




The Science for Tobacco Regulation

TTURC
TRANSDISCIPLINARY TOBACCO USE RESEARCH CENTER

The Questions

- Why is it important to develop the science base?
- Why do we need regulation?
- What are the critical research questions?





Lessons from the past: Low tar yield cigarettes

**Considering
all I'd heard,
I decided to
either quit
or smoke True.
I smoke True.**



**The low tar, low nicotine cigarette.
Think about it.**

Warning: The Surgeon General Has Determined
That Cigarette Smoking Is Dangerous to Your Health.
1976

King Regular: 11 mg. "tar", 0.6 mg. nicotine; 100's Menthol: 13 mg.
"tar", 0.7 mg. nicotine av. per cigarette, FTC Report, Nov. '75.

© Lorillard, 1976

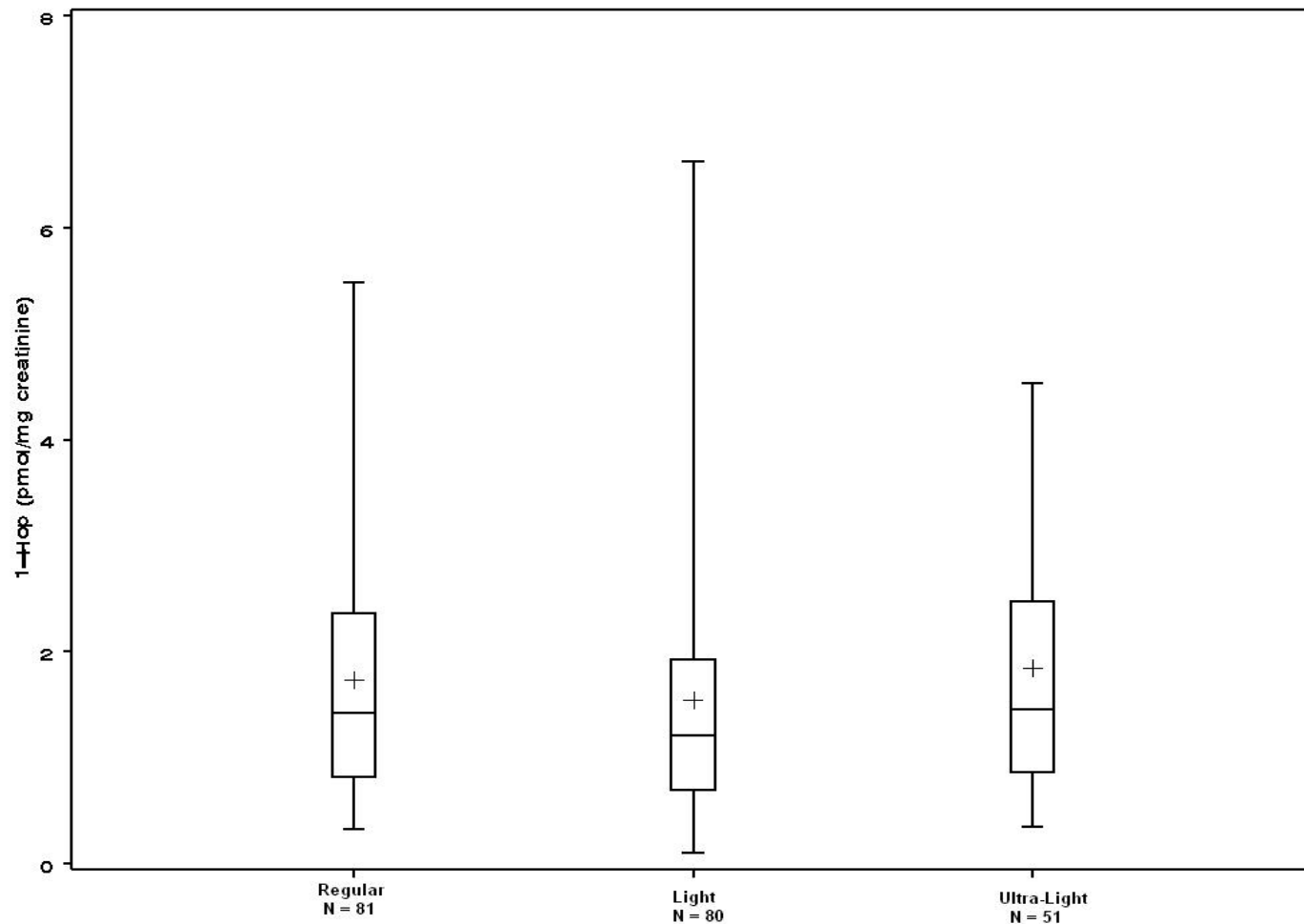


Consumer Perception of Light and Ultra-light cigarettes

- Smokers believed that Lights afforded a 25% reduction in risk compared to Regulars.
- Smokers believed that Ultra Lights afforded a 33% reduction in risk compared to Regulars.
- Over half of smokers believed you needed to smoke 2 Lights and 3-4 Ultra Lights to get as much tar from a single Regular.

Shiffman et al., 2001; Etter et al., 1998

Urinary 1-Hydroxypyrene in Smokers of Regular, Light, and Ultra-light Cigarettes





Consumer Perception

- 32% of Light and 26% of Ultra Light smokers said they would likely quit if they learned that one Light/Ultra Light equated to one Regular.

