



Students Working Against Tobacco (SWAT)

Gather to Kick Butt

(KICK BUTTS DAY is celebrated nationally on April 4, 2001)

WHO: SWAT (Students Working Against Tobacco). SWAT is a youth-led, youth-developed, statewide anti-tobacco advocacy group, part of the Department of Health initiative funded from the \$11.3 billion settlement reached with tobacco companies in 1997. There are currently over 500 members of Alachua County SWAT, with Sponsors and teams in 14 of 15 middle and high schools.

WHAT: KICK BUTT's DAY, a national anti-smoking day for youth advocacy sponsored by the Campaign for Tobacco-Free Kids in Washington D.C. Alachua County SWAT will be holding several events:

- Paint the Wall – SWAT paints the 34th street wall in the morning, Saturday, March 31st with a Kick Butts message.
- Kick Butts Fair - This free event from noon to 4 p.m. for local youth at the Alachua County Fairgrounds features inflatable games, tobacco education, free food and prizes, fun and much more.
- School based events happening on Wednesday, April 4th, 2001.

WHY: SWAT students want to make sure that everyone has the opportunity to help let Big Tobacco know, it's time to Kick tobacco marketing to kids. Tobacco companies have now set their sights on women, minorities and overseas youth. SWAT will not stop until everyone, knows what Big Tobacco is up to. Join them as they let Big Tobacco know, the time to Kick Butt's is now.

BACKGROUND: **Kick Butts Day** is an annual initiative that encourages activism and leadership among elementary, middle and high school students. Sponsored by the Campaign for Tobacco-Free Kids in Washington D.C., it has wide support of the public health, youth advocate, and educational community. It's the day America's kids stand up to tobacco, and America's adults stand up for kids. Every year young people find new and creative ways to fight youth tobacco use in their communities and carry out hundreds of activities. **Kick Butts Day** rallies and events take place in every state, and several nations, showing that kids are powerful voices in the fight against tobacco.

WEBSITE: www.kickbuttsday.org

FOR MORE INFORMATION, CONTACT: 334-7920, Melvena Wilson, Alachua County SWAT Coordinator

ALACHUA COUNTY TOBACCO-FREE PARTNERSHIP

www.2cool2puff.com

March 26, 2001

Dear Commissioner,

I have provided information to help you be aware of some current national, state, and county level facets of youth tobacco prevention. We can all be proud that the State of Florida is currently an acknowledged national leader in this effort. Included in your packet:

- Information about Alachua County SWAT (Students Working Against Tobacco) and their Kick Butts Day plans
- County level statistics from the Florida Youth Tobacco Survey
- State level statistics from the Florida Youth Tobacco Survey
- State level statistics from the Centers for Disease Control
- Information from the Campaign for Tobacco-Free Kids

Summary results

Use of any form of tobacco	Middle School Students	High School Students
United States*	12.8%	34.8%
Florida**	14.7%	29.8%
Alachua County**	14.2%	24.3%

* source – National Youth Tobacco Survey, 1999

**source – Florida Youth Tobacco Survey, 2000

The State Department of Health through its 67 County Health Departments funds a Tobacco Prevention Coordinator position. Each community has a local community partnership, e.g, the Alachua County Tobacco-Free Partnership, a group of 20 concerned citizens and youth that guide local prevention efforts. The innovative design of Florida's effort provides for a youth-empowered program, hence, SWAT that exists throughout the state, with local chapters in Alachua County. The youth play a huge part in devising strategies that work, including the counter-marketing campaign known as Truth. Truth is the message....SWAT is the messenger.

Locally, our long-range strategies include soliciting restaurants to voluntarily go smokefree and to pass an ordinance requiring tobacco products be marketed behind the counter (recently passed in Marion County).

We appreciate your awareness of the issue of youth tobacco prevention, and the fact that we are working to educate young social activists in creating positive change in their world.

Sincerely,



Stephen Langer, Tobacco Prevention Coordinator

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2000 Florida Youth Tobacco Survey County Study

Alachua County

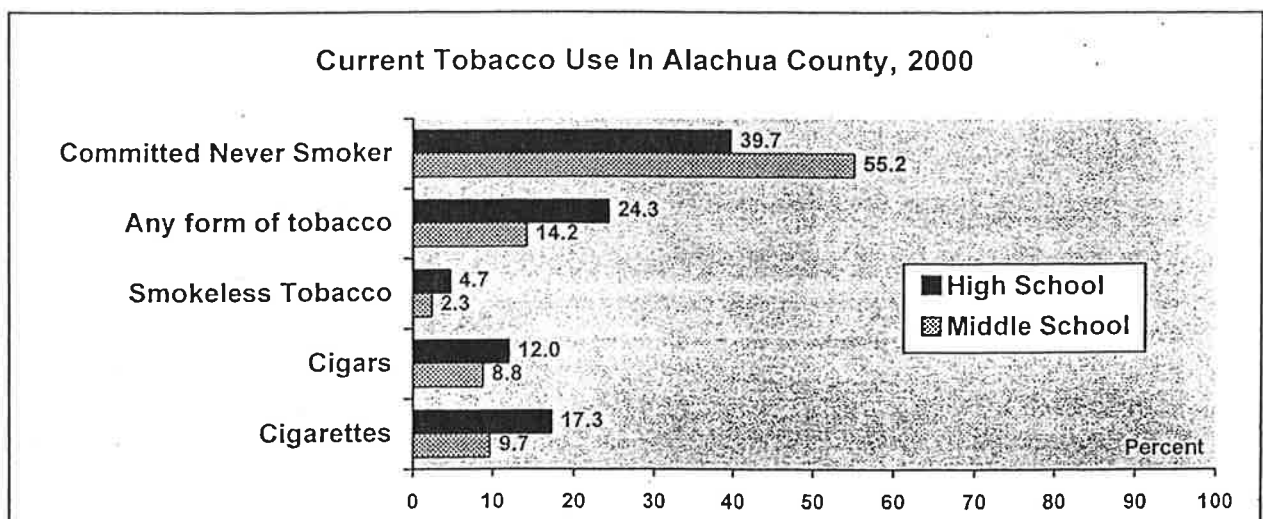
Bureau of Epidemiology, Division of Disease Control
and
Division of Health Awareness and Tobacco
Florida Department of Health

October 2000

The purpose of the 1999/2000 FYTS County Study was to estimate the prevalence of tobacco use, attitudes and related behaviors among middle and high school students in each of Florida's 67 counties. In Alachua County, the FYTS collected data from 783 middle school students and 640 high school students. This report provides information which can be used by Alachua County health department and school district personnel and by the tobacco prevention partnership and coordinator to estimate the magnitude of youth tobacco use in their community, as well as to compare tobacco use, attitudes and related behaviors in Alachua County to those in the Panhandle region and the state as a whole.

