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FOLDER TITLE:
Tobacco - ENACT [Effective National Action to Control Tobacco]

2015-0274-F
wr10810

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
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CAMPAIGN for TOBACCO-FREE Kids

Kathryn Kahler Vose
DIRECTOR, COMMUNICATIONS

NATIONAL CENTER FOR TOBACCO-FREE KIDS
1707 L STREET, NW • SUITE 800 • WASHINGTON, DC 20036
PHONE (202) 296-5469 • FAX (202) 296-5427
E-MAIL kkahlervose@tobaccofreekids.org

E N A C T

Effective National Action to Control Tobacco

-- A Public Health Coalition –

American Academy of Family Physicians
American Academy of Pediatrics
American Cancer Society
American College of Chest Physicians
American College of Preventive Medicine
American Heart Association
American Medical Association
Association of State & Territorial Health Officials
Campaign for Tobacco-Free Kids
National Association of County and City Health Officials
Partnership for Prevention

ENACT News Conference
October 1, 1997

Speaker List
(in order of appearance)

Randolph D. Smoak, Jr., M.D.
Vice Chair
American Medical Association Board of Trustees

John R. Seffrin, Ph.D.
Chief Executive Officer
American Cancer Society

Michael C. Caldwell, M.D., M.P.H.
Board Member and Tobacco Committee Chair
National Association of County and City Health Officials

Ronald Davis, M.D.
Director, Center for Health Promotion and Disease Prevention
Henry Ford Health System/Member, Partnership for Prevention
Fellow
American College of Preventive Medicine

# # #

P.O. Box 65168
Washington, DC 20035
Phone: (202) 293-1405

American Medical Association

Physicians dedicated to the health of America

Randolph D. Smoak, Jr., MD
Secretary-Treasurer
American Medical Association

Randolph D. Smoak, Jr., MD, a surgeon from Orangeburg, South Carolina, was elected Secretary-Treasurer of the American Medical Association (AMA) in December 1995. He has been reelected to a second term on the AMA Board of Trustees in June 1995. Since 1994 Dr. Smoak has served on the Board's Executive Committee and as chair of its Finance Committee. A member of the Board since 1992, he had served as secretary-treasurer of the AMA Physicians Health Foundation from 1992 to 1993. Since 1993 Dr. Smoak has served as chair of the Board's Subcommittee on Membership, and since 1994 he has represented the AMA on the National Health Council. He continues his service in both of these capacities. As lead spokesperson for AMA's anti-smoking campaign, he represents the AMA on the Department of Health and Human Services' Interagency Committee on Smoking and Health. In addition, he is currently an AMA commissioner to the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

Prior to his service on AMA's Board of Trustees, he served as alternate delegate to the AMA House of Delegates for the South Carolina Medical Association (SCMA) in 1983, and as delegate in 1987. Serving on the AMPAC Board since 1984, he was elected secretary in 1986 and chair in 1988. He had worked with the Council on Legislation as the AMPAC observer since 1988.

Dr. Smoak's dedication to organized medicine has been evident through his years of service on the state level. Since being elected to the SCMA Board of Trustees in 1972, he has served in virtually every leadership position including president, SCMA; chair, SCMA; chair, South Carolina Political Action Committee; president, SCMA Members' Insurance Trust; and president, South Carolina Medical Care Foundation. Dr. Smoak is a founding member of the South Carolina Oncology Society and is currently serving as Governor from South Carolina to the American College of Surgeons. He is also an active member of the Southeastern Surgical Congress, the Southern Society of Clinical Surgeons, the Society of Head & Neck Surgeons, the South Carolina Surgical Society and the South Carolina Chapter of the American College of Surgeons.

Born in Bamberg, South Carolina, Dr. Smoak received his BS degree from the University of South Carolina (USC) and his MD degree from the Medical University of South Carolina (MUSC). He served his internship at Grady Memorial Hospital in Atlanta, Georgia, and completed his residency training at the Medical University of South Carolina. Dr. Smoak completed a senior surgical fellowship at MD Anderson Hospital and Tumor Institute in Houston, Texas. He then returned to his home state to establish a surgical practice.

Dr. Smoak is a fellow of the American College of Surgeons and a diplomate of the American Board of Surgery. He is a clinical professor of surgery at MUSC and clinical associate professor of surgery at the USC School of Medicine. He is the past chair of the Department of Surgery at the Orangeburg Regional Medical Center.

Dr. Smoak's involvement in civic activities includes service as president, South Carolina Division of the American Cancer Society; Lt. Governor, Kiwanis Club; Board of Directors, Orangeburg County Chamber of Commerce; and Board of Directors, Orangeburg Chapter of the American Red Cross. He has also served on the Cancer Advisory Committee of the South Carolina Department of Health and Environmental Control and as chair of the Statewide Health Coordinating Council.

Dr. Smoak and his wife, Saundra, have four daughters and reside in Orangeburg, South Carolina.

JOHN R. SEFFRIN, PHD
Chief Executive Officer
American Cancer Society

Biography

John R. Seffrin, PhD, is the Chief Executive Officer of the world's largest voluntary health organization, the American Cancer Society. He is also a Trustee of the Society's Foundation.

Prior to being named the American Cancer Society's top staff executive in 1992, Dr. Seffrin was Professor of Health Education and Chairman of the Department of Applied Health Science at Indiana University. During his years in academia, he distinguished himself as a national and international leader in health education, disease prevention, and public health.

As a 20-year ACS volunteer, Dr. Seffrin served the Society at local, state, and national levels. He chaired the Society's Indiana Division Board of Directors and was Chairman of the National Board from 1989 to 1991.

An Indiana native, Dr. Seffrin is listed in Who's Who in America. He has also been recognized with high honors by two Indiana governors for his outstanding public service contributions and was awarded an honorary Doctor of Science degree from his undergraduate alma mater, Ball State University.

Dr. Seffrin has served on the Boards and Committees of a number of other public service and governmental agencies, and he is a past Vice President of the American Lung Association's National Board of Directors. In addition to serving on the US Surgeon General's Advisory Committee on Smoking and Health, he has also provided consultant services to a number of agencies, including the US Centers for Disease Control and Prevention.

A sought after speaker, Dr. Seffrin has spoken on public health issues throughout North America, Australia, Europe and Asia. He is the author of a number of scientific and professional articles and book chapters, and he was selected by the Association for the Advancement of Health Education as its National Scholar for 1996 -- which is this professional society's highest honor.

He was recently appointed to the new National Cancer Policy Board, which was formed by the National Academy of Sciences to advise our country on policy issues regarding cancer research and control.

