WHO Public Hearings on the Framework Convention on Tobacco Control  
12-13 October 2000 - Geneva, Switzerland

Submission of the Royal College of Physicians of London

The Royal College of Physicians was founded by Royal Charter in 1518 and now has statutory responsibilities in relation to the education, training and employment of postgraduate physicians in England, Wales and Northern Ireland. In addition to its core responsibilities, it has a strong tradition of advising Governments and the public on matters of public health. College policy is decided by the College Council, a committee democratically elected by the College's Fellows and chaired by the President of the College.

Sources of funding

The College is an independent body which is funded by membership subscriptions and income derived from its activities, and receives a limited amount of Government funding to support the monitoring of junior physicians' training. The College does not receive any funding from tobacco companies.

Interest in the FCTC

The groundbreaking 1962 College working party report on the effects of smoking on health was the first authoritative attempt to educate the UK population about the dangers of smoking. In subsequent decades the College has produced seven more reports on tobacco issues, and consistently lobbied in the UK and Europe on tobacco control issues. The College fully supports the need for the FCTC as a way of providing a high level of public health protection against tobacco for all world citizens. The College does not wish to testify in person at the hearings.

Submission

Although the College advocates a broad approach to tobacco control that deploys all available policy levers, in this submission we would like to concentrate on the recommendations of our latest report, 'Nicotine Addiction in Britain' 1, published in February 2000. The report addresses the fundamental role of nicotine addiction in smoking. It is clearly recognised that nicotine addiction is one of the major reasons why people continue to smoke cigarettes, and that cigarettes are in reality extremely effective nicotine delivery devices. This recognition is important for the way in which harmful nicotine delivery products should be regulated and controlled in society. Although written primarily for the UK, many conclusions and policy recommendations of the report have international resonance:

- In all areas of policy making and management of public health, nicotine delivered rapidly to the brain in tobacco smoke should be recognised as a powerfully addicting drug on a par with heroin and cocaine, and tobacco products should be recognised as nicotine delivery systems.

- Tobacco product regulation is greatly complicated by the influence of nicotine on smoking behaviour. Current approaches to characterising the tar and nicotine yield of tobacco products are simplistic and misleading to consumers and regulators alike, and should be abandoned. This approach should be replaced with measurements and metrics...
that properly reflect the relative harm caused by different tobacco products, and by measures to ensure that this information is appropriately provided to consumers

- Harm-reduction strategies based on naïve interpretation of tar and nicotine yield measurements should be discontinued. In practical terms, this means abandoning the strategy of seeking lower nominal tar yields and instead finding approaches that genuinely reduce harm to nicotine users. Branding such as "light", "mild" and other words or imagery that imply a reduced health risk attributable to low tar or nicotine measurements should be banned unless and until convincing evidence of reduced health risks is forthcoming.

- The phenomenon of nicotine dependence is heavily entrenched in society. It is obviously desirable to reduce both nicotine dependence and the terrible harm caused by nicotine delivery through tobacco smoke, but it may be necessary to accept, albeit reluctantly, the intractability of widespread nicotine dependence in the short to medium term. In this case, product developments that enable nicotine users to take nicotine with less harm to their health should be encouraged, not rejected.

- Warning labels on tobacco products should reflect their addictive nature.

- Governments should be encouraged to target health communication programmes and smoking cessation services towards those sectors of society where smoking is most prevalent. Smoking cessation services must be adaptable to incorporate new cost-effective therapies and interventions. Consideration should be given to the use of addiction messages in communication strategies aimed at young people, for whom a loss of control may be of more concern than a risk of cancer or heart disease much later in life.

- Cigarettes are nicotine delivery products and should be subject to the same regulatory controls as any other drug delivery device. Governments should be encouraged to set up nicotine regulatory authorities or to incorporate the regulation of nicotine into existing appropriate regulatory bodies by extending their remit.

On a more general note, we would stress that the Framework Convention should not have an adverse or diminishing effect on existing tobacco control initiatives, but should seek to support and strengthen these. Particular emphasis should be placed on protecting high-risk groups: low income populations and those at increased risk of lung disease, cardiovascular disease (eg. people with diabetes and CVD risk factors), as well as young people.

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