

THE GOLDEN OPPORTUNITY

How Global Britain can lead on tobacco harm reduction and save millions of lives

By Daniel Pyror

BRIEFING PAPER

EXECUTIVE SUMMARY

- The United Kingdom has taken a world-leading role in promoting the life-saving ‘harm reduction’ approach to smoking cessation.
- The UK’s public health consensus in favour of e-cigarettes has played a significant role in accelerating the decline in smoking rates over the past decade.
- However, there remain 7 million smokers in the UK (14.1% of adults) and, at the current rate of decline, the Government’s ‘2030 smoke-free’ goal will be missed. There is also a risk that current low rates will be reversed by an increase in social smoking after lockdowns.
- The reduction in smoking is being undermined by misinformation about e-cigarettes and unfavourable regulatory treatment of nicotine pouches, heated tobacco, and snus.
- Britain’s exit from the European Union provides lawmakers the opportunity to pass vital regulatory reforms that will help more smokers switch to e-cigarettes, as well as other potential reduced-risk alternatives like nicotine pouches, heated tobacco and Swedish snus.
- If the Government wants to achieve a smoke-free society by 2030, they should:
 - Replace existing restrictions on advertising of low-risk products, such as e-cigarettes, heated tobacco, nicotine pouches and snus, with sensible controls on content and placement;
 - Replace ineffectual warnings with Government-specified risk communication messaging for approved low-risk products;
 - Review Tobacco Products Directive (TPD) rules on e-liquid nicotine concentration with the aim of establishing a new, higher nicotine concentration limit that reflects safe pre-TPD use patterns;
 - Review TPD rules on tank and refill container limits while maintaining appropriate safety features such as child-resistant packaging and warning labels;
 - Introduce product and communications rules for nicotine pouches based on existing regulations around e-cigarettes, including but not limited to: legal minimum age of sale and proxy purchasing legislation, sensible controls on packaging such as information on nicotine content, and prohibition of marketing likely to appeal to children;
 - Apply all product and communication regulations of nicotine-containing e-liquids to non-nicotine e-liquids;

- Legalise snus and treat it similarly to e-cigarettes with regards to product and communications regulation.
- One promising avenue for achieving such reforms would be harmonising existing e-cigarette product and communications rules with those of other reduced-risk products, using existing legislation as a baseline.
- This new approach should be embraced in England’s forthcoming Tobacco Control Plan.
- The UK should robustly defend its approach to tobacco harm reduction later this year at the Framework Convention on Tobacco Control’s COP9 and related WHO meetings. This will be the first time the UK is participating as an independent party that is not bound by a common EU position, creating an opportunity to showcase the UK’s world-leading approach to e-cigarettes.
- The UK can promote ‘harm reduction’ at COP9 by:
 - Highlighting the consensus opinions of UK public health bodies and NGOs on the safety and efficacy of e-cigarettes in smoking cessation and harm reduction efforts, including issues relating to alleged ‘gateway effects’ and youth uptake;
 - Actively opposing attempts to introduce recommendations for counter-productive regulations that could harm efforts to encourage smokers to switch to safer alternatives (e.g. taxation regimes not based on relative risk, banning all marketing of e-cigarettes — including to current smokers, misleading mandated health warnings);
 - Including UK experts in tobacco harm reduction as part of our COP9 delegation;
 - Promoting an evidence-based approach to the harnessing the potential of other reduced-risk products such as nicotine pouches, heated tobacco and snus;
 - Collaborating with other countries who have similarly sensible positions on e-cigarette regulation in order to strengthen the case for embracing tobacco harm reduction approaches at COP9.

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Suppose someone told you that they had a solution to a great social and public health problem that was bedeviling countries across the world. The problem was responsible for the deaths of hundreds of thousands of citizens, had cost successive Governments a fortune in health spending and squandered vast reserves of human potential. The solution would save lives, contribute to the Government's agenda to level up the country, enhance the UK's reputation as a world leader on the issue and, perhaps most persuasive of all, would be cost-free. You would no doubt recommend implementing such a solution immediately.

Now consider the issue of smoking. In the UK, around 78,000 people die every year as a consequence of smoking¹, and many more live with the misery of debilitating smoking-related diseases. Combustible cigarettes blight people's lives and harm the economy. While the number of smokers has fallen in recent years, we are still faced with what is, in essence, a deadly nationwide epidemic, and -- at the moment -- the Government is not on track to meet its target of being 'smoke-free by 2030', which means having an adult smoking prevalence of 5% or less.

Even more worryingly, there are stark gender, class and geographical inequalities in smoking prevalence rates, some of which are actually increasing. According to recent statistics², in England the gap in smoking prevalence between those in routine and manual occupations and those in other occupations has widened significantly since 2012. As Public Health England (PHE) has said³: "Despite reductions in smoking prevalence, smoking remains the biggest single cause of preventable death and disease and a leading cause of health inequalities."

Poorer communities across the country are being left behind, and the problem, currently, is only getting worse.

But fortunately we have access to a solution that will support smokers to quit, will save lives and can be implemented quickly and easily. That solution is the wide range of less harmful alternatives to combustible tobacco now available.

It is clear that there exists a spectrum of nicotine delivery products that have already played a role in helping people quit. But a failure to support these products and communicate their benefits is constraining the Government's ability to encourage smokers to quit and thereby reduce the prevalence of smoking.

E-cigarettes and similar devices have been on the market for the past decade or so, and they have already had an impressive effect on the smoking prevalence rate

¹ NHS, "What are the health risks of smoking?", (2018). Available at: <https://www.nhs.uk/common-health-questions/lifestyle/what-are-the-health-risks-of-smoking/>

² Office for National Statistics, "Adult smoking habits in the UK: 2019", (2019). Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2019>

³ Public Health England, "Vaping in England: 2020 evidence update summary", (2020). Available at: <https://www.gov.uk/government/publications/vaping-in-england-evidence-update-march-2020/vaping-in-england-2020-evidenceupdate-summary>

in this country. Data suggests that, of smokers who quit successfully, only 2% do so through stop smoking services, but over 40%⁴ use an e-cigarette. PHE recently found that, in every region of England, “Quit rates involving a vaping product were higher than any other method⁵.”

But while vaping has worked for many, unfortunately it doesn’t work for all smokers -- in fact nearly half⁶ of smokers in Britain have tried vaping but did not continue. And now we are witnessing a situation where the number of vapers is actually falling⁷, and, coupled with that, the fact that well over a million vapers have not yet fully made the switch and continue to smoke.

