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Tobacco-Settlement: Cigars

RICHARD J. DURBIN
ILLINOIS

COMMITTEE ON THE JUDICIARY

COMMITTEE ON
GOVERNMENTAL AFFAIRS

COMMITTEE ON THE BUDGET

United States Senate
Washington, DC 20510-1504

354 RUSSELL SENATE OFFICE BLDG.
WASHINGTON, DC 20510-1304
(202) 224-2152
TTY (202) 724-8180

230 SOUTH DEARBORN, 38TH FL
CHICAGO, IL 60604
(312) 953-4952

525 SOUTH EIGHTH STREET
SPRINGFIELD, IL 62703
(217) 492-4062

SUITE 414
MERCANTILE BANK OF SOUTHERN ILLINOIS
129 SOUTH TENTH STREET
MT. VERNON, IL 62254
(618) 244-7441

April 30, 1998

Mr. Erskine B. Bowles
Chief of Staff to the President
The White House Office
Washington, D.C. 20500

Dear Mr. Bowles:

Following up on our meeting last week regarding tobacco legislation, I wanted to elaborate on my concerns about the treatment of cigars in the Commerce Committee's bill (S. 1415).

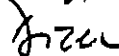
The payments assessed in this legislation do not apply to cigars. In the general definitions, a tobacco product is defined in a way that excludes cigars and pipe tobacco. In the FDA section, the definition of a tobacco product includes cigars and pipe tobacco, but this definition does not extend to the rest of the bill. The lookback provision also excludes cigars. Both of these provisions are designed to reduce youth consumption. The omission of cigars will give cigars a price advantage that will further increase the growing trend of underage cigar use.

The 1997 Centers for Disease Control and Prevention, Youth Risk Behavior Study, reported an overall prevalence rate of cigar use of 22.0% for high school students within the previous 30 days. The prevalence rate was 31.2% among males. A National Cancer Institute report shows that daily cigar smoking causes cancer as well as lung and heart disease, and that cigars are not a safe alternative to cigarettes. Since 1993, cigar sales in the U.S. have increased by about 50 percent, including a 70% increase in the consumption of large cigars. This marks a reversal in a 20 year decline in cigar smoking from 1973 to 1993.

If cigars are left out of legislation that significantly increases the price of cigarettes and smokeless tobacco, the relative affordability of cigars could lead to a shift in youth usage from cigarettes and smokeless tobacco to cigars. This would subvert our public health goals, which call for reduced use of smokeless tobacco in all its forms.

I hope we can work together to ensure that cigars, smokeless tobacco, and cigarettes receive equal treatment in this important legislation.

Sincerely,



Richard J. Durbin
United States Senator

RJD:km

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NATIONAL CANCER INSTITUTE CIGAR MONOGRAPH LEAKED TO BALMORE SUN; LINKS CIGARS TO LETHAL ILLNESS

(Victor Zonana, HHS, 690-6343 4/10/97)

BACKGROUND: The Baltimore Sun this morning reported on a leaked version of a National Cancer Institute study showing that cigar smoking increases chances of cancer of the mouth, esophagus and lungs, and raises the risk of heart diseases and the other ailments associated with cigarette smoking. It highlights an "alarming" increase in teen use of cigars. An NCI spokesman equated the importance of the study with the original Surgeon Generals' report on cigarette smoking. The study is scheduled to be released on Tuesday of next week.

Q: Where does the Administration stand on cigars, especially with regard to the tobacco legislation? Will this report influence policy?

A: We haven't seen the report yet, but we're sure it will add good solid, scientific information to the debate as we continue to work for tobacco legislation.

Q: But do any of the bills address cigars? Does the Administration want this added to the comprehensive tobacco legislation you're pushing?

A: The McCain bill, as well as many other pieces of tobacco legislation, would give the FDA the authority to regulate cigars. We've always said the FDA should have full authority to regulate all types of tobacco products, especially in regard to their use by children. But I should note that the FDA has no current plan to regulate cigars.

