

American Medical Student Association (AMSA)
1997-1998 National Project
February 9-13, 1998

Stamp Out Smoking

Welcome to the 1997-98 National Project, Stamp Out Smoking! We hope you're as excited as we are about this year's project. We have developed this handbook as an easy way for you to get started at your medical school and in your community. It contains background information on tobacco and smoking, historical information, pending legislation, project ideas, contact information and useful Web sites.

On February 9-13, 1998, American Medical Student Association (AMSA) chapters across the country will hold Stamp Out Smoking activities. Your Regional Associate Trustee will be calling you soon to help you plan your project. Join us for this week of information and action!

This handbook—as well as additional information on divesting in tobacco and tobacco advertising—will be posted on the AMSA Web site at www.amsa.org in the coming weeks. We'll also be sending out periodic e-mail updates to chapter officers on breaking news on smoking and tobacco. Please contact Ilana Addis at iaddis@u.arizona.edu with the e-mail address of the person at your chapter who should receive these messages.

If you have any problems or questions, please contact either of us by voice mail or e-mail. Help us make Stamp Out Smoking AMSA's most successful national project ever.

Good luck!

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STAMP OUT SMOKING

American Medical Student Association (AMSA)

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What Is This National Project?

AMSA's National Project is chosen yearly by the Association's entire membership and serves to unify local chapters and Standing Committees through service and activism. Over the past four years, the National Project has addressed such issues as domestic violence, childhood immunizations, medical ethics, and health-care for the homeless. This year's project, Stamp Out Smoking, aims to involve and educate each AMSA chapter in the current debate surrounding smoking and tobacco.

Medical students are primed to tackle the multifaceted aspects of smoking and tobacco in our country. Through education, definitive action and publicity, we hope to make a real contribution to anti-smoking awareness and activism. We need every AMSA chapter to participate in Stamp Out Smoking activities, to help us reduce smoking, and tobacco-related deaths in our communities and change government policy.

In this handbook you will find a wide variety of resources, including background information and fact sheets to educate your chapter members and the public. Because the anti-

smoking debate spans such a broad spectrum, we've focused this background information on four specific topics—tobacco legislation, children and smoking, women and smoking, and advertising. We also hope to

Why Anti-Smoking?

It is estimated that tobacco use kills more than 3 million people each year. Extrapolating from current trends, deaths will rise to 10 million per year by



link medical students with other organizations that already have well-developed projects and initiatives. Plus, this booklet contains information on how to become active in your community and at the state and national levels. This includes a broad array of project ideas, tips on how to be an activist, and a public-relations manual. Finally, you'll find contact people on anti-smoking initiatives and a listing of state attorneys general who will help you plan your activities.

the 2020s and 2030s, with 70 percent of those deaths occurring in developing countries. One-third of the global population aged 15 and over smokes—approximately 1.1 billion people.

Current statistics clearly show that smoking shortens an individual's life span. Lifelong smokers have a 50-percent chance of dying from tobacco use. Half of these people will die before the age of 70, losing, on average, 22 years of normal life expectancy. While lung

Did You Know?

Cigarette smoking is equally prevalent among both genders; however, more males than females have tried smokeless tobacco. Although at least two studies suggest that the incidence of cigarette smoking is no higher in rural than in urban regions (Alexander & Klassen, 1988; Sarvela & McClendon, 1987), most studies indicate that the incidence of smokeless tobacco use is higher in rural than in urban areas (Boyd & associates, 1987). The target population for most health promotion/disease prevention programs is the adolescent age group (6th to 10th grade) because risk behaviors increase dramatically during this time. In particular, 6th to 7th grade is the school transition period during which prevention programs appear to be most well received, whereas cessation generally is attempted among those from 9th through 12th grades.

cancer is the most well-known cause of smoking death, responsible for 514,000 deaths in developed countries in 1995, other smoking-related diseases are much more prevalent. For example, in 1995, there were 625,000 deaths attributable to heart and other vascular disorders in developed countries. Studies have shown that smokers in their 30s or 40s are five times more likely to have a heart attack than non-smokers. Smoking has also been linked to cancer of the oral cavity, larynx, lung, esophagus, bladder, pancreas, kidney, stomach and cervix. It can lead to heart disease, stroke, peripheral vascular disease, chronic obstructive pulmonary disease (COPD) and low-birthweight babies, and smoking is probably related to peptic ulcer disease, unsuccessful pregnancies and sudden infant death syndrome.

In the face of such fatal evidence, why do so many people keep lighting up? Many can't help themselves. Nicotine is absorbed directly into the bloodstream, increasing the probability of addiction. Tobacco dependence is considered to be stronger than that of heroin or cocaine. If people remain smoke-free throughout their adolescence, they will probably never begin smoking. This is why efforts among anti-smoking activists target children. Seventy-five to 85 percent of smokers, when asked, say they want to quit smoking, and about a third of these have made at least three attempts. Less than half of smokers succeed permanently in their efforts to quit before the age of 60. Tobacco dependence is a public-health disaster that needs the attention of all health professionals.

A Model of Cigarette Smoking Development

In 1987, a researcher developed a model of cigarette smoking development stages that's been applied to the use of other substances as well:

Stage 1:

The nonuser undergoes a preparation phase, in which personality, family and peer factors operate. Risk takers, and those whose family and peers smoke, are most likely to intend to begin smoking themselves.

