



# CALL FOR INPUT AND COLLABORATION ON RESEARCH PRIORITIES

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## John Hughes, United States

**1. What research question(s) should be a priority for FSFW to answer?**

Does promotion of harm reduction products increase tobacco initiation (i.e. gateway effect)

**2. What relevant work has already been done on this question(s) either by your organization or others?**

Cross sectional surveys

**3. What specific expertise, data, collaborations, etc., will be required to answer this question(s) well?**

Large, population-based survey of 6-24 yr olds with surveys every 6 months. Tobacco companies shy away from studies with kids and NIH shy away from large recurring surveys; thus, this is where the foundation can add to tobacco regulation science

**4. Who do you consider to be the relevant experts and stakeholders to engage with on this question?**

Seet 2016 SG report on kids and Ecigs for possible experts

## Charles H. Moore Jr., United States

**1. What research question(s) should be a priority for FSFW to answer?**

Why shouldn't there be a law forbidding use of tobacco ? This does not bypass the issue of current smokers' addictions; they need help but I'm talking about the billions who don't and the billions who will be born into this world, which should be a non- smoking world for the good of ALL !

**2. What relevant work has already been done on this question(s) either by your organization or others?**

I don't know as I'm not in the field; I am just a caring citizen !

**3. What specific expertise, data, collaborations, etc., will be required to answer this question(s) well?**

Collective and committed work by sociologists, psychologists and many others.

**4. Who do you consider to be the relevant experts and stakeholders to engage with on this question?**

Leading representatives from governments, NGOs, medical professions, media, academia and business. All have much to gain from a smoke-free world !

**Nico Pronk, HealthPartners Institute, United States**

**1. What research question(s) should be a priority for FSFW to answer?**

Research providing additional insight into the overall impact of tobacco use on population health burden and economic burden. In addition, expanding the research questions should address the degree of impact tobacco use has on various domains of well-being, operationally defined as the manner in which people evaluate their life.

**2. What relevant work has already been done on this question(s) either by your organization or others?**

Our organization has looked into the relationships between tobacco use and incidence of newly diagnosed chronic disease, impact on productivity indicators, and overall health care costs. In addition, systematic reviews related to the health burden of tobacco use and the relative priority rankings of addressing tobacco use in the clinical setting

(based on USPSTF recommendations) based on reductions in health burden and cost-effectiveness.

**3. What specific expertise, data, collaborations, etc., will be required to answer this question(s) well?**

Expertise in systematic reviews, health economics, complex systems science, modeling, biostatistics.

**4. Who do you consider to be the relevant experts and stakeholders to engage with on this question?**

Tobacco systematic reviews as conducted by the USPSTF and the Community Preventive Services Task Force.

Dr. Bruce Lee at the Johns Hopkins University School of Public Health.

Dr. Mike Maciosek and Dr. Steve Dehmer at the HealthPartners Institute.

## **Fadi Shafik Snan, National Tobacco Control Program, Lebanon**

**1. What research question(s) should be a priority for FSFW to answer?**

First, we would like to make new statistics on the evolution of the smoking epidemic in Lebanon  
Because we do not have any statistics since the year 2013.

**2. What relevant work has already been done on this question(s) either by your organization or others?**

-The law on smoking reduction and its decrees.

-Text warnings and cans of tobacco boxes.

-National Committee to Reduce Smoking.

And the Law Enforcement Support Committee in addition to awareness seminars

**3. What specific expertise, data, collaborations, etc., will be required to answer this question(s) well?**

We want to help in the achievement of accurate and real statistics on the spread of smoking piles in Lebanon and its spread and its relationship to diseases prevalent now and also help in support of lobbying for the application of law and the opening of clinics to quit smoking.

**4. Who do you consider to be the relevant experts and stakeholders to engage with on this question?**

Ministry of Health and specialized companies

**Patrick H. Ruane, United States**

**1. What research question(s) should be a priority for FSFW to answer?**

The biggest issue appears to be whether there are significant long term deleterious side effects associated with the chronic use of e-cigarettes; I think investments towards answering that question in an objective and scientific manner would go a long way.

**2. What relevant work has already been done on this question(s) either by your organization or others?**

Not much in my opinion and I think this is because most people think that there is no way e-cigs could be worse than combustible cigarettes, which is most likely the case; however, in my mind the prudent thing to do is answer that question definitively.

