

## JEAN-FRANÇOIS ETTER

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I mentioned the negotiations in Geneva on the Pandemic Accord earlier this morning. I would like now to turn to Jean-François Etter to talk about tobacco because we have on success story in multilateralism, which is the negotiation of the Tobacco Framework Convention Treaty in the early 2000s.

### **Jean-François Etter**

Thank you very much for inviting me. Let me remind you that smoking is the second most important cause of death and diseases globally, it kills over 7.5 million people every year, year after year. It also has a huge impact on economies and companies because of the loss of productivity and premature death. The response of the international community to this problem has been an international treaty under the WHO called the Framework Convention for Tobacco Control, which pushes for countries to adopt laws, taxes, prohibitions on advertising, smoke-free places, health warnings, and treatment, and if you do all these five things smoking prevalence will decrease. The FCTC has had a huge effect on tobacco control in many countries, it put tobacco control on the international agenda, and it also served as a model for the Paris Agreement on Climate Change, as well as for the agreement on pandemics that is currently being negotiated. However, as we will see, the FCTC also warns us of the risk of misguided governance and inadequate funding.

The proportion of smokers decreased globally over the past 25 years. This may be the result of the FCTC but at the same time, tobacco use also decreased in the US and Switzerland, two countries that have not ratified the FCTC. The FCTC also has limitations, its implementation has been slow, national laws have not been well-enforced and, of course, the main threat is interference from the tobacco industry, which has always tried to block tobacco control measures. Also, the FCTC implementation has largely been financed by philanthropists, e.g. Bloomberg and Gates, and I think this raises serious questions about the undue influence of private actors on public policies. Also, the tobacco market has changed dramatically in recent years with the constant arrival of new products. This is a very innovative sector, and I think that the response of the WHO and FCTC has been disappointing, to say the least. I think the COPs, the conference of the parties, have failed to include many people who would have something to say about these new products and about tobacco harm reduction.

We are talking about electronic cigarettes, snus and nicotine pouches, little bags you put in your mouth, which are sold by the tobacco industry as tobacco products, although they do not contain

tobacco, just nicotine. Heated tobacco products, a little cigarette that is heated rather than burned, are mostly sold by the big tobacco companies and these products are a replacement for cigarettes. This can be illustrated by the situation in Japan where the cigarette market has decreased by half over 10 years. That is impressive and should be celebrated as a public health success but at the same time this is not the result of the tobacco control policies like taxation, it is just the replacement of cigarettes with heated tobacco. One product that does not burn tobacco replaces another one that burns tobacco, but it does not mean that smoking prevalence decreased, because heated tobacco users may still use some combustible cigarettes. I still think it is quite a remarkable illustration of the potential for non-combustible products to replace cigarettes, even in the absence of strong anti-tobacco policies.

This leads us to tobacco harm reduction, an approach aimed at minimizing the damage of tobacco smoking rather than eliminating it. Here, quitting smoking is not the only acceptable goal, harm reduction is an approach that acknowledges that the problem is combustion, because it is because you burn tobacco and inhale the smoke that you get sick and die, rather than by just using nicotine. Tobacco harm reduction aims at offering safe alternatives to cigarettes to people who cannot quit, for instance people with mental health problems who find it very difficult to quit smoking and have to get their nicotine by other means than smoking. This is an approach that is most relevant for the groups in society that find it difficult to quit and also for countries that have high smoking prevalence. Of course, it is a very controversial approach with strong proponents and opponents. The opponents think that this approach will normalize nicotine, that it acts as a gateway to smoking and will attract young people into smoking, that it undermines the usual tobacco control policies or that it is just a tactic of the tobacco industry. There is a fierce debate, strong opposition from the WHO and the FCTC to this approach to the point that they do not invite tobacco harm reduction scientists to the COPs, which I think limits the ability of COP participants to make well-informed decisions. A controversy like this one where scientists disagree and where there is a constant flux of new products makes it very difficult to find a consensus.

What are the lessons learned for global health from the FCTC? I would say:

- The power of multilateralism, these problems are global, and no single country can tackle them alone.
- The importance of basing policies on science, but also the difficulty of doing this when scientists are divided.
- The need to protect the policies from the undue influence of the tobacco industry and to provide the necessary funding to avoid the undue influence from external funding sources, such as philanthropists.
- In the case of an international treaty, you need robust governance, which the FCTC has, and this an asset, but it is also a liability when the governance drives an agenda that is not shared by all the stakeholders and scientists in the field.
- The importance of transparency and openness cannot be emphasized enough. The motto of citizens involved in public health is: “nothing about us, without us”. Thus, it is important to include all the stakeholders and civil society organizations in the debate,

in order to make well-informed decisions and to design and implement policies that are acceptable.

- The need for flexibility and speed to respond to future challenges, such as a new pandemic or new tobacco products.

Thank you very much for your attention.