

II Evaluation of ideas and views concerning the establishment of an independent Center for the Evaluation of Smokefree Tobacco and Nicotine Products and Policies

In an effort to gain ideas and views from a spectrum of people and interests about the possibility and feasibility of establishing an independent **Center for the Evaluation of Smokefree Tobacco and Nicotine Products and Policies**, I developed a questionnaire that was sent to approximately 70 people. As of this writing, more than 60% of those contacted have responded. All of the people contacted had an interest and some level of support for the idea of harm reduction being incorporated into tobacco control strategies or had other expertise such as conflict resolution and mediation expertise, actual experience in being involved in similar types of dialogues, or had some knowledge of issues related to fund raising (particularly related to corporate fund raising).

The survey was not intended and is not being formally published but rather is being used as a resource for moving (or not moving) us one step closer to making such an independent safe haven a reality. The survey participants were asked to provide their personal views based on their own experiences. Each person was assigned a number rather than having to disclose their names. This was something that was suggested by several people who wanted to express their views but some of whom were concerned about ‘fallout’, criticism or even alienation by their colleagues. I want to say up front that I was both surprised and pleased by the extent to which a large number of those responding took the time to provide their thoughtful ideas and views. The honesty with which the answers and comments were made was refreshing, appreciated, and informative. In many ways the survey represents and is indicative of what can happen when people are given an avenue to express their views and ideas in a safe environment - exactly what the Center is intended to provide!

The questionnaire was broken down into 4 sections: General Questions; Issues; Structure and Duties; and Funding.

What follows are the various questions that were asked and some general discussion about the answers and thoughts provided.

Section I – General Questions

Question 1. Do you believe that there is a need to have broader, transparent, multifaceted and more in-depth discussions about the role that smokefree tobacco and nicotine could play in reducing disease by the use of highly toxic combustible products?

General findings and observations:

All of the respondents indicated support for having such a dialogue. Clearly people recognize the important role that such dialogue can play.

Respondent Comments:

- Easy to say, difficult to achieve. This discussion would require that commentators at both ends of the spectrum tone down the rhetoric and make their arguments based on science, not emotions or attacks and sarcasm.
- Such discussions are long overdue and essential to the credibility of the tobacco control community.
- We also need more honesty in any discussions. We also need to overcome some of the mainstream dogma if we are to succeed.
- PAST TIME !!!
- This is essential because 1) there is alarming levels of ignorance regarding the difference between smoke and nicotine and 2) millions of people are dying because harm reduction policies, strategies and products have not been given recognition and place it deserves in global public health & tobacco control. I prefer another term than 'Center' because this implies more of a think tank institution. Perhaps consideration should be given of the term 'Forum' which is politically softer and provides greater flexibility of engagement and action.
- These discussions must occur in every newspaper and other media, at every tobacco conference, health conference and in meetings of government funded health agencies.
- Public health seems to have moved on to obesity, yet this is a really important set of issues.
- We need to get out of a circle whereby people are attacked for wanting to open a dialogue and to support scientific studies on these products.
- Given the tenacity of nicotine addiction, it only seems fair to recognize that absolutist abolitionist policies are unworkable and abusive to people who are suffering from the use of cigarettes.
- Absolutely imperative even though it includes industry participation.
- Perhaps not an absolute "need" in the strictest sense-as these products are far from a panacea and cannot undo the harms (or appeal) of combustibles—But certainly a "benefit" to more open dialogue.

Question 2. This survey advocates the establishment of a truly independent Center where issues related to smokefree tobacco and nicotine can be discussed in a *neutral and safe haven*. Do you think the establishment of such a Center (if done carefully) is a good idea?

General findings and assessment:

All of the respondents indicated support for the concept of a center or forum. But in this question a larger number of people began to ask probing questions and make suggestions about how to avoid pitfalls, deal with or remove barriers etc.

Respondent comments:

- Currently there is no ‘safe ground’ to discuss the issues outlined in question 1. The more it is discussed the better. The “center” can only be of help, can’t see it being a hindrance to public health goals.
- It can’t be worse than the ‘status quo’, but creating an independent center won’t resolve these problems unless harm reduction opponents are willing to engage in discussions.
- Of late the tobacco control agenda has switched to more of an anti-corporate slant than an anti-health impact. A non-political neutral environment is key.
- Am concerned that if not handled properly it is possible that the Center will become ‘territorial’ and want to own the topic.
- There must be a platform where all stakeholders can convene in an open and nonjudgmental atmosphere.
- It’s not a good idea, it’s a great idea!! It would be a landmark event.
- Provides a forum for objective review and recommendations.
- I would especially like to see unbiased research done with respect to American consumers so that we better know their attitudes, beliefs and likely reaction to these products.
- Makes sense to concentrate resources (ever scarce) and research in such a Center—perhaps it would be prudent to have a national center then several regional satellite centers- thereby preserving a local favor, kind of like the Fed. Reserve system.
- In principle, I agree. In practice, it will be a significant challenge to est. a center that, say 90% of the tobacco control community (however defined) could accept as objective.
- Needs to be open/credible/ reported in peer-reviewed journals.

Question 3. If you believe that such a Center merits consideration, should the Center be a private based entity with its own governing structure, or should it be part of a university, or even a quasi-governmental entity?

General findings and assessment:

Approximately a third (33%) of the respondents suggested that the Center should be university based. Another third (33%) said that they believed the Center should be private based. One sixth of the respondents said that they supported a quasi –governmental entity and one sixth indicated they were comfortable with all three options.

Respondent Comments:

- A university setting would ensure credibility and objectivity.
- Needs credibility of academia.
- I would hope that if it were private-based it would be less susceptible to political (in all senses of the word) influence.
- I strongly feel that University or quasi-governmental carries some baggage.
- The Center should be privately based with its own governing structure to avoid inherent biases of academic and quasi-governmental entities already active in the tobacco and health debate.
- What seems appropriate is a university center with support from private, government funding and research support from NIH.
- A government agency is the best place for oversight. However, an external center mandated and funded by government would be useful. The definition of independent would mean excluding those entities who profit from the sale of nicotine products.
- It needs to have appropriate safeguards but could be possible at any of these three.
- I think it could be any of three but private would be best.
- Whilst it might need private funding it would be more advisable if it was seen as truly independent of private commercial interests.
- The key will be a Center that at least 90% of TC community would accept as objective. Quasi-governmental most often has that sense of objectivity.
- Should be a private based which operates transparently.
- I believe that the only way for research outcomes to have credibility is if it is at least quasi-governmental.
- All of the above. Ultimately it's up to government to act, however it would be useful to have a quasi-governmental entity whose role it would be to collect up relevant information to share with government regulators. The agency would not be constrained by politics and could question actions (or lack of action) taken by regulators
- I don't think it matters as long as the entity meets the criteria in question 2 (independent center where issues can be discussed in a neutral and safe haven).
- At first I thought anything but private based. But housed at a foundation or stand alone may in fact be best.

