

## Smoking Control

### SUMMARY OF THE PROBLEM .....

*Cigarette smoking is the largest single preventable cause of illness and premature death in the United States. It is the major single cause of cancer mortality in the United States and is a causal factor for coronary heart disease and arteriosclerotic peripheral vascular disease; is associated with increased risk of coronary atherosclerosis; and is the most important cause of chronic obstructive lung disease. Cigarette smoking increases the risk of bladder, pancreatic, and renal cancer, and peptic ulcer disease. Maternal cigarette smoking during pregnancy causes: retarded fetal growth; an increased risk for spontaneous abortion, fetal death, and neonatal death; and, possibly, slight impairment of growth and development during early childhood. Cigarette smoking acts synergistically with oral contraceptives to increase the risk for coronary heart disease and some forms of cerebrovascular disease; with alcohol to increase the risk of cancer of the larynx, oral cavity, and esophagus; with asbestos and some other occupationally encountered substances to increase the likelihood of cancer of the lung and larynx; and with other coronary risk factors such as hypercholesteremia to enhance car-*

*diovascular risk. Smoking is the major identifiable cause of residential fire deaths and injuries as well as a contributor to accidental injuries.*

*Cigarette smokers have a 70 percent higher overall death rate than nonsmokers, and tobacco is associated with an estimate in excess of 300,000 premature deaths a year. It is estimated that smoking contributes to as many as 225,000 deaths from coronary heart disease, the major cause of death among men and women in the United States; more than 100,000 deaths from cancers; and more than 20,000 deaths from chronic obstructive lung disease. Another 10 million Americans currently suffer from debilitating chronic disease caused by smoking.*

*But substantial progress has been made since the release of the first Surgeon General's Report in 1964. More than 30 million smokers have quit since 1964 and the proportion of adult smokers has declined from about 42 percent in 1965 to approximately one-third today. Adult per capita consumption of cigarettes declined temporarily in 1953, 1954, 1964 and 1968-70, and the rate of decline has accelerated since 1977. Teenage smoking, particularly among adolescent girls, appears to be declining.*

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### Priority objectives

To provide a measure of progress, national objectives have been established as quantifiable goals designed to improve health, reduce risk factors, increase awareness, and improve protection and surveillance. Of the 17 goals to improve health through smoking prevention/cessation measures listed in "Objectives for the Nation," the 10 identified as priorities for the Federal effort are listed below:

#### Reduced risk factors

- By 1990, the proportion of adults who smoke should be reduced to below 25 percent. (In 1980, the proportion of the U.S. population which smoked was 33 percent.)
- By 1990, the proportion of children and youth aged 12 to 18 years old who smoke should be reduced to

below 6 percent. (In 1979, the proportion of 12 to 18 year olds who smoked was 11.7 percent.)

#### Increased public-professional awareness

- By 1990, the share of the adult population aware that smoking is one of the major risk factors for heart disease should be increased to at least 85 percent. (In 1975, the share was 53 percent.)
- By 1990, at least 90 percent of the adult population should be aware that smoking is the major cause of lung cancer, as well as a cause of multiple other cancers including laryngeal, esophageal, bladder, and other sites. (Baseline data unavailable.)
- By 1990, at least 85 percent of the adult population should be aware of the special risk of developing and worsening chronic obstructive lung disease, including

bronchitis and emphysema, among smokers. (Baseline data unavailable.)

- By 1990, at least 85 percent of women should be aware of the special health risks for women who smoke, including the effect on outcomes of pregnancy and the excess risk of cardiovascular disease for women who both smoke cigarettes and use oral contraceptives. (Baseline data unavailable.)

### **Improved services-protection**

- By 1985, tar, nicotine and carbon monoxide yields should be prominently displayed on each cigarette package and promotional material. (Levels are not currently required.)
- By 1985, the present cigarette warning should be strengthened to increase its visibility and impact and to give the consumer additional needed information on the specific multiple health risks of smoking. Special consideration should be given to rotational warnings and to identification of special vulnerable groups.