Fortunately, Brexit and the new Tobacco Control Plan, which the Government has brought forward by a year and is expected in July, provide once-in-a-generation opportunities to create and implement evidence-based policy and modernise current regulations, to embrace the innovation we are seeing in this field.

The recommendations in this excellent ASI report are highly welcome and, if adopted, would allow the UK to deliver the world’s most progressive and future-proofed regulatory regime governing alternative nicotine delivery systems. They would also ensure that measures are in place to protect the young and those who have never smoked from taking up nicotine. They represent our best chance of success in achieving a smoke-free 2030.

The Government has new-found freedoms, and an historic chance dramatically to reduce smoking rates, tackle health inequalities and level up the country in a significant and permanent way. Taking up the recommendations of this report would cement the UK’s place as a world leader on tobacco control and tobacco harm reduction. That opportunity should be seized.

Rt Hon David Jones MP

17 March 2021

4 Action on Smoking and Health, “The End of Smoking”, (2019). Available at: http://ash.org.uk/wp-content/uploads/2019/06/The-End-of-Smoking_final.pdf

5 Public Health England, “Vaping in England: an evidence update including vaping for smoking cessation, February 2021”, (2021). Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/962221/Vaping_in_England_evidence_update_February_2021.pdf

6 Action on Smoking and Health, “Use of e-cigarettes (vapes) among adults in Great Britain”, (2020). Available at: <https://ash.org.uk/wp-content/uploads/2020/10/Use-of-e-cigarettes-vapes-among-adults-in-Great-Britain-2020.pdf>

7 Action on Smoking and Health, “Use of e-cigarettes (vapes) among adults in Great Britain”, (2020). Available at: <https://ash.org.uk/wp-content/uploads/2020/10/Use-of-e-cigarettes-vapes-among-adults-in-Great-Britain-2020.pdf> Office for National Statistics, “Adult smoking habits in the UK: 2019”, (2020). Available at: <https://ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2019> 2019, All Persons: Current e-cigarette user 5.7%, weighted base: 51,775,000 = 2,951,175 2018, All Persons: Current e-cigarette user 6.3%, weighted base: 51,559,000 = 3,248,217

Twenty twenty-one is a pivotal year in the UK's fight against the harm caused by smoking. There is less than a decade left to achieve the Government's goal of a smoke-free society by 2030.⁸ The UK is better placed than ever before to improve our world-leading tobacco harm reduction approach — both on the domestic and international level. This is vital to maximise the positive impact that safer alternatives to smoking can have on the nation's health and wellbeing — as well as setting a strong example for the rest of the world.

Importantly, smoke-free 2030 can be achieved through offering more freedom and choice. Humans have used nicotine for millenia and the most successful countries have allowed their citizens to switch away from the harms of combustible cigarettes by offering safer nicotine consumption methods.

The UK's public health bodies and prominent NGOs are in broad consensus that e-cigarettes have played a significant role in accelerating the decline in smoking rates and reducing health harms for tobacco users across the country over the past decade.

Britain's exit from the European Union provides lawmakers the opportunity to pass vital regulatory reforms that will help more smokers switch to e-cigarettes, as well as other potential reduced-risk alternatives like nicotine pouches, heated tobacco and Swedish snus. England's forthcoming Tobacco Control Plan presents the perfect opportunity to build on past successes in smoking cessation. Meanwhile, the Framework Convention on Tobacco Control's COP9 later this year provides the opportunity for a Global Britain to lead the world in tobacco harm education, thereby proving the superiority of the UK's approach to smoking cessation over more damaging alternatives.

In summary, this year the UK has a golden opportunity, through tobacco harm reduction, to demonstrate how taking a different regulatory path from the European Union and exerting its independent influence on the world stage can save the lives of millions of smokers both at home and abroad.

SMOKING IN THE UK: THE GOOD NEWS, THE BAD NEWS AND THE FAKE NEWS

THE GOOD NEWS

The most recent data from the Office for National Statistics (ONS) for 2019 shows that 14.1% of UK adults — just under 7 million people — smoke cigarettes.⁹ This

⁸ Defined as a smoking prevalence rate of 5% or less. Parliamentary Under Secretary of State for Public Health and Primary Care, "Advancing our health: prevention in the 2020s – consultation document", (2019). Available at: <https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s/advancing-our-health-prevention-in-the-2020s-consultation-document>

⁹ Office for National Statistics, "Adult smoking habits in the UK", (2021). Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2019>

represents a significant decline on the previous year's smoking rate (14.7%) and forms part of a gradual fall in prevalence over the past decade.

E-cigarettes have played an important role in accelerating this fall in smoking and improving health outcomes for smokers. This has been supported by Public Health England's landmark statement that e-cigarettes are at least 95% less harmful than smoking¹⁰: a position that has now been endorsed by leading public health bodies and health NGOs including Cancer Research UK, the British Heart Foundation, the British Lung Foundation, the Royal College of Physicians, the Royal College of General Practitioners, ASH (Action on Smoking and Health), NHS Health Scotland, and Public Health Wales. The widespread support for vaping to reduce smoking is reflected in the UK's comparatively liberal, world-leading regulatory approach to e-cigarettes.

There is a large body of evidence, including randomised control trials¹¹, population data^{12,13} and observational studies¹⁴, that e-cigarettes are not only much less harmful than smoking, but also that they are an effective quit aid. In October 2020, a Cochrane medical science research review of 50 completed studies summarised the evidence as follows:

“There is moderate-certainty evidence that ECs [e-cigarettes] with nicotine increase quit rates compared to ECs without nicotine and compared to NRT [nicotine replacement therapy]. Evidence comparing nicotine EC with usual care/no treatment also suggests benefit, but is less certain.”

In their plain language summary, the Cochrane review authors make their point even more clearly:

“For every 100 people using nicotine e-cigarettes to stop smoking, 10 might successfully stop, compared with only six of 100 people using nicotine-replacement therapy or nicotine-free e-cigarettes, or four of 100 people having no support or behavioural support only.”

