

THE ACCEPTANCE OF SMOKING AS OTHER-REGARDING BEHAVIOR IN AMERICAN SOCIETY

Carla J. Glover, Texas A&M University

ABSTRACT

Cigarette smoking is becoming a deviant behavior, especially when one engages in this behavior in the presence of others. No longer is it a behavior that only concerns the smoker and his/her health. It is now acknowledged as harmful to nonsmokers through the dangers of secondary smoke. Since smokers and nonsmokers are starting to recognize this potential danger of cigarette smoking, exposure to this harm for nonsmokers can be regulated. This recognition of smoking as a problem for nonsmokers changes the behavior from simply self-regarding behavior, where the smoker is only making decisions about the potential dangers of smoking for him/herself to other-regarding behavior, where the smoker must acknowledge the behavior's impact on and potential danger to others. Through the use of opinion polls, this paper attempts to show how smoking is being redefined and is now seen as other-regarding behavior by both smokers and nonsmokers.

INTRODUCTION

Social regulations are increasing for cigarette smoking in American society. New laws and rules are regulating this behavior and are restricting or banning smoking in a variety of areas. This paper will address why these new social regulations have become necessary by exploring the changing beliefs and norms about cigarette smoking. At one time, cigarette smoking belonged in the realm of self-regarding behavior and was not a problem for anyone, but the smoker. John Stuart Mill (1975) discusses self-regarding behavior. He states

In the part which merely concerns himself, his independence is, of right, absolute. Over himself, over his own body and mind, the individual is sovereign.

As discussed within this paper, smoking was once considered the individual's concern and it was not necessary to consider how it influenced others. The behavior was self-regarding.

With the increasing medical information on secondary/passive smoke, smoking is now being redefined as other-regarding behavior that has the potential for harm to someone beyond the individual.

As soon as any part of a person's conduct affects prejudicially the interest of others, society has jurisdiction over it, and the question whether the general welfare will or will not be promoted by interfering with it, becomes open to discussion. (Mill 1975)

The behavior, because of its potential harm to others, is redefined as other-regarding and has the potential to be regulated at that point. This regulation takes the form of new laws and rules that will help the smokers

and nonsmokers to form new norms that define their obligations to each other. These new laws and rules are efforts to provide social controls that will ensure that smokers develop other-regarding behavior. According to Selznick,

To be effectively other-regarding we must, at some crucial point, where the fate of the person is decided, directly perceive and appreciate them. (1992)

There exists no normative base for defining smoking in this way; therefore, smokers are having to change their attitudes about where and when they should smoke. Due to the change in definition, the individual's behavior cannot be considered only his/her own concern and new laws and norms reinforce this change. Below, a short explanation describes why cigarette smoking is a unique behavior to regulate. A discussion of the data to support the argument that smoking is being redefined as other-regarding behavior will follow. Included in that data is information pertaining to the existence of new regulations and the belief of Americans that these new regulations are justifiable and necessary.

REGULATING SMOKING BEHAVIOR

For many years, Americans believed that smoking was a behavior that only affected the individual. In fact, it was important within society.

Cigarette smoking during wartime and depressions was not merely approved as a pleasure but viewed almost as a duty that owed to the principle of camaraderie and to the requirements of consolation in the face of tragedy. It was also recognized as an index of one's adult reliability. In these periods,

smoking was admired, praised, and encouraged. (Klein 1993)

The definition of smoking is changing, but it is doing so slowly. The problem of regulating smoking is due to the fact that it is part of American culture. Klein (1993) discusses the importance of smoking and how it is part of the American ideology. Rabin and Sugarman (1993) agree with Klein (1993).

As long as smoker's cough, tobacco after-taste, and smoke-filled rooms and sporting arenas were regarded at most as minor annoyances and only vaguely perceived as posing health concerns—annoyances and concerns that far out-weighed by the perceived pleasures of smoking—tobacco use was a highly unlikely candidate for regulatory sanctions. (Rabin, Sugarman 1993)

It took several years for Americans to acknowledge that smoking was harmful for the smoker. Currently, laws are successful at suppressing smoking, at least in certain areas and for the protection of nonsmokers.

