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**H.R. 1108, Family Smoking Prevention and Tobacco Control Act**

**Room 2123 Rayburn House Office Building**

**Subcommittee on Health**

**Wednesday, October 3, 2007 - 10 a.m.**

Chairman Pallone, Congressman Ferguson, distinguished members of the Subcommittee on Health - good morning.

I am honored to be here to testify in support of H.R.1108, the Family Smoking Prevention and Tobacco Control Act.

And I am delighted that ten esteemed members of New Jersey's congressional delegation are co-sponsors of this important legislation that would give the Food and Drug Administration the authority to regulate tobacco products.

It has been more than 40 years since the U.S. Surgeon General first altered the nation that smoking is hazardous to our health.

And in my view—because smoking is the nation's leading preventable cause of death and disability—the FDA should have had the power to regulate tobacco products 40 years ago.

There is no greater public health threat than smoking and secondhand smoke.

What other product on the market today that is unregulated can cause death, life-long disability or cancer if used as directed?

Last year, New Jersey implemented its landmark indoor Smoke-Free Air Act to reduce the harmful effects of secondhand smoke.

We also raised the legal age to purchase tobacco from 18 to 19 to decrease the likelihood of high school students purchasing cigarettes, and increased the state cigarette excise tax for the fourth time. At the time, that increase made the total tax of \$1.77 per pack the highest in the nation.

I am happy to report that cigarette smoking continues to decrease among New Jersey middle-school and high-school students, according to the 2006 New Jersey Youth Tobacco Survey.

Current smoking rates have dropped from 10.5 to 3.2 percent among middle school students and from 27.6 percent to 15.8 percent among high school students since 1999.

During the same seven year period, current use of any tobacco products, including cigars, smokeless tobacco, cigarettes, and bidis – small, hand-rolled imported cigarettes – also significantly declined from 38.9 percent to 24.5 percent among high school students and from 18.9 to 8.4 percent among middle school students.

The New Jersey Department of Health and Senior Services has worked with community-based organizations, tobacco-control advocates and New Jersey teens to encourage young people to remain smoke-free or to quit smoking if they have already started. The effort has paid off as the declining rates of tobacco use show.

So we in the state of New Jersey have enacted important tobacco-control initiatives in ways that will prevent illness and save lives for generations.

I come before you today not only as the Commissioner of the New Jersey Department of Health and Senior Services, but also as a lifelong anti-tobacco advocate, a former chairman of the New Jersey Breathes advocacy group and a physician who specialized in pulmonary diseases.

And as a physician for nearly 40 years, I have seen first hand in thousands of patients how tobacco ravages the body.

There are 4,000 toxic chemicals in cigarette smoke and 69 of them are known carcinogens. Exposure to these toxic contaminants can lead to respiratory infections, asthma, emphysema, lung cancer, heart disease and death.

In other words, smoking causes diseases in nearly every organ in the body as former U.S. Surgeon General Richard Carmona told us in 2004 when he released a new comprehensive report on smoking and health.

More than 400,000 people die in the U.S. each year from tobacco-related illnesses—including 11,300 in New Jersey. And up to 62,000 adult nonsmokers die each year in the U. S. from secondhand smoke, according to the U.S. EPA. This includes between 1,000 and 1,800 New Jersey residents.

It is our responsibility as public officials to protect the public health and safety. And an important step we can provide for the public's health is to vest the FDA with the authority to regulate the levels of tar, nicotine and other harmful components of tobacco products and to ensure effective oversight over the tobacco industry's efforts to develop, introduce and promote products that they claim to be "less harmful."

We must use every tool in our arsenal to promote smoking cessation to reduce the risk of tobacco-related diseases, and to prevent our young people from becoming enticed by and addicted to tobacco products.

Up until now, education, prevention and advertising—funded in part by New Jersey's excise tax—have been our strongest tools. And we all know that despite our best efforts, we have been outmatched by the advertising power, lobbying clout and ingenuity of Big Tobacco.

Our efforts in New Jersey are continuing. We still need to expand our outreach to smokers encouraging them to quit and educating them about the highly effective quit services that New Jersey offers: NJ Quitline, QuitNet and the Quitcenters. We still need to promote tobacco use prevention among our children and teens.

We need to continue offering specialized smoking cessation programs for those teens who already smoke. We still need to promote and enforce tobacco Age of Sale laws to better ensure that licensed vendors of tobacco products do not sell to minors. And we still need to extend secondhand smoke protections in the workplace to workers on casino floors in New Jersey.

This fall, I am traveling around the state as part of a major public awareness campaign to educate, students, parents, school nurses and pediatricians about the dangers of exposing children to the toxic effects of secondhand smoke in cars and in homes. By the end of the year, I hope to have spoken before approximately 50 groups.

But we public health officials need more tools in our arsenal. This nation needs the Family Smoking Prevention and Tobacco Control Act. The FDA needs premarket authority over all new tobacco products. The FDA needs to set national standards controlling the manufacture of tobacco products and the identification, public disclosure and amount of ingredients in such products.

I would urge you to protect the public health by approving the Family Smoking Prevention and Tobacco Control Act.

Thank you for this opportunity to testify.

I would be happy to answer any questions.

## **Attachment – Summary of Major Points**

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We must use every tool in our arsenal to promote smoking cessation in order to reduce the risk of tobacco-related diseases, and to prevent our young people from becoming enticed by and addicted to tobacco products.

It is our responsibility as public officials to protect the public health and safety. And an important step we can provide for the public's health is to vest the FDA with the authority to regulate the levels of tar, nicotine and other harmful components of tobacco products and to ensure effective oversight over the tobacco industry's efforts to develop, introduce and promote products that they claim to be "less harmful."

New Jersey has taken a number of steps over the past two years to improve indoor air and decrease the likelihood that high school students will smoke. Last year, New Jersey implemented its landmark indoor Smoke-Free Air Act to reduce the harmful effects of secondhand smoke. New Jersey also raised the legal age to purchase tobacco from 18 to 19 to decrease the likelihood of high school students purchasing cigarettes, and increased the state cigarette excise tax for the fourth time.