



- CONSUMER CHOICE
- RATIONAL DEBATE
- SENSIBLE REGULATION

Submission by **factasia.org**
to
The Legislative Council of the Hong Kong
Special Administrative Region
Panel on Health Services
July 6, 2015

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About factasia.org

factasia.org is an independent, not-for-profit, consumer-oriented advocacy group promoting rational debate about – and sensible regulation of – the rights of adult citizens throughout Asia to choose to use tobacco or other nicotine related products. **factasia** does not promote smoking or the use of nicotine, and opposes all under-age use of cigarettes or any other product containing nicotine.

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*Statement by **factasia** (representative: **JOHN BOLEY**)
to
The Legislative Council of the Hong Kong Special Administrative Region
Panel on Health Services
July 6, 2015*

Honourable Chairman, Members of the Panel,

Congratulations on choosing to seek more information on this important topic. On behalf of Hong Kong consumers I thank you for the opportunity to present our views.

factasia.org is an independent, not-for-profit, consumer advocacy promoting rational debate and sensible regulation of the rights of adults throughout Asia to choose nicotine related products. We do not promote nicotine, and we oppose all under-age use of any product containing nicotine.

This is all about “**harm reduction**”. How can we all reduce the harm done to smokers of tobacco products: adult consumers and voters who choose to use nicotine?

There cannot be a smoker left anywhere who does not know the risks inherent in smoking, but still half a billion Asians, including 650,000 adults in Hong Kong, choose to do so. Many smokers find it difficult to quit, or enjoy their nicotine and don't want to give up.

We agree with the tobacco control experts who say providing less harmful alternatives to cigarettes should be part of government strategies. E-cigarettes are one such alternative.

Globally, experts in 'harm reduction' regard “e-cigarettes” containing nicotine as a valuable tool to reduce death and disease associated with smoking. The support for e-cigarettes **from the anti-smoking experts** has become dramatic: one leading medical expert in the UK calls them “at least 95 percent safer than smoking”.

So why ban something that

- the experts want legalised and is now legal in Europe and the US as a result of their data?
- gives smokers a path **away** from smoking?
- is proven in medical research **not** to be a gateway for non-smokers to start taking nicotine?

factasia's latest independent opinion poll results show that 66 percent of Hong Kong's smokers “would consider switching to e-cigarettes” as a safer alternative if they were legal here.

Our research backs up our talks with local smokers – they want more information on e-cigarettes and they want them legalised. They see e-cigarettes as a positive alternative to smoking. And three-quarters of them say the government should encourage smokers to switch, and that it would be wrong to delay or prevent the availability to adults of e-cigarettes.

So the Council has a rare opportunity to act for the good of its citizens **and** please consumers and voters.

factasia recommends the Council should give them the choice to reduce death and disease in three steps:

1. accept the body of evidence from the anti-smoking and harm reduction experts
2. legalise e-cigarette use in Hong Kong among adults
3. regulate for product quality and manufacturing standards like any other consumer product, and tax rationally – no-one is suggesting e-cigarettes should be tax-exempt.

The Government has a chance to become a clear leader in Asia in progressive public health policy and in harm reduction in this vital sector. It's what consumers want, and it's good for them too.

factasia.org would welcome the opportunity to work with the Panel and the Government to help achieve these aims.

2015 ASIAN NATIONS ADULT SMOKER E-CIGARETTE SURVEY |

Hong Kong - EXECUTIVE SUMMARY

5 JULY 2015

The results contained in this report are derived from an online survey conducted from 27 May to 10 June 2015 among adult smokers aged 18+ in Hong Kong. A total of 414 interviews were conducted by Ipsos on behalf of factasia.org. This study carries a margin of error of $\pm 4.9\%$ at the 95% confidence level.

Smokers and E-cigarettes in Hong Kong

- One-quarter (26%) of adult smokers in Hong Kong indicate they are either regular (4%) or occasional users of e-cigarettes (22%).
- Among regular and occasional users of e-cigarettes, 23% say they have been using e-cigarettes less than 6 months, while 42% say they have been using them between 6 and 12 months, 23% between 12 and 24 months, and 10% longer than 24 months.
- Among occasional e-cigarette users (22% of adult smokers), the plurality (48%) say accessibility to e-cigarettes has kept them from using the product more. 30% say price is the reason, while 29% say flavour, and 18% say they did not find e-cigarettes a suitable alternative to regular cigarettes.

