

**TO PROMOTE A COMPREHENSIVE, RESPONSIBLE
NATIONAL TOBACCO CONTROL POLICY
ADOPTED 11/7/97**

Whereas, recognizing that 35% of high school youth currently smoke cigarettes (1); each day, 3,000 kids become regular smokers (2), and one-third will eventually die from tobacco-related disease (3); and the rate of smoking among youth has increased 50 percent since 1991 and is now at a 17-year high (4); and almost 90% of adult smokers began smoking at or before age 18 (5);

Recognizing that 62% of 12- to 18-year old smokers said they buy their own cigarettes (6); and each year minors illegally purchase 256 million packs of cigarettes, resulting in almost \$500 million in sales (7);

Knowing that tobacco companies spend nearly \$5 billion annually on advertising and marketing campaigns, much of which targets adolescents; adolescents are 3 times more sensitive to tobacco advertising than adults and tobacco marketing has a significant influence in spurring kids to take up smoking (8,9); and industry documents show that the tobacco industry has designed and packaged its products for decades to appeal to children;

Recognizing that 87% of Americans are concerned about tobacco use by children as a public health issue and that 67% of consumers believe a national tobacco policy is likely to reduce tobacco use by youth (10);

Knowing that tobacco use drains more than \$50 billion from the U.S. health care system annually on direct medical costs, or 7% of the nation's health care costs (11);

Recognizing that SOPHE actively supported the Food and Drug Administration's proposed rule to restrict youth access to tobacco and tobacco marketing, which was enacted in 1996 (12);

Recognizing that an agreement has been proposed between the state Attorneys General and the tobacco industry to substantially restrict future marketing and use of tobacco, and that suggestions have been made to strengthen the proposal by the Koop-Kessler Advisory Committee on Tobacco Policy and Public Health and other groups (13); and

Recognizing that President Clinton has announced his support for comprehensive federal legislation based on five key elements to reduce tobacco use among all Americans, especially children (14),

THEREFORE BE IT RESOLVED: That SOPHE

1. Urge the Administration and Congress to develop and enact bipartisan comprehensive, sustainable, effective and fully-funded tobacco control legislation, which at a minimum includes:
 - a) Full and explicit FDA jurisdiction over all U.S. manufactured tobacco products and nicotine delivery devices, including regulation of nicotine, tar and other constituents of tobacco and tobacco smoke. Tobacco manufacturers must be required to disclose ingredients on their packaging. Full funding must be made available for FDA enforcement to prohibit sales to minors;
 - b) Protections for all future available means of civil and criminal litigation for complaints against the tobacco industry. Any legislation or settlement that prevents future lawsuits violates the rights of plaintiffs who are not party to that agreement;

- c) Prohibitions against tobacco marketing and advertising to children and adolescents, and substantial penalties if tobacco use among children does not drop dramatically in a specified timeframe. Such penalties should be non-tax deductible, uncapped, escalating and brand-specific to youth tobacco use. The tobacco industry must also disclose documents describing marketing practices related to youth;
 - d) At least \$500 million annually – paid by the tobacco industry – to conduct a public education and counter advertising campaign, as well as funding for state-based and community coalition programs in all states. In addition, tobacco industry-funded programs must be available for population, family, and individual-based approaches for smoking cessation and tobacco-related research. Funds should be placed in a trust or federal account for distribution to initiatives using guidelines for public health research and practice. Prevention and research efforts should also address the hazards of environmental tobacco smoke;
 - e) Stronger, more specific health warnings on labels and packages of tobacco products and in advertising;
 - f) Prohibition of tobacco use in all work sites and all indoor or outdoor places of public assembly, including federal environmental tobacco smoke restrictions for restaurants that do not pre-empt tougher local and state laws;
 - g) Meaningful community-driven strategies for stabilizing the economies of tobacco-dependent communities;
 - h) Funds for international organizations and federal agencies to develop international tobacco control initiatives.
- 2) Actively participate, along with its chapters, in coalitions at the national and local levels to educate the public about any proposed legislation for comprehensive tobacco control.
 - 3) Urge the Coalition of National Health Education Organizations (CNHEO) to take a proactive role in supporting the enactment of comprehensive tobacco control legislation, and send each organization a copy of this resolution.
 - 4) Working with the CNHEO and other groups, develop a national plan for a comprehensive tobacco control prevention and cessation programs targeted at children, youth and adults, based on sound research in behavioral sciences and health education. Such a plan will be provided to the Administration upon enactment of such comprehensive tobacco control legislation.

Robin Mockenhaupt, Randy Schwartz, Elaine Auld,
Rebecca Reeve, Rob Simmons, Jon Jenney

References

1. Centers for Disease Control & Prevention (CDC), Youth Risk Behavior Survey, 1995.
2. Pierce, et al., "Trends in Cigarette Smoking in the United States," Journal of the American Medical Association 1989; 261:61-65.
3. CDC, "Projected Smoking-Related Deaths Among Youth - United States," MMWR Vol. 45, No. 44:971-74.
4. University of Michigan Institute for Social Research, "Monitoring the Future," 1996.

5. "Preventing Tobacco Use Among Young People," A Report of the Surgeon General, 1994; p. 65.
6. CDC, "Accessibility of Tobacco Products to Youths Aged 12-17 Years - United States, 1989 and 1993," MMWR Vol. 45, No. 6:125-130.
7. Cummings, et.al., "The Illegal Sale of Cigarettes to US Minors: Estimates by State," American Journal of Public Health. 1994;84:300-302.
8. Federal Trade Commission's Annual Report to Congress on Cigarette Sales and Advertising, 1995.
9. Evans, et.al., "Influence of Tobacco Marketing and Exposure to Smokers on Adolescent Susceptibility to Smoking," Journal of the National Cancer Institute 1995;87:1538-45.
10. National Center for Tobacco-Free Kids, "Polling on the National Tobacco Policy, September 19-25, 1997," press release.
11. CDC, "Medical-Care Expenditures Attributable to Cigarette Smoking - United States, 1993," MMWR Vol.43, No. 26:469-72.
12. Correspondence, Society for Public Health Education to FDA Commissioner David Kessler, 1996.
13. Campaign for Tobacco-Free Kids, "Comparison of U.S. Tobacco Control Measures: 1) The Agreement Between the State Attorney Generals and the Tobacco Industry 2) Current Law 3) The 1994 Institute of Medicine Report on Youth Tobacco Use 4) the Koop-Kessler Committee Report," July 31, 1997.
14. White House At Work, "President Clinton Announced His Plan for Comprehensive Tobacco Control Legislation to Protect America's Children", September 17, 1997.