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The government must continue to be an international standard-bearer for harm reduction public health policy

We have noted concerning reports that the government is actively considering the imposition of a new tax on vaping products. We urge the government not to place additional taxes on vaping; a consumer-led product that has helped millions of people reduce or stop smoking and saved the health service money at no cost to the NHS. Such a tax would undermine public health and be inconsistent with government policy.

Instead the government must continue to support and stand-up for vaping as part of a joined-up and world-leading anti-smoking policy that embraces harm reduction and explicitly recognises the value vaping has in reducing smoking rates.

We highlight the following key points:

1. **A tax on vaping would be inconsistent with government policy.** The government has stated its policy is to support smokers switch to safer nicotine products if they do not quit completely.¹ Public Health England has estimated that vaping is likely to be 95% safer than smoking, and in its 2018 evidence review, reaffirmed that “vaping poses only a small fraction of the risks of smoking and switching completely from smoking to vaping conveys substantial health benefits over continued smoking”.²
2. **A tax on vaping would be counter-productive.** The UK’s smoking rate is one of the lowest in the world and this is partly attributable to the recent success of vaping.³ The public health community in the UK, and indeed the government’s own Tobacco Control Plan actively advocates the use of vaping products to reduce smoking, encouraging hospitals and other establishments to have vape friendly policies. It would be counterintuitive and

¹ In written evidence to the Science & Technology Select Committee’s inquiry into e-cigarettes, the Department of Health and Social Care stated “as outlined in the government’s new Tobacco Control Plan we are committed to supporting consumers in stopping smoking and adopting the use of less harmful nicotine products” – <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/science-and-technology-committee/ecigarettes/written/75168.pdf>

² <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>

³ The Tobacco Control Plan estimated that in England alone, 2 million former smokers had quit smoking using e-cigarettes (see page 15 at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/630217/Towards_a_Smoke_free_Generation_-_A_Tobacco_Control_Plan_for_England_2017-2022__2_.pdf)

counterproductive to on the one hand promote the use of a product as a safer alternative whilst on the other apply a sin tax to it. It also risks confusing smokers, many of whom wrongly believe that vaping is as or more harmful than smoking,⁴ despite the efforts of Public Health England information campaigns such as ‘Stoptober’ to persuade smokers to try vaping instead.⁵

3. **Vaping helps smokers quit and saves the NHS money.** There are 3 million vapers and counting, with more than half of them having stopped smoking altogether. With the Medicines and Healthcare Regulatory Authority valuing each successful smoking quit as saving £74,000, vaping has already saved the NHS and society as a whole millions of pounds, and could save more in the future.
4. **Vaping does not cost the NHS money.** Vaping products are not prescribed by the NHS, but instead are purchased directly by consumers. By comparison, nicotine replacement therapies (NRT) such as patches, gum or inhalers cost the NHS huge amounts every year and receive a VAT reduction. This is despite evidence that vaping is at least as effective as NRT interventions.
5. **The UK is an internationally recognised leader in tobacco control, and its international and domestic policy positions should be consistent.** The EU Commission is consulting for the second time on whether to impose excise duty on vaping; the World Health Organisation (WHO) is expected to continue to flout evidence of vaping’s success by encouraging countries to ban vaping as part of anti-smoking strategies when it meets in October; and the World Customs Organisation is currently considering whether vaping should be re-classified to pave the way for international customs duties. According to the WHO’s convention on tobacco control and the Department of Health and Social Care’s own Tobacco Control Plan, the government should oppose any taxation of vaping, and ensure that the WHO supports both the principle of harm reduction as well as proportionate regulation of vaping at its forthcoming meeting.⁶
6. **It is consumers who will pay the price if taxation policies target vaping.** If the government does decide to increase taxes on vaping, coupled with efforts by the EU and the WHO, retailers and manufacturers will be forced to raise prices and pass on the costs to consumers. Given that price is one of the key factors encouraging smokers to switch to vaping, the net result will simply deter smokers and have a negative impact on our nation’s health and NHS finances. Public Health England have stated that: *“Any changes in pricing need to ensure that e-cigarettes are affordable to smokers to avoid discouraging smokers from switching away from smoked tobacco which would be counter-productive in public health terms”*.⁷

⁴ Based on ASH research, 25% of adults believe that vaping is as or more harmful than smoking, and only 50% correctly identifying that it is less harmful. <http://ash.org.uk/media-and-news/press-releases-media-and-news/ash-to-present-new-data-on-e-cigarettes-to-science-and-technology-select-committee/>

⁵ <https://www.nhs.uk/oneyou/stoptober/home>

⁶ Article 1(d) of the Framework Convention on Tobacco Control

⁷ <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#pricing>

Yours sincerely,

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