1997

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RONALD M. DAVIS, MD, FACPM
DIRECTOR
CENTER FOR HEALTH PROMOTION & DISEASE PREVENTION
HENRY FORD HEALTH SYSTEM
ONE FORD PLACE, 5C
DETROIT, MI 48202
TELEPHONE: 313/874-6276

Ronald M. Davis, MD, FACPM became the director of the Center for Health Promotion and Disease Prevention of the Henry Ford Health System in September 1995. From 1991-1995, he served as Chief Medical Officer in the Michigan Department of Public Health. From 1987 to April 1991, Dr. Davis served as the director of the U.S. Centers for Disease Control's Office on Smoking and Health. He completed the Epidemic Intelligence Service program and the preventive medicine residency program at CDC, received his MD and Master of Arts degree in Public Policy Studies from the University of Chicago and a Bachelor of Science degree from the University of Michigan. Dr. Davis was elected as the first resident physician member of the American Medical Association's Board of Trustees and served in that capacity from 1984 through 1987. He was elected to the AMA Council on Scientific Affairs in June 1993 and became chair of the Council in June 1997.

Dr. Davis has published widely in peer-reviewed journals and has received many awards and honors, including the Surgeon General's Medallion and the American Public Health Association's Jay S. Drotman Memorial Award. He is a member of the World Health Organization's Technical Advisory Group on Tobacco or Health and is the editor of *Tobacco Control: An International Journal*, which was launched by the British Medical Association in March 1992. Dr. Davis is a fellow of the American College of Preventive Medicine and he is the College's alternate delegate to the AMA House of Delegates; the Henry Ford Health System is a member of Partnership for Prevention.

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[001]

Biographical Narrative of

Michael C. Caldwell, MD, MPH

Dutchess County Commissioner of Health

Dr. Michael C. Caldwell became Commissioner of the Dutchess County Department of Health on August 8, 1994. He oversees the health of 260,000 people over an 800 square mile area with 150 employees and a budget of $25 million. One of the youngest physicians ever to be appointed Health Commissioner in the United States, he received his Baccalaureate Degree in Art History from Columbia University in 1986 and his Medical Degree from the Mount Sinai School of Medicine in 1990. Dr. Caldwell then completed an Internal Medicine Residency at the Mount Sinai Medical Center in 1993. He received his Masters of Public Health Degree from Harvard in 1994 and is Board Certified in Internal Medicine.

His numerous awards and honors include: **1996 and 1997 NY State Health Department *Public Health Education Awards*** ; a David Scherf Cardiology Award from the New York Academy of Medicine; and being chosen as the Honorary Chairperson for the *Great American Smokeout* by the Dutchess County Chapter of the American Cancer Society. He is a **Board member** of the **National Association of County and City Health Officials (NACCHO)** and also Chairs their **Tobacco Prevention & Control Committee.** He continues to see patients regularly as a physician at the Castle Point Veterans Administration (VA) Hospital in Dutchess County.

Since becoming Commissioner of Health, Dr. Caldwell has participated in a nationwide ***Lyme Disease Research Vaccine Trial*** and an investigational ***Herpes Vaccine Trial***. He chairs the Dutchess County ***HIV/AIDS Primary Care Task Force***, overseeing a federal Ryan White Funding Grant and has recently formed a local ***Violence Prevention Coalition*** which focuses on the public health approach to violence. He is a member of the Board of Directors of the Dutchess County Chapters of: the *American Cancer Society*, the *American Heart Association* and *Big Brothers/Big Sisters*. Dr. Caldwell holds academic appointments at the Harvard and Columbia Schools of Public Health and the Mount Sinai School of Medicine and is a **Fellow** of the **New York Academy of Medicine.**

He is married to Dr. Maryanne Wysell, a Rheumatologist and they have one son Brian Anthony who was [redacted] Dr. Caldwell enjoys musical theater, playing the guitar and singing in his spare time.

09-97

News Release

American Academy of Family Physicians
The doctors who specialize in you

8880 Ward Parkway ◆ Kansas City ◆ MO 64114-2797
WATS (800) 274-2237 ◆ Phone (816) 333-9700
◆ Fax (816) 822-8857 ◆ E-Mail: fp@aafp.org
◆ http://www.aafp.org

HOLD FOR RELEASE
9:00 AM EDT, October 1, 1997

CONTACT: Sarah Thomas
800-274-2237, ext. 4200

AMERICAN ACADEMY OF FAMILY PHYSICIANS TAKES ROLE IN HEALTH COALITION TO REDUCE AND CONTROL TOBACCO USE

AAFP Aims to Reduce Smoking for Children and Adults

(Washington, D.C.) The American Academy of Family Physicians (AAFP) today announced that it is joining 10 other major public health groups to form ENACT: A Public Health Coalition. ENACT (Effective National Action to Control Tobacco) will work with the Administration and Congress to enact legislation that will create the nation's first comprehensive program to prevent and dramatically reduce tobacco use among children and adults.

"We have an incredible opportunity to create a national program that will establish real goals and real penalties for the tobacco companies if they fail to reduce tobacco use," said Neil Brooks, MD, AAFP President. "It's more important that the nation get a strong tobacco settlement rather than a quick one."

The AAFP has been a leader in discussions with Congress, the Administration and with other health care leaders on the elements of a strong tobacco control policy, including participation in the Advisory Committee on Tobacco Policy and Public Health chaired by Drs. Koop and Kessler.

The physician group believes that the current settlement will do little to reduce overall smoking in America because it fails to address adult tobacco use and does not penalize the industry adequately for missing youth tobacco use goals. In addition to efforts to curb teen smoking, an acceptable settlement must also include financial penalties against the tobacco industry if adult smoking rates do not decline.

"The current proposed settlement allows the tobacco industry to shift advertising and marketing practices from children to young adults," said Brooks. "That is unacceptable -- and in order to prevent this from happening, we must set specific goals for the reduction of adult tobacco use."

The AAFP has been involved in tobacco education and cessation efforts for much of its 50-year history. Through its "Tar Wars" program, family physicians throughout the United States have educated tens of thousands of school-aged children about the dangers of tobacco, and have helped them think critically about tobacco advertising.

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The American Academy of Family Physicians (AAFP) represents more than 84,000 family physicians, family practice residents and medical students nationwide. Family physicians are medical specialists trained to treat the medical problems of patients of all ages and both sexes.

American
Academy of
Pediatrics
601 Thirteenth Street, N.W.
Suite 400 North
Washington, DC 20005

News Release

CONTACT: Marjorie Tharp
Gem Benoza
202/347-8600; 800/336-5475

For Release: October 1, 1997
9 a.m. (EST)

PEDIATRICIANS HELP FORM TOBACCO CONTROL COALITION

Washington, D.C. -- The American Academy of Pediatrics, representing 53,000 pediatricians, joined 10 other public health organizations today in announcing the formation of ENACT, a coalition that will work with the Administration, Congress and the public to help shape and pass comprehensive tobacco control legislation as soon as possible.

