

Manager, Vaping Products Regulations Division  
Tobacco Products Regulatory Office  
Tobacco Control Directorate  
CSCB, Health Canada  
0301A-150 Tunney's Pasture Driveway  
Ottawa, ON K1A 0K9  
Email: [hc.pregs.sc@canada.ca](mailto:hc.pregs.sc@canada.ca)

**Re:** Group of International Health Professionals Comments on the proposed [Order Amending Schedules 2 and 3 to the Tobacco and Vaping Products Act \(Flavours\)](#) and the proposed [Standards for Vaping Products' Sensory Attributes Regulations](#).

Honourable Madam / Sir, Manager of the Vaping Products Division, Health Canada

As an international group of health professionals, public health specialists, and academics with an interest in harm reduction, we thank you for the opportunity to contribute comments to this consultation. Our comments are based on a varied and extensive combined experience in harm reduction, including in HIV, alcohol, illicit drugs, and tobacco.

We support and to further the Canadian government's objective of "reducing tobacco use to less than 5% by 2035"<sup>1</sup>. At the same time, we are seriously concerned that the Canadian Federal Government's draft Order to amend the Tobacco and Vaping Products Act that would restrict flavours in vaping products to only tobacco, mint, and menthol would be seriously detrimental to this shared objective. Adopting such an amendment would lead to a significant public health loss, while negatively affecting millions of adult smokers in Canada. This includes smokers who have switched away from, or quit altogether, combustible tobacco through the use of vaping products.

We urge you to reconsider the instrument choices proposed in the draft amendments, and **maintain the option 1 "baseline scenario: no further restriction on flavoured vapour products"** until more research has been done to test and validate the role of flavoured vaping products in facilitating smoking cessation and tobacco control / harm reduction in Canada. It will be difficult to achieve the Canadian government's goal of reducing tobacco use to less than 5% by 2035, without the significant contribution by this category of harm reduction & cessation products.

We urge you to consider the conclusions presented by 15 Past Presidents of the Society for Research on Nicotine and Tobacco (SRNT) in their article, Balfour et al, on "**Balancing consideration of the risks and benefits of E-cigarettes**"<sup>2</sup>.

As these experts state, opponents focus on e-cigarettes' risks for young people while supporters emphasize the potential for e-cigarettes to assist smokers in quitting smoking. Most US and Canadian health organizations, media coverage, and some policymakers have focused primarily on risks to youths. This has often been based on inaccurate risk communication and messaging, and has led the public—

---

<sup>1</sup> <https://www.canada.ca/en/health-canada/services/publications/healthy-living/canada-tobacco-strategy/overview-canada-tobacco-strategy.html>

<sup>2</sup> Balfour DJK, et al (2021) Balancing Consideration of the Risks and Benefits of E-Cigarettes, August 19, 2021. (Am J Public Health. Published online ahead of print August 19, 2021:e1–e12. <https://doi.org/10.2105/AJPH.2021.306416>)

including most smokers—to now consider e-cigarette use to be as dangerous as, or even more dangerous, than smoking. By contrast, the National Academies of Science, Engineering, and Medicine<sup>3</sup> and the British Royal College of Physicians<sup>4</sup> concluded that e-cigarette use is likely far less hazardous than smoking.

Our plea is for Health Canada to carefully weigh the evidence, before any significant changes are made that may unintentionally lead to net losses for public health in Canada. We encourage Health Canada to balance concerns about risks to youths with the potential benefits of increasing adult smoking cessation. In this consultation process, may we suggest the following considerations:

