

**WORLD HEALTH ORGANISATION**



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# **STUDY GUIDE**

**ENGLISH**



**DIPLOMACY AS AN ART OF TELLING | SALUTE TOGETHER**

## **LETTER FROM SECRETARY-GENERAL**

Honourable participants,

I, as the Secretary-General of Galatasaray University Model United Nations 2020, would like to thank you because of your participation for the twentieth annual session of a diplomatic tradition.

For the past 19 years, Galatasaray University Model United Nations has brought together some of the most impressive young leaders to debate issues pertinent to past, present and future crises on a global scale. Each year they have demonstrated an unparalleled capacity to collaborate and negotiate with fellow delegates on some of the most divisive issues. The skills delegates will learn at GSMUN - effective negotiating, public speaking, critical thinking, and teamwork - are intended to form an understanding of diplomacy for the next generation of diplomats, politicians and leaders.

This year, the conference theme of the 20th session of tradition focuses on the notion of diplomacy. This year's theme is "Diplomacy as an Art of Telling", inspired by the famous quote of Sir Winston Churchill. We're looking forward to sharing this tradition of diplomacy with you during GSMUN'20.

Welcome to the diplomacy, salute together!

İkbal Başı

Secretary-General

## **Introduction to committee**

The World Health Organization (WHO) is the lead agency for international health in the United Nations. WHO was established on April 7, 1948, in Geneva, Switzerland. WHO is currently in cooperation with the 194 Member States. The aim of these organizations is to tackle health issues on a global scale, assuring all people the highest standard of health, regardless of their socio-economic conditions, political beliefs, race or religion. Health has always been a major concern issue to the public, from the most devastating plagues of the Middle Ages to all disease outbreaks of the 20th century, such as tuberculosis. WHO defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. Enjoying health is a fundamental human right, as declared in Article 25 of the Universal Declaration of Human Rights. After the devastating consequences that World War II left globally, governments met in San Francisco to draft the UN Charter and establish the United Nations. International governments agreed in the fact that the world needed a unified global health entity that addressed health issues of a new, complex and globalized world. The 22nd of July of 1946, the 69 member states of the United Nations signed the WHO constitution, coming into order on the 7th of April of 1948 (known as the World Health Day). In the following years from the creation of the WHO, several actions demonstrated an effective job of this organization. Perhaps one of the earliest successes was the eradication of smallpox through the Smallpox Eradication Program (SEP) from 1966 to 1980. Currently, the WHO is composed of 194 UN member states (excluding only the Cook Island, Liechtenstein, and Niue), that appoint delegations to the World Health Assembly, the WHO's parties meet annually in Geneva, Switzerland. WHO works along, not only with the cabinets of the member countries but also with the help of various organizations and offices of the United Nations. That's why talking about the work of WHO is necessary to also address the contributions of related offices such as UNHRC FAO, and others. In WHO's fight for health around the world, its work has been especially relevant regarding the consumption of transgenic foods and the events related to the catastrophes of war and the refugees that she leaves behind. These are the two topics proposed for the debate.

WHO began after constitution came into force on 7 April 1948 – a date we now celebrate every year as World Health Day. WHO is now more than 7000 people from more than 150 countries working in 150 country offices, in 6 regional offices and at headquarters in Geneva. WHO works worldwide to promote health, keep the world safe, and serve the vulnerable.

WHO's goal is to ensure that a billion more people have universal health coverage, to protect a billion more people from health emergencies, and provide a further billion people with better health and well-being.

For universal health coverage, WHO:

- focuses on primary health care to improve access to quality essential services
- works towards sustainable financing and financial protection
- improves access to essential medicines and health products
- trains the health workforce and advise on labour policies
- supports people's participation in national health policies
- improves monitoring, data and information.

For health emergencies, WHO:

- prepares for emergencies by identifying, mitigating and managing risks
- prevents emergencies and supports development of tools necessary during outbreaks
- detects and responds to acute health emergencies
- supports delivery of essential health services in fragile settings.

For health and well-being, WHO:

- addresses social determinants
- promotes intersectoral approaches for health
- prioritizes health in all policies and healthy settings.

Main points which WHO addresses:

- human capital across the life-course
- noncommunicable diseases prevention
- mental health promotion
- climate change in small island developing states
- antimicrobial resistance
- elimination and eradication of high-impact communicable diseases.

## **2) Topic A:**

### **Tackling the solutions and effects of unhealthy environment on human health regarding global warming and climate crisis**