### **Improved surveillance-evaluation**

- By 1990, continuing epidemiological research should have delineated the unanswered research questions regarding low yield cigarettes, and preliminary partial answers to these should have been generated by research efforts.
- By 1990, in addition to biomedical hazard surveillance, continuing examination of the changing tobacco product, and the sociologic phenomena resulting from those changes should have been accomplished.

The objectives identified as priorities are those which are information oriented, those for which Federal stimulus would prove a useful catalyst, and those for which the Federal Government is the principal participant—e.g., education and information. Objectives focusing on most of improved smoking-related services were not identified as priorities, for the primary responsibility for achieving these objectives lies at the State and local levels and in the private sector.

### **Role of the Federal Government**

A pluralistic process involving public and private participants from many sectors and backgrounds is necessary if the smoking control objectives are to be achieved by 1990. The role of the Federal Government

in this process is to lead, catalyze, and provide strategic support. In assuming this role the DHHS will:

- Sponsor mass media campaigns on the health effects of smoking;
- Produce the Department's "Annual Report to Congress on the Health Consequences of Smoking;"
- Collect, organize, and disseminate the world scientific literature on smoking and health;
- Coordinate the smoking-related research activities of the Department of Health and Human Services; and
- Serve as a central point of contact at the national level for stimulating the development of smoking and health programs.

The tables on the following pages identify, by objective, the activities supported by the Department of Health and Human Services that contribute toward achievement of the smoking control priority objectives. Included within the tables are activities undertaken jointly by Federal agencies and private sector organizations. Only those activities planned to occur during Fiscal Year 1982 and beyond are listed in the tables.

### **Coordination**

Achievement of the objectives will require the development of activities which supplement and complement those of the Federal Government. Local chapters of the American Lung Association, American Heart Association, American Cancer Society, etc. could offer smoking cessation programs. Similarly, health and life insurers could offer differential insurance rates for nonsmokers. Activities to dissuade children and youth from beginning to smoke should be supported by both public and private sector health agencies.

A range of possible activities contributing toward achievement of the smoking prevention objectives was described in "Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention" and "Promoting Health/Preventing Disease: Objectives for the Nation." The Department of Health and Human Services will support those activities that are consistent with the Federal role of leading, catalyzing, and providing strategic support. State, local, and private organizations will supplement this effort through activities that are compatible with their organizational mandate and available resources.

## Summary of Federal efforts

The DHHS efforts listed below are necessary for the achievement of the smoking and health objectives by 1990. Most are already underway and it is anticipated that some will extend through 1990. The ability to engage in these efforts is contingent upon the availability of Federal fiscal and manpower resources. Federal efforts ascertained to produce the most progress toward achievement of the smoking prevention objectives will receive first priority for the allocation of resources.

### Education and information measures

- Collection, organization, and dissemination of the world's scientific literature on smoking and health;
- Sponsorship of public information campaigns targeting adults (especially women), children, and adolescents;
- Conduct of a poster and essay contest aimed at all seventh grade students in the country;
- Adaptation of print and audiovisual materials to appeal to minority audiences; and
- Production and dissemination of the Department's "Annual Report to Congress on the Health Consequences of Smoking."

### Technical assistance-cooperative measures

- Provision of technical and administrative services for the development and maintenance of grant programs at the community level;
- Expansion and increased coordination of smoking information and cessation programs;
- Function as a liaison with professional and voluntary organizations; and
- Stimulation of the involvement and cooperation of State and local governments, private, voluntary health agencies, professional organizations, and the entire public health community in smoking programs.

### Economic and other incentive measures

- Enforcement of smoking rules and regulations in DHHS meeting rooms, at conferences, and in offices; and

- Consideration of proposals to Congress for modification of health warnings on cigarette packs and in cigarette advertising to include more specific information on health impact.

