Opinion on Proposed Draft for further Amendment of the Smoking and Tobacco Products Usage (Control) Act, 2005 (Amended in 2013)

Section/Sub Section/ Clause	Proposed Amendment	Opinion
6E	Tholos Foundation encourages consideration of the benefits of regulating Electronic Nicotine Delivery Systems and Oral Nicotine Pouches on the basis of relative risk and role in reducing smoking rates. Regulatory models that could be considered include the one of the United Kingdom and many other countries across Europe, the Kingdom Saudi Arabia, and New Zealand. These countries provide legal access to alternative nicotine products in a manner differentiated from traditional cigarettes. At the same time their regulatory frameworks ensure high quality and safety standards, prevention of access by youth and responsible risk proportionate marketing.	On behalf of the Tholos Foundation, a non-profit organization which advocates in the interests of consumers across the globe, we offer these comments on the proposed draft for further amendment of the Smoking and Tobacco Products Usage (Control) Act that would prohibit the manufacturing, sale, and use of reduced-harm alternatives to cigarette smoking including e-cigarettes, heat-not-burn tobacco products, and oral nicotine pouches. The Tholos Foundation strongly encourages the Directorate General of Health Services to pursue an evidence-based approach to policy related to reduced-risk nicotine products. There is overwhelming scientific consensus in support of e-cigarettes, heat-not-burn products, and nicotine pouches as being safer than smoking and more effective at helping people quit smoking than other traditional nicotine replacements like gum, patches, or oral spray. Prohibiting Bangladeshi access to these products will make it more difficult for cigarette smokers to make the switch to e-cigarettes. E-cigarettes, heat-not-burn products, and nicotine pouches have the potential to drastically improve health outcomes across Bangladesh and help decrease socioeconomic disparities. The outstanding results that these reduced-risk products can produce are evidence across the globe. Tholos would like to take this moment to commend Bangladesh for their remarkable economic development over the past 50 years. Your country's success is an enviable achievement for the rest of South Asia and the world. The immense reductions in poverty, maternal and infant mortality, and increases in life expectancy and adult literacy are highly admirable and deserve recognition from the broader global community. At the same time, Tholos is deeply concerned with the high levels of tobacco use in Bangladesh. According to a 2020 estimate from the World Bank, 34.7% of Bangladeshi adults were current smokers.

		This is a significantly higher portion than most of the world and places many Bangladeshi citizens at severe health risk. Tholos recognizes that a growing market for e-cigarettes, heat-not-burn products, and oral nicotine pouches can appear to policy makers as a threat to public health. However, Tholos submits that increased adult-use of e-cigarettes and other reduced-risk alternatives to smoking will lead to significantly reduced smoking rates, lower rates of illness and cancer from smoking, and increased life expectancy across the country. All evidence presented in this submission is entirely based on scientific studies and analysis from the world's top researchers. We urge Bangladesh to accept this science, consider the harms of an e-cigarette prohibition, and encourage adult consumers to transition to safer products. Contrary to popular belief, e-cigarettes are not a product invented by tobacco companies. In 2001, a Chinese man called Hon Lik, a cigarette smoker himself, created the world's first e-cigarette after his father succumbed to lung cancer caused by deadly cigarettes. The major difference between e-cigarettes and traditional cigarettes is how the "smoke" is created. In cigarettes, a combustion process creates smoke. This process is what produces many of the harmful chemicals that cause cigarette smokers, and innocent bystanders, to be subject to significant damage to their health. E-cigarettes do not have a combustion process, and therefore lack many of the dangerous chemicals that are present in combustible cigarettes. As a result, e-cigarettes have become a significantly less harmful way of consuming nicotine. According to a study from Public Health England, e-cigarettes are at least 95% less harmful than traditional cigarettes. A separate, comprehensive analysis of the harm of different nicotine products estimated that e-cigarettes contain just 4% of the harm of cigarettes. It is important to note that it is the combustion, not the nicotine, that causes disease and cancer among cigarette users. Nicotine is a relatively benign substance like caffeine that "does not result in clinically significant short- or long-term harms". Nicotine replacement therapies, like gums or patches, have been available for decades but often fail in their mission of helping smokers quit. E-cigarettes mimic the habitual nature of smoking while creating

		vapor, rather than harmful smoke, to remove the deadly carcinogens in tobacco. As such, statements in support of e-cigarettes have been released by over 100 public health organizations across the globe. This list includes the British Medical Association, New Zealand Ministry of Health, Royal College of Physicians, French National Academy of Medicine, the American Heart Association, and many more. Evidence Shows E-Cigarettes Improve Public Health: E-cigarettes are products with lifesaving capabilities. According to a study by the American Heart Association, switching from smoking to nicotine vaping lowers the risk of stroke by 84%. The same study found that the heart health biomarkers of e-cigarette users are similar to, or indistinguishable from, people who had never smoked a cigarette. The United States National Academies of Sciences, Engineering, and Medicine stated "there is *conclusive evidence* that completely substituting e-cigarettes for combustible tobacco cigarettes reduces users' exposure to numerous toxicants and carcinogens present in combustible cigarettes". According to a large-scale analysis from Georgetown University Medical Center, an estimated 6.6 million American lives would be saved if a majority of cigarette smokers made the switch to e-cigarettes. Extrapolating this data, we estimate that the legal access to of e-cigarettes in Bangladesh could save over 3,300,000 lives. The smoking rate in Bangladesh (34.7% as of 2020) is significantly higher than the United States (12.5% as of 2020). It can therefore be expected that Bangladeshi access to e-cigarettes could save many more than three million lives, likely closer to 10 million. There is ample evidence to suggest that cigarette smokers will be willing to make the lifesaving switch to e-cigarettes. A recent study found that a smoker who attempts to quit with an e-cigarette has an estimated 323% higher chance of achieving complete cessation compared to someone using a traditional nicotine replacement therapy like patches, gum, or oral spray. E-cigarettes have a demonstrated ability to reduce smoking. In the United States, the adult smoking rate was 21.6 when e-cigarettes entered the market in 2003. Due to increased access to vaping, the U.S. adult smoking rate has plummeted to 13.7% as of 2018. In the

