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Tobacco: Koop/Kessler Letter

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**Office of Economic Policy** | **Department of the Treasury**
**Washington, D.C. 20220**

# FAX

Date: 2/17/98
Number of pages including cover sheet: 3

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|---|---|---|---|
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| | Tom Friedman | 456-7431 | 456-5587 |
| | Cynthia Rice | 456-7431 | |
| | Toby Donenfeld | 456-6231 | 456 6265 |
| From: | | 202-622-2633 | |

**REMARKS:** ___ Urgent ___ For your review ___ Reply ASAP ___ Please comment

For the 5:00 conference call on Tobacco

The Advisory Committee on Tobacco Policy and Public Health
Co-Chairs: C. Everett Koop, M.D., and David A. Kessler, M.D.

---

February 17, 1998

House Speaker Newt Gingrich
Senate Majority Leader Trent Lott
U.S. Congress
Washington, DC

Dear Sirs:

This year may be the most important moment in the history of the tobacco wars, a moment when America chooses between a path toward social repair or one toward irrevocable public loss. After years of growing public awareness of the addictiveness of nicotine, the adverse health effects of tobacco on users and non-smokers, and the tobacco industry's extensive efforts targeted at children and youths, the public is excited about the prospect that federal laws may be enacted that will bring about fundamental change in how the tobacco industry does business and that will save millions of lives. Conversely, there is the risk that the tobacco industry could further entrench its ability to stand outside the ordinary rules of commerce in society.

Despite all of the disclosures of tobacco industry malfeasance during the last four years, tobacco use among children is up, the long term decline in tobacco use among African-American teenage boys has been reversed, and the decline in adult rates has stopped. The need for decisive action to protect the public's health has never been greater. No one should underestimate the importance of Congress acting now and acting decisively, nor the proven ability of the tobacco industry to make a mockery of its implied ethical and moral responsibilities to society.

We the undersigned are in agreement. Our first priority is to ensure the passage of comprehensive tobacco control legislation in this session of Congress. We would hate to see a watered-down version of the public health community's standards. We are committed to evaluating any legislation in its entirety based on its overall impact on the public health.

With evidence of tobacco industry misdeeds and mendacity on hand and growing, with sound public health proposals on the table, with broad popular support for action, Congress has the opportunity to make fundamental changes in tobacco policy based solely and exclusively on what is good for the public's health without making unnecessary concessions to the tobacco industry. Only a comprehensive approach that combines the best of what we know today with a process for making change as we learn more tomorrow should be enacted.

The recent disclosure of RJR-Lorillard, Philip Morris and BAT documents confirm what the public health community has said for years, namely, that the tobacco industry aggressively attempted to market cigarettes to children and youths. Additional evidence of renegade tobacco industry behavior is beginning to emerge in the case currently being brought against the industry by the state of Minnesota and Minnesota Blue Cross and Blue Shield, as well as from other cases. For this reason, it would not be responsible public stewardship to grant immunity to this industry, especially since it has diligently tried to hook children and youths on nicotine and deny their own research findings on the harmful effects of tobacco.

The public health community is united in the type of legislation that should be enacted.
It is a condensation of recommendations stated in the *Final Report of the Advisory Committee on Tobacco Policy and Public Health*, July 1997, a document that was developed by many of the cosigners of this letter. Essential public health goals include:

1) FDA: Reaffirm that the FDA has full authority to regulate all areas of nicotine and all other constituents and ingredients in tobacco. The FDA must have authority to increase its tobacco research and scientific

communication abilities and be provided with adequate funds to implement all of its various regulatory, enforcement, public education and research activities. New, burdensome requirements placed on the FDA would be unfair and erode public health.

2) Youths: Protect children and youths from influences that create demand for or acceptance of tobacco use, and prevent their obtaining tobacco, an illegal substance for youth. Specific measures that reduce youth demand and access include:

a) Provide for a well-funded nationwide education campaign independent of tobacco industry interference.

b) Significantly increase the price of cigarettes and other tobacco products so that children and youths are discouraged from buying them. An increase of at least $1.50 per pack is a reasonable starting point. Once implemented, an independent National Academy of Science/ Institute of Medicine commission should be set to determine what additional increases will significantly reduce youth smoking.

c) Ban advertising and promotions that entice children and youths. This should be coupled with tough restrictions on youth access to tobacco products, large, strong and effective warning labels on cigarette packs and other tobacco products, necessary funds to monitor compliance, and other deterrents.

d) Levy substantial penalties for underage use. Assessments should be on a company-by-company basis if reduced youth smoking targets are not met soon, e.g., there must be specific fines at specific times for specific shortfalls from user target levels.

3) Cessation: Provide adequate funds for sound, scientifically established cessation programs to help nicotine-dependent adults and youths to quit smoking or using spit tobacco. Such programs should be integrated into health care financing systems, including managed care programs; accredited professional and public education programs; and support behavioral and cessation research.

4) ETS: Establish, refine and expand environmental tobacco smoke (ETS) laws and regulations. Authorities and appropriations should fully enforce smoke-free public and work environments and risk assessment research, and public education.

5) Justice: Protect and administer the justice system so that evidence of tobacco industry misdeeds becomes public. All legal remedies should remain available and the opportunity for individuals and groups of individuals to recover should not be diminished. It is critical, for instance, to know how companies added certain ingredients to enhance the nicotine effect for children and youths and how they used sophisticated marketing techniques to reach those same children. Only when such things are public can we make sure they never happen again.

We oppose granting the tobacco industry immunity against liability for past, present, or future misdeeds. Congress should focus its efforts on public health, not on the concessions the tobacco industry seeks. Congress should not alter the legal system in any way that would weaken its ability to protect the public health, or permit the tobacco industry or others to engage in any behavior that otherwise would be condemned. Congress must make sure that any legislation does not make it more difficult for injured citizens to exercise their fundamental right to seek just compensation for their injuries.

6) Preemption: Protect state and local governments by shielding them from federal preemption clauses that weaken, incapacitate or make onerous the ability of states and local governments to develop novel public health approaches and pursue public health standards which are higher than federal standards. Federal laws designed to protect public health should always be a "floor" that state and local governments can add to and strengthen.

7) Farmers: Adequately compensate tobacco farmers as the opportunity to sell their domestic product to manufacturers declines.

8) International: Implement strong international trade policies that use the same public health standards applied to tobacco products marketed and sold here. U.S. trade policies should reflect U.S. domestic policy; no federal funds should be spent to promote the sale of tobacco products abroad; and the U.S. should take a leadership role in bringing the protections provided to Americans to all citizens of the world.

If public-health-based tobacco control measures are enacted, and the threat of litigation is not removed in the process, this nation will finally experience improvement in the public's health. Youth smoking will almost certainly begin to decline, individuals who wish to quit smoking will find the scientifically sound professional help they need (including benefiting from an increasing array of effective FDA-approved pharmacological agents) and the public will be healthier and nation stronger.

