Bloomberg, the World Health Organisation & the Vaping Misinfodemic

A dossier produced by the International Network of Nicotine Consumer Organisations (INNCO)

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Today some 1.1bn people smoke around the world and there are 8m smoking-related deaths every year globally. Putting this into context, this is far greater than the 4.95m deaths recorded so far as a result of the COVID-19 that has afflicted all of us in one way or another during the last 18 months.

Twenty years ago, the number of people smoking was also 1.1 billion. Whatever the global health community is doing to try to address this, using taxes, bans and stigma, isn’t working.

Today, innovative safer nicotine products (including vapes, ultra-low harm snus, and heat-not-burn alternatives to deadly cigarettes) are disrupting the traditional tobacco market like no other sector in its industry. More than 98 million adults now use these products worldwide.

In the UK, which is seen as a global leader in advocating harm reduction technologies as an alternative to smoking, the latest statistics from Action on Smoking and Health (ASH) show that there are 3.6m vapers in the UK of which 2.4m are former smokers who have quit altogether using vape products. That 2.4 m does not include approximately 26% more who quit smoking with nicotine vapes and later quit vaping.

Vape products may even soon be prescribed on the National Health Service (NHS) to help smokers quit under radical plans by the UK government to slash smoking rates in England. The Medicines and Healthcare products Regulatory Agency (MHRA) has recently published updated guidance that paves the way for medicinally licensed vape products to be prescribed for adult smokers who want to quit.

In October 2021 Sajid Javid, the UK health secretary, said: “Opening the door to a licensed e-cigarette prescribed on the NHS has the potential to tackle the stark disparities in smoking rates across the country, helping people stop smoking wherever they live and whatever their background.”

During the same month in the US, the Food and Drug Administration (FDA) announced it had authorised the marketing of three new e-cigarette products, marking the first set of electronic nicotine delivery system (ENDS) products ever to be authorised by the FDA through the Premarket Tobacco Product Application (PMTA) pathway.

According to the Centers for Disease Control & Prevention (CDC) 4.3 million adult vapers in the US are ex-smokers, whilst Eurobarometer highlights that 7.5m smokers in Europe have quit with e-cigarettes. Neither number includes adults who quit with nicotine vapes and later quit vaping. At this time, there should be no doubt in anyone’s mind that these alternatives are helping millions of smokers quit.

In Sweden, snus has brought the smoking rate down to the lowest in the European Union. Sweden’s health system now benefits from the lowest rates of smoking-related disease in the EU. In Japan, where nicotine vapes are not legal, heat-not-burn products have pushed cigarette sales down 38% over the past five years.

What’s happening is “product substitution,” similar to electric cars replacing combustion engine cars. Similar to digital cameras replacing film.

There is overwhelming clinical evidence that vaping is by far and away the best way to quit smoking – indeed up to twice as effective as effective as Nicotine Replacement Therapies according to Cochrane’s systematic evidence review of 61 studies conducted worldwide. So it works in clinical trials as well as the real world.
The former Public Health England (now The Office for Health Improvement and Disparities) has stated in its annual vaping evidence reviews that vaping is at least 95% less harmful than smoking.

**Fifteen past-Presidents of the Society for Research on Nicotine and Tobacco**, the world's top professional society in the field of tobacco control – all of whom are veterans of the war against big tobacco – agree: overwhelming evidence now shows safer nicotine vapes are safer and help smokers quit.

But despite all of this, the World Health Organisation (WHO) and its financial supporter when it comes to tobacco control, Bloomberg Philanthropies, the philanthropic organisation of businessman and former New York mayor Mike Bloomberg, seem determined to obstruct the availability of new nicotine alternatives to deadly cigarettes, feeding misinformation on such products and potentially discouraging conventional cigarette users, and users of other toxic forms of tobacco, from making the switch to considerably less harmful alternatives.

The latest announcement from the English Department of Health and Social Care that vape products could soon be prescribed on the NHS provoked this headline on Bloomberg.com: **"The UK Wants to Pay for Your E-Cigarettes. That's Worrisome."**

Their stance and the evidence that they have used to back up their case has been described as “fundamentally flawed”, “bizarre”, “non-sensical”, “dangerous”, “hypocrisy”, “ignorant”, “opaque”, “undemocratic”, “unaccountable” and “pathological”. The hardline and prohibitionist stand taken by the WHO is now being questioned and challenged widely, not just by the trade associations that represent the sector producing the products that they are resolutely against, but also by an increasing number of high profile journalists, leading academics, health experts and politicians.

As a former Senior Adviser to the World Health Organisation, it saddens me to see this organisation going in this direction. The WHO has come under scrutiny for its position on electronic nicotine delivery systems and other safer nicotine alternatives. Further scrutiny and scepticism will only increase, and further erodes the stature of the organisation (and all public health advice). It equally saddens me that INNCO is now forced to fight this misinfodemic that threatens the lives of 1.1 b smokers and 98m adults who use safer nicotine. But we must.

