Appendix 9

Remarks by
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The Samuel Rubin Program, The Columbia University School of Law
March 8, 1995

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New York, New York

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NOTE: THIS TEXT IS THE BASIS OF COMMISSIONER KESSLER'S ORAL REMARKS. IT SHOULD BE USED WITH THE UNDERSTANDING THAT SOME MATERIAL MAY HAVE BEEN ADDED OR OMITTED DURING THE PRESENTATION.

It is easy to think of smoking as an adult problem. It is adults who die from tobacco related diseases. We see adults light up in a restaurant or bar. We see a colleague step outside for a cigarette break.

But this is a dangerously short-sighted view.

It is as if we entered the theater in the third act -- after the plot has been set in motion, after the stage has been set. For while the epidemic of disease and death from smoking is played out in adulthood, it begins in childhood. If there is one fact that I need to stress today, it is that a person who hasn't started smoking by age 19 is unlikely to ever become a smoker. Nicotine addiction begins when most tobacco users are teenagers, so let's call this what it really is: a pediatric disease.

Each and every day another three thousand teenagers become smokers.[1] Young people are the tobacco industry's primary source of new customers in this country, replacing adults who have either quit or died. An internal document of a Canadian tobacco company, an affiliate of a tobacco company in the United States, states the case starkly:

> If the last ten years have taught us anything, it is that the [tobacco] industry is dominated by the companies who respond most effectively to the needs of the younger smokers.[2]

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[1] Institute of Medicine. Growing Up Tobacco Free: Preventing Nicotine Addiction in Children and Youths, 1994. p. 5. and Pierce, J.P., Fiore, M.C., Novotny, T.E., et al., "Trends in Cigarette Smoking in the United States," JAMA 261(1):91-95 (1989).

[2] Overall Market Conditions - F88, 1988 Imperial Tobacco Ltd. Marketing Plan. p. 6.

If we could affect the smoking habits of just one generation, we could radically reduce the incidence of smoking-related death and disease, and a second unaddicted generation could see nicotine addiction go the way of smallpox and polio.

The tobacco industry has argued that the decision to smoke and continue to smoke is a free choice made by an adult. But ask a smoker when he or she began to smoke. Chances are you will hear the tale of a child.

It's the age-old story, kids sneaking away to experiment with tobacco, trying to smoke without coughing, without getting dizzy, and staring at themselves in a mirror just to see how smooth and sophisticated they can look.

The child learns the ritual. It is a ritual born partly out of a childish curiosity, partly out of a youthful need to rebel, partly out of a need to feel accepted, and wholly without regard for danger. It is a ritual that often, tragically, lasts a lifetime. And it is a ritual that can cut short that lifetime.

Many of us picture youngsters simply experimenting with cigarettes. They try smoking like they try out the latest fad -- and often drop it just as quickly. But when you recognize that many young people progress steadily from experimentation to regular use, with addiction taking hold within a few years,[3] the image is far different, far more disconcerting. Between

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[3] U.S. Department of Health and Human Services, Preventing Tobacco Use Among Young People: A Report of the Surgeon General, (1994), p. 124, citing the following references: Flay, B.R. "Youth Tobacco Use: Risks, Patterns, and Control," in Slade, J. and Orleans, C.T. eds., Nicotine Addiction: Principles and Management, New York: Oxford University Press, 1993; Leventhal, H., Fleming, R., and Glynn, K., "A Cognitive Developmental Approach to Smoking Intervention," in Maes, S., Spielberger, C.D., Defares, P.B., Sarason, I.G., eds., Topics in Health Psychology: Proceedings of the First Annual Expert Conference in Health Psychology. New York: John Wiley & Sons, Inc., 1988.

one-third and one-half of adolescents who try smoking even a few cigarettes soon become regular smokers.[4]

What is perhaps most striking is that young people who start smoking soon regret it. Seven out of 10 who smoke report that they regret ever having started.[5] But like adults, they have enormous difficulty quitting. Certainly some succeed, but three out of four young smokers have tried to quit at least once and failed.[6]

