copy

Ginny / Mary Elken -

HHS needs to know by 4pm (I don't know why) if they can put out the attached statement by Potus. The text is fine. What's the process for this kind of thing?

Jen O'C
6-2421

MMWR

for iw's report on ease w/ which kids can purchase cigarettes

→ compares results to prior attitudes + practices survey 1983 - 99

→ 1 in 4 kid smokers will buy own cigs

DEPARTMENT OF HEALTH & HUMAN SERVICES
THE GENERAL COUNSEL
ROOM 713-F
PHONE: (202) 690-7741
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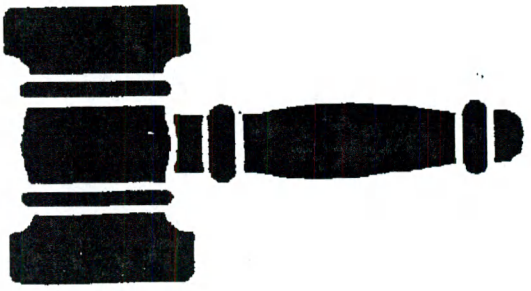

ATE: 2/14/96

O : FRANK

EPARTMENT/OFFICE:

HONE NO.

AX NO.

ROM: ~~HARRIET S. RABB GENERAL COUNSEL~~ Andy Hyman

OMMENTS: As Discussed.

Andy Needs to talk with Jeanita by 3pm.

ME Glynn WH press
Jeani Tursano

No. of Pages (including cover) 2

HHS walk out
Obeyn/gyn

kill tobacco

Revised

DRAFT

RUSH

STATEMENT BY PRESIDENT CLINTON REGARDING CDC REPORT TITLED:

"ACCESS OF TOBACCO PRODUCTS TO YOUTHS AGED 12-17 YEARS"

FOR RELEASE WITH MMWR ARTICLE
Embargoed until Thursday, Feb. 15, 4 p.m., EST

"This week, at the White House, I heard directly from a group of children about the easy access and allure of cigarettes.

"This report is further evidence that parents need all the help they can get in their daily struggle to keep our kids tobacco-free.

"Every day, more than 3,000 young people become regular smokers. Nearly a thousand of them will die prematurely from tobacco-related illnesses. Smoking is the leading cause of preventable death in this country, contributing to 40% of all cancer deaths.

"Let me be clear: This Administration will continue to lead the fight to help parents protect children from the hazards of tobacco addiction."

DRAFT

Comments to:
Victor Zonana
202-690-6343

8/8
11 p.m.

THE WHITE HOUSE

President Clinton today announced the nation's first comprehensive campaign to reduce children's use of tobacco products. Under the new plan, children will not be able to buy cigarettes and smokeless tobacco products and promotional and advertising gimmicks appealing to children will be limited.

The President's goal is to reduce smoking by children by 50 percent within seven years after the Administration's plan goes into effect.

The Administration actions are based on the overwhelming public health data that children are becoming addicted to nicotine and that one out of three of them will eventually die from their tobacco use. More than 80 percent of adult smokers had tried smoking by 18, and more than half of them had already become regular smokers by that age. In 1993 the estimated health care costs from smoking-related disease and death was $50 billion.

The measures are aimed at assuring that only adults have access to tobacco products, as is the current law, and to limit the reach of advertising and promotions that have encouraged children to begin using cigarettes and smokeless tobacco products. The ambitious initiative will allow parents who are already trying to teach their children the risks of smoking a better chance to succeed.

The proposals to reduce access by children include: prohibiting the sale of tobacco products to anyone under age 18; requiring face to face sales; requiring age verification with photo identification; and eliminating free samples and impersonal sales like vending machines, mail order sales and self-service displays.

The proposals to limit the appeal of cigarettes and smokeless tobacco include: banning outdoor advertising within 1,000 feet of schools and playgrounds; restricting all other outdoor advertising to black-and-white text only; restricting advertising in publications with significant children readership to black-and-white text only; banning non-tobacco products such as t-shirts and caps that have brand names, logos, or symbols or colors, and eliminating the exchange of non-tobacco products for proof of purchase of tobacco products; and allowing sponsorship and advertising of events only in the corporate name.

Bolstering these actions will be a new educational campaign aimed at countering industry's multi-billion dollar annual promotional and advertising expenditures and at teaching children the real health risks of these products. This campaign, including paid television ads, will be funded by industry.