Question 4. Which of the following would represent the most accurate and best “mission statement” for the Center? If you wish to make your own suggestions for a “mission statement” please do so in the space provided (D).

- A. ___ To discuss, develop and provide science-based recommendations and guidance with respect to the production, manufacture, sale, distribution, labeling and marketing of *smokefree* tobacco and nicotine products.**

- B. ____ To serve as an independent convener and facilitator of stakeholders, experts and other appropriate interests for discussing and making recommendations for *smokefree* tobacco and nicotine strategies designed to reduce disease and death caused by the use of tobacco.**
- C. ____ To provide a ‘safe haven’ and neutral forum for a civil discussion, debate, and dialogue of public health strategies and goals related to the production, manufacture, sale, distribution, labeling and marketing of *smokefree* tobacco and nicotine products.**
- D. ____ -----

General findings and assessment: Respondents favored (B), but only by a small margin (40%), followed closely by both (A) with 30% and (C) with 20%. About 10% of the respondents wrote their own suggestions often combining various aspects of (A), (B), and (C). In a number of instances, respondents added changes to the “mission statement” they favored (see below). Several people indicated that the words “strategies designed to reduce disease and death” in recommendation (B) were important no matter what the “mission statement”. Several who favored (B) also suggested including the words ‘science and policy’.

Respondent Comments:

- All of the above or a combination of them works for me.
- Some combination of the three...To provide a neutral forum to discuss, develop and provide science-based recommendations and guidance...to serve as an independent convener and facilitator ...etc.
- B & C are similar. A combination of A and B/C; self initiating and serving as “host”. I would also include in the scope, consideration of all tobacco products since core objective is reduction of death and disease from tobacco use.
- I think that parts of all three should be included with (A) as main focus.
- ‘A’ is simple, clear and inclusive but think that would be useful to have this message (reduce disease and death caused by the use of tobacco) in the mission statement.
- What is really needed is funded organization dedicated to informing the public about the relative/comparable risks of different tobacco products...health organizations and governmental agencies should not mislead the public. That way these discussions will be forced to occur in the news media and in many other public forums.
- All three appear to be intrinsic to the mission with some stating how recommendations would be achieved and/or delivered to a wider audience; others stating what would result from the work.

- If the ‘reduction of tobacco-caused disease and death’ is not part of the mission statement it is a non-starter---this is the purpose after all !!
- I think that it could be useful having all three of these but emphasis should be on objective assessment of the science base as opposed to the wishful thinking displayed by many anti-tobacco groups. Option (A) however would probably need more headcount and thus more funding.
- The “mission statement” should be a combination of B+C---option A is too passive in my view and option C by itself is too “neutral”.
- Seems to me that a national center ought to embrace all three of the above.... with a web of affiliated regional centers. The above three items would unfold as directed by the national effort.
- I like B but would add “science based, objective” following the word ‘making’ in line 2.
- Add ‘science and policy’ after the word ‘discussing’ (mission statement (B), line 2)

Question 5. It is being suggested that one of the roles of the Center would be to shape and influence policy and regulatory decisions (such as with Congress, agencies like the FDA, USDA, CDC, NIH, FTC, EPA etc). In addition to providing guidance to these and other agencies, do you think the Center should take on a proactive lobbying role?

General findings and assessment: A majority of the respondents felt that the Center should not take on a proactive lobbying role (60%) while 40% said that it should be proactive. A number of the comments however indicated that even though they opposed having the Center being proactive in lobbying they did support it serving in an educational capacity with policy makers in helping shape and make policy decisions.

Respondent Comments:

- Lobbying activities should be open and transparent and open to public scrutiny.
- No. It must be one thing or the other e.g. research and policy or lobbying. I suggest research and policy.
- No. Lobbying is not consistent with “neutral forum” concept.
- Lobbying should not be permitted if the entity is funded via the government or is non-profit as it should be.
- No. It should function as a scientific base of excellence.

- Not lobbying per se but provide information to policy makers.
- Yes. Provided the mission statement stays true. To the extent resources can bear, policy change should be sought.
- No. I believe it needs to be a facilitator of fact-based research and science and convey its findings to the groups listed.
- No. It is better I think that the entity be independent of politics. Of course it would hopefully influence politics by producing good info, etc.
- No. That is something that should evolve, after the value and objectivity of the Center is established.
- Center should certainly share its views, recommendations whenever public policy relating to tobacco use is at issue. That doesn't mean that it has to emulate the often counter-productive partisan warfare carried on by some.
- Yes. However, the Center should anticipate that other stakeholders may decline to participate in the Center as a result.
- No. I guess an independent Center can't be too proactive or pushy.
- Yes. Dream ticket would be accredited observer on WHO/FCTC. Lobbying should be educational rather than political. The lack of understanding of lawmakers of tobacco issues continues to amaze me.
- No. If it is truly going to be a neutral haven what would it lobby for. Lobbying suggests partisanship – let others do this.
- Yes and No. Only as an expert witness that reaches out to legislators and government personnel by distributing results from its work, inviting government to meetings, but not in sense of hiring lobbyists to make something happen on the hill e.g., tradeoffs on legislation etc. which is best left to stakeholders.
- Yes. The only way to effectively counter opponents of harm reduction is to proactively lobby for reasonable and responsible harm reduction policies.
- Yes...Maybe. Proactive advocacy role needs to be able to influence but not get co-opted.
- No. Especially at the beginning, a lobbying role would cause divisions, while the body of content/ evidence has not been fully established yet.
- Yes. Solutions kept in a vacuum are not solutions.
- Yes. The Center should influence policy related to those items/issues that there exists consensus among the Center participants.
- No. Remain neutral...disseminate the facts and facilitate discussion.
- No. Would support it issuing scholarly reports. Conducting seminars with policy makers—not lobby the specific laws. Add a global role related to WHO/ FCTC.

Question 6. Given that tobacco is not only a domestic (US) issue but a global one as well, do you think the Center should also consider guidance to other nations, NGO's, and the World Health Organization?

General findings and observations: A clear majority (85%) of the respondents favored including providing recommendations, guidance etc to other nations, the WHO, NGO's etc.? Even where some opposed the idea they did so with the qualification that the Center needed to be focused on the US first with the possibility of expanding activities at a later date.

