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Dear Committee Members,

**Re: Comments on Tobacco Products and Electronic Delivery Systems Control Bill**

Thank you for the opportunity to comment on the Tobacco Products and Electronic Delivery Systems Control Bill. As a research unit working in the tobacco control space, the Research Unit on the Economics of Excisable Products (REEP), having assessed the available evidence on each of the Bill's proposed legislative changes, believes that bill should be accepted as is. In 2016, we conducted a comprehensive 280 page study which was an input to the subsequent socio-economic assessment on the new bill done by the National Department of Health.

The Bill seeks to strengthen public health protection measures, and to align South African tobacco control law with the World Health Organisation's Framework Convention on Tobacco Control (WHO FCTC). South Africa urgently needs to strengthen tobacco control laws to improve public health outcomes. In 2012, tobacco smoking caused an estimated 31 000 deaths, accounting for 7% of total deaths of all ages.<sup>1</sup> In 2016, the economic cost of smoking was approximately R42 billion (about 1% of GDP).<sup>2</sup>

The Committee will no doubt receive a slew of submissions from the tobacco and vaping industries. We urge the Committee to check the funding sources of the research they cite. Much of the research they use is funded by the tobacco and vaping industries, and, as such, have vested financial interests.

We have structured our submission according to the proposed legislative and policy changes:

- (1) indoor public places and certain outdoor areas to be 100% smoke-free;
- (2) ban the sale of cigarettes through vending machines;
- (3) plain packaging with graphic health warnings;
- (4) ban on display at point-of-sale; and
- (5) regulation and control of electronic nicotine delivery systems (ENDS) and electronic non-nicotine delivery systems (ENNDS).

## 1. Indoor public places and certain outdoor areas to be 100% smoke-free

South Africa's current policy allows the hospitality industry to have smoking areas up to 25% of the floor space. It is important to understand the context of the current policy. When the Tobacco Products Control Amendment Act of 1999 was debated, the tobacco industry argued that a comprehensive smoke-free ban would result in significant economic costs to the hospitality industry. The industry successfully persuaded the Federated Hospitality Association of South Africa (FEDHASA) to support this position. As a compromise, the government agreed to allow hospitality establishments to have a maximum of 25% of the floor area set aside as smoking areas. This 25% corresponded to the smoking prevalence among the adult population at the time. A 2018 study<sup>3</sup> showed that many restaurants have generally reduced the smoking areas or gotten rid of them completely.

A comprehensive smoking ban in all indoor facilities protects the public from tobacco smoke, which is a known carcinogen.<sup>4</sup> There is no safe level of exposure to tobacco smoke. Second-hand smoke (SHS) exposure can lead to several adverse health outcomes in both adults and children, including cardiovascular disease, respiratory disease, and cancer.<sup>5 6</sup> According to the 2017 Global Burden of Disease Study, exposure to SHS accounts for 1.2 million deaths annually, worldwide,<sup>7 8</sup> which is about 15% of all tobacco-related deaths. From a public health perspective, the importance of smoke-free policies is thus self-evident.

Several studies have shown that designated smoking rooms, expensive ventilation systems, and similar partial approaches do not protect people from the dangers of second-hand smoke.<sup>9-11</sup> The simplest and most affordable way to protect people from second-hand smoke is to create smoke-free environments.

100% smoke-free area will protect both non-smokers using public spaces, as well employees who work in these spaces. Employees working at restaurants with smoking areas currently have to endure second-hand smoke in order to keep their jobs.

A comprehensive ban on indoor smoking will reduce the social acceptability of tobacco use, which could prevent smoking initiation, and further motivate smokers to quit.<sup>12</sup> By banning smoking indoors, the government can influence people to make a healthy choice about smoking and, in so doing, send a strong public health message to the broader population.

### 1.1. Public health effect of smoke-free policies

A comprehensive smoke-free policy will enhance public health in two ways: (1) it would reduce exposure to SHS, both in terms of the number of people exposed and the length of time they are exposed and (2) it would provide an environment that made it easier for current smokers to quit smoking. Since 2000, several influential reports and studies have focused on various aspects of smoke-free policies, such as their effectiveness<sup>13 14</sup> how well they are accepted by and complied with by the public,<sup>15-17</sup> their effect on voluntary home-smoking restrictions,<sup>18</sup> and various economic effects, mostly in the hospitality industry.<sup>3 19-32</sup>

Studies on the effects of smoke-free policies have focused on core public health outcomes, specifically morbidity and mortality related to SHS exposure. One prominent systematic review in the literature was done by Callinan, et al.<sup>14</sup> and later updated by Frazer, et al.<sup>13</sup> The updated review included a total of 77 studies, spanning 21 countries, and reinforced many of the findings of its predecessor.

