

Letter from one hundred specialists in nicotine science, policy, and practice

Heads of Delegation
Parties to the Framework Convention on Tobacco Control
Ninth Conference of the Parties, 8-13 November 2021

18 October 2021

Dear sir or madam

The urgent need to reduce deaths from smoked tobacco: parties should challenge WHO to modernise its approach to tobacco policy

We are independent experts in tobacco and nicotine science and policy. We write to urge Parties to the FCTC to encourage WHO to support and promote the inclusion of tobacco harm reduction into the Framework Convention on Tobacco Control.

Over the last decade, innovation in the tobacco and nicotine marketplace has meant there are now many nicotine products available that do not involve combustion of tobacco leaf and inhalation of smoke. These smoke-free products include vaping products, novel oral nicotine pouches, heated tobacco products, and low-nitrosamine smokeless tobacco, such as snus. Cigarettes and other smoked tobacco products are responsible for the vast majority of the deaths caused by tobacco use globally. Smoke-free nicotine products offer a promising route to reducing the harms arising from smoking. There is compelling evidence that smoke-free products are much less harmful than cigarettes and that they can displace smoking for individuals and at the population level.

We recognise there is uncertainty as to the benefits and risks associated with the evolving marketplace of non-combustible tobacco products over the longer term, and we recognise there is a continuum of risk in these products. We are also duly cautious about the involvement of the tobacco industry. However, we must also consider the substantial body of evidence we do have and not allow excessive caution or residual uncertainties to deny smokers promising options to switch away from the combustible products that we know with certainty are lethal.

Regrettably, WHO has been dismissive of the potential to transform the tobacco market from high-risk to low-risk products.¹ WHO is rejecting a public health strategy that could avoid millions of smoking-related deaths. We invite you to consider the following seven points and then our six recommendations.

1. Tobacco harm reduction presents significant public health opportunities

Fifteen past presidents of the leading professional academic society in the field, the Society for Research on Nicotine and Tobacco (SRNT), have written a scientific essay arguing for a rebalancing in tobacco policy to exploit opportunities from reduced-risk products. The authors, some of the most credible experts globally, address many misconceptions regarding risks to health, gateway effects, youth use, and addiction.² The paper concludes:

While evidence suggests that vaping is currently increasing smoking cessation, the impact could be much larger if the public health community paid serious attention to vaping's potential to help adult smokers, smokers received accurate information about the relative risks of vaping and smoking, and policies were designed with the potential effects on smokers in mind. That is not happening.

It is not happening in WHO. That must change, if necessary, through the leadership of the Parties if WHO remains unwilling or unable to perform this role.

2. E-cigarettes are a driver of smoking cessation

Since COP8, evidence has continued to accumulate supporting the role that e-cigarettes play in reducing smoking. In particular, the Cochrane Review, which provides a world-renowned synthesis of clinical trial evidence, concludes in September 2021:³

Letter from one hundred specialists in nicotine science, policy, and practice

Nicotine e-cigarettes probably do help people to stop smoking for at least six months. They probably work better than nicotine replacement therapy and nicotine-free e-cigarettes. They may work better than no support, or behavioural support alone, and they may not be associated with serious unwanted effects.

The trial evidence is supported by observational studies, population trends, market data and user testimony.⁴ Taken as a whole, the evidence makes a compelling case that smoke-free alternatives to cigarettes displace smoking. The Tobacco Treatment Network of the SRNT recently argued:⁵

Strategies used for combustible product cessation may be adapted for novel products, and treatment recommendations for tobacco use disorder should be made within the context of a harm reduction framework wherein alternative product use may be the desired outcome.

3. Tobacco harm reduction can contribute to the Sustainable Development Goals

SDG target 3.4 aims to cut premature deaths from four key non-communicable diseases (NCDs) by one-third by 2030 compared to 2015.⁶ Most of the world's nations are far behind the progress necessary to meet the goal.⁷ The only way for tobacco control to make a substantial difference over this period is rapid *smoking cessation*.⁸ The fastest acting tobacco control measures would mix the driving force of MPOWER measures with the offer of a more straightforward behavioural response for most smokers: switching from smoking to smoke-free products. Such an approach secures a major reduction in disease risk without the additional struggle of quitting nicotine use. Modelling the impact of smoke-free products on tobacco-related morbidity and mortality shows very substantial public health benefits.⁹

