November 1, 2019

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Testimony for hearing on vaping and e-cigarette safety - November 4, 2019

Dear Ms. Sheridan

We write as a public health and tobacco control specialists based in London (Bates) and Ottawa (Sweanor) with many years of advocacy and policy experience – short biographies are at the end of this letter. We do not have conflicts of interest with respect to tobacco, vaping, or pharmaceutical industries. What happens in New York is always of global significance in tobacco policy and, with that in mind, we would like to contribute testimony to the upcoming hearing on vaping and e-cigarette safety.

We strongly support 'tobacco harm reduction' as a public health strategy for reducing the burden of smoking related cancer, heart disease, respiratory illness and other harms associated with smoking. We believe there is strong evidence to encourage vaping as a much lower risk alternative to smoking for people who cannot or do not wish to quit completely. In this testimony, we will cover:

1. Why clearing the market of flavored e-cigarettes will cause harmful unintended consequences;
2. Why the excessive burdens of FDA's regime will also favor the Big Tobacco;
3. Wall Street expects market distortions and concentration in favor of tobacco companies;
4. Understanding the rise in youth vaping – a more nuanced analysis is necessary;
5. Understanding the recent vaping-related lung damage outbreak.

By way of background, we have also included a letter on tobacco harm reduction as a global public health strategy from 72 US and international experts in the field. We hope this illustrates the extent of informed support for this approach. We would be happy to provide any other information.

1 Clearing the market of flavored e-cigarettes will cause harmful unintended consequences

Many states are considering various forms of bans or restrictions on e-cigarettes or flavored products. The President, Secretary Azar and Acting FDA Commissioner Sharpless announced on 11 September that the Federal Government would use FDA's enforcement discretion to 'clear the market of flavored e-cigarettes'.[1] This means removing from market nearly all e-cigarettes and liquids, as non-tobacco flavors increasingly dominate the market.[2] As with any prohibition, this will not in fact 'clear the market of

[1] Department of Health and Human Services. Trump Administration Combating Epidemic of Youth E-Cigarette Use with Plan to Clear Market of Unauthorized, Non-Tobacco-Flavored E-Cigarette Products, Press release. September 11, 2019

[2] 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.* BioMed Central; 2018 Jun 28;15(1):33. [link]

flavored e-cigarettes', it will provoke a series of market and consumer responses, some of which may cause more harm than good. There are 14 million adult vapers in the United States and they have so far attracted little official attention or political concern, but it is important to ask: *what will they do?*

The likely consequences include:

- The closure, nationally, of thousands of small to medium sized businesses (vape stores and manufacturers)[3] as the products they make and sell are mostly flavored. Many also provide a market-based supportive service to smokers wishing to take up vaping as an alternative to smoking.
- A transfer of the supply of flavored products from legitimate American businesses to highly professional consumer-facing Chinese internet-based suppliers (see Fast Tech, for example);
- The development of a new and flourishing black market in flavored nicotine e-liquids manufactured by amateurs, opportunists, and criminal enterprise – this will *increase* health risks;
- Migration of users to the existing unregulated sub-culture of DIY mixing of nicotine and food flavors;
- Vapers or dual users may revert to smoking or the use of other tobacco products and current smokers who would otherwise switch to vaping in the future may remain as smokers;
- Some may switch to whatever vaping products are permitted – providing these are pleasurable, affordable and accessible;
- Some may quit vaping and smoking altogether (though may increase other risk behaviors).

This closure of legitimate businesses will be accompanied by the development of black markets that will supply both adults and teens with no discipline or restraint regarding age. This in itself carries risks – black markets may supply adulterated products made in unsanitary, unregulated conditions. Many participants in this trade are likely to expose adolescents to other black-market products (liquids containing THC, meth and other illicit drugs and other illicit products). It is conceivable that this will *increase* the overall risks *to both adults and adolescents*. To my knowledge, no assessment has been made of how these effects will play out at federal or at state level. FDA has already recognized the adverse impacts of a rapid vaping market contraction[4] though has shown little sign of doing anything about it.[5]

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[3] Analysis by consultants John Dunham & Company found that in 2018, the US e-cigarette industry created $24.46 billion in economic activity, supported 166,007 jobs (direct, indirect and induced) and consisted of 380 liquid manufacturers, 2,012 vape shop manufacturers and 11,469 specialist retail outlets ("vape stores"). See court testimony of John Dunham.

