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Commission Report:

Reignite the Fight Against Smoking

EXECUTIVE SUMMARY

Prepared by

The International Commission to
Reignite the Fight Against Smoking

SEPTEMBER 2021

About the Commission

Commission Background and Objectives

Worldwide, an estimated 1.14 billion people use tobacco. Nearly 8 million die each year of tobacco-related causes, and 200 million years of life are lost. Since the creation of the World Health Organization Framework Convention on Tobacco Control (WHO-FCTC) treaty 18 years ago, tobacco demand has declined, but far too slowly and, in some low- and middle-income countries (LMICs), not at all. At current rates, 6.5 million people will die in 2060, only a small decline in total mortality over 40 years.

The International Commission to Reignite the Fight Against Smoking was established with the belief that efforts to prevent premature deaths from tobacco require much greater imagination and ambition. It is simply unacceptable that more people smoke cigarettes today than 30 years ago.

The possibility for dramatic change, however, has emerged with new technologies that deliver nicotine without combustion. These technologies significantly reduce harm so that smokers who cannot quit can turn to alternatives that have far less chance of sickening or killing them. This approach, based on scientific research and supported by intelligent public policy, holds the best hope for finally ending the scourge – especially for those in LMICs, who have been largely neglected by international organizations and their own governments.

This report offers facts, analysis, and recommendations aimed at reinvigorating a noble effort that has stalled, mired in an outdated paradigm that has been superseded by new technology, new ideas, and new concerns for neglected countries and communities.

Commissioners' Profile

This diverse collection of experts from around the globe reflects the breadth and depth of knowledge needed to address the global nature of the task at hand.[1]

Ambassador (ret.) James K. Glassman, United States of America
Former U.S. Under Secretary of State for Public Diplomacy and Public Affairs

Dr. Rosemary Leonard, United Kingdom
General Practitioner

Dr. Kgosi Letlape, South Africa
Ophthalmologist, President of Africa Medical Association and President of Medical Councils of Africa

Mr. Vivan Sharan, India
Partner, Koan Advisory

Dr. Tikki Pangestu, Indonesia
Former Director of Research Policy and Cooperation at WHO

Acknowledgements

The authors wish to thank Dr. Derek Yach for his insights and feedback; the over forty global experts—spanning public health, medicine, science, livelihoods, international law, academia, and other disciplines —for their participation and suggestions in regional roundtables across Asia, Africa, Australia, the United States, and Europe; and the many others who contributed to the development of this report.

To download the full report or request additional information, please go to fightagainstsmoking.org.

Executive Summary

With an estimated 1.14 billion people still using tobacco, the fight to create a world without smoking has stalled. Tobacco kills nearly 8 million people and eliminates nearly 200 million disability-adjusted life years annually. The cost to the world is nearly $2 trillion dollars a year – roughly 2% of gross domestic product. The need to reignite the fight against smoking is clear and urgent.

This report examines: trends in tobacco use; challenges to cessation efforts, including misguided attempts to minimize the potential of harm reduction and thwart it outright; the emergence of technological innovation; the role of physicians; the proper function of industry; economic and regulatory policy; smoking and youth; and lessons from the COVID-19 pandemic. Based on this information and analysis, the report makes specific recommendations to achieve the goal of ending smoking worldwide.

Trends in Tobacco Use

Discerning trends in tobacco use is complicated by a nearly two-decade lag between when a person starts smoking and when harms are manifested. This lag creates an opportunity to intervene. The harms of tobacco use can be largely avoided if a person quits before entering middle age. Tobacco use varies by region, sex, income, socioeconomic status, and ethnicity, among other sociodemographic characteristics. Understanding those differences can guide efforts to promote quitting. Key trends and insights include:

- Tobacco use is concentrated in China, India, and Indonesia. These three are home to nearly half of all global tobacco users.
- Tobacco use is substantially more common in men than women but, in a number of countries, use has levelled off, or even risen, among women while declining among men.
- Tobacco use is higher among those with lower household income, lower socioeconomic status, and lower levels of educational attainment.
- The prevalence of tobacco use has declined across all country-level income categories.
- Tobacco use is often disproportionately higher among certain racial and ethnic groups.
- The burden of disease is exceptional among such populations as those with mental health disorders, as well as those who are homeless, identify as indigenous peoples, or identify as lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ).