Respondent Comments:

- Yes, but focus on US though.
- Yes, critical to include international context.
- No. Perhaps eventually but there are significant cultural, economic issues across the world that should not be the focus of the group based in the US.
- No. A global view yes, but no guidance!
- No. Not at first.
- No. Eventually but not initially.
- Yes. We are in a "world-wide" business.
- Yes!!! Of course. Although the local interpretations, regulations + products (e.g. Swedish snus) are important, the global framework is of paramount importance in a flat world.
- Yes. Tobacco issues are global, all commerce and policy have global aspects.
- Yes. Product relation needs to consider issues related to trade, source of tobacco, contraband etc.
- Yes. While taking on this issue at the national level takes significant resources and dedication, it would be helpful if some efforts could also be devoted to international policies and situations.
- Yes. In fact the Center should be located outside the US on more neutral ground.
- Yes. It is naïve to believe we can consider tobacco's impact to be isolated in any specific region. Must be considered in the global context.

- No. The Center might become too diffuse.
- Sure. This is an international problem – good ideas, from whatever source should be shared – when a consensus emerges to do so, then all such entities should present a unified front in promoting particular positions.
- Yes. No question. It’s a global issue, although each country’s regulatory system is unique. The Center could even be located abroad.
- Yes. The epidemic of cigarette- caused disease crosses borders.
- No. I believe the Center should focus on the US. Otherwise, the task is too large and daunting.
- Yes. It doesn’t cost much to share findings, and to the extent policy becomes a standard globally, multinational companies are more inclined to accept it.
- No. I think it needs to be a focused effort so it will have clear priorities.
- Yes. Without question.
- Yes. This is difficult too. US discussions on global link rarely consider India and its smokeless tobacco issues. You would need international staff and a strong governance stance to look international enough.
- Yes. I think the Center will need to take an international perspective to be truly effective – engagement with WHO will be essential.

Question 7. In addition to serving in a role to foster dialogue, guidance, and recommendations on policy and other matters, should the Center be a forum for conducting “negotiations” between stakeholders?

General findings and observations:

About 50% of the respondents indicated that the Center *might* take on providing “negotiating” functions depending on the circumstances involved. About 40% indicated ‘yes’ although even some giving a positive ‘yes’ often provided additional qualifying statements. Less than 10% indicated that the Center should not take on a ‘negotiating’ role.

Respondent Comments:

- Maybe. May depend of how dialogue progresses.
- Yes. As a ‘service’ with parameters.
- Maybe. Will be very difficult to bring industry and health together.

- Yes. On topics that are designated by collective with resolution made transparent (in other words with general rules).
- Yes. We need neutral ground to promote understanding.
- Maybe. Premature to determine context and possible role.
- Yes/Maybe. Clear rules and firewalls should be set, so that discussions don't turn into a free-for-all. In particular it is important to start distinguishing between anti-tobacco activists and sound public health groups. Ultimately the motives of all groups need to be examined. (That is why it is important to include saving lives, improving health in the mission).
- Maybe. Negotiations to the end of producing consensus policy or other recommendations.
- Yes/Maybe. Not sure what is meant by 'negotiations' but any policy changes that can be agreed to (to inform smokers about the comparable risks or to provide incentives to encourage smokers to substitute smokefree tobacco/nicotine alternatives) should be encouraged.
- Yes. If all stakeholders are invited to participate in crafting recommendations and this is done with full participation by a wide variety of those stakeholders, then the negotiations will be happening as a matter of course or no recommendations will ever be forthcoming. The existence of the forum itself entails sharing existing views in the hope that a consensus can be reached with no guarantees that such will result.
- I am not in favor of negotiating with the tobacco industry ever. The primary role of the Center should be to offer policy solutions to minimize harm from tobacco/nicotine products. Let the politicians and stakeholders compromise their respective positions or proposed solutions. The people need an honest reliable source of information focused on public health objectives. If you negotiate, you lose the option to criticize either the government or private stakeholders, whose interests are compromised over profits.
- Maybe. Not sure what this looks like—is probably needed in order to progress, but may be a slippery slope towards partisanship.
- Maybe. This is a tricky one as evidenced by the role of CTFK in the FDA bill. But maybe the Center could develop ground rules for dialogue. I don't however, think it (Center) should be cast as a mediator.
- Maybe. One would hope the concept of the Center would lead to dialogue and a frank exchange of views which may lead to agreement on certain issues. In light of how some would view the concept of "negotiations" (particularly with the enemy) the Center should act as a "facilitator".
- Yes. Certainly – this is a key part of the dialogue which is an essential element in moving forward to meaningful reform in a democratic society – this is far superior to the incessant long distance shelling from diverse sectors who have so often been the enemy of progress.
- Yes. Sure. I think the "negotiation" role would be an important element, but participants would need to leave their swords and sarcasm – but not their principles – at the door.
- Maybe. If that does not compromise its independence.
- Maybe. If it looks like something productive can be achieved, and can be achieved better via the Center than elsewhere.

- Maybe. I could see a role whereby the Center could be a ‘gathering place’ to hold discussions among various stakeholders.
- Yes. It seems at present that tobacco industry objectives are irreconcilable with those of public health—some negotiations will be needed where consensus cannot be achieved.

II. ISSUES

Question 1. Currently there is a general consensus and acceptance that “smokefree” tobacco and nicotine products are lower in risk than the more toxic combustible products such as cigarettes. It is being proposed that the primary focus of the Center should be on “smokefree” tobacco and nicotine. Do you agree?

General findings and observations: Approximately 65% agreed that the primary focus of the Center should be on “smokefree” tobacco and nicotine. However in some cases where the respondents gave ‘yes’ / ‘no’ answer they qualified those answers.

Respondents Comments:

- This is the key issue confronting tobacco policy –making for the public health organizations/agencies as well as industry..
- Not sure honestly.
- Yes, however, combustible and heat-not-burn ‘PREPs’ will need to be brought into the Center’s purview once smokefree has progressed.
- Yes, but without losing sight of goal –reducing cigarette consumption!
- Yes, but smoke-bearing products should not be overlooked. Products containing small amounts of actual smoke have been shown to reduce certain harms. New material science advances might one day remove most/all harms from smoke.
- No. The Center should and would necessarily need to consider all tobacco/nicotine delivery products.
- No, it should deal with tobacco issues/policy and not be limited to products.

- Yes. There is a huge intellectual and policy gap.
- No But use this issue as a catalyst to foster more discussion.
- I would say focus on reducing harm caused by tobacco use which clearly includes smokefree and nicotine.
- It should be a major component, but medical advances continually occur such that truly effective applications may emerge. Be open minded not frozen in place in some static way.
- Yes, but not to the total exclusion of considering developments on the combustible scene (such as heat-not-burn products).
- I think it should be the full spectrum of harm reduction issues facing tobacco control. An initial discussion could even be consensus-building around the most acceptable terminology, i.e. “harm reduction” ok for 90% + of the TC community?
- No. The issues are too closely intertwined.
- Based on personal experience, focus groups have indicated the positioning of combustible products as “significantly more dangerous than smokefree products is significantly more credible as opposed to characterizing smokefree products as “lower in risk” than combustible which is not believed.
- No. A broad harm reduction focus including pharmaceutical solutions and other interventions – vaccine etc. is needed.
- No. I do not believe that smokefree tobacco and nicotine – though less harmful are the sole answer to the elimination of the tobacco problem.
- No. This will be a (the) major focus during the near future but the Center should be designed with a broader focus.
- No. At this point in time, I think it is difficult to separate smokeless tobacco from the broader issue of “harm reduction”.
- Some will say that FDA already covers medicinal products so what smokefree non-tobacco products are being referred to? (presumably things like the e-cigarette or Fagerstrom’s synthetic snus-like product?)
- No. the Center should address a broad range of reduced harm products.
- Not quite. It could be the prime focus but relevant issues overlap with combustibles e.g. nitrosamines.

