

Burning Issues

Tobacco's Hottest Topics

Tobacco-Related Disease Research Program Newsletter

Volume 8, Number 1 March 2006

California Tobacco Tax Increase Poised to Lead the Nation

By Francisco O. Buchting, Ph.D.

California may soon have the highest tobacco tax in the nation if voters approve a proposition expected to be on the November 2006 ballot. The Tobacco Tax Act of 2006 will raise the tax on tobacco by \$2.60 per pack of cigarettes. The new tax is expected to generate \$2.27 billion annually. While this possibility is exciting, it also raises many important questions. Will the voters of California support such an initiative? How will the tobacco industry react and what tactics will it employ to block the proposition from passing? After all, California is the leader in tobacco control and research, and thus the testing ground for many tobacco control initiatives. So what happens in California's tobacco control movement generally has a nationwide ripple effect. What will be the impact on tobacco-related research if such a proposition were to pass?

With California's adult smoking prevalence hovering just above 15% for the past few years, if passed, the increase tax by itself is expected to significantly lower tobacco use by adults and youth.¹ California's current tobacco tax of \$0.87 ranks as the 23rd highest among all the states and the District of Columbia. A \$2.60 tax increase will make California the state with the highest tobacco tax at \$3.47; Rhode Island's \$2.46 and New Jersey's \$2.40 tobacco tax will then move to

See "Tax Increase" page 2

In This Issue

Filtered Tips	6
Secondhand Smoke	10
Lou Rawls	11

Tax Increase

Continued from page 1

2nd and 3rd place, respectively.² An additional dent in tobacco use will result from increased funding for tobacco control and for tobacco-related disease research. Even though tobacco's deadly impact in California has significantly diminished since the passage of Proposition 99 in 1988, ongoing tobacco use and secondhand smoke exposure still continues to devastate the lives of many Californians. In 1999, tobacco use claimed the lives of 43,137 Californians³ and an additional 4,560 to 7,800 nonsmokers are estimated to have died of lung cancer and cardiovascular disease from secondhand smoke exposure.⁴

Tale of two propositions

The Tobacco Tax Act of 2006 represents the merging of what looked to have been two competing measures in California for 2006. Like most tobacco stories in California, this one has its share of twists and turns. Since the passage of Proposition 99, numerous attempts have been made to use the tobacco tax to fund a wide variety of programs. Planning how to use the funds that will be obtained from raising the tobacco tax has not been the smoothest of happenings. In particular, early discussions and planning in 2005 by a coalition of organizations interested in raising the tobacco tax focused on one initiative for the November 2006 ballot. But for a while, there was a splintering among the parties; which set up the conditions for a "perfect storm" for the tobacco industry. The splintering meant that two proposed initiatives to raise the tobacco tax in the same year would be presented to the voters of California. The chance for success would have clearly been diminished with two competing initiatives on the ballot. But, on December 13, 2005, the two initiatives became one after both groups decided to join efforts once again and introduce the Tobacco Tax Act of 2006. The drive to collect the required signatures for the single initiative began in February 2006. The sidebar shows a list of the sponsoring groups supporting passage of the Tobacco Tax Act of 2006.

A new research account for the 21st Century

The Tobacco Tax Act of 2006 has earmarked 5% (\$105 million) for research. The \$105 million will be divided among five accounts.

- ◆ **TRDRP** would receive 34% of the \$105 million, about \$35.7 million. The language of the initiative states that the funds would include but not be limited to:
“(A) Research to improve the effectiveness of tobacco control efforts in California, including programs and strategies for governmental and other organiza-

tions to reduce tobacco use and exposure to secondhand smoke; and (B) Research on the prevention, causes, and treatment of tobacco-related diseases, including, but not limited to coronary heart disease, cerebrovascular disease, chronic obstructive lung disease, and cancer.”

- ◆ **The California Breast Cancer Research Program** would receive 25.75%, about \$27.04 million.
- ◆ **A Cancer Research sub-account** would be created and appropriated to the Department of Health Services to re-established the Cancer Research Program. The account would receive 14.75%, about \$15.49 million for research with a focus on “applied research, which includes but is not limited to, research that is geared towards the accelerated transfer of recent laboratory and clinical technologic advances into primary care, public health and community settings so that the majority of California's population may benefit. This research should be focused on converting recent discoveries into interventions and technologies, proving that they work, and learning how best to apply them.”