10 GOV.UK, “Evidence review of e-cigarettes and heated tobacco products 2018: executive summary”, (2021). Available at: <https://www.gov.uk/government/publications/e-cigarettes-and-heated-tobacco-products-evidence-review/evidence-review-of-e-cigarettes-and-heated-tobacco-products-2018-executive-summary>

11 New England Journal of Medicine, “A Randomized Trial of E-Cigarettes versus Nicotine-Replacement Therapy”, (2021). Available at: <https://www.nejm.org/doi/full/10.1056/NEJMoa1808779>

12 Daniel Pryor, “Up in Smoke: Unlocking Tobacco Harm Reduction”, (2019). Available at: <https://static1.squarespace.com/static/56edde762cd9413e151ac92/t/5db9c847a46a8b2d708a6195/1572456521038/Up+in+smoke+-+Daniel+Pryor+-+Final.pdf>

13 BMJ, “E-cigarette use and associated changes in population smoking cessation: evidence from US current population surveys”, (2017). Available at: <https://www.bmj.com/content/358/bmj.j3262>

14 Sarah E. Jackson, Daniel Kotz, Robert West, Jamie Brown, “Moderators of real-world effectiveness of smoking cessation aids: a population study”, (2019). Available at: Moderators of real-world effectiveness of smoking cessation aids: a population study - Jackson - 2019 - Addiction - Wiley Online Library

There is also an emerging body of evidence examining the role that e-cigarettes could be playing in reducing health inequalities. In their March 2020 evidence update, Public Health England highlighted that “the highest prevalence of vaping in England was in the West Midlands (8.3%) and the lowest was in the South-West (6.1%)”¹⁵. This reflects a broader North-South divide in vaping prevalence that could help to address regional health inequalities, since repeated population surveys have found that those living in the North of England are more likely to smoke than their Southern counterparts.¹⁶ More broadly, a recent cross-sectional study of over 34,000 English ex-smokers found that:

“...lower socioeconomic position was associated with higher rates of e-cigarette use among those who quit smoking after e-cigarettes became widely available, likely reflecting continued use of e-cigarettes as a long-term cessation aid among individuals with lower socioeconomic positions.”

And although there has been comparatively little research into how e-cigarette use differs by sexual orientation in the UK, a January 2021 study published in *Nicotine and Tobacco Research* “identified significant independent associations between sexual orientation and use of e-cigarettes”.¹⁷ These included that among former smokers “gay men [were] twice as likely to report using e-cigarettes than heterosexual men.” The authors suggest that “the higher prevalence of e-cigarette use may have contributed to the more rapid decline in smoking prevalence observed in this group.” This is an especially important finding since the latest ONS data shows that people who identify as gay or lesbian are significantly more likely to be smokers than their heterosexual counterparts.¹⁸

THE BAD NEWS

According to ONS data the average annual decline in the smoking rate from 2011 to 2019 was 0.76 percentage points. This is bad news for the Government’s goal for a Smokefree 2030.¹⁹ Simply extrapolating this trend to the end of the decade would result in a 2030 smoking rate of 5.7% and the target being missed by almost a full percentage point.

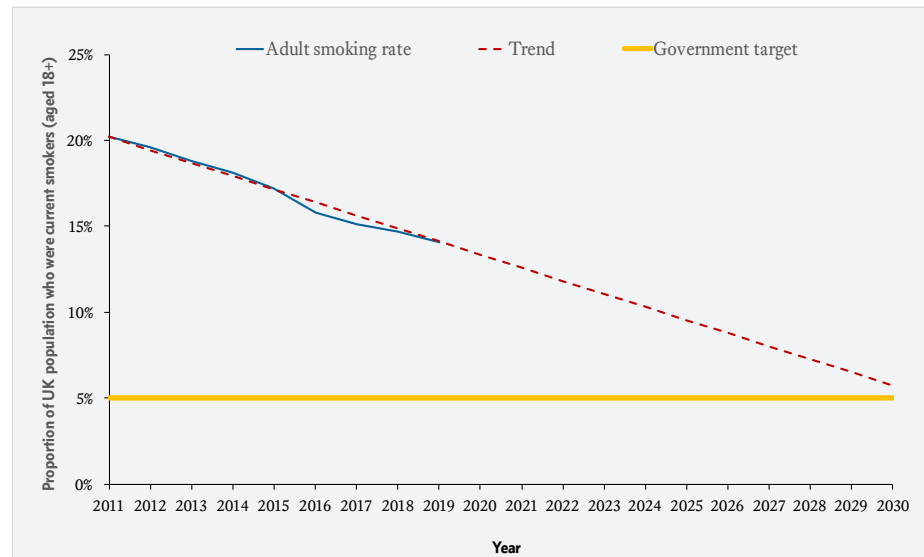
¹⁵ GOV.UK, “Vaping in England: an evidence update including mental health and pregnancy, March 2020”, (2020). Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/869401/Vaping_in_England_evidence_update_March_2020.pdf

¹⁶ E.g. Beard E, Brown J, West R, et al, “Healthier central England or North–South divide? Analysis of national survey data on smoking and high-risk drinking”, (2016). Available at: <https://bmjopen.bmj.com/content/7/3/e014210>

¹⁷ Sarah E Jackson, Jamie Brown, Igor Grabovac, et al, “Smoking and Quitting Behavior by Sexual Orientation: A Cross-Sectional Survey of Adults in England”, (2020). Available at: <https://academic.oup.com/ntr/article/23/1/124/5770951>

¹⁸ Office for National Statistics, “Adult smoking habits in the UK: 2019”, (2020). Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2019#characteristics-of-current-cigarette-smokers-in-the-uk>

¹⁹ GOV.UK, “Advancing our health: prevention in the 2020s – consultation document”, (2019). Available at: <https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s/advancing-our-health-prevention-in-the-2020s-consultation-document>

FIGURE 1. UK ADULT SMOKING RATE AND TREND TO (2010-2030)

Proportion of UK population who were current smokers (aged 18+), figures from 2020-30 based on projection of average yearly reduction to date

However, even this is an optimistic forecast given that the remaining smoking population will arguably be less likely to quit. The latest ONS data suggests this may well be the case, with an average fall in the UK smoking rate of 0.85 percentage points from 2011-2017 but only 0.5 percentage points from 2017-2019.²⁰ A 2020 report from Cancer Research UK also took a more pessimistic view, suggesting that England would only hit the Government's 5% smoking prevalence target in 2037.²¹

Furthermore, there is reason to temper recent optimism arising from ASH data showing elevated quit rates among younger smokers during the COVID-19 pandemic.²² This is likely the result of reduced social interaction, falling disposable incomes and COVID-related health worries.²³ Even in the best case scenario where these COVID-induced quits are long-term — a questionable assumption since young people tend to relapse at higher rates — they represent a one-off event rather than shift in the overall trend. Furthermore, it is reasonable to assume that a higher proportion of quits during the pandemic will be temporary in nature since the circumstances that may have led young people to quit will no longer apply following the reopening of the economy and the return of widespread social interaction.