Kozlowski et al., 1998



Potential Reduced Exposure Products (PREPs)

- What are they? Tobacco products that reduce exposure to tobacco toxicants and will potentially result in reduction in disease risks.
- Why is there an interest in these products?
 - Public health community is interested in reducing death and disease among smokers who will not or cannot quit.
 - Tobacco companies are concerned about future litigations and maintaining and increasing consumer demand for tobacco products.



Concerns

- No independent body exist that examines whether or not the claims that are being made on reduced exposure products are valid.
- No independent body exists to examine and monitor the toxicants that are delivered to tobacco users.



Omni Cigarette

"Significantly reduces carcinogens that are among the major causes of lung cancer"

NNK: 53-66%

BaP: 19-36%

Pyrene: 20-29%

www.omnicigs.com



SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.

WARNING: Smoking is addictive and dangerous to your health. Reductions in carcinogens (PAHs, nitrosamines, and catechols) have NOT been proven to result in a safer cigarette. This product produces tar, carbon monoxide, and other harmful by-products.

OMNI Kings: 15 mg. "tar," 1.0 mg. nicotine, av. per cigarette by FTC Method.
Light 100s: 12 mg. "tar," 0.8 mg. nicotine, av. per cigarette by FTC Method.

Reductions in carcinogens are in comparison to similar competitive brand styles.

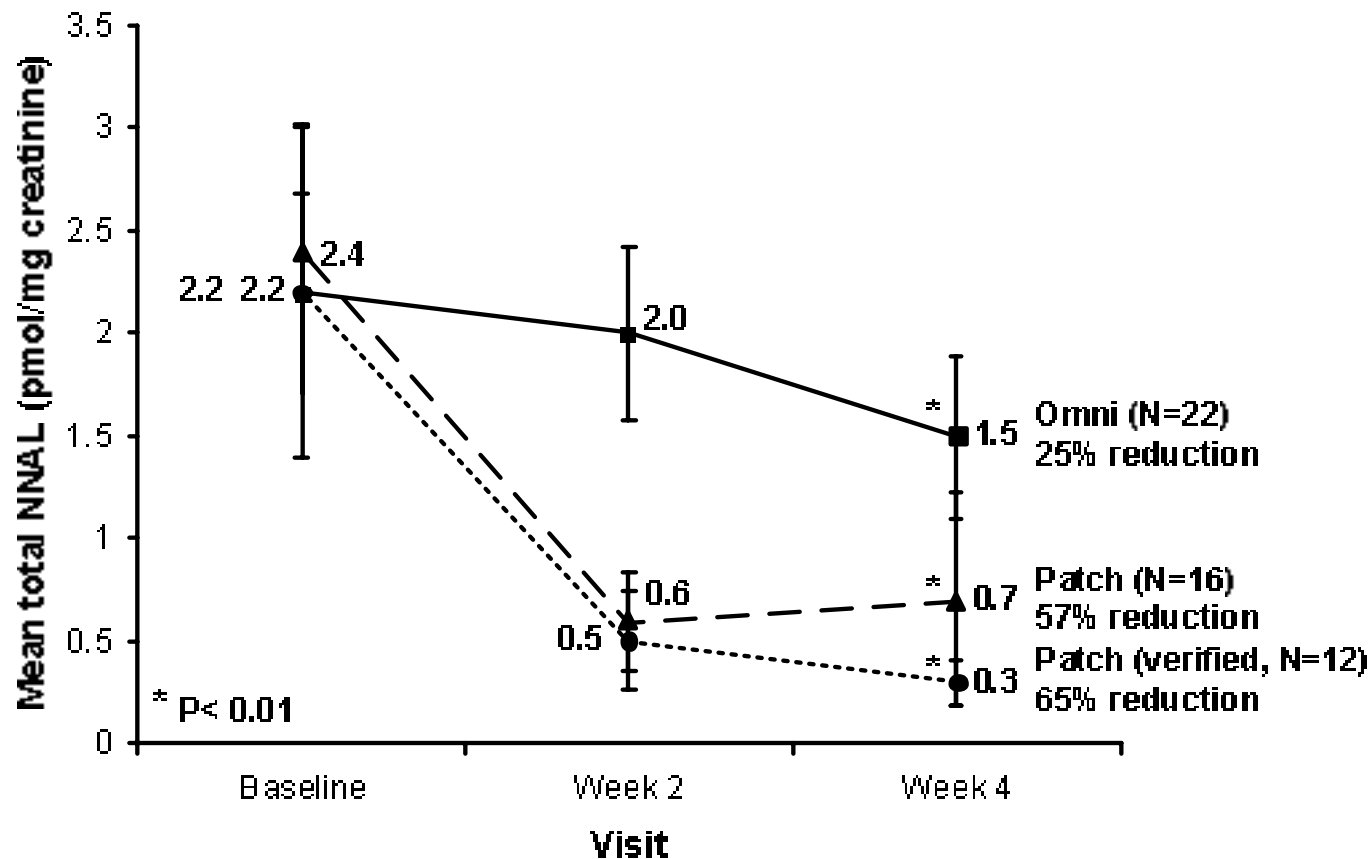
NEW! Omni
Reduced carcinogens. Premium taste.™

Introducing the first premium cigarette created to significantly reduce carcinogenic PAHs, nitrosamines, and catechols, which are the major causes of lung cancer in smokers.