Consider the experience of one 16-year-old girl, recently quoted in a national magazine. She started to smoke when she was eight because her older brother smoked. Today, she says: "Now, I'm stuck. I can't quit...It's so incredibly bad to nic-fit, it's not even funny. When your body craves the nicotine, it's just: 'I need a cigarette."[7]

In her own terms she has summarized the scientific findings of the 1988 Surgeon General's report. That report concluded: "Cigarettes and other forms of tobacco are

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[4] Giovino, G.A., Zhu, B.P., Tomar, S., Peddicord, J.P., McCarty, M., Chrismon, J., Eriksen, M.P., "Epidemiology of Tobacco Use and Symptoms of Nicotine Addiction in the United States: A Compilation of Data from Large National Surveys." Invited presentation for the Food and Drug Administration Drug Abuse Advisory Committee, Rockville, MD., August 2, 1994.

[5] George H. Gallup International Institute, "Teenage Attitudes and Behavior Concerning Tobacco: A Report of the Findings." Princeton (NJ): George H. Gallup International Institute, 1992, p. 54.

[6] Moss, A.J., Allen, K.F., Giovino, G.A. et al., "Recent Trends in Adolescent Smoking, Smoking-uptake Correlates, and Expectations about the Future Period." Hyattsville, Maryland, U.S. Department of Health and Human Services, PHS, CDC, NCHS, 1992 (Advance Data No. 221).

"Lynn Minton Reports: Fresh Voices: 'Yeah, I'm Trying to Quit,'" Parade Magazine, December 11, 1994, p. 20.

addicting" and "Nicotine is the drug in tobacco that causes addiction."[8]

Let there be no doubt that nicotine is an addictive substance. Many studies have documented the presence of the key addiction criteria relied on by major medical organizations. These criteria include: highly-controlled or compulsive use, even despite a desire, or repeated attempts to quit; psychoactive effects on the brain; and drug-motivated behavior caused by the "reinforcing" effects of the psychoactive substance. Quitting episodes followed by relapse and withdrawal symptoms that can motivate further use are some additional criteria of an addictive substance.[9]

Are young people simply unaware of the dangers associated with smoking and nicotine addiction? No, not really. They just do not believe that these dangers apply to them.

For healthy young people, death and illness are just distant rumors. And until they experience the grip of nicotine addiction for themselves, they vastly underestimate its power over them. They are young, they are fearless, and they are confident that they will be able to quit smoking when they want to, and certainly well before any adverse health consequences occur.

They are also wrong. We see that documented in papers acquired from one tobacco company in a Canadian court case. A study prepared for the company called "Project 16" describes how the typical youthful experimenter becomes an addicted smoker within a few years.

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[8] U.S. Department of Health and Human Services, The Health Consequences of Smoking, Nicotine Addiction: A Report of the Surgeon General, 1988, p. 9.

[9] Id. at p. 7.

"However intriguing smoking was at 11, 12, or 13, by the age of 16 or 17 many regretted their use of cigarettes for health reasons and because they feel unable to stop smoking when they want to...Over half claim they want to quit. However, they cannot quit any easier than adults can."[10]

This sense of helplessness and regret was further tracked in a subsequent study for the company called "Project Plus/Minus." It was completed in 1982:

"[T]he desire to quit seems to come earlier now than ever before, even prior to the end of high school. In fact, it often seems to take hold as soon as the recent starter admits to himself that he is hooked on smoking. However the desire to quit and actually carrying it out, are two quite different things, as the would-be quitter soon learns."[11]

Unfortunately, youth smoking gives no sign of abating. While the prevalence of smoking among adults has steadily declined since 1964, the prevalence of smoking by young people stalled for more than a decade and recently has begun to rise. Between 1992 and 1993

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[10] Kwechansky Marketing Research for Imperial Tobacco Ltd., "Project 16," October 18, 1977, p. vi

[11] Kwechansky Marketing Research, "Project Plus/Minus - 3 or Cry 11," May 7, 1982, Study Highlights, at p. 1, cited in Polay, R., The Functions and Management of Cigarette Advertising, Rapport, July 27, 1989, Exhibit AG 224, Imperial Tobacco trial.

the prevalence of smoking by high school seniors increased from 17.2 percent to 19 percent.[12] Smoking among college freshmen rose from 9 percent in 1985 to 12.5 percent in 1994.[13]

