

## 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.<sup>1</sup> 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.<sup>2</sup> 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:<sup>3</sup>

## 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.<sup>4</sup> 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:<sup>5</sup>

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.<sup>6</sup> Most of the world's nations are far behind the progress necessary to meet the goal.<sup>7</sup> The only way for tobacco control to make a substantial difference over this period is rapid *smoking cessation*.<sup>8</sup> 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.<sup>9</sup>

### 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*".<sup>10</sup> It is also clear that dramatic declines in smoking in Japan followed the introduction of heated tobacco products in 2015.<sup>11</sup> 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.<sup>12</sup> 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:<sup>13</sup>

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".<sup>14</sup> 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:<sup>15</sup>

## 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:<sup>16</sup>

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<sup>17 18 19</sup> and that measures to control ENDS use can trigger increases in smoking. For example, evidence suggests e-liquid flavour bans,<sup>20</sup> raising taxes on vaping products,<sup>21 22</sup> e-cigarette advertising bans,<sup>23</sup> and access restrictions<sup>24</sup> 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.<sup>25 26</sup> Despite the rise in adolescent e-cigarette use, there has not been an increase in nicotine dependence.<sup>27</sup> The United States has seen an abnormally rapid decline in teenage smoking coinciding with the uptake of vaping.<sup>28 29</sup> 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.<sup>17 18</sup> 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.<sup>30 31 32 33</sup>

### 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.<sup>34 35</sup> 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 control<sup>36</sup> and the experience of millions of smokers who have successfully switched and are better off physically, socially, and economically.<sup>37</sup>

### 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.<sup>38</sup>

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<sup>a</sup> 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

### **Tikki Elka Pang, PhD**

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

### **Young-bum Park, PhD**

Professor  
Department of Economics  
Hansung University  
South Korea

### **César Paz y Miño, MD, PhD**

Director, Centro de Investigacion Genética y Genómica and Specialist in Genetics and Human Molecular Biology  
Universidad UTE  
Quito, Ecuador

### **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 [\[link\]](#)
- 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. [\[link\]](#)

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

### References (continued)

- 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 [\[link\]](#)