For more information call 1-866-69-OMNI or visit us at www.omnicigs.com

© 2007 Omni Cigarette Co.

Urinary Total NNAL in Smokers Who Switched to Omni or Nicotine Patch



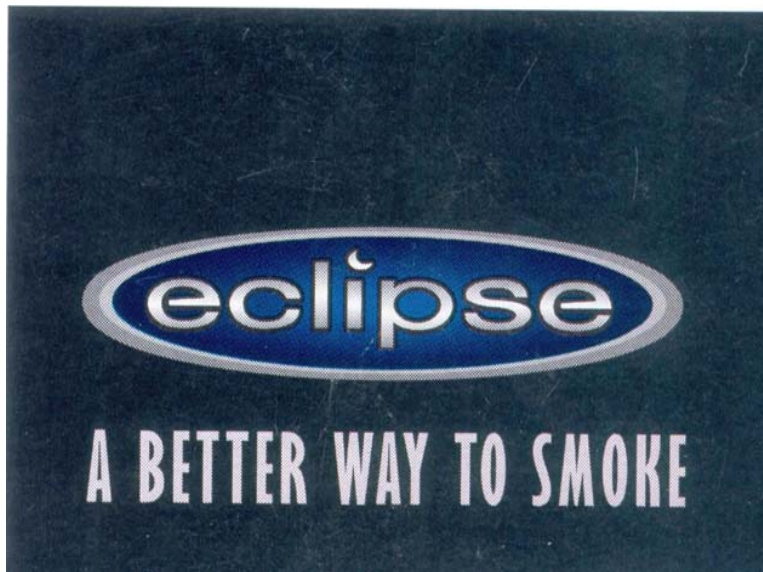


About Eclipse and Your Health

May present less risk of cancer associated with smoking.

Produces less inflammation in the respiratory system, which suggests a lower risk of chronic bronchitis, and possibly emphysema..

Reduces secondhand smoke by 80%





Results: Eclipse

- Inadequate study designs and sample sizes to make the claim.
- Results are equivocal
 - Reduction in respiratory tract inflammation and respiratory symptoms
 - Reduction in urine mutagenicity (70-79%)
 - No change in several biomarkers for CVD risk
 - Increase in CO uptake
 - Increase in inflammatory biomarkers



Consumer Perception of Light and Ultra-light cigarettes

- 91% thought that Eclipse was safer than regular cigarettes
- 24% thought Eclipse was completely safe
- 57.4% of smokers were interested in using Eclipse; interest was greatest in those contemplating quitting

Shiffman et al., 2004



Questions

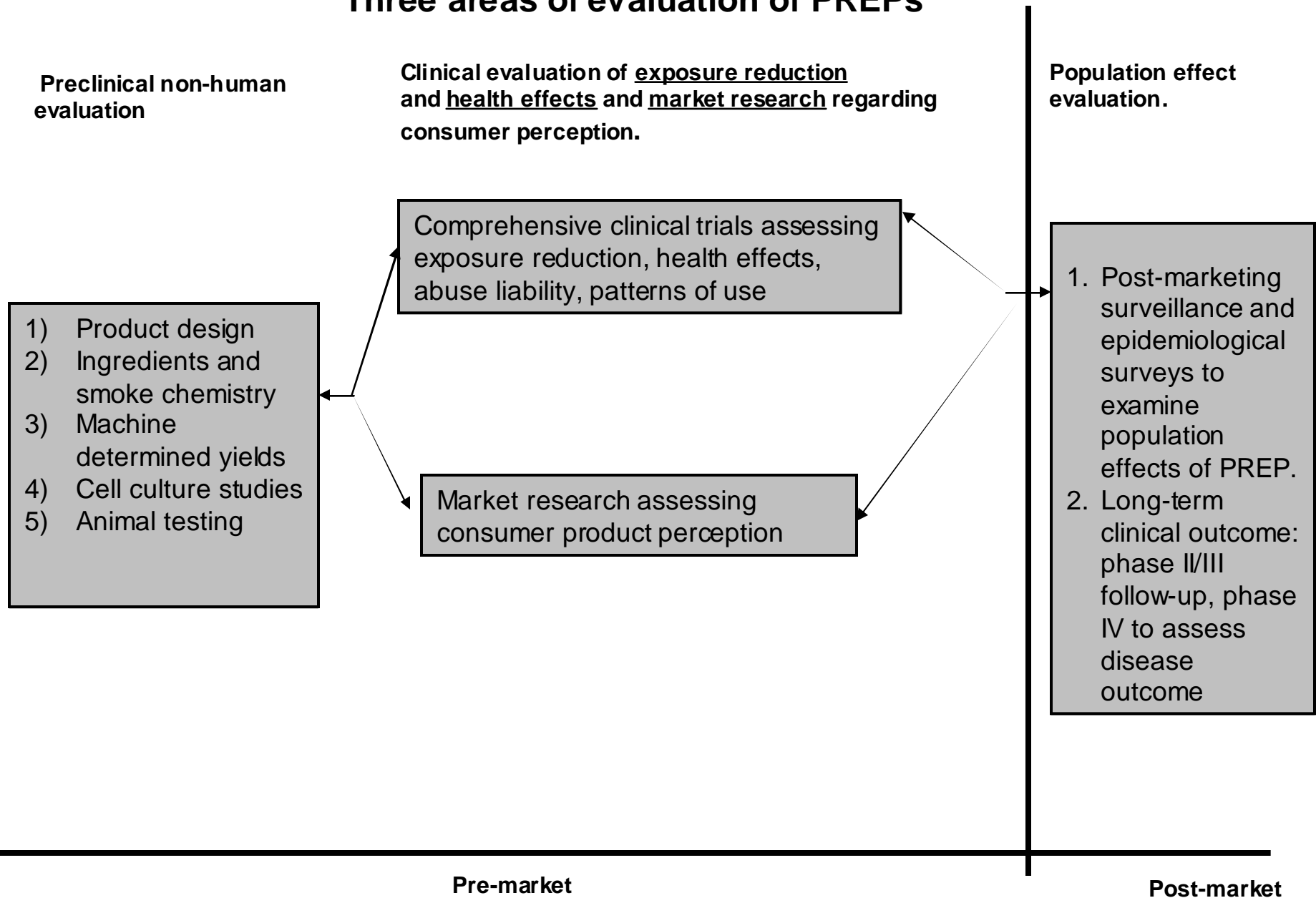
- How do we protect the consumer and public health?
 - Individual and population risk
- What research questions need to be addressed?
- What infrastructures do we need to protect the public?