And young people's addiction to nicotine is not limited to smoking. Children's use of smokeless tobacco, such as snuff and chewing tobacco, is also extensive. Today, of the seven million people in this country who use smokeless tobacco, as many as one in four is under the age of 19.[14]

This epidemic of youth addiction to nicotine has enormous public health consequences. A casual decision at a young age to use tobacco products can lead to addiction, serious disease, and premature death as an adult. More than 400,000 smokers die each year from smoking-related illnesses.[15]

Smoking kills more people each year in the United States than AIDS, car accidents, alcohol, homicides, illegal drugs, suicides and fires combined.[16] And the real tragedy is that

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[12] The University of Michigan, Monitoring the Future Study, January 27, 1994, Table 1- "Trends in Prevalence of Various Drugs for Three Populations: Eighth, Tenth, and Twelfth Graders."

[13] University of California, Los Angeles Press Release, January 9, 1995, p. 4, (Findings from a survey of approximately 238,000 freshmen conducted by the UCLA Higher Education Research Institute).

[14] Centers for Disease Control and Prevention, unpublished data based on the 1993 Monitoring the Future Project Surveys, the 1992 Youth Risk Behavior Survey, and the 1992 National Health Interview Survey.

[15] Institute of Medicine, Growing Up Tobacco Free: Preventing Nicotine Addiction in Children and Youths, at p. 3 citing Centers for Disease Control and Prevention. "Cigarette Smoking - Attributable Mortality and Years of Potential Life Lost - United States, 1990." Morbidity and Mortality Weekly Report 42:33 (27 Aug. 1993): 645-649.

[16] Id at p. 3-4.

these deaths from smoking are preventable.

A year ago the FDA raised the question of whether the Agency has a role in preventing this problem. FDA has responsibility for the drugs, devices, biologics and food used in this country. Over the last year we have been looking at whether nicotine-containing tobacco products are drugs subject to the requirements of the Federal Food, Drug, and Cosmetic Act. Our study continues. But we already know this: Nicotine is an addictive substance and the marketplace for tobacco products is sustained by this addiction. And what is striking is that it is young people who are becoming addicted.

Statements from internal documents by industry researchers and executives show that they understood that nicotine is addictive and how important it is to their product. Listen to these statements made decades ago:

> "We are, then, in the business of selling nicotine, an addictive drug."[17]

> "Think of the cigarette pack as a storage container for a day's supply of nicotine. Think of the cigarette as a dispenser for a dose unit of nicotine. Think of a puff of smoke as the vehicle for nicotine."[18]

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[17] Yeaman, A. (General Counsel to Brown & Williamson Tobacco Co.), "Implications of Batelle HIPPO I and II and the Griffith Filter." July 17, 1963, p. 4. (as reported in The New York Times, May 9, 1990).

[18] Dunn, W.L., Senior Philip Morris Official, "Motives and Incentives in Cigarette Smoking," Summary of CTR-sponsored conference in St. Martin, Philip Morris Research Center, Richmond, Virginia, p. 5-6, (1972).

And consider what a research group reported to one tobacco company about starter smokers who assume they will not become addicted:

"But addicted they do indeed become."[19]

More recently, a former chief executive officer of a major American tobacco company, told the Wall Street Journal: "Of course it's addictive. That's why you smoke..."[20] And a former smokeless tobacco industry chemist was recently quoted as saying: "There used to be a saying at [the company] that 'There's a hook in every can'...[a]nd that hook is nicotine."[21]

Nevertheless, the industry publicly insists that smoking is a choice freely made by adults. An advertisement by one of the major tobacco companies that appeared in newspapers across the country last year bore a headline that read "Where Exactly Is The Land of the Free?"[22] It suggests that the government is interested in banning cigarettes -- although no one in government has advocated such a position. With some 40 million smokers addicted to nicotine, a ban would not be feasible.

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[19] Kwechansky Marketing Research for Imperial Tobacco Ltd., "Project Plus/Minus," (1982), p. 26.

