptable. More and more people and communities are giving precedence to health and being able to live in a tobacco-free environment. With all the people and sectors concerned, WHO will work to promote tobacco-free events which celebrate good health together with excellence in sports and the arts - a winning combination for all!

Dr Hiroshi Nakajima
Director-General

JOINT DECLARATION

OF THE INTERNATIONAL OLYMPIC COMMITTEE (IOC), THE UNITED NATIONS EDUCATIONAL, SCIENTIFIC AND CULTURAL ORGANIZATION (UNESCO), AND THE WORLD HEALTH ORGANIZATION (WHO)

Good health cannot be taken for granted; its protection and improvement depend on the active involvement of individuals and communities in many different activities. The promotion of a tobacco-free environment is one such activity and the encouragement of cultural, sporting and artistic events is another. They go together naturally to add vitality and happiness to our lives.

Each in our own areas of competence, IOC, UNESCO and WHO are working for human well-being and friendship through sports, culture and health. World No-Tobacco Day 1996 gives us a special opportunity to join forces and remind the world that physical and mental well-being is of the utmost importance to all of us. These two aspects of health are inseparable and should always be promoted together. To make sports and the arts even more rewarding, we invite everyone to "Play it tobacco-free!"

Press release WHO/41

31 May 1996

WORLD NO-TOBACCO DAY: PLAY IT TOBACCO-FREE!

On the occasion of World No-Tobacco Day 1996, centred on the theme, "Sport and the arts without tobacco", the World Health Organization (WHO) calls upon all countries to take strong action to prevent the use of sporting and cultural events as a way of promoting tobacco products.

According to Dr. Hiroshi Nakajima, Director-General of WHO, "In many cases, sports and cultural events, which should celebrate good health, physical prowess, intellectual freedom and cultural independence are cynically used as an opportunity to promote addictive and hazardous products among the young". "Instead", Dr Nakajima continues in his message, "athletes and artists can lead the way in promoting healthy lifestyles where tobacco use is no longer the social norm."

The impact of tobacco use in terms of lost human potential is dramatic, and based on current consumption trends, half a billion people currently alive will die prematurely due to the use of tobacco industry products.

In recent years, the tobacco industry has targeted young people, who are extremely susceptible to tobacco messages. Sports and arts sponsorship by tobacco companies along with the use of high profile sports and entertainment personalities in tobacco advertising serves to give positive images to smoking.

However, examples from around the world illustrate that it is possible to replace tobacco sponsorship of sports and cultural events with health promotion sponsorship. Smoke-free sports and cultural events in many countries have also proven successful.

WHO and its co-sponsors of World No-Tobacco Day, the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the International Olympic Committee (IOC) join forces in calling for all nations to end sponsorships which in any way associate tobacco products with sporting and cultural activities. There is vast potential to use sports and the arts to promote healthy non-smoking lifestyles---a winning combination for all.

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