



April 25, 2001

Tommy Thompson
Secretary
The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Thompson:

Philip Morris is distributing a proposal to give the Food and Drug Administration (FDA) authority over tobacco. Despite the rhetoric, the Philip Morris proposal would not lead to meaningful change in the way tobacco products are marketed or promote the public health. Nor would it permit the FDA to require tobacco companies to reduce the harm their products cause. In short, Philip Morris' proposal is for business as usual.

The public health community is united in support of FDA regulation of tobacco that would allow the FDA to prohibit tobacco marketing that appeals to kids. More than 3,000 kids continue to become regular smokers every day and more than 400,000 Americans continue to die of tobacco-caused diseases every year. The public health community supports FDA regulation that would allow FDA to prohibit deceptive health claims such as "light," and require that tobacco companies remove known harmful constituents when they have the know-how to do so. The Philip Morris proposal would accomplish none of these goals.

This latest Philip Morris proposal is another in a long line of tobacco industry efforts to head off meaningful legislative action with empty public relations gestures aimed at preserving the status quo and protecting the industry's bottom line. It is a recipe for more addiction, disease and death, not less.

The Philip Morris proposal falls especially short in several critical areas:

Prohibiting marketing that appeals to kids: The Philip Morris proposal would not give the FDA meaningful authority to restrict advertising and marketing that appeals to children beyond the limited and inadequate restrictions in the 1998 state tobacco settlement.

A recent Federal Trade Commission report showed that in the first year after the settlement, tobacco marketing expenditures increased by the largest amount ever, reaching a record \$8.24 billion a year. That is \$22 million a day, and nearly \$1 million an hour. Much of this increase was in marketing efforts that are effective in reaching kids, such as two-for-one discounts that reduce cigarette prices and payments to stores for high-visibility shelf displays often placed

adjacent to candy displays. Other studies have found dramatic increases since the settlement in tobacco advertising in youth-oriented magazines and in retail stores that are visited once a week by three out of four teens.

The Philip Morris proposal would only give FDA authority over advertising that “targets” kids, a prohibition already contained in the tobacco settlement with the states. Since Philip Morris and other tobacco companies claim they have never targeted kids, now or before the 1998 settlement with the states, Philip Morris’ proposal would result in no change in current marketing practices. The FDA needs broad authority to restrict marketing that influences children, based on the evidence and not on the industry’s false promises that it does not market to kids.

Philip Morris justifies its proposal for weak FDA authority over advertising by claiming that smoking is an “adult choice.” The well-established facts expose the duplicity of Philip Morris’ position. The average age of smoking initiation is 14 ½, and 90% of adult smokers were regular smokers by age 19. Thus, smoking begins and becomes addictive well before kids can make an informed “adult choice” about the consequences of nicotine addiction.

Elimination or reduction of harmful ingredients: FDA should have the authority to require changes in tobacco products in order to reduce the death and disease they cause, whether the harm comes from ingredients the tobacco industry adds during the manufacturing process or is derived from constituents which occur naturally or during the burning process, when the industry is able to do so. While there is no such thing as a safe cigarette, there are many ways in which the harm could be reduced. But the Philip Morris proposal would not allow FDA to require meaningful changes in tobacco products even if the technology exists to do so easily. Instead it establishes cigarettes currently on the market as the safety standard against which all future products will be judged.

The Philip Morris proposal would allow the FDA to prohibit the addition or removal of an ingredient added during the manufacturing process only if the ingredient would render the products even more dangerous than current products. In effect, the FDA could act only if the ingredient would result in even more deaths. More important, Philip Morris would not allow the FDA to require the removal of the dozens of known cancer-causing constituents that occur naturally in tobacco products or during the burning process even when they have the technology to do so. For example, tobacco companies already have the technology to reduce nitrosamines, one of the more deadly of the more than 40 identified carcinogens in cigarettes, but the Philip Morris proposal would not allow the FDA to require tobacco companies to remove nitrosamines.

Regulating dangerous and misleading health claims: The tobacco companies have repeatedly made claims of “reduced risk” that later proved to be unfounded, deceptive and, in far too many cases, lethal. One of the prime examples is the introduction in the 1960s of “light” cigarettes that boasted lower levels of tar in cigarette smoke with claims of less risk to smokers. In fact, the introduction of “lights” did not improve the public health. A recent Institute of Medicine report found that such claims led many smokers not to quit and smokers of “lights” tend to compensate by smoking more, inhaling more deeply or blocking ventilation holes. Industry documents reveal the tobacco companies knew that federal standards for measuring tar in cigarettes were inadequate and misleading, but still used these standards to market “light” cigarettes with the implication that smoking them was less hazardous.

The Philip Morris proposal would prohibit the FDA from banning the use of misleading terms such as “light” and “ultra light.” Philip Morris also calls for the FDA to “regulate” so-called

“reduced risk” products in a way that would amount to a government stamp of approval, allowing the tobacco companies to entice new smokers and dissuade those thinking of quitting. The public health community supports giving FDA the authority to prohibit such inaccurate claims in order to protect the health of all Americans.

Philip Morris is honest on one count in stating that its proposal “will be good for our tobacco business.” The Philip Morris version of FDA tobacco regulation is woefully inadequate, doing nothing to protect the public health and serving only to lock in the deadly status quo.

Respectfully,

Action on Smoking and Health

Alliance for Lung Cancer, Advocacy, Support, and Education (ALCASE)

American Academy of Addiction Psychiatry

American Academy of Family Physicians

American Association for Respiratory Care

American Cancer Society

American College of Cardiology

American College of Chest Physicians

American College of Preventive Medicine

American Heart Association

American Lung Association

American Medical Association

American Medical Women's Association

American Psychological Association

American Public Health Association

American School Health Association

American Society of Addiction Medicine

American Society of Clinical Oncology

American Veterans Committee

Association of Pediatric Oncology Nurses

Calhoun County Tobacco Reduction Coalition

Campaign for Tobacco-Free Kids

Community Anti-Drug Coalitions of America

Delaware Pharmacists Society

Federation of Behavioral, Psychological and Cognitive Sciences

General Board of Church and Society of The United Methodist Church

Latino Council on Alcohol and Tobacco

National Association of County and City Health Officials

National Association of Local Boards of Health

National Association of School Nurses

National Center for Policy Research on Women and Families

National Education Association

National Spit Tobacco Education Program

Oncology Nursing Society

Oral Health American

Partnership for Prevention
Pharmacy Council on Children's Health
Smoke-free Maryland
Society for Public Health Education
Society for Women's Health Research
Summit Health Coalition

Correspondence to the public health community groups that signed this letter may be addressed in care of the Campaign for Tobacco-Free Kids, 1707 L Street, N.W., Suite 800, Washington, D.C. 20036.