

National **T**obacco **R**eform **I**nitiative

Mission and Focus

NATIONAL TOBACCO REFORM INITIATIVE

TRI Mission

Led by a small group of distinguished and independent senior tobacco control leaders with over 350 years of service and four decades fighting the tobacco epidemic, the Mission of the National Tobacco Reform Initiative (TRI) is to facilitate open and evidence-based discussions about the most effective ways to reduce the number of current adult smokers to 10 percent by 2024, an interagency goal, and to ultimately bring about a smoke-free USA by 2030.

The TRI also looks for special opportunities to individually engage and facilitate dialogue with others, including, but not limited to, public health organizations, health care professionals, the research community, governmental agencies, policy makers at the federal, state and local levels, consumers, the media, tobacco and nicotine product trade associations/manufacturers, where appropriate. TRI helps to jumpstart strategic discussions among leaders on how to accomplish a shared goal, how to network better, how to connect the dots. Team members also arrange networking opportunities where leaders of different groups who don't work with each other are brought together.

The TRI also seeks to identify the major deficiencies and barriers holding back the tobacco control movement in the U.S., to put the spotlight on these issues, and to propose ways to resolve them. The Team works to establish partnerships to accelerate innovations and investments for cessation and harm reduction. Importantly, technology advanced for tobacco harm reduction are years ahead of public and professional understanding which is creating significant initial resistance.

The TRI supports the FDA's statement – "the most significant effect would be a regulation to render the modern cigarette impotent". TRI is best suited to keep the pressure up to have the FDA follow through on the plan articulated. Speeding up this is needed. The FDA can also be doing more to speed up the review and approval of stop smoking treatments.

Three (3) Priority Actions

In late 2016, the TRI provided the first-ever opportunity for 120 tobacco control leaders from across the U.S. to help determine national priorities for saving adult smokers from the combustible cigarette. In processing their input, three (3) Priority Actions were given the highest ranking relative to their potential impact in reducing the prevalence of adult smoking. These are listed below in their order of importance:

- Increase the federal excise 'differential' tax on combustible cigarettes, and cigarette taxes in those states with the lowest levels of taxation;
- Encourage health and life insurers, employers and health professionals to actively promote smoking cessation measures; and,
- Establish a more rationale 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.

“Essential Elements”

The TRI has identified a short-list of “Essential Elements” for each of the three (3) Priority Actions listed above. These essentially represent the specific major actions or program of work to be undertaken with the greatest potential impact for moving the Priority Actions forward during 2018 and forward. They are listed on the pages that follow.

Priority Action #1 -- Increase the federal excise “differential” tax on combustible cigarettes and the cigarette tax in the states, especially those with the lowest levels of taxation.

Essential Elements:

- Carry out research to establish the proposed timeline (last increase in federal excise tax on cigarettes took place in 2009), and step-by-step processes/protocols for preparing to seek the next federal tax increase.
- Hold off on any attempt to pass a large “differential” federal excise tax until after the fall 2018 elections;
- Poll Congressional lawmakers on their attitudes about raising the federal excise tax on tobacco;
- Carry out systematic, coordinated and sustained advocacy efforts to educate lawmakers, especially the appropriators, about the huge economic costs of smoking-related death and disease, and the economic value to the U.S. of aggressive funding for cessation services and technologies;
- Show how a large federal tax increase on combustible cigarettes, offering differential policy alignments proportional to the risk ratio of each class of tobacco products, would drive a switch with fast reductions in related deaths;
- Carry out polling of state-level tobacco control advocates to answer the question of readiness for increases in local and state taxes on cigarettes;
- Place major emphasis on the 34 states with current cigarette taxes below @2.00 per pack;
- As part of an increased federal cigarette excise tax, plan to compensate states for their excise tax losses;
- A special effort will be made to learn more about the value of pushing for a change in the Master Settlement Agreement (MSA).

Priority Action #2 – Encourage health and life insurers, employers and health professionals to actively promote smoking cessation measures approved by the U.S. Preventive Services Task Force and the 2014 U.S. Surgeon General’s Report.

Two Areas of Focus:

Area #1- Develop better treatments to help those smokers who wish to stop using combustible cigarettes to do so. This can be accomplished by –

Essential Elements:

- Prioritizing and supporting research into testing new treatments for smoking cessation;
- Adopting policies to speed up the testing and approval of new treatments for cigarette dependence.