Q: Were cigars included in the administration's proposed FDA rule?

A: No. There was not sufficient data available on children and cigars when the rule was put together. I anticipate this report will continue to influence the debate on Capitol Hill.

Q: But the President chews cigars, and this report emphasizes the importance of role models in teenager's decisions to use cigars. Isn't this a failure of leadership?

A: No. The President does occasionally chew cigars but has tried hard not to do so in public.

NOTE: The Fox TV cameras in South Africa obtained its pictures of the President chewing a cigar somewhat surreptitiously, by shooting through a window.



APRIL 10, 05:38 EST

Report: Cigars Can Cause Cancers

BALTIMORE (AP) -- A government report says cigars can be just as lethal as cigarettes, causing similar cancers of the mouth, esophagus, larynx and lungs.

The National Cancer Institute report also found that regular cigar smokers who inhale have an increased risk of coronary heart disease and chronic obstructive pulmonary disease.

The study concluded that the risks of serious illness don't depend on whether cigars or cigarettes are smoked, but rather on the frequency and inhalation patterns of smokers.

"To those individuals who may be thinking about smoking cigars, our advice is -- don't. Cigars are not safe alternatives to cigarettes and may be addictive," concludes the report, which was obtained by The (Baltimore) Sun.

The 232-page report, which includes the work of more than 50 scientists, was scheduled to be released by the government next week, but could be made public as early as today.

The report found that one difference between cigarette and cigar smokers is where the malignancy occurs.

"Regular cigar smokers have risks of oral and esophageal cancers similar to those of cigarette smokers, but they have lower risks of lung and laryngeal cancer, coronary heart disease and chronic obstructive pulmonary disease," the report says.

The study could propel the government to impose advertising restrictions or warning labels on cigars, said Donald R. Shopland, coordinator of the cancer institute's smoking and tobacco control program.

The cigar industry defended itself Thursday.

"Cigar smokers are mature, well-informed individuals who freely choose to enjoy a product that has brought pleasure to millions of people over the past 500 years, and to the extent that this report adds to their knowledge, we welcome it," said Norman F. Sharp, president of the Cigar Association of America.

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THE GREEN SHEET 13

Balt. Sun; 4-10-98 P. 1

Government report links cigars to lethal ailments

Quitting is only way to cut risks, study says

By ALIC KLEN
SUN STAFF

In its fiercest indictment of cigars yet, the U.S. government concludes in a long-awaited report that they can be just as lethal as cigarettes, a finding likely to spur new rules to restrict the sale and promotion of cigars.

The government found that cigar smoking can cause cancers of the mouth, esophagus, larynx and lung. The report also said that regular

cigar smokers who inhale have an increased risk of coronary heart disease and chronic obstructive pulmonary disease.

The government called the national boom in cigar smoking "disturbing" and the rise of teen-age usage "alarming." Despite their hazards, cigars have long been exempt from strict federal regulations.

That could end now that the study has exploded the myths about the safety of smoking cigars. Contrary to popular belief, the study concluded, it is how one smokes — the frequency and inhalation patterns — rather than what tobacco [See Cigars, 6A]

Cigars, from Page 1A]

product is smoked that determines the risk of serious illness.

"To those individuals who may be thinking about smoking cigars, our advice is — don't. Cigars are not safe alternatives to cigarettes and may be addictive," states the 232-page report, a copy of which was obtained by *The Sun* yesterday. "To those cigarette smokers who are thinking of switching to cigars, don't be misled. ... To those currently smoking cigars, quitting is the only way to eliminate the documented harm that can result from cigar smoking."

The report, a yearlong product of the National Cancer Institute (NCI) and the work of more than 50 leading scientists, was scheduled to be released by the government next week, but could be made public as early as today.