Awareness and Understanding of E-cigarettes

- Nine out of ten (89%) adult smokers in Hong Kong know that e-cigarettes exist.
 - It is worth noting that there is very little variation in this figure across demographic sub-groups, which indicates that nearly everyone has some basic awareness of e-cigarettes.
- However, smokers remained confused about e-cigarettes, with only 7% saying they are “very familiar” with the product. A majority 57% believe they are “somewhat familiar” with the product, while 33% say they are “not very familiar” and 2% say they are “not familiar at all.”
- What may be most telling about the confusion surrounding e-cigarettes is that more than one-third (36%) of adult smokers do not even know whether the product is legal in Hong Kong. Slightly over half (56%) believe they are legal, while 8% feel they are illegal.
 - In fact, over a quarter (28%) of regular and occasional e-cigarette users are uncertain as to the legal status of e-cigarettes in Hong Kong.

Nearly all adult smokers in Hong Kong are aware of e-cigarettes. However, a high level of confusion and uncertainty surrounds these products. It is therefore necessary for the government and public health officials to provide comprehensive information about e-cigarettes in order for adult smokers to make well-informed decisions about their usage.

Regulation of E-cigarettes

- Nine out of ten adult smokers believe they should have the right to access information about less harmful alternatives to cigarettes.
- Nearly two-thirds of adult smokers (62%) believe it would be wrong to prevent or delay legalising less harmful alternatives to cigarettes.
 - Support increases to 67% among those with a tertiary degree or higher and to 68% among the high income earners (monthly income above HK\$40,000).
- In fact, three-quarters (75%) of adult smokers in Hong Kong believe the Government should be encouraging them to switch to less harmful products by easing fiscal and regulatory policies.
 - Support for less restrictive fiscal and regulatory policies on e-cigarettes increases to over 80% among those aged 18 to 29, those with a tertiary degree or higher, and high income earners.

Despite all the uncertainty surrounding e-cigarettes, adult smokers in Hong Kong have a clear vision as to how these products should be regulated: they should be allowed to access information about less harmful alternatives, the government should not prevent or delay these products from coming to market, and the government should encourage adult smokers to switch to less harmful products by taxing and regulating them less than conventional cigarettes.

E-cigarettes as an Alternative

- Six out of ten adult smokers (63%) agree that “e-cigarettes represent a positive alternative to today’s conventional cigarettes.”
 - Agreement increases to 83% among regular and occasional e-cigarette users, indicating that those most familiar with the product view them even more positively than smokers in general.
- Two thirds (66%) would consider “switching to e-cigarettes if they were legal, met quality and safety standards, and were conveniently available like regular tobacco products.”

Not only do adult smokers in Hong Kong recognise that e-cigarettes are a positive alternative to conventional cigarettes but, given the opportunity, many would consider switching to these less harmful alternatives.

2015 ASIAN NATIONS ADULT SMOKER E-CIGARETTE SURVEY |

Hong Kong - RESULTS

5 JULY 2015

KEY SPECIFICATIONS

AUDIENCE: SMOKERS AGED 18+ IN HONG KONG

SAMPLE SIZE: n=414

METHOD: ONLINE

FIELD DATES: 27 MAY – 10 JUNE 2015

RESEARCH SUPPLIER: IPSOS HONG KONG

COMMISSIONING ORGANISATION: factasia.org

EXECUTIVE SUMMARY

The results contained in this report are derived from an online survey conducted from 27 May to 10 June 2015 among adult smokers aged 18+ in Hong Kong. A total of 414 interviews were conducted by Ipsos on behalf of factasia.org. This study carries a margin of error of $\pm 4.9\%$ at the 95% confidence level.

The research found that even though large majorities of adult smokers are aware of e-cigarettes (89%), familiarity with the product is quite “soft” with only 7% saying they are “very familiar.”

