

07.45 - 08.15	REGISTRATION & REFRESHMENTS
NICOTINE & TOBACCO POLICY	
08.15 - 08.20	<p>Welcome & Introductions Summit AM Chair 2026</p> <p>Prof Thomas J. Glynn, PhD – Adjunct Lecturer, Stanford Prevention Research Center, Stanford University School of Medicine</p>
08.20 – 08.50	<p>OPENING KEYNOTE: Regulatory frameworks and the continuum of harm</p> <p><i>We are delighted to welcome the FDA Acting CTP Director, Dr Bret Koplow, to open the 10th-anniversary Summit with a keynote speech, which will be followed by a conversation with the Summit Chair, Prof. Tom Glynn. Dr Koplow's presentation will examine opportunities to build a regulatory framework that incorporates the continuum of risk among tobacco products. He will also discuss the nicotine pouch pilot program and draft guidance on applications for flavored e-cigarettes, with the goal of defining the suitable role and regulatory framework for non-combustible tobacco products.</i></p> <p>Dr Bret Koplow – Acting Director, Center for Tobacco Products, FDA U.S. Food and Drug Administration</p>
08.50– 09.05	<p>Pharmacology and toxicology of nicotine, implications for public health</p> <p><i>Weighing the benefits and risks of nicotine is crucial for developing effective public health policy. The primary harm of nicotine, which has resulted in millions of deaths worldwide over the past century, is its role in maintaining addiction to cigarette smoking. Non-combusted forms of nicotine are clearly much less harmful than smoking, with the level of harm influenced by the type of delivery device. The greatest potential benefit of widely accessible non-combusted nicotine products is to provide an alternative to cigarette smoking, including supporting future public policies to mandate the reduction of nicotine in cigarettes. The primary safety concerns with nicotine itself include addiction, especially among young never-smokers; adverse cardiovascular effects, particularly in people with pre-existing cardiovascular disease, and reproductive toxicity. Safety concerns based on biological plausibility from animal studies — but not yet established in people— are adverse effects on brain development and the promotion of cancer. Potential benefits of nicotine, in addition to promoting or supporting smoking cessation, include providing a source of pleasure, cognitive enhancement, mood regulation, and athletic performance. A major challenge in developing optimal healthcare policies for population health is addressing the concern of adolescent nicotine addiction, which can be exacerbated by tobacco industry marketing practices.</i></p> <p>Prof Neal Benowitz – Professor of Medicine Emeritus (Active), University of California, San Francisco</p>
09.05 – 09.20	<p>Capturing total nicotine exposure in a multi-product landscape using nicotine product days (NPDs)</p> <p><i>With the popularity of noncombustible nicotine products among young people —such as e-cigarettes and nicotine pouches—and the decline in combustible tobacco use, it remains unclear how overall nicotine exposure and its potential long-term health risks have evolved. The standard measure used by the Centers for Disease Control and Prevention—any tobacco product use in the past 30 days—does not account for frequency of use or differences in risk profiles across products.</i></p> <p><i>To more comprehensively assess nicotine exposure, we developed an innovative measure: nicotine product days (NPDs), defined as the number of days an individual used any nicotine product in the past 30 days. NPDs are additive across products and range from 0 to 30, where 0 indicates no use and 30 indicates daily use. We also constructed product-specific NPDs to reflect potential differences in health risks across nicotine products. Using all available waves of the Population Assessment of Tobacco and Health Study, we examined trends in overall and risk-adjusted NPDs among US adolescents and young adults over time. In addition, we assessed how overall and risk-adjusted NPDs vary across key sociodemographic groups.</i></p> <p>Dr Ruoyan Sun – Assistant Professor, Health Policy & Organization, University Of Alabama At Birmingham</p>
09.20 – 09.35	<p>The harmfulness and the addictiveness of nicotine products: Two separate but related constructs</p> <p><i>The scientific evidence that nicotine is an addictive drug is largely undisputed, and over the past decade around 85% of US adults agree with statements that nicotine is addictive. Most tobacco products have included a rotating health warning, including one stating that the product contains nicotine, an addictive drug. However, the scientific evidence that nicotine directly causes the major smoking-related diseases is much weaker, and this is widely misunderstood. Scientific evidence indicates a risk continuum among nicotine products, with smoked nicotine products (mainly cigarettes) being considerably more harmful to health than non-smoked