That’s why INNCO has compiled this dossier, **Bloomberg, the WHO and the Vaping Misinfodemic** to coincide with COP9 – the Framework Convention on Tobacco Control’s Ninth Conference of the Parties. We note that COP26 on climate change is open, transparent and inclusive, while COP9 is seen as secretive, opaque and exclusive – indeed INNCO has been denied observer status at COP9 (as we were for COP8 and COP7 before that).

More than 400 NGOs are represented at COP26. Almost all NGOs represented at COP9 are Bloomberg-funded NGOs. Denying a voice to the very people affected by COP9 decisions is not a good look. It’s a violation of human rights.

Our dossier draws on media reports, government activities, research from respected and independent sources, perspectives and statements from healthcare luminaries, leading academics and political figureheads to present nine reasons why major question marks need to be raised about the anti-vaping arguments and approach of the WHO and Bloomberg. We conclude with a number of call to actions to address the situation.

As Marc Gunther, a former journalist with Fortune magazine and the Guardian wrote about in one of his recent articles on the WHO and Bloomberg: **"The anti-vaping position of WHO raises questions about whether it is sufficiently independent from Bloomberg Philanthropies."**

Charles A. Gardner, PhD
About the International Network of Nicotine Consumer Organisations (INNCO)
INNCO is a non-profit alliance of 37 volunteer-led Member Organisations from all over the world.

We support the rights of 98 million adults who use safer nicotine to avoid toxic forms of tobacco. INNCO is funded by individual contributions from thousands of adult ex-smokers, and by a grant from the Foundation for a Smoke-Free World (FSFW). The FSFW is a US non-profit 501(c)(3) private foundation with a mission to end smoking in this generation.

INNCO is independent. Its mission, purpose and goals are driven by Member Organisations. Those organisations are led by unpaid volunteers (ex-smokers) who, as a condition of membership, agree not to accept funding or direction from industry.

The contents, selection and presentation of facts in this dossier are the sole responsibility of INNCO as the authors.
9 reasons why we should question Bloomberg and the WHO’s anti-vaping stance and approach
In the WHO’s 8th Report on the global tobacco epidemic in July this year, it emphasises the “addictiveness” of nicotine when speaking about the harmful effects of electronic nicotine delivery systems. Dr Tedros Adhanom Ghebreyesus, WHO Director-General, said: “Nicotine is highly addictive. Electronic nicotine delivery systems are harmful, and must be better regulated. Where they are not banned, governments should adopt appropriate policies to protect their populations from the harms of electronic nicotine delivery systems, and to prevent their uptake by children, adolescents and other vulnerable groups.”

At the launch of the report Dr Rüdiger Krech, Director of the Health Promotion Department at the WHO, highlighted the challenges associated with their regulation based on nicotine content. “These products are hugely diverse and are evolving rapidly. Some are modifiable by the user so that nicotine concentration and risk levels are difficult to regulate. Others are marketed as ‘nicotine-free’ but, when tested, are often found to contain the addictive ingredient. Distinguishing the nicotine-containing products from the non-nicotine, or even from some tobacco-containing products, can be almost impossible. This is just one way the industry subverts and undermines tobacco control measures.”

The focus on nicotine rather than smoking tobacco misses the point entirely. Effectively, the WHO is putting safer nicotine products, including vaping, in the same “harm” category as smoking.

But, cigarette smoke contains solid particulates (tar), thousands of chemicals, carcinogens and carbon monoxide. It is these toxic by-products of combustion that are responsible for smoking-related death and disease. Vaping does not involve burning tobacco and doesn’t produce tar or carbon monoxide. This provides nicotine while significantly reducing exposure to the harmful chemicals found in tobacco smoke. Although nicotine is the reason people become addicted to smoking, it is the thousands of other chemicals and carbon monoxide in cigarette smoke that cause almost all of the harm.

Such a view by the WHO is feeding misperceptions that the former Public Health England has said are out of kilter with the evidence. Arguably, this has the potential to damage smokers’ confidence in safer nicotine products, discouraging them from quitting with safer nicotine alternatives such as vaping. According to Action on Smoking and Health, in the UK almost two thirds of smokers believe, incorrectly, that vaping is at least as harmful as smoking.

A peer reviewed joint statement from 15 past-Presidents of the world’s top professional society in the field of tobacco control, the Society for Research on Nicotine and Tobacco (SRNT) (all veterans of a decade’s-long war against big tobacco), states clearly:

“Unfortunately, the public has a distorted view of the dangers associated with nicotine per se. In a recent survey, 57% of respondents incorrectly agreed that “nicotine in cigarettes is the substance that causes most of the cancer caused by smoking. Only 18.9% disagreed. (The rest answered “Don’t know.”) In a recent survey of physicians, 80% strongly, but incorrectly, agreed that nicotine causes cancer, cardiovascular disease, and chronic obstructive pulmonary disease.”
Dr Jamie Hartmann-Boyce, Senior Research Fellow in Health Behaviours, University of Oxford, responded to the “SRNT 15” report saying:

“News that the WHO has branded electronic cigarettes as ‘harmful’ will come as a concern to many people who have switched from e-cigarettes to smoking, or are considering doing so. E-cigarettes are not risk free and people who do not smoke should not start vaping.

