

NATIONAL TOBACCO REFORM INITIATIVE

February 2018

1. Why was the National Tobacco Reform Initiative (NTRI) started?

- Elevate the focus and outreach to the 40 million **adult smokers**, proportionate to the number of kids/young adults reached with messages on the prevention of smoking.
- Promote the importance of a real and coordinated interagency national strategic plan to reach the newly-established goal of reducing adult smoking prevalence to 10 percent by 2024; this should delineate responsibilities of the respective agencies, 'milestones' for measuring progress, timelines, and agency commitments in terms of human and financial resources to be expended.
- Give tobacco control leaders across the U.S. the opportunity to help determine tobacco control priorities at the national level with the greatest impact in reducing the prevalence of adult smoking.

2. Criteria for Membership on NTRI Team

The team is made up of distinguished senior tobacco control leaders with exemplary records of success in key national leadership roles fighting the tobacco epidemic. Current team members collectively represent 475 years of service saving lives from combustible cigarettes. Most importantly, the volunteer members serve as independent individuals not affiliated with a traditional national tobacco control organization or agency and, therefore, are not biased in their decision-making.

The NTRI inter-related team and advisory groups are composed of experts in the epidemiology of tobacco use and tobacco-related risks, public health policy and practice, management, and in strategy, planning and organization development.

3. Who are the Members of the NTRI Team?

- **David Abrams, Ph.D.**, Professor, Department of Social and Behavioral Sciences, College of Global Public Health, New York University;
- **Scott Ballin**, Former Vice President for Health Policy and Legislative Counsel, American Heart Association; Health Policy Consultant to the 'Morven' Dialogues, University of Virginia;
- **E. Mike Cummings, Ph.D.**, Professor, Department of Psychiatry and Behavioral Sciences, Medical University of South Carolina; Co-leader, Tobacco Research Program Hollings Cancer Center;
- **Allan Erickson**, Former Vice President for Public Education & Tobacco Control, American Cancer Society; Director, Latin American Coordinating Committee for Tobacco Control;
- **Tom Miller**, Attorney General, State of Iowa;
- **Ray Niaura, Ph.D.**, Professor, School of Public Health Global Studies, New York University;
- **John Seffrin, Ph.D.**, Professor of Practice, School of Public Health, Indiana University at Bloomington; Former Chief Executive Officer, American Cancer Society;
- **Don Shopland**, Former Director, Office on Smoking and Health, U.S. Public Health Service;

Team Membership (continued)

- **Michael Terry**, Former Corporate CEO; Son of Former U.S. Surgeon General, Luther Terry, M.D.;
- **Derek Yach, Ph.D.**, Founder and President Designate, Foundation for a Smoke-Free World; Former Executive Director, Framework Convention for Tobacco Control, World Health Organization (WHO).

4. What are the key functions of the NTRI Team

The NTRI team will look for opportunities to engage in and facilitate dialogue with others.

The members will serve as an *advocate, facilitator, catalyst and convener* in facilitating dialogue with public health organizations health care professionals, the research community, key governmental agencies and policy-makers at the federal, state and local levels, consumers, the media and tobacco and nicotine trade associations, and manufacturers (where appropriate).

5. What is the Role and Membership of NTRI Advisory Group

The Advisory Group is made up of several of the most influential individuals who are regarded as 'giants' in the field of public health. They have won almost every award there is for their leadership, excellence, dedication and historic contributions to improving the public health and saving lives.

If and as called upon, these distinguished individuals give their expert advice and reactions to concepts and actions, as appropriate. The members include:

- **Clive Bates**, Director, Counterfactual Consulting Limited (U.K.);
- **Lawrence (Larry) Green, Ph.D.**, Professor Emeritus; Former Professor, Department of Epidemiology and Biostatistics, School of Medicine, University of California at San Francisco;
- **Michael McGinnis, M.D.**, Senior Scholar and Executive Director, National Academy of Medicine (NAM);
- **Ken Warner, Ph.D.**, Avedia Donabedian Distinguished University Professor of Public Health, University of Michigan School of Public Health.