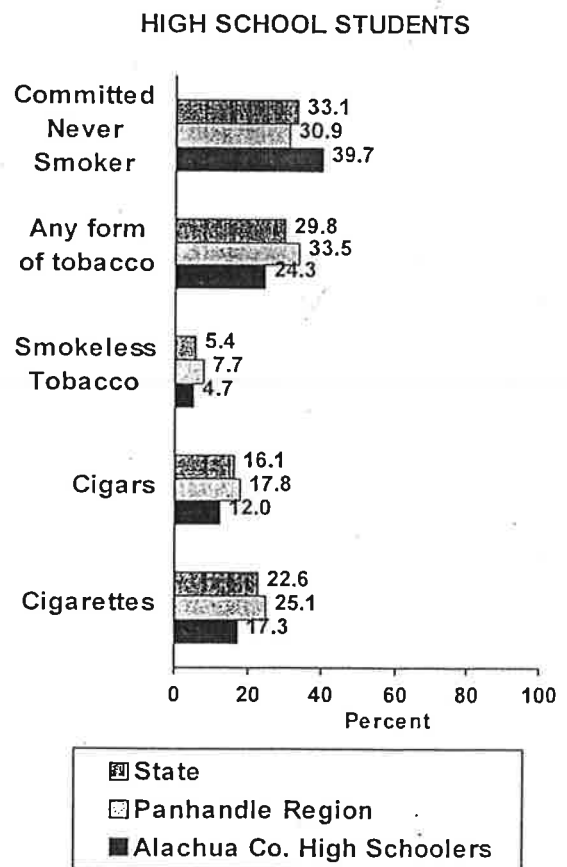
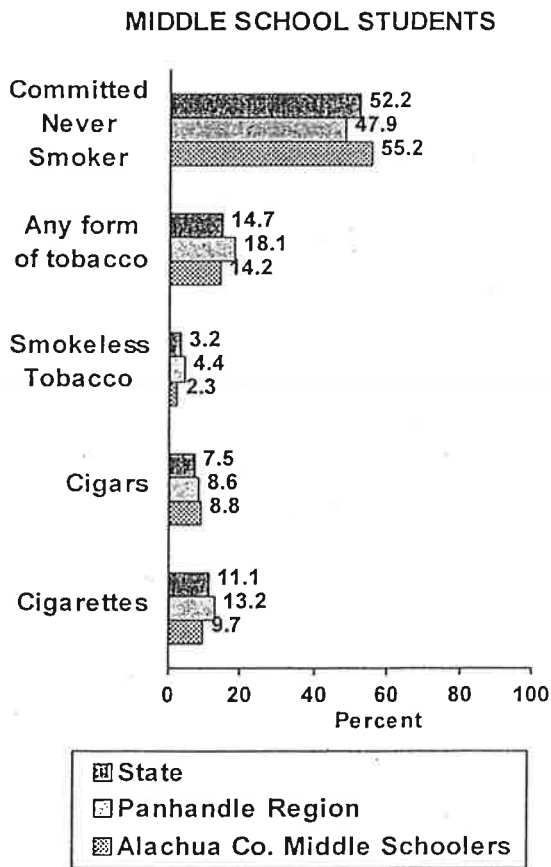
Current Tobacco Use

The chart below provides a summary of the magnitude of current tobacco use (use within the past 30 days) among middle and high school students in Alachua County. The top set of bars shows the percentage of middle and high school students who are "Committed Never Smokers" – students who have never smoked a cigarette and state they will definitely not smoke a cigarette in the future or if a friend offered one. Over half (55.2%) of Alachua County middle school students are committed never smokers, as are 39.7% of high schools students. Nearly a quarter (24.3%) of high school students used some form of tobacco (cigarettes, cigars, or smokeless tobacco) in the past 30 days. Current use of any form of tobacco is more common among high school students than middle school students.



Current Tobacco Use: Regional and State Comparisons

The two graphs below compare tobacco use in Alachua County to average use in the Panhandle region and the state of Florida as a whole. The percentage of Alachua County middle school students who say they are "committed never smokers" is higher than the regional average and equal to the state average. Among county high school students, the commitment to never smoke is higher than the region and the state. For most types of tobacco, middle school students in Alachua County are equally as likely to be current users as students in the Panhandle region and the state overall. The findings are different among Alachua County high school students, who are generally less likely to use tobacco products currently than are their counterparts in the region and the state.

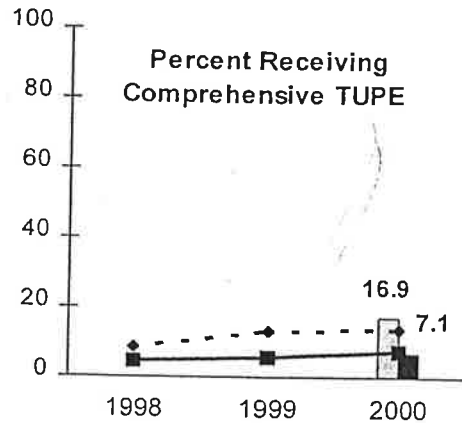
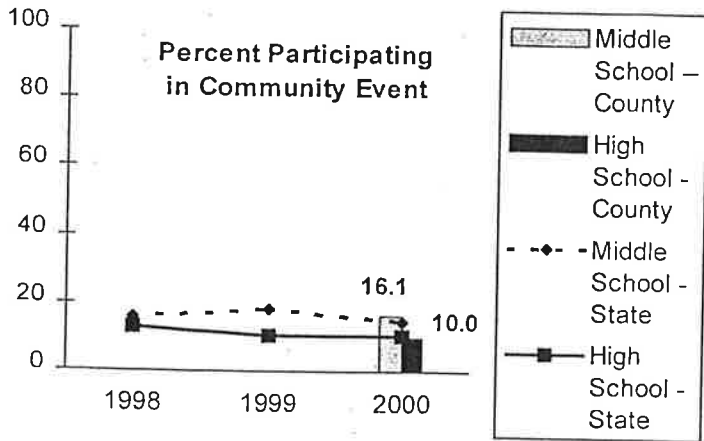


Usual Source of Cigarettes for Minors

In Alachua County, 67.6% of current smokers under the age of 18 indicated they usually obtained their cigarettes from a social source, which was equal to the region and state averages of 64.9% and 62.4%, respectively. A "social source" means that students "borrowed" cigarettes, gave money to an older person to purchase their cigarettes, received them free from an adult, or obtained them from their parents. In Alachua County, 12.9% of underage current smokers usually purchase their cigarettes from stores, compared to 12.8% for the region and 15.5% for the state as a whole.