Stage 2:

Peer social influence factors primarily operate in the second stage, during which the individual may try smoking. Frequency of direct peer pressure influences the likelihood of coping successfully through use of refusal assertion or other skills. The more frequent the influence attempt, the less likely such coping will be used successfully. Also, social images portrayed by cigarette advertisements may lead some youth to feel curious about the effects of cigarette smoking. Thus, youth gather together and smoke as a shared experience, especially if they are not closely monitored by their parents.

Stage 3:

The individual enters into an experimental phase, in which

Stage 3, continued:

outcome expectancies, use habits and physiological reinforcement are shaped.

Stage 4 and 5:

The adolescent becomes a regular user (i.e., uses regularly every day), and physiological reinforcement, identity as a user and addiction factors dominate as reasons for using.

Most tobacco-use-prevention programs emphasize primary prevention and focus on counteracting social influences—addressing only the first and second stages of this model.

There are immediate health benefits to quitting smoking. Risk of coronary heart disease decreases by 50 percent in one year and reaches the level of a non-smoker within 15 years. Risks of lung cancer, COPD and stroke decrease more slowly but also reach normal levels about 15 years after quitting. Smoking cessation also improves pulmonary function and slows the rate of pulmonary decline to non-smoker levels.

The Past

Prior to the late-19th century, tobacco use, especially by children, was limited by a number of factors. Before the 1880s, tobacco was used mostly in the form of cigars, snuff, pipes and chewing tobacco. These products were cumbersome to use, especially considering the lack of a safe, reliable

John Elder and his colleagues recently developed an alternative model of smoking development that is based on a stages-of-change conceptualization (Stern, Prochaska, Velicer & Elder, 1987). The three distinct components of this model are:

- 1. Precontemplation - no desire to start smoking**
- 2. Decision - thinking about trying, and balancing the pros and cons of smoking**
- 3. Maintenance - smoking and increases in smoking**

means of lighting up. Despite the relative inconvenience of these products, in 1879, more than 1.2 billion cigars were distributed in the United States, and an additional 100 million pounds of other tobacco products (including snuff and pipe tobacco) were used. At this time, cigarettes were considered lowbrow and were the choice of those who couldn't afford the more popular tobacco products.

The first known cigarettes were smoked by Indians in Central and South America who stuffed reeds with tobacco leaf. The paper-sheathed cigarette seems to have been first produced in Spain during the early 1800s. By the 1880s, cigarettes were starting to catch on with the public. However, mass production was limited by the fact that cigarettes had to be hand rolled. In 1884, the first reliable cigarette-making machine was tested by James Bonsack, with the financial backing of Washington Duke and his son, James Buchanan Duke. A fast human could roll about 2,000 cigarettes a day—the new machine could produce 120,000 a day. Helped along

by the invention of safety matches, cigarettes became the most available, most accessible method of tobacco delivery.

After solving the supply problem, the Dukes focused on marketing their cigarettes. Their efforts centered on making the cigarette a glamorous product—crush-proof packaging wrapped in cellophane; attractive brand naming; coupons for other products like miniature college pennants and folding chairs; advertising linking smoking with sports. The first baseball cards were not packaged with bubble gum but instead were included with cigarettes. Attractive actresses with “luscious legs” were also featured on these cigarette cards. James Buchanan Duke maneuvered the family business to the top of the tobacco industry and convinced all of his competitors in 1890 to merge into the American Tobacco Company. At the turn of the century, more than 90 percent of cigarettes carried the Duke brand name. Antitrust reformers sued, and in May 1911, the Supreme Court dissolved the

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Past, continued

American Tobacco Company into a plethora of smaller firms, including Liggett and Myers, Reynolds (later RJR) and other now familiar labels.

Anti-smoking crusaders became active at this time as well. New York was the first state to make it a criminal offense for any person “actually or apparently under 16 years of age” to smoke in public. In 1897, the federal government banned the use of coupons in cigarette packaging. By 1909, several states and cities had placed restrictions on cigarette sales, and the momentum seemed to favor the anti-smoking movement. However, during World War I and the Roaring Twenties, the cigarette was firmly enshrined as a patriotic product for soldiers and a symbol of independence for “flappers.” State excise taxes were first imposed in this decade, but instead of deterring smokers through higher taxes, governments soon found themselves dependent on the revenues they brought in.

In the 1960s, after a long series of court battles, the Federal Trade Commission (FTC) successfully subpoenaed the tobacco companies for internal documents. Brown and Williamson provided reams of documents in response, trying to overwhelm government

officials. FTC investigators patiently worked their way through the flood of information and found many damaging revelations, including the following:

1) Nicotine addiction doesn't



develop among adults as easily as in young people. Ninety percent of adults over age 21 who take up smoking for the first time (after turning 21) do not pick up the habit.

2) Eighty-nine percent of lifelong addicts become hooked by age 19.

Furthermore, the documents showed that the tobacco industry systematically designed their marketing campaigns to appeal to the youth market, even as they publicly protested that their advertising was meant for adults only. One of the internal documents concluded: “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 in 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 marijuana and keeping late study hours.”

The document recommended: “Thus, an attempt to reach young smokers, starters, should be based, among others, on the

following major parameters, including presenting the cigarette as one of the few initiations into the adult world; presenting the cigarette as part of the illicit pleasure category of products and activities; in ads creating a situation taken from the day-to-day life of the young smoker, but in an elegant manner having this situation touch on the basic symbols of the growing-up, maturity process; relating the cigarette to marijuana, wine, beer, sex, etc.; not communicating health or health-related points.”