In the presence of a massive, ubiquitous, agonizing public burden -- including more than 1,100 deaths each day, strong anti-tobacco public health measures are long overdue. The public will approve of such measures and expects ethical, courageous, bold action. We urge you to heed its call.

Sincerely,

C. Everett Koop
Co-Chair

David A. Kessler
Co-Chair

Matt Myers
National Campaign
for Tobacco- Free Kids

John Garrison
American Lung
Association

John R. Seffrin
American Cancer
Society

Randolf Smoak
American Medical
Association

Quentin Young
American Public
Health Association

Cass Wheeler
American Heart
Association

Joseph R. Zanga
American Academy
of Pediatrics

George K. Anderson
American College of
Preventive Medicine

Robert Graham
American Academy
of Family Physicians

Yvonnecris Smith Veal
National Medical
Association

D. Robert McCaffree
American College
of Chest Physicians

Sharlyn Lenhart
American Medical
Women's Association

Thomas P. Houston
SmokeLess States
National Program

Julia Carol
Americans for
Nonsmokers Rights

Jud Richland
Partnership for
Prevention

John Banzhaf
Action on Smoking
and Health

Judy Sopenski
Stop Teenage
Addiction to Tobacco

Randy H. Schwartz
Maine Department
of Human Services

Jeffrey A. Nesbit
Science and Public
Policy Institute

Richard A. Daynard
Tobacco Products
Liability Project

cc: House Commerce Committee Chairman Tom Bliley
House Judiciary Committee Chairman Henry Hyde
Rep. Deborah Pryce
Senator Don Nickles
Senate Commerce, Science and Transportation Committee Chairman John McCain
Senate Labor and Human Resources Committee Chairman James Jeffords
Senate Judiciary Committee Chairman Orrin Hatch
House Democratic Leader Richard Gephardt
Senate Democratic Leader Thomas Daschle
House Commerce Committee Ranking Member John Dingell
House Judiciary Committee Ranking Member John Conyers
Senate Commerce, Science and Transportation Committee Ranking Member Ernest Hollings
Senate Labor and Human Resources Committee Ranking Member Edward Kennedy
Senate Judiciary Committee Ranking Member Patrick Leahy

# Statement of David A. Kessler, M.D.

The public health community calls upon the Congress with a united voice to enact for the first time since the 1964 Surgeon General's report effective anti-tobacco legislation.

There should be one focus and one focus only – the public's health.

The focus has to be on the public health. Tobacco legislation should not become a political football. We need to remember that this is about tobacco. This is about children and adolescents becoming addicted to a deadly product.

The focus has to be on measures that will work.

The focus has to be on raising the price of cigarettes to reduce the number of young people who smoke – not on spending the money.

Full FDA authority, a $1.50 price hike and strong measures to limit the industry's advertising and promotion are essential.

A watered down version enacted simply so Congress can say it passed anti-tobacco legislation will not be acceptable.

Given all the evidence that has come to light, it is simply not credible for Congress to grant this industry any limits on liability.

For the first time, Congress needs to enact tobacco legislation without asking the industry's permission.

There should be no concessions to this industry.

The public health community is united.

There is no light between us.

We support comprehensive anti-tobacco measures.

We oppose attempts to water that down.

We oppose granting the industry any form of immunity.

There should be no ambiguity. There should be legislation that raises the price of cigarettes enough so that there will be a real reduction in the number of young people who smoke. There should be legislation that reaffirms FDA's full authority. There should be legislation that limits the tobacco industry's practices that have proven so tragically effective in addicting generation after generation.

There should be NO settlement, NO deals.

There needs to be real anti-tobacco legislation enacted on a bipartisan basis.

The Advisory Committee on Tobacco Policy and Public Health
Co-Chairs: C. Everett Koop, M.D., and David A. Kessler, M.D.

---

(DRAFT) February 17, 1998

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Senate Majority Leader Trent Lott
U.S. Congress
Washington, DC

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Despite all of the disclosures of tobacco industry maleficence during the last four years, tobacco use among children is up, the long term decline in tobacco use among African-American teenage boys has been reversed, and the decline in adult rates has stopped. The need for decisive action to protect the public's health has never been greater. No one should underestimate the importance of Congress acting now and acting decisively, nor the proven ability of the tobacco industry to make a mockery of its implied ethical and moral responsibilities to society.

We the undersigned are in agreement. We support comprehensive tobacco legislation that represents American principles and protects the public's health. We oppose granting the tobacco industry immunity against liability for past, present, or future misdeeds. Congress should focus its efforts on public health, not on the concessions the tobacco industry seeks. Comprehensive legislation should not shield the tobacco industry from future liability or cover it with a blanket of financial security for decades to come.

Congress should not alter the legal system in any way that would weaken its ability to protect the public health, or permit the tobacco industry or others the freedom to operate outside the normal legal constraints of the civil justice system and engage in any behavior that otherwise would be condemned. Congress must make sure that any legislation does not make it more difficult for injured citizens to exercise their fundamental right to seek just compensation for their injuries.

With evidence of tobacco industry misdeeds and mendacity on hand and growing, with sound public health proposals on the table, with broad popular support for action, Congress has the opportunity to make fundamental changes in tobacco policy based solely and exclusively on what is good for the public health without itself engaging in negotiations with the tobacco industry. Only a comprehensive approach that combines the best of what we know today with a process for making change as we learn more tomorrow should be enacted.

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Sincerely,

| | | | |
|---|---|---|---|
| C. Everett Koop<br>C-Chair | David A. Kessler<br>Co-Chair | Matt Myers<br>National Center for Tobacco-Free Kids | John Garrison<br>American Lung Association |
| John Seffrin<br>American Cancer Society | Randolph Smoak<br>American Medical Association | Mohammad Akhter<br>American Public Health Association | Cass Wheeler<br>American Heart Association |
| John Banzhaf<br>Action on Smoking and Health | Robert Graham<br>American Academy of Family Physicians | Richard Heyman<br>American Academy of Pediatrics | D. Robert McCaffree<br>American College of Chest Physicians |
| George Anderson<br>American College of Preventative Medicine | Eileen McGrath<br>American Medical Women's Association | Julia Carol<br>Americans for Nonsmokers Rights | Martin Wasserman<br>Assoc. Of State and Terr. Health Officials |
| Randy Schwartz<br>Maine Dept. Human Services | Jeff Nesbit<br>Science and Public Policy Institute | Yvonnechris Smith Veal<br>National Medical Association | Rev. Jesse Brown<br>The Oryx Group |
| Jonathan Fielding<br>Partnership for Prevention | Tom Houston<br>Smokeless States National Program | Judy Sopenski<br>Stop Teenage Addiction to Tobacco | Richard Daynard<br>Tobacco Products Liability Project |

cc: House Commerce Chairman Tom Bliley
House Judiciary Chairman Henry Hyde
Rep. Deborah Pryce
Senator Don Nickles
Senate Commerce Committee Chairman John McCain
Senate Labor and Human Resources Chairman James Jeffords
Senate Judiciary Chairman Orrin Hatch

**Shiloh Communications**

Jeff Nesbit
P.O. Box 8
Waterford, VA 20197

Telephone 703-589-1320
Fax 540-882-3719

*FACSIMILE*

TO Jerry Mande

FROM Jeff Nesbit

DATE 2/9

RE

PAGES (including cover) 4

COMMENTS: Rt goes out to the major organizations Tuesday AM.

