

# Science and Technology Committee

Oral evidence: [E-cigarettes](#), HC 505

Wednesday 9 May 2018

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[Watch the meeting](#)

Members present: Norman Lamb (Chair); Bill Grant; Liz Kendall; Stephen Metcalfe; Carol Monaghan; Damien Moore; Martin Whitfield.

Questions 496 - 559

## Witnesses

**I:** John Dunne, Director, UK Vaping Industry Association; Fraser Cropper, Chair, Independent British Vape Trade Association; and Sarah Jakes, Chair, New Nicotine Alliance.

Written evidence from witnesses:

- [UK Vaping Industry Association](#)
- [Independent British Vape Trade Association](#)
- [New Nicotine Alliance](#)



## Examination of witnesses

Witnesses: John Dunne, Fraser Cropper and Sarah Jakes.

Q496 **Chair:** Welcome, all three of you. Thank you very much indeed for attending. I welcome Liz to the Committee.

Can each of you introduce yourself very quickly? You will be familiar with the way Select Committees work. Each member in turn will ask questions. Do not feel you all have to answer everything. Some questions will be directed at one or other of you. We have quite a lot to get through and there are votes at 6 o'clock, so we hope to conclude just before that. We very much appreciate your coming.

**Fraser Cropper:** I am Fraser Cropper, chairman of the Independent British Vape Trade Association. We represent approximately 300 UK independent businesses and 50% of the UK SME community that sells vape products in the UK.

**John Dunne:** My name is John Dunne. I am a director of the UK Vaping Industry Association. We represent the independent vaping sector, alongside the vaping brands of the tobacco and pharmaceutical industries.

**Sarah Jakes:** My name is Sarah Jakes. I am the chair of the board of trustees of the UK registered charity New Nicotine Alliance. Our aim is to reduce the harms of smoking by improving understanding of reduced risk products.

Q497 **Chair:** Can I begin by asking each of you what the main message is of your three organisations with regard to e-cigarettes?

**Fraser Cropper:** As I mentioned in my introduction, we represent the independent sector—businesses that are free from any influence and control by tobacco. We think that is a vital discrimination between ourselves and other bodies that represent a combined aim.

It is a very important distinction because it allows us to drive a clear and distinct strategy. Our businesses were founded to deliver products to smokers who wanted an alternative to tobacco, and we think the conflation of tobacco and vaping interests does not allow for a coherent strategy. Our guiding principle is to deliver support to our members in the conventional way that trade associations would, but also to help deliver our strategic message and an environment in which those businesses can justifiably flourish.

**John Dunne:** From our perspective, we represent the whole industry. We are a fully inclusive organisation, so we look for membership outside the independent vape sector, such as tobacco companies' vaping brands, and the pharmaceutical industry. Blend & Bottle is one of our members.



## HOUSE OF COMMONS

We want to push the fact that we represent the entire industry, because tobacco-owned brands represent about 25% of the industry. If we are to speak on behalf of the industry, we feel we have to be fully inclusive of them.

**Sarah Jakes:** Our position on e-cigarettes is that we feel they are now proven to be a safer alternative to smoking that a great number of people find an attractive and acceptable substitute. They have certainly contributed to the record drops in smoking prevalence that we have seen in the UK. Unfortunately, over the years, with public health Ministers from Edwina Currie, who pushed the ban on snus, to Anna Soubry, who agreed to include e-cigarettes in the TPD, we have seen mistakes made when it comes to the role of harm reduction in tobacco policy.

A couple of years ago, there was an attempt to strangle vaping at birth by pushing for a de facto ban on e-cigarettes in the EU. We felt this was a mistake. It was rectified only by a massive campaign by grassroots consumers and early entrepreneurs in the e-cigarette industry. It is to the credit of those people that now there are about 1.5 million ex-smoker vapers in the UK, and another 750,000 people who have given up both. That happened not because of any action on the part of the Department of Health but in spite of it.

The regulatory dog's dinner that we seem to have now blights the lives of about 3 million vapers in the UK and harms smokers who might otherwise decide to switch to safer products. We would like to see leadership and not complacency. This country can do better in harm reduction, and Brexit is probably the perfect opportunity to do so. I would like to see us working together to put right the wrongs that have been done so far.

Q498 **Chair:** Fraser and John, you described how you represent overlapping but different groups. As bodies, is your message any different to the outside world, or are you, effectively, saying the same thing?

**Fraser Cropper:** In general, you will find in the representation by John and me of our organisations' advocacy of vaping a very distinct clarity on what vaping is compared with smoking, and on the benefits that it will bring. I am sure there is entire consistency between John and me. It is about the nuance and subtlety of what it means to be a trade association.

Q499 **Chair:** You have already described the distinction, and I understand that. Is there anything you want to add, John?