The Administration's initiative is being published today as a proposed rule of the Food and Drug Administration. Public comment on the proposal will be accepted for 90 days, and a final rule will be issued at a later date.

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8/8/95
11 p.m.

CLINTON ADMINISTRATION PROPOSAL TO REDUCE CHILDREN'S TOBACCO USE

The Clinton Administration is proposing a comprehensive and coordinated plan to reduce smoking by children and adolescents by 50 percent. It builds on previous actions such as the ban on television advertising and state laws to prohibit the sale or use of tobacco by children. It follows recommendations by the American Medical Association and the Institute of Medicine. Experts have consistently recommended that the keys to achieving the goal are: reducing access and limiting the appeal for children. This ambitious initiative accomplishes that objective while preserving the availability of tobacco products for adults.

The proposals announced today include:

Reducing Easy Access by Children

o Prohibit nationwide the sale of cigarettes and smokeless tobacco products (snuff and chewing tobacco) to anyone under age 18.

o Require face-to-face sale and eliminate mail order sales, vending machines, free samples, self-service displays, and sale of single cigarettes ("loosies") and packages with fewer than 20 cigarettes ("kiddie packs").

o Require age verification with photo identification at point of sale.

o Allow use of coupons only by persons 18 and older in face-to-face transactions.

Reducing Appeal to Children

o Ban outdoor advertising within 1,000 feet of schools and playgrounds.

o Black-and-white text only advertising for all other outdoor advertising, including billboards, signs inside and outside of buses, and all point-of-sale advertising.

o Black-and-white text only advertising in publications with youth readership (under 18) of more than 15 percent or more than 2 million. No restrictions on print advertising below these thresholds. Black-and-white text only for all direct mail.

o Ban non-tobacco items, such as t-shirts, caps and gym gear, that use brand names, logos, symbols or colors. Prohibit exchange of non-tobacco products for proof of purchase of tobacco products.

Ban lotteries or contests where purchase of cigarettes and smokeless tobacco are "entry fees."

o Allow sponsorship of events only in corporate name and eliminate use of brand name, logo, symbols ~~or colors~~ in the sponsorship of events. Corporate names used must have been in existence as of January 1, 1995.

o Entries and teams in sponsored events would be allowed to appear in a text-only, black-and-white format.

o Prohibit cigarette and smokeless tobacco products from using brand names or trade names of non-tobacco products. ~~Existing products, such as Harley-Davidson cigarettes, will be grandfathered.~~

o Establish and maintain an annual $150 million educational campaign (including paid television advertising) funded by industry to counter industry's multi-billion dollar annual promotion and advertising efforts.

o Require all cigarette advertising on billboards and in print advertising to carry label that cigarettes are "nicotine delivery devices," and a warning about the health risks of smoking.

Achieving Goal

o More restrictive state laws are not preempted.

o During routine visits to retailers, manufacturers who now make such visits are required to inspect retailers to ensure proper labeling, advertising and distribution of their products. Manufacturers will remove any violative material.

How Regulatory Process Works

o Food and Drug Administration publishes a public notice in the Federal Register and proposes regulatory options. FDA also publishes a document concerning its jurisdiction.

o Public comment on both documents accepted for 90 days.

o Agency considers public comments and takes final agency action thereafter.

o Any regulations become effective at dates set forth in final agency action.

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8/8/95
9 p.m.

REDUCING CHILDREN'S TOBACCO USE MAKES SENSE

The Clinton Administration is proposing a comprehensive and coordinated set of measures to significantly reduce the number of children and adolescents who become addicted to nicotine in cigarettes and smokeless tobacco (snuff and chewing tobacco). Children are becoming addicted to these products, with more than 80 percent of smokers beginning to smoke by age 18. Smoking is the leading preventable cause of death in the United States, and health care costs associated with smoking soared to more than $50 billion in 1993 according to the Centers for Disease Control. While the proposed measures will continue to maintain the legal status of cigarettes and smokeless tobacco products for adults, they will reduce the easy access and strong appeal for children. Preventing children from smoking is key to reducing the deadly toll of smoking. The Clinton Administration plan will help parents provide their children an environment in which to grow up healthy.

***

A Pediatric Disease

Children are becoming addicted to nicotine. The average teenage smoker starts at 14 1/2 years old and becomes a daily smoker before age 18. More than 80 percent of all adult smokers had tried smoking by their 18th birthday and more than half of them had already become regular smokers by that age. Studies show that if people do not begin to smoke as teenagers or children, it is unlikely they will ever do so.

