



CENTRO DI RICERCA PER LA RIDUZIONE DEL DANNO DA FUMO
CENTER OF EXCELLENCE FOR THE ACCELERATION OF HARM REDUCTION
COEHAR



Prof. Dr. Riccardo Polosa, MD, PhD
Prof. Giovanni Li Volti, MD, PhD
CoEHAR Members
University of Catania
31 August 2023

Attention: Ms Vuyokazi Majalamba
tobaccobill@parliament.gov.za

Written submission on the draft Tobacco and Electronic Nicotine Delivery Systems Control Bill and request to make an oral presentation.

Honorable Members of the ZA Parliament,

We write as a group of 86 academics and experts with varied background and extensive experience in harm reduction, in response to the public consultation on the draft of the **Tobacco and Electronic Nicotine Delivery Systems Control Bill**.

We read with interest the proposed draft bill and we are appreciative of the key contributions this Bill will make in relation to the contrast of tobacco smoking. However, we are concerned that the current draft will restrict less risky options for people who would benefit from using these products to quit smoking. Bringing regulatory parity between cigarettes and non-combustible alternatives (like e-cigarettes, heated tobacco products, oral nicotine/tobacco pouches) will further discourage smokers from trying alternatives – something that should be actively encouraged given that South Africa has high smoking prevalence and low successful quitting rate.

Despite extensive efforts, achieving eradication of tobacco smoking remains an elusive goal. The persistent consumption of tobacco cigarettes, whether by choice or due to the inability to quit, strongly underscores the feasibility of an alternative approach: providing smokers with combustion-free products capable of replacing combustible cigarettes thus mitigating the associated harm. This approach was notably endorsed by the Institute of Medicine, which defined tobacco harm reduction products as those capable of substantially reducing overall tobacco-related mortality and morbidity, despite entailing some residual exposure to tobacco-related toxins, albeit at significantly diminished levels (1). This terminology is also entrenched in the World Health Organization's (WHO) consensual framework for tobacco control, which delineates it as “a range of supply, demand and harm reduction strategies that aim to improve the health of a population by eliminating or reducing their consumption of tobacco products and exposure to tobacco smoke”(2).

Non-combustible tobacco and nicotine products emerge as a promising conduit to fulfill these requisites. For instance, the extensive utilization of snus (oral moist tobacco pouches) in Sweden has led to an outstanding decline in cigarette smoking with a substantial reduction in lung cancer and cardiovascular mortality rates (3). There are several other examples of public health agencies that have applied risk proportionate regulation or public health messaging with a view towards reducing smoking rates and promoting a transition away from smoking. While smoking prevalence generally declines about half a percent each year with existing traditional tobacco control measures it has been observed that following adoption of harm reduction strategies to address smoking, the UK, Japan and New Zealand have all seen accelerated declines in smoking prevalence – above that seen with simple application of traditional prevention and cessation measures (4).



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The research program at the Center of Excellence for the Acceleration of Harm Reduction (CoEHAR) has investigated the toxicological effects of non-combustible products (5,6), their effectiveness and tolerability among smokers (7,8), but also their impact on health outcomes among people with COPD who have used these products to switch (9,10). What we've found is that 1) combustion-free products offer substantial reduction in exposure/harm to toxic chemicals compared to tobacco cigarettes; 2) they help smokers to stop smoking; and 3) they have been shown to improve smoking-associated medical conditions like chronic obstructive pulmonary disease.

Therefore, the most important consideration when proposing regulation is that non-combustible alternatives are not cigarettes and should not be treated as such. Cigarette smoke resulting from the processes of combustion contain thousands of chemicals, many that are known to be linked to development of cardiopulmonary disease, and lung cancer. These harmful chemicals are the direct result of thermochemical processes of combustion which are absent or greatly reduced in products that do not combust.

Applying risk proportionate regulation that allows for non-combustible products to be promoted, either through factual communication from doctors to their patients, or by South Africa's public health agencies regarding the risks and benefits of these products could greatly benefit the 26 percent of the population that currently smoke. Furthermore, considering that over 60 percent of smokers have expressed interest in quitting smoking there is real opportunity to take advantage of fact-based communications to provide clarity around new products for those who are not successful in quitting, but may be willing to try another approach.

The primary goal of the South Africa tobacco policy should be to prevent and control tobacco-related excess mortality and morbidity. In practice, this means reducing smoking as deeply and rapidly as possible. Tobacco harm reduction provides a fast-acting, market-based strategy for reducing smoking and eliminating most smoking-related risks. The regulation of combustion-smoke-tar-free products should always be considered as part of a regulatory system that covers all the nicotine delivery products. The aim should be to encourage the migration from high-risk to low-risk products and support positive behavior change. Regulators should take great care to avoid the perverse consequences of prohibitions and use risk-proportionate regulation instead. By doing so, the **Tobacco and Electronic Nicotine Delivery Systems Control Bill** will provide a robust basis for controlling the consumer nicotine market, contrasting illicit trade and creates strong incentives that support public health.

