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RE: HPA draft amendments to the Tobacco Hazards Prevention Act

Dear Dr. Wang,

We respectfully ask that you accept the enclosed white paper from the members of the Coalition of Asia Pacific Harm Reduction Advocates (CAPHRA) as our submission to specifically address the government of Taiwan and its ancillary agencies on their rationale to ban all Safer Nicotine Products (SNP) such as electronic cigarettes, Heat Not Burn products and snus, whilst leaving combustible tobacco products legally available.

We, in the Asia Pacific region are looking forward to seeing a move towards a more considered approach to Safer Nicotine Products and their regulation that includes a regulatory impact assessment, objectively analysing the available scientific evidence to be conducted by the Hong Kong Government before any legislation is amended, benchmarking good policy-making practices internationally.

We thank you in advance for your consideration, cooperation and assistance in this matter.

**Introduction:**

The Coalition of Asia Pacific (Tobacco) Harm Reduction Advocates (CAPHRA) submits this white paper to specifically address the issues presented by the government of Hong Kong and its ancillary agencies in response to the call to ban all Safer Nicotine Products (SNP) such as electronic cigarettes, Heat Not Burn products and snus, whilst leaving combustible tobacco products legally available.

Any public health policy that is not grounded in science and holds back any adult consumers from accessing a better alternative product is wrong and unethical. There have been numerous studies done overseas that have proven the effectiveness and harm reduced qualities of Safer Nicotine Products. These studies have provided the background for many countries - including the United Kingdom, New Zealand, and UAE to promote



their use as an alternative for combustible tobacco smokers and for these governments to introduce and finalise risk proportionate regulation.

*A proper public consultation, together with a regulatory impact assessment, objectively analysing and reviewing the available scientific evidence, should be conducted by the Hong Kong Government before any legislation is amended, benchmarking good policy-making practices internationally.*

We feel, as a regional voice for consumers of SNP in Asia Pacific, that access to SNP for adults who wish to utilise them in lieu of combustible tobacco is a human right. This right is 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.’”<sup>1</sup>

This universal right to health is reflected in several international health treaties of which these are some examples: The International Covenant on Economic, Social and Cultural Rights 1966: Article 12 recognises: “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health” and that States Parties must take steps regarding “The prevention, treatment and control of epidemic, endemic, occupational and other diseases”.

We have taken the liberty to present and address some of the issues that have been presented to justify bans of SNP in Taiwan and elsewhere, to provide the scientific evidence to alleviate concerns around these issues.

## **Issues & Concerns around SNP:**

1. **Youth Vaping and the “Gateway Effect”** the presumption that youth who vape will go on to using combustible tobacco.

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<sup>1</sup> World Health Assembly Resolution 56.1. (n.d.). Retrieved January 08, 2018, from [http://www.who.int/tobacco/framework/final\\_text/en/index2.html](http://www.who.int/tobacco/framework/final_text/en/index2.html)



According to Dr. Linda Bauld, who is the lead researcher for the Cancer Research Council and Public Health England on the use of electronic cigarettes in youth and by pregnant women, the data do now show that youth vaping is an “epidemic” as has been touted in the media. Also, **youth who vape are coming to vaping FROM smoking, not the other way around.**<sup>2</sup>

Dr Bauld has stated - repeatedly - that **youth and pregnant women are more inclined to switch to vaping from smoking and not the other way around.** There is no evidence that youth are using vaping as a gateway to smoking. **There is no evidence that the nicotine in electronic cigarettes has the same detrimental effect on pregnant mothers and their children as does smoking during pregnancy.**<sup>3</sup>

Smoking, due to combustion and the 7000 chemicals contained therein, cause health issues. Where there is no “smoke/fire” there are none of the issues that arise from combustion.

