

BURNING ISSUES

TRDRP Newsletter



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Tobacco and the LGBT Community

by Francisco Buchting

Despite the high rate of tobacco consumption in the Lesbian, Gay, Bisexual and Transgender (LGBT) community, tobacco use has been grossly understudied in this population. Of the findings that are reported in the scientific literature many are derived from questions in research projects whose main focus was not tobacco use. The type of questions used in these studies to determine tobacco use and smoking status lack consistency, e.g., daily consumption, lifetime smoking. In addition, sampling concerns (convenience sampling) and homogenous demographics of samples (e.g., gay white men) have made it difficult to adequately determine the impact tobacco use has on this community. It has only been recently that research projects solely focusing on tobacco use and LGBT have been funded.

Tobacco Use Among LGBT*

*Report of prevalence of tobacco use for the transgender community could

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College Students: The Next Generation of Replacement Smokers

by Phillip Gardiner

No one could be more pleased about recent demographic trends in smoking and tobacco use habits than the tobacco industry. While adult rates continue to decline and teen rates have flattened, young adults' tobacco use rates have been on the rise, portending a new, and growing crop of replacement smokers for the future.¹ Over one-third of the 15 million 18-24 year olds in the United States attend college and some studies report that over forty percent (41.3%) of full-time college students had used cigarettes at some point during 2000.² This new trend in cigarette smoking has occasioned new rules and regulations on campuses and necessitated more cessation programs. Moreover, increased college smoking has corresponded with a greater presence of the tobacco industry on college campuses. Research that can illuminate these new phenomena, not solely on 4-year campuses, is sorely needed at this time.

Smoking on Campus

Some researchers describe the college years as a "time of transition" in smoking habits.^{3,4} It was once believed that virtually all smoking initiation took place during the High School/Teenage years. Then, studies in the 1990's began to show that a large percentage of African-American teens generally didn't start smoking until after the age of 18.⁵ Now, there are other studies that confirm that 11-21% of all college students who smoke initiated at or after 19 years of age, usually during their first or second year of school.⁶ Considering

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This ad from the California Lavender Smokefree Project, raised the issue of ethical funding in the LGBT community. The ad salutes the community institutions which have agreed to refuse tobacco contributions and/or sponsorships

not be found in the scientific literature at the time this article was published.

The consistent finding across published results from studies at the national and local level, is that the prevalence of smoking among LGB was higher than smoking rates in the general population at that time. For example, a study by Stall et al. found 41.5% of gay men in a household-based sample identified as smokers¹ compared to 28.0% among men in the general population.² A review of the literature by Ryan et al. (2001) from 1987 through 2000 on tobacco use among LGB identified 12 studies (four among youth, two among gay men, five among lesbians and one in both groups).³ Although the methodology and populations differed across these studies, the con-

sistent finding was that adult and adolescent LGB used tobacco at higher rates than their heterosexual counterparts. These differences in prevalence rates remained consistent even when built-in comparison groups were available. For adult gay and bisexual men the prevalence of smoking has been found to be as high as 50%. Similarly, higher smoking prevalence rates for adult lesbians and bisexual women, also as high as 50%, were found in the literature as compared to the general population, with the exception of one study. Results from this study that showed a lower smoking prevalence used a sample consisting of lesbians attending a health conference and responding to a community newsletter survey. Among the youth studies, two were statewide school surveys in Massachusetts and two were based on small convenience samples. For the two statewide studies, the prevalence of current smoking was higher among LGB adolescents (59.3%) than among heterosexual students in Massachusetts (35.2%) and students nationally (34.8%). Likewise, a higher rate of smokeless tobacco use was reported among LGB students (33.7% vs. 7.7% for heterosexuals).⁴

The burden of tobacco-related health effects exacerbated by high rates of tobacco use among LGBT may have a greater impact on the LGBT community because of already existing health disparities.⁵ *The Healthy People 2010 Companion Document for Lesbian, Gay, Bisexual and Transgender Health* posits the possibility of an increase in health problems associated with tobacco use (e.g., lung cancer,

COPD) among LGBT, as well as an increased risk for esophageal cancer due to the added burden of heavy alcohol use among certain LGBT sub-groups. An increased incidence of health problems associated with tobacco use among lesbians also needs to be considered due to their higher smoking rates and documented health disparities for the lesbian community.⁶

Studies have consistently found higher rates of smoking among HIV positive persons (57% prevalence) as compared to the general population⁷ and among HIV positive gay men as compared to HIV negative gay men.^{8,9} The impact of tobacco use on the course of HIV infection is not well understood and the medical literature contains conflicting reports. Several studies have found a consistent association between smoking and certain opportunistic infections associated with HIV infection. The risk of smoking and development of *Pneumocystis carinii* pneumonia and Kaposi's sarcoma is unclear because studies to date have provided conflicting findings.¹⁰

Given the high rates of tobacco use among LGBT, culturally competent smoking prevention and cessation programs for the LGBT community need to be developed and empirically validated. Currently, there are no reports of any empirically validated cessation programs for the LGBT community. Two LGBT cessation models developed in the 1990s are the "Out and Free" model by the Sexual Minorities Tobacco Coalition in Seattle and The "Last Drag" program in San Francisco. The continued development of the "Last Drag" program is currently being supported by a TRDRP grant (see box, page 3). In addition, tailored prevention and cessation programs to effectively address the high rates of tobacco

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use by LGBT youth need to be developed.