Each and every day, another 3,000 young people become regular smokers, and nearly 1,000 of them will eventually die as a result of their smoking. Currently, more than 3 million children and adolescents smoke cigarettes, and 1 million adolescent boys currently use smokeless tobacco. Smoking by young people is rising sharply. Between 1991 and 1994, the percentage of eighth graders who smoke increased 30 percent, and the percentage of tenth graders who smoke increased 22 percent.

Children tend to vastly underestimate the likelihood that they will become addicted to these products. Although only 5 percent of daily smokers surveyed in high school said they would definitely be smoking five years later, close to 75% were smoking 7 to 9 years later. A survey conducted in 1992 found that approximately two-thirds of adolescents who smoked said they wanted to quit and 70% said they would not start smoking if they could make that choice again.

***

Smoking: Leading Cause of Avoidable, Premature Death

Tobacco use takes enormous, deadly toll each year. Tobacco products are responsible for more than 400,000 deaths each year due to cancer, respiratory illness, heart disease, and other health problems. Cigarettes kill more Americans each year than AIDS, alcohol, car accidents, murders, suicides, illegal drugs and fires combined. Smokers who die as a result of smoking would have lived on average 12 to 15 years longer if they had not smoked.

The health care costs associated with tobacco use are rising. The Centers for Disease Control estimated that in 1993 the health care costs associated with smoking totalled $50 billion: $26.9 billion for hospital costs; $15.5 billion for doctors; $4.9 billion in nursing home costs; $1.8 billion for prescription drugs and $900 million for home-health care expenditures. The Office of Technology Assessment calculated the social costs attributable to smoking in 1990 at $68 billion. That calculation was based on $20.8 billion in direct health care costs and $6.9 billion in lost productivity from disabilities and $40.3 billion in lost productivity from premature deaths.

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8/8/95
9 p.m.

CHILDREN AND TOBACCO: THE PROBLEM

Easy Access

Despite state laws prohibiting the sale of tobacco to minors, children can easily buy these products. One study estimated that teenagers annually consume 516 million packs of cigarettes and 26 million containers of chewing tobacco. A review of 13 studies of over-the-counter sales found that on average children and adolescents were able to successfully buy tobacco products 67 percent of the time.

o **Vending machines** are a primary source of tobacco products for young smokers. A study by the vending machine industry found that 22 percent of 13-year-old smokers use vending machines compared with 2 percent of 17-year-old smokers. The 1994 Surgeon General's Report found that young people were able to buy cigarettes in vending machines an average of 88 percent of the time.

o **Mail-order sales** provide no sure way of verifying age. Current industry practice only asks for consumer to provide a birth date or check box to verify age.

o **Self-service displays** allow children to easily obtain tobacco products. The Institute of Medicine in its landmark 1994 report, "Growing Up Tobacco Free," concluded that placing tobacco products "out of reach reinforces the message that tobacco products are not in the same class as candy or potato chips."

o **Free samples** are obtained by children, including those in elementary school, despite industry code prohibiting distribution to anyone under 21. Free samples occur on street corners, at shopping malls and sporting events. A New Jersey survey found that one-third of high school students who were smokers or ex-smokers reported receiving free samples before age 16.

Appealing to Children

Advertising and promotional activities can greatly influence a young person's decision to smoke or use smokeless tobacco products. Awareness of tobacco products and messages is very high among even the youngest children. Studies show that 30 percent of 3-year-olds and 91 percent of 6-year-olds could identify "Joe Camel" as a symbol for smoking. The Centers for Disease Control recently reported that 86 percent of underage smokers who purchase their own cigarettes purchase one of the three most heavily advertised brands: Marlboro, Camel and Newport.

o **Tobacco products are among the most heavily advertised products in the United States.** In 1993, the tobacco industry spent $6.2 billion on advertising and promoting cigarettes and smokeless tobacco. Tobacco advertising expenditures have increased more than 1,500 percent between 1970 (the year before television and radio advertising was banned) and 1992.

o **Promotion of tobacco products through non-tobacco items such as t-shirts, hats and gym bags and through sponsorship of events is reaching children.** A 1992 Gallup Survey found that half of adolescent smokers and one quarter of adolescents who do not smoke owned at least one tobacco promotional item such as tee-shirt, cap, sporting good, or lighter. Another report found that 1 out of 4 12- and 13-year-olds own one of these items. Used or worn by young people, these become "walking billboards," promoting these products in schools and other locations where tobacco advertising is usually prohibited. Sponsorship of events such as tennis tournaments, car races, and rodeos associate tobacco products with excitement and glamour, and provide a way for tobacco brands to be advertised on television despite the broadcast advertising ban.