Another study, done in the US entitled “Adolescents and e-cigarettes: Objects of concern may appear larger than they are”<sup>4</sup> by Kozlowski and Warner stated unequivocally that “The role of e-cigarettes in the future of youth smoking has yet to be definitively assessed. **Prospective studies - the only evidence that e-cigarette use might lead to smoking - do not yet persuade that e-cigarettes are a substantial causal gateway to cigarettes.** At best, they support that a minority of the relatively small number of e-cigarette triers - who haven’t also been experimenting with other tobacco products already - will go on to some experimentation with cigarettes”

**Expert: Linda Bauld, PhD (Scotland)**

**2. Cardiovascular/Cerebral Health Harms (Heart Attack/Stroke) from Vaping.** Recently there was a study on electronic cigarette users to determine their risk for heart attack and stroke. *“Daily e-cigarette use, adjusted for smoking conventional cigarettes as well as other risk factors, is associated with increased risk of myocardial infarction.”*. In the media, coverage of the conference abstract mention: *“E-cigarettes linked to*

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<sup>2</sup> *Int. J. Environ. Res. Public Health* **2017**, *14*(9), 973; <https://doi.org/10.3390/ijerph14090973>

<sup>3</sup> *BMC Pregnancy and Childbirth* **2018**:233 <https://doi.org/10.1186/s12884-018-1856-4>

<sup>4</sup>

<https://www.buffalo.edu/content/dam/www/news/documents/Study%20PDFs/Kozlowski-Warner-DAD-2017-inpress.pdf>, accessed 14Mar19.



*higher risk of stroke, heart attack, diseased arteries.”* This study<sup>5</sup>, published by the University of Southern California had major flaws in methodology and reporting.

Action on Smoking and Health UK even commented on the problems with the study and conclusions stating “This study does not establish a causal relationship between heart attacks and the use of e-cigarettes. Rather it shows that at the point they were surveyed people who smoked and/or vaped were more likely to have had a heart attack in their lifetime. The study was not able to determine when the heart attack took place, whether it followed or preceded use of an e-cigarette. It is therefore inaccurate to say this research shows that vaping leads to an increased risk of a heart attack. The link between tobacco smoking and heart attacks is well established.”

According to Dr. Konstantinos Farsalinos, a cardiologist and researcher from Greece, “Increasing the risk” means that someone is **FIRST** exposed to a condition (in this case, exposed to e-cigarette use) and **THEN, BECAUSE OF THIS EXPOSURE**, he/she develops disease. **Both studies CANNOT provide any of this information to substantiate an increased risk.** Both are cross-sectional surveys, meaning that they asked participants if they have heart disease and if they use e-cigarettes.

**The studies provide no information on whether e-cigarette use was initiated before (and how long before) or after the development of disease.** What if participants used e-cigarettes after they developed the disease in order to quit smoking?

“In conclusion, both studies provide no information about any risk associated with the use of e-cigarettes. **They do not prove an increased risk and of course they do not prove that no such risk exists.** They simply cannot address the question of whether e-cigarettes increase the risk for heart disease or not. I am confident that the authors of the published study and the American Heart Association, which released the press statement for the conference abstract, are very well aware of these basic epidemiological principles. This is simple, basic knowledge for a medical student, let alone for acknowledged scientists. And they know that the statements about “increased risk” are wrong.”

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<sup>5</sup> Talal Alzahrani, Ivan Pena, Nardos Temesgen, Stanton A. Glantz. Association Between Electronic Cigarette Use and Myocardial Infarction. *Am J Prev Med* 2018; DOI information: 10.1016/j.amepre.2018.05.004.



A five year study done by Dr. Riccardo Polosa, in Italy found that non smokers who vaped, had no increases in markers of cardiovascular risk, lung function and or symptoms of respiratory disease.<sup>6</sup>

Another study done by Dr. Polosa in smokers suggested that E-cigarette (EC) use may ameliorate objective and subjective COPD outcomes and that the benefits gained may persist long-term. EC use may reverse some of the harm resulting from tobacco smoking in COPD patients. These include reduced blood pressure, fewer exacerbations of chronic obstructive pulmonary disease (COPD) and improvements in asthma symptoms.<sup>7</sup>

In the United States, the National Academy of Sciences, Engineering and Medicine published their own report entitled “Public Health Consequences of E-Cigarettes”<sup>8</sup> where they stated clearly that ***“There is insufficient evidence that e-cigarette use is associated with long-term changes in heart rate, blood pressure, and cardiac geometry and function.”***

**Experts: Konstantinos Farsalinos, MD (Greece) & Riccardo Polosa, MD (Italy)**

**3. Concerns around Effects of Second/Third Hand Exposure of Vapour/Aerosol.** According to experts at the US Department of Health and Human Services, there are no quantifiable harms from second/third hand vapour/there is no additional harms from vaping in those who have been exposed. This has been studied extensively by a few different researchers in different projects.