See “Tax Increase” page 8

Coalition in support of the Tobacco Tax Act of 2006

American Cancer Society
American Heart Association
American Lung Association of California
Association of California Nurse Leaders
California Emergency Nurses Association
California Association of Physician Groups
California Chapter, American Academy of
Emergency Medicine
California Chapter, American College of
Emergency Physicians
California Hospital Association
California Primary Care Association
Campaign for Tobacco-Free Kids
Children Now
Coalition for a Healthy California
Emergency and Acute Care Medical Corporation
PICO California
The Children's Partnership

Henry Lester

A Leader in Neuroscience



By Phillip Gardiner, Dr.P.H.

Over the past 15 years the Tobacco-Related Disease Research Program has funded and supported the scientific investigations totaling \$350 million in 130 California institutions, involving thousands of researchers. At the broad, institutional level, TRDRP's contribution has been quite a boon for the California scientific research infrastructure. However, it is the scientists working in the communities, clinics, and laboratories who have truly driven the TRDRP engine over the last decade and a half. TRDRP had the opportunity to highlight the work and accomplishments of several scientists in a special edition of *Burning Issues* this past October ("Those Who Are Outstanding . . ." *Burning Issues*, Special Edition, October 2005, Gardiner, P. and Asotra, K.). In an ongoing effort to throw a spotlight on other investigators "who are outstanding," TRDRP would like to highlight the work of another world-renowned scientist, Henry Lester.

Henry Lester, Ph.D., is the Bren Professor of Biology at the California Institute of Technology and one of the

leading neuroscientists in the country. California has many outstanding centers of neuroscience research, and Dr. Lester's lab at the California Institute of Technology is certainly one of them. Dr. Lester has received TRDRP funding from our inception. Starting with his grant, *Heterologous Expression of Brain Nicotine Receptors*, which was funded in TRDRP's 1st funding cycle in 1990, Dr. Lester has gone on to be successfully funded in our 4th, 6th, 9th, and 12th cycles—quite a grant-funding track record. These five grants spanning the entire 14-year funding history of TRDRP contributed in no small part to his stellar publication record of over 200 peer-reviewed articles. Just last year, Dr. Lester received international acclaim for his neuroscientific breakthrough that identified a specific nicotine receptor protein, called an alpha4 subunit as the primary actor in nicotine addiction. Previously, neuroscientists were aware that a number of nicotine receptor subunits were involved in the release of dopamine and the resulting nicotine addiction and dependence. What was striking about Dr. Lester's findings was that the alpha4-containing receptors, as distinct from other subunits, were sufficient for tolerance, sensitization, and reward, all key aspects of nicotine addiction. Knowing specifically which receptor molecules are activated by nicotine in the dopamine-releasing cells is a promising first step in developing a therapeutic drug to help people kick the smoking habit.

When Dr. Lester looks back on his long association with the TRDRP, he reflects, "TRDRP has helped to focus my lab's research on nicotine addiction as its major interest. My previous training was in biophysics and electrophysiology; TRDRP, since 1990, has encouraged me to investigate the complex biological problem of nicotine addiction. Since 1996, TRDRP has supported our work on generating new mouse strains that more readily become addicted to nicotine, which led to the identification of the significance of the alpha4 receptor subunit. Nearly 10 years later, and only after the initial successes, has the NIH finally helped as well."

TRDRP director resigns

It is with great disappointment that I report that Charles DiSogra has resigned as director of the Tobacco-Related Disease Research Program. His last day was February 3. He decided to return to the private sector where he had worked for many years. He is now vice president and senior research director at the Field Research Corporation in San Francisco. We are grateful for his contributions to TRDRP and I know you join me in wishing him all the best. Until the position is filled, I will serve as acting director.

TRDRP now faces the obvious problem of filling the void that he left. Applications and nominations are welcome. The job vacancy listing can be found at: <http://jobs.ucop.edu/>

Tobacco tax increase initiative on November 2006 ballot

The Tobacco Tax Act of 2006 is an initiative that will appear on the November ballot. If passed by California voters, it would raise the state's tobacco tax by \$2.60 per pack of cigarettes to fund health science research, emergency rooms, health insurance for children, nursing education, tobacco-related disease prevention and treatment, care for patients, and to reduce smoking addiction. If it passes, California's tobacco excise tax would rise to \$3.47 per pack, the highest state tax in the nation.