**John Dunne:** I agree with Fraser on that. The fundamentals of what we are looking at are roughly the same.

Q500 **Chair:** Fraser, your organisation states that a lack of regulation of e-cigarettes through its own dedicated "vape specific regulation," as you describe it—that was probably what Sarah Jakes was alluding to—is bad for consumers, industry and public health. That is, in essence, your evidence.



**Fraser Cropper:** Yes.

Q501 **Chair:** Would you like to elaborate on that briefly? It comes within the tobacco products directive. What are you arguing for?

**Fraser Cropper:** We are arguing, first, for a directive and a mandate that comes from a sound risk assessment. The TPD was not formed from a suitable risk assessment; it was cast in 2012, and so much has happened and changed since then that we need to remind ourselves of what we are trying to protect against with the regulation. We start with a risk-based assessment. If we do that, the conclusion is likely to be that a whole range of things that seem to be arbitrarily set in the TPD will be adjusted. For example, the restriction on marketing and advertising does not make any sense at all.

**Chair:** We will come to that a little later.

**Fraser Cropper:** There are also arbitrary constraints on products—the size of tanks and the volumes and strengths of fluid to be sold. Those are the key markers where we think the regulation is incorrect and inappropriate at the moment.

Q502 **Chair:** In the context of the UK leaving the EU, is it your case that in future there should be a separate set of regulations for vaping as against tobacco?

**Fraser Cropper:** Very much so. Part of our challenge is that we started from a position where tobacco and vaping were subsumed in the same mandate. It needs to be separated; vaping needs a vape-specific set of regulations.

Q503 **Chair:** Are there any additional comments from other members of the panel?

**John Dunne:** I agree. We need to look at a fully evidence-based regulatory framework, but the industry itself needs to be more engaged in that process, which it has not been.

Q504 **Chair:** What changes, therefore, do you think should be made to the product restrictions on e-cigarettes—the cartridge size and nicotine levels—and to any rules on packaging and what can be stated on packaging?

**Sarah Jakes:** On arbitrary restrictions, there is no scientific basis at all for the 2 ml tank limit and 10 ml bottle limit. Speaking for consumers, they make things fiddlier and the bottles are easier to lose. It is generally inconvenient and there is no possible gain from it. On the 20 mg per millilitre concentration limit, I believe ASH did a survey last year and found that 9% of vapers used concentrations higher than that. However, that was a snapshot. A much larger proportion of vapers will have started on those higher concentrations, and those limits push those people out of the picture.



## HOUSE OF COMMONS

Q505 **Chair:** Is it your concern that heavy smokers in particular might be attracted to a higher limit?

**Sarah Jakes:** Yes. There is no doubt that, when people first switch from smoking to vaping, it takes a while for them to get used to the different techniques. Higher nicotine strengths help keep those people engaged with the product, and help them with their cravings until such time as they can perhaps start to reduce their nicotine concentrations. My worry is that it would not be just that 9% of people who are affected; it is all the people coming in behind us, who have not yet started on their pathway to being cloud chasers, or whatever you like to call those of us who now use low-nicotine strengths. Those are the people I am concerned about.

Advertising is a problem. It is ridiculous that we have to rely on PHE's budget to put the message across to people that vaping is safer than smoking.

**Chair:** We will come back to advertising in other questions.

**Sarah Jakes:** Perhaps one part of the regulations that was useful from the consumer point of view was on notifications and emissions testing. We agree that anything people are going to inhale should have some regulation, so we would keep that.

Q506 **Chair:** Is that the notification to the MHRA?

**Sarah Jakes:** Yes. The ingredients listings and emissions testing are helpful to consumers, but virtually everything else is unhelpful.

Q507 **Chair:** Is there anything either of you wants to add? If you just agree with everything Sarah said, that is fine.

**John Dunne:** One of the other major factors we are pushing against is the restriction on advertising. As we have seen, uptake in vaping has been slower since 2007 compared with 2018, and it is ridiculous that, although Public Health England can come out and say that vaping is 95% safer, our members, as brands, cannot.

Q508 **Chair:** We will come to more detailed questions about advertising a little later. Fraser, is there anything you want to add?

**Fraser Cropper:** I think those were the main points.

Q509 **Chair:** Do you think that excise duties on e-cigarettes are appropriate?

**Sarah Jakes:** No.

**Fraser Cropper:** The answer succinctly is no. Why is the answer so succinctly and clearly no? There has been strong consensus in the three previous Committee hearings among all those who spoke. A wide cohort of stakeholders made it very clear that it would be counterproductive. We see through our businesses, customers and consumers, smokers and vapers, that one of the clear dividends of giving up smoking is the health



benefit, but there is a clear financial dividend to a lot of households; it is a real motivation and incentive. If we really share an agenda to have a smoke-free UK, using vaping as one of the principal tools, we have to keep those incentives for individuals. There is no more powerful incentive for most people than the difference in the cost between the two products. To close that gap would be ill conceived.