The first presented is that done by the US Department of Health and Human Services entitled “Evaluation of Chemical Exposures at a Vape Shop”<sup>9</sup> The work involved “Our primary objective was to evaluate employees’ potential exposures to chemicals associated with vaping in the shop. Our work involved (1) sampling air for specific flavoring chemicals associated with respiratory disease; (2) sampling air for nicotine, propylene glycol, formaldehyde, and other VOCs; (3) sampling work surfaces for metals

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<sup>6</sup> Polosa, Riccardo, et al. “Health Effects in COPD Smokers Who Switch to Electronic Cigarettes: a | COPD.” *International Journal of Chronic Obstructive Pulmonary Disease*, Dove Press, 22 Aug. 2018, [www.dovepress.com/health-effects-in-copd-smokers-who-switch-to-electronic-cigarettes-a-r-peer-reviewed-article-COPD](http://www.dovepress.com/health-effects-in-copd-smokers-who-switch-to-electronic-cigarettes-a-r-peer-reviewed-article-COPD).

<sup>7</sup> *ibid*.

<sup>8</sup> “Public Health Consequences of E-Cigarettes.” *Public Health Consequences of E-Cigarettes*, 19 Oct. 2018, [nationalacademies.org/hmd/Reports/2018/public-health-consequences-of-e-cigarettes.aspx](http://nationalacademies.org/hmd/Reports/2018/public-health-consequences-of-e-cigarettes.aspx). Accessed 14Mar19.

<sup>9</sup> <https://www.cdc.gov/niosh/hhe/reports/pdfs/2015-0107-3279.pdf>, accessed 14Mar19



and nicotine; and (4) observing work practices.” The conclusion from the study states “Employees were exposed to detectable levels of diacetyl and 2,3-pentanedione in the air while working in the vape shop. Although the measured concentrations were below all applicable OELs...”

**Expert: US Department of Health and Human Services (USA)**

**4. Evidence of Harm Reduction in users of Safer Nicotine Products.** Evidence of Harm Reduction has been scientifically proven, most notably those done and reviewed Public Health England<sup>10</sup> - the National Health Service, the Royal College of Physicians<sup>11</sup> (United Kingdom) and University College and King's College London<sup>12</sup>.

Both of the studies done by University College and King's College London and the Royal College of Physicians have shown a 95-98% reduction in the harm compared to that of combustible tobacco. As Michael Russell said over 30 years ago, it is the TAR that kills, not the nicotine. Alternative nicotine products do not involve combustion, which is what creates TAR.

These studies have been followed up and reviewed regularly by Public Health England, in 2015, 2016 and most recently in 2018. This is the basis for the National Health Service promoting the use of Alternative Nicotine Products in lieu of smoking on hospital grounds in various locations throughout the country, the promotion and use of Alternative Nicotine products within their smoking cessation programs and also the provision of these products in prisons to alleviate the currency of tobacco, as well as the health harms of smoking, to the prisoners and staff.

**Expert: Royal College of Physicians, United Kingdom, UK Centre for Tobacco and Alcohol Studies (UK)**

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<sup>10</sup> Public Health England. “E-Cigarettes and Heated Tobacco Products: Evidence Review.” *GOV.UK*, GOV.UK, 2 Mar. 2018, [www.gov.uk/government/publications/e-cigarettes-and-heated-tobacco-products-evidence-review](http://www.gov.uk/government/publications/e-cigarettes-and-heated-tobacco-products-evidence-review).

<sup>11</sup> “Nicotine without Smoke: Tobacco Harm Reduction.” *RCP London*, 25 July 2017, Accessed 14 Mar 19 [www.rcplondon.ac.uk/projects/outputs/nicotine-without-smoke-tobacco-harm-reduction-0](http://www.rcplondon.ac.uk/projects/outputs/nicotine-without-smoke-tobacco-harm-reduction-0).

