1st September 2019

Dear Shri Narendra Modi,

We are writing to express our concern at the draft ordinance which seeks a nationwide prohibition on Electronic Nicotine Devices [ENDS] in India.

The NNA is a registered educational charity in the UK, which has the objective of promoting public health by means of tobacco harm reduction. The NNA was established to reflect the interests of those who wish to switch from smoking tobacco to using safer nicotine products. Many of our Trustees, Associates and Supporters are ex-smokers who have stopped smoking with the help of safer nicotine products, including e-cigarettes. We have collaborated on initiatives with public health organisations such as Public Health England and the National Centre for Smoking Cessation Training, as well as giving evidence to UK government committees and All-Party Parliamentary Groups.

Tobacco Harm Reduction (THR) is a means by which people who smoke may lessen their exposure to risk using reduced risk products which deliver nicotine in a cleaner form. THR includes products such as e-cigarettes, smokeless tobacco products such as snus and heated tobacco devices, all of which contain a fraction of the harmful elements contained in combustible tobacco.

The proposal to ban e-cigarettes and heated tobacco products in India will prohibit far safer nicotine delivery products while leaving the most harmful – conventional cigarettes – as the only legal way of obtaining nicotine. Considering that nicotine use will continue amongst those who find it pleasurable or have a dependence, the only possible consequence would be to drive significant numbers of people away from proven safer products and towards the most harmful and to encourage a black market in these safer products.

In the UK, health authorities such as, but not restricted to, The Royal College of Physicians, Public Health England, Cancer Research UK, The Royal Society of Public Health and Action on Smoking and Health support e-cigarettes as a means of quitting smoking. So much so that Stoptober, the annual drive to encourage smokers to quit, encourages the use of e-cigarettes as a smoking cessation aid.

The Royal College of Physicians (RCP) recognised harm reduction as an option in their 2007 report “Harm reduction in nicotine addiction, Helping people who can’t quit”. The report states that: ‘Harm reduction in smoking can be achieved by providing smokers with safer sources of nicotine that are acceptable and effective cigarette substitutes’. And: “Harm reduction is a fundamental component of many aspects of medicine and, indeed, everyday life, yet for some reason effective harm reduction principles have not been applied to tobacco smoking.” Since then, attitudes have changed and harm reduction is embraced in the UK, leading to a substantial drop in smoking prevalence, which is currently 15.8% of adults, compared to 20.2% in 2011. This drop coincides significantly with the uptake of e-cigarettes and vaping is now the most common method used by UK smokers who wish to stop smoking. By banning safer nicotine products, India would eliminate this effect being experienced by its population and instead protect the sale of conventional cigarettes from less harmful competition.
Tobacco harm reduction products have also had a dramatic effect on smoking rates in Norway and Sweden, so much so that the sight of smoking is fast disappearing. Sweden and the UK now occupy the bottom two places in the table for EU 28 of daily smokers and in Norway, the use of lit tobacco by women is now below 1%.  

Tobacco harm reduction is consistent with the World Health Organization Framework Convention on Tobacco Control. The Convention supports harm reduction, stating: “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.”

In Japan, the use of heated tobacco products has skyrocketed and is responsible for over 2 million former smokers switching to a product which early research suggests is up to 90% safer. Heated tobacco is now taking 20% of the nicotine market in Japan with similar huge success in South Korea where traditional smoking is also in rapid retreat.

In all these jurisdictions where THR products are legal, the declines in smoking are spectacular, with new record lows being recorded on a regular basis. In Ireland, where e-cigarettes are not welcomed the same as in the UK, there has been no decline whatsoever in smoking prevalence as that seen in the UK, despite the UK and Ireland employing an identical tobacco control regime in every other respect.

We have seen that health authorities in India are concerned about the potential of e-cigarettes to be a ‘gateway’ to traditional tobacco use. There is a considerable amount of data on youth smoking and vaping rates in the UK. Research by Public Health England and Action on Smoking and Health has found no evidence of a gateway effect here, and latest evidence published in the British Medical Journal rejects that there has been any significant transition from e-cigarettes to smoking amongst youth, concluding “These analyses provide little evidence that renormalisation of youth smoking was occurring during a period of rapid growth and limited regulation of e-cigarettes from 2011 to 2015.”

Action on Smoking and Health (ASH) published data in August 2018 which finds that youth (11-18 year-old) use of e-cigarettes in Great Britain is rare and largely confined to those that already smoke tobacco cigarettes: of those who have never tried or used tobacco cigarettes, less than 1% use e-cigarettes with any regularity. This indicates that e-cigarettes are a route out of smoking for young people.

Lastly, we note that India welcomed almost a million UK tourists in 2017 according to your tourist board, with many tens of thousands of them undoubtedly being people who use e-cigarettes. It does not seem wise to pass regulations which could theoretically see India criminalising UK tourists and perhaps even imprisoning them merely for making healthy choices as advised by the UK government.

In summation, we are disappointed that India is planning to eradicate products which Professor John Britton, who leads the tobacco advisory group for the Royal College of Physicians has described as presenting the opportunity to deliver “a massive potential public health prize”.

In enlightened democracies, the direction of travel has been to relax regulations on harm reduction products based on the overwhelming evidence that they encourage smokers to switch away from the most harmful means of delivering nicotine, but instead the government of India’s proposals will protect the incumbent tobacco industry and prevent the Indian population from benefitting from reductions in harm which have been enjoyed in every country that has allowed these products to flourish.
We would encourage the Indian government to revisit these proposals and discard them in order to best honour their commitment towards the welfare and public health of its citizens.

Yours sincerely,

Martin Cullip
Trustee and Chair New Nicotine Alliance (UK)

Sources

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