Q510 **Chair:** I take it that the other two of you are in agreement.

**John Dunne:** Yes.

**Sarah Jakes:** The only thing I would add is that it is a sin tax. We know from tobacco regulation that those taxes are designed for and are quite successful in disincentivising the use of a product. I do not know why you would want to disincentivise the use of e-cigarettes for smokers.

Q511 **Bill Grant:** John, your association argues that the regulation on short-fills is illogical and, worse still, potentially dangerous, which is quite concerning. What were the reasons that brought you to that conclusion?

**John Dunne:** One of the things that led to that is the fact that with TPD the bottle size has been restricted to 10 ml, which has proven extremely inefficient and cumbersome to vapers. In addition, by not covering zero-nicotine liquids, the TPD has allowed liquids to be sold in much larger bottles, with 10 ml nicotine being added in shake'n'vape format, which has in a way bypassed the whole purpose of the TPD. Those liquids do not need to be tested and we have found that many of them contain banned substances, which is an extremely concerning thing.

Q512 **Bill Grant:** That is where the danger lies.

**John Dunne:** Correct.

Q513 **Bill Grant:** Where would they source a banned substance?

**John Dunne:** The liquids themselves are readily available in 100 ml and 200 ml bottles. Under the current regulations, there is nothing to cover zero-nicotine liquid. The bottles they use to add to those liquids are covered by the TPD and are sold in the proper 10 ml format.

Q514 **Chair:** Are they being sold by your members?

**John Dunne:** Some of our members sell the short-fill liquids.

Q515 **Chair:** Including some of the ingredients that you say are dangerous.

**John Dunne:** Our members have had their liquids tested, and we did not find any such substances. However, we did find it in liquids that do not come from our members.

Q516 **Bill Grant:** Are you suggesting that the equipment for vaping could be used to inhale unsafe substances? Is that where the danger lies?

**John Dunne:** If you look at the TPD regulations, there are ingredients that we are not allowed to use in those liquids. Part of the TPD process is



that we have to test and submit those findings with our registration. There is no such process for a zero-nicotine liquid, and the MHRA has no mandate to do any testing. One of the things we are looking at as an organisation is voluntary registration of our products, very similar to those done for TPD products, but a voluntary scheme.

**Q517 Bill Grant:** To address the illogical and dangerous aspect, you are suggesting a voluntary code of conduct. Would it stop at that, or do you see anything else that would be needed?

**John Dunne:** I do not think it will, because there are no teeth in the current regulations to make people outside our organisation do it. If the size restrictions on regular products had been lifted, there would be no need for a short-fill product in the marketplace.

**Q518 Bill Grant:** I see a nod of approval. Fraser?

**Fraser Cropper:** In part, it is a nod of approval. I have a point of clarification. As John alluded to in his last comment, short-fill came about because of the restrictions placed on fluid volumes by the TPD. It did not exist before May 2017. It existed because there was a demand from the consumer for better-value products. Putting 50 ml into five separate bottles increased the price and reduced the value. The industry responded to that by providing concentrated nicotine in individual packages.

The vast majority of short-fill products can be, and indeed are, safe and consistent with the TPD regulations. It may be that a small minority of those products on open sale do not conform to the mandate of the TPD. Of course, it behoves MPs, if they want to change the regulations, to do that. We would not advocate that there is necessarily a problem with short-fill. There is a problem in that short-fill does not fall under some kind of regulatory auspices.

**Q519 Chair:** You think that the innovation of introducing the short-fill approach has come about as a result of the regulations. If you change the regulations, do you think it would go away?

**Fraser Cropper:** Indeed. The environment had been established for six or seven years before 2017. People had been merrily mixing their own e-liquids for many years. The average fluid volume sold in 2016 would probably have been a bottle of 30 ml. That was the average size a vaper would have used. They turned to short-fill because of the restrictions placed by the TPD. By changing the limits, you will automatically alleviate most of those commercial tensions, and consumers will be happy to buy products formed in the correct volumes, fully tested and compliant.

**Q520 Bill Grant:** It is claimed that e-cigarette flavourings are what appeal to smokers migrating from conventional smoking to vaping. Is there any evidence to support the claim that it is flavouring that causes migration from conventional smoking to vaping? What is the attraction? What is the pull? Is it cost?



**Sarah Jakes:** There have been cross-sectional surveys on flavours and flavour preferences. The impression we get from those is that when people first switch they are looking for something as similar as they can get to their tobacco cigarettes. A lot of people will switch to tobacco flavours, but then they tend to migrate away. In feedback from people who contact us, we hear that that distances them from their previous tobacco habit and then they become averse to its flavour. It does not apply to everyone, but many people become averse to the flavour of tobacco and are quite happy vaping mango for the rest of their days, if possible. Flavours are probably more important in keeping people from relapsing than in helping them to switch in the first place.