### Research and surveillance measures

- Conduct of studies on the pharmacological and physiological effects of smoking, including the effects of indirect smoking on fetal development and childhood growth and development;
- Conduct of studies on the behavioral factors associated with smoking, including the identification of predictive factors;
- Conduct of studies on the process of smoking cessation, including the development and testing of effective motivational programs and the effect of brand choices on successful cessation;
- Development of a standard questionnaire and a technology to obtain valid self-reports on smoking habits for use in multiple studies to facilitate interstudy comparisons;
- Support for initiatives and research programs designed to prevent smoking and other harmful health habits in childhood;
- Support for evaluations of prevention and intervention demonstration programs targeted at teenagers and adults; and
- Development, testing and dissemination of educational programs designed to prevent the onset of smoking and encourage current smokers to quit.

### DHHS Cooperating Agencies

Office of the Assistant Secretary for Health (OASH)  
National Center for Health Services Research (NCHSR)  
National Center for Health Statistics (NCHS)  
Office on Smoking and Health (OSH) (*DHHS Lead Agency*)  
Office of Disease Prevention and Health Promotion (ODPHP)  
Alcohol, Drug Abuse and Mental Health Administration (ADAMHA)  
National Institute on Drug Abuse (NIDA)  
Centers for Disease Control (CDC)  
Center for Health Promotion and Education (CHPE)  
Center for Prevention Services (CPS)  
Health Resources and Services Administration (HRSA)  
Bureau of Health Care Delivery and Assistance (BHCDA)  
Indian Health Service (IHS)  
National Institutes of Health (NIH)  
National Cancer Institute (NCI)  
National Heart, Lung and Blood Institute (NHLBI)

National Institute of Child Health and Human Development  
(NICHD)  
Division of Research Resources (DRR)

Department of Labor (DOL)  
Federal Trade Commission (FTC)  
Veterans Administration (VA)

**Non-DHHS Cooperating Agencies (Partial List)**

**Federal agencies**

Department of Defense (DOD)  
Department of Education (ED)  
National Institute of Education (NIE)

**Non-Federal agencies**

American Cancer Society (ACS)  
American Heart Association (AHA)  
American Lung Association (ALA)  
American Medical Association (AMA)  
National Interagency Council on Smoking and Health (NICOSH)

## Smoking Control Priority Objectives Implementation Plan

**Objective:** By 1990, the proportion of adults who smoke should be reduced to below 25 percent; the proportion of children and youth aged 12 to 18 years old who smoke should be reduced to below 6 percent.

**Priority:** High.

**Baseline data:** In 1980, the proportion of the U.S. population which smoked was 33 percent; the proportion of 12 to 18 year-olds was 11.7 percent.

**Data source:** National Health Interview Survey (NCHS), NIDA Annual Survey (ADAMHA), NIE Teen Survey (ED).

<i>Implementation Step</i>	<i>Responsible DHHS Agencies</i>	<i>Year to be Initiated</i>
<b>Education and Information Measures</b>		
Collect, organize and disseminate the world's scientific literature on smoking and health.	OASH-OSH	Ongoing
Develop information campaigns on smoking, with special emphasis on women and young adults.	OASH-OSH	Ongoing
Include smoking education activities in well child clinics, prenatal clinics, family planning activities and school health activities.	HRSA-BHCDA	Ongoing
Support the smoking education efforts of persons involved with the Tribal MCH Programs, Improved Pregnancy Outcome Programs, Women, Infant and Children's Feeding Programs, and Office of Indian Education Programs.	HRSA-IHS	Ongoing
Adapt print and audiovisual materials to appeal to minority audiences.	NIH-NCI, NHLBI; OASH-OSH, ODPHP	Ongoing
<b>Technical Assistance/Cooperative Measures</b>		
Stimulate the involvement and cooperation of State and local health jurisdictions and the entire public health community in smoking-related activities.	CDC-CHPE; OASH-OSH	Ongoing
Encourage States to support health education-risk reduction programs that address smoking and other factors through their Prevention Block Grant.	CDC-CHPE; OASH-OSH, ODPHP	Ongoing
Assess and coordinate the research activities of multiple Public Health Service agencies and collaborate with other Federal departments involved with aspects of tobacco and cigarette issues.	OASH-OSH	Ongoing
Work with professional and voluntary organizations to enhance smoking prevention activities.	CDC-CHPE; OASH-OSH, ODPHP	Ongoing