**3. What specific expertise, data, collaborations, etc., will be required to answer this question(s) well?**

In the US if you can get large institutes like NIH, NCI, FDA etc. on board that will give consumers confidence that e-cigs are safe. Mind you in my opinion the biggest confusion in this space is that all e-cigs seem to be treated as identical and I think this is a major mistake; I am quite sure there is a wide range in terms of efficacy and safety.

**4. Who do you consider to be the relevant experts and stakeholders to engage with on this question?**

I think if you got the US Surgeon General on board it would go a long way.

## Tom Gallant, United States

**1. What research question(s) should be a priority for FSFW to answer?**

Where does combustion/smoke begin for real-scientifically with evidence.... not through the hype lens showing new devices like IQOS/fancy vape gear / Ecigs

**2. What relevant work has already been done on this question(s) either by your organization or others?**

Independent studies are being done but not enough info is being shared en masse. All research results are released by parties interested in hooking people on a new device, or keeping them on the old vice in a new package

**3. What specific expertise, data, collaborations, etc., will be required to answer this question(s) well?**

Scientists. Nicotine experts. Combustion specialists.

**4. Who do you consider to be the relevant experts and stakeholders to engage with on this question?**

Citizen scientists from all over the world with no monetary ties to the proliferation of smoking / vaping devices of any kind.

**Maria Angelca Ferreira de Oliveira Souza, Paaptabagismo, Brazil**

**1. What research question(s) should be a priority for FSFW to answer?**

O retorno ao vício.

**2. What relevant work has already been done on this question(s) either by your organization or others?**

Grupos de Manutenção

Grupos de Recaidos

**3. What specific expertise, data, collaborations, etc., will be required to answer this question(s) well?**

Pesquisas

Experiencias

Subsidios

**4. Who do you consider to be the relevant experts and stakeholders to engage with on this question?**

Quem cinseguiu trabalhar com estas questões

## **Patt Denning, PhD, Center for Harm Reduction Therapy, United States**

### **1. What research question(s) should be a priority for FSFW to answer?**

From the client's perspective: How does nicotine impact the symptoms of various mental disorders? (anxiety, depression and schizophrenia for example)

How can the health profession guide people towards the use of vaping rather than using combustible tobacco?

What are the attitudinal barriers to such an approach?

Extended research into the components of the vapor from these products to debunk myths and make science-based recommendations on potential health effects of vaping.

### **2. What relevant work has already been done on this question(s) either by your organization or others?**

Colleagues in New York, Helen Redmond, for example, have been studying the issue of tobacco harm reduction and she has produced a film on her work with seriously mentally ill people and vaping.

### **3. What specific expertise, data, collaborations, etc., will be required to answer this question(s) well?**

Not being a researcher...I think that good qualitative research will be important in order to identify the biggest reasons for continued tobacco use. Also- empirical research into the health benefits, potential health risks, etc. Specific research about the chemical components of the vapor in different delivery products/systems. This will be best done in collaboration with the various companies that make the vaping products.

**4. Who do you consider to be the relevant experts and stakeholders to engage with on this question?**

Stakeholders: People with serious mental illnesses such as schizophrenia. People with multiple failures to quit smoking.

Helen Redman

Kevin McGirr

**Kim "Skip" Murray, United States**

**1. What research question(s) should be a priority for FSFW to answer?**

How can the health profession guide people towards the use of vaping rather than using combustible tobacco?

**2. What relevant work has already been done on this question(s) either by your organization or others?**

Sigh..... there are studies everywhere. If I only knew which ones to believe! So much conflicting information!

**3. What specific expertise, data, collaborations, etc., will be required to answer this question(s) well?**

I want to see unbiased research. I want to see real scientific methods used. I want research to be done with an open mind and I want all facts presented, no matter what the outcome. For once, I want the truth. I want to be confident in what I see or hear.

**4. Who do you consider to be the relevant experts and stakeholders to engage with on this question?**

If we are to believe WHO that a billion people are going to die in the next century, then we are all stakeholders if we care about humanity. At 59

years old, I am the oldest person left in my mother's family. Smoking has killed them all. It almost killed my 29 year old son when he had his heart attack.

