Withdrawal/Redaction Sheet
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. packet	information mailed to Marsha Berry by Patrick Reynolds [political] (10 pages)	11/14/1998	Personal Misfile

COLLECTION:
Clinton Presidential Records
First Lady's Office
Jennifer Klein
OA/Box Number: 13532

FOLDER TITLE:
Tobacco [Folder 2]

2014-0536-S
kc1584

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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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Jen —

This is just an FYI from Marsha.

Jen Smith

→ Jen Klein

Marsha -

What do you want me to do with this?

FYI Jen

www.TobaccoFree.org

P.O. Box 492028 ♦ Los Angeles, CA 90049
Tel (310) 471-0303 ♦ Fax (310) 471-0335

Nov. 14, '98

Dear Marsha,
Glad we spoke today. Here's the article I wrote, plus the memo with tv spots. Too long to fax! Let me know how I can be of service. Some info about me also enclosed.

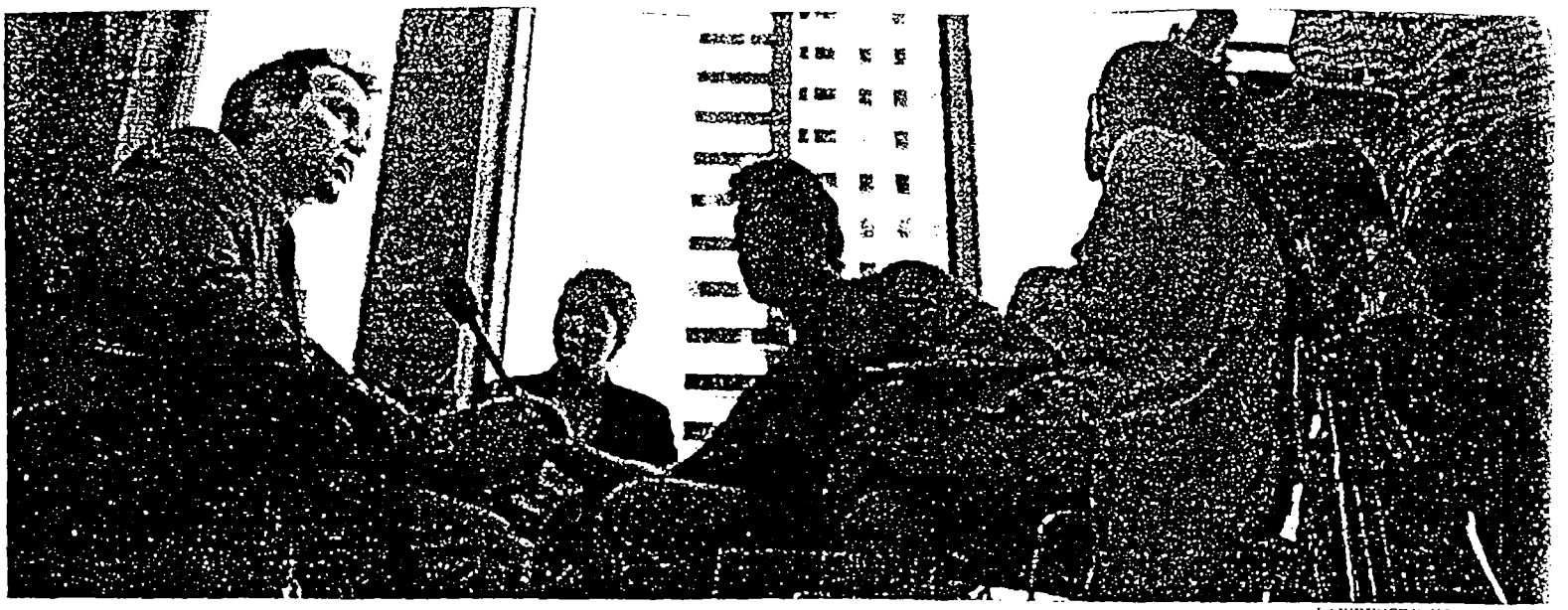
All the best—

Patrick Reynolds

LIFE & STYLE

Reynolds, son of tobacco magnate R.J. Reynolds Jr., had it all. But he hardly knew his father, and then members of his family of longtime smokers began to die from cigarette-related diseases. That's when the fight of Patrick's life began. E1

Los Angeles Times Front page, Life & Style section WEDNESDAY, AUGUST 10, 199



LAWRENCE K. HO / Los Ange

Tobacco heir Patrick Reynolds answers questions at a Town Hall meeting in which he speaks out aggressively against the tobacco in

Fighting the Giant

As scion of the wealthy tobacco clan, Patrick Reynolds could have had a life of ease. But when his family of smokers began to die, he had to take a stand.

By BETTIJANE LEVINE
TIMES STAFF WRITER

Patrick Reynolds, tobacco heir, easily explains himself. "I fight the tobacco industry. That is who I am, and what I do."

At a Town Hall lecture last Thursday night, Reynolds, 45, proves he has few peers in his chosen role of biting the hand that used to feed him.

Casually, as if among friends, Reynolds straightens the jacket of his pearl gray suit, stands before 100 members of the prestigious current affairs group, and quietly starts to reminisce:

"My parents divorced when I was 3. I didn't see my father again. At 9, I was so desperate for his hugs and love that I wrote him a letter. 'Dear Dad, Where are you? I want to meet you. Your loving son, Patrick.'"

The letter reached R.J. Reynolds Jr. on a yacht in the South Seas. The father eventually sent for his son.

Patrick flew in one of his father's private planes to an island estate off the coast of Georgia, where he was ushered into a darkened room. There, his father lay flat in bed, gasping for breath.

Richard Joshua Reynolds Jr., son and namesake of the founder of the great tobacco firm, was suffering from emphysema--the result of a life spent smoking the Camels and Winstons on which the family fortune was made.

Reynolds died slowly and painfully six years later, when Patrick was 15. In the interim, there were a few more visits of increasingly shorter duration.

Since then, Patrick has lost four more close relatives from smoking-related causes. His half-brother R.J. Reynolds III--Joshua--whom Patrick called a "good buddy," died June 28 in North Carolina of emphysema and heart failure. He was a heavy smoker of Winstons. Patrick told friends at a small memorial service he conducted in Santa Monica.

□

Reynolds has told his story repeatedly at universities, health groups, youth groups and corporate meetings around the country--lectures for which his average fee is $3,000.

Immediately after last Thursday's talk, for example, he flew to address 10,000 teen-agers in Denver at an annual Seventh Day Adventist gathering.

Please see BATTLE, E2

USA TODAY · THURSDAY, AUGUST 4, 1994 · 9A

OPINION USA

Tobacco killed my family

As long as special interest money continues to influence politicians, the death toll from cigarettes will continue

When my older brother, R.J. Reynolds III, died recently from emphysema caused by his smoking addiction, the story was trumpeted by newspapers and broadcast media around the world.

But when our father, R.J. Reynolds Jr., died from precisely the same cause in 1964, his cigarette addiction went virtually unnoticed.

There's some irony in the fact that two R.J. Reynoldses, as well as several other family members, have died from cigarette smoking.

The Oregonian

By Patrick Reynolds, founder of Citizens for a Smokefree America, Los Angeles.

There's further irony in the fact that a Food and Drug Administration panel concluded this week what research has being showing all along — that the nicotine contained in cigarettes is an addictive drug.

It's getting personal again.

Who exactly is to blame?

It's easy to point to the tobacco companies, whose billions spent annually on manipulative and deceptive advertisements have helped influence millions of teenagers and children to smoke.

It's an obvious call to point to the tobacco companies' CEOs, who testified under oath that they did not believe nicotine to be addictive and that they would *never* tamper with nicotine levels.

And, it's easy to point to the industry's outrageous abuses of freedom of speech, such as its full-page ads proclaiming that smoking is a matter of choice. (*What* choice? According to Dr. C. Everett Koop's report, nicotine is as addictive as heroin.)

There looms an even greater culprit than the tobacco companies.

Our government's system of allowing the special interests to influence the votes of our elected officials with campaign contributions is perhaps the greatest evil in our government today.

New studies show that the officials who receive big tobacco's contributions do tend to vote against legislation to regulate cigarettes. And tobacco has been contributing.

In recent years, the cigarette industry has been donating millions to the campaign funds of politicians at the federal and state levels.

In the last presidential election, the tobacco interests gave unprecedented amounts to the Bush and Clinton campaigns. The ranks of the tobacco lobby now include a number of top Reagan and Bush administration officials, all of whom have extraordinary access to those presently in power.

Corporations never spend large amounts of money without expecting something in return.

What does the tobacco industry hope to gain from spending millions on political contributions?

First, it has managed to keep cigarette advertising legal, when it should have been banned long ago, as France, Canada and other nations have done. The industry can no longer plausibly use the freedom of speech argument to justify its ads' continued association of smoking with positive images of health, sports, success and being "a real person."

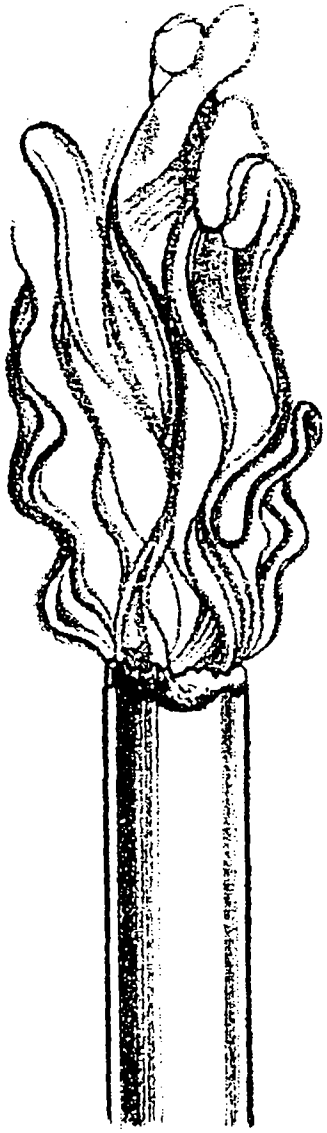
Simply put, tobacco ads are outrageous lies. The attractive models on cigarette billboards are role models that our children see daily and look up to. In fact, these ads are the tobacco industry's greatest means of holding on to a gradually waning public acceptance of smoking.

Cigarette ads, which have in recent years been proliferating across the Third World, China and Eastern Europe, are an enormous abuse of freedom of speech. They should be banned. But the power of the tobacco lobby keeps them legal in the U.S. It's a national disgrace.

Another result of the lobbying and campaign contributions is that the U.S. has the lowest tax on cigarettes of any industrialized nation in the world — proof that the special interests have far too much influence over policy.

Our average state and federal tax on cigarettes is 52 cents per pack — vs. $3.26 in Canada, $4.07 in Denmark, $3.24 in England and about $2 per pack in many other countries.

With a recent study informing us that the direct medical costs of smoking are over $2 per pack, a $2 tax on cigarettes is the *minimum* which should now be considered. But the proposed Senate and House health-care bills that will set the stage next week for the debate on health-care reform ask for a mere 45-cent tax increase — despite the Senate Finance Committee's request for a $1 increase.



By Marcia Staimer, USA TODAY

The tobacco lobby's influence is again obvious with its success in getting the U.S. trade office to pressure the governments of Japan, South Korea and Taiwan to open their markets to U.S. cigarettes. Under threat of trade sanctions by us, all lowered their import duties on U.S. brands.

Since 1968, smoking around the world has actually increased by 73%. With today's aggressive marketing and advertising in Far Eastern and Third World nations, smoking rates in Asia and the Middle East are skyrocketing.

Some people might suggest that this isn't much different from what other big industries do to influence policy. There is a big difference.

While the cigarette companies plaintively ask, "Why single out tobacco?" the answer is simple: Cigarettes are the only products which, when used as intended, cause widespread addiction, disease and death.

Other products, like alcohol, are not necessarily harmful when used as intended. Cigarettes are, and that's why tobacco should be singled out and regulated much more tightly.

The core issue here is getting rid of the tobacco lobby and the government's tolerance of the special interests, which makes it all possible.

But it's unlikely that incumbents in Congress will enact any true campaign finance reform soon, since that would mean giving up the enormous advantages they've come to enjoy over challengers. And so the status quo continues.

Only the judicial branch might one day challenge this corruption on the part of the legislative branch.

I shake my head sadly when I think of how efficiently and easily the tobacco industry buys off our elected officials.

Let's find a way to end the system of PACs and lobbying that has diluted or thwarted our nearly every effort at tobacco control, and is thwarting plenty of other legislation that is also in the public's best interest.

If we don't, we will continue to decline as a nation. If we do, there is hope. And one day, we might really have a smoke-free society.

Patrick Reynolds is the grandson of the founder of the R.J. Reynolds tobacco company.

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Article for the Stanford Medical Review – debut issue - Oct 25 deadline

Revised draft as of 1:30 pm, 10-14-98

From: Patrick Reynolds
310-880-1111

(DO NOT PUBLISH OR CIRCULATE BEFORE NOV. 30 — EMBARGOED.) P.R.

CAMPAIGN FINANCE REFORM IS KEY TO THE FIGHT AGAINST TOBACCO
...and this fight is a partisan one

by Patrick Reynolds

For the past three decades, the US Congress has done nothing to limit tobacco advertising, nothing to substantially raise the Federal cigarette tax, nothing to pass a Federal workplace smoking law, and nothing to stop our children from easily buying cigarettes much of the time. Every day, 3,000 teens become newly addicted to cigarettes.

In contrast, State and local governments have been more progressive. They have passed hundreds of laws governing second hand smoke, enacted laws limiting youth access, and increased tobacco taxes in many States. Even with these recent State tax increases, however, US cigarette taxes shamefully remain second lowest in the world, after Spain.

Here in the US, smoking causes one out of every five deaths. Worldwide, cigarettes are expected to kill 9% of the entire present world population, according to the United Nations' World Health Organization. That's 500 million unnecessary deaths due to smoking.

But the US Congress has done next to nothing. In the past three or four years, many moderate and reasonable new bills addressing these issues have been proposed, but nearly all have died an untimely death. The most memorable example is the recent tobacco bill. For well over a year, we heard a great deal about it in the media. But in June, the Republican leadership killed it.

If the most despised industry in the nation can essentially have its way with Congress, imagine what the rest of corporate America might be getting away with.

To understand this disheartening situation, it's necessary to step back for a moment and look at the big picture.

We have all heard the oft-repeated phrase, "We don't need big government in our lives." But few have thought to answer, "What about the big corporations in our lives?" Indeed, the corporations invade us with junk mail, TV commercials and unwanted phone calls at home. They have access to our home addresses, phone numbers, incomes, ages,

professions, health records, and generally far more information about us than most of us would prefer. While the corporations obviously do a great deal of good, they also have a darker side.

Less visibly, and far more ominously, the corporations have come to wield excessive influence and power over our government. Corporate America has amassed this power over our elected officials primarily through their huge political contributions, and their armies of top attorneys and lobbyists.

Some highly paid lobbyists are often former top government officials, even Cabinet members. And they have direct access to those who continue to hold very high office. Sadly, around the globe, as the corporations' power over governments has increased, we have seen during the same period a dramatic widening of the gap between haves and have-nots, both at home and abroad.

Shouldn't the government's role in part be to keep the enormous power of the big corporations in check? Dr. David C. Korten makes a strong case for this in his brilliant new book, *When Corporations Rule the World.*

Let's take a closer look at the Big Tobacco example. Of all the special interests, the largest one is by far the tobacco industry. They spend more on lobbying, deceptive TV advertising and on political contributions than any other special interest in the nation. In 1997, they gave $30 million to Congress alone, and they were the largest giver in the '96 election. They have been giving obscene amounts for years.

Big Tobacco also spends many tens of millions on TV advertising, in order to influence the voters on State ballot issues, or the recent tobacco bill before Congress. They have waged multi-million dollar TV ad campaigns designed to defeat several State ballot initiatives calling for cigarette tax increases, and ran ads to overturn the Smoke Free Bars and Restaurants initiative in California. (The good guys won the latter battle, and bars and restaurants in California remain nearly 100% smokefree, statewide.)

Then, over spring and summer, Big Tobacco spent tens of millions on a TV ad campaign to rally public sentiment against the Congressional tobacco bill. Even after Congress killed the bill, this national ad campaign continued.

It should not escape our notice that in recent years, a significant shift in has occurred in Big Tobacco's political giving.

Formerly, the tobacco industry gave a little over half of its contributions to conservatives, and a bit under half to liberals. Today, around 80% of Big Tobacco's largesse goes to Republicans.

Corporate giving as a whole has come to tremendously favor the conservatives. Republicans now get twice as much special interest money as Democrats receive. In the '96 election, Republicans outspent Democrats by 5 to 1 on paid TV ads.

American industry's new tendency to favor the Right is not merely because conservatives have controlled Congress in recent years. It's not simply a sudden realization by the corporations that their agenda and the Republicans' philosophy have much in common – don't tax, don't regulate, and that deceptive old sound bite, keep big government out of our lives. I believe there is another reason why corporate America now favors the Right.

Simply put, the corporations expect to get a great deal more from conservative politicians than they expect to get from liberals. It's surely true that few corporations are likely to give away millions of dollars and expect nothing in return.

Indeed, since the tobacco industry began tilting most of its dollars to Republicans, examples of their bestowing favors on the big tobacco abound. (See box.*)

In fairness, the minority of Democrats who have taken the cigarette companies' contributions also tend to vote pro-tobacco. One recent study shows that a Congressman who receives money from the tobacco industry is several times more likely to vote in favor of Big Tobacco's agenda.

Certainly, too, there are a few excellent Republicans, such as Senator McCain. He recently sponsored both the tobacco bill and the campaign finance reform bill. But his own party killed both of his bills.

I'm passionately convinced that a fundamental key to our fight against big tobacco is campaign finance reform. Few advocates are willing to say this out loud, and tread very timidly over this ground. Many fear alienating Republicans who might otherwise vote for a tobacco bill. Others fear of losing their tax-exempt status, and will necessarily remain mute about political issues.

As a private citizen, however, I am able to speak freely. I believe it's false and counter-productive to put the bi-partisan label on bills which would bring Big Tobacco to heel. This past strategy, widely adopted by the anti-tobacco movement, has utterly failed to get these bills passed. It's time to get tough on the political party that voted them down, and let the public know the truth. The truth is that on the tobacco issue at least, the majority of Republicans, especially their leaders, are the black hats, and the majority of Democrats are the heros.

The same is true for campaign finance reform. Passing this much-needed reform would do much to clean up our political process, and much to facilitate the passage of laws regulating the tobacco industry. I believe that after Congress passes campaign finance

reform, we would soon see laws passed raising the Federal cigarette tax, a Federal workplace smoking law, and stronger laws to stop our children from so easily buying cigarettes. We might even see Congress strongly curtail tobacco advertising. In 1997 the Supreme Court set the stage for this by upholding the city of Baltimore's right to drastically limit tobacco ads, on the grounds that tobacco was an unusual hazard to health of children.

If the Democrats fail to regain control of Congress in the November election, imminent at this writing, strong campaign finance reform will probably remain out of reach for now. So will strong new Federal laws regulating tobacco.

As long as Republicans receive twice as much special interest money, it is reasonably predictable that they will continue to be unwilling to give up their two-to-one funding advantage. They have repeatedly blocked campaign finance reform. Most recently, they blocked the McCain-Feingold bill last Fall, and they blocked another attempt to pass this bill over the summer. In all, Republicans have blocked reform four times in recent years.

Whatever their shortcomings, the Democrats are much more likely to pass strong campaign finance reform. In addition to ideological concerns, there are doubtless pragmatic ones: having a more level playing field financially would be benefit the Democrats. All of this considered, a Democratic majority would be more motivated to clean up our governmental process, and this would open the door for further reforms in the future.

The present excessive corporate influence over our government must be limited. The Republicans' continuing addiction to special interest cash, and their willingness to do favor after favor for corporate interests such as the tobacco industry, is frightening. The Democrats have hardly been saints in this area; their fundraising abuses during the '96 election have been widely reported, and may yet result in an independent council being appointed. Thus far, Janet Reno has refused to appoint one on this issue.

The most certain way to reduce excessive corporate power over our elected officials is to pass strong campaign finance reform. Not only is campaign reform our best hope for more honest government, but it is also our best hope for bringing the tobacco industry to heel. With big tobacco's megabucks banished from the political process, Congress would much more readily pass a Federal workplace smoking law, tobacco taxes equal to those elsewhere in the world, stronger enforcement of sales-to-minors laws, and much called-for limits on tobacco advertising. There would be little incentive left to further delay or water down these long overdue laws.

And, as the other special interests' dollars were also banished from the political process, in the end, the biggest winner would be the American people and their children.

Taylor Branch
1806 South Road
Baltimore, Maryland 21209

To Pauline – Please review and advise re his suggestions.
NRC

TELEFAX COVER SHEET

TO: THE FIRST LADY

FAX NO. 202-456-6244

NUMBER OF PAGES (including cover sheet) 3

FROM: Taylor Branch

FAX NO. 410-664-1406

PHONE NO. 410-664-4828

PHOTOCOPY
HRC HANDWRITING

DESCRIPTION YOUTH SMOKING ARTICLE

DATE FEB. 4, 1997

Dear Hillary,

Congrats on Rosie!

Here FYI is a broadside I wrote Sunday on youth smoking. It is about Maryland, but nearly all the basic facts apply nationwide.

You may want to consider this as an HRC children's issue with lots of political bite -- encouraging states, parents, [redacted] local govts, etc. to do their part along with the federal program.

Yours, Taylor

Suffer the children

Maryland is doing little to stop youths from smoking

By Taylor Branch

WAKE UP, Maryland! A miracle remedy for our state's long-lamented cancer death rate — fourth highest in the nation — lies within reach.

While complex plagues such as poor schools and job loss may require solutions not yet imagined, the scourge of cancer will yield to a small campaign, led by children. A mere handful will do. They can arrest the long treadmill of costly suffering and premature death without new budget investments or bureaucracy. All the children need is the clear-headed support of voting citizens.

How? They have come maddeningly close already. Last summer, eight teen-agers fanned out across Maryland like Joshua's scouts into Canaan. Trained by state revenue officers, they busily offered to buy cigarettes at 681 Maryland retail stores over a two-week period. They met no resistance at 110 of 115 vending machine sites (96 percent), or at 271 of 766 clerk-tended counters (48.5 percent). Because Maryland, like every state, bans cigarette sales to buyers under 18, the monitoring revenue officers could have — should have — followed right behind with a citation for the vendor each time a teen-age spot checker obtained cigarettes. If they had done nothing more than this, the lethal commerce of child addiction would be flushed out toward extinction by now.

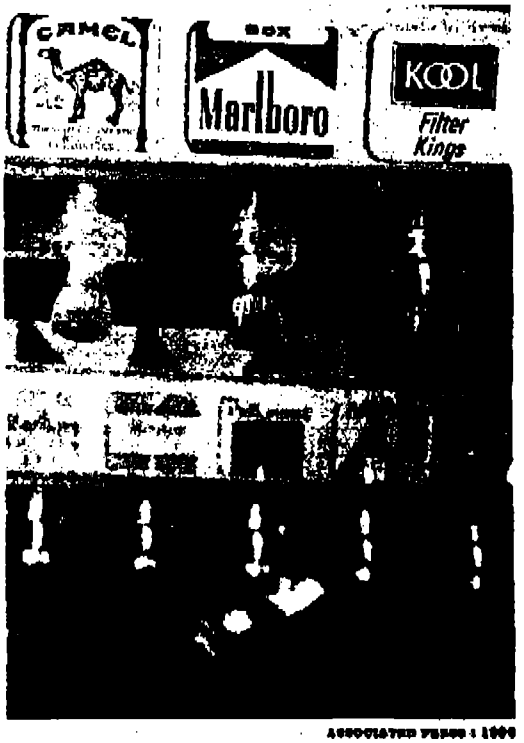
But timid state authorities stopped short. For fear of political controversy, they made the two-week effort a "study" instead of an enforcement drive, and even that was undertaken under mandate of federal law.