<i>Implementation Step</i>	<i>Responsible DHHS Agencies</i>	<i>Year to be Initiated</i>
Work with the Education Department to expand coordination of smoking information programs through State school offices and local district superintendents, including the identification and demonstration of improved health education curricula.	CDC-CHPE; OASH-OSH, ODPHP	Ongoing
<b>Economic and Other Incentive Measures</b>		
Work with GSA to support the general policy of smoke-free workplaces.	OASH-OSH	Ongoing
Enforce smoking rules and regulations in meeting rooms, at conferences, and in offices.	All Agencies	Ongoing
<b>Research and Surveillance Measures</b>		
Analyze scientific data for the purpose of establishing and maintaining Federal policies on smoking.	OASH-OSH	Ongoing
Collect data on smoking behavior, including surveys on attitudes, knowledge and beliefs for all segments of the U.S. population.	ADAMHA-NIDA; OASH-NCHSR, OSH, NCHS	Ongoing
Develop improved cancer mortality data and risk estimation procedures for Health Risk Appraisal use.	CDC-CHPE; NIH-NCI; OASH-ODPHP	FY 1983
In collaboration with Schools of Public Health, assist States to develop capacity to survey the prevalence of smoking.	CDC-CHPE	FY 1983
Develop evaluation handbooks incorporating the best available data items to measure health behaviors, including smoking.	CDC-CHPE; OASH-ODPHP	FY 1982
Increase the number of surveys, studies and subsamples of the general population that include minority participation.	NIH-NCI, NHLBI; OASH-OSH, NCHS, NCHSR	Ongoing
Conduct studies on the pharmacological and physiological effects of smoking including: (1) the dose-dependency of the abstinence syndrome; (2) the association of maternal smoking and sudden infant death syndrome; (3) the effects on infant development of nicotine and other smoke components in breast milk; (4) the effects of parental smoking on the physiological and intellectual development of children; (5) the addictive properties of nicotine and other smoking components; and (6) the interaction of smoking with use of therapeutic drugs.	ADAMHA-NIDA; NIH-NHLBI, NCI, NICHD, DRR	Ongoing
Conduct studies on the behavior factors associated with smoking including: (1) the identification of factors that predict children at most risk for initiating smoking; (2) the identification of environmental factors that influence children's smoking behavior; (3) the role of lower tar and nicotine cigarettes on smoking initiation, maintenance and cessation; (4) the development of a behavioral classification scheme for types of cigarette smoking; and (5) an identification of the behavioral and psychological factors which lead to beginning, continuing and ending the smoking habit.	ADAMHA-NIDA; NIH-NCI, NHLBI, NICHD, DRR; OASH-NCHSR	Ongoing
Conduct studies on the process of smoking cessation including: (1) an examination of the patterns and purposes of brand switches and brand choices prior to and after quit attempts; (2) an examination of the quitting methods used by those who succeed in self-directed efforts; (3) a comparison of the effects of quitting via "cold turkey" versus gradual withdrawal; (4) the identification of methods to reduce or prevent smoking recidivism; (5) the development and testing of effective motivational programs for self-quitting; (6) the identification of environmental factors that influence formal cessation program success; and (7) an evaluation of the smoking intervention programs offered by self-help groups, public service clinics, and proprietary programs.	ADAMHA-NIDA; NIH-NHLBI, NCI; OASH-NCHSR	Ongoing