Tobacco Industry Targets LGBT

The LGBT community became a marketing target for the tobacco companies as early as the 1990s.¹¹ Their continued efforts have become evident through increasing advertisement presence in the “gay media,” and sponsorship of gay events and charitable donations. In 1991, Philip Morris advertised Benson and Hedges Special Kings in *Genre* magazines and two years

later, Parliament ads ran in *Out* magazine.¹² The placement of cigarette advertisement has continued in highly circulated print media in the LGBT community, e.g., *The Advocate*. Sponsorship of gay events and annual Gay Pride festivals has also been a marketing tool for tobacco companies. Their sponsorship can be dated back to at least 1996. In 2000, Philip Morris’ attempt to improve its corporate image after the Master Settlement Agreement brought their “We are the People of Philip Morris” campaign to *Out* magazine by running ads which boasted about their 14 million dollars in donations to

HIV/AIDS related organizations.¹³ Similarly, Philip Morris ran a one page advertisement in the 2001 San Francisco’s *Pride.01* magazine reinforcing their support for gay issues in the work place at the Philip Morris companies (including Kraft and Miller).

Conclusive evidence of tobacco companies targeting LGBT has been found in tobacco industry documents detailing the industry’s marketing schemes for LGBT communities. A 1994 Philip Morris inter-office correspondence indicates its awareness that “B&H currently

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Support for LGBT Tobacco Use Research

TRDRP has responded to the dearth of tobacco-related research on the LGBT community by encouraging California investigators to submit grant applications in this area. To date, the TRDRP has funded a number of projects that address these populations. A number of projects are at the point where their findings will begin to appear in the literature. The findings will inform and assist in planning tobacco control efforts in the LGBT community, as well as contribute to the understanding of tobacco use by LGBT, especially in California. Following is a brief description of these funded projects:

Behavioral Epidemiology of Tobacco Use Among Gay Men

Greenwood, Gregory L. and Stall, Ronald D. - University of California, San Francisco

The purpose of this study is to obtain behavioral epidemiology of tobacco use among gay and bisexual men using a household-based probability sample. California-specific prevalence of tobacco use among urban gay men (in Los Angeles and San Francisco) will be compared to other urban centers in the United States (Chicago and New York). Data on tobacco use by gay men of color and young gay men will also be obtained as part of the study.

Cigarette Smoking in HIV-Positive Populations

Humfleet, Gary L. - University of California, San Francisco

The study examines variables that may influence smoking cessation treatment success in HIV-positive smokers, specifically gay men and injection drug users. This research will tell if HIV-positive smokers differ from HIV-negative smokers on a variety of issues known to influence success in quitting smoking as well as issues which may influence success.

Determinants of Smoking Among Gay & Lesbian Youth

Paul, Jay P. - University of California, San Francisco

This qualitative study examines the factors that lead to high rates of cigarette smoking among LGB youth (18-23 year-old) in two urban centers, Los Angeles and San Francisco. The findings from the study will help in the understanding of any gay-specific predictors of initiation of tobacco use among LGB youth.

Partnerships to Reduce Smoking Among the LGBT Community

Greenwood, Gregory - University of California, San Francisco

Hunt, Carolyn - Progressive Research and Training for Action

The goal of this pilot project, titled the “Queer Tobacco Intervention Project (QueerTIP),” is to strengthen a collaborative partnership (between academic and community based organization) in order to develop and pilot test a comprehensive LGBT specific tobacco cessation intervention program. The program will build upon the “Last Drag” treatment model.

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Melissa King and Danny Renke smoke outside, the Free Speech Cafe, UC Berkeley Campus, The Daily Californian; Jan 29, 2002

both college initiators and smokers who started in high school, greater than 28% of them go on to become regular smokers and 52% increase their smoking frequency while in college.⁴

Wechsler et al., reports that the Harvard School of Public Health College Alcohol Study found that 29% of students at US colleges were smokers in 1997 and 1999, a 28% increase from the 1993 survey.^{7,8} Another study, "Monitoring the Future" found that in the sample of college students surveyed, prevalence of current (those smoking in the last thirty days) smokers declined "modestly" in the early 1980s, remained "fairly stable" from the period of 1986 to 1990, but then increased gradually, reaching 31% by 1999.^{9,10} From 1991-1999, this rate increased by approximately one-third, with daily smoking rates increasing by forty percent from 14% to 19%.¹⁰ In 2000, these rates declined to 28% and 18%, respec-

tively.¹⁰ It has been reported elsewhere that smoking rates are increasing faster on public college campuses than amongst private schools.⁷ This national trend toward increased college smoking is mirrored here in California. The Behavioral Risk Factor Surveillance System reports that 24.8% of Californians aged 18-24 smoke cigarettes, only somewhat lower than the aforementioned national study.¹¹

Increased rates of college smoking not only serve as a bellwether for increased cancer rates but this trend also has more immediate consequences. Abigail Halperin MD, MPH, in her presentation at the National Tobacco Or Health Conference, this past November, linked college smokers with lower academic performance, increased use of alcohol and illicit drugs, involvement in risky sexual behaviors and diminished physical endurance.⁴ She also reported that college smoking has been associat-

ed with increased depression and suicidal thoughts.

Campus Anti-Smoking Rules Trail Behind

Even though 4-year universities and colleges, both private and public, have instituted various tobacco control policies, these ordinances aren't fully enforced and in many cases ignored. The 1999 Harvard College Alcohol Study (394 colleges responding) found that 81% of colleges prohibited smoking in public buildings, while only 27% ban smoking in dormitories and residence halls where students live.³ The 1997 results of the Harvard survey found that 25% of students attended colleges where tobacco sales on campus are legal and 64% of students attended colleges where tobacco advertising appeared in the college/campus newspaper.⁶ Only 15% of students attended a college where smoking was prohibited everywhere on campus.⁶

In an ongoing study being conducted for the American Legacy Foundation (ALF) on tobacco control policies at 50 state universities, investigators found that 98% prohibit smoking within all public buildings, but only 52% prohibit smoking inside residence halls.⁴ This finding is unfortunately consistent with the study reported above. It is interesting to note that this same study found that 50% (25 schools) had policies restricting outside smoking, ranging from 10 to 50 feet surrounding doorways.⁴ Just recently, the University of California Berkeley established that "the 15 feet surrounding every campus building will be officially designated a nonsmoking section beginning February 5, 2002."¹² However, as the ALF study has found, enforcement of these rules and regulations are rare. In follow-up phone calls with school adminis-

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trators, the study found that these officials had little information or established procedures to monitor or enforce smoking policies on campus.⁴

The ALF study goes on to report that 16 of the 50, or 32% of the colleges continue to sell tobacco products on campus.⁴ Indeed, among the 16 colleges that allow tobacco sales, 11 of them allow students to use their meal cards to purchase tobacco products! The ALF study found that 68% (32 schools) of campus newspapers accepted tobacco ads. Again the ALF study confirms the findings from the Harvard study that over two-thirds of campus newspapers cater to tobacco advertising.