<sup>12</sup> Goniewicz, Maciej L., et al. “Nicotine, Carcinogen, and Toxin Exposure in Long-Term E-Cigarette and Nicotine Replacement Therapy Users: A Cross-Sectional Study.” *Annals of Internal Medicine*, American College of Physicians, 21 Mar. 2017, [annals.org/aim/article-abstract/2599869/nicotine-carcinogen-toxin-exposure-long-term-e-cigarette-nicotine-replacement](http://annals.org/aim/article-abstract/2599869/nicotine-carcinogen-toxin-exposure-long-term-e-cigarette-nicotine-replacement).



In conclusion, we implore all the involved public health officials and government ministers to consider the scientific evidence and facts when making the decision to regulate Safer Nicotine Products. We remind them that their mandated responsibility is to promote the health and well being of all the citizens of Hong Kong. Lastly, we offer our assistance to them, to provide information, expert advice and guidance in developing regulation, which it is hoped will be risk proportionate and progressive, instead of implementing an outright ban, which will not best serve the public health of the citizens of Hong Kong.

Please find an addendum with statements regarding the issues presented from Internationally respected authorities on the issues presented herein.





## **ADDENDUM:**

### **American Cancer Society, February 15, 2018**

*"Based on currently available evidence, using current generation e-cigarettes is less harmful than smoking cigarettes, but the health effects of long-term use are not known."*

*"Many smokers choose to quit smoking without the assistance of a clinician and some opt to use e-cigarettes to accomplish this goal. The ACS recommends that clinicians support all attempts to quit the use of combustible tobacco and work with smokers to eventually stop using any tobacco product, including e-cigarettes. Some smokers, despite firm clinician advice, will not attempt to quit smoking cigarettes and will not use FDA approved cessation medications. These individuals should be encouraged to switch to the least harmful form of tobacco product possible; switching to the exclusive use of e-cigarettes is preferable to continuing to smoke combustible products."*

Link:

<https://www.cancer.org/healthy/stay-away-from-tobacco/e-cigarette-position-statement.html>

### **American Heart Association, 24 August 2014**

*"If a patient has failed initial treatment, has been intolerant to or refuses to use conventional smoking cessation medication, and wishes to use e-cigarettes to aid quitting, it is reasonable to support the attempt."*

Link:

<https://www.ahajournals.org/doi/full/10.1161/CIR.000000000000107>

### **American Association of Public Health Physicians, 2 April 2010**

*"AAPHP favors a permissive approach to E-cigarettes because the possibility exists to save the lives of four million of the eight million current adult American smokers who will otherwise die of a tobacco-related illness over the next twenty years." "E-cigarettes can and should be marketed as a substitute for conventional cigarettes for smokers unable or unwilling to quit."*

Link:

<https://www.aaphp.org/special/joelstobac/2010/harmredcnupdatejuly2010.html>

### **National Academies of Sciences, Engineering and Medicine, 2018**

*"E-cigarette aerosol contains fewer numbers and lower levels of most toxicants than does smoke from combustible tobacco cigarettes."*





*"Laboratory tests of e-cigarette ingredients, in vitro toxicological tests, and short-term human studies suggest that e-cigarettes are likely to be far less harmful than combustible tobacco cigarettes."*

Link: <https://www.nap.edu/read/24952/chapter/2>

### **Public Health England, 6 February 2018**

*"Risks of cancer, cardiovascular disease, and respiratory diseases due to ECs are expected to be reduced compared with smoking because toxicants and carcinogens present in cigarette smoke are absent or present at much lower concentrations in EC aerosols.<sup>4,16</sup> Although not without risk, the overall risk of harm is estimated at less than 5% of that from smoking tobacco;<sup>4</sup> the risk of cancer has been calculated to be less than 1%.<sup>16</sup>"*

Link:

<https://www.gov.uk/government/news/phe-publishes-independent-expert-e-cigarettes-evidence-review>