Donald R. Shopland, coordinator of the cancer institute's smoking and tobacco control program and the person who conceived and oversaw the report, declined to discuss specific findings.

"This is the most comprehensive assessment of what we know about the health risks and trends of cigar smoking in this country," he said. "I think this is similar in importance to the original report of the surgeon general in 1964 on cigarettes."

That landmark report, with which Shopland also was involved, established the link between cigarettes and their hazards, ultimately leading to a series of laws and regulations on cigarettes.

Armed with a massive health study, the government could impose advertising restrictions and warning labels on cigars, Shopland said, and it could place cigars under the jurisdiction of the U.S. Food and Drug Administration.

The cigar industry yesterday continued to defend its product and the rights of its consumers. "Cigar smokers are mature, well-informed individuals who freely choose to enjoy a product that has brought pleasure to millions of people over the past 500 years, and to the extent that this report adds to their knowledge, we welcome it," said Norman F. Sharp, president of the Cigar Association of America.

The report, however, took the industry to task: "Some in the cigar trade have made the claim that cigar smokers experience little or no increased disease risk. This claim is not supported by the available scientific evidence and misleads cigar smokers to believe that cigar smoke is less harmful than cigarette smoke."

The report also found that the difference between cigarette and cigar smokers is not whether one gets cancer more frequently than the other, but where the malignancy occurs.

"Regular cigar smokers have risks of oral and esophageal cancers similar to those of cigarette smokers, but they have lower risks of lung and laryngeal cancer, coronary heart disease and chronic obstructive pulmonary disease," the report states. The NCI study also found that cigar smokers readily ingest nicotine without inhaling. Judy Sopenaki, executive director of Stop Teenage Addiction to Tobacco, welcomed the new assessment.

"This report gives us some tools to fight back," Sopenaki said. "It will give us the tool to say that cigars are not a safe alternative to smoking cigarettes or using chew."

Cigarettes and smokeless tobacco are required to have strict federal warning labels on their packaging. Most cigar makers have voluntarily adopted a weak California warning label, but the industry is not required to carry a Surgeon General warning — the federal government's declaration that smoking causes cancer.

Cigar makers are not required to disclose product ingredients to health authorities. Nor are they forbidden from advertising full-size cigars on television and radio, unlike cigarettes and smokeless tobacco.

But pressure has been mounting from members of Congress, health groups and anti-tobacco activists to clamp down on cigars, given the product's national resurgence and its popularity among teen-agers.

In January, *The Sun* published a series of articles that documented how cigar makers planned the product's resurrection over nearly two decades, targeted women, the young and the wealthy, manipulated the media and used Hollywood to glamorize cigars.

With the government's report, the climate is changing.

"What it's going to mean is you're going to have the weight of the NIH [National Institutes of Health], the federal government, behind this when we want to talk about the hazards of cigar smoking," said Dr. Michael D. Maves, executive vice president of the American Academy of Otolaryngology — Head and Neck Surgery Foundation. "People have had a Pollyannaish vision that cigar smoking is safe. Clearly, that's not the case."

National Institutes of Health

NCI Press Office
(301) 496-6641**Cigar Smoking Causes Several Cancers and Lung and Heart Disease**

A report released today by the National Cancer Institute (NCI) in Bethesda, Md., shows that daily cigar smoking causes cancers of the lip, tongue, mouth, throat, larynx, esophagus, and lung, as well as chronic obstructive pulmonary (lung) disease and coronary heart disease.

The health effects of cigar smoking are the focus of one of the eight chapters making up NCI's new monograph titled *Cigars: Health Effects and Trends*. Additional topics include past and recent trends in cigar smoking, the toxic and carcinogenic compounds found in cigar smoke, the addictive potential of cigar smoking, marketing and advertising of cigars, and the policies regulating taxation, labeling, and sale of cigars.