There is some evidence that college administrators are cracking down on smoking. The ALF survey shows that 58% or 14 campuses changed their residence hall policies during the 2000-2001 school-year (i.e., of the 24 campuses that allowed smoking in residence halls, 14 changed their policies). However, the lack of enforcement coupled with spotty rules makes US college campuses a fertile ground for tobacco use.

The Tobacco Industry is in the House

The frat house, that is. Increasingly, the tobacco industry is using fraternity houses to promote tobacco use among college students. Special "Greek Nights" sponsored by Marlboro have been popping up across the country. With large banners announcing tobacco industry sponsorship, coupled with plenty of beer and other alcoholic beverages, these parties proceed to give away free cigarettes, t-shirts, lighters, and other tobacco paraphernalia. To date, there are no documented stud-

ies quantifying the breadth and extent of the industry's practices in this field. Right now, anecdotal information shows this practice limited to fraternities, but sororities could be next.

Apart from anecdotal information, we do know that the tobacco industry has specially targeted 18-24 year olds, starting in the 1990's.¹³ Recently published research shows that the tobacco industry significantly increased their promotions in

The 1999 Harvard College Alcohol Study (394 colleges responding) found that 81% of colleges prohibited smoking in public buildings, while only 27% ban smoking in dormitories and residence halls where students live.

bars and nightclubs during the 1990's, mainly through use of the local alternative press.¹³ The industry is well aware that young adults who frequent bars and nightclubs are potentially susceptible to tobacco promotions. Eighteen to 24-year olds are also the people who are reading the alternative press and more often than not focus on the entertainment events and venues listed within. The industry places advertisements in the parts of alternative press publications that have the highest focus on entertainment, thereby increasing their visibility among young adult readers. This is no small matter, the study mentioned above found that between 1994 and 1999, the number of tobacco advertisements in the alternative press increased from 8 to 337 in San Francisco and from 8 to 351 in Philadelphia! With over 15 mil-

lion college students potentially exposed to the alternative press and possibly frequenting bars and nightclubs, these venues represent another way this population is encouraged to use tobacco. We in California have outlawed smoking in bars, there by reducing the maneuvering room of the tobacco industry. But in many parts of the United States, young adults that attend nightclubs, and many of them are college students, remain fair game for the tobacco industry.

College Smoking Cessation: A Critical Need

The "Monitoring the Future" study reports that nearly two-thirds (63%) of high-school seniors who had been daily smokers in the twelfth grade were still daily smokers seven to nine years later, although as high schoolers, only 3% stated they would definitely be smoking in five years.¹⁰ With one-half of college smokers stating that they had tried to quit in the last year and almost twenty percent (18%) of these smokers trying five or more times, the need for smoking cessation services is considerable.⁷

Few studies exist that examine the status of tobacco cessation services on campus. Wechsler et al., surveyed health service administrators at 343 public and private four-year colleges in the United States.³ More than half (55.7%) of the 343 respondents to the survey indicated that their institution offered some kind of smoking cessation program to its students, either directly or through a third-party vendor. While 50% of the schools surveyed provided group cessation services, only a third offered individual cessation support (31%). A slightly smaller percentage (28%) reported some type of medical intervention, including prescriptions for nicotine replacement therapy (NRT) or other

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pharmaceutical strategies to support students' efforts to quit. It is important to note that the lack of student health insurance plan coverage for these treatments may also limit access to treatment.

Future Research

With college smoking rates ratcheting up, tobacco control and research is urgently needed. Clearly, the extent and effectiveness of tobacco control policies on campuses must be determined. It is possible that even with increased rules, regulations and policies, the use of tobacco on campus may not be discouraged due to lack of enforcement and monitoring, thus necessitating greater compliance studies. But apart from surveillance, prevention and policy research on four-year schools, researchers need to expand their studies to cover junior colleges, community colleges and 2-year institutions.

Smoking rates are higher in junior colleges than in 4-year colleges.⁴ Additionally, there tends to be a greater number of students of color attending these schools, who potentially have specifically different social, cultural and historical reasons for initiating smoking or maintaining smoking. Similarly, women represent a growing percentage of students on both 4-year and 2-year campuses, thus requiring special attention from the prevention and cessation research community. It is important to note that 2-year institutions are more often than not in urban settings where tobacco promotions are ubiquitous and potentially more influential.

Currently, TRDRP is funding pioneering work focused on college students. Dianne Barker, whose

study, "Exploring Tobacco Cessation Services on California College Campuses," promises to be ground-breaking in identifying cessation needs among college students. Additionally, Mark Myer's study, "Smoking Prevention for Asian American College Students," centers on one of the fastest growing segments of the California population.

(Special thanks to Dianne Barker, M.H.S., Research Program Director, Public Health Institute for her editorial guidance and to Abigail Halperin, MD, MPH, University of Washington, for her excellent presentation at the National Conference for Tobacco Or Health that inspired this article.)

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New Tobacco Products: Truth and Consequences

by Margaret Shield

"New Omni. Reduced carcinogens. Premium taste." You probably saw those words in a full page ad if you picked up a newspaper or magazine in California last fall. Omni is just one of a new generation of tobacco products that are hitting the market with increasing frequency. Many of these new products claim to offer all the pleasure of smoking with fewer of the toxins. Others offer a smoke-free way to receive a dose of nicotine in situations when "No Smoking" restrictions are enforced.

