

Preface

In the months immediately after January 1964, when Surgeon General Luther Terry released the first official Government report on smoking and health, cigarette consumption in the United States declined significantly. It was only the second time since the turn of the century that publicity about the hazards of smoking had produced a reduction in cigarette use. At that time, many leaders in the medical and public health arena assumed that, by providing the public with straightforward information about the dangers of smoking, they could discourage large numbers of people from using cigarettes.

While the expected change in behavior did occur, it was far more limited than had been hoped—a reflection of the difficulty that individuals often experience when they attempt to alter a complex behavior such as smoking, especially one we now know to be addictive.

The recognition that information alone would not eliminate tobacco use shifted the focus to strategies directed to the individual. This focus presumed, erroneously as it turned out, that the major determinants of smoking behavior were centered within the individual rather than sociologic in nature. Subsequent research and natural observation clearly demonstrated that behavior change correlated with changes occurring in the smoker's social and economic environment. This recognition has led to the adoption of public health strategies that now address the smoker's larger social environment while simultaneously offering programs of assistance for the individual.

This volume provides a summary of what we have learned over nearly 40 years of the public health effort against smoking—from the early trial-and-error health information campaigns of the 1960's to the NCI's science-based ASSIST project (the American Stop Smoking Intervention Study for Cancer Prevention), which began in the fall of 1991. *Strategies To Control Tobacco Use in the United States: A Blueprint for Public Health Action in the 1990's* presents a historical accounting of these efforts as well as the reasons why comprehensive smoking control strategies are now needed to address the smoker's total environment and reduce smoking prevalence significantly over the next decade.

An important finding discussed in this monograph is how different populations were affected by and responded to the early 1950's media coverage about the dangers of smoking, in

contrast to the effects of more intensive and sustained efforts in the late 1960's (see Figures 8, 9, and 10 in Chapter 1). During the latter period, the Federal Communications Commission ruled that cigarette advertising was subject to the Fairness Doctrine, and it required that all radio and television stations provide significant air time for health organizations to counter commercial ads with messages against smoking.

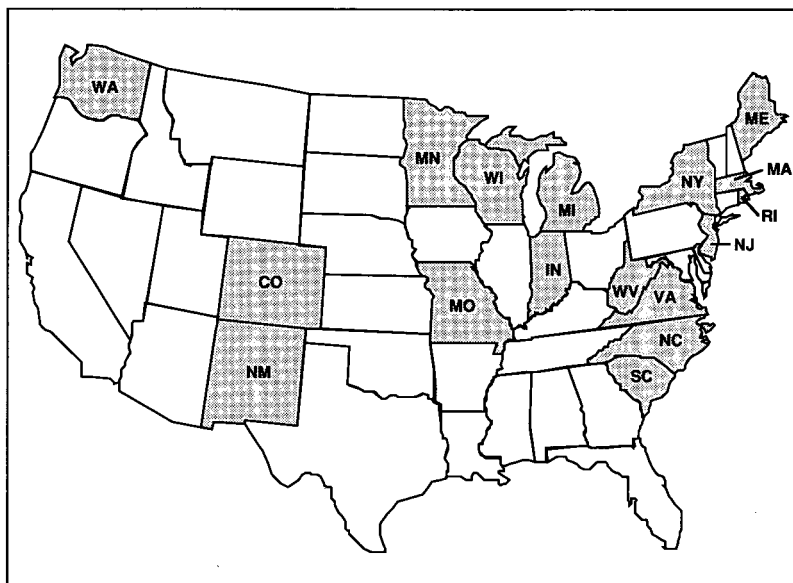
While the data show clearly that only white male smokers reacted to the first wave of public information in the 1950's—most likely because all of the early studies linking smoking and lung cancer were conducted with white males—the counteradvertising campaigns of the late sixties produced a greater level of smoking cessation across all major demographic groups. The TV and radio messages against smoking at that time employed broader themes and issues and thereby appealed to a more diverse audience. Further, the counteradvertising campaigns under the Fairness Doctrine used far-reaching electronic media—primarily television, while the public information of the middle 1950's had relied more heavily on print media.

The lessons gained from such natural experiments and from our contextual understanding of social factors that have influenced smoking in this century (see Figure 1, Chapter 5) are strong complements to our knowledge of what works—from the more than 100 controlled intervention trials sponsored by NCI in the 1980's.