[20] F. Ross Johnson (former Chief Executive Officer of R.J.Reynolds Tobacco Co.), as reported in the Wall Street Journal, October 6, 1994

[21] Larry Story (United States Tobacco Co. chemist) in Friedman, A.M., "Juiced Up: How a Tobacco Giant Doctors Snuff Brands to Boost Their 'Kick'," the Wall Street Journal, October 26, 1994 A.

[22] The Wall Street Journal, November 2, 1994

The ad never addresses youth smoking. And it says "... The time has come to allow adults in this country to make their own decisions of their own free will, without Government control and excessive intervention."

But listen to the words of one smoker on the subject of freedom and choice:

"Well, do you think I chose to smoke? Do you believe that I took a cigarette and said, 'I think I'll smoke this one and then maybe four hundred thousand more'?"

She continues:

"Choice. That's a laugh. Within each day I make dozens-- perhaps hundreds--of large and small choices.. From morning until bedtime, I pick and choose. I look at options and decide. One thing I don't decide, however, is whether to smoke. For me, a forty-seven-year old woman, that decision was made nearly thirty years ago by a first-year college student. And even she wasn't intending to make a lifelong decision: she was just going to try one cigarette. And then maybe just one more. Another and then another, and at some point, she lost her power to choose. She had become addicted, still believing she chose to smoke and denying the power and impact of nicotine in her life. Belief in my power to choose, and denial of how totally nicotine has stripped me

of that power, are my two greatest enemies."[23]

We cannot adequately address this pediatric disease our country faces without recognizing the important influences on a young person's decision to smoke. One such influence is industry advertising and promotion. It is important to understand the effects of these practices on young people.

In the last two decades, the amount of money the cigarette industry has spent to advertise and promote its products has dramatically risen. Despite a longstanding ban on broadcast advertising, in 1992 alone the industry spent more than $5.2 billion.[24] This makes it the second most heavily advertised commodity in the United States, second only to automobiles.

Tobacco advertising appears in print media, on billboards, at point of sale, by direct mail, on an array of consumer items such as hats, t-shirts, jackets, and lighters, and at concerts and sporting events. The sheer magnitude of advertising creates the impression among young people that smoking is much more ubiquitous and socially acceptable than it is. In studies, young smokers consistently overestimate the percentage of people who smoke.[25]

In addition, tobacco industry advertising themes and images resonate with young people. Advertising experts describe the cigarette package as a "badge" product that

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[23] Walker, Ellen, Smoker: Self-Portrait of a Nicotine Addict, p. 20, 35, (1989).

[24] Federal Trade Commission Report to Congress Pursuant to the Federal Cigarette Labeling and Advertising Act for 1992, p. 3.

[25] 1994 Surgeon General's Report, p. 192.

adolescents show to create a desired self image and to communicate that image to others. As a retired leading advertising executive has stated: "When the teenagers loose [sic] the visual link between the advertising and the point of sale ... they will loose [sic] much of the incentive to rebel against authority and try smoking."[26]

In recent years, the tobacco industry has been spending more money on marketing and promotion and less on traditional advertising.[27] For example, it distributes catalogues of items that can be obtained with proof of purchase coupons attached to cigarette packs -- such as Camel Cash and Marlboro Mile. These coupons are exchanged for non-tobacco consumer items imprinted with product logos.

These items have proven to be a big hit with children and adolescents. Half of all adolescent smokers and one quarter of adolescent non-smokers own at least one promotional item from a tobacco company, according to a 1992 Gallup survey.[28]

Sponsorship of athletic, musical, sporting and other events is another important way that the industry promotes its product. This links tobacco products with the glamorous and appealing worlds of sports and entertainment. And the logos of their brands are viewed during televised events, despite the federally mandated broadcast advertising ban.[29]

Make no mistake: All of this advertising and promotion is chillingly effective. The

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[26] Letter from J. Gordon Lippincott, former advertising executive, to David A. Kessler, Commissioner, January 5, 1995

[27] 1992 Federal Trade Commission Report to Congress, Tables 3A-3D

[28] 1992 Gallup Survey, supra note 5 at p. 59 and 1994 Surgeon General's Report, p. 186

[29] 1994 Surgeon General's Report, p. 185

three most heavily advertised brands of cigarettes are Marlboro, Camel and Newport. A recent study by the Centers for Disease Control and Prevention found that 86 percent of underage smokers who purchase their own cigarettes purchased one of those three heavily advertised brands.[30]

The advertisements apparently have far less impact on adults. By far, the most popular brand choices for adults are the private label, price value, and plain package brands, which rely on little or no imagery on their packaging or advertising.[31]

Let me describe two campaigns to illustrate the effects that advertising and marketing practices can have on young people. One campaign gave new life to a cigarette brand with an aging customer base. The other revitalized the dying smokeless tobacco market.

