

University of California

Postprints

Year 2005

Paper 1095

Marketing to the marginalised: tobacco industry targeting of the homeless and mentally ill

Dorie Apollonio *

Ruth E. Malone †

*UCSF

†University of California, San Francisco

Dorie Apollonio and Ruth E. Malone, "Marketing to the marginalised: tobacco industry targeting of the homeless and mentally ill" (2005). *Tobacco Control*. 14 (6), pp. 409-415. 10.1136/tc.2005.011890. Postprint available free at: <http://repositories.cdlib.org/postprints/1095>

Posted at the eScholarship Repository, University of California.
<http://repositories.cdlib.org/postprints/1095>

Marketing to the marginalised: tobacco industry targeting of the homeless and mentally ill

Abstract

Objectives: To describe the tobacco industry's relationships with and influence on homeless and mentally ill smokers and organisations providing services to them.

Methods: Analysis of internal tobacco industry documents and journal articles.

Results: The tobacco industry has marketed cigarettes to the homeless and seriously mentally ill, part of its "downscale" market, and has developed relationships with homeless shelters and advocacy groups, gaining positive media coverage and political support.

Discussion: Tobacco control advocates and public health organisations should consider how to target programmes to homeless and seriously mentally ill individuals. Education of service providers about tobacco industry efforts to cultivate this market may help in reducing smoking in these populations.

MARKETING TO THE MARGINALIZED: TOBACCO INDUSTRY TARGETING OF
THE HOMELESS AND MENTALLY ILL

D. E. Apollonio and Ruth E. Malone

University of California, San Francisco

Corresponding author:

Ruth E. Malone, R.N., Ph.D., F.A.A.N.

Associate Professor

Department of Social and Behavioral Sciences, School of Nursing

University of California, San Francisco

3333 California Street, Suite 455

UCSF Box 0612

San Francisco, CA 94143-0612

rmalone@itsa.ucsf.edu

415-476-3273 (phone)

415-514-9345 (fax)

Word count: Abstract (106); Text (3,498); References (2,972)

Keywords: homelessness, mental illness, tobacco control

Funding: American Legacy Foundation (Apollonio), National Cancer Institute

CA90789 and CA109153 (Malone)

MARKETING TO THE MARGINALIZED: TOBACCO INDUSTRY TARGETING OF THE HOMELESS AND MENTALLY ILL

Abstract

Objectives. Describe the tobacco industry's relationships with and influence on homeless and mentally ill smokers and organizations providing services to them.

Methods. We analyzed internal tobacco industry documents and journal articles.

Results. The tobacco industry has marketed cigarettes to the homeless and seriously mentally ill, part of its "downscale" market, and has developed relationships with homeless shelters and advocacy groups, gaining positive media coverage and political support.

Discussion. Tobacco control advocates and public health organizations should consider how to target programs to homeless and seriously mentally ill individuals. Education of service providers about tobacco industry efforts to cultivate this market may help in reducing smoking in these populations.

Introduction

Studies document the tobacco industry's marketing of cigarettes to marginalized groups. To increase sales and defuse potential political opposition, tobacco firms have directed marketing, philanthropy, and outreach campaigns to African Americans,¹ Asian Americans,² Latinos,³ and gay men,⁴ and made appeals to different segments of society based on factors such as age and gender.^{5,6} However, searches revealed no previous research on tobacco industry marketing to the homeless and seriously mentally ill, populations marked by extremely high smoking rates and unique in their simultaneous economic, psychological, social, and physiological vulnerability.⁷⁻¹¹

Despite their low incomes, the homeless have characteristics that make them desirable "downscale" customers, a population segment that the tobacco industry identified as critical to its sales at least as early as the 1970s.^{12,13} While there is no consistent definition in the literature of what constitutes the population of mentally ill individuals, most studies find that smoking rates are high in this population as well as among the homeless. Research identifies between one-quarter and one-third of the homeless as mentally ill,^{14,15} and rates of mental illness and disability are even higher among the chronically homeless.¹⁶

Approximately two-thirds of the severely mentally ill experience or risk homelessness,¹⁶ and the mentally ill are estimated to buy nearly half the cigarettes sold in the United States.¹⁷ Mental illness and chemical dependency, both of which impair critical judgment, may make the homeless more susceptible to marketing efforts that suggest cigarettes help people "cope with stress".¹⁷ Overall, less than one quarter of the U.S. population smokes and smoking rates have declined since the 1960s.¹⁸ By

comparison, although it is difficult to determine the level of smoking in the homeless population, studies suggest that between 70-99% of homeless adults smoke.⁷⁻¹⁰ Also, smoking rates for individuals with severe mental illness, who are over-represented among the homeless population, have not been declining as have rates in the general population.¹⁹

Unlike some other disadvantaged groups, the homeless and seriously mentally ill do not share a common culture or pride in their identity that might lead them to organize on their own behalf. In addition, these groups are marginalized²⁰⁻²² both socially and economically and their needs are rarely a focus of tobacco control efforts.²³ Organizations providing services may have different goals than homeless individuals.¹⁶ For all these reasons, it is important to better understand the nature and extent of tobacco industry influence on tobacco use among the homeless and seriously mentally ill. This paper examines internal tobacco industry documents to analyze tobacco industry involvement with the homeless and seriously mentally ill population.

Data and methods

In conjunction with legal settlements between 46 state Attorneys General and the major tobacco companies in the United States, over 40 million pages of internal tobacco industry documents have been made publicly available. These documents are web-accessible at the Legacy Tobacco Documents Library²⁴ and Tobacco Documents Online,²⁵ as well as major US tobacco companies. Documents used for this paper were retrieved between December 2003 and December 2004.

Using previously-established techniques for systematically searching tobacco documents archives,²⁶ we began with initial search terms such as “homeless”, and “mental illness”. Searches were expanded with a “snowball” strategy, using contextual information from initial searches to identify additional search terms and relevant documents, including names of individuals/organizations, date ranges, places, and reference (Bates) numbers. Approximately 2,500 internal tobacco industry documents pertaining to the homeless, mentally ill, homeless organizations, and psychiatric institutions were identified and screened for relevance. After eliminating irrelevant material and duplicates, we drew on approximately 400 documents to prepare this paper, dated from 1977 to 2001. We also reviewed relevant secondary data sources including newspaper and journal articles, accessed via PubMed, Jstor, and Internet searches using Google. Data were managed using EndNote software, and analyzed to determine the tobacco industry’s practices and goals in dealing with the homeless and seriously mentally ill and with organizations providing services to these populations.

