

American Academy of Pediatrics

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**Statement of Susanne E. Tanski, MD, FAAP  
On Behalf of the American Academy of Pediatrics**

**“Protecting Children from the Harms of Tobacco”**

**Tobacco Products Scientific Advisory Committee  
Food and Drug Administration**

**March 31, 2010**

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**American Academy of Pediatrics**

Department of Federal Affairs

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Good morning. My name is Dr. Susanne E. Tanski and I am proud to represent the American Academy of Pediatrics (AAP), a non-profit professional organization of more than 60,000 primary care pediatricians, pediatric medical sub-specialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults. I am a pediatrician and an assistant professor at Dartmouth Medical School and the Norris Cotton Cancer Center. I am also an investigator in the Academy's Julius B. Richmond Center of Excellence. My research addresses message framing for tobacco cessation and smoke-free environments for children and media influences on youth tobacco initiation and use.

The AAP welcomes the opportunity to provide comments to the Tobacco Products Scientific Advisory Committee. This committee has a vital role to play in the Food and Drug Administration's important work to protect children and the public from the harms of tobacco.

Tobacco use is the leading preventable cause of death and illness in the United States, causing more than 438,000 deaths each year. Most tobacco users (approximately 80%) started using tobacco products before 18 years of age. The connection between children and tobacco use is so strong that Dr. David Kessler, then commissioner of FDA, declared tobacco use a "pediatric disease" in 1995.

The AAP recognizes the substantial dangers of tobacco use and second-hand smoke exposure to children's health. Tobacco control was named a strategic priority by the AAP in 2005, and the Julius B. Richmond Center of Excellence, dedicated to the elimination of children's exposure to tobacco and second-hand smoke, was established in 2006 to foster tobacco-control research and initiatives at the AAP.

The AAP believes that FDA tobacco regulation should work towards the goal of eliminating pediatric tobacco use, addiction, and disease by controlling the factors that increase tobacco's appeal to children and increase the risk of dependence. The AAP applauds the FDA's recent ban on cigarettes with flavorings other than menthol, and encourages FDA to move swiftly to extend this ban to include other products that appeal particularly to youth, specifically menthol cigarettes and other flavored tobacco products, including cigars, cigarillos, hookah or waterpipe tobacco, and smokeless tobacco products. The Academy supports banning all candy- and fruit-flavored tobacco and non-medicinal nicotine products due to their attractiveness to children and adolescents and impact on smoking initiation.

As the committee begins its consideration of menthol cigarettes and dissolvable tobacco products, it will have to determine the criteria to select to evaluate the necessity of regulation. The Academy urges the committee to adopt as its primary goals the protection of children from the dangers of tobacco and the reduction of overall death and disease attributable to tobacco products.

In its review of menthol cigarettes, the committee should not base its consideration narrowly on the toxicity of the menthol additive itself. Rather, the committee should consider the impact menthol flavoring has on ease of inhalation—one of the important steps on the path to addiction—and nicotine addiction.

Children are exposed to menthol by the very first cigarette. Menthol is present in many major cigarette brands, even those not labeled and marketed as “menthol.” The documented anesthetic effect of menthol blunts the body’s natural aversive reaction to tobacco smoke, making those first inhalations easier and starting the path to addiction. About half of youth who try smoking a cigarette eventually become addicted, with some youth exhibiting symptoms of early addiction after only a few cigarettes. While individuals differ in their susceptibility, in population studies, the risk of developing a compulsion to smoke increases in a very predictable fashion with each cigarette smoked, starting with the first.

The AAP believes that menthol or other anesthetics in tobacco are damaging to the public health and should be removed to prevent the next generation of children from becoming smokers. The committee should also consider the increased difficulty that menthol smokers have when quitting, compared to non-menthol smokers. In the event of a ban on menthol cigarettes, the committee should consider public health policies that will encourage smoking cessation and prevent switching to non-menthol cigarettes or mentholated smokeless tobacco products.

In its review of dissolvable tobacco products, we recommend that the committee consider toxicity, particularly the potential for child poisoning, the risks of combining these products with other tobacco products, their effect on smoking cessation, initiation, and use by children and adolescents, and their impact on nicotine addiction. These criteria should be rapidly and vigorously applied to any and all new or alternative tobacco and nicotine delivery products. In addition, strong marketing regulation for these products is necessary to prevent casual initiation and addiction of youth users—youth who might otherwise be led to believe that these products have decreased risk of addiction and harm.

The American Academy of Pediatrics looks forward to working with FDA to eliminate child and adolescent tobacco use and to reduce the public harm caused by tobacco. The Academy and our members hope to join with FDA in public and professional educational outreach to ensure protection of children and youth.

Thank you for the opportunity to provide comment.