

## APPENDIX II

### SURGEON GENERAL’S REPORTS ON THE HEALTH CONSEQUENCES OF SMOKING<sup>1</sup>

YEAR	TITLE	SELECTED TOPICS	SELECTED CONCLUSIONS
1964	Smoking and Health: Report of the Advisory Committee to the Surgeon General of the Public Health Service	<ul style="list-style-type: none"> <li>– EVIDENCE OF THE RELATIONSHIP OF SMOKING TO HEALTH</li> <li>–Consumption of Tobacco Products in the United States, Chemical and Physical Characteristics of Tobacco and Tobacco Smoke, Pharmacology and Toxicology of Nicotine, Mortality, Cancer, Non-Neoplastic Respiratory Diseases, Particularly Chronic Bronchitis and Pulmonary Emphysema, Cardiovascular Diseases, Other Conditions, Characterization of the Tobacco Habit and Beneficial Effects of Tobacco, Psycho-Social Aspects of Smoking, and Morphological Constitution of Smokers.</li> </ul>	<ul style="list-style-type: none"> <li>– “In view of the continuing and mounting evidence from many sources, it is the judgment of the Committee that cigarette smoking contributes substantially to mortality from certain specific diseases and to the overall death rate.” p. 31.</li> <li>– “Cigarette smoking is causally related to lung cancer in men; the magnitude of the effect of cigarette smoking far outweighs all other factors.” p. 31.</li> <li>– “Cigarette smoking is the most important of the causes of chronic bronchitis in the United States, and increases the risk of dying from chronic bronchitis and emphysema.” p. 31.</li> <li>– “It is established that male cigarette smokers have a higher death rate from coronary artery disease than non-smoking males. Although the causative role of cigarette smoking in deaths from coronary disease is not proven.” p. 32.</li> <li>– “Pipe smoking appears to be causally related to lip cancer. Cigarette smoking is a significant factor in the causation of cancer of the larynx. The evidence supports the belief that an association exists between tobacco use and cancer of the esophagus, and between cigarette smoking and cancer of the urinary bladder in men, but the data are not adequate to decide whether these relationships are causal.” p. 32.</li> <li>– “The habitual use of tobacco is related primarily to psychological and social drives, reinforced and perpetuated by the pharmacological actions of nicotine.” p. 32.</li> <li>– “Available data suggest an association between cigarette smoking and urinary bladder cancer in the male but are not sufficient to support a judgment on the causal significance of this association.” p. 37.</li> <li>– “Epidemiological studies indicate an association between cigarette smoking and peptic ulcer which is greater for gastric than for duodenal ulcer.” p. 39.</li> <li>– “Tobacco amblyopia (dimness of vision unexplained by an organic lesion) has been related to pipe and cigar smoking by clinical impressions.” p. 39.</li> <li>– “Increased mortality of smokers from cirrhosis of the liver has been shown in the prospective studies. The data are not sufficient to support a direct or causal association.” p. 39.</li> <li>– Women who smoke cigarettes during pregnancy tend to have babies of lower birth weight.” p. 39.</li> </ul>

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			-- “Smoking is associated with accidental deaths from fires in the home.” p. 39.
