

# Health and Social Care Committee

## Oral evidence: Youth vaping, HC 1580

Wednesday 28 June 2023

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Members present: Steve Brine (Chair); Paul Blomfield; Paul Bristow; Mrs Paulette Hamilton; Dr Caroline Johnson; Rachael Maskell; James Morris.

Questions 1 to 112

### Witnesses

**I:** Deborah Arnott, Chief Executive, Action on Smoking and Health; Dr Helen Stewart, Officer for Health Improvement, Royal College of Paediatrics and Child Health; and Laranya Caslin, Principal, St George's Academy, Sleaford.

**II:** John Dunne, Director General, UK Vaping Industry Association; and Marcus Saxton, Chairman, Independent British Vape Trade Association.



## Examination of witnesses

Witnesses: Deborah Arnott, Dr Helen Stewart and Laranya Caslin.

**Chair:** Good morning. This is the Health and Social Care Select Committee. This is one of our topical public evidence sessions, on an issue that can only be described as topical. It has shot up the news agenda and shot up the public consciousness in recent months in particular: it is the issue of youth vaping. We will be talking about the Government's ambition to eliminate vaping among children; the risks that vaping poses to children and young people more widely; the harm caused to children by vaping; and initial responses from stakeholders to the Government's call for evidence on youth vaping.

We have two panels. The first will finish at about 10.45 or 10.50. We will then move on to our second, which will finish at around 11.30 so that Members can go into prayers and Prime Minister's questions.

In our first panel we have Deborah Arnott, the chief executive of ASH, which stands for Action on Smoking and Health; Laranya Caslin, the principal of St George's Academy in Sleaford; and Dr Helen Stewart of the Royal College of Paediatrics and Child Health. Thank you so much for joining us.

Just before we start, do colleagues have any declarations of interest that they wish to make?

**Dr Johnson:** I am a consultant paediatrician and therefore a member of the Royal College of Paediatrics and Child Health. Laranya Caslin is known to me as a headteacher in my constituency.

Q1 **Chair:** Excellent. I put it on the record that I was a former Public Health Minister and have obviously interacted with ASH on many occasions in that role and since. That was four years ago, which makes me feel very old, but there you go—such is life.

This issue has gone right up the agenda, as I said. As a constituency MP, I hear about it from headteachers, from parents and at home. It is right up the news agenda. Laranya, as the principal of a school, would you concur that it is an issue that seems to be on your desk a lot more than it was even six months ago, and certainly when you began your career?

**Laranya Caslin:** Yes, absolutely. I would say that we have a significant proportion of students vaping. They vape regularly and, in some cases, make excuses to leave lessons to go to the toilet to vape. Across our catchment area, we have seen a significant increase. My head student team would estimate the proportion of the students at the school vaping at about 25%. The local police, who we work pretty closely with, would echo that from their experience in the market square and around the town. Contrasting that to the number of students smoking cigarettes pre-pandemic, there was very rarely an issue in school. This is a much bigger issue. It is quite wide-ranging.



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One example that is not directly linked to health, but which definitely impacts on education, is students vaping in toilets and setting off the fire alarm. We have to interrupt learning on a regular basis to all go out. I had two toilets that I knew students were vaping in. I was monitoring them closely. I became really concerned about interruptions to the exam season, so I had to change the smoke sensors to heat sensors really quickly to prevent us being in and out while students were sitting GCSEs and A-levels. The ramifications are quite broad in an education setting.

**Q2 Chair:** Presumably you talk to your young people when you catch them vaping. I am sure that there are disciplinary processes. What conversations do you have with them about their motivation?

**Laranya Caslin:** It is very popular among peers. I guess, if you rolled back 40 years, it is the same as it would have been to smoke. There is a perception that it is cool and being “in” in the group. There is obviously a peer pressure thing and a significant issue.

Once they are vaping, the level of addiction is perhaps higher than it would have been among smokers. We did not have students leaving lessons to smoke a cigarette—they might have one sneakily in the woods on our grounds at break time, but in lessons there would be no thought of doing that—whereas we regularly catch students leaving lessons to vape. It is being able to top up the nicotine on a regular basis with vaping that you did not see with cigarettes. We are seeing that as a contrast in the number of students vaping.

**Q3 Chair:** Do you get any sense that there is smoking, following from the vaping?

**Laranya Caslin:** No, not so much. The flavour element is appealing. You would not get that with smoking cigarettes.

**Q4 Chair:** Can you give us any examples of the flavours that you have come across?

**Laranya Caslin:** Yes. That is a concern. I understand the appeal of flavours for people trying to stop smoking, but I think it is the branding of the flavours. Some of them read like a sweet shop—Gummy Bear, Slushy and that kind of thing. There is also Unicorn Milk and Unicorn Frappé. I don’t even know what flavour that is. In my view, it is clearly pitched at a younger audience. I would say that unicorns lose their appeal at least by the age of 15. You are talking of a young teen, potentially pre-teen, being drawn into that.

In terms of the popularity, talking about the flavours —“Have you tried this flavour?“, “Have you tried that flavour?“, “I prefer this one to that one”—is increasing the chat: in the same way that if you want, as a peer group, to get involved in a social conversation and you haven’t watched the last episode of “Love Island“, you are a bit out of it. There is that kind of drawing in, and the flavour of vapes is a topic of conversation.



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Q5 **Chair:** Finally, how old is the oldest pupil in your institution?

**Laranya Caslin:** Eighteen.

Q6 **Chair:** Presumably, everybody you are talking to about vaping is over 18.

**Laranya Caslin:** Absolutely not.

Q7 **Chair:** Right. So how are they getting them?

**Laranya Caslin:** A mixture of routes. I think some are getting them from shops that are not necessarily checking. We work really closely with the police. I am quite fortunate that our beat sergeant is a parent at my school, so we have a really good communication channel. Our head student team have fed back shops of concern to the police. The police are raising it with trading standards, but that goes back as far as December and trading standards' capacity to act is so limited that they still have not visited those shops of concern. That is the shop side of things.

There is also a significant proportion of re-selling. Some of the 18s might go into a shop and buy legally, potentially buying in bulk—maybe 10 or 20 vapes—and then selling those on at a small profit. They are being sold on, obviously, to the under-age.

Q8 **Chair:** If you found anybody doing that, running that business in your school, what would happen to them?

**Laranya Caslin:** We undertake searches and liaise with the police in that regard. There are a number of students being monitored. You have to catch them in the act or catch them in possession of multiple vapes and cash. We work very closely with the police in that regard.

Q9 **Chair:** They are also coming through the post. They are ordering them online.

**Laranya Caslin:** I believe so. I don't know for a fact, but I think they also obtain them from other sellers in the local community. In reality, the children have no idea what they are buying. We have done a number of assemblies and we have written to parents more than once. I worked with the police and they wrote a letter to the parents, which we then sent on through our channels, where they talked about students who had been using vapes to vape what they believe was probably THC and then they collapsed and needed to go to A&E. They wrote to the parents about that.

Off the back of that, one parent handed in five vapes that they had confiscated from their child's bedroom. They believed their child might have been looking to sell them on. The police had those analysed. Of the chemicals that were contained within them, there was very little nicotine. In one there was only hydraulic oil and antifreeze. Caroline is already in possession of the list of chemicals that were found in five vapes. There were nine extremely concerning chemicals, including trichloroethylene, which has been banned since the 1970s.



A worry for me is that youngsters who are not able to go into a reputable shop and buy a regulated vape are, in my view, therefore more likely to buy a vape from somewhere, not knowing its origin. They are a little more at risk in that regard from a vape that contains toxic, flammable, carcinogenic substances. That is a concrete example of one parent who confiscated five vapes from their child's bedroom and gave them to the police. There were nine harmful substances in the five vapes.

**Q10 Chair:** Thank you. You are before a Select Committee, so you have genned up a bit on this, but it is very obvious from talking to you that this is something that you are dealing with on a day-to-day basis. I am not a headteacher, but I am guessing that you have one or two other things to do as well as manage vaping among your young people. Thank you for giving up your time to come and see us today.

Dr Stewart, I am not going to bring you in on this because you are going to talk doctor to doctor with Dr Johnson in just a moment. Before that, Deborah Arnott from ASH, I want to explore this with you relatively briefly. Cancer Research UK says that e-cigarettes are beneficial for those who have smoked, although they should not be used for people who have not smoked, as their long-term health effects are unknown. Some experts have raised concerns that e-cigarettes could be a gateway to smoking for young people. When I was a Minister, we were very much of the view that vaping was a way out of smoking. The concern now is that it is a gateway in.

One study—just one study—found that young people who used e-cigarettes were over three times more likely to become cigarette smokers than those who had never used an e-cigarette. However, other researchers have said that individuals who try e-cigarettes are more likely to try tobacco smoking anyway. There is conflicting advice on this. Do you have, or can you give us, any sense as to where the current evidence base lies on the ramp in versus the ramp out of smoking, where vaping is concerned?

**Deborah Arnott:** As you know, we work very closely with the academic community. We have been looking at this. ASH started monitoring youth vaping in 2013 because we wanted to keep an eye on what was going on. What you point to is what is called common liability. Teenagers who take risks, take risks. If they smoke, they may well vape. They may well use illegal drugs like THC, engage in dangerous sex or drink too much. There is a lot of overlap between these behaviours.

What we can say is that at population level in the United Kingdom, over a time when vaping has grown dramatically, we have not seen children's smoking rates go up. In 2021, smoking rates in 11 to 15-year-olds were 3%. In 2010, before vaping really took off, they were 9%, so they have been coming down year on year.

**Q11 Chair:** Is there any good research that you know of that you could direct us to in our work that adds to that research base? As you say, you work



closely with academia. Are you working on any of that yourself?

**Deborah Arnott:** I don't think we can ever prove gateway one way or the other. For some children, vaping may be a gateway out of smoking. For others, it might be a gateway into smoking. The fact of the matter is that we are seeing too large a level of use of e-cigarettes by children and we need to regulate to control it.