<i>Implementation Step</i>	<i>Responsible DHHS Agencies</i>	<i>Year to be Initiated</i>
Support evaluations of prevention and intervention demonstration programs targeted at teenagers and adults.	CDC-CHPE	Ongoing
Develop a standard questionnaire and a technology to obtain valid self-reports on smoking habits for use in multiple studies to facilitate interstudy comparisons.	ADAMHA-NIDA; OASH-NCHSR	Ongoing

**Objective:** By 1990, the share of the adult population aware that smoking is one of the major risk factors for heart disease should be increased to at least 85 percent; at least 90 percent of the adult population should be aware that smoking is a major cause of lung cancer, as well as multiple other cancers including laryngeal, esophageal, bladder and other types; at least 85 percent of the adult population should be aware that smoking is a major cause of chronic obstructive lung disease, including bronchitis and emphysema; at least 85 percent of women should be aware of the special health risks for women who smoke, including the effect on outcomes of pregnancy and the excess risk of cardiovascular disease with oral contraceptive use.

**Priority:** High.

**Baseline data:** In 1975 the share aware of the risk of heart disease was 53 percent; baseline data otherwise are not currently available.

**Data source:** National Health Interview Survey (NCHS), NIDA Annual Survey (ADAMHA), NIE Teen Survey (ED).

<i>Implementation Step</i>	<i>Responsible DHHS Agencies</i>	<i>Year to be Initiated</i>
<b>Education and Information Measures</b>		
Support public information campaigns on smoking, with special emphasis on women and young adults.	OASH-OSH	Ongoing
Serve as a scientific and public information resource to individuals, institutions, and organizations throughout the U.S. and worldwide.	OASH-OSH; NIH-NHLBI	Ongoing
Collaborate with the Federal Trade Commission (FTC) to inform the public of tar, nicotine and carbon monoxide ratings of cigarettes.	OASH-OSH	Ongoing
Adapt print and audiovisual materials to appeal to minority audiences.	NIH-NCI, NHLBI; OASH-OSH, ODPHP	Ongoing
Refine and encourage adoption of school health education curricula modules on smoking.	CDC-CHPE; OASH-OSH, ODPHP	Ongoing
Produce and disseminate the Department's "Annual Report on the Health Consequences of Smoking."	OASH-OSH	Ongoing
Include smoking education activities in well child clinics, prenatal clinics, family planning activities and school health activities.	HRSA-BHCDA	Ongoing
Support the smoking education efforts of persons involved with the Tribal MCH Programs, Improved Pregnancy Outcome Programs, Women, Infant and Children's Feeding Programs, and Office of Indian Education Programs.	HRSA-IHS	Ongoing
<b>Technical Assistance/Cooperative Measures</b>		
Encourage States to support health education/risk reduction programs that address smoking and other risk factors through their Prevention Block Grant.	CDC-CHPE; OASH-OSH, ODPHP	Ongoing
Work with professional and voluntary organizations to expand and increase coordination of smoking information and cessation programs.	CDC-CHPE; OASH-OSH, ODPHP	Ongoing

