Phasing Out Combustible Cigarettes

Reducing Tobacco Harm

By Dr. Derek Yach.

FOUNDATION FOR A
SMOKE-FREE WORLD

Summary

For decades, efforts to curtail smoking have focused solely on regulations, sanctions and warnings that basically say "Quit or die!" The slow, steady impact of these efforts has left us with 1.3 billion tobacco users worldwide; but now science and technology have given us the alternatives of tobacco harm reduction products (THRPs). THRPs allow smokers who are unable to quit smoking entirely to reduce their health risks, and give policymakers a way to save millions of lives without ignoring the real challenges people who smoke face every day. Early evidence suggests that this path could end the reign of the deadliest tobacco products.

This paper outlines rational, researched-based strategies for phasing out combustible cigarettes, including a "nudge" approach and logical regulatory actions. Central to this plan are scientifically informed policies regarding THRPs. Unfortunately, the media and public officials have distributed so much misinformation about these products that increasing numbers of smokers think their health risks are equal to that of combustible cigarettes. This view is not only inaccurate but dangerous, and public officials have an ethical and professional obligation to correct these misperceptions.

Over the past year, a handful of regulatory agencies have begun to adopt a more accommodating stance toward THRPs, but many policymakers still remain unpersuaded by science. We must embrace any and all options that will end the era of combustible cigarettes. A new path is finally visible, and the stakes of ignoring it are dangerously high.

Introduction

The general assumption is that we all want to be healthier. We want to lose weight, stop drinking alcohol and quit smoking. We want to go to the gym more regularly, cut sugar from our diets and walk or run without wheezing. We also want to be more fit, with defined muscles and lungs lined with healthy pink tissue. These good intentions are genuine, but good intentions often fall by the wayside, a victim of the pressures of everyday life, a lack of motivation and the silent temptation of 'just this once.'

It is hard to overcome a habit, no matter how harmful it is to our health. Everyone has an irrational and impatient side, and if we cannot see results right away and our body is crying out for something we want and are used to, sticking to a plan can be challenging. Accepting new possibilities is equally hard, even if, like THRPs, they are supported by scientific evidence and could save millions of lives.

Continuum of risk for nicotine-containing products
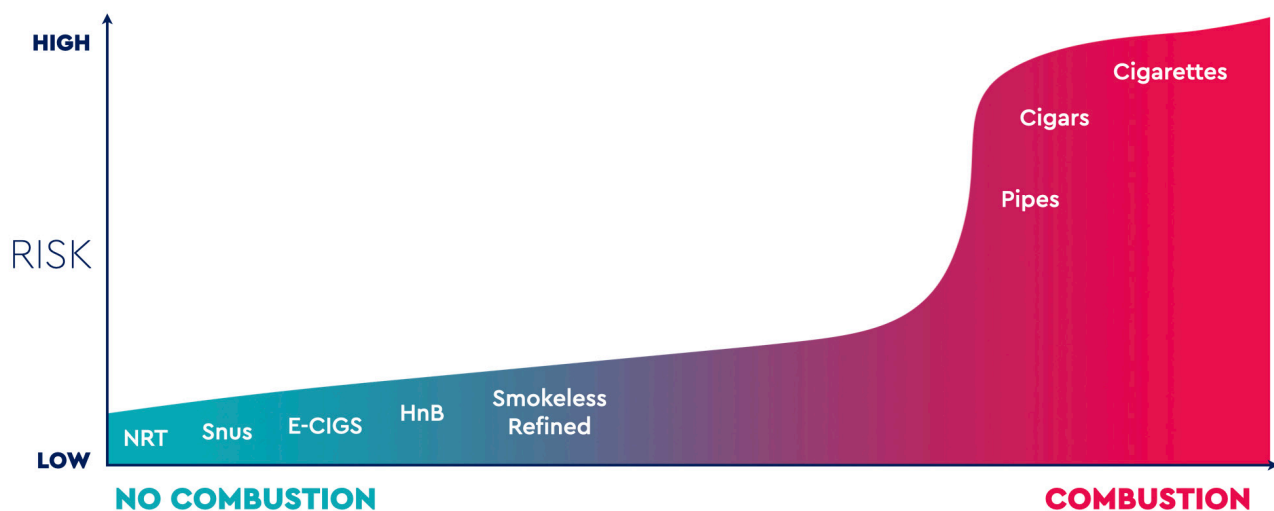
Shapiro, H. (2018). No fire, no smoke: global state of tobacco harm reduction 2018. *Knowledge-Action-Change.*

The 2020 Global Tobacco and Nicotine Forum will give governments, health authorities, and the general public a chance to learn more about THRPs and their individual risks. These products *are* different, and the United States Food and Drug Administration (FDA), which regulates tobacco, now allows a brand of snus called General, a smokeless tobacco product called Swedish Match, and Philip Morris International's IQOS heated tobacco sticks to be sold as Modified Risk Tobacco Products (MRTPs) in the U.S.