Question 2. Effective “smokefree” tobacco and nicotine harm reduction strategies will most certainly require consideration of a spectrum of over lapping issues which are currently viewed and considered separately. In addition to the more traditional stakeholders, the Center would thus have the ability and flexibility to tap into a broader spectrum of experts, many of whom may not be directly or in directly

associated with tobacco (i.e. labeling and marketing experts, toxicologists, agronomists, economists, facilitators etc.) Is it important, and should we be expanding the number of qualified participants in those discussions rather than limiting them?

General finding and observations: Over 95% of the respondents indicated that they believed the Center should have the ability and flexibility to tap into a broader spectrum of interests.

Respondent Comments:

- Especially as an advisor to FDA on so-called reduced harm products, this additional knowledge base would be critical.
- The more folks involved in tobacco harm reduction/policy discussions, the more likely the chance for consensus development.
- Cautious expansion with specific ends in mind. Relationship building and trust have been so important in the past.
- Yes. But don't get trapped by the need for yet more data. All sources of information should be considered, but don't assume we don't already have sufficient information to act now. The illusion that we lack knowledge of how to regulate tobacco products because of the complexity of how the products are engineered and marketed is simply wrong. I would not cut off sources of data. However, neither would I allow the process of strong meaningful policy options coming to the table to be delayed under some illusion that tobacco industry interests and sources of information have not been considered. In most cases, history has taught us the information we get from industry is incomplete and confusing. I've never really found the explanations coming from industry experts to be that enlightening when voluntarily provided.
- Yes. But to appear to be a "tool" of Big Tobacco would be a problem.
- Any conclusions or recommendations made by the Center will be more robust with broader stakeholder input.
- As long as they are qualified (to be defined.... i.e not self-appointed "experts")... and don't forget the ethicists.
- Hell yes – all stakeholders need to feel that their various concerns will be considered. "narrow casting" risks normalization and endangers the likelihood that the Center will be viewed as a predictable special ???.
- Very important to tap into expertise on other areas of harm reduction.

- Start small and let things naturally progress with successful strategic accomplishments. Start with issues that have a high percentage to be successful.
- Cannot understand industry (tobacco and pharma) science without engaging them in ongoing dialogue.
- Expansion should be considered by the group of stakeholders but there could be a roster of experts devoted to that role by the group.
- Inclusivity is very important. The economic argument eventually helped the FCTC succeed, the same will be true for the 4th pillar of harm reduction (would add expertise to the list of type of people on illicit trade/counterfeiting).
- In particular, I would say health experts: toxicologists, pulmonary medicine etc.
- Yes, but without losing focus on finding the organization unable to make decisions because of participation overload.

Question 3. Below are a number of issues and areas that the Center might wish to consider taking on as part of its mission. Do you agree that these issues and areas are important? Space is provided below to allow you to make additional comments and to suggest deletions and/or additions.

- **Monitor and evaluate scientific studies related to the development, manufacturing, distribution, marketing and use of smokefree tobacco and nicotine products;**
- **Make recommendations for scientific studies;**
- **Assess technological advances and opportunities in the areas of production and manufacturing, and suggesting ways in which meaningful collaborations between the public health community, researchers, producers, manufacturers (broadly speaking) and government agencies might be achieved;**
- **Compile a list of all smokefree tobacco and nicotine products in both the US and abroad;**
- **Provide suggestions and recommendations for establishing standardized testing methods etc. for all smokefree tobacco and nicotine products;**
- **Provide suggestions and recommendations for the establishment of standards and practices governing the growing, curing, processing and testing of tobacco used in smokefree tobacco and nicotine products;**
- **Provide recommendations concerning the best and most effective methods for the labeling, advertising and marketing of smokefree tobacco and nicotine products to ensure that the public and users of such products understand the risks and relative risks of such products, especially when compared to using cigarettes or quitting tobacco and nicotine altogether;**

- **Develop and provide recommendations and methods for the monitoring and surveillance of all smokefree tobacco and nicotine products and, in particular how such products are used;**
- **Review advertising and marketing practices of tobacco and nicotine manufacturers to determine is such advertising is misleading or deceptive and recommend advertising and marketing parameters (consistent with the First Amendment) for such practices;**
- **Make recommendations concerning good manufacturing practices (GMP's) for the manufacture of smokefree tobacco and nicotine products;**
- **Make recommendations concerning good agricultural practices (GAP) for the growing, curing and processing of tobacco leaf;**
- **Make recommendations on how tobacco, pharmaceutical, biotech and other manufacturers can be “incentivized” to develop science-based smokefree tobacco and nicotine products that are significantly lower in risk than cigarettes and which have con summer acceptability;**
- **Make recommendations on how agricultural production can be restructured and “incentivized” to assist growers (and manufacturers) in producing standardized and tested raw leaf for use in smokefree tobacco and nicotine products;**
- **Make recommendations concerning public education campaigns designed to ensure that the public and users of tobacco and nicotine products fully understand the risks and relative risks of these products;**
- **Make recommendations respecting corporate social responsibility (CSR) measures (including the monitoring and enforceability of such measures) for all smokefree tobacco and nicotine manufacturers.**

Generally Agree with these recommendations ____

Generally Disagree with these recommendations ____

Generally agree (or generally disagree) and wish to add the following comments and thoughts _____

General findings and observations:

All of the respondents (save one) indicated that they *generally agreed* with recommendations. However, a number of observations and comments were made. Some decided that they would prioritize what they thought should be the top areas of focus, particularly at the inception of the Center. Others noted that one of the first activities of the Center should be to review various recommendations and then prioritize them. In either case the clear message was that it was important that the Center not take on too much initially, that it kept its focus and then expand outwards to deal with other areas as needed.

