

## Danger vs cigarettes

<https://twitter.com/WHO/status/1219652043561893888>



The answer is no. Relative to cigarette smoke, the broad scientific consensus – including our own studies<sup>1</sup> – is that vape aerosol contains significantly fewer toxicants at much lower concentrations than cigarette smoke. After all, vape products don't involve tobacco or combustion.

Public health authorities and regulators around the world generally agree, including the US Food & Drug Administration, the US Centers for Disease Control and Public Health England. The Lancet's latest estimate stated:

“The long-term health implications of vaping cannot be known for certain for decades. However, evidence on the toxicology of aerosols and human exposure to toxins informs judgments about the likely effects of vaping. Estimates suggest the risks of vaping are unlikely to exceed 5% of those associated with smoked tobacco products.”<sup>2</sup>

<sup>1</sup> <http://www.fontemventures.com/news/toxicant-levels-up-to-99-less-in-myblu-aerosols-compared-to-cigarette-smoke/>

<sup>2</sup> [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)31884-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)31884-7/fulltext)

## E-liquid hazards

<https://twitter.com/WHO/status/1219642609196466185>



The WHO's description of e-liquids as "highly flammable" is puzzling.

E-liquids produced by reputable manufacturers are stable substances that vaporise at heats well below those required for ignition. They are therefore not classified as flammable under CLP criteria.<sup>3</sup>

Similar to many consumer and household products, e-liquids should be used according to the manufacturers' instructions and should not be swallowed. We advocate the use of pod-based systems; one of the reasons being that these 'closed' systems are significantly harder to adulterate than open variants.

Packaging for blu e-liquids complies with child-safe and hazardous product regulation in all countries where we operate, including Classification, Labelling and Packaging (CLP) requirements within the EU.

<sup>3</sup> [https://echa.europa.eu/documents/10162/13643/clp\\_guidance\\_draft\\_v5\\_part2\\_en.pdf/4b4555ad-7a6a-428f-a85b-9eaf611307cd](https://echa.europa.eu/documents/10162/13643/clp_guidance_draft_v5_part2_en.pdf/4b4555ad-7a6a-428f-a85b-9eaf611307cd)

## Quitting:

<https://twitter.com/WHO/status/1219716165292974081>



**World Health Organization (WHO)** @WHO · 9h

Q: Do e-cigarettes help you quit smoking?

A: There is not currently enough evidence to support the use of e-cigarettes for smoking cessation.

For tobacco users looking to quit, there are other proven, safer and licensed products.



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A growing body of clinical evidence<sup>4</sup> and population level studies<sup>5</sup> suggest vaping is more effective than various Nicotine Replacement Therapies (NRTs) in helping facilitate smoking cessation. Public health body the UK Royal College of Physicians concurs.<sup>6</sup>

Data from major vaping markets like the US also serves to refute the WHO's position. Since vape products became widely available circa 2008, the long-term decline in smoking rates has accelerated. Likewise, the substantial increase in vaping between 2010-14 among US adult smokers is associated with a statistically significant increase in the smoking cessation rate at the population level.<sup>7</sup>

<sup>4</sup> Hajek P Phillips-Waller A Przulj D et al -A randomized trial of e-cigarettes versus nicotine-replacement therapy. N Engl J Med. 2019; 380: 629-637

<sup>5</sup> Jackson S, Kotz D, West R, Brown J (2019) Moderators of real-world effectiveness of smoking cessation aids: a population study Addiction (Abingdon, England) 0 doi:10.1111/add.14656

<sup>6</sup> Royal College of Physicians (London), Nicotine without smoke: tobacco harm reduction. 2016

<sup>7</sup> Zhu, S.-H., Y.-L. Zhuang, S. Wong, S. E. Cummins and G. J. Tedeschi (2017). "E-cigarette use and associated changes in population smoking cessation: evidence from US current population surveys." BMJ 358

## Tax

<https://twitter.com/WHO/status/1219707147291910145>



**World Health Organization (WHO)** @WHO · 10h

Taxing e-cigarettes in a similar way to tobacco products offers a win-win for governments by protecting citizens through higher prices that deter consumption [bit.ly/2GbATpo](https://bit.ly/2GbATpo)



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We believe affordability is a key driver in attracting and retaining adult smokers in the vaping category and oppose the imposition of excise on vape products. Reducing the category's affordability to adult smokers is likely to impact vaping's potential to facilitate population level tobacco harm reduction.

In a worst case scenario it may even drive vapers (back) to combustible tobacco.