Frazer, et al.<sup>13</sup> identified five studies on specific outcomes from passive smoke exposure that also reported evidence of health outcomes. In these studies, evidence of reduced SHS exposure

was detected following the introduction of smoking bans. The earlier review by Callinan, et al.<sup>14</sup> included 31 studies that investigated exposure to SHS in workplaces, restaurants, bars and public places. In these studies, significant reductions in SHS exposure were reported, ranging from 71% to 100% reductions in duration of exposure and 22% to 85% reductions in the percentage of people exposed to SHS. Hospitality workers experienced the greatest reduction in exposure to SHS following the implementation of a smoke-free policy. The studies provided evidence consistent with the previous review by Callinan, et al.<sup>14</sup>

In terms of morbidity outcomes, Frazer, et al.<sup>13</sup> found studies that examine three broad classes of health outcomes: (1) cardiovascular outcomes such as strokes and heart attacks, (2) respiratory outcomes such as asthma, lung function, and chronic obstructive pulmonary disease (COPD), and (3) perinatal outcomes such as risk of preterm deliveries and low birth weight. In addition, several studies investigating the effect of smoke-free policies on mortality related to SHS exposure were examined. Finally, some studies examined the effect of smoke-free policies on active smoking, i.e. smoking prevalence, intensity and quit rates.

Studies that assessed cardiovascular outcomes found consistent evidence of a significant reduction in admissions and discharges for heart attacks in areas that introduced smoke-free policies, compared to areas that did not. Importantly, Frazer, et al.<sup>13</sup> reported a dose-response effect, with some studies noting sustained reductions two and even three years after the smoking ban was implemented. The evidence also suggests that stroke-related admissions rates significantly reduced following a smoking ban. Only one study found no significant reductions for stroke admissions, although admissions due to heart attacks did decline.<sup>33</sup>

Reductions in admissions for COPD and asthma were reported in most studies which investigated these outcomes, while improved lung function was reported among hospitality workers following the introduction of smoking bans. One study in the US noted that people living in 100% smoke-free counties were 22% less likely to be admitted for COPD than those with weak or no bans. Some studies also found reductions in asthma hospitalizations among non-smokers and children.

Most studies noted variations in the impact over various population subgroups. The largest reductions in admissions caused by heart-related ailments occurred among non-smokers, the young, and men in lower socioeconomic groups. Studies reporting stroke-related outcomes found no interactions between subpopulations. In comparison, asthma and COPD-related outcomes improved among non-smokers and children, while lung function improvements were observed in women and older participants.

## 1.2. Economic impact of smoke-free policies

An oft-cited criticism against smoke-free policies is its potential adverse effect on the hospitality industry. The typical argument is that it reduces bar and restaurant patronage by smokers, which results in lost revenue, the closure of businesses, and loss of employment for people working in the hospitality industry.

The International Agency for Research on Cancer<sup>34</sup> (IARC) and, more recently, the US National Cancer Institute and World Health Organization<sup>35</sup> published detailed reviews of studies that investigated, among other things, the economic effects of smoke-free policies. In general, both reviews identified four types of studies: (1) studies of bar and restaurant sales data, (2) studies of employment in bars and restaurants, (3) studies based on numbers of establishments and business value, and (4) studies on revenue from gaming businesses.

The IARC review concludes that there is sufficient evidence to support the statement that smoke-free policies do not cause a decline in the business activity of restaurants and bars. “Sufficient” evidence is defined as “an observed association in which chance, bias, and confounding can be ruled out with reasonable confidence and the association is highly likely to be causal”<sup>34</sup> – it indicates the highest degree of confidence that can be placed on a conclusion. The US National Cancer Institute and World Health Organization<sup>35</sup> review concurs with the IARC findings, and further notes that some benefits may accrue to business through improved productivity, reduced worker absenteeism, and lower employee healthcare costs.