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On January 11, 1964, the Surgeon General of the United States released the first *Surgeon General's Report on Smoking and Health*. This was America's first widely publicized official recognition that cigarette smoking is a cause of cancer and other related diseases. The Surgeon General's Advisory Committee studied more than 7,000 articles available at the time and concluded that smoking is a cause of lung cancer in men and women and the most important cause of chronic bronchitis. The Advisory Committee stated that cigarette smoking is a health hazard of sufficient importance in the United States to warrant appropriate remedial action. This was the first step taken in the battle against smoking. Since the Surgeon General's office released its first report 30 years ago, approximately 10 million people in the United States have died from smoking-attributable causes—20 percent of these have been from lung cancer alone. About 48 million

American adults smoke, but 42 million more would have smoked without smoking-prevention activities. Approximately 3,000 people die each year from exposure to environmental tobacco smoke (ETS), and ETS triggers 23 asthma attacks every hour in children and causes 20 infants to be hospitalized for lower respiratory tract infections every day.

In June 1964, the FTC issued the first-ever restriction on cigarette marketing and required warning labels on cigarette packs and advertising. The main purpose of the new Cigarette Advertising Code (adopted in 1965) was to blunt the charge that the industry was massively seducing minors to take up smoking at an age when they were indifferent to the possible ultimate consequences of the step. The code prohibited advertising in publications like comic books, school newspapers and college athletic programs and on television and radio programs “directed primarily to persons” under age 21. It further forbade the distribution of free cigarette samples to the underaged, the use of models in ads or commercials who were or appeared to be targeted to individuals under 25 years old, and the use of testimonials by athletes or entertainers—people thought to hold a special appeal for youngsters. Perhaps the most telling provision of the code was the one banning any representation

“that smoking is essential to social prominence, distinction, success or sexual attraction” but permitting pretty, robust models, or drawings of such people, to be used provided “there is no suggestion that their attractive appearance or good health is due to cigarette smoking.”

The crackdown only intensified. The Federal Cigarette Labeling and Advertising Act of 1965 and the Public Health Cigarette Smoking Act of 1969, both passed by the U.S. Congress, required a health warning on cigarette packages, banned cigarette advertising in the broadcast media and called for an annual report on the health consequences of smoking. This last part led to the establishment of the National Clearinghouse for Smoking and Health (NCSH). The NCSH and its successor, the Office on Smoking and Health, have been responsible for 23 reports on the health consequences of smoking.

Two cigarette brands that exemplify the need for all of these measures are Marlboro and Camel, both highly popular among new smokers, especially children. The Marlboro cowboy campaign started in 1954, and soon the brand became associated with an image of independence and autonomy. It is estimated that 70 percent of all new smokers start with Marlboro. The “Joe Camel” advertising campaign was started in 1988, and within

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three years, Joe Camel was as well-known to 6-year-olds as Mickey Mouse. Camel sales to children and teenagers jumped from \$6 million per year to \$476 million per year after the advertising campaign. In 1997, RJR was forced to retire its Joe Camel advertising campaign.

In March 1997, the Liggett Group offered to settle the Castano class action, the biggest and most visible tobacco liability case, taking financial responsibility for tobacco-related diseases and death for the first time and starting a landslide of cases brought against the cigarette companies. This has led to agreements among tobacco companies and individuals bringing suits as well as a proposed settlement between state Attorneys General and tobacco companies to avoid many costly court cases. Finally, in July 1997, the Kessler-Koop Advisory Committee on Tobacco and Public Health released a report that presented a proposed public-health policy.



There have been many regulatory and prevention advances since the release of the Surgeon General's 1964 report on smoking:

- ☞ Life insurance companies started offering discounted rates to non-smokers in the 1960s.
- ☞ In 1967, the Federal Communications Commission ruled that the fairness doctrine applied to cigarette advertising.
- ☞ In 1971, cigarette advertising on radio and television ended.
- ☞ In 1973, no-smoking sections were required on commercial airline flights.
- ☞ In 1977, the first Great American Smokeout was held.
- ☞ In 1978, Utah became the first state to ban tobacco ads on billboards, streetcar signs and buses.
- ☞ In 1984, the Comprehensive Smoking Education Act was enacted by Congress, requiring that health warnings on cigarette packages and advertising be rotated.
- ☞ In 1985, Minnesota enacted the first state legislation that designated a part of the state cigarette excise tax to support smoking prevention.
- ☞ In 1986, a Federal excise tax on smokeless tobacco products was enacted.
- ☞ In 1990, the airline smoking ban went into effect.
- ☞ In 1991, the National Institute for Occupational Safety and Health recommended that secondhand smoke be reduced to the lowest feasible concentration in the workplace.
- ☞ In 1992, federal legislation was enacted to require states to adopt and enforce restrictions on tobacco sales to minors, with penalties imposed.
- ☞ In 1993, smoking was eliminated in all U.S. Postal Service facilities and all Women, Infants and Children (WIC) clinics.
- ☞ In 1994, cigarette manufacturers testified that nicotine is not addictive and that they do not manipulate nicotine in cigarettes. Food and Drug Administration (FDA) Commissioner David Kessler testified that cigarettes may qualify as drug delivery systems and fall under the jurisdiction of the FDA.
- ☞ In 1995, President Clinton proposed a coordinated set of measures to significantly reduce the number of kids who become addicted to nicotine. The *Journal of the American Medical Association* published several articles indicating that the tobacco industry knew early on about the harmful effects of tobacco use and the addiction of nicotine use.