Area #2-- Improve access to existing treatments, particularly for populations with health disparities. This can be achieved by:

Essential Elements:

- Improved access to lower-cost treatments via full coverage of evidence-based treatments (i.e., brief counseling, “high intensity” individual and group counseling, in face-to-face telephone counseling, telemedicine counseling modalities, and the provision of all 7 FDA-approved stop smoking medications, in combinations in all medical and behavioral health settings;
- Changing systems of care delivery to ensure greater provision of treatments when smokers interact with the health care system; and,
- Dissemination of information about the effectiveness of different treatments (including alternative nicotine products), and how to acquire them (e.g., the TIPS media campaign would fall into this category).

Priority Action #3 – 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.

Essential Elements:

- All tobacco, nicotine and alternative products, including but not limited to, cigarettes, cigars, smokeless tobacco products (including SNUS), e-cigarettes, heat-not-burn (HnB) products, gums, nicotine replacement products (NRT), etc. should be regulated by the FDA based on their risks, relative risks and intended uses (continuum of risk). This includes, but is not limited to, product standards, labeling, marketing, advertising and public education efforts;

- Serious consideration should be given to significantly reducing the levels of nicotine in cigarettes, but only as part of a comprehensive tobacco harm minimization effort. The FDA/CTP should take the lead in engaging stakeholders about the feasibility for achieving this strategy;
- FDA/CTP processes for the review and approval of science-based reduced-risk products should be reconfigured and streamlined. This includes that consideration be given to the setting of workable, less bureaucratic, cost-effective requirements and regulations for various categories of products. Products that have sufficient scientific backing should be considered for “fast-tracking” and then carefully monitored;
- Consumers and the public should be given complete, truthful and accurate information by both public and private sector organizations that includes, but is not limited to the FDA, CDC, NGOs, health care professionals, retailers, wholesalers, manufacturers, etc.;
- Adult smokers should have ready access to alternative noncombustible lower-risk tobacco and nicotine products that are ‘consumer acceptable’. This should include the allowance of flavors in such products. Flavors are not inherently bad and can have a positive impact in moving smokers to using significantly lower-risk sources of nicotine. However, consideration should also be given to avoiding the use of any descriptions or marketing tactics that target youth;
- Good science (regardless of who is conducting the research) should be driving policy and regulatory efforts. There should be a greater effort by all stakeholders, including the FDA/CTP, to promote collaboration. This should include identifying research priorities, making a concerted effort to reduce ‘bias’, the sharing of information, as well as reducing the misuse of research for public relations purposes;
- Innovation, technology, research and incentives in the development of alternative lower-risk products should be encouraged to both the public and private sectors. This should include governmental research bodies, academic research institutions, entrepreneurs, investors and manufacturers of tobacco and nicotine reduced-risk products; and,
- Greater engagement and dialogue between stakeholders should be encouraged and undertaken in both the public and private sectors.

Special NTRI teams have assumed responsibility for ensuring that the previously-listed actions for each of the three (3) respective Priority Actions are moved forward at the earliest possible time. As advocates, catalysts and influencers, NTRI team members are helping to engage and start conversations among the tobacco control community that result in follow-up actions to move the agenda forward.

NTRI team members communicate on a regular basis via email and telephone; reports of progress in addressing the “Essential Elements” are considered on Team Conference calls which take place every other month.

The Web Site – <http://www.tobaccoreform.org> – continues to be provided with fresh materials on the work of the National Tobacco Reform Initiative and the overall tobacco control movement in the U.S. which should be of interest to a wide audience. All background materials, press releases, plans, etc. have been downloaded on the Web Site.

Members of TRI Team

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Scott Ballin, JD – Health Policy Consultant, Former Vice President and Legislative Counsel to the American Heart Association; Former member and Chair of the Coalition on Smoking OR Health; Advisor to the University of Virginia ‘Morven’ Dialogues;

Aaron Biebert – Former President and CEO, Clear Medical Solutions; Director, Attention Era Media, Film Production Company. Produced “A Billion Lives” documentary seen by millions worldwide;

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Allan C. Erickson – Former Vice President for Public Education and Tobacco Control, American Cancer Society; Staff Director, Latin American Coordinating Committee for Tobacco Control; Provided ACS staff for tobacco control at the local, district, state, regional, national, continent and global levels;

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Derek Yach, Ph.D. – Founder and President, Foundation for a Smoke-Free World; Former Executive Director, Framework Convention for Tobacco Control, World Health Organization (WHO).

Members of TRI Advisory Group

Clive Bates – Director, Counterfactual Consulting Limited (UK);

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