		United Kingdom, a new analysis from 2021 by Public Health England demonstrated just how effective vaping is in helping people quit smoking, noting that in just one year, over 50,000 British smokers, who would have continued smoking otherwise, quit smoking with vaping. The proposed prohibition on e-cigarettes in Bangladesh would remove millions of people's ability to use the best available products to end their deadly habit of smoking Scientific studies have shown that e-cigarettes can "reduce health disparities". The reason for this is smoking rates are historically highest among those with lower income and less education. This will "translate directly into lower medical costs" and would produce "an improved quality of life" for these disadvantaged populations. A study from Dr. William Stephens of St. Andrews University, published in the British Medical Journal, showed that the risk of cancer from e-cigarettes, compared to that of smoking, is less than 0.5% percent. Increased access to e-cigarettes among people of lower income will come with decreased cigarette consumption. This will decrease cancer rates among these populations, many of whom would face financial or other obstacles to getting the medical care they need. Additionally, there is scientific evidence that nicotine-containing e-cigarettes dramatically help people with mental health issues quit smoking, even when they have no desire to quit. For people who suffer from schizophrenia, vaping has a demonstrated ability to better their mood, make them feel more awake, less irritable, and have improved concentration. These communities smoke at rates three to four times higher than average. Efforts to increase smoking cessation among people with mental health issues must be a major priority. A prohibition of vaping in Bangladesh will ensure that the underserved communities who benefit most from e-cigarette use can not use the products. This will lead to disastrous consequences for public health throughout Bangladesh. Prohibitions, like the proposed amendment, promote illicit markets for these products that can have deadly consequences. Tobacco and nicotine-product smuggling is largely run by highly organized,

		international crime syndicates. These organizations use their smuggling profits to fund more nefarious activities including human trafficking, money laundering, and terrorism. Because of this, the U.S. State Department has explicitly labelled tobacco smuggling a "threat to national security". Illicit products also lack the regulation and safety standards of legal products. Legalized sales of e-cigarettes, heat-not-burn products, and oral nicotine pouches provide the Bangladeshi government with demonstrated decreases in health costs as well as maintaining tax revenue which will offer Bangladesh increased flexibility regarding fiscal decisions. Tholos would also like to highlight evidence in support of heat-not-burn products and oral nicotine pouches. In the United States, the Food and Drug Administration has authorized heat-not-burn products to be sold with "reduced exposure" marketing. These products, as their name suggests, heat tobacco, rather than burning it, which creates a vapor. The vapor, because it has not undergone the combustion process that creates smoke, contains significantly fewer toxic chemicals than cigarettes. A 2021 study found that heat-not-burn products emit 87.4% less carbonyl compounds than a conventional cigarette. Carbonyl compounds are incredibly harmful. Some examples include formaldehyde, acetaldehyde, and acrolein. The same study determined that heat-not-burn products produce 96.2% less polycyclic aromatic hydrocarbons than a conventional cigarette. Continued exposure to these chemicals can lead to lung, skin, and bladder cancer. Heat-not-burn products are also shown to be extremely useful at helping smokers quit. In Japan, where these products are highly popular, cigarette sales fell by 43% over five years as a direct result of increased heat-not-burn use. There is no reason to believe that the same incredibly health improvements found in Japan can't be replicated in Bangladesh. It would significantly decrease harm for nicotine users, maintain tax revenues, and ultimately save lives. Nicotine pouches are another reduced-risk product that Bangladesh would be wise to accept as a harm-reduction tool. These pouches are often completely tobacco-free and contain only nicotine, food-grade ingredients, and plant fibers. Pouches contain only trace

		levels of harmful chemicals, exposing users to a tiny fraction of the harm of other nicotine-containing products. For the reasons above, the Tholos Foundation strongly encourages Bangladesh to pursue an evidence-based approach to public policy related to reduced-risk nicotine products. All decisions concerning public health must be based upon scientific evidence and proven facts. The science is clear, vaping offers people who smoke the greatest chance of quitting cigarettes while exposing them to significantly less harm than traditional cigarettes. In the interests of public health, protecting Bangladesh from criminal smugglers, and reducing socioeconomic disparities, we call upon Bangladesh to consider the scientific evidence in support of reduced-risk nicotine products and re-examine the proposed amendment that would prohibit e-cigarettes, heat-not-burn products, and oral nicotine pouches in Bangladesh. Millions of Bangladeshi lives quite literally depend upon it.