Tobacco industry marketing to the homeless

In 1977, an international tobacco industry trade group, including representatives of all major cigarette companies, noted in a document on the social acceptability of smoking that “cigarette smoking is becoming a downscale social activity”.²⁷ As the disease effects of smoking became better understood, more affluent and educated people were the most likely to quit.^{28, 29} Cigarette companies thus increasingly marketed toward lower-income, less-educated, and minority segments of the US population.^{1, 12} A marketing study done for R. J. Reynolds (RJR) noted in a downscale market profile that

this demographic was “more impressionable to marketing/advertising... they’re more susceptible. They’re less formed intellectually... more malleable.” [Ellipses in original]¹²

By the early 1990s the homeless had become one of the sub-populations specifically targeted by major cigarette companies, in addition to general marketing efforts directed toward downscale consumers.³⁰ For example, RJR included direct targeting to the homeless as part of an urban marketing plan in the 1990s, focused on the advertising of “value” brands to “street people”.³⁰ In 1990, American Tobacco paid for product placement and supplied cigarettes for the movie “Robocop 3”, which showed homeless activists smoking Pall Malls and Lucky Strikes.³¹ In addition to advertising, tobacco companies gave away cigarette brand logo products to the homeless; for example, in 1994 Philip Morris (PM) apparently distributed 7,000 “Merit” cigarette brand labeled blankets to New York homeless shelters and homeless individuals.³² By the late 1990s, the ties between homelessness and smoking had grown so overt that a major marketing periodical characterized the target market of Brown and Williamson’s GPC brand as “Homeless Man”.³³

Offering free samples is a well-established strategy by which tobacco companies recruit new smokers,³⁴⁻³⁶ and cigarette samples were distributed to homeless shelters, mental hospitals, and homeless service organizations. In 1988 alone, Lorillard Tobacco Company spent over \$570,000 on cigarette donations,³⁷ though not all of these were distributed to marginalized populations. Internal company documents show that in a single month in 1990, however, Lorillard distributed over 100 sample packs apiece to a homeless shelter, a soup kitchen, and a mental health association.³⁸ Similar donations were logged regularly from 1983 to at least 1993.³⁹⁻⁴⁶

Cultivation of organizations serving the homeless and mentally ill

At the same time that tobacco companies targeted consumers, they cultivated relationships with service organizations, apparently as a means to gain positive media coverage and fight smoking restrictions. Homeless service organizations received charitable contributions from tobacco companies across several years,⁴⁷⁻⁴⁹ at times as part of larger brand promotions.⁵⁰⁻⁵² A single contribution sometimes served both to develop sales for the product and to develop a relationship with the recipient organization, such as when cigarettes were donated to homeless shelters at Christmas.⁵³ Some psychiatric hospitals were also targeted by the “value” brands of major cigarette companies for sales promotions and giveaways throughout the 1980s and 1990s.^{54,55}

Although the public health community is widely aware that cigarette use kills one in two longtime smokers,¹⁸ homeless services workers may express only limited concern about smoking.⁵⁶ When service providers consider smoking, they sometimes focus on the type of cigarettes smoked rather than on the hazards of smoking itself. A 1993 article in *Cancer Nursing*, for example, discussed the higher health risks faced by homeless smokers because they often smoke butts, or re-roll used cigarettes, risking the spread of infectious diseases. However, the proposed solution to this problem was itself problematic: suggesting that public health workers find ways for homeless smokers to acquire “clean” cigarettes while encouraging them to quit. Although the authors were aware of this tension, they believed that promoting cessation alone would be ineffective. They suggested that

“...telling a homeless person to quit smoking may not be as effective an intervention as providing a way to more easily obtain fresh, unadulterated, “clean” cigarettes while

simultaneously offering smoking cessation classes... one must consider that smoking is a major coping mechanism used by the homeless to deal with the stress of their day-to-day existence.”⁵⁷

Homeless people do face multiple stressors, but smoking and the associated tobacco addiction have themselves been shown to increase anxiety^{58, 59} and to exacerbate existing mental health problems.²³ In addition, research suggests that the majority of homeless and seriously mentally ill smokers are interested in quitting,^{7, 60, 61} and some homeless individuals prefer nonsmoking facilities.⁶² Moreover, recent evidence shows that smoking cessation interventions in these populations can be successful.^{23, 60, 63-71}

Many organizations providing services to the homeless and seriously mentally ill appear to have been relatively sanguine about their relationship to the tobacco industry. Several organizations, including teen shelters,⁷² received or requested grants from the tobacco industry, particularly PM.^{48, 73-76} In part, this may reflect the fact that tobacco companies have specifically targeted workers at homeless shelters in marketing efforts. A marketing study commissioned by PM in 1995, for example, stated that volunteers in homeless shelters were the kind of urban consumer it was trying to reach with a new menthol cigarette.⁷⁷

In some cases, organizations that provide services to the homeless and seriously mentally ill have purchased cigarettes for clients.^{78, 79} Other organizations have sought cigarette donations.^{80, 81} Although Lorillard was the only company for which we could locate detailed records of cigarette donations, we found documents dated as late as 1999 showing that a range of organizations solicited cigarettes or coupons. These included psychiatric institutions, homeless shelters, nursing homes, drug treatment facilities, thrift

stores, and convalescent care centers.^{53, 76, 78, 80-97} For example, the executive director of a shelter serving women and children wrote to RJR in 1992:

“... I am specifically asking if you might consider giving us cigarettes, factory rejects or irregulars would be fine for our clients. When clients come to our door they are usually depleted of all funds and resources. We do not believe this is the most appropriate time to give up smoking, it simply add [sic] to their stress.”⁹⁶

Similarly, a residential treatment services organization requested cigarettes from Lorillard for a client population made up largely of homeless substance abusers and the seriously mentally ill, and received two cases, containing 800 sample cigarettes, in response.⁹² The attitude of many service providers seeking tobacco industry assistance is illustrated by a 1995 letter from a mental hospital representative seeking donations of cigarettes, in which she characterized the provision of cigarettes as “caring” for patients:

“If you could, by some miracle, donate cigarettes or tobacco to the hospital to the patients it would be very much appreciated. As you know, it is very hard to stop smoking and for some here it is all they have. A majority of the patients here do not have family who are involved or care enough about them to bring cigarettes to them.”⁷⁸

In addition, local homeless organizations have accepted the presence of tobacco industry employees as volunteers on work projects; for example, in 1998, PM arranged for employees to paint two women’s dormitories as a work project at a homeless shelter.⁵⁰ Such activities position the tobacco industry as sympathetic and benevolent, drawing attention away from its primary aims of promoting smoking and selling cigarettes.

Two specific cases offer further detail regarding this relationship between service providers and the tobacco industry.

Benson & Hedges music festivals

Beginning in 1988, PM made charitable contributions to homeless services organizations using a portion of ticket revenues from Benson & Hedges arts and music festivals.^{98,99} In addition, PM made a two-year grant of \$100,000 to the National Coalition for the Homeless.⁹⁹⁻¹⁰¹ Shortly after making these contributions, in 1992, PM requested that another recipient, the Coalition for the Homeless in New York, ask local legislators to stop trying to pass clean indoor air laws and instead focus on problems of homelessness. The Coalition for the Homeless refused and claimed that they would not accept future tobacco industry funding.¹⁰² After hearing about the incident, *New York Times* columnist Anna Quindlen wrote an opinion piece supporting the Coalition for the Homeless and suggesting that other charitable organizations follow their lead.¹⁰² This was the sole incident uncovered in our research where the tobacco industry received negative publicity for its relationship with homeless organizations.