What do we really know about these new "reduced risk" and smokeless products? The answer is "We don't know very much." But we do know some things:

- tobacco companies are rapidly introducing a new generation of products and using new marketing angles to maintain their customer base,
- the tobacco control community should be extremely concerned about this new generation of products because they target tobacco users who are likely to quit due to health concerns or due to the inconvenience of smoking restrictions,
- the public and the research community have very little information about the ingredients and health claims of these new products except what the tobacco manufacturers themselves have said,
- cigarette or smokeless products containing nicotine are addictive; and cigarette smoke containing tar and thousands of other chemicals is hazardous to a smoker's health, even if the concentration of any one or a few toxins is reduced,

- the tobacco research community needs to act quickly to examine these new products in order to provide the public with accurate factual data about their health risks.

A variety of new brands are being test marketed in the U.S. and abroad by the big tobacco companies and by new corporate players. The most frightening aspect of this issue is that it may be years before the

[See "New Products" page 12](#)

TABLE 1
NEW CIGARETTE OR CIGARETTE-LIKE PRODUCTS

Advance Lights - Star Scientific, Inc. and Brown & Williamson

Description: Cigarette containing Star-cure™ tobacco and using the "Trionic" filter with three segments: an ion exchange resin, a specialty carbon, and cellulose acetate. **Manufacturer's Claims:** "All of the taste...less of the toxin". Star-cure™ tobacco processing method reduces TSNA content reduced by 70%. "contains less toxins, while still providing a smooth, satisfying taste for smokers."² The Trionic filter reduces many toxins including hydrogen cyanide, formaldehyde, benzene and acrolein. **Market Availability:** First available in 2000. Test marketed by B&W in Indianapolis, IN, Richmond, VA and Lexington, KY since Nov. 2001..

Omni - Vector Tobacco, Ltd.

Description: Cigarette containing "reduced carcinogen" tobacco and a carbon filter. Menthol version to be released in spring 2002. **Manufacturer's Claims:** "Reduced Carcinogens. Premium Taste". Tobacco is processed by a new method including a palladium treatment. "The first premium cigarette created to significantly reduce carcinogenic PAHs, nitrosamines, and catechols, which are the major causes of lung cancer in smokers." **Market Availability:** Available since Fall 2001. Now in 20,000 stores nationwide.

"Omni-Free" - Vector Tobacco, Ltd.

Description: Cigarette containing genetically modified tobacco lacking a key gene for nicotine synthesis. **Manufacturer's Claims:** Non-addictive cigarettes made from tobacco that is "virtually nicotine free" yet retains all the tobacco taste. **Market Availability:** In development, not yet on market.

Eclipse - RJ Reynolds

Description: Cigarette-like device in which tobacco is heated by a carbon fuel element that is lit with a lighter. A small amount of tobacco is also burned to add taste according to RJR. **Manufacturer's Claims:** "Eclipse may present less risk of cancer" and "produce less inflammation in the respiratory system" because heating rather than burning tobacco produces lower levels of carcinogens. Mostly smoke-free. **Market Availability:** Available in U.S. since 1994. Sold via direct mail and internet in 38 states; sold in stores in some test market cities.

Accord - Philip Morris

Description: Cigarette-like tobacco roll that is inserted into a hand-held, battery-operated, microchip-controlled heating device. **Manufacturer's Claims:** Because tobacco is heated, not burned, fewer toxins are produced and inhaled by the smoker. Produces 90% less smoke than regular cigarettes. **Market Availability:** Test marketed in the U.S. since 1998.

Information presented in this table was compiled from materials on the manufacturer's web sites, as well as references 2-5. Abbreviations: TSNAs = tobacco-specific nitrosamines; PAHs = polycyclic aromatic hydrocarbons.

Racial and Ethnic Disparities in Tobacco-Related Research - AIM 2001



On December 6 – 7, 2001, TRDRP convened its sixth Annual Investigator Meeting (AIM 2001) with the theme “Racial and Ethnic Disparities in Tobacco-Related Research.” Over 300 participants joined us in Los Angeles. At the CARA/SARA workshop on Thursday morning, a standing room only group of CARA/SARA recipients along with other TRDRP grantees participated in the first program meeting of its kind. After a short presentation by program staff, par-



ticipants related their experiences of working collaboratively in community and school settings.

Building on the positive experience of the previous two meetings, the conference continued with workshops organized by the American Cancer Society – California Division, the Western States Affiliate of the American

Heart Association, the American Lung Association of California, the Tobacco Control Section of California’s Department of Health Services, and the Tobacco Control Archives at the University of California, San Francisco.

After the workshops, TRDRP held a Town Hall meeting: “Tobacco Industry Funding of Research.” Following TRDRP’s Scientific Advisory Committee’s suggestion that a discussion of restricting funds to investigators who accept money from the tobacco industry be included as part of the Annual Investigator Meeting, staff brought together investigators and other tobacco research funders to address the issue. (As we have reported in an earlier newsletter, even though a majority of SAC members voted to restrict such funding, it is UC *policy* not to bar anyone from eligibility. The meeting was moderated by Scientific Advisory Committee member **Kathy Sanders-Phillips**. **Scott Leischow** from the National Cancer Institute provided a federal perspective on this issue. The bottom line of his remarks was that the federal government does not and cannot have a policy barring investigators from applying for federal funds if they also have funding from the tobacco industry. However, NCI is very interested in participating in an education campaign to raise awareness among investigators regarding the complex arguments surrounding this issue. Joining Scott Leischow was **Thomas Glynn**, representing the Society for Research on Nicotine and Tobacco (SRNT).

SRNT’s policy is to not accept industry funding for the organization, while urging its members not to accept industry money. A lively discussion ensued among the capacity audience of over one hundred. Participants voiced a number of opinions that ranged from support for a TRDRP policy restricting investigators’ access to funds to non-support for such restrictions because the precedent would create a slippery slope, potentially leading to more restrictions on funding.

