

RESPONSE TO MOH PUBLIC CONSULTATION ON STANDARDISED PACKAGING AND ENLARGED GRAPIC HEALTH WARNINGS FOR TOBACCO PRODUCTS BY THE SAW SWEE HOCK SCHOOL OF PUBLIC HEALTH

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1 Introduction

Smoking's adverse health effects are well established. Smoking is not only addictive, it has strong associations with cancer, respiratory diseases, cardiovascular diseases, diabetes, immune and autoimmune disorders, reproductive abnormalities, eye diseases, general ill health and premature death.¹ Smoking is one of the important factors that can be changed to reduce the risk of chronic diseases.² SSHSPH supports MOH's proposal to implement standardised packaging (SP) as part of a comprehensive suite of tobacco-control measures to reduce smoking prevalence.

2 SSHSPH agrees that based on the available body of evidence, the SP proposal has the potential to achieve its five objectives and contribute to reducing smoking prevalence.

2.1 MOH's SP proposal aims to contribute to reducing smoking prevalence through the following objectives:

- (a) Reduce the attractiveness of tobacco products;
- (b) Eliminate the effects of tobacco packaging as a form of advertising and promotion;
- (c) Reduce the ability of the packaging of tobacco products to mislead about the harmful effects of smoking (including on the relative harmful effects between products);
- (d) Increase the noticeability and effectiveness of health warnings; and
- (e) Better inform smokers and non-smokers of the risks associated with tobacco use.

2.2 Evidence supporting the SP proposal is reliable

There exists a large body of evidence supporting the effectiveness of the SP proposal to achieve the aim and objectives in 2.1. This evidence has been well covered by MOH³ and has also been discussed extensively by other jurisdictions considering or implementing SP, as

¹ US Department of Health and Human Services. Section 2: the health consequences of active and passive smoking: the evidence in 2014. In *The Health Consequences of Smoking – 50 Years of Progress. A Report of the Surgeon General, Executive Summary*. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014. <https://www.surgeongeneral.gov/library/reports/50-years-of-progress/exec-summary.pdf>. Accessed 13 February 2018.

² World Health Organization. Chapter One. Chronic diseases: causes and health impact. WHO Global Report *Preventing chronic diseases: a vital investment. Part Two: The Urgent Need for Action*. 2005. http://www.who.int/chp/chronic_disease_report/part2_ch1/en/index12.html. Accessed 13 February 2018.

³ Ministry of Health, Singapore. Public consultation paper on proposed tobacco-control measures in Singapore. 5 February 2018. https://www.moh.gov.sg/content/dam/moh_web/e-Consultation/PublicConsult_StandardisedPackaging_Tobacco/2018-02-05%20Public%20Consultation%20Paper%20-%20SP.pdf. Accessed 13 February 2018.

well as organisations that study tobacco control.⁴ SSHSPH believes that the evidence supporting SP is reliable because:

- (a) Majority of the evidence consists of peer-reviewed research deemed by fellow scientists to meet well-established standards for research studies and scientific analyses.
- (b) It consists of studies that cover a wide variety of scope and designs. For example, observational studies, literature reviews, experimental auctions, eye-movement tracking, focus group discussions, surveys, market data analyses and post-implementation data analyses.
- (c) Overall, the findings of the studies on the effects of SP consistently point in the same direction and indicate that SP can achieve its stated objectives.

2.3 Evidence opposing the SP proposal is of limited reliability

2.3.1 SSHSPH notes that the main arguments and evidence against SP were already considered by MOH; and that based on their overall peer-review status, independence and methodological soundness, MOH accords limited weight to them.

2.3.2 SSHSPH agrees with MOH's conclusion and wishes to highlight 2 additional published peer reviewed papers that evaluated the evidence and expert reports submitted by UK's 4 largest transnational tobacco companies (TTC)⁵ to the UK Department of Health consultation on SP in 2012 and 2013.

2.3.3 Hatchard et. al. examined the policy relevance and quality using the criteria of subject matter (policy relevance), independence (quality) and peer-review status (quality) of the 77 unique written research evidence cited in the TTC submissions to support their argument that SP was not effective. It found that only 17/77 addressed SP directly, 14 of those 17 papers were industry-connected and zero were peer reviewed. 9/77 of the studies cited addressed tobacco packaging but not SP directly. 51/77 of the studies cited were on parallel topics (e.g. non-packaging drivers of youth and adult smoking behaviour, and drivers of youth behaviour in general) and had higher proportion of independence (92%) and peer-

⁴ The following are some examples:

Australian Government Department of Health and Ageing. Public consultation on plain packaging of cigarettes. Australian Government web archive. Available:

<http://webarchive.nla.gov.au/gov/20140215002600/http://www.health.gov.au/internet/yourhealth/publishing.nsf/Content/plainpack-tobacco>. Accessed 13 February 2018.