In the early 1980's, Camel cigarettes were smoked primarily by men over 50, and commanded about 3 to 4 percent of the overall market. So the company began to make plans to reposition Camel.[32]

The new advertising for Camel was designed to take advantage of Camel's 75th birthday. The campaign featured the cartoon character "Joe Camel" as its anthropomorphic spokescamel who gave dating advice called "smooth moves" and who eventually was joined by

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[30] Centers for Disease Control and Prevention, "Changes in the Cigarette Brand Preferences of Adolescent Smokers - United States, 1989-1993." Morbidity and Mortality Weekly Report 43(32) (August 19, 1994) 577-581

[31] Teinowitz, I., "Add RJR to list of Cig Price Cuts," Advertising Age, April 26, 1993, p. 3, 46

[32] Pierce, J. et al., "Does Tobacco Advertising Target Young People to Start Smoking? Evidence from California," JAMA 266(22) 3154-3158 (1991).

a whole gang of hip camels at the watering hole.[33]

The campaign was variously described as irreverent, humorous and sophomoric. But Joe Camel gave the company what it wanted: a new vehicle to reposition the Camel brand with more youth appeal.

During the same time period, the company devised what it called a Young Adult Smokers program - which went by the acronym Y A S. The program was designed to appeal to the 18 to 24 age group, and more narrowly to the 18 to 20-year-old audience. The program also had a tracking system to monitor sales in these groups.

Let me give you several facts about that program.

First, on January 10, 1990, a division manager in Sarasota, Florida issued a memorandum describing a method to increase the exposure and access to the Young Adult Market for the Joe Camel campaign. The memorandum asked sales representatives to identify stores within their areas that "are heavily frequented by young adult shoppers. These stores can be in close proximity to colleges [, and] high schools..." The purpose of the memorandum was to make sure that those stores were always stocked with items that appeal to younger people -- such as hats and tee shirts -- carrying the Camel name and imagery.[34]

A Wall Street Journal article revealed the contents of this letter and it also contained the company's response that the memo was a mistake. The company said the mistake had been corrected and explained that the manager had violated company policy by targeting high school

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[33] Id.

[34] Memorandum of January 10, 1990, from J.P. McMahon, Division Manager, RJR Sales Co.

students.[35] However, on April 5, 1990, another division manager, this time in Oklahoma, sent a memo to all areas sales representatives and chain service representatives in parts of Oklahoma. The memo refers to what it calls "Retail Young Adult Smoker Retailer Account[s]" and goes on to say:

> The criteria for you to utilize in identifying these accounts are as follows: (1) ... calls located across from, adjacent to [or] in the general vicinity of the High Schools...[36]

Second, an additional element of its Camel campaign was known as FUBYAS -- F U B Y A S -- an acronym for First Usual Brand Young Adult Smokers. The company's own research in the 1980's revealed a noteworthy behavior among smokers: the brand that they use when they first become regular smokers is the brand that smokers stay with for years. There is a great deal of brand loyalty among smokers.

Third, the next slide shows the effect of the YAS or young adult smoker campaign. Prior to the campaign, about 2 to 3 percent of smokers under the age of 18 named Camel as their brand. By 1989, a year into the campaign, Camel's share of underage smokers had risen to 8.1 percent and within a few years it had grown to at least 13 percent. During this same

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[35] The Wall Street Journal, May 3, 1990, at p. B1, col. 3.

[36] Memorandum of April 5, 1990, from R.G. Warlick, Division Manager, R.J.Reynolds.

period, Camel's share of the adult market barely moved from its four percent market share.[37]

The campaign succeeded in resurrecting the moribund Camel brand. But it also managed to create an icon recognizable to even the youngest children. Two studies, one by an independent researcher[38] and one company funded,[39] found that children as young as three to six easily recognize Joe Camel and know that he is associated with cigarettes. The company's researcher found that children were as familiar with Joe Camel as they were with Ronald McDonald. This fact is significant because children this young get most of their product information from television advertising. But cigarettes have not been advertised on television since 1970.