²⁰ See Figure 1 of Office for National Statistics, "Adult smoking habits in the UK: 2019", (2020). Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2019>

²¹ Cancer Research UK, "Smoking Prevalence Projections for England, Scotland, Wales and Northern Ireland, based on data to 2018/2019", (2020). Available at: https://www.cancerresearchuk.org/sites/default/files/cancer_research_uk_smoking_prevalence_projections_february_2020_final.pdf

²² Action on Smoking and Health, "COVID-19 drives 'astonishing' quit rate among young smokers: Experts ask if trend will survive loosening lockdown - Action on Smoking and Health", (2020). Available at: <https://ash.org.uk/media-and-news/press-releases-media-and-news/covidyoungsmokers/>

²³ David Simons, Lion Shahab, Jamie Brown, Olga Perski, "The association of smoking status with SARS-CoV-2 infection, hospitalisation and mortality from COVID-19: A living rapid evidence review with Bayesian meta-analyses (version 9)", (2020). Available at: <https://www.qeios.com/read/UJR2AW.10>

There are further reasons to be concerned that the Government will not meet its 2030 target. For the first time since e-cigarettes were introduced to Great Britain, recent ASH data shows that their use has declined from 7.1% to 6.3% of the adult population.²⁴ This data also shows that the number of adult smokers who have tried e-cigarettes has plateaued since 2016 — hovering at just under two-thirds of all adult smokers. This is despite the fact that almost all (94%) of smokers have heard of e-cigarettes.²⁵ In other words, despite high levels of awareness of vaping among smokers and ample time to try it, nearly one-third of UK smokers have still never used the UK’s most popular (and arguably most effective) quit method.

There are several key reasons why this is likely to be the case. The first is that an increasing proportion of smokers do not believe that vaping is less harmful than smoking.²⁶ According to the latest ASH data, “the proportion of smokers correctly believing vaping is less harmful than smoking has fallen from 48% [in 2019]...to 39% [in 2020].”²⁷ Public Health England’s latest evidence update on vaping highlights that this problem is particularly pronounced among those from more disadvantaged socio-economic backgrounds: “Misperceptions were more pronounced among smokers from social grades C2, D and E.”²⁸

Safety concerns are cited as the second-most common reason why smokers have not yet tried e-cigarettes, with the most common response (“I do not want to substitute one addiction for another”) also reflecting a lack of awareness on relative health risks.²⁹ This represents a monumental failure in public health communication. The fact that it’s getting worse suggests a pessimistic outlook for future vaping-induced quits.

Almost half of all British smokers have tried vaping but gone back to cigarettes. The most common reasons being that it did not feel like smoking a cigarette (22%) and that it did not help them deal with cravings (16%). Although this may partly reflect previous negative experience with earlier-generation e-cigarettes, it also suggests that a significant proportion of the ‘low-hanging fruit’ have already made the switch to vaping and that many of those who continue to smoke are unlikely to use e-cigarettes again as part of a future quit attempt.

24 Action on Smoking and Health, “Use of e-cigarettes (vapes) among adults in Great Britain”, (2020). Available at: <https://ash.org.uk/wp-content/uploads/2021/02/YouthEcig2020.pdf>

25 Action on Smoking and Health, “Use of e-cigarettes (vapes) among adults in Great Britain”, (2020). Available at: <https://ash.org.uk/wp-content/uploads/2021/02/YouthEcig2020.pdf>

26 See Brose L, Brown J, Hitchman S, McNeill A, “Perceived relative harm of electronic cigarettes over time and impact on subsequent use. A survey with 1-year and 2-year follow-ups”, (2015). Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4686045/> for further evidence

27 Action on Smoking and Health, “Use of e-cigarettes (vapes) among adults in Great Britain”, (2020). Available at: <https://ash.org.uk/wp-content/uploads/2020/10/Use-of-e-cigarettes-vapes-among-adults-in-Great-Britain-2020.pdf>

28 Public Health England, “Vaping in England: 2021 evidence update summary”, (2021). Available at: <https://www.gov.uk/government/publications/vaping-in-england-evidence-update-february-2021/vaping-in-england-2021-evidence-update-summary>

29 ASH points out that there has also been “an increase in those citing safety concerns as their main reason for not trying e-cigarettes from 9% in 2019 to 14% in 2020.”

Finally, despite encouraging evidence on how e-cigarettes could impact smoking-related health inequalities, the broader situation — at least for England — appears to be getting worse. According to the ONS, “the gap in smoking prevalence between those in routine and manual occupations and those in other occupations has widened significantly since 2012.”³⁰

THE FAKE NEWS

The ongoing failure to communicate relative risk is only a partial explanation of why so many smokers are out of step with the scientific consensus on e-cigarettes. Another important factor contributing to widespread misunderstanding is that media reporting on vaping regularly reinforces myths or misrepresents the weight of evidence on a variety of topics.

The most highly publicized example of this in recent years was a spate of lung injuries in the United States, designated EVALI (electronic-cigarette or vaping product use-associated lung injury) by the Centers for Disease Control and Prevention.³¹ Despite no cases of a commercial nicotine vaping product being implicated in a diagnosed case of EVALI, worldwide media reporting on the topic focused on e-cigarettes as the potential culprit.³² This contributed to incorrect risk perception among the US (and likely UK) public.³³ In their final update as EVALI cases declined, the CDC acknowledged that supply chain contamination (Vitamin E acetate added to illicit THC vapes) was the primary cause of the outbreak.³⁴ There was no evidence that regular e-cigarettes played any role whatsoever.

Another concern often expressed about e-cigarettes is how they could provide a ‘gateway’ to smoking among young people.³⁵ While studies in the UK and USA have consistently found a longitudinal association between e-cigarette use and cigarette smoking, there is still little evidence that this association can be explained by a gateway effect. It is more likely that some young people, who would have become smokers in any case, are also trying e-cigarettes rather than e-cigarettes leading to smoking.