Relevant experts? Anyone without an agenda to prove. Anyone without a financial stake in the results of research. Anyone with a heart big enough to understand that lives are at stake in more ways than one. The tobacco industry not only presents us with a public health problem, ending it presents us with a worldwide economic crisis if we don't replace that industry with something else. From farmers in 3rd world countries plowing a field with an ox, to major corporations, to governments basking in tax dollars, economically, tobacco has us right where it counts. We need it to survive financially while it kills us physically. It is the ultimate catch 22.

## Muhammad Anwar, Pakistan

### **1. What research question(s) should be a priority for FSFW to answer?**

I intend to identify the adverse influence of smoking on student standard of life, education and performance. Especially Universities students are victims of this problem. For instance,

Q. Does smoking impact students' knowledge?

Q. To what extent, smoking influence student academic performance?

Q. Does smoking influence student standard of life?

### **2. What relevant work has already been done on this question(s) either by your organization or others?**

I have written a report on the area and also worked on similar area since last two years.

**3. What specific expertise, data, collaborations, etc., will be required to answer this question(s) well?**

The proposed population is students of different universities who are victims of this disease.

**4. Who do you consider to be the relevant experts and stakeholders to engage with on this question?**

Since, this research will identify the smoking results in students' lives. Hence it will be benefited for parents, teachers, society and policy makers engaged in the relevant field. It will help government and other responsible health bodies to eliminate the problem and save life of the students.

**Massimo Caruso, Università degli Studi di Catania, Italy**

**1. What research question(s) should be a priority for FSFW to answer?**

New way to help smokers to quit the use of tobacco cigarettes and to decrease the smoking impact on health. Moreover, it is fundamental to prove the real effectiveness and the safety of new products that help eliminate the smoking habit.

**2. What relevant work has already been done on this question(s) either by your organization or others?**

We performed different studies on smoking injury in different conditions (asthma, COPD, diabetes) and on the advantages represented by the use of e-cig on these pathologies in regard to the damages induced by smoke. The most relevant study is the ECLAT study (EffiCiency and Safety of an eLEctronic cigAreTte), A Prospective 12-Month Randomized Control Design Study.

**3. What specific expertise, data, collaborations, etc., will be required to answer this question(s) well?**

Pneumologists, Immunologists, Biologists, Bio-Statisticians, Toxicologists, Cardiologists, Endocrinologists, experts in regulatory affairs.

**4. Who do you consider to be the relevant experts and stakeholders to engage with on this question?**

Political experts, health experts and environmental experts

**K. Michael Cummings, Medical University of South Carolina, United States**

**1. What research question(s) should be a priority for FSFW to answer?**

Research on laws adopted in different countries that prevent cigarette manufacturers from being held liable for knowingly selling a defective product while have less dangerous alternatives available.

Test a mass media campaign evaluating corrective statements outside of the US. It would be worth seeing if such a campaign deters young people from taking up smoking, encourages smokers to make quit attempts, changes attitudes about the industry and leads government officials to consider taking actions to hold cigarette companies accountable for selling defective products.

Conduct a field trial to compare two policy options: 1) a policy where cigarettes would have to meet a standard to render them non-addictive; a policy where smokers could get conventional cigarettes. Both groups would have access to non-combustible forms of nicotine products.

Studies to determine the characteristics of reduced harm products that given them the greatest chance of adoption by smokers – i.e., price, the look of the product, flavors, evidence of reduced harm, nicotine delivery, messaging around the product (way to quit smoking vs. alternative to cigarettes).

**2. What relevant work has already been done on this question(s) either by your organization or others?**

I'm not aware of anyone who has attempted to document how laws in different countries create barriers to litigation to hold cigarette companies accountable for selling a defective product or, more importantly how such laws could be changed to open the door to litigation.

Many people are whining about the watered down corrective statements currently airing in the US, but these statements or versions of them could be used to powerfully change attitudes about cigarettes and cigarette companies.

There is good evidence that lowering nicotine levels in cigarettes could render them non-addictive. A field trial to evaluate how consumers might react to such a policy would be value to do.

It would be helpful for the FSFW to assess characteristics of products that increase the probability of smokers switching away from cigarettes to alternative products. Market research looking at the optimum composition of product features would be useful to know.

**3. What specific expertise, data, collaborations, etc., will be required to answer this question(s) well?**

Legal scholars could be recruited to to help with the questions about laws that impede efforts to hold cigarette companies accountable for selling defective products. The laws likely differ between countries, so it would be useful to know what the laws are.