#### ***INTRODUCTION***

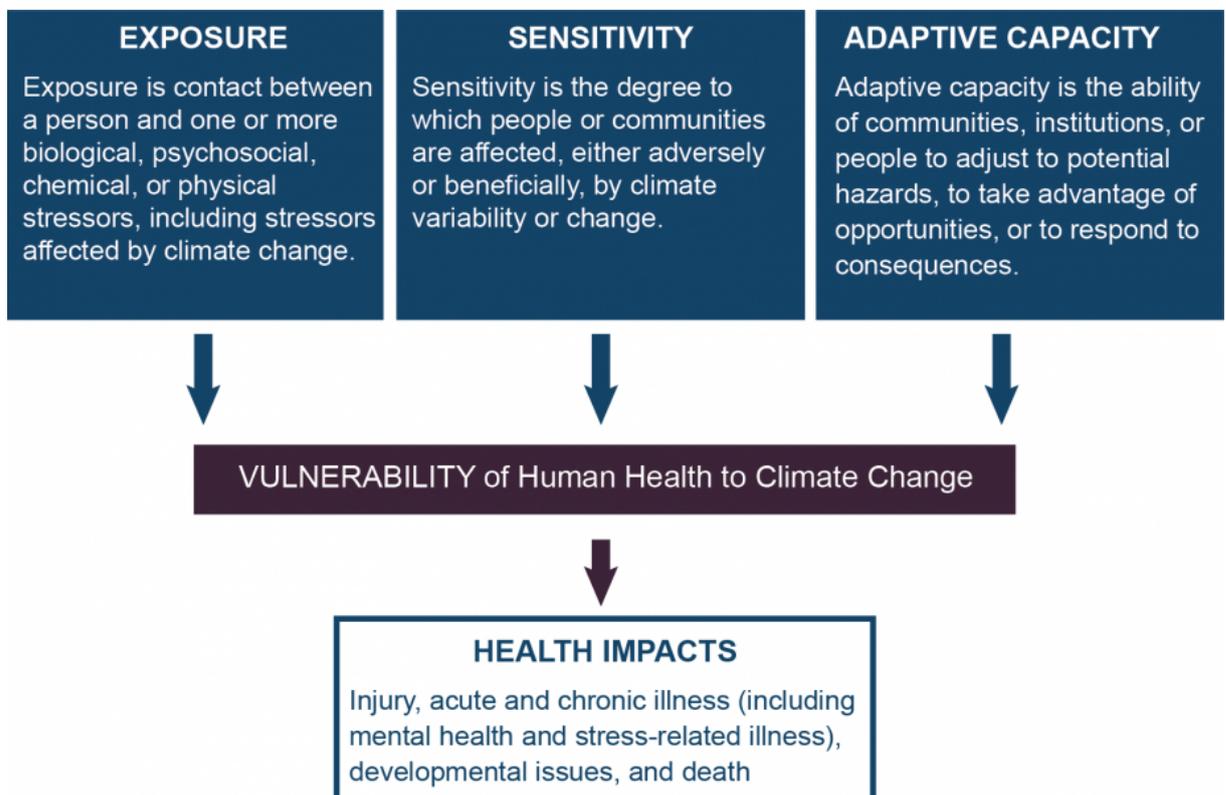
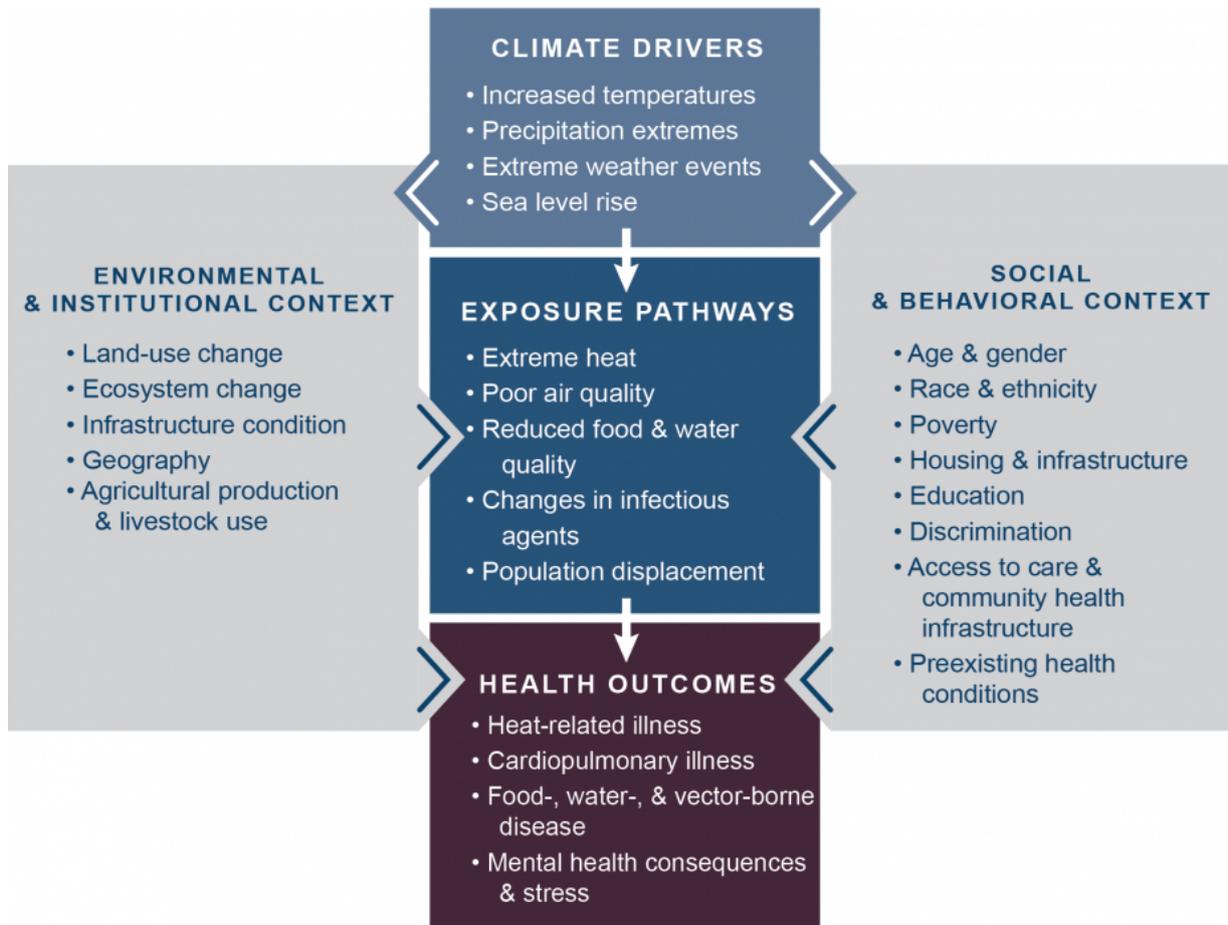
Climate change influences human health and disease in different ways. Some existing health threats will intensify and new health threats will show it self up in near future. Health effects such as increased respiratory and cardiovascular disease, injuries, and premature deaths related to extreme weather events, changes in the prevalence and geographical distribution of food, water borne illnesses, infectious diseases, and threats to mental health. Not everyone is equally at risk. Important considerations include age, economic resources, and location. Human health has always been influenced by climate and weather. Changes in climate and climate variability, particularly changes in weather extremes, affect the environment that provides people with clean air, food, water, shelter, and security. Climate change, together with other natural and human-made health stressors, endangers human health and well-being in numerous ways. Some of these health impacts are already being experienced globally. Given that the impacts of climate change are projected to increase over the next century, certain existing health problems will intensify and new health threats may emerge. Connecting our understanding of how climate is changing with an understanding of how those changes may affect human health can inform decisions about mitigating the amount of future climate change.

Extreme temperatures and unusual periods of drought and rainfall affect the emergence of new diseases and the cost of fundamental nutrients. The phenomenon also forces the greater consumption of energy. With the increase in the consumption of light due to the excessive use of fans and air conditioners, the lack of drinking water, the increase in diseases such as dengue, the heavy rains that flood cities, it is easy to recognize their consequences in means of affecting human health in a bad way. Unusual periods of heavy rains not only destroy the streets of urban and rural areas, but also affect fruit and vegetable crops, raising the costs of these products from the family basket. The phenomenon also has its impact on the health of the population. The problem of climate change, which threatens to degrade the quality of life of the people itself, is the product of a long process of accumulation of greenhouse gases that have been added over the last decades. In the last 13 years the highest temperatures were recorded since 1880, causing drastic transformations in the ecosystems, and creating substantial dangers for the well-being

of the human being. Today, humankind's activities are altering the world's climate. Huge societies are increasing the atmospheric concentration of energy-trapping gases, thereby amplifying the natural "greenhouse effect" that makes the Earth habitable. These greenhouse gases (GHGs) comprise, principally, carbon dioxide(CO<sub>2</sub>) (mostly from fossil fuel combustion and forest burning), plus other heat-trapping gases such as methane(CH<sub>4</sub>) (from irrigated agriculture, animal husbandry and oil extraction), nitrous oxide(N<sub>2</sub>O) and various human-made halocarbons.

### ***Statement of the Issue***

Climate change is a significant threat to the health of people. There is scientific evidence how climate change is already affecting human health and the changes that may occur in the future. Climate change can affect human health in two main ways: first, by changing the severity or frequency of health problems that are already affected by climate or weather factors; and second, by creating unprecedented or unanticipated health problems or health threats in places where they have not previously occurred. The influences of weather and climate on human health are significant and varied. They range from the clear threats of temperature extremes and severe storms to connections that may seem less obvious. For example, weather and climate affect the survival, distribution, and behaviour of mosquitoes, ticks, and rodents that carry diseases like West Nile virus or Lyme disease. Climate and weather can also affect water and food quality in particular areas, with implications for human health. In addition, the effects of global climate change on mental health and well-being are integral parts of the overall climate-related human health impact.



## ***History***

Dating back to the ancient Greeks, many people had proposed that humans could change temperatures and influence rainfall by chopping down trees, plowing fields or irrigating a desert.

One theory of climate effects, widely believed until the Dust Bowl of the 1930s, held that “rain follows the plow,” the now-discredited idea that tilling soil and other agricultural practices would result in increased rainfall.

Accurate or not, those perceived climate effects were merely local. The idea that humans could somehow alter climate on a global scale would seem far-fetched for centuries.

## **The Greenhouse Effect**

In the 1820s, French mathematician and physicist Joseph Fourier proposed that energy reaching the planet as sunlight must be balanced by energy returning to space since heated surfaces emit radiation. But some of that energy, he reasoned, must be held within the atmosphere and not return to space, keeping Earth warm.

He proposed that Earth’s thin covering of air—its atmosphere—acts the way a glass greenhouse would. Energy enters through the glass walls, but is then trapped inside, much like a warm greenhouse.

Experts have since pointed out that the greenhouse analogy was an oversimplification, since outgoing infrared radiation isn’t exactly trapped by Earth’s atmosphere, but absorbed. The more greenhouse gases there are, the more energy is kept within Earth’s atmosphere.