Cancer Council Victoria, Australia. Plain packaging. The facts. Available:

<https://www.cancervic.org.au/plainfacts>. Accessed 13 February 2018.

Government of Canada. Potential measures for regulating the appearance, shape and size of tobacco packages and of tobacco products. Consultation on "plain and standardized packaging" for tobacco products. Available:

<http://healthycanadians.gc.ca/health-system-systeme-sante/consultations/tobacco-packages-emballages-produits-tabac/document-eng.php>. Accessed 13 February 2018.

Hammond D. Standardized packaging of tobacco products: Evidence review. Prepared on behalf of the Irish Department of Health; March 2014. Available:

<http://health.gov.ie/blog/publications/standardised-packaging-d-hammond/>. Accessed 13 February 2018.

World Health Organization. Plain packaging of tobacco products: evidence, design and implementation.

Available: http://apps.who.int/iris/bitstream/10665/207478/1/9789241565226_eng.pdf?ua=1. Accessed 13 February 2018.

⁵ Imperial Tobacco, Japan Tobacco International, Philip Morris Ltd and British American Tobacco.

review status (59%). However, these 51 studies discussed other drivers of youth smoking uptake and behaviour and did not discuss tobacco packaging or SP. Compared to the studies covered in the systematic review on SP that was commissioned by the UK Department of Health, the evidence arguing against SP has less relevance (22% vs 100%) and were statistically significantly lower in quality in terms of independence and peer-review status ($p < 0.0001$).⁶

2.3.4 Ulucanlar et. al. analysed two of the TTC submissions to the UK Department of Health consultation.⁷ The researchers paid particular attention to the sections, including expert report, that focused on whether SP would produce its intended public health objectives, and conducted further in-depth analysis of three papers that were most relevant or recent^{8 9 10}. Regarding the claim that the evidence base supporting SP was flawed, Ulucanlar et. al. found that the claim was generally based on a misrepresentation of the evidence base. Specifically, through one or more of the following ways: 1) the studies were misquoted, 2) an insistence on methodological perfection and rejection of methodological pluralism, and 3) “promoting a parallel evidence base to deflect attention from SP and excluding company held evidence relevant to SP”. The authors also noted that while their “study's sample was limited to sub-sections of two out of four submissions...leaked industry documents suggest at least one other company used a similar approach.”

3 Suggestions to improve the SP proposed measure

3.1 Industry's post-implementation response to SP

3.11 Researchers compared the packaging-related marketing and promotion strategy of some TTCs pre- and post- implementation of SP.^{11 12} They observed that in spite of the implementation of SP, TTCs were able to circumvent some of the SP restrictions and could possibly undermine SP's intended impact. MOH should consider Industry's strategies in jurisdictions that have already implemented SP, and develop measures that will minimise

⁶ Hatchard JL, Fooks GJ, Evans-Reeves KA, et al. A critical evaluation of the volume, relevance and quality of evidence submitted by the tobacco industry to oppose standardised packaging of tobacco products. *BMJ Open* 2014;4:e003757. doi: 10.1136/bmjopen-2013-003757.

⁷ British American Tobacco and Japan Tobacco International.

⁸ British American Tobacco (BAT) (2012) UK Standardised Appendix A, Report of Dr. Jonathan Klick. Appendix A. Available: [http://www.bat.com/group/sites/uk_3mnfen.nsf/vwPagesWebLive/DO8WZC5E/\\$FILE/medMD8WZC6J.pdf?openement](http://www.bat.com/group/sites/uk_3mnfen.nsf/vwPagesWebLive/DO8WZC5E/$FILE/medMD8WZC6J.pdf?openement).

⁹ Keegan W (2010) Analysis of consumer survey evidence relevant to DG SANCO's proposal to increase the size of health warnings on tobacco packaging. New York. Available: <http://www.jti.com/files/1813/4122/2695/Keegan.pdf>

¹⁰ Devinney T (2012) Analysis of consumer research evidence on the impact of plain packaging for tobacco products (updated to 2012). Available: http://www.jti.com/files/9813/4149/4426/Prof_Devinney.pdf.