RECOMMENDATION #1

Research institutions should quantify the size of the financial gap and the funding mechanisms to implement effective tobacco cessation and harm reduction in LMICs.

Cessation Efforts Stall

The persistence of smoking in many LMICs and by vulnerable groups in higher-income countries is evidence that previous efforts at tobacco cessation have been ineffective or stalled, or both. The continuing toll of tobacco use is unacceptable, and, if current trends continue, the number of deaths from cigarette and other harmful forms of tobacco will grow from 100 million in the 20th Century to 1 billion in the 21st Century. Averting such devastation requires recognizing that:

- Many tobacco users want to quit but are thwarted by lack of proven cessation tools – especially tobacco harm-reduction (THR) products. These non-combustible THR products, far less dangerous to health than smoking, require support from public policy and education.

- Misinformation about the true risk of THR is rampant. There is a widespread and erroneous belief that THR products are as risky as cigarettes and that nicotine is a substance that causes illness and death. Correcting these misperceptions appears to be an essential first step in reigniting the fight against smoking.

- If the world can take full advantage of new cessation and THR solutions, about 3.5 million people will die from tobacco in 2060 – a reduction of 3 to 4 million annual deaths from tobacco within four decades.

RECOMMENDATION #2

Undertake multi-national, multi-disciplinary and participatory foresight studies, especially in LMICs to identify optimal policy responses needed to end smoking and its health impacts, the impact of technological innovations and how these innovations may reshape the landscape over the next 20 years.

Emergence of Technological Innovations

Evidence clearly shows that tobacco harm reduction products are substantially safer than combustible cigarettes, and the products have been proven to be effective aids to help persistent adult smokers quit. There is an urgent need to scale up tobacco harm reduction. THR technologies, which were barely a glimmer when the FCTC was being signed in 2003, now herald a new chapter in reigniting the fight against smoking. Key insights and takeaways include that:

- Major tobacco companies are at the forefront of technological innovation in tobacco harm reduction.
- There has been an explosion of innovation with nearly 74,000 patents filed in the past decade led by major tobacco companies. As of 2018, vaping devices were the fastest-growing category among all new patents, ahead of 3-D printing and machine learning. The innovation explosion suggests that certain tobacco companies are shifting towards "pharmaceuticalization" through technologies that are therapeutic instead of recreational.
- Making these new technologies easily accessible to companies producing combustible products, especially in LMICs, where most smokers live, can save between 3 million and 4 million lives a year. There is also an immediate and urgent need to reach marginalized communities with higher-than-average combustible smoking rates, such as the mentally ill, Aboriginal and First Nations, the working poor, and LBGTQ populations.

RECOMMENDATION #3

Develop private-public partnerships in selected LMICs to improve access, affordability, and local acceptability for cessation and THR products, drawing inspiration from two decades of experience for infectious diseases.

RECOMMENDATION #4

Expand access to tobacco harm reduction products in LMICs. Because these products can be expensive, THR patents must be shared by their owners with companies that have weaker R&D capacity but can manufacture products locally.

RECOMMENDATION #5

Support development of more effective biomarkers of exposure to the wide range of tobacco products available, as well as biomarkers of early health outcomes that can predict long-term morbidity and mortality outcomes.

