

TOBACCO HARM REDUCTION A Burning Issue for Asia



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...nearly two decades into the WHO-led war on tobacco...
...in the increase in some countries, highlighting the need...
...implementation and approach. Yet, as this report reveals...
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...deep pockets to see it through. Instead of a course correct...
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TOBACCO HARM REDUCTION A Burning Issue for Asia



**GLOBAL STATE OF TOBACCO
HARM REDUCTION**

Tobacco Harm Reduction: A Burning Issue for Asia

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Key messages

- » 60% of the world's smokers live in Asia, half of whom will die prematurely from a smoking-related disease.
 - » Most countries in Asia have adult smoking rates above the global average, and three countries have smoking rates in excess of 30%.
 - » Nearly half of the annual global deaths from smoking are among people living in this region.
 - » Asia plays host to the world's major state-owned tobacco companies, which produce nearly 50% of the world's cigarettes and other combustible tobacco products.
 - » Consequently, smokers in this region suffer disproportionately from the devastating effects of smoking.
 - » 89% of the world's consumers of the more dangerous forms of smokeless tobacco (SLT) products live in Asia leading to high rates of oral cancers in the region.
 - » For people who smoke, it is the toxins released by the combustion of tobacco that is the problem – not the nicotine.
 - » For people who use the more dangerous forms of SLT products consumed in Asia, it is the carcinogenic compounds released when the product is chewed that is the problem – not the nicotine.
 - » Tobacco harm reduction, using safer nicotine products, offers new choices to millions of people who want to reduce risks to their health but want to continue using nicotine.
 - » Millions of people in Asia have already switched from smoking to a variety of safer nicotine products – despite a range of legislative and regulatory responses in the region that include outright prohibition.
 - » A well-orchestrated and well-funded campaign by apparently credible agencies continues to dispute and undermine the evidence supporting the use of safer alternatives to tobacco.
 - » Governments in the region are starting to come under scrutiny as the scale and impact of US-led philanthropic funding on domestic policy-making is exposed.
-

About the Global State of Tobacco Harm Reduction (GSTHR) project

Harm reduction is a range of pragmatic policies, regulations and actions which either reduce health risks by providing safer forms of products or substances or encourage less risky behaviours. Tobacco Harm Reduction (THR), using safer nicotine products (SNP), offers new choices to millions of people worldwide who want to switch away from smoking or other dangerous forms of tobacco use, but have been unable to with the options previously available.

Since 2018, the UK-based public health agency Knowledge-Action-Change (K•A•C) has produced two biennial reports examining progress in and barriers to tobacco harm reduction around the world:

No Fire, No Smoke: The Global State of Tobacco Harm Reduction 2018 and *Burning Issues: The Global State of Tobacco Harm Reduction 2020*. Executive summaries of both reports are available in multiple languages and Mandarin translations of both the 2018 and 2020 editions are available.

In addition, K•A•C publishes briefings such as this, driven by the key principles of the GSTHR project. The first, *Tobacco Harm Reduction and the Right to Health*, was published in January 2020 and can be read in 12 languages. All the GSTHR publications and translations can be downloaded at the GSTHR website, <https://gsth.org>.

As well as hosting GSTHR publications and providing access to downloadable charts and infographics, the GSTHR website allows users to search, compare and build bespoke data visualisations using regularly updated smoking and tobacco harm reduction statistics for more than 200 countries and territories.

Visit <https://gsth.org> to find out more.

Tobacco harm reduction, using safer nicotine products, offers new choices to millions of people worldwide who want to switch away from smoking or other dangerous forms of tobacco use

Terminology

This briefing covers 15 Asian countries.



Data and information from some countries such as India, China, Japan, Thailand and the Philippines are covered in more depth, while data from others illustrate more general issues and contrasts.

A number of terms are used for THR products, including 'reduced risk products' and 'electronic delivery systems' (ENDS). This report uses the term **safer nicotine products** (SNP) as a collective expression for nicotine vaping devices, heated tobacco products (HTP) and safer oral nicotine products such as Swedish-style pasteurised snus and non-tobacco nicotine pouches.

Unless quoting from documents, we do not use the term 'e-cigarettes' to describe vaping devices. The term is misleading for health professionals, politicians and the wider public, as it closely associates these new products with cigarettes. However, vaping devices do not burn tobacco and do not emit toxic smoke which harm bystanders. Many modern vaping devices bear no physical resemblance to traditional cigarettes.

Introduction: Tobacco harm reduction and the right to health

The focus of this GSTHR briefing is Asia. Sixty per cent of the world's smokers live in this region and almost half the global deaths from smoking occur here. Asia is also home to nine in every ten users of smokeless tobacco, leading to high rates of oral cancer in the region. In a number of countries, public health is severely undermined where governments either control or have a significant stake in domestic tobacco companies. New solutions are needed to tackle the public health threat from smoking and tobacco use in Asia.

Harm reduction as a public health principle grew out of a health and social justice movement in the USA and Europe during the early days of the HIV/AIDS epidemic in the 1980s. Activists in the gay and injecting drug-using communities began distributing condoms and needles and syringes attempting to reduce the spread of the virus.

The public health impact was undeniable. Those countries who embraced harm reduction saw significant falls in HIV rates among affected communities. In turn, this reduced the risks for the wider population.

There is a direct link from the history of drug and HIV harm reduction to the beginnings of THR. As far back as 2006, local communities of smokers and small manufacturers from around the world used the internet to spread information and advice about a new generation of products which allowed smokers to consume nicotine without the dangers associated with cigarettes. After this peer-to-peer support saw many smokers successfully quit using these new products, the idea of THR began to filter upwards, to health professionals and policymakers. Now, some governments endorse the use of nicotine vaping as a smoking cessation tool.

In addition to cigarette smoking, Asia has a substantial population who use smokeless rather than combustible tobacco products. These products cause death and disease

Harm reduction as a public health principle grew out of a health and social justice movement in the USA and Europe during the early days of the HIV/AIDS epidemic in the 1980s



Image: Ian DOOLEY on Unsplash

from oral cancers. However, in Sweden, the use of much safer pasteurised snus has led to significant falls in smoking-related cancer. If the same manufacturing techniques could be adopted by smokeless tobacco (SLT) producers in Asia, the risks to health could be dramatically reduced.

Many people want to quit smoking or using tobacco, and many do so. But many others cannot. A global public health commitment to encourage smokers and users of dangerous SLT to switch to SNP - rather than simply telling them to quit - could significantly contribute to reaching overall targets aimed at reducing death and disease from the use of dangerous tobacco products.

The World Health Organization (WHO), some influential NGOs, major philanthropic foundations and governments do not accept this principle of substituting harmful tobacco products with SNP. Some governments in Asia have enacted outright bans on SNP. Yet in the WHO's own Framework Convention on Tobacco Control (FCTC), there is a statement about the role of harm reduction as part of the strategic response to tackling smoking. Article 1 (d) of the FCTC specifically states that tobacco control means, "a range of supply, demand and **harm reduction** strategies that aim to improve the health of the population by eliminating or reducing their consumption of tobacco products and exposure to tobacco smoke" [emphasis added].¹

There is also a commitment to "promote measures of tobacco control based on current and relevant scientific, technical and economic considerations".² The FCTC was drafted and enacted before vaping, heated tobacco products (HTP) or nicotine pouches became widely available. However, there is no evidence that the WHO intends to review the FCTC positively in light of the development of new products, whose benefits are supported by independent scientific and clinical evidence.

But there are even wider public health principles at play here. The spirit of THR is embedded within several international treaties: these major on addressing marginalisation, discrimination and general health inequalities by empowering people to take control of their own health and ensuring that nobody is left behind.

By making it difficult, if not impossible, for current adult smokers to access SNP, governments are illegitimately interfering with an individual's right to health

The preamble to the FCTC quotes the Constitution of the WHO itself, which states, "*that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition*".³

By making it difficult, if not impossible, for current adult smokers to access SNP, governments are illegitimately interfering with an individual's right to health. The WHO colludes in this, by failing to provide a clear definition of harm reduction in the FCTC. Moreover, it refers to the human right to be protected from the tobacco industry, rather than the right to take steps to protect ones' health.

¹ WHO (2005). *WHO Framework Convention on Tobacco Control*. World Health Organization. http://www.who.int/fctc/text_download/en/, p.4

² Ibid. p.3

³ Ibid. p.2

1: Smoking and tobacco in Asia

Smoking – a global and regional epidemic

Wherever you sit in the debate about THR, there is no denying the statistics on global smoking are grim. The world's deadliest non-communicable diseases are directly related to smoking:⁴

- » There were an estimated 1.1 billion smokers globally in 2018.
- » Including the use of regional combustible products as well as manufactured cigarettes, the Asia region accounts for around 60% of combustible tobacco users worldwide – a total of 743 million people.
- » Half of all those who smoke will die prematurely from smoking-related diseases.
- » The Global Burden of Disease (GBD) study estimates that smoking accounted for 7.1 million deaths in 2017, with an additional 1.2 million deaths attributed to second-hand smoking.
- » Smoking is the second highest risk factor for death behind high blood pressure, where smoking is also a major risk factor.
- » More than half of all annual smoking-related deaths (4 million) occur in Asia – 3 million in China and India alone.