¹¹ Greenland, S. J., Johnson, L., & Seifi, S. (2016). Tobacco manufacturer brand strategy following plain packaging in australia: Implications for social responsibility and policy. *Social Responsibility Journal*, 12(2), 321-334. Retrieved from <http://libproxy1.nus.edu.sg/login?url=https://search-proquest-com.libproxy1.nus.edu.sg/docview/1828152670?accountid=13876>. Accessed 13 February 2018.

¹² Moodie C, Angus K, Mitchell D, et al

How tobacco companies in the UK prepared for and responded to standardised packaging of cigarettes and rolling tobacco. *Tobacco Control*. Published Online First: 10 January 2018. doi: 10.1136/tobaccocontrol-2017-054011.

the opportunity for Industry to undermine the ability for SP to achieve its intended objectives.

3.12 The packaging-related marketing and promotion strategy observed are as follows:

- (a) Prior to SP implementation, some TTCs in the UK issued reusable tins. (Moodie et.al., 2017).
- (b) Ongoing proliferation of new variants and name-modification to existing variants. A leading brand of cigarettes in Australia, Winfield, issued more than 20 variants in 2015-2016, compared to 12 in 2012-2013¹³ (Australia implemented SP in December 2012). New variant names usually convey messages that were previously communicated visually by packaging. New variant names typically consist of the brand name, a colour and a descriptor (e.g. Dunhill Blonde Premier). In November 2016, around 80% of Australia's brand variant names included colour, compared to less than 50% before SP. (Greenland, 2016) Consumers associate certain colours with certain attributes (e.g. white, blue, green, gold as "lighter" versions of the product and therefore less harmful, whereas black is "stronger" and more harmful). The ability to continue using colour in variant names will undermine SP's objective to reduce the use of packaging to mislead consumers about the harmful effects of smoking. Using certain descriptors such as "boost" or "superslims" also allows TTCs to imbue the products with specific attributes that are appealing to consumers.
- (c) Offering a variety of pack size options (single pack, multi pack, carton). According to FMCG pack size optimisation studies, consumption increases with size up to a point after which it does not matter. (Greenland et.al., 2016) As such, packs that contain more cigarettes may encourage smokers to consume more. In forming regulations on packaging, it will be useful to consider the optimal pack size that will encourage maximum consumption.
- (d) Price differentiation among variants. With high taxation, price continues to be a key element in tobacco marketing, and may be more so if SP is implemented. By observing the breaks in price gradient, Greenland et. al. noted 4 distinct price bands - premium, mid-range, economy and ultra-low. Having a range of price points allows TTCs to differentiate customer segments with different spending power. Furthermore, higher priced cigarettes may be viewed by consumers as being more premium and associated with desirable attributes.
- (e) Compared to single packs, larger packs or multipack options often cost lower per stick of cigarette. The ability of TTCs to offer discounts through shrewd packaging is concerning because 1) it can undermine the intended effects of high tobacco tax, and 2) it presents smokers with a financial incentive to buy more cigarettes at a time, which along with the tendency for consumption to rise with pack size, can drive up consumption.

3.13 The ability of TTCs to continue offering a highly-differentiated range of cigarettes through variant names, pack size and pricing, enables them to maintain efforts at branding, establishing appeal, associating their products with positive attributes, conveying misleading messages about the harmful effects of smoking, and use packaging to offset the

¹³ Greenland S. How the tobacco industry is gaming Australian health regulations. *The Conversation* website. 2 November 2016. Available: <http://theconversation.com/how-the-tobacco-industry-is-gaming-australian-health-regulations-67156>. Accessed 13 February 2018.

deterrent effects of tobacco taxation. SSHSPH recommends that MOH study how TTCs conduct their marketing through packaging in jurisdictions that already implemented SP, so that Singapore's SP measures minimise TTC's ability to undermine SP's intended effects. Some suggestions by Dr Steven Greenland include¹⁴:

- (a) Introduce a standard price per stick for all cigarettes.
- (b) Prohibit price variation by pack size – prevent volume discounts that encourage smokers to make larger purchases.
- (c) Restrict pack size to limit increased consumption associated with larger pack size.
- (d) Ban colour variant names.
- (e) Restrict brand variant ranges (e.g. one variant per brand) to limit TTCs ability to use differentiation to increase sales.