## 1. Vaping Products (predominantly flavored) help adult smokers quit combustible tobacco

- a. Firstly, cessation of the use of combustible tobacco represents harm reduction, which is recognized in the WHO FCTC, Article 1(d)<sup>5</sup>.
- b. In the European Union (EU), the Special Eurobarometer 506<sup>6</sup> on “Attitudes of Europeans towards tobacco and electronic cigarettes”, published in 2021, recognised two important facts:
  - **Vaping is an important tool in the quest to quit smoking:** 58% of respondents who smoke or used to smoke, and use or used e-cigarettes (n=1.321) stated that the use of the e-cigarette helped them to fully stop or reduce their tobacco consumption (+27% compared to 2017, page 129);
  - **Vaping is not a gateway to smoking:** Among those who currently smoke, used to smoke, or who have tried smoking at least once (n=16.787; page 97), only 2% said they tried e-cigarettes first, which is far from the “epidemic” that many claim is currently ongoing with vaping.
- c. In the United Kingdom, as a follow-up publication of an earlier 2015 Report, where it was already stated that the best estimates show e-cigarettes are 95% less harmful than normal cigarettes, Public Health England<sup>7</sup> published its 7<sup>th</sup> review on the evidence of vapour products, stating:
  - **Using a vaping product is the most popular aid used by people trying to quit smoking;**
  - **Most young people who had never smoked, had also never vaped.** Between 0.8% and 1.3% of young people who had never smoked were current vapers. Most current vapers were either former or current smokers.
- d. In France, the value of e-cigarettes in smoking cessation was demonstrated in a study “ECSMOKE”<sup>8</sup> by Public Health France and the University Hospital Pitié Salpêtrière published in January 2021 found that, of those trying to quit, 14.8% of smokers or ex-smokers declared having used an electronic cigarette without nicotine replacement therapy (NRT), while 11.7% used NRT without an electronic cigarette, and 2.8% used an electronic cigarette in combination with NRT. It

---

<sup>3</sup> National Academies of Sciences, Engineering, and Medicine. Public Health Consequences of E-cigarettes. The National Academies Press. 2018. Available at: <https://www.nap.edu/catalog/24952/public-health-consequences-of-e-cigarettes>. Accessed December 9, 2020

<sup>4</sup> Royal College of Physicians. RCP advice on vaping following reported cases of deaths and lung disease in the US. Available at: <https://www.rcplondon.ac.uk/projects/outputs/rcp-advicevaping-following-reported-cases-deaths-andlung-disease-us>. Accessed December 9, 2020

<sup>5</sup> [WHO Framework Convention on Tobacco Control, Article 1\(d\)](#)

<sup>6</sup> Special Eurobarometer 506. Attitudes of Europeans towards tobacco and electronic cigarettes. February 2021

<sup>7</sup> [Public Health England Report. Vaping in England: 2021 Evidence Update Summary. 23 February 2021](#)

<sup>8</sup> [L'Etude ECSMOKE. AP-HP. Lancée 2018.](#)

was further observed that amongst men who had previously tried to quit: “smoking cessation was associated with the use of an e-cigarette (with or without NRT) and that using NRT without an e-cigarette did not appear associated with tobacco cessation beyond six months”.

- e. World-wide, independent organizations have confirmed that vaping products have helped adult smokers switch from or quit combustible tobacco<sup>9,10,11</sup>
- f. In the past, there were concerns that the gold standard of evidence, randomised controlled trials (RCT), was lacking. Several RCTs and observational studies have now shown that vaping products are effective in helping adult smokers quit smoking<sup>12 13 14 15 16</sup>
- g. The success of cessation with vaping products have been reported as being as similar to or higher than standard cessation methods, such as Nicotine Replacement Therapy (NRT)<sup>17 18</sup>

## 2. Strong evidence that flavours play an important role in adult smoking cessation

Health Canada’s intention to restrict flavours might impede cessation efforts by adult Canadian smokers. Evidence shows that adults make extensive use of non-tobacco flavours, including fruit and candy, even though these may be considered childish, or even ‘kid-appealing’. A study in the USA<sup>19</sup> found that 68% of American adult e-cigarette users had used non-tobacco flavours in the past 30 days. Of these, 45% had used fruit, 44% menthol or mint, and 26 per cent candy, chocolate or other sweet flavour. Russell and colleagues<sup>20</sup> conducted a large survey of US users:20 The data show extensive and increasing use of non-tobacco flavours in the United States.

## 3. Vaping Products can help avert smoking-induced deaths. It can save Canadian lives.

Dr. David Levy, of the Lombardi Comprehensive Cancer Center, Georgetown University, USA, well-known tobacco control expert and developer of a simulation model to derive public health implications from smoking and vaping prevalence, stated that if cigarette smokers were to switch to nicotine vaping products in the USA a significant number of smoking-attributable deaths can be averted and life years gained. The basic simulation model, its assumptions, and sensitivity analyses are outlined in the referenced article<sup>21</sup>.