Smoking rates among children aged 11 to 15 were 19% in 1982. In 2000 they were still 19%. We had had lots of education. We had had campaigns and this and that, but no regulation. Between 2000 and 2021, it went from 19% to 3%. Why? Cigarettes were made much less affordable. They were put out of sight in shops. Advertising was banned. Packaging and labelling and bright appealing colours were got rid of. We need to do the same with vaping; we need to regulate to drive it down.

Q12 **Chair:** The Office for Health Improvement did a call for evidence on 11 April 2023. That closed on 6 June. I know that you responded to it. The Public Health Minister produced a smoking plan—I won't say an updated tobacco control plan because it wasn't; there were some smoking actions and money for tackling illegal vapes. In your opinion, are the Government taking youth vaping seriously as an issue?

**Deborah Arnott:** We first spotted the loophole that allowed vapes to be given free to children in 2020. We alerted the Government and said that action was needed. The Government consulted on tobacco regulations in 2021. We put in a comprehensive response, together with the SPECTRUM public health research consortium, calling for tougher regulation of tobacco and of e-cigarettes. It took a year for the Government to respond, and they said that the regulations were fit for purpose.

Now, in 2023, we have another call for evidence. I accept that between 2020 and now we have had Brexit, covid and a ministerial merry-go-round, but action is still needed, and it is needed now. The last announcement said that they were reviewing the regulations. As you know, a cross-party group of MPs put regulations on vaping as an amendment to the Health and Social Care Bill in 2021. The Government voted down the measures to get rid of the attractive packaging and labelling. There is not enough action. Action needs to be taken.

We have three top measures that we think are absolutely vital and which we want the Committee to examine carefully. They are to put a £5 excise tax on disposable vapes, to make them less affordable for children but also to bring them within the excise tax regime. That means that Border Force and HMRC have powers to prevent illegal vapes from flooding into the country and prevent their distribution and sale. Last year, HMRC and Border Force seized over 1 billion illegal cigarettes. They do not have those powers for vaping. It is all down to trading standards, who have seen their capacity cut by 50%. The number of trading standards officers has been cut by 50% in recent years. That is really important. I can see Paulette, who used to be in local government, nodding her head.



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We need to prohibit branding that would appeal to children. Why are there bright colours, sweet names and cartoon characters? They are completely unacceptable. I completely agree with Laranya there.

We must prohibit promotion of e-cigarettes in shops, putting vapes out of sight and out of reach of children. We held a roundtable for OHID with the MHRA, which is the competent authority, the Advertising Standards Authority and local authorities last September when our service first started showing significant increases, particularly in the use of disposable vapes. I found, to my horror, that the Advertising Standards Authority has no powers to control the way that products are promoted in shops, only the advertising outside. Something has to be done. We see these products in chicken shops, never mind mobile phone shops. They are everywhere—pound shops and sweet shops, you name it. It is completely inappropriate.

**Chair:** Somebody is making a lot of money. We may well explore that. In the meantime, over to Dr Caroline Johnson.

Q13 **Dr Johnson:** Dr Stewart, I brought forward a ten-minute rule Bill at the beginning of February this year, asking the Government to ban disposable vapes as a start in the project of trying to prevent children getting access to vapes. The royal college has come out in support of that. Could you explain why?

**Dr Stewart:** The Royal College of Paediatrics represents, as you know, 22,000 paediatricians. We have had a lot of them coming to us with similar concerns to the rest of the panel about vaping. We know that 70% of the vapes that children use are single use vapes, so they disproportionately affect children. They are the ones that children pick. We feel that removing them as an option is a much quicker, easier and straightforward way of protecting the health of children.

We know that they have a really detrimental effect on the environment. That is another concern to children. We see a lot of children with mental health problems that relate to eco-anxiety. Every week, 1.3 million disposable vapes are got rid of by being thrown into the bin. They are very difficult to recycle. The batteries are a fire risk. They contain lithium, which could be used for car batteries. The liquids in them are quite toxic. The chief medical officer's report showed that they have lead and nickel in them, which is leaking out into the environment.

There is a twofold reason for banning them and removing them as a product, particularly given that there are a large number of smoking cessation tools, including reusable vapes. We feel there is no necessity for there to be a disposable option.

Q14 **Dr Johnson:** I agree completely with that, not surprisingly. 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*. Do



you think that evidence still bears up? Can it really be quantified in that way?

**Dr Stewart:** The short answer is no. Vaping was introduced in the UK in 2007, so it has only been around for about 16 years. Ten years ago, they could not possibly have known the long-term health effects of vaping. We are certainly seeing an increase in asthma, wheeze and bronchitis-type presentations that can be linked to vaping. There is a lot of emerging evidence about other potential complications. 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. It is too late to roll back at that point.

Going back to what Laranya was saying about the toilets, a colleague of mine runs asthma clinics. He has many patients saying that they cannot use the toilets at school because there are a lot of kids in there vaping and it sets off their asthma. It is a real and present health issue for a lot of children and young people.

Q15 **Dr Johnson:** You talked about more recent evidence. Your submission to the consultation includes a document by Banks, "Electronic cigarettes and health outcomes: umbrella and systematic review of the global evidence", published in March 2023, looking at more than 400 health articles. Their conclusions on vaping are pretty damning. Can you tell us more about those?

**Dr Stewart:** I have not seen that report recently, but the evidence that they have gone through is all emerging evidence that, increasingly, we are finding that there are significant health risks. We really need more long-term evidence before we can say that these are safe, and we do not want to wait. We want to ban them now.

Q16 **Dr Johnson:** The abstract talks about "conclusive evidence linking e-cigarette use with poisoning, immediate inhalation toxicity (including seizures), and e-cigarette or vaping product use-associated lung injury (EVALI; largely but not exclusively for...e-liquids...)" They talk about the environmental effects. They talk about dependence and addiction in non-smokers and a gateway to smoking. Overall, there are quite a lot of problems. There is also evidence from Harvard and California linking it with bronchitis and emphysema. Can you tell me more about the effect on children's lungs of using these products?

**Dr Stewart:** There has been some suggestion of young people developing something called popcorn lung, secondary to vaping. Again, it is small numbers, so it is difficult to draw wide conclusions from them, but it is enough to make us very concerned. I work in an emergency department. When children, or unfortunately toddlers, get hold of them and drink them, the toxicity is incredible. We see some very sick children. If it is that toxic when you ingest it or breathe it in, it has to raise





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concerns. It is difficult to extrapolate the evidence and the numbers are small, but it definitely suggests a significant health impact.

**Q17 Dr Johnson:** One of the challenges of assessing this is that they are so varied, aren't they? The industry will say, "We've taken out the tar and some of the other toxic chemicals from the cigarette, so it must be better for you." Instead, to replace that, they have added chemical flavourings and other products. When children are, as Laranya described, using different flavours on different days and comparing them, it becomes more difficult to work out what the long-term health effects of given flavours are.

**Dr Stewart:** Very difficult. There are a couple of issues. Obviously, as has already been mentioned, there are a lot of illegal vapes that come into the country. Because of the marketing, it is very difficult to identify which is illegal and which is not. Obviously, there is no regulation on what is coming in. It is impossible to say that they are safer. As I said, the toxicity of drinking them is huge. It is impossible to say that they are safe.

**Chair:** Thank you for that. We may come back to you.

**Q18 Mrs Hamilton:** I have to say I was hoping that I could disagree with what has been said by the panel so far, but I do not disagree with anything you say. The issue I have is that you have vaping, and many of our young people do not know what is in the vapes they are using, which you articulated really well. Lots of them are still taking nicotine directly into their system. You then have the long-term effects from nicotine. These young people—I do not like to say children—are starting to vape a lot younger, even though they are not supposed to be. You have countries that are sending it here in masses with all sorts of foolishness in it. It is not regulated.

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, until you get proper regulation and the trading standards bit is sorted out? There are also some of the things you talked about, Deborah. Then we could introduce it in a more measured way.

I have done campaigns with ASH. I love what they are trying to do. The problem I have is that we are saying one thing on the one hand, but then we are agreeing with something on the other hand. Unfortunately, it is creating a problem. Do you believe that it might be better for us to come together and look at banning vaping, to start with, until we have proper regulation in place and, like cigarettes, we can remove it far more quickly than at the moment? Every Tom, Dick and Harry is selling it with God knows what in it.

**Deborah Arnott:** Are you coming to me on that question?

**Mrs Hamilton:** I am going to come to you, and then I am going to come to Helen. I know what Helen is going to say, but because I have a lot of



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respect for you, Deborah, I am going to come to you first. I have read your notes. I am a little bit worried, considering some of the stuff that you had me doing—not you personally—over the last couple of years to support what ASH is doing.

**Deborah Arnott:** It is really important. We want to protect children from smoking and vaping. We want to drive down smoking, which is still one of the leading causes of preventable death in this country, responsible for half the difference in life expectancy between rich and poor.

In Australia, they have done what you suggested. You can only get vapes on prescription. What has happened to smoking rates? They have gone up. Does it make any sense to ban something that we know is less harmful? The 95% is far too specific, but we know that the biomarkers of toxicity from vaping compared to smoking are 95% lower, roughly that order of magnitude. As people have said, you have to wait until you know the longer term, but there is a significant reduction in the level of toxicity.

Q19 **Mrs Hamilton:** I need to bring you back to the fact that you do not know what is in a lot of these products because they are coming from countries that are not regulated. They are being sold in shops that are not being monitored because we do not have enough of those people. I do not think you can actually say that.

**Deborah Arnott:** If you ban them completely, Paulette, you will just drive it into the illicit market and that is where you cannot control it. That is why we want to see an excise tax and why we want to see HMRC and Border Force putting effort into preventing illegal vapes flooding on to the UK market. Banning them is not going to help. They banned smoking in Bhutan and smoking rates among children went up. In Australia they banned vapes, except for getting them on prescription, and their smoking rates have gone up year on year when ours have gone down. I do not think banning is the solution. We need to properly regulate.