The conference continued on the second day with the plenary session addressing racial and eth-



nic disparities in tobacco-related research. Speakers addressed how biology and behavior interact with the social construct of race and ethnicity. **David Williams** from the University of Michigan presented data on the relationship between race, ethnicity, socioeconomic status and health. He was followed by **Nolan Zane** of the University of California, Davis, who discussed the impact of cultural competence on treatment outcomes. **Anna Wu** of the University of Southern California presented data on cytochrome P450 polymorphisms and lung cancer incidence in diverse populations. The last speaker, **Raynard Kington** of the National Institutes of Health reported on the federal research priorities to address health disparities.

Highlights

In the scientific poster sessions that followed lunch, TRDRP-funded investigators presented their latest findings on many tobacco use issues, including cancer, heart disease, lung disease, nicotine dependence, smoking prevention and cessation, policy research, epidemiological studies, health effects on women and infants, and secondhand smoke exposure.

Meeting participants took advantage of the opportunity to network

with colleagues and to learn about the variety of innovative tobacco research being conducted in California. The energy level was very high, and judging by the responses, a good time was had by all. We are currently analyzing the evaluation forms to help us plan the next meeting. AIM 2002 will be held on December 4 and 5, 2002 in the San Francisco Bay Area. Abstracts will be due October 15, 2002, so *mark your calendars!*

Other News

The 2002 Review Cycle

TRDRP has received 225 applications for the 11th funding cycle. During March, April, and May, we will conduct 8 study sections. Funding decisions will be made in early June. Approximately \$18 million is available for new awards.

As we did last year, TRDRP will review applications for the Colorado Tobacco Research Program (CTRP) along with TRDRP applications. While CTRP applications will be reviewed by TRDRP study sections, they will not be part of the TRDRP funding model and they will not influence funding decisions for California applications.

TRDRP's Budget Declines

The Governor's budget released on January 10, 2002 proposes to appropriate \$19.4 million for TRDRP. The budget again contains funding for the Department of Health Services Cancer Registry of \$3.2 million above the \$1.7 million appropriated for this agency from the Research Account in the past. This redirection of funds effectively reduces the TRDRP budget by 14% or the equivalent of 6 three-year research awards. The proposed appropriation is the same as the one TRDRP received last year. However, TRDRP remains extremely concerned that its mission is being compromised by the diversions to the Cancer Registry and that alternative funding sources for the registry must be identified (for details about TRDRP's financial future see July 2001 Newsletter). As we indicated at the AIM 2001 meeting, any support from our stakeholders on this issue will be greatly appreciated. You can contact TRDRP for more information.

New Scientific Advisory Committee (SAC) Members

One new member has joined TRDRP's SAC. The new representative of the California State University System is Thomas Scott, Ph.D., Dean of the College of Sciences at San Diego State University.

Annual Report 2001

TRDRP's annual report to the legislature for the calendar year 2001 is now available on our website: www.ucop.edu/srphome/trdrp/
Hardcopies will be sent upon request.

Harvard School of Public Health Faculty Votes Not to Accept Funds from Tobacco Companies and Subsidiaries

The vote on January 24th, 2002, not to accept tobacco money by the Harvard School of Public Health Faculty puts current practices into official policy and is consistent with Harvard University's 13-year old policy of not holding stock in tobacco companies. "I believe the decision by the faculty represents a powerful statement from public health professionals that we all must focus on efforts to prevent the addiction and terrible consequences of tobacco." (Harvard School of Public Health Dean Barry R. Bloom).

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Remembering John Slade 1949 - 2002

It is with great sadness that we report the death of John Slade at the age of 52. Dr. Slade was an expert on the treatment of alcohol, tobacco and drug addiction, and one of America's pioneer advocates for tobacco control. For those who knew Dr. Slade, the news came as a tremendous shock. He was by all accounts a reserved and self-effacing man, who never sought the limelight, but who worked tirelessly to combat nicotine addiction through treatment programs and tobacco control policies. He has had a profound influence on the field and will be remembered by all who have had the opportunity to work with him.

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enjoys a large following among gay male smokers.”¹⁴ It further documents Philip Morris’ plan to conduct focus groups in San Francisco. An industry document that has received substantial press is titled “**Project SCUM**.”¹⁵ This 1994 document details R.J. Reynolds’ marketing study of the “subculture urban market (SCUM)” which included “alternative lifestyles” in San Francisco’s Castro district. On at least one copy of the same document in the archives, the word “SCUM” on the first page is crossed off and above it the word “sour dough” is written. The press generated by the discovery of this document prompted a letter of apology by Andrew J. Schindler, Chairman and CEO of R.J. Reynolds. The letter, printed in the *San Francisco Weekly* on May 16, 2001, the same paper that broke the story two weeks earlier, states that Mr. Schindler found the language “inappropriate and insulting” and that he “would like to extend an apology, on behalf of all employees of R.J. Reynolds Tobacco Co., to anyone offended by the document.”¹⁶

More Questions Than Answers

Given the higher prevalence of tobacco use among LGBT as compared to the general population, the continued targeting of the LGBT community by tobacco companies, and the scarcity of LGBT-focused research, the scientific community needs to increase its response to this issue. Future research looking at LGBT and tobacco use will provide much needed data to tobacco control advocates in the LGBT community while contributing to an area of tobacco related research that has been largely overlooked. Research focusing on LGBTs needs to be



This is the first page of the R.J. Reynolds’ marketing study “*Project SCUM*,” found in the tobacco industry archives.

conducted in many areas of tobacco use, but particularly in epidemiology, prevention and cessation, and policy.

