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TC/UK/DK/SW/NZ/USA/CH/ES

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## Dear Commissioners,

INNCO Board and General Secretariat and on behalf of our member organisations globally, wishes to thank the Independent High Level Commission on NCDs for its first draft outcome document and for our opportunity to comment on it. We find the draft a bold, proactive and forward looking vision for the future, but wish to alert to you to and to emphasize, the opportunities that lie in an openness to future strategy adaptations that may better reflect the situation, and that may guide research direction.

### INNCO background

INNCO is a global network of civil society consumer organisations working toward <5% global smoking, via evidence based harm reduction strategies and products as complementary interventions to the mPower interventions that in themselves won't be enough to reach the targets. The mPower interventions are an integral and important part in the fight to end tobacco related disease globally and this is not disputed. However, the importance of harm reduction strategies as specified in FCTC Article 1(d) should also not be underestimated or disregarded as they currently are, as these strategies ensure that no one gets left behind on the road to toward minimising tobacco smoking and tobacco related disease and mortality below relevant thresholds. Leaving no one behind is key on both ends of the spectrum of users and non users and poor and affluent alike, and signifies the importance of respecting rights enshrined in global treaties. Only by taking the necessary steps forward NCDs clearly within the human rights frameworks, will the steps have reasonable fundamental legitimacy. This by necessity requires inclusion and close cooperation with those most affected, consumers.

INNCO has been a cooperative network for quite a number of years, and was established as a stand alone umbrella CSO-NGO for all member organisations in Stockholm in September 2016, and moved to Geneva in November 2017. INNCO

was registered as an NGO organisation under the Swiss Civil Code the same year as the NCD Alliance. Conflict Of Interest declaration: INNCO does not accept Industry funding or influence and raises no issues with the FCTC and specifically with regards to article 5.3.

### Comment on the draft

INNCO is only concerned with and qualified to comment on the draft in terms of SDG 3.a in draft points 23 and 36, and also comment on expected effects in relation to other articles made relevant by our proposed modifications.

INNCO agrees that SDG 3.a is of paramount importance and sees great value and opportunity from combining the evolved guidelines and programs with going back to basics, smoking. How the actual treaty was worded and what the underlying thinking going in to the creation of the FCTC was, are both of immense importance going forward. There should be little doubt that a very large portion of the proposed one third reduction in global NCD mortality would be reached simply by eliminating the smoking of combusted tobacco. We invite the Commission and the other stakeholders to re-read the english text version of FCTC article 1(d), and to revisit the pivotal 1999 publication: Curbing the Epidemic (<http://documents.worldbank.org/curated/en/914041468176678949/pdf/multi-page.pdf>)

In point 36 in the draft it is clarified that engagement with the private sector is necessary, especially in the areas of non-alcoholic beverages and food. INNCO would like to suggest that private sector inclusion in the area of tobacco and nicotine would be useful also and would necessitate talking to both of the key players, the nicotine users and the producers. INNCO invites the Commissioners and also other stakeholders to note that the biggest (only) rapid shifts in smoking trajectories that have taken place globally over the last 40 years, have been in countries where there has been wide adoption of harm reduced alternatives. This has occurred in Sweden over a quarter of a century ago with



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snus. This has happened in the UK with very high marks for mPower, after e-cig/vaping became widely available in the last decade. This happened also in Norway in the last decade with snus and was further compounded by availability of vaping/e-cig and also in a country with very strict tobacco control. This has happened in Japan and Korea in less than half of a decade with the emergence of HnB (Heat not Burn) products, these are countries with relatively low levels of strict mPower enforcement but bans on e-cig/vaping. The laxer regulations on risk relative information to nicotine users in these regions have functioned as a positive tool to accelerate switching, while not materially impacting quitting. Also Iceland is worthy of note here with a wide adoption of smokeless tobacco since the early 2000's, further compounded by wide adoption of vaping and strong resistance to legislator attempts to shut this down.

To the extent that industry, with special emphasis on any industry actor not producing combustible tobacco products at all like the independent vape and snus producing industries, is concerned with harm reduction products and strategies, also the alcohol and nicotine producing industries should be included in the work. Internal transformation in industry is every bit as effective, if not more effective, than outside pressure can be as tobacco control does not take sufficient note of commercial realities or consumer willingness to adapt/adopt.