Several systematic reviews were also conducted over the last two decades. These include an older study by Scollo, et al.<sup>36</sup> who reviewed 97 studies, an updated version of this by Scollo and Lal<sup>37</sup> which included an additional 68 studies done through January 2008 (bringing the total number of studies to 165), a section of the review by Callinan, et al.<sup>14</sup>, and one by Cornelsen, et al.<sup>38</sup> which reviewed 56 studies. The consensus from all these reviews is that while different business types may experience different impacts, there is no evidence to suggest a negative economic impact in the hospitality sector, with some studies finding positive effects.

Locally, Blecher<sup>32</sup> and later Van Walbeek, et al.<sup>31</sup> evaluated the effect of the country’s Tobacco Products Control Amendment Act of 1999 on the restaurant industry. The studies found that, while some (mainly independent) restaurants were slightly negatively affected, and others (mainly chains) were positively affected by the new regulations, the overall impact on restaurant revenues and profitability was not significant. In 2018, Little and Van Walbeek<sup>3</sup> investigated South African restaurateurs’ attitudes to the proposed legislative changes. Of the 741 restaurants interviewed, they found that 91% supported the current legislation, while 63% supported the proposed legislative changes in South Africa.

Any discussion on the economic effect of smoking bans must be weighed against the economic cost of SHS exposure. A review of studies that attempt to quantify the economic costs attributable to SHS exposure indicates that these costs are substantial.<sup>35</sup> For instance, The Tobacco Advisory Group of the Royal College of Physicians<sup>39</sup> published a report in 2010 which estimated that the cost of hospital admissions attributable to SHS exposure among children up to 14 years old in the UK was approximately GBP 12.1 million annually. In the US, it was estimated that if smoke-free policies were implemented in all workplaces, this would result in a total saving of USD 225 million annually.<sup>40</sup>

Economists often use cost-effectiveness analyses to compare the relative costs and outcomes of different courses of action. Kahende, et al.<sup>41</sup> review 42 studies evaluating the cost-effectiveness of different tobacco-control interventions including two focused on smoke-free policies. They conclude that, with few exceptions, tobacco-control programs and policies are either cost-saving or highly cost-effective. Paech, et al.<sup>42</sup> came to a similar conclusion after reviewing 38 studies.

The tobacco industry vehemently opposes 100% smoke-free areas. There are numerous historical examples in the US and other places that indicate that the tobacco industry’s strategy is to subvert and discredit the evidence linking SHS exposure to adverse health outcomes. Hyland, et al.<sup>43</sup> noted the pattern of arguments presented by the tobacco industry. The strategy typically included threats of adverse economic effects, claims of lack of public support, and assurances that existing measures are adequate to mitigate any exposure to SHS. These arguments have repeatedly and systematically been debunked. International evidence and evidence from South Africa suggest that public support for and compliance with smoke-free policies increases after implementation.<sup>3 14</sup>

## **2. Ban the sale of cigarettes through vending machines**

A ban on cigarette vending machines supports a comprehensive indoor smoking ban. The public health requirement to have 100% smoke-free policies supersedes people's desire to conveniently purchase cigarettes from vending machines.

Vending machines advertise and promote cigarettes. They are similar to point of sale displays at retail stores. Cigarette vending machines afford young people easier access to cigarettes than they would experience at, say, a retail store. They typically serve as a convenient way for smokers to purchase cigarettes when they are visiting a hospitality establishment. By removing this convenient access to cigarettes, former smokers/those attempting to quit may be less enticed to buy a box of cigarettes.

When we conducted the research for the socio-economic impact assessment<sup>44</sup> in 2016 we spoke to a number of vending machine operators. It was clear that they were expecting this legislation, even at that time, and started adjusting the investments accordingly. Very few new cigarette vending machines were being installed. It seems likely that most cigarette vending machines will have been fully depreciated by the time that the legislation becomes effective. Also, existing vending machines can be converted to dispense other products, such as sweets or condoms. The ban will not mean destruction of vending machines, but require those involved in the cigarette vending machine industry to change the products that they stock. This is a diversification process, which many of them have voluntarily undertaken over the past few years. Diversification will mitigate any income and employment losses.

## **3. Plain packaging with graphic health warnings**

Although the WHO FCTC does not explicitly advise countries to adopt plain packaging, it does oblige countries to implement effective measures to ensure that tobacco packaging and labelling do not promote tobacco products by false, misleading or deceptive means and to ensure that tobacco packaging carries health warnings describing the harmful effects of tobacco use.<sup>45</sup> The guidelines for the implementation of Articles 11 and 13 of the WHO FCTC, both identify plain packaging as a suitable measure to use in conjunction with other measures such as graphic health warnings (GHWs) to meet the obligation under the WHO FCTC.<sup>46</sup> South Africa's intention to introduce plain packaging with GHWs is well-founded and will place the country on par with current global best practice.