456-6027

**The Advisory Committee on Tobacco Policy and Public Health**
Co-Chairs: Dr. C. Everett Koop and Dr. David Kessler

Contact: Jeff Nesbit
Telephone 703-589-1320
Fax 540-882-3719

January 28, 1998

House Speaker Newt Gingrich
Senate Majority Leader Trent Lott
U.S. Congress
Washington, DC

Dear Sirs,

In the coming year, Congress will consider the most sweeping consumer product fraud legislation in this nation's history -- the so-called "global settlement" crafted by state attorneys general and five major U.S. tobacco companies.

However, in light of recent revelations that RJR Nabisco deliberately surveyed, targeted and marketed cigarettes to young children for decades -- and hid their actions from the public all the while -- we would strongly urge you to abolish the notion that the tobacco industry deserves any special protections or limited liability.

The public health community believes that congressional legislation this year should reform the tobacco industry once and for all -- without shielding them from future liability or covering them with a blanket of financial security for the next 20 years -- and ensure that they will never again prey on children.

The RJR/Mangini documents confirm what the public health community has said for years, namely that the tobacco industry deliberately targeted and hooked young children.

For this reason, we don't see how it is possible to grant any concessions to such an industry, especially as more documents are certain to emerge in the Minnesotat court case and others that shed even more light on the companies' efforts to hook young children on nicotine or hide research on the harmful effects of tobacco.

The public health community is united in what we believe Congress should do with tobacco reform legislation -- and what we believe it should not do. For instance, we oppose granting the tobacco industry immunity or any special protections against liability.

Litigation against the tobacco industry is a powerful public health tool. We will oppose efforts to alter the legal system that would weaken its ability to protect the public health, give the tobacco industry the freedom to operate outside the normal legal constraints of the civil justice system, or engage in any behavior that would otherwise subject someone to sanctions.

In this debate, we believe Congress should focus its efforts on public health -- not the concessions the tobacco industry seeks. The public health goals we consider essential include:

* Full FDA authority to regulate all constituents and ingredients in tobacco, including nicotine. The FDA must have the authority to increase its tobacco research and scientific communication abilities and be provided with adequate funds to implement all of its various regulatory, enforcement, public education and research activities.

* Significant price increases in packs of cigarettes that are enough to drive down youth tobacco use. An increase of $1.50 per pack is a good starting point, but an independent NAS/IOM commission should be established to determine what kind of increase will significantly affect youth smoking behavior.

* Substantial penalties, assessed on a company by company basis, if reduced youth smoking targets are not met in the near future -- e.g., specific amounts at specific times for specific shortfalls from user target levels.

* A ban on advertising and marketing aimed at children, which must be coupled with tough restrictions on youth access to tobacco products, a well-funded national public education campaign, large, strong and effective warning labels on cigarette packs and the necessary funds to monitor compliance.

* Full disclosure to the public of evidence of past tobacco industry misdeeds. It is critical, for instance, to know how companies added certain ingredients to enhance the nicotine effect for young children and how they used sophisticated marketing techniques to reach those same children. Only when we know these things can we make sure they never happen again.

* No federal pre-emption of tougher state and local laws. Federal laws designed to protect public health should always be a "floor" that state and local governments can strengthen.

* Comprehensive cessation programs to help nicotine-dependent minors and adults quit smoking. Such programs should include medical financing systems, professional and public education, and behavioral and cessation research.

* Adequate compensation for tobacco producers as the opportunity to sell their domestic product to the U.S. tobacco industry begins to shrink.

* Effective environmental tobacco smoke (ETS) regulation, which should include funds for establishing and enforcing smoke-free public and work environments and risk assessment research.

If these tobacco control measures are enacted -- and the threat of litigation is not removed in the process -- we believe this nation will finally begin to see improvements in the public's health. Youth smoking will almost certainly begin to decline, and adults who wish to quit smoking will find help with new pharmaceutical and nicotine replacement therapies.

Strong anti-tobacco public health measures are long overdue -- in fact, the American people will overwhelmingly approve of such measures and expect courageous, bold action in Washington. We urge you to heed their call.

Sincerely,

| | | | |
|---|---|---|---|
| C. Everett Koop | David A. Kessler | Matt Myers | John R. Seffrin |
| John Garrison | Nancy Dickey | Mohammad Akhter | Cass Wheeler |
| John Banzhaf | Robert Graham | Richard Heyman | Robert McCaffree |
| George Anderson | Eileen McGrath | Julia Carol | Martin Wasserman |
| Randy Schwartz | William Novelli | Randall Morgan | Rev. Jesse Brown |
| Jonathan Fielding | Tom Houston | Judy Sopenski | Richard Daynard |

cc: House Commerce Chairman Tom Bliley
House Judiciary Chairman Henry Hyde
Senate Commerce Committee Chairman John McCain
Senate Labor and Human Resources Chairman James Jeffords
Senate Judiciary Chairman Orrin Hatch

**Shiloh Communications**

Jeff Nesbit
P.O. Box 8
Waterford, VA 20197

Telephone 703-589-1320
Fax 540-882-3719

# *FACSIMILE*

TO Jerry Wanda

FROM Jeff

DATE

RE

PAGES (including cover) 4

COMMENTS: The draft letter.

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We oppose attempts to water that down.

We oppose granting the industry any form of immunity.

There should be no ambiguity. There should be legislation that raises the price of cigarettes enough so that there will be a real reduction in the number of young people who smoke. There should be legislation that reaffirms FDA's full authority. There should be legislation that limits the tobacco industry's practices that have proven so tragically effective in addicting generation after generation.

There should be NO settlement, NO deals.

There needs to be real anti-tobacco legislation enacted on a bipartisan basis.

PRESS CONFERENCE ON TOBACCO LEGISLATION
REMARKS BY DR. C. EVERETT KOOP, M.D., SC.D.

RAYBURN HOUSE OFFICE BUILDING, WASHINGTON, DC

FEBRUARY 17, 1998

THANK YOU FOR ASSEMBLING HERE THIS MORNING. YOU ALL ARE MOST WELCOME.

THE PRESIDENT, THE PUBLIC HEALTH COMMUNITY AND SOME FARSIGHTED, CONSCIENTIOUS MEMBERS OF CONGRESS WANT TO SEE COMPREHENSIVE, EFFECTIVE TOBACCO LEGISLATION ENACTED DURING THIS SESSION OF CONGRESS. MOST IMPORTANTLY, THE PUBLIC WANTS IT, AND SUFFERS THE CONSEQUENCES OF ITS ABSENCE. IF THERE CAN BE ONLY ONE MESSAGE THAT I WOULD LIKE CONGRESS TO HEAR TODAY, THIS IS IT.