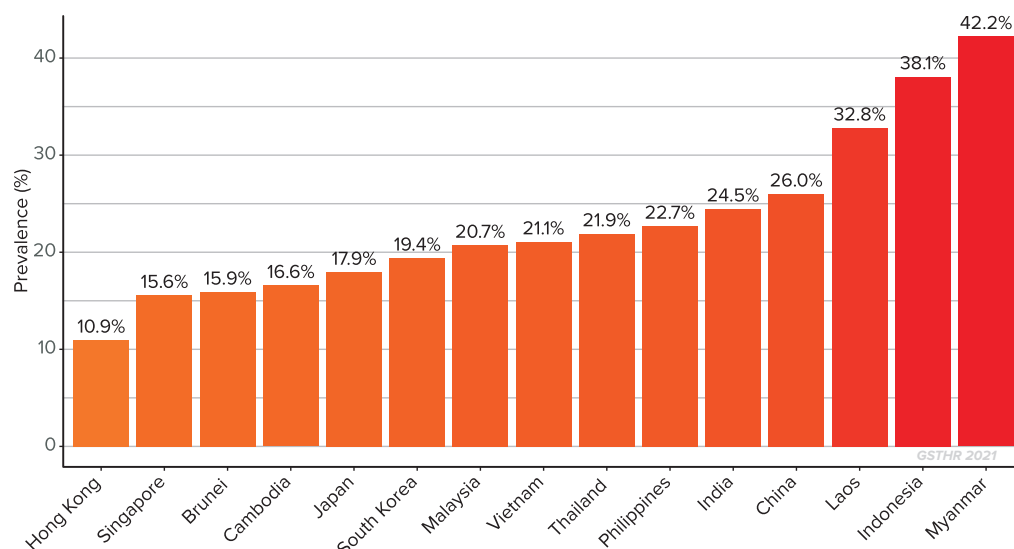
60%

the proportion of the world's smokers who live in Asia; half will die prematurely from a smoking-related disease

Current adult tobacco smoking rates in Asia

Around one in five adults (19%) in the world smokes tobacco. Most countries in Asia have adult smoking rates in excess of this, and three countries have smoking rates in excess of 30% – Laos, Indonesia and Myanmar.

Current adult tobacco smoking in 2021 in Asia



More than half of all annual smoking-related deaths (4 million) occur in Asia –

3 million

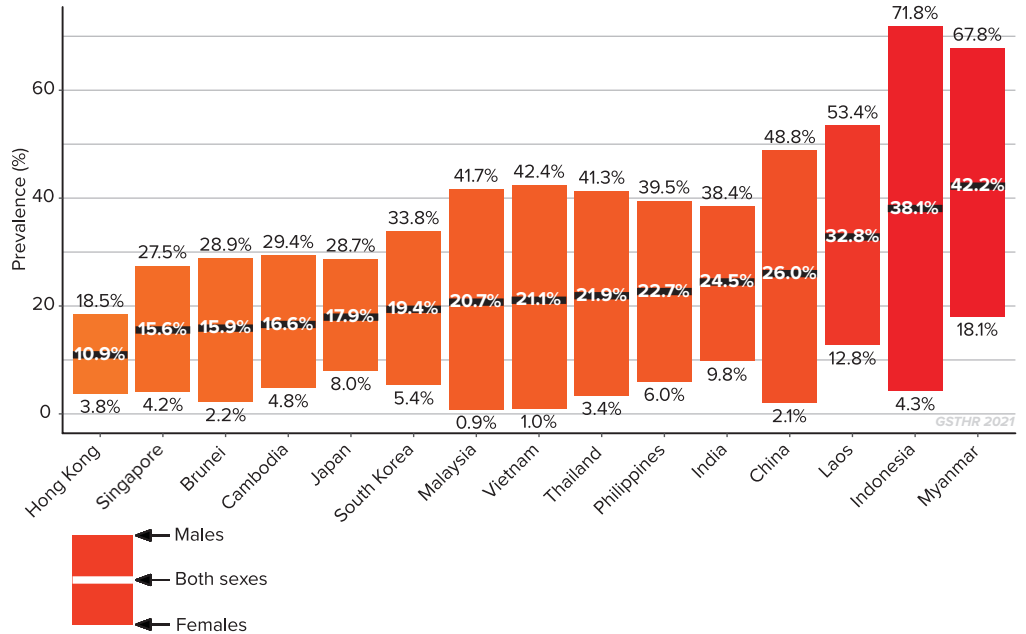
in China and India alone

Data source: WHO (2019). *WHO global report on trends in prevalence of tobacco use 2000–2025, third edition*. World Health Organization. <https://www.who.int/publications/i/item/who-global-report-on-trends-in-prevalence-of-tobacco-use-2000-2025-third-edition>

⁴ For more comprehensive information on the smoking epidemic, see Shapiro, H. (2020). *Burning Issues: Global State of Tobacco Harm Reduction 2020. Knowledge-Action-Change*. Access full report, p.28: <https://gsth.org/resources/item/burning-issues-global-state-tobacco-harm-reduction-2020>
Read the chapter online at <https://gsth.org/report/2020/burning-issues/chapter-1>

Overall, this region has some of the highest male adult smoking rates in the world. In Myanmar, 67.8% of men smoke. Indonesia has the highest rate of male smokers as a percentage of population in the world at 71.8%. In much of the world, being a non-smoker is the norm for men. In Indonesia and Myanmar, however, by far the majority of men smoke.

Current tobacco smoking in 2021 in Asia
Differences between males and females



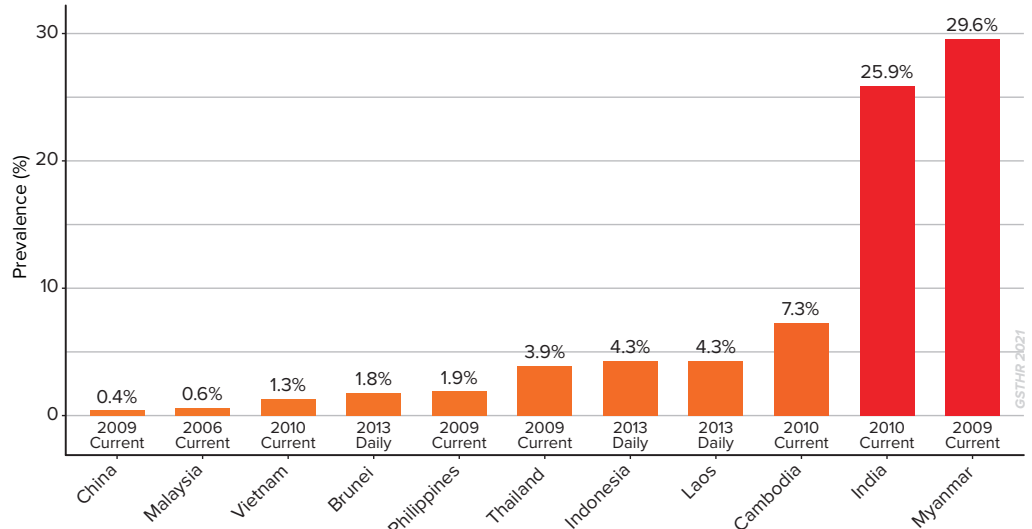
Data source: WHO (2019). WHO global report on trends in prevalence of tobacco use 2000–2025, third edition. World Health Organization. <https://www.who.int/publications/item/who-global-report-on-trends-in-prevalence-of-tobacco-use-2000-2025-third-edition>

Adult users of smokeless tobacco products⁵

Two hundred and sixty million people or 89% of the world’s consumers of smokeless tobacco (SLT) live in Asia.

89%
the proportion of the world’s consumers of smokeless tobacco who live in Asia

Prevalence of smokeless tobacco use among adults in Asia



Data source: National Cancer Institute and Centers for Disease Control and Prevention (2014). Smokeless Tobacco and Public Health: A Global Perspective (No. 14–7983; NIH Publication). MD: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Institutes of Health, National Cancer Institute.

⁵ Information and data on smokeless tobacco in this briefing is drawn from: National Cancer Institute and Centers for Disease Control and Prevention. (2014). *Smokeless Tobacco and Public Health: A Global Perspective* (No. 14–7983; NIH Publication). MD: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Institutes of Health, National Cancer Institute. <https://untobaccocontrol.org/kh/smokeless-tobacco/wp-content/uploads/sites/6/2018/06/SmokelessTobaccoAndPublicHealth.pdf>

The region is home to all five of the countries with the highest global prevalence rates of SLT use: Myanmar, Bangladesh, India, Bhutan, and Nepal.

Rural users in India and Bangladesh account for 80% of global SLT users. In India and Myanmar, more men use SLT than smoke cigarettes. In Bangladesh, similar percentages of women and men use SLT while in Cambodia, Malaysia and Vietnam, more women use SLT than men.

Smoking-related death and disease

Every year, over 4 million people in the region die from smoking-related disease – 3 million in China and India alone. In Vietnam, China and Malaysia, more than one in every five deaths is smoking-related.

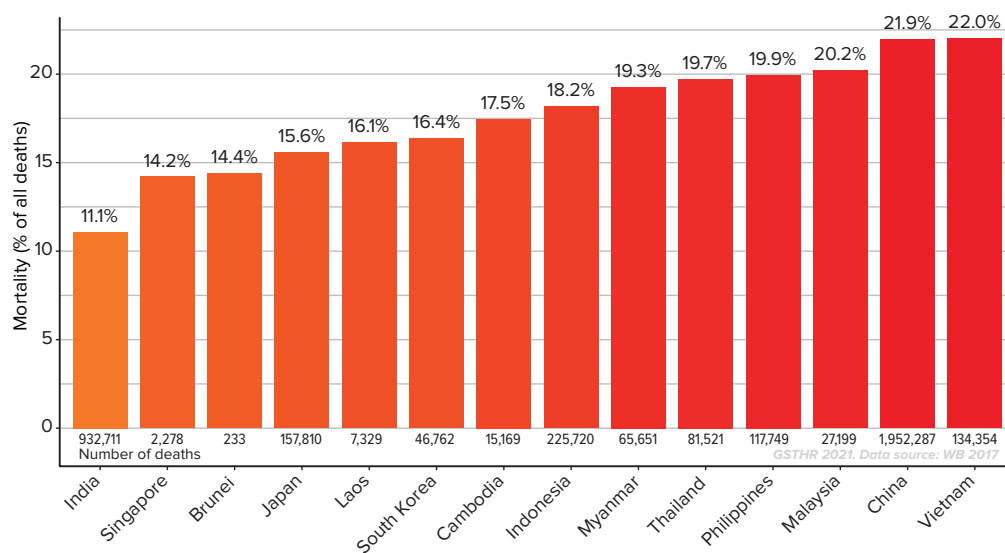
The Global Burden of Disease (GBD) is published by the Institute of Health Metrics and Evaluation at the University of Washington, USA.⁶ The GBD analyses 286 causes of death, 369 diseases and injuries, and 87 risk factors in 204 countries and territories.