Q521 **Bill Grant:** But that is anecdotal.

**Sarah Jakes:** It is anecdotal, with a mix of cross-sectional surveys.

Q522 **Bill Grant:** There have been some surveys.

**Sarah Jakes:** There have been cross-sectional surveys.

**Fraser Cropper:** There is a very well-published academic called Dr Farsalinos. He published a survey on flavours in vaping and concluded that the research found that the majority of vapers would find vaping "less enjoyable" or "boring" if the flavours were restricted; 48.5% of vapers stated it would increase their cravings for tobacco cigarettes and 39.7% said that without flavours they would be less likely to reduce or quit smoking. That is a piece of academic research.

Anecdotally, there is a lot of evidence. Most businesses that sell vaping products know from their sales history what they sell. The flavours that our members sell are principally non-tobacco flavours. I do not think there has been any marketing to that effect; it is simply a natural result of offering flavours to their customer base. Customers eventually decide which ones they prefer.

Q523 **Bill Grant:** Flavour availability and choice is a good way of migrating people.

**Fraser Cropper:** It is one of the very important variables. Vaping has a lot more variables than smoking: the power of the device, the look of the device, and the strength and the flavour. Flavour is probably the key discriminator—the really important one that customers choose. Once you have smoked and moved to vaping, you recognise just what an unsavoury habit it was. To inhale tobacco is not a nice thing to do. Even when you take out the smoke from a tobacco flavour, it is not as appealing as a sweet flavour or fruit flavour.

Q524 **Bill Grant:** Fraser, you are making me feel guilty as a smoker for 30 years, but I am a convert.

**Fraser Cropper:** I was 20 years guilty myself.

**Bill Grant:** Pangs of guilt.





## HOUSE OF COMMONS

Q525 **Stephen Metcalfe:** Fraser, I want to ask about the potential for medically licensed products. In your submission, you stated that medically licensed e-cigarettes being prescribed by GPs would be a bad idea. Why is that?

**Fraser Cropper:** We are not aware of what is actually wrong at the moment. Three million vapers have found their own way out of smoking through vaping, against a background where there is a lot of misinformation and potential lack of clarity as to what vaping is. That is a remarkable thing, and the UK should be really proud of it; it is an exemplar to the wider community. But on this particular point, while we understand from our experience what a vaper's journey out of smoking is, it is vital that they take some responsibility and that they have the ability to tune their vaping journey by using all the variables at hand.

The reason I made the statement is that we believe it would be hugely disempowering to give responsibility to a GP to prescribe a product. The vaper would not have the same engagement and empowerment, and it would potentially limit the range of products. Many vapers say, "My first engagement with vaping wasn't successful. I went back to smoking and came into vaping again and eventually found the right product." The risk is that the two or three unitary devices that may be regulated may not meet the widest cohort of needs. What we suggest, as exemplified in recent work, is that experts in the stop smoking services partner with independent vaping stores and businesses. That is where the true synergy lies, taking the expertise of those services, when we need to, supported by vaping businesses.

Q526 **Stephen Metcalfe:** You say that a smoker who is homeless or in receipt of benefit might be an exception.

**Fraser Cropper:** Not an exception for prescription. We mentioned that in the context of free products through the stop smoking services, rather than them being prescribed medicinal products.

Q527 **Chair:** Is that to overcome the up-front cost?

**Fraser Cropper:** Yes, that is all it is. It is that simple. It is not to suggest that regulation is the answer for that particular cohort.

Q528 **Stephen Metcalfe:** Smoking cessation services are able to provide things at no cost, even though they are not medically licensed.

**Fraser Cropper:** Indeed, and that has happened. There have been many cases where various stop smoking services have partnered with vaping businesses and provided those products.

Q529 **Stephen Metcalfe:** You are saying that is a better route.

**Fraser Cropper:** It continues to provide a large range of products and variability, and the ability to fine-tune each individual vaper's needs to a product.



## HOUSE OF COMMONS

Q530 **Stephen Metcalfe:** Do you think the cost of starting the journey from smoking tobacco to vaping is a barrier?

**Fraser Cropper:** For most people, no, because the cost is generally less than three days of a smoker's cost. For most people, it is a very small barrier, if a barrier at all, but for some it will be; £30 may be very significant to some people.

Q531 **Stephen Metcalfe:** Is there any evidence of people not choosing the vaping route because of the cost?

**Fraser Cropper:** There may be. I am not aware of any.

Q532 **Stephen Metcalfe:** Do the rest of the panel have any comment?