Our preliminary estimate is that passage would increase TRDRP's annual appropriation by \$35.7 million, providing an outstanding opportunity to dramatically expand our ability to meet pressing tobacco control and tobacco-related disease research needs in California. Staff are working with the Scientific Advisory Committee to develop a planning process for modifying the program appropriately. If the initiative passes, the earliest TRDRP would receive additional funds would be in the state's 2007-08 budget, which takes effect July 1, 2007. However, it could very well be another year before any money is allocated. *For a complete summary of this topic, please read "California Tobacco Tax Increase: Poised to Lead the Nation" by Francisco O. Buchting in this issue.*

2006-07 state budget

The governor introduced his 2006-07 budget on January 10th. The proposed appropriation to the University of California for TRDRP is \$14,253,000, which is the same amount as in the past two years. The allocation to the California Cancer Registry from the Prop. 99 Research Account was increased again this year, to \$5,372,000 from \$5,211,000 in 2006 and \$5,076,000 in 2005.

Fifteenth grant cycle

We received 257 applications for 2006, which is a very large increase of 32% over 2005. In conjunction with a flat budget (see above), competition for funding will be very competitive. TRDRP has migrated to an electronic system for submitting grant applications for the first time in the current grant cycle. We are using proposalCENTRAL (<https://v2.ramscompany.com>) the same Web service employed by most major foundations (such as the American Cancer Society and the Alzheimer's Association).

TRDRP Conference 2005: 15 years of progress in the fight against tobacco

TRDRP hosted a very successful biennial scientific conference October 10-11, 2005 in Los Angeles to celebrate 15 years of support for research on tobacco-related disease and tobacco control in California. Approximately 500 attended to hear 60 oral presentations and meet with 100 poster presenters. The conference included an introduction to the electronic grant application submission process that TRDRP used for the first time this year. In another innovation, the Tobacco Research Translation Institute updated tobacco control professionals on recent research relevant to their work.

The opening session included addresses by California Assemblywoman Wilma Chan and UCSF faculty member and TRDRP Principal Investigator Lisa Bero. The plenary session included outstanding talks on emerging treatments for nicotine dependence; uses of microscopy and neuroinformatics to achieve a deeper understanding of the molecular basis of nicotine addiction; the metabolic syndrome as a mediator of smoking and cardiovascular disease; and smoking and chronic obstructive pulmonary disease. TRDRP honored retired University of California Vice President for Health Affairs Con Hopper who spoke eloquently about his personal and professional journey to leadership of the nation's preeminent public university system and the people who made that possible. Dr. Hopper also presented

By Charles L. Gruder, Ph.D.

plaques to honor the seven individual Con Hopper Awardees selected over the past two years. The next conference is being planned for fall 2007.

Cornelius Hopper Diversity Award Supplement applications due April 21st

One of TRDRP's most rewarding initiatives is the Cornelius Hopper Diversity Award Supplement (CHDAS), which provides principal investigators of active TRDRP grants additional funds to mentor young scientists. CHDAS is limited to trainees who either (a) experienced situations or conditions that were an impediment to their education, or (b) who want to conduct research on cultural, societal, or educational problems as they affect the diverse segments of California populations (e.g., socioeconomic, cultural, ethnic, racial, linguistic, and geographic). The aim of the CHDAS is to enhance the trainees' experience and qualifications for tobacco research careers and to expand and strengthen the infrastructure for tobacco research in California. Trainees must be California residents and include those from backgrounds that have been underrepresented in tobacco research.

Currently-funded TRDRP principal investigators are encouraged to find qualified candidates and apply for a \$15,000 supplement to their grants. In the past six years, TRDRP has funded 33 CHDAS awards to 27 principal investigators at 15 institutions totaling \$830,132. (See the TRDRP website: www.trdrp.org "CHDAS Awardees" for the complete list.)

CHDAS applications can be accessed at www.trdrp.org.

Five new TRDRP scientific advisors

Roshan Bastani, Ph.D. of UCLA resigned from the Scientific Advisory Committee in February. We are grateful for her service over the past two and a half years.