Additionally, the study found adult smokers in Hong Kong have strong opinions regarding the regulation of e-cigarettes. Specifically of note:

- Three-quarters (75%) agree that “through tax and regulatory policies, the Government should encourage adult smokers to switch to less harmful alternatives to cigarettes and ensure they are not used by youth.”
- 62% agree with the statement “It would be wrong for the government to prevent or delay the introduction of less harmful alternatives to regular cigarettes for adult smokers.”
- Nearly nine-in-ten (87%) agree that “if a new product is scientifically proven to have the potential to reduce the risk of smoking as compared to conventional cigarettes, adult smokers should have the right to access this information.”

Finally, the research also found that six-in-ten adult smokers (63%) agree that “e-cigarettes represent a positive alternative to today’s cigarettes,” and that two-thirds (66%) would “consider switching to e-cigarettes if they were legal, met quality and safety standards, and were conveniently available like regular tobacco products.”

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S1. First, how old are you?

0%	Under 18	(TERMINATE)
9%	18-24	
12%	25-29	
16%	30-34	
11%	35-39	
26%	40-44	
13%	45-49	
8%	50-54	
1%	55-59	
2%	60-64	
1%	65 or older	

S2. Next, what is your gender?

77%	Male
23%	Female

Are you – or is any member of your immediate family – currently employed with/as:

(RANDOMISE)		<u>% YES</u>	<u>% NO</u>
S3.	An advertising or public relations agency	0%	100%
S4.	A newspaper, radio, or television station	0%	100%
S5.	A market research or opinion research firm	0%	100%
S6.	An elected official	0%	100%
S7.	A senior or policy making role in government	0%	100%

(IF YES TO ANY S3-S7: TERMINATE)

S8. Do you ever use tobacco or nicotine containing products such as cigarettes, cigars, pipes, smokeless tobacco products, shisha, or e-cigarettes?

100%	Yes	
0%	No	(TERMINATE)
0%	Unsure	(TERMINATE)

And, for each of the following products, please indicate whether you are a regular user, an occasional user, a former user, or a complete non-user. (RANDOMISE)

		% Regular User	% Occasional User	% Former User	% Complete Non-User
S9.	Cigarettes	54%	39%	4%	3%
S10.	Cigars	3%	35%	16%	46%
S11.	Pipes	1%	13%	7%	79%
S12.	Shisha	3%	18%	12%	67%
S13.	E-cigarettes	4%	22%	15%	59%

Thinking about e-cigarettes and other products ...

Q1. Have you recently seen, read, or heard anything about e-cigarettes?

89% Yes
9% No
3% Unsure

Q2. Regardless of whether you have recently seen, read, or heard, something about e-cigarettes, how familiar would you say you are with e-cigarettes?

7% Very familiar
57% Somewhat familiar
33% Not very familiar
2% Not at all familiar
1% Unsure

As you may know, e-cigarettes are battery powered devices that vaporize nicotine liquid to create an inhalable aerosol. E-cigarettes do not contain tobacco leaf and come in various shapes and sizes, and can be disposable, rechargeable, or refillable.

Q3. And, do you know whether or not e-cigarettes are legal in your country? If you don't know or are unsure, please indicate accordingly.

56% Legal
8% Illegal
36% Unsure

As you may know, in Europe and the USA, e-cigarettes are widely available and millions of people use them. Public health experts agree that they are probably much less harmful than cigarette smoking because they do not burn tobacco. Some public health experts believe they should be widely available for smokers to use instead of cigarettes. While others think they are not an effective method for smoking cessation and are concerned they could be a "gateway" to smoking among youth.

You will now be shown a number of statements made about e-cigarettes. For each of the following, please indicate whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree

		% Str. Agree	% Smwht. Agree	% Smwht. Disagree	% Str. Disagree	% Unsure	% Total Agree	% Total Disagree
Q4.	E-cigarettes represent a positive alternative to today's conventional cigarettes.	9%	54%	27%	5%	%	63%	32%
Q5.	I would consider switching to e-cigarettes if they were legal, met quality and safety standards, and were conveniently available like regular tobacco products.	15%	51%	15%	11%	7%	66%	26%
Q6.	It would be wrong for the Government to prevent or delay the introduction of less harmful alternatives to cigarettes for adult smokers.	12%	50%	21%	5%	12%	62%	26%
Q7.	Through tax and regulatory policies, the Government should encourage adult smokers to switch to less harmful alternatives to cigarettes and ensure they are not used by youth.	23%	52%	14%	5%	5%	75%	19%
Q8.	If a new product is scientifically proven to have the potential to reduce the risk of smoking as compared to conventional cigarettes, adult smokers should have the right to access this information.	32%	56%	8%	1%	4%	87%	9%

Now, I have just a few more questions for statistical purposes...