During and after World War II, smoking was an acceptable behavior, according to Jacobson, Wasserman, and Anderson (1997), Rabin and Sugarman (1993), and Sobel (1978). This acceptance was slow to change. During the 1950s, research was available on the health effects of smoking, but very little of this evidence reached the public (Sobel 1978). The release of the Surgeon General's Report on smoking in 1964 established for the public the link between cancer and smoking. Instead of greatly reducing smoking, "The impact of the health scare seemed to be lessening, in large part as a result of the growth of filter smoking" (Sobel 1978). Even the anti-smoking groups found encouragement in the promise of the reduced health hazards due to the use of filtered cigarettes. They "...turned to methods by which cigarette users could minimize harmful effects" (Sobel 1978). These efforts were concentrated on the smoker and his or her health.

The first reports of social regulation attempts occurred during the early 1970s (for a review of smoking regulations, litigation, and policies see Jacobson et al 1997, Kagan, Vogel 1993, Kelder, Daynard 1997). The anti-smoking groups did not attempt to ban smoking, but to restrict it to specific areas, away from nonsmokers (Sobel 1978).

Troyer and Markle (1979) emphasize that "Official actions against individual smokers appear to have occurred only after a majority of the public defined smoking as undesirable". Once the public knew of the dangers and had proof of the harm to the smoker, social regulations were possible. Despite the anti-smoking group's efforts, "Smoking was on an increase in 1972 and afterward..." (Sobel 1978). Smoking was still regarded as a person's individual choice and as self-regarding behavior. In addition, America was involved in the Vietnam war during these years and, as noted by Klein (1993), smoking is encouraged during wartime. According to Myers and Arnold (1988), the National Research Council and the Surgeon General's reports on secondary smoking, released in 1986, will impact how individuals view smoking in this nation. Once these reports reached the public, attitudes changed since, based on "...the best scientific evidence available, smoking has long ago ceased to be a private-regarding device best treated as such" (Goodin 1989). Since there are new medical findings that now show smoking to be dangerous to other people in the community, there is a renewed effort to regulate smoking behavior. Rabin and Sugarman note,

...from a perspective that views smokers as injuring innocent third parties, the tables are turned: smokers must be made to stop their wrongdoing. (1993)

The conflict over these new regulations and the extent of them revolves around two issues. First, as Wolfe (1989) states

When capitalism and liberal democracy combine, people are given the potential to determine for themselves what their obligations to others ought to be, but are then given few satisfactory guidelines on how to fulfill them.

Previously, there were no obligations attached to the act of smoking. Now that there is evidence of that obligation to others, due to the harm of secondary smoke, it is necessary to provide the guidelines through official means to regulate the behavior. Smokers and nonsmokers are allowing "...authority structures to formulate rules of social interaction for them..." (Wolfe 1989).

The second problem is what Bellah, Madsen, Sullivan, Swidler, and Tipton (1991)

claim to occur in arguments of other social questions. The discussion of rights "...tends ...to prevent precisely the consideration of how one choice is interdependent with other choices" (Bellah et al. 1991). Opponents on either side of the smoking issue argue about rights and fail to emphasize the common good for the community. To achieve the common good, a better solution might include returning the emphasis to encouraging smokers to quit rather than trying to regulate smoking. Hardin (1988) also argues that rights are unimportant, if there is a lack of consideration for the common good. In addition, he points to the fact that "Traditional rights'...are institutional devices for reducing the burden of gathering information and calculating consequences of actions" (Hardin 1988). Traditional rights do not define smoking as harmful to others, so the argument over smoking has become an issue about individual rights. What results is a conflict of rights

...in which the protected actions of one party coincidentally bring harm to another party typically because of external effects of the actions. (Hardin 1988)

Secondary smoke is a harmful external effect that needs regulation, despite the rights of the individual smoker.