Passive

<https://twitter.com/WHO/status/1219700865369550851>

<https://twitter.com/WHO/status/1219664596606377986>



World Health Organization (WHO) @WHO · 11h

The use of e-cigarettes in indoor public and work places should be banned, given the health risks posed to non-users [bit.ly/2GbATpo](https://bit.ly/2GbATpo)



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World Health Organization (WHO) @WHO

Replying to @WHO @WHO\_Europe and 5 others

Q: Are secondhand e-cigarettes emissions dangerous?

A: Yes. The aerosols in e-cigarettes typically contain toxic substances, including glycol which is used to make antifreeze.

E-cigarettes pose risks to users and non-users.

[bit.ly/2GbATpo](https://bit.ly/2GbATpo)



Current scientific research – including both our own<sup>8</sup> and PHE’s – suggests exhaled vape aerosol evaporates in seconds and poses no risk to air quality or health risks to bystanders.

Regarding propylene glycol, it was classified by the US Food and Drug Administration as "generally recognized as safe" (GRAS) for use as a direct food additive, including frozen foods such as ice cream and frozen desserts.<sup>9</sup>

We believe it’s wholly unjustified to apply smoke-free environment legislation to vaping products. Unlike cigarettes – they do not contain tobacco or generate sidestream emissions.

Vaping should therefore be permitted in public places, but vapers should be courteous to those around them. Individual establishments should be permitted to decide whether to permit vaping inside their premises.

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<sup>8</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4454944/>

<sup>9</sup> <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcr/cfrsearch.cfm?fr=184.1666>

## Regulation

<https://twitter.com/WHO/status/1219694099940433920>



We support sound, evidence-based, reasonable and proportionate regulation of vaping. This will ensure adult smokers and vapers alike have access to high quality products and information they can trust.

However, regulators need to strike the right balance. Excessive, scientifically unjustified legislation is likely to backfire if it deters adult smokers from switching away from tobacco, thereby sustaining existing smoking rates and tobacco-related diseases.

Regulation should instead focus on robust manufacturing standards, ensuring consumers have access to high-quality products.

In terms of marketing, we believe adult smokers deserve access to informative, educational and scientifically legitimate information about the products available to them, including some forms of advertising.

Through regulated marketing channels, adult smokers can be made aware of existing products that offer a satisfying, potentially harm reduced alternative to combustible tobacco.

## Bans / Prohibition

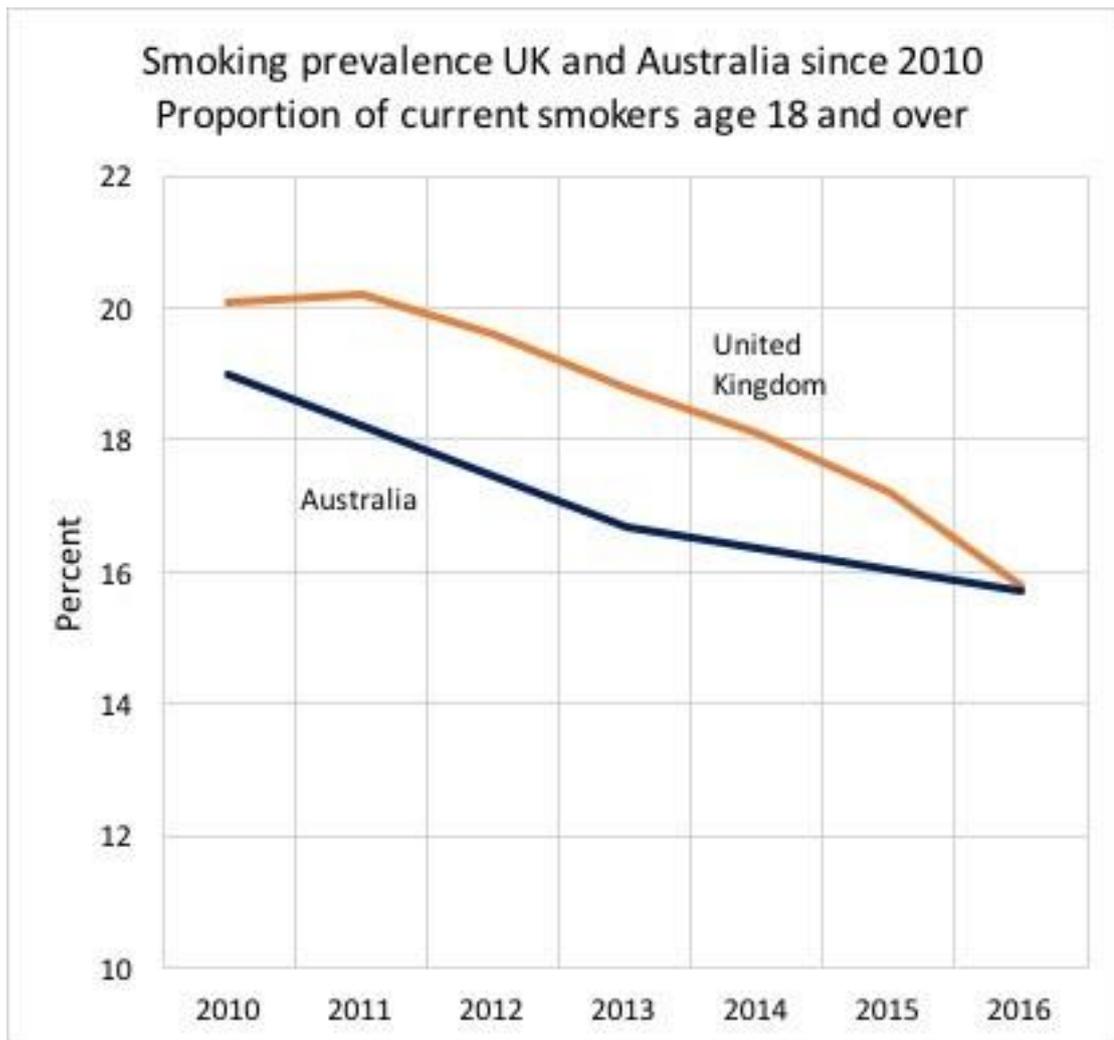
<https://twitter.com/WHO/status/1219679052136681473>



