

The Attorneys General Settle with the Tobacco Industry

by John Slade, M.D.

The settlement of the lawsuits that 46 state attorneys general brought against the tobacco industry is going to affect how tobacco control unfolds for decades to come. The suits were brought by the states beginning in 1994 largely on the theory that tobacco companies, through the offering of a dangerous product combined with fraud and deceit, had caused illness and death among recipients of Medicaid benefits. The cost of treating these illnesses was borne by state programs, and the states sued to recover costs and to reduce future damage.

The feature of the settlement that has garnered the most attention is the money that will pour into state coffers as a result. This money will come entirely from the customers of the tobacco companies through price hikes. While the money can be spent on anything the legislatures decide it should go for, it is, in fact, money being raised from future customers of the industry because of injury to former customers. Since we know how to prevent injury and death from tobacco use, and we can do this on a broad level through public health programs, a substantial portion of these funds should be invested in reducing tobacco use. To do otherwise ignores a major opportunity to save lives. Moreover, if the tobacco companies are not challenged by major public health initiatives growing from the use of settlement dollars, they will continue their fraud and deceit, recruiting new customers and selling products that inexorably kill half of their best customers.

The Master Settlement Agreement (MSA) curbs some of the most flagrant abuses the industry has engaged in. No longer will there be a Camel Cash or a Marlboro Miles program with logo-encrusted promotional items. No longer

will there be large billboards promoting cigarettes in minority neighborhoods. Unfortunately, though, the MSA does nothing to curb other pervasive practices, including misleading magazine advertising, the use of direct mail, the sponsorship of major televised sporting events such as Winston Cup auto racing, and the continuation of the fraudulent labeling of many cigarette brands as "LIGHT" or "MILD" or "LOW TAR." Cigar promotions continue to glamorize smoking and tobacco smoke, and popular entertainment continues to be permeated with a blue haze.

While the MSA has closed the doors of the Tobacco Institute and the Council for Tobacco Research, these industry shills had largely lost their clout anyway. Lobbying by the companies has moved in house, into superficially grassroots groups such as the National Smokers Alliance, and into ad hoc front groups. Philip Morris continues to be a most generous contributor of soft and hard money in the political arena both nationally and in state houses.

The MSA does nothing to advance tobacco product regulation through the Food and Drug Administration. It does not require the industry to be as forthright with its customers as the makers of other drugs have to be. It may even require states to implement unwise strategies in the name of tobacco prevention.

At the same time, the MSA closes the door to a number of public health-oriented legal remedies, although it does not foreclose suits by injured individuals.

In sum, the tobacco industry has done very well by the MSA. Whether or not the public will be as well served depends on how the states spend their money. ■

Addressing Tobacco in the Treatment of Other Addictions

Steps for Becoming a Tobacco-Free Treatment Facility

1. Acknowledge the profound challenges tobacco creates for the addictions treatment community.
2. Establish a leadership group or committee and secure the commitment of the organization.
3. Develop a tobacco-free policy.
4. Establish a policy implementation timeline with measurable goals and objectives.
5. Conduct staff training.
6. Provide treatment for nicotine-dependent staff.
7. Assess and diagnose nicotine dependence in patients and use this in treatment planning.
8. Incorporate tobacco & nicotine into patient education curriculum.
9. Establish on-going communication with 12-step recovery groups, professional colleagues and referral sources about policy changes.
10. Require that no staff member be identifiable as a tobacco user.
11. Establish tobacco-free facility and grounds.
12. Implement comprehensive nicotine dependence treatment throughout the program.

It's a Girl!

Bernice Order-Connors and her husband, Kevin Connors, are the proud parents of **Sarah Nicole**

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