



RIGHTS AND RESPONSIBILITIES of WHO FCTC & Member Countries:

An individual's right to health is recognized as a fundamental international human right. Founded upon the non-derogable right to life, the Universal Declaration on Human Rights (UDHR) affirms that “everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including ... medical care and necessary social services. With appropriate regulations, you can help thousands of vapers and tens of millions of smokers in Asia Pacific, by simply telling them the truth: although the best option is not using any nicotine containing products, switching to a regulated vape product is better than continuing to smoke.

Realise that smoking causes the vast majority of tobacco-related death and disease. Burning tobacco is the main cause of smoking related diseases, not nicotine or inhaling vapour. Tobacco use causes one million deaths per year in the Asia Pacific Region and smoking causes the majority. E-cigarettes provide smokers with an option to get away from smoking and could hasten the demise of the cigarette. We should all want to see that.

Recognise that vaping is dramatically safer than cigarettes and has helped millions quit smoking. Vaping is not smoking. It uses electronic devices to generate a nicotine-containing vapour without burning tobacco. Public Health England's annual reviews of all available evidence have consistently concluded that e-cigarettes are around 95% less harmful than smoking. Millions of people have switched from cigarettes to these significantly safer products. Governments charged with protecting public health should welcome that, not discourage it.

Recall that harm reduction is at the core of international treaty obligations. The Framework Convention on Tobacco Control defines ‘tobacco control’ as ‘a range of supply, demand and harm reduction strategies that aim to improve the health of a population’.

Regulate rather than ban. Bans serve only to protect the cigarette industry. Concerns that vaping may appeal to youth or may serve as a ‘gateway’ to smoking are inconsistent with the evidence: E-cigarettes have been gateways out of smoking for millions and have been accompanied by declining youth smoking rates. Instead of banning them, governments should regulate e-cigarettes to maximise the benefits of low risk alternatives while minimising the likelihood they will be used by youth or non-smokers.

Rethink dogma. Safer products should be encouraged, not attacked with the same vehemence as cigarettes or, worse, banned. Smokers' health and the Government's credibility is at stake, they should avoid being perceived as promoting the interests of cigarette and pharmaceutical industries, and smokers should not be forced to choose between deadly cigarettes and marginally effective nicotine replacement therapies.



CAPHRA

Coalition of Asia-Pacific Tobacco Harm Reduction Advocates

Harm Reduction is a Human Right:

First and foremost, we believe that Harm Reduction is a Human Right as outlined on the human right to health embodied in *Article 12 of the International Covenant on Economic, Social and Cultural Rights*. This article contends that international law supports a harm reduction approach to tobacco control. The article specifies that *“the work of the parties needs to be about ‘emphasizing the special contribution of nongovernmental organizations and other members of civil society not affiliated with the tobacco industry, including health professional bodies, women’s, youth, environmental and consumer groups, and academic and health care institutions, to tobacco control efforts nationally and internationally and the vital importance of their participation in national and international tobacco control efforts.’”*¹

Dr. David Abrams, professor of social and behavioural sciences at NYU College of Global Public Health, said studies show alternative approaches reduce mortality. *“Harm minimization is a pragmatic approach that can complement proven current tobacco control efforts of prevention and cessation,”* researchers write in the study. “Its primary goal is to move the whole population of smokers of toxic combusted tobacco products to exclusive use of much safer products as quickly and as early as possible in their individual smoking careers.”²

As outlined by Meier and Shelley in 2006, the FCTC framework *“fails to acknowledge the harm reduction strategies necessary to help those incapable of breaking their dependence on tobacco. Based on the human right to health embodied in Article 12 of the International Covenant on Economic, Social and Cultural Rights, this article contends that international law supports a harm reduction approach to tobacco control.”* It is obvious that in the ensuing thirteen years, the WHO and signatories to FCTC have continued to fail the smoking population by focussing solely on supply and demand reduction and not addressing harm reduction, even though it too is endorsed in Article 1 of the World Health Organization Framework Convention on Tobacco Control (FCTC) and is supported by many scientists and policy experts world-wide.