One metric ranks the 11 major risk factors associated with all death and disease in every country, with the 2019 edition enabling comparisons between 2009 and 2019.

In 2009, tobacco was in the top three risk factors for nine of the countries covered by this briefing, while in four countries – China, Japan, Singapore and Thailand, it was ranked number one.

Ten years later, the situation had not improved. And assuming that lung cancer is the cancer most associated with smoking, six out of the same group of countries recorded lung cancer in the top ten list of most prevalent diseases.⁷

Mortality attributable to smoking tobacco in Asia (% of all deaths)



Data source: Institute for Health Metrics and Evaluation (IHME). (2019). Global Burden of Disease (GBD 2019). IHME, University of Washington.

Smokeless tobacco-related death and disease

The main way of consuming SLT in the region combines tobacco in a betel quid which is then chewed. Common ingredients are the areca nut, fresh betel leaf and slaked

4 million

the number of people who die in Asia annually from a smoking-related disease

1 in **5**

deaths in Vietnam, China and Malaysia is smoking-related

⁶ Institute for Health Metrics and Evaluation (IHME) (2019). *Global Burden of Disease (GBD 2019)*. IHME, University of Washington. <http://www.healthdata.org/gbd/2019>

⁷ Ibid.

Four of the five countries with the highest global rates for oral cancer are in Asia

lime paste. There are various names for the product across the region, with a range of additions to the primary ingredients. Apart from Indian gutka, all these chewed products will include tobacco, while there are several regional varieties of snuff-type tobacco products for oral or nasal use.

From a public health perspective, the widespread use of these oral products results in the high rates of oral cancer, caused by both tobacco and the areca nut. Four of the five countries with the highest global rates for oral cancer are in Asia: Pakistan, Bangladesh, India and Sri Lanka.⁸

Help for smokers and smokeless tobacco users

The WHO developed the MPOWER strategy as an implementation tool for the tobacco control measures outlined in the FCTC. The acronym covers the monitoring of tobacco use and prevention policies, protecting bystanders, warning about dangers, enforcing bans and raising taxes. But the most important and most immediate strategy for trying to reduce death and disease from smoking is the 'O', which stands for 'Offering help'. By its own admission, this aspect of the WHO strategy has largely failed. The smokers who need the most help live in countries with the least developed healthcare systems and support services for smokers.

In its 2019 report on the Global Tobacco Epidemic, the WHO admit that 70% of the world's population have no access to "appropriate tobacco cessation services". And that even where such services exist, "many countries do not cover the costs of tobacco cessation services for those using them" and "few countries carry out regular monitoring and evaluation that helps improve tobacco cessation services".⁹

Regarding nicotine replacement therapy (NRT), the only countries in Asia which claim to fully cover costs are Brunei, Malaysia and India. Yet a study of the availability and affordability of NRT and cessation medicines in the Indian state of Kerala revealed that no products were available in public health care facilities and were only available in some private pharmacies.¹⁰

The WHO reported that most countries provided some form of cessation support services. But as few countries have proper monitoring and evaluation processes in place, it is impossible to say how effective these are in terms of numbers attending, quit rates and relapse rates.

However, we do know from studies elsewhere that the relapse rate from NRT is high (whether part of a stop smoking service or not) while counselling services alone are relatively ineffective without other interventions. Using vaping devices as a recognised part of official stop smoking services has proved particularly effective in the UK.¹¹

Even if NRT was readily and freely available in the region, it remains the case that many people who smoke or use SLT do not regard their use of these products as an illness, which limits the success of interventions that are more medical in nature.

⁸ *Mouth, pharynx & larynx cancer statistics*. (2018, August 22). World Cancer Research Fund. <https://www.wcrf.org/dietandcancer/cancer-trends/mouth-pharynx-larynx-cancer-statistics>. Papua New Guinea is the nation with the highest rate of oral cancer.

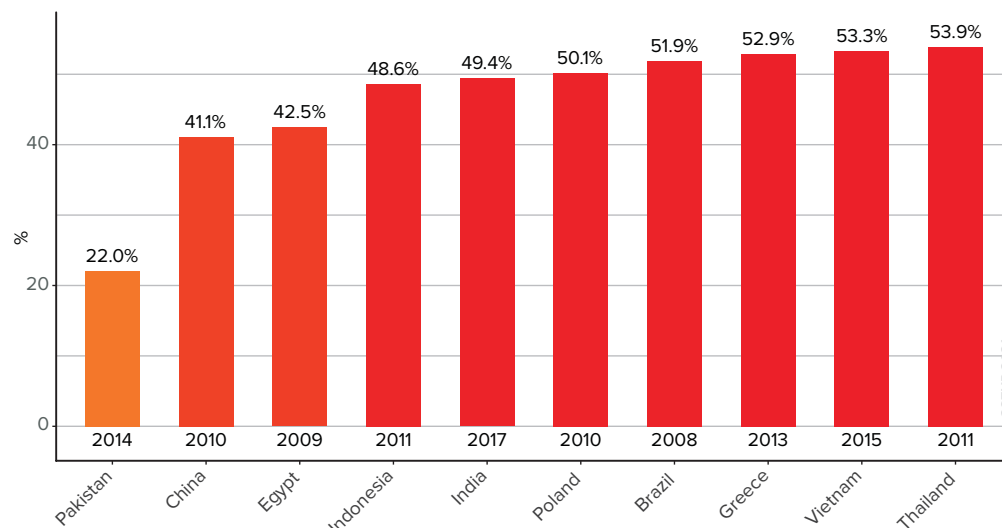
⁹ WHO (2019). *WHO report on the global tobacco epidemic 2019. Offering help to quit tobacco use*. World Health Organization. http://www.who.int/tobacco/global_report/en/, p.45

¹⁰ Sarma Smitha et al. (2017). Availability, Sales, and Affordability of Tobacco Cessation Medicines in Kerala, India. *Circulation: Cardiovascular Quality and Outcomes*, 10(11), e004108. <https://doi.org/10.1161/CIRCOUTCOMES.117.004108>

¹¹ McNeill, A. et al. (2021). *Vaping in England: evidence update February 2021: a report commissioned by Public Health England*. Public Health England. <https://www.gov.uk/government/publications/vaping-in-england-evidence-update-february-2021>

Where available, data on quit plans suggests that motivation to quit smoking in Asia is lower than in many other parts of the world. Of the ten countries with the lowest number of smokers intending to quit either in the next month, next year or sometime in the future, six are in Asia.¹²

Countries with the lowest proportion of current smokers who intend to quit



Data source: WHO. (2019). *WHO Report on the Global Tobacco Epidemic 2019*. World Health Organization.

In its 2019 Global Tobacco Epidemic report, the WHO devotes several pages to dismissing evidence in favour of the benefits of the use of SNP in reducing the harms from tobacco.¹³ The WHO has made its position clear that SNP do not serve a purpose as an exit route from smoking. This has had consequences around the world, as governments look for guidance and leadership on regulation or legislation to respond to new products, and consumers look to apparently credible sources of information on how to improve their own health outcomes.

Yet the WHO continues to promote harm reduction interventions in other areas of global health such as HIV and AIDS prevention. Its failure to accept the opportunity offered by tobacco harm reduction is a failure of public health policy of epic proportions. Major progress could be made in reducing the toll of smoking-related death and disease in Asia and worldwide by encouraging smokers and SLT users to switch to safer products while continuing to use nicotine.

Major progress could be made in reducing the toll of smoking-related death and disease in Asia and worldwide by encouraging smokers and SLT users to switch to safer products

¹² WHO (2019). *WHO Report on the Global Tobacco Epidemic 2019*. World Health Organization. https://www.who.int/tobacco/global_report/en/, p.36

¹³ *Ibid.*, 46–47

2: Use of safer nicotine products

Use of SNP across Asia varies considerably but overall, it is still at a low level compared to consumption of combustible and smokeless products.

19.2
million

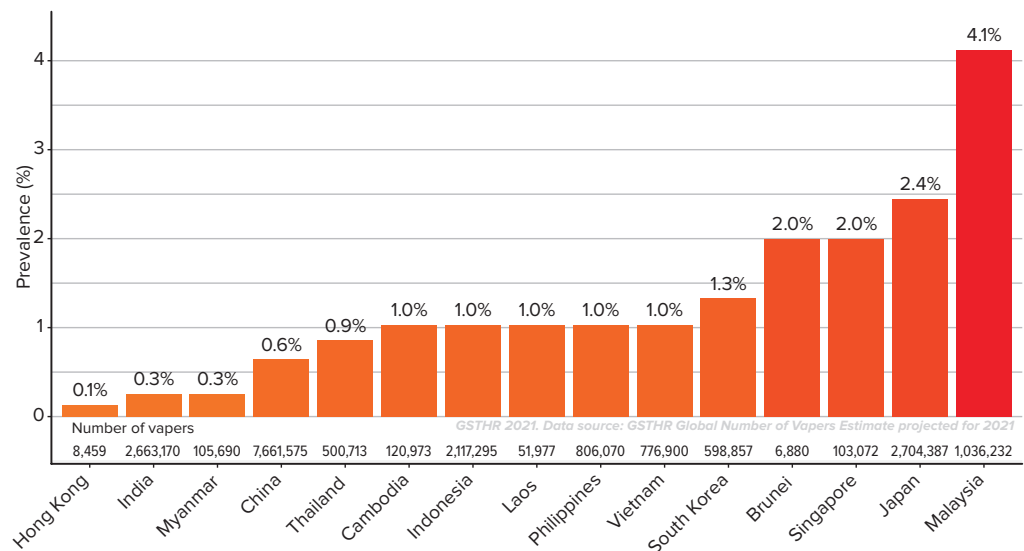
the estimated number of
nicotine vapers in Asia
in 2021

In *Burning Issues: The Global State of Tobacco Harm Reduction 2020*, we estimated that there were 68 million nicotine vapers globally in 2020. For this briefing, we have updated our estimates with data for 2021, with a focus on Asia.