Q20 **Mrs Hamilton:** How are we going to support schools to be able to control it, and young people in care homes at the moment who are absolutely addicted to this product? We are saying to them, "Don't smoke but vape." Our schools and care homes have their own crises going on.

**Deborah Arnott:** My answer would be that we need proper enforcement. That is not just relying on trading standards. We need to bring a bigger set of organisations to bear—the ones that have the money and the capacity. HMRC has fiscal crime liaison officers overseas who examine what is going on in the illicit market and stop cigarettes from actually ever reaching our borders. It would be great if they could do the same thing for vapes. By just banning them, they will go underground and there will be an even bigger problem with quality.

**Mrs Hamilton:** Fair enough. Helen?



**Dr Stewart:** Once you have a product on the market, it is really difficult to roll back. As you mentioned, Australia is completely banning them. We will be interested to see the results of that over the long term, and it might be something we think about in future. Our priority as a college is child health. We want to strike a balance with allowing adults to have access to smoking cessation products, because obviously we know the dangers of smoking, while protecting child health. We see banning the disposables as a great first step in that direction. Until we know more about the effects of a complete ban, we think that banning disposables is a good compromise.

Q21 **Mrs Hamilton:** Laranya, I am really interested to hear what you have to say. How do you think that would help a school like yours that is really battling against the tide at the moment?

**Laranya Caslin:** A significant proportion of the youngest children in the school who are vaping are already obtaining them via means other than going into a shop that follows the regulations properly, checking ID and so on. It is looking for all the unintended consequences and making sure that we do not solve one problem and create another. It is difficult, but the ready availability to children who are under age, and significantly under age, is a real concern. Pricing the youngsters out of the market would be a great first step, at the very least.

If we roll back to when I was at school in the 1980s, probably about 19% of people smoked. I think we are all crystal clear that vaping is better than smoking—there is no debate over that—but the rate at which the number of teenage vapers is increasing is significant. It is difficult to get hard data on that. My head student team and the police concur that it is around one in four, and increasing. Where does that stop?

There is the perception that it is safe. “Why are all these grown-ups making a fuss about it?” Children can be quite dismissive of the reasons against. In the information assemblies that we have had, where popcorn lung and brain development are mentioned, there are more children thinking twice, but I certainly feel that we have not hit a peak with teen vaping on its current trajectory. I do not know where it will peak, so that is a worry for me.

Caroline and I have talked, and as far as I am concerned the best thing to breathe into your lungs is clean air. I am no scientist, but if you are vaping, you are taking in liquid particles in a vapour format and the lungs are absorbing the nicotine. What else are they absorbing? We do not know. It is a real worry that we are already 16 years into vaping in this country and the trajectory is going up. Where do we end up, and at what point do we find out what else is being absorbed into the body?

These are not things that may cause sudden medical issues. It may take 10, 20 or 30 years for the medical impacts of vaping to emerge. We just do not know. That is the bottom line. We do not know at this point. What concerns me is the rate of increase of teenagers taking up vaping. Many



lovely students, who I do not think would ever dream of smoking or having a sneaky cigarette, have been drawn into vaping much more easily because it is perceived to be safe and because of the chat around the flavours and being “in”, and part of the peer-to-peer conversations you need if you are to be in that crowd. Those are my worries.

**Q22 Rachael Maskell:** Thank you for the evidence today. We are clear about flavours. We are clear about colours, shapes and all sorts of things. We need a plain approach, plain packaging and good public health warnings. When it comes to revenue, first, if we are going to increase revenue as suggested—you were suggesting £5—is that going to change the revenue on cigarettes as well? Will they have to go up proportionally? How do you see the equation between smoking and vaping, Deborah?

**Deborah Arnott:** That is a very good question. We already have some of the most expensive cigarettes in the world. The £5 we are proposing may seem random, but we chose it because when I looked at what vapes were going for, you can get Elf Bar for £2.99. That is the most popular with children and half of all children say that is the brand they use. The same product, which is rechargeable and reusable, is £7.99. By putting £5 on it, you are making it the same price as a rechargeable and reusable equivalent.

We know that children are very price-sensitive, so that will have a big impact, but it will also mean that there is an incentive for adults who vape to switch to a reusable product if they are vaping disposables. They would still be less than the equivalent packet of cigarettes, which is now between £10 and £12. You can get them online for that.

**Q23 Rachael Maskell:** Should reusables also see a revenue increase alongside that?

**Deborah Arnott:** At the moment, no, but I think that is something that needs more detailed analysis by the Treasury. Another reason why I think excise tax is a good idea—not just because of the enforcement issue, which is really important—is that we know from covid that Finance Bills can move through Parliament quite quickly, and much more quickly than a ban on disposables or doing something about the advertising and promotion in shops or the packaging and labelling. A Finance Bill does not require the same sort of impact assessment or anything else, so it could be done relatively quickly and it would have a major impact. We know from research done in a number of countries that children are very price-sensitive to the price of e-cigarettes, as they are to the price of tobacco.

**Q24 Rachael Maskell:** Can I ask about products that have no nicotine in them whatsoever? Would they also, as you envisage, follow the same course?

**Deborah Arnott:** That is a very good question. One of the problems with the regulations to date is that non-nicotine-containing e-cigarettes are not covered. There are regulations about what the flavours can contain and toxic carcinogenic substances. The substance that causes popcorn



lung, or supposedly does in large quantities in popcorn factories, is illegal in UK standard vapes, whereas there is no regulation for flavours in e-liquid which does not contain nicotine. There is no regulation of the marketing.

We need to look at how the regulatory framework covers non-nicotine containing products as well, and other nicotine products. Nicotine pouches are beginning to take off. We have been calling on the Government to act on those because they are not covered by any regulations at the moment. Some of them have very high levels of nicotine. When you are inhaling something, you can respond to the impact that nicotine has on your body fairly quickly, whereas if you have something in your mouth and you are sucking it, it is the difference between smoking cannabis and edible cannabis. People can end up eating enough cannabis to cause serious problems because they did not realise how strong it was. The same is true with nicotine pouches.

**Q25 Rachael Maskell:** Thank you for raising that. With regard to regulation on the strength of the substance in vapes, do you believe that the cap of 20 mg is too high and that it should be reduced, or is there evidence that it is at the right level?

**Deborah Arnott:** The cap was chosen because at the time the vast majority of people who were vaping were vaping at 18 mg or less, so 20 mg was slightly above that. In America they do not have a cap, and there is no evidence that children using vapes in the US are becoming heavily dependent, even though the standard seems to be 50 mg per ml, or 5%, instead of 20 mg per ml, or 2%.

The problem if you bring down the nicotine level is that people who are addicted to nicotine are looking for a certain level of nicotine and they will just vape more if there is not sufficient nicotine. I do not think the 20 mg per ml limit should be brought down. It should be looked at but it should not be brought down. One of the things that could also be looked at from an environmental point of view is the size of the pods and the size of refill containers. They are quite small, and that does not necessarily make them safer but it means that you have to use more, and from an environmental perspective that is not a good thing.

**Q26 Rachael Maskell:** In the same way, there could be a limitation on the number of pods that you purchase as well. Helen, could I turn to you on that same question around the regulation of the substance and whether or not you believe that that 20 mg per millilitre is too high or should be reduced?

**Dr Stewart:** That is not something we focus on at the college, because it is related to adult smoking cessation as well. For us, any nicotine is too much for any child to be inhaling and vaping. We just want zero nicotine for any child. Ideally, if we could see them banned it would be fantastic.

**Q27 Rachael Maskell:** I have one last question for you. It is very clear that



the industry is trying to generate a new generation of addicts. That is what the industry has been doing for a very long time. It knows the subtleties of how to achieve that. What interventions can be brought about to change the habitual behaviours that vaping induces, and to change the way that, clearly, young people are often responding to stimulus and stress, as well as all the things we have identified around peer pressure and looking cool? What additional support can young people have so as not to go down the line of vaping?

**Dr Stewart:** That is a good question. In terms of stopping children and young people from vaping in the first place?

**Rachael Maskell:** Yes. It is getting into the behaviour or, once in that behaviour, being able to be supported out of it.

**Dr Stewart:** As a college, we think that banning them would impact children's behaviour. We are aligned with ASH on many factors as well, such as the marketing and plain packaging. We know that putting cigarettes behind the barriers in supermarkets and making them a lot less visible has had a huge impact on smoking rates.

I saw a sweet shop the other day called Over the Rainbow. It was definitely for children but had a big vaping stand outside. A lot of these kinds of things really influence children. They walk past and see sweets and see vaping. It is all in the same place and they associate it in their minds. I think a lot of these kinds of things can help. The reasons why children start smoking, as well as the peer pressure and all that kind of thing, are things to do with mental health support and general health support, and poverty. All of these things have a huge impact on the decision for children and adults to start smoking. We would like to see action on a range of those things.

Q28 **Dr Johnson:** I have a couple of questions. The UKVIA, which we will hear from later, says in its submission to the call for evidence that 83.8% of children and young people have either never tried or are unaware of electronic cigarettes and vaping. The Healthwatch study found that 10.8% of 10 and 11-year-olds had sometimes vaped, as had 19% of 12 to 13-year-olds and 42.5% of 16 to 17-year-olds. Which of those views are most closely aligned with your experiences of children and vaping?

**Laranya Caslin:** The latter, without a doubt.

**Dr Stewart:** Yes.

**Deborah Arnott:** Could I come in on that? I do not think that any one survey can show exactly what the levels are. Different surveys have different strengths and weaknesses. What I think is really important, and is why we started monitoring in 2013, is to look at trend. What we are seeing is a growing trend. We are also seeing growing experimentation. Rather than saying it is this per cent or that per cent, that is the thing we need to focus on. We need action because we are seeing a growing number of children experimenting.