ASKED AMONG REGULAR OR OCCASIONAL E-CIGARETTE USERS; n=133

D1. How long have you used e-cigarettes?

11%	Less than 3 months
12%	3 to 6 months
15%	6 to 9 months
27%	9 to 12 months
14%	12 to 18 months
9%	18 to 24 months
10%	Longer than 24 months
3%	Unsure

ASKED AMONG REGULAR OR OCCASIONAL E-CIGARETTE USERS; n=133

D2. Why did you start using e-cigarettes? (CHECK ALL THAT APPLY)

- 57% Convenience
 - 54% As an alternative to regular cigarettes
 - 34% Price
 - 19% Flavours
 - 3% Other
 - 5% Unsure
-

ASKED AMONG REGULAR OR OCCASIONAL E-CIGARETTE USERS; n=133

D3. Where do you predominately buy your e-cigarettes?

- 57% Speciality e-cigarette store
 - 20% Convenience store
 - 13% Grocery
 - 3% Kiosk
 - 1% Internet/Online store
 - 5% Unsure
-

ASKED AMONG OCCASIONAL E-CIGARETTE USERS; n=110

D4. What has kept you from using e-cigarettes more? (CHECK ALL THAT APPLY)

- 29% Flavour
 - 30% Price
 - 48% Accessibility to e-cigarettes
 - 18% Have not found them to be suitable alternative to regular cigarettes
 - 1% Other (SPECIFY)
 - 6% Unsure
-

D5. Level of Education

- 7% Not complete secondary school
 - 34% Completed secondary school
 - 12% Not complete post secondary/university
 - 42% Complete post secondary/university
 - 5% Completed masters
-

D6. Monthly Household Income

- 3% HK\$10,000 – \$12,499
 - 3% HK\$12,500 - \$14,999
 - 8% HK\$15,000 - \$19,999
 - 12% HK\$20,000 - \$24,999
 - 9% HK\$25,000 - \$29,999
 - 16% HK\$30,000 - \$39,999
 - 17% HK\$40,000 - \$49,999
 - 30% HK\$50,000 or above
-

“QUOTES”

What tobacco control and anti-smoking experts say about e-cigarettes

1. Professor Linda Bauld

Professor of Health Policy at the University of Stirling, Director of the Institute for Social Marketing and Deputy Director of the UK Centre for Tobacco and Alcohol Studies. She has a background in applied policy research and for the past 15 years her research interests have centred on the evaluation of public health interventions. She has conducted studies on drug and alcohol use, inequalities in health and, most notably, on tobacco control and smoking cessation. She is a former scientific adviser on tobacco control to the UK government and currently chairs a number of public health advisory and funding committees for NICE, Cancer Research UK and the Scottish government.

“We have around 40 studies now [around the world] so we can be relatively confident we know what is happening in relation to e-cigarette use among young people.

“Teenagers experiment and we are certainly seeing around the world where e-cigarettes are available that young people are trying them. The vast majority of those who try them have used tobacco first but there are some never-smoking children who are trying them. But in all the studies we have looked at, at the moment that is not progressing to regular use in never-smoking young people in any significant numbers.

“We know that nicotine in itself is not harmful [in adults]; it's the other constituents in tobacco that are harmful. Regarding young people, we need to have systems where e-cigarettes are not easily accessed by children who don't smoke.

“Teenagers always experiment. We will always see children using these products; I would far rather my son or daughter was experimenting with an e-cigarette than with tobacco.”

2. Martin Dockrell

Tobacco Control Lead, Public Health England, London; involved in public health since the mid-1980s. He started in community based responses to HIV/AIDS and moved through respiratory health and patient advocacy to tobacco control. He is former Director of Policy & Research at Action on Smoking and Health (ASH).