In 2021, we estimate that there are 19.2 million nicotine vapers living in Asia.¹⁴ We estimate the largest populations of vapers are in China (7.7m or 0.6% of the population) followed by Japan (2.7m or 2.4% of the population), India (2.6m or 0.3% of the population) and Indonesia (2.1m or 1.0% of the population).

In terms of nicotine vaping prevalence, our estimates show that Malaysia is the highest in the region, at 4% of the adult population (1m), followed by Japan at 2.4% (2.7m), Singapore at 2% (103k) and Brunei at 2% (7k).

Current prevalence of nicotine vaping in Asia 2021



Data source: GSTHR 2021. Data source: GSTHR Global Number of Vapers Estimate projected for 2021

With the highest vaping prevalence in Asia, our research suggests that Malaysia has one vaper for every five smokers. In both Japan and Malaysia, it is younger adult smokers who initially adopted innovative products, in a region which generally leads on early adoption of new technology.¹⁵

Heated tobacco products (HTP) have made significant inroads and are marketed in Japan, South Korea and Malaysia. There has been considerable uptake in Japan and South Korea and globally the region holds the largest revenue share in HTP.¹⁶

¹⁴ Methods for estimating the number of nicotine vapers can be found in the Annex to Shapiro, H. (2020). *Burning Issues: Global State of Tobacco Harm Reduction 2020*. Knowledge-Action-Change.

<https://gsth.org/resources/item/burning-issues-global-state-tobacco-harm-reduction-2020>. Data for Asia have been adjusted for this report to 2021 projections.

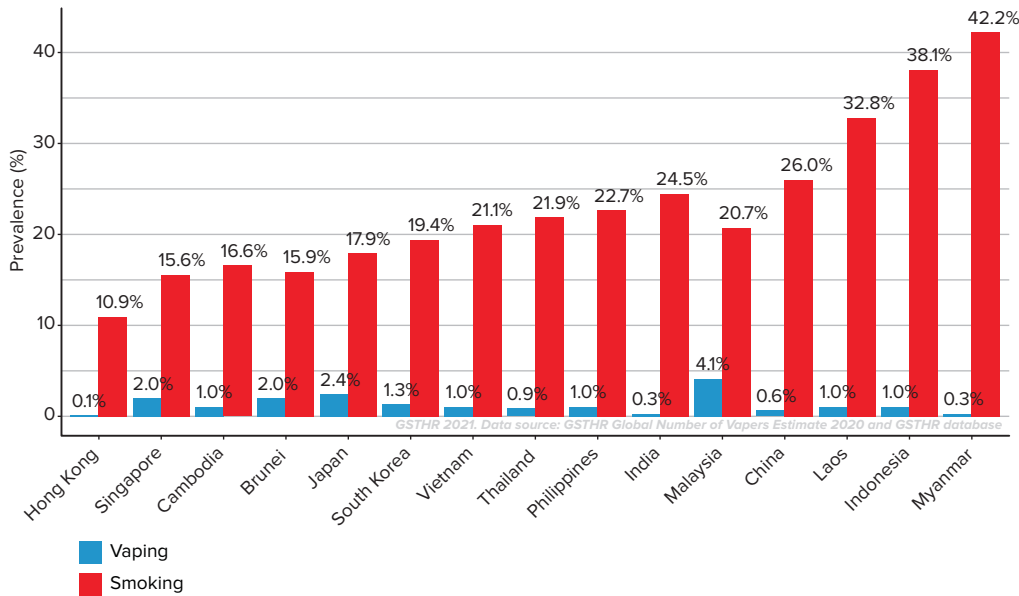
Read the annex online at: <https://gsth.org/report/2020/burning-issues/annex>

¹⁵ In Japan, the average age of a HTP consumer is now over 30 suggesting adoption by older age groups from initial take-up.

¹⁶ *Asia Pacific Heat-Not-Burn Tobacco Product Market is Projected to Grow at a CAGR of 14.6% During the Forecast Period, 2019-2025* – ResearchAndMarkets.com. (2020, January 29). AP NEWS.

<https://apnews.com/press-release/Business%20Wire/f754898c88d74e76a8367655266cfd6f>

Current prevalence of nicotine vaping and smoking in Asia, 2021



Data source: A) GSTHR 2021. Data source: GSTHR Global Number of Vapers Estimate projected for 2021 and B) WHO. (2019). WHO global report on trends in prevalence of tobacco use 2000–2025, third edition. World Health Organization. <https://www.who.int/publications/i/item/who-global-report-on-trends-in-prevalence-of-tobacco-use-2000-2025-third-edition>

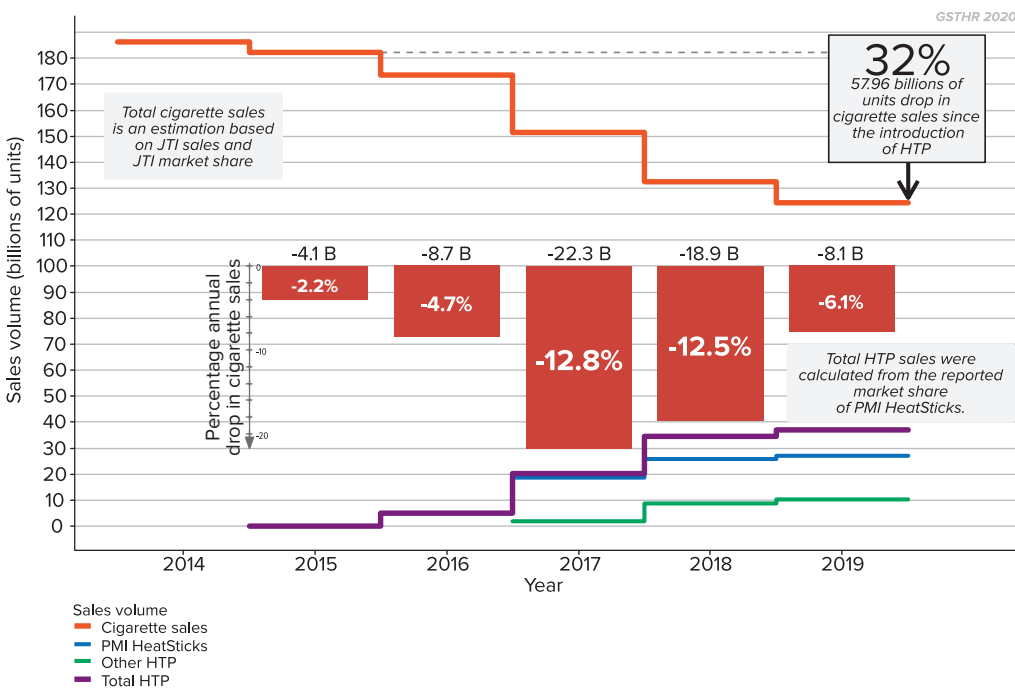
Japan is a good example of how innovative SNP can seriously disrupt existing tobacco markets. The rise of HTP in Japan has been associated with a dramatic fall in cigarette sales – by 32% – since 2014. HTP now account for a third of tobacco sales in Japan.

There could be opportunities for further falls in cigarette sales in Japan if the government permitted the in-store sale of vaping products. Nicotine vapes have been designated as medicinal products, and so are effectively banned – although buying online for personal use is legal.

32%

the decline in cigarette sales in Japan since the introduction of HTP

Cigarette and HTP sales in Japan, 2014–2019



Data source: A) Japanese domestic cigarette monthly sales results (Information by Business Segment). (2020). Japan Tobacco Inc. https://www.jt.com/investors/results/S_information/domestic_cigarette/index.html and B) Philip Morris International 2019 Annual Report. (n.d.). Retrieved 16 July 2020, from http://media.corporate-ir.net/media_files/IROL/92/92211/2020-PMI-FinalFiles/index.html

Early adoption by those who might otherwise have continued smoking for decades has benefits for individuals, families and health care systems in general, even in a higher income country like Japan, at little or no cost to governments.

China provides an interesting contrast: around 300 million smokers¹⁷ and a manufacturing industry which supplies much of the world with vaping products. The Chinese vaping company Smoore is valued at nearly US\$ 60bn¹⁸ and its CEO is China's first vaping billionaire. RLX is the number one vaping production company, commanding over 60% of the Chinese market, with branded and other retail outlet reach through 250 Chinese cities.¹⁹ Yet there are only around seven million vapers in the country. Growth in consumers has been modest and most (75%) are dual users. Only about 30% of vapers are daily users.²⁰

China National Tobacco Corporation (CNTC) has subsidiaries producing vaping products, but the company accounted for over 40% of all global cigarette sales in 2018

The huge state-owned tobacco company – China National Tobacco Corporation (CNTC) has subsidiaries producing vaping products, but the company accounted for over 40% of all global cigarettes sales in 2018. CNTC currently appears to be more focused on extending its cigarette brands further afield, in the wake of a relative decline in domestic sales. In 2019, the CNTC's international arm based in Hong Kong launched into the stock market to finance market expansion.²¹ The expansion of the SNP market in China will possibly hinge on whether CNTC invest more in the market which in turn will depend on how the legislative landscape evolves.