¹ World Health Assembly Resolution 56.1. (n.d.). Retrieved January 08, 2018, from http://www.who.int/tobacco/framework/final_text/en/index2.html

² Abrams, D. B., Glasser, A. M., Pearson, J. L., Villanti, A. C., Collins, L. K., & Niaura, R. S. (2018). Harm Minimization and Tobacco Control: Reframing Societal Views of Nicotine Use to Rapidly Save Lives. *Annual Review of Public Health*, 39(1). doi:10.1146/annurev-publhealth-040617-013849



It is a complement, not an alternative to established tobacco control approaches and works by giving smokers additional and more appealing options to quit smoking.³

What are Safer Nicotine Products (SNP) and who created them:

ENDs/SNPs are not tobacco products, nor are they solely a novel construct of tobacco companies. This technology was created by and for consumers as a means of harm reduction and it has only been recently that tobacco companies have chosen to create and market their own version of the technologies.⁴

The health issues with the use of combustible tobacco are NOT present in the use of ENDs/SNPs that utilise nicotine, and that for those for whom the “approved methods of NRT” have not worked, they have been a means to an end in terms of individual tobacco harm reduction, as the science shows now that it is not the nicotine nor the aerosol of ENDs/SNPs that causes health harm, it is the tar from combustion of tobacco.⁵

The most recent guidance from WHO FCTC⁶ that *“..countries and areas must work to eliminate gaps and exceptions in policies to provide universal protection from exposure to tobacco smoke, as well as emissions from emerging tobacco products and ENDS/ENNDS, because approaches that fall short of a 100% smoke-free environment have been shown to be ineffective.”* and *“Develop and implement policies and measures to protect from exposure to tobacco smoke and emissions from emerging tobacco products and ENDS/ENNDS, including, at a minimum, implementation of Article 8 of the WHO FCTC and its guidelines for implementation and in consideration of the time frame set therein (GSATC Specific Objective 1.1.3), as well as to protect against third-hand smoke (residual tobacco smoke pollutants that remain on surfaces and in dust after tobacco has been smoked)”* completely dismisses the scientific evidence that has been proven and replicated numerous times, including a study done by the California Department of Public Health that showed that emissions from e-cigarettes utilising flavoured nicotine e liquid are no different to the air that we breathe walking down

³ Bates, C., Beaglehole, R., Laking, G., Sweanor, D., & Youdan, B. (2019, October 7). A Surge Strategy for Smokefree 2025. Retrieved from https://www.ash.org.nz/surge_strategy_smokefree2025.

⁴ Historical Timeline of Electronic Cigarettes. (2017, November 14). Retrieved January 09, 2018, from <http://casaa.org/historical-timeline-of-electronic-cigarettes/>

⁵ *ibid.*

⁶ WHO, Regional Action Plan for Tobacco Control in the Western Pacific (2020-2030). Accessed 10 Oct 19



the street.⁷ Growing evidence continues to support the relative safety of EC emission aerosols for the respiratory tract compared to tobacco smoke.⁸

According to the WHO FCTC powers that be - all of the foregoing SNP, and the scientific evidence that supports that they are “safer” than combustible tobacco to both the user and the bystander - are at best ignored, and at worst slandered as “Fake. WHO FCTC instead issued guidance that strongly suggests (demands) signatory countries to implement punitive regulation/legislation and restrictions on the safer products equivalent to the product that carries the certainty of death.