[All the evidence available so far shows vaping to be in the order of 99 percent less harmful.] “If we wait for perfect data, we will wait for ever. And people will die.”

3. Professor Gerry Stimson

Public health social scientist, with over 40 years' experience of public health research and advocacy in the field of psychoactive substance use. He was one of the founders of harm reduction in the 1980s, and much of his academic research focused on reducing drug and alcohol related harms. He is Honorary Professor at the London School of Hygiene and Tropical Medicine, Emeritus Professor at Imperial College London, and editor of the International Journal of Drug Policy. He founded the Department of Social Science and Medicine at Imperial College. From 1990 to 2004, he was Director of the Centre for Research on Drugs and Health Behaviour. He was Executive Director of the International Harm Reduction Association from 2004 to 2010.

“If you try to ban, you actually lose control – you can’t help to improve the products.”

4. Dr Derek Yach

Led the development of the Framework Convention on Tobacco Control (FCTC) at the World Health Organization (WHO), currently Executive Director of the Vitality Institute, a think tank focusing on health promotion and chronic disease prevention. Dr Yach has focused his career on advancing global health and tackling tobacco control at national and international levels.

“Science progresses as e-cigarettes and other Reduced Risk Products rapidly evolve.

Recent conference presentations strengthen evidence:

- 1. e-cigarettes help smokers quit tobacco**
- 2. e-cigarettes serve as a gateway away from tobacco**

BUT

the media, regulators, physician and health groups remain concerned.”

5. Dr Mareva Glover

Associate Professor, College of Health, Massey University, New Zealand, formerly of the University of Auckland's Centre for Tobacco Control Research. Since her award-winning doctoral research on Māori smoking cessation in 2000, she has led and supported many tobacco control and Māori health research projects. Dr Glover has been trying to help smokers quit the habit for more than 17 years.

“There is no public health demand for an end to nicotine. What public health needs to see is a reduction in death and disease.”

6. Dr Konstantinos Farsalinos

Cardiologist, working as researcher at the Onassis Cardiac Surgery Center in Athens and at Medical Imaging Research Center, University Hospital Gathuisberg in Leuven (Belgium). His main research interests are new modalities in cardiovascular imaging and he has received a scholarship from the Greek Society of Cardiology for research and education in this field. He has studied the effects of

smoking on subclinical cardiac dysfunction using new imaging techniques since 2010.

He has been actively performing research on electronic cigarettes since 2011 as a principle investigator, in both clinical and laboratory level. Examples of his work include the first study on the cytotoxic effects of electronic cigarette vapour on cultured cells and the immediate effects of electronic cigarettes used on cardiac function and coronary circulation. He has presented his research in major international scientific congresses and has published more than 15 studies and letters about e-cigarettes in peer-reviewed medical journals.

In May 2015 the scientific journal 'Addiction' published his study aimed at establishing more accurately the level of risk associated with formaldehyde, acetaldehyde, acetone and acrolein emissions to e-cigarette aerosol (vapour).

[The study was] **“a result of severe personal frustration seeing the complete lack of understanding by several scientists on how e-cigarettes work and how they are used by consumers.**

“We have always responded that such findings were the result of severe overheating of the device, which the vapers identify and avoid. We have repeatedly referred to the dry puff phenomenon as an explanation of these findings and why they were unrelated to realistic use.”

[Detailed research and measurement showed reductions of 30 to 250 times in the levels of potentially dangerous aldehydes in realistic vaping conditions.] **“After this paper, there will be no excuse for anyone to report findings which are not relevant to realistic use and which could be misinterpreted.**

“I and my team are glad and proud that we were able to provide valuable and high-quality information for vapers, smokers, regulators and the public health community.”

7. Professor Peter Hajek

Director of the Tobacco Dependence Research Unit at Barts (St Bartholomew's Hospital) and The London School of Medicine and Dentistry, UK

[of the May 2015 'Addiction' study]: **“These findings emphasise the importance of making clear the conditions in which tests of this kind are undertaken and avoiding sweeping assertions that can mislead the public. Vapers are not exposed to dangerous levels of aldehydes.**

“My reading of the evidence is that e-cigarettes are at least 95% safer than smoking. Smokers should be encouraged to switch to vaping.”

