



Juul Labs submission to the APPG on Vaping's Inquiry on Achieving a Smoke-Free 2030

1. About Juul Labs

Juul Labs – and the entire vapour category – exist for one clear purpose: to provide adult smokers with an alternative to combustible cigarettes. We do not want any non-nicotine users, especially those underage, to try our products, as they exist only to transition the world's one billion adult smokers away from combustible cigarettes.

In the fight to reduce the harm from combustible cigarettes, we must all be clear in our message: those who don't use nicotine should never start. To be clear, nicotine is addictive and can cause certain harms to health. It would be best if no-one used any nicotine product. Anyone who smokes should quit. Adult smokers who have not successfully quit should completely switch to potentially less harmful alternative nicotine products. Vapour products like JUUL are one such alternative.

Juul Labs Inc. (JLI)¹ is pleased to make this submission to the APPG on Vaping's Inquiry on Achieving a Smoke-Free 2030. In line with the objectives of the inquiry, we have focused our input on outlining areas for legislative change, made possible by Brexit, that would make it more likely for England to reach the Smoke-Free 2030 target.

The main opportunities relate to ensuring that adult smokers have access to potentially less harmful products that can effectively compete with cigarettes, and taking action to correct the growing misperceptions around nicotine that prevent adult smokers from switching. In addition, we outline a number of considerations on important non-legislative measures to support the government's Smoke-Free 2030 objectives.

2. The case for legislative change

The Smoke-Free 2030 objective is rightly ambitious. Reducing the number of people who smoke cigarettes has a tremendous impact on public health.

As the Chief Medical Officer pointed out in May this year, *"at least as many and probably more people*

¹ Juul Labs Inc. (JLI) was founded and is based in the United States. Our products are sold in countries around the world, including the United States, Canada, and the United Kingdom. JLI's mission is to transition the world's one billion adult smokers away from combustible cigarettes, eliminate their use, and combat underage use of its products. To accomplish that mission, JLI is committed to working with governments, regulators, and other stakeholders to create a responsibly regulated and adequately safeguarded vapour category. JLI supports risk-proportionate regulation for vapour and other non-combustible alternative products. Such a policy framework, at its core, applies the most stringent regulations to the riskiest products (e.g., combustible cigarettes) and encourages current adult users to switch to potentially less harmful non-combustible alternatives. A comprehensive, risk-proportionate regulatory approach can put the end of the age of cigarettes within reach.

will have died of smoking-related disease than of Covid" in the last year². Indeed, smoking remains the single largest preventable cause of death in the UK, causing more than 200 deaths per day in 2018-19³.

Unfortunately, experts predict that the Smoke-Free 2030 goal will not be met without significant changes to the status quo. Cancer Research UK's February 2020 report projects that adult smoking prevalence in England is not expected to reach the 5% smoking prevalence target until 2037⁴.

The Covid-19 pandemic has further slowed progress towards the goal, with an increase in the smoking prevalence rate in England for the first time since 2015⁵. New modelling from Future Health suggests there could be over 600,000 additional smokers than originally forecast next year, in part driven by a worrying recent rise in youth smoking⁶.

Similarly, a major new report⁷ from the Royal College of Physicians suggests that the Smoke-Free 2030 goal is unlikely to be achieved until after 2050, with *"smoking prevalence among people living in the most deprived socio-economic conditions, particularly for males, is likely to lag far behind"* the 2030 deadline. Worryingly, they warn that *"a sixfold increase in the odds of quitting among males living in the most deprived socio-economic conditions would be needed for smoking prevalence in this population subgroup to reach the 5% target by 2030"*.

An ambitious and comprehensive strategy is now required to achieve the Smoke-Free goal, linked to broader work to build population health resilience by the Department of Health and Social Care (DHSC), as well as cross-government plans to level-up the country, of which reducing health inequalities will surely be a key part.

The first step will be a new Tobacco Control Plan. This must then be enabled by new legislation. No longer obliged to follow EU regulation, Parliament can pass bespoke national legislation to further unlock the potential of tobacco harm reduction in the UK.