Mobilizing Physicians

In the 20th Century, physicians played a crucial role in getting people to stop smoking. It is time for physicians to take the lead once again with new THR technologies added to their repertoire. Barriers to doing so, however, persist and overcoming them requires recognizing that:

- Physicians report lacking knowledge about THR and, in some parts of the world, believing the false idea that quitting cold turkey may be best.
- Physicians in LMICs such as China and Indonesia have other pressing diseases to deal with – and continue to smoke themselves. Worldwide, physicians devote inadequate time to discussing smoking alternatives with their patients even though smoking kills more people than almost any other condition.
- The need to share evidence-based best practices and address misperceptions about harm reduction among physicians is paramount.

RECOMMENDATION #6

Encourage medical bodies such as the Royal College of Physicians and the World Medical Association to re-establish the leadership role of doctors in ending smoking in LMICs.

RECOMMENDATION #7

Determine doctors' knowledge, practice, personal views, and behaviors (for example, do they personally smoke) vis-à-vis nicotine on a periodic basis using digital technologies. Based on those insights, develop and promote evidence-based programs tailored to their knowledge base, practices, and regions to discover what works to end smoking in adults.

RECOMMENDATION #8

Support research to design more effective ways of ending smoking in high-risk patients who smoke, including patients with mental health conditions, tuberculosis, heart disease and early-stage chronic lung disease.

RECOMMENDATION #9

Support development of easy-to-access, up-to-date information for physicians on three aspects of nicotine: emerging science and knowledge about the health effects, consumer perceptions and how they affect product use, and trends in the creation of future products to end smoking.

The Proper Role for the Industry

It is easy to understand why the tobacco industry is mistrusted, given its long history of lies and intimidation. Parts of the industry, however, are changing dramatically, with technology and THR playing an ever-greater role in the battle to eradicate smoking. Key insights and takeaways include that:

- Research shows that leading tobacco companies understand that alternative THR products will replace combustibles for good.
- These efforts need to be paired with reasonable and respectful dialogue and multi-stakeholder engagement to displace boycotts and ostracism as the best way to build solutions to end death and disease.
- Smoking opponents should consider the validity of the research itself, not where it comes from or who funds it. The FCTC itself contains a fundamental flaw by allowing signatory nations to own tobacco companies in whole or part and thus profit from a habit that they are meant to fight. These signatories have put themselves in the untenable position of agreeing to curtail a practice from which they continue to profit.

RECOMMENDATION #10

Encourage tobacco companies (multi-national and local) and state tobacco monopolies to have a clear plan to phase out high-risk combustible products. The plan should include performance metrics for CEOs and senior management to achieve this goal.

RECOMMENDATION #11

Find the best ways for tobacco manufacturers and public health agencies to work with social media companies to develop and implement guidelines to detect, reduce and counter disinformation on THR and the role of nicotine.

Improving Regulatory Policies

THR products can effectively facilitate smoking cessation, but engagement with these products is deeply influenced by the economic, tax, and regulatory policies a country adopts. The analysis of countries finds that policy responses to THR products vary greatly. Key insights and takeaways include that:

- Several countries, such as the United Kingdom, Japan, South Korea and Sweden, recognize the potential of THR products with a raft of measures to encourage persistent smokers to switch to alternatives.

- Under such regulatory frameworks, alternatives appear to reduce the harms of tobacco use while simultaneously allowing public health agencies to externalize the cost of smoking cessation, suggesting that such policies make both clinical and economic sense.

- As countries have wrestled with how best to regulate alternatives to cigarettes, the evidence increasingly supports reducing harm for smokers through correcting misperceptions, communicating risk appropriately, replacing bans with risk-proportionate regulation, and considering evidence on flavors and nicotine caps.

RECOMMENDATION #12

Advocate for risk-proportionate regulations as a means of making it easier for smokers to switch from combustibles and quit.

RECOMMENDATION #13

Fund research aimed at documenting the early and medium-term health effects (five years) of smokers switching completely or partly to THR products or cessation in large populations of adult users matched to smoking controls.

RECOMMENDATION #14

Support research to adapt profitable business model designs used by leading multi-national companies with large THR portfolios to state-owned tobacco monopolies.

