New Nicotine Alliance UK
Registered charity in England and Wales – number 1160481

Health and Social Care Committee
House of Commons
London
SW1A 0AA

6 July 2023

Dear Sir/Madam

Re: Youth vaping oral evidence hearing, 28 June

We are writing with concern about many statements and remarks made during the Health and Social Care Committee oral evidence session on Wednesday 28 June.

The New Nicotine Alliance is a registered charity and consumer association representing current and future consumers of low-risk alternatives to cigarettes, such as vaping products, nicotine pouches, snus and heated tobacco. We confirm no conflicts of interest concerning the tobacco, nicotine, or pharmaceutical industries. Many of us have experienced first-hand the benefits of vaping and other low-risk products to escape smoking. We also count public health experts in our board members, associates, and supporters.

We joined the livestream on Parliament TV and were extremely disappointed that, during the course of the session, there were many instances of incorrect statements, myths, mistaken beliefs and even simple falsehoods expressed by MPs and panellists. We hope you will take on board our observations, set out below, to correct the record on this subject.

Addictiveness of vaping compared to smoking

We note that Committee Chair, Steve Brine, declared on a few occasions that he wished to avoid anecdotal remarks and instead deal with science and evidence. However, it was repeatedly stated during the hearing that vaping is more addictive than smoking. For example:

> *Laranya Caslin: "Once they are vaping, the level of addiction is perhaps higher than it would have been among smokers."*
>
> *Paul Blomfield: "We have heard from previous witnesses that vaping is more addictive than smoking. […] Why do you think that your product is more addictive?"*

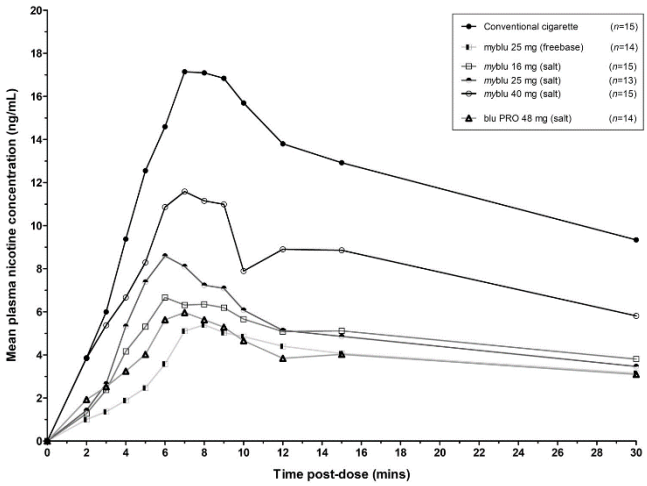
There is no evidence for this whatsoever. If anything, research is showing the opposite.

As highlighted by Public Health England in 2015[1], delivery of nicotine from a vaping device is completely different from that of a cigarette:

> *"Cigarettes deliver nicotine very fast via the lungs. It is likely that to out-compete cigarettes, [electronic cigarettes] EC will need to provide nicotine via the lungs as well. Although some EC products may already provide a degree of lung absorption, most nicotine is probably delivered via a much slower route through buccal mucosa and upper airways, in a way that is*

closer to the delivery from nicotine replacement medications than to the delivery from cigarettes. This tallies with two other observations. Vapers feel they are less dependent on EC than they were on cigarettes[2] and non-smokers experimenting with EC do not find them attractive and almost none progress to daily vaping[3]. This contrasts with the fact that about half of adolescents who experiment with cigarettes progress to daily smoking[4].”

As a result of the difference in where nicotine is absorbed, pharmacokinetic research routinely finds that cigarettes are significantly more efficient at delivering nicotine, as highlighted in this graph from just one study of many[5].

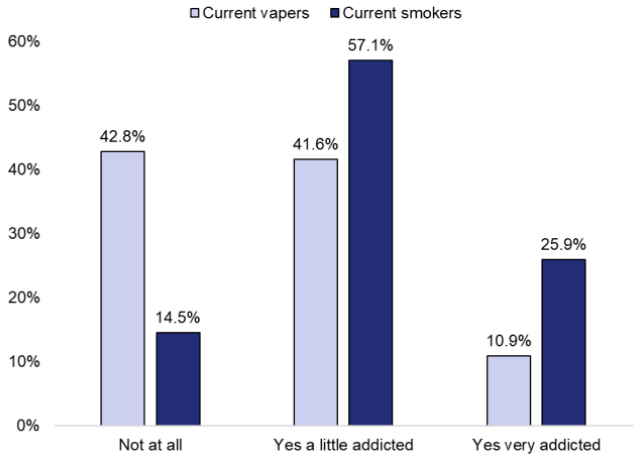


The Office for Health Disparities and Improvement (OHID) remarked on this in its latest evidence review in September[6].