**Q29 Dr Johnson:** I agree that we definitely need some serious action on it. Dr Stewart, you talked about students' asthma being triggered by going into school toilets and finding people vaping in there, and the fug of sweet flavour that hangs around. Would you support a ban on these being used in public areas? When you get on a train, it says, "Please do not smoke or vape." That is common to a lot of public areas, but 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?

**Dr Stewart:** That is something we definitely would support. We know that the effects are passive as well as from active smoking, so that is definitely something we would support.

**Q30 Dr Johnson:** My final question is about the effects of nicotine. Could you tell us more about the effects of nicotine on the developing brain and whether you are seeing children who are looking for support in kicking this addiction because they have become addicted to vapes and they no longer want to spend that sort of money on it?

**Dr Stewart:** On the second point, yes, our trust recently introduced a smoking cessation service, including nicotine addiction from various products. That is also to help parents, because we know the impact of passive smoking. We are also seeing some under-16s being referred to the service. A lot do not necessarily realise the impact or acknowledge their addiction at their young age.

We know that children and young people have different attitudes to risk-taking behaviour and different understandings. They find it very difficult to appreciate the long-term impact of some of their actions. We do not get many who acknowledge that there is a problem—that is one of the difficulties, and it is why we are so keen to see a ban. Young people do not have the capacity to understand the long-term consequences of their decisions in the same way. We know that nicotine has a detrimental effect on the developing brain. The teen years are a key point in the development of future attitudes. It is quite significant and, again, that is why we would love to see a ban.

**Deborah Arnott:** Can I come in on that particular point, because I think it is quite an important one? Nicotine is licensed for use by children from 12 up by the MHRA as a stop smoking aid. It is also licensed for use by pregnant smokers. We need to be careful. The Committee on Toxicity looked at this when it looked at e-cigarettes and the toxicity of e-cigarettes. It looked specifically at nicotine. It did not conclude that there was significant concern around adolescent use sufficient for it to give a warning.

If you remember, in 1948—the year the NHS was founded—82% of men smoked. In the 1960s, 50% of women smoked. Anecdote is not evidence, but I was one of those children who grew up and smoked in my primary school. I carried on smoking on and off until I started working for ASH. There are millions and millions of smokers who started as children. We



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did not see massive neurological damage as a result of that. The fact is that it is addictive and up to two thirds of long-term smokers die from cancer, cardiovascular disease and respiratory disease, but we need to be careful about assuming high levels of neurotoxicity in the nicotine in vapes.

Q31 **Dr Johnson:** Thank you for that, but, with respect, we also have the doctors' opinion that it is harmful for children, and we have to listen to both, as obviously they are very important.

What education is available to children? Dr Stewart was saying that children are not aware of the risk or the challenges posed by these devices. I know that you are doing a lot, Laranya, but do you think the Department for Education should be doing more to support headteachers and providing them with the materials that they need to make sure that children have full access to information?

**Laranya Caslin:** Absolutely. I agree with Helen. You are fairly immortal when you are a teenager, aren't you? "It won't happen for ages, and I can stop before then." I do not think anybody knows how addicted they are to something until they attempt to stop. My experience is that the majority of students have not attempted to stop. It still has its appeal. It is still part of their peer group activity. They do not know the extent to which they are addicted to something.

In terms of a health and awareness programme, we come back to the fact that we do not really know, so it is quite hard to educate. We had an expert come in to do assemblies. He has reached out across the county to do that. I am aware that other counties have the same kind of arrangement, but there is very little follow-up material. It would be helpful to explore the concept of addiction—not necessarily to nicotine, but the concept of addiction, full stop, and dependency. You could connect it with online gambling, which obviously draws them in. It would be analysing why so many humans are drawn into addiction in various forms. You could include alcohol as well. While we do not yet know the long-term effects of vaping, we know that it is a lot safer than smoking. It is quite hard to push a really big health agenda on a demographic that probably feel they are going to live until they are at least 80 or 90, and that is in 70 years' time. It is that kind of thing. It is tricky, but there could be work around addiction.

Another thing that would be helpful is vape sensors, which are on the market, but they are not cheap. We won't go into the issue of school budgets. Schools being able to invest in vape sensors might be something that could be funded separately. Grants could be available to install vape sensors whereby they do not set off the fire alarm but alert instead that somebody is vaping. Then, of course, we can look into that. There is a range of things. There could be more education, with maybe a focus around addiction.





I was a smoker in my mis-spent youth. I used patches to stop that. I love not being a smoker. I love not having an element of my life not in my control in terms of dependency and addiction. It is a great thing. Anecdotally, I know a few people who stopped smoking and then thought, "I miss nicotine," and started vaping. They have now attempted to stop vaping and are finding it so much more difficult than stopping smoking. I do not know the extent to which we have data on that, but it would be an interesting exploration. When you smoke a cigarette, you are smoking a finite amount at a particular time, and with the way we are set up now, in a very limited number of spaces, whereas there is the ability to top up a vape very regularly. People in the living-room are vaping while they are watching TV. With some people it is a fairly constant top-up. I wonder whether that is increasing the extent to which people are dependent on their nicotine fix.

Q32 **Chair:** We are trying to focus on youth vaping. We are really grateful to everybody. We probably should move on. We have other guests that we want to ask questions of. Briefly, Dr Stewart, children not using the toilets at school is not a new phenomenon. I remember people not doing that at school. In your opinion as a paediatrician, is there any health impact of the retentiveness of children not going to the toilet when they are at school?

**Dr Stewart:** Yes, there is. There is an increased risk of urinary tract infections particularly, and problems with continence in the long run. Yes, absolutely.

**Chair:** When you've got to go, you've got to go. And you've got to go. Do you see what I did there? This is not just thrown together. Laranya Caslin, thank you so much for coming today. Dr Helen Stewart, thank you very much. Deborah Arnott from ASH, as always, thank you very much.

## Examination of witnesses

Witnesses: John Dunne and Marcus Saxton.

Q33 **Chair:** In our second panel, we have John Dunne, director general of the UK Vaping Industry Association, the UKVIA; and Marcus Saxton, chairman of the Independent British Vape Trade Association, the IBVTA. I appreciate your time. I know that you have been sitting and listening to the evidence. We have done our declarations; I wonder whether you would like to do the same for your organisations. Let's start with you, Marcus.

**Marcus Saxton:** What I would like to announce is that I am also chief executive of one of the UK's leading vape businesses.

**Chair:** Which is?

**Marcus Saxton:** A business called Totally Wicked.



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**Chair:** Totally Wicked?

**Marcus Saxton:** Correct.

**Chair:** Okay. Mr Dunne?

**John Dunne:** Subject to my role as director general of the UKVIA, I am also managing director of Dyflin Group, which is a consulting company that consults on brands looking to enter the UK market.

Q34 **Chair:** Okay. And UKVIA has links with the tobacco industry. Correct?

**John Dunne:** We have over 106 member companies, four of which are tobacco-controlled brands, yes.

Q35 **Chair:** But they are board members. Correct?

**John Dunne:** They are four of 36 full board members, yes.

Q36 **Chair:** You heard the evidence that has been given this morning. You have heard from a headteacher who talked about the impact on schooling, alarms being set off and exam impacts. You have heard about children with asthma. You have heard about children being retentive and not going to the toilet at school. We have heard quite a lot of interesting stuff this morning, haven't we?

**John Dunne:** Absolutely.

Q37 **Chair:** Does it make you feel good about your industry?

**John Dunne:** No. Actually, this is something that we have been pushing for for well over three years. One of the issues that we have highlighted is—it was talked about earlier on—is that these products are being sold in inappropriate locations. There are also very few financial penalties for retailers caught selling to minors. A recent study done by one of our members, Arcus Compliance, found that very few trading standards groups are implementing fines. As an example, in a group of 12 cities with 5.5 million people, the combined fines over three years totalled £2,100. We also had a case recently where a court fined a store £26 for selling vape to a 14-year-old.

As an association we have called for extreme action to be taken on that. We want to see fines increased to a minimum of £10,000 per instance. We want to see all vape retailers and distributors licensed to sell these products. That licensing has to include robust age verification processes and that they only stock legitimate licensed products. We think these are reasonable things for the industry to do. If the industry is not going to object to it, I do not see why the Government cannot do it. If you look at what Ireland did recently, it is bringing in a Bill that will bring in €4,000 fines. It is tacking on a prison sentence for retailers selling to young people. I think that is a huge step forward. It is something that the Government should look at here.

Q38 **Chair:** So you are calling for tougher regulation of yourself.



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**John Dunne:** Absolutely. One of the things that we do, as an organisation, is to hire a third-party company to test our members three times a year. We have done that for over five years now. All of those results are given to our trading standards partner—Buckinghamshire and Surrey trading standards—to understand how businesses are allowing some of these transactions to go through, because we are not at 100%. That has given us a lot of insights into how young people are getting these products.

I have gone out on trading standards raids and seized illegal products. It is ridiculous how easy it is for young people to get these products. If there is no disincentive for retailers to do it, the small majority of retailers that frankly do not care who they sell the products to are going to continue to do what they are doing.

Q39 **Chair:** From what you are saying it sounds like you very much accept that there is a problem.

**John Dunne:** Nobody can say there is not a problem, but it is illegal for anybody under the age of 18 to buy vapes in this country, and it is illegal for anybody to buy a vape for anybody who is under the age of 18.

We have highlighted many different things. One of the things that we brought to the attention of the Government is the fact that non-nicotine vapes are not subject to regulation. In fact, a five-year-old can legally go out and buy a non-nicotine vape under the current legislation. We feel that all vaping products should be brought under the same legislation.