WITH NEARLY ONE OF EVERY FIVE DEATHS CAUSED BY TOBACCO. WITH BILLIONS OF DOLLARS SPENT ON ENTIRELY PREVENTABLE TOBACCO-RELATED DISEASES AND DISABILITIES, THE PUBLIC PAYS FOR TOBACCO MANY TIMES AND IN MANY WAYS. ONLY THE TOBACCO INDUSTRY PROFITS FROM THIS HARM AND THIS WASTE OF RESOURCES AND POTENTIAL.

IN SPITE OF GROWING PUBLIC AWARENESS OF THE SERIOUS CONSEQUENCES OF TOBACCO USE, IN SPITE OF THE REVELATIONS OF HOW THE TOBACCO INDUSTRY HAS HIDDEN TRUTHS IT HAS LONG KNOWN ABOUT THE HARM THEIR PRODUCTS CAUSE, LIED WHEN CONFRONTED AND DENIED THE ACCOMPLISHMENTS OF SCIENCE AND THE PUBLIC HEALTH COMMUNITY; THE SITUATION IS GETTING WORSE. THE ILLEGAL USE OF TOBACCO, THAT IS, USE BY CHILDREN AND YOUTHS, HAS BEEN INCREASING STEADILY FOR THE PAST SEVEN YEARS. THE

DECLINE IN ADULT USE HAS STOPPED, AND BEGINNING TO RISE AGAIN IN YOUNGER ADULTS. SPIT TOBACCO AND CIGAR USE IS SKYROCKETING.

YET, WE KNOW THAT CONGRESS CAN CHANGE THAT. THE PUBLIC AT LARGE DOES NOT HAVE TO BE SACRIFICED FOR THE SPECIAL INTERESTS OF A FEW. IT ISN'T FAIR AND IT ISN'T RIGHT -- AND IT ISN'T A PARTISAN ISSUE.

EVERY CONGRESSMAN AND CONGRESS WOMAN MUST KNOW IN THEIR HEARTS THAT:

* PREVENTING NICOTINE ADDICTION BY YOUTH IS BIPARTISAN.
* PREVENTING CITIZENS FROM SUFFERING THE AGONIES OF TOBACCO-INDUCED CARDIOVASCULAR DISEASE, EMPHYSEMA, AND CANCER IS BIPATISAN.
* PROTECTING NON-SMOKERS FROM SECOND HAND SMOKE, INCLUDING CHILDREN, BEFORE AND AFTER BIRTH, IS BIPARTISAN.
* PROTECTING JUSTICE IS BIPARTISAN.
* PROTECTING STATES AND COMMUNITIES FROM PREEMPTION OF THEIR PUBLIC HEALTH LAWS IS BIPARTISAN.

THESE ARE HONORABLE ISSUES THAT WILL BE DEFENDED IN CONGRESS BY HONORABLE PEOPLE.

THE MAJORITY OF TOBACCO-CONTROL BILLS THAT HAVE BEEN PRESENTED IN CONGRESS ARE FROM THE DEMOCRATIC SIDE OF THE AISLE. ONE OF THEM, THE CONRAD BILL IS THE PRODUCT OF THE DEMOCRATIC CAUCUS. THE PRESIDENT, AND MOST OF US IN THE WORLD OF PUBLIC HEALTH, ARE ANXIOUSLY AWAITING A STRONG, COMPREHENSIVE BIPARTISAN BILL. ONE OF THOSE, STILL IN OUTLINE FORM, IS IN THE MAKING BY SENATOR CHAFEE, A REPUBLICAN, AND

SENATOR HARKIN, A DEMOCRAT.

IT DOESN'T TAKE SUPERIOR INTELLECT OR EVEN ADULTHOOD TO KNOW THAT IF A SINK IS OVERFLOWING, ONE NEEDS TO TURN OFF THE WATER BEFORE STARTING TO CLEAN UP THE MESS. THIS IS COMMON SENSE. BY THE SAME LOGIC, THE ADMINISTRATION AND PUBLIC HEALTH COMMUNITY WANTS TO CUT OFF NICOTINE ADDICTION BEFORE IT BEGINS. EVEN MANY YOUTHS WHO SMOKE WANT TO QUIT, BUT IT IS HARD TO DO AND FEW SUCCEED. NOW THAT SOME OF THE HITHERTO SECRET TOBACCO INDUSTRY DOCUMENTS REVEAL THAT THEY HAVE LONG UNDERSTOOD THAT NICOTINE IS HIGHLY ADDICTIVE, AND HAVE SYSTEMATICALLY AND CLEVERLY MARKETED THEIR PRODUCTS TO CHILDREN, THAT FOCUS IS EVEN SHARPER.

FEDERAL STATUTES MUST INCLUDE MEASURES THAT DO NOT ENCOURAGE DESIRE FOR TOBACCO BY YOUNGSTERS AND MAKE IT DIFFICULT FOR THEM TO OBTAIN IT. AND WHY NOT? THROUGHOUT THE COUNTRY TOBACCO IS AN ILLEGAL PRODUCT FOR EVERYONE UNDER THE AGE OF 18. WHAT MEASURES COMPOSE COMPREHENSIVE LEGISLATION? WHAT MEASURES ARE SOUND AND REASONABLE TO PROTECT CHILDREN AND YOUTHS?

FIRST, FEDERAL STATUTES MUST EDUCATE THE PUBLIC. THIS MUST INCLUDE REQUIRING EFFECTIVE WARNING LABELS ON PRODUCTS, FULL DISCLOSURE OF TOBACCO INGREDIENTS, EFFECTIVE CURTAILMENT OF ADVERTISING AND PROMOTIONS THAT CAN INFLUENCE CHILDREN AND YOUTH, AND, OF COURSE, HEALTH EDUCATION FOR YOUTH AND ADULTS. RESEARCH IS NEEDED TO UNDERSTAND YOUTH BEHAVIOR AND DEVELOP EFFECTIVE COUNTERMEASURES TO THE BEGUILING MESSAGES COMING FROM THE TOBACCO INDUSTRY.

SECOND, FEDERAL STATUTES MUST REDUCE YOUTH ACCESS. THIS MUST INCLUDE MAKING THE PRICE OF TOBACCO TOO COSTLY FOR YOUTH TO PURCHASE, SUBSTANTIAL PENALTIES FOR DISTRIBUTING TOBACCO PRODUCTS TO YOUTH, OTHER FINES AND ENFORCEMENT MEASURES, AND FUNDING FOR ORGANIZATIONS THAT ACT TO PROTECT YOUTH FROM TOBACCO.

THIRD, THE FDA MUST HAVE FULL REGULATING AUTHORITY OVER TOBACCO, ITS INGREDIENTS, INCLUDING NICOTINE, AND ITS ADDITIVES, AS WELL AS ANY DEVICE THAT DELIVERS NICOTINE.

