



November 2, 2010

Dr. Francis Collins, M.D., Ph.D.
Director, National Institutes of Health
Building 1
1 Center Drive
Bethesda, Maryland 20892-0160

Dear Dr. Collins:

The National Institutes of Health (NIH) has long been a mainstay in the development of science to combat diseases caused by tobacco use. Today, however, we are writing to express concerns about the Scientific Management Review Board's (SMRB) recommendation to move the majority of all tobacco-related research at the NIH into a proposed addiction institute to be formed by merging the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA). We believe the public health benefits of moving this tobacco-related research into a new merged institute have not been demonstrated and that such a move poses considerable risks to the ongoing efforts by the Department of Health and Human Services (HHS) to reduce tobacco use.

The debate and written documents of the SMRB and its subcommittee, the Substance Use, Abuse and Addiction Working Group, focused almost exclusively on the merits of merging NIAAA and NIDA and the impact of such a merger on research related to illicit drug and alcohol issues. It does not appear that full consideration was given to how moving tobacco-related research, particularly research supported by the National Cancer Institute (NCI) and the National Heart, Lung and Blood Institute (NHLBI), would be adversely impacted by such a merger. We believe that the NIH should conduct a thorough study of the short and long term research needs necessary to effectively combat the largest preventable cause of death in the U.S. -- tobacco use -- before considering how tobacco prevention and control research might fit into a merger.

The importance of tobacco use as a public health problem cannot be overstated. Tobacco use is the primary cause of 30 percent of all cancer deaths, including nearly 90 percent of all lung cancer deaths; 85 percent of all Chronic Obstructive Pulmonary Disease (COPD) deaths; 15 percent of all cardiovascular disease deaths; and 10 percent of all stroke deaths. It is highly appropriate that several NIH institutes have robust research portfolios on these tobacco-caused diseases as well as tobacco prevention and control issues. We believe that consolidating tobacco-related research into a new, smaller institute poses serious risks, including making it more vulnerable to attack by the tobacco industry and its allies, that must be fully weighed and protected against before consideration is given to moving tobacco-related research into a new institute.

The Obama Administration has taken unprecedented steps to reduce the toll of tobacco use on our nation's health. The Administration's accomplishments to date include implementing the Family Smoking Prevention and Tobacco Control Act (Tobacco Control Act) that gives the Food and Drug Administration (FDA) authority to regulate tobacco products, an increase in the federal excise tax on tobacco products, expanded access to effective cessation services, and increased funding for state and

community tobacco prevention programs. Many of these policies were informed by past NIH-funded research. Without a robust research program such policies could not have been implemented as effectively as they have been. For example, NCI's Monograph 13 detailed the 50-year history of "light" and "low-tar cigarettes" and concluded that these cigarettes do not reduce smokers' health risks. This landmark report provided the scientific basis for the ban on deceptive terms such as "light," "mild" and "low" tar in the marketing and sale of cigarettes in the recently enacted Tobacco Control Act, ending decades-long tobacco industry practices that falsely promoted some cigarette brands as less harmful and discouraged smokers from quitting. Another report released by NCI, *The Role of the Media in Promoting and Reducing Tobacco Use*, provides a strong foundation for anti-tobacco media campaigns and important guidance to states regarding what types of campaigns have the most impact on viewers. Another example of the critical role that NIH-funded tobacco research has played was the American Stop Smoking Intervention Study (ASSIST). The ASSIST program, a jointly-funded venture between NCI and the American Cancer Society, helped establish the policy-driven, coalition-based approach to tobacco control that is still practiced today by the best state tobacco prevention and cessation programs and helped form the basis for the World Health Organization's global tobacco treaty, the Framework Convention on Tobacco Control. Most recently, NCI provided critical research on the effectiveness of graphic warning labels on cigarette packaging in various countries that has informed regulations the FDA is expected to propose on this topic in the near future.

The Obama Administration's accomplishments on tobacco prevention and control have the potential to significantly reduce the toll of tobacco use on our nation's health, but the long-term success of most of these initiatives will depend, at least in part, on the continued commitment of NIH to conduct research that will help inform their implementation. While we have a large body of evidence to inform tobacco control policy and program interventions such as tobacco taxes and prevention and cessation programs, there is still much more to learn about both prevention and cessation, including which interventions are most effective with specific populations. These efforts are crucial to reducing health disparities caused by tobacco use.

FDA's regulation of tobacco products is in the first stages of implementation and the success of this venture depends on the development and execution of a strategic plan for research in support of regulation. For example, the FDA's newly granted authority to establish product standards for tobacco products creates the prospect for important reductions in tobacco-related death and disease. However, this authority cannot be effectively exercised in the absence of a research program systematically designed to support the establishment of such standards.

Moving tobacco research out of larger, more established institutes into a new institute formed by the merger of NIAAA and NIDA would create uncertainty about future funding for tobacco-related research and whether it would be sufficient to continue past successes. It could also convey the impression – to the research community, policymakers, and the public – that the NIH considers the tobacco problem solved or that it is now less important to the NIH. The political and financial support for the proposed new institute is far from certain and the tobacco industry will certainly exploit any opportunity to decrease funding for tobacco-related research during the annual appropriations process. Currently, tobacco research supported by the NCI and the NHLBI is largely protected by the broad political support for these institutes. We believe that the proposed reorganization could also narrow the focus of

tobacco-related research to issues related to addiction when such research, however significant, is only one of several areas in which innovative research is necessary to expand the evidence base.

Given the range of tobacco-related initiatives underway throughout the HHS, and the limited discussion about tobacco-related research during consideration of the merger of NIDA and NIAAA, our organizations strongly believe that now is not the time for the NIH to undertake a reorganization that will inevitably disrupt ongoing tobacco-related research and interfere with the establishment of a strategic long-term research program designed to provide a foundation for continued effective action on tobacco prevention and regulation. Instead, we believe that the NIH should initiate a review of its current tobacco research portfolio and determine what additional research is necessary to fully support the Administration's efforts to reduce tobacco use. Such a review would also help inform your decision about whether a reorganization of tobacco research is appropriate. Given the enormous deadly impact of tobacco on our nation's health, we believe any reorganization discussion regarding tobacco-related research should start with a complete analysis of what type of research agenda and organizational structure will most dramatically reduce tobacco use. This analysis should be conducted separately from the debate about the merits of merging NIDA and NIAAA in which tobacco has been only a small part of the discussion.

We respectfully urge you to undertake this analysis as soon as possible and postpone any action to include tobacco-related research in the proposed new institute so that you can seriously consider, with all the facts in hand, how such a move could interfere with progress in reducing the deadly toll of tobacco use.

Thank you for your consideration of this issue of vital importance to science and the public health.

Sincerely,



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