1967	The Health Consequences of Smoking: A Public Health Service Review: 1967	<ul style="list-style-type: none"> <li>– Current Information on the Health Consequences of Smoking.</li> <li>– Smoking and Overall Mortality, Smoking and Overall Morbidity, Smoking and Cardiovascular Diseases, Smoking and Chronic Bronchopulmonary Diseases (Non-neoplastic), Smoking and Cancer, and Other Conditions and Areas of Research,</li> </ul>	<ul style="list-style-type: none"> <li>– “This means that cigarette smokers tend to die at earlier ages and experience more days of disability than comparable nonsmokers.” p. 3.</li> <li>– “If it were not for cigarette smoking, practically none of the earlier deaths from lung cancer would have occurred; nor a substantial portion of the earlier deaths from chronic bronchopulmonary diseases (commonly diagnosed as chronic bronchitis or pulmonary emphysema or both); nor a portion of the earlier deaths of cardiovascular origin. Excess disability from chronic pulmonary and cardiovascular disease would also be less.” p. 3.</li> <li>– “Cessation or appreciable reduction of cigars &amp; smoking could delay or avert a substantial portion of deaths which occur from lung cancer, a substantial portion of the earlier deaths and excess disability from chronic bronchopulmonary diseases, and a portion of the earlier deaths and excess disability of cardiovascular origin.” p. 4.</li> </ul>
1968	The Health Consequences of Smoking: 1968 Supplement to the 1967 Public Health Service Review	<ul style="list-style-type: none"> <li>– Technical Reports on the Relationship of Smoking to Specific Disease Categories</li> <li>–Smoking and Cardiovascular Diseases, Smoking and Chronic Bronchopulmonary Diseases (Non-neoplastic), and</li> </ul>	<ul style="list-style-type: none"> <li>– “In addition, evidence herein presented shows that life expectancy among young men is reduced by an average of 8 years in “heavy” smokers, those who smoke over 2 packs a day, and an average of 4 years in “light” cigarette smokers, those who smoke less than one-half pack per day.” p. 3.</li> <li>– “Because of the increasing convergence of epidemiological and physiological findings relating cigarette smoking to coronary heart disease, it is concluded that cigarette smoking can contribute to the development of cardiovascular disease and particularly to death from coronary heart disease.” p. 3.</li> <li>– “Additional physiological and epidemiological evidence confirms the previous findings that cigarette smoking is the most important cause of chronic non-neoplastic bronchopulmonary disease in the United States.” p. 3.</li> </ul>

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		Smoking and Cancer.	<ul style="list-style-type: none"> <li>– “Cigarette smoking can adversely affect pulmonary function and disturb cardiopulmonary physiology.” p. 3.</li> <li>– “Cigarette smoking is causally related to lung cancer in women but accounts for a smaller proportion of cases than in men.” p. 4.</li> <li>– “Smoking is a significant factor in the causation of cancer of the larynx and in the development of cancer of the oral cavity.” p. 4.</li> <li>– “Further epidemiological data strengthen the association of cigarette smoking with cancer of the bladder and cancer of the pancreas.” p. 4.</li> </ul>
1969	The Health Consequences of Smoking: 1969 Supplement to the 1967 Public Health Service Review	<ul style="list-style-type: none"> <li>– Technical Reports on the Relationship of Smoking to Chronic Disease Categories</li> <li>– Smoking and Cardiovascular Diseases, Smoking and Chronic Obstructive Bronchopulmonary Disease, Smoking and Cancer, Effects of Smoking on Pregnancy, and Smoking and Noncancerous Oral Disease.</li> </ul>	<ul style="list-style-type: none"> <li>– “Autopsy studies suggest that cigarette smoking is associated with a significant increase in atherosclerosis of the aorta and the coronary arteries.” p. 4.</li> <li>– “Epidemiological and laboratory evidence supports the view that cigarette smoking can contribute to the development of pulmonary emphysema in man.” p. 5.</li> <li>– “New data are presented which confirm the finding that maternal smoking during pregnancy is associated with low birth weight in infants and also indicate that maternal smoking is associated with an increased incidence of prematurity defined by weight alone. In addition, it appears that maternal smoking during pregnancy may be associated with an increased incidence of spontaneous abortion, stillbirth, and neonatal death and that this relationship may be most marked in the presence of other risk factors.” p. 5.</li> <li>– “The data available lead to the conclusion that ulceromembranous gingivitis, alveolar bone loss, and stomatitis nicotina are more commonly found among smokers than among nonsmokers.” p. 5-6.</li> <li>– “While further research is needed to investigate the exact biomechanisms involved in the pathological effects of smoking, the evidence clearly shows that cigarette smoking constitutes a major health hazard in the United States.” p. 6.</li> </ul>