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Don't draw attention to this - we protect the cars so no one yet enforces the tv ban

8/8/95
11 p.m.

FOOD AND DRUG ADMINISTRATION FINDINGS ON CIGARETTES AND SMOKELESS TOBACCO

The Food and Drug Administration has conducted an extensive investigation and engaged in a comprehensive legal analysis regarding the agency's jurisdiction over nicotine-containing cigarettes and smokeless tobacco products. While FDA will accept comments on this issue, the results of that inquiry and analysis support a finding at this time that nicotine in cigarettes and smokeless tobacco products is a drug within the meaning of the Food, Drug and Cosmetic Act. Moreover, these products are drug delivery systems and are therefore devices under the law. FDA has discretion to regulate these products as either drugs or devices. Because the device law and regulations provide more flexibility, FDA is proposing regulations under the device provisions to reduce the use of tobacco products by children while permitting their use by adults.

The scientific evidence on nicotine-containing tobacco products has been building for several years. Major medical and scientific groups that have concluded that these products are addictive include: the Office of the U.S. Surgeon General, the World Health Organization, the American Medical Association, the American Psychiatric Association, the American Psychological Association, the American Society of Addiction Medicine, and the Medical Research Council in the United Kingdom.

The FDA found overwhelming scientific evidence to demonstrate that nicotine is addictive, psychoactive (producing both stimulative and depressant effects on mood), and has other pharmacological effects (such as weight loss). In August 1994, the FDA Drug Abuse Advisory Committee concluded that nicotine in tobacco products is addictive, and that all currently marketed nicotine-containing tobacco products are capable of causing addiction.

The FDA undertook an extensive investigation to determine whether manufacturers intend nicotine-containing tobacco products to affect the structure and function of the body. The evidence reveals that tobacco manufacturers have known for decades that nicotine has pharmacological effects and that consumers use tobacco for those effects.

o Industry executives' statements and industry documents indicate that they have known that nicotine is addictive and has psychoactive effects, that consumers use tobacco to obtain pharmacologically satisfying doses of nicotine, and that tobacco products are nicotine delivery systems.

o Industry studies demonstrate nicotine has the properties of an addictive drug and recognize that nicotine has physiological effects on the brain, and affects mood, performance and cognition.

o Industry product development research confirms manufacturers have acted to establish the dose of nicotine consumers require to obtain pharmacological satisfaction and have worked to ensure that marketed products deliver a pharmacologically satisfying dose of nicotine. Finally, industry documents indicate that smokeless tobacco manufacturers manipulate nicotine delivery and foster graduation of users from low- to high-nicotine products in order to create and sustain the need for nicotine.

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8/8/95
9 p.m.

WHAT OTHERS SAY

"I figure if it's really so bad for you, they wouldn't be selling them everywhere. I mean, you walk into the Stop 'N' Go, and there's a whole wall of them right up front at the cash register. If they were really that bad for you, they'd make them less accessible."
- Brian Grindele, 18
The New York Times, July 30, 1995

"Given all that we know, the scientific case for protecting children from tobacco is indisputable. The moral imperative to act is imperative....This is not a Democratic or a Republican issue. It is a bipartisan, pro-child, pro-family, pro-health issue."
- President Jimmy Carter
USA Today, August 3, 1995

"The tobacco industry continues to insist that smoking is a simple matter of individual rights and adult choice. If that were true, I would be on their side. But we're not talking about adults. We're talking about keeping an addictive and lethal substance out of the hands of children. Neither the FDA nor anyone else is talking about prohibiting adults from smoking."
- Former U.S. Sen. Barry Goldwater
Wall Street Journal, August 8, 1995

"The American Medical Association reminds physicians, the public, and politicians that the damning evidence against tobacco makes opposition to its use a pressing, nonpartisan public health issue."
- Editorial
Journal of the American Medical Association, July 19, 1995