In March 2021, the Chinese government issued draft production standards for vaping manufacturers. With China the manufacturing hub for such a high proportion of the world's vaping products, the global implications for these standards are still being assessed at the time of writing. The draft cites a low nicotine limit of 20mg per ml (similar to stipulations in the European Union Tobacco Products Directive) and a power specification for devices which underpowers many of the devices currently in use.²²

¹⁷ In the GSTHR Burning Issues report, the number of smokers was calculated using point estimates of smoking prevalence for 2018, and population data for adults (15+) for 2018. In this report, the number of smokers was calculated using projections of smoking prevalence for 2021, and population data for adults (15+) for 2021. In both reports, the source of smoking prevalence data was the WHO. (2019). *WHO global report on trends in prevalence of tobacco use 2000–2025, third edition*. World Health Organization.

<https://www.who.int/publications/i/item/who-global-report-on-trends-in-prevalence-of-tobacco-use-2000-2025-third-edition>, and the source of population data was the Department of Economic and Social Affairs (Ed.). (2019). *World Population Prospects 2019* (Online Edition Rev. 1.; Population Division). United Nations. <https://population.un.org/wpp/Download/Standard/Population/>.

¹⁸ *Unambiguous Investor Support for THR*. (2021, January 29). Idwala Research Ltd. <https://www.idwala.co.uk/blog/unambiguous-investor-support-for-thr>

¹⁹ Vape News Team. (2021, February 8). RLX Technology Started A Cigarettes Revolution In.... *Vape Monitor*. <https://vapemonitor.com/rlx-technology-started-a-cigarettes-revolution-in/>

²⁰ Personal communication. Barnaby Page, ECigintelligence.

²¹ Jennifer Fang. (2019, August 1). *China: Tobacco and Belt and Road Initiative – the new 'Go Global'?* Blog – Tobacco Control. <https://blogs.bmj.com/tc/2019/08/01/china-tobacco-and-belt-and-road-initiative-the-new-go-global/>

²² The news wiped \$14 billion off Rlx's market value overnight, halving its capitalisation. Rival Smoore's Hong Kong-traded stocks plunged 27%. Staff, R. (2021, March 23). *Breakingviews – Capital Calls: China chokes its vaping startups*. *Reuters*. <https://www.reuters.com/article/us-global-finance-breakingviews-idUSKBN2BF0EH>

3: Safer nicotine products and health²³

Key points about SNP and health



Image: wabeno on Depositphotos

1. Safer nicotine products are exactly that – significantly **safer** than other ways of consuming nicotine, whether that is by smoking tobacco or chewing SLT. SNP help people reduce their health risks in comparison to continuing to smoke or use their current forms of SLT.
2. Burning tobacco causes the release of some 7000 toxins, many of which are responsible for the death and disease toll from smoking, both to smokers and bystanders. When it comes to smoking, it is combustion that is the problem – not nicotine.
3. It is the toxins released from tobacco and other ingredients when people chew the SLT products widely used in Asia that are responsible for oral and other cancers – not nicotine. Evidence shows that through its improved manufacturing techniques, the safer smokeless product called snus carries little if any of the cancer (and other risks) of these varieties.
4. Even if somebody has been smoking for decades, if they can switch away from smoking to SNP before the age of 40, they not only enjoy an enhanced quality of life, but also can avoid the damage caused by smoking.
5. Much older smokers have also switched to SNP and considerably improved their health, although they may still eventually suffer a disease related to previous long-term smoking.

²³ For more details and references, go to: Shapiro, H. (2020). *Burning Issues: Global State of Tobacco Harm Reduction 2020*. Knowledge-Action-Change. <https://gsthr.org/resources/item/burning-issues-global-state-tobacco-harm-reduction-2020>, Chapter 4, pages 67–90. Read the chapter online at: <https://gsthr.org/report/2020/burning-issues/chapter-4>

Vaping products have been available since the early 2000s – and snus for over 200 years – without any significant evidence of ill-effects as yet

6. One argument levied against SNP is that there is insufficient evidence about their safety for long-term use. Vaping products have been available since the early 2000s – and snus for over 200 years – without any significant evidence of ill-effects as yet. By comparison, the long-term harms of smoking are very well evidenced. It should be noted that the globally reported cases of lung damage and deaths in the USA were caused by individuals vaping adulterated cannabis liquid and not nicotine liquid.
7. Global attention has also focused on experimental use of SNP, especially vaping, among teenagers. Much of the world’s media, including in Asia region, looks to the USA, where there was a rise in experimental or occasional use. But there is no evidence that this has prompted regular daily use among most USA teens, nor that previous non-smokers have taken up vaping in any great numbers. Moreover, even the numbers experimenting has started to decline.²⁴
8. Compared to smoking, SNP reduce the risk to bystanders. Vaping devices do not emit smoke but vapour. There is no evidence that, unlike smoke, vapour presents any risk to bystanders. A UK scientific committee concluded that, in comparison to smoke from cigarettes, bystanders would be at “reduced risk” from exposure to HTP.²⁵
9. Nicotine acts on the brain in ways that do promote its repeated use. But the problem with the word ‘addiction’ to refer to nicotine is that it conjures up images of the damage to individuals, families and communities caused by serious illicit drug problems. Regular use of nicotine causes none of these problems. Yet individuals, families and wider society are deeply affected by smoking-related death and disease, because while people smoke or use harmful SLT for the nicotine, they get sick and die from the toxins in the smoke inhaled or compounds released on chewing.
10. Millions of smokers in Asia have no intention to quit smoking. It makes sense to encourage them to switch away from smoking and improve public health. However, for those who do want to quit, the evidence suggests that SNP work better than nicotine replacement therapy and other interventions in switching people away from smoking.²⁶

²⁴ U.S. Food and Drug Administration, Center for Tobacco Products. (2020). Youth Tobacco Use: Results from the National Youth Tobacco Survey. FDA.

<https://www.fda.gov/tobacco-products/youth-and-tobacco/youth-tobacco-use-results-national-youth-tobacco-survey>

²⁵ UK. *Committee on Toxicity. Statement on the toxicological evaluation of novel heat-not-burn tobacco products.*p.4

²⁶ McNeill, A. et al. (2021). *Vaping in England: evidence update February 2021: a report commissioned by Public Health England.* Public Health England.

<https://www.gov.uk/government/publications/vaping-in-england-evidence-update-february-2021>

4: Barriers to health for all

The region faces a huge gap between the need for tobacco harm reduction and what is currently being achieved.

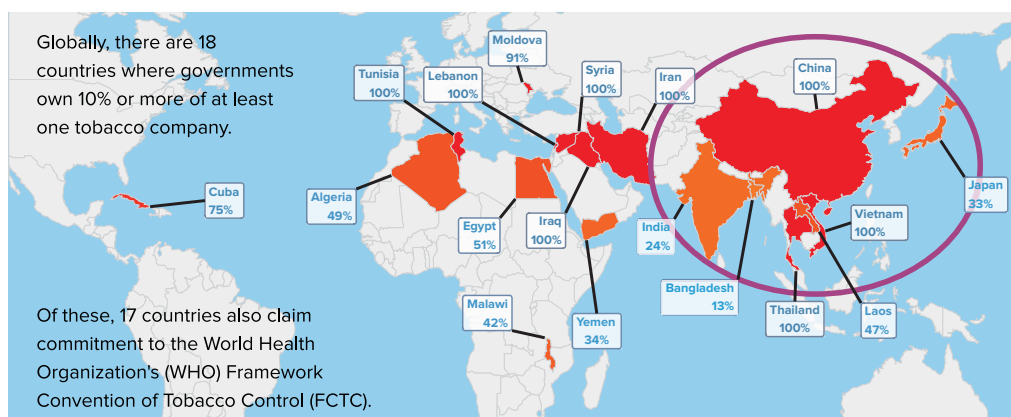
There are an estimated 743 million smokers in the region, but a lack of information about SNP uptake in the region. However, one indication of the need for tobacco harm reduction is the difference between the number of smokers and the number of nicotine vapers. Our best estimate is that there are only 19 million nicotine vapers in Asia in 2021. This suggests that there is only one nicotine vaper for every 39 cigarette smokers. We do not have comparable information on the number of users of other SNP in the region.

Disparity between the number of smokers and vapers in Asia



There is clearly an urgent need to expand access to appropriate SNP to reduce the impact of smoking in the region. What is holding up the adoption of safer nicotine products? We suggest that there are four interrelated factors preventing the development of THR policies and access to SNP.

State-owned and state-involved tobacco companies



There are seven countries in Asia out of 18 globally, where the tobacco industry is either wholly owned by the state, or where the state has a significant percentage holding. At a national level, the economic benefits of being a tobacco producer and exporter, and the revenues derived from taxation are substantial for both China and India. In India, taxes on industry-manufactured, commercial branded cigarettes are some of the highest in the world, significantly higher than those levied on other, domestically produced combustible products such as bidis. This also serves to protect

7

the number of Asian countries where the state owns or has a significant holding in a tobacco company

the market for non-cigarette tobacco production, as huge numbers of Indian tobacco consumers opt for SLT products. There are an estimated 221²⁷ million smokeless product consumers against 253 million tobacco smokers.