Moreno and Bayer (1985) discuss smoking as one example of the use of public policies to promote health. They include the problems listed above in their analysis of the situation. According to this article, one side of the argument over state regulation of behaviors involves "...the claim that competent adults have the right to engage in foolish and even self-destructive 'self-regarding' practices" (Moreno, Bayer 1985). Individuals who use this argument are referring to Mill's (1975) work for the ideological base and stick to their belief in individual rights. Mill did qualify this argument by stating that individual rights end when there is a potential to harm others (Mill 1975). Since medical evidence shows that secondary smoking is harmful to others, the argument over smoker's rights loses its force.

Goodin (1989) notes that it is no longer an individual right for the smoker, since smoking is an addiction. Starting from Mill's (1975) argument, Goodin emphasizes

If it is autonomy that we are trying to protect in

opposing paternalistic legislation in general, then the same values that lead us to oppose such legislation in general will lead us to welcome it in those particular cases where what we are being protected from is something that would deprive us from the capacity for autonomous choice. (1989)

This interpretation of Mill changes the argument that smoking is a right. If the smoker agrees that nicotine is addictive, then he or she is no longer making an autonomous choice to smoke. If one interprets Mill's (1975) work in this way, it does not seem to support the smoker's argument for a right to smoke. A second argument, discussed by Moreno and Bayer (1985) centers on "...the economic costs for society of risky personal behavior [which] warrants state intervention". This utilitarian argument ignores the importance of achieving a common good, except in a monetary sense. These authors claim that

...there has been little public discussion about the potential social benefits of aggressive effort to alter patterns of smoking and drinking. (Moreno, Bayer 1985)

This article does not refer to social regulation of secondary smoke as a social benefit that is non-monetary. Goodin (1989) does discuss the need to use utilitarian calculus when discussing social regulation of smoking. He discusses the difficulty in using this type of approach because both smokers and nonsmokers experience costs. His solution is to use different social regulations to accommodate the costs in different situations.

Overall utility for the whole society might be better promoted by a more flexible, localized policy, wherein smoking rules for each sub-population are set according to the distribution of smokers and nonsmokers within them. (Goodin 1989)

This solution would accommodate the rights of smokers and nonsmokers and provide a community solution that has the potential to emphasize the common good.

As this short review of smoking in American society illustrates, perceptions about smoking do appear to be changing. Below is an attempt to document this change through newspaper articles and opinion polls. It is possible to show that the anti-smoking

campaign is becoming more effective, especially after the publication of the dangers of secondary smoke.

DISCUSSION OF THE DATA

In this section, two research methods help to determine the change in the public's perceptions of smoking and its regulation. The first method includes evidence retrieved through the Newsbank Electronic Information System. This database includes newspaper articles from all over the country and since it is selective in which articles it provides, it is not a random sampling. Due to the source bias, any consideration attached to the conclusions should be tentative. Two separate year groupings will help show the increase of articles on secondary smoking. During 1981-1983, there were twenty-two articles discussing the health hazards from smoking. Four of these articles discussed secondary smoke. For the second group of years, 1991-1993, there was an increase to forty-eight articles on health hazards that included seventeen articles about secondary smoke. This change in media coverage and the new medical findings about secondary smoke helped to change the perception of smoking within society. Individuals now had proof to use which would encourage the use of social regulation. Social regulation was possible since there was scientific evidence that smoking was no longer self-regarding behavior.

This change in public perception receives additional documentation by noting the changes in laws and rules concerning smoking allowed in government buildings and public places. During 1981-1983, there were twenty-one articles dealing with the restriction or banning of smoking in public places and there were no articles dealing with these issues within government buildings. During the 1991-1993 years, articles discussing restrictions or bans of smoking in public places increased to ninety. Articles about the restriction and banning of smoking within government buildings increased to nine. The increase in social regulations for smoking occurred after the public had received information about the effects of secondary smoke. This increase is important to note since it documents the shift in defining smoking as other-regarding behavior. Social regulations are appropriate when there is evidence of the damage that smoking may cause to others within the community.