“The puff-by-puff high-nicotine bolus delivery of nicotine through cigarette smoking, reaching the brain within 15 to 20 seconds of inhalation (faster than by intravenous injection), makes the cigarette the delivery device with the highest dependency potential.”

This is borne out by perception of addiction of smokers and vapers reported by the International Tobacco Control Policy Evaluation Project[7].

Figure 18. Frequency of considering oneself addicted to vaping among current vapers and considering oneself addicted to smoking among current smokers aged 16 to 19, England 2021 (ITC Youth, weighted data)



It is therefore materially incorrect to state that vaping is more addictive than smoking.

Relative risk of vaping compared to smoking

We were surprised to see doubt cast on evidence commissioned by the government and published by prime public health research organisation, Public Health England (now OHID).

> *Dr Caroline Johnson: "The industry often says these products are 95% safe. That is based on a Public Health England document from more than a decade ago, which was questioned in its veracity even at the time in 2015 by an editorial in The Lancet."*

The Lancet article in question was written by an avowed anti-vaping activist, Martin McKee, and relied on an incorrect assumption that the assessment was derived from a single 2014 study.

In reality, the PHE review cited 185 items of research to come to its estimate[8]. The assessments were made by independent expert scientists in the course of formulating their extensive evidence review. The Royal College of Physicians also came to the same conclusion in 2016 after referencing 680 research items, stating that[9]:

> *"Although it is not possible to precisely quantify the long-term health risks associated with e-cigarettes, the available data suggest that they are unlikely to exceed 5% of those associated with smoked tobacco products and may well be substantially lower than this figure."*

Significantly, neither has seen fit to revise their estimate in the light of new discoveries. This is because new evidence has strengthened rather than refuted these estimates.

PHE updated its 2015 review of e-cigarettes and other novel nicotine delivery systems every year until 2022, each time reconfirming the 95% estimate. The final review, undertaken by OHID, stated that:

> *"Based on the reviewed evidence, we believe that the "at least 95% less harmful" estimate remains broadly accurate, at least over short term and medium term periods."*

It is therefore disappointing that such comprehensive evidence is dismissed by a member of a committee dedicated to research rather than anecdote and innuendo.

The no long term data gambit

It was disappointing to see a disingenuous tactic commonly used by ideological vaping opponents crop up during the discussion.

> *Dr Helen Stewart: "The reality is that we do not have enough long-term data. We would much rather ban them now than wait for the 30 years it took to understand the effect of smoking, when the chicken has flown the coop".*

Just because we do not yet know everything about vaping, it does not follow that we must know nothing about the future risks. It is inconceivable that vastly lower toxicant exposures will not lead to much lower health impacts. In fact, there is a large body of toxicology that does not rely on long-term epidemiology to quantify long-term risk. For example, we would not need to wait decades to discover that smoking was dangerous if it was introduced today.

There are clear risks associated with denying adult users an alternative way to quit smoking that is proving effective. Banning a product which can help millions quit smoking, while leaving far more harmful cigarettes widely available, is not precautionary but can be viewed as reckless. Why should

an adult smoker have to wait 30 years to take advantage of what we know are vastly less harmful products than combustible tobacco?

Popcorn lung

We are truly astonished that the committee entertained a blatant untruth during the session.

> *Dr Stewart: "There has been some suggestion of young people developing something called popcorn lung, secondary to vaping."*

There is absolutely no evidence for this whatsoever. It is incredibly disappointing that a high-profile doctor should believe something which has never been true.

Only eight people in the world have been evidenced as contracting 'popcorn lung' from Diacetyl. They were workers in a popcorn factory in 2000, from which the term derives[10].

Cancer Research UK has produced a page to categorically refute this claim, but the myth lives on despite there never having been any evidentiary basis for it[11].