Principles to Promote Public Health

- Normative view that any tobacco use is not safe.
- Continued reduction in prevalence of all tobacco use.
- Regulation of tobacco products.
 - Most deadly product marketed to people and no one is minding the store.

Three areas of evaluation of PREPs





Critical questions and research needs

- How toxic is the product?
 - Valid measures of tobacco constituents and smoke emission (e.g., Intensive Canadian Smoking method)
 - Valid in vitro (cell culture) and in vivo (animal) methods for assessing toxicity of a product
 - Valid human biomarkers of exposure to toxicants and effects (injury)
 - How are these measures, including product design, are related to one another.



Valid biomarkers: what does that mean?

- Difference between smokers and non-smokers or former smokers
- Reduction upon cessation of tobacco products
- Dose-response relationship
- Change with reduction in amount
- ***Relationship to disease risk***



Carcinogens in Tobacco Smoke

Tobacco smoke

Chemical class	No. of compounds	Representative carcinogens
PAH	14	BaP dibenz[<i>a,h</i>]anthracene
Nitrosamines	8	NNK NNN
Aromatic amines	12	4-aminobiphenyl 2-naphthylamine
Aldehydes	2	formaldehyde acetaldehyde
Phenols	2	catechol
Volatile hydrocarbons	3	benzene 1,3-butadiene
Nitro compounds	3	nitromethane
Other organics	8	ethylene oxide acrylonitrile
Inorganic compounds	9	cadmium
Total	61	

S.S. Hecht, *Nature Rev. Cancer* 3:733-744 (2003)

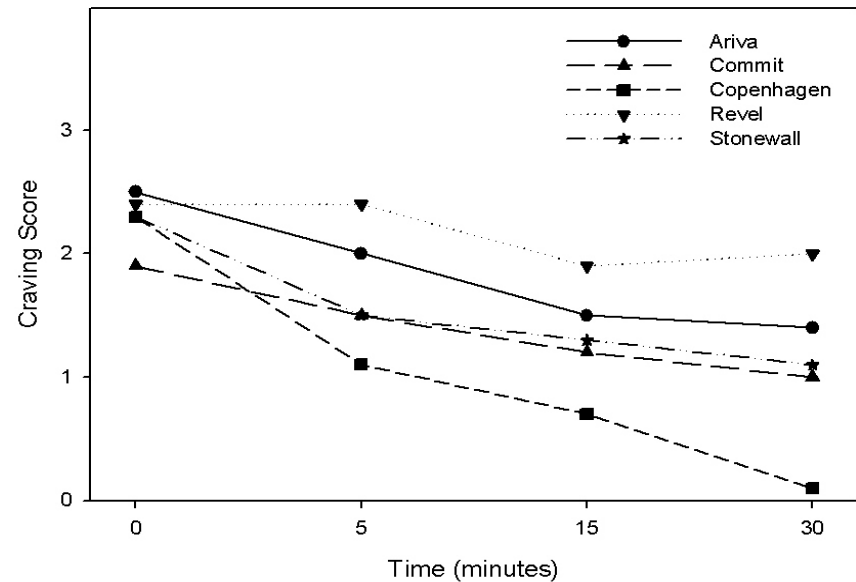
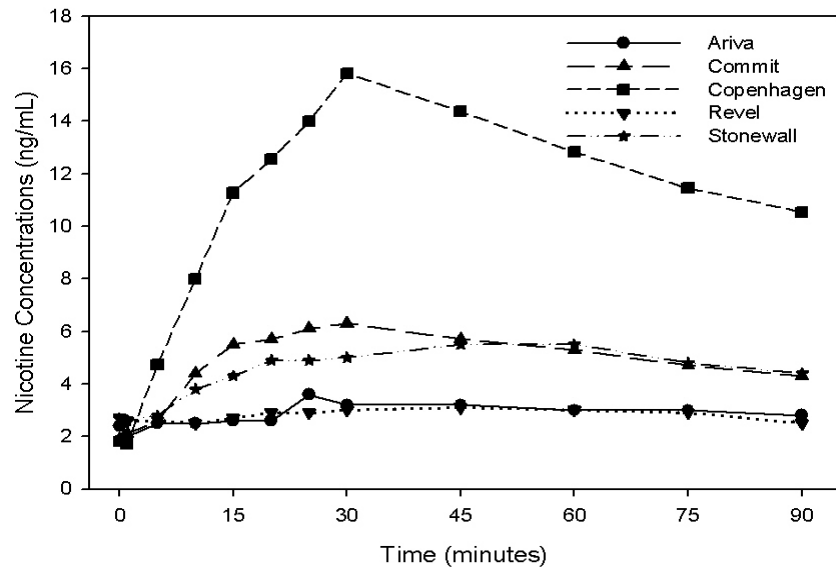