Table 1: "Do You Think Cigarette Smoking Is Harmful or Not?" (Percentages)

Year	Smokers	Nonsmokers
1949 Yes	52	66
No	45	24
1977 Yes	83	95
No	13	2
All Respondents		
1984 Yes	93	
No	3	

Despite the possible bias of this data, it is evident that there has been a shift in media coverage of smoking. Whether this shift is a response to the public's growing concern over smoking or whether the change in media coverage caused the growing concern is not clear. What is significant is that increased media coverage of secondary smoking and of social regulations does bring these issues into the public forum. By informing the public, there is a potential to increase the public's concern and to allow for continued changes in public perceptions about smoking and about social regulations of this behavior.

The second method used includes a review of opinion polls to determine if the public is viewing smoking differently. Shephard (1982) states that "Opinions in the US were strongly influenced by a series of well-documented reports on Smoking and Health from the Surgeon General." To determine the accuracy of this statement, several opinion polls provided the data for this discussion. The Gallup poll publishes polls annually. It also completed polls for the American Lung Association. Both of these surveys draw their samples from the national population. Data from the Hollander Cohen Associates' survey was also used. This questionnaire only surveys people within the state of Maryland. Another opinion poll includes the data produced by Talmey Research and Strategy, Incorporated which surveys a random sample of Colorado residents. The American Public Opinion Data provides a catalog for these and other opinion polls. The use of these polls will help to show if smokers and nonsmokers are changing their opinions about the harm caused by smoking. If there is a change in this direction, then there is some truth to the argument that smoking is becoming other-regarding behavior. Opinions regarding the acceptance of social regulations will show

Table 2: "In General, How Harmful Do You Feel Second-Hand Smoke Is To Adults?"

	1994	1996
Very Harmful	36	48
Somewhat Harmful	42	36
Not too harmful	12	9
No harm at all	6	5
It depends	1	--
No opinion	3	2

Table 3: "Smokers Should Refrain From Smoking In the Presence of Non-Smokers."

	1983	1987	1989
Strongly agree	31	33	53
Agree	38	42	29
Disagree	22	16	13
Strongly disagree	3	3	2

Table 4: "Do You Think There Should or Should Not Be a Complete Ban on Cigarette Advertising?" (Percentages)

Year		Smokers	Nonsmokers
1977	Should	28	41
	Should Not	65	47
	No Opinion	7	12
1988	Should	34	64
	Should Not	61	31
	No Opinion	5	5
1994	Should	40	51
	Should Not	56	45
	No Opinion	4	4

that nonsmokers' rights are becoming more important.

According to the 1987 Gallup poll, the rate of smoking is decreasing. In 1944, forty-one percent of the population smoked; this rate increased to forty-five percent in 1954. The rate decreased until it reached a low of thirty percent in 1987. Prior to 1950, Americans were unlikely to define smoking as harmful, but that is changing (Table 1). According to the Gallup poll in 1949 and 1977 and the Hollander Cohen Associates' survey in 1984¹, people are defining smoking as more harmful. The medical findings on the dangers of cigarette smoking, as reported in the 1964 Surgeon General's Report, appear to have convinced the vast majority of people about the dangers for smokers. Table 2 includes data from the Gallup poll (1994 and 1996). This table shows the change in opinions about the harm of

Table 5: "Do You Think Federal and State Taxes on Cigarettes Should or Should Not Be Increased?" (Percentages)

	1977	1993	
	Smokers	Nonsmokers	All
Should	17	52	67
Should Not	75	35	33
No Opinion	2	13	1

Table 6: "Do You Think the Sale of Cigarettes Should or Should Not Be Banned Completely?" (Percentages)