The second thing is that the MHRA, which regulates nicotine versions of vapes, does not look at things like packaging. It does not look at things like the design of the product. I brought one to the attention of the MHRA at a meeting about a year and a half ago that was in the shape of a lollipop and had “lolly” in the name, but it had MHRA approval. We think that is ridiculous, but the MHRA is not sanctioned to look at those two areas.

Q40 **Chair:** So we accept that there is a problem. In 2020, you said in a report that there was “no evidence” of widespread under-age vape use in the UK, but that there was “no room for complacency”. Has something changed in three years?

**John Dunne:** Absolutely. A lot has changed. One of the reasons why we are seeing a resurgence in the popularity of disposables is the fact that legislation was changed in the US that left a loophole open for sealed devices. Manufacturers in China, where all of these devices come from, saw a huge opportunity. The UK is the second largest market for vaping products, Russia being the third. That is why we saw an increase. Also, the use of social media like TikTok is regulated in this country to an extent, but—

Q41 **Chair:** I have seen the adverts. They are very attractive. They are presented in a very attractive light.



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**John Dunne:** Exactly.

**Chair:** It reminds me of the Marlboro man on the horse.

**John Dunne:** Exactly. The ASA is going to come out with some guidance next month. It has already contacted me for our support, which we will give. We feel that a lot more can be done about the use of social media, specifically TikTok, which has a really low age demographic.

We also need to look at where these products are being sold. Our previous speakers talked about chicken shops and pizza shops. I absolutely agree that the products should not be sold there. These are adult age-gated products and should only be sold in retailers where people can either buy cigarettes or a speciality vape shop that understands why these products exist and how to use age verification processes.

Q42 **Chair:** Mr Saxton, I want to give you a chance to come in. Based on what you have heard this morning, do your members, and you on their behalf, including the one you told us you are connected to, share the view that regulation should dramatically change?

**Marcus Saxton:** I certainly think that regulation should change, and it has the opportunity to change, but I do think that—as you have heard this morning—it is really important to understand the negative consequences that could be associated with putting the wrong regulation in place.

Q43 **Chair:** What could that be?

**Marcus Saxton:** To put it into context, Deborah spoke earlier about a black market and illicit trade. By our estimates, if you add up the total legitimate trade and the illicit trade within the UK, that could be a circa £4 billion category. Roughly two thirds of that market is represented by the black or illicit market. That is a really important point that we have to understand at the table. Whatever regulation we put in place, as the Australian model proved, if you do not effectively regulate you will allow that market to thrive. Where we hear of analysis of products that include chemicals that are not regulated and are oversized, and age verification protocols are either non-existent or certainly flouted, we think there is a distinctive link to that area of the trade and a lot of the issues that are going on. That doesn't mean that there is not the opportunity to educate further, restrict access at the border and to ensure—

Q44 **Chair:** You can regulate, but then it comes down to enforcement.

**Marcus Saxton:** Absolutely. That was one of the points I was going to make: educate, restrict access both at the border and in terms of who can sell these products, and have enforcement in a much more joined-up fashion than there is today. It is absolutely critical that we think very carefully about how we enact those to ensure that these things do not get into the hands of youths but do enable the UK market, which has been



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the most effective in tobacco control, to continue to thrive as it has done since 2008.

Q45 **Chair:** You are both calling for this extra regulation, but why do you remind me of the AI companies on the hill in Washington calling for regulation? It sounds great, but I cannot help wondering whether they are doing it because they would rather do it than have it done to them. Would you agree that at the moment your industry is taking a pounding in public opinion? You are representatives of that industry, or a part of it.

**Marcus Saxton:** As we pointed out, we have many hundreds of members that founded their business on the basis of being a smoker. Ours was exactly that. A 20-a-day smoker in his early 40s found a transformative product that genuinely enabled him to transform his life. Many of our members and many of the businesses work tirelessly to ensure that the right products are sold in their shop to the right people. That is what enables many people to come in and access the right products, which are regulated, and get the right advice to help them quit smoking.

Unfortunately, there is a growing area—I have just given you the quantum of what I think that represents—that is capitalising commercially on the opportunity to flout all the good work that has gone on in the regulation that exists. That is the area that we must target, but not at the expense of those who are doing exactly what they should do and helping to eradicate smoking in this country.

Q46 **Dr Johnson:** Marcus, you said at the beginning that you are the chief executive of Totally Wicked.

**Marcus Saxton:** Yes.

**Dr Johnson:** We know that people look up to footballers. Little lads and little girls look up to footballers. They watch them running around in their shirts and they admire them and want to be like them. You have talked a lot about the importance of responsible advertising. What do you think about the little boys and girls going to watch Blackburn Rovers and seeing Totally Wicked advertised on a sportsman's shirt, when they go to the stadium called the Totally Wicked stadium? You are effectively advertising your products to children.

**Marcus Saxton:** Quite the opposite, actually. In Lancashire, which is where Blackburn Rovers and our business are based, there is one of the highest smoking prevalence rates in the whole of the country. We believe that everyone that we can drive awareness to about the relative safety of vaping versus smoking is someone who is going to benefit from that. We happen to have our name on the shirts—it is not on the shirts for minors—and yes, I appreciate the point that they might see their heroes on the field, but educating people around the role of vaping to try to eradicate smoking, which is at its highest in that particular county, is a really important message.



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It also enables us to support the local club. They came to us originally to ask for our support at a time of need. We brought the two things together. We think very carefully and work tirelessly with them to ensure that we position it in the right way and run smoking cessation clinics at the site. When we have people coming along, we age-verify people at that point.

**Q47 Dr Johnson:** You would dispute the idea that walking up to the Totally Wicked stadium as a boy or girl of 12 or 13, seeing the branding in the stadium, walking into the football ground and seeing the young men on the field—their heroes, as you have described them—running around the pitch with “Totally Wicked” emblazoned across their chest and then coming out past the Totally Wicked shop on site has no impact on those children’s thoughts about your brand at all.

**Marcus Saxton:** If anything, I hope it would drive awareness of the fact that there are over 5,000 cases of youths being hospitalised due to passive smoke per year. It might drive awareness about the relative safety of vaping, for their parents to potentially adopt it and make a life-saving decision to switch to vaping. If they saw our store, they would not get across the threshold because we would not let an under-18 into our stores.

**Q48 Dr Johnson:** You are suggesting that you are advertising it to children in order to encourage their parents to stop.

**Marcus Saxton:** Absolutely not. What I am saying is that, factually, I think the fact is that for anyone out there who is a smoker and sees our brand—very subtly—at the sports stadium, it might hopefully drive some education to see the relative safety of vaping versus smoking. I do not think in any way—quite the opposite—we put it in front of children to encourage them to vape at all.

**Q49 Dr Johnson:** You think there are more 11 to 15-year-old smokers who will stop by seeing the advertising at Blackburn Rovers than there will be young children attracted to emulate their heroes and to take it up.

**Marcus Saxton:** I do not have evidence to back up either of those, as probably you don’t. I appreciate your point around awareness, but what we believe is that for any smoker who gets awareness of vaping it is better than not.

**Dr Johnson:** We will have to disagree on that.

**Q50 Paul Blomfield:** Mr Dunne, you have acknowledged that there is an enormous problem created by your industry. Don’t you think it is possibly a bit convenient that you come along to us this morning and argue that the regulation should be focused on retailers, knowing that trading standards do not have the capacity for enforcement, and on social media? It is a great diversion tactic. Don’t you think there is a problem with your products that you should look at?



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**John Dunne:** No, absolutely not. These products have been around for well over 15 years. They are the most successful way that adults quit smoking here in the UK. We now have 4.2 million people vaping successfully, who were primarily ex-smokers.

Q51 **Paul Blomfield:** Why do you think it is necessary to produce flavours like sweets and to market them with cartoon characters?

**John Dunne:** Well, you are not supposed to be able to do that. This is why one of the things that we have called for—

Q52 **Paul Blomfield:** None of your members produce any products that are flavoured in the way that was described by our previous panellists?

**John Dunne:** We have an extensive code of conduct that our members sign up to. We do not use cartoon characters on our products.

Q53 **Paul Blomfield:** Or the sort of flavours that we have heard about from other witnesses?

**John Dunne:** Flavours are extremely important to adults. That is one of the reasons why vaping is so successful.

Q54 **Paul Blomfield:** Gummy Bear?

**John Dunne:** I will give you an example. I am almost 60 years of age. I like gin, for instance. I have a strawberry candy floss gin at home that comes in a pink bottle. I have a bubble gum-flavoured gin. Flavours are important to young people, but should they emulate food products? No, they shouldn't. According to the law, that is not allowed.

This is one of the reasons why we have called for the MHRA to be given the teeth and the powers to look at product design and packaging before it approves any products. A lot of the products that you are talking about that come into this country illegally are not subject to those same regulations. When I talk to trading standards, they say that one of the problems is that they are under-resourced and do not have the facility to do that. That is why we are calling for the licensing fee and the fines, not only on retailers but on distributors bringing in these illegal products. All of those resources should be ringfenced and given to trading standards.

We provide intelligence about some of those distributors to both trading standards and Border Force. We have reported the same wholesaler in one city 25 times and no action has been taken on that case. The industry is not here to sell to children. The industry is not here to hide from the fact that some rogue retailers and distributors are bringing in products that are unsuitable.

Q55 **Paul Blomfield:** I am sure we will come back to some of those points. Mr Saxton, you used a different diversionary tactic: you said that the problem was not necessarily social media or retail, but enforcement. You made the case that, if we just regulate vaping, the problem is that it will just drive people towards the black market. Isn't that exactly what big



tobacco argued about smoking when we tried to regulate cigarettes?

**Marcus Saxton:** There may be some parallels, but that is categorically not what we are trying to advocate here. Going back to your point on flavours and some of the examples you use, the media have an implicit role to play here. I submitted some to the Clerk ahead of this session. Many that are used are not regulated products on the UK market. Anyone using names that simulate food or drink should be targeted and prosecuted under existing regulation. They would not be allowed. Again, no reputable business would flout the regulation with flavour names that are so ridiculous or emulate food or drink. They should absolutely be banned.