### **PATH study by FDA in the US (prospective study of using e-cigarettes and subsequent change in smoking status)**

*"After adjusting for covariates, cigarette smokers who initiated e-cigarette use between waves and reported they used e-cigarettes daily at wave 2 had 7.88 (95% CI 4.45 to 13.95) times the odds of 30-day cigarette cessation compared with non-users of e-cigarettes at wave 2. Cigarette smokers who began using e-cigarettes every day and did not achieve cessation had 5.70 (95% CI 3.47 to 9.35) times the odds of reducing their average daily cigarette use by at least 50% between waves 1 and 2 compared with e-cigarette non-users." Link: <https://www.ncbi.nlm.nih.gov/pubmed/29986104>*

I am writing to you as founder of factasia, a not-for-profit regional consumer advocacy. We thank you for this opportunity to present our position on harm reduced alternatives to conventional cigarettes and to urge you to regulate this sector appropriately, proportionately and effectively.

About one out of every six Taiwanese citizens smokes cigarettes and kills an estimated 20,000 people each year ([https://tobaccocontrol.bmj.com/content/14/suppl\\_1/i76](https://tobaccocontrol.bmj.com/content/14/suppl_1/i76)). Unless steps are taken to reduce the number of cigarette smokers in the country, nearly 10 percent of Taiwan's population will die from smoking-related diseases by 2030.

So the current initiative to regulate less harmful alternatives to smoking, such as e-cigarettes (vapes) and heat not burn products (HNB) is both timely and extremely important. But it is vital that Taiwan recognises the importance of establishing a proportionate regulatory framework to ensure that adult smokers in Taiwan can have legal access to these life-saving products and confidence that the products made available satisfy internationally recognized manufacturing standards.



This is all about “**harm reduction**”. How can we all reduce the harm done to smokers and many millions of non-smokers who are exposed to the smoke of conventional tobacco products? Specifically, we are talking about adult citizens who choose to use nicotine.

There cannot be a smoker left anywhere who does not know the risks inherent in smoking, but still half a billion Asians, including around three million adults in Taiwan, choose to do so. Many smokers find it difficult to quit, or enjoy their nicotine and don't want to give up.

We agree with the tobacco control experts who say providing less harmful alternatives to cigarettes should be part of government strategies. E-cigarettes are one such alternative.

Globally, experts in 'harm reduction' regard “e-cigarettes” containing nicotine as a valuable tool to reduce death and disease associated with smoking. The support for e-cigarettes from the anti-smoking experts has become dramatic: one leading medical expert in the UK calls them “at least 95 percent safer than smoking”, an opinion that has been rigorously scientifically proven, peer-reviewed, accepted, shared and endorsed by leading scientists, health professionals, researchers and regulators worldwide.

In short:

- independent tobacco control experts want harm reduced nicotine legalised, and these are now legal and proportionately regulated in Europe and the US as a result of their data.

- harm reduced products such as vape and HNB give smokers a path **away** from smoking.

- harm reduced products have been proven by independent medical researchers **not** to be a gateway for non-smokers to start taking nicotine.

To be clear: there has NEVER been a recorded death from vaping regulated nicotine products since the introduction of the e-cigarette in 2001. But over the same period of time, more than 130 MILLION smokers worldwide have died from tobacco-related illnesses and disease. This includes many hundreds of thousands of our Taiwanese brothers and sisters.

Smoking is not a disease, it is a habit. A habit that has long term health consequences. Nicotine dependency is NOT an illness. Nicotine itself is not a particularly harmful compound, as even the WHO has admitted when it suggested smokers having a hard time quitting smoking using pharmaceutical companies NRTs can continue using nicotine patches, sprays and gums *ad infinitum*. WHO has stated clearly that: “there are no known health consequences associated with long-term nicotine use”. This position is echoed by many other leading health bodies including the UK's Public Health England (PHE). It is the smoke in cigarettes that kills smokers, NOT the nicotine.