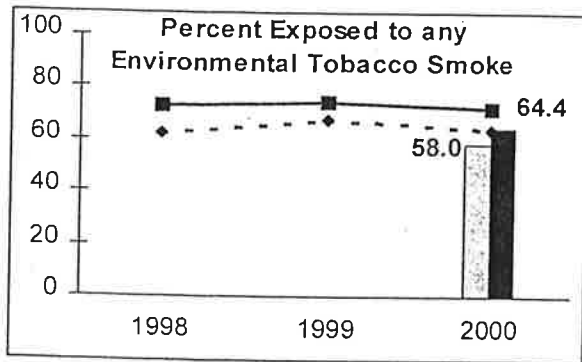
2000 County figures compared to 3-year state trend: The charts below compare 2000 Alachua County data, represented by bars, to trends in the state of Florida from 1998 to 2000.

COMMUNITY EVENTS: The left graph represents student participation in community events to discourage peers from using tobacco. On average, Alachua County middle and high school students are equally as likely to participate in such events as their counterparts in the state.



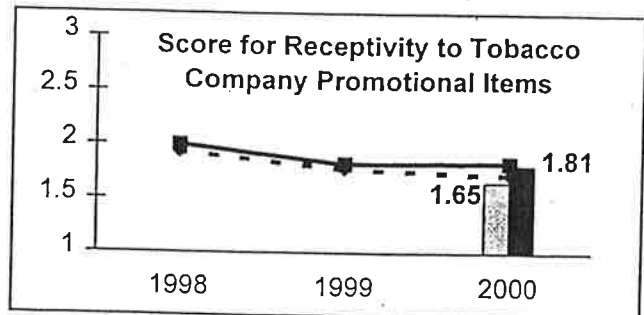
TUPE: The graph on the right represents the percentage of students who received comprehensive tobacco use prevention education (TUPE). The percentage of Alachua County middle school students who received comprehensive TUPE is higher than the state average.

County high school students were equally as likely to receive comprehensive TUPE as other students in the state.



ETS: Alachua County middle and high school students are less likely to be exposed to environmental tobacco smoke ("second hand smoke") than middle and high school students in all of Florida. Still, 58% of middle school students and 64.4% of high school students were exposed to environmental tobacco smoke in a room or car in the past 7 days.

ATTITUDES TOWARD TOBACCO: Students were asked about tobacco company promotions and whether the student owns any items with tobacco company brand names or logos on them, and whether the student is likely to use or wear such items (whether or not they own them). These questions form the "receptivity to tobacco company promotions" scale, which ranges from 1 to 3, with a score of 3 indicating a very high receptivity (or acceptance of) tobacco company promotions and a score of 1 indicating very low receptivity. Alachua County middle school students are less receptive and high school students are just as receptive as their counterparts around the state to such promotions.



Summary of indicators

The table below provides a summary of all the indicators in this report, for middle and high school students in Alachua County, the Panhandle Region, and the State of Florida overall.

Indicator	MIDDLE SCHOOL STUDENTS			HIGH SCHOOL STUDENTS		
	Alachua County %	Region %	State %	Alachua County %	Region %	State %
Students who have never smoked a cigarette and will definitely not smoke a cigarette in the future or if a friend offered one	55.2	47.9	52.2	39.7	30.9	33.1
Smoked cigarettes on one or more of the past 30 days	9.7	13.2	11.1	17.3	25.1	22.6
Smoked cigars on one or more of the past 30 days	8.8	8.6	7.5	12.0	17.8	16.1
Used smokeless tobacco on one or more of the past 30 days	2.3	4.4	3.2	4.7	7.7	5.4
Used any form of tobacco on one or more of the past 30 days	14.2	18.1	14.7	24.3	33.5	29.8
Exposure to environmental tobacco smoke during the past 7 days	58.0	67.0	63.4	64.4	73.7	72.1
Received comprehensive tobacco use prevention education (TUPE)	16.9	14.3	14.0	7.1	7.5	7.7
Participated in a community event	16.1	21.2	14.8	10.0	12.1	10.3
	MIDDLE SCHOOL STUDENTS			HIGH SCHOOL STUDENTS		
	Alachua County Score	Region Score	State Score	Alachua County Score	Region Score	State Score
Receptivity to tobacco company promotional items (1=low, 2=medium, 3=high)	1.65	1.76	1.72	1.81	1.82	1.83
	ALL STUDENTS UNDER 18 YEARS (MIDDLE AND HIGH SCHOOL COMBINED)					
	Alachua County %		Region %		State %	
Smoking students who bought cigarettes during the past 30 days	12.9		12.8		15.5	
Smoking students who had a social source for cigarettes during the past 30 days	67.6		64.9		62.4	

For more information or publications about the Florida Youth Tobacco Survey or Florida's youth tobacco control program, please contact the Florida Department of Health Bureau of Epidemiology at 850-245-4407 or the Department's Division of Health Awareness and Tobacco at 850-245-4144 or visit <http://www.doh.state.fl.us/> or <http://www.state.fl.us/tobacco>.

Acknowledgments

The collection and reporting of county-level survey data for all of Florida's 67 counties would not have been possible without the collaboration and tireless efforts of many. We thank our colleagues at: Florida Dept. of Health; Florida Dept. of Children and Families; Florida Dept. of Education; Florida Dept. of Juvenile Justice; Florida's Executive Office of the Governor, Office of Drug Control; The Centers for Disease Control and Prevention, Office on Smoking and Health; Macro International, Inc.; Developmental Research and Programs. Special thanks go to our friends in the Coordinated School Health Program, County Health Departments, and local School District Offices. Most especially we thank the principals, teachers, and students who participated in the survey and made this information possible.