4. Major regulatory assessments and experience support heated tobacco products

Though heated tobacco products create greater exposures to toxicants than ENDS, pouches or smokeless tobacco, these products may be a more acceptable reduced-risk alternative to smoking for some smokers. The US Food and Drug Administration conducted an extensive evaluation of over two million pages of evidence for a heated tobacco product made by a major tobacco company. The FDA concluded the product is "*appropriate for the protection of public health*" and disclosing to the public that it created significantly lower human exposures to toxicants is "*appropriate for the promotion of public health*".¹⁰ It is also clear that dramatic declines in smoking in Japan followed the introduction of heated tobacco products in 2015.¹¹ Market data shows an unprecedented decline of over 40 per cent in the volume of cigarettes and cigarillos sold in Japan between 2015 to 2020.¹² Yet, these significant findings are not acknowledged by WHO in its recent paper for COP9 on novel and emerging tobacco products. Disregarding the clear public health potential, WHO asserted:¹³

Regulators should not allow themselves to be distracted by tobacco and related industry tactics or the aggressive promotion of these products.

Further, the Convention secretariat has argued, incorrectly, that heated tobacco product aerosol should be classified as "tobacco smoke".¹⁴ Such an approach underplays the risks of combustion products and inappropriately blurs the critical distinction between smoked and smoke-free products. FCTC parties should not be distracted from the significant public health potential of reduced-risk products simply because tobacco companies make them. Harm reduction approaches inevitably involve products made by commercial entities making consumer nicotine products in competition with cigarettes. The challenge for regulators is to align industry incentives with public health imperatives to reduce harm, an approach known as risk-proportionate regulation.

5. Policymakers must recognise unintended consequences of policy proposals

WHO continues to advocate for prohibitions of low-risk alternatives to smoking and applaud those countries that ban these products. For example, Dr Harsh Vardhan, India's Health and Family Welfare Minister, was awarded the WHO Director-General's Special Recognition Award, with the following citation:¹⁵

Letter from one hundred specialists in nicotine science, policy, and practice

Dr Harsh Vardhan received the award for spearheading the Government of India's legislation to ban e-cigarettes and heated tobacco products in 2019.

However, policymakers must consider the likely or plausible real-world effect of such bans. What effect will it have on India's 100 million smokers who are now denied safer alternatives? Would it mean young people take up smoking instead of ENDS use? Would it create significant illicit trade? Would it mainly serve the interests of India's partially state-owned cigarette industry? More generally, the Royal College of Physicians (London) set out the challenge of unintended consequences in its 2016 report:¹⁶

However, if [a risk-averse, precautionary] approach also makes e-cigarettes less easily accessible, less palatable or acceptable, more expensive, less consumer friendly or pharmacologically less effective, or inhibits innovation and development of new and improved products, then it causes harm by perpetuating smoking. Getting this balance right is difficult.

In papers for the Conference of the Parties, the WHO routinely advocates for outright prohibitions of smoke-free alternatives to cigarettes or regulation and taxation of smoke-free products equivalent to cigarettes. Neither is appropriate for public health. The danger of this approach is that it forms a *de facto* regulatory protection of the cigarette trade and will, to quote the Royal College, *cause harm by perpetuating smoking*. Evidence is emerging that ENDS use displaces smoking^{17 18 19} and that measures to control ENDS use can trigger increases in smoking. For example, evidence suggests e-liquid flavour bans,²⁰ raising taxes on vaping products,^{21 22} e-cigarette advertising bans,²³ and access restrictions²⁴ may increase cigarette smoking. Excessive regulation of smoke-free alternatives will also unfairly favour the larger companies that make these products, namely the tobacco companies. This is not a call for an unregulated market but for carefully designed risk-proportionate regulation that is mindful of the risks of harmful unintended consequences.

6. Place adolescent ENDS use in proper context.

Policymakers are rightly concerned about increases in youth ENDS use, notably in the United States. However, a deeper analysis of the US evidence, segmenting data by frequency of use and prior tobacco use, is revealing and reassuring. It shows that: (1) most adolescent vaping is infrequent, (2) that frequent use and nicotine dependence among tobacco-naïve users is rare, and (3) most frequent use is concentrated in those who have previously used tobacco.^{25 26} Despite the rise in adolescent e-cigarette use, there has not been an increase in nicotine dependence.²⁷ The United States has seen an abnormally rapid decline in teenage smoking coinciding with the uptake of vaping.^{28 29} Some young people use ENDS to quit cigarette smoking or as an alternative to cigarettes. As a result, vaping is displacing cigarette smoking among young people and established smokers.^{17 18} Though there are positive associations between adolescent ENDS use and subsequent smoking, these are unlikely to indicate a 'gateway effect'. They are more likely to arise from common risk factors – risk-taking characteristics of the individual or their circumstances that incline them to both smoking and ENDS use.^{30 31 32 33}

