

SAMPLE RETAILER LETTER (INDIVIDUAL RETAILER)

October 8, 1993

Gale A. Held, Director
State Prevention Systems Program
Center for Substance Abuse Prevention
Rockwall II Building, 9th Floor
5600 Fishers Lane
Rockville, MD 20857

Dear Ms. Held:

As a retail trade professional, I wish to object strenuously to the official harassment your agency is proposing for my industry under the guise of enforcing Section 1926 of the ADAMHA Reorganization Act.

The original language of Section 1926 is appropriate. Congress simply requires states receiving ADAMHA block grants to enforce minimum age laws for the purchase of tobacco products in a manner "that can reasonably be expected to reduce" the availability of these products to minors.

This language acknowledges that underage tobacco use -- while a legitimate issue -- is not in the same league as drug and alcohol abuse, the two evils ADAMHA funds are meant to combat. It also assumes, rightly, that both the states and retailers are already committed to enforcing and obeying all minimum age laws for the purchase of tobacco products.

The onerous and combative enforcement language proposed by HHS, by contrast, assumes an adversarial relationship with retailers and imposes upon both the states and the retail trade excessive costs and bureaucracy.

Rules proposed by HHS would require retailers to bear an estimated \$100 million annually in compliance costs, HHS further suggests retailers absorb an additional \$50 million a year in law-enforcement costs through new licensing requirements.

Most distressing, HHS would subject retailers to the vigilante zeal of anti-smoking activists by encouraging "private entities" and "local governments" to employ children in conducting frequent "sting" operations against unwary retailers.

Even more offensive, HHS suggests publishing the names of local stores entrapped in such operations that "consumers who would wish to steer their patronage to stores which do not violate the law" can do so. Please delete these provisions from the proposed rules.

In sum, the fantastic and excessive rules proposed by HHS to measure compliance with Section 1926 are unnecessary. Existing state laws, in conjunction with responsible industry programs promoting compliance with those laws, are more than sufficient.

Sincerely,