Within governments, those charged with overseeing the economy will often be at odds with colleagues overseeing the population's health when it comes to tobacco control policies. No doubt industry will be aligned with some government officials – mainly from economic departments - in resisting or watering down proposals for tougher policies over smoking brought forward by health officials. Anti-tobacco campaigners are keen to point out where they believe industry has interfered in tobacco control policy in, for example, Indonesia and the Philippines, where the industry is in private hands.²⁸ No such 'interference' is necessary in state-owned or state-involved companies. Commonly, health ministries are politically much weaker than those in charge of finance and the economy.

Most of the state-owned or state-involved tobacco companies are not involved in SNP production. There are some exceptions though. The Japanese government has a stake in Japan Tobacco International (JTI) which produces heated tobacco and vaping products²⁹ while the Chinese National Tobacco Corporation has subsidiaries producing SNP.³⁰

However, across most of the state-owned companies, senior company executives and officials in both finance and health departments are likely to be aligned when it comes to attempts to legislate against SNP or make access difficult or expensive. In China, the Ministry of Industry and Information Technology leads on tobacco control implementation and (through the State Tobacco Monopoly Administration) has responsibility for the Chinese National Tobacco Corporation.³¹ In Thailand, the government-owned tobacco company has a 100% tobacco domestic manufacture monopoly, while the government has enacted draconian anti-SNP laws.

In Thailand, the government-owned tobacco company has a 100% tobacco domestic manufacture monopoly

There is a broad global attack against THR from the WHO, some governments and many of the international NGOs who have traditionally campaigned against smoking. This attack majors on alleged conflict of interest, claiming that THR academics, clinicians and advocacy groups are simply acting on behalf of tobacco companies to boost industry profits.

Yet a strange silence falls when it comes to the conflict of interest which sees a number of governments have a stake in the tobacco industry – yet also remain fully signed up to implementing the FCTC. There is a tension between Article 5.3 and one of its implementation guidelines, 7.2.

Article 5.3 demands of Parties that they do not allow the tobacco industry to influence tobacco control policy and that all dealings are open and transparent. On this basis, there is a clear distinction between a Party to the FCTC on one side, and the commercial and other vested interests of the tobacco industry on the other.

²⁷ National Cancer Institute and Centers for Disease Control and Prevention. (2014). *Smokeless Tobacco and Public Health: A Global Perspective* (No. 14–7983; NIH Publication). MD: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Institutes of Health, National Cancer Institute. <https://untobaccocontrol.org/kh/smokeless-tobacco/wp-content/uploads/sites/6/2018/06/SmokelessTobaccoAndPublicHealth.pdf> and Drope, J. et al. (2018). *The Tobacco Atlas* (6th ed.). American Cancer Society and Vital Strategies.

²⁸ For example: Astuti, P. A. S. et al. (2020). Why is tobacco control progress in Indonesia stalled? – a qualitative analysis of interviews with tobacco control experts. *BMC Public Health*, 20(1), 527. <https://doi.org/10.1186/s12889-020-08640-6>. Alechnowicz, K., & Chapman, S. (2004). The Philippine tobacco industry: "the strongest tobacco lobby in Asia". *Tobacco Control*, 13(suppl 2), ii71–ii78. <https://doi.org/10.1136/tc.2004.009324>

²⁹ *Reduced-Risk Products – our vaping products | Japan Tobacco International – a global tobacco company*. (n.d.). Retrieved 24 March 2021, from <https://www.jti.com/about-us/what-we-do/our-reduced-risk-products>

³⁰ China Tobacco competes for the e-cigarette market in 2020 • VAPE HK. (2020, August 23). *VAPE HK*. <https://vape.hk/china-tobacco-e-cigarette/>

³¹ Wan, X. et al. (2012). Conflict of interest and FCTC implementation in China. *Tobacco Control*, 21(4), 412–415. <https://doi.org/10.1136/tc.2010.041327>



Image: Yuzki Wang on Unsplash

Guideline 7.2 addresses the matter of state-owned tobacco, advising that “Parties with a state-owned tobacco industry should ensure that any investment in the tobacco industry does not prevent them from fully implementing the WHO Framework Convention on Tobacco Control.”

But, by definition, a Party with a state-owned tobacco company has a vested interest. It cannot fully implement the FCTC 5.3. Either that, or to fully implement the FCTC, it must divest itself of the company into private hands.³²

The WHO and its anti-THR allies avoid confronting this contradiction by focusing their attention entirely on multinational companies. On paper at least, you can’t have it both ways; but, it seems, the realities of political expediency are different.

Misinformation and propaganda

There is a culture of denial emanating from national and international scientific and medical organisations, particularly from the WHO, that despite the robust health evidence cited above, there are no benefits accruing from SNP. For example, in banning vaping products in 2019, an Indian government statement claimed that use “has increased exponentially and has acquired epidemic proportions in developed countries, especially among youth and children.”³³ Based in Thailand, the South East Asian Tobacco Control Alliance (SEATCA) has partner agencies in Vietnam, Cambodia and the Philippines and is a regular source of anti-SNP propaganda across the region.

Anti-SNP rhetoric has reached a point where surveys show increasing numbers of smokers falsely believe that vaping products are as dangerous, if not more dangerous, than cigarettes. There are numerous examples of bad science where the methodology and conclusions about the dangers of SNP do not stand up to the most rudimentary

By definition, a Party with a state-owned tobacco company has a vested interest [and] cannot fully implement the FCTC 5.3

³² Malan, D., & Hamilton, B. (2020). *Contradictions and Conflicts: State ownership of tobacco companies and the WHO Framework Convention on Tobacco Control*. Just Managing Consulting. <https://www.smokefreeworld.org/wp-content/uploads/2020/09/Contradictions-and-Conflicts.pdf>

³³ *India’s government approves ban on e-cigarettes*. (2019, September 18). AP NEWS. <https://apnews.com/article/2dcf235b0f9d4f68a1db9f1555244904>

Increasing numbers of smokers falsely believe that vaping products are as dangerous, if not more dangerous, than cigarettes

scrutiny. In one notorious case which resulted in the paper being retracted, it was claimed that vaping caused heart attacks. It transpired that the heart attacks had happened before smokers switched to vaping.³⁴

The war against SNP goes beyond simply misleading smokers, health professionals and the general public. The narrative has developed that the advent of SNP is a plot by the multi-national tobacco industry to hook young people into either smoking, or to a lifetime addiction to nicotine. Given the history of the industry in denying the bad effects of its products, such a narrative appears credible and has gained global traction. This same narrative is used to attack respected academics, clinicians and THR activists that their research and campaigning is working in the interests, directly or indirectly, of the tobacco industry. THR advocates are denied the chance to speak at or even attend some international conferences and are smeared publicly and in peer-reviewed journals.³⁵

In a recent example, the journal *Tobacco Control*, which is owned by the British Medical Journal, published a paper falsely alleging that the Thai consumer group ENDS Cigarette Smoking Thailand (ECST) was in the pay of a tobacco multinational to campaign in favour of THR and to end the ban on vaping products.³⁶

The campaign against SNP in Asia has picked up the pace but would be limited in its reach and impact, if not for well-orchestrated and well-funded organisational interference from outside the region.

Western philanthropic interference

The WHO relies on voluntary donations from member states to run the organisation and its programmes. However, since the financial crash of 2007–08, member states have been unable to continue funding to the same levels. The Bill and Melinda Gates Foundation stepped into the breach with substantial funding to help tackle communicable diseases like malaria. Meanwhile, Bloomberg Philanthropies has opted to pour millions of dollars into international tobacco control. Where the multinational tobacco industry has been accused of interfering in tobacco control policies, the charge can be laid equally at the door of western neo-colonial philanthropy, interfering to encourage and facilitate a prohibitionist approach to SNP.

Where the multinational tobacco industry has been accused of interfering in tobacco control policies, the charge can be laid equally at the door of western neo-colonial philanthropy, interfering to encourage and facilitate a prohibitionist approach to SNP

The WHO Tobacco Free Initiative has benefited directly – and could barely function without – substantial Bloomberg Philanthropies funding. Its grantees, like the US-based Campaign for Tobacco Free Kids (CTFK) and the Paris-based International Union Against Tuberculosis and Lung Disease (The Union) have embarked on a campaign to encourage LMIC to go for outright SNP bans.³⁷ The World Bank designates the majority of Asian countries as middle-income countries.

The thrust of the campaign is that LMIC need not bother with independent assessment of the health evidence pertaining to SNP, but simply institute bans, on the grounds that regulation is too complicated for health systems with fragile infrastructures.

³⁴ McDonald, J. (2020, February 20). Journal Retracts 'Unreliable' Glantz Study Tying Vaping to Heart Attacks. *Vaping360*. <https://vaping360.com/vape-news/88729/journal-retracts-unreliable-glantz-study-tying-vaping-to-heart-attacks/>

³⁵ For detailed information on this issue, please see Chapter 5, pp.91-112 of Shapiro, H. (2020). *Burning Issues: Global State of Tobacco Harm Reduction 2020*. Knowledge-Action-Change. <https://gsth.org/resources/item/burning-issues-global-state-tobacco-harm-reduction-2020>. Read the chapter online at: <https://gsth.org/report/2020/burning-issues/chapter-5>

³⁶ Patanavanich, R., & Glantz, S. (2020). Successful countering of tobacco industry efforts to overturn Thailand's ENDS ban. *Tobacco Control*. <https://doi.org/10.1136/tobaccocontrol-2020-056058>. A formal complaint has been lodged. No response at the time of writing.

³⁷ *Where bans are best. Why LMICs must prohibit e-cigarette and htp sales to truly tackle tobacco*. (2020). The Union. The International Union Against Tuberculosis and Lung Disease.