Let's Make a Deal

Where we are now depends largely on the ongoing interpretation of and fallout from an agreement announced on June 20, 1997. Under the agreement, the tobacco industry would shell out \$368 billion in the first 25 years, \$60 million of which would be, according to the Associated Press, “dedicated as punishment for past industry wrongdoing, and about half of that goes for health care for uninsured children.” The rest would be placed in a health-care trust fund, which would be overseen by a presidential commission. The trust-fund money would “be divided among reimbursements to states, providing free smoking-cessation programs to all smokers, anti-smoking education and advertising, and enforcement of the settlement.” After the first 25 years, the tobacco companies would be required to pay \$15 billion a year. According to the Associated Press, “Of that, the deal provides an upfront payment of \$10 billion—\$7 billion to the states and \$3 billion for public health measures.” States would be required to reduce illegal sales of tobacco products to minors by 75 percent in five years and by 85 percent in seven years. States that failed to reach these goals would “lose some of the settlement money.” The FDA would be allowed to regulate nicotine as a drug but could not ban it until 2009, “and even then would

have to ensure that a ban would not cause a cigarette black market.” The deal would ban all outdoor advertising of tobacco products; eliminate human images from all advertising; eliminate cigarette vending machines; ban brand-name sponsorship of sporting events and promotional items such as T-shirts; eliminate product placement in movies and on TV; ban advertising on the Internet; require text-only ads in magazines “with significant youth readership”; and require the tobacco industry to “sign consent decrees with all states agreeing to this portion of the settlement.” Smoking would be banned in public places “and most workplaces unless there are separately ventilated smoking areas.” However, according to the Associated Press, “restaurants—with the exception of fast-food restaurants—as well as bars, casinos and bingo parlors would be exempt.”

But Wait—There's More!

The tobacco industry also agreed to replace the current warning labels on tobacco products. The new warnings would consist of black labels on the top fourth of a package of cigarettes, bearing messages such as “Cigarettes are addictive” and “Smoking can kill you.” The industry must also disclose the “truth” about the harmful effects of tobacco products, and must “establish a

public library for all its documents relating to the health effects of tobacco, addiction and marketing directed at minors.” The industry would, according to the Associated Press, “pay fines if youth smoking fails to drop by 30% in five years, 50% in seven years and 60% in 10 years.” The charge would be \$80 million per percentage point “by which the target is missed.” And the industry would pay civil penalties of up to \$10 million for violations of obligations to disclose research about health effects and information about toxicity of tobacco ingredients.

It's All Up to Congress

Under a fiscal 1998 budget-reconciliation law (HR2014, PL 105-34), the federal tax on cigarettes, now 24 cents per pack, will increase by 10 cents in fiscal 2000 and by a total of 39 cents by fiscal 2002. But lawmakers included a tax credit for tobacco companies in that law at the last minute. The provision stipulates that money raised from the higher tax be applied toward payments the industry agreed to in the June 20, 1997, settlement with state attorneys general. This effectively would reduce the amount of penalties owed by tobacco companies to \$318.5 billion if the lawmakers were to enact the overall settlement.

Contacts and Suggested Projects

AAFP: Tar Wars

Contact: Barbara Widmar
1-800-TAR-WARS
American Academy of Family Physicians
8880 Ward Parkway
Kansas City, MO 64114

A national children's education program and poster contest developed to discourage tobacco use among youth. Health-care providers become teachers for one hour as they present the Tar Wars lesson at elementary schools, etc. The lesson focuses on the short-term effects of tobacco use, the reasons people use tobacco, and the images that tobacco companies use to market their product.

American Cancer Society

1599 Clifton Road, NE
Atlanta, GA 30329
phone: (404) 320-3333
fax: (404) 325-0230
Web: <http://www.cancer.org>

Coordination with Great American Smokeout, November 20, 1997; coordinate with hospitals and HMOs to plan anti-smoking program; one to one mentoring program with students; educate fellow medical students and physicians about counseling patients to quit smoking.

American Heart Association

1150 Connecticut Avenue, NW, Suite 810
Washington, DC 20036
phone: (202) 822-9380
fax: (202) 822-9883
Web: <http://www.amhrt.org/>

American Lung Association: Smoke Free Class Of 2000

Contact:
1-800-LUNG-USA (1-800-586-4872)

This is a joint project of the American Lung Association, the American Cancer Society and the American Heart Association. This program is geared toward middle- and high school students, to teach them the risks of smoking and how they are being affected by tobacco-industry marketing. It also helps them to become advocates for a tobacco-free community. The goals of the project are to increase awareness, empower students to become advocates, to provide tobacco-use awareness products designed especially for students, their families and their teachers, and to encourage the adoption of tobacco-use-prevention education programs in the context of comprehensive school education.

AMSA Adolescent Substance Abuse Prevention (ASAP) Program

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page: (773) 201-2713

ASAP is a community-based prevention project aimed at teaching grade-school children (grades 5-8) how to make informed choices about drug use. Originally developed by AMSA in the late 1980s, the ASAP project has been active at more than 40 medical schools across this country.