“However, for people who do smoke, it’s incredibly important public health messaging is clear – traditional cigarettes are uniquely deadly, and can be very hard to quit. Nicotine is addictive but it’s not what causes the harm from smoking. Evidence shows e-cigarettes with nicotine can help people quit smoking and that they are considerably less harmful than smoking. The latest report from the WHO should not discourage people who smoke from switching to an alternative product – one which evidence shows is less harmful to them and those around them.”

Professor John Britton, Emeritus Professor of Epidemiology, University of Nottingham, and special advisor to the Royal College of Physicians on Tobacco, said:

“This report demonstrates that, sadly, the WHO still doesn’t understand the fundamental difference between addiction to tobacco smoking, which kills millions of people every year, and addiction to nicotine, which doesn’t.”

“The WHO is also evidently still content with the hypocrisy of adopting a position which recommends the use of medicinal nicotine products to treat addiction to smoking, but advocates prohibition of consumer nicotine products which do the same thing, but better.

Adam Afriyie MP, ahead of COP9, said: “To me the argument has always been clear: smokers are primarily addicted to the nicotine, but it’s the smoking that kills them. So if they can’t quit, why not let them get their nicotine in far less harmful ways? Seems simple, right? Perhaps too simple.”

2. The absurdness of laying the blame for the rise of nicotine vape products at big tobacco’s door

Mike Bloomberg is quick to make big tobacco the scapegoat for the rise in e-cigarette use. Again, at the launch of the WHO report in July, he said: “More than 1 billion people around the world still smoke. And as cigarette sales have fallen, tobacco companies have been aggressively marketing new products – like e-cigarettes and heated-tobacco products – and lobbied governments to limit their regulation. Their goal is simple: to hook another generation on nicotine. We can’t let that happen.”

Not only is this absurd due to the fact that it reflects a complete misunderstanding of the comparative harm related to smoking and nicotine, it also fails to recognise the massive contribution that the independent vaping industry has made worldwide to the supply of far lower risk new nicotine products than smoking. Most of these new companies are actively trying to win major market share from big tobacco’s main cash cow: cigarettes (and, in the process, to save lives).

Suggesting that vaping is an evil plot by the tobacco industry appears to be a means to an end to appeal to those who hold the makers of conventional cigarettes in contempt for playing with the lives of millions of people across the world. Ironically, our internal surveys show the majority of INNCO members dislike big tobacco at least as much as traditional tobacco control experts do (yet we are constantly falsely accused of working for big tobacco).

It is also worth noting that the potential market for safer nicotine vape products in the USA where Mike Bloomberg lives is 11 million adult vapers and 34 million adult smokers. That is: 45 million legal adults with a demonstrated willingness to pay. It would be evil, immoral and illegal to “target teens.” But it would also be an insane business strategy when the legal adult market is so huge. The claim that companies want to “hook a new generation on nicotine” is implausible (for legitimate firms), given the massive reputational risks that would entail.
Global media attention is currently firmly fixed on the COP26 climate summit in Glasgow. However, overlapping with this is the Ninth Meeting of the Conference of the Parties (COP9), being held virtually this time around. At COP9, in similar fashion to its more famous climate equivalent, government delegations from around the world will meet to discuss tobacco and nicotine policy as part of the Framework Convention on Tobacco Control (FCTC). The outcomes from these discussions will influence recommendations to national governments across the globe. Crucially, this will include their regulation of safer nicotine alternatives, including vaping devices (tobacco harm reduction).

The framework convention is, technically, legally binding, though in reality can be better understood as an ‘in good faith’ agreement between nations. The expectation following any FCTC COP gathering is that the participating governments, having ratified the framework convention, are then required to adopt the measures agreed by implementing them into domestic law.

As with previous FCTC COP meetings, COP9 will be hosted by the WHO. Whilst the WHO may not formally have a voice in discussions at COP9, it is the WHO which provides the assessments and policy guidance to inform discussions. In effect, the WHO is the agenda setter, framing and controlling the terms of the debate. It is difficult to understate the influence the WHO will have at COP9, with its ability to subsequently intervene and encourage governments to endorse its views on tobacco control via WHO Country Offices and Regional Offices around the world.

Many low and middle-income governments do not have the resources to conduct independent scientific research into new (safer) nicotine products, and so instead rely solely on WHO studies, reports and recommendations, in effect, delegating national policy formulation to the WHO. Evidence-based guidelines and recommendations are, perhaps, the main reason we need the WHO (often referred to as its “normative function”).

Unlike COP26, these tobacco control COP meetings are described as “all but excluding the media,” “well-known for the routine ejection of the public from proceedings,” and “notoriously secretive”.

Furthermore, the FCTC Secretariat, the administrative body which supports COP, funded by the national governments, in theory at least, is independent of the WHO. However, the FCTC Secretariat is based in offices at the WHO headquarters in Geneva.