**John Dunne:** Most smokers do not see themselves as being sick. It is not a disease; it is an addiction to a substance. They also like the fact that this is a consumer-driven innovation and it does not feel like a medicine, and pushing it down that route would have a detrimental effect.

The other thing you need to look at is the current structure that a product has to go through. There is roughly £10 million-worth of investment to get it through, and a three-year process. On top of that, there are the costs of the infrastructure you have to put in place for manufacturing and so on. When an industry is innovating at the speed that ours does, a three-year process like that just does not work.

Q533 **Liz Kendall:** It might help people who cannot afford it to give up. It is like nicotine gum. You can get nicotine gum on prescription, or you can just go into a shop and buy it. It does not have to be one or the other, but it is 14 quid a packet. If you do not have much money and you can get it on prescription, that will be good. Some people quite like the taste of the gum. Do you not think that, for some people who find it expensive, that could be an additional good thing? I do not see why it would stop you innovating. It would not stop people paying for it; it would just help people on lower incomes to quit.

**John Dunne:** As Fraser pointed out earlier, that is already happening at the moment without it having to go through a medical regulatory process. The only people who can afford to do that will be tobacco and pharmaceutical companies. This industry has grown at a rapid pace without that having to be in place.

Q534 **Chair:** You are saying that it happens through smoking cessation services entering arrangements to provide it up front.

**Fraser Cropper:** I understand the question. It makes entire sense that anybody should be able to escape smoking. If vaping is one of the tools, we have to find the best way for every single person. If one of the encumbrances and limitations is finance, we have to get over that hurdle as well. Is the answer prescription? Is the answer medically licensed products? It could be that we find a different way and are able to give



## HOUSE OF COMMONS

medical practitioners the ability to source open market products that facilitate that. This is not some kind of protectionist position.

The danger is that it becomes some kind of hierarchy. People will perceive that prescribed e-cigarettes are better by dint of the fact that they have been through a more challenging and demanding process. That could have a detrimental effect, because what we know categorically is that the range of vaping devices and all the variables are key to its success. You cannot put all those into a set of prescribed products; it would be too demanding. Could you have a product, or set of products, that could be provided by medical practitioners? Of course you could.

Q535 **Stephen Metcalfe:** That might help get over the perception that vaping is not 95% safer than tobacco products.

**Fraser Cropper:** Yes. We recognise some of the paradigms medical practitioners work in. They are used to prescribing medicines that have been through a formal process. They may well understand the value of vaping but are reluctant to send vapers to vaping stores, understandably, because they do not know what service they will get; they do not know whether the products will work, and they have ownership and responsibility for that patient. Maybe we have to answer the question: how do we connect medical practitioners and those who want to deliver smoking cessation services to the right products?

Q536 **Stephen Metcalfe:** As organisations representing the vast majority of suppliers and traders, what activity have you undertaken to engage with health professionals so that they understand the reality and where the myth lies?

**Fraser Cropper:** There have been a number of good, strong examples where certain stop smoking services proactively sought vaping businesses because they knew the potential. They were constrained by protocols within their organisation, and unilaterally went out and found vaping businesses to acquire product knowledge. Leicestershire is a good example. There was a recent study undertaken in Salford in Greater Manchester. One of our members partnered with that organisation to offer vaping products and delivered them to over 1,000 homeless people. The results have been tremendous and greater than they expected.

Q537 **Chair:** But at the moment it is ad hoc.

**Fraser Cropper:** It is at the moment. There is no central policy; it is down to individual healthcare groups.

Q538 **Stephen Metcalfe:** That was going to be my next question. It is a bit scattergun, and I was going to suggest that, as the industry matures, you could try to take a more systematic approach. We have heard evidence from other organisations, particularly mental health institutions. Some are embracing this openly and others have banned it completely. That is not consistent. What I suppose we are all trying to do is achieve a consistent message and delivery across the whole country, and obviously



## HOUSE OF COMMONS

the industry has a part to play in that.

**Fraser Cropper:** We are moving along that spectrum. Only last October, in the Stoptober campaign, PHE formally and explicitly partnered with the IBVTA. They were informing people about the stores to go to and the products they should use. That is the first staging post in a more coherent approach between public health providers, those responsible for smoking cessation and the businesses that provide the products. We can do more, and we need to do more.

**Sarah Jakes:** I want to return to something Liz alluded to. There is a danger of over-generalising. I completely agree with what Fraser has just said about most people. There are some who would derive confidence from a medically licensed product. There are also situations where a medically licensed product could be helpful, particularly in secure environments such as prisons and mental health units.

My biggest worry about the existence of medically regulated products is that local commissioners would become lazy and recommend only those. We had a huge success story in Leicester where Louise Ross spearheaded e-cig-friendly stop smoking services. My worry is that, as soon as there are medically regulated products, commissioners will say to services, "You can only recommend these—not all the pretty, shiny ones over there."