American Medical Women's Association

Tobacco Control and Prevention
Contact: Liz Pejeau
801 North Fairfax Street, Suite 400
Alexandria, VA 22314
phone: (703) 838-0500
fax: (703) 549-3864
Web: <http://www.amwa-doc.org/>

Calvert Group

4550 Montgomery Avenue
Bethesda, MD 20814
phone: (301) 951-4800
Web: <http://www.calvertgroup.com/>

Calvert Group and the Investor Responsibility Research Center (IRCC) have unveiled a new Web service at <http://www.calvertgroup.com> which, for the first time ever, permits investors to plug in the names of their mutual funds and find out whether or not they include tobacco stocks.

Several suggested projects include encouraging students to visit the Calvert Group Web site and the free "Know What You Own Service" to determine whether they invest in tobacco through mutual funds; hosting seminars on tobacco-free investing and how you go about divesting in tobacco; and reviewing where your medical school's endowment is invested and taking action.

Campaign for Tobacco-Free Kids

"Kick Butts" Campaign
Contact: Judith Glanz
1707 L Street, NW, Suite 800
Washington, DC 20036
phone: (202) 296-5469
fax: (202) 296-5427
Web: <http://www.tobaccofreekids.org>

Suggested projects include organizing children to design anti-smoking billboards and posters, holding "Quit smoking" clinics in local malls, and developing ethnic community education programs.

Doctors Ought to Care

Contact: Eric Solberg
5615 Kirby Drive, Suite 440
Houston, TX 77005
e-mail: esolberg@doc1.com

Investor Responsibility Research Center

1350 Connecticut Avenue, N.W., Suite 700

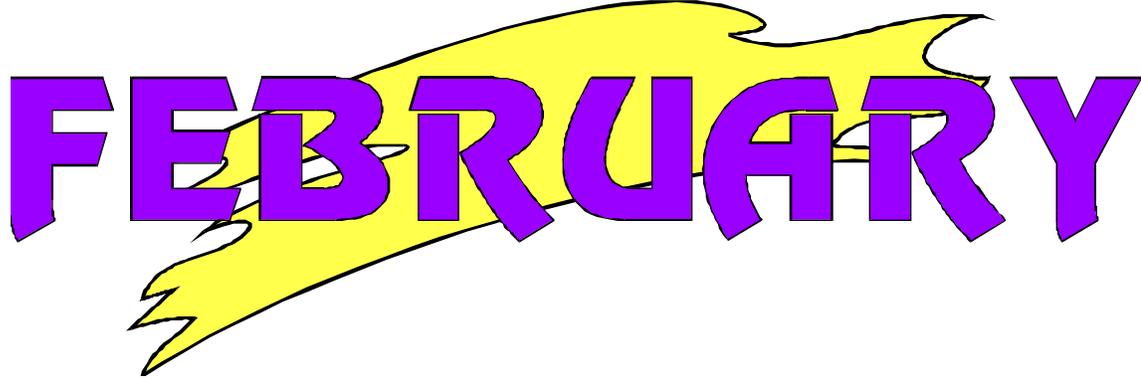
Washington, DC 20036

phone: (202) 833-0700

fax: (202) 833-3555

Web: <http://www.irrc.org>

IRRC publishes *Investor's Tobacco Reporter*, which tracks the tobacco investment debate.



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Pending Legislation in the 105th Congress

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S.828: A bill to provide for the reduction in the number of children who use tobacco products. Sponsor: Sen. Richard Durbin (D-IL).

H.R.1881: A bill to establish a Tobacco Accountability Board. Sponsor: Rep. Henry A. Waxman (D-CA).

H.R.1772: A bill to provide for the reduction in the number of children who use tobacco products. Sponsor: Rep. Henry A. Waxman (D-CA).

S.643: A bill to prohibit the Federal Government from providing insurance, reinsurance, or noninsured crop-disaster assistance for tobacco farmers. Sponsor: Sen. Richard Durbin (D-IL).

S.201: A bill to provide for the establishment of certain limitations on advertisements relating to the sale of tobacco products, and to provide for the increased enforcement of laws relating to underage tobacco use. Sponsor: Sen. Wendell Ford (D-KY).

H.AMDT.396: An amendment, offered as a substitute to the Doggett amendment to prohibit the use of any funds in the bill to promote the sale or export of tobacco products, or to remove or reduce marketing restrictions on the export of U.S. tobacco products to other countries. Sponsor: Rep. Alan Mollohan (D-WV).

S.1183: A bill to repeal the provision crediting increased excise taxes on certain tobacco products against payments made pursuant to the tobacco industry settlement legislation. Sponsor: Sen. Richard Durbin (D-IL).

S.1060: A bill to restrict the activities of the United States with respect to foreign laws that regulate the marketing of tobacco products and to subject cigarettes that are exported to the same restrictions on labeling as apply to the sale or distribution of cigarettes in the United States. Sponsor: Sen. Frank Lautenberg (D-NJ).

Pending Legislation, continued

H.R.2390: A bill to repeal the provision which credits the increase in the tobacco excise taxes enacted by the Balanced Budget Act of 1997 against the payments due under the tobacco industry settlement agreement of June 20, 1997. Sponsor: Rep. Joe Moakley (D-MA).

H.R.516: A bill to establish federal authority to regulate tobacco and other tobacco products containing nicotine. Sponsor: Rep. Scotty Baesler (D-KY).