Respondent Comments:

- Make recommendations based on science.
- The group should focus on the tasks it is most uniquely qualified to do, and what can move the dialogue/scenario forward. Quite likely, an objective setting session at the Center's inception is needed to establish priorities – hard just to tick off a list.
- How you would prioritize among these many excellent topics is a major challenge.
- I would like to see something on how best to influence consumers to at least try noncombustible tobacco and nicotine products; other incentives may be needed than information. Make recommendations on differential taxation. I just feel that the consumer needs to be involved and incentivized rather than labouring under a guilt complex. De-normalization initiatives don't help either ! My take on this is that it encourages consumers to have bunker mentality.
- At the risk of being a broken record--- I think all of the above could be useful , but only if the scientific community, FTC, FDA, other consumers of the Center's recommendations see it as an unbiased, science-based resource and given the current state of 'harm-reduction' discussions that will be a challenge.
- STRONGLY agree.
- All recommendations must be carefully vetted to ensure that they do not impact, wherever possible competitive positioning of one company over another.
- Don't be too broad....focus on a few issues that directly address the risk factors associated with smokefree tobacco products.
- I hope the recommendations would be to government who would have the authority to create incentives to modify actions of the tobacco industry so that they would operate with the interests of the publics' health in mind.
- If the information is not provided to the public regarding the relative risks of products, then the Center would have the moral obligation to do so.
- Recommendations should be prioritized as to potential impact on the eradication of tobacco use by man (which I consider the long term goal).
- Start with establishing a base for overall policy direction; have to include consumer understanding, acceptance, rejection and resulting behavior; this list would have to be prioritized to not divert resources away from the core objective; need some sense of technical and commercial feasibility; need to consider 'consequences' including illicit trade, enforcement, and revenue implications for states.
- I think the group should develop its agenda and the Center should facilitate and not cross the line into the development of policy or recommendations..... the Center should be the space for dialogue and exploration/ not decision-making.

- Don't some overlap with the CDC and potentially the FDA?
- Some prioritization is essential. Resources may never be adequate to do all of this.
- Again, I believe being fact + science based and ideally advisor to FDA is the single most important role.

III. STRUCTURE AND DUTIES

Question 1. It is being suggested that the Center be composed of a Board of Directors made up of highly respected qualified individuals who would view their role as ensuring that the mission of the Center is carried out effectively. To avoid conflicts of interests or the perception of one, those serving on the Board should have no direct associations with any organization, NGO, or corporation that has a vested interest in the outcomes of the Center. Do you agree?

General findings and observations:

About 65% of the respondents agreed with the statement. However, in many cases, many respondents raised questions about the feasibility of being able to find such completely independent Board members who would have the independence, knowledge and commitment to serve. These kinds of comments were also reflected from those who disagreed. A couple of people who did not agree also indicated that they felt that the industry (as well as public health) should be represented on the Board.

Respondent Comments:

- Just get the right people. Affiliation should be relevant but not disparitive.
- Unclear as to who this would exclude.
- Yes but this will be difficult to achieve, leaders in all areas will be unlikely to break from the positions of their organizations.
- No, it has to be a public health center and they need to control it. The industry should be able to participate but not control.
- Yes. But would this be limited to "current" direct associations or would it extend to past associations?
- No. I think the majority should be independent but I think you can have some who could be effective liaisons.

- Yes. How “direct” is direct? Since everyone depends on income from some source, it may be difficult to find people whose income source is sufficiently indirect including those in universities and government. This is tricky.
- Yes. But will the Center find other qualified/willing individuals to serve?
- No. The main criteria for conflict of interest should be profits in the marketing and manufacturing of tobacco/nicotine delivery products. Thus, any one with affiliations to the tobacco industry or pharmaceutical industry that might benefit financially from policies that favor sales of their products should be excluded. NGO’s so long as they are non-profit would be fine in my opinion.
- Yes. INDEPENDENCE IS VITAL !
- Yes. Those who have vested interests would be invited to share views and participate in the reform dialogue.
- No. I do not believe you can find people with “passion” about topic that do not have a vested interest in the outcome.
- No. Most who have enough knowledge or expertise to serve on the Board have a vested interest. Interest needs to be transparent and set aside.
- Yes. I with how to avoid a conflict of interest—but obviously with “interest” often comes passion and dedication to the issue.
- Yes. Except that it seems that excludes many who might be qualified.
- Yes. This would be ideal but given the criteria above (in the question) how many suitable Board members could be found.
- No. If Board members have to vested interest in an organization’s “outcomes” then what is their purpose.
- No. Having a vested interest can help move things along as opposed to having endless dialogue. Could a compromise be that those that do have a direct association have no vote or are ex officio.
- Yes. Better base in university to avoid all the hot air.
- Yes in principle. Almost impossible to achieve – those qualified to serve on the Board would almost certainly have a perceived conflict.
- Given the likely mission of the Center, it is important that primary stakeholders in the industry and public health have positions on the BOD

Question 2. What are some of the qualifications that you believe Board members must have, and do you have suggestions of people in your view would be qualified?

General Findings and observations:

As this was not a yes/no answer some of the comments (below) might best express the views of the respondents. As to names that were recommended (which I will not mention as part of this assessment), I can only conclude that it is possible to find people who have the expertise, passion and independence and who are not or no longer directly associated with an organization that has a vested interest) to serve on the Center's Board.

Respondent Comments:

- Not sure but the board should reflect the different points of views on this issue, including political, ethical, racial/ethnic etc. There should be a selection committee to pick the Board of Directors and those on the selection committee would not be considered for the Board.
- Scientific, public health, regulatory/governmental and commercial experience needs to be present across the Board membership.
- Imagination and creativity ability to imagine the future; broad credibility across various sectors; open minded not affiliated with 'factions'; dedicated to the ultimate mission of reducing tobacco related disease and death; comprised in part of members with tobacco control (or tobacco) experience and the other part "virgins".
- A mixture of scientists public health professionals, marketers and ethicists; also useful would be some elder statesman from other public policy arena--- maybe a former pragmatic Surgeon General or the ex- head of related UN organization (WHO);someone with developing world expertise would be good possibly with UN experience; what about an economist type or some ex world Bank person;
- Scientific, policy and public health expertise.
- They have a public health mission in mind. Specifically, they should be fully supportive of efforts to rapidly reduce harm caused by tobacco/nicotine products without regard to maintaining the profits of private entities.
- They have knowledge of government policy and population risk reduction.
- Ideally include the following(a) a respected medical doctor with expertise in tobacco control and health issues (b) a respected epidemiologist (c) a lawyer with expertise on these product issues (d) a marketing/labeling expert (e) someone who has worked at FDA on these issues, (g) someone with expertise on nicotine addiction/psychopharmacology, (h)someone who is familiar with production side economics and (i) some one with all-round credibility who could act as chair/spokesperson for the Board.
- Open minded people.