"We believe that current tobacco regulations, limited primarily to a ban on television advertising and the promotion of warning labels on packages, are insufficient in protecting America's children. The FDA should have authority to control tobacco by placing new limits on tobacco advertising, creating stricter licensing regulations for vendors, and banning cigarette vending machines."
- American Public Health Association
Letter to President Clinton from APHA, July 13, 1995

"What is most significant about teens and smoking, however, is that, from all indications, smoking is an addiction that is typically initiated during the teenage years or not at all. For the great majority of smokers, this addiction begins before they are old enough to purchase tobacco lawfully. In fact, 75 percent of all adult smokers report that they became addicted to tobacco

of all adult smokers report that [illegible] before they were 18 years old. Very few smokers take up smoking

for the first time as adults. If youth access can be controlled effectively, and the decision whether to smoke can be delayed until adulthood, then, over time, smoking will be greatly reduced as a major addiction in our society."
- "No Sale: Youth, Tobacco and Responsible Retailing"
Working Group of State Attorneys General, December, 1994

"The nation must commit itself to a vigorous public health initiative in tobacco control....The nation cannot reasonably expect to eliminate tobacco-related disease and death by 2010. However, by putting a youth-centered preventions strategy at the center of tobacco control efforts, and by implementing the initiatives proposed (to that end) in this report, the nation can take a firm and resolute step on that path."
- "Growing Up Tobacco Free"
Institute of Medicine, September, 1994

"The concept -- pediatric disease -- qualifies as an epiphany, given the acknowledged authority of society over a minor. He/she has to go to school, has to wait until a certain age before being allowed to drive, to vote, to drink beer. It yields no substantial libertarian ground to add to the list enforcement mechanisms designed to dissuade the 15-year-old from taking up a habit that brings on premature and painful death."
- William F. Buckley Jr.
Syndicated columnist, March, 1995

"... from a public-health standpoint, keeping kids away from cigarettes is the single most effective way to fight the nation's leading preventable cause of death."
- "Hooked on Tobacco: The Teen Epidemic"
Consumer Reports, March 1995

Further Reading:

"The Global Tobacco Epidemic"
Scientific American, May, 1995

"The Nicotine Connection"
Chemical and Engineering News, November 28, 1995

"Hooked on Tobacco: The Teen Epidemic"
Consumer Reports, March, 1995

"Nicotine Addiction in Young People"
The New England Journal of Medicine, July 20, 1995

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file

Contact: Joe Marx
202 822-9380

tobacco press releases - other grps

Statement of Scott D. Ballin
Chairman, Coalition on Smoking Or Health
in Response to Petition to the FDA
by the Competitive Enterprise Institute
to Regulate Caffeine Containing Beverages as Drugs

The Competitive Enterprise Institute, a front group for the tobacco industry, is trivializing and making a mockery of the tragic toll caused by the use of tobacco products in this country. In a recent publication, CEI listed the Philip Morris Companies, Inc. as one of the "Competitive Allies", for "annual contributions of $ 10,000 or more".

By attempting to compare coffee and soft drinks to deadly tobacco products, the Competitive Enterprise Institute chooses to selectively ignore some basic facts:

- Coffee and other soft drinks containing caffeine are already subject to health and safety controls under the Federal Food Drug and Cosmetic Act, including FDA 's review of the use of caffeine in such products.

- Tobacco products which account for 420,000 deaths in the United States each year and are a major cause of cancer, heart disease, emphysema, stroke, and other health ailments have, because of the power of the tobacco lobby, not been subjected to common sense health and safety regulations.

- If tobacco products were subjected to the FDA's health and safety requirements for foods as are coffee and other beverages, tobacco products would undoubtedly have to be removed from the market as "adulterated", "misbranded" and unsafe products.

The Competitive Enterprise Institute, and its allies in the tobacco industry, obviously want the public and policy makers to believe that by allowing the FDA to regulate deadly tobacco products, control over other products will soon follow. Nothing could be further from the truth. The issue is not to shift the line towards regulating other products for health and safety (products that are already covered under our food and drugs laws) but rather to ensure that this nation's deadliest consumer product - tobacco, be brought in line with health and safety requirements expected and supported by the American public.

The irresponsible actions by the Competitive Enterprise Institute on behalf of the tobacco industry does a tremendous disservice to the thousands of children in this country who take up the tobacco habit each and every day, many of whom will become addicted and die prematurely from cancer, heart disease and other chronic diseases.