Official “Observer Status” (granted to over 400 NGOs at the climate change COP26) is denied to NGOs that represent people who use safer nicotine. However, numerous Bloomberg-funded NGOs are granted Observer Status, giving them advance notice of key documents and allowing them to make official statements during COP9.

COP9 is open to civil society in the form of tobacco control non-governmental organisations (NGOs), but only those who subscribe to the WHO’s anti safer nicotine product stance. Recently, the UK Parliament’s All-Party Parliamentary Group (APPG) for Vaping warned about the participation at COP9 of The Union, a group funded by Bloomberg Philanthropies, as well as other anti-vaping NGOs.

It should be noted that The Union (International Union Against Tuberculosis and Lung Disease) recently issued a major report titled Where Bans are Best: Why Low- and Middle-Income Countries Must Prohibit E-cigarette and HTP Sales to Truly Tackle Tobacco. The Union is one of Bloomberg Philanthropies’ two top tobacco control grantees (the other is the US-based Campaign for Tobacco-Free Kids).
In the US in 2019 there was an outbreak of serious lung injuries which were reportedly caused by vaping. The Centers for Disease Control & Prevention’s Office on Smoking and Health named it EVALI “E-cigarette, or Vaping, product-Associated Lung Injuries.” However, US authorities identified that vitamin E acetate, added to illicit cannabis products, was the “primary cause” of the outbreak.

Described later as the “fake health crisis”, the case of EVALI reportedly triggered Bloomberg’s anti-vaping backing to the tune of $160m through Bloomberg Philanthropies over a three year period, specifically to push for nicotine vape ‘flavour’ bans.

EVALI is also still referenced by the WHO in its Q&A on nicotine vaping products in response to the question as to whether e-cigarettes cause lung injuries.

Yet, seventy five experts with no tobacco industry ties, including seven individuals who have served as President of the Society for Research, have written to the Director of America’s Centers for Disease Control and Prevention (CDC) to ask her to change the name of EVALI due to overwhelming evidence that this 2019 US-only outbreak of vaping-related lung injuries was caused by bootleg THC vape products, not legal nicotine vape products.

On the CDC website it currently states:

“National and state data from patient reports and product sample testing show tetrahydrocannabinol (THC)-containing e-cigarette, or vaping, products, particularly from informal sources like friends, family, or in-person or online dealers, are linked to most EVALI cases and play a major role in the outbreak.”

In the letter to the CDC Director, the signatories make the point that:

“Based on this current knowledge, the name EVALI is ineffective and misleading as it does not provide healthcare professionals or the public with clarity and specificity regarding the sources of risk for these harms. Nor does it make clear what steps to take to reduce the risk of such harms. First, “e-cigarette” as used by the public only refers to nicotine vaping products; no THC user would say they consume it with an “e-cigarette.”

It also highlights the damage it has done to perceptions of harm with respect to vaping:

“After the EVALI outbreak and after coverage of the evidence that adulterated THC vaping was responsible, one poll found two-thirds of respondents related the lung disease deaths to use of “e-cigarettes such as JUUL.” Only 28% related the deaths to use of “marijuana or THC e-cigarettes.”

The APPG raised concerns about the detrimental impact to smoking reduction efforts resulting from the attempts by the FCTC COP Secretariat and its NGO allies to diminish the rights of consumers and vaping groups.

“Not only are these previously stated commitments to transparency and consumer engagement willfully ignored by the FCTC COP Secretariat, but its COP meetings are well-known for the routine ejection of the public from proceedings, sometimes physically, in places where there should be and usually is, a designated place for members of the public to observe. There is no expectation that this will be any different for COP9. It is almost certain that, even with the conference taking place virtually, consumers will not be permitted to watch, let alone participate.” – UK Parliament APPG for Vaping.
5. The need for greater transparency in decision making and financing structures in promoting tobacco control activities

The WHO is the Secretariat of the Tobacco Free Initiative (TFI) as well as being closely associated with the FCTC (as outlined above). The TFI is the vehicle for WHO tobacco control policies and programmes, overseeing MPOWER, the process and monitoring mechanism which has implemented the FCTC since 2007. MPOWER is a set of key tobacco control recommendations to all WHO member countries.

As such, the WHO is a driving force in global tobacco control. However, as has been highlighted by the Wellcome Open Research – which reviewed published literature on the structure of global tobacco control initiatives – there is little information that has been made available on the development, financing, decision-making, and accountability structures of global tobacco control initiatives.

According to the research, WHO’s TFI works with countries as part of the Bloomberg Initiative to Reduce Tobacco Use. It provides technical support for national and regional tobacco control activities. It points out that the exact amount of funding is not publicly disclosed, but the initiative has provided grants to implement tobacco control with a focus on high-burden countries, although it makes clear the WHO does not play any role in the grant selection process. The research does highlight, however, that whilst most of the documents from the COP are disclosed on its website, such detailed financing data are not available for the WHO’s TFI.

The WHO is financed by a handful of private philanthropies in its tobacco control work, the Welcome Open Research project highlights that this risks there being insufficient accountability and resource mobilisation, poor decision-making authority due to specific donor influence, and difficulty in monitoring and evaluation. Wellcome Open Research concluded that continued attention should be paid not only to the primary health-related outcomes of tobacco use, but also to the decision-making and financing structures to promote tobacco control activities.