The Union

International Union Against
Tuberculosis and Lung Disease
Health solutions for the poor

THEUNION.ORG

WHERE BANS ARE BEST

WHY LMICs MUST PROHIBIT E-CIGARETTE AND HTP SALES TO TRULY TACKLE TOBACCO

2020 UPDATED POSITION PAPER

Simultaneously, they are also encouraging LMIC to invest in NRT, which the evidence shows is relatively ineffective. In December 2020, the WHO launched a 'Commit to Quit' campaign with a target of getting 100 million smokers to quit smoking. The WHO website announced that, "WHO, together with partners, will create and build-up digital communities where people can find the social support they need to quit. The focus will be on high burden countries where the majority of the world's tobacco users live".³⁸ This suggests that Asia will figure heavily in campaign efforts and these 'partners' include four companies trading in NRT products.

Within Asia, Bloomberg Philanthropies has also funded the Global Center for Good Governance in Tobacco Control (GGTC) to run a 'knowledge hub', responsible for monitoring tobacco company interference and the implementation of Article 5.3. The GGTC has links to SEATCA, also in receipt of Bloomberg Philanthropies funding.

GGTC took tobacco industry 'monitoring' to ludicrous lengths when they organised a poster competition for under 18s. Entrants had to confirm they and their family had no links to the tobacco industry going back to great-great grandfathers, or third cousins three times removed.

The paradox of campaigning against tobacco company policy interference has been starkly exposed in the Philippines. There is a parliamentary investigation under way in the Philippines into Bloomberg Philanthropies' funding of the Philippine Federal Drug Administration and undue influence on national tobacco control measures and responses to SNP (see Philippines national case study).

The Indian government has also reacted negatively to reports that Bloomberg Philanthropies have been channelling funds in support of NGOs campaigning against THR and India's national tobacco control policies.³⁹

Regulation and control

The existence of state-owned or state-involved tobacco companies, misleading medical information and foreign-funded attacks on THR and SNP have influenced

³⁸ WHO launches year-long campaign to help 100 million people quit tobacco. (2020, December 8). <https://www.who.int/news/item/08-12-2020-who-launches-year-long-campaign-to-help-100-million-people-quit-tobacco>

³⁹ Michael Bloomberg turns the dial on Indian health policy – The Economic Times. (2021, March 19). https://m.economictimes.com/industry/csr/initiatives/michael-bloomberg-turns-the-dial-on-indian-health-policy/amp_article/show/81589378.cms?s=03

the regulatory landscape in the region. That said, the control picture is very mixed. Having laws in place is one thing; implementation and enforcement are often far bigger challenges.

- » In Brunei, vaping devices are controlled both as medicinal and tobacco products, yet it is illegal to use or import them.
- » In 2019, China banned online sales of vaping products within the country.
- » Cambodia, India, Thailand and Singapore have banned production, manufacture, import, export, transport, sale, distribution, and advertising of vaping products. Cambodia and Singapore have extended the ban to include use of vaping products, which in the case of Cambodia, now extends to a comprehensive ban on HTP.
- » Vietnam is considering a ban on production, sale and import of vaping products.
- » In June 2020, the Hong Kong government stepped back from imposing what would have been a comprehensive ban on all SNP. To date, there have been no further developments.
- » The Indonesian government originally tried to enforce a blanket ban on vaping, but it was so regularly flouted that they moved to a licensing regime. Here, a 57% excise tax has been imposed on vaping, but more to protect the dominant local combustible kretek economy, accounting for 95% of all cigarettes smoked.
- » In Malaysia, vaping devices are technically regulated as medicinal products, but are widely available. HTP are also widely available, but not subject to technical medical regulations.
- » South Korea has imposed high levels of taxation on HTP and generally taken a backward step away from THR in launching anti-vaping campaigns. Sales of HTP have not recovered to date. The irony is that South Korea's domestic tobacco company has proved highly innovative in developing new combustible tobacco products, such as sweet flavours and products producing less odour. The company will likely benefit from tighter restrictions and public antipathy towards SNP.
- » In the Philippines, proposals for excessive tax increases on SNP would render them unaffordable for most smokers.
- » Myanmar has no specific SNP regulations, while Laos controls vaping devices as tobacco products, but neither appear to have specific laws relating to HTP.
- » In Taiwan, vaping devices have slipped through a legal loophole. As they do not contain tobacco, they fall outside the current tobacco control laws. Proposals for a total ban in 2017 do not appear to have been enacted.

In most countries in the region where it is legal to sell, buy and use SNP, they are nevertheless treated as tobacco products, which not only imposes bans on use in public places, but prohibits any promotion of SNP as a safer option to smoking.

There appear to be no restrictions in the region on the use of Swedish-style snus. However, any safer SLT products need to be acceptable to millions of smokeless tobacco users who have been accustomed to cheap, locally produced and home-made products going back many centuries. There is also considerable economic investment in more commercially produced products. However, the uptake of appropriate products could have a significant role in reducing the disease and death tolls from oral cancers.

National case studies

Thailand

As of 2014, it became illegal to import vaping products. In 2015 this was followed by a ban on in-country sales under consumer protection legislation. There would be an option to allow vaping products under the Tobacco Products Control Act (TPCA), although that same act could be used to strengthen the existing ban.

Despite the laws, vaping products are widely sold, creating opportunities for extortion by corrupt government officials. In 2017, the market value was estimated at more than 6 billion baht (\$200m US) per year, with an estimate this could double annually. But owing to prohibition, the government cannot collect the tax on these products as income for the State.

THR activists are under threat of legal action: TPCA Section 35 specifically prohibits any activities that could affect the tobacco control policy, which includes campaigning for a law change on SNP.

While the government majors on the public health risk of SNP to justify bans, promoted heavily by anti-THR organisations in the country, economic factors also play a significant role in anti-THR politics. The state-owned Tobacco Authority of Thailand (TOAT) has a monopoly of domestic tobacco manufacture and controls 70% of the tobacco market. However, there is a trade agreement in place with the Association of South East Asian Nations (ASEAN) which allows tobacco imports from those countries. It is arguable that the ban on SNP has been enacted more to stop commercial threats from imported products than on simply public health grounds.

In addition, beside mainstream and factory-produced cigarettes, there is a local hand-rolling tobacco product called Ya-sen which has been around for hundreds of years. Because of its cheap price, it has been heavily used especially in low-income groups. It is unlikely that the Ya-sen market would ever be seriously challenged by the SNP market because of the significant price differences between the products.



Image: Andrey Popov on Depositphotos

Philippines

Vaping products have been available in the Philippines for more than a decade: HTP have been recently introduced. The number of vapers is estimated at around 800,000. Prior to the COVID-19 pandemic, there were also more than 800 vaping stores in the country.

The regulatory environment towards SNP has become increasingly hostile. President Duterte, a former smoker, contracted Buerger's disease, a serious circulatory condition to which only smokers seem to be prone. In 2017, he stated that smokers "should be eradicated from the face of the earth". He followed up in November 2019, with a verbal order to ban the use of vaping products, which emboldened the police to arrest hundreds of vapers and confiscate vaping devices and juice packs. This stemmed from inaccurate information fed to the president by the Department of Health, linking the illness of a 16-year-old girl in Central Visayas, a region in the Philippines, to vaping-associated lung injury which was the subject of significant attention in the United States and worldwide at that time.

FDA controversy

The Philippines Food and Drug Administration (FDA), an attached agency of the Department of Health (DOH), was tasked with issuing the implementing guidelines for SNP laws. The regulator has yet to publicly release the guidelines after the initial draft issued in October 2020 became highly controversial.

Under the FDA's initial draft, any company engaged in any aspect of the SNP business had to get market authorisation from the FDA. In other words, SNP were to be treated as medicinal products on the grounds that no products had been approved for cessation by the WHO or the Philippines National Regulatory Agency.

The FDA then conducted online public consultations on the guidelines. It was during these hearings that an official admitted that the FDA had received \$150,000 from Bloomberg Philanthropies via The Union.⁴⁰

Two members of the House of Representatives who participated in the dialogues called for the suspension of FDA hearings. In December 2020, they filed a resolution directing the House Committee on Good Government and Public Accountability to conduct an inquiry into the alleged "questionable" receipt of private funding by the FDA in exchange for specific and predefined policies against a legitimate industry.

At the time of writing, neither The Union nor Bloomberg Philanthropies have commented on the issue. However, The Union has publicly admitted that it has been working with the Philippines' Department of Health for over a decade to "develop and promote legislation and policies that comply with the Philippines' commitments under the Framework Convention on Tobacco Control, including Article 6 on implementing tax and price measures to reduce the demand for tobacco." However, as much of the western-derived tobacco control funds are now focused on pushing through anti-THR legislation, interference is moving beyond simply 'reducing the demand for tobacco'.

Meanwhile, consultations have been taking place to determine the proposed tax formula for SNP. As it stands, this would involve products becoming more expensive and further deterring smokers to switch away from smoking.

⁴⁰ FDA admits getting over \$150,000 from anti-tobacco NGO to regulate vapes – Manila Standard. (2021, March 17). <https://manilastandard.net/index.php/business/biz-plus/349714/fda-admits-getting-over-150-000-from-anti-tobacco-ngo-to-regulate-vapes.html>

Malaysia

Since November 2015, there has been a ban on e-liquids containing nicotine, meaning that legally only non-nicotine liquids have been allowed for use with vaping devices. However, the Malaysian consumer activist group Harm Awareness Association (HRA) estimates that 90% of Malaysian vapers use nicotine e-liquid and there is no discernable enforcement of the law. Despite the occasional crack-down, nicotine e-liquid remains widely available both in vape shops and online.

The government is now enacting a new tobacco control law to include non-nicotine vaping devices and liquids with a general tobacco law to prohibit promotion and advertising, use by minors and smoking and vaping in public spaces. The new law also introduced excise taxes, license requirements and attendant fees for the manufacture and warehousing of non-nicotine vaping products.