[4] Zeller M. (Head of Centre for Tobacco Products, FDA) *"[…] mass market exit of such products would limit the availability of a potentially less harmful alternative for adult smokers seeking to transition or stay away from combustible tobacco products. Dramatically and precipitously reducing availability of these products could present a serious risk that adults, especially former smokers, who currently use ENDS products and are addicted to nicotine would migrate to combustible tobacco products, even if particular ENDS products ultimately receive marketing authorization and return to the market later*. Declaration to the US District Court for the District of Maryland Case 8:18-cv-00883-PWG Doc 120-1, para 15. June 12, 2019.

[5] Stephanie Miller. Sandhill Strategy, September 27, 2019: "*When we asked Mr. Zeller [Head of the Center for Tobacco Products, FDA] explicitly whether he was concerned that a total ban of flavored vape products would likely to lead to an*

Recommendation. Policymakers contemplating major interventions in the vaping market should assess the likely health, economic, and political consequences – intended and unintended - as they will unfold following any prohibitionist measures. No legislature should be passing new regulation without an objective impact and risk assessment.

2 The excessive burdens of the FDA approval process will also favor Big Tobacco

Restrictive measures taken at state level will be compounded by the federal government's highly burdensome and discriminatory approach. FDA has not made good on its promise to make the process "efficient, predictable and transparent". We detailed concerns and suggested remedies in a letter to Secretary Azar, which was copied to OMB.[6] Both the final guidance[7] and the recently published PMTA rule[8] describe a regime that is enormously burdensome, opaque, and unpredictable. In court filings, the Vapor Technology Association (VTA) provides a cost estimate:[9]

> *First, preparing a PMTA is an extremely costly and time-consuming endeavor, with estimated costs for only five e-liquid flavors running between $2.5 million and $3.5 million.*

The VTA complaint details numerous changes in the timetable and guidance and shows that even now the 'rules-of-the-road' remain unclear – though companies are required to comply by May 12, 2020.

It is worth considering the combined effect of these measures: the likely removal of flavored products from the market later this year will destroy most of the legitimate companies in the market. Even if they intend to make PMTA applications for flavored products, these businesses will be crippled by cash-flow consequences of perhaps a two-year delay from the time their products are removed from the market to the point they receive FDA approval while their PMTA applications are evaluated. Few companies have the resources to make successful PMTA applications even without the removal of flavored products from the market. Only a handful are likely to be able survive these twin challenges. This will dramatically concentrate the market and reduce competition, choice, and innovation while potentially adding to the public health burdens of tobacco.

Recommendation. Policymakers should recognize that *de facto* prohibition of vaping through excessive regulation and flavor bans will protect the cigarette trade from disruption, promote black markets in vaping products, prolong the epidemic of smoking related disease and shut down pro-health innovation.

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increase in combustible cigarette use, he presented an answer that indicated the agency is far more concerned with the means rather than the ends of their public policy approach." [Sandhill Strategy client e-mail, no link available]

6 Letter from Iowa Attorney General Tom Miller, Regulation of Vaping Products: a Crisis in 2020, July 24, 2019.

7 FDA, Premarket Tobacco Product Applications for Electronic Nicotine Delivery Systems *Guidance for Industry*, June 11, 2019.