Plain packaging complements and augments graphic (or pictorial) health warnings. South Africa's cigarette packaging laws are archaic, having last been updated in 1994. At present, the law does not require GHWs, but does require text-only health warnings that cover 15% of the front and 25% of the back of the package. GHWs were introduced by Canada in 2000 and have subsequently been adopted in 134 countries. South Africa is not one of them. Given that South Africa has eleven official languages and a high level of illiteracy, graphic health warnings will be more effective in communicating the risks of smoking. Several systematic reviews from the international literature indicate that pictorial cigarette pack warnings are effective.<sup>47 48 49</sup> Larger size GHWs are perceived to be more effective in increasing noticeability of warnings, motivating cessation, preventing initiation, and conveying the intended health message.<sup>50 51</sup>

There are several reasons why the global movement to larger, picture-based, more impactful warnings has been so successful: (1) the cost is paid by industry, not government, (2) GHWs have broad national reach, reaching every tobacco consumer many times per day, as well as family, friends and co-workers of the consumer, (3) the measure is simple to understand, and

can be modified/enhanced over time.<sup>52</sup> Changing warnings regularly is important to ensure their effectiveness. The EU has three sets of 14 warnings that are changed annually.<sup>52</sup> Australia and New Zealand have had two sets of seven messages changed annually, with some other countries also having multiple sets.<sup>52</sup> GHWs can be politically attractive and announced by health ministers, which itself generates media coverage and public awareness of health effects.<sup>52</sup>

While GHWs are now common on most countries, plain packaging is slowly rolling out. Australia was the first country to implement plain packaging in 2012. Plain packaging has subsequently been fully implemented in another 23 countries. Plain packaging reduces cigarette consumption via three channels: (1) by reducing the appeal of tobacco products; (2) by increasing the effectiveness of health warnings; and (3) by reducing the ability of packaging to mislead consumers about the harmful effects of tobacco.

### 3.1. Reduces the appeal of tobacco products

Cigarette advertising has been banned in South Africa for more than 20 years. One of the last avenues to promote cigarettes is through the use of cigarette packs themselves.

Plain packaging restricts the industry's use of the cigarette pack as a promotional vehicle, reducing the appeal of cigarettes.

The tobacco industry has long used cigarette packaging to distinguish their products from competitors and establish brand loyalty.<sup>53-55</sup> Physical features of the pack are modified and designed to appeal to different segments of the population based on their psychological and psychosocial needs. The introduction of plain packaging would thus have varying levels of impact on different population groups. Indeed, various studies find this to be the case. Studies on adolescents' perceptions of plain pack cigarettes indicate that most young people associate plain-packaged cigarettes with having lower appeal and inferior taste compared to fully-branded or partially-branded packs.<sup>56</sup> A review of studies from low-income settings in Brazil,<sup>57</sup> India,<sup>58</sup> and in low-income locations of Australia<sup>59 60</sup> also found that plain packaged tobacco products had less appeal than branded packs.<sup>61</sup> In France, the introduction of plain packaging was associated with a higher likelihood of reporting fears of the effects of smoking, less acceptability of smoking in communities and a decrease in smoking initiation.<sup>62</sup> Researchers also found that smokers were less attached to their tobacco brands, all indicating that plain packaging has the potential to shift social norms on smoking and contribute to reductions in smoking prevalence.

Local evidence on South Africa shows that plain packaging would effectively reduce people's utility for cigarettes.<sup>63</sup> Data from smokers and non-smokers were collected in 2021 from 1400 UCT students. They were shown several packs at the same time and were required to make trade-offs to reach a decision. From the data that was collected, it was possible to determine people's preferences. Smokers preferred not to buy plain packs, and non-smokers preferred not to try plain packs.

### 3.2. Increases the effectiveness of health warnings

Health warnings on cigarette packs with either text-only, or text and GHWs are a standard feature in most countries. Studies indicate that plain packaging would likely enhance these warnings.<sup>56 64-67</sup> Text-only warnings are found to be less effective than GHWs, even with plain packaging. From Australia, Wakefield, et al.<sup>68</sup> found that, where packs had plain packaging, more smokers noticed the GHWs and attributed the GHWs to higher motivation to quit smoking.

