

## **UK All Party Parliamentary Group (APPG) on Vaping, February 2021 - oral evidence by Knowledge• Action• Change Director, Professor Gerry Stimson**

In February 2021, Professor Gerry Stimson of Knowledge• Action• Change (KAC), was invited to give oral evidence to the All Party Parliamentary Group (APPG) on Vaping, a cross-parliamentary interest group, as it carried out an inquiry into the Framework Convention on Tobacco Control Conference of the Parties 9 (FCTC COP9) and its fitness for purpose. The final report can be found at the APPG's dedicated inquiry website:

<https://copinquiry.co.uk/report-and-press-release>

The main arguments presented by Professor Stimson at his appearance in front of the APPG evidence session can be read in this document.

### **Examination of the UK role in COP is long overdue.**

- Safer nicotine products (SNP) are helping to bring down smoking rates. This has been **driven by consumers and manufacturers**. Both are affected by decisions at COP, both are excluded from having input to the discussions that affect them. COP is a closed shop.
- COP/FCTC has been described as frozen in time – it has not kept up with the science nor the changing landscape of new nicotine products and consumer choice.
- It sees SNP as a threat rather than as an opportunity to bring about an end to smoking. That has to change.
- Can the UK help drive that change?

### **What can the UK do differently at the FCTC and WHO?**

- **The UK is a world leader in tobacco harm reduction** – expertise, governmental and institutional support, the data, and evidence that access to safer nicotine products speeds up the switch away from smoking.
- The UK's experience is being systematically **ignored or worse, derided behind the scenes** by the WHO and FCTC process, instead of being highlighted as a best practice. Why is this?
- The UK has not spoken up for, nor exported its success
- The UK - no longer in the EU - is no **longer constrained** to follow the consensus position of the EU bloc at COP.

The next COP meeting offers a huge opportunity for the pro-tobacco harm reduction governments to move the global focus of tobacco control back to smoking and to include harm reduction using SNP.

This is important globally. The number of smokers, estimated by WHO at around 1.1 b in 2020, the same as in the year 2000 and is not predicted to change in the short-term.

Our 2020 Global State of Tobacco Harm Reduction report estimates that there are around 68m vapers and probably a further 30m using other safer nicotine products such as snus or heated tobacco products. This means there are 9 users of SNP for every 100 smokers.

### Is the FCTC up to the challenge?

Recent research found **no significant change in the rate at which global cigarette consumption had been decreasing after the FCTC's adoption in 2003**, and concluded there was no evidence that the Treaty mechanism has accelerated the global progress in reducing cigarette consumption.

The message to smokers from FCTC is that:

- we will do everything make it difficult to smoke, but **we won't do anything to help you stop smoking.**
- This is **fundamentally at odds with a public-health philosophy** once promoted by WHO, that the public-health task was to enable and empower populations to make healthy decisions.

The main impact on non-communicable diseases (NCD) will come from helping smokers to **exit from smoking**. Prevention of the uptake of smoking is desirable but will have little impact for 20 to 30 years. Implementation of FCTC– is preoccupied in **process indicators** (arguably under the influence of donor tick boxes). It has lost sight of the objective to reduce the health harms from smoking

This is the danger with respect to safer nicotine products:

- emphasis is on bans and restricting use, rather than on regulatory frameworks which encourage use by adult smokers as a means to quit, while preventing youth uptake.
- **Bans are in fact the exception** Only 36 countries have bans and 3 countries have introduced bans since 2018 (India, Kuwait and Turkey). Predominant response is regulation – 75 countries (or nothing = 85)
- Global uptake of safer nicotine products is being held up by **negative messaging** from WHO and FCTC. The negative stance on harm reduction is part of a vision that sees safer nicotine products as a threat rather than an opportunity. The absence of harm reduction thinking about tobacco within WHO is out of kilter with WHO position on other issues, in particular drug use.
- Mission creep – nicotine is only mentioned in the FCTC with regard to treatment of nicotine addiction –only three times
- **Arguably vaping products are not included in the FCTC definition of tobacco products**

### Harm reduction is part of the convention but is ignored

- At the time the FCTC was being negotiated, there were conversations between WHO and tobacco companies as the latter were trying to develop safer products. That is

why harm reduction was put into the convention. (It is worth noting that none of the drug control treaties mentions harm reduction).