8 FDA, Premarket Tobacco Product Applications and Recordkeeping Requirements, 84 FR 50566, September 25, 2019.

9 Vapor Technology Association and Vapor Stockroom versus Food and Drug Administration and Department of Health and Human Services, Eastern District of Kentucky, Verified Complaint, August 14, 2019

3 Wall Street expects distortion and concentration in favor of the tobacco industry

While many small and medium sized businesses will be wiped out, the tobacco companies are well-placed to benefit from federal and state interventions in the vapor market. They are effectively hedged against adverse developments in the vapor market by their traditional cigarette businesses and they can cross-subsidize their vapor compliance costs and ride out any delays from their highly profitable cash-generating cigarette trade. Wall Street recognizes the likely effects of these measures:

> *The Trump Administration and FDA announced it will move towards an e-cigarette flavor ban, excluding traditional tobacco flavors. While the timing of such action appears to be weeks away, the impact on our coverage could be a softening of the e-cig headwind that had been driving accelerating cigarette declines.* (Vivien Azer, Cowen Equity Research, September 11, 2019)

> *Our recent survey revealed: Almost 50% of retailers believe the removal of flavors in e-cigs won't help reduce youth usage of e-cigs as kids are more likely to turn to the black market/D.I.Y. for product […] The majority of retailers believe that removing non-tobacco e-cig flavors (esp mint/menthol) would be positive for combustible cigs (>70%) & oral nicotine (~60%) and negative for e-cigs (85%).* (Bonnie Herzog, Wells Fargo Securities, September 18, 2019)

4 Understanding the rise in youth vaping – a more nuanced analysis is necessary

The headline youth vaping figures have caused alarm: there has been a sharp increase in high school age e-cigarette use: 11.7% in 2017: 20.8% in 2018; and 27.5% in 2019. We do not wish to downplay these numbers and recognize that any rapid rise in a youth risk behavior is troubling. However, the headlines conceal important nuances. In particular, these numbers refer to the proportion declaring at least one puff in the past 30 days. For public health purposes, it is essential to unpack this headline figure according to how many are vaping frequently (≥20 days per month) and whether the e-cigarette user has already shown a propensity for tobacco use by prior use of cigarettes or other tobacco products. For these users, vaping may be *beneficial* even if we prefer that they use no nicotine products at all.

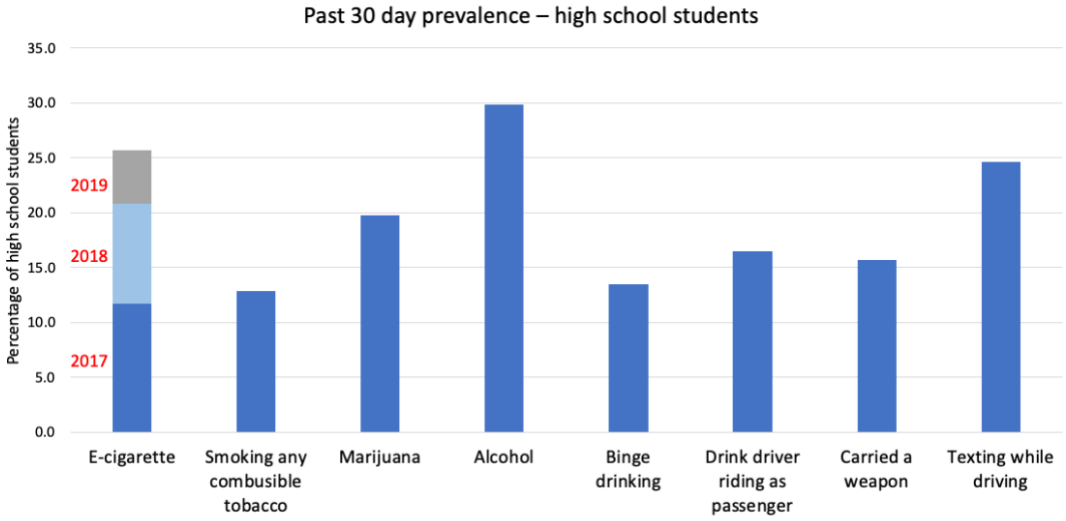
Regrettably, the detailed data needed to analyze the 2019 headline figure in this way have not yet been made available. However, the data is available for 2018 and this provides a useful illustration.[10]