A marketing firm to take versions of the corrective statements now running in the US and adapt them for use in other countries.

A manufacturer of very low nicotine cigarettes and perhaps collaboration with WHO, FDA, NIH to test the very low nicotine standard in a field trial.

A market research firm could design studies to test different the relative importance of different product features that influence adoption of smoke-free alternative products

A market research firm to test the most cost-effective ways to promote adoption of smoke-free alternative products. Here the focus might be on mobile technologies that make it easy for consumers to learn about new products, and switch to alternatives in a way that product adoption rather than just trial

**4. Who do you consider to be the relevant experts and stakeholders to engage with on this question?**

Governments and health ministries willing to test the very low nicotine policy

Health groups willing to co-sponsor the corrective statements mass media campaign

Legal scholars who are focused on human rights and the application of legal efforts to hold cigarette companies accountable for their actions

Marketing research companies and manufacturers of alternative nicotine products

Social media companies that would be willing to partner on an effort to more rapidly disseminate smoking alternatives to the world

**Peter Nicholas Charles Lee, P.N.Lee Statistics and Computing Limited, England**

**1. What research question(s) should be a priority for FSFW to answer?**

Given FSFW's aim of reducing smoking prevalence, they should keep accurate details of trends in prevalence in different countries. Given my funding for ISS has run out, key staff are no longer available, and my eventual retirement, I am offering FSFW all the relevant files on ISS in the hope that firstly they will secure the availability of the work done so

far, and secondly that the project may be continued into the future by FSFW, or a suitable body funded by FSFW.

**2. What relevant work has already been done on this question(s) either by your organization or others?**

The first edition of ISS was published in 1993 including data on 22 countries, and the second in 2002 including data on 30 countries. Subsequently regular updates have appeared on my website, which were announced in a letter to International Journal of Epidemiology (Forey and Lee, 2007, Int J Epidemiol, 36, 471-472). The process of updating was conducted at regular intervals, including data up to at least 2011 for all the 30 countries considered in 2002, and breakdowns by old country for Czechoslovakia, Yugoslavia and USSR. Fuller details are given on my website, and a note summarizing these is available. This was sent earlier to ola.beilock@ogilvy.com the only e-mail address on your website earlier, but I never got a reply. Note that though the project was funded by the tobacco industry, they played no part whatsoever in the content of ISS.

**3. What specific expertise, data, collaborations, etc., will be required to answer this question(s) well?**

Barbara Forey and I are willing to meet you and your representatives for detailed explanations.

**4. Who do you consider to be the relevant experts and stakeholders to engage with on this question?**

Not sure

**Anders Milton, Sweden**

**1. What research question(s) should be a priority for FSFW to answer?**

Can a harm reduction approach save lives worldwide? We know that

snus has saved lives in Sweden but can similar results be expected in other settings?

Can reduced risk products really be attractive enough to replace cigarettes? What aspects of smoking, if any, need to be preserved in a reduced risk product for it to be successful? Is it enough that the uptake of nicotine is quick and big enough to give a kick or are other factors important?

How should new products with reduced health risks look and function?

How do we convince the old public health experts and the governments of the importance of harm reduction also in the field of tobacco and nicotine?

**2. What relevant work has already been done on this question(s) either by your organization or others?**

Locally in Sweden we, Sunskommissionen, [www.snuskommissionen.se](http://www.snuskommissionen.se), have written and published three (four in two weeks time) reports followed by lobbying, articles, and meetings with decision makers in government, regional bodies, and relevant NGOs.

**3. What specific expertise, data, collaborations, etc., will be required to answer this question(s) well?**

Research in the fields of cancer, circulatory diseases, epidemiology, etc

**4. Who do you consider to be the relevant experts and stakeholders to engage with on this question?**

A number.

## Don Seibert, United States

### 1. What research question(s) should be a priority for FSFW to answer?

Once addicted to nicotine, smokers rationalize their smoking to explain and to justify it to themselves and others. Through repetition, these illogical conclusions develop into false beliefs that smokers have regarding their smoking. (This explains resistance to logical health warnings and advertising, to get them to quit!) Smokenders has been very effective, since 1969, treating millions of quitters by altering those false beliefs into reality, viewing smoking logically, and repetitively breaking conditioned responses.