Five new members were appointed to the committee and attended their first meeting on December 5, 2005. They are:

<u>Member</u>	<u>Representing</u>	<u>Term</u>
Carlene E. Henriques, C.H.E.S. Cedar Consulting Services, Corona	Community-based provider of health education or prevention services	2005–2008
Fredric B. Kraemer, M.D. Stanford University Medical Center, Palo Alto	American Heart Association (Western States Affiliate)	2005–2008
Paul Murata, M.D., M.S.P.H. Medical Institute of Little Company of Mary, Torrance	American Cancer Society (California Division)	2005–2008
Kim D. Reynolds, Ph.D. Keck School of Medicine University of Southern California, Los Angeles	Independent research university	2005–2008
Randall S. Stafford, M.D., Ph.D. Stanford University Medical School, Palo Alto	Independent research university	2005–2008

Over the last six months a profusion of tobacco-related research and news articles has appeared in the media and scholarly press. Here are just a few that I believe you'll find engaging and provocative. Be sure to also visit our website, <http://www.trdrp.org> for frequently updated breaking news of interest to tobacco researchers, professionals, and the public. M.F. Bowen, Ph.D.



Tobacco industry still finding ways to target youngsters

A recent study conducted by researchers at the Harvard School of Public Health found that the tobacco industry continues to exploit the youth market by producing new candy and liqueur-flavored brands that appeal to younger smokers. These brands are being aggressively marketed to both young smokers and racial and ethnic groups: <http://content.healthaffairs.org/>

The Marlboro Man gallops into China

Philip Morris International and the government-operated China National Tobacco Corporation just announced a joint venture to produce Marlboro cigarettes in China. The partners hope to “develop business opportunities worldwide.” With a growing Chinese market of 320 million smokers and consumption of cigarettes up 4% in 2005 (to 1.947 trillion cigarettes), The Marlboro Man certainly knows a good business opportunity when he sees one. <http://biz.yahoo.com/>

Good news/bad news for novel weight loss/smoking cessation drug

Rimonabant (aka Acomplia), a ground-breaking drug that promised to not only help smokers break their nicotine addiction but also control the weight gain associated with smoking cessation, has been rejected by the Food and Drug Administration as a smoking cessation aid. The good news is that the FDA ruled the drug “approvable” as a weight-loss aid: <http://www.acompliareport.com/>

The drug, first in a new class, selectively blocks a brain cannabinoid receptor involved in appetite stimulation and nicotine craving. Interestingly, these receptors are also found in adipose tissue, which may account for the drug’s salutary effect on lipid metabolism. Rimonabant is also being evaluated for its effectiveness in reducing alcohol intake: <http://www.clinicaltrials.gov/>

Smokers and former smokers get early cancer warning system

Non-small cell lung cancer (NSCLC) accounts for 75–80% of all lung cancers. People with NSCLC stand the best chance of survival if their condition is diagnosed and treated early. However, early detection is difficult, and detection usually occurs too late for treatment to be effective. Researchers at the University of Kentucky have developed a blood test for very early NSCLC that predicts the pathology with 90% accuracy. The test holds great promise for individuals most at risk—smokers and former smokers: <http://www.genengnews.com/>

Smoke a hookah, lose your teeth

Cigarette smoking has long been known to promote periodontal disease. A recent study in the Journal of Periodontology shows that hookah smoking is just as harmful to dental health as cigarette smoking. Contrary to popular belief, the water in the pipe does not filter out the bad stuff: <http://www.perio.org/>

Customized cessation treatments for African American teens?

Black smokers take in approximately 30% more nicotine per cigarette when compared with white smokers. Black smokers also take longer to metabolize the drug. Recent studies show that this pattern also holds for African American teenagers. The findings have implications for cessation treatments for African American smokers of all ages: <http://www.ishib.org/>

And smoking cessation aids to boot

The Westin hotel chain has made the laudable decision to make all of its rooms non-smoking. In order avoid alienating the 6% of guest who actually request a smoking room, the hotel will take the extraordinary step of offering their smoking guests not only an outdoor smoking area, but also nicotine gum and cessation counseling: <http://www.nytimes.com/>

Cutting back is not enough:

A recent study suggests that smoking just one to four cigarettes a day significantly increases the relative risk of death in such “light” smokers when compared with never-smokers. Although all causes of death were included in the study, the risk of death due specifically to lung cancer was particularly striking in women: over five times higher than in never-smoking women: <http://tc.bmjournals.com/>