"We believe a united public health community, with its resources dedicated and coordinated, will help finish the job so many health professionals have worked for decades to achieve," AAP President Robert Hannemann, M.D., said. "ENACT is going to be an efficient and effective tobacco control coalition."

The American Academy of Pediatrics has had a long-standing commitment to reducing tobacco use among adolescents and children. A few key policy issues for the Academy include marketing prohibitions, price increases, public health initiatives and secondhand smoke hazards, all of which are a part of ENACT's legislative agenda. ENACT stands for Effective National Action to Control Tobacco.

"We'll meet with legislators, talk to parents and their children, hold community events, work with local media -- anything within our means to achieve our goal," Dr. Hannemann said.

# # #

The American Academy of Pediatrics is an organization of 53,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents and young adults.

Note to Editors: The American Academy of Pediatrics will focus its Child Health Month activities this October on tobacco prevention.

AMERICAN CANCER SOCIETY®
GOVERNMENT RELATIONS OFFICE

STATEMENT BY JOHN R. SEFFRIN, PH.D., CHIEF EXECUTIVE OFFICER,
AMERICAN CANCER SOCIETY, INC.
Made at a press conference announcing the formation of ENACT - A Public Health Coalition
at the National Press Club, Washington, DC
October 1, 1997

It is an honor to join my colleagues here today to announce the formation of ENACT - A Public Health Coalition. Eleven national public health organizations, representing millions of volunteers, members and staff, have formed the coalition to help enact comprehensive, sustainable, effective, well-funded tobacco control legislation. The coalition will build upon decades of work by the public health community, the 1996 assertion of jurisdiction over tobacco by the US Food and Drug Administration, the principles outlined in the recent Koop-Kessler report, and the June 20th agreement negotiated by the state Attorneys General and the tobacco industry to ensure that legislation is passed by a bipartisan Congress and signed into law by President Clinton.

The commitment made by all eleven organizations to come together to pass legislation as significant as this is unprecedented. By sharing resources we can educate the public about the need for a national tobacco control policy. By joining forces we can activate millions of public health advocates across the country. By uniting, we can overcome any obstacle we face to take advantage of this historic opportunity.

Uniting our coalition is a consensus statement which clearly states the elements that we believe must be a part of any tobacco control legislation for it to be effective. The elements include:

- Full FDA authority over all tobacco products and nicotine delivery systems.
- Tough penalties against the industry if tobacco use among children does not drop substantially.
- Significant price increases on the cost of tobacco products.
- No marketing aimed at children.
- Broad disclosure of industry documents.
- Provisions to ensure that federal law does not preempt more restrictive state and local laws.
- Support for a variety of public health initiatives.
- Funding for implementation of international tobacco control initiatives.
- Protections from secondhand smoke hazards.
- Help for tobacco farmers and their communities.

We promise the American people that we will use the strength of our coalition to defeat our opposition and get tobacco control legislation that includes our key elements passed.

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AMERICAN COLLEGE OF CHEST PHYSICIANS

FOR IMMEDIATE RELEASE : October 1, 1997

Contact: Lynne G. Marcus
Vice President, Membership & Public Affairs
(847) 498-1400

ACCP Vision: *The College is the leading resource for the improvement in cardiopulmonary health and critical care worldwide.*

ACCP Mission: *To promote the prevention and treatment of diseases of the chest through leadership, education, research and communication*

The American College of Chest Physicians (ACCP) is a not-for-profit organization of over 16,000 physicians, allied health professionals, and individuals with PhD degrees in the United States and internationally. The ACCP provides continuing medical education in the specialties of pulmonology, cardiology, cardiovascular and cardiothoracic surgery, hypertension, critical care medicine, and related disciplines.

Since 1960, the ACCP has been a leader in antismoking activities. In response to the alarming increase in lung cancer cases seen by our members, the ACCP published a statement in *CHEST*, the official journal of the College, emphasizing the need to find the causative agents of lung cancer. Smoking is cited as a probable cause. After several years of studying the effects of cigarette smoking on the respiratory and cardiovascular systems, the Committee on Lung Cancer of the ACCP passed a resolution urging the US Surgeon General to study the health aspects of smoking. In 1965, prompted by the ACCP and other medical society efforts to provide conclusive medical evidence on the harmful effects of cigarette smoking, Congress passed the bill requiring the Surgeon General's warning label to be printed on all cigarette packages.

These activities were soon followed by a symposium titled "Cigarette Smoking: The Physician's Role and Benefits of Cessation", in 1971, adoption of no smoking policy for ACCP educational meetings in 1972, and adoption of a no smoking pledge in 1979 which is still taken by all Fellows of the College. The ACCP also played a key role in the passage of federal legislation on February 25, 1990, banning smoking on domestic flights within the continental US, Puerto Rico and the Virgin Islands. In 1991 the ACCP filed an *amicus curiae* brief in the US Supreme Court in support of Rose Cipollone in *Cipollone vs. Liggett Group, Inc.* In 1994, the ACCP co-authored the "International Consensus Statement on Smoking or Health" published in *CHEST* and other medical journals, representing international agreement among medical organizations relating to the addictive nature of smoking, the relationship between smoking and disease, the role of physicians relating to smoking, and the need to oppose expansion of the international tobacco market. The ACCP also took a leading educational role in *Mississippi v. The American Tobacco Company, et al,* providing the Courts medical evidence on the addictive nature of tobacco, and in 1996 submitted an *amicus curiae* brief to the Mississippi Supreme Court in support of the Attorney General's case. In 1997, the ACCP participated on the Advisory Committee on Tobacco Policy and Public Health co-chaired by Drs. C. Everett Koop and David Kessler, and the AMA Task Force on the Proposed Tobacco Settlement Agreement.

With this 30-year history of anti-smoking activities, the ACCP is committed to building on its work and the work of other public health groups to dramatically reduce the use of tobacco products among children and adults. The ACCP believes it is of major importance to the health of our children, especially to those Americans who are not yet addicted to nicotine, and not yet our patients, to move quickly to make the most of this historic opportunity.

ACCP supports President Clinton's initiatives. ACCP is committed to work to strengthen the resolve of Congress to act responsibly at this important time in the history of tobacco's influence on the nations health. The ACCP now joins with the other members of ENACT to support an effective national policy on tobacco control. The time to ENACT such a program is now.