"This monograph provides clear and invaluable information about the disturbing increase in cigar use and the significant public health consequences for the country," said Richard D. Klausner, M.D., director of the NCI. "The data are clear — the toxic substances and carcinogens in cigar smoke, like cigarettes, are associated with increased risks of several kinds of cancers as well as heart and lung disease. In other words, cigars are not safe alternatives to cigarettes and may be addictive."

He added, "To those individuals who may be thinking about smoking cigars, our advice is — don't. To those currently smoking cigars, quitting is the only way to eliminate completely the cancer, heart, and lung disease risks."

The smoke released from cigars and cigarettes contain many of the same toxic agents (carbon monoxide, nicotine, hydrogen cyanide, ammonia and volatile aldehydes) and human

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carcinogens (benzene, vinyl chloride, ethylene oxide, arsenic, cadmium, nitrosamines, and polynuclear aromatic hydrocarbons).

However, the amounts of these substances present in cigar smoke are different than in cigarette smoke. For example, compared to a cigarette, a large cigar emits up to 20 times more ammonia, five to 10 times more cadmium (a cancer-causing metal) and methylethyl nitrosamine (a cancer-causing agent), and up to 80 to 90 times as much of the highly carcinogenic tobacco-specific nitrosamines.

These differences are due to several factors: the long aging and fermentation process for cigar tobacco leaves results in higher concentrations of nitrate in cigar tobaccos; the nonporous cigar wrappers make combustion of cigar tobacco less complete than that of cigarette tobacco producing more toxic compounds in the smoke; the larger size of most cigars produces more smoke.

The result is that daily cigar smoking carries significant health risks. Not only can cigar smoking cause many cancers (oral cancers, including throat cancer, and cancer of the larynx, esophagus, and lung) but also chronic obstructive lung disease and coronary heart disease. There is also evidence which strongly suggests that cigar smoking is associated with cancer of the pancreas. Many of these cancers — lung, esophageal, and pancreatic — are associated with extremely low survival rates.

For example, compared to nonsmokers, smoking one to two cigars per day doubles the risk of oral cavity (lip, tongue, mouth, throat) and esophageal cancers, and increases by six times the risk of cancer of the larynx.

Cancer risks increase with the number of cigars smoked per day. Smoking three to four cigars per day increases the risk of oral cancers to 8.5 times the risk for nonsmokers; the risk for esophageal cancer is nearly four times as great as nonsmokers.

There are differences in the patterns of cigar and cigarette use. Most cigarette smokers smoke every day and inhale. In contrast, as many as three-quarters of cigar smokers smoke only occasionally, and some may smoke only a few cigars per year. (The health risks of occasional cigar smokers — less than daily — are not known.) The majority of cigar smokers do not inhale.

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In spite of these differences, daily cigar smokers and cigarette smokers have similar levels of risk for oral (including throat), larynx, and esophageal cancers. Even among daily cigar smokers (smoking one or more cigars per day) who do not inhale, the risk of oral cancers is seven times greater than for nonsmokers and the risk for larynx cancer is more than 10 times greater than for nonsmokers.

Inhalation, however, does have a strong effect on disease risk. Compared to nonsmokers, daily cigar smokers who reported inhaling deeply had 27 times the risk of oral cancer, 15 times the risk for esophageal cancer, and 53 times the risk of cancer of the larynx.

Cigar smokers are also at increased risk for heart and lung disease compared to nonsmokers. Regular cigar smokers who reported inhaling slightly have double the risk of chronic obstructive pulmonary (lung) disease and increase their risk of coronary heart disease by 23 percent.

However, compared to cigarette smokers, cigar smokers have lower risks for cancer of the larynx and lung as well as heart and lung disease. Inhalation probably plays a strong role in lowering these risks. But, with regular use and inhalation, the heart and lung disease risks of cigar smoking increase substantially, and for some diseases may approach the risks seen in cigarette smokers. In fact, the lung cancer risk from inhaling moderately when smoking five cigars per day is comparable to that from smoking one pack of cigarettes per day.