The FDA's decisions were based on the latest available research. Many current demands to ban all THRPs are based on a trio of World Health Organization papers that rely on cherry-picked research at least three years old that doesn't compare the differences in potential harm between THRPs and

combustible cigarettes. They also don't address the power of addiction, the inevitable black markets that pop up to fill the void created by bans, and the concept of freedom of choice, which is an essential part of the way we live.

The incontrovertible facts are that nearly 1 billion people light up a cigarette every day and there are nearly 7 million tobacco-related deaths, including cases of lung cancer and COPD, around the world every year.

China leads the way with a whopping 300.8 million tobacco users, and India comes in a close second with 99.5 million smokers and 199.4 million users of smokeless tobacco for a total of 290.9 million tobacco users in all.

Many activities are risky, including drinking a glass of wine or driving a car. Most risky activities are regulated in some way, such as setting appropriate age limits for drinking, issuing drivers' licenses and wearing seatbelts. Although there are risks associated with THRPs, responsible adults who want to quit smoking combustibles or reduce the danger smoking poses to their health must be given every chance to do so, complete with up-to-date information about whatever tobacco replacement product they want to use. This also means that authorities should regulate and tax these products in a way that reflects their real health risks and not the risks associated with combustible cigarettes, which are inextricably linked to cancer and other diseases.

To save lives, we must try to completely eliminate the sale of combustible cigarettes, and years of high cigarette taxes that fill government coffers and telling smokers they must quit or die have not achieved this goal. We believe the solution is to use the best research data available to find alternatives ways of enjoying nicotine that suit each individual smoker, neighborhood, city, and country. Eventually, we should also heavily penalize the merchants who continue to sell combustible tobacco products.

Philip Morris International (PMI), for example, has promised to phase out combustible cigarettes within 15 years. This is a realistic timeline that will allow governments to find other sources of revenue and tobacco farmers to develop other markets for their product. The ideal scenario would also include a campaign that highlights the differences between combustible cigarettes and THRPs and stresses that nicotine itself, while addictive, is not the cause of fatal tobacco-related diseases.

The Limits of Current Tobacco Control Policies

Until recently, efforts to curtail smoking have focused solely on regulations, sanctions and warnings by stentorian officials that smokers must quit or die a horrible death. Governments, individual health authorities and the World Health Organization (WHO) officially classify all smoking products as equally harmful, regardless of their actual health risk. This has meant that regulations about their sale and distribution have not distinguished between them, either, and equally punitive taxes have been levied on THRPs and combustible cigarettes.

> *Most scientific advances in tobacco/smoking science have been repudiated by authorities or not recognized at all. The WHO's Framework Convention on Tobacco Control (FCTC) is frozen back in 2003, when it was drafted.*

At the time, Chinese pharmacist Hon Lik had just invented what would become the world's first commercially successful e-cigarette, heralding the beginning of an industry that could greatly transform smokers' health outcomes.

The WHO, monolithic, rigid and ponderous, continues to presume that the best way to effect change is for countries to implement the articles of the FCTC, even though many of these articles are out of date. The WHO's standard response to new data, new organizations (such as the Foundation for a Smoke-Free World) and new alternative products is to promote the FCTC articles more vigorously, saying, "Policies such as tobacco taxes, graphic warning labels, comprehensive bans on advertising, promotion and sponsorship, and offering help to quit tobacco use have been proven to reduce demand for tobacco products. These policies focus not just on helping existing users to quit, but on preventing initiation."

