Summary

1. Over the last four years the Department of Health has committed a sharp U-turn on e-cigarettes. Its previous doctrine was that only medicinally approved products could help reduce smoking. It now accepts that lower regulatory hurdles are the key to allowing harm-reduction technologies to flourish. As a result we now have three million vapers and a sharp fall in smoking.

2. Sadly, the EU regulation which it helped shape during its period of intransigence has become an essentially bureaucratic process - “all form and no substance”. The checkbox exercise gives a veneer of product standards, but scratch beneath the surface and you find that little genuine quality improvement has resulted.

3. Even more worryingly the Department’s approach to oral tobacco products, used by half-a-million South Asians, shows a sharp disconnect from the consensus view of nicotine scientists. Despite this tremendous scale of usage, DH continues to pretend that the problems - and the opportunities - in this sector do not exist.

4. We would suggest your Committee does not spend much time looking at the heat not burn market. One year after the launch of iQOS its market share in the UK probably remains minuscule as it is facing huge competition in this country from e-cigarettes. By contrast oral tobacco is a large but neglected problem. If you were to focus on heat not burn but not oral tobacco you would be Caucasian focused and merely helping cigarette companies reinvent themselves. This would not deal with the real public health issues.

Our Interest

5. We are members of the House of Lords. Two of us are ex-smokers delighted to have taken up vaping instead after failing to quit by other means. The third is a science writer interested in the issues of innovation, disruption and harm reduction. We have initiated a series of debates on vaping in the Lords and written about the issue in the press [1]. We are delighted that the House of Commons is now showing such interest in the issue.

Vaping Regulation

6. Four years ago the Department of Health was urging MEPs to vote for compulsory medicinal regulation of e-cigarettes. Since over the last four years not a single medicinally approved e-cigarette has been put on the market, it is clear that this policy would have been a disaster for public health. Three million vapers would be solely puffing on cigarettes. Fortunately, MEPs listened to consumers and overturned this policy.

7. We applaud ministers and the MHRA for having implementing the resulting Tobacco Products Directive in a light-touch manner. While the fees for submitting each product for approval have been kept down, two significant problems exist:

8. **Lack of Compliance Testing:** The first is that consumers are being sold a pup when they are led to believe that the EU regulatory labelling on vaping products indicates compliance with health standards. The MHRA has admitted that because it is just running a notification scheme it does not conduct testing itself. Sporadic testing is done by some Trading Standards but critically the MHRA cannot tell whether the products being used by our three million vapers are compliant or not. Nor can the vapers.

9. **Unregulated Short-Fill Market:** The second is the fast-growing short-fill market which is estimated now to encompass around one-fifth of consumption. Since vapers want to use much bigger refill bottles than the 10ml ones allowed under the TPD, they are buying regulated shots of 10ml nicotine and using them to top up much bigger bottles of totally unregulated flavoured liquid. They are then inhaling the resulting mixture.
10. The policy responses needed are:
   - The MHRA should start to conduct and publish its own spot checks on e-liquids with non-compliant products being banned
   - Ministers should announce the policy ambition of having the legal bottle size increased as the miniature ones permitted are unacceptable to many consumers. Along with their inconvenience, they increase both waste and leakage risks - the latter because of the extra handling

**Oral Tobacco**

11. In 2006 some of the UK’s best scientists wrote an article for Tobacco Control in which they highlighted the toxicity of chewed oral tobacco products, which are used by half-a-million South Asians in the UK. They found very worrying levels of carcinogens in the products, which contain unrefined tobacco and betel nut. It is no surprise that among South Asian women the rate of oral cancer is nearly four times higher than that found in the rest of the population. This is shocking.

12. Yet these products remain completely unregulated. They are available in corner shops across South Asian communities and are advertised as mouth fresheners. They are low cost, highly addictive and can be bought by children. Yet despite the warning from scientists, DH has chosen to do nothing.

13. When one of us probed DH on this through a Parliamentary Question it said it had chosen not to develop a standard. Meanwhile, the Indian government is so worried about it that a year ago Delhi announced it was banning chewed tobacco.

14. Product standards can be achieved - as is highlighted with the case of snus which is used in much of Scandinavia. Snus is the world’s most successful smoking alternative yet is banned in every EU Member State except Sweden, where it is very popular among men. That substitution has seen the Swedish smoking rate plunge to 5 per cent, while the EU average languishes at 24 per cent. Every nicotine scientist I have spoken to has been appalled by the ban on snus. It has been a massive gateway out of smoking and there is no adverse health impact that should in any way warrant a ban.

15. The policy responses needed are:
   - for the government to announce a pathway to gradually increasing product standards for chewed tobacco. They should not be sold to children
   - Ministers should announce that they plan to legalise snus as soon as the UK leaves the EU


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