The Family Smoking Prevention and Tobacco Control Act created CTP to regulate tobacco products under a new standard "appropriate for the protection of the public health."

The ultimate public health objective is to reduce the death and disease from the use of tobacco products.

As regulators, we have to assess risks and benefits for the population as a whole, including among users and non-users of tobacco products.
FDA’s Public Health Framework for Tobacco Product Regulation

FDA is using our regulatory authority to:

1. Understand the regulated products
2. Restrict product changes to protect public health
3. Prohibit modified risk claims that state/imply reduced risk without an order
4. Restrict marketing and distribution to protect public health
5. Decrease harms of tobacco products
6. Ensure industry compliance with FDA regulation through education, inspections, and enforcement
7. Educate the public about FDA's regulatory actions
8. Expand the science base for regulatory action and evaluation
Focuses on informing FDA’s regulatory authority
- Recognizes that tobacco products cannot be regulated using FDA’s traditional “safe and effective” standard
- Enables FDA to best assess the “net” population-level health impacts
- FDA-CTP cannot fund research on:
  - Diagnosis of disease
  - Treatment of disease or tobacco use
  - Clinical practice
NIH & FDA Collaboration

Established Joint NIH-FDA Leadership Council for Regulatory Science (Feb 2010)
- Tobacco Regulatory Science Working Group
- Representatives from NIH intramural & extramural programs and CTP

Tobacco Regulatory Science Program (Jan 2013)
- Established NIH-FDA coordination office within the NIH Office of Disease Prevention
Tobacco Regulatory Science Program (TRSP)

- FDA has expertise in tobacco regulatory science, and the authority and resources to support research
- NIH has expertise in tobacco research and the infrastructure for receipt, review, and administration
- TRSP allows NIH to support FDA's mandate for research in regulatory science
- TRSP provides new funding opportunities that complement existing NIH tobacco research activities
<table>
<thead>
<tr>
<th>Funding Opportunity</th>
<th>Fiscal Year</th>
<th># of Awards</th>
<th># of NCI</th>
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<tr>
<td>Administrative Supplements (R01 &amp; P01)</td>
<td>2010</td>
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<td>U01 Competitive Revisions</td>
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<tr>
<td>R01 Competitive Revisions</td>
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<td>7</td>
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<tr>
<td>Administrative Supplements to (P01 &amp; P50)</td>
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<td>Communication Administrative Supplements</td>
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<tr>
<td>Administrative Supplements</td>
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<td>Investigator-Initiated</td>
<td>2013</td>
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<tr>
<td>Tobacco Centers of Regulatory Science P50</td>
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<td>7</td>
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<tr>
<td>Tobacco Regulatory Research R01, R21, R03</td>
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<td>P30 Revision Applications</td>
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<tr>
<td>Tobacco Control Regulatory Research Career Awards (K01, K08, K22, K99/R00)</td>
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<td>U54 Coordinating Center</td>
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<tr>
<td>Tobacco Regulatory Research R01, R21, R03</td>
<td>2014</td>
<td>pending</td>
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</table>
Population Assessment of Tobacco and Health (PATH) Study

- Large, national, longitudinal cohort study of tobacco use and health in the United States – began September 2013
- Collecting data from adults, youth, and parents and biospecimens (urine, buccal cells, blood) from adults
- Designed to monitor and assess between-person differences and within-person changes in behaviors, attitudes, biomarkers, and health outcomes associated with tobacco use
- Contract awarded to Westat funded via an IAA with NIDA
- NCI scientists have contributed to the study design and implementation including instrument development
Additional NIH-FDA Collaborative Research Activities

- Health Information National Trend Survey (HINTS)
  - FDA module in NCI’s 2014 HINTS instrument
  - New questions to communications core such as: Information seeking about tobacco products; perceptions and awareness of contents of tobacco products, including harmful chemicals and nicotine; exposure to communications about and interest in seeing information about contents of tobacco products, beliefs about cigarette claims

- Tobacco Use Supplement to the Current Population Survey (TUS-CPS)
  - Collaboration with NCI on the 2014-2015 survey
Tobacco Centers of Regulatory Science (TCORS)

- Conduct programs of multidisciplinary research to inform CTP’s regulatory activities:
  - Opportunities for developmental and pilot research
  - Cores for administration and other components
  - Research training component
  - Collaboration across TCORS grantees
  - Data harmonization to the extent possible

- Each TCORS could budget up to $4 million total costs per year
- $53 million in FY13
- Total over 5 years of $273 million
Federal Government Invests in Tobacco Regulatory Science Research

The U.S. Food and Drug Administration and the National Institutes of Health is awarding as much as $273 million over the next five years to 14 Tobacco Centers of Regulatory Science (TCORS) across the country.

- Penn State College of Medicine
- Penn State Milton S. Hershey Medical Center
- The Ohio State University
- University of California San Francisco
- University of Southern California
- Georgia State University
- American Heart Association
- University of Texas Health Sciences Center
- University of Vermont & State Agriculture College
- Yale University
- University of Pennsylvania
- University of Maryland
- Virginia Commonwealth University
- University of North Carolina
- University of North Carolina School of Medicine
CTP Priorities

- Review Substantial Equivalence Reports
- Menthol
- Deeming Regulation
- Youth Tobacco Education Campaigns
- Product Standards
- Comprehensive Nicotine Regulatory Policy
FDA made history in June when it announced the first tobacco product review decisions via the Substantial Equivalence (SE) pathway

- SE is one review path a manufacturer may choose in order to receive authorization to sell a new tobacco product
- Must have the same characteristics as a predicate tobacco product (one that was on the market as of February 15, 2007), or have different characteristics but not raise different questions of public health
- If the new tobacco product raises different questions of public health, the product is not substantially equivalent and cannot be sold
FDA announced an ANPRM pertaining to menthol and cigarettes

- Sought additional information to make informed decisions about potential regulatory options related to menthol in cigarettes
- Released preliminary scientific evaluation
- Currently analyzing comments received
- FDA is also supporting research efforts on menthol and non-menthol cigarettes
- Developing a youth education campaign focused on preventing and reducing tobacco use, including menthol cigarettes
The law grants FDA direct authority over cigarettes, cigarette tobacco, roll-your-own tobacco, and smokeless tobacco

- Enables FDA to assert jurisdiction over other products that meet the statutory definition of a tobacco product
- The proposed rule was submitted to OMB in October and is currently under review
Youth Tobacco Education Campaigns

A comprehensive initiative to reach at-risk youth with messages to prevent tobacco use initiation and experimentation

- Multiple paid media campaigns over several years
- Key messaging areas: addiction, health consequences, HPHCs
- Campaigns will target discrete audience segments

<table>
<thead>
<tr>
<th>General Market At-Risk</th>
<th>Rural Smokeless</th>
<th>Multicultural</th>
<th>LGBT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Including youth already experimenting</td>
<td>Including male youth at risk of smokeless initiation</td>
<td>Including youth who are African American, Hispanic, Asian Pacific Islander, or American Indian / Alaskan Native</td>
<td>Including older LGBT youth</td>
</tr>
</tbody>
</table>
Exploring potential for product standards to reduce product addictiveness, toxicity, and/or appeal
Investing in research to support potential product standards
FDA has the opportunity to create a comprehensive nicotine regulatory policy:

- Different tobacco products deliver nicotine in different ways
- Certain products may pose more individual risk than others
- What can we do to help smokers, especially those unable or unwilling to quit?
- Legally, FDA must look at both individual level risk and population level harm
- Two key questions…who is using the products and how?
- It comes down to the “net” population effects
Center for Tobacco Products