The FCTC is a fairly ambitious document, complete with provisions that, if they had been universally implemented, would have already gone a long way towards creating a world free of tobacco-related diseases. However, it was negotiated before the new THRP technologies existed. In addition, the WHO does not consistently enforce its policies about tobacco products in all its signatory countries. Unfortunately, the provisions that are most highly enforced have the weakest impact on ending tobacco use. For example, although cigarettes in 52 percent of the world are sold with graphic danger warnings on their packages, these labels do little to reduce smoking rates; while only 23 of the WHO's 194 member states provide smoking cessation services that meet best-practice standards, even though many tobacco users report that they want to quit.

In addition, efforts to implement Articles 17 and 18 of the treaty, which deal with the need for tobacco farmers to find alternative livelihoods and the detrimental effects of tobacco farming on the

environment and human health, have been particularly slow. According to a recent report commissioned by the FCTC secretariat, only a few countries have demonstrated a commitment to these articles and made strides towards identifying crops to replace tobacco.

The tobacco control interventions that many countries currently favor focus on encouraging younger smokers to quit or preventing them from starting to smoke in the first place. To that end, they have made advertising smoking products to young people illegal; placed dire, graphic health warnings on cigarette packages; enforced smoke-free environments and have heavily taxed cigarettes. While discouraging younger people from smoking is a worthy goal, little has been spent on programs to help adult smokers quit and make nicotine products that have been proven to reduce harm widely available. Helping smokers quit using combustible cigarettes means they should have easy and affordable access to safer alternatives, and they should not be made to feel guilty about continuing to use nicotine if quitting altogether is not a possibility for them.

During the five years it took to create the FCTC, everyone that helped produce combustible cigarettes – from governments to tobacco companies and tobacco farmers – were extensively consulted, but no one consulted smokers. Tobacco activists need to follow in the footsteps of AIDS and breast cancer activists and take a more inclusive approach to action plans. There needs to be less top-down messaging – Do As We Say Because Experts Know Best – and more explaining risks and benefits using lay terms that will bring consumers into the picture.

Governments and health authorities have often benefitted from taxes on tobacco products, and some countries – notably China and South Korea – own tobacco companies either partially or outright.

They need to have their awareness raised about the health consequences of combustible tobacco and the drain these health problems place on their national economies. The lives of real people are at stake.

Nudging the Path to Change

"Nudge" behavior influences consumer choices through suggestions and positive reinforcement. These suggestions could be as simple as the server at your local café asking if you want a pastry with your coffee instead of a cigarette, or as all-encompassing as offering immediate rewards when you sign up for a life insurance program that can be taken away if you fail to reach certain health goals.

Nudges are a good way to promote health because they give consumers something from the get-go – an Apple watch, for example, or hard cash – that they want to keep. You don't get a reward for good behavior, you get an immediate reward on the assumption that you *will* behave well in the

future. The central message is that we are our own worst enemies when we make decisions about the long-term consequences of short-term behavior, and we need to be cognizant of that fact.

When it comes to smoking, these kinds of incentives may prove invaluable in promoting quitting or switching. Smokers should have access to cleaner sources of nicotine that, although addictive, do not cause tobacco-related diseases and are available at prices that everyone in the society can afford. These alternative sources should cater to the needs of different groups, address their reasons for smoking, and adapt to the levels of their nicotine addictions.

For example, is lighting a cigarette the first thing they do when they get up in the morning? Are they able to limit their smoking to one or two cigarettes a day? Do they leave one cigarette burning in an ashtray as they light up another? Is it nicotine they crave, or the act of lighting a cigarette and the warmth of participating in a communal social ritual? All of these factors will contribute to the Nudge alternative a smoker chooses.

Nudging consumers toward safer products means that governments should not tax e-cigarettes and heat-not-burn products at the same rate, or even higher rates, than combustible cigarettes. Consumers are offered rebates and tax incentives when purchasing something that is energy efficient, such as solar panels for their houses or electric cars. That should also be the case when people buy less harmful tobacco products as well.

The Foundation for a Smoke-Free World recently commissioned a Nielsen poll that involved 6,800 respondents in five countries – the U.S., India, Italy, the UK and South Africa – and explored how the COVID-19 pandemic is affecting smoking habits. It assessed factors such as being confined at home with non-smoking family members, losing jobs, and worry that the supply of nicotine – either cigarettes or THRPs – may be threatened by failing economies and the whims of politicians and public health authorities.

