

# WHERE BANS ARE BEST

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## WHY LMICs MUST PROHIBIT E-CIGARETTE AND HTP SALES TO TRULY TACKLE TOBACCO

2020 UPDATED POSITION PAPER

## KEY TERMS AND ACRONYMS

### ELECTRONIC CIGARETTE (E-CIGARETTE)

First introduced to the global market in 2006, e-cigarettes were a US\$15 billion global industry in 2018.<sup>01</sup> They are the most common product under the broader umbrella terms ENDS (Electronic Nicotine Delivery System) and Electronic Non-Nicotine Delivery System (ENNDS) and are also called ‘e-cigs,’ ‘vapes,’ or ‘vape-pens.’ These systems heat a solution – an e-liquid – to create an inhalable aerosol. These products do *not* contain tobacco leaf, but typically include nicotine, propylene glycol and/or glycerine, flavouring agents, and toxicants with known health effects.<sup>02</sup> E-cigarettes are *not* uniform with regard to nicotine dosage, flavours, emissions, design, battery voltage, and unit circuitry. Modification potential and adaptability for use with substances besides nicotine also vary.<sup>03</sup> E-cigarette designs may be described as ‘open’ (i.e. refillable) or ‘closed’ (i.e. disposable or re-loadable with prefilled cartridges).<sup>04</sup> Examples include Juul (partly owned by Altria), Vype (British American Tobacco), and blu (Imperial Brands).

### HEATED TOBACCO PRODUCTS (HTPS)

These tobacco products use a device to heat compressed tobacco and chemicals to produce an inhalable aerosol. The tobacco may come in specially designed cigarette pods or plugs (i.e. ‘heat sticks,’ ‘neo sticks’). These products are also commonly referred to as ‘heat-not-burn,’ a terminology coined by the tobacco industry. HTP technology has existed since the 1980s but the recent advent of new products has made the devices particularly popular in the past five years. The HTP market is expected to reach US\$17.9 billion by 2021.<sup>05</sup> HTP examples include iQOS (Phillip Morris International), Glo (British American Tobacco), and Ploom S (Japan Tobacco International).

### ‘NOVEL,’ ‘ALTERNATIVE,’ ‘EMERGING,’ AND ‘NEXT GENERATION’ PRODUCTS

Together, e-cigarettes and HTPs are often described as ‘novel products,’ ‘alternative products,’ ‘emerging products,’ or ‘next generation products.’ The rise of ‘hybrid’ tobacco products that contain both tobacco and nicotine solution, and the rapid emergence of new products, blurs the distinction between HTPs and e-cigarettes.<sup>06</sup> Examples include Lil Hybrid (Korea Tobacco & Ginseng Corporation), Ploom Tech (Japan Tobacco International), and Glo iFuse (British American Tobacco).

*The recommendations in this statement apply to all ENDS and ENNDS, including ‘e-hookahs,’ ‘e-pipes,’ ‘e-cigars,’ and ‘e-shisha,’ as well as HTPs and hybrid products.*

## BACKGROUND

In its 2019 report on the global tobacco epidemic,<sup>07</sup> the World Health Organization (WHO) stated that there is “insufficient independent evidence to support the use of [e-cigarettes] as a population-level tobacco cessation intervention to help people quit conventional tobacco use,” and noted that these products are “undoubtedly harmful.” The same report concluded that many of the harmful chemicals generated by Heated Tobacco Products (HTPs) are similar to those generated by conventional cigarettes (even if generally at lower levels) and that the evidence does not show these products will reduce tobacco-related diseases.<sup>08</sup>

The Union shares WHO’s position and also wishes to highlight that context matters. This is our fourth position statement on e-cigarettes (earlier documents in 2013, 2015, and 2018 addressed e-cigarettes and HTPs separately).<sup>09,10,11</sup> In 2020, The Union feels it imperative to point out that while the current discourse – in the media, in academic papers, and amongst the public health community – has focused on the public health impact of these products in high income countries (HICs), this is not sufficient. The narrative must be extended to low- and middle- income countries (LMICs) where e-cigarettes and HTPs are being aggressively introduced and marketed, often with little or no regulatory framework in place. In these countries, youth are particularly vulnerable. It is for these reasons that The Union recommends protective and preventive sales bans.