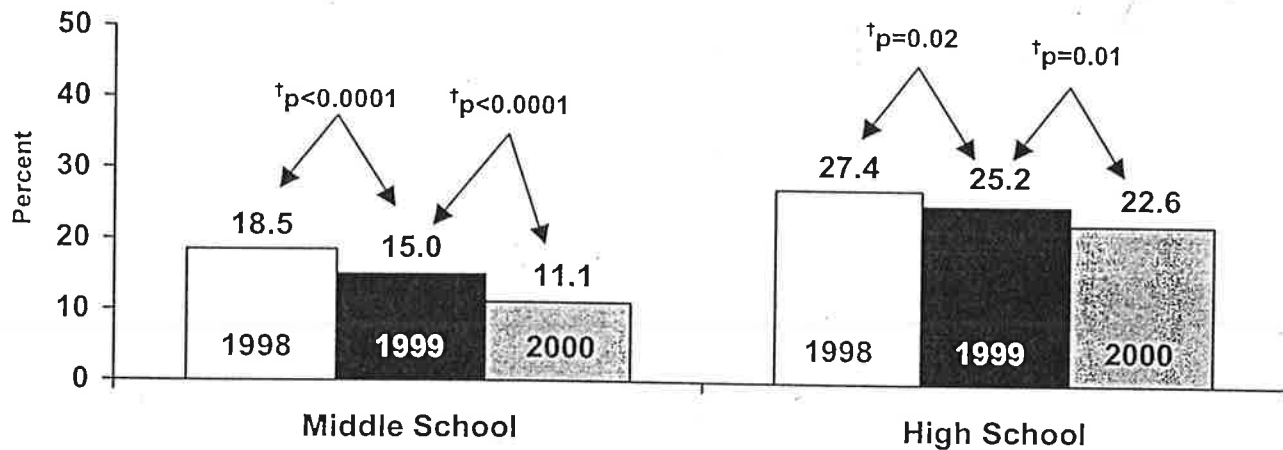
2000 Florida Youth Tobacco Survey Results

March 1, 2000

REVISED AND UPDATED ON JUNE 21, 2000

Volume 3, Report 1

Percent of Florida public middle and high school students who smoked cigarettes on one or more of the past 30 days. FYTS 1998, 1999, 2000.



Key Findings:

- Current cigarette use declined significantly from 1998 to 1999 and again from 1999 to 2000 for both middle and high school students.
- Since the implementation of youth tobacco use prevention and reduction activities in the Spring of 1998, current (30 day) cigarette use declined by 40% among middle school students and by 18% among high school students.
- This two-year decline in current cigarette use represents 49,624 fewer Florida youth smokers in 2000 compared to 1998, and approximately 16,376 fewer premature deaths attributable to smoking - if these youth had become and remained regular smokers.

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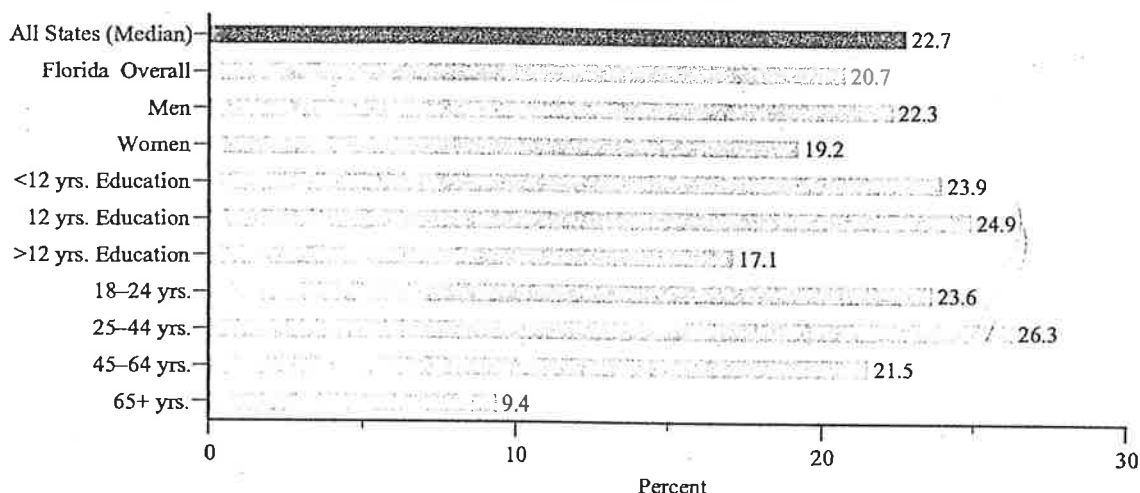
†Statistical Note

A p-value quantifies the likelihood that a difference observed in the sample does NOT represent a true population difference. A p-value ≤ 0.05 is considered "statistically significant," and indicates a ≤ 0.05 probability that the difference observed in the sample data set would NOT be found in the population the sample represents. For example, there is a 0.01% chance (0.0001 probability) that the decline in cigarette use among middle school students observed in this sample does not exist in the actual middle school population. Because that's a very small chance, we conclude the observed difference is extremely likely to be real.

Number of Florida youth projected to die prematurely from their smoking: 297,108

Adult Tobacco Use in Florida

Current Cigarette Smoking Among Adults Aged 18 and Older, 1999



Youth Tobacco Use

	GRADES 6-8		GRADES 9-12	
	Current Cigarette Smoking	Current Any Tobacco Use	Current Cigarette Smoking	Current Any Tobacco Use
National*	9.2%	12.8%	28.5%	34.8%
FL†	11.1%	14.7%	22.6%	29.8%
Boys†	11.2%	16.1%	23.2%	33.9%
Girls†	10.9%	13.2%	22.1%	25.6%

Current Cigarette Smoking = smoked cigarettes on ≥1 of the 30 days preceding the survey.

Current Any Tobacco Use = current use of cigarettes or smokeless tobacco or pipes or bidis or cigars or kreteks on ≥1 of the 30 days preceding the survey.

*Source: National Youth Tobacco Survey, 1999.

†Source: Florida Youth Tobacco Survey, 2000.

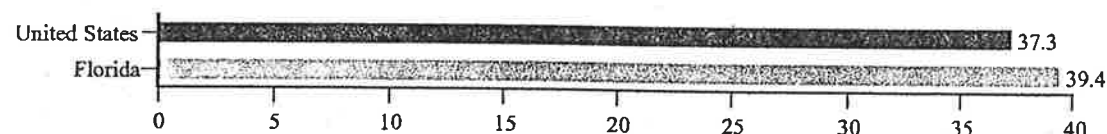
Health Impact and Costs

AVERAGE ANNUAL DEATHS RELATED TO SMOKING, 1990-1994		AVERAGE ANNUAL YEARS OF POTENTIAL LIFE LOST,* 1990-1994	MEDICAL COSTS RELATED TO SMOKING, 1993	
Overall	29,060	376,988 years or an average of 13.0 years for each death due to smoking. *Calculated to life expectancy	Ambulatory	\$847,420,000
Men	18,457		Hospital	\$1,005,570,000
Women	10,603		Nursing Home†	\$755,540,000
Death Rate	344/100,000		Drug	\$207,850,000
Rank	25 (No. 1 is lowest death rate)		Other	\$545,050,000
			Total	\$3,361,420,000

Smoking-attributable Medicaid expenditures, Florida, fiscal year 1993: \$516,980,000

†Preliminary estimates

Lung Cancer Death Rate*



*1997 deaths per 100,000 population, adjusted to the 1970 total U.S. population.