## **Greenhouse Gases**

But the so-called greenhouse effect analogy stuck and some 40 years later, Irish scientist John Tyndall would start to explore exactly what kinds of gases were most likely to play a role in absorbing sunlight.

Tyndall's laboratory tests in the 1860s showed that coal gas (containing CO<sub>2</sub>, methane and volatile hydrocarbons) was especially effective at absorbing energy. He eventually demonstrated that CO<sub>2</sub> alone acted like sponge in the way it could absorb multiple wavelengths of sunlight.

By 1895, Swedish chemist Svante Arrhenius became curious about how decreasing levels of CO<sub>2</sub> in the atmosphere might *cool* Earth. In order to explain past ice ages, he wondered if a decrease in volcanic activity might lower global CO<sub>2</sub> levels. His calculations showed that if CO<sub>2</sub> levels were halved, global temperatures could decrease by about 5 degrees Celsius (9 degrees Fahrenheit).

Next, Arrhenius wondered if the reverse were true. Arrhenius returned to his calculations, this time investigating what would happen if CO<sub>2</sub> levels were doubled. The possibility seemed remote at the time, but his results suggested that global temperatures would *increase* by the same amount—5 degrees C or 9 degrees F.

Decades later, modern climate modelling have confirmed that Arrhenius' numbers weren't far off the mark.

### **Welcoming a Warmer Earth**

Back in the 1890s, however, the concept of warming the planet was remote and even welcomed.

As Arrhenius wrote, "By the influence of the increasing percentage of carbonic acid [CO<sub>2</sub>] in the atmosphere, we may hope to enjoy ages with more equable and better climates, especially as regards the colder regions of the earth."

By the 1930s, at least one scientist would start to claim that carbon emissions might already be having a warming effect. British engineer Guy Stewart Callendar noted that the United States and North Atlantic region had warmed significantly on the heels of the Industrial Revolution.

Callendar's calculations suggested that a doubling of CO<sub>2</sub> in Earth's atmosphere could warm Earth by 2 degrees C (3.6 degrees F). He would continue to argue into the 1960s that a greenhouse-effect warming of the planet was underway.

While Callendar's claims were largely met with skepticism, he managed to draw attention to the possibility of global warming. That attention played a part in garnering some of the first government-funded projects to more closely monitor climate and CO<sub>2</sub> levels.

### **1988: Global Warming Gets Real**

The early 1980s would mark a sharp increase in global temperatures. Many experts point to 1988 as a critical turning point when watershed events placed global warming in the spotlight.

The summer of 1988 was the hottest on record (although many since then have been hotter). 1988 also saw widespread drought and wildfires within the United States.

Scientists sounding the alarm about climate change began to see media and the public paying closer attention. NASA scientist James Hansen delivered testimony and presented models to congress in June of 1988, saying he was "99 percent sure" that global warming was upon us.

### **IPCC**

One year later, in 1989, the Intergovernmental Panel on Climate Change (IPCC) was established under the United Nations to provide a scientific view of climate change and its political and economic impacts.

As global warming gained currency as a real phenomenon, researchers dug into possible ramifications of a warming climate. Among the predictions were warnings of severe heat waves, droughts and more powerful hurricanes led by rising sea surface temperatures.

Other studies predicted that as massive glaciers at the poles melt, sea levels could rise between 11 and 38 inches (28 to cm) by 2100, enough to swamp many of the cities along the east coast of the United States.

### **Kyoto Protocol: United States In, Then Out**

Government leaders began discussions to try and stem the outflow of greenhouse gas emissions to prevent the most dire predicted outcomes. The first global agreement to reduce greenhouse gases, the Kyoto Protocol, was adopted in 1997.

The protocol, which was signed by President Bill Clinton, called for reducing the emission of six greenhouse gases in 41 countries plus the European Union to 5.2 percent below 1990 levels during the target period of 2008 to 2012.

In March 2001, shortly after taking office, President George W. Bush announced the United States would not implement the Kyoto Protocol, saying the protocol was “fatally flawed in fundamental ways” and citing concerns that the deal would hurt the U.S. economy.

### **An Inconvenient Truth**

That same year, the IPCC issued its third report on climate change, saying that global warming, unprecedented since the end of the last ice age, is “very likely,” with highly damaging future impacts. Five years later, in 2006, former Vice President and presidential candidate Al Gore weighed in on the dangers of global warming with the debut of his film *An Inconvenient Truth*.

Politicization over climate change, however, would continue, with some skeptics arguing that predictions presented by the IPCC and publicized in media like Gore’s film were overblown.

Among those expressing skepticism over global warming was future U.S. president Donald Trump. On November 6, 2012, Trump tweeted “The concept of

global warming was created by and for the Chinese in order to make U.S. manufacturing non-competitive.”

The United States, under President Barack Obama, would sign onto another milestone treaty on climate change, the Paris Climate Agreement, in 2015. In that agreement, 195 countries pledged to set targets for their own greenhouse gas cuts and to report their progress.

The backbone of the Paris Climate Agreement was a declaration to prevent a global temperature rise of 2 degrees C (3.6 degrees F). Many experts considered 2 degrees C of warming to be a critical limit, which, if surpassed will lead to increasing risk of more deadly heat waves, droughts, storms and rising global sea levels.

The election of Donald Trump in 2016 led to the United States declaring it would withdraw from the Paris treaty. President Trump, citing the “onerous restrictions” imposed by the accord, stated that he could not “in good conscience support a deal that punishes the United States.”

That same year, independent analyses by NASA and the National Oceanic and Atmospheric Administration (NOAA) found Earth’s 2016 surface temperatures to be the warmest since modern record keeping began in 1880. And in October 2018, the U.N.'s Intergovernmental Panel on Climate Change issued a report that concluded "rapid, far-reaching" actions are needed to cap global warming at 1.5 Celsius (2.7 Fahrenheit) and avert the most dire, irreversible consequences for the planet.

### ***Air Pollution***

WHO has determined that one in nine deaths each year can be attributed to air pollution, which represents the greatest environmental risk to human health. Air pollution is a transnational issue with the potential to affect people regardless of boundaries, socioeconomic status, or age. Air pollution is defined as the “presence of contaminant or pollutant substances in the air that do not disperse properly and that interfere with human health or welfare, or

produce other harmful environmental effects.” Air pollution is separated into two categories: household (indoor) and ambient (outdoor).

Ambient air pollution is caused by, but not limited to, transportation, heavy industry, energy production, and forest fires. Indoor air pollution usually results from household combustion devices that are largely used for heating and cooking. Air pollution has become a growing concern for many Member States due to the rising number of poor air quality incidents where long-term exposure poses a significant health risk, typically in the form of cardiovascular diseases and lung cancer. Record heat and dry conditions in the Pacific Northwest and California regions of the United States have led to numerous wildfires, resulting in unprecedented numbers of air quality warnings from cities in the region. Air pollution has become so prevalent that it kills as many people as cancer does annually. Short-lived climate pollutants (SLCPs) are agents that live in the atmosphere for anywhere from a few days to decades and have a warming influence on the climate, contributing to climate change. These pollutants include soot, methane, hydrofluorocarbons, and greenhouse gasses, and they come from a variety of sources including energy generation, agriculture, improper waste management, and transportation. Approximately 4.3 million deaths annually are attributed to increased acute respiratory infections, lung cancer, and susceptibility to heart attacks and strokes caused by exposure to SLCPs. SLCPs also represent a major threat to food security; black carbon-based SLCPs reduce the quality of sunlight and increases ozone concentration, which is toxic to many plants. Approximately 50 million tons of crops are lost annually as a result of SLCPs. Food insecurity leads to increased cases of malnutrition, and particularly threatens areas where arable land is already limited, such as in parts of sub Saharan Africa and the Middle East.