3. Key recommendations

We recommend the government commit to a new Tobacco Control and Harm Reduction Bill in the next

² The Telegraph, Chris Whitty: Smoking likely to have killed more than Covid last year, May 2021, <https://www.telegraph.co.uk/news/2021/05/20/chris-whitty-smoking-likely-have-killed-covid-last-year/>

³ NHS England, Statistics on Smoking, England, 2020, <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-smoking/statistics-on-smoking-england-2020>

⁴ Cancer Research UK, Smoking Prevalence Projections for England, Scotland, Wales and Northern Ireland, February 2020, https://www.cancerresearchuk.org/sites/default/files/cancer_research_uk_smoking_prevalence_projections_february_2020_final.pdf

⁵ Smoking in England, Smoking in England - top line findings, Ref STS140121, April 2021, <http://www.smokinginengland.info/latest-statistics/>

⁶ Future Health Research, Make Smoking History: Getting back on track to eliminate smoking after the pandemic, May 2021, <https://www.futurehealth-research.com/site/wp-content/uploads/2021/05/Make-Smoking-History-170521.pdf>. Juul Labs has provided sponsorship to fund the research and production of this report.

⁷ Royal College of Physicians, Smoking and Health 2021, May 2021, <https://www.rcplondon.ac.uk/projects/outputs/smoking-and-health-2021-coming-age-tobacco-control>

session of Parliament.

Harm-reduction must be a vital component of new legislation. Perhaps more than any other country in Europe, the UK has taken advantage of the tremendous potential vaping products offer for moving smokers away from combustible cigarettes. However, progress has stalled with 2020 seeing the first decline⁸ in e-cigarette use since ASH UK began tracking this metric in 2012.

On harm reduction, two critical areas - nicotine satisfaction and harm misperceptions - must be addressed:

First, the Government should review how to best regulate nicotine in order to ensure that e-cigarettes can better compete with combustible cigarettes and switch the maximum number of smokers. This review should inform legislative changes.

Second, information is key. Better informed smokers are more likely to switch to potentially less harmful alternatives like e-cigarettes. Both the TRPR and SPoT, however, prevent even the government from making use of packaging to provide information. There are also several non-legislative measures the Government should take to address misperceptions about e-cigarettes.

Beyond harm reduction, the major new Royal College of Physicians' report⁹ recommends a host of ambitious tobacco control measures, including measures related to tax, packaging, depictions of tobacco use in media, and expanding the role of the NHS. While such considerations sit outside the scope of this Inquiry by the APPG, comprehensive tobacco control measures will necessarily form a vital part of future legislation in order to achieve the Smoke-Free goal.

There is also a pressing need to bring new products such as oral nicotine pouches - currently only regulated under general consumer goods regulations - into a risk-proportionate regulatory framework that advances harm reduction and protects consumers. For example, legislation is urgently required to introduce a minimum legal age of purchase for these products, where none currently exists. We support Public Health England's recommendation¹⁰ that non-nicotine vapour products, as well as non-tobacco nicotine products such as nicotine pouches, are brought within the scope of regulation.

4. Nicotine satisfaction more comparable to cigarettes will make smokers more likely to switch and stick with vaping instead of cigarettes – the need for a review of nicotine regulation

As the Tobacco Products Directive (TPD) came into effect in the UK, the Royal College of Physicians set out a key policy principle for harm reduction and the regulation of nicotine:

⁸ Action on Smoking Health (ASH), Use of e-cigarettes among adults in Great Britain, October 2020, <https://ash.org.uk/wp-content/uploads/2020/10/Use-of-e-cigarettes-vapes-among-adults-in-Great-Britain-2020.pdf>

⁹ Ibid.

¹⁰ Public Health England, Vaping in England: an evidence update including vaping for smoking cessation, February 2021, <https://www.gov.uk/government/publications/vaping-in-england-evidence-update-february-2021>

“the ideal harm-reduction device should deliver nicotine in a manner as similar as possible to cigarettes, while at the same time maximising palatability and nicotine delivery to approximate the experience of cigarette smoking more closely.”¹¹

However, the restrictions imposed by the EU TPD, especially with respect to the nicotine concentration of e-liquids, did not allow the Government to consider how regulation can best advance this idea. Now it can.