<sup>9</sup> McNeill, et al. (2018). Evidence review of e-cigarettes and heated tobacco products. A report commissioned by Public Health England. London: Public Health England. <https://www.gov.uk/government/publications/e-cigarettes-and-heated-tobacco-products-evidence-review/evidence-review-of-e-cigarettes-and-heated-tobacco-products-2018-executive-summary>

<sup>10</sup> Shu-Hong Z., et al. (2017) E-cigarette use and associated changes in population smoking cessation: evidence from US current population surveys British Medical J ; 358 :j3262 <https://www.bmj.com/content/358/bmj.j3262>

<sup>11</sup> Caraballo RS et al. (2017) Quit Methods Used by US Adult Cigarette Smokers, 2014–2016. Prev Chronic Dis 14:160600. [https://www.cdc.gov/pccd/issues/2017/pdf/16\\_0600.pdf](https://www.cdc.gov/pccd/issues/2017/pdf/16_0600.pdf)

<sup>12</sup> Adriaens K., et al. (2014) Effectiveness of the electronic cigarette: an eight-week Flemish study with six-month follow-up on smoking reduction, craving and experienced benefits and complaints. Int. J. Environ. Res. Public Health 11:11220–48. <https://www.mdpi.com/1660-4601/11/11/11220>

<sup>13</sup> Bullen C., et al. (2013) Electronic cigarettes for smoking cessation: a randomised controlled trial. Lancet 382:1629–37.

<https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2813%2961842-5/fulltext>

<sup>14</sup> Caponnetto P., et al. (2013) Efficiency and Safety of an eElectronic cigAreTte (ECLAT) as tobacco cigarettes substitute: a prospective 12-month randomized control design study. PLOS ONE 8:e66317 <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0066317>

<sup>15</sup> McRobbie H., et al (2014) Electronic cigarettes for smoking cessation and reduction. Cochrane Database Syst. Rev. 12:CD010216.

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010216.pub2/full>

<sup>16</sup> Tseng TY, et al. (2016) A randomized trial comparing the effect of nicotine versus placebo electronic cigarettes on smoking reduction among young adult smokers. Nicotine Tob. Res. 18:1937–43 <https://academic.oup.com/ntr/article/18/10/1937/2222612>

<sup>17</sup> Hajek P., et al. (2019) A Randomized Trial of E-Cigarettes versus Nicotine-Replacement Therapy N Engl J Med 2019; 380:629–637

<https://www.nejm.org/doi/10.1056/NEJMoa1808779>

<sup>18</sup> Cox S., et al. (2019) Effects of e-cigarettes versus nicotine replacement therapy on short-term smoking abstinence when delivered at a community pharmacy Addictive

Behaviors Reports 10: 100202 <https://www.sciencedirect.com/science/article/pii/S2352853219301221?via%3Dihub>

<sup>19</sup> Bonhomme MG, Holder-Hayes E, Ambrose BK, Tworek C, Feirman SP, King BA, et al. Flavoured non-cigarette tobacco product use among US adults: 2013-2014. Tob Control. BMJ Publishing Group Ltd; 2016 Nov;25(Suppl 2):ii4-ii13. [link]

<sup>20</sup> Russell C, McKeganey N, Dickson T, Nides M. Changing patterns of first e-cigarette flavor used and current flavors used by 20,836 adult frequent e-cigarette users in the USA. Harm Reduct J [Internet] 2018 [cited 2018 Jul 17];15(1):33. [link]

<sup>21</sup> Public health implications of vaping in the USA: the smoking and vaping simulation model. Levy et al. 17 April 2021.

#### 4. Potentially flawed justification for restricting or banning flavours to protect the youth

No definitive evidence is available to establish flavours as a causal factor in youth vaping. However, restricting or banning nearly all flavours will make the products less attractive to everyone, including adults and smokers. In its assessment of the reasons for adolescent e-cigarette use, the US Centers for Disease Control and Prevention identified several factors more important than flavours, notably curiosity<sup>22</sup>.