Q539 **Chair:** You fear the law of unintended consequences.

**Sarah Jakes:** I think so. That is something you would have to watch out for.

Q540 **Liz Kendall:** Your job is to represent all your different members. Understandably—it is your job—you do not want one lot getting medically prescribed products. The NHS starts to use them; they build a market and some of your other members feel fed up. I understand the position you are in, but there is a public policy question for someone like me who believes we should be using vaping a lot more because it is so much safer. We need to get rid of some of the myths about it. We want to get something going for disadvantaged groups, low-income people and those in prison and mental health institutions.

There is a balance. There is the public policy objective of getting that help to the people who need it, which is different from yours. My own sense is that, once people have found a particular vape they like and they have the money to buy it, they will carry on doing that. It is not about those people but about the people who are not using it. We need to give the NHS a kick to make sure it is available, and that might be something you should think about.

**Chair:** Can I ask for tight answers because we are tight on time?

**Fraser Cropper:** I agree with everything you said. There is only one aspect where I suggest a little detail needs to be added. Of course we



represent our vendors and manufacturers. The challenge we have with prescription is not that it will take business away, but that it will stem the influence of vaping. We should recognise the public health agenda as a shared agenda. We as an industry body would love to have clarity from the NHS, and for the messaging about the benefits to be clear and unequivocal. If that meant certain products had to be prescribed to deliver that clarity of message, we would be four-square behind it, because the benefits are not just in the first engagement. Anybody who understands vaping and gets benefit from it will eventually find their own solution. We have to get people into it initially; we have to get the messaging clear, with a push for all the people who have involvement and responsibility. The messaging is way more important than the product.

**Q541 Carol Monaghan:** We have touched on advertising briefly, but I would like to ask a little more about it. In your written evidence to the Committee, all three of your organisations state that the current advertisement regulation around e-cigarettes is unhelpful. What would you like to see in it?

**Sarah Jakes:** At the moment, there is a huge problem with the perception of relative risks from vaping and smoking. The current regulations restrict advertisers from putting across messages that would be useful in terms of good public health messaging. I touched on that earlier when I mentioned that the PHE was having to do it for them.

We would like generic statements on relative risk to be allowed, but not attached to any particular product. Provided that it is not attached to a particular product, we would like advertisers to be able to say that, according to Public Health England, vaping is at least 95% safer than smoking. Additionally, if there is evidence that a particular product is 95% safer, or whatever the percentage is, clearly they should be allowed to say that.

It is also unhelpful that advertising has been banned from practically everywhere, including all broadcast media. It would be good to see vaping coming into public consciousness, as it would if it was allowed in radio and TV advertising.

**John Dunne:** One of our concerns is that the public health message is not getting out there in an efficient and effective manner. More people think that vaping is just as bad as, if not worse than, smoking than they did four or five years ago. That is going the wrong way. We have just run a vaping awareness month, called VApril, through the UKVIA without a single penny from the public purse being involved. We had tremendous success from that.

**Q542 Chair:** How did you measure that success?

**John Dunne:** We reckoned that we were able to influence about 200,000 smokers. We ran vaping awareness seminars in many of our stores.



## HOUSE OF COMMONS

Looking at the attendance figures from those, they were quite beneficial. We gave away free devices, which I think goes back to Liz's question. The industry is giving back and trying to help, but the key is not to burden the NHS with further costs. As an industry, we are quite willing to do our bit to push out the public health message. On Sarah's point, it is ridiculous that we as brands cannot say the same thing as Public Health England, to try to reinforce the positive message that the UK is really shining and ahead of the rest of the world on this.

**Q543 Carol Monaghan:** Is there not a difficulty, however? We did not know about the health problems of smoking tobacco cigarettes until many years down the line. Is there not a problem that we could be promoting health claims when potentially there could be a problem because we do not know the effects yet?

**Fraser Cropper:** That is a question that was probably answered by those who appeared at the first session.

**Q544 Carol Monaghan:** I am thinking particularly about when we make health claims.

**Fraser Cropper:** It is a health claim only relative to a smoker's context. Vaping does not make anybody better per se; it significantly reduces the risk of what a smoker is exposed to. It is a relative health claim. It is not a health claim in the singular sense that it makes somebody better. That is the context.

**Q545 Chair:** But your point is that it is a statement made by Public Health England.

**Fraser Cropper:** Indeed it is. It is happy to stand behind it and support it with data and academic research, as do Cancer Research UK and a whole range of very eminent organisations that have been clarion clear about the value of vaping and the dividend that can be reaped by supporting vaping's success in the UK.