What the poll revealed is that people are reacting to their fear of the unknown in ways that go against their long-term interests. In many countries, sales of alcohol, packaged foods, desserts, and cigarettes have increased, while sales of fresh fruits and vegetables have dropped markedly. Data shows that people are exercising less, worrying more, and often turning to unhealthy habits (like smoking) to cope with stress.

In response, governments are making hasty and ill-considered decisions regarding nicotine products. In some countries, tobacconist shops with easy access to combustible cigarettes, cigars and pipe tobacco may remain open, but vape shops must stay closed. India and the UK have allowed

tobacco to be sold during the lockdown, but India bans the sale of e-cigarettes. While the UK has closed vape shops as non-essential, it is still possible to buy e-cigarettes in grocery stores.

South Africa forbade the sale of combustible cigarettes and THRPs for four months on the grounds that the WHO has said that there was reason to believe (despite research findings) that smoking would produce more serious cases of COVID-19. Dr. Nkosazana Dlamini-Zuma, South Africa's health minister in the 1990s who now serves as its Cooperative Governance Minister, also cited concerns that smoking could promote the spread of the disease. The result has been a surge of cigarettes sales on the black market.

In a 2019 article in *Tobacco Control*,[1] Elizabeth A. Smith and Ruth E. Malone wonder if now is the time to begin phasing out the sale of combustible cigarettes since the market in alternative nicotine delivery systems is rapidly expanding. They suggest doing this slowly, starting with markets that are already non-smoking zones. This approach is in marked contrast to that of the European Union, which has called for a ban on everything *but* combustible cigarettes in lower- and middle-income countries on the grounds that combustibles, despite the danger they pose to people's health, are integral to the EU's economy.

In the United Kingdom, Public Health England (PHE) published an independent health review in 2015 that showed e-cigarettes to be dramatically safer than combustible cigarettes. The study has been reviewed each year since 2015, and scientists have always come to the same conclusions. John Newton, the PHE's Director of Health Improvement, summed up the organization's position, saying
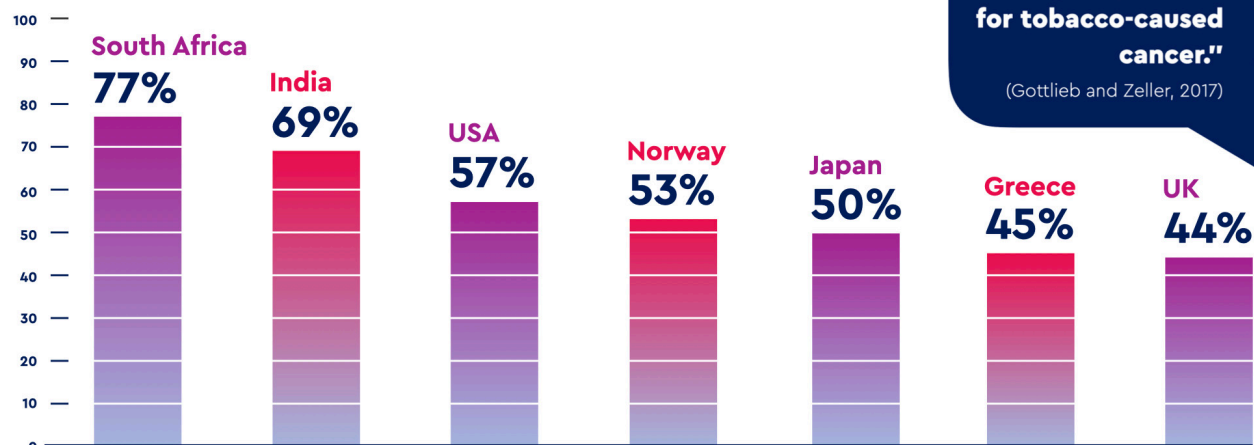
"If you don't smoke, don't vape. But if you smoke, there is no situation where it would be better for your health to continue smoking rather than switching completely to vaping."

Tobacco Harm Reduction: Varying Reactions to New Technologies

Contrary to what most people believe, nicotine, although addictive, does not cause the life-threatening conditions associated with combustible cigarettes, from COPD and emphysema to cancer and heart disease. It is the chemicals and combustion products in cigarette smoke that turn the lungs black; yet, many members of the general public associate nicotine with the dire messages about smoking issued by health organizations and the government. Because no distinction is made between combustible cigarettes, nicotine, e-cigarettes, heat-not-burn products, smokeless tobacco and other smoking alternatives, the public associates them all with the same dangers to human health.

