

The Hon Carrie Lam
Chief Executive
Hong Kong Special Administrative Region
ceo@ceo.gov.hk

Professor Sophia Chan, JP
Secretary for Food and Health
Hong Kong S.A.R.
sfhoffice@fhn.gov.hk

The Hon Andrew Leung Kwan Yuen
President of the Legislative Council
Hong Kong S.A.R.
andrewleunglegco@outlook.com

Policy Address Public Consultation
policyaddress@pico.gov.hk

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Dear Mrs Lam,

Resist the harmful, unethical and unscientific policy of banning e-cigarettes and other much safer alternatives to cigarettes – use risk-proportionate regulation instead

We write to express concern about a campaign led by a Hong Kong-based tobacco control organisation to have e-cigarettes, heated tobacco products and other low risk alternatives to smoking banned¹. We believe this campaign is ill-conceived and inconsistent with the international evidence. We are writing to urge the government to resist this pressure and to use ‘risk-proportionate’ regulation rather than prohibition to exploit the opportunities and minimise any risks associated with these new technologies.

We respectfully ask by what logical, scientific or ethical argument does it make sense to ban the much safer products while leaving the highly harmful dominant product, cigarettes, widely available throughout Hong Kong? Why would a government prevent a smoker switching to a much lower-risk product and, in doing so, perhaps save his own life using his own initiative and at his own expense?

There is no serious doubt that these products are far less harmful than cigarettes. In the 2018 United States Annual Review of Public Health, the authors state:²

A diverse class of alternative nicotine delivery systems (ANDS) has recently been developed that do not combust tobacco and are substantially less harmful than cigarettes. ANDS have the potential to disrupt the 120-year dominance of the cigarette and challenge the field on how the tobacco pandemic could be reversed if nicotine is decoupled from lethal inhaled smoke

In a wide-ranging assessment, the United States National Academy of Sciences states:³

While e-cigarettes are not without health risks, they are likely to be far less harmful than combustible tobacco cigarettes.

¹ Hong Kong Council on Smoking & Health (and others), Letter to Secretary for Food and Health, Nip in bud: total ban on e-cigarettes and new tobacco products promptly. Submission to Legislative Council Panel on Health Services meeting 19 June 2108 [\[link\]](#) LC Paper No. CB(2)1616/17-18(05), 13 June 2018 [\[link\]](#)

² Abrams DB, Glasser AM, Pearson JL, Villanti AC, Collins LK, Niaura RS. Harm Minimization and Tobacco Control: Reframing Societal Views of Nicotine Use to Rapidly Save Lives. *Annu Rev Public Health*; 2018. [\[link\]](#)

³ National Academies of Science, Engineering and Medicine (US). The Public Health Consequences of E-cigarettes. Washington DC. January 2018. [\[link\]](#) Launch presentation summary (slide 44) [\[link\]](#)[\[link\]](#)

In its 2018 guidance to the public, the American Cancer Society states:⁴

Based on the most recent studies, e-cigarettes are, in general, substantially less harmful than smoking cigarettes. But long-term health effects are still unclear.

In its ground-breaking 2016 report, the London-based Royal College of Physicians states:⁵

Although it is not possible to precisely quantify the long-term health risks associated with e-cigarettes, the available data suggest that they are unlikely to exceed 5% of those associated with smoked tobacco products, and may well be substantially lower than this figure.

But we don't know the long term effects? All major assessments recognise that we do not yet know the long-term impacts of these products. However, this is a statement of the obvious - we do not have the means to travel into the future to look back what happened between now and 2050. But that should not be a reason for policy paralysis. It is possible that there will be no significant harm to health at all or, alternatively, some unforeseen problem may emerge, which it may be possible to address through future regulation. But based on what is known already, the scientific consensus is that the health effects of smoking are overwhelmingly due to inhalation of products of combustion of tobacco leaf, and that technologies that do not involve combustion are likely to be much less harmful than smoking.