The survey merely confirmed what every teen-ager knows: Tobacco enforcement is a joke. Although Maryland statutes more than a century old (dating back to 1886) decree that those who sell tobacco to minors shall pay fines ranging from $300 up to $3,000 for repeat offenses, there were no such cases brought in 1995 and none yet reported for 1996. Zero. It is small comfort that many states do no better. Virginia has not punished a single underage tobacco sale since 1990, and an embarrassed Gov. George E. Pataki is scrambling to find a solitary example in New York.

Our dizzy priorities come straight out of Alice in Wonderland. In one of 186 workplace inspections last year, MOSH officers fined President Carolyn Manumaleuna $1,312 for smoking alone in the bathroom of her private office at Villa Julie College, thereby protecting from secondary smoke anyone who might have breathed tobacco fumes that escaped her bathroom door or window. No such effort protects the 80 Maryland kids who become new smokers each day, supplied by illegal but more or less open transactions. A third of these new smokers eventually will die early of tobacco-related heart or lung diseases — roughly 6,000 per year by the mid-21st century. Their extra health care will cost Maryland roughly $170 million a year at today's prices.

Similarly, Maryland troopers who rightly scour every jurisdiction for highway speeders give no thought to state laws on underage tobacco sales. No one expects them to, even though:

- Smoking kills eight people for every traffic fatality.
- More than 90 percent of those who ever smoke begin illegally before 18.
- Youth smoking has risen 50 percent in the 1990s. About 30 percent of eighth graders now qualify as regular smokers. More than 30 years after the tobacco companies grandly (See Tobacco, F4)



ASSOCIATED PRESS • 1996

Today's teen-age smokers are tomorrow's terminal patients, just as yesteryear's new smokers produced nine new lung cancer patients in Maryland every day.

Taylor Branch is the Pulitzer Prize-winning author of "Parting the Waters: America in the King Years, 1954-63."

Sav ng M d. yo h from big tobacco

[Tobacco, from Page 1F]

pledged to end marketing to those under 21, the high school smoking rate of 35 percent now exceeds the legal, adult rate of 25 percent.

Today's teen-age smokers are tomorrow's terminal patients, just as yesteryear's new smokers produced nine new lung cancer patients in Maryland every day. Their chances of surviving five years after detection are stuck at a chilling 13 percent, because lung cancer resists new treatments that have cured or retarded other cancers, such as those of the stomach, cervix and liver. Lung tumors now kill more Marylanders than breast and prostate cancers combined. A lag time of decades means that the death rate among women has grown fivefold since 1960, in the era of tobacco-marketed liberation.

Why do we put up with this? How can the epidemic of youth smoking continue when all parties, including the tobacco companies, proclaim their dedication to stop it?

A smokescreen of arm-waving gestures leaves us apathetic and blindly misguided. Suppose for a moment that we tried to enforce highway laws the way we control nicotine traffic. Troopers who chase down mad motorists would be authorized only to hand out "Speed kills" bumper stickers and recommend safe driving classes. Judges might allow lawyers to argue in the abstract how fast one might "intend" to go, but courts would never act upon or even consider any driver's actual speed.

The obvious vulnerable spot of youth smoking is the illegal flow of money at the point of sales. Tobacco smoke is nasty and unpleasant even for the "coolest" beginners, and experimental smokers require convenient nurturing to develop an addiction that demands constant supply. This "hooking" phase is not a pretty part of the business, which makes cigarette defenders extremely sensitive about point-of-sale enforcement. They stave off the whole idea with their favored alternatives:

■ Sticker displays, warnings, "mandatory" ID checks, training programs for clerks, rules on the placement of vending machines. Such plans sound vigorous and promising, but they always skirt the central question of enforcement.

■ Education. Cigarette promoters prefer education campaigns to enforcement, which they reject as "anti-business." In fact, spot-check fines are the most economical, least intrusive tool against underage smoking. They avoid cumbersome regulations and paperwork. The method does not interfere with adult smokers, and leaves proprietors free to decide for themselves how to make sure no underage smokers buy cigarettes on their premises. It pinpoints irresponsible vendors with fines heavy enough to make youth sales lose money. Honest, diligent vendors (roughly half the stores in last summer's study) not only escape fines but enjoy relief from unfair competition.

■ Punishment for children instead of vendors. In 1994, lobbyist Bruce Bereano and tobacco forces deftly reshaped an enforcement bill to focus new penalties on the young buyers of cigarettes. Their maneuver subverts the entire rationale for underage tobacco law, of course, which holds adults accountable for fateful smoking decisions by minors.

■ Blaming middle-schoolers and high-schoolers is ineffective, unprincipled, and downright ghoulish, because nicotine addiction fastens even harder upon children than adults. Half of Maryland's eighth-grade smokers say they have tried to quit already — and failed. Ninety-five percent of new teen-age smokers say they intend to quit within a year, but only 25 percent succeed within a decade.

In a pinch, tobacco interests will say that enforceable spot checks by a few deputized teen-agers would "corrupt" our youth in tattletale crime — never mind the comparable effect of routine sales welcoming thousands to the big illicit ashtray. Or they object that the economy cannot stand a serious drive against illegal smoking — as though Maryland's prosperity really depended on turning a fresh supply of pink lungs into soot-seared crusts.

These evasions should surprise no one. It is their practice to blow smoke rings and our choking task to see through them. What galls is that big tobacco regards states like Maryland so lightly.

Although the Clinton administration's pending regulations on youth marketing are limited, and subject to lengthy constitutional appeal, the Tobacco Institute is fighting them desperately because the stakes the[illegible] of f[illegible]l politics are high. Tobacco also fears the myriad local governments as unpredictable, though puny, and has pushed through the legislatures of 27 states recent boilerplate laws that curtail or forbid local ordinances on cigarettes.

Ironically, tobacco works hard to stay in the hands of the very jurisdictions that have the acknowledged power to enforce laws against underage smoking — the states. Why? Maryland and sister states have proven to be docile pushovers for scofflaws in the cigarette business.

The General Assembly now meets in Annapolis. Rumors fly of bank-shot deals that might use profits of one crassly addictive new vice (slot machines) to shore up horse racing purses, cut income taxes, and scuttle Gov. Parris N. Glendening's proposal to raise cigarette taxes. A jingle of hard cash echoes from the background.

This is our legislature. Plenty of good people serve in it, but voters are responsible for the outcome and the tone of debate. Whatever happens in the gambling-and-tax thicket, a strong resolution on youth smoking would shine with the courage of proper adults.

Instead of averting our eyes from garish sales to puffing kids, we could work a revolution of leadership against cancer and cynicism at once. We could restore faith with new generations that yearn — literally — to breathe free. The enforcement issue stands alone. It touches nothing but the self-respect of citizens and the health of our children.

April 23, 1997

NOTE TO STEVE COHEN

FROM: Elizabeth Drye, DPC

SUBJECT: Tobacco Background and Q&A.

The First Lady may get questions from the press on tobacco tomorrow or Friday for two reasons. First, Judge Osteen, the North Carolina federal judge hearing industry's challenge to FDA's tobacco rule, will issue his decision Friday, April 25, at 11:00 a.m. Second, the press is covering negotiations among tobacco companies, state attorneys general, and trial attorneys seeking to reach a broad settlement of tobacco liability and regulatory issues. Attached are background materials and Qs&As on these issues.

Please let me know if you need any additional materials.

cc: Jennifer Klein
Brenda Costello

FDA TOBACCO RULE

Status of FDA Tobacco Rule

FDA issued its final tobacco rule in August, 1996. The rule restricts kids' access to tobacco and seeks to reduce the appeal of tobacco products to children. The first two provisions of the rule -- effective February 28th, 1997 -- require retailers to check the ID of anyone under age 27 and prohibit the sale of cigarettes or smokeless tobacco to anyone under age 18. A North Carolina federal judge will issue his decision on the industry's challenge to the FDA rule on Friday, April 25th, at 11:00 a.m. A press release describing the rule is attached.

Question and Answer on Pending Court Decision

Q. Do you expect the judge in Greensboro to rule in favor of the government; tobacco analysts are saying the judge is going to rule in favor of the industry?

A. I am not going to speculate about the court's decision. We continue to have every confidence in our legal position.

Attachment

- Press release on FDA's rule.

HHS NEWS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOR IMMEDIATE RELEASE
August 23, 1996

Contact: Jim O'Hara
(301) 443-1130

PRESIDENT CLINTON ANNOUNCES HISTORIC STEPS TO REDUCE CHILDREN'S USE OF TOBACCO

President Clinton today announced the nation's first comprehensive program to prevent children and adolescents from smoking cigarettes or using smokeless tobacco and beginning a lifetime of nicotine addiction. The President's announcement comes a little more than a year after the Food and Drug Administration (FDA) issued its proposed rule to reduce the access and appeal of tobacco products for children and adolescents.

The FDA rule-making on children and tobacco prompted the largest outpouring of public response in the Agency's history with more than 95,000 individual comments received, totaling more than 700,000 pieces of mail when form letters are counted. The final rule was put on display today at the Federal Register and will be published in the Federal Register next week.

Each day, almost 3,000 young people in the United States become regular smokers, and nearly 1,000 of them will die prematurely from diseases related to tobacco use. Each year, more than 400,000 Americans die from smoking-related diseases, more Americans than are killed each year by AIDS, alcohol, car accidents, murders, suicides, illegal drugs, and fires combined.

-More-

In the past four years, the United States has experienced dramatic increases in tobacco use by youngsters. Between 1991 and 1995, the percentage of eighth- and tenth-graders who smoke increased 34 percent. In 1995, more than a third of 12th-graders reported smoking in the past month, and daily smoking in that group was up to 21.6 percent. Among 10th-graders, current use was up to 27.9 percent, and daily use was up to 16.3 percent.

The President's goal is to cut in half tobacco use by children and adolescents over the next seven years.

"This is the most important public health initiative of our generation," said Health and Human Services Secretary Donna E. Shalala. "Our children's futures are at stake. President Clinton's action will ensure that children get their information about tobacco from their parents -- and not from Joe Camel."

The President's initiative to protect children is based on the final FDA rule that will make it harder for young people to buy cigarettes and smokeless tobacco and will reduce the appeal of tobacco products to children under 18. The rule is based on the Agency's finding that cigarettes and smokeless tobacco products are delivery devices for nicotine, an addictive drug. In addition to the rule, the FDA will propose to require tobacco companies to educate children and adolescents about the health risks of tobacco use as part of the President's initiative. This national mass media campaign would be monitored for its effectiveness.

Cigarettes and smokeless tobacco products remain legal products that can be marketed and sold to adults, 18 years and older.

"Nicotine addiction is a pediatric disease that often begins at 12, 13, and 14 only to manifest itself at 16 and 17 when these children find they cannot quit," said Commissioner of Food and Drugs David A. Kessler, M.D. "By then our children have lost their freedom and face the prospect of lives shortened by terrible diseases."

The President's initiative follows the recommendations of major medical and scientific organizations such as the American Medical Association and National Academy of Science's Institute of Medicine. It is a prevention strategy based on reducing children's access to tobacco products and limiting the appeal of these products to children. The tobacco industry spends more than $6 billion annually on advertising and promotion.

Besides the final rule, the FDA will propose to require tobacco companies to provide strong educational messages for children on the real dangers of smoking and using smokeless tobacco. This national multi-media campaign would include television spots, and it would be monitored for its effectiveness. FDA intends to begin consultations about this campaign with the nation's six tobacco companies with a significant share of sales to children. Under Section 518 of the Federal Food, Drug, and

Cosmetic Act, the FDA may require companies to inform consumers about the unreasonable health risks of their products.

"We have to tell our children the truth about the diseases caused by smoking," Kessler said. "For too long we have sent conflicting messages to our children and then have acted surprised when they begin to smoke."

In reviewing the public comments and developing a final rule, the FDA made a number of changes to more narrowly tailor provisions to children. For instance, there was little evidence presented that mail-order sales are used by children and adolescents, while they are used by adults in rural areas. Similarly, vending machines in facilities totally inaccessible to persons under 18 will accommodate adults while preventing easy access by young people.

The FDA rule reduces children's easy access to tobacco products by:

- Requiring age verification by photo ID for anyone under the age of 26 purchasing tobacco products;
- Banning vending machines and self-service displays except in "adult" facilities where children are not allowed, such as certain nightclubs totally inaccessible to anyone under 18; and
- Banning free samples, the sale of single cigarettes, and packages containing fewer than 20 cigarettes.

The FDA rule limits the appeal of tobacco products to children by:

- Prohibiting billboards within 1,000 feet of schools and playgrounds. Other advertising is restricted to black-and-white text only; this includes all billboards, signs inside and outside of buses, and all advertising in stores. Advertising inside "adult only" facilities like nightclubs can have color and imagery.
- Permitting black-and-white text-only advertising in publications with significant youth readership (under 18). Significant youth readership means more than 15 percent or more than 2 million readers under 18; there are no restrictions on print advertising below these thresholds.
- Prohibiting sale or giveaways of products like caps or gym bags that carry cigarette or smokeless tobacco product brand names or logos.
- Prohibiting brand-name sponsorship of sporting or entertainment events (including teams and entries), **but** permitting it in the corporate name.

These provisions will be phased in between six months and two years from the date of publication in the Federal Register to give businesses adequate time to comply.

####

TOBACCO SETTLEMENT TALKS

Status (see attached articles).

Question and Answer on Settlement Talks

Q. Isn't the Administration deeply involved in settlement talks?

A. Like other parties interested in this issue, we have been monitoring the talks. But as you know, the Administration's focus has been on the FDA regulations: reducing our kids' access to tobacco and its appeal to kids caused by advertising, and, ultimately, a decline in youth tobacco use. We have 3,000 children and young people becoming regular smokers each day, and nearly 1,000 of them will have their lives cut short. We simply have to reduce the number of children who start smoking.

follow-up

Q. But I read in the paper that Bruce Lindsey is intimately involved in the settlement talks.

A. The Administration is not a participant in the talks. We do get regular and frequent updates about the discussions. But we are focused right now on defending our rule in court and moving forward to implement it.

Attachments

- Intitial *New York Times* story on the negotiations.

- Today's *New York Times* article on Hugh Rodham Jr.'s participation.

The New York Times
THURSDAY, APRIL 17, 1997

2 Top Cigarette Makers Seek Settlement

By JOHN M. BRODER

WASHINGTON, April 16 — Seeking to resolve its mounting legal and political difficulties, the tobacco industry has initiated negotiations that could lead to tighter Government regulation, restrictions on advertising and the creation of a huge fund to cover the costs of smoking-related illnesses in exchange for immunity from most lawsuits.

In clandestine talks, which have taken place over the last three weeks in Washington, Chicago and northern Virginia, the nation's two largest tobacco companies have offered sweeping concessions, including submission to Food and Drug Administration regulation and payments of more than $250 billion over the next 25 years to compensate states and individuals for tobacco's toll on health and the expenses related to the treatment of tobacco-related illnesses.

The talks, with the companies' legal opponents, have for the first time included the top executives of the nation's two largest tobacco companies, Steven F. Goldstone of the RJR Nabisco Holdings Corporation and Geoffrey C. Bible of the Philip Morris Companies.

The discussions are the most dramatic evidence to date that the tobacco industry's once-impregnable resistance to compromise is crumbling.

The existence of the talks was first disclosed by the Wall Street Journal today.

But the proposed deal is still in its embryonic stages and faces daunting hurdles, including disputes over the size of the damage fund, and opposition by members of Congress as well as a wide array of anti-tobacco forces.

And the price the industry and its lawyers are demanding for a settlement is high: near-total immunity from lawsuits from states seeking compensation for the Medicaid costs of treating smokers, as well as from individual and class-action lawsuits filed by smokers and their families.

The tobacco industry has been driven to the negotiating table by the accelerating momentum of legal, political and financial pressure.

President Clinton is pressing for broad oversight of the industry's sales practices by the F.D.A.; plaintiffs' attorneys are starting to win damage cases, and one cigarette maker settled a case last month with 22 states, agreeing to turn over potentially explosive internal documents detailing industry knowledge of tobacco's harmful health effects.

In addition, the fraud division of the Justice Department is conducting a wide-ranging investigation into tobacco industry marketing and the conduct of its executives and lawyers, including the truthfulness of sworn testimony in courts and before Congress. One person familiar with the talks described the Federal investigation as "a hidden club motivating the industry to settle."

Scott Harshbarger, the Attorney General of Massachusetts and one of the participants in the recent talks, said that the tobacco industry for the first time "has come to the table to

Continued on Page A24, Column 1

Continued From Page A1

sue for peace."

"Our position is that if Big Tobacco is willing to a[c]t terms conditions that include financial relief, protections for kids and changes in their business practices, it would be a major public health breakthrough. We have an opportunity to get more through a settlement now than we could through years of protracted litigation," Mr. Harshbarger said.

The tobacco companies and the lawyers representing them referred all inquires to the Washington public relations firm of the Bozell Sawyer Miller Group, owned by Bozell, Jacobs, Kenyon & Eckhardt. Scott Williams, an official of the firm, said that he had been instructed not to comment on the talks.

The first phase of settlement talks concluded today and there was no date set for their resumption, a person involved in the talks said. The negotiations could fall apart at any time, people familiar with the negotiations cautioned, and any accord would face tremendous hurdles even if the 40 participants reach an agreement in the next several months.

Philip Morris announced strong first-quarter earnings yesterday, following news of the talks, and tobacco stocks rose sharply.

The companies expressed willingness to accept regulation by the F.D.A., to be renamed the Food, Drug and Tobacco Administration and be given broad powers to regulate tobacco advertising and force disclosure of cigarette ingredients.

Advertising restrictions under discussion include the elimination of billboard advertising, an end to cigarette company sponsorship of sports events and a ban on the use of human characters in cigarette ads. Britain has outlawed the Marlboro man and images of healthy, youthful smokers because they mislead young people about the adverse effects of smoking.

The companies would also be required to create a fund of as much as $500 million to educate consumers, particularly young people, about the risks of smoking.

The industry's willingness to submit to Federal regulation is seen by many observers as perhaps the most meaningful concession in the talks.

"The significance of the F.D.A. cave-in cannot be underestimated," said one person close to the talks. "There are those who do not want this to work, who will say it is a matter of money. It is not. It is an attempt to save lives now."

But the nascent deal still faces numerous obstacles.

Many state attorneys general expressed reservations about the emerging shape of the settlement and several members of Congress said that there was no guarantee that any such "global" agreement could win Congressional approval.

"This industry has earned a significant amount of distrust, so naturally I'm skeptical," said Senator Frank R. Lautenberg, a New Jersey Democrat. "I want to make sure that the citizens are collecting appropriate damages for the plague that smoking has visited upon them."

The participants in the talks are the highest-powered group ever to engage in peace talks during the long-running war against tobacco.

In addition to the two tobacco company chief executives, Mr. Goldstone and Mr. Bible, the industry has been represented by former Senate Majority Leader George Mitchell, now affiliated with the law firm Verner, Liipfert, Bernhard, McPherson & Hand; Herbert Wachtell of Wachtell, Lipton, Rosen & Katz; and Arthur Golden of Davis Polk & Wardwell. Also representing the industry was Phil Carlton, a politically well-connected former Justice of the North Carolina Supreme Court.

Opposite the industry supporters were several state attorneys general, including Michael C. Moore of Mississippi, who in July is scheduled to bring to trial the first state lawsuit against the industry. Mr. Moore was instrumental in the negotiations that led the Liggett Group, a unit of Brooke Group Ltd., last month to break ranks with its bigger tobacco industry peers and admit the harmful effects of tobacco in exchange for release from civil liabilities.

Also among the anti-tobacco forces at the table were Matthew Myers of the Campaign for Tobacco-Free Kids and Hugh Rodham, a plaintiffs' attorney and former public defender representing smokers, who is the brother of First Lady Hillary Rodham Clinton. Plaintiffs' attorneys John P. Coale of Washington and Russ M. Herman of the New Orleans firm Herman, Herman, Katz & Cotlar, are also participating.

The White House has monitored the talks almost hourly, a person close to the negotiations said.

Mr. Moore said that the two tobacco giant leaders were invited to the talks on April 3, to test the industry's sincerity. He said the focus of much of the last three weeks was on ending marketing to children by the industry and a demand for a high level of Government scrutiny and regulation of the industry.

"I'm very optimistic about what we've accomplished on the public health issues and the children's arena," Mr. Moore said. "I would say we've progressed further than anybody contemplated."

The proposed fund to be created by the tobacco companies would be modeled on similar pools created for victims of black lung disease and asbestos poisoning, which affected far fewer people than smoking. Although $250 billion sounds like an enormous sum, industry critics and public health advocates said that it does not begin to cover the costs of smoking-related health problems.

Richard A. Daynard, director of the Tobacco Products Liability Project at the Northeastern University Law School, estimated the health care costs of smoking at $50 billion a year and indirect costs, such as lost productivity, at an additional $50 billion to $100 billion annually.

He said that the tobacco companies could recoup the $12 billion to $15 billion annual cost of the settlement by raising cigarette prices by 50 cents a pack, which would have at most a marginal impact on sales.

"The industry is desperate about the cases coming up. Their potential liability is in the billions of dollars and they think they're going to lose so they have every interest in trying to get bailed out," Mr. Daynard said.

Public health advocates may be even more difficult to persuade. The companies have fought them so hard and so long that they are dubious about any industry proposal.

Dr. David A. Kessler, the former head of the F.D.A. and a longtime industry critic, said that no one can put a price tag on the health of millions of Americans.

"Every time we've hailed a significant milestone in the fight against tobacco — whether it was the 1964 Surgeon General warning or the ban on television advertising — the industry has always turned it to their advantage," Dr. Kessler said.

First Brother-in-Law Has Tobacco Talks Role

By BARRY MEIER

At a recent round of the landmark tobacco settlement talks, Richard Blumenthal, the Connecticut Attorney General, met a member of President Clinton's family whom he had not encountered as a classmate of Bill and Hillary Clinton at Yale Law School: Hugh E. Rodham Jr.

"I had never met Hugh before, so I was immediately curious about him and why he was there," Mr. Blumenthal said.

Other participants in the negotiations have been curious, too, because the First Lady's brother has seemed a bit out of place among the high-powered lawyers, corporate executives and state regulators gathered around the negotiating table.

His involvement in tobacco litigation has been relatively brief, about 18 months, while other lawyers have spent decades fighting cigarette companies. Other lawyers maintain that Mr. Rodham, a Miami lawyer, has apparently never negotiated a major settlement of a product liability lawsuit.

Many participants in the talks are puzzled over whether other plaintiffs' lawyers brought Mr. Rodham into the talks as an equal, as a back channel into the White House or as a piece of potentially useful political window-dressing. Mr. Rodham, 46, did not return numerous telephone calls seeking comment.

Mrs. Clinton's brother became involved in discussions about possibly resolving the tobacco litigation well before the current round of negotiations this month. Since the beginning of the year, he has occasionally been among a small group of tobacco plaintiffs' lawyers who have met four or five times with Bruce Lindsey, the deputy White House counsel, said a person familiar with the talks. As negotiations have intensified this month with the participation of top cigarette company executives, Mr. Rodham has stayed in touch with the Clinton Administration, a White House official said.