Percentage of respondents who answered YES when asked if tobacco-related cancer is primarily caused by nicotine:

(Asked among all respondents)

"Nicotine, though not benign, is not directly responsible for tobacco-caused cancer."
(Gottlieb and Zeller, 2017)

South Africa 77%
India 69%
USA 57%
Norway 53%
Japan 50%
Greece 45%
UK 44%

Gottlieb, S. and Zeller, M. (2017). A nicotine-focused framework for public health. *New England Journal of Medicine*, Vol. 377 No. 12, pp. 1111–1114, doi: 10.1056/NEJMp1707409.

Rajkumar, S., Adibah, H., Paskow, M., and Erkkila, B.E. (2020). Perceptions of nicotine in current and former user of tobacco and alternative nicotine delivery systems from seven countries. *Drugs and Alcohol Today*.

Misconceptions about nicotine were highlighted in the Foundation for a Smoke-Free World's 2019 Global State of Smoking Poll, which surveyed seven countries: the UK, the U.S., India, Norway, Japan, Greece and South Africa. More than 54,000 adults who were current and former smokers, vapers, and dual and multi-product users took part in the poll and their answers are enlightening on many fronts. Many respondents (including 83% of the respondents in Norway and 75% in the U.S.), had previously made serious attempts to quit, but were not successful, underscoring how hard it is to give up nicotine. Many respondents mistakenly believed that smokeless tobacco and e-cigarettes were just as harmful as combustible tobacco products, and an extremely high number (see chart above), believed that tobacco-related cancers were caused by nicotine. In six of the seven survey countries, respondents thought nicotine was nearly as harmful as combustible cigarettes and alcohol, and in most cases, more dangerous than sugar, salt or caffeine.

Part of the problem is that nicotine is identified as an integral component of tobacco products. Sarah Rajkumar, who authored a paper summarizing the poll, wrote, "Clearer communication on the harmful properties of both by the media is needed to help consumers make informed decisions about products across the continuum of risk. Messaging to consumers, especially via the media, propagates misinformation about the relative harms of tobacco and nicotine through reporting that is often incomplete and biased towards more negative aspects."[1]

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[1] Rajkumar, S., Adibah, N., Paskow, M.J. and Erkkila, B.E., 2020. Perceptions of nicotine in current and former users of tobacco and tobacco harm reduction products from seven countries. *Drugs and Alcohol Today*.

No matter how many times we say that nicotine is not tobacco, and no matter how often we refute news stories with incorrect scientific results, it never seems to be enough.

Without a clear statement from a respected scientific organization saying that nicotine is distinct from tobacco, the ambiguity will continue and nicotine will be regulated as a tobacco product in countries around the world. A few countries, including Australia and Belgium, even classify nicotine as a 'poison' or 'hazardous substance,' further clouding the issue and reinforcing fears. The antipathy towards incorporating THRPs into the risk reduction strategies of tobacco control regulations was highlighted in the June 3, 2003 testimony of the U.S. Surgeon General, who told a congressional committee that was evaluating the safety of smokeless tobacco, "No matter what you may hear today or read in press reports later, I cannot conclude that the use of any tobacco product is a safer alternative to smoking." The result of this statement was that, nearly 17 years later, only one in every 10 Americans believes that any kind of smokeless tobacco product is less hazardous than combustible cigarettes, despite all the evidence that proves otherwise.

Part of the problem is that there is still a lack of scientific certainty about the exact risk e-cigarettes and heat-not-burn products pose to human health.[2] That is because there has not been enough time to study them thoroughly. Though all indicators suggest that these products are far safer than combustible cigarettes, scientists will not be able to determine their long-term consequences for human health until they have been in use for decades.

The result is field-wide differences of opinion. The public is bombarded with conflicting messages: e-cigarettes should be regarded as a solution to the tobacco epidemic, e-cigarettes are only another variation of combustible tobacco that will make you sick and could kill you. It is hard to draft regulations that govern THRPs because of the uncertainty that surrounds them.