1971	The Health Consequences of Smoking: A Report of the Surgeon General	– Cardiovascular Diseases, Chronic Obstructive Bronchopulmonary Disease, Cancer, Pregnancy, Peptic	<ul style="list-style-type: none"> <li>– “Analysis of other factors associated with Coronary Heart Disease (“CHD”) (high serum cholesterol, high blood pressure, and physical inactivity) show that cigarette smoking operates independently of these other factors and can act jointly with certain of them to increase the risk of CHD appreciably.” p. 8.</li> <li>– “There is evidence that cigarette smoking may accelerate the pathophysiological</li> </ul>

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1971	Ulcer, Tobacco Amblyopia	<p>changes of pre-existing coronary heart disease and therefore contributes to sudden death from CHD.” p. 8.</p> <ul style="list-style-type: none"> <li>– “Autopsy studies suggest that cigarette smoking is associated with a significant increase in atherosclerosis of the aorta and coronary arteries.” p. 8.</li> <li>– “The cessation of smoking is associated with the decreased risk of death from CHD.” p. 8.</li> <li>– “Data from numerous prospective studies indicate that cigarette smoking is associated with increased mortality from cerebrovascular disease.” p. 9.</li> <li>– “Cigarette smoking has been observed to increase the risk of dying from nonsyphilitic aortic aneurysm.” p. 9.</li> <li>– “Data from a number of retrospective studies have indicated that cigarette smoking is a likely risk factor in the development of peripheral vascular disease. Cigarette smoking also appears to be a factor in the aggravation of peripheral vascular disease.” p. 9.</li> <li>– “Cigarette smoking is the most important cause of chronic obstructive bronchopulmonary disease in the United States. Cigarette smoking increases the risk of dying from pulmonary emphysema and chronic bronchitis.” p. 9.</li> <li>– “Cigarette smoking does not appear to be related to death from bronchial asthma, although it may increase the frequency and severity of asthmatic attacks in patients already suffering from this disease.” p. 10.</li> <li>– “The risk of developing lung cancer appears to be higher among smokers who smoke high “tar” cigarettes, or smoke in such a manner as to produce higher levels of “tar” in the inhaled smoke.” p. 11.</li> </ul> <p>“Clinical and pathological studies have suggested that tobacco smoking may be related to alterations in the metabolism of tryptophan and may in this way contribute thereby to the development of urinary tract cancer.” p. 13.</p> <p>“Epidemiological studies have suggested an association between cigarette smoking and cancer of the pancreas. The significance of the relationship is not clear at this time.” p. 13.</p> <p>“There is strong evidence to support the view that smoking mothers have a significantly greater number of unsuccessful pregnancies due to stillbirth and neonatal death as compared to nonsmoking mothers.” p. 13.</p> <p>“Smoking appears to reduce the effectiveness of standard Peptic ulcer treatment and</p>
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			to slow the rate of ulcer healing.” p. 13.
1972	The Health Consequences of Smoking: A Report of the Surgeon General 1972	Cardiovascular Diseases, Non-neoplastic Bronchopulmonary Diseases, Cancer, Pregnancy, Gastrointestinal Disorders, Allergy, Public Exposure to Air Pollution from Tobacco Smoke, and Harmful Constituents of Cigarette Smoke.	<ul style="list-style-type: none"> <li>– “Additional epidemiological evidence confirms a significant association between the combined use of cigarettes and alcohol, and cancer of the esophagus.” p. 5.</li> <li>– “Epidemiological studies have demonstrated a significant association between cigarette smoking and cancer of the urinary bladder in both men and women.” p. 5.</li> <li>– “Epidemiological evidence demonstrates a significant association between cigarette smoking and cancer of the pancreas.” p. 5.</li> <li>– “An investigation in human volunteers has suggested that cigarette smoking decreases the effectiveness of the lower esophageal sphincter as a barrier against gastro-esophageal reflux.” p. 6.</li> <li>– “Tobacco leaf, tobacco pollen, and tobacco smoke are antigenic in man and animals.”</li> <li>– “An atmosphere contaminated with tobacco smoke can contribute to the discomfort of many individuals.” p. 7.</li> <li>– “The presence of such levels indicates that the effect of exposure to carbon monoxide may on occasion, depending upon the length of exposure, be sufficient to be harmful to the health of an exposed person.” p. 7.</li> <li>– “Certain occupations are associated with an increased risk of developing lung cancer. In these occupational settings cigarette smoking appears to exert an effect that produces much higher lung cancer rates than those resulting either from the occupational exposure alone or from smoking alone.” p. 4.</li> </ul>