Some lawyers are puzzled over a political presence.

Mr. Rodham's involvement in the talks over one of the nation's most important public health issues has come swiftly. Until 1993, he worked for more than a decade in the Dade County public defender's office in Florida, largely handling drug cases. In 1994 he was soundly defeated in a bid to unseat Senator Connie Mack, Republican of Florida. Since then, Mr. Rodham has made only a faint mark on tobacco litigation.

"I know virtually everyone involved in tobacco litigation, and I had never heard of his name before," said Stanley Rosenblatt, a plaintiffs' lawyer in Miami who is handling two class-action cases in Florida against cigarette manufacturers.

Mr. Rodham's role in the lawsuits against cigarette companies began about 18 months ago, when he joined a nationwide coalition of plaintiffs' lawyers in what is known as the Castano case, said Russ Herman, a plaintiffs' lawyer in New Orleans who is a member of the coalition.

The coalition, consisting of some 65 law firms, was formed in 1994, with each firm contributing an initial $100,000 to finance the case of Peter Castano, a lawyer who died of lung cancer. The lawyers' group sought to fashion a nationwide class-action lawsuit against the cigarette industry on the issue of addiction.

John Coale, a member of the Castano group who joined Mr. Rodham for talks at the White House, declined to comment on meetings there involving the First Lady's brother.

Mr. Lindsey declined to answer questions about Mr. Rodham's role in the tobacco talks.

Mr. Herman said: "Hugh Rodham stands on his own two feet, and the meetings at the White House would have taken place without him. He has been helpful to us because Hugh has credibility on the issue, and he is well known. But there are other people involved with significant profiles."

Mr. Coale said the White House had shown no preference toward the plaintiffs' group because of Mr. Rodham's presence at the bargaining table.

If a settlement is approved, Mr. Rodham could emerge a winner because of probable provisions for compensating plaintiffs' lawyers in general. And for tobacco plaintiffs' lawyers, such a payoff may come quicker in a settlement than through court battles. The Federal class action filed by the Castano group in New Orleans was dismissed last year, and the group is now pursuing lawsuits in more than a dozen states against cigarette producers.

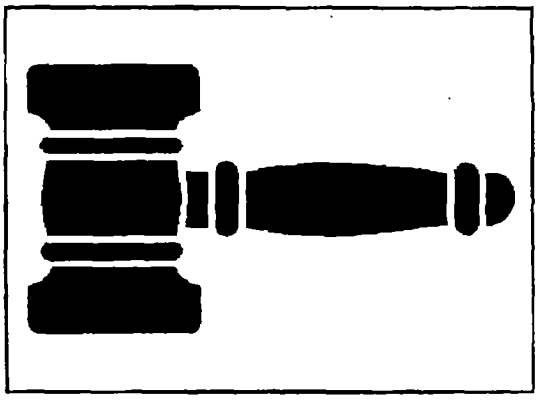
The New York Times

WEDNESDAY, APRIL 23, 1997

DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF THE GENERAL COUNSEL

PHONE: (202) 690-6318
FAX: (202) 690-7998

DATE: September 30, 1996



TO: JENNIFER KLEIN

456-2878

FROM: ANDREW D. HYMAN
Special Assistant to the General Counsel
Office of the General Counsel, Room 707F
Department of Health and Human Services
200 Independence Ave., SW
Washington D.C. 20201

COMMENTS: Attached is some info you may find helpful.

1. Qs and As on the relationship between drug use and tobacco use (written for the rollout of the tobacco regs in August).

2. A one-pager entitled "Smoking as a Risk Factor for Other Drug Use" written by CDC.

3. Summary and press release of the Monitoring the Future study, the study referenced in the article. The study, conducted every year at the University of Michigan, is funded by the Natl Institute of Drug Abuse at HHS.

4. A July 21, 1995 MMWR (Morbidity and Mortality Weekly is published by CDC). In particular, read the "Editor's Note," discussing the factors that may cause the increase of smoking initiation by kids. My only caveat is that advertising expenditures should only be cited as one factor. You should note, that Lloyd Johnson is not a government employee and, therefore, is not speaking for the government.

ILLICIT DRUG USE

Q. What is the relationship between smoking and illicit drug use?

A. Studies show that underage smokers are more likely than non-smokers to use illicit drugs, although most young smokers do not use illegal substances. There is no scientific evidence of a causal link between smoking and illicit drug use.

We are very concerned too many young Americans are engaged in a whole range of risky behaviors, including the use of tobacco and illicit drugs. We have powerful, comprehensive strategies for preventing each of these behaviors.

Q. But a lot of people are calling tobacco a "gateway drug." They're citing studies that say if you smoked cigarettes as a child, you're much more likely to develop an addictive problem later in life. Do you believe that tobacco use by children is a gateway to illicit drugs?

A. There is no scientific evidence to support the conclusion that tobacco is a gateway drug. We do know that a significant portion of young people who use tobacco also use illicit drugs. That's why we're working aggressively to educate youth about why they should not use tobacco or illicit drugs.

Q. Earlier this week your Administration announced that illegal drug use among teens is rising. Is this initiative the Administration's answer to rising drug use among teenagers? Is this announcement politically timed to deflect criticism about rising illegal drug use?

A. No. The reason for the President's initiative is the public health tragedy of children's tobacco use. The Administration proposed the tobacco rule a year ago. The final rule just completed the OMB review process and is ready, so we are announcing it today. Every day we don't act, another 3,000 young people a day become regular smokers. We can't afford to waste even one day in addressing this tragedy.

But make no mistake, we are deeply concerned about the rise in youth use. That's why the top priority of the President's National Drug Control Strategy is to reduce drug and substance abuse among youth. Over the last four years the President has expanded youth drug prevention programs and fought Republican efforts to get these programs. In his 1996 State of the Union address, the President challenged parents to talk openly and firmly to their children about the harm of drugs. Our drug control strategy is comprehensive: we're working with parents, schools, communities, religious organizations, businesses, the

media and entertainment industries, state and local government, and young people themselves to make sure that American's youth hear a powerful and consistent anti-drug message.

Q: Why is the Administration focusing on nicotine when illegal drug use is causing more serious problems in this country?

A: This Administration has been waging war against illegal drug use, but we cannot ignore the fact that nicotine is the leading cause of preventable death in this country. We must focus on both. This is not an either/or situation.

ALCOHOL AND OTHER PRODUCTS

Q: The agency's regulation restricts sales and advertising of a legal, albeit addictive, product - tobacco - in order to prevent sales and use of tobacco by children. Won't the agency's next logical step be alcohol, an addictive product that is legally consumed by adults but which can not be sold legally to young people?

A: The agency's action concerns the regulation of a legal product that is the leading cause of preventable death in America, that is addictive to almost all of its users (studies show 77 to 92 percent), and whose use begins almost exclusively in childhood. Unlike alcohol, both cigarettes and smokeless tobacco, when used as intended, are highly addictive and have a high risk of causing death and serious illness. Alcohol presents different problems than tobacco, and alcohol is already highly regulated by a number of federal agencies, including the Bureau of Alcohol, Tobacco, and Firearms, and the Federal Trade Commission, and by FDA, as a food.

Smoking as a Risk Factor for Other Drug Use

- The nature of the interrelationship between tobacco and other drug use is complex and early use of cigarettes does not directly imply future use of other drugs
- Many studies have shown that use of cigarettes and alcohol generally precedes marijuana smoking and other illegal drug use
- Not all cigarette smokers subsequently abuse other drugs, and a small percentage of abusers of alcohol and illegal drugs do not use tobacco
  - Marijuana smoking is highest among current smokers (26.5%) and lowest among never smokers (1.5%)
  - The vast majority of marijuana smokers (70%) also smoke cigarettes
- A number of possible psychosocial and behavioral mechanisms could explain how cigarette smoking facilitates the use of alcohol and illegal drugs
  - Smoking cigarettes "teaches" youth to inhale other substances
  - Cigarettes are legal for adults, widely advertised, and more available than other substances
- Factors such as early conduct problems in childhood increase the risk of using not only tobacco but other substances like alcohol, marijuana, and cocaine as well

News Release

HHS Press Release

Date: December 15, 1995
For Release: Immediately
Contacts: Mona W. Brown, Sheryl Massaro, (301) 443-6245
Dept. of Health & Human Services

Annual Survey Shows Increases in Tobacco and Drug Use by Youth

HHS Secretary Donna E. Shalala today released the 21st annual Monitoring the Future Survey, which surveys the use of tobacco, alcohol, and illicit drugs by 8th, 10th, and 12th graders.

According to this year's survey, 48.4 percent of high school seniors had used an illicit drug at least once in their lifetimes, an unacceptably high level, but still far below the peak of 65.6 percent in 1981. Rates of cigarette smoking increased among high school seniors, with 64.2 percent reporting lifetime use of cigarettes, up from 62 percent in 1994. Rates of lifetime alcohol use among seniors remained high at 80.7 percent.

In reporting the survey findings, Health and Human Services Secretary Donna E. Shalala noted that December is National Drunk and Drugged Driving Month and challenged parents and all caring adults to open a dialogue with young people about drugs, alcohol, and tobacco. Secretary Shalala said, "We have a generation at risk -- a generation that needs to hear clear and consistent messages from all adults that using drugs, alcohol, and tobacco can ruin their lives. This holiday season, parents should make a special effort to set their children straight about the dangers of smoking, drinking and using drugs."

Secretary Shalala said, "The Clinton administration is fighting for our children. That is why we have proposed a powerful new initiative to prevent young people from using tobacco. That is why we have developed a tough, comprehensive anti-drug strategy. And that is why the President will hold a White House conference on youth drug use and violence in January, 1996. These are strong steps for keeping young Americans healthy and drug-free -- and they make a lot more sense than the reckless budget cuts in services for children and families that the Congress has proposed."

Lee Brown, Ph.D., Director of the Office of National Drug Control Policy, said, "We need all Americans to lock arms and send a clear and consistent message to all young people: Drugs are illegal, dangerous, unhealthy and wrong. When my daughter was a teenager, I told her that I would check her room to make sure there were no illegal substances. I also waited up for her while she was out with her friends. She told me that these actions annoyed her, but I did them because she was precious to me. Now she is married and a successful adult. This is an example of the kind of 'tough love' that parents need to do more of."

Deputy Secretary of Education Madeleine Kunin said that the survey shows "this certainly is no time to

cut funding for Safe and Drug-Free Schools by 60 percent, as Congress has proposed. But schools can only be part of the solution. This is a tragedy among our nation's youth that requires immediate attention from schools, communities, governments and -- most importantly -- parents. Parents must have high expectations for their children, be involved in their lives and education, and send the message that young people cannot compete and succeed if they use drugs. That is why we have made family involvement the cornerstone of our agenda."

This year's survey showed significant increases in smoking among 10th and 12th graders. Rates of cigarette smoking among 12th graders increased for lifetime, current use (at least once in the 30 days prior to the survey), and daily prevalence measures between 1994 and 1995. For 10th graders, current and daily use of cigarettes increased, while at the same time, there was a decrease in the percentage of 10th graders believing there is great risk in smoking one or more packs of cigarettes per day. Among African American 10th graders, there has been a significant increase in those who have smoked in the past 30 days, from 6.6 percent in 1992 to 11.5 percent in 1995.

Use of marijuana climbed in 1995. Between 1994 and 1995, lifetime and past year use of this drug increased among 8th, 10th, and 12th graders.

This was the third consecutive increase in lifetime and past year use among 10th and 12th graders and the fourth for 8th graders. Despite the increase, rates in 1995 are still far below the peak year, 1979, when 60.4 percent of high school seniors had used marijuana at least once.

The increases in use are tied to decreases in students' perceptions about the dangers of drug use. The 1995 survey shows decreases in the percentage of 8th, 10th, and 12th graders believing there is "great risk" in occasionally smoking marijuana. As with tobacco, there was also a decrease in the percentage of 10th and 12th graders perceiving "great risk" in using marijuana regularly.

Secretary Shalala said, "We know that there continues to be a glorification of tobacco, alcohol, and drug use in popular culture. All of us -- parents, teachers, caregivers, government officials, and members of the media -- must work harder to spread the word to young Americans that drugs, tobacco, and alcohol are not healthy and not 'cool'."

Other survey findings include:

- Overall the proportion of 8th graders taking any illicit drug in the 12 months prior to the survey reached 21.4 percent in this year's survey. The comparable figure was 33.3 percent for 10th graders and 39.0 percent for 12th graders.
- Lifetime use of marijuana increased by over 3 percentage points from 1994 to 1995 for each of the three grades surveyed. In 1995, 19.9 percent of 8th graders, 34.1 percent of 10th graders, and 41.7 percent of 12th graders reported having used marijuana at least once in their lives. The survey also found that 34.7 percent of high school seniors, 28.7 percent of 10th graders, and 15.8 percent of 8th graders had used marijuana in the past year, up from 30.7, 25.2, and 13.0 percent in 1994, respectively.
- While overall rates are low, there was a significant increase in annual and current use of LSD among 10th and 12th graders. The percentage of 10th graders reporting use of LSD in the past year increased from 5.2 percent to 6.5 percent and among 12th graders, annual use increased from 6.9 percent to 8.4 percent.
- Use of inhalants remains high, especially among 8th graders. The percentage of 8th graders reporting having used inhalants at least once in their lifetime rose from 19.9 percent in 1994 to 21.6

percent in 1995. For 8th graders, lifetime rates of inhalant use are higher than rates of marijuana use. In addition, use of inhalants has been consistently higher among 8th graders than among 12th graders.

- ☐ Rates for lifetime, annual, and 30 day prevalence of alcohol use remained level between 1994 and 1995. Daily drinking among 12th graders increased from 2.9 percent to 3.5 percent, but among 8th graders, daily alcohol use decreased from 1.0 percent in 1994 to 0.7 percent in 1995.
- ☐ The percentage of 12th graders reporting current use of cigarettes increased from 31.2 percent in 1994 to 33.5 percent in 1995 and daily smoking increased from 19.4 percent to 21.6 percent. Among 10th graders, current use increased from 25.4 percent to 27.9 percent and daily use increased from 14.6 percent to 16.3 percent between 1994 and 1995.

There were continued decreases in both beliefs about the harmfulness of the various drugs and in peer disapproval of drug use.

- ☐ There was a decrease in the percentage of students in all grades reporting "great risk" in trying crack once or twice.
- ☐ There was a continuing decrease in the percentage of 8th graders who disapprove of people who try marijuana or LSD once or twice or who take LSD regularly.
- ☐ There was an increase in the percentage of students at each grade level reporting their perception that it is fairly or very easy to get marijuana.
- ☐ The survey also found increases in the proportion of 8th graders reporting that they believed it would be fairly easy or very easy to get marijuana, LSD, crack, heroin, and amphetamines.

The Monitoring the Future Survey is conducted under a NIDA grant to the University of Michigan Institute for Social Research. Under the direction of Dr. Lloyd Johnston, the survey was administered in the spring of 1995 to a national probability sample of 15,876 high school seniors, 17,285 10th graders and 17,929 8th graders in public and private schools. The study has been conducted annually since 1975, with 1995 representing the 21st annual survey of high school seniors and the 5th year data have been collected on 8th and 10th grade students.

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Monitoring the Future Study

Summary of Findings Through 1995

Date: December 15, 1995
For Release: Immediately
Contacts: Mona W. Brown, Sheryl Massaro, (301) 443-6245
Dept. of Health & Human Services

Between 1994 and 1995 use of cigarettes and most illicit drugs increased among students in all three grades surveyed. In addition, fewer students expressed negative perceptions of drug use. In most cases, these changes continued recent trends that began in the early 1990's and reversed a decade or more of decreases in drug use. All changes noted below are statistically significant.

Cigarette Use

- Between 1994 and 1995, past month (30 days) cigarette use increased from 25.4 to 27.9 percent among 10th graders and from 31.2 to 33.5 percent among seniors. Similarly, daily smoking increased from 14.6 to 16.3 percent for 10th graders and from 19.4 to 21.6 percent for seniors.
- Since 1991, past month smoking has increased from 14.4 to 19.1 percent for 8th graders, 20.8 to 27.9 percent for 10th graders, and 28.3 to 33.5 percent for 12th graders.
- Although African American students continue to have the lowest rates of smoking, rates are going up for students in all racial/ethnic groups. Current cigarette use increased from 1992 to 1995 among white and black students in all three grades and among white, black, and Hispanic 8th graders.

Illicit Drug Use

- Use of marijuana/hashish continued to climb. Between 1994 and 1995, lifetime and past year marijuana use increased among 8th, 10th, and 12th graders, and past month use increased among 8th and 12th graders. This was the third consecutive increase in lifetime and past year marijuana use among 10th and 12th graders and the fourth for 8th graders. Among seniors, marijuana use in 1995 was the highest since 1989 for lifetime use, 1987 for past year use, and 1986 for past month use. In addition, daily marijuana use, an index of very high-risk use, increased for 10th and 12th graders.
- Driven in large part by the rise of marijuana, lifetime, past year, and past month use of any illicit drug increased among 8th and 10th graders. Past year use of any illicit drug increased among seniors.
- Past year use of hallucinogens, including LSD, increased among 8th, 10th, and 12th graders between 1994 and 1995, and past month use of these drugs increased for 10th and 12th graders.
- Past month use of cocaine in any form increased for 10th graders; this increase was primarily due to crack, which showed increases in lifetime, past year, and past month use among 10th graders.

- Heroin use in the lifetime, past year, and past month increased among seniors, and past month heroin use increased for 10th graders. For seniors, lifetime heroin use was at 1.2 percent in 1994 and at 1.6 percent in 1995. These increases appear mainly to reflect use of heroin in noninjectable forms.
- Use of stimulants increased among 10th graders for all three levels of recency of use.

Perceived Harmfulness and Availability

- The perceived risk of drug use continued to decrease. The percentage of 8th, 10th, and 12th graders reporting "great risk" in trying marijuana once or twice or in smoking the drug occasionally decreased. Among seniors, the percent of seniors reporting "great risk" in regular marijuana use has decreased steadily from 78.6 percent in 1991 to 60.8 percent in 1995.
- The percent reporting "great risk" in trying crack or cocaine powder or in using these drugs occasionally decreased among 8th and 10th graders.
- The perceived risk of smoking a pack or more of cigarettes per day decreased among 10th graders.
- The percentage reporting that marijuana was "fairly easy" or "very easy" to get increased among 8th, 10th, and 12th graders. The perceived availability of LSD increased for 8th and 10th graders.

Alcohol Use

- Alcohol use continued at unacceptably high levels. Notably, however, daily drinking increased among 12th graders, and more 10th graders reported having "been drunk" daily in the past month.

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CDC

July 21, 1995/ Vol. 44/ No. 28

MMWR

MORBIDITY AND MORTALITY WEEKLY REPORT

Trends in Smoking Initiation Among Adolescents and Young Adults — United States, 1980–1989

The evaluation of efforts to prevent tobacco use among adolescents requires accurate surveillance of both smoking prevalence and smoking initiation rates. Although several surveillance systems provide timely data about adolescent smoking prevalence (*1*), data characterizing rates of smoking initiation among adolescents have been limited. To improve characterization of trends in smoking initiation among young persons, data from the Tobacco Use Supplement of the 1992 and 1993 Current Population Surveys (CPS) (*2*) were used to estimate smoking initiation rates for persons who were adolescents (aged 14–17 years) or young adults (aged 18–21 years) during 1980–1989. This report summarizes the results of that analysis.

The CPS are monthly surveys of the U.S. civilian, noninstitutionalized population aged ≥15 years (*2*). Approximately 56,000 households are surveyed each month; one household respondent provides information about all household members aged ≥15 years. Questions about tobacco use were added to the September 1992, January 1993, and May 1993 monthly surveys. The response rates for the three surveys were 84.7%, 84.9%, and 82.0%, respectively (N=293,543 household members). To minimize biases that could result from discrepancies between self reports and proxy reports of smoking behavior (*3*), this analysis used data from self-respondents only (82% of total sample). Ever smokers were defined as respondents who answered "yes" to the question, "Have you smoked at least 100 cigarettes in your entire life?" Ever smokers were asked, "How old were you when you started smoking cigarettes fairly regularly?" To restrict the analysis to persons who were adolescents or young adults for some period during 1980–1989, only respondents aged 17–34 years at interview were included. The final sample consisted of 71,321 persons, of whom 27,768 (38.9%) were ever smokers.

Using the age of respondents at the time of the interview and the age they reported starting smoking, the age of respondents and their smoking status were calculated for each year during the 1980s. The denominator for the initiation rate for a given year was the number of respondents at risk for initiating smoking during that year (persons already smoking were eliminated from the denominator for that year). The numerator was the number of respondents who reported initiating smoking during that year. Data were weighted by age, sex, and race/ethnicity to provide national estimates.

Among adolescents, the smoking initiation rate decreased slightly from 1980 (5.4%) through 1984 (4.7%) and then increased through 1989 (5.5%); the largest annual

Smoking Initiation — Continued

increase occurred in 1988 (Figure 1). In comparison, among young adults, initiation rates decreased throughout the 1980s (Figure 1). For both age groups, initiation rates and trends were similar for males and females.

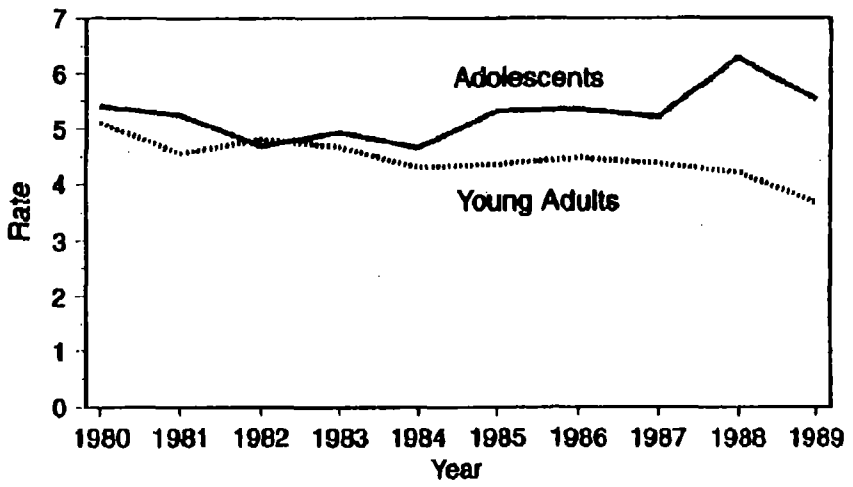
Reported by: KM Cummings, PhD, D Shah, MS, Roswell Park Cancer Institute, Buffalo, New York. DR Shopland, National Cancer Institute, National Institutes of Health. Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, CDC.

Editorial Note: The findings in this report indicate an increase in the rate of initiation of cigarette smoking among adolescents from 1985 through 1989, a period during which the rate among young adults declined and overall prevalence of smoking among adults decreased steadily (*4*). One important consequence of the increased rate of initiation among adolescents will be the increased future burden of tobacco-related disease. In particular, because of the increase in initiation since 1984, an additional 600,000 adolescents began to smoke during 1985–1989.* Of those adolescents who continue to smoke regularly, approximately 50% will die from smoking-attributable disease (*5*).

Potential reasons for an increase in smoking initiation rates among adolescents include a decreased real price of cigarettes, increased levels of disposable income, increased acceptability of smoking, and intensified cigarette marketing (*1*). However, because the real price of cigarettes increased steadily during 1985–1989 and the real average weekly income among high school seniors remained stable during this period, cigarettes were less affordable to young persons (*1,6*) (Table 1). In addition, the acceptability of smoking among high school seniors did not increase: during this period there were increases in the percentages of high school seniors who believed

*Based on the assumption that the initiation rate during 1985–1989 remained stable at the 1984 rate, and by multiplying the Bureau of the Census population estimates for persons aged 14–17 years for each year from 1985 through 1989 by the difference between the adolescent smoking initiation rate in 1984 and the rate for each year.