The campaign was clearly very effective with the target group -- the YAS smokers. But it was also effective with the younger, under 18 smokers.

The second example of industry promotion concerns the largest smokeless tobacco company in America. It was also trying to revive the declining market for its product. By 1970, these products were used predominantly by men over 50. Young males had the lowest

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[37] National Center for Health Statistics, National Health Interview Surveys (1978), for 18 -19 year olds (unpublished data); Centers for Disease Control and Prevention, Adult Use of Tobacco Survey (1986) for 17-18 year olds (unpublished data); and "Comparison of the Cigarette Brand Preferences of Adult and Teenaged Smokers-United States, 1989 and Ten U.S. Communities 1988 and 1990." MMWR March 13, 1992, 41(10) Table 1, 1989 Teenage Attitudes and Practices Surveys (TAPS); "Changes in the Cigarette Brand Preferences of Adolescent Smokers-United States, 1989-1993." Table 1 p. 579, 1993 TAPS II and Table 2.

[38] Fisher, P.M., Schwartz, M.P., Richards, J.W., Goldstein, A.O., and Rojas, T.H., "Brand Logo Recognition by Children Aged 3 to 6 Years, Mickey Mouse, and Old Joe the Camel." JAMA 266(22):3145-3148 (1991).

[39] Mizerski, R., Straughn, K., and Feldman, J., "The Relationship Between Cartoon Character Recognition and Product Category Attitudes in Young Children," presented at Marketing and Public Policy Conference, May 13-14, 1994.

usage.[40]

The company set about to redesign its products and refocus its advertising and promotion to target younger people, especially younger men. Its high-nicotine delivery products were apparently not well tolerated by new users. But as part of the redesign, it developed low-nicotine delivery snuff products in easy to use teabag-like pouches. Company documents indicate that these products were developed to create "starter" brands that would attract new users who could not tolerate the higher-nicotine delivery products.

A cherry-flavored product was also developed. In fact, one former company sales representative was quoted in the Wall Street Journal as saying that the cherry product "is for somebody who likes the taste of candy, if you know what I'm saying."

The documents also show that the company set out to produce a range of products with low, medium, and high nicotine deliveries. One document shows that the company expected its customers to "graduate" upward through the range of nicotine deliveries. This chart, prepared by its marketing department shows the hierarchy of products, with arrows going from Skoal Bandits (the teabags), through Happy Days and Skoal Long Cuts, and ultimately to Copenhagen -- the company's highest nicotine delivery product.

The idea behind the advertising and marketing strategy was captured in a statement a few years earlier, in 1968, by a company vice president:

> We must sell the use of tobacco in the mouth and appeal to young people ... we

[40] U.S. Department of Health and Human Services, Office of the Inspector General, Spit Tobacco and Youth, 1992, p. 3.

hope to start a fad.[41]

The company's reliance on the graduation process can also be seen in a company document that depicts a "bullseye" chart. This chart shows the company's plan to advertise, promote, and provide free samples of the lower nicotine delivery products to new users. The highest nicotine products were to be advertised only to current users, and only in a highly focused manner.

This product development and marketing strategy has been extremely successful in recruiting new users. Use of smokeless tobacco products has risen dramatically since the 1970's. Moist snuff sales tripled from 1972 to 1991 and use by 18 to 19-year-old boys increased 1,500 percent from 1970 to 1991.[42]

The Camel and smokeless campaigns demonstrate how marketing and promotion targeted at younger tobacco users can also reach children and adolescents. And those young people who choose to smoke have easy access to the products. Tobacco products are among the most widely available consumer products in America, available in virtually every gas station, convenience store, drug store, and grocery store. And though every state in the country prohibits the sale of cigarettes to those who are underage, study after study

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[41] Lewis F. Bantle, Vice President, United States Tobacco Co., from Minutes of Snuff and Chewing Tobacco Research-Manufacturing-Marketing Meeting, New York Hilton, January 22-23, 1968, p. 3, (McConnell, S.J., Acting Secretary).