We are available for a government hearing if you need more information.

Respectfully,

Prof. Riccardo Polosa and Prof. Giovanni Li Volti on behalf of Center of Excellence for the Acceleration of Harm Reduction (CoEHAR)

CoEHAR members (listed alphabetically):

1. Angela Maria **AMORINI**, Department of Biomedical and Biotechnological Sciences, University of Catania, Italy
2. Carmelina Daniela **ANFUSO**, Department of Biomedical and Biotechnological Sciences, University of Catania, Italy

Center of Excellence for the acceleration of Harm Reduction (CoEHAR)

University of Catania - Department of Clinical and Experimental Medicine

Address: Torre Biologica, 11 piano – Via S. Sofia 89, 95123 Catania

Phone: (+39) 0954781124 E-mail: cr.coehar@unict.it

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di CATANIA

3. Ignazio **BARBAGALLO**, Department of Drug Sciences, University of Catania, Italy
4. Francesco **BASILE**, Department of General Surgery and Medical-Surgical Specialties, University of Catania, Italy
5. Sebastiano **BATTIATO**, Department of Mathematics and Computer Sciences, University of Catania, Italy
6. Brahim **BENHAMOU**, Cadi Ayyad University, Morocco
7. Gaetano **BERTINO**, Department of Clinical and Experimental Medicine, University of Catania, Italy
8. Alberto **BIANCHI**, Department of General Surgery and Medical-Surgical Specialties, University of Catania, Italy
9. Antonio G. **BIONDI**, Department of General Surgery and Medical-Surgical Specialties, University of Catania, Italy
10. Maria Luisa **BRANDI**, National Observatory of Fragility Fractures, Italy
11. Emma **CACCIOLA**, Department of Medical, Surgical Sciences and Advanced Technologies, University of Catania, Italy
12. Rossella R. **CACCIOLA**, Department of Clinical and Experimental Medicine, University of Catania, Italy
13. Bruno Santi **CACOPARDO**, Department of Clinical and Experimental Medicine, University of Catania, Italy
14. Aldo E. **CALOGERO**, Department of Clinical and Experimental Medicine, University of Catania, Italy
15. Maria Teresa **CAMBRIA**, Department of Biological, Geological and Environmental Sciences, University of Catania, Italy
16. Davide **CAMPAGNA**, Department of Clinical and Experimental Medicine, University of Catania, Italy
17. Pasquale **CAPONNETTO**, Department of Educational Sciences, University of Catania, Italy
18. Filippo **CARACI**, Department of Drug Sciences, University of Catania, Italy
19. Agatino **CARIOLA**, Department of Law Sciences, University of Catania, Italy
20. Massimo **CARUSO**, Department of Biomedical and Biotechnological Sciences, University of Catania, Italy
21. Adriana **CIANCIO**, Department of Law Sciences, University of Catania, Italy
22. Rosita A. **CONDORELLI**, Department of Clinical and Experimental Medicine, University of Catania, Italy
23. Antonino **DI PINO**, Department of Clinical and Experimental Medicine, University of Catania, Italy
24. Fabio **CIBELLA**, Institute of Biomedicine and Molecular Immunology, National Research Council, Italy
25. Jennifer **DI PIAZZA**, Hunter Bellevue School of Nursing at Hunter College at the City University of New York, USA
26. Adriana **DI STEFANO**, Department of Law Sciences, University of Catania, Italy
27. Filippo **DRAGO**, Department of Biomedical and Biotechnological Sciences, University of Catania, Italy
28. Rosalia **EMMA**, Department of Clinical and Experimental Medicine, University of Catania, Italy
29. Salvatore **FAILLA**, Department of Chemical Sciences, University of Catania, Italy
30. Rosario **FARACI**, Department of Economics and Business, University of Catania, Italy
31. Salvatore **FERLITO**, Department of Medical, Surgical Sciences and Advanced Technologies, University of Catania, Italy