Another study US study analysed youth smoking and vaping data and found:<sup>23</sup>

“While e-cigarette use rises, understanding the underlying reasons why youth and adults use e-cigarettes is important for policy efforts. This study found two overarching factors, “alternative to cigarettes” and “larger social environment”, which combine sub-categories to explain main motivators of e-cigarette use”.

The study then listed sub-factors in order of strength. In this ‘factor analyses of PATH data, “It comes in flavors I like” was merely the sixth most prominent factor in the “alternative to cigarettes” category:

- a. They don’t smell
- b. They might be less harmful to me than cigarettes
- c. They might be less harmful to people around me than cigarettes
- d. Using them help people to quit smoking
- e. They are more acceptable to non-tobacco users
- f. It comes in flavors I like/liked
- g. [...] several other factors of lower prominence

Suppressing demand for adolescent e-cigarette use may be harmful. Even if the policy works as intended and teenage vaping decreases, there is a further link in the chain of reasoning to establish whether this is public health measure for youth. That is the effect on youth behaviours of the intervention, including relapse to smoking or reduced displacement of smoking by vaping, as discussed in Section 5 on the gateway effect.

#### 5. “Gateway Effect” as yet unproven

The draft flavour restrictions assert a “gateway effect” but there is more likely to be a diversion away from smoking. So far, there is no compelling evidence of a gateway effect<sup>24</sup>. At an individual level, some adolescents will be likely to take up e-cigarette use, but there is also growing evidence that other adolescents who would otherwise have smoked are diverted away from starting to smoke. This

---

<sup>22</sup> Wang TW, Gentzke AS, Creamer MLR, et al. Tobacco product use and associated factors among middle and high school students-United States, 2019. *MMWR Surveill Summ* [Internet] 2019 [cited 2021 Jan 17];68(12):1–22. [link]

<sup>23</sup> Nicksic NE, Snell LM, Barnes AJ. Reasons to use e-cigarettes among adults and youth in the Population Assessment of Tobacco and Health (PATH) study. *Addict Behav* [Internet] 2019;93:93–99. [link]

<sup>24</sup> Etter J-F. Gateway effects and electronic cigarettes. *Addiction* [Internet] 2017. [link]

diversionary effect is consistent with observed declines in youth smoking prevalence despite the recent increases in e-cigarette use as the technology has emerged. The strong correlations between smoking and vaping commonly reported in the literature are likely partly caused by 'common liabilities'. These are characteristics such as genetics, mental health status, home environment, community, school etc. that incline a young person both to smoking and to vaping. Detailed examination of the studies claiming to have found a gateway effect showed that all had fundamental weaknesses, primarily uncorrected confounding<sup>25 26</sup>. Confounding is probably an insurmountable challenge for any standard observational study.

*The vaping cannot be assumed to cause the smoking.* Regulating based on assumptions of a gateway effect where none exists is not responsible or 'precautionary'. Over-regulation of e-cigarettes, the far safer product, could prevent e-cigarettes functioning as a diversion from smoking for young people.

## 6. Unintended consequences of a flavour ban

**The draft amendments ignores perverse consequences of restriction of flavors, even though these can be expected.** The justification for the proposed flavour ban, provides inadequate analysis of a range of harmful perverse consequences that could arise from a restriction, if not prohibition of most vaping flavours. These are foreseeable, yet not foreseen in the justification as presented. They include but are not limited to:

- a. Fewer smokers switching to vaping
- b. More vapers relapsing to smoking
- c. Teenagers smoking instead of vaping
- d. More teenagers switching to vaping cannabinoids such as THC
- e. Cross-border sales of flavoured e-liquids
- f. More tampering and home mixing of flavoured liquids (with additional risks)<sup>27</sup>
- g. Black market trade in flavoured liquids and flavoured e-cigarettes
- h. Workarounds like selling flavours separately or use of food flavours
- i. Loss of legitimate retail and online businesses replaced by criminal networks or exporters from outside Canada<sup>28</sup>.

Evidence suggests e-cigarettes and cigarettes are substitutes. There is evidence that making e-cigarettes less attractive to adolescents has the effect of increasing cigarette use. For example, a study of the effect of e-cigarette tax increases on adolescents showed harmful substitution behaviour<sup>29</sup>.