INNCO wishes to draw your attention to the following points in the UN Agenda 2030 Sustainable Development Goals, that could be materially positively impacted simply by listening to consumers and scientists at the cutting edge of where change is happening.

Listening to nicotine users and accepting us as recognised stakeholders, who represent millions of users who have already made the transition away from combustibles, and who adopt a wider scientific view of readily available and future options, will prove invaluable in the fight against the 2 trillion \$ a year global cost of smoking.

The WHO "best buy" framework of recommendations is limited by the options it considers. Harm reductions strategies are well established in the greater UN - WHO ecosystem and ethical frameworks in many areas, but is excluded from the area of Tobacco Control. We see this as a very unfortunate oversight as it might give the impression that harm reduction is not viable in Tobacco Control. In

global total, harm reduction in tobacco is probably one of the very best “best buys”, and certainly more so as a complement to established Tobacco Control strategies such as the mPower framework.

- 3.a Strengthen the implementation of the FCTC, as appropriate

INNCO fully agrees with this goal inasmuch as it also includes a clear reading and acknowledgement of the original definition of “Tobacco Control” in the FCTC treaty text:

*(d) “tobacco control” means a range of supply, demand **and harm reduction strategies** that aim to improve the health of a population by eliminating or reducing their consumption of tobacco products and exposure to tobacco smoke;*

Therefore, Point 23 in the draft resolution could ideally be improved and made more open-ended by adding a minor modification, a modification directly derived from the Framework Convention on Tobacco Control treaty text itself, as quoted above. The modification should ideally be something like:

*23. In 2015, countries agreed to the Sustainable Development Goals, including a specific NCD target within the health goal—one-third reduction of premature NCD mortality by 2030 through prevention and treatment, **including harm reduction**, of NCDs and the promotion of mental health and wellbeing (SDG 3.4). SDG 3.A calls upon States to “strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, **as appropriate**”*

- 3.3 End communicable diseases

Ending communicable diseases is a moonshot goal that will be difficult to reach under the very best of circumstances, but hopefully not impossible. The difficulties in reaching the target are further compounded by higher disposable incomes globally that result in important resources being allocated toward research on largely preventable NCDs. If the International Community realistically is to find ways to finance moonshot research on NCDs and Cancer - The low hanging fruit of a 2 trillion \$ smoking cost rapidly shifting at no cost to society to harm reduced alternatives with approximately zero cost to society, seems an obvious no-brainer. The gains to society from such a global paradigm shift would by necessity also be from the bottom up as it is individuals who no

longer will get sick from cigarettes, not societies. 25% added reduction in smoking through adoption of less harmful alternatives roughly over time equates to the Global Health movement having 500 billion \$/year to invest in UHC and ending communicable diseases.

- 3.4 Reduce NCDs by  $\frac{1}{3}$

The reduction target for NCDs is a full one third reduction in premature NCD mortality, currently estimated at 15 million per year, of which 80% occur in the LMICs (Rosling category 2-4 of the global population). Currently these many and diverse regions represent 80% of global smoking. There should be no question that materially altering the smoking trajectories would prove the single largest addition to reaching the goal of a full third reduction in premature NCD mortality. This shift is already well underway in the Rosling category 1 populations of the world through switching to vastly harm reduced but satisfying and attractive non-combustible alternatives among those not quitting. Broadly allowing, promoting, measuring and monitoring a global movement to “quit or switch” instead of “quit or die” is a “best buy” complement to mPower in reaching the goal, more so since the full cost is borne by the consumer-producer partnership.

- 3.8 UHC

Global Pandemic protection it is estimated would cost roughly 7,5 billion \$ per year. The investments toward a global UHC system would surely cost at least that, but by a factor of 100. Lowering combustible use in the global nicotine using community, down to the levels already seen in Sweden since 2 decades; would cover that every year, with 250 billion \$ to spare every year. Can we really afford not to do something like that? Is it in any way ethical for us not to look at possible solutions to crucial global problems through multiple lenses and with multiple mind-sets?

- 3.b Vaccines and medicines

How far could the theoretical “leftovers” after 3.8 above, of 250 billion \$ a year in savings from a 50% further reduction in smoking compared to the current trajectories, get us in terms of better supply of vaccines or compensations to

pharma for making high cost drugs affordable in low income populations? Highly trained medical personnel (doctors/nurses/midwives) in remote areas and supplied with better equipment and satellite link to highly trained doctors and diagnostics? Can we afford to miss out on improvements in these areas?