**Q546 Carol Monaghan:** Rather than making health claims, you are making a comparison.

**Fraser Cropper:** We would only ever make claims that had been substantiated by bodies such as those. We would simply be reiterating in the context of our businesses that which has already gone before. It would not be us making unilateral health claims; they would be supported by the research that is supported by bodies that share the same aim.

**Q547 Carol Monaghan:** The ASA's consultation around possible changes to e-cigarette advertising does not extend to broadcast media. Do you think that is a potential area for expansion post Brexit?

**John Dunne:** All aspects of advertising should be looked at post Brexit. What is confusing is that there are an awful lot of grey areas as to what we can and cannot say. The ASA was supposed to get that clarification out in April, but now we are looking at probably several months down the



## HOUSE OF COMMONS

line before any new clarification comes out. It is crucial to the success of convincing the other 7 million smokers out there to do something healthier that those advertising rules are cleaned up, and that post Brexit we take a look at reversing them, to go back to what we were doing prior to that, which was working and growing the industry at a far greater rate.

**Fraser Cropper:** Not wanting to be adversarial, what we have achieved is 3 million ex-smokers, or at least 1.5 million ex-smokers and 3 million vapers. The greatest weapon to confront tobacco is the vaping sector, as far as I and our members are concerned. We have been hugely successful. To tie a hand behind our back and not allow us to be able to promote our products, to seize even more of those smokers out of the hands of the tobacco businesses, does not make sense. We are in a regulated space; we are protecting our consumers because of that. It should, therefore, also allow for confidence that we can continue to deliver those products and services in an ethical and responsible way.

Q548 **Martin Whitfield:** My question is to you, Sarah, about a statement made by the alliance on the role of Public Health England in encouraging employers, transport operators and—I think this is at the centre of it—managers of public spaces not to introduce bans on vaping. What is it that you want Public Health England to do?

**Sarah Jakes:** Before I answer specifically, it is important to understand a little bit of the background as to why these bans are happening. They are happening everywhere. Very often it has to do with ignorance and prejudice, frankly, against people who were smokers and look like smokers. It is not just on the part of owners. A lot of public space managers—owners and proprietors, whatever they are—rely on the opinions of their other customers, patrons or whoever, so, where there is general fear and prejudice and not much liking for vaping, they tend to blanket ban. There is a problem with public perception and understanding the fact that second-hand vapour is harmless. There is no evidence at all of any harm to bystanders from vape. People do not understand that. Some businesses we have come across do not understand that vaping is not covered in current smoke-free laws; they believe it is banned legislatively.

Q549 **Martin Whitfield:** Is what you want a clearer message from Public Health England, and the misconceptions that appear to prevail to be dispelled?

**Sarah Jakes:** We want a clearer, more accessible and louder message from Public Health England. It produced a guide. I have yet to come across anybody who knows about it before I tell them about it. Public Health England could promote good policy in private businesses and local authorities not only through education for managers of those spaces, but through public information, so that pubs and other places, maybe not restaurants, do not have pressure from other customers to bring in these policies.



## HOUSE OF COMMONS

**Q550 Martin Whitfield:** Do you think there is a role for transport companies or employers to create an environment, or to advocate how they can create an environment, that is acceptable to both non-vapers and vapers?

**Sarah Jakes:** What is missing from the conversation at the moment is the effort to create an environment for both. There are people who do not want to be around vaping and their wishes have to be considered, but there are ridiculous situations. For example, today, on an open platform at Billericay station, a loudspeaker announced that there was no smoking, including e-cigarettes. That was on an open-air platform a quarter of a mile long with about 10 people on it.

I think it is down to laziness. One thing Public Health England could do, if it is not doing it already, is to engage with other influential organisations, such as the TUC and ACAS, to improve the advice they give businesses that come to them. One thing that I believe the industry has thought about doing, and perhaps Public Health England could think about doing as well, is to produce model policies that are easy for people to adopt. They can take a model policy and adapt it to their needs and they do not really have to think about it, because at the moment the not thinking about it is causing the problem. For transport, there is no reason why there could not be one carriage on a train where considerate vaping is allowed.

**Q551 Martin Whitfield:** We have heard today and in other evidence about the fact that the vaping industry is very innovative and constantly changing. Where do you see responsibility lying between business itself and Government? If we go above Public Health England, where should the responsibility lie?

**Sarah Jakes:** It should always be the responsibility of a business to set its own policy. That is an important principle, but businesses need help in setting sensible policies if we are to achieve what we want to achieve, because, let's face it, there is no point in switching to vaping if you cannot vape anywhere.

**Q552 Stephen Metcalfe:** That is my point. Is there any evidence? It appears to me that more institutions, businesses and transport providers have banned vaping. They are, effectively, forcing vapers to go out and perform in exactly the same way as smokers, so when they go to the pub they are associating with smokers again, as opposed to distancing themselves from tobacco. Is there any evidence that that undermines people's commitment to vaping and is forcing them back towards tobacco?