Given that Bloomberg Philanthropies has invested approximately USD 1 billion in tobacco control (see Bloomberg page on tobacco control), such questions around transparency and public accountability, while influencing global tobacco control policies, is deeply concerning and needs reviewing.

Given Bloomberg Philanthropies’ utter rejection of safer nicotine harm reduction, the apparent relationship between this foundation and WHO tobacco control efforts is ethically comparable to the following hypothetical: imagine if one American billionaire anti-vaxxer was funding most of the WHO’s global vaccine efforts. If that would raise eyebrows, why does the current situation not?
6. The alleged case of influencing tobacco control measures in the Philippines

According to the media in the Philippines, concerns have been raised within the country’s parliament that its Food & Drug Administration received funds from Bloomberg groups to support the implementation of the National Tobacco Control Program.

The Deputy Speaker of the Philippines legislature’s House Committee on Good Government and Public Accountability, Rufus Rodriguez, is reported to have recently questioned the Food and Drug Administration (FDA) on why it accepted funding from the Bloomberg external international groups, in exchange for the issuance of pre-defined policies (something which is against the law in the Philippines). Rodriguez is quoted as saying that the FDA allowed itself to be “influenced by money from external international sources.”

This was after members of the Philippines House of Representatives had confronted the FDA and made it admit that it had received funds from the International Union Against Tuberculosis and Lung Disease (The Union) and the Bloomberg Initiative. Nueva Ecija Rep. Estrellita Suansing raised concerns about transparency and fairness, pointing out that Bloomberg issued a grant to the FDA, which she said provided support to “the implementation of the National Tobacco Control Program (NTCP) under the jurisdiction of the Food and Drugs Administration.” The Union is part of the Bloomberg Initiative grants programme. On its website, The Union said it publicly advocated for the prohibition of the sale of e-cigarettes and heated tobacco products in low- and middle-income countries, which are home to more than 80 percent of the world’s smokers.

University of Ottawa Centre for Health Law and Policy advisory committee chair Professor David Sweanor highlighted that donations from Bloomberg groups to the Philippines FDA could remove the agency’s regulatory independence and shape its judgment on tobacco control. He said, “It is essential that regulatory bodies have the trust of the public. Accepting foreign funding from sources with a vested interest in compromising the FDA’s independence can rapidly destroy that trust. In this case, the money ultimately comes from a US entity with an abstinence-only agenda on low-risk alternatives to cigarettes.”
"E-cigarette companies and the tobacco companies that back them are preying on America’s youth," Bloomberg is quoted as saying when announcing a three year $160m funding package in 2019 to try and ban flavoured e-cigs.

He added: "The result is an epidemic that is spiralling out of control and putting kids in danger of addiction and serious health problems."

In 2019, when he made these statements, 27.5% of US high school students reported vaping at least once in the past 30 days and 5.7% vaped nicotine daily. Between 2019 and 2021, however, according to the CDC, US teen vaping dropped 62%. Daily use is now 3.1% In the UK, teen use by never smokers is just 1%.

"In its report on the global tobacco epidemic earlier this year, WHO expressed concern that children who use "electronic nicotine-delivery systems, such as e-cigarettes, are up to three times more likely to use tobacco products in the future."

In a letter responding to an article by former Fortune and Guardian journalist Marc Gunther in the Chronicle of Philanthropy entitled Bloomberg’s Millions Funded an Effective Campaign Against Vaping. Could It Do More Harm Than Good? representatives of Bloomberg Philanthropies and initiatives it is close to including Campaign for Tobacco-Free Kids wrote: "We know that e-cigarettes companies have infused their products with thousands of kid friendly flavours, which are chosen by an overwhelming majority of kids who use e-cigarettes. We know that tobacco companies have spent billions of dollars to create, distribute and advertise e-cigarette products in a “patently youth oriented” manner.

In his analysis of the letter, Clive Bates argues: “To claim that all e-cigarette products, marketing and innovation are “patently youth-orientated” is obviously nonsense – it’s the adult market that brings in the money and reliable customers.”

He says that the respondents “are trying to spin the entirety of the e-cigarette industry as tobacco industry youth predators on the back of the marketing of one company, which briefly produced youth-orientated ads (using young adults) before its product was successful with adults and while youth vaping plunged. So no, I am not convinced. It is a ridiculous assertion with no basis in fact and the authors present no evidence to support it.”

With reference to the “kid-friendly flavours,” Bates says this is "empty terminology designed to mislead." He goes on to highlight: "This claim is simply not true unless you define any flavour that appeals to anyone (other than tobacco flavour) as ‘kid-friendly’, which is the approach adopted by these groups. "Flavoured vaping products are also chosen by the overwhelming majority of adults. This is partly because, for many, the point is to get away from tobacco and smoke flavours. Almost all vaping products are flavoured in some way, including tobacco flavoured products. What exactly would a ‘kid-unfriendly’ flavour be? Just something that tastes nasty? Unless they can define their terms, these assertions are meaningless."