Tobacco Control Funding, 2001

At 57% of the CDC Best Practices recommended lower estimate funding level, Florida ranks 15th (No. 1 is the highest) for tobacco control funding. Florida ranks 25th (No. 1 is the lowest death rate) for average annual deaths related to smoking.

<i>FUNDING SOURCE</i>	<i>FY01 AMOUNT</i>	<i>FUNDING CYCLE</i>
State Appropriation—Settlement (Tobacco Only)	\$44,215,497	7/00–6/01
State Appropriation—Excise Tax Revenue	\$0	
State Appropriation—Other	\$0	
Subtotal: State Appropriation	\$44,215,497	
Federal—CDC Office on Smoking and Health	\$750,000	6/00–5/01
Federal—SAMHSA	n/a	
Non-Government Source—American Legacy Foundation	\$0	
Non-Government Source—RWJF/AMA	n/a	
Subtotal: Federal/National Sources	\$750,000	
Total	\$44,965,497	
Per Capita Funding	\$2.81	

Funding as a Percentage of CDC Best Practices Recommendations

	<i>RECOMMENDED FOR TOTAL PROGRAM ANNUAL COST</i>	<i>RECOMMENDED PER CAPITA FUNDING LEVEL</i>	<i>PERCENT OF CDC BEST PRACTICES RECOMMENDATIONS</i>
Lower Estimate	\$78,383,000	\$5.35	57%
Upper Estimate	\$221,260,000	\$15.10	20%

Excise Tax

Cigarette tax per pack	33.9¢
Rank = 27 (No. 1 is highest tax)	
Number of packages of cigarettes sold and taxed, per capita, 199988.2
Rank = 29 (No. 1 is lowest cigarette sales)	
Federal and state taxes as a percentage of retail price	20.2%
Annual gross tax revenue from cigarettes	\$438,240,758
Smokeless tobacco tax25% of wholesale sales price

Tobacco Kills More Americans Each Year Than Alcohol, Cocaine, Crack, Heroin, Homicide, Suicide, Car Accidents, Fires, and AIDS combined.

Number of Deaths:

Tobacco	434,000 ¹
Secondhand Smoke	53,000 ²
Alcohol (incl. drunk driving)	105,000 ³
Cocaine & Crack	3,300 ⁴
Heroin & Morphine	2,400 ⁴
Homicide	22,000 ⁴
Suicide	31,000 ⁴
Car Accidents	25,000 ⁵
Fires	4,000 ⁵
AIDS	31,000 ⁶

¹U.S. Centers For Disease Control, 1988 data

²U.S. Environmental Protection Agency, ETS Compendium, 1986 data

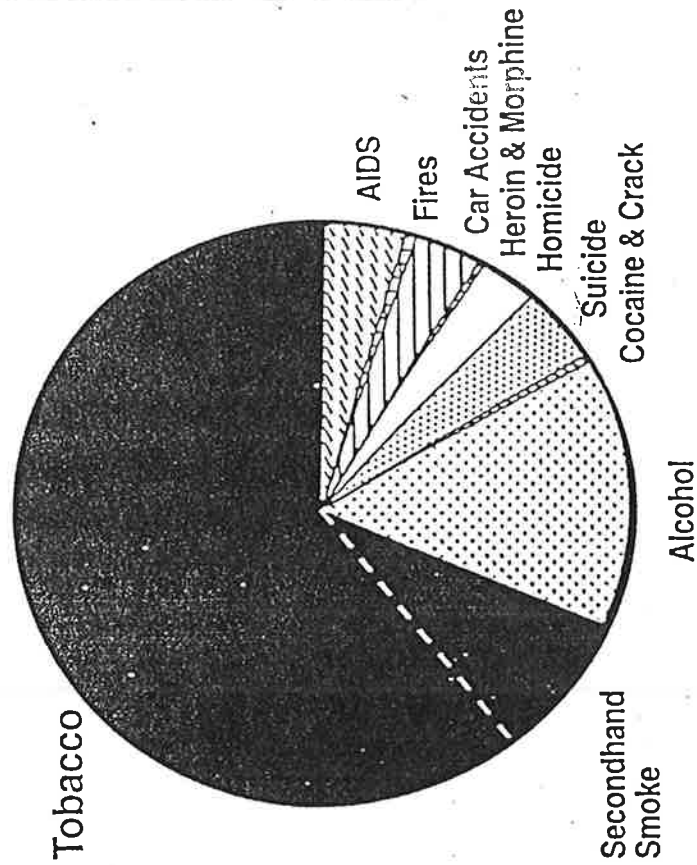
³U.S. Centers For Disease Control, 1987 data

⁴National Center For Health Statistics, 1988 data

⁵National Safety Council, 1989 data

⁶U.S. Centers For Disease Control, 1990 data

**Causes of Death
Tobacco vs. Other**





Tobacco Marketing To Kids

TOBACCO MARKETING TO KIDS

Tobacco companies spend over \$5 billion each year (nearly \$14 million every day) promoting their products in order to replace the thousands of customers who either die or quit each day.¹ Tobacco industry documents, research on the effect of marketing to kids, and the opinions of advertising experts combine to reveal the intent and the success of the industry's efforts to attract new smokers from the ranks of children.