6. What is the “Mission Statement” of the NTRI?

- *To jump-start and facilitate open and evidence-based discussion about the most-effective ways to reach the 10-year (now 6-year) interagency goal.*
- *As an (independent and non-biased) entity of senior tobacco control leaders with distinguished records of success, the NTRI team is in the best position to see the “big picture” of the fight against combustible cigarettes in the U.S., and to identify, highlight, and help to resolve major barriers, program and outreach deficiencies limiting progress toward to the 2024 goal.*
- *Help to ‘jumpstart’ a re-energized and greatly-expanded tobacco control effort laser-focused on implementing the highest-ranked priority actions with the greatest impact in reducing adult smoking over the next 6 years.*

Once this nationwide effort is fully operational and firing on all cylinders, the NTRI Team and Advisory Group will step aside and support the lifesaving effort going forward as “cheerleaders” on the sidelines.

7. What are the three (3) Priority Actions ranked the highest by 120 tobacco control leaders in a recent NTRI study?

- Increase the federal excise tax and cigarette taxes in those states with the lowest level of taxation.
- Encourage health/life insurers, employers and health professionals to actively promote smoking cessation.
- Establish a more rational tobacco, nicotine and alternative products regulatory framework based on their relative risks, and that is adaptable to the increased speed of innovation in new technology development.

These three (3) actions need to be underpinned by heightened lay and professional media advocacy for adult tobacco cessation. It also must include continued support for expanded voluntary and legislated ways of providing smoke-free areas to all. Each of the actions should address adult smokers who are poor, uneducated, have mental health challenges and substance abuse issues.

8. What are the “Essential Elements” of the Three (3) Highest Priority Actions?

Drilling down on each of the three (3) Top Priority Actions to an additional layer of depth, the following “Essential Elements” represent the key components or areas requiring special NTRI attention in addressing and, ultimately, carrying out the top priority actions recommended by 120 tobacco control leaders.

Priority #1: Increase Federal Excise Tax and State Taxes on Combustible Cigarettes

- A special Advisory Committee of Economic Experts will carry out research to establish the proposed timeline (last increase in federal tax on cigarettes took place in 2009) and step-by-step processes/protocols for preparing to seek the next increase in the federal excise tax on cigarettes;
- Hold off on any attempt to pass a large differential federal excise tax until after the fall of 2018 elections, which likely is a reasonable approach;
- Carry out systematic, coordinated and sustained advocacy efforts to educate lawmakers, especially the appropriators, about the economic value to the U.S. of aggressive funding for cessation services and technologies;
- Show how a large Federal excise tax on combustible cigarettes would drive a switch with fast reductions in related deaths;
- Earmark \$250 million of the funds accrued from an increase in the federal excise tax on combustible cigarettes to support a National “Moonshot” for a Smoke-Free USA by 2030;
- Fund and aggressive and hard-hitting nationwide TIPS-type media campaigns that are sustained over the coming years until a Smoke-Free USA is a reality by 2030;
- Place major emphasis on the 34 states with cigarette taxes below \$2.00 per pack; the lowest rate in the nation is in Missouri, at 17 cents, where the state’s electorate voted to keep it that way in 2002, 2006 and 2012;
- Plan to compensate states for their excise tax losses; this will make support substantially greater. Or, encourage states to increase their own cigarette taxes to make up any revenue shortfalls;
- Popularize (after calculating) the lost revenue of the southern states that they could have if state taxes go to 80% of NYS, MA or CALIF. This could be further modeled to look at the impact it would have on costs of healthcare, workplace issues, etc. to build state initiatives to get to the baseline.