We recommend that DHSC immediately undertake a specific review of how nicotine in e-cigarettes *is* currently regulated (in particular the nicotine concentration limit set in the Tobacco and Related Products Regulations (TRPR)) and how it *could* and *should* be regulated. This review should be informed by the latest science and evidence to examine the best way to ensure that e-cigarettes can better compete with combustible cigarettes and switch the maximum number of smokers, while also preventing use by those who are underage.

Lack of satisfaction is a barrier to switching

To achieve the Smoke-Free 2030 ambition, approximately two-thirds of the current seven million adult smokers will need to either quit or switch to non-combustible alternatives. According to ASH data only 17.4 % of smokers are currently engaging with e-cigarettes¹². But to successfully transition completely away from cigarettes, adult smokers need a product that delivers sufficient nicotine to compete effectively with the cigarettes they know and use. For millions of smokers, however, e-cigarettes do not appear to be sufficiently satisfying alternatives.

According to ASH data, 47% of current smokers have tried e-cigarettes but then stopped. This translates to approximately 3.2 million smokers who could have switched, many of whom returned to exclusive smoking.¹³ Nicotine satisfaction, or the lack thereof, appears to have played a critical role – 80% say they found e-cigarettes less satisfying, commonly citing that they did not feel like a cigarette (22%) and did not help with cravings (16%).

Taken together, these data show there are likely as many current vapers in the UK as there are smokers who were dissatisfied with the e-cigarettes they tried.

Current regulations limit the ability of of e-cigarettes to compete with cigarettes

One reason for the widespread dissatisfaction is probably the maximum nicotine concentration set by the TRPR. Following the strict requirements from the EU Tobacco Products Directive, the TRPR restricts the nicotine concentration of an e-liquid to 20 mg/mL, intending to achieve parity in delivery with a cigarette:

¹¹ Royal College of Physicians, Nicotine without smoke: Tobacco harm reduction, April 2016, <https://www.rcplondon.ac.uk/projects/outputs/nicotine-without-smoke-tobacco-harm-reduction>

¹² Action on Smoking Health (ASH), Use of e-cigarettes among adults in Great Britain, October 2020, <https://ash.org.uk/wp-content/uploads/2020/10/Use-of-e-cigarettes-vapes-among-adults-in-Great-Britain-2020.pdf>

¹³ Ibid.

“Nicotine-containing liquid should only be allowed to be placed on the market under this Directive, where the nicotine concentration does not exceed 20 mg/ml. This concentration allows for a delivery of nicotine that is comparable to the permitted dose of nicotine derived from a standard cigarette during the time needed to smoke such a cigarette.”¹⁴

The policy intent here - to allow nicotine delivery that is competitive with a combustible cigarette - is broadly reasonable. However, the EU regulatory approach fails to achieve its stated objective. This is because the amount of nicotine delivered by an e-cigarette and absorbed by the user is the result of multiple variables¹⁵, including:

- User behaviour;
- The nicotine content of the liquid; and
- Product characteristics, including ingredients in the liquid, and the temperature at which the liquid is heated.

Therefore, regulating a highly varied category of products based on nicotine content alone is unlikely to ensure consistency with respect to nicotine exposure of the end user.

Since the TRPR came into effect in 2016, a new class of products has come to market: closed, temperature-controlled systems that are smaller, produce less aerosol, operate at lower-power, and are simpler for adult smokers to use than other types of e-cigarettes. These products show tremendous potential as alternatives to cigarettes, with JLI sponsored, peer-reviewed research in the US showing more than 50% of adult smokers who purchase these products switching completely away from cigarettes (no smoking within the past 30-days, not even a puff) within a year, including those with longer smoking histories and those who are more dependent on cigarettes¹⁶. However, studies demonstrate that the 20 mg/mL nicotine concentration limit actually prevents many e-cigarettes, particularly innovative closed system pod-based products, from delivering nicotine at levels sufficient to move smokers away from cigarettes^{17,18,19}. JLI research shows significantly lower rates of switching away from cigarettes in the UK, with a 20 mg/mL nicotine concentration limit, than in countries where products with higher nicotine concentrations are available²⁰.