# # #

ACPM
American College of
Preventive Medicine

Leadership in the Science, Policy and Practice of Preventive Medicine

PRESS RELEASE

Embargoed until 9:00am
October 1, 1997

Contact: Hazel Keimowitz or Suzy Leous
202-466-2044

ACPM CONTINUES TOBACCO CONTROL EFFORTS; JOINS "ENACT"

Washington, DC -- Today the American College of Preventive Medicine (ACPM) joins with ten other public health organizations in the formation of a new tobacco control coalition called ENACT (Effective National Action to Control Tobacco). By signing the consensus statement which formalizes the call for bipartisan, comprehensive, sustainable, effective and well-funded legislation, ACPM pledged its staff, members and scientific expertise to assist in the enactment of the best possible tobacco control policy.

ACPM fellow Ronald Davis, MD, FACPM, who assisted both the ACPM and the American Medical Association (AMA) with their responses to the June 20th agreement between the state Attorneys General and the tobacco industry, spoke on behalf of ENACT at a press conference in Washington, DC, announcing the coalition. Referring to recent polling data, Davis added "It is clear that the American people support tough tobacco policy designed to protect children and adults." By incorporating FDA's full authority to regulate tobacco, placing tough penalties on the tobacco industry if tobacco use among children is not reduced, greatly increasing tobacco advertising and promotion restrictions, and encouraging a commitment to international tobacco concerns, ACPM is in lock step with several other organizations working to represent these and other important tobacco related issues on Capitol Hill.

ACPM President Jonathan Fielding, who has participated in several ENACT organizational meetings, commented, "Without legislation, we will not have the large increase in tobacco product prices that reduce demand nor the billions for an anti-tobacco mass media campaign, for cessation activities, for expansion of state and broad based community anti-tobacco efforts, and for enforcement of FDA regulations to limit youth access to tobacco. ENACT has an historic opportunity to work with Congress and the Administration, as well as with the entire public health community and the American people, to craft tobacco control policy which invests industry dollars to use proven approaches to reduce smoking, primarily in youth but also in adults. That is what we owe to our children and their children. We challenge Congress to join us in achieving this goal."

The American College of Preventive Medicine is the national medical society of physicians whose primary interest and expertise are in disease prevention and health promotion, areas vital to protecting and improving the nation's health. Specialists in preventive medicine are uniquely trained in both clinical medicine and public health. They have the skills needed to understand and reduce the risks of disease, disability and death in individuals and in population groups.

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(202) 466-2044 • FAX (202) 466-2662
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1150 Connecticut Avenue Northwest Suite 810 Washington, DC 20036
Tel 202 785 7900
Fax 202 785 7950
http://www.americanheart.org

American Heart Association℠
Fighting Heart Disease and Stroke

For Release:
October 1, 1997

Contact:
Trish Moreis (202) 785-7900

STATEMENT OF THE AMERICAN HEART ASSOCIATION ON JOINING A PUBLIC HEALTH COALITION TO ENACT COMPREHENSIVE TOBACCO CONTROL LEGISLATION

The American Heart Association has joined a number of public health groups to form the coalition ENACT (Effective National Action to Control Tobacco). By joining this coalition, the AHA has committed its more than 4 million volunteers to working with Congress and the Administration to pass comprehensive national tobacco control legislation.

The American Heart Association has made eliminating the health hazards of tobacco a priority for many decades. Current estimates for the United States are that 26.0 million men and 23.1 million women are smokers, putting them at increased risk for a heart attack. Nearly one fifth of all cardiovascular deaths -- approximately 190,000 -- are attributable to smoking. In addition, an estimated 4.2 million adolescents aged 12 to 17 are smokers.

The Coalition has pledged to support the following principles as comprehensive national tobacco control legislation is developed: full FDA authority to regulate tobacco, tougher penalties for the tobacco industry, price increases on tobacco products, no marketing to children, disclosure of tobacco industry documents, no preemption, public health initiatives, international leadership, secondhand smoke, and protection of tobacco farmers and their communities. In addition, the AHA believes strongly that any national tobacco control legislation must not grant immunity for past criminal wrongdoing to tobacco companies or their agents.

The American Heart Association remains steadfast in its efforts to hold the tobacco industry accountable for the death and disability it has caused. We are committed to assuring that the Congress and regulatory agencies enact appropriate measures to correct past wrongdoing and protect the health of children and adults.

-30-

American Medical Association
Physicians dedicated to the health of America

Statement

FOR IMMEDIATE RELEASE October 1, 1997

Statement attributable to: Randolph Smoak, Jr., M.D.
AMA Vice Chair

AMA PROUD TO BE PART OF ENACT COALITION
Pledges to lobby vigorously for national tobacco control legislation

"The American Medical Association is proud to be here today to announce its active participation in the ENACT -- Effective National Action to Control Tobacco -- Coalition.

"The tobacco industry's bullying power to stall anti-tobacco legislation is legendary. The AMA comes together today with 10 other prestigious public health groups to build a coalition whose power comes from millions of voices firmly united against the scourge of tobacco death and disease -- and firmly united for bipartisan tobacco control legislation.

"The poll released today shows that we will not be alone: the public wants what we want. We are confident the voices of citizens from coast to coast will join with ours to let Congress know that we are serious about stopping tobacco's toll on our nation.

"Through the work of many people on the front lines of the fight against tobacco, we have made tremendous progress in the battle to save lives and protect children from tobacco addiction. We will use this progress we've made as a springboard toward legislation that will do much, much more.

"As physicians, we see too often the suffering and death caused by tobacco, and we are here today to prescribe a cure: the cure for a country suffocating from the ills of tobacco is a strong national tobacco control policy -- now.

"Since the announcement of the tobacco settlement, almost 300,000 children have taken their first puff. As physicians, we do what it takes to save lives. Each day we delay action on a national tobacco control policy, we risk not one life -- but thousands."

#

For more information, please call:

Brenda L. Craine
AMA Washington Office
202/789-7447

1101 Vermont Avenue, NW
Washington, DC 20005
202 789-7400

CAMPAIGN for TOBACCO-FREE Kids

NATIONAL CENTER FOR TOBACCO-FREE KIDS

Statement of Bill Novelli
President

We are proud to join with other public health leaders in forming ENACT, and unifying behind the common goal of enacting into law a comprehensive national tobacco control program. The unity of these leading public health groups sends a powerful message of our commitment to action. We look forward to attacking the epidemic of youth smoking in America through our combined resources.

Through ENACT, we will work closely with the American people, Congress and the President to seize the opportunity that exists to pass historic tobacco control legislation. Working together, we will seek a legislative solution that truly reduces both youth and adult smoking rates and reduces the dangers of second-hand smoke.

We join with the other members of ENACT in embracing the principles outlined by President Clinton to accomplish this goal. We are now committed to working toward the enactment of legislation that finally saves lives and protects children from tobacco.