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CENTRO DI RICERCA PER LA RIDUZIONE DEL DANNO DA FUMO
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32. Margherita **FERRANTE**, Department of Medical, Surgical Sciences and Advanced Technologies, University of Catania, Italy
33. Giancarlo A. **FERRO**, Department of Law Sciences, University of Catania, Italy
34. Francesco **FRASCA**, Department of Clinical and Experimental Medicine, University of Catania, Italy
35. Lucia **FRITTITTA**, Department of Clinical and Experimental Medicine, University of Catania, Italy
36. Virginia **FUOCHI**, Department of Biomedical and Biotechnological Sciences, University of Catania, Italy
37. Pio M. **FURNERI**, Department of Biomedical and Biotechnological Sciences, University of Catania, Italy
38. Antonio **GAGLIANO**, Department of Electrical, Electronics and Computer Engineering, University of Catania, Italy
39. Giovanni **GALLO**, Department of Mathematics and Computer Sciences, University of Catania, Italy
40. Fabio **GALVANO**, Department of Biomedical and Biotechnological Sciences, University of Catania, Italy
41. Agostino **GAUDIO**, Department of Clinical and Experimental Medicine, University of Catania, Italy
42. Giuseppe **GRASSO**, Department of Chemical Sciences, University of Catania, Italy
43. Francesca **GUARINO**, Department of Biomedical and Biotechnological Sciences, University of Catania, Italy
44. Antonino **GULINO**, Department of Chemical Sciences, University of Catania, Italy
45. Shipra **GUPTA**, Oral Health Sciences Centre, Post graduate Institute of Medical Education and Research, India
46. Emmanuele A. **JANNINI**, Department of Systems Medicine, University of Rome Tor Vergata
47. Sandro **LA VIGNERA**, Department of Clinical and Experimental Medicine, University of Catania, Italy
48. Giuseppe **LAZZARINO**, Department of Biomedical and Biotechnological Sciences, University of Catania, Italy
49. Caterina **LEDDA**, Department of Clinical and Experimental Medicine, University of Catania, Italy
50. Rosalia Maria **LEONARDI**, Department of General Surgery and Medical-Surgical Specialties, University of Catania, Italy
51. Luigi **LA VIA**, Teaching Hospital AOUP "G. Rodolico – San Marco", Catania, Italy;
52. Giovanni **LI VOLTI**, Department of Biomedical and Biotechnological Sciences, University of Catania, Italy
53. Antonio **LONGO**, Department of General Surgery and Medical-Surgical Specialties, University of Catania, Italy
54. Gabriella **LUPO**, Department of Biomedical and Biotechnological Sciences, University of Catania, Italy
55. Mario **MALERBA**, Department of Translational Biomedicine, University of Eastern Piedmont, Italy
56. Luigi **MARLETTA**, Department of Electrical, Electronics and Computer Engineering, University of Catania, Italy
57. Costanza **NICOLOSI**, Department of Law Sciences, University of Catania, Italy
58. Guido **NICOLOSI**, Department of Political and Social Sciences, University of Catania, Italy

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CENTRO DI RICERCA PER LA RIDUZIONE DEL DANNO DA FUMO
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59. Francesco **NOCERA**, Department of Electrical, Electronics and Computer Engineering, University of Catania, Italy
60. Renée **O'LEARY**, ECLAT Srl, Spin-off of the University of Catania, Catania, Italy;
61. Gea **OLIVERI CONTI**, Department of Medical, Surgical Sciences and Advanced Technologies, University of Catania, Italy
62. Alessandro **ORTIS**, Department of Mathematics and Computer Sciences, University of Catania, Italy
63. Giuseppe **PALAZZO**, Department of General Surgery and Medical-Surgical Specialties, University of Catania, Italy
64. Manish **PANCHASARA**, SkillsEdge, India;
65. Rosalba **PARENTI**, Department of Biomedical and Biotechnological Sciences, University of Catania, Italy
66. Eugenio **PEDULLÀ**, Department of General Surgery and Medical-Surgical Specialties, University of Catania, Italy
67. Salvatore **PIRO**, Department of Clinical and Experimental Medicine, University of Catania, Italy
68. Riccardo **POLOSA**, Department of Clinical and Experimental Medicine, University of Catania, Italy
69. Alfredo **PULVIRENTI**, Department of Clinical and Experimental Medicine, University of Catania, Italy
70. Maria Catena **QUATTROPANI**, Department of Educational Sciences, University of Catania, Italy
71. Venerando **RAPISARDA**, Department of Clinical and Experimental Medicine, University of Catania, Italy
72. Renata **RIZZO**, Department of Clinical and Experimental Medicine, University of Catania, Italy
73. Simone **RONISISVALLE**, Department of Drug Sciences, University of Catania, Italy
74. Giuseppe **RONISISVALLE**, Department of Drug Sciences, University of Catania, Italy
75. Martino **RUGGIERI**, Department of Clinical and Experimental Medicine, University of Catania, Italy
76. Maria **SANTAGATI**, Department of Biomedical and Biotechnological Sciences, University of Catania, Italy
77. Cristina **SATRIANO**, Department of Chemical Sciences, University of Catania, Italy
78. Laura **SCIACCA**, Department of Clinical and Experimental Medicine, University of Catania, Italy
79. Maria Salvina **SIGNORELLI**, Department of Clinical and Experimental Medicine, University of Catania, Italy
80. Lucia **SPICUZZA**, Department of Clinical and Experimental Medicine, University of Catania, Italy
81. Marco **TATULLO**, Technologica Research Institute, Marrelli Hospital, Italy
82. Daniele **TIBULLO**, Department of Biomedical and Biotechnological Sciences, University of Catania, Italy
83. Venera **TOMASELLI**, Department of Political and Social Sciences, University of Catania, Italy
84. Vladislav **VOLAREVIC**, Faculty of Medical Sciences, University of Kragujevac, Serbia
85. Luca **ZANOLI**, Department of Clinical and Experimental Medicine, University of Catania, Italy
86. Agata **ZAPPALÀ**, Department of Biomedical and Biotechnological Sciences, University of Catania, Italy

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