NYTS 2018 data	Percentage of high school students using e-cigarettes Total = 20.8%		Number of high school students using e-cigarettes Total = 3,050,000	
High school students	No past tobacco use	Any past tobacco use	No past tobacco use	Any past tobacco use
Frequent e-cig use: ≥ 20 days per month	0.6%	5.2%	88,589	752,298
Infrequent e-cig use: ≤ 19 days per month	4.7%	10.3%	695,388	1,513,724

[10] Jarvis M, Bates C. Analysis of National Youth Tobacco Survey 2018 data. July 2019. See table with full frequency distribution here.

It is evident from the table that: (1) most vaping is infrequent and therefore does not suggest serious addiction or public health concerns and; (2) among frequent adolescent vapers, there is a strong association with prior tobacco use and therefore at least a potential benefit from vaping. Only 0.6% of high school age vapers are both frequent users and have no prior history of tobacco use.

Youth vaping should also be placed in context with other youth risk behaviors. The Youth Risk Behavior Surveillance system[11] provides insights into adolescent risk-behaviors, such as alcohol use (29.8% in the past 30 days), binge drinking (13.5%), cannabis use (19.8%), carrying a weapon (15.7%), and texting or emailing while driving (24.6%). During the 12 months before the survey, 19.0% had been bullied on school property and 7.4% had attempted suicide. Young people have tried heroin (1.7%), meth (2.5%), hallucinogenic drugs (6.6%) and prescription painkillers without a prescription (14.0%).



While vaping is not benign, it does not loom large in the range of harmful risks facing young Americans today. It does not, for example, cause the violence, road traffic and other accidents, or the sexual vulnerability caused by alcohol use. The most lasting consequence of vaping would be if an adolescent who vapes takes up smoking and continues for decades, never returning to vaping. This is extremely unlikely in practice. In 2018, 13.9% of high school students had smoked any combustible tobacco in the past 30 days. Given smoking is likely to be a least twenty times as harmful as vaping, this represents a far greater public health risk than more people (25.7% in 2019) doing something much less harmful.

We believe the emphasis on flavors as a driver of youth vaping uptake and the harms arising from e-cigarette flavors is overstated and have set out our reasoning at some length.[12] The same flavors are available in Europe and there has not been significant youth uptake. There are many substances that rise in popularity without flavors: for example, nearly one in five US adolescents currently use cannabis.

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[11] Kann L, McManus T, Harris WA, et al. Youth Risk Behavior Surveillance — United States, 2017. *MMWR Surveill Summ* 2018;67(No. SS-8):1–114.

[12] Comment from Iowa Attorney General Tom Miller, Regulation of Flavors in Tobacco Products: A Proposed Rule by the Food and Drug Administration, Comment on Docket No. FDA-2017-N-6565 83 FR 12294

Flavors are integral to vaping products and banning almost all flavors is a *de facto* prohibition rather than targeted and proportionate regulation.

Recommendation. Policymakers should respond to reasonable concerns about youth vaping through measures that are proportionate to risk and targeted at youth. This would mean measures to control:

- *Access* – stricter age restrictions and verification, retailer compliance, control over retail settings (for example, sale only permitted in age-restricted environments such as vape stores or with strong online age verification)
- *Marketing* – control of advertising themes, placement and time; restrictions on branding and flavor descriptors designed to appeal to adolescents; restriction of flavor descriptors to literal and informative descriptions.