7. There is public health support for harm reduction in tobacco control

Harm reduction is practised in many areas of public health (illicit drugs, sexual health, HIV), and the Framework Convention on Tobacco Control (Article 1d) also acknowledges harm reduction as a component of tobacco control. For hundreds of millions of people who struggle to quit smoking or want to continue to use nicotine, these products represent a significant additional pathway to escape from the deadliest ways to use nicotine. *Smoking* accounts for 98 per cent of the global burden of tobacco-related mortality.^{34 35} Much of WHO's rhetoric frames tobacco harm reduction as an industry strategy to undermine tobacco control. But this ignores substantial expert support for tobacco harm reduction in public health and tobacco control³⁶ and the experience of millions of smokers who have successfully switched and are better off physically, socially, and economically.³⁷

Our recommendations

We recommend that Parties to the FCTC take a more questioning and assertive approach to WHO's advocacy on smoke-free alternative to smoking and undertake the following:

Letter from one hundred specialists in nicotine science, policy, and practice

- Make tobacco harm reduction a component of the global strategy to meet the Sustainable Development Goals for health, notably SDG 3.4 on non-communicable diseases.
- Insist that any WHO policy analysis makes a proper assessment of benefits to smokers or would-be smokers, including adolescents, as well as risks to users and non-users of these products.
- Require any policy proposals, particularly prohibitions, to reflect the risks of unintended consequences, including potential increases in smoking and other adverse responses.
- Properly apply Article 5.3 of the FCTC to address genuine tobacco industry malpractice, but not to create a counterproductive barrier to reduced-risk products that have public health benefits or to prevent critical assessment of industry data strictly on its scientific merits.
- Make the FCTC negotiations more open to stakeholders with harm-reduction perspectives, including consumers, public health experts, and some businesses with significant specialised knowledge not held within the traditional tobacco control community.
- Initiate an independent review of WHO and the FCTC approach to tobacco policy in the context of the SDGs. Such a review could address the interpretation and use of science, the quality of policy advice, stakeholder engagement, and accountability and governance. The Independent Panel for Pandemic Preparedness and Response (IPPPR), initiated to evaluate the response to the COVID-19 pandemic, offers such a model.³⁸

We believe that it is time for global tobacco policy to draw on the full potential of tobacco harm reduction. We hope the public health science, policy, and practitioner communities will converge on a common purpose to meet the SDGs and to reduce the global burden of tobacco-related disease and premature mortality as quickly and deeply as possible.

We will share this letter with relevant stakeholders.

The signatories to this letter report no conflicts of interest with respect to the tobacco industry and no issues arising under Article 5.3 of the Framework Convention on Tobacco Control.

Yours sincerely

Manuel Linares Abad, PhD,
Professor.
Nurse specialist in Obstetrics and Gynaecology
Former Dean of the Faculty of Health Sciences
University of Jaen
Spain

David Abrams, PhD
Professor of Social and Behavioral Sciences
School of Global Public Health
New York University
United States

Jasjit S Ahluwalia, MD, MPH, MS
Professor, Behavioral and Social Sciences
and Professor, Medicine
Center for Alcohol and Addiction Studies
Brown University School of Public Health and
Alpert School of Medicine
Associate Director (Populations Sciences), Brown
Cancer Center
United States

Karolien Adriaens, PhD
Postdoctoral researcher
Faculty of Psychology and Educational Sciences
KU Leuven
Belgium

Sanjay Agrawal, MD, MBChB
Professor of Respiratory Medicine
University of Leicester
Chair –Royal College of Physicians Tobacco
Advisory Group
United Kingdom

Frank Baeyens, PhD
Professor of Psychology
Faculty of Psychology and Educational Sciences
KU Leuven, Belgium

Philippe Arvers, MD, PhD
Tobaccologist and addictologist
Université Grenoble Alpes
France

Letter from one hundred specialists in nicotine science, policy, and practice

Scott Ballin, JD

Health Policy Consultant
Former Vice President for Public Policy and
Legislative Counsel, American Heart Association
Former Chair, Coalition on Smoking OR Health

José M^a García Basterrechea, MD

Associate Professor of Medicine
University of Murcia
Former head, Addiction and Dual Pathology Unit
Reina Sofía Hospital. Spain.