The conversation is further muddled by links between harm reduction products and Big Tobacco.[3] While it is true that some tobacco companies now have a stake in the sale of THRPs, this fact does not nullify the potential benefits of the products.[4]

To help resolve these issues, the Foundation has sponsored the Tobacco Transformation Index (https://tobaccotransformationindex.org/), that will monitor and critically evaluate the behavior of tobacco companies and report whether they are supporting or impeding tobacco harm reduction

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[2] Gruszczynski, L. 2019. "The Regulation of E-cigarettes: International, European and National Challenges" in *Vaping and the Precautionary Principle in EU Law,* p. 175.

[3] Dewhirst, T., 2020. Co-optation of harm reduction by Big Tobacco. *Tobacco Control.* Available at: https://tobaccocontrol.bmj.com/content/tobaccocontrol/early/2020/08/11/tobaccocontrol-2020-056059.full.pdf.

[4] Yach, D., 2020. Who is really co-opting harm reduction? *Foundation for a Smoke-Free world.* Available at: https://www.smokefreeworld.org/who-is-really-co-opting-harm-reduction.

strategies. The Foundation hopes the Index will provide an incentive for tobacco companies to act more responsibly and produce reduced harm tobacco products more quickly than they otherwise would, and is engaging the tobacco industry in constructive discussions towards these ends.

At the core of the arguments, both pro and con, is a professed desire to protect human health and ensure the highest level of human functioning for young and old alike.

On the con side, Rep. Donna Shalala of Florida said in a debate on banning menthol cigarettes and flavored e-cigarettes in the House in February of 2020, that nicotine is a scourge and that flavored e-cigarettes have encouraged increasing numbers of American kids to become addicted to nicotine.

On the pro side, while snus (air-dried tobacco in pouches) has been declared illegal in every EU country but Sweden and dismissed by the WHO as just another form of dirty chewing tobacco, the smoking rate in Sweden is the lowest in the EU. Snus appears to have played a major role in that achievement because 54 per cent of its users are ex-smokers. Sweden's extremely low cancer rate has also been attributed to the use of snus instead of cigarettes.

In October of 2019, the FDA authorized Swedish Match, the company that manufactures Zyn, an oral nicotine snus pouch, to market its product with a Modified Risk Tobacco Product (MRTP) claim in the U.S. It was a landmark decision because, for the first time, it permitted lower risk products to be sold as such. This decision also suggests that, when presented with rigorously tested scientific evidence, even hardened bureaucrats' attitudes can soften.[5] In July 2020, Phillip Morris International, the maker of the IQOS heat-not-burn stick, won FDA approval to market it as a reduced risk product, too.

E-cigarettes and vaping have had a bumpier time of it, most recently due to flawed and now retracted academic studies that erroneously linked them with a lung disease that became known as E-cigarette or Vaping-Associated Lung Injury (EVALI). As it turns out, EVALI itself was a misnomer. Research now indicates that the disease is related to the vitamin E acetate that is part of vaping liquids and has nothing to do with the safety of the vaping liquids themselves. Research has suggested that e-cigarettes and vaping products are dramatically safer than combustible cigarettes. By next year, some people estimate that over 55 million people worldwide will be using e-cigarettes and heat-not-burn tobacco sticks, creating a market with a projected worth of $35 billion USD.[6]

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[5] As an aside, India could well take its cue from the FDA decision, given that the southern part of the country is home to the world's largest number of users of toxic forms of smokeless tobacco, which accounts for an inordinately high number of oral cancer cases. If these toxic products were replaced with snus, all the research points to the number of deaths being cut in dramatic fashion.

[6] Shapiro, H. 2018. "No Fire, No Smoke: The Global State of Tobacco Harm Reduction 2018." Available at: https://gsthr.org/zh/report/summary/english].

The Case for Differential Taxation of Nicotine Products

Conventional economic wisdom says that the consumption of tobacco products rises and falls by the number of impediments to smoking created by tobacco regulations. These include high taxes on smoking materials and smoking bans in the workplace, restaurants and bars. There is still debate over the effectiveness of such measures and their impact on the economic welfare of consumers who choose combustible cigarettes; but now people who choose e-cigarettes, vaping, and heat-not-burn sticks are part of the equation, as are the questions of how closely the adult demand for tobacco products is tied to price and the preferences of young people who have not started consuming tobacco yet in any form.

These questions are at the heart of the argument for making taxes and regulations proportionate to risk. If a smoker has a significantly lower risk of developing a deadly disease by using a THRP, should the product (an e-cigarette, a heat-not-burn stick or a package of snus) be taxed at the same rate as combustible cigarettes?