Range of biomarkers

- Cancer
- Cardiovascular disease
- Pulmonary disease
- Fetal toxicity

Critical questions and research needs

- How addictive is the product?
 - Pharmacokinetics
 - Subjective responses
 - Withdrawal relief



Critical questions and research needs

- How will the product be used and what is the resulting toxicity?
 - Use with usual brands of cigarettes

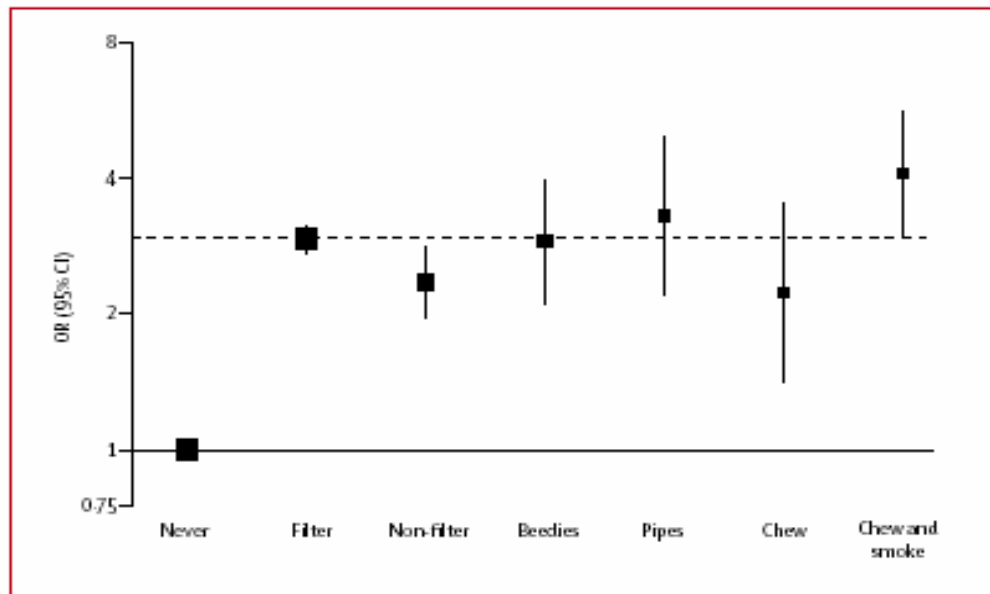


Figure 3: Risk of AMI associated with type of tobacco used
OR for current smokers=2.95 (95% CI 2.77-3.14) Indicated by broken horizontal line. Never=never smokers. Filter=filter cigarettes. Non-filter=non-filter cigarettes. Beedies=smoking beedies alone. Pipes=smoking pipes/cigars. Chew=chewing tobacco alone. Chew and smoke=both chewing and smoking tobacco.