FOURTH, INDIVIDUALS WHO WANT TO QUIT SHOULD BE ABLE TO RECEIVE SOUND HELP. OVER TWO-THIRDS OF ADULTS AND MANY YOUTH WANT TO QUIT, BUT FEW SUCCEED WITHOUT HELP. SUCH HELP, USING EXISTING CLINICAL PRACTICE GUIDELINES, CAN SIGNIFICANTLY INCREASE PATIENT QUIT RATES FROM THIS CHRONIC, PROGRESSIVE, RELAPSING DISEASE. THESE PREVENTIVE SERVICES HAVE BEEN SHOWN TO BE MORE COST-EFFECTIVE THAN ANY OTHER PREVENTIVE SERVICE IN TERMS OF LIVES SAVED PER DOLLAR INVESTED, AS REPORTED IN DECEMBER IN JAMA. THUS, MEDICAL FINANCING SYSTEMS SHOULD BE USED. PUBLIC AND PROFESSIONAL EDUCATION, CESSATION RESEARCH SHOULD BE FUNDED, BUT NOT BY MEANS THAT THE TOBACCO INDUSTRY COULD INFLUENCE.

FIFTH, ENVIRONMENTAL TOBACCO SMOKE MUST BE BETTER REGULATED. IN ADDITION TO A BASIC LEVEL OF PROTECTION ESTABLISHED BY FEDERAL STATUTE, INCENTIVES ARE NEEDED SO THE STATES AND COMMUNITIES CAN ESTABLISH, REFINE AND EXPAND THEIR LAWS AND REGULATIONS. PROVISIONS SHOULD INCLUDE FUNDS FOR ESTABLISHING AND ENFORCING SMOKE-FREE PUBLIC AND WORK ENVIRONMENTS, RESEARCH ON RISK-ASSESSMENT, AND

FULLER EDUCATION OF THE PUBLIC ABOUT HOW ENVIRONMENTAL TOBACCO SMOKE HARMS THEMSELVES, THEIR LOVED ONES -- ESPECIALLY THEIR CHILDREN.

SIXTH, FEDERAL STATUTES SHOULD BE WRITTEN TO SPECIFICALLY AND EXPRESSLY PREVENT FEDERAL LAW FROM OVERRIDING STRONGER AND/OR MORE DIVERSE STATE AND COMMUNITY STATUTES. FEDERAL LAW DESIGNED TO PROTECT THE PUBLIC'S HEALTH SHOULD ALWAYS BE A FLOOR THAT STATE AND LOCAL GOVERNMENTS CAN ADD TO AND STRENGTHEN. INNOVATIVE PUBLIC HEALTH MEASURES COMMONLY ARE DEVELOPED WITHIN THESE LEVELS OF GOVERNMENT.

SEVENTH, FEDERAL STATUTES MUST BE FAIR. FOR EXAMPLE, MEANS TO ENSURE THAT TOBACCO FARMERS AND THEIR LANDS ARE ABLE TO MAKE A TRANSITION TO OTHER CROPS WITHOUT BEARING UNDUE HARDSHIP. STANDARDS THAT APPLY TO TOBACCO PRODUCTS SOLD IN THIS NATION MUST BE APPLIED EQUALLY TO THOSE EXPORTED, AND TOBACCO PRODUCTS NOT GIVEN FAVOR OVER OTHER EXPORT PRODUCTS. AND, OF COURSE, THE TOBACCO INDUSTRY, EACH COMPANY, AND ALL OFFICERS, MUST BE HELD ACCOUNTABLE FOR THE HAVOC THEIR PRODUCTS HAVE WROUGHT IN THIS SOCIETY. THEY MUST NOT RECEIVE IMMUNITY FROM THE CIVIL JUSTICE SYSTEM THAT EVERY OTHER BUSINESS IS REQUIRED TO RESPECT. ANY EXCEPTION, IN ADDITION TO BEING UNJUST IN ITSELF, WOULD ESTABLISH A UNFAIR PRECEDENT FOR OTHER BUSINESSES.

YOU ARE INVITED TO TAKE DR. KESSLER AND MY STATEMENTS, THE ADVISORY COMMITTEE REPORT WHICH CONTAINS GREATER DETAIL, AND A COPY OF THE JAMA ISSUE, RELEASED JUST TODAY, THAT CONTAINS THE TWO RESEARCH

PAPERS DESCRIBED THIS MORNING AND AN EDITORIAL COVERING MANY OF THESE SAME POINTS FOR COMPREHENSIVE LEGISLATION. THE LETTER THAT MANY OF US HAVE SIGNED THIS MORNING IS ON BEHALF OF NUMBER OF PUBLIC HEALTH ORGANIZATIONS. OTHER ORGANIZATIONS THAT WERE NOT REPRESENTED ON THE ADVISORY COMMITTEE WOULD LIKE TO SIGN THE LETTER, AND THAT OPPORTUNITY WILL BE PROVIDED LATER.

IN CLOSING, FEDERAL STATUTES MUST ESTABLISH A GROUNDWORK FOR A MUCH BETTER FUTURE ACCOUNTABILITY AND CONTROL OF THE TOBACCO INDUSTRY. ITS PRODUCTS ARE TOO DANGEROUS. ITS RESPECT FOR THE LAWS OF THIS LAND TOO ABUSED. ITS HONORING OF PUBLIC TRUST TO DEFILED.

THE CONGRESS, THE MEDICAL, HEALTH AND SCIENCE PROFESSIONS, AND PUBLIC ALIKE HAVE A MORAL RESPONSIBILITY TO PREVENT UNNECESSARY DISEASE, DISABILITY AND DEATH. IT IS TIME FOR THE CONGRESS TO (1) DEVELOP COMPREHENSIVE LEGISLATION THAT DEFENDS THE PUBLIC'S HEALTH, (2) STRENGTHEN BUSINESS AND THE ECONOMY THROUGH THE PRODUCTIVITY OF A HEALTHIER POPULACE, AND (3) BRING ACCOUNTABILITY TO AN INDUSTRY THAT ERODES THE IDEALS OF THIS GREAT NATION. CHILDREN AND YOUTHS DESERVE BETTER PROTECTION. THE PUBLIC DESERVES GOOD LEGISLATION.

The Advisory Committee on Tobacco Policy and Public Health
Co-Chairs: C. Everett Koop, M.D., and David A. Kessler, M.D.

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February 17, 1998

House Speaker Newt Gingrich
Senate Majority Leader Trent Lott
U.S. Congress
Washington, DC

Dear Sirs:

This year may be the most important moment in the history of the tobacco wars, a moment when America chooses between a path toward social repair or one toward irrevocable public loss. After years of growing public awareness of the addictiveness of nicotine, the adverse health effects of tobacco on users and non-smokers, and the tobacco industry's extensive efforts targeted at children and youths, the public is excited about the prospect that federal laws may be enacted that will bring about fundamental change in how the tobacco industry does business and that will save millions of lives. Conversely, there is the risk that the tobacco industry could further entrench its ability to stand outside the ordinary rules of commerce in society.

Despite all of the disclosures of tobacco industry malfeasance during the last four years, tobacco use among children is up, the long term decline in tobacco use among African-American teenage boys has been reversed, and the decline in adult rates has stopped. The need for decisive action to protect the public's health has never been greater. No one should underestimate the importance of Congress acting now and acting decisively, nor the proven ability of the tobacco industry to make a mockery of its implied ethical and moral responsibilities to society.

