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

Dear Dr. Collins,

I am writing you to express opposition to the proposal to move most tobacco control research out of the National Cancer Institute (and perhaps other NIH institutes) into the proposed "addictions" institute. This move makes no sense because smoking and tobacco use are the leading cause of preventable cancer deaths and because most of the drop in cancer in recent years has been due to reductions in smoking on a population level.

Most important, the policies and interventions that have driven most of this decline have been population-level interventions that have little to do with the fact that nicotine is addictive, the pharmacology of nicotine addiction, or the treatment of that addiction. Rather, this progress has been made by understanding the social determinants of smoking behavior, the effectiveness of population-based interventions (such as smokefree policies, tobacco taxation, media campaigns and smoking in the movies) as well as learning how to counter efforts by the tobacco industry to block implementation of effective interventions. These are all areas that the NCI Division of Cancer Control and Population Sciences, through its Tobacco Control Research Branch, have stimulated and supported.

I have more than a passing interest in this question. I have two longstanding R01 grants from NCI, one on state and local tobacco control policymaking and one on analysis of tobacco industry documents. I am also program director for an R25 postdoctoral training program from NCI. When the Republicans took control of Congress in 1995, they inserted language in the NCI appropriation that would have shut the research on state and local policymaking down. (The grant to analyze tobacco industry documents came later, after President Bill Clinton directed NIH to start funding research on the documents.) After a lengthy public fight, the grant was saved because of active intervention by the American Cancer Society and the scientific community generally, but this experience clearly shows the highly charged political environment that surrounds this area in cancer control. Several years later, we researched this incident in the previously secret tobacco industry documents to understand that this effort involved an extensive public relations and political campaign coordinated at high levels within the tobacco industry and involving lawyers, public relations efforts and lobbyists (Landman A, Glantz SA. Tobacco industry efforts to undermine policy-relevant research. *Am J Public Health*. 2009;99(1):45-58; copy enclosed).

I am also co-director of our Comprehensive Cancer Center's Tobacco Program. It has been a long fight to integrate tobacco control into the cancer center's basic biological and clinical programs, but we are now making progress. Shifting the tobacco control research portfolio out of NCI will create the appearance

and reality of NCI walking away from tobacco. Worse, it will and send a strong message that NCI does not think that tobacco control research is a priority for cancer control.

This proposed reorganization comes at a particularly bad time, given the release last week of Secretary Kathleen Sibelius' "Ending the Tobacco Epidemic: A Tobacco Control Strategic Action Plan for the US Department of Health and Human Services." Even a cursory review of this document will reveal that the work funded by and conducted at NCI (including my research on state and local tobacco control policymaking) provides much of the scientific foundation for this plan. NCI should be taking credit for this important contribution, not trying to move it to another institute.

I am particularly concerned that the proposed reorganization of tobacco control research will create heightened opportunities for the tobacco industry to shut down the kind of research and training that has made such a strong contribution to reducing smoking prevalence and consumption together with a wide range of cancers and other diseases. Even absent frank political interference, a major reorganization will almost certainly disrupt NIH's tobacco control funding and activities at this crucial time.

Rather than trying to concentrate all or most tobacco control research in the addictions institute, NIH should work to integrate tobacco into the full range of its programs. Tobacco kills more people through heart and vascular disease than cancer, yet NHLBI has had a very limited presence in tobacco control research. Ironically, NCI supported our work showing that large scale tobacco control programs had a large effect on heart disease mortality (Fichtenberg CM, Glantz SA. Association of the California Tobacco Control Program with declines in cigarette consumption and mortality from heart disease. *N Engl J Med*. 2000 Dec 14;343(24):1772-7) and smokefree laws led to an immediate drop in hospitalizations for acute myocardial infarction (Sargent RP, Shepard RM, Glantz SA. Reduced incidence of admissions for myocardial infarction associated with public smoking ban: before and after study. BMJ. 2004; 24;328:977-80; Lightwood JM, Glantz SA. Declines in acute myocardial infarction after smoke-free laws and individual risk attributable to secondhand smoke. *Circulation* 2009;120(14):1373-9). These rapid reductions in heart disease also contributed to our finding that large scale tobacco control programs have an immediate effect on health care costs (Lightwood JM, Dinno A, Glantz SA. Effect of the California tobacco control program on personal health care expenditures. *PLoS Med.* 2008;5(8):e178), an important result in context of debates about health care reform. (None of this research has anything to do with nicotine addiction, its pharmacology or treatment.) NHLBI should develop a strong tobacco control research presence.

I hope that you will consider the practical effect on the research community and the ability of NIH to make an ongoing contribution to implementing the Department's new Strategic Plan and see that there are no disruptions to NIH's contribution to reducing the burden of tobacco-caused cancer and other diseases.

Best wishes,

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