<i>Implementation Step</i>	<i>Responsible DHHS Agencies</i>	<i>Year to be Initiated</i>
Improve targeting of media campaigns through increased utilization of the Office on Smoking and Health's Technical Information Center.	ADAMHA-NIDA; OASH-OSH	Ongoing
Work with the Education Department to expand coordination of smoking information programs through State school offices and local district superintendents, including identification and demonstration of improved health education curricula.	CDC-CHPE; OASH-OSH	Ongoing
Provide technical assistance to health agencies implementing Health Risk Appraisals that include smoking as a risk factor.	CDC-CHPE; OASH-ODPHP	Ongoing
<b>Economic and Other Incentive Measures</b>		
Enforce smoking rules and regulations in meeting rooms, at conferences, and in offices.	All Agencies	Ongoing
Determine benefits and costs of antismoking policies, including taxation and deployment of differential insurance premiums.	OASH-NCHSR	Ongoing
<b>Research and Surveillance Measures</b>		
Develop, test and disseminate educational programs designed to prevent the onset of smoking and encourage current smokers to quit.	OASH-OSH	Ongoing
Increase the number of surveys, studies and subsamples of the general population that include minority participation.	NIH-NCI, NHLBI; OASH-OSH, NCHSR, NCHS	Ongoing
Conduct studies on the pharmacological and physiological effects of smoking including: (1) the dose-dependency of the abstinence syndrome; (2) the association of maternal smoking and sudden infant death syndrome; (3) the effects on infant development of nicotine and other smoke components in breast milk; (4) the effects of parental smoking on the physiological and intellectual development of children; (5) the addictive properties of nicotine and other smoking components; and (6) the interaction of smoking with use of therapeutic drugs.	ADAMHA-NIDA; NIH-NHLBI, NCI, NICHD, DRR	Ongoing
Conduct studies on the the behavioral factors associated with smoking including: (1) the identification of factors that predict children at most risk for initiating smoking; (2) the identification of environmental factors that influence children's smoking behavior; (3) the role of lower tar and nicotine cigarettes on smoking initiation, maintenance and cessation; (4) the development of a behavioral classification scheme for types of cigarette smoking; and (5) an identification of the behavioral and psychological factors which lead to beginning, continuing and ending the smoking habit.	ADAMHA-NIDA; NIH- NICHD, NHLBI, NCI, DRR; OASH-NCHSR	Ongoing
Conduct studies on the process of smoking cessation including: (1) an examination of the patterns and purposes of brand switches and brand choices prior to and after quit attempts; (2) an examination of the quitting methods used by those who succeed in self-directed efforts; (3) a comparison of the effects of quitting via "cold turkey" versus gradual withdrawal; (4) the identification of methods to reduce or prevent recidivism; (5) the development and testing of effective motivational programs for self-quitting; (6) the identification of environmental factors that influence formal cessation program success; and (7) an evaluation of the smoking intervention programs offered by self-help groups, public service clinics and proprietary programs.	ADAMHA-NIDA; NIH-NHLBI, NCI; OASH-NCHSR	Ongoing
Examine the risks of peripheral vascular disease, coronary heart disease, chronic obstructive lung disease, and gestational effects associated with use of cigarettes with varying levels of tar and nicotine.	NIH-NHLBI	Ongoing

<i>Implementation Step</i>	<i>Responsible DHHS Agencies</i>	<i>Year to be Initiated</i>
Examine the effects and measure the clinical and physiological responses to involuntary smoking exposure on angina and other indicators of myocardial ischemia.	NIH-NHLBI	Ongoing
Identify the interaction of smoking with occupational and other environmental exposures in the causation of cancer, chronic obstructive lung disease, asthma, cardiovascular disease, and adverse reproductive and gestational effects.	NIH-NIEHS	Ongoing
Develop a standard questionnaire and a technology to obtain valid self-reports on smoking habits for use in multiple studies to facilitate interstudy comparisons.	ADAMHA-NIDA; OASH-NCHSR	Ongoing
Explore smoking in children as a gateway to other drug use and as related to other behaviors harmful to health.	ADAMHA-NIDA	Ongoing
Study factors that influence whether a woman smokes during pregnancy.	ADAMHA-NIDA; NIH- NICHD; OASH-NCHSR	Ongoing

**Objective:** By 1985, tar, nicotine and carbon monoxide yields should be prominently displayed on each cigarette package and promotional material. The present cigarette warning should be strengthened to increase its visibility and impact and to give the consumer needed additional information on the specific multiple risks of smoking. Special consideration should be given to rotational warnings and to identification of special vulnerable groups.

**Priority:** High.

**Baseline data:** Tar, nicotine, and carbon monoxide yields currently are not required to be displayed.

**Data source:** Federal Trade Commission annual report on tar, nicotine, and carbon monoxide content of cigarette smoke.