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1973	The Health Consequences of Smoking	Cardiovascular Diseases, Nonneoplastic Bronchopulmonary Disease, Cancer, Pregnancy, Peptic Ulcer Disease, Pipe and Cigar Smoking, and Exercise Performance.	<ul style="list-style-type: none"> <li>– “The results of recent studies suggest that cigarette smoking is most strongly associated with a higher stillbirth rate among women who possess less favorable socioeconomic surroundings or an unfavorable previous obstetrical history.” p. 125.</li> <li>– “The results of experiments in animals demonstrate that exposure to tobacco smoke and some of its ingredients, such as nicotine, can result in a significant increase in stillbirth rate.” p. 125.</li> <li>– “Clinical studies in healthy, young men have shown that cigarette smoking impairs exercise performance, especially for many types of athletic events and activities involving maximal work capacity.” p. 247.</li> <li>– “Data from experiments in several different animal species suggest that nicotine potentiates acute duodenal ulcer formation by means of inhibition of pancreatic bicarbonate output.” p. 163.</li> <li>– “Cigarette smoking has been demonstrated to inhibit pancreatic bicarbonate secretion in healthy young men and women.” p. 163.</li> <li>– “Pipe and cigar smokers in the United States as a group experience overall mortality rates that are slightly higher than those of nonsmokers, but these rates are substantially lower than those of cigarette smokers.” p. 229.</li> </ul>
1974	The Health Consequences of Smoking	Cardiovascular Diseases, Cancer, Non-neoplastic Bronchopulmonary Diseases.	<ul style="list-style-type: none"> <li>– “New epidemiologic data suggest that women who smoke cigarettes have a greater risk of sudden death from CHD than do nonsmoking women.” p. 19.</li> <li>– “Data from epidemiologic studies support a strong association between atherosclerotic brain infarction and cigarette smoking in premenopausal women and in men of all ages.” p. 19.</li> <li>– “The effect of cigarette smoking on esophageal cancer mortality rates has been shown to be independent of and synergistic with the effect of alcohol consumption.” p. 55.</li> </ul>

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975	The Health Consequences of Smoking 1975	<ul style="list-style-type: none"> <li>– Overview – The Health Consequences of Smoking.</li> <li>– Cardiovascular Diseases, Cancer, Non-neoplastic Bronchopulmonary Diseases, and Involuntary Smoking.</li> </ul>	
976	The Health Consequences of Smoking: A Reference Edition Selected Chapters from 1971 through 1975	Cardiovascular Disease, Chronic Obstructive Bronchopulmonary Disease, Cancer, Pregnancy, Peptic Ulcer Disease, Involuntary Smoking, Allergy, Tobacco Amblyopia, Pipes and Cigars, Exercise Performance and Harmful Constituents of Cigarette Smoke.	
978	The Health Consequences of Smoking, 1977-1978	Review of past findings plus current data	
979	Smoking and Health: A Report of the Surgeon General	Mortality, Morbidity, Cardiovascular Diseases, Cancer, Non-Neoplastic Bronchopulmonary	<ul style="list-style-type: none"> <li>– “A nonspecific decrease in ‘tar,’ however, does not necessarily imply a specific decrease in any single dangerous substance.”</li> </ul>

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	Diseases, Interaction Between Smoking and Occupation, Pregnancy and Infant Health, Peptic Ulcer Disease, Allergy and Immunity, Involuntary Smoking, Interactions of Smoking with Drugs, Food Constituents and Responses to Diagnostic Tests, Other Forms of Tobacco Use, Constituents of Tobacco Smoke, Biological Influences on Cigarette Smoking, Behavioral Factors in the Establishment, Maintenance and Cessation of Smoking, Smoking in Children and Adolescents: Psychosocial Determinants and Prevention Strategies. Psychosocial Influences on Cigarette Smoking, Modification of Smoking Behavior.	
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1980	The Health Consequences of Smoking for Women: A Report of the Surgeon General	- Mortality, Morbidity, Cardiovascular Diseases, Cancer.	<ul style="list-style-type: none"> <li>- “Coronary heart disease, including acute myocardial infarction and chronic ischemic heart disease, occurs more frequently in women who smoke.” p. 7.</li> <li>- “The use of oral contraceptives by women cigarette smokers increases the risk of a myocardial infarction by a factor of approximately ten.” p. 7.</li> <li>- “Women who smoke low ‘tar’ and nicotine cigarettes experience less risk for coronary heart disease than women who smoke high ‘tar’ and nicotine cigarettes, but their risk is still considerably greater than that of nonsmokers.” p. 7.</li> <li>- “Women cigarette smokers experience an increased risk for subarachnoid hemorrhage...” p. 7.</li> <li>- “Cigarette smoking is causally associated with cancer of the lung, larynx, oral cavity, and esophagus in women as well as in men; it is also associated with kidney cancer in women.” p. 8.</li> <li>- “Cigarette smoking has been causally related to all four of the major histologic types of lung cancer in both women and men, including epidermoid, small cell, large cell and adenocarcinoma.” p. 8.