Teo et al., Lancet, 2006

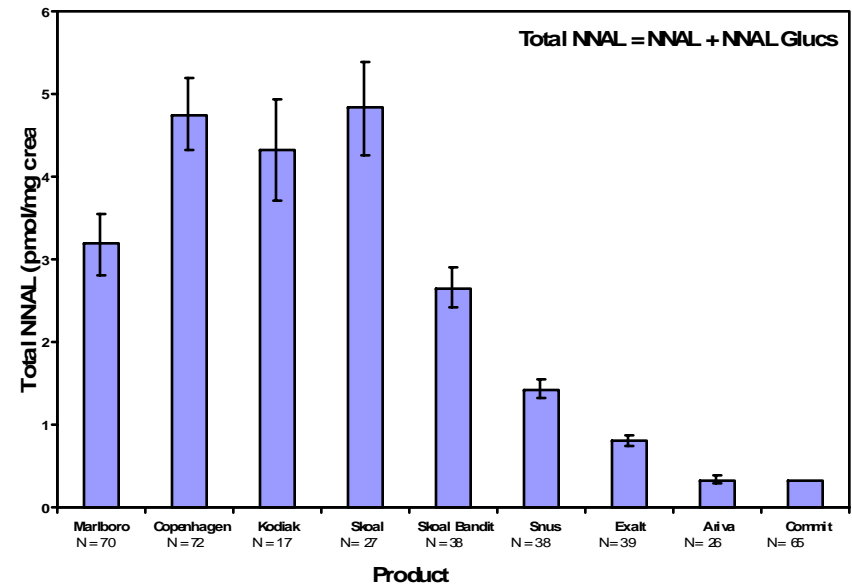
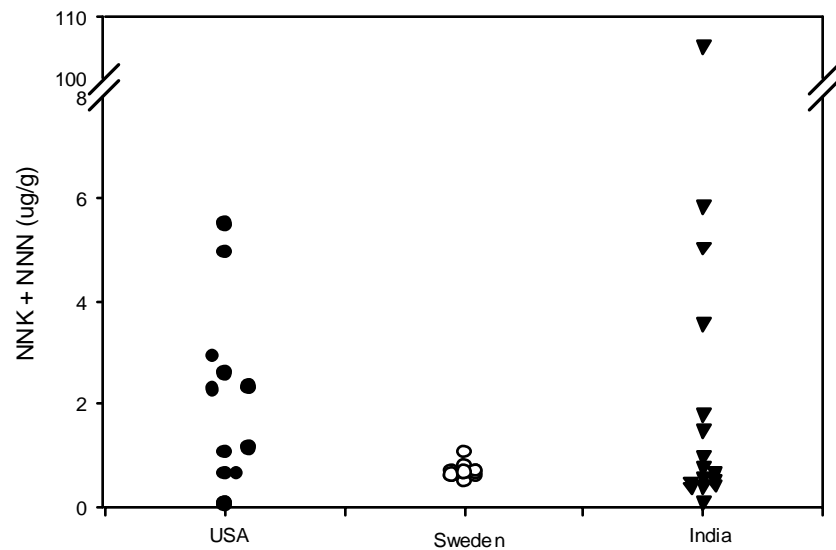


Critical questions and research needs

- How will consumers perceive the products and how will that influence use?
- What is the population impact of the product?
 - Initiation
 - Sustained tobacco use in individuals who would have otherwise quit
 - Resumption of tobacco use among abstainers

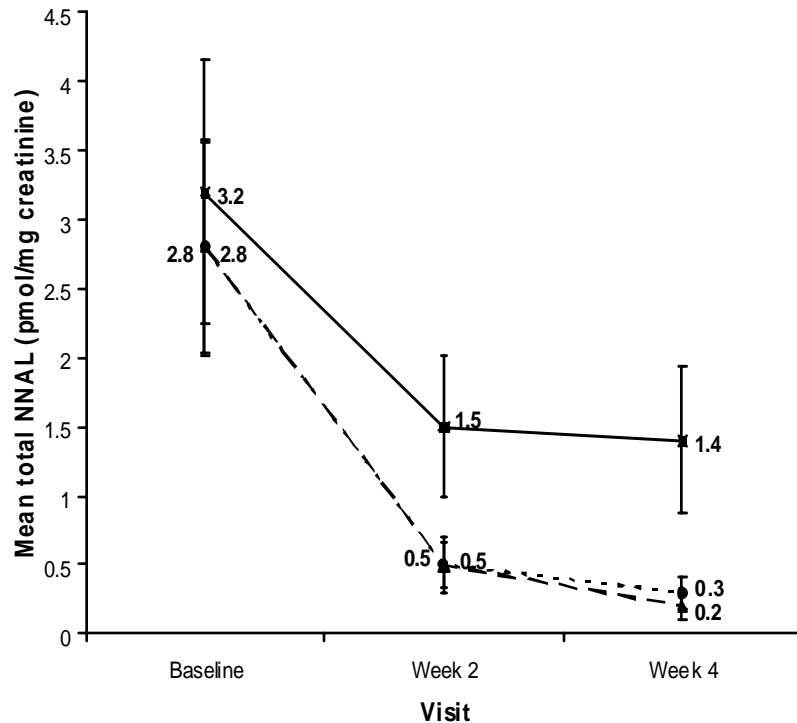
Proactive research needs

- How do we significantly reduce the toxicity across all tobacco products?



- Stepanov et al., Nicotine Tobacco Research, 2006, 8, 309-313
- Osterdahl et al., Journal of Agricultural and Food Chemistry, 2004, 52, 5084-5088
- ▼ Stepanov et al., International Journal of Cancer, 2005, 116