FIGURE 1. Smoking initiation rate among adolescents and young adults,* by year — United States, 1980–1989



*Per 100 adolescents (aged 14–17 y s) or young adults (aged 18–21 s).

Smoking Initiation — Continued

cigarettes are harmful, smoking is a "dirty habit," and becoming a smoker reflects poor judgment, and who reported they "mind being around people who are smoking" and would prefer to date nonsmokers (*1*).

The increase in rates of smoking initiation among adolescents during 1985–may reflect increased real expenditures for cigarette advertising and promotion. The increase in rates occurred during a period when real expenditures for total cigarette advertising and promotion† doubled, and expenditures for cigarette promotion more than quadrupled (*7*) (Figure 2): from 1980 to 1989, total annual advertising and promotional expenditures (in 1993 dollars) increased from $2.1 billion to $4.2 billion, while promotional expenditures alone increased from $771 million (37% of total expenditures) to $3.2 billion (76%) (Figure 2). Promotional efforts have been highly effective among adolescents. For example, among persons aged 12–17 years in 1992, approximately 50% of smokers and 25% of nonsmokers reported having received promotional items from tobacco companies (*1*).

An association between overall cigarette marketing expenditures and initiation rates for smoking among adolescents is plausible for at least four reasons. First, brand loyalty is usually established with the first cigarette smoked (*8*); therefore, cigarette companies have an economic incentive to encourage first-time smokers to smoke their brands. Second, adolescents are exposed to cigarette advertising and promotions that employ themes and images that appeal to young persons (*1*). Third, advertising directly influences brand awareness and attitudes toward smoking among adolescents (*1*). Specifically, adolescents smoke the most heavily advertised brands,

†Based on data from the Federal Trade Commission (*7*), advertising expenditures include c to advertise outdoors (e.g., billboards), in newspapers or magazines, and on transportation (e.g., buses); promotional expenditures include costs of promotional allowances, distribution of samples or specialty items (e.g., key chains, lighters, T-shirts, caps, and calendars), public entertainment, direct mail, coupons, retail value-added promotions (e.g., specialty items distributed at the point of sale), and point-of-sale promotions (e.g., store displays).

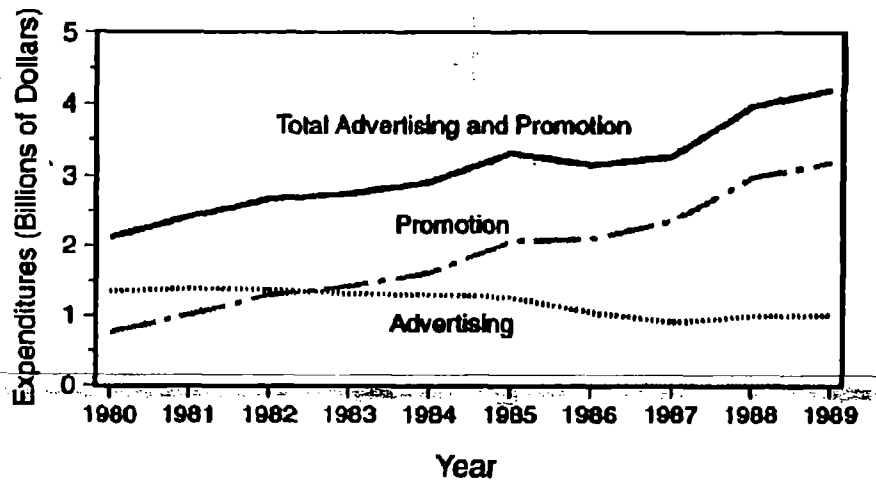
TABLE 1. Real* cigarette price per pack, real weekly income of high school seniors, and real price per pack as a percentage of real weekly income among high sch l seniors — United States, 1980–1989

Year	Real average cigarette price per pack (cents)†	Real average weekly income (dollars)§	Real price of cigarette pack as percentage of real weekly income
1980	72.8	NA¶	NA
1981	69.3	NA	NA
1982	72.2	52.83	1.4
1983	82.2	51.26	1.6
1984	91.1	52.00	1.7
1985	90.9	51.84	1.7
1986	95.3	53.83	1.8
1987	96.8	55.15	1.8
1988	103.3	53.53	1.9
1989	102.8	53.13	1.9

*Real prices and incomes were obtained by dividing the actual prices and incomes by the National Consumer Price Index, using the average of 1982–1984 as the reference.
†Source: The Tobacco Institute.
§Source: CDC.
¶Not available.

Smoking Initiation — Continued

FIGURE 2. Cigarette advertising and promotional expenditures* — United States, 1 -1989



*Expenditures were converted to 1993 dollars, using the Consumer Price Index.
Source: Federal Trade Commission.

and changes in brand preferences among young persons are associated with changes in brand-specific advertising expenditures (*9*). For example, the Joe Camel campaign introduced nationally in 1988 was associated with an increase in the market share of that specific brand among adolescents (*1,9*). Finally, consumer research suggests that younger persons (i.e., aged 14–17 years) aspire to be young adults (*10*); therefore, advertising and promotional efforts targeted toward young adults may have greater appeal to adolescents because of their age aspirations.

Although current estimates of smoking initiation rates among adolescents are not available, from 1991 through 1993, the national prevalence of smoking increased among eighth- and 10th-grade students (*6*). To reverse the trend of increasing smoking initiation rates among adolescents and to achieve the national health objective for the year 2000 of reducing the initiation of cigarette smoking by youth (no more than 15% should become regular smokers by age 20) (objective 3.5) (*4*), prevention efforts tl : focus on young persons should be intensified. Such efforts could include making cigarettes less affordable by either increasing their real price (*1*) or by limiting sales to cartons rather than individual packs, enforcing laws prohibiting the sale and distribution of cigarettes to young persons (*4*), conducting mass media campaigns to discourage tobacco use (*1*), and eliminating or severely restricting all forms of tobacco product advertising and promotion to which young persons are likely to be exposed (*4*).

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Smoking Initiation — Continued

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Pertussis — United States, January 1992–June 1995

Pertussis was a major cause of morbidity and mortality among infants and children in the United States during the prevaccine era (i.e., before the mid-1940s). Since tussis became a nationally reportable disease in 1922, the highest number of perti cases (approximately 260,000) was reported in 1934; the highest number of pertussis-related deaths (approximately 9000) occurred in 1923. Following the licensure of whole-cell pertussis vaccine combined with diphtheria and tetanus toxoids (DTP) in 1949 and the widespread use of DTP among infants and children, the incidence of reported pertussis declined to a historical low of 1010 cases in 1976 (Figure 1). However, since the early 1980s, reported pertussis incidence has increased cyclically with peaks occurring in 1983, 1986, 1990, and 1993 (*1–3*). This report summarizes national surveillance data for pertussis from January 1992 through June 1995 from CDC's National Public Health Surveillance System (NPHSS) and Supplementary Perti Surveillance System (SPSS) and assesses the effectiveness of pertussis vaccination in the United States during this period using vaccination coverage data from CDC's National Health Interview Survey (NHIS).

National Surveillance for Pertussis and Vaccination Coverage

Through NPHSS (formerly the National Notifiable Disease Surveillance System), state health departments report weekly to CDC the number of pertussis cases. Data reported include state and county of residence, age, date of report to CDC, and race/ethnicity. Through SPSS, more detailed information about persons with perti is reported to CDC, including demographic variables, vaccination history, selected clinical characteristics, hospital admission, deaths, and results of laboratory tests for *Bordetella pertu* . Documented limitations of t pertussis surveillance systems

TO: Hillary Rodham Clinton
FROM: Jennifer Klein J.K.
DATE: 10/2/96
RE: Tobacco Use Among Teenagers

You forwarded the attached note and *Washington Post* article arguing that: (1) the most important factor in the growth of teen smoking is tobacco industry advertising and promotion; and (2) increases in teen smoking lead to increases in other drug use. You asked whether this is a reliable argument. The first claim is mostly true, although most experts believe it is only one of several factors. The Administration has avoided using the second argument.

On the first point, cigarette advertising and promotion is clearly an important factor in teen smoking increases. The *Post* article reports that Lloyd Johnston, the author of the most authoritative study on teenage smoking, says that advertising and promotion is the most important factor, although his study does not address this issue. According to the *Morbidity and Mortality Weekly Report* (July 21, 1995, p. 523):

> [t]he increase in rates of smoking initiation among adolescents during 1985-1989 may reflect increased real expenditures for cigarette advertising and promotion. The increase in rates occurred during a period when real expenditures for total cigarette advertising and promotion doubled and expenditures for cigarette promotion more than quadrupled: from 1980 to 1989, total annual advertising and promotional expenditures (in 1993 dollars) increased from $2.1 billion to $4.2 billion, while promotional expenditures alone increased from $771 million (37% of total expenditures) to $3.2 billion (76%). Promotional efforts have been highly effective among adolescents. For example, among persons aged 12-17 years in 1992, approximately 50% of smokers and 25% of nonsmokers reported having received promotional items from tobacco companies.

On the second point, there is a proven *correlation* between cigarette use and other drug use but not a proven *causal link*. While a significant number of young people who smoke also use illicit drugs, the scientific evidence does not show that smoking causes teens to go on to use other drugs. Instead, the same social and behavioral factors may lead to both tobacco and other drug use. The article actually acknowledges this, and Johnston explicitly says that the "cause-and-effect link cannot be proved." At the Rose Garden announcement of the rule on children and tobacco, the President said that "[w]e know that while the scientific evidence is clearly unclear, children who do smoke cigarettes are much more likely to engage in other risky behavior, including the use of marijuana and cocaine." I have attached our talking points as well as a Centers for Disease Control fact sheet on this issue.

To Jen - Is this a good (i.e. relevant) argument to make? Can POTUS cite? Need to know ASAP. Thanx

POSSIBLE REASON FOR INCREASED DRUG USE AMONG TEENAGERS SINCE 1992

REFERENCE DON COLBURN'S SEPT. 10, 1996 ARTICLE, "RISE IN TEEN SMOKING HAS EXPERTS VEXED" - WASHINGTON POST HEALTH

The hollow allegation that the rise in teenage drug use since 1992 is somehow President Clinton's fault can actually be partially blamed on Bob Dole's friends, the Tobacco Industry.

"Disapproval of smoking among teenagers peaked in 1986, one year before the debut of Joe Camel, R.J. Reynolds Tobacco Co.'s ultra cool cartoon mascot. . ." who has been very popular with kids and teens.

According to Lloyd D. Johnston, director of the nation's most authoritative survey of teenage smoking, the most important factor in the growth of teenage smoking is the tobacco industry's $6 billion-a-year advertising and promotion budget (which includes free samples and status symbol merchandise).

How does this increase in teenage smoking since 1992 relate to increased drug use? Cigarettes have long been referred to as a "gateway" to drug use and abuse. With higher numbers of teenage smokers, it stands to reason that more teens would be entering the "gateway" to alcohol and illegal drugs. Cigarettes are especially good training for smoking marijuana. You learn to inhale smoke into the lungs and get a drug reinforcement for doing so, according to Johnston. Not smoking cigarettes makes getting used to marijuana quite difficult. Once these lines have been crossed, it's easy to see the dominoe effect of alcohol and other drug use.

So, Mr. Dole, it's more likely that your buddies in the tobacco industry should bear the burden of blame for our children's increased drug use - not President Clinton - who is the first President to actually take on the tobacco industry and expose it for what it is, a drug pusher.

Danielle Westphal (703) 280-4593

Sept. 13, 1996

Sept. 13, 1996

Dear Robyn,

As I mentioned in my message to you, "smoking" has been my field since 1980 when I began working for the American Lung Assn. in Fairfax (where I later became Assoc. Exec. Director.) Since leaving the Lung Assn. in 1984, I have conducted my own stop smoking program called "Just For the Health of It!" in over 20 government agencies and private companies. My clients have included U.S. Secret Service, IRS., Bureau of Engraving and Printing, to name a few.

Anyway, I feel the attached is a very valid reason for increased teen drug use and is directly related to increased teen smoking. I just didn't want this argument to be overlooked during the President's debates and it could also be addressed in advertisements to counter sales charges.

Please pass this along to the appropriate person. Hope it can help.

many thanks —
Danielle

Rise in Teen Smoking Has Experts Vexed

Few Start Habit After Age 20, Leading FDA Chief to Label It a 'Pediatric Disease'

By Don Colburn
Washington Post Staff Writer

The first statistical hint of trouble showed up in the mid-1980s. Smoking rates among teenagers, which had fallen steadily for a decade, bottomed out and stalled.

"Adults were quitting, but it wasn't happening among kids," recalled Lloyd D. Johnston, director of the nation's most authoritative survey of teenage smoking. But the shift did not arouse public concern at first, said Johnston, whose team at the University of Michigan's Institute for Social Research has polled high school seniors about smoking and drug use annually since 1975 and eighth- and 10th-graders since 1991.

Johnston no longer worries about a bottoming-out of smoking rates among American adolescents and teenagers. Now he worries about an upturn.

In the most recent survey of high school seniors, 22 percent said they smoked daily. That is down slightly from 27 percent in 1976, as the Tobacco Institute points out. But health experts focus on what has happened since 1992: After nearly two decades of declining or flat rates, smoking has made a comeback among kids.

The prevalence of daily smoking by high school seniors, which hit a low of 17 percent in 1992, has increased in each of the past three years.

That trend, also shown in surveys by the federal Centers for Disease Control and Prevention, added impetus to the Clinton administration's proposal last month to regulate nicotine as a drug and tighten restrictions on sales and marketing of tobacco to minors.

Each year, about 1 million American teenagers become regular smokers, according to the federal Office on Smoking and Health. If they didn't, health officials say, the tobacco industry would wither away as adult smokers either quit or died.

Starting to smoke is a kid thing, not an adult thing. The average age when Americans first try smoking a cigarette is 14; the average age when they become daily smokers is 17.7 years. Very few people pick up the tobacco habit after age 20, which is why Food and Drug Administration Commissioner David A. Kessler calls smoking a "pediatric disease."

According to the 1994 surgeon general's report on tobacco and young people, 89 percent of adult smokers first tried cigarettes when they were 18 or younger; 71 percent became daily smokers by that age. About one in six adult smokers, or 16 percent, began smoking before age 12.

Equally disturbing to Michigan's Johnston is the declining percentage of students who believe that smoking poses a serious health danger. Asked whether the health risk of a pack-a-day smoking habit was "none," "slight," "moderate" or "great," barely half of the eighth-graders in last year's survey picked "great."

"This is a generation of kids who simply don't know as much about the hazards of nicotine and other drugs as their predecessors," Johnston said.

Disapproval of smoking, while still strong among teenagers, has been on the decline since 1991 among eighth- and 10th-graders and since 1992 among high school seniors. Disapproval among teenagers peaked in 1986, one year before the debut of Joe Camel, R.J. Reynolds Tobacco Co.'s ultra cool cartoon mascot who plays pool and digs the blues.

The growth of smoking among high school students cuts across gender and geographic lines, affecting rural, urban and suburban youngsters alike, Michigan's Johnston said. In his view, the most important factor is the tobacco industry's $6 billion-a-year advertising and promotion budget, which he said increasingly targets young people.

"They have a lot to do with telling people what's cool, what's in and what's acceptable," he said. "And that's what they're telling kids: Smoking is cool, in and acceptable."

The pattern of tobacco promotion has changed sharply in the past two decades. Until 1970, the tobacco industry spent more than 90 percent of its promotion budget on traditional advertising—ads in newspapers and magazines, on billboards and buses and commercials on television and radio. Radio and television commercials for tobacco were banned in 1971, and traditional advertising now accounts for only 10 percent of the tobacco promotion budget. The bulk of the industry's sales pitch comes in free samples, coupons, mail inserts and sponsorship of events such as stock car races, concerts and tennis tournaments.

Sale of tobacco to minors is illegal in all states and the District of Columbia, but such laws are rarely enforced. Americans under age 18 smoke an estimated 516 million packs of cigarettes a year, according to a 1994 study, at least half of them sold illegally.

No one becomes a pack-a-day smoker overnight, said John P. Pierce, an epidemiologist and director of cancer prevention at the University of California at San Diego Cancer Center. Pierce and fellow researchers are trying to figure out which factors turn a "susceptible" young teenager into a habitual smoker by the end of high school.

Effective marketing by the tobacco industry is the biggest factor at the beginning of that transition, Pierce said. Peer pressure—having friends, siblings or parents who smoke—becomes important later in the process, he said. Kids who do poorly in school, kids who are depressed and kids who are rebellious are more likely than others to become smokers—but those factors do not matter as much as marketing and peer pressure, Pierce's research suggests.

"If you're a nonsmoker at age 19 or 20, your chances of starting to smoke later are almost zero," Pierce said. "That tells you that we've got very good antismoking messages—for adults."

But not necessarily for children and teenagers. The message that cigarettes kill people is very compelling to adults, Pierce said, but kids are less intimidated by such warnings.

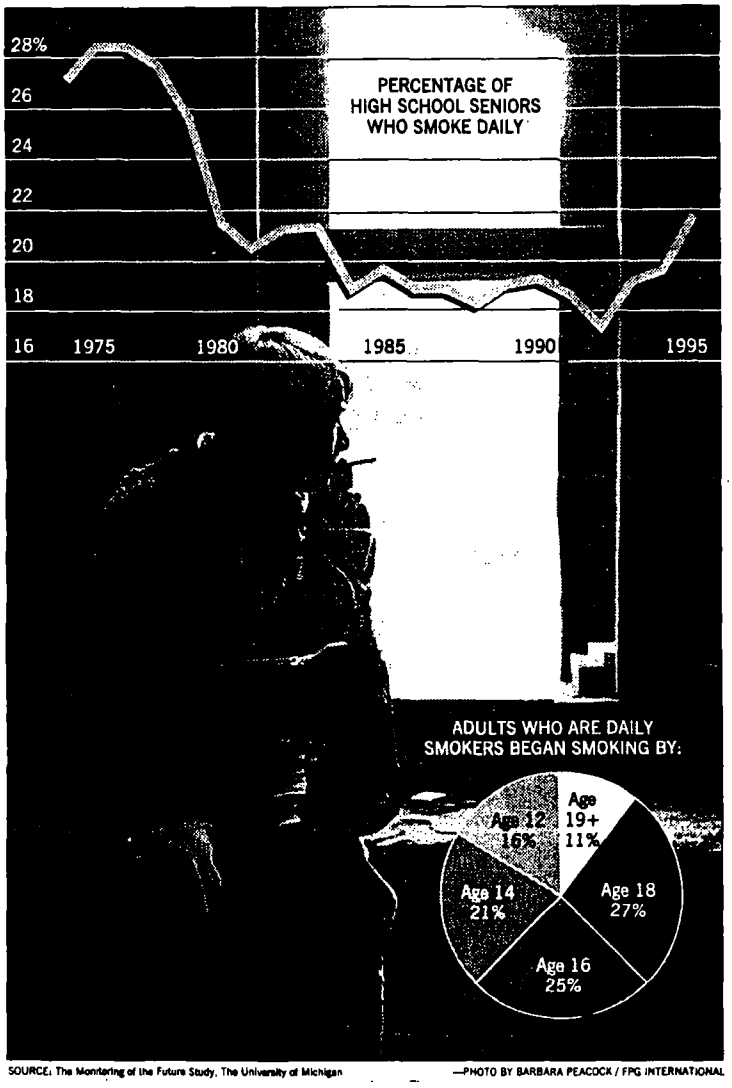
"As a teenager, you're immortal," Pierce said. Teens are more susceptible to appeals to their image, telling them what is sexy, glamorous and cool. Cigarette ads, for example. "That's why we health people get blown out of the water by the tobacco industry when it comes to image-marketing. Besides, it's hard to sell kids on 'Don't Do Something.'"

The Tobacco Institute plays down the role of advertising in getting youngsters to smoke, blaming "broader social forces," including peer pressure and the example of family members who smoke. "Tobacco advertising may be seen and recognized by youngsters, but it does not make them think that smoking is attractive, glamorous or cool," the tobacco group said last month in response to the FDA's proposed tighter regulations of tobacco use, sale and promotion. The institute called those regulations "drastic" and "illegal."

The proposed regulations would limit tobacco ads on billboards and in publications read by young people to black-and-white text. They would ban product giveaways with brand names or logos. Photo identification with proof of age would be required for buyers under 27, and cigarette vending machines would be banned in grocery stores and all restaurants except those for adults only.

Parents who dismiss casual smoking by their children as merely a stage in growing up or "rite-of-passage stuff" are themselves

See SMOKING, Page 8



SOURCE: The Monitoring of the Future Study, The University of Michigan

—PHOTO BY BARBARA PEACOCK / FPG INTERNATIONAL

SMOKING, *From Page 7*

underestimating the potential power of the habit, said Judy Sopenski, executive director of Stop Teenage Addiction to Tobacco (STAT), of Springfield, Mass. "As a society we give our kids very confusing messages about drugs. Tobacco kills more people than any other drug, and yet it's legal," she added.

"If you ask 13- or 14-year-old smokers, 'When are you going to quit?' they say, 'Whenever I want,'" said John Librett, an expert in teenage smoking cessation programs at the Utah Department of Health. But five years later, he said, most of those same kids are still smoking, having tried in vain to quit several times.

"These kids don't understand the addictiveness of nicotine," Librett said.

Teenagers tend to have an inflated sense of their own control over the tobacco habit, the Michigan surveys suggest. When high school seniors who smoke at least a pack a day were asked to predict whether they would be smoking five years later, only 5 percent said they definitely would. Nearly a third said they definitely or probably would not be smoking in five years. In fact, five years later only 13 percent had quit.

Younger teens have an even less realistic sense of their ability to quit smoking.

"They think they can stop," said Sopenski. "They think they're just doing it because middle school is so tough, or whatever. They do not realize they can become addicted so quickly."

To some, the upturn in cigarette use among youngsters is worrisome not just because of its own health hazards but also because it may lead to experimentation with illegal drugs, such as marijuana and cocaine. They see cigarette smoking as a "gateway" to drug abuse.

Advocates of the gateway theory, Michigan's Johnston said, argue that learning to smoke cigarettes gives a youngster "excellent training for smoking marijuana: You learn to inhale smoke into the lungs and get drug reinforcement for doing so."

The sequential pattern is clear: Kids who wind up using hard drugs usually started with cigarettes. But does that mean that cigarette smoking causes other addictions—or merely precedes it in kids who—for a complicated set of reasons—engage in risky and deviant behavior? No one knows for sure.

A national survey released yesterday by the National Center on Addiction and Substance Abuse at Columbia University suggests that teenagers today are more likely to try illegal drugs such as marijuana, cocaine or heroin than they were last year. The percentage of adolescents aged 12 to 17 who expect to try illegal drugs has doubled since last year, from 11 percent to 22 percent, and the percentage saying they would never try illegal drugs dropped from 86 percent to 51 percent.

The survey, based on telephone interviews this summer with 1,200 adolescents and teenagers and nearly 1,200 parents, also found that teenagers most likely to use illegal drugs are those who smoke cigarettes or have friends who drink alcohol or use other drugs. While nearly all the parents—94 percent—said they had discussed the risks of illegal drugs with their children, only 64 percent of teenagers recalled having such a discussion.