alternatives. In the USA, adults have become significantly more misinformed about the relative harmfulness of e-cigs compared with cigarettes over time (e.g., in 2012, 51% believed e-cigarettes were less harmful; by 2022, only 17% held that view). Much of the public's misunderstanding stems from confusion over whether nicotine causes specific deadly diseases, such as cancer (it does not). A recent study of adults who believe e-cigarettes are at least as harmful as cigarettes found that 79% agreed that "Vapes have nicotine just like cigarettes, so they would cause the same diseases." The magnitude of the problem was made clear when a survey of 926 US physicians found that many wrongly believed that "nicotine on its own directly contributes to the development of cancer" (which is not true). Additionally, 79% agreed that it directly causes COPD. The authors stated: "the proportion of surveyed physicians who believe that nicotine directly contributes to these health outcomes is alarmingly high. It is possible that</i></p>

	<p>participants are conflating the addictive effect of nicotine with the comparatively more harmful [health] effects of tobacco use,”</p> <p>Core principles of public health education include: (1) it should be based on accurate science, i.e. the truth; (2) it should be both understandable and actionable; and (3) it should avoid misleading or exaggerated claims and respect the public’s right to use it as they wish, i.e., autonomy. Many countries around the world have done a very poor job of applying these principles to health education concerning the continuum of risk.</p> <p>Prof Jonathan Foulds – Professor of Public Health Sciences & Psychiatry, Penn State University, College of Medicine</p>
09.35 – 09.50	<p>A clash between two absolutist narratives: How to define success and set priorities</p> <p>This presentation will start by outlining the landscape of polarized narratives surrounding the nicotine sector, why they persist, and what is lost in the conflict. A flexible framework for progress and prioritisation will be introduced, defining what we should aim to optimise in policy, how to adopt a non-absolutist hierarchy of goals, how to interpret success in practical terms, and how to develop adaptive rather than absolutist strategies.</p> <p>Prof Robin J. Mermelstein, PhD – Distinguished Professor of Psychology and IHRP Director, University of Illinois</p>
09.50 – 10.15	<p>Panel Discussion and Q&A: What are the public health goals and priorities?</p> <ul style="list-style-type: none"> • How can we correct public misperception about the relative harms and risks between product categories? • Have the politics between industry and tobacco control obscured public health objectives? • Is there an inevitable level of societal nicotine use? Should we be more ambitious for young people?
10.15 -10.35	MORNING REFRESHMENT BREAK
NICOTINE, INDUSTRY & SOCIETY	
10.35- 10.50	<p>Comprehensive is key: Considerations for an optimally regulated tobacco market in the United States</p> <p>This presentation will discuss the comprehensive components of an optimally regulated tobacco market in the United States, including considerations related to efficient premarket review grounded in strong science, coupled with robust enforcement across the supply chain. The session will also discuss factors encompassed by the public health standard established by the Tobacco Control Act, including opportunities to mitigate initiation among non-users, particularly youth, while facilitating an evidence-based pathway by which lower-risk alternatives for adult smokers can enter the market.</p> <p>Dr Brian King – Executive Vice President, Campaign for Tobacco-Free Kids</p>
10.50 -11.05	<p>New Zealand, an inconvenient success story.</p> <p>In 2009, 20% of New Zealanders smoked daily, rising to more than 40% for Māori. Slow progress prompted New Zealand’s tobacco control sector to publish a bold vision for a smokefree nation. The vision called for a suite of mainstream actions to curb tobacco uptake and increase quitting. It directly influenced the national smokefree 2025 goal. It was also unique in that nicotine and harm reduction were explicit parts of the plan, with a consensus to manage negative misconceptions about nicotine and support ‘effective and safe ways to manage nicotine addiction’, such as the sale and promotion of e-cigarettes as viable alternatives to smoking.</p> <p>The strategy has been successful. Daily smoking reached 6.8% in 2025. Under-18 smoking has almost been eliminated, and smoking rates for Māori have reached 14%. Almost half of the reductions occurred since 2018, when New Zealand experienced some of the fastest drops in smoking globally, linked to widespread switching to vapes. Yet despite world-leading drops in smoking and the almost complete elimination of youth uptake, why are so many branding New Zealand as a failure? What changed, and is it justified?</p> <p>Ben Youdan – Director, ASH New Zealand</p>