4 The public health impact of SP is likely to be positive and unlikely to be negative

With a lack of credible evidence that SP will lead to adverse public health effects, there is no reason not to implement SP. In addition, the existence of a substantial body of credible evidence showing the effectiveness of SP gives ground for its implementation. Moreover, even if SP does not reduce smoking prevalence among existing smokers but reduces smoking initiation, it will already have successfully contributed positively to public health.

5 SP as part of a comprehensive effort toward a smoke-free Singapore

5.1 Monitor and evaluate policies for their impact

SP and the recently implemented minimum legal age policy aim to discourage smoking initiation among youths and young adults. It will be useful to monitor prospectively several successive cohorts of students and young adults to evaluate the impact of these two policies.

5.2 An endgame paradigm

SSHSPH believes that SP will, along with other tobacco control measures, contribute to reduce smoking prevalence in Singapore. The debilitating health effects, increased mortality and morbidity rates, and associated healthcare and economic costs of tobacco smoking are well understood. Singapore should move beyond control measures to “endgame”¹⁵

¹⁴ Greenland, 2016.

¹⁵ “Endgame” is the term used to refer to the final stage of a game, course of events or extended process. Endgame solutions are divided into four different target categories “user”, “market”, “supply” and “institutional-focused”, and they share a common focus on phasing out commercial tobacco products by placing significant restrictions on their use and availability. The objective is to de-normalise tobacco use, rather than control the tobacco epidemic, has become a focal point for both national and international long-term planning. (Chia KS. Singapore should aim to be smoke-free, not just smoke-lite. *TODAY Online*. 5 October 2017. Available: <http://www.todayonline.com/commentary/singapore-should-aim-be-smoke-free-not-just-smoke-lite>. Accessed 13 February 2018.)

Tobacco endgame strategies involve “consciously designing interventions to change permanently the structural, political and social dynamics that sustain the epidemic”. Some have suggested that endgame strategies should

measures toward becoming a smoke-free nation. SP can also play a significant role in endgame efforts by de-normalising and de-glamourising smoking to reduce its appeal to the young, thereby reducing youth initiation and helping to phase out the smoking habit among future generations.

6 Other comments

6.1 TTC promotion of e-cigarettes¹⁶ and heated tobacco products¹⁷ (HTP)

The discourse on MOH's SP proposal may be used by TTCs to argue for the merits of e-cigarettes and HTPs as "reduced-harm" substitutes for conventional cigarettes, advocate the use of such products and persuade regulators to allow these products in the Singapore market.

6.2 Overall, the current evidence base for e-cigarettes and HTPs is that:

- (a) **Harmful health effects compared to conventional cigarettes.** It is likely that e-cigarettes are less harmful. While WHO believes that there is insufficient evidence to quantify the extent to which they are less harmful, Public Health England (PHE) believes "stating that vaping is at least 95% less harmful than smoking remains a good way to communicate the large difference in relative risk unambiguously".¹⁸ However, researchers are unanimous in agreeing that e-cigarettes are not zero-harm products. More research is needed to understand the health risks of long-term use, as well as the risks of nicotine and its addictiveness in e-cigarettes compared with cigarettes as these could be different.¹⁹ According to WHO, prolonged use is likely to increase the risk of conventional smoking-related diseases.²⁰ The US Surgeon General's Office warns that other non-nicotine elements in e-cigarettes include

target to reduce smoking prevalence below 5%. (Malone RE. The Race to a Tobacco Endgame. *Tobacco Control* 2016;25:607-608. Doi: <http://dx.doi.org/10.1136/tobaccocontrol-2016-053466>.)

¹⁶ E-cigarettes produce an aerosol by heating a liquid that usually contains nicotine, flavourings, and other chemicals that help to make the aerosol. Users inhale this aerosol into their lungs. Bystanders can also breathe in this aerosol when the user exhales into the air. Other names for e-cigarettes are "e-cigs," "e-hookahs," "mods," "vape pens," "vapes," "tank systems," and "electronic nicotine delivery systems (ENDS)." (US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. What are e-cigarettes? *Basic information on Electronic cigarettes*. Available: https://www.cdc.gov/tobacco/basic_information/e-cigarettes/index.htm. Accessed 19 February 2018.)

