



15th May 2018

New Nicotine Alliance (UK) submission to the WHO NCDs Web-based consultation (10-16 May 2018)

The New Nicotine Alliance (NNA) is a registered 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.

Tobacco harm reduction products have been key in the admirable decline of smoking prevalence in Sweden, Norway and the UK and should be accorded a central role in WHO policy on non-communicable diseases associated with smoking tobacco. Reductions in smoking of lit tobacco is crucial to reducing non-communicable diseases (NCDs) considering the WHO has identified smoking as being the pre-eminent health threat in the category. The NNA is heartened that you are seeking different ways of addressing disparities of health due to the prevalence of combusted tobacco use because we feel that existing tobacco control measures have limitations and future policies based around tobacco harm reduction could be key to reducing smoking prevalence worldwide.

The NNA supports tobacco harm reduction, that is, offering smokers safer forms of nicotine and delivery in order to avoid the risks of smoking. 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’*.ⁱ

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.”*

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.”*ⁱⁱ

We would like to stress here that it is the inhaling of smoke from combusted tobacco which is harmful to health, not tobacco use per se. Snus is a tobacco product but switching from combusted tobacco to snus appears to have much the same reduced health risk as stopping smoking. Harm reduction strategies need to focus on eliminating or reducing smoked tobacco exposure by substituting smoking with a less harmful non-combusted form of nicotine, whatever the source of the “clean” nicotine.

At the time of the Royal College of Physician’s 2007 report, there were few alternatives to cigarettes available in the UK, with the exception of nicotine replacement therapy (NRT) products such as gums and lozenges. That changed with e-cigarettes, which first came onto the market around 2007, the year of the report’s publication. For the first time, smokers could use an effective and acceptable safer consumer nicotine product as an alternative to smoking.

Tobacco harm reduction products have had a dramatic effect on smoking rates in Norway, Sweden and the UK. Sweden and the UK now occupy the bottom of the table for EU 28 of daily smokers.ⁱⁱⁱ

Smoking prevalence in the UK 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.^{iv}



In Sweden and Norway the increase in the use of snus has been accompanied by a dramatic decrease in smoking. The prevalence of smoking in Sweden is now the lowest in Europe and smoking is fast disappearing: only 5% of adult Swedes are daily smokers in 2017, compared with an EU 28 average of 24%.^v In Norway the share of people who smoke on a daily basis has halved in the last decade and was last year exceeded for the first time by the use of snus.^{vi}

E-cigarettes and snus have been proven by a substantial wealth of science to be far less harmful than smoking conventional cigarettes. The NNA concurs with the risk communication from Public Health England that ‘best estimates show e-cigarettes are 95% less harmful to your health than normal cigarettes’^{vii}. Snus has a very low risk profile and the recent report from the Global Burden of Disease Study found that snus does not have any elevated risk of cancer or other tobacco related diseases.^{viii}

The NNA believes that the rise of e-cigarette and snus use illustrates that smokers want to avoid smoking-related harms, and that there is huge potential to reduce smoking if effective, attractive and safer alternative products are available.

We consider that an evidence-based tobacco harm reduction strategy fits your criteria of “actionable, innovative, transformative, and scaled up ... and feasible to implement across all contexts” policies. Furthermore, it is a cost-effective solution, and one which will provide opportunities for the private sector to be engaged.

Tobacco harm reduction has been neglected in international tobacco control and we would urge the World Health Organization to include evidence-based tobacco harm reduction in this report and other inter-connecting initiatives. We hope that your final document will include an undertaking to engage with civil societies and stakeholders in order to co-ordinate action to reduce the burden of NCDs.

ⁱ Royal College of Physicians, 2007, Harm Reduction in Nicotine Addiction: on helping people who cannot quit, pages 6 and 229.

ⁱⁱ World Health Organization, WHO Framework Convention on Tobacco Control, Geneva: World Health Organization, 2003, Article 1

ⁱⁱⁱ European Commission, Special Euro Barometer 458 Survey (2017), Attitudes of Europeans towards tobacco and electronic cigarettes, page 26

^{iv} Office for National Statistics (2017) Adult smoking habits in the UK: 2016

^v European Commission, Special Euro Barometer 458 Survey (2017), Attitudes of Europeans towards tobacco and electronic cigarettes, page 26

^{vi} Norway’s smoking rate falls from 22% to 11%. See [Reuters 18 January 2018](#)

^{vii} E-cigarettes: an evidence update A report commissioned by Public Health England August 2015

^{viii} Emmanuela Gakidou et al Global, regional, and national comparative risk assessment of 84 behavioural, environmental and occupational, and metabolic risks or clusters of risks, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet* 2017; 390: 1345–422