¹⁴ DIRECTIVE 2014/40/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL, Recital 38 (page 6) https://ec.europa.eu/health/sites/health/files/tobacco/docs/dir_201440_en.pdf

¹⁵ Talih, S., Salman, R., El-Hage, R., Karam, E., Karaoghlanian, N., El-Hellani, A., . . . Shihadeh, A. (2020). Might limiting liquid nicotine concentration result in more toxic electronic cigarette aerosols? *Tob Control*. <https://doi.org/10.1136/tobaccocontrol-2019-055523>

¹⁶ Goldenson NI, Shiffman S, Hatcher C, et al. *Switching away from cigarettes across 12 months among adult smokers purchasing the JUUL System*. *Am J Health Behav*. 2021;45(3):443-463, <https://doi.org/10.5993/AJHB.45.3.4>

¹⁷ Goldenson NI, Fearon IM, Buchhalter AR, Henningfield JE. An Open-Label, Randomised, Controlled, Crossover Study to Assess Nicotine Pharmacokinetics and Subjective Effects of the JUUL System with Three Nicotine Concentrations Relative to Combustible Cigarettes in Adult Smokers. *Nicotine Tob Res*. Jan 25 2021; <https://doi.org/10.1093/ntr/ntab001>

¹⁸ Hajek, P., Przulj, D., Phillips, A., Anderson, R., & McRobbie, H. (2017). Nicotine delivery to users from cigarettes and from different types of e-cigarettes. *Psychopharmacology*, 234(5), 773–779. <https://doi.org/10.1007/s00213-016-4512-6>

¹⁹ Phillips-Waller, A., Przulj, D., Smith, K.M. et al. Nicotine delivery and user reactions to Juul EU (20 mg/ml) compared with Juul US (59 mg/ml), cigarettes and other e-cigarette products. *Psychopharmacology* 238, 825–831 (2021). <https://doi.org/10.1007/s00213-020-05734-2>

²⁰ Nicholas I Goldenson, PhD, Yu Ding, MS, PhD, Shivaani Prakash, MSc, PhD, Cameron Hatcher, BS, Erik M Augustson, PhD, MPH, Saul Shiffman, PhD, Differences in Switching Away From Smoking Among Adult Smokers Using JUUL Products in Regions With Different Maximum Nicotine Concentrations: North America and the United Kingdom, *Nicotine & Tobacco Research*, 2021; ntab062, <https://doi.org/10.1093/ntr/ntab062>

The EU TPD, however, has prevented these products from reaching the U.K. market, reducing the potential they hold for adult smokers looking to switch. This is because these closed-system e-cigarettes typically operate at lower temperatures and produce less aerosol than open tank systems. As a result, they generally require higher concentrations of nicotine in e-liquids (above 20 mg/mL) to deliver sufficient nicotine to compete with cigarettes.

Review of nicotine regulation

The Government committed to review the 20 mg/mL nicotine concentration limit in its response to the Science and Technology Committee²¹. The Royal College of Physicians has also now recommended²² that nicotine concentration be included in a wider review of e-cigarette product regulation:

*“A review of the regulation of e-cigarettes in the UK should be undertaken to assess the extent to which the regulations support switching from smoking **including nicotine concentrations** and the use of flavourings, while limiting appeal to, and use by youth through improved regulations on packaging, labelling and promotions, and review the extent to which the current regulations ensure products on the market are safe.” (emphasis added)*

We recommend that DHSC now undertake a specific review of this regulation. We agree with the Royal College of Physicians’ suggested framing of such a review; that it should examine the extent to which the regulation of nicotine supports switching, while limiting any appeal to youth, and ensuring product safety.

This process should be informed by the latest science and evidence to examine the best way to ensure that e-cigarettes can better compete with combustible cigarettes and switch the maximum number of smokers. Such a review, which would consider all relevant aspects of nicotine regulation, should be undertaken as soon as possible. It will inform legislators as to the best regulatory options for accelerating progress towards the Smoke-Free 2030 target by providing alternatives to cigarettes that are less harmful and at the same time equally satisfying.