5 Appropriate interpretation of the recent vaping-related lung damage outbreak

An outbreak of severe lung injuries associated with vaping began in mid-July.[13] Though CDC and FDA are maintaining the underlying causes remain unclear, the evidence strongly, if not yet conclusively, points towards ingredients such as Vitamin E acetate added to black market cannabis (THC) liquids to thicken the liquid. FDA has rightly focused its advice on black market THC cartridges.[14] CDC has, however, provided far more generalized advice to avoid all vaping, only emphasizing THC vaping as late as September 28, 2019,[15] by which time many vapers would reasonably assume the lung-injury risk applies broadly to all vaping products and liquids. There are four relevant considerations:

- Providing overly generalized advice can cause two serious risks: (1) that ordinary nicotine vapers will (incorrectly) believe the warnings and risks apply to them and quit vaping, possibly returning to smoking; (2) that the warnings are too vague to deter THC users from accessing the black market, putting users in mortal danger. FDA has adopted a better approach with more specific warnings.
- The outbreak is recent and confined to the United States and Canada (one possible case) so far. There are about 14 million adult nicotine vapers in the United States and 50+ million worldwide. If these lung injuries are associated with legitimately marketed nicotine liquids, we would have seen it before and in other countries, but we have not seen this syndrome develop elsewhere.
- CDC notes that some users report only using nicotine. However, self-report is highly unreliable. Because the legal status of illicit substances raises issues with parents, school, college or employers, and may attract various sanctions, users have strong incentives not to report illicit drug use.

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13 CDC. Outbreak of Lung Injury Associated with E-Cigarette Use, or Vaping. CDC website, September 27, 2019 (ongoing)

14 FDA. Vaping Illnesses: Consumers can Help Protect Themselves by Avoiding Tetrahydrocannabinol (THC)-Containing Vaping Products September 6, 2019. "*While the FDA does not have enough data presently to conclude that Vitamin E acetate is the cause of the lung injury in these cases, the agency believes it is prudent to avoid inhaling this substance. Because consumers cannot be sure whether any THC vaping products may contain Vitamin E acetate, consumers are urged to avoid buying vaping products on the street, and to refrain from using THC oil or modifying/adding any substances to products purchased in stores. Additionally, no youth should be using any vaping product, regardless of the substance"*

15 Siegel M. CDC Finally Admits that Black Market THC Vape Carts are a Major Culprit in Respiratory Disease Outbreak. Rest of the Story. The Rest of the Story blog. September 29, 2019.

Secondary checks have usually found THC markers present in those initially claiming only to have used nicotine liquids.[16] CDC investigations into other outbreaks rarely identify a single exposure to explain all cases. However, multiple simultaneously-arising and independent causes are highly unlikely, and an epidemiological approach is used to identify the probable causal mechanism.[17]

- There is *no reason* to add these suspect substances to nicotine liquids – they are expensive and serve no useful function in nicotine liquids, whereas it is economically attractive to black market THC liquid suppliers to dilute ('cut') the liquid and then thicken it so that it looks like full strength THC liquid. If nicotine liquids are implicated in the lung damage cases, it would need to be through an entirely separate cause. It is implausible for twin outbreaks to arise in the same geography and at the same time, but with completely separate causes. Misreporting (above) is by far the most likely explanation for the ongoing lack of clarity on the underlying cause, and this may *never* be resolved.

Recommendation. The lung-injury outbreak should be understood by policymakers as *a black-market problem,* not an e-cigarette problem. It arises from the legal status of THC or other illicit substances and the consequential illegal trade, rogue operators and poor production techniques that follow from prohibitions. Although similar devices are used, this is not an issue that arises from using commercially available nicotine vaping products regulated by the FDA, which have been working well as an alternative to smoking. However, the crisis has been used by some to justify emergency restrictions on nicotine vaping products (complete bans or flavor bans), which will, in practice, *increase black market activity*.

In conclusion. We hope these observations are of interest. We believe the United States is heading for a crisis in this field in 2020 with potentially millions of Americans facing life-threating regulation imposed by the federal and state governments. We strongly recommend that policymakers should enter this period well-acquainted with the likely harmful consequences and likely benefits to the cigarette trade.

Yours sincerely,

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Attachment: Letter from seventy-two specialists in nicotine science, policy and practice to the Director General of the World Health Organisation

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[16] For example, CDC found: "*In Wisconsin, eight patients initially denied using THC-containing products in interviews, but five (63%) were later found to have used THC through review of medical charts, reinterview, or cross-referencing with friends who were also interviewed as patients*." MMWR, September 26, 2019.

