



June 1, 2021

Dear Dr. Cummings and Colleagues,

Thank you for your letter. We welcome the opportunity for an exchange and to clarify the focus and intention of the tobacco control work that we support.

For the last 15 years Bloomberg Philanthropies has supported policies to reduce traditional tobacco use around the globe with the Framework Convention on Tobacco Control demand reduction policies as our top priority. Our goal is clear – to support proven tobacco control policies that have the greatest impact at saving lives.

From the beginning of the discussion about e-cigarettes, we have worked to examine the evidence about these products paying particular attention to how they are marketed and to data about youth usage of these products.

Bloomberg Philanthropies became involved in the e-cigarette issue in a substantial way when the evidence about sky-rocketing youth use of these products emerged, along with evidence that youth use is overwhelmingly dominated by child-friendly flavors. Data supporting these concerns has been released and verified by the Office of the US Surgeon General, the CDC, the FDA, the WHO, as well as by credible US public health organizations, such as the American Academy of Pediatrics, the American Heart Association, the American Cancer Society, the American Lung Association, the American Academy of Family Physicians, the Truth Initiative, the American Medical Association, the Campaign for Tobacco Free Kids and others.

Importantly, the efforts we support are not focused on e-cigarettes as a category; our concern focuses on the role of flavored e-cigarettes because of the strong and growing evidence over the last five years that flavored e-cigarettes (especially after the introduction and marketing of Juul and its progeny) have resulted in a dramatic growth in youth use of these products and in the percentage of youth who use these products frequently. An increasing number of studies also indicate that youth who use these products are at greater risk of trying cigarettes and becoming smokers or at the very least being at greater risk of long-term nicotine addiction.

Young people are especially vulnerable to nicotine addiction. According to the Surgeon General, “because the adolescent brain is still developing, nicotine use during this critical period can disrupt the formation of brain circuits that control attention, learning, and susceptibility to addiction.”¹ Because of these risks, the Surgeon General found that “The use of products containing nicotine in any form among youth, including in e-cigarettes, is unsafe.”²

¹ CDC, Office of the Surgeon General, “Health Care Professionals: Educate Your Young Patients About the Risks of E - cigarettes,” https://e-cigarettes.surgeongeneral.gov/documents/SGR_E-Cig_Health_Care_Provider_Card_508.pdf.² CDC, Office of the Surgeon General, “Know the Risks: E-Cigarettes and Young People, Frequently Asked Questions,” https://e-cigarettes.surgeongeneral.gov/documents/2016_SGR_ECig_FAQ_508.pdf

From our perspective, the evidence that flavored e-cigarettes attract, and addict youth is strong and the evidence that flavored products are contributing in a meaningful and measurable manner to reducing cigarette use in the US on a population basis is weak.

We are also motivated by the fact that despite the authority provided to the US FDA, the federal government has not been effective at overseeing the marketing and sale of these products in a way that is sufficient to prevent a new generation of kids from becoming addicted to nicotine. The Surgeon General concluded that, “Themes in e-cigarette marketing, including sexual content and customer satisfaction, are parallel to themes and techniques that have been found to be appealing to youth and young adults in conventional cigarette advertising and promotion.”³

I want to reiterate; we are not calling for policies to prohibit the marketing of all e-cigarettes. We have not opposed the sale of tobacco-flavored e-cigarettes and are supportive of efforts to have the federal government do more to both protect youth and to ensure that the products that are made available to adult smokers who want to quit, do in fact, increase the chances of a cigarette smoker quitting altogether and where that is not possible, switching to the use of a product that is demonstrably less harmful, ideally as a pathway to quitting.

Our course of action is driven by the belief that neither adults nor youth are well served by the current situation where products that appeal to youth are widely available, minimally regulated and e-cigarette manufacturers have little incentive to produce products that both minimize the potential for youth abuse and are effective at helping smokers quit. We believe that we need *both* efforts to prevent young people from using tobacco products, including flavored e-cigarettes, and additional effective tools to help smokers quit.

The efforts we have supported have sought to encourage the FDA Center for Drug Evaluation and research (CDER) to support innovation to help more smokers quit and to create a regulatory environment that encourages and facilitates responsible companies’ efforts to develop new, more effective tobacco cessation medications and tools. We have looked closely at the few studies that have concluded that in certain situations certain e-cigarettes when used in a manner prescribed daily have been found to increase the chances for switching (but not necessarily breaking the addiction to nicotine). Supporting regulation that authorizes the marketing of specified products in controlled settings directly to smokers who can’t or won’t quit otherwise based on good science is not something we have opposed.

However, under the current situation - the ready availability of products with flavors that appeal to youth, marketed as consumer products for recreational purposes with marketing strategies that have made these products cool to teens and new nicotine formulations that deliver very high levels of nicotine - has led to dramatic growth in youth e-cigarette use⁴

³ HHS, *E-Cigarette Use Among Youth and Young Adults. A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2016.

⁴ Gottlieb, M. (2019). Regulation of E-Cigarettes in the United States and Its Role in a Youth Epidemic. *Children (Basel)*, 6(3), 40.

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Data clearly demonstrate that flavors played a key role in youth use of e-cigarettes. According to the U.S. Surgeon General, the role of flavors in promoting youth use of tobacco products is well established.⁵ Other data show that young people often cite flavors as a reason for using e-cigarettes.⁶

We constantly review the scientific evidence and the impact of different approaches. Toward this end, we have invested significant resources on data collection and monitoring. We have partnered with the CDC Foundation to collect and analyze information about e-cigarette retail sales, prevalence of teen and young adult e-cigarette use and attitudes of teens about e-cigarettes.

We have not come to these positions lightly and know that others, including those of you who took the time to write to us, have a different perspective.

Please share with us any new or emerging data that you have that is critical to this discussion or contradicts the position I have outlined. Again, thank you for the opportunity to engage in this dialogue.

Best regards,

A handwritten signature in cursive script, appearing to read "Kelly J. Henning".

Kelly Henning, MD
Public Health Program Lead, Bloomberg Philanthropies

⁵ HHS, Office of the Surgeon General, "Smoking Cessation: A Report of the Surgeon General," 2020
<https://www.hhs.gov/sites/default/files/2020-cessation-sgr-full-report.pdf>.

⁶ HHS, *E-Cigarette Use Among Youth and Young Adults. A Report of the Surgeon General* . Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2016.

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