Clive D. Bates, MA, MSc

Director, Counterfactual Consulting
Former Director, Action on Smoking and Health
London, United Kingdom

Robert Beaglehole, MD, DSc, FRSNZ

Emeritus Professor
University of Auckland
Chair, ASH: Action for Smokefree 2025
New Zealand

Pavel Bém MD

Member of the Global Commission on Drug Policy
Head of the Clinical Department, Adictology Clinic,
Charles University
Former Mayor of Prague
Member of The National Drug Commission
Office of the Government of the Czech Republic

Ruth Bonita MPH PhD MD (hon)

Emeritus Professor
School of Population Health
University of Auckland
New Zealand

Ron Borland, PhD

Adjunct professor
Schools of Global and Population Health, and
Psychological Sciences
University of Melbourne.
Australia

John Britton, MD

Emeritus Professor of Epidemiology
University of Nottingham
United Kingdom

Fernando Fernández Bueno, MD

Oncological surgeon at the Hospital Central de la
Defensa Gómez Ulla
Professor at the University of Alcalá de Henares
Madrid
Spain

Suzanne M. Colby, PhD

Professor of Psychiatry and Human Behavior
Center for Alcohol & Addiction Studies
Warren Alpert School of Medicine at Brown
University
United States

Sharon Cox, PhD

Senior Research Fellow in Behavioural Science
Tobacco and Alcohol Research Group
University College London
United Kingdom

K. Michael Cummings, PhD, MPH

Professor
Department of Psychiatry & Behavioral Sciences
Division Director Tobacco Policy and Research
Program
Medical University of South Carolina
United States

Lynne Dawkins, PhD

Professor of Nicotine and Tobacco Studies
Centre for Addictive Behaviours Research
London South Bank University
United Kingdom

Clifford E. Douglas, JD

Adjunct Professor and Director, Tobacco Research
Network,
University of Michigan School of Public Health
Former Vice President for Tobacco Control, and
Founding Director, Center for Tobacco Control,
American Cancer Society

Hugo Caballero Durán, MD

Former president of the Colombian Society of
Pneumology.
Former Clinical Scientific Director of Marly Clinic.
Director of the Pneumology and Respiratory
Therapy Service, Marly Clinic
Bogotá, Colombia

Allan C. Erickson

Former Vice President for Public Education and
Tobacco Control, American Cancer Society;
Former Staff Director, Latin American Coordinating
Committee on Tobacco Control
United States

Carmen Escrig, PhD

Genetics and Cell Biology
Autonomous University of Madrid
Spain

Letter from one hundred specialists in nicotine science, policy, and practice

Jean-François Etter, PhD

Professor of public health
Institute of Global Health, Faculty of Medicine
University of Geneva
Geneva
Switzerland

Patrick Fafard, PhD

Full Professor
Centre for Health Law, Policy, and Ethics
Graduate School of Public and International Affairs
University of Ottawa
Canada

Konstantinos Farsalinos, MD, MPH

Researcher
University of Patras, Greece
University of West Attica,
Greece

Jonathan Foulds, PhD

Professor of Public Health Sciences & Psychiatry
Penn State University, College of Medicine
Hershey
United states

Abigail S. Friedman, PhD

Assistant Professor of Health Policy
Yale School of Public Health
Yale University
United States

Thomas J. Glynn, PhD

Adjunct Lecturer
Prevention Research Center
School of Medicine, Stanford University
Formerly, Associate Director, Cancer Control
Science Program, U.S. National Cancer Institute,
and Director, Cancer Science and Trends,
American Cancer Society

Eliana Golberstein B.Sc. Pharm, B. Chem

Consultant, advisor in health policy and toxicology.
National University of Colombia

Ernest Groman, MD

Associate Professor
Nicotine Institute
& Medical University of Vienna
Austria

Miguel de la Guardia PhD

Professor of Analytical Chemistry
University of Valencia
Spain

Peter Hajek, PhD

Professor of Clinical Psychology
Director, Tobacco Dependence Research Unit
Wolfson Institute of Preventive Medicine,
Queen Mary University of London
United Kingdom

Wayne Hall, PhD

Emeritus Professor
National Centre for Youth Substance Use Research
The University of Queensland
Australia

Deborah Hart LLB

Director, ASH NZ,
Action for Smokefree 2025
New Zealand

Cheryl Heaton, MPA, DrPH

Dean, School of Global Public Health
Professor of Public Health Policy and Management
New York University
United States

Christian Heinrich Henonin MD

MIPH International Public Health.
Medical professor, researcher and health
consultant
Mexico

Natasha A. de Herrera, PhD

Clinical Psychology
Centro Medico Docente la Trinidad
Psychiatric Unit
Smoking Cessation Clinic
Caracas
Venezuela

Jacques Le Houezec, PhD

Independent consultant in Public Health
Smoking Cessation Specialist
Rennes
France

Maria del Mar Sangüesa Jareño, MD

Intensive Care Specialist
University Hospital of Ceuta,
Spain

Martin J Jarvis, DSc OBE

Emeritus Professor of Health Psychology
Department of Behavioural Science and Health
University College London
United Kingdom

Letter from one hundred specialists in nicotine science, policy, and practice

Martin Juneau MPs, MD, FRCP(C)

Director, Prevention and Cardiac Rehabilitation
Montreal Heart Institute
Full Clinical Professor of Medicine
Faculty of Medicine
University of Montreal
Canada

Aparajeet Kar, MD

Consultant Pulmonology and Critical Care
Sir H.N Reliance Foundation Hospital
Mumbai
India

Imane Kendili M.D.