Why former smokers utilise Safer Nicotine Products:

For those for whom traditional Nicotine Replacement Therapies (NRT) have failed, the individual choice to seek and utilise alternative harm reduction methods/safer nicotine products, and the reasoning behind doing so was clearly outlined by Meier and Shelley - *“Harm reduction can involve the use of novel, purportedly less hazardous tobacco products. By dissociating nicotine from the ancillary carbon monoxide and myriad carcinogens of smoking, these tobacco harm reduction products may allow the individual smoker to retain addictive behaviours while limiting their concomitant harms. These less hazardous products, while not offering the preferred benefits of abstaining from tobacco entirely, might nevertheless become a viable strategy for buttressing individual autonomy in controlling health outcomes.”*⁹

Understanding whether and how far smokers’ characteristics influence the effectiveness of treatment may be important for tailoring recommendations on cessation aids to those most likely to help the user achieve abstinence. This study aimed to estimate the effectiveness of commonly used smoking cessation aids and test whether their effectiveness differs according to cigarette addiction, socio-economic status, age or sex.

According to Jackson, et al.¹⁰ **abstinence rates with the use of e-cigarettes was equivalent to varenicline.** Use of prescription of nicotine replacement therapy is

⁷ State Health Report on E Cigarettes, State of California Department of Public Health, retrieved from <https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CTCB/CDPH%20Document%20Library/Media/NewsAndPresReleases/StateHealthEcigaretteReport.pdf>

⁸ Riccardo Polosa, Renée O’Leary, Donald Tashkin, Rosalia Emma & Massimo Caruso (2019) The effect of e-cigarette aerosol emissions on respiratory health: a narrative review, *Expert Review of Respiratory Medicine*, 13:9, 899-915, DOI: [10.1080/17476348.2019.1649146](https://doi.org/10.1080/17476348.2019.1649146)

⁹ Polosa, R., Cibella, F., Caponnetto, P., Maglia, M., Prosperini, U., Russo, C., & Tashkin, D. (2017, November 17). Health impact of E-cigarettes: a prospective 3.5-year study of regular daily users who have never smoked. Retrieved January 08, 2018, from <https://www.nature.com/articles/s41598-017-14043-2>

¹⁰ Moderators of real-world effectiveness of smoking cessation aids: a population study
Sarah E. Jackson Daniel Kotz Robert West Jamie Brown



also associated with higher abstinence rates, but only in older smokers, and use of websites only in smokers from lower socio-economic status.

In the war against harm from tobacco, specifically combustion, ENDS/SNPs show equivalent success to the pharmaceutical option of Varenicline, without the adverse reactions that have been reported.

In the last five years (1 September 2012 to 31 August 2017), the Centre for Adverse Reactions Monitoring (CARM) has received 413 reports of suspected adverse reactions to varenicline, containing 762 reactions in total. The most frequently reported reaction was nausea (124). Of the 413 reports, 221 contained at least one neuropsychiatric reaction (361 neuropsychiatric reactions in total).¹¹

WHO Report on the Global Tobacco Epidemic - 2019

The data presented in the “*WHO Report on the Global Tobacco Epidemic 2019*”¹² advocates for stricter legislation of e-cigs, asserting there is no proof they help smokers quit their habit, and could even be a gateway to tobacco addiction for young people.

This new report from the WHO completely ignores credible third-party scientific evidence, including Cancer Research UK and Action on Smoking and Health (ASH), of the harm reduction potential afforded by such products; as well its own data and statistics outlined in the report on youth uptake of e-cigarettes and daily use.¹³ This report also demonises nicotine as a standalone product, in turn, classifying it as a tobacco product and/or a toxicant.¹⁴ All of which points to the WHO Tobacco Free Initiative (TFI) bowing to the pharmaceutical industry whose Nicotine Replacement Therapies (NRT) are not meeting the needs of those who wish to stop smoking, where ENDS are meeting those needs and succeeding in abstinence from combustible tobacco.

And yet, in a live interview feed with the public¹⁵ in July 2019, Dr Vinayak M Prasad, Programme Manager, lead of the WHO Tobacco Free Initiative (TFI), stated clearly

First published: 22 May 2019 <https://doi.org/10.1111/add.14656>

¹¹ Anthenelli RM, Benowitz NL, West R, et al. 2016. Neuropsychiatric safety and efficacy of varenicline, bupropion, and nicotine patch in smokers with and without psychiatric disorders (EAGLES): a double-blind, randomised, placebo-controlled clinical trial. *Lancet* 387: 2507-20.