	1977	1988	1994
Should	19	13	11
Should Not	75	85	86
No Opinion	6	2	3

secondary smoke. The majority in each of these groups agrees that smoking is harmful. This table also shows the increase in the belief that secondary smoke is "very harmful." The agreement that smoking is harmful to others and not to the smoker alone indicates that smoking is becoming other-regarding behavior. It is necessary to determine if the data in Table 2 indicates what is hypothesized. The data in Table 3 was part of the Gallup poll survey in 1989. This table offers some assistance in determining if smoking is becoming other-regarding behavior. The respondents do agree that smokers should refrain from smoking in the presence of nonsmokers in 1983, but strong agreement occurs in the 1989 poll. Since the majority of respondents agree that smokers should refrain from smoking in the presence of nonsmokers, this data indicates that smokers and nonsmokers do not consider smoking to be self-regarding behavior. The norms surrounding smoking are changing and smokers and nonsmokers are increasingly accepting this change. Goodin (1989), in his argument over rights, states that "...nonsmokers should have a right to veto others' smoking in the airspace that they must share". From this data, it is obvious that public opinion offers support for this contention.

Smoking is considered other-regarding behavior, according to the data presented. Since there is such strong agreement about the potential for harm, social regulation of this behavior becomes necessary. Social regulations have been placed on smoking and respondents to these surveys agree with the need for laws and rules concerning

Table 7: "Which Statement on This Card Best Describes Your Opinion Regarding Smoking In Each of the Following Places?" (Percentages)

	1983	1987	1989	1992	1994
Hotels, Motels					
No restrictions	30	20	19	12	10
Areas set aside	54	67	63	69	68
No smoking	12	10	12	17	20
Don't know	4	3	6	2	2
Restaurants					
No restrictions	10	8	8	4	4
Areas set aside	69	74	66	62	57
No smoking	19	17	23	33	38
Don't know	2	1	3	1	1
Workplaces					
No restrictions	15	11	10	5	4
Areas set aside	64	70	65	64	63
No smoking	17	17	21	30	32
Don't know	4	2	4	1	1

smoking. The banning of some cigarette advertising is already in place, for example, television commercials. The data in Table 4 is part of the 1977, 1988, and 1994 Gallup surveys. Nonsmokers are more likely to agree with banning cigarette advertisement in 1988 than in 1977. In 1994, nonsmokers were less likely to want banning. An explanation for this drop in agreement may be that there was little media attention given to the need for advertising bans, but it is difficult to tell from the data in this table. There is less agreement among the smokers, but there exists a consistent increase in agreement from 1977 to 1994. This type of social regulation is constraining the behavior of the cigarette companies, but the increasing agreement helps to show the concern of smokers for the need to provide some social regulation.

Another possibility for social regulation is to raise taxes to increase the costs for smokers. The majority of the individuals surveyed in 1993 agreed with this statement (Table 5²). President Clinton has argued for an increase on cigarette taxes to help pay for the health care reform. His rationale for doing so is that smokers increase the costs of health care due to their habit. Since Clinton discussed this fact on television and the newspapers reported his arguments, the increase from 1977 to 1993 may be strictly due to increased publicity of this information. The result of this increased information is that the surveyed population appears to support this method of social regulation.

There seems to be little agreement over

the complete ban of smoking. Table 6³ shows the results over time and there is a decrease in the opinion that smoking should be banned completely. Apparently, the public still does not want to fully restrict behavior that involves individual choice. Banning of cigarettes is an extreme response. Complete bans would involve paternalistic legislation and smoking, despite its harm to the individual, is still considered an individual right. As stated earlier Goodin (1989) argues that since smoking is addictive, the individual is unable to choose freely whether to smoke or not.

There is also a concern over the costs to society, if smoking is completely banned (Goodin 1989). Not only will it influence the economy through farming of tobacco and production of cigarettes, but it may also cause illegal trade in cigarettes. Due to this argument and the apparent lack of agreement in the opinion polls, banning the sale of cigarettes does not appear to be an appropriate social regulation, at this time.