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# THE CASE FOR SALES BANS

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## TEN ARGUMENTS FOR LOW- AND MIDDLE-INCOME COUNTRIES



## 1. INDUSTRY TARGETS YOUTH

Research shows an epidemic rise in e-cigarette use in youth in many HICs, exposing this demographic to the prospect of a lifetime of nicotine addiction.<sup>12,13</sup> This pattern holds true for many LMICs, with research from the Global Youth Tobacco Survey showing high rates of current e-cigarette use among middle school students (Figure 1).<sup>14</sup> The tobacco and e-cigarette industries use social media, event sponsorship, and flavours to deliberately attract young people in LMICs.<sup>15,16,17,18</sup> E-cigarettes, which are increasingly dominated by the tobacco industry,<sup>19</sup> and HTPs, which are exclusively tobacco industry owned,<sup>20</sup> present another opportunity for the industry to use decades old strategies to expand the nicotine and tobacco market in LMICs.<sup>21</sup>



Figure 1: Prevalence of current e-cigarette use among youth in selected LMICs

## 2. YOUTH TRANSITION FROM E-CIGARETTES TO TOBACCO

There is an increasing body of evidence that youth who use e-cigarettes, who have never smoked, and are considered low-risk for later taking up smoking, increase their chance of smoking traditional cigarettes later in life by two to four fold.<sup>22,23,24</sup> In many LMICs – where there is often weak enforcement of sales bans to minors, where cigarettes are almost always insufficiently taxed and priced, and where cigarettes are culturally ingrained and widely used<sup>25</sup> – the potential for youth to transition from e-cigarettes to cigarette smoking is likely to be greater.

### **3. INSUFFICIENT HARM REDUCTION EVIDENCE AMONG SMOKERS**

If used exclusively and in lieu of traditional cigarettes, e-cigarettes may decrease smoking harms for those who cannot otherwise quit, but this is not the dominant pattern. Dual use of e-cigarettes and cigarettes, which is practiced by a considerable number of e-cigarette users,<sup>26,27,28</sup> is increasingly found to be associated with critical short-term and long-term health impacts.<sup>29,30,31,32,33</sup> In addition, studies are divided about the cessation efficacy of e-cigarettes.<sup>34,35,36,37</sup> For HTPs, it is premature to draw meaningful health impact conclusions because few studies are independent of tobacco industry funding, and the evidence is ambiguous.<sup>38,39,40</sup>

### **4. NEGATIVE NET PUBLIC HEALTH OUTCOME**

In novel product policy discussions, the net public health outcome – which weighs the impact on both smokers *and* non-smokers (particularly youth) – should be the bottom line. The same holds true when assessing the alleged ‘harm reduction’ potential for these products. Considering the enormous damage e-cigarettes and HTPs will cause youth in LMICs – and the insufficient evidence on reduced health damage to adult smokers – the net public health outcome of e-cigarettes and HTPs in LMICs is likely to be negative. Similarly, claims regarding ‘harm reduction’ potential for these products remain unfounded for LMICs.

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*The key to tobacco control lies in the adoption and implementation of population-level, evidence-based policies outlined in the WHO Framework Convention on Tobacco Control.*

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## **5. ENFORCEMENT LOOPHOLES WILL BE EXPLOITED**

Many LMICs already have difficulty enforcing tobacco control policies, such as smokefree, advertising bans, vendor licensing and measures to prevent sales to youth.<sup>41,42,43,44</sup> Given the already strained capacity in these countries, the enforcement of regulations of novel products (whose devices and ingredients change rapidly) will prove as challenging – or even more so – and the nicotine and tobacco industries will exploit these weaknesses to promote their products and undermine tobacco control policies. In many LMICs where enforcement capacity is lacking, twin epidemics – of addiction to both novel products and traditional cigarettes – could emerge.