Proactive research needs

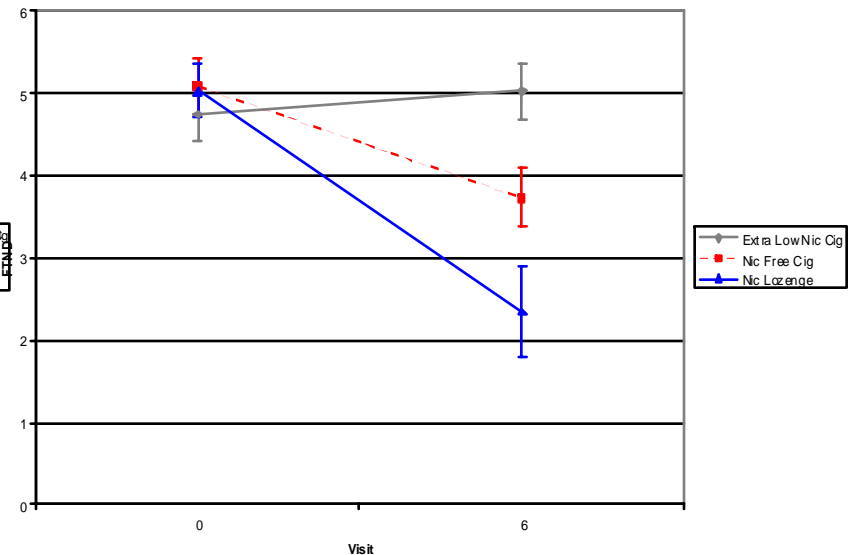
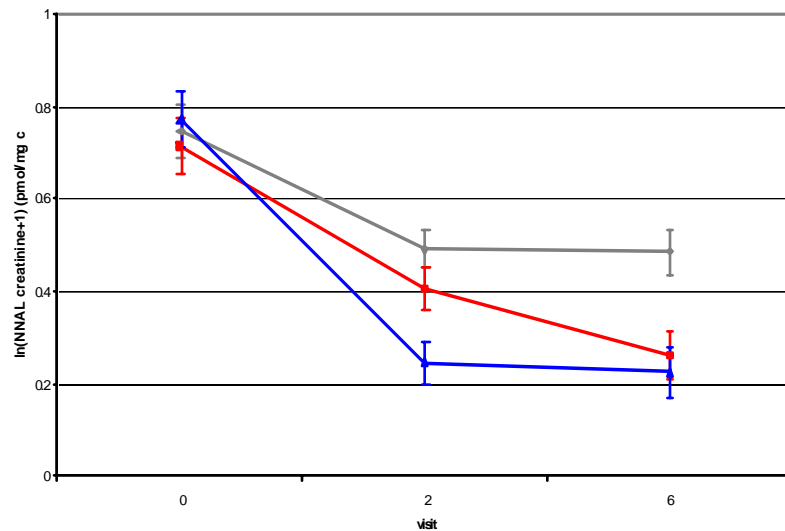


- Can tobacco users reduce their levels of toxicant exposure?
- What level of reduction will lead to reduced health risks?

Proactive research needs

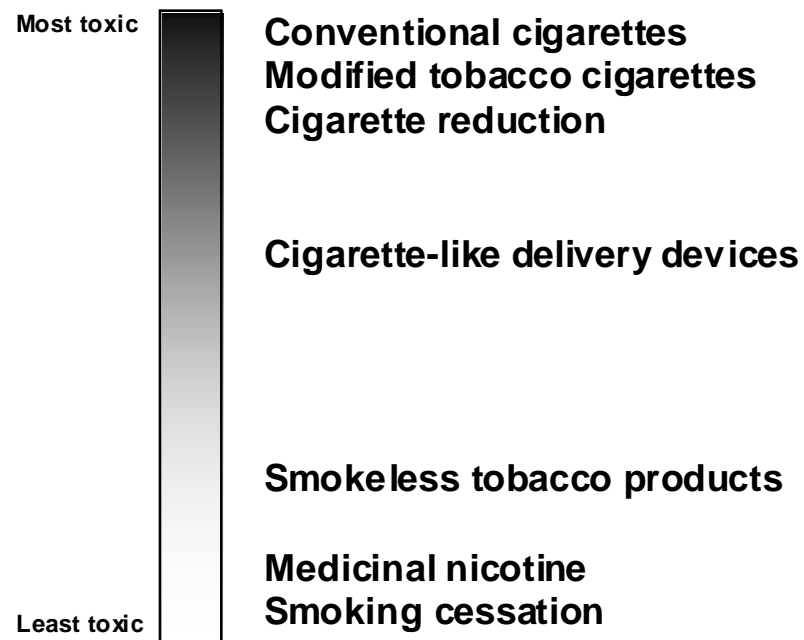
- Is it feasible to reduce nicotine in tobacco products to render them non-addictive as a public health measure?

Least Square Means of ln(NNAL Creatinine+1) at Treatment Period: By Treatment Groups



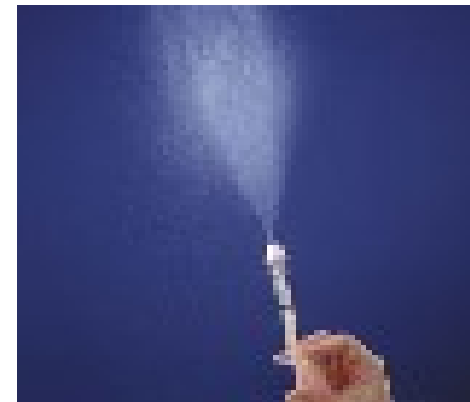
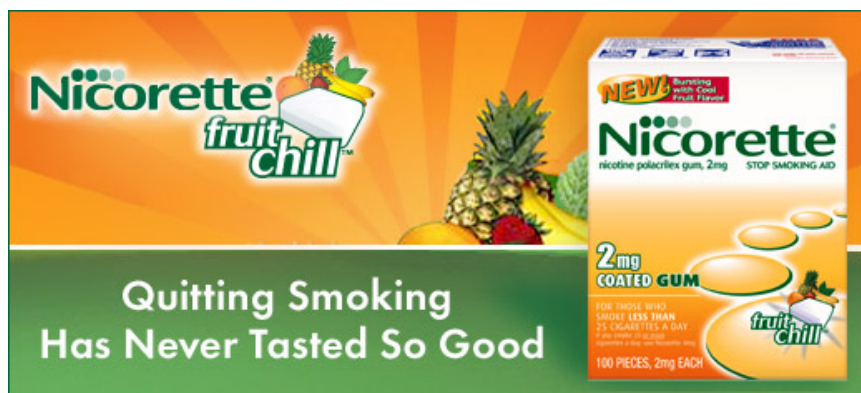
Proactive research needs