Priority Action #2: Expand Smoking Cessation Nationwide

- Launch a “Moonshot” for a Smoke-Free USA by 2030;
- Develop the “Framework of Key Components of a Comprehensive National Strategy for Reducing Adult Smoking;
- Encourage health and life insurers, employers and health care professionals to actively promote smoking cessation measures/services supported by the U.S. Preventive Services Task Force and the 2014 Surgeon General’s Report;
- Sufficient funding from the “Moonshot” effort should be available to launch an aggressive hard-hitting TIPS-type Media Campaign to be sustained for the entire 12-year period to wipe out adult smoking in the U.S. by 2030;
- It has just been made known that E-Cigarettes could be contributing to at least 20,000 new attempts to quit smoking in the U.S. each year, and very possibly many more.
- The NTRI needs to get serious about encouraging the entire tobacco control community to encourage adult smokers to switch to electronic cigarettes as a first step in quitting, and to save millions of lives over the long haul; and,
- Develop the concept of involving the 52 million former adult smokers (21% of all adults) and one-third of all U.S. households that have suffered the loss of a family member to combustible cigarettes since 1964 in a massive army of potential volunteers willing to reach out to and help save the lives of 38 million current adult smokers. Engaging successful quitter in this manner would easily be the most cost-effective of all the sophisticated cessation interventions now being employed any with minimum success.

Priority Action #3: Harm Reduction

- All tobacco, nicotine and alternative products should be regulated by the FDA based on their relative risks and intended uses (continuum of risk);
- Serious consideration should be given to significantly reducing the levels of nicotine in cigarettes as part of a comprehensive tobacco harm minimization effort;
- FDA/CTP processes for the review and approval of science-based reduced-risk products should be reconfigured and streamlined;
- Consumers and the public should be given complete, truthful and accurate information by both public and private sector organizations;
- Adults should have ready access to alternative noncombustible lower-risk tobacco and nicotine products that are ‘consumer acceptable’;

- Good science (regardless of who is conducting the research) should be driving policy and regulatory efforts;
- Innovation, technology, research and incentives in the development of alternative lower-risk products should be encouraged in both the public and private sectors;
- Greater engagement and dialogue between stakeholders should be encouraged and undertaken in both the public and private areas.

How will the “Essential Elements” be Utilized in NTRI Operations?

The “Essential Elements” are vitally important in the (a) development of a national strategic plan for each of the Priority Actions, (b) focusing of member outreach, and (c) inclusion in a power point presentation of NTRI strides and plans to tobacco control groups.

9. How can you reach the NTRI Web Site?

The Web Site – www.tobaccoreform.com – is made possible by the Medical University of South Carolina. Some of the items one can find there include -- the Executive Summary Report with recommendations of a recent NTRI study of 120 tobacco control leaders, NTRI response to FDA Commissioner Scott Gottlieb on new bold action related to harm reduction, Washington Post Article on NTRI Study findings and recommendations, Mission Statement.

A new effort is being made to enhance the contents and utility of the Web Site, possibly to include a new ad campaign using Google and Facebook to promote this communications channel.

10. How is the NTRI funded?

Currently, the NTRI doesn't have a budget. Expenses incurred over the past four years have been covered by several team members. However, the new thrust for 2018 and forward will clearly require minimal financial resources. Since the NTRI is NOT a 501 c (3) organization, the contributions received were passed through the School of Public Health at Georgia State University in Atlanta for handling.

11. What are some priority NTRI funding needs?

As NTRI initiatives are stepped up, special funding will likely be needed to cover the following and other related needs: (1) costs of maintaining the Web Site, (2) preparation of special Reports, (3) local travel expenses for members not reimbursed by another source, (4) space to hold special planning meetings of tobacco control experts; (5) Conference Call connections; development of Power Point presentations and, co-sponsorship of a Consensus Conference tentatively planned to adopt a 21st Century National Strategy on Advancing Harm Reduction in the U.S.

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Of course, all financial contributions of any amount will be greatly appreciated. At this juncture, it would appear that \$10,000 should be sufficient to cover the NTRI-related costs over the next 12 months.

Prospective funding sources should contact Allan Erickson of the NTRI at 404-531-4109 or via email at allancerickson@aol.com. for further information.