Table 7 includes opinions about specific types of social situations, comparing hotels, restaurants, and the workplace. The Gallup poll surveyed individuals for the American Lung Association in the years indicated. These opinions are changing to support the social regulation of smoking. Since these questions refer to public places, the support for social regulation indicates that smoking is other-regarding behavior. The largest group prefers smoking areas within public places, rather than banning or having no restrictions for smoking at all. The increase in

the percentage of people who want to ban or restrict smoking and the decrease in opinions that there should be no restrictions indicates that nonsmokers' rights are becoming more important. Opinion regarding smoking in restaurants is similar to the one for smoking in hotels and motels, but there is more interest in banning smoking. Opinions about regulating workplace smoking also emphasize the changing beliefs about whose rights are most important. The pattern is the same; the preference is for smoking areas and few people want no regulations on smoking. The opinions about social regulations indicate that smokers and nonsmokers want smoking regulated and few people want no restrictions. There is a difference in opinion for hotels and motels and the other two places. There is less agreement that smoking should be banned in hotels and motels. It is difficult to determine what the reasons are for this difference and future research should attempt to address this problem. Even so, it can be suggested that the difference may be due to the separation of space that is found in hotels and motels and also, out of respect for a guest's right to privacy in his/her own rental space. This separation provides for private, rather than public, areas and less chance for the nonsmoker to be near a smoking individual. When there exists a difference in agreement about social regulations, it can be assumed that, as Goodin (1989) suggests, there is some consideration for both smokers' and nonsmokers' rights.

Since there are a variety of regulations and opinions about where smoking should and should not be banned, the smoker must consider others. As Jacobson et al point out,

Tobacco control legislation also shifts control from the smoker to the nonsmoker and places the burden of showing that smoking is permitted on the smoker. (1997)

Smokers are forced to regard others. The need for official regulations may still be necessary in a modern society, but they are more likely to be accepted and followed if the norms surrounding smoking support the redefinition and social regulation of this behavior. These surveys show a changing attitude toward smoking and the social regulation of this behavior. The harm of smoking to nonsmokers is increasing the acceptance of social regulations and encouraging the

acceptance of this behavior as other-regarding.

CONCLUSIONS

The argument over smoking has gained new force because of the information on secondary smoke. The utilitarian argument did not carry as much force in encouraging smokers to quit or in obtaining regulations on individual behavior. As noted above (Moreno, Bayer 1985), the argument over individual rights to smoke was too persuasive. Since the new information about the dangers of cigarette smoking includes the data of how this behavior affects others, there is less power to the argument of individual rights. As Gibson (1997) argues, "...smokers have become a stigmatized out-group." Attempts to suppress cigarette smoking are more likely now because smoking is no longer a self-regarding behavior. It is becoming a deviant behavior (Kluger 1996).

This research showed the changing opinions about smoking and the regulation of this behavior. Individuals are acknowledging the dangers of smoking to others and there is a change in opinion about applying social regulations. Even though there is little agreement to ban smoking, there is still a concern for others who might experience harm due to the behavior of smokers. Interpretation of the data in this paper shows that smoking is becoming other-regarding behavior and deviant in the presence of others. To determine why opinions are changing, other research should focus on why people believe that these social regulations are appropriate. This information would be useful for expanding the argument that smoking is becoming an other-regarding behavior. A more complete survey of newspaper articles will also help to solve the problem of determining when changes in opinions occurred. It may also highlight when controversies about social regulations occurred and for what reasons. These factors need to be researched to offer more knowledge about social regulations and the change in this behavior within society.

ENDNOTES

¹ The 1984 Holland Cohen Associates survey question was different from the Gallup poll question. The actual question asked was "Do you think smoking is or is not harmful to health?"

² Both sets of data are from the Gallup poll. The 1993 Gallup poll question was "The Clinton health-care reform bill increases federal tax on a

- pack of cigarettes by 75 cents to help pay for the plan. Do you favor or oppose this proposal?"
³ The Gallup poll provided the 1977 and 1994 data. The 1988 data came from Talmey Research and Strategy, Inc. poll. The actual statement used on this survey was "It should be illegal to sell tobacco to anyone regardless of age. Agree, Disagree, Not Sure."

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