¹² World Health Organisation “WHO report on the global tobacco epidemic 2019”, July, 2019. Retrieved from https://www.who.int/tobacco/global_report/en/

¹³ New Nicotine Alliance UK. (August, 2019). World Health Organisation's tobacco report will only perpetuate smoking - NNA. Retrieved from <https://nnalliance.org/nnanews/news/310-who-tobacco-report-30-july-2019>

¹⁴ Goniewicz ML, Knysak J, Gawron M et al. Levels of selected carcinogens and toxicants in vapour from electronic cigarettes. *Tob Control*. 2014;23(2):133-9

¹⁵ World Health Organisation (2019, July 29). Live from Geneva: Q&A on how to say #NoTobacco <https://t.co/Y2Sp2xGK90>. Retrieved from <https://twitter.com/WHO/status/1155836369882640388?s=20>



that “e cigarettes are not a quit device...for smokers who can’t quit but can switch, then that is fine...” at 5:30 in the above video interview.

Use of ENDS/SNP by Youth - The Epidemic that Isn’t, especially in Asia Pacific:

In the *WHO Report on the Global Tobacco Epidemic 2019*¹⁶, Table 11.4.0 outlines the most recent survey of smokeless tobacco use or e-cigarette use among youth in WHO member states, globally. The report states that “Youth Initiation” to combustible tobacco via the use of ENDS and a threat of youth addiction to nicotine through the use of ENDS is probable, however data have not proved this to be the case.

In Asia Pacific, the statistics from both the Western Pacific Regional Office (WPRO) and Southeast Asia Regional Office (SEARO) show that youth in the region, between the ages of 13-17, only 3.5% use some form of smokeless tobacco. Of those, Malaysia has the highest incidence of daily use with 6.3% of this cohort using “snuff”, and 9.8% reporting daily e-cigarette use. At the other end of the scale is New Zealand, which reported that 4.0% of youth in the cohort use smokeless tobacco, including snuff and chewing tobacco, and 1.8% being daily users of e-cigarettes.

In context, in Malaysia 24.8%¹⁷ of youth in this cohort use combustible tobacco currently, down from 39.4% in 2005¹⁸. In New Zealand, 1.3% of youth (15-17 year olds) use combustible tobacco, compared to 14% in 2006.¹⁹

We believe that the right to harm reduction should **extend to all users who currently use combustible tobacco, including youth who currently smoke**. Nicotine dependence in youth develops rapidly and **over 50% of those youth who smoke daily are already nicotine dependent**.²⁰ Allowing access to medicalised NRT (in some countries from the age of 12) and not allowing access to this technology is questionable. In saying that, we believe that youth, under the age of 16/18 (depending upon jurisdictional law) should have access to the technology with parental permission. The available evidence does not support the “gateway

¹⁶ World Health Organisation “WHO report on the global tobacco epidemic 2019”, July, 2019. Retrieved from https://www.who.int/tobacco/global_report/en/

¹⁷ *ibid.*

¹⁸ Parkinson, C. M., Hammond, D., Fong, G. T., Borland, R., Omar, M., Sirirassamee, B., . . . Thompson, M. (2009). Smoking beliefs and behavior among youth in Malaysia and Thailand. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4665091/>

¹⁹ Health Promotion Agency, (2019). Facts & figures. Retrieved from <https://www.smokefree.org.nz/smoking-its-effects/facts-figures>

²⁰ Use of electronic cigarettes among children in Great Britain. Action on Smoking and Health, UK, 2015 Contract No.: Fact sheet 34. Available at <http://www.ash.org.uk/information/facts-and-stats/fact-sheets> (accessed August 2019)



hypothesis” that ENDS/SNPs encourage nicotine addiction or uptake by youth.²¹ The focus instead needs to be **harm reduction by allowing youth already using combustible tobacco access to ENDS/SNPs** instead of a *perceived* risk of “Gateway Theory” that youth who vape will eventually move onto combustible smoking.