Although motivation and intention to quit does not always translate to actual quit attempts, studies indicate there is a strong positive link.<sup>69 70</sup> A related study found evidence indicating a strong association between plain packaging and a higher frequency of thoughts about quitting, quit intentions, and micro-indicators of concern such as pack concealment, or premature stubbing out of cigarettes due to thoughts of its harms, and quit attempts.<sup>71</sup> Brennan, et al.<sup>72</sup> explored the mechanism through which plain packaging with GHWs likely contributed to thoughts of quitting and quitting behaviours. They concluded that the short-term increases in quitting-related intentions and behaviours observed in Australia following implementation of plain packaging with larger GHWs could be attributed to smokers' responses to the new, larger GHWs.

Australia's official post-implementation review, which involved several quantitative and qualitative studies,<sup>73</sup> found that plain packaging had decreased smoking prevalence by an additional 0.55 percentage points, relative to a scenario with no plain packaging.<sup>74</sup> The review controlled for the impact of other tobacco control policies before and after the introduction of plain packaging, including the introduction of graphic health warnings in 2006 and excise tax increases in 2010, 2013 and 2014, among others. The report concluded that plain packaging was having the intended effect and was expected to have more positive gains for public health in the long run.

Researchers in the UK recently found that plain packaging was associated with increased prominence of health warnings and thoughts about the risks of smoking and thoughts about quitting following the country's phased introduction of plain packaging for cigarettes.<sup>75</sup> Similar results were reported in New Zealand<sup>76</sup> and France.<sup>62</sup> Another study in France, reported the first significant reduction in overall smoking rates in nearly a decade following the introduction of comprehensive anti-tobacco policies, including plain packaging, in 2016.<sup>77</sup>

### 3.3. Reduces the ability of packaging to mislead consumers about the harmful effects of tobacco

The effect of plain packaging on perceptions of the harm and strength of cigarette products, packs and brands was assessed via surveys about (1) perceived tar and/or nicotine levels, and (2) in terms of perceptions of harmfulness and/or ease of quitting. The results in both cases were mixed. Stead, et al.<sup>64</sup> reported eight studies that measured the perceptions of tar and nicotine strength. Some studies found that perceptions varied according to the colour of the standardised pack while others found no effect. However, darker, plain packaging colours were generally associated with higher tar content compared to branded packs. Of the eleven studies on the perceived harmfulness of smoking, most found that plain packs were more effective in conveying impressions of harm or informing about the health effects of smoking, although five studies found no difference between branded and standardised packs. Similarly, a review by Drovandi, et al.<sup>56</sup> found that plain packs are perceived to have increased tar content and increased risk of causing ill-health among adolescents.

Local evidence from South Africa shows that smokers and non-smokers perceived plain packs to pose the most significant health risk.<sup>63</sup> Plain packaging would create an incentive for some smokers to quit smoking, and would disincentivise people from starting smoking.

#### *Will illicit trade increase if plain packaging is implemented?*

The tobacco industry in South Africa will vehemently oppose plain packaging. They will argue that plain packaging will encourage the illicit market because packs with no brands will result in smokers becoming less brand loyal. People who smoke legal brands will no longer see their usual 'appealing' brand. However, illicit cigarette packs in South Africa are not inferior in terms of their branding – they look just as good as legal brands. Without knowledge of the price, it is

impossible to distinguish between legal and illicit packs in South Africa just by looking at cigarette packs.

All countries that have implemented plain packaging experienced opposition from the tobacco industry. In 2013, leaked documents from Philip Morris International revealed the extent of the tobacco company's public relations and lobbying campaign to derail the UK's government's proposals and public consultation on plain packaging.<sup>78</sup> Cancer Research UK published a paper setting out the weakness of the tobacco industry's arguments that plain packaging will increase the amount of illicit tobacco.<sup>79</sup>

A systematic review on the effect of plain packaging on illicit trade published in 2017 concluded that there was no evidence that plain packaging have led to increases in illicit trade. Evidence from Australia showed no link between plain packaging and illicit trade,<sup>80</sup> and that tobacco industry claims about the amount of illicit tobacco purchased were exaggerated and misleading.<sup>81</sup> Research in Europe has found no evidence that levels of illicit trade in tobacco have risen after implementation of plain packaging. The frequency of being offered illicit cigarettes declined between 2015 and 2018 in countries with and without plain packaging, with no differences between the two groups.<sup>92</sup>

Cigarette illicit trade is extremely high in South Africa and needs to be addressed urgently. It was estimated at 54% in 2021.<sup>82</sup> The scale of the illicit tobacco market is related to price and availability, which are not affected by plain packaging. The biggest impact on illicit trade is the extent of effective enforcement. Sadly, in South Africa, effective measure to reduce illicit trade have been sorely lacking, especially after 2014, when the special investigative units at the South African Revenue Services were disbanded.