###

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www.tobaccofreekids.org

NACCHO

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National
Association of
County & City
Health Officials

LOCAL PUBLIC HEALTH OFFICIALS URGE NATIONAL TOBACCO CONTROL LEGISLATION

The National Association of County and City Health Officials (NACCHO) supports an effective, comprehensive national policy on tobacco products as a vital tool for improving the health of people in the United States. The proposed settlement negotiated between the state Attorneys General and the industry and President Clinton's commitment to federal legislation have provided an opportunity and a foundation for establishing a national policy that includes measures to prevent youth from beginning to use tobacco, decrease consumption by adults, and reduce the hazards of environmental tobacco smoke.

NACCHO urges enactment of legislation providing for the full range of available public health tools to reduce the massive toll tobacco takes on the nation's health. These include community-based public health education, smoking cessation programs, enforcement of prohibitions on sales to children, bans on marketing and advertising designed to appeal to youth, restrictions on tobacco use in workplaces and public areas, and reduction of demand through substantial price increases. Federal legislation must explicitly ensure that local and state governments are free to enact or retain tobacco control laws that are more stringent than any minimum federal requirements.

Effective national tobacco control legislation must provide for full jurisdiction of the Food and Drug Administration over all tobacco products, ingredients, and devices that deliver nicotine, so that the agency may regulate them under the same standards and procedures applicable to all other substances. Tobacco companies must be given powerful financial incentives to discourage youth tobacco use and to reduce it measurably. NACCHO also believes that each tobacco company must be required, without limitation, to disclose promptly and fully all company documents relating to the health effects of tobacco products and their ingredients.

NACCHO is the primary national organization representing the health officials who direct the 3,000 local public health departments in the United States. They are charged with promoting and protecting the health of people in their communities. They work in partnership with community members on the front lines of America's tobacco prevention and control efforts. NACCHO joins ENACT in seizing the opportunity before our nation to decrease the use of tobacco, the single greatest preventable cause of premature death and disability.

October 1, 1997

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PARTNERSHIP FOR PREVENTION

Today's **Solution** *for Tomorrow's* **Health**

October 1, 1997

Contact:
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PARTNERSHIP FOR PREVENTION **URGES CONGRESSIONAL ACTION ON TOBACCO CONTROL**

Washington, DC --*Partnership for Prevention* joined today with ten of the nation's leading public health organizations to announce the formation of a new coalition called "ENACT" and to urge Congress to pass comprehensive legislation to control tobacco.

"We pledge to work with our ENACT colleagues to mobilize Congressional action that reflects the public health values set forth in the ENACT consensus statement," said *Partnership* Chairman William Roper, MD, MPH.

According to Roper, *Partnership for Prevention* believes that any legislation must have a high likelihood of achieving "progressive and sustained" reductions in tobacco use among youth primarily and adults secondarily, both through primary prevention and through cessation of all forms of tobacco use.

Ronald Davis, MD, a renowned tobacco control expert and member of *Partnership for Prevention* said that "the formation of ENACT shows there is widespread agreement within the public health community on what must be done to reduce tobacco use in the United States and abroad."

Partnership for Prevention is a national nonprofit group whose aim is to increase the priority for disease prevention and health promotion in health policy and practice. As an organization with a diverse membership that includes corporate as well as nonprofit members, *Partnership's* participation in ENACT brings with it the potential to broaden the coalition significantly.

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Partnership for Prevention is a national non-profit organization committed to increasing visibility and priority for prevention in national health policy and practice.

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CAMPAIGN for TOBACCO-FREE Kids

PUBLIC SUPPORT FOR A NATIONAL TOBACCO POLICY

FINDINGS FROM A NATIONAL POLL

A recent telephone survey commissioned by the Campaign for Tobacco-Free Kids reveals that the public is concerned about the tobacco issue and supports President Clinton's approach to enacting a national tobacco policy. The results demonstrate broad support for the president's approach and the specifics of the plan, as well as the belief that a national tobacco policy can reduce tobacco use by kids. The random national survey of 1,000 adults, conducted by Market Facts' TeleNation during the week following the president's announcement (September 19-25), has a margin of error of ± 3 percentage points.

1. IMPORTANCE OF NATIONAL TOBACCO POLICY

Almost all respondents to the survey expressed concern about tobacco use by kids. A large majority believes Congress should address the issue in the next six months.

- **Eighty-seven percent of the public is very (66%) or somewhat (22%) concerned about tobacco use by kids as a public health issue. Similar levels of concern are expressed for illegal drug use (91%) and AIDS (90%), while drunk driving (97%) and violence (96%) draw slightly more concern.**

- **Seventy-one percent of the public thinks it is very (42%) or somewhat (29%) important that the Congress address a national tobacco control policy in the next six months. Ninety percent believe Medicare reform is as important, while campaign finance reform and fast track trade legislation are considered as important by 76 percent and 70 percent, respectively.**

- **Seventy-two percent of those surveyed agree with the statement that it is important to establish a national tobacco policy now rather than waiting for lawsuits against the industry to conclude. Sixteen percent disagree, while 13 percent neither agree nor disagree, or do not know.**

2. REACTIONS TO PRESIDENT CLINTON'S APPROACH

Respondents to the survey were told that the president issued guidelines for building on the proposed agreement between the state attorneys general and the tobacco industry to enact a national tobacco policy by: 1) Strengthening the FDA's authority to regulate tobacco products; 2) Increasing the penalties on the tobacco industry if smoking by

- more -

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young people does not decrease; 3) Increasing the price of tobacco products to further discourage use by young people; and 4) Helping farm communities to develop alternatives to tobacco.

- **The public favors the president's approach by a margin of two to one, with 59 percent in favor, 29 percent opposed, and 12 percent undecided.**

- **A majority of the public also supports many of the more specific provisions of the president's plan for a national tobacco policy, including:**

	Favor	Oppose	DK
Full Authority for FDA With No Special Restrictions	60%	28%	13%
Stiff Industry Penalties and Price Increases			
Stiff industry penalties if youth smoking does not decline	57%	34%	9%
Increase price by as much as $1.50 if youth smoking does not decline	59%	33%	9%
Expanded Efforts to Reduce Youth Access to Tobacco			
National minimum age with required ID checks	85%	10%	5%
Reduce access by banning vending machines and placing all tobacco products behind the counter	83%	13%	4%
Public Education, Counter Advertising, Cessation Assistance			
Funding national prevention/education program	70%	20%	11%
Funds for programs to help smokers quit	77%	16%	7%
Restrictions on Smoking in Public Places	78%	16%	6%
Limits on Tobacco Advertising			
Eliminating outdoor tobacco advertising	63%	28%	9%
Limit magazine advertising to black and white/text only in publications with 15% youth readership	55%	29%	16%
Prohibit tobacco sponsorship of sports/entertainment	51%	36%	13%

3. USE OF TOBACCO INDUSTRY FUNDS FROM NATIONAL TOBACCO POLICY

Support for the various elements of the president's plan is also evidenced by support for the use of potential funds from a national tobacco policy for various purposes:

	Favor	Oppose	DK
Enforce youth access laws	85%	10%	5%
Fund public education campaign	80%	12%	8%

Provide cessation programs	79%	16%	6%
Conduct research on tobacco	78%	15%	7%
Help farmers develop alternatives	78%	13%	9%
Reimburse states for Medicaid costs	56%	33%	10%
Compensate farmers for money lost	50%	40%	11%
Compensate sports/other events	35%	50%	15%
Pay smokers for damages	33%	54%	12%

4. PERCEIVED EFFECTS OF A NATIONAL TOBACCO POLICY

The public feels strongly that a national tobacco policy is necessary to discourage tobacco use by kids and that it can be effective in doing so.