The Benson & Hedges music festivals, which featured jazz, R&B, and blues, continued to seek out local homeless service organizations as recipients of charitable contributions in cities where music festivals were held at least through 1999.^{103, 104} Although we found no discussions of negative publicity from the Coalition for the Homeless incident in PM's internal memos, all organizations chosen to receive contributions were pre-screened by public relations firms, and proposed to the company for funding if they met two criteria.^{104, 105} First, the organizations stated that they had no problem accepting tobacco industry money. Second, shelters agreed to hold a press conference with industry representatives to advertise the contribution. While the majority

of shelters proposed as recipients of contributions served adult men, PM also considered family shelters.¹⁰⁵

The Benson & Hedges promotions served two purposes: they were a means to reach a target market for the brand,⁵ and they were a way for PM to position itself as a “socially responsible” company through philanthropy.^{6, 98} In at least one case, PM held a Benson and Hedges blues concert in a homeless shelter, and most concert attendees were reportedly homeless.¹⁰⁶ Contemporaneous media coverage of the Benson & Hedges blues concerts, as well as the PM country music and jazz festivals sponsored by other brands, noted that proceeds from the concert would benefit local or national homeless organizations.¹⁰⁷ PM’s effort to gain direct political support from the Coalition for the Homeless was ultimately unsuccessful, but the company did succeed in gaining considerable positive media coverage of its contributions.^{106, 107}

Homeless veterans groups

Cigarettes were included as part of military rations to soldiers from WWI until 1972,¹⁰⁸ resulting in tobacco addiction among thousands of soldiers. Once returned from active duty, veterans constituted a substantial market for tobacco companies, which have maintained close relationships with veterans’ groups for decades. For example, the industry has sought out veterans’ organizations to rally in support of industry policy positions, in recent years specifically to fight clean indoor air laws.¹⁰⁹

Veterans themselves often experience long-term health consequences after their service, suffering high rates of homelessness and mental illness compared to the population as a whole.¹¹⁰ Veterans’ organizations estimate that over 250,000 veterans are homeless, constituting one-third of the homeless population.¹¹¹ The tobacco industry has

made financial contributions to several organizations that provide services to homeless veterans or claim to advocate on their behalf, and then used these relationships to advance its political agenda. Tobacco industry documents suggest that of these organizations, the National Coalition for Homeless Veterans (NCHV) has been most active in advocating for tobacco industry political goals.

The NCHV, a group based in Washington D.C. made up of community-based homeless veteran service providers, claims 250 members¹¹² and has appeared repeatedly on behalf of the industry's efforts to prevent new smoking restrictions. The organization testified during OSHA hearings on the regulation of tobacco in the workplace,¹¹³ was recruited again to advocate against smoke-free bars in New York, and worked to maintain unrestricted smoking in other states after the passage of smoke-free bars legislation in California.^{114, 115} NCHV's executive director argued in 1994 before OSHA that,

“[Prohibiting] on the job smoking... would force homeless veterans – and others like them – back on the streets. We simply cannot place a recovering, unemployed veteran in such a restrictive environment and expect success.”¹¹⁶

RJR recruited the NCHV (and other veterans groups such as the American Legion, AMVETS and local Veterans of Foreign Wars (VFW) groups) in 1994 and 1995 to appear in lieu of cigarette companies themselves in the industry's advocacy against clean indoor air laws.¹¹⁷ NCHV was also listed in an internal company document as a “very active” ally on behalf of PM's policy goals in 1997.¹¹⁴ Other organizations such as Colorado's Veterans for the Homeless, though apparently less politically active, received rent and food contributions from Kraft,¹¹⁸ another subsidiary of PM's parent company,

now called Altria.¹¹⁹ PM, however, made press releases regarding the same contributions under its own name.¹²⁰

Despite making relatively small financial contributions, tobacco companies appear to have been successful in recruiting homeless veterans groups as allies and in attracting associated positive media coverage. For example, a 2000 media event created by RJR benefited the Louisiana Coalition for Homeless Veterans (LCHV). In exchange for Doral cigarette pack seals collected at its “Red, White and Blue Salute” at a local bar, RJR contributed \$1,000 to help build a drop-in center for disadvantaged and homeless veterans.¹²¹ At another location in North Carolina, the company donated \$1,000 to Disabled American Veterans.¹²¹ According to a company public relations document, the events gained RJR extensive positive media coverage. In several cases, the RJR press release lauding its contribution was printed verbatim in local newspapers.¹²¹ RJR internal documents, however, revealed that the event was arranged to sell cigarettes to veterans, an important market because 42% of Doral customers have ties to the military.¹²¹ According to the firm hired by RJR, the Quixote Group, each event generated approximately 20 media stories, all positive, reaching over a million readers and listeners, and increased cigarette sales at event locations.¹²¹

Discussion

Our study has limitations. Because the company documents available to us for review are limited to those requested during legal discovery processes, and because of the sheer volume and limited indexing of the document collections, we have no way to determine that we have reviewed all documents relevant to tobacco industry interest in

the homeless and seriously mentally ill populations. This limitation means that we are unable to determine, for example, how trends in industry interest in the homeless and seriously mentally ill populations may have changed over time. The evidence also does not allow us to determine industry motivation for some activities, such as the donation of ‘value’ brands to shelters, which could have been done to enhance marketing to this downscale segment of the market, but could also represent cost or excess inventory considerations, concerns about preserving the “upscale” reputation of ‘premium’ brands, or other factors.

However, despite these limitations, this research reveals several ways that the tobacco industry has marketed cigarettes to the homeless and seriously mentally ill, and shows how it has used service providers to try to further its political goals. No previous studies we could locate have documented this phenomenon, which is congruent with the industry’s targeting of other marginalized groups. These findings have several important implications for public health.

First, tobacco control advocates need to challenge the apparently common assumptions among service providers that tobacco is a resource and that their clients are too “stressed” to consider quitting smoking.^{96, 116} Some service providers presume that cigarettes calm the homeless and seriously mentally ill,^{122, 123} making the provision of services less difficult. In some cases, service providers have argued that smoking bans in environments populated by the mentally ill (including many homeless shelters) threaten clients’ mental and physical health.¹²⁴ Similarly, family groups that speak on behalf of severely mentally ill patients have also advocated against smoke-free environments.⁷⁹ Thus, despite the high incidence of tobacco related diseases among the homeless and

seriously mentally ill,^{8, 9, 125-128} organizations created to serve these individuals' needs may be furthering their addiction through misplaced compassion.

In general, homeless service organizations have viewed the proximate problems of lack of employment, income, counseling, and long-term housing as more relevant to their clients than harms caused by smoking.^{84, 116} Service organizations rarely consider smoking-related disease effects in the homeless and seriously mentally ill population.¹⁰ Casual attitudes about smoking by service providers can lead nonsmokers to initiate smoking, creating long-term consequences more serious than the issues for which these individuals sought help.⁵⁶ This triage by providers regarding the problems of homeless and seriously mentally ill individuals has led some service organizations to request goods and services from the tobacco industry and to accommodate its media and policy demands^{75, 129} without necessarily recognizing that they may be further compromising their clients' health and helping sustain tobacco addiction.