July 2015

factasia.org – position paper: LESS HARMFUL PRODUCTS

summary:

- LHPs should be acceptable to consumers: fair price, flavour, taste, regulated manufacturing etc. or people will continue smoking conventional cigarettes
- Why there should be better alternatives for consumers
- “Debate” on control of e-cigarettes is largely focused on strengthening existing knee jerk restrictions

Less Harmful Products (LHPs) provide an alternative way to enjoy nicotine that many smokers may find more pleasant, more convenient and in most cases more in line with the wishes of nearby non-smokers. Some LHPs are available that do not contain nicotine, but the majority do.

Nicotine is addictive, as is caffeine, but millions of people around the world enjoy its effect. It is not carcinogenic.

The LHP which consumers in Asia will most likely have heard of is the 'e-cigarette'. Other nicotine products have been launched or are in development; they are all intended to satisfy an evident demand among the millions of adult smokers who enjoy nicotine but would prefer a less harmful method of consuming it.

Another tested LHP is snus, not commonly used in Asia but highly popular in markets such as Sweden. Developed in Scandinavia, a region noted for and proud of its record of strict consumer-protection legislation and environmental regulations, Snus has more than a century's worth of data demonstrating it is less harmful compared to conventional cigarettes.

In recent years, some of the world's biggest corporations have been spending many millions of dollars researching alternative ways for consumers to enjoy nicotine which are less harmful than cigarettes (not involving some components that can cause illness) and which are more acceptable in today's social situations – taking more account of the wishes of surrounding non-smokers.

Other new and emerging technologies are coming to market in many countries, all aimed essentially at delivering a pleasant intake of nicotine without the attendant dangers. Yet in many countries across Asia there is a climate of confusion and hostility that is preventing smokers who wish to switch to LHPs from doing so, together with a regulatory vacuum which is of concern to

legitimate manufacturers and present a potential danger to the public. A generally rational LHP legislative framework is now – at last – prevailing in the EU, mirroring the experience of the US.

But Asian authorities have so far failed to either take the issue seriously (relying on hearsay instead of evidence and frequently misunderstanding the entire science behind LHPs) or have instituted bans on the use of LHPs (though tolerating in most instances their sale, which is equally irrational) as a means of avoiding the issue altogether.

The result of such 'policy' is to deny consumers their right to choose what has been so far demonstrated to be a less harmful alternative to conventional cigarettes. Governments are in effect saying “if you smoke, you may only smoke cigarettes, with their known risks. You are not allowed to reduce your risk by changing to LHPs.” It's high-risk or nothing, is the message – bearing in mind that smoking cessation therapies run at a failure rate of as high as 96 percent, further reducing the alternatives for the concerned citizen in most Asian jurisdictions. The current lack of regulatory framework denies citizens the right to choose to avoid known carcinogens, and so the law – or lack of it – directly endangers the health of adult Asian consumers.

Key to consumers' ability to access products that are quoted variously as being anything from 10 to 4,000 times less harmful than conventional cigarettes are:

- a) understanding of the properties of nicotine and
- b) efficient, practical and internationally harmonised regulation of the products and their ingredients so consumers can at least be assured the LHPs available (1) meet quality and consumer safety standards and (2) are subject to appropriate sale and use restrictions.

1. LHPs should be made with ingredients and processes that match those standards in other consumer sectors. Without regulation, unscrupulous manufacturers are enabled (indeed encouraged) to cut corners and add cheap, untested ingredients from unrecorded sources, regardless of their potential side-effects. Reputable developers of LHPs deserve protection from such products just as much as consumers of those products.

Likewise, the 'hardware' that forms the LHP's nicotine delivery system needs regulation: if (eg) a mobile phone manufacturer is required to produce batteries to set safety standards to protect buyers and users, why not a producer of LHPs? Yet in many countries, untested, unregulated and potentially dangerous “LHPs” are openly on sale alongside responsibly produced and extensively tested products from reputable manufacturers (using materials already approved in other sectors by authorities such as the FDA); but at present the consumer has no way of knowing which products may be relied upon to meet conventional standards of product quality and no protection from shoddy products from unsafe sources.

