

CORE PRINCIPLES STATEMENT
Between the Public Health Community & the Tobacco Producers Community
[First Released March 1998]

In the spirit of cooperation and with a commitment towards:

- *Reducing disease caused by tobacco products; and*
- *Ensuring the future prosperity and stability of the American tobacco farmer, the tobacco farm family, and tobacco farming communities;*

The undersigned organizations and individuals call on the President of the United States, the Congress of the United States, and all State Attorneys General to commit to supporting and enacting effective tobacco legislation and policies that include the following points of agreement.

That on issues related to agricultural production of tobacco there is agreement:

1. That a tobacco production control program which limits the supply and which sets a minimum purchase price is in the best interest of the public health community and the tobacco producer community. From a harm reduction standpoint, it is in the best interest of the public health community to support enhanced assurance of quota stability for domestic production of tobacco.
2. That any cost associated with the administration or operation of a tobacco program be guaranteed to be paid for under any legislative proposal, and that the federal government no longer bear the cost for the administration or operation of such a program.
3. That there be greater cooperation between the tobacco growing community and the public health community to ensure that quality control and health and safety standards are maintained in the production of tobacco, both domestically and abroad, and that industry information and research should be made available for public review. Agencies with public health responsibility, including the Food and Drug Administration (whose authority over manufactured tobacco products should not extend to on-farm tobacco production), should work cooperatively through structures already in place in the Department of Agriculture and Environmental Protection Agency so as not to extend any additional control and bureaucracy over the on-farm production of tobacco.
4. That tobacco quota holders and tobacco lease holders should be given the opportunity to have their quotas compensated for at a fair and equitable level, and that the protection of tenant farmers be given special consideration as part of this process to ensure that they are not adversely affected.
5. That a significant amount of money be allocated so that tobacco growing states and communities have options and opportunities to ensure their economic viability into the 21st century. There must be significant involvement of tobacco growing communities in determining the allocation of these funds, and decision making for plans to enhance the economic infrastructures of these communities should be governed primarily through community-based input. Agricultural-based development in particular ought to be given a high priority.

That on issues related to public health there is agreement:

1. That it is in the best interests of the public health community and the tobacco producer community that the FDA should have authority to establish fair and equitable regulatory controls over the manufacture, sale, distribution, labeling (including country of origin) and marketing of tobacco products, both domestic and imported, comparable to regulations established for other products regulated by the FDA. Such regulations should have as their goal the protection of public health and the assurance that users of tobacco products are provided with full and complete information about the products they are using. In order to accomplish this goal, industry information and research should be made available for public review.

2. That there should be strong complementary federal, state and local laws which guarantee that tobacco products are not marketed, advertised or otherwise made available to anyone under the age of 18.
3. That prohibition of the use of tobacco products by informed adults of legal age is not a goal of the public health advocates or tobacco producers.
6. That there should be mechanisms in place to prevent the importation of foreign tobacco, whether in raw agricultural leaf, reconstituted or homogenized leaf, tobacco by-products, or any other form or alteration of tobacco, that does not meet pesticide residue requirements and other quality controls required for domestically grown and produced tobacco.
7. That if there is an increase in the federal excise tax in any legislative proposal, a portion of the tax would be used for carrying out public health initiatives, and a portion of the tax would be used to assist farmers and their communities in addressing their economic dependence on tobacco.

Signatories:

National:

*American Academy of Addiction Psychiatry
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 Public Health Association
American School Health Association
Americans for Non-smokers Rights
Association of Schools of Public Health
Association of Teachers of Preventive Medicine
Campaign for Tobacco Free Kids
Carter Center
Former President Jimmy Carter*

*Christian Broadcast Network
College on Problems of Drug Dependence
Family Voices
Federation of Behavioral, Psychological &
Cognitive Sciences
Interreligious Coalition on Smoking or Health
Nat'l Assoc. of Local Boards of Public Health
National Black Farmers Association
National Hispanic Medical Association
National Society for Public Health Education
Oncology Nursing Society
Partnership for Prevention
Dr. Pat Robertson
Rural Advancement Foundation International*

Regional:

*American Cancer Society, Mid-South Division
(AL, AR, LA, KY, MS, TN)
American Heart Association Ohio Valley Affiliate
(KY, OH, WV)
Burley Stabilization Corporation*

*Burley Tobacco Growers Cooperative, Inc.
Capital Area Society for Public Health Education
Commodity Growers Cooperative Association
Flue Cured Tobacco Stabilization Corporation
New England Society of Public Health Education*

State:

*Alabama Attorney General Bill Pryor

Georgia Public Health Association

American Lung Association, KY
Kentucky Attorney General Ben Chandler
Center for Sustainable Systems, KY
Coalition for Health & Agricultural Development,
KY
Daniel E. Kenady, MD, UKMC
Kentucky Academy of Family Physicians
Kentucky Action (ACS, AHA, ALA, KMA...)
Kentucky Health and Agricultural Forum
Sierra Club, Cumberland Chapter, KY*

*Michigan Farmers Union

North Carolina Society for Public Health
Education
North Carolina Council American Cancer
Society

New Jersey Society for Public Health Education
Greater New York Society for Public Health
Education
Ohio Society for Public Health Education

South Carolina Public Health Association*

South Carolina Project Assist

*Tennessee Tobacco Working Group
Greater Knoxville Coalition on Smoking or
Health*

Texas Society for Public Health Education

*Albemarle Co. (VA) Medical Society
Allies for Tobacco, Inc., VA
American Cancer Society, Virginia Council*

*Concerned Friends for Tobacco, VA
Halifax County Board of Supervisors, VA
Medical Society of Virginia
Virginia Agricultural Growers Association
Virginia Dark-Fired Growers Association, VA
Virginia Farm Bureau
Virginia General Assembly
Virginia Public Health Association
Virginia Sun-cured Growers Association
Virginia Tobacco Growers Association*