30 Office of National Statistics, “Adult smoking habits in the UK: 2019”, (2020). Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2019>

31 CDC, “Outbreak of Lung Injury Associated with the Use of E-Cigarette, or Vaping, Products”, (2020). Available at: https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html

32 Coral Gartner, Billie Bonevski, Wayne Hall, “Miscommunication about the causes of the US outbreak of lung diseases in vapers by public health authorities and the media”, Available at: <https://onlinelibrary.wiley.com/doi/full/10.1111/dar.13024>

33 Sara Wilson, “E-Cigarettes Increasingly Blamed for Lung Illnesses, as Evidence Points Elsewhere”, (2020). Available at: <https://morningconsult.com/2020/02/05/electronic-cigarettes-increasingly-blamed-by-public-for-lung-illnesses-even-as-evidence-points-elsewhere/>

34 CDC, “States Update Number of Hospitalized EVALI Cases and EVALI Deaths”, (2020). Available at: <https://www.cdc.gov/media/releases/2020/s0225-EVALI-cases-deaths.html>

35 Colin Fernandez, “Young vapers ‘move on to cigarettes’: Puffing cartridges is a gateway to smoking as it gets users hooked on nicotine, research suggests”, (2021). Available at: <https://www.dailymail.co.uk/news/article-9132833/Vaping-gateway-smoking-cigarettes-gets-users-hooked-nicotine-research-suggests.html>

“...e-cigarettes are attracting very few young people who have never smoked into regular use...E-cigarettes do not appear to be undermining the long-term decline in cigarette smoking in the UK among young people...A causal link has not been established and neither has progression to regular smoking [emphasis added]. The ‘common liability’ hypothesis seems a plausible explanation for the relationship between e-cigarettes and smoking implementation.”³⁶

A recent meta-analysis concluded that “while there is evidence of a relationship between vaping and subsequent smoking, there is much less conclusive evidence for a gateway effect.”³⁷ The authors emphasised that the existing literature examining the issue struggles to fully adjust for confounding variables, such as socioeconomic background, family smoking history, and genetics. Policymakers should also take heed of the fact that, in the words of ASH’s Deborah Arnott³⁸, “e-cigarette use among 11 to 18 year olds has to date remained low.”

Finally, some UK media outlets have reported on how e-cigarettes users with Covid-19 could be more likely to transmit the virus than non-users. This contention is based on a recent study estimating that regular vaping use increases the risk of infection by 1%, rising to between 5-17% if someone is vaping intensely.³⁹ Importantly, the same study emphasised that this increase in risk was small relative to common activities such as talking (44-176% for speaking 6-24 min per hour) and coughing every two minutes (260%). However, some news reports⁴⁰ entirely omitted this qualification, leaving readers without vital context and likely contributing to unwarranted fear about the health effects of passive vaping during the pandemic.

2 - SAFER ALTERNATIVES TO SMOKING: A MISSED OPPORTUNITY

Although smokers are often misinformed about the relative risk of e-cigarettes, most of them are at least aware that these products exist. However, public aware-

³⁶ Public Health England, “Evidence review of e-cigarettes and heated tobacco products 2018”, (2018). Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/684963/Evidence_review_of_e-cigarettes_and_heated_tobacco_products_2018.pdf (pg.13)

³⁷ Gary C. K. Chan, Daniel Stjepanovi, Carmen Lim, et al, “Gateway or common liability? A systematic review and meta-analysis of studies of adolescent e-cigarette use and future smoking initiation”, (2020). Available at: <https://onlinelibrary.wiley.com/doi/abs/10.1111/add.15246>

³⁸ Public Health England, “Vaping better than nicotine replacement therapy for stopping smoking, evidence suggests”, (2021). Available at: <https://www.gov.uk/government/news/vaping-better-than-nicotine-replacement-therapy-for-stopping-smoking-evidence-suggests>

³⁹ Sussman R, Golberstein E, Riccardo P, “Aerial Transmission of the SARS-CoV-2 Virus through Environmental E-Cigarette Aerosols: Implications for Public Policies”, (2021). Available at: <https://pubmed.ncbi.nlm.nih.gov/33546515/>

⁴⁰ Phoebe Southworth, “Vapers with Covid-19 up to 20 per cent more likely to transmit it than infected non-smoker, study”, (2021). Available at: <https://www.telegraph.co.uk/news/2021/02/07/vapers-covid-19-20-per-cent-likely-transmit-infected-non-smoker/>

ness and use of other reduced-risk options remains worryingly low. These products include nicotine pouches, heated tobacco and snus.⁴¹ The 2021 evidence update from Public Health England finds that “use of heated tobacco products by adults in England was estimated at 0.3% and use of nicotine pouches at 0.5% in 2020.”⁴² This can be partially explained by ASH survey evidence referenced in the update, which found that only a quarter of smokers had even heard of heated tobacco products. In the case of nicotine pouches, two-thirds of the British public have never heard of them.⁴³

All three of these alternatives to smoking are likely to be significantly less harmful to the health of their users than cigarettes and efficacious in helping smokers to quit according to available evidence.

NICOTINE POUCHES

Nicotine pouches, which contain no carcinogenic tobacco-specific nitrosamines (present in trace amounts in snus), are currently legal for sale in the UK. However, they are currently only covered by general product safety regulations and are not affected by regulatory frameworks pertaining to other consumer nicotine products.

It is a colossal public health communications failure that so few smokers have even heard of nicotine pouches, despite the likely much lower relative risk for these non-combustible, non-tobacco products. The Government should look to expand the evidence base for the reduced-risk potential of nicotine pouches, ideally by commissioning an evaluation by the Committee on Toxicity (COT) as has been the case with heated tobacco products.

HEATED TOBACCO PRODUCTS

The reduced-risk potential of heated tobacco has been recognised by Public Health England, the Committee on Toxicity, and the FDA, among other bodies. In 2018, Public Health England stated that “the available evidence suggests that heated tobacco products may be considerably less harmful than tobacco cigarettes.”⁴⁴ In December 2017, the Committee on Toxicity wrote that “there would likely be a reduction in risk for conventional smokers deciding to use heat-not-burn tobacco products instead of smoking cigarettes.”⁴⁵ A 2018 analysis by the German Federal

41 Nicotine pouches are smokeless products that do not contain tobacco and are placed under the upper lip in order to deliver nicotine; heated tobacco products are electronic devices that heat processed tobacco instead of combusting it; snus is similar to nicotine pouches but contains tobacco and is currently illegal in the UK.

42 Public Health England, “Vaping in England: an evidence update including vaping for smoking cessation”, (2021). Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/962221/Vaping_in_England_evidence_update_February_2021.pdf

43 Action on Smoking and Health, “Use of e-cigarettes (vapes) among adults in Great Britain”, (2020). Available at: <https://ash.org.uk/wp-content/uploads/2020/10/Use-of-e-cigarettes-vapes-among-adults-in-Great-Britain-2020.pdf>

44 Public Health England, “Evidence review of e-cigarettes and heated tobacco products 2018”, (2018). Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/684963/Evidence_review_of_e-cigarettes_and_heated_tobacco_products_2018.pdf

45 Committee on Toxicity, “Toxicological evaluation of novel heat-not-burn tobacco products – non-technical summary”, (2017). Available at: https://cot.food.gov.uk/sites/default/files/heat_not_burn_tobacco_summary.pdf

Institute for Risk Assessment, focusing on a particular heated tobacco product, highlighted that “...levels of major carcinogens are markedly reduced in the emissions of the analyzed...product in relation to the conventional tobacco cigarettes”.⁴⁶ In June 2020, the FDA authorized the marketing of a heated tobacco product as modified risk, stating that it was “appropriate to promote...public health and...expected to benefit the health of the population as a whole taking into account both users of tobacco products and persons who do not currently use tobacco products.”⁴⁷

A recent systematic review of both independent and industry research found that “HnB [heat-not-burn] are effective nicotine delivery devices that expose users and bystanders to substantially fewer harmful and potentially harmful compounds than smoking cigarettes.”⁴⁸ Results of independent and industry research were found to be largely in alignment.