Second, because homeless shelter employees who smoke may not view client smoking as a problem,^{78, 85, 130} tobacco control advocates need to consider ways to educate and partner with service providers. For example, Hamilton Family Center, an emergency family shelter in San Francisco, is working with Tobacco Free Kids to develop an education program about the dangers of secondhand smoke.¹³¹ Education should also focus on the costs to homeless clients when organizations accept tobacco industry support and thereby enhance marketing opportunities.

Organizations that fund tobacco control programs should consider making these populations a primary focus, encouraging service providers to develop cessation programs and policies against tobacco distribution and tobacco industry funding.

Programs attempting to help these populations should also strive to find ways for service providers to benefit by choosing not to accept tobacco industry support.

The ethical implications of marketing an addictive and deadly product to a population characterized by high rates of mental illness, substance abuse, and economic disadvantage are even more troubling than those that are normally raised about cigarette marketing. The tobacco industry claims that it does not market to children because they are not capable of making adult judgments about smoking^{123, 132} yet markets to adults with mental illness, whose judgment may be impaired. Targeting an addictive product to the economically disadvantaged means that individuals may buy cigarettes at the expense of food and shelter.^{133, 134}

The industry's efforts to develop connections with other marginalized groups have drawn criticism from public health advocates within the relevant communities.¹⁴ In some cases, marketing plans have been forestalled by vigorous advocacy, such as the aborted "Uptown" brand that RJR attempted to introduce for African Americans, which became a public relations disaster for the company.^{135, 136} Targeting of homeless people, however, has drawn very little defensive response.

This research suggests the complexity of intervening in smoking behavior in marginalized populations suffering from multiple forms of disadvantage. Tobacco control advocates, public health workers, and funding organizations should consider whether and how their efforts affect homeless and seriously mentally ill individuals and those who provide services for them. Education of service providers about the tobacco industry's efforts to exploit the homeless and seriously mentally ill, and their organizations, could help address the harms from smoking suffered by these populations.

References

1. Yerger VB, Malone RE. African American leadership groups: smoking with the enemy. *Tobacco Control* 2002;11:336-345.
2. Lew R, Tanjarsiri SP. Slowing the Epidemic of Tobacco Use Among Asian Americans and Pacific Islanders. *American Journal of Public Health* 2003;93(5):764-768.
3. Aguinaga Bialous S. Tobacco Industry Targeting of Latinos in the United States. Presented at: California Department of Health Services Priority Populations Conference; 13-15 October 2003; Marina Del Ray, CA.
4. Smith EA, Malone RE. The Outing of Philip Morris: Advertising Tobacco to Gay Men. *American Journal of Public Health* 2003;93(6):988-993.
5. Philip Morris. Benson and Hedges 1989 Marketing Plan. 21 Sep 1988. Philip Morris. Bates No. 2040735799/5974. <http://legacy.library.ucsf.edu/tid/sjv35e00>. (Accessed 20 Jan 2004).
6. Marketing Perceptions. Marlboro Promotion Concepts Focus Groups Summary. Feb 1993. Philip Morris. Bates No. 2040177452/7485. <http://legacy.library.ucsf.edu/tid/cyh92e00>. (Accessed 20 Jan 2004).
7. Connor SE, Cook RL, Herbert MI, Neal SM, Williams JT. Smoking Cessation in a Homeless Population: There Is a Will, but Is There a Way? *Journal of General Internal Medicine* 2002;17:369-372.
8. Snyder LD, Eisner MD. Obstructive Lung Disease Among the Urban Homeless. *Chest* 2004;125:1719-1725.
9. Szerlip MI, Szerlip HM. Identification of Cardiovascular Risk Factors in Homeless Adults. *The American Journal of the Medical Sciences* 2002;324(5):243-246.
10. Farrell M, Howes S, Taylor C, Lewis G, Jenkins R, Bebbington P, et al. Substance Misuse and Psychiatric Comorbidity: An Overview of the OPCS National Psychiatric Morbidity Study. *Addictive Behaviors* 1998;23(6):909-918.
11. Lee T, Hanlon J, Ben-David J, Booth G, Cantor W, Connelly P, et al. Risk factors for cardiovascular disease in homeless adults. *Circulation* 2005;111(20):2629-35.
12. RJ Reynolds. Our Target Is (More) Downscale. 20 Sep 1989. RJ Reynolds. Bates No. 515603998/4000. <http://legacy.library.ucsf.edu/tid/pbs92d00>. (Accessed 22 Jul 2004).
13. Brooks H. Downscale Publications. 14 Feb 1977. Brown and Williamson. Bates No. 670065148/5150. <http://legacy.library.ucsf.edu/tid/qcy79e00>. (Accessed 22 Jul 2004).
14. Koegel P. The Causes of Homelessness. In: *Homelessness in America*. Washington: Oryx Press; 1996.
15. Lehman AE, Cordray DS. Prevalence of Alcohol, Drug, and Mental Disorders Among the Homeless: One More Time. *Contemporary Drug Problems* 1993;20(3):355-383.
16. Substance Abuse and Mental Health Services Administration. *Blueprint for Change: Ending Chronic Homelessness for Persons with Serious Mental Illness and/or Co-Occurring Substance Use Disorders* (DHHS Pub. No. SMA-04-3870). Rockville, MD: Department of Health and Human Services; 2003.

