

THE ROLE OF THE DOCTOR OF CHIROPRACTIC IN TOBACCO EDUCATION AND UTILIZATION REDUCTION

INTERNATIONAL CHIROPRACTORS ASSOCIATION

FOREWORD

It is doubtful if a stronger consensus has ever existed on an issue of public health than that which surrounds the universally held understanding of the harmful effects of human tobacco consumption. Every scientific, clinical, epidemiological, anatomical and health care statistical study continues to demonstrate the profound and massively debilitating impact of tobacco smoking and smokeless tobacco consumption. This simple substance has arguably been the source of more preventable loss of human life, both quality and quantity, in the past century than any other single source.

The efforts that are currently underway in both the public and private sectors worldwide to educate and through a variety of means intervene to reduce tobacco utilization have begun to have impact. The still alarming state of utilization and the resulting health consequences, and countercurrents of tobacco advertising and other forces, however, demand that the pace of education be hastened in every possible way. To that end, the International Chiropractors Association is pleased to have the opportunity to participate in this historic conference, the goal of which is the development of an effective "Framework Convention on Tobacco Control".

The International Chiropractors Association sees this activity as a powerful opportunity to place the strength and outreach of the chiropractic profession effectively behind this convention effort. This paper presents a number of initiatives and models for effectively supporting the agreed convention, once it is formulated, by the chiropractic profession worldwide, at the maximum level, and providing a meaningful contribution to the convention goal of significantly reducing tobacco utilization in all its forms.

The International Chiropractors Association represents nearly 8,000 doctors of chiropractic and chiropractic students in 44 countries around the globe. The chiropractic profession is the second largest and fastest growing primary health care profession in the world. Doctors of chiropractic are active in 63 nations and worldwide utilization of chiropractic services is growing at a geometric rate. These factors combine to make the chiropractic profession a credible, potentially powerful and highly effective new resource in the tobacco control effort.

THE REALITIES OF TOBACCO AND ITS IMPACT

It is of vital significance to note at the very outset of any discussion on the problem of tobacco and its health consequences that after nearly three decades of intense media attention and public education efforts, employing all of the means and resources public health officials have been able to focus on the issue of smoking, tobacco and health, that the problem remains a serious issue at all. It is evidence of the addictive nature of the substance, to be sure. It is also evidence of powerful cultural supports and other counter currents promoting utilization, including more and more subtle advertising, perceived issues of personal freedom, denial of the real health consequences of tobacco use, and the long-term period over which damage is taking place without overt, painful and immediate signs or symptoms in the individual.

The resilient and dynamic nature of the tobacco industry has also been underestimated by public health authorities. The shift away from an emphasis on cigarette promotion to sales efforts on behalf of smokeless tobacco and cigars has had a strong upward impact on consumption. Marketing efforts using celebrity endorsements and promotions linking cigar smoking with a trendy, up-scale life style, have had a major impact on consumers. According to the U.S. Department of Agriculture, cigar production and consumption both reached a record 5.3 billion units in 1998 and that trend was expected to continue in 1999 and beyond.

The tobacco industry will find every loophole possible in its efforts to control and restrict programs to warn the public about the dangers of smoking. For example, the U.S. Congress did not explicitly require warning labels for cigar products comparable to those mandated for cigarette packaging and advertising in the landmark 1984 law. Thus, cigar products continue to be marketed without health warnings despite the fact that most of the same carcinogens and cancer-producing chemicals found in cigarettes are found in cigars.

TABLE 1: 1998 SMOKING-RELATED DEATHS WORLDWIDE

Europe	1,273,000
Western Pacific	1,093,000
The Americas	772,000
Southeast Asia	580,000
Eastern Mediterranean	182,000
Africa	125,000
TOTAL	4,025,000

Source: World Health Report, 1999, World Health Organization

The state of utilization, even in the context of the comments above, is made even more profound in the face of the ultimate statistic: smoking-related death rates. These facts, such as are presented in Table 1 above, are all but common knowledge, fed by the popular press and the subject of an intense public health education focus. The International Chiropractors Association monitors such public information and can document the regularity with which information such as this is offered in the popular media in North America. The question as to why these well-known and irrefutable facts have such limited impact on human behavior is the essence of the challenge we are facing as committed health professionals determined to effectively control this health threat.