- *E-cigarettes don't cause the lung condition known as popcorn lung*
- *There have been no confirmed cases of popcorn lung reported in people who use e-cigarettes*

Diacetyl, which was the cause of the popcorn factory outbreak, is banned in UK vaping products. Regardless, diacetyl is variously estimated to be 100 to 750 times more prevalent in combustible tobacco. Despite the much higher levels of diacetyl in tobacco smoke than in e-cigarette vapour, even smoking has never been associated with popcorn lung[12].

Vaping is just 'Big Tobacco' creating addicts

The committee also regurgitated another common myth about vaping.

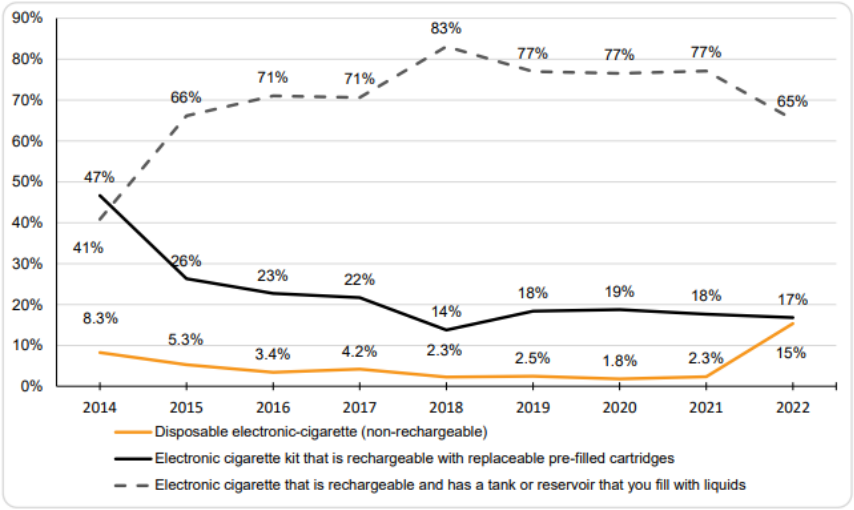
> *Rachael Maskell: "It is very clear that the industry is trying to generate a new generation of addicts."*
>
> *Paul Blomfield: "[B]ig tobacco just saw an opportunity to use vaping to create a new generation of nicotine addicts?"*

The modern vaping device was invented in China in 2003 and the first appearances of disposable vaping products occurred in the UK in 2007. The first acquisition of a vaping company was by Lorillard acquiring Blu in the United States in 2013[13].

The tobacco industry had nothing to do with the advent of vaping in the UK or elsewhere, it was consumers who took the crude early models, learned how to make them better and started businesses to help other smokers. We are proud of consumers' role in the phenomenon, it is ill-informed to credit the tobacco industry with that.

Even today, the vast majority of vaping devices are made by independent businesses. Two-thirds of adult vapers use refillable products, of which the tobacco industry makes very few[14]. The market leaders in single use vapes are Elfbar and Geekbar, neither of which are owned, or have ever been owned, by companies which manufacture combustible tobacco.

Figure 12 - Type of e-cigarette used by current e-cigarette users, Great Britain (2014 - 2022)



Unweighted base: All GB adults who currently use e-cigarettes, from 2017 onwards excluding those who only used them once or twice. 2014 n=498; 2015 n=614; 2016 n=667; 2017 n=657; 2018 n=715; 2019 n=800; 2020 n=767; 2021 n=790; 2022 n=1033

Lack of adherence to youth vaping

We are concerned that the committee often strayed from the purpose of the oral evidence session, that being to investigate youth vaping.

> *Dr Johnson: "would you support vaping being included in the legislation that bans tobacco smoking in public areas like clubs, pubs, bars and those sorts of places?"*
>
> *Paulette Hamilton: "Rather than encouraging people to vape rather than smoke, do you not think it would be better to ban the whole lot, whether it be the ones that you can refill or the single-use ones"*

This would suggest, as many suspect, that the focus on youth vaping is being seen by those opposed to vaping, in its entirety, to be a weakness with which to pursue a ban on all vaping products.

Extending coverage of smoke-free environments to e-cigarettes is counterproductive as it removes incentives for smokers to switch to less harmful products by treating the safer alternatives equally to combustible tobacco. In effect, it would proactively protect the combustible tobacco trade from competition.