17. Lasser K, Wesley BJ, Woolhandler S, Himmelstein DU, McCormick D, Bor DH. Smoking and mental illness: A population-based prevalence study. *JAMA* 2000;284:2606-2610.
18. Schroeder SA. Tobacco Control in the Wake of the 1998 Master Settlement Agreement. *New England Journal of Medicine* 2004;350(3):293-301.
19. Lamberg L. Patients Need More Help to Quit Smoking. *JAMA* 2004;292(11):1286-1290.
20. Hall J. Marginalization and symbolic violence in a world of differences. *Nursing Philosophy* 2004(5):41-53.
21. Hall J. Marginalization Revisited: Critical, Postmodern, and Liberation Perspectives. *Advances in Nursing Science* 1999;22(2):88-102.
22. Hall J, Stevens P, Meleis A. Marginalization: A guiding concept for valuing diversity in nursing knowledge development. *Advances in Nursing Science* 1994;16(4):23-41.
23. Williams JM, Ziedonis D. Addressing tobacco among individuals with a mental illness or an addiction. *Addictive Behaviors* 2004;29:1067-1083.
24. . Legacy Tobacco Documents Library. [website]. <http://legacy.library.ucsf.edu/index.html>. (Accessed 15 Jul 2003).
25. . Tobacco Documents Online. [website]. <http://tobaccodocuments.org/>. (Accessed 15 Jul 2003).
26. Malone RE, Balbach ED. Tobacco industry documents: treasure trove or quagmire? *Tobacco Control* 2000;9:334-338.
27. Philip Morris. First Report by Working Party on Social Acceptability of Smoking to International Committee on Smoking Issues. 14 Oct 1977. Philip Morris. Bates No. 1000221521/1558. <http://legacy.library.ucsf.edu/tid/sve84e00>. (Accessed 13 Jul 2004).
28. de Walque D. Education, Information, and Smoking Decisions: Evidence from Smoking Histories, 1940–2000. 7 Jul 2004. [Working Paper]. <http://ideas.repec.org/p/wbk/wbrwps/3362.html>. (Accessed 13 Jan 2005).
29. Garvey AJ, Kinnunen T, Quiles ZN, Vokonas PS. Smoking cessation patterns in adult males followed for 35 years. 2002. [Working Poster]. http://www.hsdm.harvard.edu/pdf-files/Dr_Garvey.pdf. (Accessed 13 Jan 2005).
30. RJ Reynolds. Project SCUM. 12 Dec 1995. RJ Reynolds. Bates No. 518021121/1129. <http://legacy.library.ucsf.edu/tid/mum76d00>. (Accessed 20 Jan 2004).
31. UPP Entertainment Marketing. Feature Memorandum. 1990. American Tobacco Company. Bates No. 10004026. <http://tobaccodocuments.org/atc/71006209.html>. (Accessed 28 Oct 2004).
32. Moore E. Re:Homeless Hunger Initiative. 6 Jan 1994. Philip Morris. Bates No. 2041965266B/5267. <http://legacy.library.ucsf.edu/tid/lhe52e00>. (Accessed 20 Jan 2004).
33. Urbanski A. PROMO Magazine. Joe Camel Meet George Generic; Brown & Williamson Is Convinced It Can Pump Image Oriented Brand Equity into a Black and White Package Whose User Profile in New York City at Least Is Not the Marlboro Man but the Homeless Man. Nov 1998. Brown and Williamson. Bates No. 183020120. <http://legacy.library.ucsf.edu/tid/klu11c00>. (Accessed 22 Jul 2004).
34. RJ Reynolds. Marketing Research Report. Corporate Sampling Study. 1979. RJ Reynolds. Bates No. 501755342-501755373. <http://tobaccodocuments.org/rjr/501755342-5373.html>. (Accessed 20 Dec 2004).

35. Katz S, Lavack A. Tobacco Related Bar Promotions: Insights From Tobacco Industry Documents. *Tobacco Control* 2002;11(Suppl. 1):i92-i101.
36. Donnelly Marketing. Introducing Brown & Williamson Corporation Kool Lights & Ultras. 1982. R.J. Reynolds. Bates No. 502632023-502632070. <http://tobaccodocuments.org/landman/502632023-2070.html>. (Accessed 20 Dec 2004).
37. Lorillard. Lorillard, Inc. And Subsidiaries Consolidated Condensed Balanced Sheet. 31 Dec 1988. Tobacco Documents Online. Bates No. 93483600/93484046. <http://tobaccodocuments.org/lor/93483772-3777.html>. (Accessed 28 Oct 2004).
38. Lorillard. Sample 10 Log 1990 to 1991. 1991. Lorillard. Bates No. 87810958. <http://legacy.library.ucsf.edu/tid/gvk21e00>. (Accessed 20 Jan 2004).
39. Lorillard. Log of All Sample 4's Distributed to Lorillard Employees [1983-1985]. 1983. Lorillard. Bates No. 87789439-87789449. <http://tobaccodocuments.org/lor/87789439-9449.html>. (Accessed 20 Dec 2004).
40. Lorillard. Sample 10 Log [1986-1988]. 1988. Lorillard. Bates No. 87789112-87789119. <http://tobaccodocuments.org/lor/87789112-9119.html>. (Accessed 20 Dec 2004).
41. Lorillard. Sample 10 Log [1989]. 1989. Lorillard. Bates No. 87810961. <http://tobaccodocuments.org/lor/87810961.html>. (Accessed 20 Dec 2004).
42. Lorillard. Sample 10 Log [1989-1990]. 1990. Lorillard. Bates No. 87810960. <http://tobaccodocuments.org/lor/87810960.html>. (Accessed 20 Dec 2004).
43. Lorillard. Sample 10 Log [1990]. 1990. Lorillard. Bates No. 87810959. <http://tobaccodocuments.org/lor/87810959.html>. (Accessed 20 Dec 2004).
44. Lorillard. Log of Cigarettes/Favors/Etc. Dispensed [1991]. 1991. Lorillard. Bates No. 87810957. <http://tobaccodocuments.org/lor/87810957.html>. (Accessed 20 Dec 2004).
45. Lorillard. Log of Cigarettes/Favors/Etc. Dispensed [1992]. 1992. Lorillard. Bates No. 87810955-87810956. <http://tobaccodocuments.org/lor/87810955-0956.html>. (Accessed 20 Dec 2004).
46. Lorillard. Log of Cigarettes/Favors/Etc. Dispensed [1993]. 1993. Lorillard. Bates No. 87810954. <http://tobaccodocuments.org/lor/87810954.html>. (Accessed 20 Dec 2004).
47. Philip Morris. 1998 Original Budget: Community Relations. 29 Oct 1997. Philip Morris. Bates No. 2070149003/9040. <http://legacy.library.ucsf.edu/tid/nfg47d00>. (Accessed 20 Jan 2004).
48. Philip Morris. Philip Morris Employee Fund 1999 Grant Recipients. 1999. Philip Morris. Bates No. 2072141119/1121. <http://legacy.library.ucsf.edu/tid/kcf08d00>. (Accessed 20 Jan 2004).
49. Luce T. Cardenas Fernandez and Associates. [Recipients for Thanksgiving donations by Marlboro music]. 28 Oct 1994. Philip Morris. Bates No. 2041949506. <http://legacy.library.ucsf.edu/tid/xji87d00>. (Accessed 20 Jan 2004).
50. Philip Morris. Fact Sheet. Jan 1998. Philip Morris. Bates No. 2072023971. <http://legacy.library.ucsf.edu/tid/tvr47c00>. (Accessed 20 Jan 2004).
51. Darden BC. The 2001 One Voice One Community Reception Miami Florida. 8 May 2001. Philip Morris. Bates No. 2085111425B/1426. <http://legacy.library.ucsf.edu/tid/mma12c00>. (Accessed 20 Jan 2004).
52. Nystrom S. Sun Sentinel. It's Murphys' Law: Feed the Homeless. 26 Mar 2000. Philip Morris. Bates No. 2080721571. <http://legacy.library.ucsf.edu/tid/loz91c00>. (Accessed 20 Jan 2004).