---

<sup>25</sup> Lee PN, Coombs KJ, Afolalu EF. Considerations related to vaping as a possible gateway into cigarette smoking: An analytical review. F1000Research 2019; [link]

<sup>26</sup> Chan GCK, Stjepanović D, Lim C, et al. Gateway or common liability? A systematic review and meta-analysis of studies of adolescent e-cigarette use and future smoking initiation [Internet]. *Addiction*. 2020 [cited 2020 Dec 4];add.15246. [link]

<sup>27</sup> Patten T and De Biasi M., (2020) History repeats itself: Role of characterizing flavors on nicotine use and abuse. *Neuropharmacology*. Oct 15;177:108162.

<sup>28</sup> Bickel WK., (2021) The illegal experimental tobacco marketplace i: effects of vaping product bans. SRNT 2021 SYM7D. (Virginia Tech Carilion Research Institute).

<sup>29</sup> Pesko MF, Warman C. The Effect of Prices on Youth Cigarette and E-Cigarette Use: Economic Substitutes or Complements? SSRN Electron J [Internet] 2017 [link]

How can these unintended consequences be avoided? Health Canada is encouraged to ensure that all vaping product devices and e-liquids are equipped with safety features which ensure that the products can only be used by adults, with a minimum recommended age of use of 18. Leveraging existing connectivity technologies can ensure that vaping products are only sold to and used by people who are of the legal age of purchase. These technologies are already used to verify identity and age for the purchase of vaping products and other adult-related products online. Applying these technologies both across the full range of purchase outlets and also to the actual use of the product would offer further protection against use of the products or accidental exposure to them by minors and non-users. Applying and mandating these technologies to the vaping category can help eradicate underage vaping while ensuring the availability of flavoured products, which research has shown is critically important in attracting current users of combustible cigarettes to switch to vaping.

#### **7. Learning from the EVALI mistakes**

During 2019, there was a sudden outbreak of acute lung injuries named “EVALI” (E-cigarette and Vaping product Associated Lung Injury) in North America. Without a careful examination of the evidence, the cause was wrongly ascribed to vaping products. We now know that the real cause was the contamination of the supply of illicit cannabinoid (THC) vape pens in the United States with a cutting agent, Vitamin E Acetate<sup>30</sup>. The lesson here is that policy-biased evidence seeking is the enemy of sound, evidence-based policymaking.

Ultimately, manufacturers should be obliged to ensure the design integrity of their vaping products. Drawing upon the learnings from negative events such as the US EVALI incident of 2019, they must ensure that their devices cannot be tampered with nor manipulated to enable their use with substances for which they are not designed or intended.

Lastly, in assessing the role of flavours in the uptake of vaping products by youth, Health Canada is strongly encouraged to test the evidence, before deciding on flavour bans. The lives of millions of adult smokers depend on your decision.

Thank you again for the privilege to submit our comments. We stand ready to provide more evidence and would welcome participating in on-site or online hearings.

Sincerely,

Dr. Delon Human

Dr. Gaston Ostiguy

Dr. Anders Milton

Dr. Jacques le Houezec

Prof. Riccardo Polosa

---

<sup>30</sup> Blount BC, Karwowski MP, Shields PG, et al. Vitamin E Acetate in Bronchoalveolar-Lavage Fluid Associated with EVALI. N Engl J Med [Internet] 2020 [cited 2020 Dec 3];382(8):697–705. [link]