- They have breadth and depth of knowledge of many aspects of tobacco/nicotine product development and marketing.
- If past associations are not obstacles then..... (names deleted)
- Collegiality is crucial along with respect- avoid prima donnas; stubborn people.
- I'll use "*name deleted*" as my e.g. – he is one of the most thoughtful and (perhaps to my own biased view) objective thinkers on this issue but I bet he would be considered out of bounds for Board Duty by many involved in this issue
- Public health, regulatory plus research.
- Recognized experts in health, agriculture, government regulation.
- A mix of public health organization reps, industry reps, grower association reps, university/research reps.
- Honesty, integrity, independence, experience, expertise.
- Must have respect for players. Must have credentials that command respect.
- Lack of bias, demonstrated competence, intelligence, ability to analyze and clearly present a point of view, willingness to commit the time and effort needed and ability to think across categorical demarcations and assimilate scientific facts.
- Depends. If the Center is small there needs to be expertise on the board. On the other hand with a bigger institute the board can be composed of distinguished persons without particular knowledge in the area.
- Pragmatism, knowledge of tobacco issues, open minded, rational/scientific rather than 'fundamentalist', experience or knowledge of other public health issues.
- Think you have to consider what individual will bring to the table before immediately excluding because of affiliations. If movement to consensus is a goal, don't you have to have some level of participation by those who have been "vested" in the issue?
- Mix of MD/MPH/ epi/ risk assessment/ psychology/ economics.
- Expertise in management, conflict resolution, in public policy in general.
- Scientific background, strong integrity and public track record. Regardless of discipline, must be open-minded and pragmatic (as opposed to dogmatic).
- Consumer protection and science backgrounds.
- Integrity, trustworthiness, creativity, legal, scientific or practical experience.
- I would like to see some scientific/medical background and perhaps an FDA background.
- I believe any board member should be considered an expert in his or her field. A board member should have at least 20 years experience in his or her field.
- Individuals should have degrees in areas that will be critical to the process such as toxicology, agronomy, effects of marketing etc.
- Knowledge, unbiased views, cooperation.
- Different mind set, skills, cultural – definitely public health, economics, agriculture, business and communication.

Question 3. It is being suggested that the following are some of the general authorities and duties that the Center might need in order to effectively consider and address the kinds of issues noted in section II. Do you generally agree with these? Space is provided for you to make additional comments as to the addition or deletion of these duties and activities.

- **Provide an atmosphere that fosters open, civil debate, dialogue and discussion;**
- **Provide a neutral forum and safe haven for the presentations and discussion of information related to the production, processing, manufacture, sale distribution, labeling and marketing of smokefree tobacco and nicotine products;**
- **Convene meetings, hearings, conferences and roundtable discussions on a variety of issues and topics;**
- **Establish expert advisory panels;**
- **Interface with private sector entities including NGO's, foundations, corporations, grower cooperatives;**
- **Interface with academic institutions and researchers;**
- **Interface with governmental agencies such as the US Congress, FDA,USDA, FTC etc.;**
- **Provide oversight and guidance on issues related to corporate accountability and transparency;**
- **Issue reports, recommendations, and guidance related to the goals and objectives of the Center;**
- **Use trained facilitators and other outside experts to assist in carrying out the Center's mandate.**

General findings and observations:

All of the respondents agree that these were functions and duties they generally agreed with. Several people made comments which follow below.

Respondent Comments:

- Very good !!
- I think the main duties would be generating and compiling research and serving as an advisory panel to Congress, FDA ,USDA, FTC etc.
- I think the "active" role of manufacturers could limit those who will join in due to the perceived conflict of interest.

- Would suggest focus on getting started and viable with a focused approach –5-6 priorities before trying to do everything else.
- STRONGLY agree !!
- Maybe all too embracing.
- If information is not provided to the public regarding relative risks of products, then the Center would have the moral obligation to fill the void.
- Establishing a conduit with UN agencies, especially the WHO would be essential for the Center to have true global reach.
- Again, all of these are reasonable but needs to be “vetted”/shaped by the actual group once in place.
- Think that establishing ‘expert advisory panels’ is quite ambitious –will become more of a think tank, rather than a forum.
- The Center has the opportunity to interface with international and non-USA national government agencies and organizations.
- These activities are all fine but what is really needed is media and legislative advocacy, grassroots organizing, and informing smokers of smokefree alternatives.

IV. FUNDING

Because the Center must remain independent, transparent and objective, the issue of funding and the conditions and parameters under which funding is accepted is critical. Below are a series of probing questions with respect to how funding might be accepted and whether there should or should not be restrictions.

Question 1. Should all funding entities be required to adhere to the same set of guidelines and parameters?

Findings and observations:

A significant majority of the respondents (over 75%) indicated that those financially contributing to the Center should follow the same guidelines and parameters. However, a number of people had questions about the question and made comments some of which appear below.

Respondent comments:

- This I think is essential.
- This would be the prudent course to take.
- Yes in principle but it depends on whether those guidelines would exclude certain funding sources that would otherwise pass muster but can not provide funding due to some aspect of the guidelines.
- I don't know. Maybe broad parameters with the right to restrict.
- Not sure. If say a donor makes a one-off donation with no strings attached do we care if it adheres to specific guidelines?
- No. Have general principles, but keep it sensible. As long as there is disclosure it should not be limited.
- I believe, with respect to questions 1-5, the Center should ideally be funded only with government \$'s. However, realistically, it will probably require private \$ + NGO \$'s.

Question 2. Should the Center accept funding from corporate interests if such funding is unrestricted?

Findings and observations:

Over 75% of the respondents indicated that they thought the Center should be allowed to accept corporate funding if the funds were unrestricted. However, there were a number of comments even from those who said yes about how and from whom that money should be accepted. Many were obviously anticipating survey questions that would consider the various differences in corporate funding.

Respondent comments:

- Yes, but not tobacco money.
- You have two paths to take – either take unrestricted from vested interests or work it from grants/appropriations etc.
- This will be necessary to acquire adequate funding. While some criticism will be expected, with the right leadership organization, and independence this will not be an issue.

- May be necessary to get corporate support but may cause others not to participate.
- Yes. But (there is always one) the CTR may be a non-starter for many if “corporate interests” = tobacco companies. I don’t have any good suggestions for getting around this (other than the usual “impenetrable firewall”) and it could cost the CTR some valuable essential players.
- Possibly !
- Perhaps initially the Center could test the water by avoiding such money. The way WETA does ..it might be a model.
- Public/private probably offers best balance.
- Yes. Total transparency coupled with independent decision-making on how funds are used is obviously critical.
- No. Should be restricted so as not to be influenced by contributions.
- Yes. But \$’s from tobacco interest would be an issue.
- No. I think the Center should be ideally funded only by government \$. However, realistically, it will probably require private \$ and NGO \$.
- Yes. But if you accept tobacco industry funding, anti-tobacco groups probably won’t want to have anything to do with the Center.
- No. My view is that the entity should be funded from public sources which by definition should be transparent. It would be best that in my view if the government taxed tobacco producers and earmarked a percentage of these funds to support the Center.