It is worth noting that tobacco and its health consequences receives not just a large quantity of attention, it receives intense quality and specificity in the information that is presented. Major newspapers daily carry stories about the risks of smoking in dramatic, frightening terms. Consumers are bombarded with compelling evidence in almost sensational contexts. For example, all major North American newspapers and broadcast media recently carried stories on a study in the *New England Journal of Medicine* that found that smokers are four times more likely than non-smokers to get life threatening blood infections. A short time later, findings that children in homes where parents smoke miss a third more days of school because of illness than children from non-smoking homes, received equally wide attention. Days after that story broke, the U.S. Centers for Disease Control published projections that 16.6 million young people in the United States in 1998 would become regular smokers and 5 million would die from smoking related conditions.

According to the American Cancer Society, smoking continues to be the most preventable cause of death in the United States. They cite tobacco as being responsible for nearly one in five deaths in the United States and place the financial burden of tobacco, health costs plus lost productivity, at over \$100 billion annually. These facts and figures are routinely paraded before the public in a growing variety of ways. Although some encouraging trends have begun to emerge, the impact of these statistics and the human tragedy they represent, have fallen short of the urgent need to break through to the public consciousness on a more compelling, behavior modifying level.

Media focus on tobacco and health is a growing global phenomenon. On February 7, 2000, the European as well North American media prominently carried the results of a study conducted in Ireland that reported that tobacco-related diseases killed 6,000 people in that nation annually and that by age of 40, Irish smokers had twice the chance of dying in any given year, compared to non-smokers. The same report indicated that on average, Irish smokers die seven years sooner than non-smokers.

The inescapable conclusion is that the roots of resistance to tobacco control efforts run so deep and are so complex as to make the understanding of this crisis situation the top public health concern for every program aimed at preventable health conditions.

The resources that have been applied to the anti-smoking effort in North America in particular have been massive. Health funds from the public treasury, legal settlement proceeds from lawsuits against the tobacco industry, private funds from foundations and businesses, and donations and expenditures from other diverse sources have totaled in the billions of dollars.

Tobacco education efforts have been so intensive and well-funded that public policy makers are, in some instances, facing political pressure to explain why these efforts have not been more successful at controlling tobacco utilization. In the search for critical mass, that combination of factors that brings tobacco utilization control efforts to their maximum degree of effectiveness, new elements must be introduced. In this effort, the role of the individual healthcare professional must be re-examined and new demands and challenges placed before the professions to insure that they are playing their proper role and to the maximum degree of effectiveness.

TOBACCO EDUCATION AND THE HEALTH CARE PROFESSIONAL

As a professional society, the International Chiropractors Association accepts and embraces the challenge inherent in the state of tobacco utilization today. The potential impact on the active membership of the ICA and, in turn, the impact these doctors of chiropractic can have on the millions of patients these professionals see every working day are the points at which the organization can contribute to the goals of greater understanding of the dangers of tobacco and in changing behavior in individuals who are currently tobacco consumers.

The ICA has, for more than a decade, encouraged its member professionals to incorporate smoking education into the routine patient education and wellness orientation that are integral parts of chiropractic practice. ICA developed and published in large quantities one of the first smoking education publications designed for use by doctors of chiropractic as a patient education resource. A copy of this original publication is appended to this narrative. Ten years later, the challenge continues.

Chiropractic as a health profession has historically placed a great emphasis on health and prevention education, patient responsibility and the idea of wellness as the primary health care goal. Central to this approach is the idea that every individual has, to a great extent, control over their health status and health care

destiny and that decisions each individual makes contributes to or takes away from their health status. On the matter of tobacco, this is profoundly true.

Doctors of chiropractic, with support and encouragement from the International Chiropractors Association, have made smoking and tobacco use control a major element in patient education and wellness promotion. ICA has encouraged every doctor of chiropractic to make patient's habits regarding tobacco a standard component of their patient records and encouraged the routine provision of educational materials on the dangers of these habits to every patient. Doctors of chiropractic lead the health care field with an emphasis on wellness potential and patient understanding of the causes of ill health.