53. Kivett M. Mental Health Association in Greensboro. [Letter thanking Lorillard for donation of cigarettes to residents]. 11 Dec 1990. Lorillard. Bates No. 87811135. <http://legacy.library.ucsf.edu/tid/dpk21e00>. (Accessed 07 Oct 2004).
54. Noonan RL. November 26-30, 1984 [Area Sales Directors' Monthly Reports]. 14 Dec 1984. RJ Reynolds. Bates No. 506074933/4937. <http://legacy.library.ucsf.edu/tid/xia05d00>. (Accessed 20 Dec 2004).
55. RJ Reynolds. Institution Form. Gowanda Psychiatric Center [Promotions Allowed/Preferred]. 23 Feb 1995. RJ Reynolds. Bates No. 517189427/9427. <http://legacy.library.ucsf.edu/tid/bt182d00>. (Accessed 20 Dec 2004).
56. Friend KB, Pagano ME. Smoking initiation among nonsmokers during and following treatment for alcohol use disorders. *Journal of Substance Abuse Treatment* 2004;26:219-224.
57. Aloit CB, Vredevoe DL, Brecht ML. Evaluation of High-Risk Smoking Practices Used by the Homeless. *Cancer Nursing* 1993;16(2):123-130.
58. Irvine EE, Bagnalasta M, Marcon C, Motta C, Tessari M, File SE, et al. Nicotine self-administration and withdrawal: Modulation of anxiety in the social interaction test in rats. *Psychopharmacology* 2001;153(3):315-320.
59. Piccioto MR, Brunzell DH, Caldarone BJ. Effect of nicotine and nicotonic receptors on anxiety and depression. *NeuroReport* 2002;13(9):1097-1106.
60. Irving L, Seidner A, Burling TA, Thomas R, Brenner G. Drug and Alcohol Abuse Inpatients' Attitudes about Smoking Cessation. *Journal of Substance Abuse* 1994;6(3):267-278.
61. Arnstein JH, Reid K, Bierer M, Rigotti N. Smoking Behavior and Interest in Quitting Among Homeless Smokers. *Addictive Behaviors* 2004;29:1155-1161.
62. Philip Morris. Public Place Exposure Cases (Non Employee Plaintiff). Jan 1997. Philip Morris. Bates No. 2072138269/8279. <http://legacy.library.ucsf.edu/tid/www32c00>. (Accessed 20 Jan 2004).
63. Evins AE, Cather C, Rigotti N, Freudenreich O, Henderson DC, Olm-Shipman CM, et al. Two-year follow-up of a smoking cessation trial in patients with schizophrenia: increase rates of smoking cessation and reduction. *Journal of Clinical Psychiatry* 2004;65(3):307-311.
64. John U, Meyer C, Rumpf HJ, Hapke U. Depressive disorders are related to nicotine dependence in the population but do not necessarily hamper smoking cessation. *Journal of Clinical Psychiatry* 2004;65(2):169-176.
65. Burling TA, Burling AS, Latini D. A Controlled Smoking Cessation Trial for Substance-Dependent Inpatients. *Journal of Consulting and Clinical Psychology* 2001;69(2):295-304.
66. George TP, Vessicchio JC, Termine A, Bregartner TA, Feingold A, Rounsaville BJ, et al. A placebo controlled trial of bupropion for smoking cessation in schizophrenia. *Biological Psychiatry* 2002;52(1):53-61.
67. Dudas MM, George TP. Non-nicotine pharmacotherapies for nicotine dependence. *Essential Psychopharmacology* 2005;6(3):158-172.
68. Williams JM, Ziedonis DM, Foulds J. A case series of nicotine nasal spray in the treatment of tobacco dependence among patients with schizophrenia. *Psychiatric Services* 2004;55(9):1064-6.

69. Ziedonis D, Williams J, Smelson D. Serious mental illness and tobacco addiction: a model program to address this common but neglected issue. *American Journal of the Medical Sciences* 2003;326(4):223-230.
70. Williams JM, Foulds J, Dwyer M, Order-Connors B, Springer M, Gadde P, et al. The integration of tobacco dependence treatment and tobacco-free standards into residential addictions treatment in New Jersey. *Journal of Substance Abuse Treatment* 2005;28(4):331-340.
71. Evins AE, Cather C, Deckersbach T, Freudenreich O, Culhane MA, Olm-Shipman CM, et al. A double-blind placebo-controlled trial of bupropion sustained-release for smoking cessation in schizophrenia. *Journal of Clinical Psychopharmacology* 2005;25(3):218-25.
72. Philip Morris. Protocol for Inquiries About "Throwaways" Ad. Oct 2000. Philip Morris. Bates No. 2081615376. <http://legacy.library.ucsf.edu/tid/nwr65c00>. (Accessed 20 Jan 2004).
73. Philip Morris. [Holy Apostles Soup Kitchen grant application]. 1997. Philip Morris. Bates No. 2081607639/7640. <http://legacy.library.ucsf.edu/tid/zar65c00>. (Accessed 20 Jan 2004).
74. Philip Morris. Request for Funding. 14 Apr 1998. Philip Morris. Bates No. 2070380764/0771. <http://legacy.library.ucsf.edu/tid/sdb47d00>. (Accessed 20 Jan 2004).
75. Philip Morris Globe. Art Conservation Grant Gives New Life to Ancient Civilization. May 1998. Philip Morris. Bates No. 2076281631/1633. <http://legacy.library.ucsf.edu/tid/vjx45c00>. (Accessed 20 Jan 2004).
76. Citrano S. Fanwood Scotch Plains Service League. [Letter requesting coupons for merchandise or goods]. Aug 1995. Philip Morris. Bates No. 2070079507/9509. <http://legacy.library.ucsf.edu/tid/ntx08d00>. (Accessed 20 Jan 2004).
77. Kligerman R. Brand X Menthol Distribution List. 1 May 1995. Philip Morris. Bates No. 2041445402/5426. <http://legacy.library.ucsf.edu/tid/oqh91a00>. (Accessed 07 Oct 2004).
78. Santiago AM. Capital District Psychiatric Center. [Letter requesting cigarette donations for residents of psychiatric hospital]. 3 Jul 1995. RJ Reynolds. Bates No. 517224635/4636. <http://legacy.library.ucsf.edu/tid/kfl80d00>. (Accessed 07 Oct 2004).
79. Talan J. New York Newsday. Psychiatric Units Fume over Rule. 2 Apr 1994. Philip Morris. Bates No. 2071540446/0447. <http://legacy.library.ucsf.edu/tid/dic60c00>. (Accessed 06 Jun 2005).
80. Ahlgren DG. Mental Health Association in Greensboro. [Letter requesting sample cigarette packs for residents]. 7 Dec 1989. Lorillard. Bates No. 87811165. <http://legacy.library.ucsf.edu/tid/gqk21e00>. (Accessed 07 Oct 2004).
81. Moore DR. Integon Insurance, Wesley Hall of Alamance Boards of Directors. [Letter requesting donation of sample cigarettes for residents]. 5 Dec 1989. Lorillard. Bates No. 87811166. <http://legacy.library.ucsf.edu/tid/hqk21e00>. (Accessed 07 Oct 2004).
82. Haver DG. [Letter denying request for cigarettes for mental hospital residents]. 31 Jul 1995. RJ Reynolds. Bates No. 517224634/4634. <http://legacy.library.ucsf.edu/tid/jfl80d00>. (Accessed 07 Oct 2004).