[17] Siegel M. *Despite Increasing Clarity in Role of Illicit THC Vape Carts in Lung Injury Outbreak, CDC Violating Its Own Principles to Blame E-Cigarettes.* The Rest of the Story blog. September 17, 2019.

Biographies

Clive D. Bates is Director of Counterfactual, a consulting and advocacy practice focussed on a pragmatic approach to sustainability and public health. He has had a diverse career in the public, private and not-for-profit sectors. He started out with the IT company, IBM, then switched career to work in the environment movement. From 1997-2003 he was Director of Action on Smoking and Health (UK), campaigning to reduce the harms caused by tobacco. From 2000, he was closely involved in the development of the Framework Convention on Tobacco Control. In 2003, he joined Prime Minister Blair's Strategy Unit as a senior UK civil servant and worked in senior roles in government and regulators, and for the United Nations in Sudan. He started Counterfactual in 2013.

David T. Sweanor JD is Adjunct Professor of Law and Chair of the Advisory Board of the Centre for Health Law, Policy and Ethics at the University of Ottawa. He has worked on global tobacco and health issues for more than 30 years, helping set many global precedents in Canada. He has also worked globally on tobacco issues with the WHO, PAHO, World Bank and numerous other bodies and spoken and published widely on issues of tobacco and health. His interests extend to a wide range of topics, and in addition to his personal work he funds numerous initiatives. He was the recipient of the Outstanding Individual Philanthropist award for Ottawa in 2016.

Letter from seventy-two specialists in nicotine science, policy and practice

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1 October 2018

Dear Dr. Adhanom Ghebreyesus

Innovation in tobacco control: developing the FCTC to embrace tobacco harm reduction

We write to express our hope that WHO will assume a leadership role in promoting effective and fast-acting policies for regulating tobacco and nicotine. In this letter, we propose that WHO and related stakeholders adopt a more positive approach to new technologies and innovations that have the potential to bring the epidemic of smoking-caused disease to a more rapid conclusion.

In the field of tobacco control and public health, the world has changed significantly since the Framework Convention on Tobacco Control was signed in 2003. It is impossible to ignore or dismiss the rise of Alternative Nicotine Delivery Systems (ANDS). These are established and new technologies that deliver nicotine to the user *without combustion of tobacco leaf and inhalation of tobacco smoke*. These technologies offer the prospect of significant and rapid public health gains through 'tobacco harm reduction'. Users who cannot or choose not to quit using nicotine have the option to switch from the highest risk products (primarily cigarettes) to products that are, beyond reasonable doubt, much lower risk than smoking products (e.g. pure nicotine products, low-toxicity smokeless tobacco products, vaping or heated tobacco products). We believe this strategy could make a substantial contribution to the Sustainable Development Goal to reduce premature deaths through non-communicable diseases (SDG Target 3.4).

The concept of tobacco harm reduction is coded into the definition of 'tobacco control' set out in the FCTC (Article 1.d), and we believe it now needs to be fully expressed in the FCTC and by the Parties in their approach to implementation. To that end, we offer some guiding principles for your consideration for the development of the next phase of global tobacco control, starting from the next Conference of the Parties (COP-8, 1-6 October, Geneva).

- *Tobacco harm reduction is integral to tobacco control*. Harm reduction is a widely practiced strategy in public health (e.g. HIV, drug use, sexual health) and should become an integral component of tobacco control – helping smokers to quit smoking or diverting them from ever starting, and, in either case greatly reducing their risk.
- *From a health perspective, the major distinction between nicotine products is whether they are combustible or non-combustible.* It is not whether they are tobacco or non-tobacco products or

whether they are established or novel. Given the principal focus of the FCTC is management of health risks, this distinction should be integral to the design and implementation of the FCTC[1].