11.05 -11.20	<p>Nicotine & tobacco policy in the 21st century: An evidence-based approach</p> <p>As the 21st-century rise of noncombustible nicotine products introduces less deleterious modes of nicotine use, some 20th-century frameworks for tobacco control have become outdated. In particular, uniform restrictions across tobacco and nicotine products risk causing harm if switching to lower-risk products would improve some consumers’ health, if at-risk population groups respond differently to a given policy, or if different groups face different risks from use. To consider this, Dr Friedman will discuss findings from several natural experiments assessing smoking and vaping responses to different e-cigarette policies, and consider alternative frameworks for nicotine and tobacco regulation in the 21st century.</p> <p>Prof Abigail S. Friedman – Associate Professor of Health Policy & Faculty Director of Online and Non-Degree Programming, Yale School of Public Health</p>
11.20 - 11.35	<p>The tobacco/nicotine continuum of risk: E-cigarette harm perceptions and communication considerations</p> <p>Several studies have documented that e-cigarettes are frequently perceived as being as harmful as, or even more harmful than, combusted cigarettes. In response, there is growing recognition in the US of the need to better inform the public about the relative risks of e-cigarettes versus cigarettes, particularly for adults who smoke cigarettes who may benefit from switching to e-cigarettes for harm reduction. However, less is known about effective ways to communicate these relative risks. Dr Wackowski will provide and discuss a snapshot of</p>

	<p>recent studies testing e-cigarette relative risk communications, and will also discuss considerations related to message source and product perceptions relevant to targeting and measurement.</p> <p>Dr Olivia Wackowski, PhD, MPH – Associate Professor, Department of Health Behavior, Society and Policy, Rutgers School of Public Health</p>
11.35 - 11.50	<p>The tobacco/nicotine continuum of risk – e-cigarette harm perceptions and communication considerations</p> <p>Prof Levy will begin with an overview of the US market structure for cigarettes, e-cigarettes, and oral nicotine pouches (ONPs). Competition from independent ENDS firms had significant effects on the cigarette market. Marketing expenditures for cigarettes by firms in the highly concentrated US industry rose sharply from 2014 to 2022, as adult e-cigarette prevalence increased. Independent (non-cigarette) firms played an important role in the rapid decline in cigarette use over the same period, especially among youth and young adults. However, e-cigarettes marketed illegally and imported by firms from China also played a significant role, fostered by the FDA's lack of PMTA approvals for flavoured e-cigarettes. Meanwhile, ONP sales have grown rapidly over the past five years, but their impact on cigarette use remains unclear. While ONPs may act as a substitute for cigarettes, they may also have encouraged dual use with cigarettes. With its takeover of much of the ONP market and its prohibition on selling cigarettes in the US, PMI plays a central role in challenging US cigarette firms. However, it also has strong incentives to promote heated tobacco products (HTPs). The cigarette, ENDS, ONP, and HTP markets will need to be monitored, and a coordinated strategy will need to be developed in future years.</p> <p>Prof David Levy – Professor of Oncology- Lombardi Comprehensive Cancer Center, Georgetown University</p>
11.50 -12.05	<p>Characterising researchers' relationships with nicotine, tobacco and vaping organisations</p> <p>Despite significant transformation in the commercial nicotine and tobacco landscape, existing "conflict of interest" frameworks have not kept pace, leaving disclosure practices inconsistent and incomplete across journals and institutions. This talk presents a structured framework for classifying what are more precisely termed potentially competing interests – developed collaboratively with researchers and research users. It defines key entities, including products, organisations, and researcher–organisation relationships, and makes explicit the distinction between person-level and company-level interests, a distinction that is widely understood yet rarely formally articulated.</p> <p>Dr Sharon Cox – Principal Research Fellow, Tobacco and Alcohol Research Group, University College London</p>
12.05-12.35	<p>Panel Discussion and Q&A: What are the measures of success and/or failure of tobacco regulatory policies</p> <ul style="list-style-type: none"> • Will the regulation and enforcement of a restricted product market achieve the desired health outcomes? • How can we achieve a functional authorized nicotine market? • Will reducing product appeal by restricting flavors hinder the ability to tackle an illicit market?