Question 3. If you answered ‘yes’ to the above question (should the center accept corporate funding) is it possible using other “models” such as the parameters under which the American Legacy obtains tobacco money) to therefore allow the acceptance of tobacco money if such money is unrestricted and conditions are met?

Findings and observations:

Recognizing that approximately ¼ of the respondents did not answer this question because they felt the Center should not take corporate money, an overwhelming 95% plus of those that did, answered this question in the affirmative.

Respondents comments:

- For instance, illicit trade expertise (of tobacco industry) cannot now be utilized, to the detriment of ??? health and lives. Some form of “détente” is necessary to achieve goals of mutual concern and would ultimately lead to saved lives and better health.
- Look at the Rubicon funding model used by the Institute for Science and Health
- Yes. But of course there is the risk that non-supporters of the Center would claim efforts and results are biased.... But w/o there may not be enough funds and interest to support Center financially.
- This (this type of model) should be possible but not necessary.
- Full transparency as to sources and uses of private funds -- avoid all appearance of conflict of interest - full disclosure is the key – perhaps only 10-25% of budget could come from such sources.
- ALF doesn't seem to have a problem with their model, so something similar might fly.
- Probably not. Legacy was creation of a massive lawsuit settlement with the 46 states. I don't think anti-tobacco groups would want to collaborate with an organization that receives industry funding even if its “unrestricted” .
- Yes. Although amendments of the MSA requires everybody to agree.

Question 4. If you believe it is feasible to establish stringent and enforceable funding parameters for accepting tobacco money, is there or should there be a distinction made between manufacturers who produce combustible products such as cigarettes and others that produce noncombustible tobacco and nicotine based products? (i.e. the Center should not accept funding from companies that manufacture and sell combustible products).

Findings and observations:

Approximately 75% of the respondents indicated there shouldn't be a distinction made between tobacco manufacturers who produce combustible products such as cigarettes and those who produce non-combustible such as smokeless tobacco products. Interestingly, only a few (less than 5%) of the respondents decided not to answer this question --- mostly likely because of their earlier answers.

Respondent comments:

- I believe the distinction is important, because the two categories of products have vastly different safety profiles.

- Moot as eventually will be selling both products in the multi-faceted industry.
- There are companies (such as BAT and RJRT) that sell both (at least for the foreseeable future).
- There will always be overlap between the producers of these products.
- No. Should not accept funding from those who produce noncombustible products either.
- No. This would stack the funding in favor of a particular tobacco interest which could be taken over by a cigarette manufacturer at any moment.
- No. All stakeholders should be invited to participate regardless of the general view of the relative risks of their products. The need to reduce risks to combustible products exceeds that of smokeless, so who should combination product manufacturers be excluded?
- No. Splitting hairs is an invitation to endless bickering – if all (owners are invited to participate in the dialogue process, then why not permit participants to fund in a transparent fashion.?
- No. Almost all of the “Big Tobacco” companies are involved in smokeless. It would be good if they could be encouraged to get into the nicotine market. I would like to see government encourage joint ventures (Tobacco/PHRMA) but that might be too much to hope for!!
- No. Since all large cigarette companies are also marketing smokeless products, it make no sense to refuse money from cigarette companies (if it is decided to accept money from noncombustible tobacco companies).
- No. I think everyone has to play if the Center is to be useful.
- No. Soon there won't be any fine lines between manufacturers.
- Virtually all of the major combustible players are now in the non-combustible business so this is moot.
- No. If the Center accepts industry funding you will have to not differentiate.
- No. If you believe your system is able to insulate and specific interests of funders from the work of the Center there should be no need for such a distinction.

Question 5. Is there or should there be a distinction made between those produce and manufacture traditional forms of tobacco from those who manufacturer or use tobacco in developing new alternative products, and which may contain tobacco as well as nicotine derived from tobacco?

Findings and observations:

An overwhelming majority (over 85%) indicated that there should not be a distinction. This included a few people who had indicated in earlier questions that they did not support the idea of any corporate funding. Many felt that it would be difficult to separate

out the various forms of tobacco especially as the lines become increasingly blurred between the various products.

Respondent comments:

- Yes. The distinction between combustible tobacco products and other nicotine products should be across all sectors – production, manufacturing, labeling, distribution.
- No. Ultimately some consensus will ?? tobacco based products that are combustible. Every product category needs to be ranked on a risk/hazard continuum.
- No. It is difficult but NRT and the pharmaceuticals are very different to tobacco sellers. Addictive NRT is an issue which comes into the harm reduction debate.
- No. You are already stacking funding in favor of a particular tobacco interest, which could be taken over by a cigarette manufacturer at any moment.
- No..... a prescription for interminable wrangling and bickering.
- No. Almost all of “Big Tobacco” companies are involved in smokeless, it would be good if they could be encouraged to get into the nicotine market.
- No. All noncombustible tobacco/nicotine products sold in US are very similar relative to cigarettes. Splitting hairs over miniscule differences in risk (ie Skoal, Snus, Ariva, e-cigarette Committ and Nicorette) is silly when cigarettes are 100 times deadlier than any of those smokefree products.
- No. The issue is not who but how.
- No. Again, if you believe the system is able to insulate any special interests of funders from the work of the Center there should be no need for such a distinction.
- No. Again it depends on the use rather than the source of the money.
- No. Distinction should be made on transparency issues and integrity of business practices, not products.
- No. I believe (as indicated elsewhere) that the Center should ideally be funded only by government \$. However, realistically, it will require private \$ and NGO \$.
- No. I appreciate the controversy but the Center’s activities should consider all stakeholders.
- No. This decision would contribute to polarization.
- No. Basically all of the major tobacco companies are also pursuing these other types of products, so it is difficult/impossible to make a distinction. And it is not necessary- traditional tobacco companies should be able to foster the dialogue on an equal footing (provided the stringent controls are met).
- No. No direct funding should come from entities that stand to benefit financially from the work of the Center.

Question 6. Should the Center accept funding from nonprofit organizations (NGO's) that have specific interests in tobacco control if such funding is unrestricted?

Findings and Observations:

An overwhelming number of respondents answered in the affirmative. (95%). Several people did not answer the question again probably based on views that funding should come from governmental sources only. A number of people qualified their answers through comments indicating that funding should be open to all interests.

Respondent Comments:

- NGO's have much to give and gain from the Centers decision's and activities. Equal rules should apply to all funders.
- Yes. I think everyone has to play if the Center is to be useful.
- Yes. Anything to save lives --- improve health linked to smoke and nicotine should be encouraged, on condition of disclosure of funds.
- Yes. Same rules for everyone.
- Yes. Same guidelines as apply to industry.
- Yes. Above all the Center should be non-partisan in its funding model, and use this as a catalyst to break down attitudinal barriers.
- Yes. The same rules should apply to both sides.
- Yes. Do NGO's such as ACS ALA AHA have conflict of interest rules and firewalls when it comes to corporate contributions? Particularly from corporations that stand to benefit from such affiliations? Could be useful models.
- Yes. Ideally the funding should come from government. However, I see no reason why non-profit organizations that have as their mission reducing the harms caused by tobacco use could not contribute funds to support the Center.