Research looking at tobacco-related health effects among LGBT is needed given the high smoking rates. For example, does the LGBT community have higher incidences of tobacco-related diseases and which sub-groups are disproportionately affected? Given the higher rates of tobacco use, issues of environmental tobacco exposure (ETS) among LGBTs need to be researched, i.e., is ETS exposure and associated health effects higher among LGBT? Future epidemiological studies fine tuning prevalence rates of tobacco use in different groups of the LGBT community must continue to address sampling issues (e.g., problems associated with convenience sampling) in order to adequately capture a very diverse population. Likewise, research looking at the prevalence of tobacco use in the transgender community is needed. Additional

studies looking at the natural history or developmental history of tobacco use among LGBT, especially among LGBT youth and LGBT of color, will bring further understanding of the role tobacco use plays in different areas of the LGBT community. For example, what role do psychosocial factors particular to LGBTs (e.g., coming out process, marginalization and discrimination due to sexual orientation) have on smoking rates and smoking patterns? This type of information is vital for the continued development of cessation models and projects. Researchers and community based LGBT organizations are encouraged to form partnerships to develop and empirically validate culturally appropriate cessation models for the LGBT community.

Finally, given the continued efforts by the tobacco industry to aim their marketing strategies at the LGBT community, policy related research that will strengthen the efforts of tobacco control advocates

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LGBT

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in the LGBT community is needed. Once again, researchers are encouraged to form collaborative relationships with LGBT tobacco control advocates and community based organizations (e.g., Coalition of Lavender on Smoking and Health (CLASH)) to further tobacco control efforts in the LGBT community. Research is needed to better understand the marketing strategies the tobacco industry uses to target the LGBT community in order to enhance prevention models for the LGBT community.

TRDRP is committed to continuing to lead the funding of tobacco-related research that focuses on the LGBT community and thus welcomes future research applications.

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University of California, San Francisco Tobacco Control Archives

UCSF's Tobacco Control Archives is remastering over 200 videotapes, mainly of ads, news and educational programs, for the use of researchers. John Slade's slide collection and accompanying descriptions have just been cataloged as part of their continuing work (*now under a TRDRP grant*) to make their 71 collections more accessible to researchers.

Check out the materials at:

<http://www.library.ucsf.edu/tobacco/>
as well as their new Legacy Foundation
document and resource site at:
<http://legacy.library.ucsf.edu/>

New Products

Continued from page 7

To assert a priori that reduction in concentration of a few of the chemicals in tobacco smoke must reduce the health risks of smoking is to blatantly ignore the complicated biological impacts of the complex composition of cigarette smoke

health effects of these new tobacco and nicotine products are conclusively known. Claims were made in the 1950's that filters would make cigarettes safer, then in the 1960's low-tar cigarettes were promised to be less harmful and reduce the risk of lung cancer; it took decades to prove these were false promises and deceptions.¹ This cautionary tale may have unfortunate parallels to these new "reduced risk" products. In the absence of effective regulation to prevent the sale of these products until their claims are proven, the onus is on the research community to assess the health risks of these products as rapidly and accurately as possible, then provide the public with clear information so that informed decisions can be made.

New Cigarette or Cigarette-like Products (see Table 1, page 7)

Tobacco companies, who now admit that nicotine is addictive and smoking causes disease, are trying to redesign their cigarettes to be safer. R. J. Reynolds and Philip Morris are continuing their efforts to take smoke out of the equation via their Eclipse and Accord brands that heat rather than burn tobacco to produce a vapor containing nico-

tine. The manufacturers claim that because the tobacco is not burned many harmful compounds, including known carcinogens, are not produced. Unlike its predecessor Premier, which smokers rejected for its bad taste, Eclipse does burn some tobacco. Based on its own research, Reynolds claims that Eclipse "may present smokers with less risk of certain smoking-related diseases, compared to other cigarettes." In response to criticism that it has not made its test results available, Reynolds has posted a summary report on its web site, but these studies have not been submitted for independent review. Independent testing shows that Eclipse exposes the user to much higher levels of nicotine, tar, carbon monoxide and NNK (a tobacco-specific lung carcinogen) than Now or Carlton cigarettes.⁶ Concerns have also been raised over a potentially serious artifact of Eclipse's manufacturing process - glass fibers remaining on the filter that could be inhaled by the smoker.⁷

"Safer" tobacco that tastes great is the selling point for other new brands introduced in 2001. Omni and Advance Lights are cigarettes that utilize new tobacco curing processes that appear to result in reduced amounts of tobacco-specific nitrosamines and some other carcinogens. In addition, Advance touts the ability of a new Trionic filter to remove ionic, particulate and gaseous toxins. Advertisements for both products are carefully avoiding statements that reductions in these carcinogens have been proven to reduce cancer risk, but they are strongly pushing a "less must be better" message.

Noticeably absent from the promotional materials for these cigarettes are any comments about levels of other known hazardous compounds in cigarette smoke. Amounts of tar and carbon monoxide produced by the reduced toxin cigarettes are higher or comparable to those of traditional brands (Table 2, see below). Interestingly and per-

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Table 2
Product Comparison: Tar, Carbon Monoxide and Nicotine Yields by FTC Test Method According to the Manufacturers^a

Brand (Manufacturer)	Tar (mg/cigarette)	CO (mg/cigarette)	Nicotine (mg/cigarette)
Omni Kings (Vector)	15.0	13.5	1.0
Omni Lights 100s (Vector)	12.0	?	0.8
Advance Lights 100s (B&W)	10.0	9.4	0.8
Marlboro Light 100s (Philip Morris)	10.0	?	0.8
Virginia Slims Lights 100s (Philip Morris)	9.0	?	0.7
Kool Lights 100 (B&W)	8.0	8.0	0.6

New Products

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haps not coincidentally, smokers of the safer cigarettes will also receive a larger dose of addictive nicotine. Nitric oxide, a cigarette smoke component linked to cardiovascular damage, is produced in much higher levels in Omni cigarettes than in other brands (168% more than the "leading brand" according to Vector's web site).

