

Carres - Winkelstein



UNIVERSITY OF MINNESOTA
TWIN CITIES

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Warren Winkelstein Jr., M.D., M.P.H.
Dean and Professor
Department of Epidemiology
School of Public Health
University of California at Berkeley
Berkeley, CA 94720

Dear Dr. Winkelstein:

The background paper by Dr. John Holbrook addresses the issues of the changing cigarette in a comprehensive fashion. The following issues are important about "The Changing Cigarette."

First, there is the public's misunderstanding of the relative health hazards of "low tar" cigarettes. The tobacco companies exploit the FTC assay procedure for marketing purposes. They are contributing to the public's misunderstanding of the health risk of "low tar" cigarettes. The preponderance of evidence suggests that the average smoker who formerly smoked a standard level "tar" cigarette but changed to one of the newer "tar" cigarettes is likely to show biochemical levels (CO, SCN) indicating exposure to toxic compounds at a level equivalent to smokers of standard "tar" content cigarettes. Exposure does not decrease proportionally to the decline in the FTC ratings. We are in a situation analogous to the EPA ratings of gas mileage in cars.

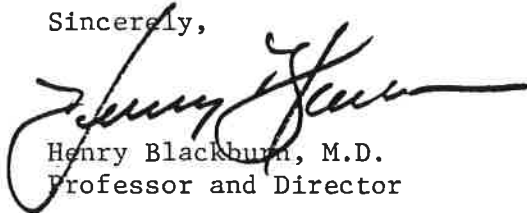
Concerted government and public education efforts are needed to educate the public to the realities of the potential health risks of these new "low tar" cigarettes. Even with the absence of good data regarding the relative health risk of specific smoke compounds (such as carbon monoxide or other gas phase compounds), statements on the probable health risk of continued smoking of "low tar" cigarettes can be made. Data are needed to guide the development of new assays appropriate for testing the lower "tar" and nicotine cigarettes so that more appropriate FTC ratings can be made available to guide the smoker. The current assays are based upon average smoking profiles of 20-30 years ago. Detailed data regarding the average puff profile of smokers of current cigarettes is needed to guide the development of new assays. Lynn Kozlowski's recent Journal of the American Medical Association article discusses this controversial issue in detail.

Second, the actual health risks of lower "tar" and nicotine cigarettes require careful study. The current epidemiologic data regarding the relative risk of lower "tar" and nicotine are inadequate and contribute to the public's

lack of understanding of the dangers of continued smoking. The issue is confounded by the difficulty in defining exposure based upon the type of data collected 10-15 years ago. Self-reports of cigarette usage are not useful since we are now discovering that biochemical measures show little variability across brands and less than expected differences by number of cigarettes smoked per day. MRFIT data on inhalation suggests that self-reported information on number of puffs and inhalation behavior is not useful. Therefore, we lack the relevant baseline measurements to make the needed prospective studies of relative risks. Any data sets, including MRFIT, that have adequate biochemical assessment of exposure, as well as good brand information, should be utilized to their fullest to address these issues.

I am engaged as working group chairman in some major problems of the School of Public Health and University of Minnesota, under threats of new state funding constraints, and cannot enter with enthusiasm into these important deliberations next week. I am willing to send our representative, Dr. Pechacek, if you want our experience adequately represented. He wrote the chapter on behavioral strategies for the last Surgeon General's report and has developed our quantitative laboratory measures for population studies.

Sincerely,

A handwritten signature in cursive script, appearing to read "Henry Blackburn".

Henry Blackburn, M.D.
Professor and Director

HB:lr