We should take a “precautionary” approach? It is not ‘precautionary’, as some claim, to deny these technologies to smokers. If that means they cannot switch to a lower risk product, then it *increases* the risk that they will continue to smoke and be harmed as a result. Millions of smokers have moved from cigarettes to less harmful alternatives where the laws allow it. Where alternative products have been popular, we have seen rapid declines in smoking, for example in the United Kingdom⁶, Sweden⁷, the United States⁸, and in Japan where cigarette consumption fell by 27 percent in the two years between first quarter 2016 and the same period in 2018⁹ following the introduction of heated tobacco products.

Adverse population effects? We have also seen no compelling evidence that these products attract significant numbers of young people who would not otherwise have smoked¹⁰. Claims of ‘gateway effects’ have invariably suffered from methodological weaknesses¹¹ and regular youth use appears to be

⁴ American Cancer Society, What do we know about e-cigarettes? 6 March 2018 [\[link\]](#)

⁵ Royal College of Physicians (London), *Nicotine without smoke: tobacco harm reduction*. 28 April 2016 [\[link\]](#)

⁶ Office for National Statistics (UK). Smoking habits in the UK and its constituent countries, 2017 data, 3 July 2018 [\[link\]](#)

⁷ Ramström L, Borland R, Wikmans T. Patterns of Smoking and Snus Use in Sweden: Implications for Public Health. *Int J Environ Res Public Health*. Multidisciplinary Digital Publishing Institute (MDPI); 2016 Nov 9;13(11). [\[link\]](#)

⁸ National Center for Health Statistics, National Health Interview Survey, Early releases [\[link\]](#), Figure 8.1. Prevalence of current cigarette smoking among adults aged 18 and over: United States, 2006- 2017. [\[link\]](#)

⁹ Japan Tobacco, Japanese Domestic Cigarette Sales Results for March [2015](#) [2016](#) [2017](#) [2018](#)

¹⁰ Kozlowski LT, Warner KE. Adolescents and e-cigarettes: Objects of concern may appear larger than they are. *Drug Alcohol Depend*. 2017 May;174(1 May 2017):209–14. [\[link\]](#)[\[PDF\]](#)

¹¹ Villanti AC, Feirman SP, Niaura RS, Pearson JL, Glasser AM, Collins LK, et al. How do we determine the impact of e-cigarettes on cigarette smoking cessation or reduction? Review and recommendations for answering the research question with scientific rigor. *Addiction*. 2017 Oct 3; [\[link\]](#)

concentrated in young people who smoke¹². On the contrary, there is evidence that young people use vaping products to reduce harm and to quit smoking¹³. We see absolutely no evidence that vaping normalises smoking. As expected, it appears to do the opposite by promoting alternatives to smoking and therefore normalises *smoking cessation*¹⁴.

To ban or to regulate? In July 2015, we were pleased to submit views to the Legislative Council Health Panel when it considered the issue of e-cigarettes in 2015.¹⁵ Further comments were submitted when the Panel revisited the issue in June 2018.¹⁶ We were disappointed to learn that instead of recommending the sound regulation e-cigarettes, several members of the Health Panel recommended *banning* these products.¹⁷ There is no credible justification for such a policy anywhere.

Relying on poor advice. Given this is a matter of life and death, we hope the government will take high quality advice. Harm reduction is integral to tobacco control¹⁸ and for at least four years, international tobacco control experts have been calling for bodies like the WHO and Framework Convention on Tobacco Control (FCTC) Secretariat to embrace the harm reduction dimension tobacco control strategy.¹⁹ Yet papers coming from the FCTC Secretariat²⁰ have been severely criticised in the expert community for poor science and lack of an appropriate risk evaluation framework²¹ (please note a version is available in Chinese). Similar criticisms might be made of Hong Kong's Office of Tobacco Control.²² Its analysis selectively cites particular studies or effects but does not put them into context with respect to smoking-related risks or absolute risk benchmarks such as occupational exposure limits. Without insights into relative risk the information is of little of value to policy-makers or legislators.