The gateway theory is too simplistic, according to UC-San Diego's Pierce. "If you ask 12-year-olds how easy it is to obtain cigarettes, they laugh at you," he said. "Tobacco is a gateway because it's the easiest way to get in. And if you close the [smoking] gate, that doesn't mean you can't get in some other way, through alcohol or marijuana or whatever."

Of those who enter through the "gateway" of cigarette smoking, some move on and some don't. Why some do and others don't is not understood well enough to pinpoint cause and effect, Pierce said.

What is known, Johnston said, is that the younger people start smoking, the more likely their habit is to take hold and the more likely they are to move to using marijuana.

In the 1994 survey of eighth-graders, less than 3 percent of those who had never used tobacco had tried marijuana, while 73 percent of the pack-a-day smokers had tried marijuana. Among high school seniors, 11 percent of the never-smokers had tried marijuana, compared with 86 percent of the pack-a-day smokers.

"That's a very powerful association," Johnston said. But he said a cause-and-effect link cannot be proved "because you can never eliminate all the other possible explanations." ■

So, while in general, our policy is to insist that U.S. products not be discriminated against, my administration is the first to say this should not undermine other countries legitimate health policies.

Q. What is the relationship between smoking and illicit drug use?

A. Studies show that underage smokers are more likely than non-smokers to use illicit drugs, although most young smokers do not use illegal substances. A causal link between smoking and illicit drug use has not been established.

We are very concerned too many young Americans are engaged in a whole range of risky behaviors, including the use of tobacco and illicit drugs. We have powerful, comprehensive strategies for preventing each of these behaviors.

Q. But a lot of people are calling tobacco a "gateway drug." They're citing studies that say if you've smoked cigarettes as a child, you're much more likely to develop an addictive problem later in life. Do you believe that tobacco use by children is a gateway to illicit drugs?

A. Scientific evidence has not established that tobacco is a gateway drug. We do know that a significant portion of young people who use tobacco also use illicit drugs. That's why we're working aggressively to educate youth about why they should not use tobacco or illicit drugs.

Q. Why is the Administration focusing on nicotine when illegal drug use is causing more serious problems in this country?

A. This Administration has been fighting hard against illegal drug use. At the same time, we cannot ignore the fact that smoking is the leading cause of preventable death in this country, that 3000 children become regular smokers each day, and that 1000 lives will be shortened as a result. We must focus on both. This is not an either/or situation.

Q: Earlier this week your Administration announced that illegal drug use among teens is rising. Is this initiative the Administration's answer to rising drug use among teenagers? Is this announcement politically timed to deflect criticism about rising illegal drug use?

A: No. The reason for this initiative is the public health tragedy of children's tobacco use. The Administration proposed the tobacco rule a year ago. The final rule just completed the OMB review process and is ready, so we are announcing it today. Remember, 3,000 young people a day become regular smokers. We can't afford to waste even one day in addressing this tragedy.

But make no mistake, we are deeply concerned about the rise in youth drug use. That's why the top priority of the National Drug Control Strategy is to reduce drug

and substance abuse among youth. Over the last four years the we have expanded youth drug prevention programs and fought Republican efforts to gut these programs. In the1996 State of the Union address, I challenged parents to talk openly and firmly to their children about the harm of drugs. Our drug control strategy is comprehensive: we're working with parents, schools, communities, religious organizations, businesses, the media and entertainment industries, state and local government, and young people themselves to make sure that America's youth hear a powerful and consistent anti-drug message.

Smoking as a Risk Factor for Other Drug Use

- The nature of the interrelationship between tobacco and other drug use is complex and early use of cigarettes does not directly imply future use of other drugs
- Many studies have shown that use of cigarettes and alcohol generally precedes marijuana smoking and other illegal drug use
- Not all cigarette smokers subsequently abuse other drugs, and a small percentage of abusers of alcohol and illegal drugs do not use tobacco
  - Marijuana smoking is highest among current smokers (26.5%) and lowest among never smokers (1.5%)
  - The vast majority of marijuana smokers (70%) also smoke cigarettes
- A number of possible psychosocial and behavioral mechanisms could explain how cigarette smoking facilitates the use of alcohol and illegal drugs
  - Smoking cigarettes "teaches" youth to inhale other substances
  - Cigarettes are legal for adults, widely advertised, and more available than other substances
- Factors such as early conduct problems in childhood increase the risk of using not only tobacco but other substances like alcohol, marijuana, and cocaine as well

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release August 23, 1996

REMARKS BY THE PRESIDENT DURING THE ANNOUNCEMENT OF FOOD AND DRUG ADMINISTRATION RULE ON CHILDREN AND TOBACCO

The Rose Garden

1:52 P.M. EDT

THE PRESIDENT: Thank you very much. Thank you, Linda, for your courage and your commitment to carry on Victor's legacy and your own crusade. Thank you, Mr. Vice President, Secretary Shalala, General McCaffrey. I'd like to say a special word of thanks to Commissioner Kessler and to Phil Lee, the Assistant Secretary of HHS. In different ways they have a great triumph today. Thank you, Dick Durbin, for being the first member of Congress ever to talk to me about this issue. Thank you, Marty Meehan. Thank you to my former colleagues, the Attorneys General. Mr. Kelly, I know you're retiring this year as the Senior Attorney General of America, and we served together back in the dark ages and I can't imagine a more fitting capstone to your career than the fact that you've been a part of this and we thank you. Thank you, Mark Green.

I thank all the medical professionals who are here. I thank all the young people who are here, including Anna Santiago and Neal Stewart McSpadden, who came out here with us. I want to say a special word of thanks to three members of Congress who are not here, but who deserve to be because of their work on this issue -- Senator Lautenberg of New Jersey, Senator Wellstone of Minnesota, and Congressman Henry Waxman of California. Thank you, Joe Califano, for beating on me about these issues all these years we've been friends and long before I ever became President. Thank you, sir. (Laughter.)

Thank you, Dr. Koop, for everything you have done to try to bring some sanity into the health policy of this country. This has been a great week for you -- we had the Kassebaum-Kennedy bill a couple of days ago and this today. Maybe you can design an encore for us over the next month or two. (Laughter.) But you have been a great force for good in this country and we're grateful to you.

If I might, I'd like to say just a couple of personal words to some people who really deserve an enormous amount of credit for this decision. The Vice President was altogether too

modest and too restrained, but the first time we began to discuss this was about the time the FDA opened their inquiry. And he looked at me and I looked at him and I said, well, you know what this might lead to? And he said, I certainly hope so. (Laughter.) And I said, well, you know -- I shouldn't say this, this is our private conversation -- I said, you know, it really isn't an accident that nobody else has ever tried to do this. (Laughter.) It's not an accident. This is not going to be one of those freebies, you know. (Laughter.)

And he began to talk about his sister who died of lung cancer, and how much he loved his sister. We've had so many conversations about his sister that -- not just about this, but about her life, the fact that she was one of the very first Peace Corps volunteers -- that I feel almost that I know her personally. And I could see in his eyes this determination to redeem the promise of her wonderful life. And I would also like to thank Nancy Gore Hunger's husband, Frank Hunger, who now serves as our Assistant Attorney General for the civil division. Thank you for being here, Frank. I know this is a great day for you.

I'd like to thank my wife, who has been talking to me about this issue for 20 years; and my wonderful daughter, who convinced my mother to quit smoking on her eighth birthday -- something I was never able to do.

So each of us has a personal journey here that has brought us to this point. But today we are here as a nation, to try to help our parents do a better job in raising their children to be strong and healthy and good citizens, and to do our duty in that regard. We've tried to do a lot of things to help our kids over the last four years, and to help parents raise their children. We've worked hard on cultural issues, supporting things like the V-chip and educational television.

We had a big increase in support for anti-drug programs in our schools and for drug treatment. And we vetoed efforts to reduce those, although we should be investing more. We have a zero tolerance policy to keep guns out of school; we're requiring our states to enforce anti-drinking and driving laws; we defended drug testing cases involving student athletes; we've worked to bring order and discipline into our children's lives by encouraging and giving support to communities that try things like community-based curfews and school uniforms and tougher enforcement of truancy laws.

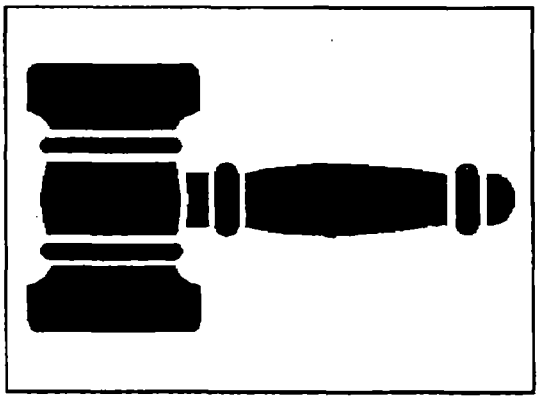
We know, however, that in spite of all the things that are going right in this country -- with the economy up and more jobs, with the crime rate down, with fewer people on welfare and food stamps, dramatically higher percentage of our young children immunized -- that we have continued to see substantial rises in tobacco and drug use among our young people. We know that while the scientific evidence is clearly unclear, children who do smoke cigarettes are much more likely to engage in other risky behavior, including the use of marijuana and cocaine.

So we have to keep pressing forward to deal with these challenges, every one of them. And I want to thank General McCaffrey for being willing to give up his four stars and magnificent campaign to take on the drug fight for America's children and America's future.

DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF THE GENERAL COUNSEL

PHONE: (202) 690-6318
FAX: (202) 690-7998

DATE: September 30, 1996



TO: JENNIFER KLEIN

456-2978

FROM: ANDREW D. HYMAN
Special Assistant to the General Counsel
Office of the General Counsel, Room 707F
Department of Health and Human Services
200 Independence Ave., SW
Washington D.C. 20201

COMMENTS: Attached is some info you may find helpful.

1. Qs and As on the relationship between drug use and tobacco use (written for the rollout of the tobacco regs in August).

2. A one-pager entitled "Smoking as a Risk Factor for Other Drug Use" written by CDC.

3. Summary and press release of the Monitoring the Future study, the study referenced in the article. The study, conducted every year at the University of Michigan, is funded by the Natl Institute of Drug Abuse at HHS.

4. A July 21, 1995 MMWR (Morbidity and Mortality Weekly is published by CDC). In particular, read the "Editor's Note," discussing the factors that may cause the increase of smoking initiation by kids. My only caveat is that advertising expenditures should only be cited as one factor. You should note, that Lloyd Johnson is not a government employee and, therefore, is not speaking for the government.

12 pages

ILLICIT DRUG USE

Q. What is the relationship between smoking and illicit drug use?

A. Studies show that underage smokers are more likely than non-smokers to use illicit drugs, although most young smokers do not use illegal substances. There is no scientific evidence of a causal link between smoking and illicit drug use.

We are very concerned too many young Americans are engaged in a whole range of risky behaviors, including the use of tobacco and illicit drugs. We have powerful, comprehensive strategies for preventing each of these behaviors.

Q. But a lot of people are calling tobacco a "gateway drug." They're citing studies that say if you smoked cigarettes as a child, you're much more likely to develop an addictive problem later in life. Do you believe that tobacco use by children is a gateway to illicit drugs?

A. There is no scientific evidence to support the conclusion that tobacco is a gateway drug. We do know that a significant portion of young people who use tobacco also use illicit drugs. That's why we're working aggressively to educate youth about why they should not use tobacco or illicit drugs.

Q. Earlier this week your Administration announced that illegal drug use among teens is rising. Is this initiative the Administration's answer to rising drug use among teenagers? Is this announcement politically timed to deflect criticism about rising illegal drug use?

A. No. The reason for the President's initiative is the public health tragedy of children's tobacco use. The Administration proposed the tobacco rule a year ago. The final rule just completed the OMB review process and is ready, so we are announcing it today. Every day we don't act, another 3,000 young people a day become regular smokers. We can't afford to waste even one day in addressing this tragedy.

But make no mistake, we are deeply concerned about the rise in youth use. That's why the top priority of the President's National Drug Control Strategy is to reduce drug and substance abuse among youth. Over the last four years the President has expanded youth drug prevention programs and fought Republican efforts to get these programs. In his 1996 State of the Union address, the President challenged parents to talk openly and firmly to their children about the harm of drugs. Our drug control strategy is comprehensive: we're working with parents, schools, communities, religious organizations, businesses, the

media and entertainment industries, state and local government, and young people themselves to make sure that American's youth hear a powerful and consistent anti-drug message.

Q: Why is the Administration focusing on nicotine when illegal drug use is causing more serious problems in this country?

A: This Administration has been waging war against illegal drug use, but we cannot ignore the fact that nicotine is the leading cause of preventable death in this country. We must focus on both. This is not an either/or situation.

ALCOHOL AND OTHER PRODUCTS

Q: The agency's regulation restricts sales and advertising of a legal, albeit addictive, product - tobacco - in order to prevent sales and use of tobacco by children. Won't the agency's next logical step be alcohol, an addictive product that is legally consumed by adults but which can not be sold legally to young people?

A: The agency's action concerns the regulation of a legal product that is the leading cause of preventable death in America, that is addictive to almost all of its users (studies show 77 to 92 percent), and whose use begins almost exclusively in childhood. Unlike alcohol, both cigarettes and smokeless tobacco, when used as intended, are highly addictive and have a high risk of causing death and serious illness. Alcohol presents different problems than tobacco, and alcohol is already highly regulated by a number of federal agencies, including the Bureau of Alcohol, Tobacco, and Firearms, and the Federal Trade Commission, and by FDA, as a food.

News Release

HHS Press Release

Date: December 15, 1995
For Release: Immediately
Contacts: Mona W. Brown, Sheryl Massaro, (301) 443-6245
Dept. of Health & Human Services

Annual Survey Shows Increases in Tobacco and Drug Use by Youth

HHS Secretary Donna E. Shalala today released the 21st annual Monitoring the Future Survey, which surveys the use of tobacco, alcohol, and illicit drugs by 8th, 10th, and 12th graders.

According to this year's survey, 48.4 percent of high school seniors had used an illicit drug at least once in their lifetimes, an unacceptably high level, but still far below the peak of 65.6 percent in 1981. Rates of cigarette smoking increased among high school seniors, with 64.2 percent reporting lifetime use of cigarettes, up from 62 percent in 1994. Rates of lifetime alcohol use among seniors remained high at 80.7 percent.

In reporting the survey findings, Health and Human Services Secretary Donna E. Shalala noted that December is National Drunk and Drugged Driving Month and challenged parents and all caring adults to open a dialogue with young people about drugs, alcohol, and tobacco. Secretary Shalala said, "We have a generation at risk -- a generation that needs to hear clear and consistent messages from all adults that using drugs, alcohol, and tobacco can ruin their lives. This holiday season, parents should make a special effort to set their children straight about the dangers of smoking, drinking and using drugs."

Secretary Shalala said, "The Clinton administration is fighting for our children. That is why we have proposed a powerful new initiative to prevent young people from using tobacco. That is why we have developed a tough, comprehensive anti-drug strategy. And that is why the President will hold a White House conference on youth drug use and violence in January, 1996. These are strong steps for keeping young Americans healthy and drug-free -- and they make a lot more sense than the reckless budget cuts in services for children and families that the Congress has proposed."

Lee Brown, Ph.D., Director of the Office of National Drug Control Policy, said, "We need all Americans to lock arms and send a clear and consistent message to all young people: Drugs are illegal, dangerous, unhealthy and wrong. When my daughter was a teenager, I told her that I would check her room to make sure there were no illegal substances. I also waited up for her while she was out with her friends. She told me that these actions annoyed her, but I did them because she was precious to me. Now she is married and a successful adult. This is an example of the kind of 'tough love' that parents need to do more of."

Deputy Secretary of Education Madeleine Kunin said that the survey shows "this certainly is no time to

cut funding for Safe and Drug-Free Schools by 60 percent, as Congress has proposed. But schools can only be part of the solution. This is a tragedy among our nation's youth that requires immediate attention from schools, communities, governments and -- most importantly -- parents. Parents must have high expectations for their children, be involved in their lives and education, and send the message that young people cannot compete and succeed if they use drugs. That is why we have made family involvement the cornerstone of our agenda."

This year's survey showed significant increases in smoking among 10th and 12th graders. Rates of cigarette smoking among 12th graders increased for lifetime, current use (at least once in the 30 days prior to the survey), and daily prevalence measures between 1994 and 1995. For 10th graders, current and daily use of cigarettes increased, while at the same time, there was a decrease in the percentage of 10th graders believing there is great risk in smoking one or more packs of cigarettes per day. Among African American 10th graders, there has been a significant increase in those who have smoked in the past 30 days, from 6.6 percent in 1992 to 11.5 percent in 1995.

Use of marijuana climbed in 1995. Between 1994 and 1995, lifetime and past year use of this drug increased among 8th, 10th, and 12th graders.

This was the third consecutive increase in lifetime and past year use among 10th and 12th graders and the fourth for 8th graders. Despite the increase, rates in 1995 are still far below the peak year, 1979, when 60.4 percent of high school seniors had used marijuana at least once.

The increases in use are tied to decreases in students' perceptions about the dangers of drug use. The 1995 survey shows decreases in the percentage of 8th, 10th, and 12th graders believing there is "great risk" in occasionally smoking marijuana. As with tobacco, there was also a decrease in the percentage of 10th and 12th graders perceiving "great risk" in using marijuana regularly.

Secretary Shalala said, "We know that there continues to be a glorification of tobacco, alcohol, and drug use in popular culture. All of us -- parents, teachers, caregivers, government officials, and members of the media -- must work harder to spread the word to young Americans that drugs, tobacco, and alcohol are not healthy and not 'cool'."

Other survey findings include:

- Overall the proportion of 8th graders taking any illicit drug in the 12 months prior to the survey reached 21.4 percent in this year's survey. The comparable figure was 33.3 percent for 10th graders and 39.0 percent for 12th graders.
- Lifetime use of marijuana increased by over 3 percentage points from 1994 to 1995 for each of the three grades surveyed. In 1995, 19.9 percent of 8th graders, 34.1 percent of 10th graders, and 41.7 percent of 12th graders reported having used marijuana at least once in their lives. The survey also found that 34.7 percent of high school seniors, 28.7 percent of 10th graders, and 15.8 percent of 8th graders had used marijuana in the past year, up from 30.7, 25.2, and 13.0 percent in 1994, respectively.
- While overall rates are low, there was a significant increase in annual and current use of LSD among 10th and 12th graders. The percentage of 10th graders reporting use of LSD in the past year increased from 5.2 percent to 6.5 percent and among 12th graders, annual use increased from 6.9 percent to 8.4 percent.
- Use of inhalants remains high, especially among 8th graders. The percentage of 8th graders reporting having used inhalants at least once in their lifetime rose from 19.9 percent in 1994 to 21.6

percent in 1995. For 8th graders, lifetime rates of inhalant use are higher than rates of marijuana use. In addition, use of inhalants has been consistently higher among 8th graders than among 12th graders.

- ☐ Rates for lifetime, annual, and 30 day prevalence of alcohol use remained level between 1994 and 1995. Daily drinking among 12th graders increased from 2.9 percent to 3.5 percent, but among 8th graders, daily alcohol use decreased from 1.0 percent in 1994 to 0.7 percent in 1995.
- ☐ The percentage of 12th graders reporting current use of cigarettes increased from 31.2 percent in 1994 to 33.5 percent in 1995 and daily smoking increased from 19.4 percent to 21.6 percent. Among 10th graders, current use increased from 25.4 percent to 27.9 percent and daily use increased from 14.6 percent to 16.3 percent between 1994 and 1995.

There were continued decreases in both beliefs about the harmfulness of the various drugs and in peer disapproval of drug use.

- ☐ There was a decrease in the percentage of students in all grades reporting "great risk" in trying crack once or twice.
- ☐ There was a continuing decrease in the percentage of 8th graders who disapprove of people who try marijuana or LSD once or twice or who take LSD regularly.
- ☐ There was an increase in the percentage of students at each grade level reporting their perception that it is fairly or very easy to get marijuana.
- ☐ The survey also found increases in the proportion of 8th graders reporting that they believed it would be fairly easy or very easy to get marijuana, LSD, crack, heroin, and amphetamines.

The Monitoring the Future Survey is conducted under a NIDA grant to the University of Michigan Institute for Social Research. Under the direction of Dr. Lloyd Johnston, the survey was administered in the spring of 1995 to a national probability sample of 15,876 high school seniors, 17,285 10th graders and 17,929 8th graders in public and private schools. The study has been conducted annually since 1975, with 1995 representing the 21st annual survey of high school seniors and the 5th year data have been collected on 8th and 10th grade students.

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Monitoring the Future Study

Summary of Findings Through 1995

Date: December 15, 1995
For Release: Immediately
Contacts: Mona W. Brown, Sheryl Massaro, (301) 443-6245
Dept. of Health & Human Services

Between 1994 and 1995 use of cigarettes and most illicit drugs increased among students in all three grades surveyed. In addition, fewer students expressed negative perceptions of drug use. In most cases, these changes continued recent trends that began in the early 1990's and reversed a decade or more of decreases in drug use. All changes noted below are statistically significant.

Cigarette Use

- Between 1994 and 1995, past month (30 days) cigarette use increased from 25.4 to 27.9 percent among 10th graders and from 31.2 to 33.5 percent among seniors. Similarly, daily smoking increased from 14.6 to 16.3 percent for 10th graders and from 19.4 to 21.6 percent for seniors.
- Since 1991, past month smoking has increased from 14.4 to 19.1 percent for 8th graders, 20.8 to 27.9 percent for 10th graders, and 28.3 to 33.5 percent for 12th graders.
- Although African American students continue to have the lowest rates of smoking, rates are going up for students in all racial/ethnic groups. Current cigarette use increased from 1992 to 1995 among white and black students in all three grades and among white, black, and Hispanic 8th graders.

Illicit Drug Use

- Use of marijuana/hashish continued to climb. Between 1994 and 1995, lifetime and past year marijuana use increased among 8th, 10th, and 12th graders, and past month use increased among 8th and 12th graders. This was the third consecutive increase in lifetime and past year marijuana use among 10th and 12th graders and the fourth for 8th graders. Among seniors, marijuana use in 1995 was the highest since 1989 for lifetime use, 1987 for past year use, and 1986 for past month use. In addition, daily marijuana use, an index of very high-risk use, increased for 10th and 12th graders.
- Driven in large part by the rise of marijuana, lifetime, past year, and past month use of any illicit drug increased among 8th and 10th graders. Past year use of any illicit drug increased among seniors.
- Past year use of hallucinogens, including LSD, increased among 8th, 10th, and 12th graders between 1994 and 1995, and past month use of these drugs increased for 10th and 12th graders.
- Past month use of cocaine in any form increased for 10th graders; this increase was primarily due to crack, which showed increases in lifetime, past year, and past month use among 10th graders.

- Heroin use in the lifetime, past year, and past month increased among seniors, and past month heroin use increased for 10th graders. For seniors, lifetime heroin use was at 1.2 percent in 1994 and at 1.6 percent in 1995. These increases appear mainly to reflect use of heroin in noninjectable forms.
- Use of stimulants increased among 10th graders for all three levels of recency of use.

Perceived Harmfulness and Availability

- The perceived risk of drug use continued to decrease. The percentage of 8th, 10th, and 12th graders reporting "great risk" in trying marijuana once or twice or in smoking the drug occasionally decreased. Among seniors, the percent of seniors reporting "great risk" in regular marijuana use has decreased steadily from 78.6 percent in 1991 to 60.8 percent in 1995.
- The percent reporting "great risk" in trying crack or cocaine powder or in using these drugs occasionally decreased among 8th and 10th graders.
- The perceived risk of smoking a pack or more of cigarettes per day decreased among 10th graders.
- The percentage reporting that marijuana was "fairly easy" or "very easy" to get increased among 8th, 10th, and 12th graders. The perceived availability of LSD increased for 8th and 10th graders.