</li> <li>- “Recent statistics indicate a rising death rate due to chronic obstructive lung disease (COLD) among women. The data available demonstrate an excess risk of death from COLD among smoking women over that of nonsmoking women. This excess risk is much greater for heavy smokers than for light smokers.” p. 9.</li> <li>- “The relationship between maternal smoking and reduced birth weight is independent of all other factors that influence birth weight including race, parity, maternal size, socioeconomic status, and sex of child; it is also independent of gestational age.” p. 10.</li> <li>- “Increasing levels of maternal smoking result in a highly significant increase in the risk of abruptio placentae, placenta previa, bleeding early or late in pregnancy, premature and prolonged rupture of membranes, and preterm delivery-all of which carry high risks of prenatal loss.” p. 11.</li>   <li>- “Up to 14 percent of all preterm deliveries in the United States may be attributable to maternal smoking.” p. 11.</li>   <li>“Studies in women and men suggest that cigarette smoking may impair fertility.” p. 12.</li> </ul>
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1981	The Health Consequences of Smoking–The Changing Cigarette: A Report of the Surgeon General	- Pharmacology and Toxicology, Cancer, Cardiovascular Diseases, Chronic Obstructive Lung Disease, Pregnancy and Infant Health, Behavioral Aspects, and Lower “Tar” and Nicotine Cigarettes and Use.	<ul style="list-style-type: none"> <li>– “There is no safe cigarette and no safe level of consumption.” p. vi.</li> <li>– “Smoking cigarettes with lower yields of ‘tar’ and nicotine reduces the risk of lung cancer and, to some extent, improves the smoker’s chance for longer life, provided there is no compensatory increase in the amount smoked. However, the benefits are minimal in comparison with giving up cigarettes entirely. The single most effective way to reduce hazards of smoking continues to be that of quitting entirely.” p. vi.</li> <li>– “It is not clear what reductions in risk may occur in the case of diseases other than lung cancer. The evidence in the case of cardiovascular disease is too limited to warrant a conclusion, nor is there enough information on which to base a judgment in the case of chronic obstructive lung disease. In the case of smoking’s effects on the fetus and newborn, there is no evidence that changing to a lower ‘tar’ and nicotine cigarette has any effect at all on reducing risk.” p. vi.</li> <li>– “Carbon monoxide has been impugned as a harmful constituent of cigarette smoke. There is no evidence available, however, that permits a determination of changes in the risk of diseases due to variations in carbon monoxide levels.” p. vi.</li> <li>– “Smokers may increase the number of cigarettes they smoke and inhale more deeply when they switch to lower yield cigarettes. Compensatory behavior may negate any advantage of the lower yield product or even increase the health risk.” p. vi.</li> <li>– “The ‘tar’ and nicotine yields obtained by present testing methods do not correspond to the dosages that the individual smokers receive: in some cases they may seriously underestimate these dosages.” p. vi.</li> <li>– “A final question is unresolved, whether the new cigarettes being produced today introduce new risks through their design, filtering mechanisms, tobacco ingredients, or additives. The chief concern is additives. The Public Health Service has been unable to assess the relative risks of cigarette additives because information was not available from manufacturers as to what these additives are.” p. vi.</li> </ul>
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1982	The Health Consequences of Smoking–Cancer: A Report of the Surgeon General	- Biomedical Evidence for Determining Causality, Mechanisms for Carcinogenesis, Involuntary Smoking and Lung Cancer, Cessation of Smoking.	<ul style="list-style-type: none"> <li>– “Cigarette smokers have overall mortality rates substantially greater than those of nonsmokers. Overall cancer death rates of male smokers are approximately double those of nonsmokers; overall cancer death rates of female smokers are approximately 30 percent higher than nonsmokers, and are increasing.” p. 5.</li> <li>– “Overall cancer mortality rates among smokers are dose-related as measured by the number of cigarettes smoked per day. Heavy smokers (over one pack per day) have more than three times the overall cancer death rate of nonsmokers.” p. 5.</li> <li>– “With increasing duration of smoking cessation, overall cancer death rates decline, approaching the death rate of nonsmokers.” p. 5.</li> <li>– “Cigarette smoking is a contributory factor in the development of bladder cancer in the United States.” p. 7.</li> <li>– “Cigarette smoking is a contributory factor in the development of kidney cancer in the United States.” p. 7.</li> <li>– “Cigarette smoking is a contributory factor in the development of pancreatic cancer in the United States.” p. 7.</li> <li>– “In epidemiological studies, an association between cigarette smoking and stomach cancer has been noted. The association is small in comparison with that noted for smoking and some other cancers.” p. 8.</li> <li>– “Although the currently available evidence is not sufficient to conclude that passive or involuntary smoking causes lung cancer in nonsmokers, the evidence does raise concern about a possible serious public health problem.” p. 9.</li> </ul>