Less harmful alternatives, such as vapes and HNB, have been adopted by many millions of former smokers who have discovered that it IS possible to quit smoking using these technologies, without medical intervention. In countries such as Japan, South Korea, the UK and throughout Europe, many millions of former smokers are now leading smoke-free lives and greatly improved health, and smoking rates continue to fall as more smokers switch to less harmful alternatives. Many governments, including the UK and Canada, are now actively encouraging adult smokers to try



vaping as part of their tobacco control efforts, and it is working. Smoking rates continue to fall in these countries and former smokers are leading longer, more productive and healthier lives.

Most smokers started smoking at an early age, well before they reach adulthood and gained the capacity to make informed decisions, and by the time they realized that it is harming them, it is extremely difficult for most to simply quit. Vaping and HNB have helped many millions of former smokers to transition away from cigarettes permanently by exercising their choice to adopt these far less harmful products and completely stop using deadly tobacco products. This is an example of Harm Reduction at its finest.

We treat addictions such as alcoholism and drug dependency using a variety of interventions, many of which employ the proven and effective strategy of Harm Reduction. Seat belts, crash helmets, condoms, water filters - these are all examples of harm reduction.

Unfortunately, there are some influential international entities with vested interests and personal agendas, both moral and commercial, that continue to seek to undermine the mountain of independent, peer-reviewed evidence that has been researched over the last decades and which clearly shows harm reduced nicotine products to be much safer, far more acceptable to smokers and unequivocally more effective at getting smokers to quit than conventional pharmaceutical companies' nicotine cessation therapies such as patches, sprays and gums. These powerful lobbies, which include the Bill and Melinda Gates foundation, Bloomberg Philanthropies and the Pharmaceutical industry, continue to throw hundreds of millions of dollars into efforts to destroy the public's confidence in these life-saving technologies. These groups, and the money they wield, have corrupted global medical associations including WHO and FCTC, national cancer and other medical associations, the media and even some government health departments, by 'donating' vast funds to support these institutions provided they follow the anti-harm reduction agenda that is tied to the funding.

Pharmaceutical companies are seeking to defend their multi-billion dollar smoking cessation/nicotine replacement therapies that vapes and HNB threaten, while philanthropic associations seek to impose their 'we know best' moralistic ideologies – not to mention that Bloomberg and Gates have invested millions into a start up company (Hava Health) that aims to develop and market a flavour-free 'pharmaceutical' nicotine delivery system (Hale - <https://www.tryhale.com/>) for smokers – a clear conflict of interest that explains in part why Bloomberg and Gates are as anxious as Big Pharma to destroy the vape and HNB industry by any means possible.

Accordingly, the media and regulators are constantly barraged with misleading statements, flawed science, disinformation and unfounded scare tactics to persuade them to adopt a negative stance to harm reduced products. While this may be in line with the aims of the vested interests who seek to destroy the less harmful nicotine segment to protect their own commercial interests, it is in no way helpful to the millions of Taiwanese who smoke and who wish to quit but find it hard to do so using 'approved' quit or die methods. It also denies the facts and evidence that clearly show such products to be far less harmful than smoking and far more effective than conventional NRTs at getting smokers to quit, not to mention denying adult consumers of the right to access such products, at great cost to their health and to society in general.

Harm reduction, together with the right to health, is enshrined in both the WHO and FCTC mission statements on tobacco control. The fact that many FCTC delegates choose to ignore this fact and continue to deny the science and the



core obligations of their mission statement does not mean that clear-thinking, open-minded regulators who are willing to study the independent, unbiased evidence need to follow this egregious denial of basic rights and common sense and deny their citizens the right to choose less harmful alternatives to smoking.

Currently there are a host of harm reduced nicotine products available to Taiwanese adult smoker. It is therefore possible to monitor or tax these products. If the government were to impose a blanket ban on the manufacture, and sale of these products, current vapers would either revert back to smoking deadly cigarettes or turn to the grey market to source supplies. While it may be the case that vapes and HNB products available in the grey market are of an acceptable standard, citizens would have no real assurances that the products they are buying conform to international manufacturing standards. Sensible and proportionate regulation of the import, manufacturing, marketing and sales of these products will ensure the safety and confidence of smokers who wish to quit smoking, or who have already switched to less harmful alternatives, but would be unable to do so legally using harm-reduced nicotine products.