WHO has identified a number of SLCP mitigation options, mostly focused on policy changes. Proposed policy shifts include encouraging active transit, such as biking and walking, and stronger emissions and efficiency standards for vehicles. Outdoor air pollution makes up the majority of reports and environmental studies, though it lacks the same granularity of measurements for indoor air pollution, especially in developing countries where indoor air pollution is more common. Increasing awareness of the health impacts of air pollution, especially in developing countries, may help drive policy that aims to reduce air pollution and mitigate its harmful effects. Furthermore, as air pollution affects regions well outside its

origins, it will require collaboration and coordination between neighbouring states and beyond.

### ***Water Pollution***

Safe and sanitary access to clean water is paramount to ensuring good health and quality of life. In 41 Member States, one in five people still use unimproved sources of water, such as natural lakes and rivers. Pollutants such as untreated human waste and chemicals from industrial waste contaminate water and contribute to poor sanitation, enabling the transmission of diseases such as diarrhea, dysentery, and cholera, which are linked to the deaths of around 842,000 people annually. In 2015, approximately 29% of the global population lacked access to a safely managed drinking water service free from contamination. Additionally, 61% of the global population does not have access to a service that safely disposes of human waste, which raises the risk of contaminating local water supplies.

Safe and secure access to water varies greatly depending on geographic location, with Oceania and sub Saharan Africa having the largest gaps in access compared to developed countries. It can be especially difficult in developing countries to finance the improvement of natural water sources and the provision of water in areas without their own natural source. Natural water sources are more likely to be contaminated through air and ground pollution due to little to no filtering available. In many areas with high levels of water pollution, there is a lack of infrastructure to properly treat the water or to bring water in from clean sources, forcing people to consume and use contaminated water. In addition to challenges in improving water quality, some regions may have challenges responding to disease caused by pollutants due to weak health care infrastructure; as a result, those impacted by water pollution in these areas have higher mortality rates. In some instances, fiscal limitations increase the likelihood that infrastructure is developed poorly or below standard. Poorly developed infrastructure has the potential to limit distribution or even contaminate water sources further, such as lead poisoning through lead pipes.

Some states have been successful in mitigating the effects of water pollution; in China, the improvement of water supply and sanitation facilities in remote villages decreased illnesses in people by 6% and completely eliminated infections in livestock. Technological improvements

in collection, piping, and treatment would greatly improve the accessibility and the affordability of clean water in areas that are water stressed. By ensuring water sources are clean and secure, and waste is properly handled and treated, susceptibility to waterborne illnesses will likely decrease.

## **Soil Pollution**

Although soil pollution is not a new development, research on its health impacts has a historically lower profile than that of air and water pollution, as it is more difficult to detect and trace its origins due to the varied chemical composition of soil around the world. Soil pollution refers to out-of-place or higher concentrations of chemicals in soil on land, which are the result of human activity through heavy industry, farming, and human and synthetic waste.

The consumer electronic industry is one of the fastest growing industries, which has led to a proportional increase in electronic waste, or e-waste. The rapid growth and development of the industry has left exports and handling of e-waste largely unregulated. E-waste can take many forms, but it most commonly refers to the disposal of consumer electronics such as refrigerators, air conditioning units, and cell phones. While e-waste is largely associated with developed countries due to the higher consumption of electronics, economic incentives and low regulation have enabled developed countries to sell increasing quantities of e-waste to developing countries. E-waste that is improperly disposed of generates soil pollution when heavy metals, such as lead or cadmium, degrade and mix with water and soil. Exposure to heavy metals greatly increases the risk for skin, prostate, and ovarian cancers. In pregnant women and younger children, exposure to heavy metals can lead to developmental issues and intellectual impairment, as well as major organ failure and various neurological disorders. In 2014, an estimated 41.8 million tons of e-waste were generated, and this annual quantity is expected to grow to 49.8 million tons by 2018. While direct exposure to soil pollution is dangerous to humans, it is especially harmful to crops. Food can be contaminated by pollutants at any point in its lifecycle, though it is most susceptible to contamination during production in areas with high levels of soil pollutants. Excessive soil pollutants exacerbate food insecurity by hindering plant metabolism and reducing crop productivity. Additionally, the consumption of crops exposed to soil pollutants is more likely to introduce foodborne

illnesses. In order to keep up with population growth, the agricultural industry has taken measures to increase crop yields. This has led to an increase in the use of chemical fertilizers that, if improperly used or not washed from food, can lead to acute food poisoning.

WHO estimates there are 420,000 deaths annually due to consumption of contaminated food, including food contaminated by pollutants; approximately 40% of all cases of foodborne diseases impact children under the age of five. Foodborne diseases vary from nausea and diarrhea to more debilitating illnesses including organ failure and cancers. The cycle of foodborne illnesses additionally perpetuates poverty and stifles economic development. The impact of foodborne diseases on public health and the economy is often underreported due to the difficulty in proving a causal relationship. This lack of accurate reporting, in turn, makes it more difficult to target responses effectively. Understanding the most dangerous pollutants, establishing clear causal links between soil pollution and disease, and developing strategies and tools to mitigate the impacts of pollution will be paramount to addressing it and taking preventive measures to protect human health.

### ***International Action on Climate Change***

Greenhouse gas emissions have global consequences. Dealing with climate change therefore requires coordinated action by nations around the world. The UNFCCC (United Nations Framework Convention on Climate Change) was created in 1992 as the main forum for international action on climate change. Its overall aim is to achieve stabilization of greenhouse gas concentrations in the atmosphere at a level that would prevent dangerous anthropogenic interference with the climate system. Such a level should be achieved within a time frame sufficient to allow ecosystems to adapt naturally to climate change, to ensure food production is not threatened and to enable economic development to proceed in a sustainable manner.” The EU is working to promote ambitious global action through:

- The UNFCCC and other international fora
- Bilateral relations with non-EU countries
- Policies and initiatives at EU and international level

- Finance to support developing countries in their efforts to tackle climate change

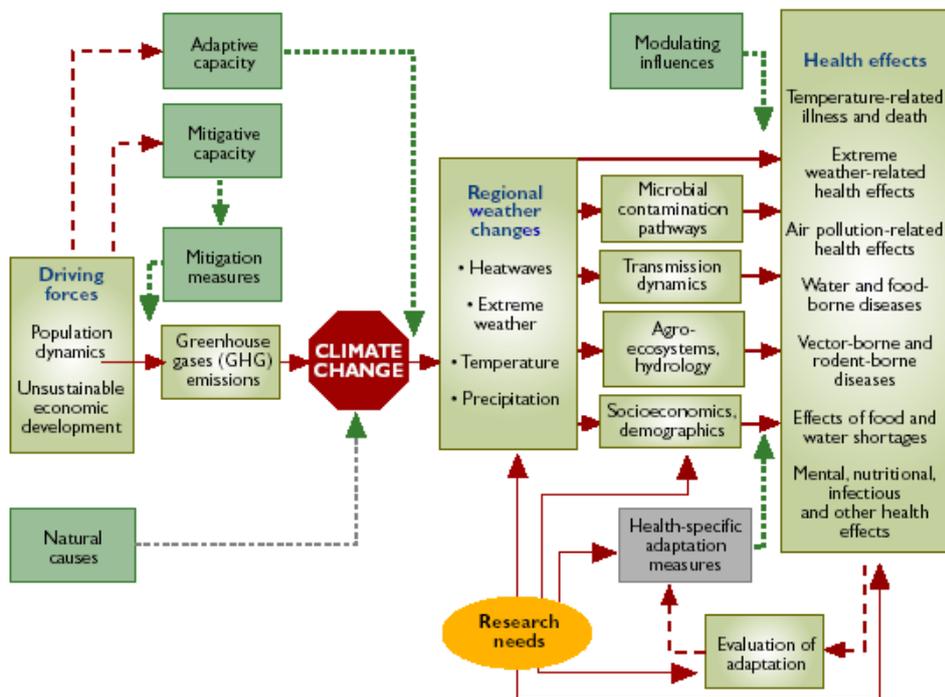
## **Analysis**

As part of the Paris Agreement on climate change, the international community committed in 2015 to limit rising global temperatures to “well below” 2C by the end of the 21st century and to “pursue efforts to limit the temperature increase even further to 1.5C”. However, these global temperature targets mask a lot of regional variation that occurs as the Earth warms. For example, land warms faster than oceans, high-latitude areas faster than the tropics, and inland areas faster than coastal regions. Furthermore, global human population is concentrated in specific regions of the planet. Here, Carbon Brief examines how much warming people will actually experience where they live, both today and under future warming scenarios. The warming experienced by people is typically higher than the global average warming. In a world where warming is limited to “well below” 2C about 14% of the population will still experience warming exceeding 2C. In the worst-case scenario of continued growth in emissions, about 44% of the population experiences warming over 5C – and 7% over 6C – in 2100.