Three studies (Yale; UK; International) back Bates’ argument up, revealing that flavours’ are 2.3 times more effective for cessation than tobacco flavour. Forcing ex-smokers to use tobacco flavour is like forcing recovering alcoholics to drink rum-flavoured soda.

The latest data shows that 8 in 10 teen vapers use ‘flavoured’ e-cigarettes. Not surprising since 8 in 10 ecig products are ‘flavoured,’ and 8 in 10 adults prefer ‘flavours.’ If 8 in 10 teens rode red bicycles, should we assume that banning red bicycles will reduce teen bicycle riding? The same organisations that claim teen vaping is a gateway to deadly combustible tobacco smoking, also claim that banning ‘flavours’ will reduce teen vaping because the only remaining flavour – cigarette flavour – is some sort of teen repellent. These can’t both be true.
In January 2020, WHO published what was described as an “astonishingly bad” Q&A on e-cigarettes. Clive Bates, an advocate of e-cigarettes, was scathing of the Q&A saying that “every single answer to the nine questions provide false, misleading or simplistic information……and puts in question the competence of the World Health Organisation.”

For example in response to the question whether e-cigarettes and other vaping products are dangerous, WHO as part of its answer says: “ENDS emissions typically contain nicotine and other toxic substances that are harmful to both users and those exposed to the vapours secondhand.”

As Bates points out this shows a basic misunderstanding of nicotine as explained in this dossier earlier. It’s not the nicotine that causes serious harm, but smoking. According to the Committee of Toxicology, the risk of exhaled vapour to bystanders is low to very low. This is in direct contrast to second-hand smoke which is harmful (to never-smokers who live with a smoker for decades, or to service workers exposed to smoke-filled bars for many decades).

In another question on whether e-cigarettes cause lung injuries, the WHO points to deaths in America which were linked to vaping and became known as “EVALI,” as highlighted above in the section EVALI, the case that never was. Given that it became apparent that the cause of severe lung injuries was a cutting agent, Vitamin E Acetate, used in some bootleg cannabis (THC) vape oils and not nicotine vaping, Bates describes the WHO response as shameful and an outright falsehood.

And on the subject of whether e-cigarettes are more dangerous than regular cigarettes, the WHO sits on the fence by responding that “it depends on a range of factors, including the amount of nicotine and other toxicants in the heated liquids. For Bates the question itself is a scandal: “No respectable scientist believes that ENDS are even close to the risk of smoking.”

Professor John Britton neatly sums up the position: “The WHO is right that non-smokers, especially children, should be discouraged from using any nicotine product. But for the more than one billion tobacco smokers in the world, electronic nicotine delivery systems are part of the solution, not the problem.”
Referring to the Q&A, Professor Peter Hajek, Director of the Tobacco Dependence Research Unit at Queen Mary University of London, said: “The WHO has a history of anti-vaping activism that is damaging their reputation. This document is particularly malign.”

“Practically all the factual statements in it are wrong. There is no evidence that vaping is ‘highly addictive’ – less than 1% of non-smokers become regular vapers. Vaping does not lead young people to smoking – smoking among young people is at [an] all time low.

“There is no evidence that vaping increases risk of heart disease or that it could have any effect at all on bystanders’ health. The US outbreak of lung injuries is due to contaminants in illegal marijuana cartridges and has nothing to do with nicotine vaping. There is clear evidence that e-cigarettes help smokers quit....The authors of this document should take responsibility for using blatant misinformation that is likely to prevent smokers from switching to a much less risky alternative.”

Dr Nick Hopkinson, Reader in Respiratory Medicine at the National Heart and Lung Institute, Imperial College London, weighed into the controversial Q&A, adding:

“We know that e-cigarettes are substantially safer than smoking, because the toxic substances present in cigarette smoke are either completely absent, or present at much lower levels.

“Evidence from randomised controlled trials shows clearly that e-cigarettes can help smokers to quit.

“Smokers who switch completely to vaping will gain a significant health benefit. Long term use of e-cigarettes is not completely harmless, so people who vape should aim to quit that too, though not at the expense of going back to smoking.”

Professor John Britton, director of the UK Centre for Tobacco and Alcohol Studies and Consultant in Respiratory Medicine at the University of Nottingham, said the WHO document was “misleading on several counts”.

“It implies that vaping nicotine is the cause of the 2019 US outbreak of severe lung disease, when it was in fact vaping cannabis products,” he said.

“It says that there is no strong evidence that vaping is an effective means of quitting smoking, when in fact there is clinical trial evidence of the highest standard demonstrating that vaping is more effective than the nicotine replacement therapies that the WHO endorse.”
Ignoring a groundswell of support for vaping as a far less harmful option for adult smokers

There is a growing list of respected scientific, public health organisations, governments and even divisions of the World Health Organisation that have made public statements confirming that nicotine vapes and/or other safer nicotine alternatives are safer than smoking.

