

Inventor Strickman says his filter consists of a nontoxic polymer that cuts nicotine and tar without affecting flavor. He has refused, pending a patent, to disclose the filtering substance, doesn't know his polymer's molecular weight or chemical configuration, and has described its action, at different times, as being both chemical and mechanical.

Strickman's filter is completely unlike the cellulose or charcoal filters now being used; it appears to be a crystal-like substance.

Strickman is president of Allied Testing and Research Laboratories in Hillsdale, N.J. He has given at least a 51 percent interest in his filter to Columbia.

Officials of the University, approached about four months ago, told Strickman that the University could not accept the gift unless the filter could be offered to all cigarette companies, with none holding exclusive rights. Acceptance of the gift amounts to endorsement of the filter.

Columbia's endorsement of the half-tested filter, while unprecedented and eyebrow-raising, was apparently motivated by the effect on tar and nicotine content of the smoke. Strickman convinced Columbia, at least, that whatever it is made of, the filter cuts tars by up to 70 percent.

Brand	Tars (Total Particulate Matter) mg/cigarette	
	Commercial filter	Strickman filter
Carleton	10.6	3.2
True	14.4	6.6
Kent	17.2	7.9
Lark	21.8	9.6
Winston	23.3	9.9
Viceroy	23.4	6.7
Lucky Strike	25.7	10.3
Marlboro	26	7.9
Chesterfield	26.4	10.7
Pall Mall	26.9	10.9

Tests of the ability of the filter to remove any other potentially dangerous material, such as polonium 210 or toxic gases from the inhaled smoke have not been performed. Nor have animal tests been done.

Cigarette companies, who can hardly ignore a Columbia-endorsed filter, have themselves been plagued by the fact that tars apparently carry the flavor of cigarette smoke.

They all, when they filter their smoke, have been forced to resort to stronger tobaccos to make up some of the loss. Almost invariably they add artificial flavoring to the filter to make up for the lost tars. The companies

don't disclose their additives, but advertisements often make subtle references to them.

Strickman's filter apparently passes flavor without all the tar.

Public Health Service officials, including the Surgeon General, agree that inasmuch as all the publicity about the dangers of cigarette smoking since the 1964 report has failed to lessen the use of cigarettes by the public, anything that will make smoking safer is worth a try.

If tars cause lung cancer in man, as they have done with smaller animals, the filter may prove a long step in protecting smokers.

The same day the Strickman filter was announced by Columbia, Secretary John W. Gardner of the Department of Health, Education and Welfare, joined the FTC in recommending:

- A stronger health warning notice on cigarette packages.

- The same notice in all cigarette advertising.

- Statements showing tar and nicotine levels on cigarette packages and in advertisements. These are all items the Congress, under pressure from industry, refused to enact in 1965. But renewed pressure from HEW and FTC, stimulated by publicity over the still-vague Strickman filter, could make the difference in this Congress. ♦

DRUG ADVERTISING

Manufacturers Fight FDA Rules

American physicians, the Food and Drug Administration says, frequently prescribe drugs on the basis of advertising claims. Therefore, FDA believes, drug ads should tell not only the truth, but the whole truth.

On the contrary, the pharmaceutical industry says, doctors do not count on drug ads but rely instead on contacts by salesmen and details in package inserts. Therefore, they conclude, the function of drug advertising, like any other, is simply to call attention to the product. Although they agree that drug ads must be truthful, they contend the FDA would make an ad a textbook.

And though there was a time last winter when FDA and industry publicly joined hands to solve their differences, nine months later there is anything but agreement between the two. FDA has proposed some very specific rules for ad writing, rules industry finds too rigid. Now ad makers are outlining strategy for an attack they have to make by late September—the extended deadline for filing objections to the FDA proposal. There are likely to be some revisions in the list

of do's and don'ts for writing ad copy and possibly an open hearing on the issues if the two sides can't quietly negotiate their differences.

Now, it appears, it will be January at the earliest before anything is settled.

This controversy, like so many FDA-industry conflicts, dates to 1962 when Congress passed the Kefauver-Harris Drug Amendments that set higher standards for ad content as well as drug content. Three years ago, FDA, after conferring with industry and the medical profession, issued regulations implementing the law.

The regulations that came out of that meeting were general in nature, calling for a "fair balance" of data pro and con, a "reasonably close association" of information on uses and dangers, and use of only those promotional claims that have been approved in advance by FDA.

These regulations have not proved satisfactory to either side. FDA Commissioner James L. Goddard has called a number of drug makers to task for claiming their birth control pill is safer than any other, their antibiotic suitable for "every day" use and their tranquilizer a sure cure for daily frustrations, even though none of these superlatives is based on scientific evidence.

If FDA and the pharmaceutical industry cannot reform drug advertising so that laws and regulations are properly observed, there will be a kind of "crisis of confidence" in advertising itself, Dr. Goddard says.

In response, drug advertisers said the regulations should be spelled out more specifically. They said they wanted to know what FDA would allow and what it wouldn't (SN: 12/10/66).

FDA agreed and set last January as the time such regulations would be out. It finally issued them in May, giving industry and the public 60 days to complain. And three weeks ago, at the request of the Pharmaceutical Advertising Club, Dr. Goddard extended the period for comment by another 60 days.

That gives advertisers eight weeks more to amass ammunition against rules they now consider too specific. Lawyers and ad men are busily compiling lists of legal and factual objections to FDA's proposed rules.

Specifically the new rules require, for example, that data on side effects and dangers apply not only to the disease and dosage form for which a drug is advertised, but also to all other diseases for which it is commonly prescribed. Further, FDA spells out the fact it will not accept half quotes from medical papers, exaggerated use of statistics or misleading headlines or pictures. ♦