Researchers from the University of Stirling and Public Health England collaborated for a study looking at teen vaping trends in the United Kingdom to address the “Gateway Theory”. The study found roughly 10 to 20 percent of teens aged 11 to 16 have tried a vaping device at least once, however, only 3 percent used them regularly. Daily users among this age group were overwhelmingly found to already smoke. **Only 0.1 percent to 0.5 percent of teens who have never smoked are regular users of a vape device.**^{22,23} Similar results were found in the Population Assessment of Tobacco and Health (PATH) Study out of the United States, which is a national longitudinal study of tobacco use and how it affects the health of people in the United States.²⁴

Nicotine E Liquid is not the Enemy:

There have been many “public health” announcements and media campaigns put out by various interests in the region (and worldwide) promoting and promulgating the many misconceptions surrounding nicotine as used in SNP devices. Much of this has been fast tracked and propagated due to the entrance of Tobacco companies entering the ENDS market with their own products, such as VYPE (BAT) and Juul (Altria).

For years the pharmaceutical industry has invested millions of dollars in research, development and marketing of Nicotine Replacement Therapies (NRT) to be utilised by combustible tobacco smokers to “kick the habit”. This same pharmaceutical grade nicotine is **exactly** what is used by reputable e liquid manufacturers for use in SNP.

Smoke and Mirrors - creating problems where none exist:

It is disconcerting that the *WHO Global report on the Tobacco Epidemic* was openly funded by Bloomberg Philanthropies, who then utilised the report to justify a 160

²¹ Bauld L, MacKintosh AM, Ford A, McNeill A. E-Cigarette Uptake Amongst UK Youth: Experimentation, but Little or No Regular Use in Non-smokers. *Nicotine Tob Res.* 2016;18(1):102-3.

²² *ibid.*

²³ Use of electronic cigarettes among children in Great Britain. Action on Smoking and Health, UK, 2015 Contract No.: Fact sheet 34. Available at <http://www.ash.org.uk/information/facts-and-stats/fact-sheets> (accessed August 2019)

²⁴ Population Assessment of Tobacco and Health (PATH) Study [United States] Restricted-Use Files (ICPSR 36231). (n.d.). Retrieved August 09, 2019, from <http://www.icpsr.umich.edu/icpsrweb/NAHDAP/studies/3623>



million donation to the US charity “Campaign for Tobacco Free Kids” to promote the “protection of youth” through banning of flavoured nicotine e liquid, which created a global hysteria of a “Youth Vaping Epidemic” that does not exist outside the United States (and even then, it is debatable there is one IN the United States).

In late August/early September, there was the “vaping illness epidemic” that was, in reality, not caused by flavoured nicotine e-liquid used in e-cigarettes, but instead by illegal THC cartridges being distributed in the United States that caused the illnesses and deaths. However, these were reported as “Vaping illnesses and deaths” which lead to hysteria about electronic cigarettes full stop as they did not elucidate that the issues were actually from illegal THC cartridges, but inferred they were caused by regulated flavoured nicotine e liquid that was legal to purchase. And, yet again, these issues were only occurring within the United States. The situation became so dire that Public Health England had to issue a press release to delineate the difference between what was really happening and clarifying that these illnesses and deaths were NOT caused by electronic cigarettes or nicotine e-liquid.²⁵

Your Money or Your Life:

Michael Bloomberg has presented himself as the saviour of youth and harm from flavoured nicotine e-liquid in the open market by utilising his extensive media contact networks to promulgate not only “Fake News” regarding a non existent global “Youth Vaping Epidemic” but also about a “Vaping Illnesses and Death Epidemic.” ‘proven’ via ‘scientific studies’ that are **not replicable** inside the laboratory **utilising ethical scientific methods**. It begs the question, why? What could possibly be worth more than human lives?