Mr. Francis Crawley

Dr. Karl Fagerström

Mr. Joseph Magero

Dr. Kgosi Letlape

- **Delon Human** (France, South Africa) M.B.Ch.B., M.Prax.Med, MFGP, DCH, MBA is a French citizen and physician qualified in family medicine and child health, with an MBA from the Edinburgh Business School. He is a published author and health care consultant specializing in global health strategy, harm reduction and health communication. He has been active in tobacco control for decades, including advocacy for taxes on combustible tobacco to drive down consumer demand. He has acted as adviser to WHO Director-Generals and UN Secretary-General Ban Ki Moon. Formerly, he was Secretary General of the World Medical Association (WMA), the global representative body for physicians and thereafter Secretary General of the International Food and Beverage Alliance (IFBA). He is a fellow of the Russian and Romanian Academies of Medical Sciences. Delon has been involved in harm reduction in tobacco and nicotine, alcohol and drugs for the last 25 years. In clinical medicine, his work focused on tobacco cessation programs, while in medical politics, the development of the FCTC. He was Chair of the coordinating committee for NGOs in preparation of World No Tobacco Day 1999. He authored the book "Wise Nicotine".
- **Gaston Ostiguy** (Canada) is a Chest Physician, ex-director of the Smoking Cessation Clinic at the Montreal Chest Hospital and Associate Professor at the McGill University Health Center (MUHC). He has long been involved in smoking cessation, teaching and lecturing on the subject to medical students, medical staff and at medical conventions. He has been a founding member of the Canadian Council on Smoking and Health in 1975, of which he was president and past-president from 1987 to 1992 and for which he was the spoke person at the Legislative Committee on Bill C-51. He gave interviews to the media (radio, TV, newspapers, etc) on smoking, smoking cessation and harm reduction. In December 2018 he did presentations both at the Quebec Commission of the National Assembly (Bill 44) and at the House of Commons Standing Committee on Health (Bill S-5). He was also an expert witness in the trial challenging the constitutionality of the Quebec Law 28. He is a corresponding member of the International Nicotine Policy Group. His second field of expertise is Occupational Lung Diseases and has been a chairman of a CSST Committee of Occupational Lung Diseases for more than 35 years. Because of his involvement in smoking cessation he was honored to receive Silver Medal (1977) and Diamond Medal (2012) of Queen Elizabeth II Jubilees.
- **Anders Milton** (Sweden) B.Sc., M.D., Ph.D. is the president of ERNA, a member of the government appointed Catastrophe Commission and a consultant within the health care sector. Dr. Milton is also on the board of publicly traded Q-Med AB and has been chairman of the Board of Vironova since 2008. Dr. Milton has a long history of elected as well as government appointed positions. He has previously been both CEO and Secretary General of the Swedish Medical Association, chairman of the Council of the World Medical Association, Chairman of the Swedish Red Cross and Chairman of the Swedish Confederation of Professional Associations (SACO), as well as Government appointed coordinator of psychiatric services in Sweden and government appointed chairman of a committee on HIV/AIDS.
- **Riccardo Polosa** (Italy) is the Director of the Institute for Internal Medicine and Clinical Immunology of the University of Catania, Italy. He is co-author of the recently published book "Analytical Assessment of e-cigarettes". He is also in charge of the University's Centre for Tobacco Research (CPCT) and is Honorary Professor of Medicine at University of Southampton, UK. An internationally recognized leader in the field of clinical bronchoprovocation (airway- challenge studies), he has published more than 250 peer-reviewed articles and books, mainly on respiratory medicine, clinical immunology, and tobacco addiction. After many years of service as President of the Italian Anti-Smoking League (LIAF: Lega Italiana Anti Fumo), he now

serves as its Chief Scientific Advisor. Affiliations and Expertise: Institute for Internal Medicine and Clinical Immunology and Centre for Tobacco Research (CPCT), University of Catania, Catania, Italy; Faculty of Medicine, University of Southampton, Southampton, UK.