Psychiatre - Addictologue
Professeure affiliée à l'UM6P
Cheffe de service Psychiatrie-Addictologie Clinique
Andalous
Vice-Présidente du Centre Africain de Recherche
en Santé
Morocco

Milton Klun

Pharmacist
Universidad Nacional del Sur.
Argentina

Tan Kok Kuan, MD

Medical Director
Dr Tan Medical Center
Novena Medical Center
Singapore

Lynn T. Kozlowski, PhD

Professor Community Health and Health Behavior
Former Dean
School of Public Health and Health Professions
University at Buffalo
United States

Eva Králíková, MD

Professor
Institute of Hygiene and Epidemiology
Centre for Tobacco-Dependence
First Faculty of Medicine and General Hospital
Charles University Prague
Czech Republic

George Laking, MD, PhD

Chair
End Smoking New Zealand
New Zealand

Karl E Lund, PhD

Senior Researcher
Norwegian Institute of Public Health
Oslo
Norway

Clifford Garfield Mahood, O.C.

Founding Executive Director (1976-2012)
Non-Smokers' Rights Association
Toronto
Canada

Bernhard-Michael Mayer, PhD

Professor of Pharmacology and Toxicology
Institute of Pharmaceutical Sciences
Karl-Franzens-Universität
Graz
Austria

Olivia M Maynard, PhD

Senior Lecturer, School of Psychological Science
Bristol Population Health Science Institute
MRC Integrative Epidemiology Unit
Bristol,
United Kingdom

Garrett McGovern, MD

GP Specialising in Addiction Medicine
Priority Clinic
Dundrum, Dublin
New Nicotine Alliance
Ireland

Kiran Melkote, MBBS, MS

Associate Consultant
Dept. of Orthopaedics
Fortis Memorial Research Institute,
New Delhi
India

Colin Mendelsohn, MB BS

Medical Practitioner in tobacco treatment
Founding Chair
Australian Tobacco Harm Reduction Association
Sydney
Australia

Robin Mermelstein, Ph.D.

Distinguished Professor, Liberal Arts and Sciences
Psychology Department
Director, Institute for Health Research and Policy
Co-Director, Center for Clinical and Translational
Science
University of Illinois at Chicago
United States

Letter from one hundred specialists in nicotine science, policy, and practice

Fares Mili, MD, CTTS, NCTTP

Pulmonologist & Addictologist
Head of the Tunisian society of Tobaccology and Addictive Behaviours (STTACA)
International Association on Smoking control and Tobacco Harm Reduction (SCOHRE) Board member
Tunisia

Thomas J. Miller

Attorney General of Iowa
Des Moines,
Iowa
United States

Marcus Munafò, PhD

Professor of Biological Psychology and MRC Investigator
MRC Integrative Epidemiology Unit
School of Psychological Science
University of Bristol
United Kingdom

José David García Muñiz, MD, PhD

Clinical Pharmacology and Internal Medicine
Clinical Trials Coordinator, Principal Investigator
University Hospital of Ceuta
Spain

Ethan Nadelmann, JD, PhD

Founder & Former Executive Director
Drug Policy Alliance
United States

Raymond Niaura, PhD

Professor, Social and Behavioral Sciences
College of Global Public Health
New York University
United States

Caitlin Notley, PhD

Professor of Addiction Sciences
Norwich Medical School
Director of the Faculty of Medicine and Health Citizen's Academy
University of East Anglia
United Kingdom

David Nutt DM FRCP FRCPsych FBPhS FMedSci DLaws

Edmond J. Safra Professor of Neuropsychopharmacology
Director Centre for Psychedelic Research
Imperial College London
United Kingdom

José Manuel Mier Odriozola, MD, PhD

Director
Instituto de Cirugía Torácica Mínimamente Invasiva
Hospital Ángeles Lomas
Mexico

Tikki Elka Pang, PhD

Former Director,
Research Policy & Cooperation,
WHO, Geneva
Switzerland

Young-bum Park, PhD

Professor
Department of Economics
Hansung University
South Korea

Michael F. Pesko PhD

Associate Professor
Department of Economics | Andrew Young School of Policy Studies
Georgia State University

Hernán Prat, MD, PhD

Professor at the University of Chile. Former Director of the Cardiovascular Department of the Clinical Hospital of the University of Chile. Former president of the Chilean Society of Hypertension.
Chile