Alcohol Use

- Alcohol use continued at unacceptably high levels. Notably, however, daily drinking increased among 12th graders, and more 10th graders reported having "been drunk" daily in the past month.

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CDC

July 21, 1 / Vol. 44/ No. 28

MMWR™

MORBIDITY AND MORTALITY WEEKLY REPORT

Trends In Smoking Initiation Among Adolescents and Young Adults — United States, 1980–1989

The evaluation of efforts to prevent tobacco use among adolescents requires accurate surveillance of both smoking prevalence and smoking initiation rates. Although several surveillance systems provide timely data about adolescent smoking prevalence (*1*), data characterizing rates of smoking initiation among adolescents have been limited. To improve characterization of trends in smoking initiation among young persons, data from the Tobacco Use Supplement of the 1992 and 1993 Current Population Surveys (CPS) (*2*) were used to estimate smoking initiation rates for persons who were adolescents (aged 14–17 years) or young adults (aged 18–21 years) during 1980–1989. This report summarizes the results of that analysis.

The CPS are monthly surveys of the U.S. civilian, noninstitutionalized population aged ≥15 years (*2*). Approximately 56,000 households are surveyed each month; one household respondent provides information about all household members aged ≥15 years. Questions about tobacco use were added to the September 1992, January 1993, and May 1993 monthly surveys. The response rates for the three surveys were 84.7%, 84.9%, and 82.0%, respectively (N=293,543 household members). To minimize biases that could result from discrepancies between self reports and proxy reports of smoking behavior (*3*), this analysis used data from self-respondents only (82% of total sample). Ever smokers were defined as respondents who answered "yes" to the question, "Have you smoked at least 100 cigarettes in your entire life?" Ever smokers were asked, "How old were you when you started smoking cigarettes fairly regularly?" To restrict the analysis to persons who were adolescents or young adults for some period during 1980–1989, only respondents aged 17–34 years at interview were included. The final sample consisted of 71,321 persons, of whom 27,768 (38.9%) were ever smokers.

Using the age of respondents at the time of the interview and the age they reported starting smoking, the age of respondents and their smoking status were calculated for each year during the 1980s. The denominator for the initiation rate for a given year was the number of respondents at risk for initiating smoking during that year (persons already smoking were eliminated from the denominator for that year). The numerator was the number of respondents who reported initiating smoking during that year. Data were weighted by age, sex, and race/ethnicity to provide national estimates.

Among adolescents, the smoking initiation rate decreased slightly from 1980 (5.4%) through 1984 (4.7%) and then increased through 1989 (5.5%); the largest annual

Smoking Initiation — Continued

increase occurred in 1988 (Figure 1). In comparison, among young adults, initiation rates decreased throughout the 1980s (Figure 1). For both age groups, initiation rates and trends were similar for males and females.

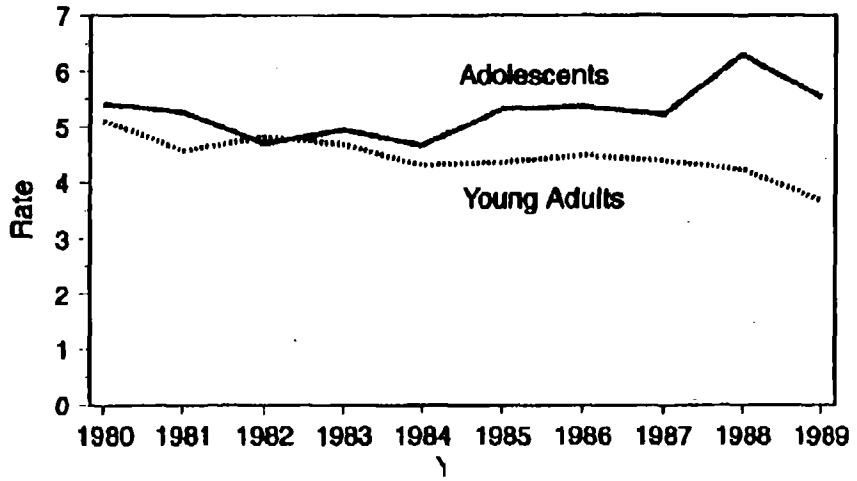
Reported by: KM Cummings, PhD, D Shah, MS, Roswell Park Cancer Institute, Buffalo, New York. DR Shopland, National Cancer Institute, National Institutes of Health. Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, CDC.

Editorial Note: The findings in this report indicate an increase in the rate of initiation of cigarette smoking among adolescents from 1985 through 1989, a period during which the rate among young adults declined and overall prevalence of smoking among adults decreased steadily (*4*). One important consequence of the increased rate of initiation among adolescents will be the increased future burden of tobacco-related disease. In particular, because of the increase in initiation since 1984, an additional 600,000 adolescents began to smoke during 1985–1989.* Of those adolescents who continue to smoke regularly, approximately 50% will die from smoking-attributable disease (*5*).

Potential reasons for an increase in smoking initiation rates among adolescents include a decreased real price of cigarettes, increased levels of disposable income, increased acceptability of smoking, and intensified cigarette marketing (*1*). However, because the real price of cigarettes increased steadily during 1985–1989 and the real average weekly income among high school seniors remained stable during this period, cigarettes were less affordable to young persons (*1,6*) (Table 1). In addition, the acceptability of smoking among high school seniors did not increase: during this period there were increases in the percentages of high school seniors who believed

*Based on the assumption that the initiation rate during 1985–1989 remained stable at the 1984 rate, and by multiplying the Bureau of the Census population estimates for persons aged 14–17 years for each year from 1985 through 1989 by the difference between the adolescent smoking initiation rate in 1984 and the rate for each year.

FIGURE 1. Smoking initiation rate among adolescents and young adults,* by year — United States, 1980–1989



*Per 100 adolescents (aged 14–17) or young adults (aged 18–21).

Smoking Initiation — Continued

cigarettes are harmful, smoking is a "dirty habit," and becoming a smoker reflects poor judgment, and who reported they "mind being around people who are smoking" and would prefer to date nonsmokers (*1*).

The increase in rates of smoking initiation among adolescents during 1985–1 may reflect increased real expenditures for cigarette advertising and promotion. The increase in rates occurred during a period when real expenditures for total cigarette advertising and promotion† doubled, and expenditures for cigarette promotion more than quadrupled (*7*) (Figure 2): from 1980 to 1989, total annual advertising and promotional expenditures (in 1993 dollars) increased from $2.1 billion to $4.2 billion, while promotional expenditures alone increased from $771 million (37% of total expenditures) to $3.2 billion (76%) (Figure 2). Promotional efforts have been highly effective among adolescents. For example, among persons aged 12–17 years in 1992, approximately 50% of smokers and 25% of nonsmokers reported having received promotional items from tobacco companies (*1*).

An association between overall cigarette marketing expenditures and initiation rates for smoking among adolescents is plausible for at least four reasons. First, brand loyalty is usually established with the first cigarette smoked (*8*); therefore, cigarette companies have an economic incentive to encourage first-time smokers to smoke their brands. Second, adolescents are exposed to cigarette advertising and promotions that employ themes and images that appeal to young persons (*1*). Third, advertising directly influences brand awareness and attitudes toward smoking among adolescents (*1*). Specifically, adolescents smoke the most heavily advertised brands,

†Based on data from the Federal Trade Commission (*7*), advertising expenditures include c to advertise outdoors (e.g., billboards), in newspapers or magazines, and on transportation (e.g., buses); promotional expenditures include costs of promotional allowances, distribu of samples or specialty items (e.g., key chains, lighters, T-shirts, caps, and calendars), public entertainment, direct mail, coupons, retail value-added promotions (e.g., specialty items distributed at the point of sale), and point-of-sale promotions (e.g., store displays).

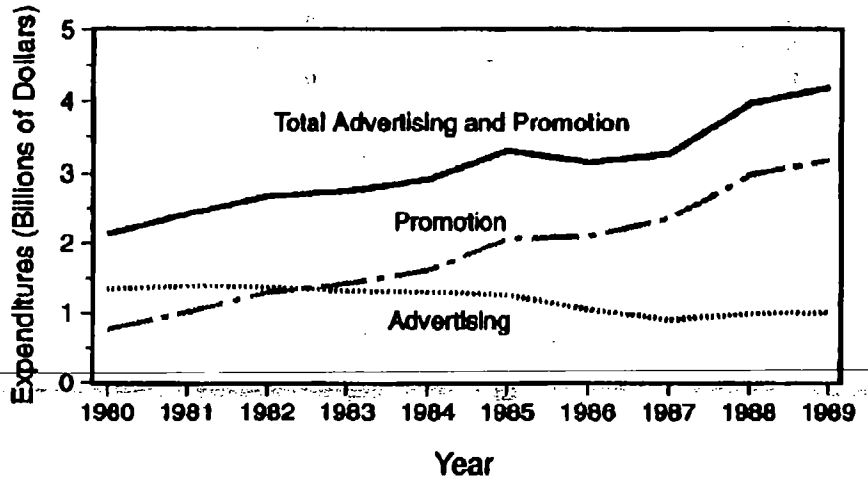
TABLE 1. Real* cigarette price per pack, real weekly income of high school ra, and real price per pack as a percentage of real weekly income among high sc l seniors — United States, 1980–1989

Year	Real average cigarette price per pack (cents)†	Real average weekly income (dollars)§	Real price of cigarette pack as percentage of real weekly income
1980	72.8	NA¶	NA
1981	69.3	NA	NA
1982	72.2	52.83	1.4
1983	82.2	51.26	1.6
1984	91.1	52.00	1.7
1985	90.9	51.84	1.7
1986	95.3	53.63	1.8
1987	96.8	55.15	1.8
1988	103.3	53.53	1.9
1989	102.8	53.13	1.9

*Real prices and incomes were obtained by dividing the actual prices and incomes by the National Consumer Price Index, using the average of 1982–1984 as the reference.
†Source: The Tc co Institute.
§Source: CDC.
¶Not available.

Smoking Initiation — Continued

FIGURE 2. Cigarette advertising and promotional expenditures* — United States, 1980–1989



*Expenditures were converted to 1993 dollars, using the Consumer Price Index.
Source: Federal Trade Commission.

and changes in brand preferences among young persons are associated with changes in brand-specific advertising expenditures (*9*). For example, the Joe Camel campaign introduced nationally in 1988 was associated with an increase in the market share of tl specific brand among adolescents (*1,9*). Finally, consumer research suggests that younger persons (i.e., aged 14–17 years) aspire to be young adults (*10*); therefore, advertising and promotional efforts targeted toward young adults may have greater appeal to adolescents because of their age aspirations.

Although current estimates of smoking initiation rates among adolescents are not available, from 1991 through 1993, the national prevalence of smoking increased among eighth- and 10th-grade students (*6*). To reverse the trend of increasing smoking initiation rates among adolescents and to achieve the national health objective for the year 2000 of reducing the initiation of cigarette smoking by youth (no more than 15% should become regular smokers by age 20) (objective 3.5) (*4*), prevention efforts that focus on young persons should be intensified. Such efforts could include making cigarettes less affordable by either increasing their real price (*1*) or by limiting sales to cartons rather than individual packs, enforcing laws prohibiting the sale and distribution of cigarettes to young persons (*4*), conducting mass media campaigns to discourage tobacco use (*1*), and eliminating or severely restricting all forms of tobacco product advertising and promotion to which young persons are likely to be exposed (*4*).

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Smoking Initiation — Continued

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Pertussis — United States, January 1992–June 1995

Pertussis was a major cause of morbidity and mortality among infants and children in the United States during the prevaccine era (i.e., before the mid-1940s). Since pertussis became a nationally reportable disease in 1922, the highest number of pert cases (approximately 260,000) was reported in 1934; the highest number of pert related deaths (approximately 9000) occurred in 1923. Following the licensure of whole-cell pertussis vaccine combined with diphtheria and tetanus toxoids (DTP) in 1949 and the widespread use of DTP among infants and children, the incidence of reported pertussis declined to a historical low of 1010 cases in 1976 (Figure 1). However, since the early 1980s, reported pertussis incidence has increased cyclically with peaks occurring in 1983, 1986, 1990, and 1993 (*1–3*). This report summarizes national surveillance data for pertussis from January 1992 through June 1995 from CDC's National Public Health Surveillance System (NPHSS) and Supplementary Pertussis Surveillance System (SPSS) and assesses the effectiveness of pertussis vaccination in the United States during this period using vaccination coverage data from CDC's National Health Interview Survey (NHIS).

National Surveillance for Pertussis and Vaccination Coverage

Through NPHSS (formerly the National Notifiable Disease Surveillance System), state health departments report weekly to CDC the number of pertussis cases. Data reported include state and county of residence, age, date of report to CDC, and race/ethnicity. Through SPSS, more detailed information about persons with pert is reported to CDC, including demographic variables, vaccination history, selected clinical characteristics, hospital admission, deaths, and results of laboratory tests for *Bordetella pert* . Documented limitations of t tu surveillance systems

BACKGROUND ON MEDICAID AND TOBACCO

July 2, 1996

IT IS CLEAR TOBACCO COSTS LIVES. While the tobacco industry and its supporters continue to dispute tobacco's addictiveness, all credible scientific evidence is that it is, and that it costs lives.

- **Every day 3,000 young people start smoking, and 1,000 of them will have their lives shortened as a result.** Currently, more than 3 million children and adolescents smoke cigarettes, and 1 million adolescent boys currently use spit tobacco. Smoking by young people is rising sharply. Between 1991 and 1995, the percentage of eighth and tenth graders who smoke increased 34%. Overall, in 1995, over one third of high school students were current smokers.

- **Over 400,000 Americans die each year from tobacco related illnesses.** Cigarettes kill more Americans each year than AIDS, alcohol, car accidents, murders, suicides, illegal drugs and fires combined. Smoking is the leading preventable cause of death in the United States.

BUT THERE ARE OTHER COSTS AS WELL. Tobacco does more than cost lives; it also imposes direct and indirect monetary costs on society.

- **7% of medical spending due to smoking.** The Centers for Disease Control and Prevention estimate that 7% of total direct medical care expenditures in the U.S. were due to smoking in 1987.

TODAY, PRESIDENT CLINTON CALLED ATTENTION TO THE LINK BETWEEN TOBACCO AND MEDICAID.

- **Medicaid will spend at least $10 billion this year on smoking-related illnesses.** Smoking-related illnesses will account for at least $10 billion in federal and state Medicaid spending this year. [Source: HCFA based on data from the CDC's Morbidity and Mortality Weekly Report.]

- **Thus, Medicaid will spend at least $60 billion in federal and state funds on smoking-related illnesses between 1997 and 2002.**

PREVENTING CHILDREN FROM TAKING UP THE DEADLY HABIT OF SMOKING WILL CUT COSTS AND SAVE LIVES. <u>IT IS THE RIGHT THING TO DO</u>.

PRESIDENT CLINTON HAS PUT FORWARD A COMPREHENSIVE STRATEGY TO PREVENT YOUTH FROM BECOMING ADDICTED TO TOBACCO:

- **President Clinton's strategy.** To combat this public health crisis, President Clinton has proposed the nation's first comprehensive and meaningful strategy designed to prevent future generations of our youth from becoming addicted to tobacco. The key to this strategy is to focus on two factors -- access and appeal -- that cause our young people to disregard tobacco's dangers.

    - **Access.** Young people know how easy it is to buy tobacco products: every day they walk past cigarette vending machines; many local pharmacists and grocery store clerks will sell tobacco no questions asked; and underage youth even receive free promotional samples.

    - **Appeal.** The tobacco industry spends billions of dollars every years to portray cigarettes and spit tobacco as fun, rebellious and glamorous -- characteristics that are particularly appealing to young people.

- **The President's youth tobacco initiative uses several methods to confront these two aspects of the problem of youth tobacco use in our country.** These methods include:

    - **The Synar regulation**, issued in January, 1996, under which the Federal government works with the states to enforce their laws prohibiting minors' access to tobacco;

    - **The proposed FDA regulation,** introduced in August, 1995, which focuses not only on youth access, but also the problem of tobacco's appeal to our young people; and

    - **Partnerships** -- creative ways to work with people outside of government -- parents, health professionals, teachers, local leaders, coaches, clergy and others -- without whom we cannot succeed.

Rahm file

Smoking, verbs among topics in the classroom

Jack Mabley

A call from a reader:

"Do you remember the Weekly Reader?"

"The little newspaper we used to get in school and learn what was going on in the world? Yes, I still remember it."

"Did you know that a tobacco company now owns it?"

"I did not know that."

Why in the world would a tobacco company want to buy a children's magazine?

Here are two fantasies.

Fantasy No. 1: In the marketing department of a giant tobacco company: "Did you hear the Weekly Reader is for sale? Eight million children read it every week.

"Wouldn't this be a great opportunity for us to promote our campaign to stop children from smoking?"

Fantasy No. 2, in the same marketing department: "If we buy the Weekly Reader it will provide us with a medium for conveying our message, if you know what I mean, and I think you do."

True Fact: Before RJR Nabisco (the Joe Camel people) bought the Weekly Reader, 62 percent of the tobacco articles were anti-smoking.

After the RJR ownership began, anti-smoking articles dropped to 24 percent. These figures are from Stanton Glantz, professor of medicine at the University of California—San Francisco.

Charles Peters, in his magazine, Washington Monthly, writes:

"Comparing Weekly Reader articles after the purchase with those from Scholastic News, a similar publication which is not owned by a tobacco company, the study found that nine Weekly Reader articles gave the tobacco industry the last word while none of the Scholastic News articles did.

"Joe Camel, the RJR mascot, was presented more favorably in Weekly Reader, which was also less likely to mention the effects of smoking likely to turn off kids such as yellow teeth, bad breath, and smelly clothes."

The last word, from Sandra Maccarone, editor of the Weekly Reader: "We give both sides and say you make the right choice. And the right choice is not smoking."

■ ■ ■

Mea culpa. Many years ago, when I was in English class, I wasn't paying attention (maybe looking at the Weekly Reader) when our teacher took up transitive and intransitive verbs, and lie and lay in particular.

Consequently, decades later, I have offended many readers with a gross misuse of the language: "I *laid* in my hospital bed."

If I had been listening, I would have known lay is an intransitive verb, as in I lie down, (present) I lay in my bed, (past) I have lain ... (past perfect).

Laid is an intransitive verb, as in I lay down the pen, I laid down the pen, and I have laid down the pen.

Raymond Barish of Mount Prospect explained this to me. I trust he's right.

S.M. King of Lake Zurich says "I realize that spelling and grammar evolve. ... There are other common errors on examination papers from my students at Northern Illinois University. I take points off for them.

"Shouldn't publications be error free?"

We certainly should be error free, but that is an impossible goal in this or any other business.

An added problem for me is that everybody sees my errors, as well as any others that might creep into the paper.

One of the major regrets in my life is that I didn't pay attention in school ... and I'm being embarrassed for it half a century later.

The message here — don't waste the time you are obligated to spend in getting an education. If you don't learn, it will come back and haunt you.

THE WHITE HOUSE

WASHINGTON

August 10, 1995

MEMORANDUM FOR LEON PANETTA
HAROLD ICKES
ERSKINE BOWLES
JACK QUINN
GEORGE STEPHANOPOULOS
MARCIA HALE
PAT GRIFFIN
CHRIS CERF

FROM: JENNIFER O'CONNOR

SUBJECT: TOBACCO MATERIALS

Attached are the following materials:

Two page talking points that summarize the danger of tobacco to kids, the elements of the rule, what is not in the rule, and the jurisdictional status. It serves as a two page summary of the most important material. It is the basic summary the President will have for his Oval Office discussion.

Six page questions and answers to be used by White House as well as HHS and FDA staff -- for internal use only.

One page Economic Impact statement -- for internal use only.

The FDA press packet which includes:

- One page general talking points
- One page summary of the rule (in six bullets)
- Two page fact sheet on dangers of tobacco to children
- Two page justification for each of our actions from banning vending machines to t-shirts and restricting advertising
- Two page sheet of quotes from health experts, Jimmy Carter, William F. Buckley, Jr., Barry Goldwater and others who support our approach in general.

CHILDREN AND TOBACCO: THE PROPOSAL

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 taken by Congress and others 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

- Require age verification and 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").

Reducing Appeal to Children

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

- Permit black-and-white text only advertising in publications with significant youth readership (under 18). (Significant readership means more than 15 percent or more than 2 million. No restrictions on print advertising below these thresholds).

- Prohibit sale or giveaway of products like caps or gym bags that carry cigarette or smokeless tobacco product brand names or logos. Prohibit exchange of non-tobacco products for proof of purchase of tobacco products.

- Prohibit brand name sponsorship of sporting or entertainment events, but permit it in the corporate name.

- Require industry to fund ($150 million annually) a public education campaign to prevent kids from smoking.

###

TALKING POINTS ON TOBACCO

- Smoking among young people is a crucial public health issue. Every single day, 3000 young people become regular smokers and nearly 1,000 of them will die prematurely as a result.

- For more than a decade, even as adult smoking was dropping, the smoking rate among high school seniors did not go down. That was bad enough, but since 1991, the percentage of teenage smokers has risen steadily and rapidly.

- There's been a 30 percent increase in the number 8th graders who smoke, a 22 percent increase in the number of 10th graders who smoke, and by the age of 16 the average teenage smoker is smoking every day -- and will not stop.

- The number of teenagers who believe smoking is dangerous is dropping dramatically. As the President has said, peer approval of smoking is a "recipe for disaster."

- We have a responsibility to help parents keep cigarettes and chewing tobacco away from their kids. It's far too easy for children to buy and use tobacco products. There are things that can be done at the federal level to help in this area, and President Clinton is taking strong action today to address the problem of smoking among children.

- The actions the President will unveil today will be, as he has said, tough and mandatory. They will focus on how to stop children from smoking, and how to stop them from starting.

- We could change the dynamic of health care in America by saving these kids, because we will be paying years down the road for the health damage caused by smoking among today's children. Reducing teen smoking would be the cheapest, easiest, quickest thing we could do to reduce the cost of health care, help balance the budget over the long run, and improve the health of America.

Talking points

I. Kids-Oriented Regulation is Necessary

* Although it is illegal in all 50 states to sell tobacco products to minors, smoking by both children and teenagers continues to rise.

* On any given day, approximately 3000 young people become regular smokers, with total youth consumption of cigarettes exceeding 500 million packs per year.

* Over 80% of adult smokers began as minors, beginning, on average, at age 14. If an individual does not become a smoker as a teen, it is unlikely that he or she ever will become one.

* The consequences of these statistics are tragic. According to the CDC, of the two million Americans who will die in 1995, approximately 420,000 will die of conditions associated with tobacco.

* This number is almost ten times the annual highway toll and more than the combined deaths last year from accidents, murders, suicides, AIDS, drugs, alcohol-related diseases and fire.

II. Principal Components of the Rule

* Permits sale of tobacco products only through a face-to-face transaction with an adult. Under this principle, vending machines, self service displays, and mail order purchases would not be permitted.

* Prohibits all outdoor advertising (e.g., billboards) within 1000 feet of schools and playgrounds.

* For all other outdoor advertising, permits only black and white, text-only advertising.

* For magazines with significant youth readership, limits advertising to black and white, text-only format; no restrictions on advertising in other publications.

* Prohibits sale or giveaways of products (like caps or gymbags) that carry a tobacco brand name.

* Prohibits brand-name sponsorship of sporting and entertainment events, but permits it in corporate name. (For example, the "Phillip Morris Tennis Tournament" would be permissible, but "The Virginia Slims Tournament" would not be.)