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- ¹² Collins LK, Villanti AC, Pearson JL, Glasser AM, Johnson AL, Niaura RS, et al. Update to Villanti et al., “frequency of youth e-cigarette and tobacco use patterns in the United States: Measurement precision is critical to inform public health.” Vol. 19, *Nicotine and Tobacco Research*. Oxford University Press; 2017. p. 1253–4. [[link](#)]
- ¹³ Shiffman S, Sembower MA. PATH Data: Harm Reduction is Teens' Top Reason for Using e-cigarettes, Poster SRNT, Florence March 2017 [[link](#)]
- ¹⁴ Bates CD, Mendelsohn C, Submission 336 - Evidence to Standing Committee on Health, Aged Care and Sport (Australia) Inquiry The Use and Marketing of Electronic Cigarettes and Personal Vaporisers in Australia Do vapour products reduce or increase smoking? A summary of published studies. 19 October 2017 [[link](#)]
- ¹⁵ Clive Bates, Professor Gerry Stimson, Panel on Health Services hearing 6 July 2015 – written submission, 3 July 2015 [[English](#)] [[Mandarin](#)][[blog: Hong Kong health department moves decisively to protect the cigarette trade 3 July 2015](#)]
- ¹⁶ Clive Bates, Briefing for Legislative Council – Panel on Health Services – 19 June 2018 meeting [[link](#)].
- ¹⁷ RTHK The Pulse: The potential legislation on electronic cigarettes, on 23 June 2018 [[link](#)].
- ¹⁸ See definition of *Tobacco Control* at Article 1(d) of the Framework Convention on Tobacco Control, 2004 [[link](#)] “*tobacco control*” means a range of supply, demand and harm reduction strategies that aim to improve the health of a population by eliminating or reducing their consumption of tobacco products and exposure to tobacco smoke
- ¹⁹ Letter to Dr Margaret Chan, Director General WHO from 53 scientists, Reducing the toll of death and disease from tobacco – tobacco harm reduction and the Framework Convention on Tobacco Control 26 May 2014 [[link](#)].
- ²⁰ WHO. Electronic Nicotine Delivery Systems and Electronic Non-Nicotine Delivery Systems (ENDS/ENNDS), FCTC/COP/7/11 August 2016 [[link](#)] – See especially WHO’s policy proposals (para 29-32) which start by assuming prohibition is the norm.
- ²¹ UK Centre for Alcohol and Tobacco Studies (UKCTAS), Commentary on WHO report on ENDS and ENNDS, October 2016 [[link](#)][[PDF](#)][In Chinese: [Executive summary](#) / [Full report](#)]
- ²² Government of Hong Kong, Department of Health, Tobacco Control Office. Info-stations briefing - E-cigarettes [[link](#)] Heat not Burn (HnB) tobacco products [[link](#)]

Hong Kong's leading tobacco control advocacy organisation, the Council on Smoking and Health (COSH), has been campaigning to *prohibit* these safer alternatives to cigarettes.²³ Such a prohibition would paradoxically grant a monopoly to cigarettes, while denying over 600,000 Hong Kong smokers access to much safer alternatives. Why would a tobacco control agency protect the cigarette trade in this way?

A major UK parliamentary inquiry into e-cigarettes reported on 17 August, 2018²⁴. The MPs concluded:

E-cigarettes present an opportunity to significantly accelerate already declining smoking rates, and thereby tackle one of the largest causes of death in the UK today. They are substantially less harmful—by around 95%—than conventional cigarettes. They lack the tar and carbon monoxide of conventional cigarettes—the most dangerous components. [...]

There should be a shift to a more risk-proportionate regulatory environment; where regulations, advertising rules and tax duties reflect the evidence of the relative harms of the various e-cigarette and tobacco products available.

Banning e-cigarettes and heated tobacco products while continuing to permit widespread sale of cigarettes would be poor policy, bad for public health, and contrary to Hong Kong's objective of fostering technology and innovation for the public good. The cigarette trade is deeply entrenched and extremely harmful, but there are now technologies capable of disrupting this market for the benefit of public health. Governments and health organisations should be encouraging, not prohibiting, new technologies capable of driving down smoking to record low levels. In England, the government now advertises switching to e-cigarettes on television as part of its stop smoking campaigns.