¹⁷ HTPs heat specially designed cigarettes or tobacco leaves up to 350°C using battery-powered heating-systems to create a nicotine-infused vapour that the user inhales through the mouth into the body. HTPs contain tobacco, non-tobacco additives and flavourings. (World Health Organization. Heated tobacco products information sheet. *Tobacco Free Initiative* website. Available: http://www.who.int/tobacco/publications/prod_regulation/heated-tobacco-products/en/. Accessed 19 February 2018.)

¹⁸ McNeill A, Brose LS, Calder R, Bauld L & Robson D (2018). Evidence review of e-cigarettes and heated tobacco products 2018. A report commissioned by Public Health England. London: Public Health England.

¹⁹ Ibid.

²⁰ World Health Organization. Electronic nicotine delivery systems and electronic non-nicotine delivery systems. Paragraph 11, pg 3. *Report by WHO*. Conference of the Parties to the WHO Framework Convention on Tobacco Control, Seventh session. Delhi, India. FCTC/COP/7/11, August 2016. Available: http://www.who.int/fctc/cop/cop7/FCTC_COP_7_11_EN.pdf. Accessed 19 February 2018.

ultrafine particles that can go deep into the lungs, flavourants that are linked to lung disease, volatile organic compounds that are toxic, and heavy metals such as nickel, tin and lead.²¹ Holding a different view, PHE concluded that current evidence suggests e-cigarettes carry substantially lower risks of cancer, and heart and lung diseases compared to cigarettes, the levels of metal exposure do not pose significant health concerns, and there is no clear evidence that specific flavouring pose health risks.²² While WHO found that there is no evidence showing that HTPs are less harmful than cigarettes²³, PHE states that the available evidence indicates that HTPs may be considerably less harmful than cigarettes though more independent research on the health impact of HTPs is needed, especially in the relative health risks of HTPs compared with cigarettes and e-cigarettes.²⁴

- (b) **Potential as smoking cessation aids.** The current evidence for the effectiveness of e-cigarettes to help smokers quit is mixed and more research in the area is needed. The US CDC and WHO believe there is insufficient evidence to conclude that e-cigarettes are effective as cessation aids.²⁵ ²⁶ PHE found it plausible to attribute a historically high quit success rate to the introduction of e-cigarettes but noted in its review that out of 7 meta-analyses conducted on the impact of e-cigarettes, 2 found positive impact, 4 were inconclusive and 1 found a negative impact.²⁷ A study in Taiwan suggests that e-cigarettes can lead to dual use among some demographics.²⁸
- (c) **Gateway effect.** The current evidence for e-cigarettes as a gateway to tobacco smoking is mixed. The Royal College of Physicians (RCP) deny that e-cigarettes have a gateway effect and concluded that the association between e-cigarettes and smoking initiation is probably because the profile of those who are likely to experiment with e-cigarettes is the same as the profile of those inclined to pick up smoking.²⁹ PHE also finds RCP's 'common liability' hypothesis plausible, and believes that e-cigarettes do not appear to be undermining the long-term decline in cigarette smoking among UK's youths.³⁰ Soneji et. al. arrived at a different conclusion through their systematic review and meta-analysis of 9 longitudinal studies that included

²¹ Office of the US Surgeon General and US Centers for Disease Control and Prevention, Office on Smoking and Health. E-cigarette basics. *Know the Risks, E-cigarette & Young People* website. Available: <https://e-cigarettes.surgeongeneral.gov/>. Accessed 19 February 2018.

²² McNeill A, et.al. 2018.

²³ World Health Organization. Heated tobacco products information sheet. *Tobacco Free Initiative* website. Available: http://www.who.int/tobacco/publications/prod_regulation/heated-tobacco-products/en/. Accessed 19 February 2018.

²⁴ McNeill A, et.al. 2018.

²⁵ US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Can e-cigarettes help adults quit smoking cigarettes? *Basic information on Electronic cigarettes*. Available: https://www.cdc.gov/tobacco/basic_information/e-cigarettes/index.htm. Accessed 19 February 2018.

²⁶ World Health Organization. Electronic nicotine delivery systems and electronic non-nicotine delivery systems. Paragraph 16-17, pg 4. *Report by WHO*. Conference of the Parties to the WHO Framework Convention on Tobacco Control, Seventh session. Delhi, India. FCTC/COP/7/11, August 2016. Available: http://www.who.int/fctc/cop/cop7/FCTC_COP_7_11_EN.pdf. Accessed 19 February 2018.