<i>Implementation Step</i>	<i>Responsible DHHS Agencies</i>	<i>Year to be Initiated</i>
<b>Education and Information Measures</b>		
Collaborate with the Federal Trade Commission (FTC) to inform the public of the tar, nicotine, and carbon monoxide levels of cigarette smoke.	OASH-OSH	Ongoing
Produce and disseminate the Department's "Annual Report to the Congress on the Health Consequences of Smoking."	OASH-OSH	Ongoing
<b>Technical Assistance/Cooperative Measures</b>		
Work with professional and voluntary organizations to enhance smoking information and prevention activities.	CDC-CHPE; OASH-OSH, ODPHP	Ongoing
<b>Economic and Other Incentive Measures</b>		
Enforce smoking rules and regulations in meeting rooms, at conferences, and in offices.	All Agencies	Ongoing
Consider support of Congressional action for modification of health warnings on cigarette packs and in cigarette advertising to include more specific information on health impact.	OASH-OSH	FY 1982
<b>Research and Surveillance Measures</b>		
Collect, monitor and provide information on current State smoking legislation.	CDC-CHPE; OASH-OSH	Ongoing



**Objective:** By 1990, continuing epidemiological research should have partial preliminary answers to the research questions regarding low yield cigarettes. In addition to biomedical hazard surveillance, continuing examination of the changing tobacco product and the sociologic phenomena resulting from those changes should have been accomplished.

**Priority:** High.

**Data source:** National Health Interview Surveys (NCHS), National Institute on Drug Abuse annual survey (ADAMHA), National Institute of Education - 1979 Teenage Smoking Survey (ED), Health and Nutrition Examination Survey (HANES) (NCHS), Bureau of Alcohol, Tobacco and Firearms - monthly statistical release of cigarette and cigar production (Treasury), Agricultural Marketing Service - Annual Report on Tobacco Statistics (USDA), Annual report on "Tar," Nicotine and Carbon Monoxide content of cigarette smoke (FTC), Vital Statistics of the United States (NCHS), Surveillance, Epidemiology, and End Results (SEER) (NCI), Monthly State Cigarette Tax Report, National Center for Health Statistics - reports on mortality from diseases related to smoking.

<i>Implementation Step</i>	<i>Responsible DHHS Agencies</i>	<i>Year to be Initiated</i>
<b>Education and Information Measures</b>		
Collect, organize and disseminate the world's scientific literature on smoking and health.	OASH-OSH	Ongoing
Serve as a scientific and public information resource on smoking to individuals, institutions, and organizations throughout the United States and worldwide.	OASH-OSH	Ongoing
Collaborate with the Federal Trade Commission to inform the public of the tar, nicotine and carbon monoxide ratings of cigarette smoke.	OASH-OSH	Ongoing
Produce and disseminate the Department's "Annual Report to Congress on the Health Consequences of Smoking."	OASH-OSH	Ongoing
<b>Technical Assistance/Cooperative Measures</b>		
Assess and coordinate the research activities of multiple Public Health Service agencies and collaborate with other Federal departments involved with aspects of tobacco and cigarette issues.	OASH-OSH	Ongoing
Stimulate the involvement and cooperation of State and local health jurisdiction, private voluntary health agencies, professional organizations, and the entire public health community in smoking-related activities.	CDC-CHPE; OASH-OSH	Ongoing
<b>Research and Surveillance Measures</b>		
Analyze scientific data for the purpose of establishing and maintaining Federal policies on smoking.	OASH-OSH, NCHSR, NCHS	Ongoing
Support initiatives and research programs designed to prevent smoking and other harmful health habits in childhood.	NIH-NCI, NHLBI, NICHD	Ongoing
Increase the number of surveys, studies and subsamples of the general population that include minority participation.	NIH-NCI, NHLBI; OASH-OSH, NCHS, NCHSR	Ongoing
Conduct studies on the behavioral factors associated with smoking including: (1) the identification of factors that predict children at most risk for initiating smoking; (2) the identification of environmental factors that influence children's smoking behavior; (3) the role of lower tar and nicotine cigarettes on smoking initiation, maintenance and cessation; (4) the development of a behavioral classification scheme for types of cigarette smoking; and (5) an identification of the behavioral and psychological factors which lead to beginning, continuing and ending the smoking habit.	ADAMHA-NIDA; NIH-NICHD, NHLBI, NCI, DRR; OASH-NCHSR	Ongoing
Conduct studies on the process of smoking cessation including: (1) an examination of the patterns and purposes of brand switches and brand choices prior to and after quit attempts; (2) an examination	ADAMHA-NIDA; NIH-NHLBI, NCI, DRR; OASH-NCHSR	Ongoing