Industry Documents

Numerous tobacco industry documents make clear that the industry has perceived kids as young as 13 years of age as a key market, studied the smoking habits of kids, and developed products and marketing campaigns aimed at them:

"Evidence is now available to indicate that the 14-18 year old group is an increasing segment of the smoking population. RJR-T must soon establish a successful new brand in this market if our position in the industry is to be maintained in the long term." ("Planned Assumptions and Forecast for the Period 1977-1986" for RJ Reynolds Tobacco Company, March 15, 1976)

"This young adult market, the 14-24 group, ... represent[s] tomorrow's cigarette business. As this 14-24 age group matures, they will account for a key share of the total cigarette volume for at least the next 25 years." (Presentation from C.A. Tucker, Vice President of Marketing, to the Board of Directors of RJR Industries, September 30, 1974)

"To ensure increased and longer-term growth for the Camel Filter, the brand must increase its share penetration among the 14-24 age group which have a new set of more liberal values and which represent tomorrow's cigarette business." (1975 Memo to C.A. Tucker, Vice President for Marketing, RJR)

"Cherry Skoal is for somebody who likes the taste of candy, if you know what I'm saying." (former UST sales representative, quoted in a 1994 Wall Street Journal article on UST's graduation strategy)

"Today's teenager is tomorrow's potential regular customer, and the overwhelming majority of smokers first begin to smoke while still in their teens ... The smoking patterns of teenagers are particularly important to Philip Morris." (1981 Philip Morris internal document)

Empirical Evidence

In addition to the industry's own statements, there is compelling evidence that much of their advertising and promotion is directed at kids and that these efforts are very successful in recruiting new tobacco users to years of addiction:

- Eighty-six percent of kids who smoke prefer Marlboro, Camel and Newport the three most heavily advertised brands; only about one-third of adult smokers choose these brands. Marlboro, the

most heavily advertised brand, constitutes almost 60 percent of the youth market but only about 25 percent of the adult market.²

- Each day, 3,000 kids become regular smokers.³ Since 1991, past-month smoking has increased by 35 percent among eighth graders and 43 percent among tenth graders, while smoking among high school seniors is at a 19-year high.⁴
- Almost 90 percent of adults who have ever been regular smokers began smoking at or before age 18.⁵
- Thirty percent of kids (12 to 17 years old), both smokers and nonsmokers, own at least one tobacco promotional item, such as T-shirts, backpacks, and CD players.⁶
- Between 1989 and 1993, when advertising for the new Joe Camel campaign jumped from \$27 million to \$43 million, Camel's share among youth increased by more than 50 percent, while its adult market share did not change at all.⁷
- A study published in the *Journal of the National Cancer Institute* found that teens are more likely to be influenced to smoke by cigarette advertising than they are by peer pressure.⁸
- A 1996 study in the *Journal of Marketing* found that teenagers are three times as sensitive as adults to cigarette advertising.⁹
- A 1994 article in the *Journal of the American Medical Association* documented a rapid and unprecedented increase in the smoking initiation rate of adolescent girls subsequent to the launch in the late 1960's of women's cigarette brands like Virginia Slims.¹⁰
- A new (1998) longitudinal study of teenagers in the *Journal of the American Medical Association* showed that tobacco industry promotional activities influenced previously non-susceptible non-smokers to become susceptible to or experiment with smoking.¹¹
- The development and marketing of "starter products" with such features as pouches and cherry flavoring have resulted in smokeless tobacco going from a product used primarily by older men to one for which young men comprise the largest portion of the market.¹² Nearly sixteen percent of high school boys are current smokeless tobacco users.¹³

Advertising Experts

Even advertising industry executives believe that tobacco marketing influences kids, and a clear majority think this is done intentionally. Commissioned by the New York advertising firm of Shepardson, Stern, and Kaminsky in December of 1996, a telephone survey of 300 advertising industry executives in agencies with billings of more than \$10 million revealed the following:

- 82 percent believe advertising for cigarettes and tobacco products reaches children and teenagers in significant numbers.
- 78 percent believe current tobacco advertising makes smoking more appealing or socially acceptable to kids.
- 71 percent believe that tobacco advertising changes behavior and increases smoking among kids.

- 59 percent believe that a **GOAL** of tobacco advertising is marketing cigarettes to teenagers who do not already smoke.
- 79 percent favor limitations on the style and placement of advertising for cigarette and tobacco products to minimize impact on children and teenagers.

1 Federal Trade Commission, "1998 Federal Trade Commission Report to Congress for 1996, Pursuant to the Federal Cigarette Labeling and Advertising Act," 1998.

2 CDC. "Changes in the Cigarette Brand Preference of Adolescent Smokers, U.S. 1989-1993," *Morbidity and Mortality Weekly Report*, August, 1994.

3 Pierce, J.P., et al., "Trends in Cigarette Smoking in the United States: Projections to the Year 2000," *JAMA*, vol. 261, No. 1. 1989.

4 The Monitoring the Future Study, University of Michigan, 1997.

5 "Preventing Tobacco Use Among Young People," *A Report of The Surgeon General*, 1994

6 Gallup International Institute, "Teen-age Attitudes and Behaviors Concerning Tobacco," September, 1992.

7 CDC. "Changes in the Cigarette Brand Preference of Adolescent Smokers, U.S. 1989-1993," *Morbidity and Mortality Weekly Report*, August, 1994.

8 "Influence of Tobacco Marketing and Exposure to Smokers on Adolescent Susceptibility to Smoking," *Journal of the National Cancer Institute*, October, 1995.

9 Pollay et al., "The Last Straw? Cigarette Advertising and Realized Market Shares Among Youth and Adults," *Journal of Marketing*, Vol. 60, No. 2.

10 Pierce, J., L. Lee, and E.R. Gilpin, "Smoking Initiation by Adolescent Girls, 1944 Through 1988," *JAMA*, Vol. 271, No. 8, pp. 608-611, 1994.

11 Pierce, J. et al., "Tobacco Industry Promotion of Cigarettes and Adolescent Smoking," *JAMA*, Vol. 279, No. 7, pp. 511-515, 1998.

12 CDC. "Surveillance for Selected Tobacco-Use Behaviors United States, 1900-1994." *Morbidity and Mortality Weekly Report*, November 18, 1994/Vol. 43/No. SS-3.

13 "Tobacco Use Among High School Students United States, 1997" *Morbidity and Mortality Weekly Report*, CDC, 3 April 1998. Vol. 47/No. 12/229-233

CAMPAIGN for TOBACCO-FREE Kids™

1-800-284-KIDS info@tobaccofreekids.org

Best viewed with Internet Explorer 3.0 or Netscape 2.0 or higher.

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Tobacco Control in the 21st Century

Searching for Answers in a Sea of Change

Thomas Houston, MD

Nancy J. Kaufman, RN, MS

THE PAST CENTURY HAS WITNESSED DRAMATIC CHANGES in all aspects of life, from the Wright brothers to the space shuttle; from the telegraph to e-mail; from house calls to robotic surgery. In matters of health, the 20th century brought increased life expectancy, dramatic shifts in basic public health practice, and shifts in morbidity and mortality away from communicable and infectious disease. In developed nations, chronic illnesses, often attributable to lifestyle factors, have become major sources of ill health and premature death. And for all the health benefits realized during the 20th century, a manmade plague beset society—tobacco use.