The chiropractic profession brings to the educational process some unique assets among health professionals, the chief of which is a remarkably high degree of credibility and trust with the chiropractic patient population. This level of trust in chiropractic providers is the product of the high degree of patient confidence and satisfaction on the part of consumers in the United States by comparison to all other types of providers. Effectiveness in education comes from applying the credibility you have earned in other areas to the transmission of important messages. Chiropractic providers understand the potential as well as the responsibility that flows from this situation. The chiropractic profession continues to put this credibility to work in the area of tobacco education.

Another unique orientation of the chiropractic profession is the willingness to bring the process of health education and wellness promotion into public venues, quite beyond the clinic setting and the one-on-one patient relationship. Doctors of chiropractic regularly seek public forums at which wellness education can be conducted as a public information function. Health classes, wellness orientations and prevention lectures by doctors of chiropractic are a regular feature at a growing number of venues, including civic and public health meetings, schools, sports and physical fitness facilities and among special groups in the population such as mothers, geriatric centers, etc.

Tobacco education is a natural component of wellness education. Doctors of chiropractic understand that this is part of their professional responsibility and the International Chiropractors Association is regularly looking for ways and means to enhance their effectiveness in this vitally important endeavor. Hence, our participation in these discussions.

The International Chiropractors Association believes that all health professionals around the world must embrace a commitment to apply their skills, knowledge and educational ability as well as their professional credibility to an enhanced tobacco education effort. At the primary point of contact between provider and patient, whether in a clinic or hospital setting, every encounter with a patient should include a regular tobacco message and encouragement of abstinence or withdrawal treatment, whichever is appropriate.

The International Chiropractors Association wishes to challenge all health professions to adopt this universal communication regarding tobacco, with every patient contact, as a standard component of their professional responsibility. ICA pledges to make this a priority within the chiropractic profession and will communicate with its membership on this issue within the next 90 days.

The opportunities that exist to educate consumers and reinforce responsible behavior patterns in the doctor-patient encounter are invaluable. The time of the health care professional is an invaluable donation that can be made to the great benefit of society. The chiropractic profession is more than willing to make that commitment and urges all professions to do likewise.

INTERVENTION AND THE HEALTH CARE PROFESSIONAL

The issue of intervention, quite apart from the generalities of education, brings the provider face-to-face with the specific needs and challenges of altering individual behavior. Smoking cessation is a developing aspect of health care. Various commercial enterprises market a wide variety of systems and devices. These are largely available and utilized without the supervision or participation of any health care professional. Private and public organizations conduct classes, programs and support groups to assist people in ending their tobacco use.

All of these support elements need additional understanding by and participation from health care professionals. The International Chiropractors Association understands that the issue of intervention adds to the professional responsibilities of all providers and may require additional training, certification and perhaps even amendments to the statutes and regulations that govern the practice of some healing arts. All professions, however, should explore how they can be a meaningful participant in this aspect of health enhancement and prevention.

In addition to clinical participation in cessation programs with patients, the health professions have the opportunity to use their collective influence in the public policy process to promote the proper funding of cessation research, funding of such programs as a health care service and the development of cultural and environmental supports that will assist the individual seeking to end their tobacco habit. The International Chiropractors Association has, over a period of years, supported legislation and government regulations that would:

- Increase tobacco taxes to heighten the financial pain of tobacco use.
- Restrict more and more public places as non-smoking areas and encourage the enactment of meaningful penalties for violating those bans.

- Establish or permit differentials in insurance premiums based on tobacco habits.
- Strictly regulate the sale of tobacco products to minors and encourage the most stringent enforcement of such provisions.
- Establish liability for health care consequences of tobacco use squarely on the shoulders of the tobacco industry.
- Focus public health spending on tobacco education, especially among the young.
- Insure that appropriate and accurate information is gathered about the health consequences and cost of smoking-related illness.

The International Chiropractors Association recognizes that individually as health care professionals, and collectively through our respective professional organizations, all health care providers have a unique opportunity, as well as a moral and civic duty, to apply all of the resources that can be marshaled to the matter of tobacco control.