**Sarah Jakes:** I know of no published evidence. There is anecdotal evidence. I have been vaping for five years. I can stand in the middle of a crowd of smokers and will not be tempted, but in the early days it was a definite temptation.

**Q553 Stephen Metcalfe:** In the same way as flavours put distance between you and your smoking past, location has a part to play as well.





## HOUSE OF COMMONS

**Sarah Jakes:** Yes. It is about so many nuanced things; it is about the message it gives when you send people out to do that. You are sending them outside because obviously they are doing something dangerous and antisocial. A lot of it goes back to fostering intolerance. When people are shoved outside—this applies as much to tobacco control policies as it does to vaping—you give the public the right to look down on them for their choices and shun them. The unfortunate thing is that that is now transferred to vapers.

**John Dunne:** We have talked about public health leading by example. I know this subject has come up at an APPG in this very building. There is an opportunity for Government and this House to show the way forward. For instance, there are two areas in this building where you can vape. Most of the Members who came to the APPG did not even know where those places were and they had been here for many years.

Q554 **Chair:** Where are they?

**John Dunne:** I have no idea, but that discussion came up. Pushing vapers into an area with smokers is like putting an alcoholic into a bar. It just does not make sense, but the Government and this House have an opportunity to show the way forward.

**Chair:** I see your point.

Q555 **Damien Moore:** My question is for the whole panel. Do you think there is a role for heat-not-burn as well as e-cigarettes in the spectrum of smoking-cessation products?

**John Dunne:** As an association we do not have a view on that, because we are a vaping association.

Q556 **Chair:** What is your personal view?

**Sarah Jakes:** We have a view on heat-not-burn. We support heat-not-burn in so far as it is a harm-reduction product. To answer your specific question as to whether it has a place in cessation, in practical terms it definitely does. As it goes more mainstream, people will stop smoking and start using heat-not-burn. There is bound to be a cohort of people who find heat-not-burn more attractive than vaping, for whatever reason. Whether it will ever be a part of formal cessation, I doubt. I cannot see organisations such as NICE and the BMA ever endorsing a tobacco product in formal cessation services.

**Fraser Cropper:** Our position is that it is distinctively a tobacco product. Research suggests that it is about 10 times more harmful than vaping products. We recognise that for some consumers and smokers it may be a viable stepping stone out of smoking. The challenge would be making sure that each individual smoker has the right cessation pathway, and putting heat-not-burn centrally as the principal product, which is how a lot of tobacco companies wish to sell it, potentially does not escort the consumer to the place they need to go, or as quickly as they could get



there. Maybe they do not need to bypass through that product to get to a smoke-free future.

We have to be very careful about how it is positioned. It should not be conflated with vaping; it is fundamentally different and should be subject to different regulation and different excise criteria. We are concerned about how the tobacco industry, particularly Philip Morris, is orienting the product as a Trojan horse and associating it too closely to vaping when it should be distinct and separate.

**Q557 Damien Moore:** What is your estimation of the relative harmfulness of both products, and should that dictate the duty that is levied?

**Fraser Cropper:** Categorically, it should determine the level of duty and the regulations, and where they sit within the spectrum of that product set. Our independent assessment is that it is about 10 times as dangerous as vaping.

**Q558 Stephen Metcalfe:** Based on what?

**Fraser Cropper:** We have done our own analysis. We took a number of those products and tested them in our laboratories, and that is the figure when you look at the number and magnitude of different toxic elements. A study has also been done by Dr Farsalinos that correlates his take-away summaries. It is about 10 times as harmful as vaping. More independent research needs to be done. We currently find ourselves in a situation where people are talking about heat-not-burn with summary statements as to what the risk profile is. There needs to be some significant independent research, which, once and for all, categorically determines where they sit, what their risk potential is and therefore what the subsequent actions need to be.

**Q559 Chair:** Before we finish, I want to go back briefly to the low income point raised by Liz earlier. Am I right in understanding that your argument is that there could be two approaches? One is a medically licensed product that can be prescribed by GPs and others, and the second is making more universally available the up-front product to avoid the cost of the initial investment, which then overcomes the barrier faced by people on low incomes. Is it right that either approach potentially addresses the problem of low-income smokers being put off vaping by cost?

**Fraser Cropper:** In simple summary, doctors and medical practitioners need access to a product that they can recommend. Does that product have to be medicinally licensed? There lies the question. We advocate that practitioners should have confidence in and access to products that they know will work. That does not mean, QED, that prescribed medicinal products need to be the outcome.

**Chair:** Are there any other questions from around the table? Everyone has been very disciplined. We have got there with three minutes to go—first time ever. Thank you all very much indeed; it is appreciated.