Prohibiting use in public places would also have the effect of sending a false message to the public that vaping products are as harmful as smoking, despite presenting vastly lower risk. In recent years, there has been an increase in the number of smokers incorrectly believing that, compared to combustible tobacco, reduced risk products are more or equally harmful. Incorrect perceptions of harm discourage some smokers either trying or maintaining use of e-cigarettes and can only perpetuate combustible tobacco use.

The Royal College of Physicians has assessed evidence on secondhand vapour emissions and stated that there *is "no direct evidence that such passive exposure is likely to cause significant harm"*[15]. Smoking in public places was introduced due to research which suggested the health of bystanders could be at risk from secondhand smoke. There is no similar comparison with vapour aerosol.

The idea of prohibiting all vaping products would be disastrous to public health. Declines in smoking prevalence have accelerated since 2012 when vaping went mainstream in the UK. Vaping is recommended to smokers by the NHS[16] and has helped millions to quit smoking. It has also proven to be twice as effective as nicotine replacement therapy[17]. It is absurd to suggest that all vapes be prohibited, especially since there are now 4.3 million vapers in Great Britain and smoking is at an historic low.

Spontaneous vaping

John Dunne of the UK Vaping Industry Association testified that vaping products should be sold in the same venues as combustible cigarettes to entice adult smokers to try a safer alternative. This was met with surprising scepticism, and some aggression, by the Chair.

> *Steve Brine: "Can you evidence that? It is a spontaneous decision, so they go in and think, "I may buy a packet of cigarettes today, but I may buy a vape." It is literally as spontaneous as that: "I might buy a Yorkie bar, or I might buy a Wispa. No, I might buy a packet of cigarettes, but I might buy a vape." Can you evidence that to us in writing?"*

In fact, there is a wealth of understanding among vaping consumers that this is a very common occurrence, with those who have switched to e-cigarettes without having made a serious quit attempt termed "accidental quitters". Many of our supporters, associates, and even board members fit into this category.

A research study in the Journal of American Medicine confirmed what consumers had always known in December 2021[18].

> *"In this cohort study, daily e-cigarette use was associated with greater odds of cigarette discontinuation among smokers who initially had no plans to ever quit smoking. These findings support the consideration of smokers who are not planning to quit when evaluating the risk-benefit potential of e-cigarettes for smoking cessation in the population."*

A significant number of those who have quit smoking using vaping products had never made a previous quit attempt. Many people who smoke do not consider themselves sick and in need of treatment, so do not interact with smoking cessation services.

The presence of vaping products in shops where smokers would normally buy their cigarettes has led to many making an impulsive decision to try vaping instead, out of curiosity or after exposure to public health messages which emphasise the lower risk potential of vapes. Restricting vaping products for sale only in pharmacies would reduce the possibility of impulsive experimentation with vapes which can lead to smoking cessation via the consumer product model.

Vaping is unsafe because there are none currently prescribed

Dr Johnson raised a disingenuous argument that suggested there are doubts about relative safety of e-cigarettes due to not currently being prescribed on the NHS.

> *Dr Johnson: "Is the fact that after all this time there aren't any available on NHS prescription, despite your claims that they are saving lives right, left and centre, a sign that perhaps there are more significant safety concerns? … I find it interesting that these very products have not made it to prescription if they are, indeed, such a safe and life-saving product."*

The first vaping product to be licensed for prescription was approved by the Medicines and Healthcare Regulatory Agency (MHRA) in 2016[19]. It was a commercial failure because the medicinal pathway was not developed for products of its kind at the time.

In October 2021, appropriate guidelines were produced for vaping products to be approved for the prescription route[20] and last year the MHRA held tutorials for businesses wishing to pursue the option[21]. However, this is still a considerably costly and time-consuming option for vape businesses and the process will arguably result in less effective and out-of-date devices with less diversity and choice than the consumer path.

Despite this, The Financial Times has reported[22] that a number of independent businesses are applying to pursue the medicinal route including NJOY, DSL Group, Superdragon, and Irish firm Yatzz Limited. The paper quotes a regulatory compliance expert's estimate that approval would likely cost £3-5 million.

As a physician, Dr Johnson should be aware that approval of products for NHS prescription is a long process and should understand that to expect a vaping product to achieve this status in less than two years since guidance was initially published is entirely unrealistic.