THE CHIROPRACTIC UNDERSTANDING OF WELLNESS

Promoting the optimal health of the chiropractic patient is an essential component of the doctor of chiropractic's professional responsibilities. In recently published clinical practice protocols for chiropractic, the International Chiropractors Association recognized the importance of lifestyle issues and health promotion by including such concerns in the basic responsibilities of the doctor of chiropractic. This practice guidelines document presents the matter as follows:

Smoking cessation, weight control, nutritional considerations, stress reduction, advice about exposure to environmental pollutants and education in respect to the potential dangers of over-the counter-drugs are examples of considerations affecting the chiropractic population worldwide... Long-term health management is a significant component of the chiropractic model of health care. The doctor of chiropractic must be acutely aware of the responsibility to not only assist patients in avoiding the need for crisis care, but to promote health by removing barriers which interfere with the body and erode the body's ability to heal and maintain itself in an optimal state of health. The chiropractic model of health care requires active patient participation.

The International Chiropractors Association holds a well defined understanding of the concept of wellness that has direct application to the problem of tobacco use. Chiropractic views the human body as capable of functioning in a healthy, normal manner, provided that barriers to the body's comprehension of itself and its environment are eliminated or at least minimized.

The definition of wellness presented in the International Chiropractors Association's Dictionary of Chiropractic Terminology addresses this important, interactive dynamic:

WELLNESS: A dynamic condition of healthy functioning--involving multiple interactive dimensions of physical, social, emotional, intellectual, spiritual and occupational well-being-- experienced and expressed through combined stability and flexibility in homeostatic modification to ongoing shifts in the external and internal adaptive environments, and progressively directed along a continuum toward optimal ideal functional wellness as a natural tendency of being.

Furthermore, chiropractic views its role as fostering the optimal state of human health, and inherent in this idea is the prevention, early intervention and encouragement of health supports to maintain optimal health, quite apart from crisis intervention and urgent care as the primary focus of professional responsibility

Tobacco and its toxic impact represent an intrusion into the chiropractic understanding of a barrier-free functioning of the human system. As a corollary to that belief, chiropractic has historically pursued a natural, drugless approach to health and healing. In the context of efforts to regulate the consumption of tobacco, the International Chiropractors Association urges a focus on drug-free, natural intervention.

The body's response to naturally conquering the urge for tobacco and nicotine offers, reasonably, the most reliable chance for long-term success. ICA does not encourage or support a regime of drug-based smoking cessation treatment because of the implications inherent in substituting one chemical based compulsion for another chemical substance stream.

Indeed, there is a strong argument to be made that the overwhelming societal emphasis on chemical inputs as a solution to every human problem, physical, emotional and behavioral, contribute to the decision-making process that keeps many people smoking. In general terms, it becomes easier to rationalize one source of chemical input, tobacco, in the context of massive social embrace of chemical and drug-based answers for virtually all human problems and challenges.

The International Chiropractors Association encourages all other health care professions to embrace health promotion as an essential professional function and optimal health for every patient as the consensus goal for all of health care. In this process, the role of tobacco control will naturally receive a heightened emphasis and priority.

TOBACCO AND THE NERVOUS SYSTEM: A CHIROPRACTIC VIEW

The clinical and research record continue to demonstrate that toxic exposure impacts human function on all levels. The chiropractic profession is uniquely oriented to the functions of the nervous system and how this powerful central controlling system is impacted by toxic and structural insult. The doctor of chiropractic is known primarily for care of the spine and back. It is the nervous system housed in those spinal structures, however, that is most significant in its impact on human health and function.

The nervous system, as the central agent for control and coordination of the body's functions –both biomechanical and physiological—can be significantly influenced by different categories of noxious influences, both mechanical and chemical. The profound effects of innumerable categories of chemicals on nervous system control, communications, and coordination of body activities are well documented in the scientific literature. The vulnerability of the body systems and structures to dysfunction through the imposition of chemicals that have toxic effects on the normal cellular functioning and physiological equilibration mechanisms is well understood by the doctor of chiropractic.