Tobacco is the leading contributor to mortality in the United States,¹ each year claiming more than 430 000 direct users² and between 40 000 and 67 000 individuals who are exposed to environmental tobacco smoke.³ By comparison, in 1965, an estimated 183 000 deaths were attributed to tobacco.⁴ While there were an estimated 3 million annual deaths from tobacco use worldwide at the end of the 20th century, it is predicted that this number will soar to more than 10 million by the 2020s,⁵ with the burden of tobacco-related mortality shifting from developed to developing nations.

Tobacco is a global product and a global problem with multiple examples of cross-national marketing and distribution. For instance, bidis, hand-rolled in the streets of Delhi, are found in the hands and mouths of US teenagers for whom they are the latest youth smoking fad. Where national tobacco monopolies once produced products for export to the developing world, large transnational companies now manufacture cigarettes in more than 100 countries.⁶ Since 1995, these firms have established manufacturing capacity in Hungary, Tanzania, Poland, Cambodia, Mexico, Romania, Russia, Bulgaria, Ukraine, China, and many other countries, producing western brands and bringing Madison Avenue-style marketing campaigns with the potential to lure new users to their products.

Since 1967, tobacco control advocates, public health officials, government health workers, and public policy officials from around the world have met every 2 to 3 years to share information and ideas to stem the global scourge caused by tobacco use. This week, the 11th World Conference on Tobacco or Health, with the theme "promoting a future without tobacco," continues these efforts. In recognition of the importance of this conference, the editors of *JAMA* and *BMJ* have devoted pages of the current issues of their journals to articles on tobacco use, consequences, and prevention. This marks the first simultaneous publication of tobacco theme issues from these journals, which have had a long history of being at the forefront of tobacco control.

Efforts to combat tobacco have seen some success in the United States, but there is still a long way to go. Tobacco excise taxes in the United States are comparatively low. For example, taxes in Denmark, the United Kingdom, and India make up about 80% of the retail price. In the United States, taxes are less than 40% of the total retail price.⁷ Tobacco advertising and promotion persists, even with the recent restrictions imposed by the tobacco "settlement," with industry-sponsored music events in college bars, increased advertising in magazines with high youth readership, and public relations campaigns that provide a veneer of civic responsibility. The majority of US medical schools fail to incorporate instruction on tobacco use prevention and control in their curricula,⁸ and counseling patients about tobacco use prevention and cessation needs much more emphasis in practice.

The international community may have some lessons for the United States. For example, the health ministers of the European Union have just approved changes in tobacco warning labels, requiring that they cover nearly half the face of a pack of cigarettes.⁹ Total bans on tobacco advertising and promotion are in effect in Poland and the Czech Republic, will be in place very soon in Britain and South Africa, and will be phased in across the other European Union nations in a few years.

Because tobacco is such a profitable commodity, conflicts between trade and health interests are rampant. Recent US trade agreements with China, which are in process, could have significant adverse health effects because of newfound access to Chinese markets by the US tobacco industry. A recent commentary¹⁰ expressed concern about possible changes in World Bank policy on the appropriate priority level for noncommunicable disease interventions in developing nations. The author noted that the World Bank seems to be defending transnational corporate interests by "converting tobacco into an issue of individual choice rather than one of collective responsibility for public health . . ." and goes on to state that "free trade has health consequences [that] should be faced, not shouted down." It is time that the health consequences of international trade be considered, and health concerns put on equal footing with commerce.

Curbing the use of tobacco products and protecting non-users from the hazards of environmental tobacco smoke is a matter of politics as well as public health, and the efforts of the health community are often ignored in the process. Despite the expectation that monies from the tobacco settlement would be used for tobacco control, the public health community in a number of states has not been successful in securing

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appropriate levels of funding for tobacco control issues. Failure to pass national tobacco control legislation in 1998 is another example of the political system not meeting the goals of public health. Many efforts have failed as a consequence of activities of the tobacco industry that continue to undermine public health efforts around the globe. New campaigns that aggressively target youth, minorities, and women have the potential to increase the ranks of tobacco users. For example, Philip Morris launched a media campaign aimed at women of diverse ethnicities with their "Find Your Voice" advertising plan for Virginia Slims. Despite dropping the slogan in the wake of fierce criticism during recent litigation in Florida,¹¹ the targeted advertisements continue. In China and Sri Lanka—countries where women have rarely smoked—tobacco companies sponsor "disco nights" with female fashion models distributing free cigarettes to women and men. Media messages that attracted US women to smoking—suggesting that smoking will make them slim, sexy, modern, and stress-free—have been replicated in marketing campaigns aimed at women worldwide. This approach has a great likelihood of success in countries that fail to widely publicize the negative health consequences of tobacco use. Far from being responsible corporate citizens, the tobacco industry continues to pursue a course designed to increase the use of its products, with caloric disregard for the consequences on global health.

Although the morbidity and mortality from tobacco use continue to increase and the multinational tobacco industry continues to reap billions of dollars in profits, there are some signs of success in curbing tobacco use. Advances in the treatment of nicotine dependence, neurochemical, and behavioral research on the underpinnings of addiction, harbor the potential for reducing tobacco-related morbidity and mortality. Recent reports indicate that annual per capita consumption of cigarettes is down in the United States from 2810 in 1980 to 1633 in 1999, a decline of 42%.¹² Globally, per capita consumption also decreased from 1027 in 1990 to 915 in 1999.¹²

The organized medical community has stepped up its efforts to fight tobacco, including a new initiative of the World Organization of Family Doctors to pursue tobacco use prevention and cessation as an international issue with a "global call to action" by family physicians around the world (Robert Higgins, MD, World Organization of Family Doctors, written communication, May 2000). The American College of Chest Physicians has convened a national Coalition on Smoking and the Health of Women and Girls focused on tobacco use education, prevention, and cessation (Diane E. Stover, MD, FCCP, American College of Chest Physicians Taskforce on Women and Girls, Tobacco and Lung Cancer, written communication, July 1999). There is great promise in the World Health Organization's Framework Convention on Tobacco Control, the world's first health treaty, currently in the early stages of development. Worldwide, governments are taking steps toward comprehensive tobacco control plans that include increased taxes, restrictions on tobacco advertising and promotion, more informative warning labels on tobacco prod-

ucts, restrictions on smoking in public places, and increased availability of smoking cessation therapy. Nongovernmental organizations are joining the tobacco control movement, with an international effort coordinated by the International Nongovernmental Coalition Against Tobacco.¹³