Nicotine and other ingredients in LHPs can be regulated in the same way as food or other consumed products. It is essential to police the quality and materials used in LHPs to ensure consumers are not exposed to the bad practices of unscrupulous manufacturers – in just the same way as national or international authorities regulate what may or may not be used and sold in products such as soft drinks.

and

2. LHPs should be subject to harmonized reasonable usage regulations around the world. They should of course be prohibited for sale to minors. However, they should be available to adult smokers. It is unacceptable that a product which is perfectly legal (in sale and use) in London and Los Angeles should be subject to criminal proceedings if used in Hong Kong or Sydney.

Claims that banning LHPs will help improve the health of populations are untrue and cynical, and have no basis in fact. Neither is there any evidence to support claims that non-smokers will be persuaded to start smoking if LHPs are made legally available. The reverse is true: outright bans or attempts to legislate these products as if they were pharmaceutical products seriously compromises consumer's rights to access products that could help to wean them off smoking and reduce the risk of smoking-related diseases.

Even as defined by the World Health Organization (WHO, which states that a product must stop, alter or mitigate a disease in order to be classified as a pharmaceutical), e-cigarettes do not count as pharmaceutical products. Nicotine in these devices is delivered on demand, and is regulated by the individual user's tolerance and demand (by inhaling as required) rather than taken as a predetermined dosage, as would be the case with a medication. Nicotine does not alter the function of the mind or the body. It is present in many other plants aside from tobacco that we consume on a daily basis, including tomatoes, potatoes and broccoli.

It is evident that LHPs are in principle much less harmful than conventional tobacco products. No-one is known to have died from using an e-cigarette anywhere in the world and there are no known examples of smoking-related diseases being caused by using e-cigarettes.

Nicotine:

is legal

is addictive

is not carcinogenic

is a natural stimulant

is not a medicinal product

can increase a person's heart rate and blood pressure

does not cause and is not a contributory factor in smoking-related diseases

is one hydrogen atom away from caffeine

Nicotine vapour, such as produced in an e-cigarette, is not toxic or dangerous when inhaled at intended levels.

Nicotine is better tolerated by the body than another popular stimulant, caffeine; smokers can handle 20 cigarettes worth of nicotine through the day with no harmful side effects. Not many coffee drinkers would feel good on 20 cups of coffee a day without physical discomfort.

Nicotine and caffeine are only 1 hydrogen atom apart. It is possible to become addicted to these alkaloids. However, the human body will regulate them and control the dosage. This threshold is different for each individual. Therefore, overdosing on nicotine or caffeine is highly unlikely (nb: the toxicity of any product is determined by the dosage).

Nicotine and e-cigarettes – by any rational definition – are NOT drugs. E-cigarettes are not made, sold or intended to treat or prevent disease. Yet the US and EU sought to classify them as such and were only deterred by determined consumer legal action. Many Asian nations seek to go the same route of claiming nicotine is a drug.

Yet why? The WHO definition of a drug or medicine, consistent with medicine regulations applied globally, is that it should stop, cure or mitigate the course of a disease. The drug or medicine has to have the ability to alter the function of mind or body to obtain its claimed result. Nicotine, like caffeine, is a natural occurring alkaloid that does not have the ability to alter the function of mind or body. Also, it lacks the ability to provide any pharmacological effect like a medicine.

e-cigarettes

Typically, the liquids which are vaporised (“vaped”) in an e-cigarette have five main ingredients:

- 1) Water
- 2) Propylene Glycol
- 3) Glycerin
- 4) Flavouring
- 5) Nicotine (though versions are also available without nicotine).

In the major consumer economies of the US and the EU, e-cigarettes are now generally legal and the regulatory framework governing them is being established, meaning consumers who wish to use a less harmful product will be able to do so in the knowledge that their chosen product meets quality standards. They can provide smokers who wish to reduce or eliminate their exposure to the carcinogens present in conventional cigarettes (as well as other harmful substances, notably tar, which is not present in e-cigarettes) with a credible and legitimate alternative. Non-smokers are not affected by the non-toxic vapour produced, while governments can enjoy the tax income from reasonably-derived taxation of e-cigarettes.