The "False Beliefs" are why smokers attempting to quit using the "Cold Turkey" method fail at extremely high rates. Continuing to hold these "false beliefs" as truths, theirs is a struggle of willpower versus a very strong, addictive substance.

We teach that, like giving an alcoholic another drink to get him sober, providing nicotine to a smoker, in any form, does not treat the addiction. There is also no need for a smoker to take risky drugs when simple education can provide a more lasting outcome.

Additional psychological research is needed to better understand these "false beliefs" harbored by all smokers so that they may be better addressed both in attracting smokers to make the commitment to quit and to improve upon existing cessation techniques and courses.

### 2. What relevant work has already been done on this question(s) either by your organization or others?

There have been many psychological studies conducted worldwide on the rationale of smokers and their behaviors during the stages of precontemplation, contemplation and commitment to a program of cessation. Studies conducted to date are primarily biased by the assumption of a chemically based (NRT or drug) treatment protocol being utilized.

Additional study is needed regarding smoker's belief systems and how they are affected by nicotine. Another study is also needed to compare the efficacy of behavioral treatment protocols versus traditional, chemical based treatments. Some examples of the current body of research into the behaviors of smokers:

"Transtheoretical Model of Behavior Change" , Prochaska, JO,  
"Encyclopedia of Behavioral Medicine, 2013

"The Process of Smoking Cessation: An analysis of precontemplation, contemplation and preparation stages of change" Di Clemente, CC ,  
Prochaska, JO, et. al Journal of Consulting and Clinical Psychology,  
1991

"Process of Smoking Cessation: Implications for Clinicians", Prochaska,  
JO, et al. "Clinics on Chest Medicine", 1991

"Motivational interviewing as a smoking cessation strategy wit nurses: and  
exploratory randomized controlled trial", Agurtzanew Mujika, e. al,  
"International Journal of Nursing Studies", 2014

"Study Protocol for randomized controlled trial of Allen Carr's Easyway  
programme...." Wood, KV, et al, London South Bank University, 2017

### **3. What specific expertise, data, collaborations, etc., will be required to answer this question(s) well?**

We suggest two different studies:

- A randomized study of smoker's beliefs regarding smoking issues, such as: Health risks, finances, understanding of their nicotine addiction, withdrawal, social acceptance, anxiety & stress levels, attitudes toward the smell, taste, weight control, pleasure and available cessation therapy options. The study would investigate the relative strength of said beliefs and how they change once the smoker introduces nicotine to their body. The intent of the study should be to identify those false beliefs which defy logic, how they came to be, and how they may be addressed in an effort to alter their

developed attitude toward cessation.

- A randomized study of smokers undergoing treatment using various available smoking cessation therapies, independent of tobacco or pharmaceutical industry intervention. Cohorts of smokers using behavioral modification, unassisted withdrawal (Cold Turkey), Nicotine Replacement Therapies (patches, gums, mints, e-cigarettes, etc) as well as varenicline and bupropion drug therapies should be measured prior to, during, and after treatment. Metrics should include course/time of treatment, definition of actual "quit date", cost of treatment, identified problems/issues/side effects, and follow-up success rate data collection at 3, 6, and 12 month periods after said quit date.

#### **4. Who do you consider to be the relevant experts and stakeholders to engage with on this question?**

Many respected and reliable experts exist in the academic community who could conduct such research, in a way that is intentionally unbiased. We feel that the independence of the Foundation for a Smoke-Free World has, frankly, been a missing ingredient in many clinical studies previously conducted. Many/most such studies and clinical trials have been funded by pharmaceutical and tobacco industry entities which are more interested in their revenue streams than the more altruistic mission and agenda of the FSFW.

We see that, by conducting the above proposed studies in a completely neutral and independent way, the FSFW can, once and for all, establish itself as being totally independent and sincerely interested in solving one of mankind's biggest health issues! The choice of said research organization is one area where the FSFW should demonstrate its independence.

One notable expert, Dr. James Prochaska, Professor of Psychology of the University of Rhode Island and Director of the Cancer Prevention Research Center, has made such research his lifelong vocation, since 1977. We would defer to his extensive knowledge of the research and qualifications of entities who might be able to conduct such important research, to be funded by the FSFW.

## Ivan Mukiibi, Uganda

### 1. **What research question(s) should be a priority for FSFW to answer?**

Is smoking of tobacco or any material sweet or bitter?