In the United States, partnerships among nongovernmental organizations, including philanthropies, voluntary health groups, medical societies, women's and minority health advocates, and others have worked to advance the objectives of tobacco control. One example is SmokeLess States, a national tobacco prevention and control program established as a partnership between The Robert Wood Johnson Foundation and the American Medical Association. This program provides the infrastructure and technical assistance to statewide coalitions engaged in tobacco control. Since the program's inception in 1994, it has made strides in tobacco control education, policy change, and media advocacy. Of the 28 states involved in the program, 14 have passed legislation to significantly increase tobacco excise taxes. Further, of 23 states with more than \$10 million in appropriations for tobacco control from settlement dollars, 18 are participants in the SmokeLess States program.

While it is encouraging to see tobacco use receive attention commensurate with its harm, it would be foolish to think the work is done. Simply because progress is made on some fronts does not mean the problem has been solved, or that attention to the global pandemic caused by tobacco use can be relaxed. Progress against tobacco use is not inevitable, but rather requires the strength and courage of many organizations and individuals to make an impact. Casting off the influence of the tobacco companies, putting an end to their deception, and working together as a united health community will be necessary to forge a future without tobacco.

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The **Alachua County Tobacco-Free Partnership** is a group of concerned citizens and youth who help to guide the State of Florida Department of Health local efforts at teen tobacco prevention. Meetings occur on the second Tuesday of the month. Call 334-7921 for location and information about how you can become involved.

The following restaurants have demonstrated their concern for your health. Please patronize them and let them know you appreciate their smokefree status.

Some Facts about **"Environmental Tobacco Smoke" (ETS)** - ETS is also called secondhand smoke, and is unfiltered smoke from burning tobacco.

- ETS kills 40,000 Americans annually from heart disease.
- ETS causes from 3000 to 5000 annual lung cancer deaths in the U.S.
- ETS is a Class A carcinogen, the same category as asbestos, arsenic, and radioactivity.
- In young children, ETS has been found to cause asthma, middle ear infections, bronchitis, low birth weight, and pneumonia.
- There is no affordable building ventilation system that can remove or dilute the carcinogens of ETS.
- Employees who work in bars and restaurants that allow smoking have a 50% greater risk of getting lung cancer.



How the Florida Clean Indoor Air Act affects restaurants

If a restaurant chooses to allow smoking the following law applies: No more than 50% of the seats in any restaurant's dining room may be located in any area designated as a smoking area. Effective October 1, 2001, no more than 35% of such seats may be located in a designated smoking area. Currently, restaurants that seat less than 50 are exempted, however, after October 1, 2001, ALL restaurants must comply with this law.

Report violations to the FCIAA Toll Free number, 800-337-3742.

Alachua County Tobacco-Free Partnership
334-7921

Alachua County SWAT
(Students Working Against Tobacco)
334-7920

c/o Alachua County Health Department
224 S. E. 24th St.
Gainesville, FL 32641

www.2cool2puff.com

Alachua County SWAT Website

www.ftcc.fsu.edu

Florida Tobacco Control Clearinghouse

RESTAURANT OWNERS

Do you want to be included?

Call: 334-7921



Alachua County, Florida 2001

Smokefree Restaurant Guide



GAINESVILLE

- 19th Hole: Meadowbrook Golf Course
3200 NW 908th St.
352-332-4812
- Bahn Thai
1902 SW 13th St.
- Bakery Mill & Deli
1143 NW 76th Blvd.
352-331-3354
- Balaji Indian Cuisine
2106 S. W. 34th St.
- Bill & Karols Plaza Coffee Shop
207 NE 16th Ave.
378-0600
- Bistro 1245
1245 W. University Ave.
376-0000
- Book Lover's Café
505 NW 13th St.
- Boston Market
6483 W. Newberry Rd.
- Burrito Bros. Taco Co.
16 NW 13th St.
335-7251
- Café Gardens
1643 NW 1st Ave.
352-376-2233
- Celebrations Café
904 N Main St.
352-377-0787
- Centre Court Café
1535 SW Archer Rd.
352-371-3333ext268
- Chopstix Café
3500 SW 13th St.
367-0003
- Courtyard Café
3700 SW 42nd St.
352-335-9100
- Daniela's Ristorante
Hwy 441 N.
418-2077
- Dominio's Pizza
2102 SW 13th St.
352-373-2337
- El Indio
5011 NW 34th St.
352-374-8647
- Emiliano's Café
7 SE 1st Ave.
Gainesville
375-7381
- Falafel King
3252 SW 35th Blvd.
352-375-6342
- Fast Attack
2410 NW 43rd St.
352-377-3278 FAX
- Fazoli's
2612 NW 13th St.
- Home on the Range
401 NE 23rd Ave.
352-372-5889/374-4088
- Ironwood Golf Course
2100 NE 39th Ave.
352-334-3120
- Ivey's Grill
3303 W. University Ave.
- Larry's Giant Subs
1122 N. Main St.
352-375-1210
- Leonardo's 706
706 W. University Ave.
378-2001
- Leonardo's Pizza & Pasta
1245 W. University Ave.
375-2007
- Louis' Lunch
436 SE 2nd St.
352-372-9294
- Mildred's Big City Food
3445 W University Ave.
352-371-1711
- Ruscito's Italian Restaurant
521 NE 23rd Ave.
352-373-2575
- Saigon Legend
Oaks Mall
331-7772
- Saki Drops
4860 NW 39th Ave., unit C
352-372-8686
- Schlotsky's Deli
both locations
- Steve's Café Americain
12 W University Ave.
352-377-9337
- The Dream Zone
4000 Newberry Rd
372-5777
- The Plantation House
9905 SW 44th Ave.
352-335-0055
- McAlister's Gourmet Deli

ALACHUA

- Govinda's
14603 Main St.
462-4500

MICANOPY

- Hertlong Mansion
P.O. Box 667
352-466-3322

HIGH SPRINGS

- Great Outdoors Café
65 N. Main St.
904-454-2900
- Pot O' Gold Gift Shoppe
55 N. Main St
454-1329

ALL LOCATIONS

- Burger King
- McDonald's
- Pizza Hut
- Subway
- Taco Bell