- **Seventy-three percent of respondents agree with the statement that a national tobacco policy is important to help parents discourage kids from smoking. Twenty-one percent disagree, while 6 percent are undecided or do not know.**

- **Two-thirds (67%) of the public believe that a national tobacco policy is very or somewhat likely to reduce tobacco use by kids. Twenty-seven percent believe it is unlikely to reduce tobacco use by kids, while 7 percent are undecided. Almost one-half (49%) believe a national tobacco policy is likely to reduce tobacco use by adults; 41 percent say this is unlikely.**

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ENACT

Effective National Action to Control Tobacco

– A Public Health Coalition –

:can Academy of Family Physicians
ican Academy of Pediatrics
ican Cancer Society
:an College of Chest Physicians
ican College of Preventive Medicine
ican Heart Association

American Medical Association
Association of State & Territorial Health Officials
Campaign for Tobacco-Free Kids
National Association of County and City Health Officials
Partnership for Prevention

Consensus Statement of ENACT

Building on decades of work by the public health community, the 1996 assertion of jurisdiction over tobacco by the U.S. Food and Drug Administration, the principles in the recent Koop-Kessler Report, and the June 20 agreement negotiated between the state Attorneys General and the tobacco industry, President Clinton announced on September 17 his support for comprehensive federal legislation based on five key elements to reduce tobacco use among all Americans, but particularly among children.

Our organizations support the President's call for bipartisan legislation and pledge to work with the Administration, Members of Congress, the public health community and the American people to achieve this goal.

We have an historic opportunity to prevent and dramatically reduce tobacco use among children and adults and reduce secondhand smoke in public places and worksites. Our priority is the enactment of comprehensive, sustainable, effective, well-funded tobacco control legislation.

This is a singular and unique opportunity to protect children and save lives. Therefore, we are committing our resources, including our millions of members, volunteers and staffs, to the opportunity for fundamental change that is possible now, while pledging to continue to work on longer term public health goals.

The following are important elements for effective legislation and must be adequately funded:

- **Full FDA Authority**: The FDA must have full jurisdiction over all tobacco products and nicotine delivery devices. Furthermore, the FDA must be permitted to use the same procedures in regulating tobacco, and its decisions should be subject to the same standard of review that generally apply under the Food, Drug, and Cosmetic Act.

- **Tough Penalties**: The tobacco industry must be subject to significant penalties if tobacco use among children does not drop substantially. The penalties should be non-tax deductible, uncapped, escalating and brand-specific to youth tobacco use to give the tobacco industry the strongest possible incentive to stop targeting children.

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- **Price Increases**: The cost of tobacco products should be increased well beyond the $0.62 per pack projected under the state Attorneys General agreement in order to deter children from taking up their use, whether through an increase in state and federal excise taxes, modifications in the tax treatment of annual payments, and/or price hikes from the tobacco companies due to increased settlement costs.

- **No Marketing to Children**: Tobacco marketing and advertising to children must be prohibited.

- **Document Disclosure**: To ensure that patterns of corporate malfeasance are disclosed and effectively checked in the future, tobacco legislation must provide for broad disclosure of industry documents, especially those containing scientific or other health information or relating to the industry's attempts to market tobacco to children.

- **No Preemption**: Any federal legislation should explicitly provide that state and local governments are not preempted from establishing or retaining requirements equal to or more stringent than any federal requirement (including taxation) relating to tobacco control, other than requirements regulating the content of tobacco products.

- **Public Health Initiatives**: Legislation should include improved warning labels, provisions to eliminate youth access to tobacco, public education, tobacco use cessation, research, and state and local tobacco control activities.

- **International Leadership**: A portion of any funds should be earmarked for international organizations and federal agencies for the implementation of international tobacco control initiatives. Furthermore, the President should issue an Executive Order prohibiting the U.S. Trade Representative, the Department of Commerce, U.S. Embassies, and other federal agencies from interfering in any efforts by foreign national governments to curb tobacco use.

- **Secondhand Smoke**: The public's protection from secondhand smoke hazards should be included as an integral part in any national tobacco policy. This should include federal environmental tobacco smoke restrictions for restaurants without preempting tougher local and state laws.

- **Protection of Tobacco Farmers and Their Communities**: The impact of the legislation on tobacco farmers and their communities should be addressed.

Each organization has identified additional ways to achieve our shared goal, and will work to implement those provisions which are unique to its constituency and goals.

Together, we are committed to improving public health; our organizations have long been devoted to reducing the use of tobacco, particularly among children. We join together now to support an effective national policy on tobacco control.

E N A C T

Effective National Action to Control Tobacco

– A Public Health Coalition –

American Academy of Family Physicians
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American College of Chest Physicians
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American Medical Association
Association of State & Territorial Health Officials
Campaign for Tobacco-Free Kids
National Association of County and City Health Officials
Partnership for Prevention

[Sample of letter sent to all Members of Congress]

October 1, 1997

The Honorable Trent Lott
United States Senate
Washington, D.C. 20510

Today we stand on the brink of making tremendous gains in the fight to save lives and protect children from tobacco. We applaud the work that has been done by Congress, the state Attorneys General, the Koop/Kessler Committee, public health advocates, and President Clinton to create this historic opportunity.

The President's recent action moved us a step closer to achieving a national tobacco control plan to drive down youth and adult smoking rates, help addicted smokers quit, and stop our young people from ever starting to use tobacco products. Now, we must all work to make this a reality.

Our public health organizations have joined together as a coalition, ENACT (Effective National Action to Control Tobacco), to help achieve a national, comprehensive and sustainable program to protect Americans from tobacco. We offer our assistance and urge you and your colleagues in the Congress to craft effective legislation to make this program possible.

This is an historic opportunity to protect children and save lives, and therefore we are committing our resources, including our millions of members, volunteers and staff, to this challenge. We intend to reach out to the American people, who overwhelmingly support efforts to protect children from tobacco.