- But many governments are ignoring the harm reduction obligations in the FCTC. And it is ignored in COP decisions.

#### **Can it be fixed?**

- Treaty amendments would not be met by much enthusiasm.
- We have to hope that the UK can lead on reform particularly regarding issues of interpretation and implementation.

#### **UK government funding for WHO**

- Since 2006, UK has contributed USD 5m in **assessed contributions** to the FCTC, making it the fourth largest contributor, behind Japan, Germany and France around 6% of the annual donations.
- In terms of **voluntary contributions** the UK donated nearly \$5 million (\$487 7487) in 2019 compared with 0.5 million from the EU.
- In each of the years 2017, 2018, 2019 UK provided around 70% of the annual voluntary contributions (72%, 77% 68%).
- The project doesn't reflect the UK approach to tobacco control – how can we give 15 million to support something that does not reflect what we do?

#### **What can be done between/pre-COP?**

##### **Increasing transparency within UK government – two questions re since last COP**

- In which meetings has the UK participated since COP8? TobReg, the Global Tobacco Regulators Forum, and WHO Executive Board have focused on vaping and novel and emerging tobacco products. How will the UK ensure that its approach to vaping is accurately reflected on the outcomes of these meetings?
- With regards novel and emerging tobacco products, the WHO was mandated by COP8 to prepare a report to COP9 with scientists and experts, and competent national authorities. Has the UK Government been consulted and asked to share its national experience? If so, was there any domestic consultation? What was the UK input to this report?
- The Minister should be encouraged to consult widely, not only with PHE and ASH, but also with other stakeholders including consumers.

A decision will need to be made about whether the UK is putting forward any specific proposals and if so which countries it might discuss this with to seek support.

#### **Improving UK performance at COP -1 – the delegation**

The UK needs **more expertise** at COP to get its message across.

- UK **delegate numbers** indicate a lack of engagement. Since the first COP, the UK delegation size has ranged from just 2 to 6.
- In comparison - 32 delegates from Brazil, 21 from China, 16 from Nigeria, 15 from Mexico, 14 from the Russian Federation, 12 from Spain.
- **At a minimum**, the UK delegation should include someone from PHE and possibly from the MHRA, a scientist and a consumer. There are precedents.
- **The importance of this meeting merits the presence of the Minister.**
- UK ambassador could host a side event with presentations from PHE to promote the UK

#### **COP process need to change to enable transparency**

- The preamble to the FCTC recognizes the “special contribution of non-governmental organizations and other members of civil society...to tobacco control efforts nationally and internationally...”
- The people and organisations affected by COP decisions are systematically excluded
- Obstacles to NGO involvement – **FCA closed shop**. This means there is a lack of transparency
- **Members of the public and press are routinely excluded** since 2009 – and there are only 20 seats in public gallery.
- UK (and Canada and NZ and others) **must object to any proposal to exclude the public**
- Proceedings should be **live streamed and recorded**

#### **Procedural opportunities at COP**

##### **Damage limitation**

- COP operates on a consensus basis so any country can object to wording in proposals for decisions. It does not have to state why.

##### **Proposal - the pros and cons of a working group to define harm reduction.**

- Some have suggested that COP should ask for a position paper on tobacco harm reduction. Others suggest that this is risky: the outcome of COP position papers depends very much on who is invited to draft them.
- One alternative is that the UK government insists on harm reduction wording being in relevant COP decisions - obliquely “taking due consideration of article 1D of the convention”.

##### **Potential allies for the UK in advancing tobacco harm reduction arguments for the sake of wider population public health gains**

- USA (not a signatory, but attends is usually important behind-the-scenes) because of recent attacks on FDA decision regarding IQOS.
- Canada and New Zealand as countries which are advancing harm reduction regulation

- Possibly Philippines.
- In the EU, the Czech Republic and Greece.