## **Conclusion**

Climate change, like other human induced large-scale environmental changes, poses risks to ecosystems, their life-support functions and, therefore, human health. The figure below summarizes the impact of climate change on health. Arrows under the orange coloured “Research needs” represent input required by the health sector. Considering all of the current activities underway (UN Climate Convention, Paris Agreement, Kyoto Protocol, UNFCCC, G8, G20, other Informational Fora.....etc.), what else can we, as individuals do to reduce the amount of future climate change, suggest priorities for protecting public health, and help identify research needs.

Figure 13.1. Climate change and health: pathway from driving forces, through exposures to potential health impacts. Arrows under research needs represent input required by the health sector. (Modified from reference 4)



### Points needs to be covered in a resolution

1. How to reduce pollution in every aspect in a global scale
2. How to raise awareness about the impact healthy environment on people's life
3. How to enhance the capabilities of individuals in means of protecting the environment
4. How to provide assistance to countries suffering from extreme pollution and dangerous climate conditions
5. How to ensure the continuity of Paris Agreement(not should be first priority to be discussed)
6. Any other measures that can be taken by member states to develop cooperation in order to solve the issue(Again, not that important to tackle on first)

## Bibliography

<https://www.theccc.org.uk/tackling-climate-change/the-legal-landscape/global-action-on-climate-change/>

<http://smartcity.lv/analysis-global-warming-varies-greatly-depending-where-you-live/>

<https://www.sciencedirect.com/topics/earth-and-planetary-sciences/united-nations-framework-convention-on-climate-change>

<http://www.fao.org/3/d4779e/d4779e.pdf>

<https://www.who.int/mediacentre/news/releases/2017/launch-version-report-jmp-water-sanitation-hygiene.pdf>

<http://www.nepc.gov.au/system/files/resources/9947318f-af8c-0b24-d928-04e4d3a4b25c/files/aaqssrptanapproachtohealthbasedhazardassessmentfinal200611.pdf>

<https://atmosphere.copernicus.eu/did-2019-really-bring-us-unusual-number-wildfires>

[https://19january2017snapshot.epa.gov/climate-impacts/climate-impacts-human-health\\_.html](https://19january2017snapshot.epa.gov/climate-impacts/climate-impacts-human-health_.html)

[https://www.researchgate.net/publication/328201695\\_Influence\\_of\\_Climate\\_Change\\_on\\_Human\\_Health](https://www.researchgate.net/publication/328201695_Influence_of_Climate_Change_on_Human_Health)

<https://www.history.com/topics/natural-disasters-and-environment/history-of-climate-change>

Biodiversity Modeling and Tribal Livelihood Status in Western Ghats

<https://www.livescience.com/topics/global-warming>

<https://www.livescience.com/2019-second-hottest-year-on-record.html>

**TOPIC B:** Reviewing and improving the harm-reduction policies on tobacco industry and nicotine products along with determining the legitimacy of reduced-harm alternatives

## **I. INTRODUCTION TO THE AGENDA ITEM**

### **A. GENERAL INFORMATION ON THE DEFINITION OF SMOKING AND ENDS**

Smoking, in other terms, the action of inhalation the smoke of an addictive substance, has been burdening the lives of millions for centuries. Led by cancer, numerous diseases and discommodity are linked to smoking.

Fortunately, the measures taken against smoking in the past decades have resulted in a significant decrease in smoking rates. Not only did the general smoking rates drop, but also many conveniences for non-smokers have been provided such as the prohibition of indoor smoking. Many states have adopted stricter laws for the sake of their deterrence policies against smoking.

Even though the deterrence policies against smoking have mostly proven themselves to be efficient, there are still major issues to be dealt with: illicit tobacco trade, minors' easy access to tobacco products, protection from exposure to tobacco smoke, regulation of the promotion of tobacco companies, and lastly, the determination of a collective policy on Electronic Nicotine Delivery Systems (hereinafter referred to as ENDS) or as commonly known, e-cigarettes.

The emergence of Electronic Nicotine Delivery Systems was no longer than a decade ago. Their spread was swift but the consequences were not, and still are not, completely predictable. Over the last year, 54 deaths and 2506 cases of vaping-related lung illnesses were reported in the United States alone.

Shortly after their introduction, e-cigarettes started to be renowned as a healthier alternative to regular cigarettes. Many companies promoted their products as a gateway between smoking and cessation. That is, however, very controversial. From their probability of getting non-smokers to start smoking to the chance of accelerating the smoking cessation process, e-cigarettes have various advantages and disadvantages.

The most controversial argument for sure, is that the long-term effects of e-cigarettes is unknown, since the industry is relatively new and its results may be different than expected. Even though numerous studies have been done and many harmful consequences of vaping was found, no concrete long-term effects were determined.

As a crucial step towards the elimination of threats posed by smoking to public health, the World Health Organization has adopted the Framework Convention on Tobacco Control (FCTC) in 2003. The Convention includes various aspects such as but not limited to taxation, packaging, and promotion of tobacco products.

Overall, even though it may seem like smoking rates are slowly but continuously dropping, many problems are yet to be solved. Despite the positive impact FCTC had on smoking rates, the newly-popularised ENDS poses a major threat against public health. Since WHO does not have a particular stance on ENDS, many authorities are unsure regarding their stance on reduced-harm alternatives to smoking, which eventually eases the promotion of e-cigarettes, causing many non-smokers to start vaping.

## **B. COMPREHENSIVE REVIEW ON ELECTRONIC CIGARETTES**

### **i. TEENAGERS' USE OF ELECTRONIC NICOTINE DELIVERY SYSTEMS**

The debate on electronic cigarettes often focuses on one primary aspect: whether e-cigarettes cause teenagers to start smoking permanently or not.

A common policy that e-cigarette companies have adopted is to claim their target as adult smokers. However, based on many facts, such as that nine out of ten current smokers have smoked their first cigarette by the age of eighteen, it is not really unreasonable for those companies to identify teenagers as the target audience of their advertisements. Studies have shown that people over the age of 25 are very unlikely to start smoking, therefore, the industry mostly relies on teenagers.

It may be confusing that the emergence of e-cigarettes has risen young smoking. There are several reasons for this.

The first one is, after the Framework Convention on Tobacco Control was adopted, many countries started implementing national laws that either prohibited or regulated the

advertisement of nicotine products. However, none of those laws included electronic cigarettes. Therefore, in most countries, e-cigarette companies are absolutely free to promote their products while the advertisement of conventional cigarettes is strictly prohibited. This results in a rise of e-cigarette users since the promotion of conventional cigarettes have been prohibited for almost half a century, but the promotion of e-cigarettes is not even regulated. In addition, due to the fact that e-cigarettes are mostly unregulated, teenagers' easy access to them is not preventable.