H.R.2135: A bill to make exports of tobacco products and the advertising of tobacco products abroad subject to the restrictions on labeling and advertising applicable to tobacco products in the United States, and for other purposes. Sponsor: Rep. Lloyd Doggett (D-TX).

S.RES.104: A resolution to state the sense of the Senate regarding the tax status of payments made as a result of the recent tobacco liability settlement. Sponsor: Sen. Tom Harkin (D-IA).

H.R.2017: A bill to amend section 1926 of the Public Health Service Act to encourage States to strengthen their efforts to prevent the sale and distribution of tobacco products to individuals under the age of 18, and for other purposes. Sponsor: Rep. Sanford Bishop (D-GA).

H.R.2594: A bill to restrict the access of youth to tobacco products, and for other purposes. Sponsor: Rep. Jon Fox (R-PA).

S.527: A bill to prescribe labels for packages and advertising for tobacco products, to provide for the disclosure of certain information relating to tobacco products, and for other purposes. Sponsor: Sen. Frank Lautenberg (D-NJ).

H.R.1826: A bill to increase deficit-reduction assessments for participants in the federal price-support program for tobacco and to extend the period during which such assessments will be collected. Sponsor: Rep. Elizabeth Furse (D-OR).

H.R.1244: A bill to prescribe labels for packages and advertising for tobacco products, to provide for the disclosure of certain information relating to tobacco products, and for other purposes. Sponsor: Rep. Marty Meehan (D-MA).

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Pending Legislation, continued

H.R.762: A bill to restrict the advertising and promotion of tobacco products. Sponsor: Rep James Hansen (R-UT).

H.R.410: A bill to prohibit the regulation of the use of any tobacco or tobacco product as a sponsor of an event of the National Association of Stock Car Automobile Racing, its agents or affiliates, or any other professional motor sports association by the Secretary of Health and Human Services or any other instrumentality of the federal government. Sponsor: Rep. Bart Gordon (D-TN).

H.R.1323: A bill to amend the Internal Revenue Code of 1986 to disallow deductions for advertising expenses for tobacco products. Sponsor: Rep. Paul McHale (D-PA).

H.R.2385: A bill to repeal the provision providing for crediting the increase in excise taxes on certain tobacco products against payments made pursuant to tobacco industry settlement legislation. Sponsor: Rep. Bob Franks (R-NJ).

S.AMDT.375: To exclude a tobacco product or a component of a tobacco product from the definition of a product. Sponsor: Sen. Frank Lautenberg (D-NJ).

H.AMDT.395: An amendment, printed as amendment No. 4 in the *Congressional Record* of July 29, 1997, to prohibit the use of any funds in the bill to promote the sale or export of tobacco products, or to remove or reduce marketing restrictions on the export of U.S. tobacco products to other countries. Sponsor: Rep. Lloyd Doggett (D-TX).

S.526: A bill to amend the Internal Revenue Code of 1986 to increase the excise taxes on tobacco products for the purpose of offsetting the federal budgetary costs associated with the Child Health Insurance and Lower Deficit Act. Sponsor: Sen. Orrin Hatch (R-UT).

H.R.2387: A bill to repeal the provision crediting increased excise taxes on certain tobacco products against payments made pursuant to the tobacco industry settlement legislation. Sponsor: Rep. Nita Lowey (D-NY).

S.1238: A bill to amend section 1926 of the Public Health Service Act to encourage States to strengthen their efforts to prevent the sale and distribution of tobacco products to individuals under the age of 18. Sponsor: Sen. Robert Smith (R-NH)

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Pending Legislation, continued

H.R.2034: A bill to amend section 1926 of the Public Health Service Act to encourage states to strengthen their efforts to prevent the sale and distribution of tobacco products to individuals under the age of 18, and for other purposes. Sponsor: Rep. Sanford Bishop (D-GA).

H.R.2519: A bill to increase the legal smoking age from 18 to 21. Sponsor: Rep. Diana DeGette (D-CO).

H.R.1438: A bill to prohibit the federal government from providing insurance, reinsurance or noninsured crop-disaster assistance for tobacco farmers. Sponsor: Rep. Diana DeGette (D-CO).

H.R.1364: A bill to provide grants to states to provide uninsured children with access to health-care insurance and to amend the Internal Revenue Code of 1986 to increase the excise taxes on tobacco products for the purpose of funding such grants and reducing the deficit. Sponsor: Rep. Nancy Johnson (R-CT).

H.R.768: A bill to restrict the Food and Drug Administration from penalizing retailers for face-to-face tobacco sales that are in accordance with state law. Sponsor: Rep. Ray LaHood (R-IL).

S.AMDT.1174: To maintain authority of the Food and Drug Administration to regulate tobacco. Sponsor: Sen. Jim Jeffords (R-VT).

H.AMDT.357: An amendment, No. 67 in the *Congressional Record* of September 16, 1997, to repeal the provisions of the Balanced Budget Act relating to certain tax benefits for tobacco companies. Sponsor: Rep. Nita Lowey (D-NY).

H.AMDT.271: An amendment, printed as amendment No. 3 in the *Congressional Record* of July 15, 1997, to prohibit the use of any funds appropriated in the bill to subsidize crop insurance for tobacco crops. Sponsor: Rep. Nita Lowey (D-NY).

S.AMDT.573: To increase the excise tax on cigarettes by 43 cents per pack and increase the tax on other tobacco products by a proportionate amount, and direct \$12,000,000,000 of the resulting revenues be applied to the children's health initiative. Sponsor: Sen. Edward Kennedy (D-MA).