A list has been compiled by INNCO [here](#) but some of the most notable ones are highlighted below:

- **International Agency for Research on Cancer/World Health Organisation**: “The use of e-cigarettes is expected to have a lower risk of disease and death than tobacco smoking... E-cigarettes have the potential to reduce the enormous burden of disease and death caused by tobacco smoking if most smokers switch to e-cigarettes.”

- **World Health Organisation EURO Office**: “There is conclusive evidence that: Completely substituting electronic nicotine and non-nicotine delivery systems for combustible tobacco cigarettes reduces users’ exposure to numerous toxicants and carcinogens present in combustible tobacco cigarettes.”

- Fifteen past-Presidents of the **Society for Research on Nicotine and Tobacco**, the most prestigious scientific society in the field of tobacco control, have published a joint statement. All agree, “Vaping can benefit public health, given substantial evidence supporting the potential of vaping to reduce smoking’s [death] toll. ...Frequent vaping increases adult smoking cessation [and] completely substituting vaping for smoking likely reduces health risks, possibly substantially.”

- **Royal College of Physicians** in the UK: “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... E-cigarettes are effective in helping people to stop smoking.”

- **Cancer Research UK**: “While the long-term health consequences of e-cigarette use are uncertain, the evidence so far suggests that e-cigarettes are far less harmful than smoking. ...There is also growing evidence to suggest that e-cigarettes can work successfully as an aid to cessation.”

- **British Lung Foundation**: “Experts have reviewed all the research done on e-cigarettes over the past few years, and found no significant risks for people using e-cigarettes. ...Swapping cigarettes for an e-cig can improve your symptoms of lung conditions like asthma and COPD.”

- **New Zealand Ministry of Health**: “The Ministry considers vaping products could disrupt inequities and contribute to Smokefree 2025. The evidence on vaping products indicates they carry much less risk than smoking cigarettes but are not risk free. Evidence is growing that vaping can help people to quit smoking. There is no international evidence that vaping products are undermining the long-term decline in cigarette smoking among adults and youth, and may in fact be contributing to it.”

- **US Truth Initiative**: “Researchers from Truth Initiative reviewed 686 peer-reviewed studies [and determined that] e-cigarettes pose substantially less harm than traditional cigarettes. ...Overall, e-cigarettes expose users to fewer toxins than cigarettes, and cigarette smokers who switched to e-cigarettes had reduced blood pressure and improved lung function.”

- **Government of Canada**: “Vaping is less harmful than smoking. Completely replacing cigarette smoking with vaping will reduce your exposure to harmful chemicals. There are short-term general health improvements if you completely switch from smoking cigarettes to vaping products.”

- **Canadian Lung Health Foundation**: “If you don’t smoke, don’t start vaping... If you do smoke, switching completely to e-cigarettes may significantly reduce your exposure to toxic chemicals and carcinogens.”

- **US Centers for Disease Control**: “E-cigarettes expose users to fewer harmful chemicals than burned cigarettes. E-cigarettes have the potential to benefit adult smokers who are not pregnant if used as a complete substitute for regular cigarettes and other smoked tobacco products.”
In addition to the above statements recognising the public health opportunity presented by vaping, scientists and politicians have also made a stand against the position that WHO and Bloomberg are taking.

David Jones MP, who sits on the UK All-Party Parliamentary Group for Smoking and Health, described the WHO’s opposition to all smoking alternatives, not just vaping, as “bizarre.”

“Our advice remains that people who smoke are better to switch completely to vaping,” he said. “That opinion, however, is not shared by the WHO, which has long pursued an almost pathological campaign against e-cigarettes.”

In a recent open letter addressed to the Parties to the Framework Convention on Tobacco Control (FCTC) ahead of COP9, 100 experts across the world have slammed WHO’s anti-vape stance. The letter informs the Parties there is “compelling evidence smoke-free products are much less harmful than cigarettes and that they can displace smoking for individuals and at the population level”.

It pulls up the WHO for “rejecting a public health strategy that could avoid millions of smoke-related deaths” and says: “Regrettably, WHO has been dismissive of the potential to transform the tobacco market from high-risk to low-risk products.”

Professor David Nutt from Imperial College London, one of the signatories was quoted as saying: “Smoking causes a massive burden of death and disease worldwide, killing about eight million people annually and so on as similar scale to the COVID pandemic so far;”

“And yet the World Health Organisation has dug in against vaping and the other alternatives and is throwing every possible obstacle in the way. WHO continues to insist that smokers should just stop, even though we know millions of smokers will not do that and millions will continue to take up the habit.”

Another signatory, Dr Colin Mendelsohn, founding chair of the Australian Tobacco Harm Reduction Association, said: “WHO remains grossly and persistently misinformed about tobacco harm reduction and does not understand that it is displacing smoking; but that its approach was “influential”, particularly in low- and middle-income countries (LMICs).”

“This will lead to more death and suffering from smoking, especially in LMICs where most smoking deaths already occur,” Dr Mendelsohn said.