Current scientific evidence has led both ourselves and various public health bodies to concur vaping currently represents the most promising, less harmful alternative to cigarettes.

Banning vaping will only serve to drive the category underground, creating manifold consumer safety and enforcement challenges while demonising vapers seeking to access a potentially less harmful product than combustible tobacco. Any prohibition of vaping while smoking continues to be legal also serves to support current smoking rates.

Comparing the impact of vaping upon smoking rates within a permissive market (e.g. UK) versus a restrictive one (e.g. Australia) is instructive. Historically, the former had a significantly higher smoking rate than the latter, but in recent times that gap has narrowed noticeably.



## Lung Injuries

<https://twitter.com/WHO/status/1219646950691221504>



In January 2020, the CDC revised advice warning adults to refrain from vaping nicotine-containing e-liquids, stating vapers who had previously switched from smoking should not choose to return to using combustible tobacco products.

Despite some recent (geographically isolated) occurrences, there is no conclusive evidence that vaping nicotine-containing e-liquids from reputable manufacturers causes lung injury. The widely publicised “e-cigarette, or vaping, product use-associated lung injury” (EVALI) issue in the US has been attributed to “use of tetrahydrocannabinol (THC)-containing e-cigarette, or vaping, products obtained from informal sources.”<sup>10</sup> The substance Vitamin E acetate, which is not used in any regulated nicotine vapes, has been strongly linked with the outbreak.

<sup>10</sup> [https://www.cdc.gov/tobacco/basic\\_information/e-cigarettes/severe-lung-disease.html#what-is-new](https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html#what-is-new)

## Addiction

<https://twitter.com/WHO/status/1219657538666450946>



**World Health Organization (WHO)** ✓  
@WHO



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Q: Are e-cigarettes addictive?

A: Yes. Nicotine is highly addictive, and e-cigarettes involve the inhalation of a nicotine-infused aerosol.

[bit.ly/2GbATpo](https://bit.ly/2GbATpo)



Nicotine is a stimulant, and smoking is undoubtedly addictive and difficult to quit. Reinforced by our own scientific research<sup>11</sup>, we offer a wide portfolio of flavours and nicotine strengths (including no nic) so adult smokers can transition from cigarettes to a potentially harm reduced alternative in vaping at a pace that suits them.

Nicotine's ultimate involvement in smoking addiction continues to be a complex subject requiring further research. However, the continued failure of NRTs to affect smoking rates on a population level is in part explained by the fact that smokers don't normally regard themselves as patients<sup>12</sup>, and are reluctant to seek medical advice.

<sup>11</sup> <http://www.fontemventures.com/news/37-of-smokers-fully-switch-to-vaping-blu-after-90-days-real-world-study/>

<sup>12</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4483718/>



We believe vaping's contribution to reductions in smoking prevalence partly stems from them not being perceived as medicinal, therefore allowing smokers' journeys to leaving cigarettes behind to feel natural – or even enjoyable.