Lars M. Ramström, PhD

Principal Investigator
Institute for Tobacco Studies
Täby
Sweden

Vaughan Rees, PhD

Senior Lecturer on Social and Behavioral Sciences
Director, Center for Global Tobacco Control
Department of Social and Behavioral Sciences
Harvard T.H. Chan School of Public Health
United States

Arleen R. Reyes, DMD, ICD, ICCDE

Past President, Philippine Dental Association
Chairman, Commission on Dental Education
Asia -Pacific Dental Federation
Philippines

Andrew John da Roza

Psychotherapist - Addictions
Promises Health Care Pte. Ltd.
Singapore

Letter from one hundred specialists in nicotine science, policy, and practice

Steven A. Schroeder, MD

Distinguished Professor of Health and Healthcare
Department of Medicine,
University of California
San Francisco
United States

John R. Seffrin, PhD

Professor Emeritus
Indiana University School of Public Health
Former CEO American Cancer Society
United States

Peter Selby MBBS, CCFP, FCFP, MHSc, dipABAM, DFASAM

Giblon Professor, Vice Chair Research DFCM
University of Toronto
Centre for Addiction and Mental Health
Nicotine Dependence Service
Toronto
Canada

Rohan Sequeira, MD, PhD

Professor of Internal Medicine
Specialist in Non-Invasive Cardiology, Diabetes,
Endocrinology and Obesity Management
Jaslok Hospital and Research Centre
Mumbai
India

Lion Shahab, PhD

Professor of Health Psychology
Department of Behavioural Science and Health
University College London
United Kingdom

Michael Siegel, MD, MPH

Visiting Professor,
Department of Public Health and Community
Medicine
Tufts University School of Medicine
Boston
United States

Antonio Sierra, MD, PhD

Professor of Preventive Medicine and Public
Health at the University of La Laguna.
Former Dean of the Faculty of Medicine of the
University of La Laguna
Former General Director of Public Health of the
Government of the Canary Islands

Francisco Garcia Sierra, MD.

Head of the Nephrology Service
University Hospital of Ceuta
Spain

Ron Christian G. Sison, MLS(ASCPi), MPH

Assistant Professor
Lead Convenor
Harm Reduction Alliance of the Philippines
Manila
Philippines

Andrzej Sobczak, PhD

Professor
Head of Department of General and Inorganic
Chemistry
Faculty of Pharmaceutical Sciences in Sosnowiec
Medical University of Silesia
Katowice
Poland

Roberto A Sussman, PhD

Department of Gravitation and Field Theories
Institute for Nuclear Research,
National Autonomous University of Mexico, ICN-
UNAM
Representing Pro-Vapeo Mexico AC
Mexico

David Sweanor, JD

Advisory Committee Chair,
University of Ottawa Centre for Health Law, Policy
and Ethics
Adjunct Professor, Faculty of Law
University of Ottawa
Canada

Enrique Teran, MD, PhD

Professor
College of Health Sciences - Universidad San
Francisco de Quito.
Ecuadorian Academy of Medicine
Academy of Science of Ecuador
Ecuador

Umberto Tirelli MD

Professor
Director, Cancer Center Clinica Mede Sacile
Italy

Josep María Ramón Torrell, MD, PhD.

Professor of Epidemiology and Public Health
University of Barcelona
Head of Clinical Prevention Research Group
Bellvitge Biomedical Research Institut
Head of Tobacco Prevention Service
Bellvitge Hospital
Barcelona
Spain

Letter from one hundred specialists in nicotine science, policy, and practice

Mark Tyndall MD ScD FRCPC

Professor, School of Population and Public Health
University of British Columbia
Canada

Angel González Ureña, PhD

Emeritus Professor of Physical Chemistry.
Complutense University of Madrid
Spain

Francisco E. Urrestra. MD.

Medical Director
Hospital Clinica Metropolitana. Ibarra.
Ecuador

Diego Verrastro MD

General surgeon specialist in Emergency Medicine
Argentina

Natalie Walker, PhD

Associate Professor of Population Health and
Director of the Centre for Addiction Research,
National Institute for Health Innovation,
Faculty of Medical and Health Sciences,
University of Auckland
New Zealand

Kenneth Warner, PhD

Avedis Donabedian Distinguished University
Professor Emeritus of Public Health,
Dean Emeritus of Public Health
University of Michigan
United States

Judith Watt

Former Executive Director, NCD Alliance
Former Director, Quit Victoria,
Australia

Robert West, PhD

Professor Emeritus in Health Psychology,
University College London
United Kingdom

Alex Wodak AM FRACP, FACHAM,

Emeritus Consultant
St Vincent's Hospital, Sydney
Chair, Australia21
Australia

Naohito Yamaguchi, MD

Chief of Research Division, Saiseikai Research
Institute of Health Care and Welfare
Former Professor of Public Health,
School of Medicine,
Tokyo Women's Medical University
Japan