* Requires the industry to fund ($150 million per year) a public education campaign designed to prevent kids from smoking.

III. What the Rule Does Not Do

* The rule does not in any way restrict adults' ability to purchase or consume tobacco products; it does not affect cigars or pipe tobacco at all.

* The rule does not follow the course -- already adopted in 20 countries -- of simply banning all tobacco advertising. (Countries include France, Canada, and Norway.)

IV. Status of the Rulemaking Proceeding

* The evidence before the FDA at this time supports the finding that nicotine in cigarettes and smokeless tobacco is a drug, but the agency is accepting further evidence and comment on that issue and will give them careful consideration.

* Interested parties have 90 days to submit comments on the jurisdictional issue as well as the particulars of the proposed rule. Only after receipt and consideration of these comments will the FDA be in a position to issue its final rule.

Int use only

CHILDREN AND TOBACCO: THE PROPOSAL'S ECONOMIC IMPACT

Each year, an estimated 1 million children and adolescents begin to smoke. The goal of this ambitious proposal to prevent children from becoming addicted to cigarettes and smokeless tobacco products (snuff and chewing tobacco) is to reduce that number by 500,000.

- Meeting this goal will prevent well over 60,000 premature deaths.

- The benefits to the U.S. economy from meeting this goal would be a savings of more than $2.6 billion in reduced medical costs. In total, there are potential savings ranging from $28 billion to $43 billion in avoiding disabilities or premature deaths from tobacco use.

- These benefits are repeated each year for each group of children not beginning to smoke or use smokeless tobacco products.

***

The economic costs associated with this proposal are gradual and slight. It is projected that it will reduce revenues from cigarettes sales by 0.5 percent in the first year, 2.1 percent in the fifth year, and 4 percent in the 10th year. Over this 10-year period, this would result in the loss of about 1,000 jobs annually among warehouses, manufacturers, tobacco growers and wholesalers.

- Tobacco manufacturers will have costs of about $177 million annually (about one-half of 1 percent of current sales), and this will mainly be the result of the educational campaign they fund.

- Retailers will have an annual estimated cost of $53 million, mainly for activities related to verifying age. The impact on a typical small retail store is estimated to be $320 in the first year, with the largest single cost, $285, being the labor cost for checking identification. Small stores already verifying ages of young customers would have an additional cost of only $35.

- Vending machine sales of cigarettes are already falling, down 25 percent from 1992 to 1993. Currently, cigarettes only account for 3.4 percent of total vending machine sales. No new cigarette vending machine has been shipped in the United States since 1990.

- Of the $6.2 billion spent by the tobacco industry on advertising and promotion, the proposal affects $1.9 billion (less than 1.5 percent of total U.S. media advertising).

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TOBACCO QUESTIONS AND ANSWERS

Public Reaction

Q: Won't Congress stop this? What's your strategy to fight an industry lawsuit?

A: We hope Congress and the industry will agree with us. The President is firmly committed to the goals and has released his proposed regulation. However, he is open to other avenues to achieve the goal such as a statute which enacts the same measures as in the proposed regulation.

Voluntary Approaches

Q: Why can't you just use a voluntary approach? Why are regulations needed?

A: The tobacco industry has had a voluntary advertising code in place since 1964 to keep kids from beginning to smoke. And yet, 3,000 kids a day become smokers, and the numbers are getting worse, not better: smoking among eighth graders has risen 30 percent in the last three years. Either the code is insufficient or the code is not followed.

Q: Isn't this a "big government" fix to a problem that should be addressed by the private sector?

A: No. Other countries have taken much more extreme measures, such as banning all advertising. The Administration proposal is narrowly aimed at the real preventable problem: kids smoking. State laws prohibiting sales to or use by minors already exist in all 50 states. But we haven't done a good job -- in either the public or private sector: 3,000 kids become regular smokers each day.

Q: What is the difference between what you are proposing and what the industry voluntarily has initiated so far?

A: Tobacco industry programs consist primarily of awareness materials for retailers and educational materials for parents and teachers. The industry implies that these programs are all that is needed to reduce the sale of tobacco to minors. In recent weeks, the industry has suggested that it will take additional actions. (For example, Philip Morris indicated that it would add pack notices about underage sales; discontinue sampling and direct mail marketing; provide support to retailers; revise retailer incentive programs; and restrict use of company logos on children's products.)

Did the Industry Offer You a Deal?

Q: Did the industry offer you a deal?

A. No. We let them know what we were thinking about and they came back with a proposal we considered. It was similar in many respects to what the President outlined today. However in the important areas of advertising on billboards and at the point of sale, we didn't believe their proposal would be effective at reducing kids' smoking. And the President wouldn't accept that.

Jurisdiction

Q: Are you today declaring nicotine a drug or asserting FDA jurisdiction?

A: The evidence before the FDA supports the finding that nicotine in cigarettes and smokeless tobacco products is a drug, but the agency is accepting further evidence and comment on that issue and will give them careful consideration.

This is a legal issue that is up to the FDA and does not require the President to act.

Enforcement

Q: How will this be enforced?

A: The federal government will work with the States to enforce the prohibition on selling tobacco products to children under 18 years old. In addition, the FDA will be responsible for monitoring advertising and promotion to ensure that they comply with any final regulation. Any enforcement action would have to be initiated by the Department of Justice.

Won't FDA Ban Tobacco?

Q: If nicotine in tobacco is a drug, doesn't FDA have to ban it?

A: No. FDA is not required to and will not ban cigarettes and smokeless tobacco products.

Q: Even if FDA doesn't ban tobacco now, isn't that where this is leading?

A: FDA does not believe that a ban would be an effective means of reducing the toll of death and disease from tobacco, because a ban would not be effective in stopping the 40 million currently addicted tobacco users from gaining access to tobacco.

Advertising

Q: What is the evidence that tobacco advertising actually influences teen smoking?

A: The proposed rule reviews in detail the evidence of how cigarette marketing practices affect teen smoking. Some of the most compelling data include:

- Teens (86%) are more than twice as likely as adults (35%) to smoke the three most advertised brands of cigarettes (Marlboro, Camel, and Newport).
- Teen preference for Camel cigarettes, approximately 3% before the Joe Camel campaign was launched in 1988, increased to 13% by 1993. During this same time period, the percentage of adult sales was unchanged.
- From 1985-1989, adult smoking prevalence rates dropped and the affordability of cigarettes for teens also decreased. During this same period, teen smoking initiation rates increased and cigarette promotional expenditures quadrupled.

Educational Program

Q: Isn't the educational program really a tax on the tobacco industry?

A: No. The money does not go to the federal government. It goes to the combat the past tobacco industry advertising that has hooked kids. When misleading or new safety information is discovered about a drug product, FDA routinely uses its authority to require drug companies to inform, at their own expense, the health care community and consumers of the new and correct information.

Adults

Q: Are the advertising restrictions in the proposed rules really geared to children? They look as though they will affect adults also.

A: During its investigation, the agency was struck by the evidence of the chilling effectiveness of tobacco advertising on young people's decision to use tobacco products. Also, we know that advertising is very successful with kids. 86% of kids smoke one of the three most heavily advertised brands.

Safety and Effectiveness

Q: How can FDA say these products are "safe and effective"?

A: FDA is saying these are dangerous products and people become addicted as kids. We are proposing a strategy to prevent this from happening.

Free choice for adults

Q: Isn't this proposal a threat to personal, free choice?

A: No. Adults can still smoke or use what will continue to be legal products. But these products are unique -- no other legal product is as deadly or addictive when used as intended. The scientific and medical evidence is overwhelming: cigarettes contain nicotine in sufficient amounts to create and sustain an addiction and our kids are becoming regular smokers at a rate of 3,000 a day.

Message to kids

Q: Won't these measures just make cigarettes more attractive to kids by making them "forbidden"?

A: No. We have already said kids shouldn't smoke, but we haven't done a good job of telling our kids that. We have continued to let these products be easily available and the industry promotions have told kids it's cool and glamorous to use them. Kids believe you if your actions match your words. For the first time, we're going do that.

What Other Countries Do

Q: Aren't the measures you are proposing today more severe than those that exist anywhere else in the world?

A: No. In fact, approximately 20 countries have in place a total ban on advertising and promotion of tobacco products, including Canada and France. Others require that much larger portions of the pack contain much stronger warnings than in this country.

White House Review

Q: Why did the President review the rule? Isn't that unusual? Is it appropriate?

A: This is one of the most important public health issues that the country is facing. It is completely appropriate that the President review the proposed rule.

Effective Date

Q: When is the initiative likely to become effective?

A: The agency has allowed 90 days for the public to comment on the proposed rule. When the agency publishes a final rule, it will specify effective dates, which are likely to vary depending on the particular portion of the rule.

Public Reaction

Q: What are the political implications of this action?

A: Health should not be a partisan political issue, and our children's health should come before all other considerations. In taking this action, the President has allied himself with every recognized major health and medical authority in this country including the American Medical Association, the American Academy of Pediatrics, the American Academy of Family Physicians, the American Heart Association, the American Cancer Society, the American Lung Association, as well as President Jimmy Carter, former Senator Barry Goldwater, Secretaries of Health and Human Services Otis Bowen and Louis Sullivan, Surgeons General Jesse Steinfeld, Paul Ehrlich, C. Everett Koop, and Antonia Novello, and many religious organizations of all faiths. The support for protecting the health of our children is found among those with a broad spectrum of political beliefs.

Q: Is there public support for these proposals, especially in tobacco-producing states?

A: The public overwhelmingly supports efforts to keep children from smoking and to impose reasonable restrictions on tobacco advertising. Almost 75 percent favored a ban of vending machine sales of cigarettes in a poll done for the Robert Woods Johnson Foundation, and 73 percent said text only advertising will make these products less appealing to children. This support cuts across party lines, this support is in every city and state. This is not a proposal aimed against any group or region. This proposal is for our children and our families. This is about helping kids grow up healthy.

Effectiveness of these proposed restrictions

Q: Do we have any evidence that restrictions on advertising will help keep kids from smoking?

A: Yes. A recent report looked at data from countries with laws on youth smoking and concluded that the most substantial and meaningful reductions in youth smoking occurred in countries with bans on advertising.

Economic Impact

Growers

Q: What is the economic impact on growers?

A: The overall impact is both slight and gradual. The regulatory scheme is projected to reduce revenues from cigarette sales by 0.5 percent in the first year, 2.1 percent in the 5th year and 4.0 percent in the 10th year. Over this 10 year period, this would result in the loss of about 1,000 jobs annually among warehouses, manufacturers, tobacco growers and wholesalers.

Retail Stores

Q: How will this proposal affect store owners?

A: The major cost will be additional labor costs associated with verifying age, but those will be minimal. For instance, a typical small store will have a cost of $320 in the first year, $285 being the labor cost. If the store already verifies ages, the cost will be only $35.

Vending Machines

Q: What impact will FDA's proposal have on the vending machine industry?

A: The impact on the vending machine industry will be minimal. The number of vending machines selling cigarettes has declined dramatically from 785,000 in 1983 to 480,000 in 1993. Cigarette vending machine yields about $10 per day on average in sales, or less than 5 packs per day. In 1993, cigarette sales constituted only 3.4% of all vending machine sales. No new cigarette vending machines have been shipped in the United States since 1990.

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.

- **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.

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

- **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."

- **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.

- **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.

- **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 a tee-shirt, cap, sporting good, or lighter. Another report found that one out of four 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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CHILDREN AND TOBACCO: THE FACTS

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's plan will help parents provide their children with 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 percent 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 percent 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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CHILDREN AND TOBACCO: 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 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

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release August 10, 1995

PRESS CONFERENCE BY THE PRESIDENT

The East Room

1:32 P.M. EDT

THE PRESIDENT: Good afternoon. Today I am announcing broad executive action to protect the young people of the United States from the awful dangers of tobacco.

Over the years we have learned more and more about the dangers of addictive substances to our young people. In the '60s and '70s we came to realize the threat drugs posed to young Americans. In the '80s we came to grips with the awful problem of drunk driving among young people. It is time to take a third step to free our teenagers from addiction and dependency.

Adults are capable of making their own decisions about whether to smoke. But we all know that children are especially susceptible to the deadly temptation of tobacco and its skillful marketing. Today and every day this year, 3,000 young people will begin to smoke. One thousand of them ultimately will die of cancer, emphysema, heart disease, and other diseases caused by smoking. That's more than one million vulnerable young people a year being hooked on nicotine that ultimately could kill them.

Therefore, by executive authority, I will restrict sharply the advertising, promotion, distribution and marketing of cigarettes to teenagers. I do this on the basis of the best available scientific evidence, the findings of the American Medical Association, the American Cancer Society, the American Heart Association, the American Lung Association, the Centers for Disease Control. Fourteen months of study by the Food and Drug Administration confirms what we all know -- cigarettes and smokeless tobacco are harmful, highly addictive and aggressively marketed to our young people. The evidence is overwhelming, and the threat is immediate.

Our children face a health crisis that is getting worse. One-third more 8th-graders, and one-quarter more 10th-graders are smoking today than four years ago. One out of five high school seniors is a daily smoker. We need to act, and we must act now, before another generation of Americans is condemned to fight a difficult and grueling personal battle with an addiction that will cost millions of them their lives.

Adults make their own decisions about whether or not to smoke. Relatively few people start to smoke past their teens. Many adults have quit; many have tried and failed. But we all know that teenagers are especially susceptible to pressures. Pressure to the manipulation of mass media advertising, the pressure of the seduction of skilled marketing campaigns aimed at exploiting their insecurities and uncertainties about life.

When Joe Camel tells young children that smoking is cool, when billboards tell teens that smoking will lead to true romance, when Virginia Slims tells adolescents that cigarettes may make them thin and glamorous, then our children need our wisdom, our guidance and our experience. We're their parents and it is up to us to protect them.

MORE

So today I am authorizing the Food and Drug Administration to initiate a broad series of steps all designed to stop sales and marketing of cigarettes and smokeless tobacco to children. As a result, the following steps will be taken.

First, young people will have to prove their age with an I.D. card to buy cigarettes. Second, cigarette vending machines which circumvent any ban on sales to kids will be prohibited. Third, schools and playgrounds will be free of tobacco advertising on billboards in their neighborhoods. Fourth, images such as Joe Camel will not appear on billboards or in ads in publications that reach substantial numbers of children and teens. Fifth, teens won't be targeted by any marketing gimmicks, ranging from single cigarette sales to T-shirts, gym bags and sponsorship of sporting events. And, finally, the tobacco industry must fund and implement and annual $150-million campaign aimed at stopping teens from smoking through educational efforts.

Now, these are all common-sense steps. They don't ban smoking; they don't bar advertising. We do not, in other words, seek to address activities that seek to sell cigarettes only to adults. We are stepping in to protect those who need our help, our vulnerable young people. And the evidence of increasing smoking in the last few years is plain and compelling.

Now, nobody much likes government regulation. And I would prefer it if we could have done this in some other way. The only other way I can think of is if Congress were to write these restrictions into law. They could do that. And if they do, this rule could become unnecessary. But it is wrong to believe that we can take a voluntary approach to this problem. And absent congressional action, and in the presence of a massive marketing and lobbying campaign by cigarette companies aimed at our children, clearly, I have no alternative but to do everything I can to bring this assault to a halt.

The issue has touched all of us in personal ways. We all know friends or family members whose lives were shortened because of their involvement with tobacco. The Vice President's sister, a heavy smoker who started as a teen, died of lung cancer. It is that kind of pain that I seek to spare other families and young children. Less smoking means less cancer, less illness, longer lives -- a stronger America. Acting together we can make a difference. With this concerted plan targeted at those practices that especially prey upon our children, we can save lives, and we will.

To those who produce and market cigarettes, I say today, take responsibility for your actions. Sell your products only to adults. Draw the line on children. Show by your deeds as well as you words that you recognize that it is wrong as well as illegal to hook one million children a year on tobacco.

Q Mr. President, with your decision on tobacco you're taking on one of the biggest cash crops in a region where you've already got major political problems. Are you writing off the south for next year's elections? And isn't this a blow to other Democratic candidates in tobacco states?

THE PRESIDENT: Well, first of all, the most important thing is that there is an epidemic among our children. You've got a third more 8th-graders, a quarter more 10-graders smoking than there were 10 years ago. Whatever the political consequences, a thousand kids a day

are beginning a habit which will probably shorten their lives. I mean, that is the issue. And I believe that is the issue everywhere.

I believe there are tobacco farmers in the states which grow tobacco, who have been involved in it a hundred years or more -- their families -- who don't want their kids to start smoking. We're not talking about whether they have a right to grow tobacco, or reap the paltry four and a half cents, which is all they get out of a pack of cigarettes. We're talking about whether we are going to do what we know is the right thing to do to save the lives of America's children. And I think it is more important than any political consequence.

Helen.

Q Mr. President, the war in Bosnia is widening. How long is the world, particularly the Europeans who have been there in the past, how long are they going to stand -- we all are going to stand by and watch this barbarism on both sides? And what are your new initiatives to end this suffering?

THE PRESIDENT: Well, first of all, let me briefly review what our objectives are. Our objectives are to minimize suffering, to stop the war from spreading, to preserve the integrity of a Bosnia state. We have promoted the Muslim Croat Federation. We have plainly succeeded in limiting the war. And except when the United Nations and NATO had not done what they said they would do, we have saved lives.

This is an important moment in Bosnia, and it could be a moment of real promise. Because of the military actions of the last few days, the situation on the ground has changed. There is some uncertainty and instability. It could go either way. But I think it's a time when we should try to make a move to make peace.

Now, since the fall of Srebrenica and Zepa, we have tried to do two things: first of all, to strengthen the presence of the United Nations through the Rapid Reaction Force of the French, the British and the Dutch, which we are supporting; and through getting a clearer chain of command and a stronger, broader use of authority for NATO to have air power where necessary where the protected areas are threatened.

The second thing we want to do is to see whether or not some diplomatic solution can be brought to bear that would be fair and decent and just, and that would take advantage of this moment where people are reassessing their various positions. And that's what Mr. Lake is doing in Europe. We are consulting with all of our allies, and we're going to do the very best we can. I think we need to try to make a decent and good peace here because, ultimately, that's the answer to all the questions you ask.

Q -- you have new ideas?

THE PRESIDENT: Well, we're exploring some ideas with the Europeans. I will say again what I said from the first day I came here: I do not believe it is right to impose peace on people. I don't think in the end you get a lasting peace. So the United States does not seek to impose peace. But we're exploring some different ideas. We don't have a set map; we don't have a set position. We have some ideas that the new events may make possible, and we're discussing it with our allies.

Q Mr. President, given the powerful evidence of the dangers of smoking which you cited, wouldn't it have been more logical to impose an outright ban instead of a regulatory partial step which has the effect of getting the federal government into the business of regulating the size of print in advertising?

THE PRESIDENT: Well, first I don't know that the federal government will regulate the size of print; we regulate the warning labels. And, of course, there is a proposal here on advertising to try to deal with restricting access to billboard advertising and others.

But I think it would be wrong to ban cigarettes outright because, number one, it's not illegal for adults to use them. Tens of millions of adults do use them, and I think it would be as ineffective as prohibition was. But I think to focus on our children is the right thing to do. Purchasing of cigarettes by young people, children is supposed to be illegal in all 50 states, but they do it regularly. These fine young people here were with me this morning, and one of them talked about how he bought cigarette pack after cigarette pack after cigarette pack out of vending machines to try to demonstrate to his local legislators that the laws were a sham. These will not make the laws a sham. This will enable us to save young people's lives.

Q Mr. President, has there been any progress in getting China to free human rights activist, Harry Wu? And related to that, will Mrs. Clinton be going to China in September to attend the U.N. Conference on Women?

THE PRESIDENT: On the first question, we're obviously very concerned about Harry Wu and following his case very closely. And I think the situation is in a position where the less that is said about it right now, the better. But it's a very important issue to the United States, and I think to people throughout the world.

No decision has yet been made about whether the First Lady will go to China. But I think it's important for the American people to understand that this Conference on Women is a United Nations-sponsored conference that they decided to hold in China. It is a very important thing in its own right, and the United States will be represented there with a very strong delegation, whether she goes, or not. And I think it's important that we be represented there.

Yes, Wolf.

Q Mr. President, the situation in Iraq seems to be somewhat fluid right now with the defection of two of Saddam Hussein's daughters, two of his sons-in-law, his oldest grandchild to Jordan, and King Hussein's granting political asylum to all of these people. First of all, can you assess what is happening in Baghdad right now? And have you offered additional assurances to Jordan that the United States will provide security if there is a threat from Iraq?

THE PRESIDENT: Well, as soon as the defections occurred, King Hussein contacted us, and I called him back as quickly as I could on Tuesday evening, and we had a long talk about it. I think what these defections demonstrate is just how difficult things are within Iraq now, and how out of touch Saddam Hussein has become with reality, how difficult things are for his people. I also think this evidence supports the strong and firm position the United States has taken of not lifting the sanctions until Iraq fully complies with all the United Nations resolutions. I think that is -- it's clear that we have done the right thing.

Now, with regard to your second question, King Hussein's decision, located where he is, to grant asylum to those individuals was clearly an act of real courage. And I have assured him and told him that we would stand

behind Jordan. We owe it to the people who are our partners in peace in the Middle East to stand behind them, and we have already made it clear that if Iraq threatens its neighbors or violates United Nations resolutions, we would take appropriate action. I think we have to do so in this case.

Q Any contingency steps being taken?

THE PRESIDENT: Well, I think you saw when Kuwait was threatened a few months ago, we are quite well-organized, and we have thought through what our -- various scenarios there and how we might move. But beyond that, I don't want to say. And I don't want to raise a red flag. I'm just saying we know that Saddam Hussein has been unpredictable in the past, we know this must be a very unsettling development, and it should be clear that the United States considers Jordan our ally and entitled to our protection if there security is threatened as a result of this incident.

Q Mr. President, given the fact that there's been a 20-year war against drugs which are illegal for everybody which has produced, at best, mixed results, and given the fact that anybody who has kids know that the more you prohibit something, the more attractive it often becomes, what makes you think that you think you can do any better in the war against cigarettes than we've done against drugs?

THE PRESIDENT: Well, first of all, let me say that -- let me take on your premise here. There have been sustained periods of years in our country and in recent history when drug use has gone down in all categories of drugs, among all ages of people without regard to race or income. Unfortunately, today the picture is somewhat mixed because casual drug use among young people seems to be going up in areas where they feel a certain level of hopelessness. And we intend to reassert our efforts there.

But it's simply not true that cultural changes and legal bars together cannot work to reduce consumption. With regard to cigarettes, we have seen cultural changes leading to reduction and consumption. But what we see among young people is adults quitting and young people increasing their usage. If you make it clearly illegal, more inaccessible, you reduce the lure of advertising, and then you have an affirmative campaign, a positive campaign, so that you don't just say no, you give young people information and you make it the smart, the cool, the hip thing to do to take care of yourself and keep yourself healthy and alive, I believe there is every evidence from what has happened in drugs and in many other areas that we will see a dramatic decline in smoking among young people. I think we can do that.

And I think you see -- there have been a lot of cultural changes to that effect in other areas. You see some states that have done it right have big increases in the use of seatbelts. Drunk driving goes down dramatically in some areas with the combination of the right sort of enforcement and the right sort of publicity. So I believe -- I just don't accept your premise. I think we'll have a big dent in this problem.

Q Mr. President, the House has cut $20 billion in discretionary spending for next year. Will they have to return some of those cuts to avoid you vetoing some of their appropriations bills?

THE PRESIDENT: Yes. (Laughter.)