- *Tobacco harm reduction is supportive and synergistic with the 'MPOWER' policies that underpin the FCTC.* By providing more diverse options for users to respond to taxes or other measures, harm reduction can improve the effectiveness of conventional measures and mitigate the unintentional harmful consequences of such policies to continuing users, for example the impact of cigarette taxes on people who would otherwise continue to smoke.
- *Stakeholders should give appropriate weight to the benefits and opportunities of tobacco harm reduction*. They should not focus exclusively on unknown risks to health, especially when these are minor or improbable risks. A lost opportunity for a public health gain represents a real harm to public health, and should be recognised as such.
- *Youth uptake of any tobacco or nicotine product demands a coherent and adaptable strategy focussed on reducing present and future harms to young people.* Policies to address youth nicotine use should be based on an understanding of youth risk behaviours, the interactions between use of different products (for example, for some young smokers the potential displacement of smoking by low risk products may be beneficial), and due regard for the overall balance of harms and benefits to both adults and to youth arising from interventions.
- *Uncertainty about long-term effects should not be a reason for paralysis*. It is true we will not have complete information about the impacts of new products until they have been used exclusively for several decades – and given the complex patterns of use, we may never. But we already have *sufficient* knowledge based on the physical and chemical processes involved, the toxicology of emissions, and biomarkers of exposure to be confident these non-combustion products will be much less harmful than smoking. We also know with certainty that the incumbent product (cigarette) is extremely harmful.
- *FCTC and its implementation should embrace "risk-proportionate regulation".* This means that the stringency of regulation or taxation applied to product categories should reflect risk to health. For example, there should be high taxes on cigarettes, but low or no taxes on vaping products. It is reasonable to ban all advertising of combustible products, but to place controls on advertising for non-combustible products (to protect never-smoking youth in particular) and so allow enough promotion so that smokers can still learn of alternatives and can be encouraged to switch. This risk-proportionate approach should be adopted throughout the FCTC.
- *WHO and Parties to the FCTC should be aware of and careful to avoid the harmful unintended consequences of prohibitions or excessive regulation*. If WHO-endorsed policies make non-combustible alternatives to smoking less easily accessible, less palatable or acceptable, more expensive, less consumer friendly or pharmacologically less effective, or inhibit innovation and

[1] We recognise that poor production standards and the inclusion of slaked lime (calcium hydroxide), areca nut and other hazardous ingredients in some traditional tobacco-containing products such as gutka and paan can make these products much more hazardous than other smokeless tobacco products.

development of new and improved products, then these policies can cause harm by perpetuating smoking.

- *The FCTC negotiations should become open to more stakeholders*. There are many stakeholders, including consumers, the media and public health experts with pro-harm-reduction views, who should be part of the process. We are concerned that the FCTC has been excluding appropriately diverse perspectives and that its deliberations and decisions could be more robust and credible if its proceedings were more open.

We are concerned that WHO and the Convention Secretariat are not embracing these principles and in many cases are doing the opposite. We have seen the more detailed letter to you of 3 September by Abrams et al regarding prohibition and excessive regulation[2]. We recommend that this letter be read carefully by everyone with an interest in the future of tobacco control.

We believe that it is time for tobacco control to embrace tobacco harm reduction. We hope that WHO and Parties to the FCTC will advance this agenda at the Eighth Conference of the Parties of the FCTC, starting today. We will share this letter with relevant stakeholders.

The authors of this letter confirm no conflicts of interest with respect to the tobacco industry and that no issues arise with respect to Article 5.3 of the FCTC.

Yours sincerely,

[2] Abrams DB, Bates CD, Niaura RS, Sweanor DT. Letter to WHO Director General, 3 September 2018. (link to letter)

Letter from seventy-two specialists in nicotine science, policy and practice

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Letter from seventy-two specialists in nicotine science, policy and practice

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Letter from seventy-two specialists in nicotine science, policy and practice

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Letter from seventy-two specialists in nicotine science, policy and practice

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