References

- 1 See, for example: WHO press release for World No Tobacco Day 2021, 19 May 2021 [\[link\]](#); WHO report on the global tobacco epidemic 2021: addressing new and emerging products, 17 August 2021 [\[link\]](#); and WHO Q&A on e-cigarettes 29 January 2020 [\[link\]](#)
- 2 Balfour DJK, Benowitz NL, Colby SM, Warner KE et al. Balancing Consideration of the Risks and Benefits of E-Cigarettes. *Am J Public Health* 2021;e1–e12. [\[link\]](#)[\[full text PDF\]](#)
- 3 Hartmann-Boyce J, McRobbie H, Butler AR, Lindson N, Bullen C, Begh R, et al. Electronic cigarettes for smoking cessation. *Cochrane Database Syst Rev*. September 2021 update. [\[link\]](#)
- 4 The evidence is briefly summarised in: Balfour DJK, Benowitz NL, Colby SM, Warner KE et al. Balancing Consideration of the Risks and Benefits of E-Cigarettes. *Am J Public Health* 2021;e1–e12. [\[link\]](#)
- 5 Palmer AM, Toll BA, Carpenter MJ, et al. Reappraising Choice in Addiction: Novel Conceptualizations and Treatments for Tobacco Use Disorder. *Nicotine Tob Res* 2021 [\[link\]](#)
- 6 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being [compared to 2015] [\[link\]](#)
- 7 Bennett JE, Kontis V, Mathers CD, et al. NCD Countdown 2030: pathways to achieving Sustainable Development Goal target 3.4. *Lancet* 2020;396(10255):918–934. [\[link\]](#) See commentary: NCD Alliance, New NCD Countdown 2030 report shows slow progress towards UN SDG target 3.4, 4 September 2020 [\[link\]](#)
- 8 Jha P, Peto R. Global Effects of Smoking, of Quitting, and of Taxing Tobacco. *N Engl J Med* 2014;370(1):60–68. [\[link\]](#)
- 9 See, for example: Mendez D, Warner KE. A Magic Bullet? The Potential Impact of E-Cigarettes on the Toll of Cigarette Smoking. *Nicotine Tob Res* 2020; [\[link\]](#) and Levy DT, Borland R, Lindblom EN, et al. Potential deaths averted in USA by replacing cigarettes with e-cigarettes. *Tob Control* 2018;27(1):18–25. [\[link\]](#)
- 10 See FDA, Pre-Market Tobacco Marketing Orders, IQOS System Holder and Charger, and Heatsticks, 30 April 2019 [\[link\]](#) and FDA, Modified Risk Orders, IQOS System Holder and Charger, and Heatsticks, 7 July 2020 [\[link\]](#)

Letter from one hundred specialists in nicotine science, policy, and practice

References (continued)