- 3.c LMIC Health workforce

Reductions in smoking very quickly generates substantial health savings and increased productivity. This happens right at the consumer level, at the bottom. Savings available for increasing the available health workforce and the qualifications that they have will be seen first at the local and regional levels and will be a clear result of lower smoking through increased prevention, increased quitting and increased switching to low harm non-combustible alternative products. The earliest signs of improvement and economic demands for resource increases made available through savings, should be evident right at the level where improvements are most needed. Can the global health workforce justify disregarding these needs seen by underfinanced care providers who provide essential care to disadvantaged populations?

- 3.d Pandemics and early warning systems

As noted above under 3.8, a global warning and rapid response capability against pandemics is estimated to require 7,5 billion \$ a year in funding. Here again lower smoking, very much so even if partly through wide global adoption of harm reductions strategies, is the low hanging fruit that can help pay for the other crucially important global tasks ahead of us.

## Conclusion and reference to addendum

INNCO again sends thanks to the International Community for this opportunity to make our voices heard. Our member organisations represent well over 20 million consumers who have successfully made the deliberate choice of abandoning combustible tobacco without giving up pleasure, comfort, habit or autonomy. The only thing the INNCO member organisations support base have given up is the disease and death that comes from smoking tobacco products.



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The earliest shift of this kind was seen in Sweden in the 1980's by adoption of a pasteurised smokeless tobacco product. Almost 40 years later it is evident in the Swedish records that the effects of this switch is indistinguishable from a complete cessation of all nicotine and tobacco entirely.

In conclusion we invite you to also read a short summary of a recent entry in the Annual Review of Public Health that covers harm reduction strategies and products. The brief was kindly written by one of the article authors, David Abrams, and he has kindly released it for wider circulation.

We thank you for your kind consideration to this matter and look forward to actively participating as non-industry related consumer civil society in the UN NCD HLM process over the coming months.

Sincerely,

Board, Secretariat and member organisations of INNCO



ADDENDUM ON NEXT PAGE (8/8)



**ABSTRACT: David B Abrams PhD.**

**Can Civil Society Withhold Live-Saving Low Harm Alternatives to Deadly Smoked Tobacco by Using an Unethical Inversion of the Precautionary Principle?**

Tobacco control has made important strides over 50 years in prevention and cessation, but deaths will not decline rapidly without much more massive behavior change. Currently, inhaled smoke from combusting tobacco is responsible for prematurely killing 7.2 million people worldwide and 530,000 in the United States, annually. An array of noncombustible nicotine products (NNPs) has disrupted the marketplace and must now be considered in the tobacco control calculus as a viable harm reduction tool. Saving lives more speedily may come from societal acceptance of harm reduction by locating a “sweet spot” within a three-dimensional framework where NNPs are simultaneously: 1. Substantially less toxic; 2. Appealing (can reach smokers at scale); and 3. Satisfying (adequate nicotine delivery) to completely displace smoking while minimizing youth use. For this harm minimization framework to eliminate smoking, a laser focus on *“smoking control”* is desirable. By adopting economically viable NNPs as part of the solution, NNPs can be *smoking control’s* valued ally. *Synthesis of the strongest science available indicates that one can sufficiently protect youth while speeding the switch away from deadly smoking.* Despite risks of nicotine dependence that can be mitigated but not eliminated, no credible evidence counters the assertion that NNPs will save lives if they displace smoking. But selective interpretation of the science and emotion-driven advocacy massively exaggerates actual and hypothetical NNP harms over benefits. The justification is a preposterous inversion (and misuse) of the precautionary principle - even if driven by understandable skepticism of the **combusted** tobacco industry. Disruptive technology has changed the landscape of nicotine use in society forever. Nicotine use without smoke does not kill even if it “addicts” some but not all users. Some youth will become smokers anyway and all smokers will die prematurely and suffer greatly if they continue to use deadly smoked tobacco rather than a much safer form of nicotine delivery. The least harm is attained by stopping all nicotine or any tobacco product use or - better still - never starting. But freedom of choice and accurate provision of NNP harms compared with inhaled smoke is honest, just and civil. Saving more lives now is an attainable and pragmatic way to call for alignment of factions within traditional tobacco control. Accurate and honest interpretation and communication of science is crucial and is ethically mandated.

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