Why do so many governments lump all tobacco products together when it comes to excise taxes? Why not encourage smokers to switch by selling reduced risk products at lower prices?

In South Korea, the introduction of heated tobacco products was, by any measure, an unqualified success. After heated tobacco products were introduced there, sales of combustible cigarettes declined 14 percent over two years. In the fourth quarter of 2018, the decline suddenly slowed to a trickle of 1.3 per cent after taxes on heated tobacco products were raised to 68 percent and the country's Ministry of Food and Drug Safety revealed the results of a study that found heated tobacco products were just as harmful as traditional cigarettes and required graphic warnings on all product packages.

When governments own tobacco companies, the equation becomes even more complicated. New research published by leading international business and corporate governance scholar Daniel Malan identifies such inherent conflicts of interest in many of the countries leading the development of global tobacco control policy. Nearly 50% of the global cigarette industry is controlled by eight governments who monopolize their country's tobacco production and are also signatories to the FCTC. Of the six companies with some degree of state ownership in the Tobacco Transformation Index, five are in the lower half of the progress rankings for tobacco harm reduction.

Responsible use of ENDS could save the lives of 3.1 million to 22.8 current smokers.

Electronic Nicotine Delivery System

To realize this potential, regulations must maximize public-health benefits while minimizing risks.

CURRENT REGULATIONS

30 countries ban sale of all types of e-cigarettes.

49 countries regulate sale or require marketing authorization prior to sale.

4 countries prohibit sale of nicotine-containing e-cigarettes.

6 countries do not have regulations on sale beyond age of majority purchase rules.

Projection models what would happen if, between 2008 and 2014, smokers who made a quit attempt had switched to ENDS. It assumes that, among those who made quit attempts, 7.5% to 20% managed to quit smoking. In this case, there would have been 12 to 34 million fewer smokers. Existing evidence suggests 1/3–2/3 of those quitters would not die from tobacco-attributable deaths.

Yurekli, A. and Kovacevic, P. (2020). Government intervention in the market for electronic nicotine delivery systems (ENDS). The known, the unknown and challenges. Drugs and Alcohol Today.

Institute for Global Tobacco Control. (2020) Country Laws Regulating E-cigarettes: A Policy Scan. Baltimore, MD: Johns Hopkins Bloomberg School of Public Health. https://www.globaltobaccocontrol.org/e-cigarette_policyscan

Around the world, users of TRHPs agree that such products should be taxed at a lower rate than combustible cigarettes to encourage their use, although there is no agreement on just how much lower. Nevertheless, positive news has come in from a number of countries. Hungary, Poland and Italy have substantially reduced their taxes on e-cigarettes, and the South African government announced in February of 2020 that it will start to tax heat-not-burn products at 75 per cent of the rate of combustible cigarettes. This could be a game-changer in a country where about 7 million people 15 years of age and older currently smoke, and where illegal tobacco products account for about a quarter of the tobacco market.

Menthol Cigarettes and Reduced Risk Products are NOT the Same

Research has shown that banning products such as combustible menthol cigarettes helps smokers switch to much less harmful products and maybe even to quit. In Ontario, Canada, a ban on combustible menthol cigarettes that began on January 1, 2017, saw a surprising 63 per cent of daily menthol smokers attempt to quit over the following 12 months, compared to 43 per cent of non-menthol smokers.

Menthol cigarettes were banned in the EU and the UK as of May 20, 2020. The European Congress instituted the ban on the grounds that the flavor serves as a gateway to other tobacco products. The ban also includes other combustible tobacco flavors and roll-your-own tobacco.   This legislation reflects the priorities of the EU Tobacco Product Directive laws, which outlaw combustible menthol cigarettes because doing so protects the health of European citizens without interrupting the smooth functioning of internal markets for tobacco and related products. The sale of menthol e-cigarettes

and heat-not-burn products is still permitted, and the Foundation is currently tracking the impact of these measures in eight countries.

*Will menthol smokers quit altogether, or will they switch to a
non-flavored cigarette, an e-cigarette, or a heat-not-burn product?
We will publish the results after they arrive in September.*

In Europe, the justification of the ban on combustible menthol cigarettes has centered on the health of adults. In the U.S., where debate rages over whether or not to ban all flavored combustible cigarettes and e-cigarettes, the focus is on the health of children and teens. Several U.S. states, for example, have passed legislation that bans vaping flavors as well as menthol cigarettes, even though these moves involve two very different kinds of products. Much of the debate in the U.S. is based on emotion rather than science, and ignores the fact that some nicotine gums and sprays also contain menthol and flavors, perhaps because they are not seen as products that would attract children.