This position was hard won. Until recently, the e-cigarette was classified as a drug and a drug delivery device, due to the presence of the nicotine, in many countries of the EU and in the US. In these countries, governments were faced with litigation against this position of nicotine being a drug or medicine and in the courts the position of these countries on the classification on the e-cigarette was overturned. e-cigarettes do not provide a 'dosage' of nicotine (or anything else) and no claims are made for any such product to be instrumental in becoming a medicine or drug delivery device.

A properly manufactured e-cigarette should use ingredients that have been deemed safe for human consumption as well as pulmonary inhalation for more than 40 years by the FDA, WHO, and CDC, among other expert bodies.

However, the situation in Asia is less positive. Many countries have arbitrarily instituted bans on e-cigarettes (most of them plainly irrational, for example banning their sale but not possession or use); many of those countries with bans allow unlicensed outlets to sell e-cigarettes even to children because there is no enforcement of regulations; some countries have thriving manufacture of e-cigarettes that conform to no consumer-safety rules – many are merely knock-offs of genuine products. The adult smoker looking for a less harmful alternative is harried and hounded, but afforded no protection by the law, while the governments that tolerate this irresponsible position also miss out on what could be a healthy tax income by proper regulation.

Banning e-cigarettes, or demanding that the user, who has made a conscious choice to use a less harmful alternative, must 'vape' in areas designated for smokers of conventional cigarettes, is illogical and irresponsible. There is no logic in not following jurisdictions that have already legislated for the responsible production, distribution and use of properly manufactured e-cigarettes. Administered as intended via a properly-manufactured e-cigarette, nicotine is no more harmful than caffeine.

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Hong Kong Adult Smoker Survey

Key Results

5 JUL 2015

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GAME CHANGERS



RESEARCH OVERVIEW

Target Respondent

- Adult smokers aged 18+ in Hong Kong

Fieldwork & Samples

- Methodology: Online self-completed survey
- Fieldwork period: 27 May - 10 Jun, 2015
- Sample size: n=414
- Margin of error: +/- 4.9% at 95% confidence level

Organizers

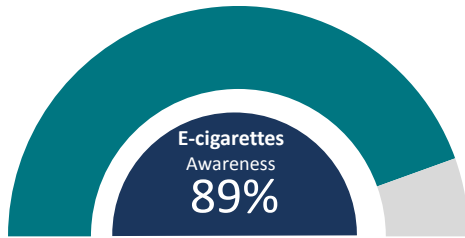
- Research supplier: Ipsos Hong Kong
- Commissioning organization: Factasia.org

GAME CHANGERS



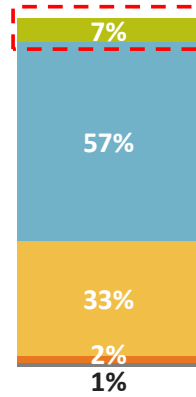
EXECUTIVE SUMMARY

- The research found that even though large majorities of adult smokers are aware of e-cigarettes (89%), familiarity with the product is quite “soft” with only 7% saying they are “very familiar.”



Have you recently seen, read, or heard anything about e-cigarettes?

Base: All respondents (n=414)
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Regardless of whether you have recently seen, read, or heard, something about e-cigarettes, how familiar would you say you are with e-cigarettes?

- Very familiar
- Somewhat familiar
- Not very familiar
- Not at all familiar
- Unsure

GAME CHANGERS



EXECUTIVE SUMMARY

- The study found adult smokers in Hong Kong have strong opinions regarding the regulation of e-cigarettes.

You will now be shown a number of statements made about e-cigarettes. For each of the following, please indicate whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree

% T2B (Strongly/ somewhat agree)

0 10 20 30 40 50 60 70 80 90 100

Through tax and regulatory policies, the Government should encourage adult smokers to switch to less harmful alternatives to cigarettes and ensure they are not used by youth.



It would be wrong for the Government to prevent or delay the introduction of less harmful alternatives to cigarettes for adult smokers.



If a new product is scientifically proven to have the potential to reduce the risk of smoking as compared to conventional cigarettes, adult smokers should have the right to access this information.



E-cigarettes represent a positive alternative to today's conventional cigarettes.



I would consider switching to e-cigarettes if they were legal, met quality and safety standards, and were conveniently available like regular tobacco products.



4 © 2015 Ipsos.
Base: All respondents (n=414)

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