The new law is unlikely to make any difference to the existing (and largely non-enforced) ban on nicotine e-liquid. So HRA are calling for the excise duty to be extended to nicotine products, in effect pointing out to government that as most vapers are technically breaking the law with impunity, why not legalise the products – and collect revenue?



Image: Greyson Joralemon on Unsplash

India

A vaping product sales ban has been in force since late 2019, although personal use is allowed. In January 2020, the government also barred anyone from carrying vapes through airports, whether for personal use or not. Even though personal use is not prohibited, there are regular reports of vapers being harassed by police who do not fully understand the law or are intentionally misinterpreting it for the purpose of extracting bribes.

Bloomberg Philanthropies-funded groups such as the Union and CTFK directly fund state and national tobacco control programmes

While the ban may not have significantly affected current users, it has impacted would-be switchers, removed safety nets for sales to minors, and negatively affected the image of vaping. Many people now see it as an illegal activity which is more harmful than smoking.

The Indian government has also effectively banned any research into THR products and, under pressure from Bloomberg Philanthropies-funded groups, has barred government institutions from working with anyone linked to the Foundation for a Smoke-Free World.

Bloomberg Philanthropies-funded groups such as the Union and CTFK directly fund state and national tobacco control programmes. This gives them immense sway on policymaking. CTFK funded a law college to produce a tobacco control policy document, which was subsequently adopted by the health ministry in its proposals for a new tobacco control bill.⁴¹ However, the government appears to be sensitive to this type of foreign funding and has said that there will be more surveillance of NGOs.⁴²

Over 90% of tobacco consumption is represented by traditional products like chewing tobacco, bidis, khaini and illegally smuggled cigarettes. This poses unique challenges for THR. While bans are in place against ST as part of general tobacco control legislation, the primary focus of India's tobacco control efforts is on the minority use of legal cigarettes – higher taxes (legal cigarettes contribute 80% of tobacco tax revenue), use restrictions, public messaging and so on. By contrast, traditional tobacco products are cheaply available and subject to little or no control.⁴³

There is also the political component since large parts of tobacco trade is controlled by politicians or their backers, which makes implementing THR solutions difficult unless they can be encouraged to participate.

State tobacco companies say they want to be able to sell THR products and in their annual reports state they have made significant investments in developing them.⁴⁴ However, they have done nothing to oppose anti-SNP legislation or counter government misinformation. The country's largest tobacco farmers' union, traditionally linked to/controlled by the cigarette monopoly ITC, has publicly supported the ban. Stock prices of tobacco companies have risen following announcements about stricter SNP controls.

⁴¹ Ashok R. Patil. (2020). *Report on Tobacco Control Law in India – Origins and Proposed Reforms*. National Law School of India University. <https://www.nls.ac.in/wp-content/uploads/2020/11/Tobacco-Control-Book-Final-proof-to-print.pdf>

⁴² Michael Bloomberg turns the dial on Indian health policy – *The Economic Times*. (2021, March 19). https://m.economictimes.com/industry/csr/initiatives/michael-bloomberg-turns-the-dial-on-indian-health-policy/amp_articles/81589378.cms?s=03

⁴³ *India Country Report*. (2020). Foundation for A Smoke-Free World. <https://www.smokefreeworld.org/wp-content/uploads/2020/07/India-Country-Report-1.pdf>

⁴⁴ *Enduring Value*. (2019). [Report and Accounts]. ITC Limited. <https://www.itcportal.com/about-itc/shareholder-value/annual-reports/itc-annual-report-2019/pdf/ITC-Report-and-Accounts-2019.pdf> P.44

5: Conclusions

In a short report such as this, it is only possible to highlight some of the key issues surrounding THR and the availability of SNP in the region.

- » Safer nicotine products – vaping products, heated tobacco products and US and Swedish style oral nicotine products are simply that – significantly safer than combustible tobacco and the regional varieties of SLT product found in Asia.
- » Asia has the highest number of smokers (743 million) in the world and the highest number of SLT users (261 million). Over half of the smokers who die every year die in Asia.
- » There is a huge disparity in the region between the number of people who smoke at 743 million and the number of people who use vaping products, at an estimated 19 million – a ratio of 39:1.
- » Yet Asia has been at the forefront of a number of tobacco harm reduction success stories. A Chinese scientist made the world's first commercially viable vaping device and China has become the world's largest manufacturer of nicotine vaping products. Both Japan and South Korea have shown how smokers can be encouraged to switch away from cigarettes, with Japan experiencing dramatic falls in cigarette sales since the introduction of HTP.
- » In some Asian countries, the government has a substantial stake in tobacco companies. The Chinese National Tobacco Corporation is the largest tobacco company in the world. The potential for conflicts of interest between in-country economic and health policies is self-evident. Looking to the future, these same companies could play a major role in the development, manufacture and promotion of safer nicotine products across the whole region.
- » New safer nicotine products must be affordable and accessible, but also appropriate and acceptable to consumers, to embrace the wide social and cultural traditions and economic circumstances across Asia. Innovation in manufacturing processes may be required to create viable safer alternatives to traditional regional or country-specific tobacco products.
- » Policymakers and legislators should exercise self-determination in reviewing the evidence of the public health benefits of safer nicotine products for their populations. Undue influence and interference from western-backed, anti-tobacco harm reduction lobbyists should be avoided and exposed.
- » Tobacco harm reduction, using safer nicotine products, seeks to complement and not replace existing tobacco control policies. It provides more options for people who, for whatever reason, cannot quit using nicotine. It helps people switch away from more dangerous tobacco products.
- » Bans or disproportionate regulation of safer products have the unintended consequence of keeping smokers and users of SLT in the grip of these more dangerous products.
- » Allowing access to appropriately regulated safer nicotine products, manufactured either by state-owned or private companies, would be far better for individual and public health in Asia than leaving 743 million people to continue smoking and 261 million people to continue using dangerous SLT products. Access to SNP would help relieve the healthcare burden on governments trying to deal with smoking and smokeless tobacco-related disease.



- » Finally – and it is a point worth repeating – there is currently a huge gap between the number of people using dangerous tobacco products and those using safer nicotine products in Asia. If the opportunities offered by safer nicotine products are embraced, there are potentially game-changing health gains for the region.

Appendix 1

Data sources and processing

All smoking data presented in this report are for **current** (not daily) smoking of **all tobacco** products. The snapshot for current smoking in 2021 is a linear estimate calculated using 2020 and 2025 data from trend projections published by the WHO.⁴⁵

For Hong Kong, the snapshot for 2021 is a linear estimate based on 2016, 2018, and 2020 source data from the Thematic Household Survey Reports No. 59⁴⁶, 64⁴⁷ and 70.⁴⁸

For Vietnam, the 2021 projection was calculated in the same way using the 2010⁴⁹ and 2016⁵⁰ Vietnamese GATS reports.

Similarly, we use a term of current (not daily) vaping. Figures from China, Hong Kong, Japan, Malaysia and the Philippines are from surveys conducted around 2018 and are projected to 2021.

From other countries – where surveys have not been conducted – figures are from GSTHR Global Number of Vapers Estimation⁵¹ and are also projected to 2021. Projections were calculated based on the Statista Market Revenue Forecast⁵² and the United Nation World Population Prospects.⁵³

In the GSTHR Burning Issues report, the number of smokers was calculated using point estimates of smoking prevalence for 2018, and population data for adults (15+) for 2018. In this report, the number of smokers was calculated using projections of smoking prevalence for 2021, and population data for adults (15)+ for 2021.

⁴⁵ WHO (2019). *WHO global report on trends in prevalence of tobacco use 2000–2025, third edition*. World Health Organization. <https://www.who.int/publications/i/item/who-global-report-on-trends-in-prevalence-of-tobacco-use-2000-2025-third-edition>

⁴⁶ *Thematic Household Survey Report No. 59. Pattern of smoking. Personal computer and Internet penetration*. Use of language. (2016). Census and Statistics Department. <https://www.statistics.gov.hk/pub/B11302592016XXXXB0100.pdf>

⁴⁷ *Thematic Household Survey Report No. 64. Pattern of smoking. Personal computer and Internet penetration*. (2018). Census and Statistics Department. <https://www.statistics.gov.hk/pub/B11302642018XXXXB0100.pdf>

⁴⁸ *Thematic Household Survey Report No. 70. Pattern of smoking*. (2020). Census and Statistics Department. <https://www.statistics.gov.hk/pub/B11302702020XXXXB0100.pdf>

⁴⁹ *Global Adult Tobacco Survey (GATS) Viet Nam 2010* (p. 101). (2010). Ministry Of Health Of Viet Nam, Hanoi Medical University, General Statistics Office, Centers For Disease Control And Prevention, World Health Organization. https://www.who.int/tobacco/surveillance/en_tfi_gats_vietnam_report.pdf

⁵⁰ *Global Adult Tobacco Survey (GATS) Viet Nam 2015* (p. 101). (2016). Ministry Of Health Of Viet Nam, Hanoi Medical University, General Statistics Office, Centers For Disease Control And Prevention, World Health Organization. <https://www.who.int/tobacco/surveillance/survey/gats/vietnam-country-report-2015.pdf>

⁵¹ Shapiro, H. (2020). *Burning Issues: Global State of Tobacco Harm Reduction 2020*. Knowledge-Action-Change. <https://gsthr.org/resources/item/burning-issues-global-state-tobacco-harm-reduction-2020>

⁵² *E-Cigarettes – worldwide | Statista Market Forecast (adjusted for expected impact of COVID-19)*. (2020, May). Statista. <https://www.statista.com/outlook/50040000/100/e-cigarettes/worldwide>

⁵³ Department of Economic and Social Affairs (Ed.). (2019). *World Population Prospects 2019* (Online Edition Rev. 1.; Population Division). United Nations. <https://population.un.org/wpp/Download/Standard/Population/>



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