Population-level analysis of heated tobacco in the Japanese market has concluded that “the accelerated decline in cigarette only sales in Japan since 2016 corresponds to the introduction and growth in the sales of [heated tobacco products].”⁴⁹

Given only a quarter of British smokers have heard of heated tobacco products and almost half have tried vaping but returned to smoking (with many concerned that it didn’t emulate the experience of smoking closely enough), there is clearly an opportunity for heated tobacco products to have a significant positive public health impact in the UK.

SNUS

Snus products were the first to be recognised as a modified risk tobacco product by the FDA in the United States.⁵⁰ This was based on a large body of epidemiological research showing that, in Sweden, snus plays a key role in reducing tobacco-related mortality and encouraging smoking cessation. A 2016 study⁵¹ sums up the current state of the evidence:

“Snus was also reported as the most common smoking cessation aid among men and yielded higher success rates than nicotine replacement therapy and other alternatives. As conclusions, snus has both contributed to decreasing initiation of smoking and, when used subsequent to smoking, appears to facilitate smoking cessa-

⁴⁶ Mallock N, Böss L, Burk R, et al, “Levels of selected analytes in the emissions of “heat not burn” tobacco products that are relevant to assess human health risks”, (2019). Available at: <https://pubmed.ncbi.nlm.nih.gov/29730817/>

⁴⁷ FDA, “Modified Risk Granted Orders - Exposure Modification”, (2019). Available at: <https://www.fda.gov/media/139797/download>

⁴⁸ Simonavicius E, McNeill A, Shahab L and Brose L,, “ Heat-not-burn tobacco products: a systematic literature review”, (2019). Available at: <https://tobaccocontrol.bmj.com/content/28/5/582>

⁴⁹ Cummings K, Nahhas G, Sweanor D, “What Is Accounting for the Rapid Decline in Cigarette Sales in Japan?”, (2020). Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7277739/>

⁵⁰ FDA, “FDA grants first-ever modified risk orders to eight smokeless tobacco products”, (2019). Available at: <https://www.fda.gov/news-events/press-announcements/fda-grants-first-ever-modified-risk-orders-eight-smokeless-tobacco-products>

⁵¹ Ramström L, Borland R and Wikmans T, “Patterns of Smoking and Snus Use in Sweden: Implications for Public Health”, (2019). Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5129320/>

tion. All these effects suggest that the availability and use of snus has been a major factor behind Sweden’s record-low prevalence of smoking and the lowest level of tobacco-related mortality among men in Europe.”

Swedish snus remains unlawful in the UK, as a result of the domestic importation of Article 17 of the 2014 EU Tobacco Products Directive. This is despite having a similar risk profile (i.e. minimal to no risk) to vaping and being of comparable efficacy in promoting smoking cessation. Now that the UK has left the European Union it is possible to rectify part of this issue by lifting the ban on snus.

Although initial steps have been taken to encourage their viability as safer alternatives to smoking — such as more risk-proportionate taxation of heated tobacco — there is still significant untapped potential for all three of these products to contribute to the Government’s Smokefree 2030 goal.⁵² A larger range of reduced-risk products increases the quit options available to smokers; different smokers have different tastes and preferences for safer alternatives. This has been tacitly acknowledged through the inclusion of heated tobacco in Public Health England’s annual e-cigarette evidence updates and including “moving to reduced risk products” as part of the Government’s definition of smokefree.⁵³ However, there are significant areas of regulatory reform that have yet to be properly addressed by the Government.

3 - PROBLEMS AND SOLUTIONS

There are numerous areas where regulatory reform for reduced-risk products can help more smokers to make the switch and improve health outcomes. This is especially true in a post-Brexit environment, where previous restrictions due to EU legislation no longer present a barrier to change.

REFORMING MARKETING AND RISK COMMUNICATION REGULATIONS

Until Brexit, the EU’s Tobacco Products Directive (TPD) prohibited key forms of advertising for e-cigarettes while domestic legislation bans virtually all promotion of other low-risk products such as heated tobacco.⁵⁴

This makes it less likely that smokers will switch to safer products. It contributes to low levels of product awareness; you can’t switch to a product less likely to kill you if you don’t even know it exists. This is more of an issue for heated tobacco than the well-established e-cigarette market, with ASH data showing woefully low levels of

⁵² See: UK Tobacco Products Duty. Available at: <https://www.gov.uk/guidance/tobacco-products-duty#rates>

⁵³ Parliamentary Under Secretary of State for Public Health and Primary Care, “Advancing our health: prevention in the 2020s”, (2019). Available at: <https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s/advancing-our-health-prevention-in-the-2020s-consultation-document>

⁵⁴ Including TV, radio, newspapers and most online platforms.

awareness of heated tobacco among smokers — many of whom have tried vaping but found it to be an unsuitable alternative.⁵⁵

Additionally, it inhibits the formation of trustworthy brands for reduced-risk products. This reduces consumer confidence and further inhibits efforts to encourage smokers to make the switch. There is solid evidence that e-cigarette advertising encourages smoking cessation, and the same is almost certainly true for other reduced-risk products.⁵⁶

TPD regulations also ban any form of reduced-risk communication in marketing. This prevents educating smokers about the relative risk of different products when compared to cigarettes and combat the rampant misperceptions highlighted in repeated ASH surveys and PHE evidence updates. Misperceptions about relative risk discourage smokers from switching to safer products, resulting in higher smoking-related mortality. This is exacerbated by TPD-mandated warnings on e-cigarette products that emphasise they contain nicotine, a highly addictive substance. These warnings may deter smokers from switching, since the most common reason for not trying vaping is not wanting to substitute one addiction for another.^{57,58}

If the Government wants to achieve a smoke-free society by 2030, they should:

- Remove bans on advertising of low-risk products, such as e-cigarettes, heated tobacco, nicotine pouches and snus, and replace with sensible controls on content and placement;
- Replace ineffectual warnings with Government-specified risk communication messaging for approved low-risk products.