Having said that, if any of you have been a smoker, the role of flavours is absolutely critical to enabling a successful quit attempt. You were addicted to tobacco, and you may start your journey on tobacco. There is now data that shows that over 80% of successful quit attempts are made by people moving away from the flavours to which they were addicted to flavours that are furthest away from that, for obvious reasons. That is where their dependency is. Please, can you get across that there is a critical role for flavours in aiding a smoker's quit attempt? Many of the examples that you give are not reputable businesses and not regulated, but are finding themselves on the market. I agree that it must be tightened up. No reputable business would sell those or create them today.

Q56 **Paul Blomfield:** I am an ex-smoker. I did not smoke cigarettes because I thought they tasted nice; it was because I was a nicotine addict. The argument that you have both made, and you are making it again now, is that the value of your products is in getting people off smoking. Cast your mind back to when the tobacco products directive was being discussed 10 years ago. There were two routes being looked at. One was that the product should be licensed for exactly the purpose that you describe. The other was that it would have a more light-touch regulation as a leisure product. Why did the vaping industry so strongly resist licensing?

**Marcus Saxton:** For me, licensing is really clear. It is an extremely laborious process and by the time the products, which are already extremely effective for smokers to gain access to, had gone through that process and out the other side they would be likely to be out of date. The most important thing is that if you look at any SME that is set up—a purposeful business in this sector to enable smokers to move away from their addiction—you will find that they would not be able to afford the fees that would be charged through a licensing process.

What you would find is a negative consequence. The only people who would be able to afford access to go to those licensed products would be the big tobacco businesses that are causing the issue in the first instance and then, secondly, claiming to solve it. That is the reason. The access to products today, as has been demonstrated through the reduction in





smokers and the growth in vapers, up to the recent single-use product, has been extremely effective outside licensing.

Q57 **Paul Blomfield:** Isn't it true that if it had been licensed as the sort of medicinal product that you describe, there would have been a much smaller market?

**Marcus Saxton:** I think there would have been much smaller uptake. I think we would still be—

Q58 **Paul Blomfield:** Much smaller opportunities for you as an industry.

**Marcus Saxton:** Much smaller opportunities to move the transition of smokers. Two out of three people, if they use tobacco products as directed by the manufacturers' instructions, will die. There will be much less opportunity to convert those across. Yes, I agree.

Q59 **Paul Blomfield:** We have heard from previous witnesses that vaping is more addictive than smoking. Do you know what the proportion of nicotine is in your products compared with cigarettes?

**Marcus Saxton:** I do not have any evidence on the former. I would be interested if there is any that has been submitted on the former. Again, the media in this instance tend to cite a single product that contains 20 mgs per ml or 40 mgs across 2 ml, which is typically what a single-use product will have, versus one cigarette, which is 12 mg. The important distinction is that a packet of 20 cigarettes will roughly contain 250 mg of nicotine. That will take about 150 to 300 puffs to get through. A single-use device, with 40 mg compared to 250 mg, will take about the same time to go through. The relative nicotine needs to be really importantly positioned. A packet of 20 actually has far greater nicotine than a single-use product with 40 mg in it.

Q60 **Paul Blomfield:** Why do you think that your product is more addictive?

**Marcus Saxton:** I do not have any evidence to that effect. In fact, it is actually to the contrary, because the efficiency of a combustible cigarette to drive nicotine into the system, to my understanding, is far more effective than a disposable vape, where the nature of the puffing is far different from how you would do it with a combustible cigarette. I certainly do not have evidence to support that myself.

Q61 **Paul Blomfield:** Mr Dunne, as the Chair pointed out, your board includes representatives of British American Tobacco, Philip Morris International, Imperial Tobacco—or Imperial Brands, as they are now—and Japan Tobacco International. Don't you think it would be a reasonable assumption that what has really happened is that faced with the inevitable decline of smoking, because of the regulation taking place internationally, big tobacco just saw an opportunity to use vaping to create a new generation of nicotine addicts?

**John Dunne:** I disagree on that. If you look at how vaping has developed in this country, it has been primarily, as Marcus pointed out,



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independent companies. The tobacco industry only got into the vaping industry because it became so big, and they have a commercial interest in doing so. As an organisation, when we formed, the idea was that we were inclusive of everybody involved. We bring all stakeholders together, very similar to, say, what COP27 did with the environmental issues.

We have a lot of robust and stringent rules within our organisation. Each company pays exactly the same in membership fees. We are not reliant on any large donations from tobacco companies. Each of our 36 board members has one vote. We have four tobacco companies and their vaping brands. We have 36 board members currently, and that number is increasing every month as new companies join the organisation. We are very aware of the influence that tobacco could have in our organisation, but we feel that to preclude them would not be a good idea.

Q62 **Paul Blomfield:** What opportunities would big tobacco have to sell nicotine—basically, to sell their products—if it was not for vaping, as smoking declined?

**John Dunne:** Nicotine is in many different products. You have patches, gums and the new pouches that are coming on to the market, as well as vaping.

Q63 **Paul Blomfield:** Smoking cessation products.

**John Dunne:** Yes, absolutely. They have every opportunity to try to sell nicotine products. What is really important is how successful vaping has been.

Q64 **Paul Blomfield:** If vaping is enjoyable as a recreational pursuit, why not just produce something that has benign content—not some of the appalling stuff we have heard about antifreeze—and does not include a deeply addictive product such as nicotine?

**Marcus Saxton:** In that particular instance, clearly where the business was founded and where it continues to be, if you remove nicotine from a product and you are, as you said, a previous smoker, you will have a materially failed attempt to move off the product that is killing you. It is as simple as that. We have to have products that have nicotine in them—

Q65 **Paul Blomfield:** Because otherwise you do not have addicts.

**Marcus Saxton:** No, because we would not enable people to make the transition that the UK has been such a leader in across the world forum. That is absolutely implicit. If it does not contain nicotine, given with the right advice and direction and with the right product, then effectively we—

Q66 **Paul Blomfield:** For smoking cessation.

**Marcus Saxton:** Correct.

Q67 **Paul Blomfield:** But clearly the problem we are looking at is that vaping is developing to a whole layer of young people who have never been



smokers.

**Marcus Saxton:** In that particular instance, as I say, it is important to understand that really poignant context and then say, "How do we tackle the issue of how people are getting access to them?" We can happily talk longer on that.

Q68 **Rachael Maskell:** Mr Saxton, you have been very clear that your advertising has been about public health. Why use your products for advertising, as opposed to putting public health messages across the shirts of heroes or across a stadium? Why are you trying to promote your business instead?

**Marcus Saxton:** Because I think it is really important that we are a business that is endeavouring to help people stop smoking. We are a commercial entity and therefore we want smokers to recognise our brand and all the tireless work that we put into our stores, particularly to give the right advice for those particular people. If it is a public health message alone, which as an aside we would advocate because I think education is really important, it is not for us as a commercial entity, where we are looking for smokers to access our stores to gain advice.

Q69 **Rachael Maskell:** It is about the commercialisation of your product because clearly, as we know from what has happened around cigarette advertising, when you remove the advertising, smoking rates fall. This is clearly a commercial venture for yourselves. The questioning from my colleague was correct in saying that you are trying to promote your brands to a new generation of customers.

**Marcus Saxton:** No. They enable smokers currently, who are nicotine addicts, to make a transition to a safer alternative. That is the really important point. There are 6 million people still taking combustibles, and two out of three will die if they use them accurately by manufacturers' instructions. We are a commercial entity looking to attract those people to our brand. We age-verify. We only stock regulated products. All our store staff are National Centre for Smoking Cessation-trained and will ensure that they get the right advice for a successful quit attempt. That is how the whole context needs to be put together.

Q70 **Rachael Maskell:** I think you have contradicted yourself there very clearly, in the light of the evidence around plain packaging and the impact that has had on public health and also the importance of public health messaging as opposed to advertising a product. We have seen the impact of that because of the public health measures that this place has had to take in order to move people away from smoking.

**Marcus Saxton:** I am happy to talk longer. I think it is clear that the role we are trying to play commercially is around converting smokers to a much safer alternative. That is absolutely consistent with what I am trying to deliver today.



**John Dunne:** It is also good to point out that, as vaping companies, we are not permitted to make health claims on our product. The TRPR does not allow us to do that. One of the suggestions that we have made to Government is for them to come out with some pre-approved switching messages that they are comfortable with around vaping, and allow commercial organisations to use those. Currently, we are not allowed to make health claims on our products.

**Q71 Rachael Maskell:** I did not necessarily say on your products, but putting it on footballers' shirts. Clearly, that would be the case.

Mr Dunne, why do you want to introduce children to addiction-forming behaviours? We heard from the evidence of the first panel the scale at which children are taking up vaping. Could you answer that question?

**John Dunne:** First of all, we are in no way trying to get young people and children to use our products at all. This is why we are calling for robust enforcement of the current legislation. We have a lot of wonderful laws in this country, but unless they are enforced and unless there is a financial penalty for breaking those rules, you can make all the laws you want but they will not be followed. This is why we are looking at punitive charges on retailers, distributors and brands that are flouting the law. That is where the biggest problem is; it is not the companies that are doing it the right way, following the regulations, testing all of their products and marketing them in a responsible way. This is why we need to target where the issue is.

**Q72 Rachael Maskell:** You are in favour of plain packaging. You are in favour of the removal of the different shapes of vaping products. You are in favour of the removal of flavours and the different colours, as an industry.

**John Dunne:** Absolutely not. The first thing with regard to plain packaging is that there is already a lot of misinformation around the relative safety of vaping among smokers and the general public. We feel that if you were to go down the line of plain packaging, all you are trying to do is reinforce the fact that these products are in some way as bad as smoking, which is not the case. We are trying to encourage—

**Q73 Rachael Maskell:** Can I just question you there? Do you believe it is the industry's job to make the public health case, or is it Government's?