## **6. NOVEL PRODUCTS ARE A DISTRACTION**

The key to tobacco control lies in the adoption and implementation of population-level, evidence-based policies outlined in the WHO Framework Convention on Tobacco Control (FCTC) and MPOWER. Full adoption and implementation of these measures are lacking in many LMICs.<sup>45</sup> This must be the priority – not the lure and promise of novel products, which are diverting attention from what has been proven to work.

## **7. NOVEL PRODUCTS WILL DIVERT RESOURCES FROM TOBACCO CONTROL**

Effective regulation of e-cigarettes and HTPs would be an additional cost to countries. Legislation, implementation and enforcement to ensure these products are not used by youth require fiscal and human resources. Given that tobacco control programmes are severely under-resourced,<sup>46</sup> it is unlikely that LMICs can fully commit to and develop new product safety standards; conduct laboratory tests; create registration systems; and implement inspection and enforcement mechanisms that prevent youth uptake and use without redirecting resources from effective tobacco control measures.

## 8. NOVEL PRODUCTS ENABLE INDUSTRY INTERFERENCE

The tobacco industry's success depends on its ability to influence and dictate policy.<sup>47,48,49,50</sup> Though the WHO FCTC, through Article 5.3, explicitly prohibits this practice, the industry is desperately trying to transform its identity from corporate pariah to 'harm reduction' expert.<sup>51</sup> It is deliberately repositioning itself so it can then claim that it be given a seat at the table and permitted to participate in policy debates regarding novel and emerging product sales and marketing. Governments must not fall for this blatant manipulation, and the FCTC Secretariat has called on Parties to the WHO FCTC to remain vigilant to this new industry interference.<sup>52</sup>

## 9. THE LMIC CONTEXT IS VASTLY DIFFERENT FROM THE UK CONTEXT

Special interest groups sometimes point to the UK's unique approach to e-cigarette regulation and suggest that it be emulated in LMICs, but this is inadvisable. The UK's robust regulatory capacity and late-stage tobacco epidemic exist in a particular ecosystem – and one that is substantially different from most LMICs. As previously mentioned, many LMICs lack both the resources and the enforcement mechanisms required to fully support comprehensive e-cigarette and HTP regulations. The focus in these countries should remain on full implementation of the evidence-based WHO FCTC and MPOWER measures, where progress and focus are needed.

## 10. SAFETY MUST COME FIRST

Public health practitioners and policy makers must follow the precautionary principle and evidence-based approach to policy making. These fundamental public health concepts urge preventive actions where science is inconclusive. Given the potential harms of e-cigarettes and HTPs – and the fact that the long-term health effects are unknown because insufficient time has elapsed to demonstrate them – governments must commit to preventing a looming epidemic.

*As of April 2020, at least 24 countries/jurisdictions have banned e-cigarettes,<sup>53</sup> and at least eight countries have banned HTPs.<sup>54</sup>*

# CONCLUSION

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As the preceding ten arguments demonstrate, novel and emerging tobacco and nicotine products offer important new challenges for resource-constrained countries in the low- and middle-income world. The particular circumstances in many of these countries – high rates of tobacco use, incomplete adoption and implementation of WHO FCTC and MPOWER measures, weak enforcement mechanisms, limited fiscal and human resources, and generally earlier stages of the tobacco epidemic – present an opportunity for the tobacco and nicotine industries to promote addiction, particularly among youth.

For these reasons, The Union argues that introducing new, highly addictive nicotine and tobacco products into LMICs is egregious: e-cigarettes and HTPs have strong potential to overwhelm governments and exacerbate the tobacco epidemic. In an abundance of caution, the sale of these products should be banned in LMICs; similarly, they should not be manufactured, imported or exported and should also be subject to TAPS (Tobacco Advertising, Promotion, and Sponsorship) bans and smokefree legislations. As always, countries must prioritise evidence-based, proven interventions such as WHO FCTC and MPOWER measures, which should be fully implemented and enforced to reduce the demand for tobacco.

## ENDNOTES

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## ABOUT THE UNION

The International Union Against Tuberculosis and Lung Disease (The Union) is the world's first global health organisation, founded in 1920. We are a global leader in ending TB, we fight the tobacco industry, and we solve key problems in treating major diseases.

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