Further research uncovered that Bloomberg himself, along with his billionaire colleagues are part of a venture capital fund Village Global²⁶ that is heavily invested in the electronic liquid vaporizer product called “Hale” which is being submitted for approval as a medical device and is expected to be available in the United States by Spring 2020.²⁷

Where there is Smoke, there is Death:

The ensuing global media storm over the “epidemics” have created an environment in public health, specifically within global tobacco control, that promotes

²⁵ What's behind a vaping illness outbreak in the US? (2019, September 11). Retrieved from <https://www.bbc.com/news/newsbeat-49649486>.

²⁶ The Network - Village - Early Stage Venture Capital Backed by Some of the World's Best Entrepreneurs. (n.d.). Retrieved from <https://www.villageglobal.vc/network/>.

²⁷ <https://www.tryhale.com/about>



Bloomberg's agenda to the detriment of the millions of smokers and those who use SNP to stay away from combustion. The main takeaway was outlined clearly and succinctly by Prof Robert Beaglehole from Action on Smoking and Health New Zealand (and former director of chronic disease at the World Health Organisation) : ***“The WHO's approach to vaping would protect the cigarette trade and cause more harm than good. Furthermore, the organisation was clinging to outdated ideas around smoking cessation and the rise of smoke-free nicotine products, particularly vaping, was the most disruptive influence on smoking in decades.”***²⁸

According to Bates, et al. ***“Because smoke free products are intended to displace smoking, there are many ways in which excessive regulation or taxation could cause more smoking and more harm to public health. In overview, the Royal College of Physicians (RCP) set out the challenge and danger of excessive regulation: A risk-averse, precautionary approach to e-cigarette regulation can be proposed as a means of minimising the risk of avoidable harm, eg exposure to toxins in e-cigarette vapour, renormalisation, gateway progression to smoking, or other real or potential risks. However, if this approach also makes e-cigarettes less easily accessible, less palatable or acceptable, more expensive, less consumer friendly or pharmacologically less effective, or inhibits innovation and development of new and improved products, then it causes harm by perpetuating smoking. Getting this balance right is difficult... it follows that regulators should be averse to interventions that may have the unintended effect of perpetuating smoking.”***²⁹

Conclusion:

Within scientific circles it is acknowledged and accepted that what causes harm in tobacco use is the combustion of leaf tobacco and the chemical reactions of the additives that form the negative health effects of tobacco and the tobacco aerosol residue (TAR). Professor Michael Russell's words ***“that people smoke for the nicotine, but die from the tar.”*** can and should be heeded by WHO FCTC.

The WHO FCTC approach to smoke free alternatives is not only outdated, but is making fertile ground to create an even more insidious and very real public health crisis. As noted previously there are no current global vaping epidemics, however, with punitive restrictions and bans being promoted as the way forward in dealing

²⁸ RNZ News. (2019, August 30). World Health Organisation's approach to vaping will do more harm than good - academic. Retrieved from <https://www.rnz.co.nz/news/national/397793/world-health-organisation-s-approach-to-vaping-will-do-more-harm-than-good-academic>.

²⁹ Bates, C., Beaglehole, R., Laking, G., Sweanor, D., & Youdan, B. (2019, October 7). A Surge Strategy for Smokefree 2025. Retrieved from https://www.ash.org.nz/surge_strategy_smokefree2025.



with safer nicotine products, there is good cause to believe that disruptive technologies such as SNP will go underground and to the black market.

With a global black market there will be negative consequences that may well include a global NCD epidemic of illnesses and deaths. Risk proportionate regulation will ensure that equipment and products within the disruptive technology category of alternative nicotine consumption products are safe to use and have proper controls on components and ingredients.

It is appalling to allow one group of individuals who are looking to make profits to control the narrative of tobacco harm reduction and influence the global public health community towards that end.

It is a violation of the human rights of all smokers and current users of safer nicotine products, to ban or restrict access to these products and it goes against the mandate of the WHO FCTC Article 1 that clearly outlines a two pronged approach to the global tobacco crisis that includes a harm reduction approach. This is confirmed within Article 12 of the International Covenant on Economic, Social and Cultural Rights, which contends that international law supports a harm reduction approach to tobacco control.