It is likely that illicit cigarette manufacturers will comply with plain packaging regulations so that they do not stand out. If they do not comply with the regulations, it many make it easier for SARS to identify illicit brands.

#### **4. Ban on display at point-of-sale**

The tobacco retail environment has become one of the primary ways in which the tobacco industry aims to maintain and stimulate the demand for its products and regularly incentivises retailers to use signage, advertising and product 'slotting' at the point-of-sale (POS) in an effort to influence sales. Studies show that POS tobacco displays are associated with increased smoking and smoking susceptibility among the young.<sup>83 84</sup> Smoking susceptibility is an indicator of a never-smoker's proclivity to initiate smoking. POS displays of tobacco has been linked to a lower likelihood to quit smoking<sup>85 86</sup> and higher likelihood to purchase cigarettes impulsively.<sup>87</sup>

A systematic review of available evidence by Paynter and Edwards<sup>88</sup> as well as four further studies from New Zealand,<sup>84</sup> England,<sup>83</sup> Norway,<sup>89</sup> and the United States<sup>90</sup> indicate that point of sale displays are associated with higher levels of youth smoking. These studies contribute to a broader scientific evidence-base which has found consistent evidence of a positive association between exposure to point-of-sale tobacco promotion and increased smoking and smoking susceptibility among children and adolescents.



## **5. The regulation and control of electronic nicotine delivery systems (ENDS) and electronic non-nicotine delivery systems (ENNDS).**

The industry uses ENDS and ENNDS to “renormalize” smoking. It is estimated that about 2.2% of South Africans aged 15+ used ENDS/ENNDS in 2021.<sup>91</sup> ENDS and ENNDS represent a potential gateway to conventional smoking for non-users, especially among youth. The new bill will include the use of ENDS and ENNDS into the tobacco act, making them subject to the same regulation as other tobacco products. Their long-term health effects are unknown. Scientists at Johns Hopkins University found that vaping aerosols contain thousands of unknown chemicals and substances not disclosed by manufacturers, including caffeine and industrial chemicals (such as pesticides and flavourings).<sup>92</sup> These industrial chemicals may be toxic and may cause respiratory irritation.<sup>92</sup>

The manufacturing process of ENDS/ENNDS in several countries around the world is subject to little internal quality control with no external regulatory oversight of ingredients or packaging, resulting in a wide variability of nicotine concentrations that are used in the device.<sup>93</sup>

The tobacco and/or vaping industries typically argue that ENDS/ENNDS are useful as quitting devices. This may be true for some people. However, if the vaping and tobacco industry is serious about using ENDS/ENNDS as quitting devices they should apply to have them regulated as medicinal products. The industry has not done this. In fact, they are presenting the products as lifestyle products. In practice this means that they want ENDS/ENNDS users to use the product for long periods of time, possibly even lifetimes.

As of 1 June 2023, nicotine and nicotine-substitute solutions in vaping products are taxed in South Africa at a flat excise-duty rate of R2.90/ml. Among countries that permit the sale or manufacture of ENDS/ENNDS, at least 54 countries and 33 US jurisdictions (30 states, DC, and two territories) currently tax ENDS/ENNDS products.<sup>94</sup> The WHO recommends that countries that have not banned the sale of ENDS/ENNDS ensure their tobacco control laws and regulations are comprehensive enough to regulate all forms of emerging nicotine products.<sup>94</sup> This approach is consistent with the general obligations of the WHO FCTC, which require Parties to the Convention to implement measures for preventing and reducing nicotine consumption.<sup>94</sup>

### **Conclusion**

We hope that the Tobacco Products and Electronic Delivery Systems Control Bill will be implemented without delay. It is well overdue. In the meantime, the death toll associated with tobacco use remains unacceptably high.

Thank you for considering our comments. We would to give an oral presentation if the opportunity arises. If you have any questions regarding our submission please contact us at [Nicole.vellios@uct.ac.za](mailto:Nicole.vellios@uct.ac.za), or 021 650 1540.

Yours sincerely,

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