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1983	The Health Consequences of Smoking– Cardiovascular Disease: A Report of the Surgeon General	Atherosclerosis, Coronary Heart Disease, Cerebrovascular Disease, Atherosclerotic Peripheral Vascular Aortic Aneurysm, Pharmacological And Toxicological Implications of Smoke Constituents on Cardiovascular Disease, Trends in Cardiovascular Diseases.	<ul style="list-style-type: none"> <li>– “Cigarette smoking should be considered the most important of the known modifiable risk factors for coronary heart disease in the United States.” p. iv.</li> <li>– “Smokers are at a two to four times greater risk for sudden cardiac death (SCD) than are nonsmokers.” p. v.</li> <li>– “The association between cigarette smoking and cerebrovascular disease (CVD) is largely confined to the younger age groups, with little evidence of an effect after age 65.” p. v.</li> <li>– “For women who both smoke cigarettes and use oral contraceptives, a strong association exists between their use and one form of stroke-subarachnoid hemorrhage.” p. vi.</li> <li>– “Cigarette smoking contributes to the development of aortic atherosclerosis and arteriosclerotic peripheral vascular disease (APVD).” p. vi.</li> </ul>
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1984	The Health Consequences of Smoking—Chronic Obstructive Lung Disease: A Report of the Surgeon General	- Effect of Cigarette Smoke Exposure on Measures of Chronic Obstructive Lung Disease Morbidity, Mortality from Chronic Obstructive Lung Disease Due to Cigarette Smoking, Pathology of Lung Disease Related to Smoking, Mechanisms by Which Cigarette Smoke Alters the Structure and Function of the Lung, Low Yield Cigarette and their Role in Chronic Obstructive Lung Disease, Passive Smoking, Deposition and Toxicity of Tobacco Smoke in the Lung.	<ul style="list-style-type: none"> <li>– “Cigarette smoking is the major cause of chronic obstructive lung disease in the United States for both men and women. The contribution of cigarette smoking to chronic obstructive lung disease morbidity and mortality far outweighs all other factors.” p. vii.</li> <li>– “Smokers who switch from higher to lower yield cigarettes show compensatory changes in smoking behavior: the number of puffs per cigarette is variably increased and puff volume is almost universally increased, although the number of cigarettes smoked per day and inhalation volume are generally unchanged.” p. 354.</li> <li>– “Nonsmokers who report exposure to environmental tobacco smoke have higher levels of urinary cotinine, a metabolite of nicotine, than those who do not report such exposure.” p.13.</li> <li>– “The children of smoking parents have an increased prevalence of reported respiratory symptoms, and have an increased frequency of bronchitis and pneumonia early in life.” p. 13.</li> </ul>
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1985	Health Consequences of Smoking–Cancer and Chronic Lung Disease in the Workplace: A Report of the Surgeon General	- Evaluation of Chronic Lung Disease in the Workplace, Chronic Bronchitis: Interaction of Smoking and Occupation.	<ul style="list-style-type: none"> <li>– “For the majority of American workers who smoke, cigarette smoking represents a greater cause of death and disability than their workplace environment.” p. 11.</li> <li>– “The evidence indicates that the effects of smoking and those occupational agents that cause bronchitis are frequently additive in producing symptoms of chronic cough and expectoration. Smoking has commonly been demonstrated to be the more important factor in producing these symptoms.” p. 13.</li> <li>– “Cigarette smoking and asbestos exposure appear to have an independent and additive effect on lung function decline.” p. 13.</li> <li>– “Cigarette smoking and coal dust exposure appear to have an independent and additive effect on the prevalence of chronic cough and phlegm.” p. 14.</li> <li>– - “Cigarette smoking seems to facilitate the development of byssinosis in smokers exposed to cotton dust, perhaps by the prior induction of bronchitis.” p. 16.</li> </ul>