Q Mr. President, on Whitewater, you've said in the past that as far as you know everything as far as major evidence that is going to come out is out. We now face the prospect of hearings going into 1996. Do you view this as pure politics? Do you worry about the overall shadow it has cast, merely the appearance of wrongdoing over the White House?

THE PRESIDENT: I don't have anything new to add to what I've already said about that. I will reiterate, when I started this whole episode I said I would cooperate fully; I have cooperated fully. There is nothing else for me to do. I have to spend my energies and time being President, and that's what I'm doing my best to do.

Q Mr. President, what message do you want Senator Dodd and Mr. McLarty to take to Ross Perot when they go down there this weekend? And, also, do you feel that Ross Perot's contribution to the issue of political reform is significant enough that you would consider appointing him to the bipartisan commission should it get established?

THE PRESIDENT: The answer to the second question -- let me answer that first -- the answer to the second question is, yes, I would consider doing that, but, first, the Speaker has got to answer my letter, or see John Gardner or Doris Kearns Goodwin, or do something to respond to the handshake we made in New Hampshire. Of all the strange things that happen in Washington -- and I know people think that all the rules are different here than they are for anybody anywhere else in America -- but even here, when you shake hands with somebody in broad daylight and say you're going to do something, you ought to at least act like you're going to do it. (Laughter.) Where I come from, you know, if kids did that, their mamas wouldn't let them have dinner before -- they got spanked, when I was growing up. I mean, this is an amazing thing. So, yes, I would.

The second part of the question was what will their message be. Their message will be, number one, that the things that Ross Perot and Bill Clinton advocated in '92 had a lot of overlap, and we have made significant progress in implementing 80 percent of the things that Ross Perot campaigned for in 1992. Two, a lot of the things that we haven't done are because of obstruction in Congress -- and I mention only two; the line-item veto and political reform. And third, our budget is more consistent with the budget priorities outlined by Ross Perot and his campaign in 1992; that is, balance the budget, but increase investment in education, research and development, technology and defense conversion.

So we've got a record message. We've got a present conflict message. We've got a message to ask them to come help us to support meaningful political reform and the right kind of balanced budget.

Q Mr. President, you noted in your speech in Charlotte yesterday that children follow what we do more than what we say. And I wonder what you think the message is when, on the one hand, the government cracks down on teen smoking; on the other hand, it spends perhaps $25 million a year subsidizing the growth of tobacco, and when you yourself continue to smoke those big, old cigars. (Laughter.)

THE PRESIDENT: Well, first of all, as you know, I'm allergic to cigars, so I don't smoke many anymore. But I smoke a handful a year probably -- and I probably shouldn't. And I try not to do it in any way

that sets a bad example. But I plead guilty to that.

On the tobacco program, if it is self-financing -- and I have always supported the tobacco program. It is essentially a self-financing program. The question is, do you want this tobacco grown by family farmers, or do you want it grown by big corporations if it's a self-financing program? I would not favor a large taxpayer outlay for it. But a self-financing program, which essentially is what that is, has been designed to preserve the structure of family farms and the culture of the family farms rather than let the big tobacco companies grow it themselves and turn all those folks into hired hands. I have thought, since it was going to be grown one way or the other, the family farm structure was a better one. I don't think that sends a signal that we think young people ought to smoke cigarettes.

Q -- the Colombian government has captured some of the top leaders of both cartels and there's been friction between your government and the Samper government when he came in. My first question is, do you think they are doing everything they can? And the second question is, how worried are you that as the Colombian cartel wanes in influence, Mexican cartels will pick up the --

THE PRESIDENT: Well, first of all, I want to support the statements made by the DEA Director in my administration, Tom Considine. We have worked very hard with the Colombians and with others in South America, and you see the results in the last several months. We have had more major drug dealers arrested than in any previous similar time in our history, I believe. And we're on the verge of breaking this Cali Cartel. It's been great cooperation; we've worked hard. It's making a difference.

Secondly, as long as the raw crops can be grown and processed and distributed, we will have a constant battle, as long as there's a demand in the United States, to keep any vacuum from being filled. And we are exploring today what the problems created by our successes might be -- that is, if we continue to break down existing cartels, who will take up the slack and how can we prevent it.

Q Mr. President, last week you said that you did not want to advance a tobacco strategy that would get caught up in the courts and prevent any kind of action from taking place for years. Now you seem to have embarked on that strategy. Tobacco companies have already today filed suit against your proposals. Why did you determine a voluntary effort in concert with the tobacco companies would not work? And is there any hope for some sort of compromise, some sort of either compromise with the tobacco companies or congressional action before you implement these regulations?

THE PRESIDENT: Well, first of all, I had hoped that the tobacco companies would agree to support these restrictions and to put them in law. And it's still not too late for that. The FDA -- Dr. Kessler has announced today a rulemaking procedure on the assumption of jurisdiction and on the specifics that I just outlined. If the tobacco companies accept those and this Congress will write them into law, then you will not have a long regulatory proceeding. But you will have immediate -- immediate -- effects. That is, if they would rather have a law than federal regulation, the FDA Director, Dr. Kessler, and I would rather have an immediate impact on teen smoking, not two years of litigation and then start the work. So it is not too late for that.

But I am against a voluntary plan. I'm against

it for several reasons. First of all, there would be no way to enforce it. Secondly, the history of voluntary agreements with the tobacco industry is not good, to put it mildly. And, thirdly, even if they tried to adhere to it I don't believe they could legally do so.

Let me just give you one example. Suppose you were in the vending machine business and you sued the tobacco companies for deciding together that they were going to not let your vending machines go anywhere, without a legal requirement there's a good chance that could be held in a court of law to be a restrain of trade. So I think even if they tried to do it, they couldn't do it.

So we have to have a mandatory system. But I would just as soon have an act of Congress. Doctor Kessler agrees because we've got an epidemic of teen smoking, and far better to start right now as soon as we can pass a law than wait until we wade through all this litigation.

Q Mr. President, there was a scary breakdown yesterday in the air traffic control system in the western United States and we've had similar incidents in past months and recent years. Can you tell the American people that the FAA is doing everything possible to preserve the safety of the flying public, or do you see that new measures need to be taken?

THE PRESIDENT: I can tell you that I have asked that question repeatedly since I have been President, and I have worked very hard on making sure that we are moving to do everything we can constantly to make sure that the air traffic control system is as safe as possible.

We also, as you know, have ordered some new measures to be taken to promote airline security, which the Secretary of Transportation announced just in the last couple of days. And I do want to emphasize to the American people because I know there's been a lot of discussion about it, there was no specific incident that prompted me to make the decision to try to increase security around airports. But the overall conditions, it seemed to me, dictated that we do that.

And I think that this country has been very strong against terrorism through military action, imposing sanctions, stopping sanctions from being lifted, stopping terrorist incidents before they occur, arresting terrorists shortly after they commit acts. This is a part of our ongoing effort to protect the American people from that.

And, parenthetically. I would like to say I certainly wish the Congress would pass the antiterrorism legislation which was promised to me on Memorial Day. That would also help us in this regard.

Q In going after teenage smoking, Mr. President, did you consider including alcohol abuse as part of that? I know you mentioned drunk driving in your opening remarks, but alcohol among young people is thought to be as much of a problem as smoking is.

THE PRESIDENT: First of all, it is far less accessible. It's harder to get. What we have advocated there, and I hope the Congress will adopt, is a national zero tolerance for alcohol among young drivers. If we go to zero tolerance among young drivers, I think it will make a difference. Now, I noted last week and I would like to give the state credit for it -- one state adopted

zero tolerance this last week. We are now up to 27 states that have done it on their own. But I think zero tolerance is the best thing to do.

Q Mr. President, there's a move on Capitol Hill among some right-wing senators -- Faircloth of North Carolina and also joined by -- and D'Amato, of course, New York -- and several left-wing Democrats, real liberal left-wing Democrats to try to get you out of office this month. They're going to try to do that by embarrassing you so that you will resign. Would you resign your office under any circumstances? (Laughter.)

THE PRESIDENT: Well, if you promise to run off with me, I might. (Laughter.) But otherwise I can't think of any reason. (Laughter.)

Q Mr. President, continuing on the political mien, if we might. (Laughter.) A year from now the Republican presidential convention opens. Looking at the electoral vote now, it seems to be a lot of political experts say that you're in trouble in the South, in trouble in the West, it's really going to be an uphill battle for reelection. How do you assess your position at this time?

THE PRESIDENT: Well, first of all, I don't think my position at this time amounts to anything because the world will turn around. At this time when I started running for President -- I hadn't even declared for President this time four years ago, and everybody said the incumbent President could not be defeated. So I don't think anyone knows and I think all this is idle speculation.

I will tell you this: I have done my best to do what I said I would do when I ran. This is the second anniversary of our economic plan. We passed our reconciliation bill on this day two years ago. Theirs is still not passed. And the people who are now in charge of the Congress said that it would be the end of the world, we would have a terrible recession, it would bankrupt the country, it would be awful. And two years later, we have seven million jobs, two and half million new homeowner, one and half million new small businesses -- a record -- a record number of new self-made millionaires, a very high stock market, very low inflation.

Now, this is the first time in history we've had this kind of surge that hasn't also raised the incomes of ordinary people because of the new realities which we face. So now, economic policy must be seen as a two-step, not a one-step, process. We've got to grow the economy and raise incomes. That's why I want to raise the minimum wage. That's why I want to give every unemployed worker or under-employed worker the right to two years of education at the local community college. That's why I'm trying to have a tax cut that's focused on child rearing and education -- to raise incomes.

But I believe when the record of this administration is made, in every area -- whether it's this, or in fighting crime, or protecting the environment, or educating our people, or trying to prepare the world for the end of the post-Cold War era and a new era of cooperation -- I believe the American people will listen and then they'll make their own judgments about it. But I don't think anybody can know what's going to happen a year and a half from now.

Q Mr. President, are you sure you wouldn't like to pledge today not to smoke cigars anymore to set an example? (Laughter.)

THE PRESIDENT: Well, you mean should I go from five or six down to zero a year? Maybe so. But I don't think that's the point. The point I want to make is, number one, cigars and pipes were not found by the FDA to be part of this. Did you know that?

Number two, the issue is, for me -- I try to set a good example. I try never to do it when people see -- I admitted that I did do it when Captain O'Grady was found because I was so happy. It was a form of celebration. But I don't think you should let that become the issue. The issue is whether the children are smoking cigarettes in this country.

Q Mr. President, on the French nuclear testing, the French are now saying they will agree to a zero threshold for nuclear tests in the Nuclear Test Ban Treaty. Will the U.S. concur? Do you think the French should cancel their tests? And very importantly, has the U.S. agreed to share technology with the French so that they can develop their own computer simulations and not have to test?

THE PRESIDENT: I applaud the French statement today. It will make it much easier for us to get a comprehensive test ban. I do not think they should resume testing, but they know that. That's a difference between us and them, and most of the rest of the world and them. And we will have a statement about our own policy in the very near future, but I don't want to make it today.

Q Mr. President, the steps that you outlined today are tailored very carefully to curb the sale of tobacco to young people. My question is, if they're implemented, will the FDA retain power that would allow them at a future date to ban or curb sale of tobacco to adults?

THE PRESIDENT: Well, of course, that's what the tobacco I guess. Our belief is that this is a pediatric disease. This is a problem for children; that when tobacco is lawful, it would be wrong for a government agency to try to in any way the access of adults to it -- if it is lawful. So the answer is, I don't know what the law would be because, in this case, I'm not the lawyer for the agency. I can't give you a lawful answer. I can tell you that the policy of this government is that the focus should be on our children -- their health and their welfare. That is the focus.

If there is a worry underlying the question you asked, there is an answer to that worry -- put it in the law. Let's have the tobacco companies come in, let's talk to the members of Congress from the tobacco-growing states. Let's pass it into law. Pass these restrictions. Put them into law. Do it now. Then we won't have all these lawsuits, and we will begin immediately -- right now -- to protect the children of this country. That is the answer.

Q Mr. President, there has been a parade of you and your wife's friends, associates, aides, former aides on Capitol Hill lately in both the Senate and House Whitewater hearings. How does it make you feel to see so many of your old friends and associates being grilled, in effect? And have you been keeping track of the hearings, and, if so, how?

THE PRESIDENT: The answer to the second question is, not really. Occasionally I see a clip or something, but I don't watch television very much, except late at night for a few minutes before I go to bed. So I

haven't had a chance to keep up with it. My impression is that they have all acquitted themselves quite well, and I've been proud of them. But I don't have anything to say on the underlying substance beyond what I've already said.

Q Mr. President, on the FDA rule again. A coalition of advertisers is filing suit today saying that for a legal product, your rule would go far beyond any precedent in restricting First Amendment rights. Is there any precedent that you could cite that would be equivalent in its reach into the First Amendment? And, if not, are you not concerned about that aspect?

THE PRESIDENT: First of all, nobody who's ever held this office loved the First Amendment any more than I do. And no one has ever felt both edges of it any more than I have. I believe in the First Amendment. That's what my speech about religious freedom was about the other day. I believe in it.

But I would remind you of just a few basic facts. It is illegal for children to smoke cigarettes. How then can it be legal for people to advertise to children to get them to smoke cigarettes? And does anybody seriously doubt that a lot of this advertisement is designed to reach children so we get new customers for the tobacco companies as the old customers disappear? It cannot be a violation of the freedom of speech in this country to say that you cannot advertise to entice people to do something which they cannot legally do. So I just don't buy the First Amendment argument, it's just not true.

And by the way, that is why -- to go back to an earlier question -- the FDA ran the risk of having a rather complex rule to make it clear that there should be some freedom left, some considerable freedom left to advertise to adults.

Yes, ma'am.

Q Mr. President, your administration has said on many occasions that you're going to adhere to the one-China policy. However, the two sides of Taiwan's fate obviously have different views on what this one China is. And you are the one who made the decision to allow President Teng-hui to come to the United States, and China is very, very unhappy now. So I wonder, how are you going to balance between a democratic Taiwan willing to risk everything to seek international recognition, and on the other hand, the very, very important strategic interests between the United States and China?

THE PRESIDENT: First of all, we're going to balance them by continuing to adhere to the one-China policy. It is the policy of the United States; it has been for years; it continues to be.

Secondly, we are going to do everything we can to make sure that our policy is clearly understood in China and in Taiwan. I made the decision personally to permit President Li from Taiwan to come into this country not as the head of state, not as the head of a government that we had recognized, but because he wanted to come -- I'm sure there were political aspects to this, but he asked whether he could come to his college reunion, whether he could give speeches, whether he could travel in our United States. He is a law-abiding person. We had no grounds on which to deny him.

In the American culture there is a constitutional right to travel and a constitutional right to speak. And as a man who has almost never missed any of

his high school or college reunions, I just felt I ought to give him the same opportunity. It was not an abrogation of our one-China policy in any way. It was a recognition of something that's special in our culture about the rights we accord individuals who obey our laws and comport themselves appropriately.

Q Mr. President, as you know, the welfare reform bill has been delayed in the Senate. I wonder how optimistic you are that welfare reform can pass this year and to what extent welfare reform has been wrapped up in Republican presidential politics.

THE PRESIDENT: Well, it plainly has been wrapped up to some extent in Republican presidential politics, and that's bad because 85 percent of the American people want it. As I think Senator Dole acknowledged a day or so ago, I made a personal appeal to him to try to work with me to get a welfare reform bill out and to do it this year.

What do we want out of welfare reform? We want work. We want time limits. We want responsible parenting. Those are the three things we want. Can we get there from where we are? I think we can. I think that Senator Dole has moved somewhat away from the extreme right of his party. Senator Daschle, Senator Mikulski and Senator Breaux have offered a bill which has united the Democrats in moving away from the conventional wisdom toward welfare reform. And what we need to do over this break is that folks need to get together and figure out how we can put these approaches together and come out with a bill which promotes work, which promotes time limits, which promotes responsible parenting. I cannot believe we can't reach an agreement here.

Meanwhile, I will keep trying to get more states involved. You know, I have 32 states now that I've given permission to get out from under the federal rules to promote welfare reform. And I would remind you I have offered all 50 states within 30 days the right to require young teen mothers to stay at home and stay in school to get checks, to put time limits and work requirements on welfare reform, and to allow the states to convert the welfare benefits and the food stamp benefits into wage supplements to get private employers to hire people in the private sector. Every state in the country could do that within the next 30 days. They just call us and send a request; we do it.

So we'll keep working, but we need the legislation, especially because we have to have national standards for child support enforcement that we cannot implement without the law.

I think our time is -- one more question. Yes, go ahead.

Q Before the tobacco regulations came up this news conference was billed as your chance to give a farewell message to Congress. If you could send them a postcard from Jackson next week -- (laughter) -- what would you list as your top three or four priorities?

THE PRESIDENT: We need to pass a decent budget that balances the budget, but doesn't do it on the backs of elderly people who don't have enough to live on by exploding their Medicare costs; it doesn't walk away from our commitment to education -- the education of our young people from Head Start to more affordable college loans through National Service -- that doesn't undermine our common commitment to the environment. We can find common ground on this budget that brings the American people

together and moves us forward.

The second thing I would say is, we need to pass welfare reform. We need to pass welfare reform -- work, time limits, responsible parenting.

The third thing I would say is, let's get to work on the unfinished agenda here -- pass the antiterrorism bill, the line-item veto, appoint the political reform commission. Let's get after it. Let's do the things that we all are for, we keep saying we're for. Let's deliver for the American people.

Let me say in closing that my family and I are leaving on Tuesday for Wyoming, and I want you to enjoy your vacation. Thank you and God bless you. Thank you. (Applause.)

END 2:16 P.M. EDT

E X E C U T I V E O F F I C E O F T H E P R E S I D E N T

28-Aug-1995 10:52am

TO: Jennifer L. Klein

FROM: Seth E. Masket
Presidential Correspondence

SUBJECT: RE: Tobacco

Jen: Here you go. This still hasn't gotten the President's signature, but it is approved language. -Seth

Dear ____:

Thank you for your message regarding the proposed effort to limit teenagers' access to tobacco products. I have heard from many concerned individuals on this issue, and I appreciate your input as we work to address the health needs of all Americans.

Clearly, adults are capable of making their own decisions about smoking. Overwhelming evidence has shown, however, that children are particularly susceptible to tobacco marketing. Some 3,000 young people take up smoking every day, and millions will ultimately lose their lives to it. If we are to ensure a healthy future for our children, we must act now to stop them from smoking.

I have therefore authorized the Food and Drug Administration to initiate a broad series of steps to limit minors' access to tobacco as well as the promotion and advertising that enhances the appeal of tobacco products among teens and children. Under the proposed regulations, young tobacco purchasers will be required to prove their age with identification. Cigarette vending machines, which circumvent any ban on sales to kids, will be prohibited, and additionally, tobacco advertising will be prohibited in areas near schools and playgrounds and in publications that reach substantial numbers of young Americans. Finally, the tobacco industry will fund and implement an annual campaign to teach children the dangers of tobacco use.

These proposals do not constitute a ban on smoking or a threat to the First Amendment. Rather, they are common-sense steps that will help us forge a better future for our children. I appreciate knowing your views on this issue, and I hope you will work with us as we seek to create a healthier America.

President Clinton Announces Tough, New Initiative to Fight Teen Smoki
Thursday, August 10, 1995

Challenge to the Nation. Today, the President will announce his strat to combat one of the gravest threats to the health of young Americans: teen smoking. His strategy is based on one simple idea: We should do everything in our power to keep tobacco out of the hands of children a teenagers.

The Threat of Teen Smoking. Smoking is one of the single greatest threats to the health of our children. And it is on the rise:

Teen Smoking is a Critical Health Problem. Smoking among young people is a critical public health problem. Every single day, 3, young people become regular smokers and nearly 1,000 of them will die prematurely as a result.

Teen Smoking is On the Rise. Since 1991, as adult smoking dropped the percentage of teen smokers has risen steadily and rapidly:

- 30% increase in the number of 8th graders who smoke;
- 22% increase in the number of 10th graders who smoke;
- fewer teenagers think smoking is dangerous;
- by the age of 16, the average teen smoker is smoking every d - and will not stop.

Teen Smoking Kills. Over 80% of adult smokers begin as minors. A smoking kills far too many Americans:

- More than 400,000 Americans will die this year of conditions associated with tobacco.
- That's more than one in five deaths in the entire country.
- It's almost ten times the number of people who will die on o highways.
- It is more than the combined deaths last year from accidents murders suicides, AIDS, drugs, alcohol-related diseases and fire.

We Have a Responsibility to Act. We have a responsibility to head off this tragedy. We must help parents keep cigarettes and chewing tobacc away from their kids. It is far too easy for children to buy and use tobacco products.

Tough Action. Today, the President will unveil his strategy to stop children from smoking -- and to stop them from starting to smoke. The actions he announces will be tough, and they will be mandatory.

Seizing the Opportunity -- Creating a Better Future. We have an opportunity to change the entire health care dynamic in America by sav our children from smoking. If we do not act, we will spend years and years paying for the health damage smoking causes. Reducing teen

smoking is one of the best and most important things we could do to improve the health of all Americans -- and to make a better future for our kids.

August 10, 1995

TO: DPC STAFF

FROM: Carol Rasco

SUBJECT: FDA and Tobacco

The attached background material is for your information only. Please continue to forward all press calls on this topic to the press office at x62580.

Thank you.

FDA PRESS PACKET

TALKING POINTS ON TOBACCO

- Smoking among young people is a crucial public health issue. Every single day, 3000 young people become regular smokers and nearly 1,000 of them will die prematurely as a result.

- For more than a decade, even as adult smoking was dropping, the smoking rate among high school seniors did not go down. That was bad enough, but since 1991, the percentage of teenage smokers has risen steadily and rapidly.

- There's been a 30 percent increase in the number 8th graders who smoke, a 22 percent increase in the number of 10th graders who smoke, and by the age of 16 the average teenage smoker is smoking every day -- and will not stop.

- The number of teenagers who believe smoking is dangerous is dropping dramatically. As the President has said, peer approval of smoking is a "recipe for disaster."

- We have a responsibility to help parents keep cigarettes and chewing tobacco away from their kids. It's far too easy for children to buy and use tobacco products. There are things that can be done at the federal level to help in this area, and President Clinton is taking strong action today to address the problem of smoking among children.

- The actions the President will unveil today will be, as he has said, tough and mandatory. They will focus on how to stop children from smoking, and how to stop them from starting.

- We could change the dynamic of health care in America by saving these kids, because we will be paying years down the road for the health damage caused by smoking among today's children. Reducing teen smoking would be the cheapest, easiest, quickest thing we could do to reduce the cost of health care, help balance the budget over the long run, and improve the health of America.

CHILDREN AND TOBACCO: THE PROPOSAL

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 taken by Congress and others 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

- Require age verification and 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").

Reducing Appeal to Children

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

- Permit black-and-white text only advertising in publications with significant youth readership (under 18). (Significant readership means more than 15 percent or more than 2 million. No restrictions on print advertising below these thresholds).

- Prohibit sale or giveaway of products like caps or gym bags that carry cigarette or smokeless tobacco product brand names or logos. Prohibit exchange of non-tobacco products for proof of purchase of tobacco products.

- Prohibit brand name sponsorship of sporting or entertainment events, but permit it in the corporate name.

- Require industry to fund ($150 million annually) a public education campaign to prevent kids from smoking.

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CHILDREN AND TOBACCO: THE FACTS

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's plan will help parents provide their children with an environment in which to grow up healthy.

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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 percent 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 percent 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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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.

- **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.

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

- **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."

- **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.

- **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.

- **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 a tee-shirt, cap, sporting good, or lighter. Another report found that one out of four 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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CHILDREN AND TOBACCO: 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 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