Vector Tobacco has another new product, possibly called Omni-Free, on the drawing boards that will be made from genetically modified tobacco containing "virtually no nicotine."⁵ Over the years, tobacco companies have tried chemical methods to remove nicotine from tobacco, but smokers rejected these cigarettes due to changes in the taste and the absence of the addictive nicotine. Vector may market this product as a non-addictive way to enjoy smoking, shying away from claims that such cigarettes could be used as smoking cessation aids to avoid FDA oversight. Reducing the nicotine content of cigarettes has been proposed by some tobacco control advocates and by an AMA report as a means to remove their addictive nature and help smokers quit.⁹ While nicotine can produce detrimental cardiovascular effects, cigarettes lacking nicotine will still expose smokers to thousands of other toxic particulate and gaseous chemicals; therefore, health risks of long term use of such products will likely be similar to those of regular cigarettes.

New Smokeless Products

(see Table 3, above)

Now that the health hazards of secondhand smoke are better understood, many workplaces and municipalities have laws protecting individuals from secondhand smoke

Table 3	
New Smokeless Tobacco or Nicotine Products	
Ariva - Star Scientific, Inc.	
<i>Description:</i>	Smokeless, compressed, hard snuff containing Star-cure™ tobacco, nicotine, and other substances. Packaging similar to some nicotine replacement therapy products. Mint-flavored.
<i>Manufacturer's Claims:</i>	"For when you can't smoke". Star-cure™ tobacco has the lowest levels of TSNAs of any tobacco due to new processing method.
<i>Market Availability:</i>	Test marketed since Nov. 2001 in Richmond, VA and Dallas, TX.
Exalt - Swedish Match	
<i>Description:</i>	Smokeless, spitless tobacco packets made with GothiaTek processed tobacco. Sold in two flavors: Original and peppermint.
<i>Manufacturer's Claims:</i>	"No smoking. No problem." GothiaTek® tobacco processing method reduces "elements in tobacco that have been identified by the tobacco community as controversial"
<i>Market Availability:</i>	Test marketed in U.S. since April 2001.
Revel - U.S. Smokeless Tobacco	
<i>Description:</i>	Smokeless, spitless tobacco sachet. Mint flavored. Comes in regular and mild.
<i>Manufacturer's Claims:</i>	"Anytime. Anywhere." Made from low TSNA tobacco.
<i>Market Availability:</i>	Test marketed in Topeka, KS and Youngstown, OH since October 2001
Stonewall - Star Scientific, Inc.	
<i>Description:</i>	Moist and dry snuffs made with Star-cure™ tobacco
<i>Manufacturer's Claims:</i>	Contains lower levels of TSNAs than Skoal or Copenhagen
<i>Market Availability:</i>	Test marketed in Virginia, Dallas, TX and Jacksonville, FL since Fall 2001
Nicotine Water - S & F Garret	
<i>Description:</i>	Bottled water with nicotine (equivalent of 2 cigarettes per 0.5 L according to Garret).
<i>Manufacturer's Claims:</i>	"All you will taste is the water." For use where smoking is not allowed or for people who want to quit smoking.
<i>Market Availability:</i>	Sold over the internet.
<i>Information presented in this table was compiled from materials on the manufacturer's web sites, as well as references 2 and 4. Abbreviations: TSNAs = tobacco-specific nitrosamines; PAHs = polycyclic aromatic hydrocarbons</i>	

exposure. This has created a new market niche for smokeless products and the tobacco industry is scurrying to take advantage. U.S. Tobacco recently reemphasized its commitment to this market by changing its name to U.S. Smokeless Tobacco. Star Scientific, which describes itself as a "technology-oriented tobacco company with a toxicity reduction mission," is focusing on the sales of Ariva cigarettes and Stonewall snuff made with its specially cured tobacco containing reduced levels of tobacco-specific nitrosamines (TSNAs). The European manufacturer, Swedish Match, sold its cigarette business in 1999 and is expanding its line of smokeless tobacco prod-

ucts to include those made with specially processed tobacco said to contain fewer toxins.

Revel and Exalt are spitless products that leave something akin to a small wet tea bag in the user's mouth. Ariva cigarettes, which look a bit like a Tic-Tac, are tobacco lozenges that dissolve completely in the mouth. Although Star Scientific claims to be conscientious in resisting health claims, they do state there is "an emerging body of scientific research that suggests TSNAs may be the only major group of toxins in smokeless tobacco," implying that Ariva may be a safe hard snuff. All of these smoke-free products are being marketed as ways to enjoy tobacco in places where smoking is

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New Products

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not allowed such as offices, restaurants and airplanes.

Another new product is in a category of its own. A company called S & F Garret has launched internet sales of Nicotine Water. As it sounds, it is bottled water with added nicotine – the equivalent of two cigarettes per 0.5L bottle according to its advertisements. Garret says that Nicotine Water “is categorized as a dietary supplement rather than a drug in that it was conceived as a healthier alternative to cigarettes and other tobacco products and not as a treatment or cure for the use of tobacco products.” However the web site lists a desire to quit smoking as one of the reasons to drink Nicotine Water and nicotine is not approved by the FDA as a food additive.

New Product Health Claims

Excerpt from a letter to consumers from Vector Tobacco CEO Bennett LeBow: *“As we all know, smoking is addictive and hazardous to your health. However, the medical community has identified specific carcinogens that are a major cause of lung cancer in smokers. In a groundbreaking move, we have greatly reduced many of these.*

Let me be perfectly clear - there is no such thing as a safe cigarette,

and we do not encourage anyone to smoke. But, we strongly believe that if you do smoke, Omni is the best alternative.”

To say that Vector is not making a health-related claim about its cigarettes seems to be strictly a legal distinction. At the least, companies such as Vector and Star are clearly promoting their cigarettes as safer to smoke than other brands without presenting any factual evidence to support their claims.