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Pending Legislation, continued

S.AMDT.1125: To provide for certain limitations on attorneys' fees under any global tobacco settlement and for increased funding for children's health research. Sponsor: Sen. Jeff Sessions (R-AL).

S.AMDT.297: To provide affordable health coverage for low- and moderate-income children and for additional deficit reduction, financed by an increase in the tobacco tax; in addition to the amounts included in the bi-partisan budget agreement for one or both of the following: (1) Medicaid, including outreach activities to identify and enroll eligible children and providing 12-month continuous eligibility, and also to restore Medicaid for current disabled children losing SSI because of the new, more strict definition of childhood eligibility; and (2) a program of capped mandatory grants to states to finance health insurance coverage for uninsured children. Sponsor: Sen. Orrin Hatch (R-UT).

S.AMDT.968: To provide funding for tobacco and nicotine enforcement activities of the Food and Drug Administration. Sponsor: Sen. Tom Harkin (D-IA).

S.AMDT.519: To increase the deduction for health-insurance costs of self-employed individuals, and to increase the excise tax on tobacco products. Sponsor: Sen. Richard Durbin (D-IL).

S.AMDT.1057: To provide funding for activities of the Food and Drug Administration relating to the prevention of tobacco use by youth, with an offset. Sponsor: Sen. Tom Harkin (D-IA).

S.938: A bill to amend the Public Health Service Act to provide surveillance, research and services aimed at the prevention and cessation of prenatal and postnatal smoking, and for other purposes. Sponsor: Sen. Christopher Bond (R-MO).

S.826: A bill to amend the Public Health Service Act to protect the public from health hazards caused by exposure to environmental tobacco smoke, and for other purposes. Sponsor: Sen. Frank Lautenberg (D-NJ).

S.AMDT.1078: To repeal the tobacco industry settlement credit contained in the Balanced Budget Act of 1997 as amended. Sponsor: Sen. Richard Durbin (D-IL).

H.R.1771: A bill to amend the Public Health Service Act to protect the public from health hazards caused by exposure to environmental tobacco smoke, and for other purposes. Sponsor: Rep. Henry Waxman (D-CA).

105th C O N G R E S S

How to Organize a Letter-Writing Campaign

What is a letter-writing campaign?

It's when a group of people get together to write their elected officials to express their opinions on a specific piece of legislation.

Activism at your local chapter

Every year, hundreds of bills are considered by Congress. Some are good, others are harmful. Legislators are on Capitol Hill to represent us. We need to tell them what we think so that they vote for the quality bills and against harmful bills. By organizing a letter-writing campaign and mailing as many letters as possible from your school, you can have a significant impact on the way your legislator votes.

Coordinating our efforts nationally

Don't worry, you're not alone. This anti-tobacco letter-writing effort will also be coordinated nationally. At several points during the year, AMSA's Legislative Affairs Director will transmit a legislative alert asking local chapters across the country to conduct a letter-writing campaign. Within days, each legislator in Congress will have several hundred letters from AMSA members arrive at his or her doorstep.

How do I get started?

1. Track the issues

Stay up-to-date on issues related to tobacco. In 1997-1998, they will include FDA regulation of tobacco and the litigation settlement between the states attorneys general and the tobacco industry. Try to follow these issues and any corresponding legislation closely. The challenging aspect of a letter-writing campaign is that you never know when something is going to come up for a vote. There are many resources that can help you keep track of bills.

The Web: *Thomas*, the Library of Congress Web site (<http://thomas.loc.gov>), contains a database of all legislation proposed in the current Congress. The *House and Senate Homepages*, <http://www.house.gov> and <http://www.senate.gov>, both have floor and committee schedules.

Interest groups: Staff members at organizations like the American Lung Association, the American Cancer Society and the American Heart Association are often the ones who follow bills most closely. Contact these groups—and maintain a regular correspondence.

The local office of your Senator or Representative: You are a constituent, and the staffers at your legislator's home office should be more than eager to help you stay informed.

The AMSA Legislative Affairs Director: Robert Chisholm is the 1997-1998 Legislative Affairs Director (LAD). As mentioned above, he will be coordinating national grass-roots lobbying efforts through his POWER (Politically Organized Web for Effective Response) network. Give him a call at 800-767-2266, ext. 211, or e-mail him at lad@www.amsa.org. Check the status of the bills at least twice a week to find out when they will go to committee for discussion and debate or to the floor for a vote. When they do, you can intervene with a letter-writing campaign.

2. Hold the event

Letter-writing campaigns are most effective when you get together with everyone in a room and have them prepare the letters on the spot. You'll find that many of your classmates don't know the names of their elected officials. The Web (<http://vote-smart.org/lookup.html>) provides a fast and accurate way to look them up. Also, your local board of elections, league of women voters, and other governmental and non-governmental organizations may have printed resources that you can use.

Quality vs. Quantity

Congressional staffers are impressed by quality correspondence—by well thought out, handwritten letters whose authors seem to have put forth special effort to express their opinions. The quality strategy can include using computers to generate letters that look like they are individualized or using an overhead projector to display a form letter on a large screen so that participants can then simply transcribe the letter by hand.

The other strategy is quantity—several hundred form letters from constituents will also grab a Capitol Hill staffer's attention. You can pre-print postcards or letters and have participants write in their name, address and legislator's name.