83. Haver DG. [Letter denying request for cigarettes for convalescent residents]. 22 Feb 1996. RJ Reynolds. Bates No. 517224641/4641. <http://legacy.library.ucsf.edu/tid/mfl80d00>. (Accessed 07 Oct 2004).
84. Harvey MH. Residential Treatment Services of Alamance. [Letter requesting repeat donation of sample cigarettes for residents]. 24 Jan 1996. Lorillard. Bates No. 89286367. <http://legacy.library.ucsf.edu/tid/gmt20e00>. (Accessed 07 Oct 2004).
85. Dykes JH. Sunbridge Care. [Letter requesting sample cigarettes for nursing home residents]. 13 Oct 1999. RJ Reynolds. Bates No. 522749096/9097. <http://legacy.library.ucsf.edu/tid/ttw80d00>. (Accessed 07 Oct 2004).
86. Clark KK. Mental Health Association in Greensboro. [Letter requesting sample cigarette packs for residents]. 26 Aug 1987. Lorillard. Bates No. 87789291. <http://legacy.library.ucsf.edu/tid/bfh21e00>. (Accessed 07 Oct 2004).
87. Clark KK. Mental Health Association in Greensboro. [Letter requesting sample cigarette packs for residents]. 30 Sep 1988. Lorillard. Bates No. 87789271. <http://legacy.library.ucsf.edu/tid/leh21e00>. (Accessed 07 Oct 2004).
88. Dejournette M. Burlington/Alamance Jaycees. [Letter requesting sample cigarettes for residents]. 16 Nov 1988. Lorillard. Bates No. 87789150. <http://legacy.library.ucsf.edu/tid/bbh21e00>. (Accessed 07 Oct 2004).
89. Harvey MH. Wesley Hall of Alamance. [Letter requesting sample cigarettes for residents]. 20 Dec 1983. Lorillard. Bates No. 87789773. <http://legacy.library.ucsf.edu/tid/hpg21e00>. (Accessed 07 Oct 2004).
90. Harvey MH. Residential Treatment Services of Alamance. [Letter requesting sample cigarettes for residents]. 3 Dec 1991. Lorillard. Bates No. 87811066. <http://legacy.library.ucsf.edu/tid/qyk21e00>. (Accessed 07 Oct 2004).
91. Harvey MH. Residential Treatment Services of Alamance. [Letter requesting sample cigarettes for residents]. 25 Nov 1992. Lorillard. Bates No. 87811014. <http://legacy.library.ucsf.edu/tid/qwk21e00>. (Accessed 07 Oct 2004).
92. Harvey MH. Residential Treatment Services of Alamance. [Letter requesting repeat donation of sample cigarettes for residents]. 29 Nov 1995. Lorillard. Bates No. 89286373. <http://legacy.library.ucsf.edu/tid/nmt20e00>. (Accessed 07 Oct 2004).
93. Harvey MH, Webb K, Williams S. Alamance County Mental Health Association. [Letter thanking Lorillard for donation of cigarettes to residents]. 11 Jan 1990. Lorillard. Bates No. 87811161. <http://legacy.library.ucsf.edu/tid/cqk21e00>. (Accessed 07 Oct 2004).
94. Kivett M, Plybon M, Plybon R. Mental Health Association in Greensboro. [Letter requesting cigarette donation for residents]. 9 Oct 1992. Lorillard. Bates No. 87811211. <http://legacy.library.ucsf.edu/tid/wrk21e00>. (Accessed 07 Oct 2004).
95. Kivett M, White J. Greensboro Mental Health Association. [Letter requesting cigarette donation for residents]. 30 Sep 1991. Lorillard. Bates No. 87811080. <http://legacy.library.ucsf.edu/tid/cnk21e00>. (Accessed 07 Oct 2004).
96. Lucarelli F. Four Corners House. [Letter requesting cigarette donation for residents]. 25 Feb 1992. RJ Reynolds. Bates No. 508460550/0551. <http://legacy.library.ucsf.edu/tid/kwa38c00>. (Accessed 20 Jan 2004).
97. Williams BI. Mental Health Association in Greensboro. [Letter requesting donation of cigarettes for residents]. 19 Nov 1985. Lorillard. Bates No. 87789719. <http://legacy.library.ucsf.edu/tid/gog21e00>. (Accessed 07 Oct 2004).

98. Philip Morris. [Market Research Report: Benson and Hedges, Marlboro, Virginia Slims]. Sep 1991. Philip Morris. Bates No. 2047840304/0307. <http://legacy.library.ucsf.edu/tid/jhp36e00>. (Accessed 20 Jan 2004).
99. Nelson D. Philip Morris. 1988 Benson & Hedges Command Performance Jazz Tour. May 1988. Philip Morris. Bates No. 2043418644/8647. <http://legacy.library.ucsf.edu/tid/uub93e00>. (Accessed 20 Jan 2004).
100. Philip Morris. [Marketing status report, various brands]. May 1989. Philip Morris. Bates No. 2048515549/5579. <http://legacy.library.ucsf.edu/tid/kpm92e00>. (Accessed 20 Jan 2004).
101. Kain R. International Merchandising, Philip Morris. International Merchandising Corporation and Philip Morris Incorporated Benson & Hedges Command Performance Series on Ice Promoter Agreement. 1 Jun 1989. Philip Morris. Bates No. 2065015944/5964. <http://legacy.library.ucsf.edu/tid/apy04c00>. (Accessed 20 Jan 2004).
102. Quindlen A. New York Times. Tobacco's Bad Money after Good. 17 Nov 1992. Tobacco Institute. Bates No. TIFL0009334. Florida AG. <http://legacy.library.ucsf.edu/tid/hqw12f00>. (Accessed 20 Jan 2004).
103. New Times. Camel and Palapa Host Help the Tempe Homeless. 1999. Philip Morris. Bates No. 2084513356. <http://legacy.library.ucsf.edu/tid/hco71c00>. (Accessed 20 Jan 2004).
104. Nunn T. Tip Nunn's Events. [Memo identifying a new homeless organization in Philadelphia]. 31 Aug 1992. Philip Morris. Bates No. 2071200169. <http://legacy.library.ucsf.edu/tid/ohq37d00>. (Accessed 20 Jan 2004).
105. Nunn T. Tip Nunn's Events. [Memo identifying homeless organizations in club markets]. 4 Sep 1992. Philip Morris. Bates No. 2071200170/0172. <http://legacy.library.ucsf.edu/tid/phq37d00>. (Accessed 20 Jan 2004).
106. O'Neill S. Benson and Hedges Blues. 8 Jun 1990. Village View. Bates No. 2025426179. <http://tobaccodocuments.org/pm/2025426169-6185.html>. (Accessed 28 Oct 2004).
107. Doyle M, Heim C, Hoekstra D, Kening D, Kostanczuk R, McLeese D, et al. Chicago Sun Times, Chicago Tribune, Post Tribune. Benson & Hedges Blues Public Relations. 1990. Philip Morris. Bates No. 2040567520/7531. <http://legacy.library.ucsf.edu/tid/ydq02a00>. (Accessed 28 Oct 2004).
108. MRE Info. Meal, Combat, Individual. 11 Oct 2004. [website]. <http://www.mreinfo.com/mcis.html>. (Accessed 28 Oct 2004).
109. Philip Morris. Philip Morris USA Corporate Affairs Department Meeting. 11 Jul 2001. Philip Morris. Bates No. 2085581520/1591. <http://legacy.library.ucsf.edu/tid/gly21c00>. (Accessed 13 Jul 2004).
110. National Coalition for the Homeless. Homeless Veterans (NCH Fact Sheet #9). Jan 2004. [website]. <http://www.nationalhomeless.org/veterans.html>. (Accessed 16 Dec 2004).
111. Department of Veterans Affairs. Homelessness Among Veterans. 3 May 2004. [website]. <http://www1.va.gov/homeless/page.cfm?pg=1>. (Accessed 3 Apr 2004) .
112. . Associations Unlimited. [website]. <http://galenet.galegroup.com/servlet/AU?locID=uc856info>. (Accessed 16 Dec 2004).