We would also like to comment on some of the issues that revolve around the harm reduced nicotine product debate that you appear to be getting confused about:

flavour bans: banning flavours other than tobacco (note: there is NO tobacco used in the production of tobacco flavours used in vapes) and menthol simply serves to make vaping less appealing to adult smokers and will not serve to re-educate their palates away from the very flavours associated with smoking that they are trying to avoid.

Youth vaping: firstly, any legislation should explicitly ban the sale, marketing or use of these adult products to under-age youth. Secondly, we need to understand that vaping and other harm-reduction technologies are an effective method for ADULTS to quit smoking. Thirdly, there is NO evidence showing that underage vapers take up smoking – the so-called ‘Gateway Effect’. In fact, in EVERY piece of research undertaken anywhere in the world, around 99% of kids that vape were smoking cigarettes before they started vaping and wherever an increase in youth vaping is observed, it is ALWAYS accompanied by a similar decline in youth smoking rates. In other words, even kids are using vapes to quit smoking, not the other way round.

Nicotine limits: limiting the amount of nicotine is another contentious issue. There are no such limits imposed on combustible products: to impose such limits on nicotine in vapes is unhelpful... it has been demonstrated for years that the lower the nicotine content of a cigarette, the more cigarettes a smoker requires to meet their body’s cravings. The same is also true for vaping and HNB. If you restrict the amount of nicotine users can access in their devices, they will inevitably consume more to achieve the satisfaction they crave.

The government has a unique opportunity to act for the good of its citizens by recognizing that harm reduced nicotine products save lives and benefit all Taiwan citizens by reducing the death and disease caused by smoking. Smokers need to be able to access the life-saving technology of harm reduced nicotine products. This should be a key part of Taiwan’s Tobacco Control policy. Banning or restricting access to these products will inevitably cause more preventable death and disease.



We respectfully urge you to examine the peer-reviewed, independent science and research and follow science, reason, evidence and facts as you develop the right way forward to ensure your compatriots are given the best possible regulatory framework within which to choose to use less harmful alternatives to deadly smoking.

factasia recommends that Taiwan's government consider these five steps in its efforts to reduce the death and disease caused by smoking:

1. Accept the body of evidence from the anti-smoking and harm reduction experts. Restricting adult access to safer products is unethical and counter-productive in the battle to eliminate the death and disease associated with smoking.
2. Legalise e-cigarette use in Taiwan among adults, as has been legislated in countries such as the UK and in the EU where these and other non-combustible alternatives are understood by Public Health authorities to be much less harmful alternatives for smokers and eliminate passive smoking concerns to non-smokers.
3. Regulate for product quality and manufacturing standards like any other consumer product, and tax rationally – no-one is suggesting e-cigarettes should be tax-exempt.
4. Underage use of vaping devices can and should be prohibited, it has always been within the power of the government to enact specific legislation in this regard. However, adult smokers should not be disadvantaged by regulations aimed at preventing youth uptake and a full range of products should be made available to adult smokers seeking to transition to less harmful alternatives to smoking.
5. In line with international best-practices policy development, the Taiwan Government should ensure that appropriate public consultation and a regulatory impact assessment be undertaken before any legislation is amended.

The Government has a chance to become a clear leader in Asia in progressive public health policy and in harm reduction in this vital sector. It's what citizens want, and it's good for them too.

### ***About factasia***

*factasia.org is an independent, not-for-profit, consumer-oriented advocate for rational debate about – and sensible regulation of – the rights of adult citizens throughout the Asia-Pacific region to choose to use tobacco or other nicotine related products.*

*factasia does not promote smoking or the use of nicotine, opposes all under-age use of cigarettes or any other product containing nicotine, and does not engage in any manufacturing, marketing, distribution or retailing activities.*



**CAPHRA**  
Coalition of Asia-Pacific Tobacco Harm Reduction Advocates

*factasia's role is to act as a messenger, facilitating constructive dialogue between scientists and medical experts, legislators, regulators and the general public.*

Cf:

Rep. Yu-Yang Wang, Chairperson of the Taiwan Tobacco Harm Reduction Association (TTHRA) [tthra.tw@gmail.com](mailto:tthra.tw@gmail.com)

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