12.35 -13.35	LUNCH
POPULATIONS & PUBLIC HEALTH POLICY	
13.35 – 13.40	<p>Welcome & Introductions Summit PM Chair 2026:</p> <p>Prof Robin J. Mermelstein, PhD – Distinguished Professor of Psychology and IHRP Director, University of Illinois, Chicago</p>
13.40 – 13.55	<p>Bridging the Gap: rethinking cessation across today's nicotine users</p> <p>As tobacco use patterns continue to evolve, public health efforts must better connect prevention and cessation. Youth who vape and adults who smoke are often treated as distinct challenges, yet both reflect a common gap between the desire to quit and the effectiveness of available treatment and support. This presentation will explore how current approaches are falling short across populations and highlight opportunities to better align prevention and cessation through scalable, user-centered solutions that meet people where they are and support successful quitting over time.</p> <p>Kathy Crosby – CEO and President, The Truth Initiative</p>
13.55 – 14.15	<p>Smoking and Aging: Reimagining Smoking Cessation for Older Adults</p> <p>Part I. Left behind: how we overlooked older adults who smoke</p> <p>The overall decreasing trend in cigarette use is not seen among older adults and the smoking prevalence in this age group has increased in recent years. As the older population is expected to double by 2050, older adult smokers present an important group to reduce tobacco-related burden. Yet older adults have been largely ignored by targeted cessation campaigns. This presentation examines the current landscape of tobacco control among older adults and explores why they have not seen the same progress as younger individuals. Epidemiological trends and the results of smoking cessation trials will also be used to show how certain subgroups within this age range face additional barriers to quitting. A new paradigm in this discussion involves the role of alternative nicotine delivery systems (ANDS). While most of the conversation around ANDS has been on preventing initiation among youth, the potential benefits of ANDS as a harm reduction tool for older adults who have not successfully quit through traditional methods should not be overlooked.</p> <p>Dr Jaqueline Avila – Assistant Professor in the Department of Gerontology, University of Massachusetts Boston</p>

	<p>Part II. The electronic cigarette: a feasible harm reduction and smoking cessation tool for older adults? <i>Electronic cigarettes (EC) are a potential harm reduction and smoking cessation tool for older adults who smoke and do not succeed with conventional treatment. However, only 1% of adults aged 65 and older use EC in the US (NHIS, 2024), and there is little evidence of their interest in switching to EC. Our team addressed these questions among adult smokers who recently underwent a lung cancer screening (LCS) test, which is recommended annually for smokers aged 50-80 years with a 20 pack-year smoking history. In a pilot trial, we examined perceptions about EC use, interest in trying ECs, and the effects of switching from cigarettes to ECs among patients who did not quit smoking with the conventional treatment provided at LCS.</i></p> <p>Dr Nancy A. Rigotti, MD – Professor of Medicine, Harvard Medical School, Director, Tobacco Research & Treatment Center, Massachusetts General Hospital, Boston</p>
14.15 – 14.30	<p>Marginalized smokers who don't count (literally). Targeting high-smoking groups for cessation. <i>We are all familiar with groups commonly identified through surveys as having the highest cigarette smoking rates in the US. These include people with low education or income, people with mental health problems, American Indians and Alaska Natives, users of other drugs, members of the LGBTQ community, and veterans. There are other groups, many including people from these populations, whose members also have very high smoking rates, but those rates are rarely, if ever, studied and never appear in national surveys. Because they are omitted from national surveys' sampling frames, they literally don't count. Prisoners are one example; "sofa surfers" another. This presentation will identify these groups, review what we know about their smoking, and consider why some of these groups might be excellent targets for smoking cessation initiatives. They may be especially receptive to the use of reduced-harm nicotine products as an aid to quitting smoking.</i></p> <p>Prof Ken Warner – Avedis Donabedian Distinguished University Professor Emeritus and Dean Emeritus, School of Public Health, University of Michigan</p>