An e-cigarette company, Juul, has dominated the industry in a few years and currently accounts for 75% of e-cigarette sales. Its ads on TV mostly display adults which have switched to Juul from conventional cigarettes in order to quit smoking. Psychologists, however, argue that claiming a product as an 'adult thing' would actually result in more teenagers using it, thinking that it'd make them appear mature and more like an adult. Bearing in mind that the age of young smokers has decreased to 10-12, such arguments also need consideration.

Another reason for the use of e-cigarettes among teenagers is the attraction caused by the flavor options of vapes. Multiple countries had previously banned flavoured cigarettes since they attracted younger people to start smoking, however, vape flavours are still available in almost every country.

A Juul Labs Spokesman has stated "We recognise that youth use of vapour products is a problem that requires an effective and appropriate response from industry and regulatory bodies. We strongly support restrictions on social media marketing of vapour products." However, in a survey among high school students in the US, 21% of high school students reported having used e-cigarettes in the previous month. Between 2017-2018, the number of high school students that are current e-cigarette users have grown by 78% alone in the US. In the middle schools, the survey resulted in 5% of middle school students between grades 6 to 8 reporting their use of e-cigarettes in the past month. The rates of e-cigarette use among adult smokers is 3% in contrast.

## **ii. IMPACTS ON PASSIVE SMOKERS**

Passive smoking is, in the most basic words, being exposed to the smoke of tobacco products without using them. The risks of heart or lung diseases of passive smokers are close to actual

smokers, which is highly concerning for many states. To prevent that, many smoke-free zones were established all around the world after FCTC was signed.

Almost all studies agree that the effects of a conventional cigarette on a passive smoker is way more dangerous when compared to e-cigarettes. In a study which analysed indoor air quality after smoking with conventional and e-cigarettes. From 20 chemicals which were under analysis, only 6 of them were observed after vaping and their levels were significantly lower than the levels observed after the use of conventional cigarettes. Additionally, since electronic cigarettes are only activated by the suction of users while conventional cigarettes produce smoke even when they're not being used, e-cigarettes cause less discomfort to bystanders and less production of chemicals as expected.

In conclusion, most scientists agree that e-cigarettes are healthier in terms of indoor air quality and effects on bystanders.

### **iii. ADVERTISEMENT OF E-CIGARETTES**

The advertisement of e-cigarettes is another topic that is truly controversial. In many countries, e-cigarettes are not deemed as tobacco products, therefore, it is not illegal to sell them or advertise them.

In some countries such as Croatia and Denmark, selling e-cigarettes is legal but advertising them is not.

It is unreasonable for many states to restrict the advertisement of conventional cigarettes while the advertisement of e-cigarettes is still allowed. For instance, in the United Kingdom, it is illegal to promote conventional cigarettes in any way while promoting vapes or e-cigarettes is legal.

This subject is also one of the issues that the World Health Organization needs to discuss upon, since it is disregarded by many countries.

### **iv. CURRENT LEGISLATION ON ENDS**

The regulation on e-cigarettes varies across the Member States, while there are states that ban them completely, there are also states that do not regulate them at all. There are some national or organisational acts and directives such as Tobacco Products Directive which discusses on e-cigarettes as well, however, a collective policy of Member States is not determined.

## **v. TIMELINE OF KEY EVENTS REGARDING ELECTRONIC NICOTINE DELIVERY SYSTEMS**

**February, 2014:** The European Union approves new regulations for tobacco products. (further explained in subsection vii)

**August 23, 2019:** The first vaping-related death is reported in Illinois. He was reportedly using electronic cigarettes to consume nicotine.

**September 4, 2019:** Dr. Scott Gottlieb, the former FDA commissioner, writes an editorial in The Washington Post urging federal officials to take action in investigating the causes of these illnesses and deaths. "Bright lines must be drawn between less-harmful ingredients and those that cause undue risk. That would arm regulators with the information to crack down on illegal and dangerous vape juices. It's also time to end the political ambivalence that allows THC and CBD to evade oversight," Gottlieb wrote.<sup>1</sup>

**September 11, 2019:** After multiple other vaping-related deaths were reported, the Trump Administration announces that it's pushing for a ban on all flavoured e-cigarettes, including menthol.

**September 15, 2019:** New York Governor Andrew Cuomo announces a ban on flavoured e-cigarettes, excluding tobacco and menthol. "These are obviously targeted to young people and highly effective at targeting young people," he states.

**September 25, 2019:** The CEO of Juul steps down from his position. Following, Juul announces that it would suspend all means of advertisement in the United States.

**November 8, 2019:** The Centres for Disease Control (CDC, the US agency charged with tracking and investigating public health trends) finds out that Vitamin E acetate is one of the primary compounds linked with the lung injuries. In addition, CDC announces that people who suffer from vaping-related lung injuries are nine time more likely to have gotten the vapes from informal sources rather than licensed dispensaries.

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<sup>1</sup> Berke, Jeremy. "Investigators Are Homing in on a Potential Chemical Culprit behind the Mysterious Spate of Vaping-Related Illnesses and Deaths. Here's What Officials Knew and When." Business Insider. Business Insider, November 8, 2019. <https://www.businessinsider.com/timeline-of-vape-related-illnesses-and-deaths-2019-9#september-3-3>.

## **vi. POLICIES OF MEMBER STATES ON THE ISSUE**

**United States of America:** United States of America is one of the states in which the use of vapes and e-cigarettes by teens is exceptionally common. To prevent this, many states have taken individual actions. Some states directly banned all vaping products and e-cigarettes

**European Union:** In 2014, the European Union has adopted new regulations on electronic cigarettes. According to the regulation, the advertisement of e-cigarettes are completely banned, sales to minors are restricted, devices are required to serve consistent doses of vapor, particular limits are set on the dose of nicotine per a pack of liquids, require disclosure on ingredients of liquids and obligate child-proof packaging of liquids and devices. With such precautions, significantly lower vaping-related diseases were contemplated.

**People's Republic of China:** People's Republic of China has banned the sales of electronic cigarettes to minors in 2018. A few months back, PR China has also banned online sales of ENDS, which is aimed at decreased access to e-cigarettes by minors.

**Russian Federation:** In the Russian Federation, electronic nicotine delivery systems are not considered as tobacco products, hence, they are not under any regulation.

Other than these examples, some countries such as Iran, Qatar and Kuwait banned the import or the use of e-cigarettes completely, while some countries allow non-nicotine ones, such as Japan. There are also countries in which e-cigarettes are completely unregulated.

As understood from differing policies of the above-mentioned Member States, many WHO members are unable to adopt a common policy. In some countries, even the laws that already exist cannot be abided by. Needless to say, the adoption of a collective policy on this issue is beyond crucial.

## **C. THE USE OF FLAVOURED CIGARETTES**

Current debate on flavoured cigarettes is even longer-rooted and arguably even more controversial than the one on electronic nicotine delivery systems.

Many studies, which will be exemplified below, suggest that most teenagers start smoking with some sort of flavoured tobacco product, which could be menthol-flavoured cigarettes, flavoured vapes or flavoured cigars.

In addition, it's presumed that flavoured cigarettes increase the inclination towards smoking, suggesting that the user would get the 'taste' of a type of food without actually eating it. There are people who smoke just for the flavour and not for the addictive compounds, who later on become addicts inescapably.

Contrarily, the opposition against a ban on flavoured cigarettes claims that adolescents consider smoking as a way to appear more like an adult and seem more mature. Therefore, banning them would be completely useless. According to many, there are already way too many legislations in order to prevent adolescents from smoking, such as forbidding minors from buying cigarettes, placing disturbing pictures on packages and banning all advertisements on tobacco products. Hence, they believe that banning flavoured cigarettes would only be an attack against consumer choice and would not in any way affect young smoking rates.

