

**Summary of Testimony**  
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**Senate Committee on Commerce, Science, and Transportation**  
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- There is a substantial, longstanding body of evidence demonstrating that “light” or “low-tar” cigarettes do not reduce smokers’ exposure to hazardous compounds or their risk for disease. Moreover, descriptors such as “light,” “low-tar,” “ultra-light,” and others, are aimed at conveying to consumers “the illusion of risk reduction.” Additionally, the Federal Trade Commission (FTC) test method does not offer smokers meaningful information on the amount of tar and nicotine they will receive from a cigarette, or on the relative amounts of tar and nicotine exposure they are likely to receive from smoking different brands of cigarettes.
- By the early 1980s, scientific studies had begun to show that when smokers switched to low-tar cigarettes, they changed the way they smoked, by smoking greater numbers of cigarettes, increasing their depth of inhalation, taking more frequent and/or larger puffs, as well as holding smoke in their lungs longer. Additionally, cigarette design features allowed smokers to vary the amount of smoke they inhaled. Reflecting this knowledge, the 1981 Surgeon General’s Report concluded that “the benefits [of smoking low-tar cigarettes] are minimal in comparison with giving up cigarettes entirely.” In short, more than 25 years ago, the Surgeon General warned that smoking low-tar cigarettes is not a substitute for quitting.
- NCI’s Monograph 7, published in 1996, considered the relationship between the FTC test method and actual human smoking behavior, as well as consumer perceptions of tar and nicotine ratings. Among the major conclusions of the monograph were:
  1. Smokers who switch to lower tar and nicotine cigarettes frequently change their smoking behavior, which may negate potential health benefits;
  2. Brand names and brand classifications such as “light” and “ultralight” represent health claims and should be regulated and accompanied, in fair balance, with an appropriate disclaimer; and
  3. The available data suggest that smokers misunderstand the FTC test data.
- NCI’s Monograph 13, published in 2001, reviewed and synthesized a vast amount of data ranging from laboratory to population studies. Its most important finding is that “there is no convincing evidence that changes in cigarette design...have resulted in an important decrease in the disease burden caused by cigarette use.” The Monograph also found that “advertisements of filtered and low tar cigarettes were intended to reassure smokers (who were worried about the health risks of smoking) and were meant to prevent smokers from quitting based on those concerns.” Additionally, “internal tobacco company documents demonstrate that the cigarette manufacturers recognized the inherent deception of advertising that offered cigarettes as “Light” or “Ultra-Light,” or as having the lowest tar and nicotine yields.”
- In summary, while cigarettes have changed over the last 50 years, the disease risks have not. Cigarette manufacturers have long understood that consumers would respond to the widespread dissemination of the grave health risks of smoking by quitting. Manufacturers worked to reassure “health conscious” smokers by heavily marketing filtered and low-tar cigarettes as less harmful. Smokers erroneously saw these products as viable alternatives to quitting, and as a result, many more smokers continued to smoke who might otherwise have quit.