14.30 – 14.45	<p>Nicotine use trends in England: Balancing the needs of different populations <i>In recent years, smoking and vaping trends in England have attracted renewed attention, with debates intensifying around youth nicotine use, shifting smoking patterns among young adults, and major policy initiatives such as the Swap to Stop scheme, the disposable vape ban, and the Tobacco and Vapes Bill. This talk will examine how nicotine policy in England has sought to balance the needs of different populations by positioning e-cigarettes as a less harmful alternative to smoking and a tool for cessation, while limiting uptake among people who would otherwise not smoke. Drawing on recent data, it will review trends in nicotine use, consider how recent market developments and rising harm misperceptions have complicated this balance, and discuss how policy and communication could better support the therapeutic positioning of vaping while encouraging smokers to switch completely away from cigarettes.</i></p> <p>Prof Sarah Jackson – Professorial Research Fellow, Alcohol and Tobacco Research Group, University College London (UCL)</p>
14.45 – 15.10	<p>Panel Discussion and Q&A: Can we achieve success for all – what would that look like?</p> <ul style="list-style-type: none"> • <i>How can communicating the harm continuum be improved – and should it be a public health priority?</i> • <i>Is a focus on vaping cessation supportive or a distraction from smoking cessation?</i> • <i>Is it possible or desirable to communicate the therapeutic role of a consumer product?</i>
15.10 – 15.30	<p>AFTERNOON REFRESHMENT BREAK</p>
<p>DEFINING SUCCESS & END GOALS</p>	
15.30 – 15.45	<p>Seeing Clearly with Regulatory Stances: What would the world look like under different regulatory stances? <i>Regulation involves shaping markets to address market failure. The simplest way to understand the purpose of regulation is to state how policy aims to alter a market's size—either shrinking, expanding, or maintaining it—by applying competitive advantages or disadvantages to a sector relative to its competitors. Dr. Liber will illustrate how to use this framework, called regulatory stances, to analyse past regulatory policy changes and to envisage potential future regulatory landscapes. He argues that by establishing a clear vision of the desired market outcome, we can work backwards to identify the policy choices necessary to achieve that vision. By teaching the audience how to recognise their preferred regulatory stance towards a market, they will be better equipped to identify points of policy agreement and disagreement with colleagues. The audience will be encouraged to clarify their goals, with the aim of bringing clarity to disagreements and potentially discovering new pathways forward.</i></p> <p>Dr Alex C. Liber – Public Health Researcher, Center for Innovation in Health Policy & Practice, RTI</p>
15.45 – 16.00	<p>Defining failure: Unforeseen market consequences of regulatory restrictions on non-combusted nicotine products <i>Federal and state policies, along with a lack of enforcement, have created a situation where large markets for vape and nicotine pouches in the US remain largely unregulated. This has spurred the development of products containing untested nicotine analogue compounds to circumvent FDA regulatory scrutiny and has fostered consumer mistrust of the entire category. Meanwhile, other global markets have tried a variety of restrictions, such as limiting flavours, banning disposable vapes, setting caps on nicotine levels, imposing taxes, or banning entire product categories, with little success. This presentation will examine case studies from several</i></p>

	<p><i>international markets, analysing how regulation impacts market and consumer behaviour, and its usefulness in predicting future changes in the US.</i></p> <p>Tim Phillips – Managing Director- ECigIntelligence/TobaccoIntelligence</p>
16.00 – 16.15	<p>Taking a comparative perspective: comparing cigarette and e-cigarette flavor restrictions across countries</p> <p><i>In a perfect world, regulation of nicotine and tobacco products would align with the evidence and uncertainties we have regarding their relative risks. However, the actual global situation regarding these policies is quite different, not only because of variations in population health and income levels. Many governments have moved to restrict ENDS products while failing to sufficiently address the more serious issue of cigarette availability. Achieving a shared goal of eradicating smoking requires understanding both how this situation arose and the scale of the problem. This presentation will explore the different approaches countries take to flavor restrictions in e-cigarettes versus cigarettes and the relationships between these policies and key political and economic determinants, discussing current research and future strategies.</i></p> <p>Assoc Professor Holly Jarman – Associate Professor, Department of Health Policy and Management, University of Michigan</p>