- 11 Cummings KM, Nahhas GJ, Sweanor DT. What Is Accounting for the Rapid Decline in Cigarette Sales in Japan? *Int J Environ Res Public Health* 2020;17(10):3570. [\[link\]](#)
- 12 Philip Morris International, Can innovative products like IQOS accelerate the decline of smoking? A case study from PMI's Integrated Report 2020. 18 May 2021 [\[link\]](#)
- 13 WHO FCTC/COP/9/9 Comprehensive report on research and evidence on novel and emerging tobacco products, in particular heated tobacco products, in response to paragraphs 2(a)–(d) of decision FCTC/COP8(22) 21 July 2021 [\[link\]](#)
- 14 FCTC Convention Secretariat, Challenges posed by and classification of novel and emerging tobacco products, FCTC/COP/9/10, July 2021 [\[link\]](#)
- 15 WHO press release: Dr Harsh Vardhan conferred WHO award for leadership in tobacco control. 2 June 2021 [\[link\]](#)
- 16 Royal College of Physicians. Nicotine without smoke: tobacco harm reduction. London: RCP; 2016. [\[link\]](#) (12.10 p.187)
- 17 Selya AS, Foxon F. Trends in electronic cigarette use and conventional smoking: quantifying a possible 'diversion' effect among US adolescents. *Addiction*. 2021;add.15385. [\[link\]](#)
- 18 Sokol N, Feldman J. High school seniors who used e-cigarettes may have otherwise been cigarette smokers: evidence from Monitoring the Future (United States, 2009-2018). *Nicotine Tob Res*. 2021 [\[link\]](#)
- 19 Farsalinos KE, Poulas K, Voudris V, Le Houezec J. E-cigarette use in the European Union: millions of smokers claim e-cigarettes helped them quit [Internet]. Vol. 112, *Addiction*. Blackwell Publishing Ltd; 2017. p. 545–6. [\[link\]](#)
- 20 Friedman AS. A Difference-in-Differences Analysis of Youth Smoking and a Ban on Sales of Flavored Tobacco Products in San Francisco, California. *JAMA Pediatr* 2021 [\[link\]](#)
- 21 Abouk R, Courtemanche C, Feng B, et al. Intended and Unintended Effects of E-cigarette Taxes on Youth Tobacco Use. San Diego State University Center for Health Economics and Policy Studies, Working Paper 2021801: 2021. [\[link\]](#)
- 22 Pesko MF, Courtemanche CJ, Maclean JC. The effects of traditional cigarette and e-cigarette tax rates on adult tobacco product use. *J Risk Uncertain*. 2020;60(3):229–58. [\[link\]](#)
- 23 Dave D, Dench D, Grossman M, Kenkel DS, Saffer H. Does e-cigarette advertising encourage adult smokers to quit? *J Health Econ*. 2019; 68:102227. [\[link\]](#)
- 24 Pesko MF, Hughes JM, Faisal FS. The influence of electronic cigarette age purchasing restrictions on adolescent tobacco and marijuana use. *Prev Med*. 2016;87:207–212. [\[link\]](#)
- 25 Jarvis M, Jackson S, West R, Brown J. Epidemic of youth nicotine addiction? What does the National Youth Tobacco Survey 2017-2019 reveal about high school e-cigarette use in the USA? *Qeios*. 2020. [\[link\]](#)
- 26 Glasser AM, Johnson AL, Niaura RS, Abrams DB, Pearson JL. Youth Vaping and Tobacco Use in Context in the United States: Results from the 2018 National Youth Tobacco Survey. *Nicotine Tob Res* [Internet]. 2021 Feb 16 [cited 2021 Sep 7];23(3):447–53. [\[link\]](#)
- 27 Jackson SE, Brown J, Jarvis MJ. Dependence on nicotine in US high school students in the context of changing patterns of tobacco product use. *Addiction*. 2021;116(7):1859–70. [\[link\]](#)
- 28 Levy DT, Warner KE, Michael Cummings K, Hammond D, Kuo C, Fong GT, et al. Examining the relationship of vaping to smoking initiation among US youth and young adults: A reality check. *Tob Control*. 2019;28(6):629–35. [\[link\]](#)
- 29 Meza R, Jimenez-Mendoza E, Levy DT. Trends in Tobacco Use Among Adolescents by Grade, Sex, and Race, 1991-2019. *JAMA Netw Open* [Internet]. 2020 Dec 1 [cited 2021 Sep 19];3(12):e2027465–e2027465. [\[link\]](#)
- 30 Chan GCK, Stjepanović D, Lim C, Sun T, Shanmuga Anandan A, Connor JP, et al. Gateway or common liability? A systematic review and meta-analysis of studies of adolescent e-cigarette use and future smoking initiation. *Addiction*. 202;add.15246. [\[link\]](#)
- 31 Hall W, Chan G. The "gateway" effect of e-cigarettes may be explained by a genetic liability to risk-taking. *PLOS Med*. 2021;18(3):e1003554. [\[link\]](#)
- 32 Kim S, Selya AS. The Relationship Between Electronic Cigarette Use and Conventional Cigarette Smoking Is Largely Attributable to Shared Risk Factors. *Nicotine Tob Res*. 2020;22(7):1123–30. [\[link\]](#)
- 33 Lee PN, Coombs KJ, Afolalu EF. Considerations related to vaping as a possible gateway into cigarette smoking: an analytical review. *F1000Research*. Version 3, July 2019. [\[link\]](#)
- 34 Stanaway JD, Afshin A, Gakidou E, et al. Global, regional, and national comparative risk assessment of 84 behavioural, environmental and occupational, and metabolic risks or clusters of risks for 195 countries and territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017. *Lancet* 2018;392(10159):1923–1994. [\[link\]](#)
- 35 Kozlowski LT. Policy Makers and Consumers Should Prioritize Human Rights to Being Smoke-Free over Either Tobacco- or Nicotine-Free: Accurate Terms and Relevant Evidence [Internet]. *Nicotine Tob Res*. 2020;22(6):1056–1058. [\[link\]](#)
- 36 See, for example, Letter to WHO Director General from 72 independent experts in tobacco and nicotine policy, 1 October 2018 [\[link\]](#), and Comments on vaping and tobacco harm reduction from expert stakeholders, 31 May 2021 [\[link\]](#).
- 37 See, for example, 14,000+ testimonials at Right to Vape [\[link\]](#)
- 38 WHO, Independent evaluation of global COVID-19 response announced, 9 July 2020 [\[link\]](#)