**John Dunne:** I think it is a combination of both.

**Rachael Maskell:** Carry on.

**John Dunne:** With regard to flavours, they are one of the reasons why vaping has been so popular. We did a recent survey of 4,000 vapers and asked, "What would happen if flavours were restricted or banned?", and 33% said they would go back to smoking. If we look at the current rate of 4.2 million, that is 1.5 million people who could potentially go back to smoking if flavours were banned or restricted. That is the wrong way to go.



Q74 **Chair:** Surely that is a failure of our smoking cessation pathway, not a reason not to do it. This is not a toy. It is something to move people off a drug that is killing them. It is the biggest preventable killer in our country today, and your clients are selling flavours that are attracting children.

**John Dunne:** Absolutely not. These flavours have been around for well over a decade. I was in this industry when there were 20,000 people vaping. The flavours are not new. Disposables are not new. They have always been the low entry point into vaping. Looking at the transactions for disposables at the moment, we have just done a survey of half a million transactions. The average median age for those sales was 36.3 years of age. To say that these products are only attracting children is incorrect.

**Chair:** I don't believe I said that. The record will show that I said you are selling products that are attractive to children. Sorry, Rachael, do carry on.

**Rachael Maskell:** That's fine. It is very clear from the industry that your interest is the profit motive—it always has been—and to be able to recruit another generation, as my colleague said, of people who are using your products into an addictive lifestyle. That obviously means that you then secure for the long term the profit margins that you want to generate from these products. I take it that you would have no objection whatsoever to the taxation suggestions that came from ASH this morning, which would deter many people from even taking up those products.

**John Dunne:** I probably wouldn't object to a rise in price. What I object to is taxation on the product that would probably deny smokers who are in deprived areas the opportunity to take those.

Deborah made a great point earlier about the tank size of the products. What we have suggested is that the 2 ml maximum tank size should be abolished and products should be allowed to go up to the region of 10 ml. That would then take the price of that product from the pocket money level of £4 or £5 up to the region of £15. It also gives the adult smoker who chooses to buy that product a device that lasts five times longer than the one they spent £5 on. The second effect would be that 80% of the products would be off the market. Instead of five devices, you would have one, which is easier to recycle.

**Marcus Saxton:** On your former point, Rachael, I am probably in a better position to answer as a leader in one of the UK vape businesses, as well as other members. I take total exception to the point that you think we are generating a new generation of nicotine addicts. Many of the founders of these businesses, including my own, were killing themselves through an addiction to a combustible cigarette that factually and unequivocally is at least of the magnitude that Deborah said, 90% to 95% less safe than a vaping product.



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Yes, there are commercials that need to come off the back of it, otherwise you would not find so many vaping stores that exist. They are looking to generate a livelihood, but the fact is that they saw a transformative product themselves that benefited them and can therefore sell products in the right way to adults with the right education. I take absolute exception to the point that you think there is solely some form of profit motive going on behind this for those individual businesses. This is a very purposeful sector with people who set up their businesses behind a very transformative product that aided them to make a successful quit attempt.

**Q75 Rachael Maskell:** To conclude, you would be very comfortable, because of your strong public health credentials, as you present them to us, if products were just available, say, from licensed pharmacies as opposed to other high street retail outlets.

**Marcus Saxton:** Absolutely not, because—

**Rachael Maskell:** Thank you.

**Marcus Saxton:** That is no surprise, because it would fly in the face of the fact that the reason these products have done so well is that they are regulated. We are calling for further regulation to tighten up what has now been an extreme growth in single-use products. If you put them into those environments, as New Zealand and Australia are telling us, the perception of the public is that, while they can buy tobacco freely anywhere, the vaping product that is up to 95% safer is licensed through a pharmacy. It makes absolutely no sense. The negative consequence of considering such a thing will take us backwards years.

**Q76 James Morris:** I have a quick question. Mr Saxton, I think earlier you mentioned the Australian model. Your argument is that we need more regulation and not a complete ban, and that the Australian model did not work. Australia only banned vaping two years ago. What is the evidence about the failure of the Australian model in driving the black market and/or other consequences?

**Marcus Saxton:** I would need to provide evidence separately to the Committee specifically on your point because it is early days. The bit that I would draw sense to is allowing tobacco to be freely available, while not consistently, as New Zealand have done alongside that, limiting where it is available, and then putting vaping in the right context. That would be absolutely crazy.

**Q77 James Morris:** To your knowledge, has Australia seen a growth in the black market?

**Marcus Saxton:** Anecdotally, yes, but I would want to make sure I have the right evidence to provide.

**Q78 James Morris:** Is it possible for you to present us with any evidence?



**Marcus Saxton:** Let me take that separately. I would not have that with me today, but let me take that separately and endeavour to provide it.

**James Morris:** Thank you, Chair.

Q79 **Chair:** That was brief and very disciplined; I like it.

Going back to Rachael Maskell's point, and I am paraphrasing, her question was that you would take no exception to them only being sold through licensed pharmacies. If you are highly motivated to move off nicotine tobacco products, what would be the problem in going to a pharmacy? There are lots of pharmacies. What would be the problem?

**John Dunne:** Lots of pharmacies stock vaping products, but I think it is important to make these products available wherever tobacco products are sold. For the most part smokers are not making a conscious decision. They do not walk into a store and go, "Oh, I'm going in there to buy an e-cigarette." It is generally a spontaneous decision in the first place to go, "Do I buy a pack of cigarettes, or do I try something different?" That is why it is very important to have those products available where consumers are buying—

Q80 **Chair:** 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?

**John Dunne:** I have spoken to thousands of vapers over the years—

Q81 **Chair:** No. We cannot deal in anecdotes. If you have evidence to back that up, we would love to see it.

**Marcus Saxton:** For me, the singular point is that it is just whenever that product is available. To John's point, I cannot evidence that, which is why I would not cite it. For me, it is about whenever that is available, and for a tobacco product that is going to categorically kill two out of three users we must have a regulated vaping product available for them to make that choice. Whether that is immediately or over time, with the right education that sits behind it, that is what the UK has seen and where it is proven to be able to be successful. That is the bit we have to stay focused on.

**Chair:** Let us close with the doctor, Dr Caroline Johnson.

Q82 **Dr Johnson:** You said you would not be happy for them only to be provided as a medical prescription product from pharmacies. Currently, the NHS does not provide any on prescription. Perhaps the reason for that is that the NHS has quite high standards that you have to meet in order to make something a prescription product. 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?



**Marcus Saxton:** No. If you have any evidence to support that, I would clearly be interested in seeing it. What I have is our members' work with over 50 smoking cessation groups around the country. They are clearly advocating successfully, as part of an overall series of possibilities and interventions for smokers, that they are very happy to support vaping as the most successful quit aid. My evidence would be that there is already evidence out there that they are clearly safer, and smoking cessation experts in local boroughs and councils are using vaping as a directive tool that is the most successful.

Q83 **Dr Johnson:** Do you think that the NHS has failed in getting doctors to prescribe these so that people can have them free?

**Marcus Saxton:** We have certainly failed in educating people. I know that there have been some horror stories in the press about a GP who suggested that their son should move to cigarettes rather than vape. That is absolutely terrible. If that is where we have got to, there is further education that must be driven into the system before we think about anything further. I agree that education is key.

**John Dunne:** I find it very interesting that you say there has not been a device that has gone through the medical licensing process—

Q84 **Dr Johnson:** That wasn't what I said. What I said is that there are none available on NHS prescription, according to the NHS website this morning.

**John Dunne:** The only product that has successfully gotten through was brought through by British American Tobacco. It went to market and failed miserably. It went bankrupt within the first year.

Q85 **Dr Johnson:** What I was saying is that there aren't any available on NHS prescription. The NHS, when it asks doctors to prescribe things—I should mention that I am a doctor—goes through several high levels of safety checks. 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.

I want to ask Marcus about the IBVTA and your standards. You talk about regulation and self-regulation. What penalties do you have in place for your members? What code of practice do you have in place for your members to ensure that they maintain the standards that are set?

**Marcus Saxton:** The main standard for us is that we do not accept anyone who has influence or control from tobacco. That is the criterion that we would effectively hold them to account on. They would not be able to join our association because we believe there is a conflict of interest around what our purpose category is trying to do versus what their motives are.

Q86 **Dr Johnson:** What is your reaction to members who break the law?

**Marcus Saxton:** If we found evidence of that, from our perspective as a board, I am sure we would bring it to the table. Depending on what it





was—if it was around age verification and consistently flouting it—and we educated them and they still did that, they would not be welcome within our association.

Q87 **Dr Johnson:** Are the producers of Elf Bars in your association?

**Marcus Saxton:** Their UK entity Green Fun Alliance Ltd is, yes. That is not the Chinese manufacturer; it is their UK entity.

Q88 **Dr Johnson:** In February this year, Morrisons, Sainsbury's and other stores removed Elf Bars from their shelves en masse. The reason for that is that the products being sold in those supermarkets did not meet the UK regulations. They were illegal products. What action did your trade organisation take in response to one of your members breaking the law?

**Marcus Saxton:** The important point is that they actually joined us just after that period. As the biggest single product and brand in this marketplace, we felt it better to bring them into our stewardship, to be able to advise and direct, with all the advice that we have, and to bring that product back into regulation, as you know, far more effectively than it could have done had we not given that advice and direction. We are now working with them much more closely to ensure that in lots of the areas like responsibility around age verification and recycling, we can direct and steward them far more effectively within the association than outside it. That is what their responsibility and ours is.

Q89 **Dr Johnson:** You are happy to take them on, even though they have broken the law, because you think they will be less likely to break the law under your umbrella.

**Marcus Saxton:** As the single biggest brand in the UK, I think it is critical that they come within our stewardship and enable us to come back into compliance, which is what they did extremely quickly. From here on in, we can advise them within our association rather than outside it.