113. Philip Morris. Nonscience Witness List OSHA Hearing. 29 Sep 1994. Philip Morris. Bates No. 2064227496/7539. <http://legacy.library.ucsf.edu/tid/rtg32a00>. (Accessed 20 Jan 2004).
114. Philip Morris. Bar Settings Strategy Team Meeting. 16 Jun 1997. Philip Morris. Bates No. 2065520143/0155. <http://legacy.library.ucsf.edu/tid/ioe73c00>. (Accessed 20 Jan 2004).
115. Philip Morris. State Smoking Laws for Bars and Taverns. 31 Dec 1997. Philip Morris. Bates No. 2077904011/4023. <http://legacy.library.ucsf.edu/tid/ojx37c00>. (Accessed 20 Jan 2004).
116. Fitzpatrick R. National Coalition For Homeless Veterans. Exhibit 95. Testimony by Richard Fitzpatrick, Executive Director National Coalition for Homeless Veterans 1 November 1994 Concerning OSHA's Proposed Indoor Air Quality Standards (Docket No. H 122). 1 Nov 1994. RJ Reynolds. Bates No. 512682289/2292. <http://legacy.library.ucsf.edu/tid/smf50d00>. (Accessed 20 Jan 2004).
117. Duchin R. MBD Program Suggestions for 1995. 6 Apr 1995. RJ Reynolds. Bates No. 511997965/7969. <http://legacy.library.ucsf.edu/tid/mat40d00>. (Accessed 20 Jan 2004).
118. Tomb H. [Draft advertisement noting organizations supported by Philip Morris in Colorado]. 11 Nov 1996. Philip Morris. Bates No. 2065393226/3227. <http://legacy.library.ucsf.edu/tid/khx43a00>. (Accessed 28 Jul 2004).
119. Smith EA, Malone RE. Altria Means Tobacco: Philip Morris's Identity Crisis. *American Journal of Public Health* 2003;93(4):553-556.
120. Philip Morris. [Colorado organizations supported by Philip Morris]. Feb 1999. Philip Morris. Bates No. 2072308855. <http://legacy.library.ucsf.edu/tid/kqh06c00>. (Accessed 20 Jan 2004).
121. Quixote Group, Craig H. Red, White and Blue Salute. 30 Oct 2000. RJ Reynolds. Bates No. 525220640/0760. <http://legacy.library.ucsf.edu/tid/iag70d00>. (Accessed 13 Jul 2004).
122. Psychiatric News. Mental Illness Advocacy Group Battling Hospital Smoking Ban in New York. 16 Sep 1994. Philip Morris. Bates No. 2071540448. <http://legacy.library.ucsf.edu/tid/cic60c00>. (Accessed 22 Jul 2004).
123. Philip Morris. FYI Edition. 26 Oct 1994. Philip Morris. Bates No. 2041128423/8548. <http://legacy.library.ucsf.edu/tid/vgd05e00>. (Accessed 16 Sep 2003).
124. Philip Morris. Workplace Exposure Cases. Aug 1998. Philip Morris. Bates No. 2072138028/8048. <http://legacy.library.ucsf.edu/tid/klw32c00>. (Accessed 20 Jan 2004).
125. Sachs-Ericsson N, Wise E, Debrody CP, Paniucki HB. Health Problems and Service Utilization in the Homeless. *Journal of Health Care for the Poor and Underserved* 1999;10(4):443-452.
126. Wrenn K. Immersion Foot: A Problem of the Homeless in the 1990s. *Archives of Internal Medicine* 1991;151(4):785-788.
127. Solsona J, Cayla JA, Nadal J, Bedia M, Mata C, Brau J, et al. Screening for tuberculosis upon admission to shelters and free-meal services. *European Journal of Epidemiology* 2001;17:123-128.
128. Butler J, Okuyemi KS, Jean S, Nazir N, Ahluwalia JS, Resnicow K. Smoking Characteristics of a Homeless Population. *Substance Abuse* 2002;23(4):223-231.

129. Philip Morris. [Maintaining a successful relationship with Kentucky mass media]. Mar 1995. Philip Morris. Bates No. 2044270215/0219.
<http://legacy.library.ucsf.edu/tid/spu53a00>. (Accessed 20 Jan 2004).
130. Matthews EW. [Letter denying request for cigarette or coupon donation]. 31 Aug 1999. RJ Reynolds. Bates No. 522496781/6781.
<http://legacy.library.ucsf.edu/tid/vvo70d00>. (Accessed 07 Oct 2004).
131. Schick S. 12 Jan 2005. Hamilton Family Center. Personal Communication to: Apollonio DE. San Francisco, CA.
132. RJ Reynolds. R.J. Reynolds Tobacco Company's Position on Youth Non-Smoking. [website]. http://rjrt.com/TI/TIyouthsmoking_cover.asp. (Accessed 13 Jan 2005).
133. Rosenheck RA, Dausey DJ, Frisman L, KasproW W. Outcomes After Initial Receipt of Social Security Benefits Among Homeless Veterans With Mental Illness. *Psychiatric Services* 2000;51(12):1549-1554.
134. Steinberg ML, Williams JM, Ziedonis DM. Financial implications of cigarette smoking among individuals with schizophrenia. *Tobacco Control* 2004;13:206.
135. Balbach ED, Gasior RJ, Barbeau EM. R.J. Reynolds Targeting of African Americans: 1988-2000. *American Journal of Public Health* 2003;93(5):822-827.
136. Robinson RG, Sutton CD. The Coalition Against Uptown Cigarettes. In: Jernigan D, Wright PA, editors. *Making News, Changing Policy: Case Studies of Media Advocacy on Alcohol and Tobacco Issues*. San Francisco, CA: University Research Corporation, The Marin Institute for the Prevention of Alcohol and Other Drug Problems; 1994.