We the undersigned are in agreement. Our first priority is to ensure the passage of comprehensive tobacco control legislation in this session of Congress. We would hate to see a watered-down version of the public health community's standards. We are committed to evaluating any legislation in its entirety based on its overall impact on the public health.

With evidence of tobacco industry misdeeds and mendacity on hand and growing, with sound public health proposals on the table, with broad popular support for action, Congress has the opportunity to make fundamental changes in tobacco policy based solely and exclusively on what is good for the public's health without making unnecessary concessions to the tobacco industry. Only a comprehensive approach that combines the best of what we know today with a process for making change as we learn more tomorrow should be enacted.

The recent disclosure of RJR-Lorillard, Philip Morris and BAT documents confirm what the public health community has said for years, namely, that the tobacco industry aggressively attempted to market cigarettes to children and youths. Additional evidence of renegade tobacco industry behavior is beginning to emerge in the case currently being brought against the industry by the state of Minnesota and Minnesota Blue Cross and Blue Shield, as well as from other cases. For this reason, it would not be responsible public stewardship to grant immunity to this industry, especially since it has diligently tried to hook children and youths on nicotine and deny their own research findings on the harmful effects of tobacco.

The public health community is united in the type of legislation that should be enacted.
It is a condensation of recommendations stated in the *Final Report of the Advisory Committee on Tobacco Policy and Public Health*, July 1997, a document that was developed by many of the cosigners of this letter. Essential public health goals include:

1) FDA: Reaffirm that the FDA has full authority to regulate all areas of nicotine and all other constituents and ingredients in tobacco. The FDA must have authority to increase its tobacco research and scientific

communication abilities and be provided with adequate funds to implement all of its various regulatory, enforcement, public education and research activities. New, burdensome requirements placed on the FDA would be unfair and erode public health.

2) Youths: Protect children and youths from influences that create demand for or acceptance of tobacco use, and prevent their obtaining tobacco, an illegal substance for youth. Specific measures that reduce youth demand and access include:

a) Provide for a well-funded nationwide education campaign independent of tobacco industry interference.

b) Significantly increase the price of cigarettes and other tobacco products so that children and youths are discouraged from buying them. An increase of at least $1.50 per pack is a reasonable starting point. Once implemented, an independent National Academy of Science/ Institute of Medicine commission should be set to determine what additional increases will significantly reduce youth smoking.

c) Ban advertising and promotions that entice children and youths. This should be coupled with tough restrictions on youth access to tobacco products, large, strong and effective warning labels on cigarette packs and other tobacco products, necessary funds to monitor compliance, and other deterrents.

d) Levy substantial penalties for underage use. Assessments should be on a company-by-company basis if reduced youth smoking targets are not met soon, e.g., there must be specific fines at specific times for specific shortfalls from user target levels.

3) Cessation: Provide adequate funds for sound, scientifically established cessation programs to help nicotine-dependent adults and youths to quit smoking or using spit tobacco. Such programs should be integrated into health care financing systems, including managed care programs; accredited professional and public education programs; and support behavioral and cessation research.

4) ETS: Establish, refine and expand environmental tobacco smoke (ETS) laws and regulations. Authorities and appropriations should fully enforce smoke-free public and work environments and risk assessment research, and public education.

5) Justice: Protect and administer the justice system so that evidence of tobacco industry misdeeds becomes public. All legal remedies should remain available and the opportunity for individuals and groups of individuals to recover should not be diminished. It is critical, for instance, to know how companies added certain ingredients to enhance the nicotine effect for children and youths and how they used sophisticated marketing techniques to reach those same children. Only when such things are public can we make sure they never happen again.

We oppose granting the tobacco industry immunity against liability for past, present, or future misdeeds. Congress should focus its efforts on public health, not on the concessions the tobacco industry seeks. Congress should not alter the legal system in any way that would weaken its ability to protect the public health, or permit the tobacco industry or others to engage in any behavior that otherwise would be condemned. Congress must make sure that any legislation does not make it more difficult for injured citizens to exercise their fundamental right to seek just compensation for their injuries.

6) Preemption: Protect state and local governments by shielding them from federal preemption clauses that weaken, incapacitate or make onerous the ability of states and local governments to develop novel public health approaches and pursue public health standards which are higher than federal standards. Federal laws designed to protect public health should always be a "floor" that state and local governments can add to and strengthen.

7) Farmers: Adequately compensate tobacco farmers as the opportunity to sell their domestic product to manufacturers declines.

8) International: Implement strong international trade policies that use the same public health standards applied to tobacco products marketed and sold here. U.S. trade policies should reflect U.S. domestic policy; no federal funds should be spent to promote the sale of tobacco products abroad; and the U.S should take a leadership role in bringing the protections provided to Americans to all citizens of the world.

If public-health-based tobacco control measures are enacted, and the threat of litigation is not removed in the process, this nation will finally experience improvement in the public's health. Youth smoking will almost certainly begin to decline, individuals who wish to quit smoking will find the scientifically sound professional help they need (including benefiting from an increasing array of effective FDA-approved pharmacological agents) and the public will be healthier and nation stronger.

In the presence of a massive, ubiquitous, agonizing public burden -- including more than 1,100 deaths each day, strong anti-tobacco public health measures are long overdue. The public will approve of such measures and expects ethical, courageous, bold action. We urge you to heed its call.

Sincerely,

C. Everett Koop
Co-Chair

David A. Kessler
Co-Chair

Matt Myers
National Campaign
for Tobacco- Free Kids

John Garrison
American Lung
Association

John R. Seffrin
American Cancer
Society

Randolf Smoak
American Medical
Association

Quentin Young
American Public
Health Association

Cass Wheeler
American Heart
Association

Joseph R. Zanga
American Academy
of Pediatrics

George K. Anderson
American College of
Preventive Medicine

Robert Graham
American Academy
of Family Physicians

Yvonnecris Smith Veal
National Medical
Association

D. Robert McCaffree
American College
of Chest Physicians

Sharlyn Lenhart
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Thomas P. Houston
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Julia Carol
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John Banzhaf
Action on Smoking
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Judy Sopenski
Stop Teenage
Addiction to Tobacco

Randy H. Schwartz
Maine Department
of Human Services

Jeffrey A. Nesbit
Science and Public
Policy Institute

Richard A. Daynard
Tobacco Products
Liability Project

cc: House Commerce Committee Chairman Tom Bliley
House Judiciary Committee Chairman Henry Hyde
Rep. Deborah Pryce
Senator Don Nickles
Senate Commerce, Science and Transportation Committee Chairman John McCain
Senate Labor and Human Resources Committee Chairman James Jeffords
Senate Judiciary Committee Chairman Orrin Hatch
House Democratic Leader Richard Gephardt
Senate Democratic Leader Thomas Daschle
House Commerce Committee Ranking Member John Dingell
House Judiciary Committee Ranking Member John Conyers
Senate Commerce, Science and Transportation Committee Ranking Member Ernest Hollings
Senate Labor and Human Resources Committee Ranking Member Edward Kennedy
Senate Judiciary Committee Ranking Member Patrick Leahy

February 16, 1998

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American Heart Assoc.
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The following letter was sent today to Drs. Koop and Kessler by the American Cancer Society, the American Heart Association, the American College of Chest Physicians, Partnership for Prevention and the National Center for Tobacco-Free Kids.