Question 7. Should the Center accept funding from such organizations as universities and foundations if such funding is unrestricted?

Findings and observations:

All of the respondents answering this question gave an affirmative response (100%)
Only two did not respond probably again because they believe that the source of funding of the Center should come from government.

Respondent comments:

- Yes. To ensure credibility and objectivity I think most if not all funding should come from this source to avoid any appearance of conflict.
- Yes. But note, most funding may be restricted.
- Yes. Anything to save lives --- improve health linked to smoke + nicotine should be encouraged, on condition of disclosure of funds.
- Yes. Same rules for everyone !
- Yes. Probably more foundations than universities. Pity that Gates/Bloomberg are on the pathway to the abstinence only track. What about Soros ?

Question 8. The sources of funding should not be allowed to influence the Center's mission, goals or objectives. It is being suggested that those decisions must remain the prerogative of the Board, Executive staff, advisory committees etc. Do you agree?

Findings and observations:

All respondents except one answered in the affirmative (99%) on this question. Some felt very strongly that this was a key element to the success or failure of the Center. The lone 'no' indicated that they thought that many funders would might be required to have conditions placed on their funding decisions.

Respondent comments:

- Again, independence is key !
- Yes. The decision in general should be made clear at the original founding of the center so that backsliding isn't possible.
- Yes. But this means the Board will need to be purer than Caesar's wife, which will be difficult to achieve.
- YES !!!!!
- Yes. ++++
- Yes. Strongly
- Yes. There may be certain conflicts unforeseen, so yes the Board should use its judgment.
- No. I think most foundations, corporations, government funders "restrict".
- Yes. Absolutely, although funders would probably want to know in advance the specific research tracks that are being funded.
- Yes. Sources of funding almost always influence an organization's goals and objectives, even if claimed otherwise, as continued funding is usually a key goal and priority. But the organization should try to be as autonomous as possible.
- Yes. Of course we should not be so naïve to think that funding sources do not influence how the Center will behave. This is why the bulk of funding for such a Center should come government (the people).
-

Question 9. In accepting funding that is unrestricted it is further being suggested that no funding can or should be accepted based on the condition that it will be used for a particular project. Do you think such a restriction is both necessary and appropriate?

Findings and Observations:

Unlike the overwhelming positive response in question 8, there were differing opinions as to whether the Center should or should not accept funding that is targeted for a specific project. About 60 % indicated that there should be restrictions with the remaining saying 'no'. Many of those who said 'no' felt that with the right restrictions in place this should not be a problem. Several also suggested that maybe the Center's Board should solicit specific project funding.

Respondent comments:

- Yes. But I think that the purpose of the funding is less important than the source. PM could provide funding specifically to solve the problem of world hunger and it would still destroy the credibility of the Center.
- Yes. But I believe the Board could solicit funds for a particular project (a fine distinction perhaps), but perceptions will be important for the Center to be successful.
- Not sure. Could go either way but probably would agree.
- By unrestricted I take this to mean that the outcome and interpretation will be ring-fenced from influence. But I don't see a problem with eliciting specific funding for specific projects.
- Need to preserve flexibility but o.k. if appropriate controls are in place.--- Centers integrity and independence are essential and funding must be zealously policed. Perhaps may need an ombudsman or an equivalent of an inspector general to ensure that the Center remains on the right path.
- I don't think it matters either way except that it might make it more difficult to obtain funding.
- Yes. The Center's Board should decide.
- No. Not always possible, so be careful for excessive restrictions for the sake of "independence". What if a certain meritorious project came along and was given specific funding (eg. Bloomberg initiative)?
- No. Certain funders will require that their funding be used for specific projects so they can measure outcome.
- No. Not necessary but would be appropriate "project" funding should meet criteria established by the Board and support tasks or strategies of Board and Center.
- Reservations. If you have a particular project that attracts interest do you turn it down?
- No. Need only require the source of support for the project to be public disclosed.
- No. in general but may be necessary.
- No, No reason to restrict that.

- Not sure on this. Maybe okay but with appropriate safeguards.
- Depends on project by project.
- No. This is not necessary; as long as the project fits the mission and guidelines of the Center.
- No. If the government is providing funding (as I suggest) I would think it would be appropriate for them to request that the Center focus attention on addressing specific issues that might be relevant to their actions (similar to an IOM report). If only unrestricted monies are permitted, the influence will be via appointments to a board which might not be free of influence either.

Question 10. In accepting funding that is unrestricted, it is further being suggested that funding does not guarantee nor should it be allowed to give or guarantee the funding entity a ‘seat at the table’. Do you agree?

Findings and observations:

All 100% of the respondents answered “yes” to this question which clearly suggests that merely because an entity provides funding it does not entitle them or their organization to a ‘seat at the table’. Decisions on who is involved in the discussions of the various substantive issues should lie with the Center itself and if it does its job effectively it will decide who needs to be around the table for any one discussion.

Respondent comments:

- Yes. A seat at an annual review of progress yes, but not otherwise.
- Yes. All interested parties should in effect think of themselves as having a seat at the table – neutrality and fairness must be the hallmark; like the Jim Lehr news hours. Merely funding should not guarantee that seat.
- Yes. “Seat” should be based on jointly developed criteria of Board and founding members.
- Yes. The Bylaws should establish where the participants will come from, not the funding.

- Yes. Funding should not automatically guarantee a seat at the table.
- Yes. Full disclosure of all sources is critical.

Question 11. Summarizing, given that it is being suggested that all funding entities would be held to the same general requirements and that all funding would be unrestricted, do you agree that funding could be accepted from the following? Please check those you believe could be considered funding sources if the restrictions and parameters are effectively implemented.

Foundations _____

Nongovernmental organizations (such as ACS, ALA)

Corporate interests _____

-cigarette companies _____

- smokeless companies _____

- pharmaceutical companies _____

- biotech companies _____

Grower cooperative _____

Universities _____

Governmental (Such as CDC, NIH, FDA, USDA, WHO etc.) _____

Findings and observations:

I was surprised that a majority of respondents indicated that funding could be accepted from the entire list. It seems that as some people worked through the survey and understood the functions, duties, and firewalls of the Center and its critical efforts to remain independent and neutral they may have concluded differently in the end. That said there were a number of people (20% or so) who indicated that all but the tobacco companies would be acceptable to them. One or two felt that no corporate money should be accepted. Another one of two favored funding coming only from foundations, universities or governmental sources.