

Parliament of the Kingdom of the Netherlands  
House of Representatives  
Committee for Health, Welfare and Sports  
For the attention of: Mrs Helma Lodders, Committee Chair

4<sup>th</sup> March 2019

Dear Mrs Lodders,

**Tobacco Harm Reduction and the Dutch National Prevention Agreement: Letter from 36  
International Experts and Academics in Tobacco Control**

We are a group of nicotine, tobacco and addiction researchers, health professionals, and tobacco control policy experts in support of *tobacco harm reduction* as part of comprehensive tobacco control. We respectfully write to you in view of the upcoming debate in the Dutch Lower House about the National Prevention Agreement<sup>1</sup> - a topic which has generated significant interest among researchers, health professionals and experts working in tobacco control policy in Europe and across the globe.

We very much welcome the objectives and existing tobacco control measures set out in the Agreement which are in line with the WHO Framework Convention on Tobacco Control. Any policy intervention that reduces smoking in the Netherlands has our full support. We regret however, that the Agreement fails to acknowledge the important role that products that do not involve combustion and inhalation of smoke can play in reducing the harms caused by smoking. Such products include forms of low nitrosamine smokeless tobacco such as snus, vaping technologies and pharmaceutical or pure nicotine products. From a health perspective, the major distinction between nicotine products is whether they are combustible or non-combustible. It is well known that it is the smoke, not the nicotine, which causes almost all of the smoking related diseases and non-combustible products have a clear role to play in reducing smoking prevalence to meet the ambitious objectives set out in the Agreement.

The public health opportunities for harm reduction are vast, and in the case of vaping (e-cigarettes) these have been well described by the Royal College of Physicians of London (RCP) in its thorough April 2016 report<sup>2</sup> and more recently by McNeil et al. (2018) in a report to Public Health England<sup>3</sup>. For example, on the subject of relative risk, based on smoke and vapour toxicology the RCP stated:

*"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". (5.5)*

On the subject of smoking cessation, there is increasing evidence from Randomised Controlled Trials (RCT) that have been designed specifically to explore effects on tobacco smoking, that vaping products (e-cigarettes) can help smokers to stop smoking. A Cochrane review published in 2016 concluded that smokers using an e-cigarette were more likely to quit compared to those using a placebo at 6 months<sup>4</sup>. More recently, a RCT of e-cigarettes versus Nicotine Replacement Therapy (NRT) alongside behavioural support in England, reported an almost two-fold increase in 12 month quit rates with e-cigarettes<sup>5</sup>.

On the question of what the products are being used for, the RCP is clear they are alternatives to smoking and used primarily by smokers to reduce their health risks.

*“...the available evidence to date indicates that e-cigarettes are being used almost exclusively as safer alternatives to smoked tobacco, by confirmed smokers who are trying to reduce harm to themselves or others from smoking, or to quit smoking completely. “*

Similarly, in a recent review of findings from five large-scale surveys of 60,000 young people in the United Kingdom<sup>6</sup> although some experimentation was reported, regular use remained very low, ranging from 0.1 to 0.5%. Recent survey data from the UK suggests this pattern has not changed<sup>7</sup>. The report conclude that:

*“...surveys across the UK show a consistent pattern: most e-cigarette experimentation does not turn into regular use, and levels of regular use in young people who have never smoked remain very low.”*

As is the case across the globe, in the Netherlands there are many smokers that are unable or unwilling to quit, not least of all, the poorest and most disadvantaged in society who find smoking cessation the most difficult. This large group, including those suffering from mental illness, would benefit from switching to smoke-free products. In this regard it is critical that adult smokers can be informed about these innovative products and receive non-misleading information about their relative risk.

However subjecting e-cigarettes and other smoke-free products to the same restrictions as for combustible cigarettes can have unintended consequences and can favour the tobacco industry. For example, treating vaping the same as smoking in public places has no scientific basis but could discourage smokers from using a less risky product, causing harm to health by perpetuating smoking and rewarding the cigarette trade. Advertising display bans for e-cigarettes similarly favour the incumbent product (cigarettes) and form a barrier to the much less risky innovative new products. The RCP recognises the potential for unintended consequences and states that:

*“However, if [a risk-averse, precautionary] approach also makes e-cigarettes less easily accessible, less palatable or acceptable, more expensive, less consumer friendly or pharmacologically less effective, or inhibits innovation and development of new and improved products, then it causes harm by perpetuating smoking.” (Section 12.10 page 187)*

Whilst we welcome tighter restrictions on cigarette smoking, treating non-combustible products such as e-cigarettes in the same way, sends the wrong message that smoke-free products are as harmful as cigarettes. This will discourage smokers from switching, which leads to the unintended consequence that cigarette use is prolonged. Obviously this goes against the Agreement’s objective to eradicate smoking.

We respectfully request that the Lower House carefully assess the role that non-combustible products such as e-cigarettes can play in reducing tobacco smoking and recommend an exemption for e-cigarettes from the bans on display/advertisement and smoking in public places. We are more than willing to provide you with further information and our perspective on the international developments in the field of tobacco harm reduction and draw your attention to recent letter to the World Health Organisation (WHO) from 72 specialists in the field<sup>8</sup> which offers some guiding principles for consideration for the Framework Convention on Tobacco Control (FCTC). We would welcome the opportunity to contribute to a round-table in your Committee should you decide to organize such type of event.

We confirm that signatories report no conflicts with respect to FCTC Article 5.3 and no financial conflicts of interest with respect to tobacco or e-cigarette companies under the International Committee of Medical Journal Editors (UCJME) reporting standard.

Yours sincerely,

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