Does individual freedom of smoking promote mutual significance of the non-smoking party?

Can tobacco farmers/producers find other means of production and living other than tobacco?

Can the public have an everlasting impact on the prevention of smoking?

### 2. **What relevant work has already been done on this question(s) either by your organization or others?**

Say No to Smoking

Having a smoke free environment is healthy

No smoking in public places.

### 3. **What specific expertise, data, collaborations, etc., will be required to answer this question(s) well?**

Quantitative studies to ascertain the correlations between smokers and non-smokers

Qualitative studies to ascertain for appropriate measures of stopping smoking.

Correspondences with tobacco products producers and tobacco plant farmers like the British American Tobacco company.

SPSS tools, EPI Info, Stata tools and techniques.

Printing and publication.

**4. Who do you consider to be the relevant experts and stakeholders to engage with on this question?**

The government regulatory bodies like Investment authorities, Bureau of Standards, Revenue Authorities, Law and Order Sector, Security sector, Internal and External Relations, Aviation Authorities, Engineering and Plant authorities, Ministry of Health, Disaster Preparedness and the likes.

**Mir Mansoor Ahmed, Pakistan**

**1. What research question(s) should be a priority for FSFW to answer?**

Why there is no law to stop smoking either in public place or in personal places?

**2. What relevant work has already been done on this question(s) either by your organization or others?**

Our organisation has already worked on this topic and conduct research, did surveys, focus group discussions

**3. What specific expertise, data, collaborations, etc., will be required to answer this question(s) well?**

Researchers, Physicians, psychologist, Nicotine experts, Combustion specialists

**4. Who do you consider to be the relevant experts and stakeholders to engage with on this question?**

Government, citizens, doctors, Family of smoking persons, Religious and social activists, TV channels, advertisement agencies

## **Maria Ahmed Qureshi, Pakistan**

- 1. What research question(s) should be a priority for FSFW to answer?**

If right to trade is an absolute right?

- 2. What relevant work has already been done on this question(s) either by your organization or others?**

Initial work was done to understand if right to trade in the context of ensuring livelihood to the people is absolute when seen in the context of generally believed right to life. Because of legal conventions right to life is considered absolute and right to trade is subject to governmental health regulations. But still in a developing country a person can ensure his right to health if he has ensured right to food and livelihood.

- 3. What specific expertise, data, collaborations, etc., will be required to answer this question(s) well?**

A systematic literature review is to be done to help understand the dynamics of this questions.

- 4. Who do you consider to be the relevant experts and stakeholders to engage with on this question?**

Public health researchers and health regulators.

## **Norbert "Zillatron" Schmidt, Germany**

**1. What research question(s) should be a priority for FSFW to answer?**

Continuous database of individual lung function data and smoking/vaping status changes. People should be able to enter via web their individual data from the past or later when new data are available. This should provide increasingly solid long-term data on the correlation of smoking, vaping, cessation and lung health. Basic statistical data could be autogenerated daily and graphically displayed. More in depth scientific evaluation could be done regularly.

**2. What relevant work has already been done on this question(s) either by your organization or others?**

None that I know of. But there are many vapers who mention in their "anecdotes" that their lung functions has been tested as smoker and later as vaper and that there was significant improvement. Here is a worldwide wealth of information that only needs to be catalogued systematically. It would be best if the data base also included data from smoker, snus users, never-smokers.

**3. What specific expertise, data, collaborations, etc., will be required to answer this question(s) well?**

Lung function tests: Relevant data? National differences?

Smoking: amount per day, type

Vaping: nicotine level, amount liquid per day.

Snus: ?

NRT use: ?

**4. Who do you consider to be the relevant experts and stakeholders to engage with on this question?**

Pneumonologists, e.g. Professor Polosa.

Consumer representatives (smokers, vapers, snusers, ...) on the typically available data.

Computer scientists for the design of the data base and the web interface for easy input of the consumer's data. (login, basic info, LF data, smoking/vaping status)

Translators to add as many languages to the web interface as feasible.

Statisticians for the evaluation of the data.

## Rok Klobučar, Slovenia

### **1. What research question(s) should be a priority for FSFW to answer?**

Safety of various wires in vaping (Kanthal, SS, Titanium, Nickel, Nichrome,...).

Long-term studies on effects of vaping (lungs, hearth, brains,...).