A recent telephone survey found that 87 percent of the public is concerned about tobacco use by kids as a public health issue. Additionally, 71 percent of the public thinks it is important that Congress address a national tobacco control policy in the next six months.

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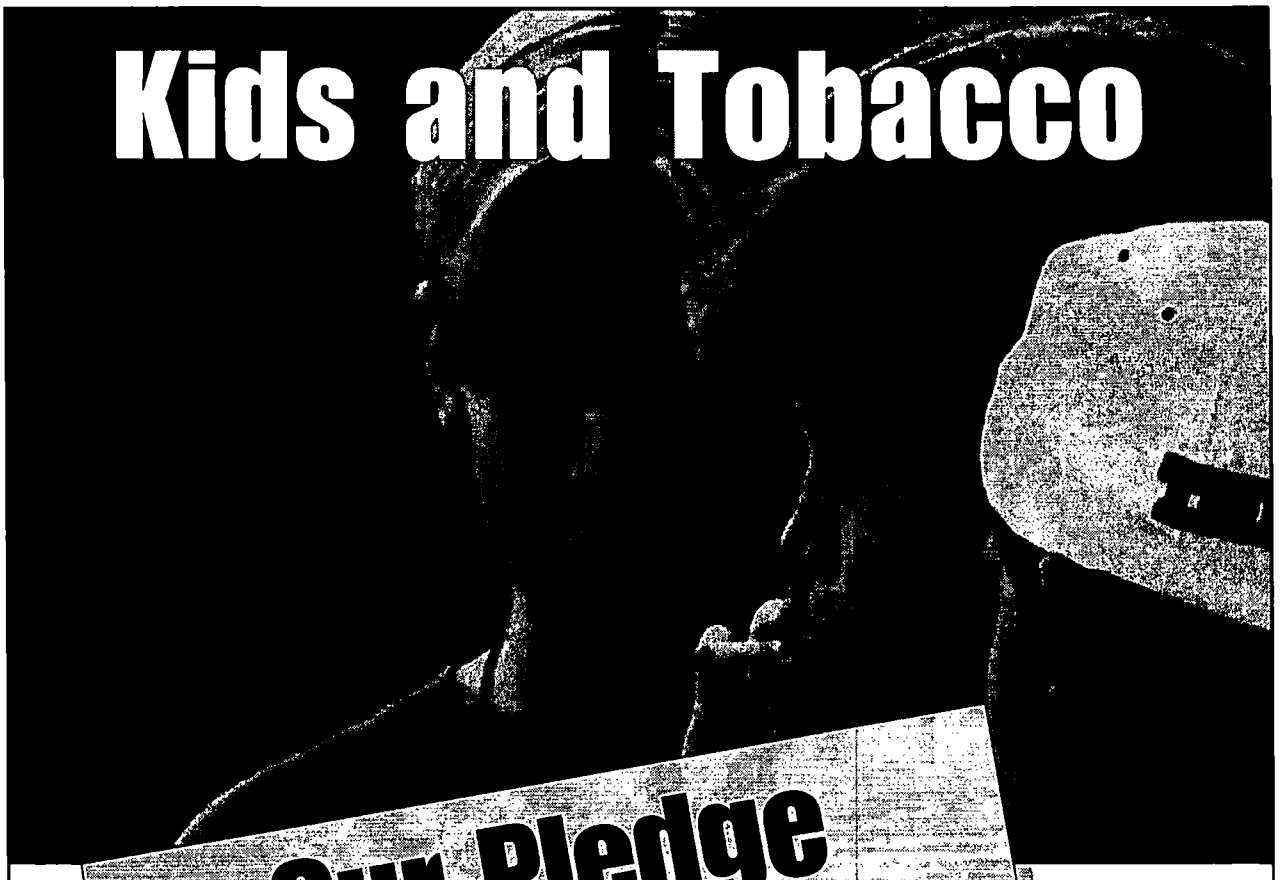
With so many of our children falling to tobacco addiction every day it is critical that we take action. We look forward to working closely with you, the Clinton Administration, the entire public health community, and the American people to ensure success in the 105th Congress.

Please let us know how we can assist you in this endeavor.

American Academy of Family Physicians
American Academy of Pediatrics
American Cancer Society
American College of Chest Physicians
American College of Preventive Medicine
American Heart Association
American Medical Association
Association of State and Territorial Health Officials
Campaign for Tobacco-Free Kids
National Association of County and City Health Officials
Partnership for Prevention

(Attachment)



Our Pledge to America

Recently President Clinton outlined broad principles for a national tobacco control policy and asked Congress to enact legislation to significantly reduce tobacco use among our youth.

After decades of rising youth addiction and adult disease and death, we have before us the chance to kick this nation's lethal tobacco habit.

That is why our public health organizations have joined together, representing millions of members, volunteers, and staff. Today, we pledge to the American people that we are committing ourselves fully to this challenge.

We pledge to work in a true bipartisan fashion with the Congress and to take our case to the public. We pledge to work with all our collective strength to bring about the nation's first comprehensive, well-funded and sustainable program to prevent and dramatically decrease tobacco use among children and adults and to reduce secondhand smoke in public places and worksites.

We welcome your help. Join with us to enact national tobacco legislation and win the Tobacco War for America's good health.

Effective National Action to Control Tobacco

ENACT

A Public Health Coalition

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E N A C T

Effective National Action to Control Tobacco

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NEXT GENERATION
CALIFORNIA TOBACCO CONTROL ALLIANCE

About the Next Generation Alliance

The Next Generation Alliance is a statewide alliance of public and private sector agencies and organizations dedicated to control of tobacco in California.

The Alliance Mission and Vision

The mission of the Next Generation Alliance is to reinvigorate California's historic commitment to reducing tobacco use in the State, particularly among youth, and to take the next steps toward a tobacco-free California.

The purposes of the Next Generation Alliance are as follows:

1. To develop a statewide, comprehensive and collaborative coalition that brings together existing tobacco control constituencies, to facilitate communication among them and to strengthen and protect existing tobacco control efforts;

2. To reach out to and include in the Alliance and its activities new strategic partners and constituencies, including private sector businesses and corporations; and

3. To create an infrastructure outside of government to serve as a statewide, centralized linkage for communication, research, coordination, innovation and education about California's tobacco control activities, both public and private, for diverse constituencies within California and nationally.

The Alliance will mobilize members, develop and implement public education efforts around tobacco use; expand and enhance the state's prevention and treatment capacity; and develop and communicate about tobacco policy initiatives. The Next Generation Alliance will develop and assume a statewide leadership role in bringing together the wide range of interests involved in tobacco control in the first of its kind California Statewide Alliance. The Alliance will carefully identify its role in California's anti-tobacco movement to ensure that specific activities implemented by the Alliance, support, bolster, supplement, and do not supplant or duplicate, existing Proposition 99 funded tobacco control efforts.