No-one started smoking between 2007 and 2022.

In one of the most bizarre periods of the oral evidence session, Dr Johnson attempted to suggest that 40% of the current vaping market were not former smokers.

> *Dr Johnson: "According to Government figures, there were 10.7 million smokers in 2007 when these products were first launched on to the market and 6.6 million last year, of whom another million have died. That leaves you with around 3 million smokers you could have potentially helped to quit, within those figures. The other 2 million—getting on for half your market—are people who did not smoke to start with. Do you accept that?"*

This argument only makes sense if one assumes that not one person started smoking between 2007 and 2022. A clearly ludicrous suggestion.

Once again, if the committee wishes to deal in research and not conspiracy, the latest Action on Smoking and Health survey estimates that only 1.3% of never smokers are current vapers, amounting to 8.1% of vapers overall[23].

Adult smokers dismissed

Dr Johnson also suggested that adults who smoke are not worthy of help from the government due to their bad decision-making. This flies in the face of the existence of smoking cessation services and misunderstands the potential for health harm in the respective populations.

> *Dr Johnson: "[If]f the Government were forced to choose between protecting smokers who are adults and protecting children from vaping, which do the Government have a greater responsibility to do? Is it to protect adults or to protect children?"*

The ground-breaking Doctors' study from which all modern tobacco control evolved discussed the harms of smoking increasing with age[24]. It showed that 81% of men who never smoked reach their 70th birthday but only 58% of continuing smokers. The median smoker loses about 10 years of life between 73 and 83, and about 20% lose 10 years between 60 and 70. It also found that "*cessation at age 50 halved the hazard, and cessation at age 30 avoided almost all of it.*"

By contrast, for some young people, those most at risk of smoking, vaping is overall beneficial as it displaces smoking. US and UK data show that the most intensive use of vaping among young people is among those most likely to smoke[25][26][27].

Action on Smoking and Health described youth vaping in 2022 as *"low and largely experimental[28]"* and found that current use of e-cigarettes among 11-17 year olds in the latest survey is concentrated in current or former smokers, with only 2.3% never having smoked[29].

In August 2021, an article in *American Journal of Public Health (AJPH)* co-authored by 15 past presidents of the Society for Research on Nicotine and Tobacco (SRNT) warned that*: "Because both youth and adult smokers find e-cigarette flavors attractive, banning all (or most) flavors risks reducing smokers' use of e-cigarettes to quit smoking at the same time that it reduces youth vaping.[30]"*

It is in adult smokers where the most harm can be averted by smoking cessation. Adult smokers should not be thrown under the bus due to fears of addiction in young people of a product which is orders of magnitude less harmful than combustible tobacco.

<u>The importance of vaping flavours</u>

Lastly, the committee proceedings ended with a plea for evidence on the vital nature of flavours in e-liquids.

> *Paul Blomfield: "It would be useful if we could have further independent evidence—not anecdotal talk from lots of people—on the importance of flavours in smoking cessation."*

We are more than happy to provide a selection of the considerable academic literature which emphasises the importance of flavours in vaping products to help people quit smoking and avoid relapse.

A Yale University study in 2020 found that *"adults who began vaping nontobacco-flavored e-cigarettes were more likely to quit smoking than those who vaped tobacco flavors[31]."* An article published in October 2020 by prominent tobacco control researchers found that *"Limiting access to flavors may … reduce the appeal of e-cigarettes among adults who are trying to quit smoking or stay quit.[32]"* Research in March 2023 concluded that *"Those using flavored e-cigarettes, particularly menthol or mint, are more likely to quit successfully.[33]"*

We would also highlight that in jurisdictions where flavoured vaping products have been banned, increases in youth smoking have been observed[34]. Considering the committee's concern about harm to adolescents, this is particularly relevant.

Finally, we would encourage you to familarise yourselves with how the National Centre for Smoking Cessation and Training (NCSCT) supports vaping[35]; to enable Stop Smoking Services (SSSs) to embrace vaping, the Centre has produced vape training, a vaping briefing (new version about to be published), guidance on working with vape shops, the economic argument for using vapes in SSSs and a suite of YouTube films to educate professionals who talk to smokers and smokers who need to know about vaping.

Yours sincerely

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Sarah Jakes
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