We respectfully ask that the government of Hong Kong takes a fresh look the international evidence and considers the ethical issues at stake. We hope that the government will signal support for of these technologies and show that it is open to innovation for public benefit in the 2018 Policy Address²⁵.

Yours sincerely,

Professor David B. Abrams PhD
Department of Social and Behavioral Science
NYU College of Global Public Health
New York University.
United States

Professor Raymond S. Niaura PhD
Department of Social and Behavioral Science
NYU College of Global Public Health
New York University.
United States

Clive D. Bates MSc
Director,
Counterfactual
London,
United Kingdom

David T. Sweanor JD
Adjunct Professor of Law
Chair of the Advisory Board of the Centre for
Health Law, Policy and Ethics
University of Ottawa, Canada

²³ Hong Kong Council on Smoking and Health, "Support to enact a total ban on e-cigarettes and other new tobacco products" Signatory Campaign [\[link\]](#).

²⁴ House of Commons Science and Technology Committee (UK) Inquiry into e-cigarettes. [\[inquiry page\]](#) [\[Report and press notice\]](#) [\[Report PDF\]](#) 17 August 2018.

²⁵ Government of Hong Kong S.A.R. Policy Address consultation launched, 1 July 2018 [\[link\]](#)

About the authors

Dr. David B. Abrams is Professor, Department of Social and Behavioral Science NYU College of Global Public Health New York University. USA. He directed the Office of Behavioral and Social Sciences Research (OBSSR), National Institutes of Health. He has published over 280 peer-reviewed articles, is Principal Investigator on numerous NIH grants and served on the Board of Scientific Advisors of the National Cancer Institute. Dr. Abrams was President of the Society for Behavioral Medicine and recipient of their Distinguished Scientist, Research Mentorship and Service Awards; received the Cullen Memorial Award, American Society for Preventive Oncology for lifetime contributions to tobacco control; Research Laureate Award, American Academy of Health Behavior; and the Distinguished Alumni Award, Rutgers University. He authored the award-winning: *The Tobacco Dependence Treatment Handbook: A Guide to Best Practices*. His current focus is health promotion in populations and nicotine use from basic science to prevention, treatment, public health and health care practice, to policy.

Clive D. Bates is Director of Counterfactual, a consulting and advocacy practice focussed on a pragmatic approach to sustainability and public health. He has had a diverse career in the public, private and not-for-profit sectors. He started out with the IT company, IBM, then switched career to work in the environment movement. From 1997-2003 he was Director of Action on Smoking and Health (UK), campaigning to reduce the harms caused by tobacco. In 2003 he joined Prime Minister Blair's Strategy Unit as a senior civil servant and worked in senior roles in government and regulators, and for the United Nations in Sudan.

Dr. Raymond S. Niaura is Professor, Department of Social and Behavioral Science NYU College of Global Public Health New York University. USA. He is a psychologist and an expert on tobacco dependence and treatment, as well as substance use and addiction to alcohol. For eight years, Dr. Niaura was the Director of Science and Training at the Schroeder Institute (SI) for Tobacco Research and Policy Studies at the Truth Initiative. Dr. Niaura has previously taught and conducted research at Brown University, Johns Hopkins Bloomberg School of Public Health, the Georgetown Medical Center, and the School of Public Health at University of Maryland. He was also a former President of the Society for Research on Nicotine and Tobacco and is a Deputy Editor of the journal *Nicotine and Tobacco Research*. Dr. Niaura has published over 400 peer-reviewed articles and book chapters.

David T. Swenor JD is Adjunct Professor of Law and Chair of the Advisory Board of the Centre for Health Law, Policy and Ethics at the University of Ottawa. He has worked on global tobacco and health issues for more than 30 years, helping set many global precedents in Canada. He has also worked globally on tobacco issues with the WHO, PAHO, World Bank and numerous other bodies and spoken and published widely.. His interests extend to a wide range of topics, and in addition to his personal work he funds numerous initiatives. He was the recipient of the Outstanding Individual Philanthropist award for Ottawa in 2016.

The authors have no competing interests with respect to e-cigarette, tobacco or pharmaceutical industries.