The doctor of chiropractic is mindful of the far reaching consequences of toxic insult through tobacco in ways that other providers may not be. As well, the primary chiropractic clinical application, the chiropractic adjustment of the segments of the spine to correct misalignments causing nerve interference, called “subluxations” in chiropractic science, addresses a constellation of pathological components. This complex of skeletal, muscular and neurological elements can involve such responses as connective tissue pathology, inflammatory response, cellular and biochemical alterations, and vascular abnormalities. This complex of responses can include dysfunction and degeneration in tissue structure, motion, and physiological disruption on multiple levels. As interference with a single component can affect the others, the interactive repercussions of toxic stresses--and the beneficial impact of removing such interference, through the chiropractic adjustment—can be profound and far-reaching.

Decades of individual case reports, observed clinical experiences, outcomes information, literature studies and other findings have indicated that the

chiropractic adjustment has serious potential in enhancing the body's ability to deal with and overcome various forms of chemical addiction. Definitive data is yet to be developed but numerous respected researchers and organizations such as the American Academy of Addictionology and Compulsive Disorders are conducting research to explore this important frontier. If connections between the chiropractic adjustment and enhanced ability to deal with chemical insult and dependence can be identified, and data established that validates the initial optimism, chiropractic care may very well emerge as a highly effective treatment mechanism on a number of levels.

The International Chiropractors Association looks forward to exploring the full potential of chiropractic science, as well as understanding its limitations. It is an exciting prospect, however, to consider the potential of a new health enhancement mechanism that might be applied in a drug-free, non-invasive manner, to assist patients end tobacco their tobacco utilization habits and patterns.

CONCLUSIONS

The International Chiropractors Association does not consider these proceedings to be an academic exercise in theoretical public health issues. Rather, we view them as an historic opportunity to forge an action plan in which we are committed to playing an aggressive, sustained and dynamic part, focused on the goals and measurable objectives that will hopefully emerge from the Convention discussions. ICA hopes that this action plan will contain, among other concrete steps, the following items, related to the responsibilities of the health professions:

- A call for all health professionals to personally embrace an education role in tobacco awareness and commit to making this function a part of every patient encounter.
- A challenge to each health profession to develop a protocol for maximum effectiveness in tobacco education and cessation care within their respective expertise and circumstances.
- A challenge to every health profession to be active in support of public health policies that responsibly apply public resources to addressing the tobacco problem.
- A call for effectiveness research to pioneer the ways and means to address tobacco cessation needs, with a focus on natural, drug-free methods.
- A call to all health care professionals to lead and educate their patients and communities on the matter of tobacco through the most effective means know; by example. Health professional organizations should adopt a goal of tobacco free memberships by 2005, or before, as a

symbol both of the urgent need to address this matter in the lives of every individual tobacco consumer, and as an indication of the possibilities for successful use curtailment.

Health professionals must also mobilize politically and apply their cultural and social influence to shape public policies and public attitudes that do not foster, encourage, condone or enable tobacco use. Among the potential goals in this endeavor might be:

- Standardized treatment and educational programs in all insurance and third-party payment programs that adequately meet tobacco cessation needs.
- Effective tax policies that dampen effective availability of cheap tobacco products and provide an expanded funding basis for control programs, research and tobacco-related health expenditures.
- Tightened availability of tobacco products and growing restrictions on places and conditions under which public tobacco consumption is permitted.
- The establishment and maintenance of a global reference and reference information base to which governments, public and private health concerns.
- Health professionals and professional societies and individual researchers and consumers might turn for reliable, current and comprehensive information on all aspects of tobacco and health.

In all of these endeavors, the chiropractic profession, along with all other health professions, must be willing to assist, cooperate and above all, maintain a focus on the need for programs and policies that are refined, targeted and expanded until the point of maximum effectiveness is reached on the issue of tobacco. The International Chiropractors Association looks forward to exploring these frontiers of international, inter-professional and intra-professional cooperation.

The International Chiropractors Association is grateful to the Pan American Health Organization for the opportunity to participate in this historic conference. The assistance, support and sponsorship of Life University are also sincerely appreciated. The vision and leadership shown by this institution have once again earned it a special place in the front ranks of the chiropractic profession.

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