RECOMMENDATION #15

Develop mechanisms to assess the impact of recently introduced risk-proportionate policies on switching from combustibles to THR and on cessation. Those policies include changes involving the treatment of pricing and taxation, flavors and nicotine levels, and health messages.

RECOMMENDATION #16

Leverage multi-national, multi-disciplinary and participatory foresight studies to identify health gains from optimal policy responses needed to end smoking.

Smoking and Children/Youth

Young people smoke at a far lower rate than adults, and youth smoking prevalence is declining in high-income countries. Still, too many teenagers continue to smoke cigarettes, especially in LMICs, where both national governments and international organizations have not effectively addressed smoking among youth. The increased use of alternative nicotine-delivery systems raises concerns as well. Addressing these concerns requires recognizing that:

- Banning or restricting sales of both combustibles and THR products to minors is a necessary step, taken by many countries, but current prohibitions are ineffective, particularly in LMICs. In these countries, enforcement is lax, and children themselves are often sellers as well as users of cigarettes, bringing home essential cash to hard-pressed families.

- Data on youth cigarette smoking are spotty and inconsistent. The WHO has reported that 6.5% of adolescents overall are smokers (with the highest rates in Europe and upper-middle-income countries globally) because access to cigarettes requires access to money.

- For both children and adults, there is a clear correlation between declining rates of smoking and rising rates of using e-cigarettes and other alternatives. The consensus view is that young people, like current non-smokers, should not initiate the use of any form of tobacco. Demonizing e-cigarettes for youth, however, can have spillover effects for adults, discouraging them from switching and giving them an excuse to keep smoking.

- Smoking by children is an emotional issue that can obscure the more clear and present danger, which is the imminent disease and mortality faced within the next 20 years by current cigarette smokers in their 30s, 40s, and 50s. Conflating the dangers of tobacco and alternatives makes sense for adolescents, but for adults, the spillover effects could lead to millions of needless deaths.

RECOMMENDATION #17

Support development of a global multi-company alliance that endorses and commits to enforce a common set of the highest voluntary standards, which include responsible marketing practices to restrict combustible tobacco and THR product access to those under the of age 21. Require a third party to evaluate and monitor compliance.

RECOMMENDATION #18

Advocate for governments to mandate the use of technologies to verify the age of prospective purchasers of cigarettes and THR products at the point of sale and online. These technologies already exist in nascent form in high-income countries, but government and industry support and additional research are needed for faster development, especially with an eye to adapting the tools to the needs and realities of LMICs.

Considerations from COVID-19

The COVID-19 pandemic has brought new attention to public health, including its role in tobacco control. Key insights and takeaways include that:

- The success of U.S. vaccine development demonstrates the power of multi-sectoral engagement and public-private partnerships (PPPs). Despite its past, the tobacco industry is well positioned to contribute to tobacco control through innovation in THR products, and strong PPPs can help make those products accessible and affordable to LMICs and marginalized communities.

- Correcting misinformation is crucial. Tobacco communicators contend with misinformation campaigns and sensational media portrayals – particularly with respect to e-cigarettes. In conveying messages about tobacco control, it is necessary not just to provide information, but to make the evidence resonate.

- The precautionary principle can be perilous, as we have seen in cases of vaccine hesitancy. There are enormous costs to blocking new interventions (with sufficient current research to back them up) until their long-term effects are conclusively known. The precautionary principle keeps millions from being vaccinated and inspires governments to deter THR products – even though in both cases the known benefits far outweigh the known risks.

RECOMMENDATION #19

Adopt best practices to combat misinformation and build a healthier information environment for tobacco harm reduction. Identify leading sources of misinformation, harnessing technology to slow the spread of falsities and to share accurate information. Encourage trusted messengers such as doctors to disseminate clear information. Also fund research into misinformation, identifying evidenced-based interventions, and work closely with consumer and media advocates to reach communities disproportionately affected by misinformation.