Anatomy of a Letter-Writing Campaign

Below is an example of how an AMSA chapter organized a letter-writing campaign. Feel free to modify this project to fit the needs, resources and interests of your local chapter. Be creative, and don't be afraid to call the AMSA LAD for help!

Target: S.525, the Children's Health Insurance and Lower Deficits Act

AMSA supported S.525, a proposal to levy a cigarette tax and use revenues to pay for health coverage for low-income children. We had a first- and a second-year student following tobacco-regulation legislation, including S.525. They checked various Internet resources regularly, established relationships with advocacy organizations active in these areas and periodically contacted the local offices of their legislators to find out about related bills.

DAY ONE Thursday, April 10

Our chapter president heard news relating to S.525 via the LAD's electronic newsletter, "Straight From the Hill." Using the Library of Congress and the Senate Web pages, we quickly gathered details of the bill and found out that it would be discussed in committee in eight days. In order for letters to arrive in Washington on time, we needed to hold the letter-writing campaign in four days. Project coordinators set the date and time for the event.

DAY TWO Friday, April 11

The coordinator reserved rooms and computers for the event, e-mailed the LAD to request a sample letter for use as a working draft, consulted the school computer lab wizards to find the best way to process form letters, and e-mailed AMSA members asking for volunteers to help with the project.

DAY THREE Saturday, April 12

The coordinator received the LAD's letter and revised it to suit our chapter, mass e-mailed the medical, physical therapy, occupational therapy, and health-administration students to announce Monday's event, looked into options for providing lunch at the event, typed up an instruction sheet on how to use the computers, began work on an information sheet with details on S.525, and disseminated event information by word of mouth.

DAY FOUR Sunday, April 13

The coordinator set up the database to produce the form letters, designed a publicity poster and procured an easel for display, and made arrangements for media coverage.

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DAY FIVE Monday, April 14

A chapter officer made announcements in class to get people to come to the event, purchased stamps and trained volunteers on use of the database, ordered a deli tray at the grocery store and brought it to school, and took pictures for submission to *The New Physician*.

Participants read over hard copies of the form letter. If they agreed with it, they could input their name, their address and their legislator's name, and the laser printer would spit out a fully formatted letter. A chapter officer distributed the letters to the authors for their signatures and then gave them materials so that they could address, stamp, stuff and seal the letters in envelopes. Participants who didn't agree with the letter were welcome to edit parts of the letter, or write a completely new letter.

Participants were then directed to a reception room for lunch and a question-and-answer session about the issues hosted by a chapter officer. Our bouncer admitted people to the room only if they showed him a letter. That way we minimized people grabbing the food and running off without participating. Our motto was "You must sing for your food." That day we mailed out nearly 200 letters from 69 participants.

DAY SIX Tuesday, April 15

A chapter officer mass e-mailed students thanking them for their participation, e-mailed the volunteers thanking them for their help, and e-mailed the form letters to those who expressed interest but could not attend the event.

DAY NINE Friday, April 18

S.525 passed the Senate Committee on Labor and Human Resources with flying colors.

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Sample Letter To Congress

April 15, 1997

The Honorable Carol Moseley-Braun
The United States Senate
Washington, DC 20510

Dear Senator Moseley-Braun:

I am a constituent of yours, currently studying medicine at Washington University in St. Louis. I would like to ask your support for the Children's Health Insurance and Lower Deficit Act (S.525 and S.526). There are currently 10 million uninsured children in the United States. Through no fault of their own, they do not have adequate access to health-care when they need it most. These innocent, low-income children with no health care coverage are counting on you to talk to all of your colleagues in the Labor and Human Resources committee before it meets this Friday and encourage them to vote in favor of this bill.

As you know, S.525 and S.526 will enable parents to purchase private health insurance for their uninsured children with vouchers financed with a 43-cent increase in the federal cigarette tax. One-third of this cigarette tax revenue will be set aside to lower the federal budget deficit.

There are many benefits to this piece of legislation. Insuring children who lack health insurance is one. From my experiences in the hospital, I know that there are many patients who do not seek medical attention early on in the course of an illness just because they don't have insurance. Instead, they wait until their condition severely deteriorates. This is definitely not what any pediatrician in his right mind would recommend. Healthy children grow up to be healthy adults; unhealthy children grow up to be unhealthy adults. Let's aim for the former scenario, not the latter.

One third of the revenues generated will go toward chipping away at the budget deficit. Medical students know what it's like to be in debt. Many of us will accumulate educational debts of over \$100,000 by graduation. So I understand the implications of not balancing the books each year. This bill will help us eliminate the deficit.

An increase in the cigarette tax has been proven to deter children from beginning smoking. You don't need a medical student or even a doctor to tell you that smoking is bad for you. We need to protect our children from the addicting poisons that the tobacco industry markets to them.

This bill will not lead to "big government." Instead, because the revenues will be used to pay for private insurance, it will spur on private-sector business development. Finally, this is a bipartisan effort, as evidenced by a good number of both Democratic and Republican co-sponsors. Because both parties are behind this bill, every member of Congress should support it.

This is a simple, reasonable, bipartisan proposal that will lower the deficit, provide insurance coverage for America's children, and discourage them from smoking. I know that you support lowering the deficit and keeping children healthy, so I urge you to support and to vote for bills S.525 and S.526. Thank you for your time.

Sincerely,

John Doe

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