WHO Study Group on Tobacco Product Regulation has published an advisory note named 'Banning Menthol in Tobacco Products'. Statistics have shown that menthol cigarette use in the United States of America has increased significantly as time passed. According to the data in the advisory note, the percentages of both adult and adolescent smokers of menthol cigarettes in the USA are rising. A study in 2014 showed that 89% of the decrease in cigarette consumption in the USA between 2000 and 2011 was attributable to non-menthol cigarettes, consumption falling from 323 billion to 203 billion cigarettes (37%), while menthol cigarette consumption decreased far more slowly, from 112 billion to 90 billion cigarettes (20%) (Delnevo et al., 2014). The percentage of adolescents aged 12–17 years who smoked non-menthol cigarettes decreased between 2004 and 2010, while the rate of menthol cigarette smoking remained constant. Among young adults (18–24 years), the percentage that smoked non-menthol cigarettes decreased, while the menthol cigarette smoking rate increased.<sup>2</sup> Other than the aforementioned data, the advisory note has come up with the following conclusion:

- The prevalence of menthol cigarette use differs substantially among countries. The rates of use approach 50% in some countries but are negligible in others.
- Evidence from several countries indicates that menthol cigarettes are smoked more often by youth, young adults and women.

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<sup>2</sup> "Advisory Note: Banning Menthol in Tobacco Products." World Health Organization. World Health Organization, July 3, 2018. [https://www.who.int/tobacco/publications/prod\\_regulation/menthol-advisory-note/en/](https://www.who.int/tobacco/publications/prod_regulation/menthol-advisory-note/en/).

- The rates of menthol cigarette use in some countries are higher among racial or ethnic minorities and other vulnerable populations, including smokers with psychiatric disorders.
- Marketing contributes to the greater use of menthol cigarettes by youth and women and some other populations, with tailored advertising and proposal of products with different amounts of menthol or menthol capsules.
- Consistent with these marketing themes and the unique sensory effects of menthol, smokers in all the countries for which data are available have positive perceptions about menthol cigarettes, such as their “smoothness” or “mildness” and implicit health benefits or reduced health risks.
- Menthol cigarettes promote experimentation and progression to regular use to a greater extent than non-menthol cigarettes among youth.
- Adolescent menthol cigarette smokers are more dependent than those who smoke non-menthol cigarettes.
- The results of studies of the dependence of adult menthol and non-menthol cigarette smokers are inconclusive, but certain important measures (time to first cigarette, waking at night to smoke) are consistently more prevalent in menthol cigarette smokers.
- The rate of intention to quit among menthol cigarette smokers is similar to or higher than that of non-menthol cigarette smokers, but they are less successful in quitting.<sup>3</sup>

The European Union, as previously mentioned in subsection vi, has published a Tobacco Products Directive in 2016, which went into effect in 2017. This directive primarily included a ban on all flavoured cigarettes, however, a three-year delay was agreed upon. A ban is supposed to come into force on 20 May 2020 but it is unknown whether the EU would reconsider such a decision or not. Some also claim that the decision would be voted upon in 2022. What is known, though, is that there are millions of flavoured cigarette users in Europe who would definitely oppose this legislation.

There are also countries, such as Brazil and Turkey, in which flavoured cigarettes are illegal. The World Health Organization also needs to decide if a ban on all flavoured cigarettes is necessary or not, since it is a controversial issue on which WHO does not have a certain policy.

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## **D. WHO POLICY ON TOBACCO PRODUCTS**

### **i. REVIEW ON WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL**

A framework convention describes a legally binding document which establishes certain commitments and expects the signatory parties to exclusively implement those and to set more specific targets within national legislation. This means that member states of WHO are legally required to abide by the terms of this convention.

Framework Convention on Tobacco Control (hereinafter referred to as FCTC) was signed by WHO Member States in 2003. FCTC involves numerous aspects regarding public health and focuses especially on the ones concerning the decrease of tobacco use. WHO had been involved in efforts on tobacco control, however, the FCTC marks the first time that WHO has used its international legal powers to deal with tobacco-related health problems.

The Convention's main objective, as stated in Article 3, is: "The objective of this Convention and its protocols is to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke by providing a framework for tobacco control measures to be implemented by the Parties at the national, regional and international levels in order to reduce continually and substantially the prevalence of tobacco use and exposure to tobacco smoke."

For the sake of this very objective, the Convention has taken many steps towards the elimination of tobacco use by all means including taxation, prohibition of promotion, and protection from exposure to tobacco smoke.

In order to prevent the inclination towards smoking, the taxation of tobacco products was found to be an effective way to reduce the use of tobacco products. It's been observed that younger people are often more sensitive to price increases, which results in fewer people to start smoking. In the United States, every 10 percent increase in cigarette prices reduces young smoking by 7 percent. Among developing countries, the average age range that people start smoking is 12-16. The reasons of this are mostly the lack of public awareness and the easy access to such products.

The goals of the Framework Convention on Tobacco Control can be summarized as:

- Protect their public health measures from the commercial and other vested interests of the tobacco industry;
- Protect all people from tobacco smoke exposure in all indoor public places, indoor workplaces, on all means of public transport, and, as appropriate, other places;
- Ban or restrict all forms of tobacco advertising, promotion and sponsorship;
- Place large graphic health warnings on tobacco products and prohibit the use of false and misleading labelling and packaging that may imply that one tobacco product is less harmful than another;
- Consider price and tax measures to reduce the demand for tobacco, which may include prohibiting or restricting sales to or importations of duty-free tobacco products;
- Eliminate the illicit trade of tobacco products;
- Regulate the content of tobacco products and require disclosure of ingredients;
- Provide cessation assistance and treatment for tobacco dependence;
- Provide for education, communication, training and public awareness measures about the harms of the tobacco products and the tactics used by the tobacco industry to undermine the public health;
- Consider taking action to deal with criminal and civil liability related to tobacco harms, including compensation where appropriate; and
- Take other action aimed at reducing tobacco use and exposure to tobacco smoke.<sup>4</sup>

Even though this Convention was found to significantly impact smoking rates in the Member States, unquestionably, there is still a lot that WHO can practice. For instance, even if the issue on e-cigarettes was disregarded, there are still a lot of parts of the Convention which are not abided by. To exemplify, the Convention restricts the use of words such as ‘mild’ or ‘light’ when naming cigarettes, however, many cigarettes under such labels are still legally sold in many Member States. There is an ongoing need for stricter implementation of the Convention among multiple Member States.

Other than this, e-cigarettes or electronic nicotine delivery systems are not stated in the Convention at all, therefore, the Convention lacks a lot of points when it comes to ensuring public health.

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<sup>4</sup> “WHO Framework Convention on Tobacco Control.” Campaign for Tobacco-Free Kids, August 20, 2019. <https://www.tobaccofreekids.org/what-we-do/global/fctc>.

## **ii. WHO ON ELECTRONIC NICOTINE DELIVERY SYSTEMS**

The World Health Organization, by now, has not published any conventions, resolutions or similar documents on electronic nicotine delivery systems. However, it's certain that the World Health Organization is against e-cigarettes, after all, e-cigarettes also contain dangerous compounds and nicotine. Armando Peruga, who works for WHO in the Department of Tobacco Control, has made several statements regarding the policy of WHO on the issue of ENDS. The following is summarised from his statements.

The World Health Organization was not able to receive any concrete results from studies on ENDS yet since the industry is relatively new. These researches, especially those who search for long-term effects, take decades to complete. However, it is known that nicotine, which is an addictive substance found in tobacco leaves, but is also used for the production of vape liquids, leads to the degeneration of neurones and causes serious brain damage, especially among people under the age of 25. Therefore, WHO does not recommend any products that require nicotine consumption.