February 16, 1998

C. Everett Koop, M.D.
6707 Democracy Boulevard
Bethesda, Maryland 20817-1129

David Kessler, M.D.
Dean
Yale University School of Medicine
New Haven, Connecticut

Dear Dr. Koop and Dr. Kessler,

We want to thank you for your continued leadership. We have reviewed the letter that you intend to send to the Congressional Leadership and are delighted that we were able to reach agreement on a letter that will help bring the public health community together and insure that from now on the focus will be on the need to pass strong, comprehensive legislation this year.

Like you, we believe strongly that Congress has a unique opportunity this year to pass strong, comprehensive, effective tobacco control legislation. As public health organizations, we also believe that our emphasis and the first and foremost emphasis of our communications to Congress should be on urging

Congress to act to accomplish these public health goals. Only last week the Department of Treasury concluded that the enactment of legislation in accordance with the President's public health principles could reduce youth smoking by up to 46% in the next five years and save one million children now alive from a tobacco related death. The Treasury Department's conclusion mirrors the conclusion of an analysis conducted by the American Cancer Society.

We also share the goal articulated in the joint letter that the tobacco industry should not be granted immunity from wrongdoing. Litigation against the tobacco industry and other industries has been and continues to be a powerful public health tool. We will oppose any effort to alter the legal system in any way that would weaken the system's ability to protect the public health, that would permit the tobacco industry or others the freedom to operate outside of the normal legal system or to engage in any behavior that would otherwise be sanctioned, or that would effectively deny individuals the opportunity to seek just compensation for their tobacco related injuries.

We are pleased that the joint letter to Congress reflects our commitment to evaluate any legislation in its entirety, including the legislation's impact on the ability of the civil justice system to protect the public health. As public health organizations, it is only right that we base our final position on any legislation on its overall impact on the public health and its potential to reduce the number of people who become addicted to tobacco, experience tobacco related disease, and die from tobacco use.

We will only support strong, comprehensive legislation that addresses the needs of the American public and the June 20, 1997 Agreement as negotiated does not meet those criteria. We will oppose and urge the President to veto any legislation that undercuts our public health goals now or the public health community's ability to deal with unanticipated actions by the tobacco industry in the future either as the result of weak public health provisions or as the result of a broad grant of immunity to the tobacco industry.

Despite this position, it is possible that we may very well be confronted with legislation that meets our public health goals and the President's public health criteria, that includes provisions that the public health community agrees would save millions of lives by reducing tobacco use dramatically, but which also addresses the tobacco industry's liability in some limited way that does not grant the industry immunity or weaken the ability of the civil justice system to protect the public health or defend fundamental rights. Given that possibility and our commitment to the public health, we believe it would be wrong for us to take a position that would prevent us from fully evaluating such a proposal in its entirety at that time. As you are aware, we also believe it is important that we carefully articulate our views because it would be unfair to our members and members of Congress to take a position only to turn around at the end of the process and

support legislation that does not meet these criteria.

Just this past week, we evaluated a bill introduced by Senator Kent Conrad by examining its overall impact on the public health. But, the bill also includes provisions that will prevent the federal government from suing the tobacco industry to recover Medicare (and Medicaid) costs associated with tobacco-caused disease. These provisions provide a level of liability protection for the tobacco industry. But, on balance, we believe the bill offered by Senator Conrad has the potential to save millions of lives and would support its passage. We are concerned about sending a signal to the Congressional leadership that even Senator Conrad's bill is unacceptable. We are also aware that bipartisan legislation is being drafted that meets our public health criteria, but which may never see the light of day if the message we deliver does not accurately reflect our position.

Our shared goals provide the type of common ground that should permit us to work together closely. It is for that reason we are willing to work with all organizations striving to enact strong, comprehensive legislation this year.

Sincerely,

John Seffrin
American Cancer Society

Cass Wheeler
American Heart Association

D. Robert McCaffree, M.D.
American College of
Chest Physicians

Jud Richland
Partnership for
Prevention

William Novelli
National Center for
Tobacco-Free Kids

Matthew Myers
National Center for
Tobacco-Free Kids

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STATE OF MINNESOTA
OFFICE OF THE ATTORNEY GENERAL

HUBERT H. HUMPHREY III
ATTORNEY GENERAL

102 STATE CAPITOL
ST. PAUL, MN 55155-1002
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# Statement of Hubert Humphrey III, Attorney General of Minnesota, in Response to Letter From the Koop-Kessler Commission to Congress February 17, 1998

"Today, a united public health community put the last nail in the coffin of the tobacco industry's quest for unprecedented immunity from the laws that govern all other American businesses. For nearly a year, I have urged Congress to remember what our public health leaders have said so clearly today: the Constitution entrusts American health policy to the people and their elected representatives; and it does not give Big Tobacco a line-item veto.

"Congress does not need the permission of this outlaw industry to protect future generations from the most deadly products ever sold. All it needs is the courage to do what's right. Under the leadership of Doctors Koop and Kessler, health leaders are closing ranks to help Congress do the right thing, and to hold this outlaw industry accountable at last for its decades of denial, deception and double-talk."

-30-

**Statement of Michael Siegel, MD, MPH**
**Assistant Professor, Boston University School of Public Health**
**February 17, 1998**

The question of what effect cigarette advertising has on children is an important one.

In particular, this question is central to the current Congressional debate over tobacco legislation and a possible tobacco settlement.

There are two major questions:

Does the tobacco industry specifically target youth in its cigarette marketing?

Does tobacco marketing actually cause children to start smoking?

Today, it is my pleasure to present two new studies, appearing in this week's *Journal of the American Medical Association*, that go a long way toward answering each of these questions.

Adolescent Exposure to Cigarette Advertising in Magazines

The first study, which I co-authored, is entitled "Adolescent Exposure to Cigarette Advertising in Magazines: An Evaluation of Brand-Specific Advertising in Relation to Youth Readership."

I would first like to acknowledge the work of my co-authors: Dr. Charles King of Harvard Business School, and Drs. Greg Connolly and Carolyn Celebucki of the Massachusetts Department of Public Health.

This is the first study to systematically examine the relationship between brand-specific cigarette advertising and magazine readership

The main question we asked in this study was: "Do cigarette companies specifically target youth in their magazine advertising?"

To answer this question, we looked at the top 39 U.S. magazines in 1994, and examined the relationship between the presence of advertising for different cigarette brands and the number of youth and adult readers in each magazine.

We defined youth readers as those between the ages of 12 and 17. Adult readers were those aged 18 and up.