Learnings from other countries that have embraced an evidence-based and pragmatic approach to e-cigarette adoption and harm reduction could provide valuable insight into such a review. For example, New Zealand is currently consulting on risk proportionate regulations that would include a broader range of nicotine levels for vaping products so that adult smokers have access to satisfying alternatives to combustible cigarettes²³. The explicit intent of the proposed new regulations in New Zealand is to “*better support smokers to switch to regulated products that are less harmful than smoking*” while “*protect[ing]*

²¹ The Government’s Response to the Science and Technology Committee’s Seventh Report of the Session 2017-2019 on E-cigarettes, Recommendation 5, page 10
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/762847/government-response-to-science-and-technology-committee_s-report-on-e-cig.pdf

²² Royal College of Physicians, Smoking and Health 2021, May 2021,
<https://www.rcplondon.ac.uk/projects/outputs/smoking-and-health-2021-coming-age-tobacco-control>

²³ New Zealand Government Ministry of Health, Smoke-Free Environments and Regulated Products Act 1990 Proposals for regulations, 2021,
https://www.health.govt.nz/system/files/documents/publications/Smoke-Free-environments-regulated-products-act-1990-proposals-regulations-public-consultation-document_21dec2020.pdf

children, young people and non-smokers from the risks associated with vaping and smokeless tobacco products”.

The United States, on the other hand, imposes no restriction on nicotine concentration in e-liquids. Instead, the US Food and Drug Administration (FDA), assesses nicotine delivery of cigarette alternatives and uptake by users on a case-by-case basis through its Premarket Tobacco Product Application process.

The appropriate regulatory framework will require a delicate balance to ensure product safety and quality while enabling market access for a broad range of products and ensuring adult smokers have access to products that can compete effectively with cigarettes. As always, a critical element of any framework is ensuring appropriate regulatory safeguards are in place to prevent underage use of all tobacco and nicotine-containing products. This may include additional scrutiny and safeguards against underage use for certain products or categories of products. We would welcome the opportunity to share our views with regulators and policymakers as the regulatory framework is reviewed.

5. Ensuring adult smokers have access to accurate, science-based information about the relative risks of nicotine products.

Nearly two-thirds of smokers in UK want to quit, but fewer than 1 in 20 will succeed²⁴. In order to encourage more adult smokers to switch completely to potentially less harmful products, they need accurate, science-based reasons to switch.

One of the main reasons England and the UK as a whole have been more successful in moving smokers away from cigarettes to potentially less harmful vaping products than the rest of Europe is the vocal endorsement of harm reduction and the relative benefits of vaping by public health authorities specifically and the government generally.

Unfortunately, even the important voice of UK public health authorities has not been able to prevent increasing misperceptions: Since 2013, the proportion of the adult population thinking that e-cigarettes are more or equally harmful as combustible cigarettes has increased by five times, from 7% in 2013 to 37% in 2020.²⁵ Among smokers, misperceptions have also worsened. In 2020, 14.8% of smokers thought vaping was more harmful than smoking, and 38% of smokers thought vaping was equally harmful as smoking. Unfortunately, these misperceptions are particularly common among smokers from lower social grades²⁶ and so further reinforce existing health inequalities.

²⁴ Simonavicius, E., McNeill, A., & Brose, L. S. (2020). Transitions in smoking and nicotine use from 2016 to 2017 among a UK cohort of adult smokers and ex-smokers. *Drug and alcohol review*, 39(7), 994-1005, <https://doi.org/10.1111/dar.13063>

²⁵ Action on Smoking Health (ASH), Use of e-cigarettes among adults in Great Britain, October 2020, <https://ash.org.uk/wp-content/uploads/2020/10/Use-of-e-cigarettes-vapes-among-adults-in-Great-Britain-2020.pdf>

²⁶ Public Health England, Vaping in England: an evidence update including vaping for smoking cessation, February 2021, <https://www.gov.uk/government/publications/vaping-in-england-evidence-update-february-2021>

These misperceptions are at odds with the conclusions of public health and scientific experts – including from Public Health England²⁷ and the Royal College of Physicians²⁸ – that e-cigarettes are likely substantially less harmful than combustible cigarettes, and can play a positive role in tobacco harm reduction.