1986	The Health Consequences of Using Smokeless Tobacco	Carcinogenesis Associated with Smokeless Tobacco Use, Noncancerous and Precancerous Oral Health Effects Associated with Smokeless Tobacco Use, Nicotine Exposure: Pharmokinetics, Addiction and Other Physiologic Effects.	<ul style="list-style-type: none"> <li>– “The scientific evidence is strong that the use of snuff can cause cancer in humans. The evidence for causality is strongest for cancer of the oral cavity, wherein cancer may occur several times more frequently in snuff dippers compared to nontobacco users. The excess risk of cancer of the cheek and gum may reach nearly fiftyfold among long-term snuff users.” p. vii.</li> <li>– “Gingival recession is a commonly reported outcome of smokeless tobacco use.” p. vi.</li> <li>– “Since nicotine levels in the body resulting from smokeless tobacco use are similar in magnitude to nicotine levels from cigarette smoking, it is concluded that smokeless tobacco use also can be addictive.” p. vi.</li> <li>– “Some evidence suggests that nicotine may play a contributory or supportive role in the pathogenesis of coronary artery and peripheral vascular disease, hypertension, peptic ulcers, and fetal mortality and morbidity.” p. vi.</li> </ul>

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1986	The Health Consequences of Involuntary Smoking	Health Effects of Environmental Tobacco Smoke Exposure, Environmental Tobacco Smoke Chemistry and Exposures of Nonsmokers, Deposition and Absorption of Tobacco Smoke Constituents, Toxicity, Acute Irritant Effects, and Carcinogenicity of Environmental Tobacco Smoke.	<ul style="list-style-type: none"> <li>– “Involuntary smoking is a cause of disease, including cancer, in healthy nonsmokers.” p. vii.</li> <li>– “The children of parents who smoke, compared with children of nonsmoking parents, have an increased frequency of respiratory infections, increased respiratory symptoms, slightly smaller rates of increase in lung function as matures.” p. vii.</li> <li>– “Simple separation of smokers and nonsmokers within same air space may reduce, but does not eliminate, exposure of nonsmokers to environmental tobacco smoke.” p. vii.</li> </ul>
1988	The Health Consequences of Smoking– Nicotine Addiction: A Report of the Surgeon General	- Effects of Nicotine That May Promote Tobacco Use, Treatment of Tobacco Dependence.	<ul style="list-style-type: none"> <li>– “Cigarettes and other forms of tobacco are addicting.” p. vi.</li> <li>– “Nicotine is the drug in tobacco that causes addiction.” p. iii.</li> <li>– “The pharmacologic and behavioral processes that determine tobacco addiction are similar to those that determine addiction to drugs such as heroin and cocaine.” p. iii.</li> </ul>

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1989	Reducing the Health Consequences of Smoking—25 Years of Progress: A Report of the Surgeon General	Advances in Knowledge of the Health Consequences of Smoking, Changes in Smoking-Attributable Mortality.	<ul style="list-style-type: none"> <li>– “The prevalence of smoking among adults decreased from 40 percent in 1965 to 29 percent in 1987.” p. i.</li> <li>– “Nearly half of all living adults who ever smoked have quit.” p. iv.</li> <li>– “Between 1964 and 1985, approximately three-quarters of a million smoking-related deaths were avoided or postponed as a result of decisions to quit smoking or not to start. Each of these avoided or postponed deaths represented an average gain in life expectancy of two decades.” p. ii.</li> <li>– “The prevalence of smoking remains higher among blacks, blue-collar workers, and less educated persons than in the overall population. The decline in smoking has been substantially slower among women than among men.” p. i.</li> <li>– “Smoking begins primarily during childhood and adolescence. The age of initiation has fallen over time, particularly among females. Smoking among high school seniors leveled off from 1980 through 1987 after previous years of decline.” p. i.</li> <li>– “Smoking is responsible for more than one of every six deaths in the United States. Smoking remains the single most important preventable cause of death in our society.” p. i.</li> </ul>
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1990	The Health Benefits of Smoking Cessation: A Report of the Surgeon General	Assessing Smoking Cessation and Its Health Consequences, Smoking Cessation and Overall Mortality and Morbidity, Smoking Cessation and Respiratory Cancers, Smoking Cessation and Cardiovascular Disease, Smoking Cessation and Nonmalignant Respiratory Diseases, Smoking Cessation and Reproduction, Smoking, Smoking Cessation, and Other Nonmalignant Diseases.	<ul style="list-style-type: none"> <li>– “Smoking cessation has major and immediate health benefits for men and women of all ages. Benefits apply to persons with and without smoking-related disease.” p. i.</li> <li>– “Former smokers live longer than continuing smokers. For example, persons who quit smoking before age 50 have one-half the risk of dying in the next 15 years compared with continuing smokers.” p. i.</li> <li>– “Smoking cessation decreases the risk of lung cancer, other cancers, heart attack, stroke, and chronic lung disease.” p. i.</li> <li>– “Women who stop smoking before pregnancy or during the first 3 to 4 months of pregnancy reduce their risk of having a low birthweight baby compared to that of women who never smoked.” p. i.</li> <li>– “The health benefits of smoking cessation far exceed any risks from the average 5 pound (2.3-kg) weight gain or any adverse psychological effects that may follow quitting.” p. i.</li> </ul>