- **Karl Fagerström** was born in Sweden 1946. He studied at the University of Uppsala and graduated as a licensed clinical psychologist in 1975. At that time he started a smoking cessation clinic and invented the Fagerstrom Test for Cigarette Dependence. In 1981 he got his Ph.D. on a dissertation about nicotine dependence and smoking cessation. In the end of the seventies and early eighties he served as the editor-in-chief for the Scandinavian Journal for Behaviour Therapy. From 1983 through 1997 he worked for Pharmacia & Upjohn as Director of Scientific Information for Nicotine Replacement Products. He has worked with the nicotine gum Nicorette since 1975 and has been contributing to NRT developments such as patch, spray, pouch and inhaler.  
Between 1975 and 2010 he worked clinically part-time. From 1997 to 2008 he was involved with his private research clinic where he studied various drugs intended for treating nicotine dependence. Currently he works in his own private consultancy (Fagerström Consulting).  
Karl is a founding member of the Society for Research on Nicotine and Tobacco and has been Deputy Editor of the Nicotine & Tobacco Research. He started the European SRNT affiliate in 1999 where he served as the president up to 2003. His main research contributions have been in the fields of Behaviour Medicine, Tobacco and Nicotine with 170 peer-reviewed publications, of which he is the first author of 100. Currently, his main interest is understanding the positive effects of nicotine and reducing harm and exposure to tobacco toxins among all those who cannot give up smoking. He was awarded the WHO medal in 1999 for outstanding work in tobacco control. In 2013, he received the Award on Clinical Science from the Society for Research on Tobacco and Nicotine.
- **Jacques Le Houezec** (France), trained as a neuroscientist in Paris, has been working on nicotine and smoking cessation for more than 35 years. He is a Consultant in Public Health & Tobacco dependence, and a smoking cessation specialist. He is also Manager of Amzer Glas - CIMVAPE, a training and certification organisation, based in Rennes, France.
- **Francis P. Crawley** (Belgium) is the Executive Director of the Good Clinical Practice Alliance – Europe in Brussels, Belgium. He is the co-founder and a Steering Committee member of the Strategic Initiative for Developing Capacity in Ethical Review. He is a philosopher specialized in ethical, legal, and regulatory issues in health research, teaching at several European, Asian, and Middle East universities. He is the past Secretary General, Ethics Officer, and Chairman of the Ethics Working Party at the European Forum for Good Clinical Practice. He has acted as an author or expert for the leading international and European research ethics and GCP guidelines, as well as for several guidelines in Asia, Africa, the Americas, and Europe. Amongst other things, he is the committee chairman of the WHO guidelines on ethics committees and data monitoring committees; and was a member of the Scientific Advisory Committee for the World Health Organization's International Clinical Trials Registry Platform (ICTRP). He also served for four years on the UNAIDS Ethical Review Committee.
- **Kgosi Letlape** (South Africa) is a Physician and President: Africa Harm Reduction Alliance (AHRA). An ophthalmologist by training, he is the past President of the World Medical Association (WMA). He is the current President of the Africa Medical Association (AMA). Dr Letlape is the current President and co-founder of the Africa Harm Reduction Alliance (AHRA), which aims to create awareness and educate people about the need to reduce harm and promote well-being.  
Other positions Dr Letlape has held include serving as past President of the Health Professions Council of South Africa (HPCSA) and former Chairman of the Board of the South African Medical Association (SAMA). In 1988, he was admitted as a fellow of the College of Surgeons of South Africa in 1988, and as a fellow of ophthalmology of the Royal College of Surgeons of Edinburgh.  
From 2002 to 2013, he served as the Executive Director of the Tshepang Trust. This not-for-profit



organisation was established at the behest of the late South African president Nelson Mandela. It received funding from the US Presidential Emergency Program for AIDS relief – via the Centers for Disease Control and Prevention (CDC). The Trust collaborated with state hospitals, pioneering the provision of treatment for HIV and AIDS patients. Dr Letlape is an outspoken advocate of universal access to health care and harm reduction.

- **Joseph Magero**, BSBA (Marketing), is the Chairman of Campaign for Safer Alternatives (CASA), a pan-African organisation that advocates for the adoption of tobacco harm reduction policies in Africa. As the unifying voice for consumer organisations, CASA promotes the exchange of information and potential actions to reduce exposure to tobacco-related harm. Kenyan-born Mr Magero previously worked in the tobacco control arena for nearly a decade. His involvement entailed creating smoke-free environments, mandating bigger health warnings, making cigarettes more expensive as well as restricting advertising and marketing. Despite these efforts, smoking deaths continued to increase. This resulted in Mr Magero rethinking his approach towards tobacco control. He has since become an ardent tobacco harm reductionist, lobbying for the reduction of smoking-related diseases and mortality in Africa by advocating for reduced risk products for cigarette smokers. He is also a mentor on the Tobacco Harm Reduction Scholarships Program (THRSP) of Tobacco Harm Reduction Nigeria, which focuses on promoting safer alternatives to smoking. In 2019, Mr Magero was awarded Advocate of the Year by the International Network of Nicotine Consumer Organizations (INNCO). He holds a Bachelor's Degree in Business Administration (Marketing) from the University of Greenwich, England and is currently pursuing a Master's degree in Public policy.