Tax Increase

Continued from page 2

- ◆ The **Lung Cancer and Lung Disease Research** sub-account would be established for the purpose of creating a new research program. This account would receive 11%, about \$11.55 million. The purpose of creating this new research program is “solely to provide research grants to develop and advance the understanding, causes, techniques, and modalities effective in the prevention, care, treatment, and cure of lung disease. For purposes of this Section, the lung disease research areas shall include, but not be limited to lung cancer, asthma, tuberculosis, and chronic obstructive pulmonary disease, which includes chronic bronchitis and emphysema.”
- ◆ The **California Cancer Registry** would be fully funded by 14.5% of the research account, about \$15.23 million being earmarked and appropriated to the Department of Health Services.

The remaining 95% of the funds from the passage of the Tobacco Tax Act of 2006 has been earmarked for treatment and prevention (including tobacco control), as well as a backfill provision for Proposition 10 and estimated administrative cost.

- ◆ Treatment—52.75% (\$1.1 billion). Includes hospital emergency care services (\$828 million), nursing education (\$100 million), community clinics (\$64 million), emergency physicians (\$72 million), Steve Thompson physician education fund (\$8 million), prostate cancer treatment (\$19 million), tobacco cessation services (\$19 million).
- ◆ Prevention—42.5% (\$891 million). Includes children’s health insurance (\$405 million), tobacco control, education, and enforcement programs (\$194 million), cancer, heart, and asthma prevention and control programs (\$292 million).

Funding for the Cancer Registry

The Tobacco Tax Act of 2006 has earmarked funds for the California Cancer Registry. The funding from this new initiative will provide the necessary resources for the California Cancer Registry and thus end the need to appropriate funds from Proposition 99’s research account. It is not a coincidence that the language in the Tobacco Tax Act of 2006 is specific in stating that “all funds in the tobacco control research account shall be continuously appropriated to the University of California to be used

solely to supplement the Tobacco-Related Disease Research Program.”

Controversy surfaces

Thus far, a few articles have appeared in the press expressing concerns about the Tobacco Tax Act of 2006. The Lung Cancer Alliance raised concerns about the amount of funds earmarked for lung cancer research compared with the other allocations, which will receive a substantially larger proportion. Other issues raised in the press have come from commentators who oppose an increase in the tobacco tax. Besides a few minor statements, the vigorous opposition expected to come from the tobacco industry and its front groups has yet to make a noticeable appearance. But one thing is for sure, it’s highly unlikely the tobacco industry will stay on the sidelines when it comes to this initiative.

Increase funding for research—a win-win situation

It goes without saying that the passage of such a proposition will begin to provide relief to TRDRP and restore its capability to fund many more scientifically meritorious grants. For example, the possibility of increasing grant budget caps can be revisited, as well as the ability to expand TRDRP research priorities. But most important for research is the fact that passage of this initiative will increase funding for research that makes advances in tobacco-related diseases early diagnosis/treatments, improvements in tobacco cessation programs, and enhancements to tobacco control efforts. (See “Research is Vital for Tobacco Control,” April 2004.)⁵

The proposition process itself provides opportunities for research. In the past, TRDRP has funded policy researchers to look back at events that took place in California during past propositions to raise the tobacco tax. The Tobacco Tax Act of 2006 presents such an opportunity. This initiative presents a unique opportunity for scientists to study the events leading up to the voting on the proposition and the effects after the vote, but this time conduct prospective studies.

A successful passage of the Tobacco Tax Act of 2006 would decrease the adult and youth prevalence of tobacco consumption in California. But also noteworthy is the fact that California voters, come November 2006, may in fact approve a sizable increase in the tobacco tax that will substantially fund tobacco control and research for the foreseeable future. This may signal a fruitful model for other states to do likewise—something that the tobacco industry will not favor. Over the coming months, TRDRP will, as we hope you will too, closely follow the events surrounding the Tobacco Tax ACT of 2006.

See “Tax Increase” page 9

TRDRP Conference 2005: A Major Success!