We controlled for the total number of readers in each magazine and for the percentage of young adult readers (ages 18-24) in each magazine.
Rather than lumping all cigarette brands together, we looked separately at what we called youth cigarette brands and adult cigarette brands. Youth cigarette brands were those that are popular among youth smokers. Adult cigarette brands were those that are smoked almost exclusively by adults.

The youth brands were: Marlboro, Camel, Newport, Kool, and Winston. The adult brands were Salem, Virginia Slims, Benson & Hedges, Parliament, Merit, Capri, and Kent.

The percentage of youth readers for the 39 magazines ranged from a low of 4% (Family Circle) to a high of 34% (Sport).

The results of our analysis were striking:

**Cigarette brands that are popular among youth are more likely to advertise in magazines with a higher percentage of youth readers.**

**In contrast, adult cigarette brands are less likely to advertise in magazines with higher levels of youth readership.**

At the lowest youth readership level of 4%, youth brands are only *half as likely* as adult brands to advertise in the magazine. But at the highest youth readership level of 34%, youth brands are *5 times more likely* than adult brands to advertise in the magazine.

So what do these results mean?

**This study demonstrates that cigarette companies specifically target youth in their magazine advertising.**

**This study adds to the growing body of evidence that the tobacco industry is marketing its deadly products to our nation's youth.**

The tobacco industry has argued that it targeting young adults, the 18-24 year-old market, rather than youths. **Our study demonstrates that this is simply not the case. Cigarette companies are preferentially advertising to reach 12-17 year-old kids.**

To summarize the findings of this study:

1. **Cigarette brands that are popular among youth are more likely to advertise in magazines with a higher percentage of youth readers. Cigarette companies are preferentially advertising to reach 12-17 year-old kids.**

2. **This study demonstrates that cigarette companies specifically target youth in their magazine advertising.**

3. **This study adds to the growing body of evidence that the tobacco industry is marketing its products to our nation's youth.**

Tobacco Industry Promotion of Cigarettes and Adolescent Smoking

The second study, conducted by Dr. John Pierce, Dr. Won Choi, Elizabeth Gilpin, Dr. Arthur Farkas, and Dr. Charles Berry at the University of California, San Diego, is entitled "Tobacco Industry Promotion of Cigarettes and Adolescent Smoking." Dr. Pierce is unable to be here to present his study, but asked me to present the study for him.

This is the first longitudinal study to examine whether exposure to cigarette advertising and promotion actually causes children to start smoking.

Previous studies have shown that children who smoke are more likely to report exposure to cigarette advertising and promotion than children who don't smoke. But because these are cross-sectional studies, conducted at a single point in time, we cannot tell whether it is the advertising exposure that causes children to start smoking, or whether children who start smoking are more likely to be exposed to and recall exposure to cigarette advertising.

The advantage of a longitudinal study, in which children are followed over a period of time, is that we can tell which came first: the exposure to the advertising or the initiation of smoking.

In this study, Dr. Pierce and colleagues followed a large sample of California adolescents over a three-year period to determine which children started smoking and whether their initial exposure to cigarette advertising and promotions was related to the probability of starting to smoke.

The sample consisted of about 1,700 adolescents who were between the ages of 12 and 17 in 1993. All were nonsmokers at that time. In addition, they were not considered susceptible to start smoking, meaning that they had no intention to smoke in the future.

The adolescents were followed up, using a random-digit-dial telephone survey, in 1996.

Dr. Pierce and colleagues determined which of the adolescents had become susceptible to smoking, meaning that they now expressed a possible intention to smoke in the future. Pierce also determined which of the adolescents had experimented with smoking, meaning that they had at least a few puffs on a cigarette. Finally, Pierce determined which adolescents progressed to become established smokers, defined as those who smoked at least 100 cigarettes in their life.

In the analysis, the researchers compared the probability that adolescents became susceptible to smoking, experimented with smoking, or became established smokers for those who were and were not exposed to cigarette advertising and promotion.

Exposure to cigarette advertising and promotion was based on whether a youth was able to recall the name of the brand of a cigarette they had seen advertised, whether they had a favorite cigarette advertisement, whether they owned a tobacco promotional item, such as a cap or t-shirt, and whether they were willing to use such a promotional item if they had one.

The analysis controlled for exposure to family members and peers who smoked.

The findings of the study were as follows:

During the 3-year study period, about 17% of the adolescents became susceptible to smoking, 30% experimented with smoking, and 4% became established smokers.

Adolescents with moderate exposure to cigarette advertising and promotion were about *twice as likely* as those with minimal exposure to become susceptible to smoking, experiment with smoking, or become an established smoker.

Moderate exposure to advertising and promotion was defined as having a favorite cigarette advertisement. Thus, having a favorite cigarette advertisement doubled the risk of progression toward smoking.

Adolescents with high exposure to cigarette advertising and promotion were about *3 times more likely* than those with minimal exposure to progress toward smoking.

High exposure to advertising and promotion was defined as owning or being willing to use a tobacco promotional item. Thus, owning or being willing to use a tobacco promotional item tripled the risk of progression toward smoking.

Exposure to family and friends who smoked had only a small effect on whether these adolescents progressed toward smoking, increasing their chances by only 20%.

**Cigarette advertising and promotion was the single most important factor in predicting which adolescents progressed toward smoking. Cigarette advertising and promotion was far more important than exposure to family and peers who smoked.**

So what do these results mean?

**This study demonstrates that exposure to cigarette advertising and promotion causes kids to start the process of becoming addicted to cigarettes.**

**Cigarette advertising and promotion is the single most important predictor of smoking experimentation.**

Based on these findings, the authors estimate that 34% of all smoking experimentation among 12-17 year-old adolescents is caused by exposure to cigarette advertising and promotion. This means that nationally, **700,000 kids each year experiment with smoking because of their exposure to cigarette advertising and promotion**.

To summarize the findings of this study:

1. **This study demonstrates that exposure to cigarette advertising and promotion causes kids to start the process of becoming addicted to cigarettes.**

2. **Cigarette advertising and promotion is the single most important predictor of smoking experimentation.**

3. **700,000 kids each year experiment with smoking because of their exposure to cigarette advertising and promotion.**

Implications of the Study Findings for Public Health Policy

**Taken together, these two studies provide strong new evidence that cigarette companies specifically target youth in their marketing and that this marketing is effective in causing kids to start the process of becoming addicted to cigarettes.**

**Given all of the evidence that cigarette companies deliberately recruit and addict youth smokers, it is unconscionable to even consider granting these companies immunity from wrongdoing as they are seeking in a Congressional tobacco settlement.**

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WEDNESDAY, 9 JULY 1997,
AFTERNOON

# FINAL REPORT

# OF

# THE ADVISORY COMMITTEE ON TOBACCO POLICY AND PUBLIC HEALTH

***

CO-CHAIRS:

C. EVERETT KOOP, M.D., SC.D. AND DAVID A. KESSLER, M.D.

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JULY 1997

EMBARGOED UNTIL
WEDNESDAY, 9 JULY 1997,
AFTERNOON