Experts have expressed concern about the effect of these growing misperceptions on adult smoker switching. According to Professor John Newton, Director of Health Improvement at PHE²⁹:

“Thousands more could have quit except for unfounded safety fears about e-cigarettes. The evidence has been clear for some time that, while not risk-free, vaping is far less harmful than smoking.”

Adult smokers must have access to accurate, science-based information about the risks, including relative risks, of all tobacco and nicotine-containing products. This is because data from around the world show that smokers that understand the relative risk of non-combustible products are more likely to switch completely away from cigarettes³⁰.

Legislative change can play a critical role in addressing misperceptions. In particular, it can enable the government to use cigarette packaging, as well as online and retail marketing channels as vehicles to convey the government’s messages about switching to potentially less harmful alternatives such as vaping. Under the restrictions imposed by the TPD, the government is unable to use these important communication channels, which could potentially reach millions of adult smokers on a daily basis.

Specifically:

- **Government approved messaging at retail and online.** The Government should allow pre-approved public health messaging around alternatives to be displayed at retail and online, targeted at adult smokers. New Zealand is consulting³¹ on proposed regulations that would allow approved public health messages such as “If you are a smoker, switching completely to vaping is a much less harmful option” to be shown in retail shops and online.
- **Require pack inserts promoting public health messages in combustible cigarettes.** Standardised packaging requirements for combustible cigarettes should be amended. These currently prohibit the use of inserts or onserts in cigarette packs that could be used to provide a

²⁷ Public Health England, E-cigarettes and heated tobacco products: evidence review, February 2018, <https://www.gov.uk/government/publications/e-cigarettes-and-heated-tobacco-products-evidence-review>

²⁸ Royal College of Physicians, Nicotine without smoke: Tobacco harm reduction, April 2016, <https://www.rcplondon.ac.uk/projects/outputs/nicotine-without-smoke-tobacco-harm-reduction>

²⁹ Public Health England, Vaping better than nicotine replacement therapy for stopping smoking, evidence suggests, February 2021, <https://www.gov.uk/government/news/vaping-better-than-nicotine-replacement-therapy-for-stopping-smoking-evidence-suggests>

³⁰ Persoskie A, O'Brien EK, Poonai K. Perceived relative harm of using e-cigarettes predicts future product switching among US adult cigarette and e-cigarette dual users. *Addiction*. 2019; <https://doi.org/10.1111/add.14730>

³¹ New Zealand Government Ministry of Health, Smoke-Free Environments and Regulated Products Act 1990 Proposals for regulations, 2021, https://www.health.govt.nz/system/files/documents/publications/Smoke-Free-environments-regulated-products-act-1990-proposals-regulations-public-consultation-document_21dec2020.pdf

well-targeted and effective approach to providing science-based information to current smokers. These pack inserts should contain public health information about the category of products rather than any brand-specific promotion, and could be a required component of cigarette packaging. The Government has committed to review the standardised packaging regulations in relation to the impact of the ban on inserts in cigarette packs³², while at the same time suggesting, in the *Advancing our Health* green paper, that pack inserts could carry harm reduction messaging encouraging smokers to switch away from cigarettes³³. Such pack inserts could provide a well-targeted and effective approach to providing science-based information to current adult smokers.