As one of its first activities, the Alliance applied for and received start-up funding from the Robert Wood Johnson Foundation (RWJF) as part of the SmokeLess States project. SmokeLess States is a national tobacco prevention and control program

funded by RWJF, and administered by the American Medical Association, which currently funds coalitions in 30 states, including the District of Columbia, and Tucson, Arizona.

The California Public Health Foundation will serve as the fiscal agent for the Robert Wood Johnson grant and provide administrative and personnel services for the Alliance. The Alliance will secure matching funds, both cash and in-kind, as part of the requirements of the RWJF grant application and to also extend the reach of Alliance activities. The Alliance Steering Committee will serve as the Executive Body of the Center and will include a diverse membership and participation by critical organizations involved in tobacco control in California.

The Alliance will accomplish its objectives through direct and active involvement of Alliance members and partners in working groups and policy development task forces. Specific implementation strategies for each objective will be further refined as the Alliance develops and obtains critical input from its members and partners.

The Alliance is unique in its focus on statewide inclusiveness and comprehensive organization. The Alliance will include voluntary health organizations, Proposition 99 funded programs and consistencies, medical, health and education associations, community-based organizations and providers, diverse gender, multi-cultural and ethnic organizations, academic institutions, state and local health and education agencies, health care corporations, and both large and small private sector companies.

Communications

The Alliance will work to unite organizations and key influences in the anti-tobacco effort and provide a common communications network and information base from which to pursue tobacco control activities and advocacy. The priority will be to establish an effective, ongoing and collaborative network of tobacco control advocates to counteract the financial strength and strong political relationships of the tobacco industry. The Alliance will be a forum for meaningful participation by Alliance members and will create opportunities to bring the Alliance together to solidify relationships and foster statewide strategic planning.

The Alliance will include an integrated policy research and analysis component that can serve as a centralized, non-governmental resource to more widely publicize and disseminate policy lessons, the results of Proposition 99 funded research, and status and implications of state, federal and local tobacco policy changes. The Alliance-developed policy documents and strategies will be available to Alliance members and organizations actively involved in lobbying on tobacco control issues.

Strategic Partnerships

One largely untapped resource in California's anti-tobacco efforts is the private sector. Successful programs do exist that involve business in worksite tobacco activities, rely on corporations and small businesses as partners in local anti-tobacco political activities and reach out to private sector organizations to generate their interest and investment in tobacco control. However, to date, there has not been a statewide, comprehensive effort to engage the private sector in tobacco prevention and control or to provide the persuasive information and resources to gain their commitment and participation.

A centerpiece of the Alliance's private sector initiative will be strategic alliances with the entertainment industry. The presence of all major entertainment companies in the state, provides a unique opportunity for California and the Next Generation Alliance to assume a leadership role in affecting the messages communicated about tobacco in entertainment media. The Alliance will work to mobilize leaders in the entertainment industry and actively engage them as partners from the outset. The Alliance will implement programs and strategies to explore the messages about tobacco communicated through entertainment media, particularly those targeted at youth, address existing attitudes and practices regarding portrayal of tobacco use, and develop ways to affect change.

To accomplish these goals, the Alliance has partnered with Laufer / Green / Isaac, Children's Action Network, and Earth Communications Office, among other leading industry organizations. Together, the Alliance has reached out to key leaders in the entertainment industry and is implementing a strategic series of program activities, which includes an entertainment industry task force, youth focus group testing, entertainment industry symposium and special industry briefings.

The Alliance will forge striking new alliances with California businesses, trade associations, Chambers of Commerce and other industry groups. The Alliance will establish a Private Industry Council to directly advise the Alliance in its private sector outreach. The Alliance will use successful partnerships and leadership by progressive businesses to counteract hesitation in some corporate sectors to join anti-tobacco efforts.

Youth Leadership

The Alliance will recruit an ethnically and culturally representative group of teens from strategic areas of the state to serve as the Youth Leadership Team for the Youth Network. The Alliance will consult with the existing Ethnic Networks, community and school leadership, community-based organizations and other community interests to develop a representative and effective Youth Leadership Team. Teen leaders will be integrated in an advisory capacity in Next Generation Alliance

programs and activities and will receive training on community organizing and outreach in tobacco control activities.

The Next Generation California Tobacco Control Alliance was conceived and designed in recognition and support of California's landmark model of tobacco control activities and efforts. The Alliance is unique because it represents the first time for proactive development of an all-inclusive, statewide collaborative effort and unified Alliance. The Alliance builds on existing programs and infrastructure, but reaches out in exciting ways to new partners in the private sector. The Alliance goal is maximum participation and communication among tobacco control constituencies in program and policy development. The Alliance structure, membership and activities will have as a core focus, programs and policies reflective of and focused on California's diverse ethnic and socio-economic populations.

The Alliance is a hopeful, collaborative effort to move California to the next generation of tobacco control.

Communications consultant to the Next Generation Alliance –

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NEXT GENERATION
CALIFORNIA TOBACCO CONTROL ALLIANCE

Supporting Organizations

American Academy of Pediatrics
American Cancer Society
American Lung Association
Bay Area Network of Business for Social Responsibility
Business for Social Responsibility of Southern CA
California Association of HMOs, Inc.
California Center for Health Improvement
California Congress of Parents, Teachers and Students, Inc.
California Department of Alcohol and Drug Programs
California Department of Education
California Department of Health Services
California Dental Association
California Healthcare Association
California Medical Association
California Medical Association Foundation
California Pharmacists Association
California Public Health Association – North
California Public Health Foundation
California Rural Indian Health Board, Inc.
The California Wellness Foundation
Catholic Charities of California
Chevron Corporation
Children NOW
Children's Action Network
Children's Advocacy Institute
City of Long Beach, Dept. of Health & Human Services
County Health Executives Association of CA
Creative Artists Agency
The Dental Health Foundation
Earth Communications Office
Edison International
Health Education Council / African American Tobacco Education Network
Health Net
Health Officers Association of CA
Hispanic / Latino Network for Tobacco Education
Kaiser Foundation Health Plan, Inc.
L.A. Care Health Plan
Laufer / Green / Isaac

County of Los Angeles, Department of Health Services
Multicultural Area Health Education Center
PacifiCare of California
Rhino Records
Siegel & Nicholl
Sierra Health Foundation
Southern California Public Health Association
Stoorza, Ziegaus, Metzger & Hunt
University of California, Berkeley, Center for Community and Family Health
University of California, Davis, School of Medicine
UCLA Center for Healthier Children, Families & Communities
University of California, San Francisco, Institute for Heath and Aging
University of California, Special Research Programs
Western Consortium for Public Health