16.15 – 16.30	<p>Nicotine pouches: Will they make a difference?</p> <p><i>Nicotine pouches are the latest consumer nicotine product with the potential to compete with cigarettes. They offer advantages such as delivering sufficient nicotine, being discreet to use, having a safety profile similar to NRT, and being validated by their tobacco-based counterpart, snus, which is gradually replacing smoking in Sweden and Norway. However, they require far greater adjustments from smokers than heated tobacco products and e-cigarettes, which mimic the sensorimotor aspects of smoking much more effectively. The presentation will first cover the history of nicotine pouches, their current use in various countries, and their nicotine delivery and effects on users. The final section will speculate on future trends in pouches, vapes, and cigarettes.</i></p> <p>Prof Peter Hajek – Professor of Clinical Psychology & Director of the Tobacco Dependence Research Unit, Wolfson Institute of Public Health, Queen Mary University of London</p>
16.30 – 16.45	<p>Is this what success looks like? 50 years of smoking in a society where cigarettes have competed with snus and, more recently, nicotine pouches</p> <p><i>In the 1970s, 40 per cent of the Norwegian adult population smoked daily. By 2025, the figure had decreased to 7 per cent, making it one of the lowest rates in Europe. Among young adults, the decline was even more pronounced, from around 40 per cent to less than 2 per cent.</i></p> <p><i>It seems reasonable to attribute this decline to Norway’s long-standing, strict tobacco control policies. However, part of the story might also be that, unlike in the US and most other European countries, cigarettes in Norway have long competed with snus, a moist oral tobacco product. The notable decline in smoking over recent decades has been accompanied by a significant rise in the use of snus, with 16 per cent of the general population and 23 per cent of young adults using snus daily. Furthermore, regardless of age, gender, or education, the largest reductions in smoking have occurred in groups where snus use has increased most.</i></p> <p><i>This notable change has not resulted from proactive government policies. Although daily smoking, the greatest public health threat in late modernity, is at a historic low, nobody is celebrating. Instead, the focus has shifted from Norway being a smoke-free society to a tobacco-free society, and now to a nicotine-free society. Vaping is considered the main concern, despite its low prevalence of use. Is this as good as it gets? Is snus being unfairly credited for the decline in smoking? What can be learned from a country where cigarettes have competed with another tobacco product for decades?</i></p> <p>Tord Finne Vedøy – Senior Researcher, Department of Alcohol, Tobacco and Drugs, Norwegian Institute of Public Health</p>
16.45 – 17.00	<p>CLOSING KEYNOTE: End goals and big questions</p> <p><i>The trajectory and implementation of tobacco control measures have generally been smooth and noncontroversial. The public health community was primarily focused on how to substantially reduce and optimistically eliminate cigarette smoking. However, the introduction of a variety of non-combusted nicotine products has led to divisive opinions about their role and potential impact on public health. Unless some consensus is reached on the ultimate goals for tobacco control, we will continue to lack a cohesive map to guide our science and policies. This presentation will discuss the different endgame scenarios, the overarching questions arising from these scenarios, and the importance of crucial discussions within the public health community to dispel misperceptions and misunderstandings and to converge on the end goals.</i></p> <p>Prof Dorothy K. Hatsukami – Department of Psychiatry and Behavioral Sciences, University of Minnesota</p>
17.00 – 17.30	<p>Panel Discussion and Q&A: How will we know when – or if – we get things right?</p> <ul style="list-style-type: none"> • <i>Has research (and funding) effectively balanced finding solutions and problems.</i> • <i>Are there differences between public health and tobacco control goals?</i> • <i>Should health outcome measures be used alongside nicotine use prevalence?</i> • <i>Can alternative nicotine products deliver a combustion-free future? Would this be success?</i>
17.30– 18.30	<p>End of Summit – Networking Drinks</p>