In addition to these legislative changes, various other initiatives and measures can play an important role in getting relevant, science-based information in front of adult smokers:

- **Continue a program of world-leading research.** Over the past decade, Public Health England has played a seminal, global role in leading the tobacco harm reduction debate by conducting, commissioning, and publishing scientific research and evidence updates on non-combustible products, in particular e-cigarettes. The recently announced changes in public health provide an opportunity to ensure that the research, monitoring, and reporting of the evidence continues following the partial replacement of PHE by the Office for Health Promotion. Continuing this world-leading research program is essential for advancing global tobacco harm reduction, and will play a critical role in informing policy to support the Government’s Smoke-Free 2030 ambition.
- **Commission public information campaigns.** Comprehensive public awareness campaigns commissioned by the Department for Health and Social Care and informed by opinion research may have particular resonance with adult smokers. This is also recommended by the Royal College of Physicians’ latest report³⁴, which calls for “*Mass media campaigns [to] support the use of electronic cigarettes as a quitting aid or substitute for smoking, and redress false perceptions about the safety of e-cigarettes compared with cigarettes*”. Lessons could be learned from New Zealand, whose Health Promotion Agency has created a website entitled Vaping Facts, which provides the public with harm reduction messaging with respect to e-cigarettes³⁵. The Health Promotion Agency has also produced videos³⁶ to encourage smokers to consider switching to e-cigarettes.
- **Ensure accurate clinical guidance.** Medical professionals also have a role to play. Despite Public Health England’s advice that smokers who will not quit should switch to e-cigarettes,

³² The Government’s Response to the Science and Technology Committee’s Seventh Report of the Session 2017-2019 on E-cigarettes, Recommendation 5, page 11
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/762847/government-response-to-science-and-technology-committee-s-report-on-e-cig.pdf

³³ *Advancing our Health: Prevention in the 2020s*, HM Government, July 2019,
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/753688/Prevention_is_better_than_cure_5-11.pdf

³⁴ Royal College of Physicians, *Smoking and Health 2021*, May 2021,
<https://www.rcplondon.ac.uk/projects/outputs/smoking-and-health-2021-coming-age-tobacco-control>

³⁵ Health Promotion Agency, <https://vapingfacts.health.nz/>

³⁶ Health Promotion Agency, *Vape to QuitStrong*, March 2021, <https://youtu.be/WBiCKuHU0so>

CRUK found³⁷ that “Over 1 in 3 clinicians are unsure if e-cigarettes are safe enough to recommend as a quit tool to patients who smoke,” and that 3 in 5 clinicians said “we do not know enough about them so I don’t endorse them.” The Royal College of Physicians also notes³⁸ that “E-cigarettes are an effective treatment for tobacco dependency and their use should be included and encouraged in all treatment pathways.”

- **Support local stop smoking services.** Local Authority stop smoking services provide a key channel to reach adult smokers. However, as Public Health England notes: “An ASH survey of tobacco control leads found that only 11% of local authority stop smoking services offered vaping products to some or all people making a quit attempt.”³⁹ PHE’s recommendation is particularly salient here⁴⁰: “Local authorities should continue to fund and provide stop smoking services and all stop smoking services should have a consistent approach to using vaping products.”

6. Conclusion

There are worrying signs that the Smoke-Free 2030 target is significantly off-track: smoking prevalence rose in 2021, there has been a decline in the number of adult smokers switching to e-cigarettes, and public misperceptions of the relative risk of e-cigarettes have worsened. These problems also risk worsening health inequalities. It is increasingly urgent that if the UK is to meet its Smoke-Free 2030 ambitions that the Government take action to seize the opportunity presented by non-combustible products, such as e-cigarettes.

The review of the TRPR and forthcoming Tobacco Control Plan provide the opportunity for the Government to take decisive action in support of tobacco harm reduction. Taking the steps outlined above, and working with all stakeholders, can help deliver substantial increases in the number of smokers switching completely away from cigarettes and, in turn, deliver a Smoke-Free 2030.

³⁷ Cancer Research UK, E-cigarettes and primary care: a cross-sectional survey of nurses and GPs across the UK, October 2019, https://www.cancerresearchuk.org/sites/default/files/cancer-stats/full_report/full_report_0.pdf

³⁸ Royal College of Physicians, Smoking and Health 2021, May 2021, <https://www.rcplondon.ac.uk/projects/outputs/smoking-and-health-2021-coming-age-tobacco-control>

³⁹ Public Health England, Vaping in England: an evidence update including vaping for smoking cessation, February 2021, <https://www.gov.uk/government/publications/vaping-in-england-evidence-update-february-2021>

⁴⁰ Ibid.