[42] U.S. Department of Health and Human Services, Reducing the Health Consequences of Smoking, 25 Years of Progress: A Report of the Surgeon General, 1989, p. 319, and unpublished data from the Centers for Disease Control and Prevention.

demonstrates that these laws are widely ignored. Teenagers can purchase tobacco products with little effort -- and they know it. A 1990 survey by the National Cancer Institute found that eight out of 10 ninth graders said it would be easy for them to buy their own cigarettes.[43] By some estimates, at least as many as 255 million packs are sold illegally to minors each year.[44]

Younger smokers are more likely to buy their cigarettes from vending machines, where they can make their purchases quickly, often unnoticed by adults. The vending machine industry's own study found that 13-year-olds are 11 times more likely to buy cigarettes from vending machines than 17 year olds.[45] The 1994 Surgeon General's Report examined nine studies on vending machine sales and found that underage persons were able to buy cigarettes 82 to 100 percent of the time.[46]

But the easy access does not stop with vending machines. Self-service displays allow buyers to help themselves to a pack of cigarettes or a can of smokeless with minimal contact with a sales clerk. This makes it easier for an underage person to buy tobacco products.

I've told you today that 90 percent of those who smoke began to do so as children and teenagers. I've told you that most of them become addicted and that 7 out of 10 wish they

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[43] Findings and Recommendations of a Working Group of State Attorneys General, "No Sale: Youth, Tobacco, and Responsible Retailing," Dec. 1994.

[44] Cummings, K.M., Pechacek, T., Shopland, D., "The Illegal Sale of Cigarettes to U.S. Minors: Estimates by State," American Journal of Public Health 84:2(1994): 300-302.

[45] Institute of Medicine, Growing Up Tobacco Free, p. 212 (citing Response Research Inc., Study of Teenage Cigarette Smoking and Purchase Behavior, for the National Automatic Merchandising Association, Chicago; June/July 1989).

[46] 1994 Surgeon General's Report, p. 249

could quit. I've told you that the tobacco industry spends more than $5 billion a year to advertise and promote an addictive product and it uses cartoon characters, tee shirts and other gimmicks that appeal to children. I've told you that one company went so far as to develop a young adult smoker's program which, intentional or not, increased cigarette sales to children.

Some may choose to ignore these facts. Some will continue to insist that the issue is an adult's freedom of choice. Nicotine addiction begins as a pediatric disease. Yet our society as a whole has done little to discourage this addiction in our youth. We must all recognize this fact and we must do more to discourage this addiction in our youth.

A comprehensive and meaningful approach to preventing future generations of young people from becoming addicted to nicotine in tobacco is needed. Any such approach should: First, reduce the many avenues of easy access to tobacco products available to children and teenagers; second, get the message to our young people that nicotine is addictive, and that tobacco products pose serious health hazards -- and not just for someone else; and third reduce the powerful imagery in tobacco advertising and promotion that encourages young people to begin using tobacco products.

These types of actions have been advocated by many public health experts and organizations, including most recently the Institute of Medicine which recently issued a report on smoking and children. And a recent public opinion poll sponsored by the Robert Wood Johnson Foundation showed widespread public support for measures to reduce smoking by young people.[47]

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[47] The Robert Wood Johnson Foundation, Press Release, "Nation's First Survey Released Focusing on Youth Access to Tobacco," February 1, 1995.

When it comes to health, we Americans are an impatient people. We venerate the deliberate, cautious scientific method but we yearn for instant cures. We grow restless waiting years or even months for answers, yet today I am telling you to look to the next generation.

Certainly some of the forty million addicted adult smokers in this country will succeed in quitting. Every addictive substance has some who are able to break its grip, and we should do all we can to support those who want to quit. But let us not fool ourselves. To succeed, we must fix our gaze beyond today's adults.

Of course we all want freedom for our children. But not the freedom to make irreversible decisions in childhood that result in devastating health consequences for the future. Addiction is freedom denied. We owe it to our children to help them enter adulthood free from addiction. Our children are entitled to a lifetime of choices, not a lifelong addiction.