1992	Smoking and Health in the Americas: A Report of the Surgeon General	Tobacco Use in Indigenous Societies, Prevalence of Smoking in Latin America, Smoking-Attributable Mortality in Latin America and the Caribbean, Economic Costs of the Health Effects of Smoking.	<ul style="list-style-type: none"> <li>– “One of the major findings of the report is the crucial role of surveillance in understanding the intricate interrelationship of the factors that influence smoking.” p. iii.</li> <li>– “Developing countries, including those of Latin America and the Caribbean, are not behind their neighbors in the north with regard to the tremendous growing problem of noncommunicable diseases related to tobacco consumption.” p. v.</li> <li>– “Countries that are furthest along the path of industrialization have gone through a period of high smoking prevalence and are now experiencing the incongruous combination of declining prevalence and increasing morbidity and mortality from smoking.” p. iii.</li> </ul>

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1994	Preventing Tobacco Use Among Young People: A Report of the Surgeon General	Health Consequences of Tobacco Use by Young People, Adult Health Implications of Smoking Among Young People.	<ul style="list-style-type: none"><li>- "Nearly all first use of tobacco occurs before high school graduation; this finding suggests that if adolescents can be kept tobacco-free, most will never start using tobacco."</li><li>- "Most adolescent smokers are addicted to nicotine and report that they want to quit but are unable to do so; they experience relapse rates and withdrawal symptoms similar to those reported by adults."</li><li>- "Tobacco is often the first drug used by those young people who use alcohol, marijuana, and other drugs."</li><li>- "Adolescents with lower levels of school achievement, with fewer skills to resist pervasive influences to use tobacco, with friends who use tobacco, and with lower self-images are more likely than their peers to use tobacco."</li><li>- "Cigarette advertising appears to increase young people's risk of smoking by affecting their perceptions of the pervasiveness, image, and function of smoking."</li><li>- "Community wide efforts that include tobacco tax increases, enforcement of minors' access laws, youth-oriented mass media campaigns, and school-based tobacco-use prevention programs are successful in reducing adolescent use of tobacco."</li></ul>
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### SURGEON GENERAL’S REPORTS ON THE HEALTH CONSEQUENCES OF SMOKING<sup>1</sup>

1998	Tobacco Use among US Racial/Ethnic Minority Groups - African Americans, American Indians, Alaskan Natives, Asian Americans and Pacific Islanders Hispanics: A Report of the Surgeon General	Health Consequences of Tobacco Use Among Four Racial/Ethnic Minority Groups, Factors that Influence Tobacco Use Among Four Racial/Ethnic Minority Groups.	<ul style="list-style-type: none"> <li>- “Cigarette smoking is a major cause of disease and death in each of the four population groups studied in this report. African Americans currently bear the greatest health burden. p. 6</li> <li>- “Tobacco use varies within and among racial/ethnic minority groups; among adults, American Indians and Alaska Natives have the highest prevalence of tobacco use, and African American and Southeast Asian men also have a high prevalence of smoking. Asian American and Hispanic women have the lowest prevalence.” p. 6.</li> <li>- “Among adolescents, cigarette smoking prevalence increased in the 1990s among African Americans and Hispanics after several years of substantial decline among adolescents of all four racial/ethnic minority groups. This increase is particularly striking among African American youths, who had the greatest decline of the four groups during the 1970s and 1980s.” p. 6.</li> <li>- “No single factor determines patterns of tobacco use among racial/ethnic minority groups; these patterns are the result of complex interactions of multiple factors, such as socioeconomic status, cultural characteristics, acculturation, stress, biological elements, targeted advertising, price of tobacco products, and varying capacities of communities to mount effective tobacco control initiatives.” p. 6.</li> <li>- “Rigorous surveillance and prevention research are needed on the changing cultural, psychosocial, and environmental factors that influence tobacco use to improve our understanding of racial/ethnic smoking patterns and identify strategic tobacco control opportunities. The capacity of tobacco control efforts to keep pace with patterns of tobacco use and cessation depends on timely recognition of emerging prevalence and cessation patterns and the resulting development of appropriate community-based programs to address the factors involved.” p. 6.</li> </ul>
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