Another important focus of the monograph is the composition of secondhand smoke from cigars. Cigar smoke contains most of the same toxins, irritants, and carcinogens found in secondhand smoke from cigarettes, but many of these compounds occur in much higher quantities in cigars (including ammonia, carbon monoxide, respirable suspended particulates, and some of the most potent human carcinogens known, tobacco specific nitrosamines).

Researchers found that the concentrations of carbon monoxide at two cigar social events in San Francisco were higher than the levels found on a busy California freeway. Had these indoor exposures lasted eight hours, they would have exceeded the National Ambient Air Quality Standards for outdoor air established by the Environmental Protection Agency. In a separate study, smoke from a single large cigar burned in a home required five hours to dissipate. While no studies have been conducted to determine the health effects on nonsmokers at cigar social

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events, a significant body of evidence clearly demonstrates an increased lung cancer risk from secondhand smoke.

Besides the health effects, the monograph addresses the current trends in cigar smoking. Since 1993, cigar sales in the U.S. have increased by about 50 percent. Small cigar consumption has increased modestly, about 13 percent, whereas consumption of large cigars has increased nearly 70 percent.

This marks a reversal in a 20-year decline in cigar smoking from 1973 to 1993. Most of the increase appears to be among teenagers and young adult males who smoke occasionally (less than daily).

Smoking surveys show that the current level of cigar smoking among adolescents exceeds the use of smokeless tobacco. For example, the authors report that a 1996 survey of Massachusetts students in grades six to 12 showed that cigar use (smoked a cigar in the last 30 days) ranged from 3.2 percent in sixth grade to as high as 30 percent in high school. These rates are double the use of smokeless tobacco. The same survey showed that 6 percent to 7 percent of girls in grades nine to 11 reported they had used cigars in the past month. In general, twice as many teenage boys compared to girls are likely to smoke cigars.

The greatest increase in adult cigar smoking is among young and middle-aged (ages 18 to 44) white males with higher than average incomes and education. Adult males are about eight times more likely to smoke than females.

The health consequences of regular cigar use, along with the increased use in teenagers, raises several concerns among public health officials. Addiction studies with cigarettes and spit tobacco clearly show that addiction to nicotine occurs almost exclusively during adolescence and young adulthood when young people begin using these tobacco products. The high rates of adolescent use of cigars may result in higher rates of nicotine dependence in this age group. Recent data suggest that cigar smoking today begins at a much younger age than in the past when it was begun primarily as an adult.

Donald R. Shopland from NCI's Smoking and Tobacco Control Program and the coordinator of the monograph, commented that the health risks posed by cigars have been overlooked because for decades cigar use has been so insignificant compared with cigarette

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smoking. The increased use since 1993 may be a sign that some people, particularly the young, see cigars as a safer alternative to cigarettes. "The new monograph sets the record straight," said Shopland.

More than 50 scientists and other experts outside the government were involved in the compilation of the monograph, including 30 who participated as peer reviewers. David M. Burns, M.D., professor of medicine at the University of California in San Diego, Calif., was the senior scientific editor for the monograph. The consulting scientific editors were Dietrich Hoffmann, Ph.D., associate director, American Health Foundation, Valhalla, N.Y., and K. Michael Cummings, Ph.D., M.P.H., senior research scientist, Roswell Park Cancer Institute, Buffalo, N.Y.

A copy of the monograph is available by calling 1 800-4-CANCER. By May 1, the report will be on NCI's website: <http://rex.nci.nih.gov>; click on "Public", then "Prevention."

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Note to Reporters: Single copies of the monograph, organizations with information about cigar smoking, as well as detailed background information about the report are available by calling the NCI press office. Topics in the background questions and answers include:

- disease risks associated with cigar smoking
- trends in cigar use
- indoor air pollution resulting from secondhand smoke
- addictive potential of cigars
- marketing and promotion of cigars