CHANGING EU PRODUCT REGULATIONS FOR E-CIGARETTES

TPD rules set limits on nicotine concentration of 20mg/ml in vaping liquids, as well as restrictions on the size of refill containers (10ml) and e-cigarette tanks (2ml). The New Nicotine Alliance has highlighted several unintended consequences of nicotine limits, including that it “creates a barrier to stopping smoking...creates a barrier to better easier-to-use devices...[promotes] a black market...[and favours] the cigarette trade.”⁵⁹

⁵⁵ Action on Smoking and Health, “Use of e-cigarettes (vapes) among adults in Great Britain”, (2020). Available at: <https://ash.org.uk/wp-content/uploads/2020/10/Use-of-e-cigarettes-vapes-among-adults-in-Great-Britain-2020.pdf>

⁵⁶ E.g. Dhaval Dave, Daniel Dench, Michael Grossman, et al, “Does e-cigarette advertising encourage adult smokers to quit?”, (2019). Available at: <https://www.sciencedirect.com/science/article/abs/pii/S0167629619301870?%20via%3Dihub> and Anna E. Tuchman, “Advertising and Demand for Addictive Goods: The Effects of E-Cigarette Advertising”, (2019). Available at: <https://pubsonline.informs.org/doi/abs/10.1287/mksc.2019.1195>

⁵⁷ Sharon Cox, Daniel Frings, Reeda Ahmed, et al, “Messages matter: The Tobacco Products Directive nicotine addiction health warning versus an alternative relative risk message on smokers’ willingness to use and purchase an electronic cigarette”, (2018). Available at: <https://www.sciencedirect.com/science/article/pii/S235285321830138X?via%3Dihub>

⁵⁸ Action on Smoking and Health “Use of e-cigarettes (vapes) among adults in Great Britain”, (2020). Available at: <https://ash.org.uk/wp-content/uploads/2020/10/Use-of-e-cigarettes-vapes-among-adults-in-Great-Britain-2020.pdf>

⁵⁹ New Nicotine Alliance, “Briefing: Post-Brexit reform of EU-derived tobacco and vaping regulation”, (2020). Available at: https://nnalliance.org/images/documents/Letter_re_tobacco_policy_-_201029.

Tank and refill container limits make e-cigarette use more of a hassle and more environmentally wasteful. Bottle size limits are also likely to have increased the cost of switching to vaping, with firms passing a portion of increased packaging costs to consumers. Similar rules do not exist on other dangerous products such as bleach or medicines (which instead promote safe use via mandated child-resistant packaging, hazard warnings and information on what action to take in the case of ingestion).

If the Government wants to achieve a smoke-free society by 2030, they should:

- Review TPD rules on e-liquid nicotine concentration with the aim of establishing a new, higher nicotine concentration limit that reflects safe pre-TPD use patterns;
- Review TPD rules on tank and refill container limits while maintaining appropriate safety features such as child-resistant packaging and warning labels.

REGULATING NON-TOBACCO NICOTINE POUCHES

Non-tobacco nicotine pouches are currently legal for sale in the UK, but are only covered by general product safety regulations. This risks undermining consumer confidence in a category of products that hold significant harm reduction potential and invites public backlash against the concept of tobacco harm reduction. Although most current retailers and producers are voluntarily enforcing their own responsible rules, there is little legislation pertaining to packaging or marketing rules and no minimum age of sale. Furthermore, although a strong evidence base exists for the reduced-risk potential of other smokeless products like snus, there has been less research done on tobacco-free nicotine pouches.

If the Government wants to achieve a smoke-free society by 2030, they should:

- Introduce product and communications rules for nicotine pouches based on existing regulations around e-cigarettes, including but not limited to: legal minimum age of sale and proxy purchasing legislation, sensible controls on packaging such as information on nicotine content, and prohibition of marketing likely to appeal to children.
- Expand the evidence base for the reduced-risk potential of nicotine pouches by commissioning a Committee on Toxicity (COT) evaluation.

FIXING REGULATION FOR ZERO-NICOTINE VAPING PRODUCTS

Just as a lack of appropriate regulation around nicotine pouches undermines public confidence in reduced-risk products, the same applies to e-liquids that do not contain nicotine. Many appropriate regulations for e-cigarette products — including the MHRA's successful nicotine-containing product notification scheme and marketing content restrictions — do not apply in the case of zero-nicotine e-liquids. Less stringent product testing measures and laxer marketing rules mean that children could be more exposed to marketing and many vapers who 'shortfill' (com-

bine non-nicotine e-liquid with nicotine post-sale) are left at greater risk of adverse health outcomes.

If the Government wants to achieve a smoke-free society by 2030, they should:

- Apply all product and communication regulations of nicotine-containing e-liquids to non-nicotine e-liquids.

LEGALISING SNUS

Despite strong evidence that snus availability contributes to a reduction in smoking rates and smoking-related mortality, it is currently illegal at an EU level. This narrows the range of available low-risk products available to smokers who want to make the switch. Given its success in Sweden, well-established low risk profile and modified risk designation in the United States, the absence of an appropriately regulated snus market in the UK also undermines our international reputation as a world-leader in tobacco harm reduction. In order to achieve Smokefree 2030, smokers need to be offered a smorgasbord of different options that may attract them away from smoking. Snus, whilst similar to nicotine pouches, offers a different experience to the end user. There may be those that would not quit smoking for nicotine pouches but would do so for snus.

If the Government wants to achieve a smoke-free society by 2030, they should:

- Legalise snus and treat it similarly to e-cigarettes with regards to product and communications regulation.

4 - A BLUEPRINT FOR CHANGE

Many of the measures proposed in this report necessitate significant legislative change. This presents several options to policymakers.

REFORM OF COMMUNICATIONS RULES

The simplest and least disruptive option would be to focus solely on reform of communications rules, which include advertising restrictions and relative risk claims in advertising. In legislative terms, this would primarily involve explicitly exempting non-combustible tobacco products from the Tobacco Advertising and Promotion Act (TAPA).⁶⁰ It would also mean removing Part 7 of the Tobacco and Related Products Regulations (TRPR)⁶¹ for e-cigarettes and passing a new ‘Reduced Risk Products Communication Law’ (or similar) that included sensible new rules for e-cigarettes, heated tobacco and nicotine pouches.