Against arguments which suggest that e-cigarettes ease nicotine cessation process, WHO recommends licensed nicotine replacement therapy for nicotine addicts rather than the use of ENDS. WHO acknowledges that the nicotine in ENDS does not constitute additional risks for adults that already smoke, however, long-term effects of the other substances are unknown, therefore, WHO does not directly recommend the use of ENDS for anyone.

WHO also finds it risky for e-cigarettes to be refillable by users, since the liquid could easily contact the user's skin and cause nicotine poisoning or children could drink the liquid. Even though it may seem unlikely, many cases of such examples were reported.

In general, WHO is trying to regulate e-cigarettes in a way which minimises the negative impacts of it but bring out the better ones. ENDS may actually be a relatively healthy choice for adult smokers, however, the fact that many people are inclined to start smoking with vape devices is undeniable. WHO, due to the inadequacy of studies on the issue, has not yet come up with specific regulations that would balance the positive and negative impacts of e-cigarettes.

## **II. POINTS THAT A SATISFACTORY RESOLUTION SHOULD COVER**

- Is the FCTC overall efficient? Are amendments or other protocols needed?
- Would it be efficient for WHO to publish a convention regarding ENDS?
- Should WHO vote upon a possible ban on flavoured cigarettes?

- Can non-smokers easily stay away from exposure to tobacco smoke? If not, should the current legislation be amended?
- In order to prevent further vaping-related cases of diseases, what action should WHO take?
- Until the time that scientific information on electronic cigarettes is received, what should the stance of WHO be like?
- Do e-cigarettes actually accelerate the quitting process of smokers or do they attract non-smokers to start smoking?
- Which steps are required to minimise or fully prevent the access of minors to tobacco products, particularly to e-cigarettes or vapes?

### III. FURTHER READINGS

“Advisory Note: Banning Menthol in Tobacco Products.” World Health Organization. World Health Organization, July 3, 2018.

[https://www.who.int/tobacco/publications/prod\\_regulation/menthol-advisory-note/en/](https://www.who.int/tobacco/publications/prod_regulation/menthol-advisory-note/en/).

“Countries Vindicate Cautious Stance on e-Cigarettes.” World Health Organization. World Health Organization, November 28, 2014.

<http://www9.who.int/bulletin/volumes/92/12/14-031214/en/>.

“World Health Organization's Framework Convention for Tobacco Control.” ASIL, March 28, 2003. <https://www.asil.org/insights/volume/8/issue/6/world-health-organizations-framework-convention-tobacco-control>.

### IV. BIBLIOGRAPHY

“Advisory Note: Banning Menthol in Tobacco Products.” World Health Organization. World Health Organization, July 3, 2018.

[https://www.who.int/tobacco/publications/prod\\_regulation/menthol-advisory-note/en/](https://www.who.int/tobacco/publications/prod_regulation/menthol-advisory-note/en/).

Andrews, Michelle. “Cigarettes Can't Be Advertised On TV. Should Juul Ads Be Permitted?” NPR. NPR, August 20, 2019. <https://www.npr.org/sections/health-shots/2019/08/20/752553108/cigarettes-cant-be-advertised-on-tv-should-juul-ads-be-permitted>.

Berke, Jeremy. “Investigators Are Homing in on a Potential Chemical Culprit behind the Mysterious Spate of Vaping-Related Illnesses and Deaths. Here's What Officials Knew and When.” Business Insider. Business Insider, November 8, 2019.

<https://www.businessinsider.com/timeline-of-vape-related-illnesses-and-deaths-2019-9#september-3-3>.

Berke, Jeremy. "Investigators Are Homing in on a Potential Chemical Culprit behind the Mysterious Spate of Vaping-Related Illnesses and Deaths. Here's What Officials Knew and When." Business Insider. Business Insider, November 8, 2019. <https://www.businessinsider.com/timeline-of-vape-related-illnesses-and-deaths-2019-9>.

Brown, Jamie, Emma Beard, Daniel Kotz, Susan Michie, and Robert West. "Real-World Effectiveness of e-Cigarettes When Used to Aid Smoking Cessation: a Cross-Sectional Population Study." Wiley Online Library. John Wiley & Sons, Ltd (10.1111), August 8, 2014. <https://onlinelibrary.wiley.com/doi/full/10.1111/add.12623>.

Chen, Elsie, and Alexandra Stevenson. "China Effectively Bans Online Sales of E-Cigarettes." The New York Times. The New York Times, November 1, 2019. <https://www.nytimes.com/2019/11/01/business/china-vaping-electronic-cigarettes.html>.

"Countries Vindicate Cautious Stance on e-Cigarettes." World Health Organization. World Health Organization, November 28, 2014. <http://www9.who.int/bulletin/volumes/92/12/14-031214/en/>.

Farsalinos, Konstantinos E., and Riccardo Polosa. "Safety Evaluation and Risk Assessment of Electronic Cigarettes as Tobacco Cigarette Substitutes: a Systematic Review - Konstantinos E. Farsalinos, Riccardo Polosa, 2014." SAGE Journals. Accessed January 19, 2020. <https://journals.sagepub.com/doi/full/10.1177/2042098614524430>.

"Flavored Tobacco Products." Counter Tobacco. Accessed January 19, 2020. <https://countertobacco.org/resources-tools/evidence-summaries/flavored-tobacco-products/>.

Lyons Columnist, Rob. "The EU's Mental Ban on Menthols." spiked The EUs mental ban on menthols Comments. Accessed January 19, 2020. <https://www.spiked-online.com/2019/05/20/the-eus-mental-ban-on-menthols/>.

Mascarelli, Leigh. "The Dangerous Rise of Electronic Cigarettes." Science News for Students, December 3, 2019. <https://www.sciencenewsforstudents.org/article/dangerous-rise-electronic-cigarettes>.

projects, Contributors to Wikimedia. "2019–2020 Vaping Lung Illness Outbreak." Wikipedia. Wikimedia Foundation, Inc., January 16, 2020. <https://www.wikizeroo.org/index.php?q=aHR0cHM6Ly9lbi53aWtpcGVkaWEub3JnL3dpa2kvMjAxOV9vdXRicmVha19vZl9sdW5nX2lsbG5lc3NfbGlua2VkX3RvX3ZhcGl uZ19wcm9kdWN0cw>.

projects, Contributors to Wikimedia. "a Cigarette with Mint Taste." Wikipedia. Wikimedia Foundation, Inc., January 8, 2020. <https://www.wikizeroo.org/index.php?q=aHR0cHM6Ly9lbi53aWtpcGVkaWEub3JnL3dpa2kvTWVudGhvbF9jaWdhcmV0dGU>.

projects, Contributors to Wikimedia. "Regulation of Electronic Cigarettes." Wikipedia. Wikimedia Foundation, Inc., January 14, 2020.

<https://www.wikizeroo.org/index.php?q=aHR0cHM6Ly91bi53aWtpcGVkaWEub3JnL3dpa2kvUmVndWxhdGlvb19vZl9lbGVjdHJvbmljX2NpZ2FyZXR0ZXM>.

“UN, United Nations, UN Treaties, Treaties.” United Nations. United Nations. Accessed January 19, 2020.

[https://treaties.un.org/pages/ViewDetails.aspx?src=TREATY&mtdsg\\_no=IX-4&chapter=9&clang=\\_en](https://treaties.un.org/pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IX-4&chapter=9&clang=_en).

“WHO Framework Convention on Tobacco Control.” Campaign for Tobacco-Free Kids, August 20, 2019. <https://www.tobaccofreekids.org/what-we-do/global/fctc>.

World Health Organization. World Health Organization, January 14, 2020.

<https://www.who.int/fctc/protocol/en/>.

“World Health Organization's Framework Convention for Tobacco Control.” ASIL, March 28, 2003. <https://www.asil.org/insights/volume/8/issue/6/world-health-organizations-framework-convention-tobacco-control>.