Top Row: The Honorable Assemblywoman Wilma Chan and Tobacco Education Research Oversight Committee members Theresa Boschert and Lordes Baezcondi-Garbanati; Former TRDRP Director Charles DiSogra and Los Angeles City Council President Alex Padilla. Second Row: Film star and anti-smoking advocate Cecily Tyson; Cancer survivor Debbie Austin and Laurie Comstock, chair - person of Tobacco Survivors United. Third Row: Poster presenter; Tobacco control exhibitor.

Tax Increase continued from page 8

References

1. Tobacco Control Section, California Department of Health Services (2005). Adult Smoking Prevalence. PDF fact sheet: <http://www.dhs.ca.gov/tobacco/html/publications-htm#0factsheets>
2. Campaign for Tobacco-Free Kids (2006). State Cigarette Excise Tax Rates & Rankings. February 10, 2006. PDF fact sheet: <http://www.tobaccofreekids.org/research/>
3. Max, W., Rice, D.P., Sung, H-Y., Zhang, X., & Miller, L. (2004). The economic burden of smoking in California. *Tobacco Control*, 13, 264-267.
4. National Cancer Institute (1999). Health effects of exposure of environmental tobacco smoke: The report of the California Environmental Protection Agency. Smoking and tobacco control monograph No. 10. Bethesda, MD: U.S. Department of Health and Human Services, National Cancer Institute, NIH Pub. No. 99-4645, 1999.
5. Buchting, F.O. (2004). Research is Vital for Tobacco Control. *Burning Issues*, TRDRP Newsletter, 6(3), 8-11.

Secondhand Smoke Designated an Air Pollutant in California



By Kamlesh Asotra, Ph.D.

California became the first state in the country to identify secondhand smoke (SHS) or environmental tobacco smoke as a Toxic Air Contaminant. California Air Resources Board (ARB), a department of the California Environmental Protection Agency in a press release dated January 26, 2006, formally identified SHS as an airborne toxic substance that may cause and contribute to death and serious illness. The California Air Resources Board's action to include SHS as a Toxic Air Contaminant was based on a comprehensive report on the health effects upon exposure to SHS.¹ Now SHS is placed in the same category as the most toxic automotive exhaust and industrial air pollutants including acrolein, arsenic, benzene, benz(a)anthracene benzo(a)pyrene, formaldehyde, phenol, and toluene.

This decision by ARB to identify SHS as a Toxic Air Contaminant was timely in light of compelling and sufficient evidence of multiple deleterious health effects on people who are repeatedly or chronically exposed to SHS. The most vulnerable populations, including children, pregnant women, and nonsmokers who are exposed to SHS at public places or in homes where a spouse or parent smokes, develop myriad health problems due to SHS.

SHS is generated both by smoldering of cigarettes (sidestream smoke) and exhaled tobacco smoke released into the indoor or outdoor environment. Nearly 5,400 chemicals are present in the mainstream smoke created by combustion of tobacco or cigarettes that a smoker inhales. Approximately 4,000 toxic chemicals are present in sidestream smoke, and at least 200 chemicals have been identified in exhaled tobacco smoke. Breathable particulate matter and toxic chemicals of sidestream smoke and exhaled tobacco smoke contribute to SHS and its documented ill health effects. In California, every year tobacco smoke releases into the environment about 40 tons of nicotine, 365 tons of breathable particulate matter, and 1,900 tons of carbon monoxide.¹

Ongoing and completed research studies conducted by TRDRP-funded California investigators have contributed significantly to our present knowledge about the precise mechanisms by which SHS causes reproductive health effects, lung disease, and heart disease. Future studies will not only further unravel the molecular mechanisms by which SHS causes and worsens several disease conditions but will also lead to stricter policy measures for control of SHS emissions in California.

SHS produces serious harmful effects on the developing fetus in pregnant women including premature birth, low birth-weight babies, and Sudden Infant Death Syndrome, as well as asthma, infections of the middle ear, and respiratory system problems in children.

The implications of this new action by ARB are not clear at present. New legislation that better regulates SHS in public places, homes, and automobiles will be required before we can have SHS-free air to breathe and fewer cases of SHS-caused tobacco-related disease. Most certainly, the tobacco industry will fight against this decision. California ARB deserves a sincere vote of thanks from millions of our citizens for this brave and timely action!