However, the disadvantages of this approach are significant. It would not accomplish positive change on any product-related regulations, such as improvements to

⁶⁰ UK “Tobacco Advertising and Promotion Act”, (2002). Available at: <https://www.legislation.gov.uk/ukpga/2002/36/contents>

⁶¹ UK “The Tobacco and Related Products Regulations”, (2016). Available at: <https://www.legislation.gov.uk/uksi/2016/507/part/7/made>

heated tobacco packaging rules, reforming e-liquid nicotine limits, legalising the sale of snus or improving safety monitoring for non-nicotine e-liquids. It would also create a confusing disconnect between heated tobacco packaging and advertising rules.

CREATING A NEW LEGISLATIVE CATEGORY FOR REDUCED-RISK PRODUCTS

The most comprehensive reform would be to create an entirely new regulatory category for reduced-risk products, including both product and communication rules. The most suitable basis for a product's inclusion in the category would be combustion vs. non-combustion — an effective, evidence-based proxy for relative risk. This would 'future-proof' regulation by providing greater certainty about how to successfully bring new reduced-risk products to market, but would also require the most work and new primary legislation. At a high level, this would be achieved by repealing Parts 6 and 7 of the TRPR, removing heated tobacco and snus from Parts 2-4 of the TRPR and TAPA, and finally passing a new 'Reduced Risk Products Law' or similar that established new rules common to all reduced-risk products.

EQUALISING E-CIGARETTE REGULATION WITH EXISTING REDUCED-RISK PRODUCTS

This approach would require harmonising existing e-cigarette product and communications rules with that of other reduced-risk products, using existing legislation as a baseline. The key advantage of this approach is that it accomplishes all of the objectives of reform without needing to pass as much primary legislation as the creation of an entirely new regulatory category.

In practice, this would mean the same explicit 'carving out' of heated tobacco and snus from existing legislation (Parts 2-4 of TRPR and TAPA), but then including them (as well as non-tobacco nicotine pouches) in Parts 6-7 of the TRPR that currently only apply to e-cigarettes. Parts 6-7 of the TRPR would also be amended to incorporate the reforms to marketing and product rules outlined earlier in this paper.

5 - GLOBAL BRITAIN: CHAMPIONING TOBACCO HARM REDUCTION ABROAD

The UK is set to become the single largest state donor to the World Health Organization⁶². However, the WHO has repeatedly contradicted and attempted to undermine the UK's harm reduction approach to e-cigarettes, which is likely to have led to increasing misconceptions of their relative risk compared to cigarettes among the general population in the UK and globally. This is despite the concept of tobacco harm reduction being included in the definition of 'tobacco control' set out in the Framework Convention on Tobacco Control (Article 1.d) — an inter-

⁶² Patrick Wintour, "UK to become WHO's largest state donor with 30% funding increase", (2020). Available at: <https://www.theguardian.com/world/2020/sep/25/uk-to-become-whos-largest-state-donor-with-30-funding-increase>

national treaty which sets out recommendations for signatories on regulation of tobacco products.

This includes an online WHO primer on e-cigarettes that former head of Action on Smoking and Health Clive Bates summarized as “a disgraceful travesty of science communication”.⁶³ It also includes leaflets published by the FCTC Knowledge Hub on Article 5.3 which falsely suggested that e-cigarettes “do not help in quitting” and “are a gateway to drugs”, and previous papers emphasising outright prohibition and overly harsh regulatory practices.

The upcoming Ninth Conference of Parties (COP9) is likely to include an FCTC Secretariat report on and shape the Parties’ views of e-cigarette and other reduced-risk products regulation, as well as their efficacy as a tool of tobacco harm reduction. Barring an unprecedented shift in opinion, these recommendations are likely to be at odds with the UK’s successful approach to regulation in areas such as health and cessation claims, taxation, the role of e-liquid flavours and include unfounded concerns about youth uptake.⁶⁴

The UK should robustly defend its approach to tobacco harm reduction at COP9 and related WHO meetings. Post-Brexit Britain has greater opportunities than ever before to defend our world-leading approach to tobacco harm reduction at COP9 and on the international stage. COP9 will be the first occasion that the UK can participate in FCTC COP as an independent party that is not bound by a common EU position. This presents a novel opportunity to showcase our world-leading approach to e-cigarette regulation and exert a positive influence on the international debate around e-cigarettes.

The following recommendations could help the UK in achieving this:

- Highlighting the consensus opinions of UK public health bodies and NGOs on the safety and efficacy of e-cigarettes in smoking cessation and harm reduction efforts, including issues relating to alleged ‘gateway effects’ and youth uptake;
- Actively opposing attempts to introduce recommendations for counterproductive regulations that could harm efforts to encourage smokers to switch to safer alternatives (e.g. taxation regimes not based on relative risk, banning all marketing of e-cigarettes — including to current smokers, misleading mandated health warnings);
- Including UK experts in tobacco harm reduction as part of our COP9 delegation;
- Promoting an evidence-based approach to the harnessing the potential of other reduced-risk products such as nicotine pouches, heated tobacco and snus;

⁶³ Clive Bates, “World Health Organisation fails at science and fails at propaganda - the sad case of WHO’s anti-vaping Q&A”, (2020). Available at: <https://www.clivebates.com/world-health-organisation-fails-at-science-and-fails-at-propaganda-the-sad-case-of-whos-anti-vaping-qa/>

⁶⁴ The Netherlands is currently proposing a ban on e-liquid flavours with other EU countries considering similar measures, despite strong evidence that doing so would be counterproductive on public health grounds. For more, see: David B Abrams, Lynne Dawkins, Karolien Adriaens, “Regulation of e-cigarette flavours – a response”, (2021). Available at: <https://www.clivebates.com/documents/NLFlavoursResponseJan2021.pdf>

- Collaborating with other countries who have similarly sensible positions on e-cigarette regulation in order to strengthen the case for embracing tobacco harm reduction approaches at COP9.

6 - CONCLUSION

The United Kingdom has made great strides towards saving lives and encouraging smoking cessation over the past decade. A liberal approach that embraced innovative new technologies and a consumer revolution has yielded enviable results that have made us a world-leader in tobacco harm reduction. Until this year however, the UK was restricted by the European Union in going down this successful path.

Now, as a newly independent nation — free to make our own laws and exert our influence on the world stage — the UK has the chance to lead the world in improving health and wellbeing in a way that preserves freedom of choice. There is substantial reward for seizing the opportunity to reform, and great peril in ignoring it. If we choose not to act, what was the point in Brexit? Remaking obscure parts of regulation doesn't come across as the most inspiring task, but for millions of smokers in the UK it could literally mean the difference between life and death.