²⁷ McNeill, at.al. 2018.

²⁸ Chen PC, Chang LC, Hsu C and Lee YC. Dual use of e-cigarettes and traditional cigarettes among adolescents in Taiwan, 2014-2016. *Nicotine Tob Res*. 2 February 2018 Feb. Doi: 10.1093/ntr/nty003. (Epub ahead of print)

²⁹ Royal College of Physicians. Nicotine without smoke: Tobacco harm reduction. London: RCP, 2016. Section 8.5.2, page 127-128.

³⁰ McNeill A, et.al. 2018.

17,389 adolescents and young adults. Adjusting for known demographic, psychosocial, and behavioral risk factors for cigarette smoking, the researchers found that ever e-cigarette users were 3.62 times more likely to pick up smoking than never e-cigarette users. was associated with a higher probably to pick up smoking.³¹ In another study using cross-sectional surveys, Conner et. al. tracked 2,836 adolescents from 20 schools in England for 12 months found a robust association between e-cigarette ever-use and smoking initiation.³²

- (d) **Secondhand aerosol (SHA).** The fine and ultrafine particles, volatile organic matter and heavy metals found in SHA make it a source of air contamination. While the evidence on the health effects of SHA to bystanders is still being collected and to date there is no identified health risks to SHA³³, it is likely that SHA can adversely affect bystanders with some respiratory pre-conditions.³⁴

6.3 Marketing and promotion of e-cigarettes and HTPs

According to The Tobacco Atlas, TTCs marketing for e-cigarettes in the absence of regulation resembles traditional cigarette marketing; these include an advertisement that evoked the 1950s-era where smoking was socially acceptable to welcome back smokers who had quit, use of imagery that youths will identify with, unsubstantiated claims of the health and wellness benefits of e-cigarettes and celebrity endorsements to glamourize e-cigarette smoking.³⁵

6.4 E-cigarettes as cessation aids

E-cigarettes and HTPs are not zero-harm products and should not be made available to non-smokers. Current evidence shows that e-cigarettes are a less harmful substitute for cigarettes and they can confer substantial health benefits to smokers who switch completely to them. In addition, e-cigarettes appear to be helpful in the short-term as a cessation aid when used alone, or in combination with a quit-smoking service though the long-term effectiveness needs to be better understood.³⁶ PHE notes the lack of awareness among smokers that e-cigarettes and nicotine replacement therapy (NRT) are relatively less harmful than cigarettes, and encourages authorities to address this issue to help more smokers see the benefit of switching to NRT or e-cigarettes.³⁷

³¹ Soneji S, Barrington-Trimis JL, Wills TA, et.al. Association between initial use of e-cigarettes and subsequent cigarette smoking among adolescents and young adults: a systematic review and meta-analysis. *JAMA Pediatr.* 2017;171(8):788-797. Doi: 10.1001/jamapediatrics.2017.1488.

³² Conner M, Grogan S, Simms-Ellis R, et.al. Do electronic cigarettes increase cigarette smoking in UK adolescents? Evidence from a 12-month prospective study. *Tobacco Control*. Published Online First: 17 August 2017. Doi: 10.1136/tobaccocontrol-2016-053539.

³³ McNeill A, et.al. 2018.

³⁴ World Health Organization. Electronic nicotine delivery systems and electronic non-nicotine delivery systems. Paragraph 13-15, pg 3-4. *Report by WHO*. Conference of the Parties to the WHO Framework Convention on Tobacco Control, Seventh session. Delhi, India. FCTC/COP/7/11, August 2016. Available: http://www.who.int/fctc/cop/cop7/FCTC_COP_7_11_EN.pdf. Accessed 19 February 2018.

³⁵ The Tobacco Atlas. E-cigarettes should be regulated in such a way as to reduce smoking of combusted tobacco products to the greatest extent possible. *The Tobacco Atlas website – E-cigarettes*. Available: <http://www.tobaccoatlas.org/topic/e-cigarettes/>. Accessed 19 February 2018.

³⁶ McNeill A, et.al. 2018.

³⁷ McNeill A, et.al. 2018.

The evidence base on the health effects of e-cigarettes and HTPs should be monitored closely. MOH can consider making e-cigarettes available as a controlled product to current smokers who are on a quit-smoking programme.

SSHSPH does not have direct or indirect links to, or receive funding from, the tobacco industry.