References:

1. Air Resources Board, California Environmental Protection Agency (2005). Appendix III: Proposed Identification of Environmental Tobacco Smoke as a Toxic Air Contaminant—as approved by the Scientific Review Panel on June 24, 2005. <http://www.arb.ca.gov/regact/ets2006/ets2006.htm>

Another Victim of Cigarette Smoke: Lou Rawls, Dead at the Age of 72



By Phillip Gardiner, Dr.P.H.

Legendary rhythm and blues singer, Lou Rawls died on January 6, 2006 of lung and brain cancer. He was 72 years old. While numerous celebrities and regular folks succumb to the poisons in cigarettes, Lou Rawls' smoking career points out the insidiousness of nicotine addiction, secondhand smoke, and the attending tobacco-related disease. From all reports, Lou Rawls quit smoking cigarettes some 35 years ago in 1970; however, it was not until 2004 that he was diagnosed with lung cancer; the cancer had spread to his brain by 2005. As was the case with Lou Rawls, cancerous tumors take decades to manifest; and, as in the case of most smokers, another important factor must be taken into consideration: secondhand smoke.

Born December 1, 1933, Rawls joined numerous traveling gospel groups in the late 1940s and early 1950s. Traveling throughout the South and singing with his high school friend, Sam Cooke, Rawls took up smoking. By the time he quit in 1970, he had a good 20 pack-years of smoking under his belt. But reading between the lines of the numerous laudatory obituaries, Lou Rawls, like many other performers and millions of music patrons and nightclub workers, was constantly exposed to secondhand smoke while he was an active smoker and after he quit. Commenting on clubs he played in the mid '60s and the emergence of his pre-rap monologue style, the quote from the singer below is telling:

"I was working in little joints where the stage would be behind the bar. So you were standing right over the cash

register and the crushed ice machine. You'd be singing and the waitress would yell, 'I want 12 beers and four martinis!' And then the dude would put the ice in the crusher. There had to be a way to get the attention of the people. So instead of just starting in singing, I would just start in talking the song."

Multiply the picture painted above by a thousand and you begin to get a description of the life of an active, in this case African American R & B singer. While it isn't mentioned directly, the whole ambience of the "Club" in the 20th century was inundated with cigarettes and tobacco smoking. Cigarette smoking was welcomed not only on the southern "Chitlin Circuit," home to Lou Rawls for a time during the '50s; it was also true of the "mainstream" (read "white") clubs throughout the country. Indeed, smoking in restaurants and nightclubs was only outlawed in California in 1998 and is only now becoming illegal in cities and states around the country. Fifty years ago, performers, patrons, and nightclub employees were all exposed to cigarette smoke, whether they were active smokers or not.

Lou Rawls' life and death stands as a cautionary tale. One may quit being an active cigarette smoker and still be continually exposed to the harmful and deadly effects of secondhand smoke. Along with 20 pack-years of smoking, Lou Rawls had 40 years of almost nightly exposure to toxic secondhand smoke. It is no wonder that the California Air Resources Board recently classified secondhand smoke as a "Toxic Air Contaminant" (*for more about this, see "Secondhand Smoke Designated an Air Pollutant in California" on page 10*).



Tobacco-Related Disease Research Program
University of California—Office of the President
300 Lakeside Drive, 6th Floor
Oakland, CA 94612-3550

March 2006 Newsletter

Burning Issues

is published by TRDRP
Office of Health Affairs
University of California
Office of the President
300 Lakeside Drive, 6th Floor
Oakland, CA 94612-3550
Phone: (510) 987-9870
Fax: (510) 835-4740
e-mail: trdrp@ucop.edu
www.trdrp.org

Staff

Managing Editor
Phillip Gardiner, Dr.P.H.

Contributing Editors
Kamlesh Asotra, Ph.D.
M.F. Bowen, Ph.D.
Francisco O. Buchtling, Ph.D.
Charles L. Gruder, Ph.D. (acting Director)

Design & Production
Sharon L. Davis

Copy Editing Services
Susan Rambo

© 2005 The Regents of the University of California. All rights reserved. This material was made possible with funds from the research account of the Tobacco Tax and Health Protection Act of 1988 (Proposition 99).

SAVE THE DATE

Con Hopper Diversity Award Supplement (CHDAS)

Applications are due April 21st by 5:00pm

All Investigators with at least one year remaining on their grants are encouraged to apply for the CHDAS, so you can mentor an aspiring tobacco researcher and/or community advocate.

Applications can be accessed via our website: www.trdrp.org