When they light up, smokers are exposed to more than 4,000 different chemicals, including at least 50 known carcinogens. The scientific evidence linking smoking to a variety of diseases is indisputable and the incidence of many tobacco-related diseases increases with increased exposure to tobacco smoke. No one, however, fully understands all the dose-response relationships of and biological interactions between tobacco smoke constituents. Therefore it is impossible to draw scientifically defensible conclusions about whether changes in any one or two or three constituents can lessen the potential harm caused to a smoker. To assert *a priori* that reduction in concentration of a few of the chemicals in tobacco smoke must reduce the health risks of smoking is to blatantly ignore the complicated biological impacts of the complex composition of cigarette smoke, as well as to blatantly oversimplify the complicated factors that determine human disease incidence. Furthermore, singling out cancer-causing agents and the risk of lung cancer as the dominant health concern of smoking neglects the reality that smoking-related cardiovascular and pulmonary diseases take even more lives

each year than lung cancer.

The FDA – Missing in Action

New drugs and medical devices face a mountain of FDA regulations and paperwork, followed by trials to



Ariva Cigaretts

determine toxicity and efficacy prior to the product’s release on the market. Companies manufacturing smoking cessation aids containing nicotine undergo FDA scrutiny as well. Yet in a stunning failure of U.S. consumer protection laws, new tobacco products are allowed to go to market without any such scrutiny. Tobacco manufacturers can say that “reduced carcinogen” cigarettes are better than traditional cigarettes without providing any facts to prove the claim. Tobacco may only be a minor ingredient in some of these products, added perhaps primarily to circumvent the FDA’s regulatory scope.

Last December, Campaign for Tobacco-Free Kids, the American Legacy Foundation and four major health organizations – AMA, ACS, AHA and ALA – jointly filed petitions with the FDA urging it to regulate five of these “reduced-risk” products: Advance, Omni, Ariva, Eclipse and Nicotine Water.^{4,10} Calling for removal of these products from the market until they obtain FDA approval, the petitions state “although the Supreme Court held last year that the FDA does not have jurisdiction over traditional tobacco products as customarily marketed, the Court left undisturbed



Nicotine Water

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the agency's jurisdiction over products containing nicotine other than traditional tobacco products and tobacco products that make health claims." The FDA, which has been director-less since the start of the Bush Administration, has not yet responded to these petitions.

New Products on the Market: Research Needs

The products described in this article are already available to consumers and statements of reduced toxin content or reduced risk are in print. Tobacco control groups and legal activists are continuing to pressure the FDA to appropriately regulate the sale and marketing of these products. The tobacco research community, meanwhile, is confronted with many unanswered questions about these products that need to be addressed sooner rather than later.

One of the most dangerous attributes of these new products may be that they are designed to appeal to those smokers who are otherwise likely to quit. Will former smokers or even non-smokers take up the habit if they believe some of these cigarettes are safer? Will people who have given up chewing tobacco because spitting is such a messy business take up spitless tobacco products like Revel or Exalt?

Will multiple product use become more common? Will a cigarette smoker have a Marlboro while driving in to work, switch to a Ariva lozenge while in the office, and then light up an Omni or Eclipse at night around the family? What would this mean for tobacco use surveillance or for designing effective interventions? What is the impact of such multiple product use on health risks?

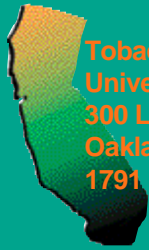
What is really in these new products and what exposures do users get? Independent testing by reputable laboratories and investigators is needed for every new product to determine what and how much of each compound is present. Analysis of the user's exposure under realistic conditions is also needed.

How will the composition of the new products impact biomarker assays? Many years of developing assays and performing controlled studies have produced some confidence in the relationships between various biomarkers - such as cotinine, anabasine and metabolites of polyaromatic hydrocarbons - and the dose-response and disease relationships of traditional cigarettes. Such biomarker relationships will need to be reexamined and redefined for new cigarette products, such as Advance and Omni, which contain different relative concentrations of tobacco smoke constituents.

One hopes that the public will not buy a new set of unproven claims from an industry whose track record of truthful statements is so abysmal. Perhaps that absurd image of the tobacco company presidents swearing under oath that nicotine is not addictive to Congress in 1994 has not been forgotten. But, given the complexities of the topic, it will be no surprise if the public is unsure about the claims regarding new products such as Omni and Advance cigarettes. Does smoking cigarettes with reduced content of some carcinogens significantly reduce an individual's risk of developing lung cancer, or throat cancer, or other smoking-related cancers? The only honest answer at this time is that no one knows. For tobacco researchers, it's time to find out the truth and the consequences.

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March 2002 Newsletter

The Tobacco-Related Disease Research Program (TRDRP) supports innovative and creative research that will reduce the human and economic cost of tobacco-related diseases in California and elsewhere.

HOLD THESE DATES

March 21-22, 2002

First National Menthol Conference
 Atlanta, GA

April 3-6, 2002

Society for Behavioral Medicine
 Washington, D.C.
www.sbmweb.org/annualmeeting/index.html

April 9-11, 2002

American Association of Health Plans
 Addressing Tobacco in Managed Care
 Long Beach, CA
www.aahp.org/

April 27 - May 2, 2002

Annual Meeting of the Environmental
 Mutagen Society
 Anchorage, AK
www.ems-us.org

May 4-7, 2002

Community-Campus Partnerships for Health
 Annual Conference 2002
www.futurehealth.ucsf.edu/ccph/nationalconference.html

May 17-22, 2002

American Thoracic Society
 Atlanta, GA
<http://thoracic.org/ic/ic2002/index.asp>

May 18-21, 2002

American Society of Clinical Oncology
 38th Annual Meeting
 Orlando, FL
www.asco.org/

June 18-21, 2002

Society for Epidemiology Research
 35th Annual Meeting
 Palm Desert, CA
www.epiresearch.org/meeting/index.html

June 30 - July 5, 2002

Indoor Air 2002 - The 9th International
 Conference on Indoor Air Quality/Climate
 Monterey, California
www.indoorair2002.org