Throughout the first 10 years of its existence, NCI's Smoking and Tobacco Control Program has operated under the philosophy that research, in and of itself, is not capable of producing large-scale national change in smoking prevalence rates. It was recognized from the outset that there must be a concerted effort to systematically and comprehensively apply the knowledge gained from the intervention trials. Thus, from its inception, the STCP has continually used information from such studies to plan the next steps for implementation of a national strategy to significantly reduce smoking in the 1990's.

The current state of the art in combating tobacco use combines multiple environmental changes with multiple programs directed to individuals in different stages of the smoking initiation and cessation process (see Figures 14 and 15, Chapter 1). This strategy recognizes that no single approach is best for all individuals, that no one intervention channel is capable of effectively reaching all smokers (or, in the case of children, potential smokers), and that no single time is best for individual smokers to make an attempt to quit. Comprehensive strategies for smoking control are characterized by

Figure 1
ASSIST states



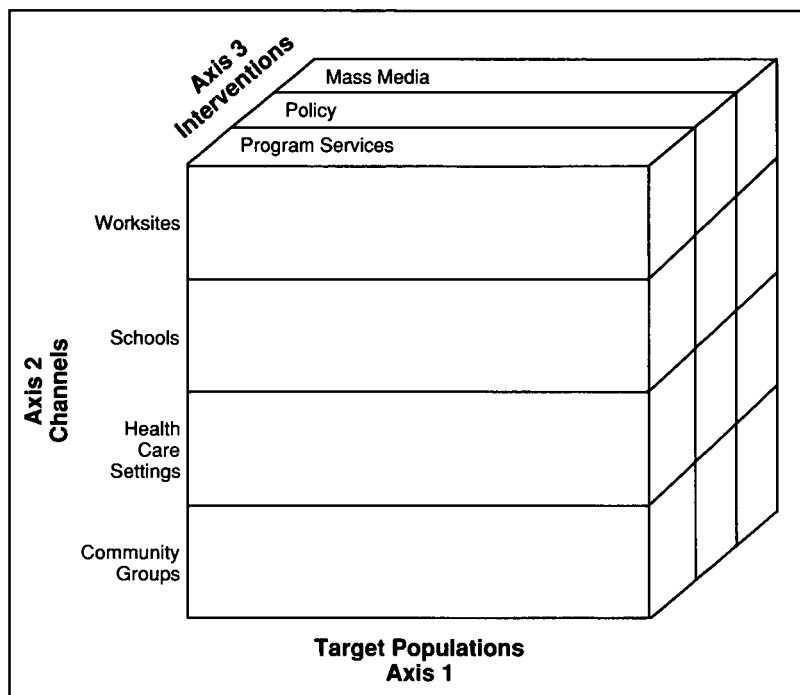
the delivery of persistent and inescapable messages to quit, or to not start smoking, coupled with continuously available support for individual cessation attempts, all provided through multiple channels and reinforced by environmental incentives for nonsmokers.

This strategy has provided the scientific foundation for the largest, most comprehensive smoking control project ever undertaken—the American Stop Smoking Intervention Study for Cancer Prevention. ASSIST is a large demonstration project designed to significantly reduce smoking prevalence in 17 states (Figure 1). Its primary objective is to reduce smoking prevalence to 15 percent or less by the year 2000.

The ASSIST framework incorporates a three-axis model, consisting of target populations, intervention channels, and interventions (Figure 2). The model organizes the multiple and diverse activities of a comprehensive smoking control initiative:

- **Target populations** (axis 1) can include youth, ethnic minorities, blue-collar workers, individuals with less education, women, or other populations with relatively high smoking prevalence.
- **Channels** (axis 2) are the organizational structures or mechanisms by which specific intervention activities will reach the target populations. In ASSIST, four major channels are envisioned as the primary means for contact with smokers and potential smokers.

Figure 2
ASSIST conceptual framework



- **Interventions** (axis 3) are the instruments for producing change, both for the individual and in the larger community environment that will effect broader behavior change in target populations. In ASSIST, interventions will take the form of direct contacts with individuals and groups through a variety of program services, while media and tobacco control policies are expected to create broader social change and increase the demand for program services.

More than 90 million Americans will be directly affected by ASSIST over the life of the project. If ASSIST project goals are achieved, it will result in 4.5 million adults' quitting smoking and prevent 2 million children from ever taking up the habit. More important, a successful ASSIST project will have prevented nearly 1.2 million premature smoking-related deaths, including more than 400,000 deaths from lung cancer.

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