Q90 **Dr Johnson:** What regulation do you have on corporate transparency? You said their UK arm is part of your organisation. IMiracle is a pretty nebulous organisation, isn't it? What forms of information do they have to have on transparency?

**Marcus Saxton:** We just look at them as a UK business. We would attempt to understand what their upstream is, but, as you say, there is only so far we can go as an association that is not for profit. Therefore, we do our due diligence as effectively as we can.

Q91 **Dr Johnson:** How many vapers are there in the country now, do you think? Would you have estimates of that?

**Marcus Saxton:** The last numbers were 4.3 million. That was in 2022. I suspect they have probably gone up by at least another million to where we are today. That is an estimate.



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Q92 **Chair:** About 5 million?

**Marcus Saxton:** Yes, I suspect it is that sort of magnitude.

Q93 **Dr Johnson:** About 5 million people. 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?

**Marcus Saxton:** I think I might have lost a million somewhere in your calculations.

**Dr Johnson:** Those are the million smokers who have died.

**Marcus Saxton:** If there are 6.6 million and a million, it is therefore 5.6 million.

**Dr Johnson:** No; 10.5 million to 6.5 million is 4 million, and then a million have died.

**Marcus Saxton:** That is 5.6.

**Dr Johnson:** No. If you had 10 and you now have six—

**Marcus Saxton:** Stop there—

**Dr Johnson:** Then you have lost four.

**Marcus Saxton:** Right. No, there were always six at the point we had 4.3. When there were 4.3 million vapers, which was last cited in 2022, there were still 6 million smokers.

**Dr Johnson:** But a million people have died.

**Marcus Saxton:** So that's now 5 million smokers.

**Dr Johnson:** You are getting me lost.

**Marcus Saxton:** I am being quite straightforward. At the time at which there were 4.3 million vapers cited in the ASH survey in 2022, there were circa 6.6 million smokers.

Q94 **Dr Johnson:** Are you saying there were 5 million vapers?

**Marcus Saxton:** My facts are that there are 6.6 million smokers and 4.3 million vapers. That is where I was standing in 2022.

Q95 **Dr Johnson:** You said 5 million a minute ago.

**Marcus Saxton:** That was the estimate. Sorry, let us be really clear. At the last reported—

Q96 **Dr Johnson:** You said 5 million vaping. I am suggesting to you that those 5 million people who are vaping are not all former smokers using



vaping instead.

**Marcus Saxton:** I do not think the maths add up in the way you have described. Just to be really clear, factual evidence in 2022—the ASH survey—showed that there were 6.6 million smokers and 4.3 million vapers. Then, as I pointed out, we move to an estimate that there might be another million. Therefore, there are still 6 million smokers. Even if you say a million have died, there are still 5 million left.

Are you suggesting that there could be people other than smokers moving into these products? There could be, but I think we have to wait for the evidence to come forward and then we need to understand who it is. Are they youths—the very discussion today—or are they adults who would have already otherwise smoked?

Q97 **Dr Johnson:** No, that is not what I am suggesting at all. What I am suggesting to you is that a large part of your market is made up of people who have never smoked, and that you know that.

**Marcus Saxton:** That is the estimate that you are giving. The factual evidence at the last point in 2022 did not point to that. Over 90% of the 4.3 million smokers were either current smokers using vaping in dual or were previous smokers. That is the evidence we have got. That was last cited in 2022.

Q98 **Dr Johnson:** You are saying that 90% of the people who are vaping now are former smokers.

**Marcus Saxton:** Of the 4.3 million cited in 2022. What I have estimated and said to you, to your very point, is: has there been a growth beyond that last cited data? Yes, there could have been.

Q99 **Dr Johnson:** You think you have helped 0.7 million people to quit smoking since last year.

**Marcus Saxton:** I think a considerable number will have done, but do I accept your point that the negative consequence of this, which we are debating today, is how we ensure these get into the hands of smokers? How do we ensure that people do not gain access unless they are very well educated that these are the risks associated with vaping? If you make an informed choice as an over-18 to access vaping versus smoking, that is then a very different discussion.

Q100 **Dr Johnson:** Yes, we have a problem with children vaping. I think people accept that.

**Marcus Saxton:** Yes.

Q101 **Dr Johnson:** I am going to ask both of you this. Do you think it is society's job to protect adult smokers from the bad choices that they made many years ago, or do you think that society and Government have a greater responsibility to protect children from the harm of these devices and from taking up an addiction that will cost them money and potentially



their health as well?

**Marcus Saxton:** I think both. Deborah's point is that a lot of those habits were formed when people were young. To your point, it is absolutely about the youth of today and educating them and making sure they do not get access to these products, which is what we are so vehement and passionate about. It is certainly a much more complex debate than just single-use products in the hands of youths.

Do we think we have a responsibility for adult smokers, because less than 50% of them can cite that vaping is a safer alternative? Absolutely. It is both cohorts that we have to continue to educate and help to gain the help that they need to access these products if they are smokers today.

**Dr Johnson:** What are your thoughts, John?

**John Dunne:** I think Deborah summed it up this morning. Prohibition does not work. The right education, the right positioning of these products and the right penalties for those who are flouting the law work, but prohibition does not.

Q102 **Dr Johnson:** That wasn't my question. My question was, if 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?

**John Dunne:** I think they need to protect the health of every person in the UK, but I do not think they need to be forced to make a choice between one or the other. There are robust laws in place that are not being enforced and that is what needs to be fixed.

The industry is well versed in the loopholes that are out there. I think we have raised every single one of them with Border Force, the MHRA or the Government directly, but no action has been taken to close those loopholes. That is where it needs to start. The industry and the Government need to come together to close the loopholes and make it more difficult for young people to access these products.

Q103 **Dr Johnson:** I want to pick you up on what you said a bit earlier about the amount of nicotine in a cigarette compared with a vape. A lot of people ask, "How does the amount of nicotine in a cigarette compare with the amount of nicotine in a single-use vaping device of 600 puffs with 40 mg in it?"—a standard British disposable vape.

My understanding is that if you compare the amount in a cigarette, that is not a reasonable thing to do, because when you are vaping, the vape is only released when you are inhaling, whereas when you are using a cigarette, you are holding it in your hand and much of it is released into the air. My understanding is that, while there is up to 20 mg of nicotine in a cigarette, only around 10% is absorbed, so it is only 1 mg or 2 mg actually in a cigarette. Are those the sorts of figures you recognise, John?



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**John Dunne:** From the scientific evidence that is presented to us, nicotine is absorbed differently in a cigarette from the way it is in a vaping device. Nicotine in a vaping device is absorbed at a much lower rate. Also, there is no standard cigarette. Cigarettes range anywhere from about 7 mg up to 28 mg per cigarette. Making a comparison is very difficult, and I think that was pointed out earlier.

Q104 **Dr Johnson:** But do you accept that when someone is smoking a cigarette, they will take in a smaller proportion—10%, apparently, is the standard—of the amount of nicotine that was in that cigarette, whereas if you are having a vape you will take in a much greater proportion because you do not have the time when you are not sucking on it, effectively, and inhaling?

**John Dunne:** No, because nicotine is absorbed in a different way.

Q105 **Dr Johnson:** In what way is it absorbed differently? It is absorbed into the lungs.

**John Dunne:** The particles are different sizes. They are absorbed into the body in a different way. That is my understanding, but I am not a clinician.

Q106 **Dr Johnson:** In what way is nicotine different?

**John Dunne:** The amount of nicotine that is absorbed into the body in a specific period of time is different. As I said, I am not a clinician so—

**Chair:** Your problem is that she is.

**John Dunne:** Absolutely.

Q107 **Dr Johnson:** You are suggesting that the same amount of nicotine goes into the lungs and is inhaled, but when the same amount of nicotine is inhaled from a cigarette, less of it is absorbed than when it is inhaled from a vaping device. Is that what you are saying? Do you have evidence for this?

**John Dunne:** I could provide evidence to that, yes.

**Dr Johnson:** I would be very interested to see that evidence. Thank you, Chair.

Q108 **Chair:** Just to close, I am interested in the Totally Wicked exchange that Caroline had—that is not a description, but the product. Blackburn Rovers had their shirt sponsored for the 2022-23 season. Is that right?

**Marcus Saxton:** Yes.

Q109 **Chair:** Do they have it for the 2023-24 season?

**Marcus Saxton:** Yes, we do.

Q110 **Chair:** When you created that company, presumably you had a comms agency and you worked on the name of the product. Were you involved



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at that stage?

**Marcus Saxton:** No, I was not. That was prior to my time.

Q111 **Chair:** I just wondered why it was called Totally Wicked.

**Marcus Saxton:** I will give you the very simple story as succinctly as I can. This was a smoker, smoking 20 a day. He was killing himself, as described. He found a transformative product and he wandered around the streets of Lancashire, because he had found something so transformative, and passed it around to smokers in that Lancashire area. A number of them said, "Crikey, what's this? It's totally wicked." He realised he needed to put a personality to a brand if he was going to ultimately get it to stick through and compete with big tobacco, and the name literally stuck from there. That product set was transformative and totally wicked.

Q112 **Chair:** Were they adults who said that?

**Marcus Saxton:** Absolutely.

**Chair:** It is just that my son is 12 and he uses that expression.

**Marcus Saxton:** This goes back to 2008 when the business was founded, so right at the beginning. It might be a crude phrase, but in Lancashire it certainly resonated with lots of millions of smokers.

**Paul Blomfield:** While we are on the point about further evidence, 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.

**Chair:** That would be very helpful.

We will close there. John Dunne, director general of the UK Vaping Industry Association, and Marcus Saxton, chairman of the Independent British Vape Trade Association, thank you very much. It was a robust session—it is meant to be; the subject stirs strong emotions, and we don't apologise for that—but we are grateful for your time.