Implementation Step	Responsible DHHS Agencies	Year to be Initiated
of the quitting methods used by those who succeed in self-directed efforts; (3) a comparison of the effects of quitting via "cold turkey" versus gradual withdrawal; (4) the identification of methods to reduce or prevent smoking recidivism; (5) the development and testing of effective motivational programs for self-quitting; (6) the identification of environmental factors that influence formal cessation program success; and (7) an evaluation of the smoking intervention programs offered by self-help groups, public service clinics and proprietary programs.		
Support evaluations of prevention and intervention demonstration programs targeted at teenagers and adults.	CDC-CHPE	Ongoing
Study the factors that influence whether a woman smokes during pregnancy.	ADAMHA-NIDA; OASH-NCHS; NIH-NICHD	Ongoing
Determine the relative reinforcing effects of constituents of cigarette smoke and other tobacco products.	ADAMHA-NIDA	Ongoing
Monitor changes in the forms and frequency of tobacco use with age and with time.	NIH-NICHD	Ongoing
Define the extent to which and duration for which smokers who switch to lower tar and nicotine cigarettes compensate by changing their smoking patterns; assess the change in individual smoker's dosage of various constituents.	ADAMHA-NIDA	Ongoing
Evaluate the behavioral and physiological effects, misuse liability, and effectiveness of nicotine gum and other pharmacological interventions when used as adjuncts in smoking programs.	ADAMHA-NIDA	Ongoing
Assess the accuracy of present analytical procedures for measuring tar and nicotine yields of ultra low-yield cigarettes; develop and validate feasible analytical procedures for other smoke constituents; and compare the constituent composition of mainstream and sidestream smoke for the range of commercially available cigarettes.	NIH-NCI	Ongoing
Establish clinical testing facilities to provide uniform biochemical and pharmacologic analyses of assays for plasma nicotine, and carboxyhemoglobin and salivary thiocyanate.	NIH-NCI	Ongoing
Implement routine surveillance of current and new cigarettes for the chemical constituents known to exert adverse biological effects.	NIH-NCI	Ongoing

## Alcohol and Drug Misuse Prevention

### SUMMARY OF THE PROBLEM . . . . .

Currently, average apparent consumption of alcohol for all persons older than 14 is 10 percent higher than 10 years ago, and is equivalent to about 2.75 gallons of ethanol per person per year. Approximately 10 million adult Americans (i.e., 7 percent of those 18 or older) can be considered problem drinkers. Youthful problem drinkers, aged 14 to 17, are estimated to number more

than 3 million and comprise 19 percent of this age group.

In addition to the social costs, the economic costs to society as a result of alcohol misuse are substantial—an estimated \$49.4 billion in 1977. Ten percent of all deaths in the United States are alcohol-related. Cirrhosis, which is largely attributable to alcohol consumption, ranks among the 10 leading causes of death. Alcohol use also is associated with cancer of the liver, pancreas, esophagus, and mouth. Alcohol consumption during pregnancy is associated with a wide range of possible harmful effects to the fetus—among them