It is criminal to allow the product that is known to kill people with certainty to be sold liberally on the free market, and ban or restrict access to safer alternatives for adult smokers.



BIBLIOGRAPHY:

The enclosed online bibliography is a selection of THR evidence/science published in peer reviewed journals from 2019/2018 from across the globe.

[Moderators of real-world effectiveness of smoking cessation aids: a population study](#)

[Smokeless tobacco mortality risks: an analysis of two contemporary nationally representative longitudinal mortality studies](#)

[E-cigarettes and smoking cessation in the United States according to frequency of e-cigarette use and quitting duration: analysis of the 2016 and 2017 National Health Interview Surveys](#)

[Potential country-level health and cost impacts of legalizing domestic sale of vaporized nicotine products](#)

[Correlates of electronic cigarette use in the general population and among smokers in Australia - Findings from a nationally representative survey](#)

[Vaping in England: an evidence update February 2019](#)

[A Randomized Trial of E-Cigarettes versus Nicotine-Replacement Therapy](#)

[Patterns of e-cigarette use, biochemically verified smoking status and self-reported changes in health status of a random sample of vape shops customers in Greece](#)

[Comparing the cancer potencies of emissions from vaporized nicotine products including e-cigarettes with those of tobacco smoke](#)

[Harm Minimization and Tobacco Control: Reframing Societal Views of Nicotine Use to Rapidly Save Lives](#)



[Comparison of nicotine and toxicant exposure in users of electronic cigarettes and combustible cigarettes](#)

[The unique contribution of e-cigarettes for tobacco harm reduction in supporting smoking relapse prevention](#)

[Public health consequences of e-cigarettes](#)

[How do we determine the impact of e-cigarettes on cigarette smoking cessation or reduction? Review and recommendations for answering the research question with scientific rigor](#)

[Prevalence of population smoking cessation by electronic cigarette use status in a national sample of recent smokers](#)

[Effectiveness and safety of electronic cigarettes among sole and dual user vapers in Kuantan and Pekan, Malaysia: A six-month observational study](#)

[Vape shops: Who uses them and what do they do?](#)

[Are smokers who are regularly exposed to e-cigarette use by others more or less motivated to stop or to make a quit attempt? A cross-sectional and longitudinal survey](#)

[E-cigarettes: Balancing risks and opportunities](#)

[About one in five novice vapers buying their first e-cigarette in a vape shop are smoking abstinent after six months](#)

[An online survey of New Zealand vapers](#)

[The unique contribution of e-cigarettes for tobacco harm reduction in supporting smoking relapse prevention](#)

[E-cigarette usage is associated with increased past-12-month quit attempts and successful smoking cessation in two US population-based surveys](#)

[E-cigarettes: Comparing the possible risks of increasing smoking initiation with the potential benefits of increasing smoking cessation](#)

[E-cigarettes versus nicotine patches for perioperative smoking cessation: A pilot randomized trial](#)

[Managing nicotine without smoke to save lives now: Evidence for harm minimization](#)

[Evidence review of e-cigarettes and heated tobacco products 2018](#)



[E-cigarettes and vaporisers](#)

[Potential deaths averted in USA by replacing cigarettes with e- cigarettes](#)

[E-cigarette initiation and associated changes in smoking cessation and reduction: The population assessment of tobacco and health study, 2013-2015](#)

[Examining the relationship of vaping to smoking initiation among US youth and young adults: A reality check](#)

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[E-cigarettes or vaping: Is there any difference in perceptions of use and associated harm among the current users between a developed and a developing country?](#)

[Vaping' profiles and preferences: An online survey of electronic cigarette users](#)

[Acute impact of active and passive electronic cigarette smoking on serum cotinine and lung function](#)

[Impact of flavour variability on electronic cigarette use experience:](#)

[An internet survey](#)