Monitoring diseases smokers vs. vapers, vapers vs. people who quit with NRT's, cold-turkey.

### **2. What relevant work has already been done on this question(s) either by your organization or others?**

Some from Konstantinos Farsalinos, some from Riccardo Polosa.

### **3. What specific expertise, data, collaborations, etc., will be required to answer this question(s) well?**

Emissions (especially metals, dioxides, oxides) from various types of wires.

Damage to internal organs.

Number (percentage) of diseases for each comparison.

#### **4. Who do you consider to be the relevant experts and stakeholders to engage with on this question?**

UK professors, Konstantinos Farsalinos, Riccardo Polosa, Gopal Bhatnager (hearth surgeon Canada), Pedro Miguel Carvalho (metal scientist).

### **Atakan Erik Befrits, NNA Sweden, Sweden**

#### **1. What research question(s) should be a priority for FSFW to answer?**

FSFW should ideally support and in part oversee, a truly independent global SLT effort to answer the question of what the harm reduction level is from using the best currently available SLT products in comparison to cigarette smoking. Such an effort would best be initiated in Sweden and support an independent and international expert group to re-evaluate and when applicable replicate, existing data and registry data on snus use and health effects in Sweden. An expected and useful output would be a number, certified and agreed to as true within a set tolerance, that can be entered into national cost-benefit analysis work to generate best suggestions for policy, and used for extrapolation purposes to other existing and new harm reduced nicotine products. No such valid and agreed as number exists for products that can be produced at costs similar to the cheapest available combustibles and SLT products. Products used daily by approximately 1 billion consumers with very limited income. This is the single critical obstacle to any attempts at relevant discussion on snus and SLT. Sweden is the only country globally where all the necessary data already exists and could be made available as ready to use immediately.

## **2. What relevant work has already been done on this question(s) either by your organization or others?**

2000-2017 extensive scientific work has been published by KI among others in Scandinavia putting expected risks and harms from snus use to somewhat higher than 1.0.

2007-2017 extensive contacts and Op-Eds have been written indicating that the RR may be higher than 1.0 but harm reduction level compared to smoking should fall around 99,6% (list upon request)

2015-2017 Swedish independent (Supported without condition by the Snusmakers association) has published 2 reports available in English supporting the notions that snus use harms and risks are below relevant detection levels in comparison to smoking.

[\(http://snuskommissionen.se/what-is-the-snus-commission/\)](http://snuskommissionen.se/what-is-the-snus-commission/)

2014 Report commissioned 2013 by Swedish Government to calculate best available evidence in cost and health harm from smoking and snus use respectively. The report clearly states that Registry data puts the harms of snus use compared to no use at 1.0, by omission.

<https://www.socialstyrelsen.se/Lists/Artikelkatalog/Attachments/19371/2014-3-4.pdf>

## **3. What specific expertise, data, collaborations, etc., will be required to answer this question(s) well?**

- Snus Commission cooperation and project support
- Swedish, US and India/Asia SLT research competence with a proven understanding of how Harm Reduction works and integrates with human rights
- Team with a global scope, interest in LMIC tobacco control and harm reduction, and attention to integration with Agenda 2030 SDG work
- Collaboration with a respected and democratic global nicotine research network/organisation for continuous input and validation. Such collaboration should ideally represent prominent thinking covering the

entire current spectrum, from the very cautionary end to the quite progressive end

- Access to and cooperation from Swedish data custodians, including but not limited to, the Swedish Construction workers Cohort

**4. Who do you consider to be the relevant experts and stakeholders to engage with on this question?**

The project should ideally involve at least, but not be limited to: Karolinska Institute, Umeå University, Swedish Snus Commission, NNA Sweden, NNAlliance UK, CASAA, SRNT, University of Louisville, UCSF, UKCTAS and INNCO

**Zanib Khan, ICAS, Pakistan**

**1. What research question(s) should be a priority for FSFW to answer?**

Research on sheesha smoking more dangerous than cigarette smoking

**2. What relevant work has already been done on this question(s) either by your organization or others?**

We have data about all sheesha centers.

**3. What specific expertise, data, collaborations, etc., will be required to answer this question(s) well?**

Evidence-based data should be collected

**4. Who do you consider to be the relevant experts and stakeholders to engage with on this question?**

Sheesha smokers, sheesha centers, doctors