- How do we shift the use of products from the most toxic to least toxic products?



Proactive research needs

- What can we do to make least toxic products (e.g., medicinal nicotine) more palatable, accessible and with wider indications for use?

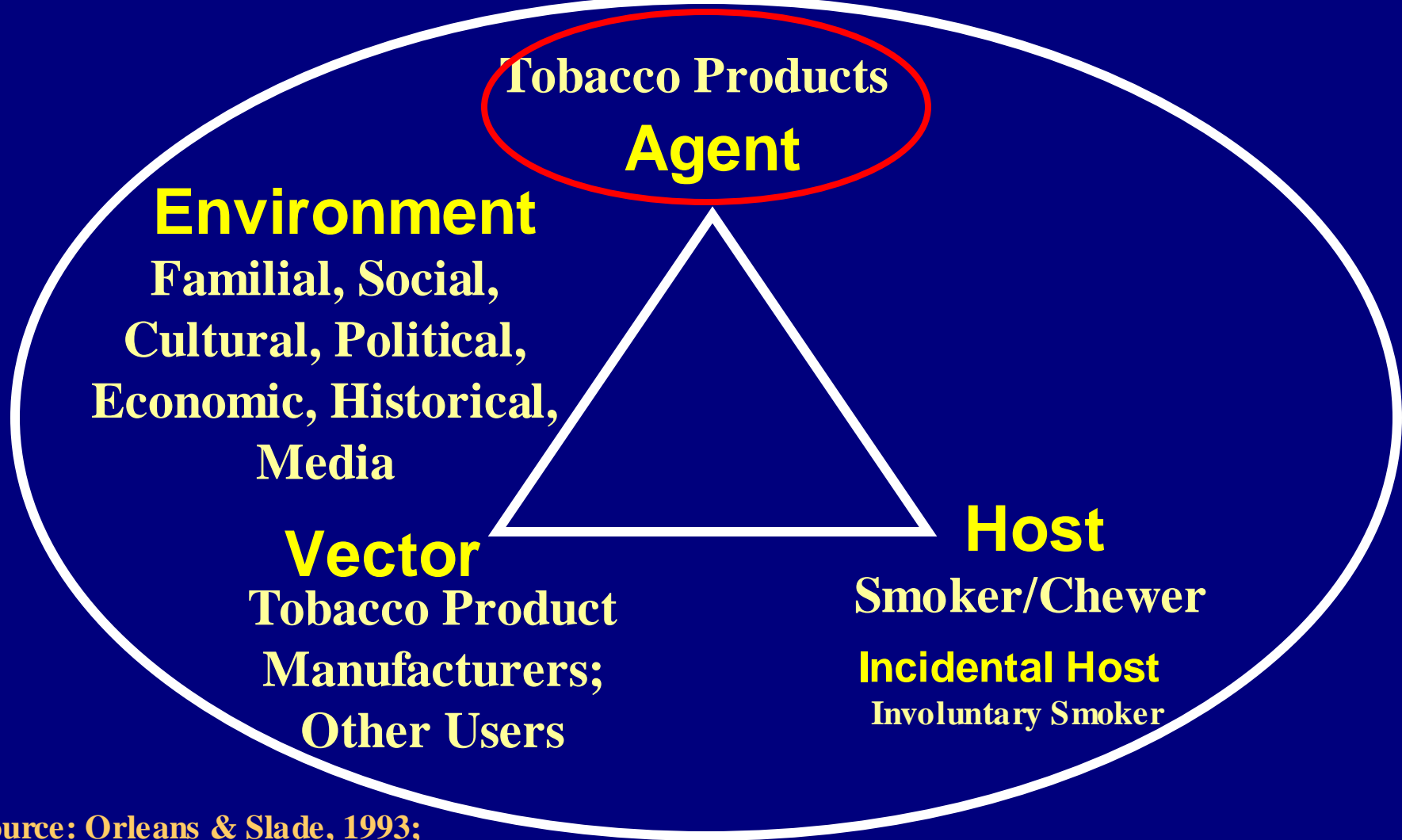




Infrastructure Needs

- Network of scientists and policymakers
- Collaboration among Centers for Disease Control and Prevention, Food and Drug Administration and National Institutes on Health, DHHS
- Independent testing facilities

Epidemiologic Model of Nicotine Addiction and Tobacco Control



Source: Orleans & Slade, 1993;
Giovinio 2002.