Mark Pawsey, Chair of the All Party Parliamentary Group for Vaping in the UK has called into question why the UK Government is continuing to fund the WHO to the tune of £340 million over the next four years in light of its anti-vaping stance.
What’s the way forward?
INNCO calls for urgent action in a number of areas in light of this dossier including:

1. All recipients of funding from Bloomberg Philanthropies (NGOs and journalists) should disclose their funding as a potential conflict of interest, because the funding is from a known anti-vaper and opponent of tobacco harm reduction.

2. We endorse the creation of an FCTC Tobacco Harm Reduction Working Group, in line with Article 1 (d) of the Framework Convention on Tobacco Control, which defines tobacco control as 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”.

As the APPG for Vaping in the UK has proposed, such a group needs to look at all the science and evidence for new and emerging products. It should comprise both independent experts and informed consumers, including scientists and academics from countries leading the way in the use of, and research on, electronic nicotine delivery systems and other safer nicotine alternatives. It should also include former smokers who use safer nicotine. These individuals should not be affiliated with organisations with a vested interest (e.g., vaping or tobacco firms, Bloomberg or the WHO).
All member states of the FCTC Treaty should, in an open letter to the WHO, collectively question this UN agency’s prohibitionist approach to safer nicotine alternatives, challenging the evidence-base and demanding a more open mind to the possibilities of new nicotine alternatives.

In its recent report, the Global State of Tobacco Harm Reduction says that parties to the FCTC have largely been content to follow the direction of travel set out by the WHO on tobacco and nicotine policy pointing out that this is not the same with other significant global issues such as trade and climate, where national governments fight strongly for national positions and leadership.

If nothing changes at COP9 and WHO remains steadfast in its position on such low risk products and continues its hardline stance on vaping and other ENDS (Electronic Nicotine Delivery Systems) products, despite the mounting evidence and growing recognition of the positive impact of ENDS to public health across the world, we propose the strongest action possible to ensure the message gets through and puts the organisation in a very isolated and difficult position, namely:

- those countries funding its existence should look to withdraw its financial support as British politicians have called for;
- that the Parties to the Convention (the 181 countries that have signed and ratified the Framework Convention on Tobacco Control (FCTC), the international agreement response to the international nature of the public health crisis caused by tobacco use and smoking) seriously consider boycotting future COPs until WHO demonstrates a much more open minded stance on vaping and other ENDS products.

This might come across as too heavy-handed and disrespectful to the World Health Organisation, but every government across the world has a duty of care to its people, and shutting the door on new nicotine products that have the potential to change the lives of so many who currently smoke, would be akin to neglecting that duty.

As Christopher Snowden concludes in the Institute of Economic Affairs report on COP9: “The FCTC Secretariat should be put on notice. COP9 is its last chance to mend its ways and operate as a transparent and evidence-based organisation. If it cannot be reformed, it should be disbanded.”
An agreement needs to be put in place with WHO and Bloomberg Philanthropies that they are transparent in relation to their collaborations on tobacco control and implement the recommendations proposed by Wellcome Open Research as highlighted earlier in this document.

The Parties to the Convention need to force future COP meetings to be far more transparent and inclusive so that they are truly representative and take on board wide ranging perspectives from different stakeholders. In both the UK and USA, policy decisions that affect people living with HIV/AIDS are made with representatives from that community at the table. This should be no different.

Meetings should be open to all those that can provide vital perspectives on tobacco control including the role of ENDS products, such as leading independent scientists and academics, health protection bodies and adult former smokers who have quit their habits by switching to an ENDS product.
6. A full international review, involving an independent body with no vested interests, needs to look at the reported influence that Bloomberg Philanthropies has on low to middle-income countries (LMICs) in the wake of related allegations in the Philippines.

7. The WHO must immediately review its Q&A on vaping, which is seriously misleading and inaccurate and doing a disservice for the 1.1bn smokers worldwide who may be thinking about quitting their habit through using ENDS devices. The Q&A should be based on the wide ranging evidence that has been provided by some of the most respected healthcare protection bodies, academic institutions and scientists in the field of harm reduction. This could, for example, be done in consultation with past-Presidents of the Society for Research on Nicotine and Tobacco.
More responsible and balanced reporting in the media – whilst some high profile media outlets have questioned and challenged the anti-vaping stance by WHO, most notably The Times (Anti-Vaping Advice by WHO “Risks Lives Of Millions”), Forbes (The War on E-Cigarettes is Profoundly Wrong) and the Spectator (WHO’s bizarre war on E-Cigarettes), many are content on running sensationalist, clickbait-led reports on vaping that have very little, if any, foundation.

There are many occasions that the media has turned a blind eye to pro-vaping reports such as the peer-reviewed publication from 15 past-Presidents of the world’s top professional society in the field of tobacco control, the Society for Research on Nicotine and Tobacco (SRNT). It is by far the most important publication in the field of tobacco harm reduction since the 2015 report from the UK’s Royal College of Physicians. Yet not one major media outlet has covered it. A more responsible media should investigate evidence fully, consult independent experts who favour tobacco harm reduction (not just opponents), and give equal air to research findings and claims from academic researchers, vape firms, the tobacco industry, and all Bloomberg grantees including the WHO.