Because African Americans make up 83 per cent of the menthol smokers in the U.S., the menthol debate has been overtaken by the very real issue of systemic racial discrimination. In February 2020, as House representatives argued over the bill co-sponsored by Shalala, cracks were revealed in the usually united Democratic caucus when 17 of its members voted against the bill. Long-time Democratic Rep. Yvette Clarke, who represents New York's Ninth District in Brooklyn, pointed out that a nationwide menthol ban would have little effect on white smokers, while, "Black smokers could face even more sweeping harassment from law enforcement if the hint of menthol smoke can justify a stop."

That observation resonates even more today, as the Black Lives Matter movement demands a national soul-searching about institutionalized racism within the U.S. We need to acknowledge the crucial role of public health disparities in our conversations. If the EU menthol ban helps reduce the smoking of combustible cigarettes, the Foundation's stance is that U.S. officials should move quickly and ban combustible menthol cigarettes while allowing menthol THRPs to remain on the market.

There are signs that public health experts are beginning to recognize the importance of such a move, even when their opinions about it are ambivalent. In the New England Journal of Medicine, Jody L. Sindelar of Yale University's School of Public Health wrote about the quandary facing U.S. policymakers right now, since vaping regulations target youth smoking but do not address safer alternatives for adult smokers.[7]

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[7] Sindelar, J.L., 2020. Regulating Vaping—Policies, Possibilities, and Perils. *New England Journal of Medicine*, *382*(20), p.e54.

Sindelar notes that 21 states and the District of Columbia tax both e-cigarettes and combustible cigarettes, but the federal government only taxes combustibles. She thinks that the results of such policies on public health will be complicated. "Levying taxes on e-cigarettes raises their price, thereby deterring some people from vaping," says Sindelar. "However, such taxes will also drive some vapers toward smoking, since taxes tend to increase the price of e-cigarettes relative to the price of combustibles. Consequently,

> *...the tax rate on e-cigarettes should be set so that*
> *it is cheaper to vape than to smoke.*"

At the same time, Sindelar worries about the "soaring" rates of young people who have recently tried e-cigarettes. Her call for a wholesale ban of flavors across the board contradicts the conclusions of a previous study she co-authored, which found that such a move would likely drive current e-cigarette users to combustibles rather than encouraging them to quit using tobacco altogether.[8] That study concluded that it was better to ban menthol in combustible cigarettes alone because it would probably lead to more people quitting combustibles.

An Urgent Call for Action

Consumers have demanded that industries like coal and waste management use technology to transform the way they function so the people who live around them can lead healthier lives and leave a cleaner world for their children. The same new, transformative technology is available to tobacco companies, and it is up to us to make sure tobacco companies use it. In 1976, Michael Russell said, "People smoke for nicotine, but they die from the tar." Nearly 45 years later, there is a growing portfolio of products that substantially reduce the health risks associated with combustible cigarettes by decoupling nicotine from lethal smoke.

> *Now is the time to be bold.*

With COVID-19 pushing countries to reset their health priorities, this is a call for all parties to act on the incontrovertible evidence, not on myths, fears, prejudices, or outdated beliefs that scientific research has proved wrong. The academics, policymakers, and company representatives who are attending this virtual iteration of the Global Tobacco and Nicotine Forum need to start actively working together toward a world without combustible cigarettes.

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[8] Buckell, J., Marti, J. and Sindelar, J.L., 2019. Should flavours be banned in cigarettes and e-cigarettes? Evidence on adult smokers and recent quitters from a discrete choice experiment. *Tobacco control, 28*(2), pp.168-175.

Imagine a world with enforceable, fair regulations that we all adhere to because we are all interested in the long-term health of the public, and one in which millions upon millions of premature deaths are prevented. It is possible. Already, there are signs that people are willing to set aside their preferences for the greater good, including the FDA decisions to allow snus and IQOS sticks to be marketed as MRTPs and the ban on menthol-flavored combustible cigarettes in the EU. It is imperative that this conversation continue, with products regulated according to their real risk.