**Fun question for the panel**
If we can pull a lever which will re-direct a runaway train, avoiding 100 adult smokers but killing one young child, will we pull the lever?

**About us**
Blue Skies China is an independent lobbyist for public health. We are based in Hong Kong at the heart of global e-cigarette manufacturing: 90% of the world’s e-cigarettes are produced over the border in Shenzhen [1] and the bulk are shipped worldwide through Hong Kong.

**Summary of our submission**
- The tobacco industry, with its history of neglecting public health interests, is dominating today’s e-cigarette market – caution is advised
- Scientific evidence shows e-cigarettes are a gateway into smoking; and attract young people
- Using e-cigarettes as a policy tool to reduce adult smoking is justifiable only if young people are strictly kept away from these products. Age limits are a must.
- Using e-cigarettes as a policy tool to reduce smoking also raises the issue that the NHS loses “non-nicotine” institutional capacity to treat nicotine addiction, creating an incurable condition.

**Our submission**
1. A conference speaker at the Council on Smoking and Health in Hong Kong recently claimed e-cigarettes “sacrifice the young to save older smokers’ lives” [9] This is unacceptable: we have a duty to protect our children from nicotine merchants.

2. We urge the UK government to take a critical, scientific approach to e-cigarette regulation. Recent debates in the House of Lords, for example, have used anecdotal evidence from noble Lords as if scientific fact [2]. We all may know somebody who has quit smoking using e-cigarettes. We all may know of somebody who smoked 100 cigarettes a day and is still healthy at 90. But the plural of anecdotes is not data.

**Tobacco industry interference**
3. We are concerned that tobacco industry domination of the vaping industry is not taken seriously. In its submission to the panel here, The Independent British Vape Trade Association claims “the overwhelming majority of the European vape industry
is free from any control or ownership by the tobacco industry.” [3] However, this is blatantly not the case. As our story https://blueskieschina.com/2017/12/27/uk-inquiry-confirms-big-tobaccos-vaping-dominance/ highlights, tobacco firms have strong footholds in the e-cigarette business. For example, as cited in the story, Imperial Brands “blu” holds a current market share of 15.57% (based on the value of products when sold in traditional retail outlets) of the estimated £5.7 billion UK vaping market. [4]

4. As the World Health Organization has warned, “Tobacco industry strategies to undermine tobacco control activities at the World Health Organization. Evidence from tobacco industry documents reveals that tobacco companies have operated for many years with the deliberate purpose of subverting the efforts of the World Health Organization (WHO) to control tobacco use.” [5]. Caution is clearly advised - we call for critical review of all facts and false “truths” which have gained momentum such as “vaping industry is 80% independent”.

Danger of e-cigarettes to youth

5. From an upcoming American Journal of Medicine paper [6]: “While electronic cigarettes (e-cigarettes) may help some smokers quit, some young adult never-smokers are now using e-cigarettes recreationally, potentially increasing their risk for initiation of smoking. We aimed to determine the association between baseline e-cigarette use and subsequent initiation of cigarette smoking among initially never-smoking young adults.” The findings are as follows:

- 48% of e-cigarette users but only 10% of non-users initiated smoking by follow-up.
- Baseline e-cigarette use was independently associated with smoking uptake (AOR=6.8).
- Interventions should aim to reduce e-cigarette use among young adult non-smokers.

6. Meanwhile a study led by University of Stirling shows young people who have tried an e-cigarette may be more likely to go on to smoke cigarettes compared with those who have not [7]. “The research… focused on pupils at four Scottish secondary schools. Young people aged between 11 and 18 years old were surveyed in February/March 2015 and then again 12 months later. The initial 2015 survey found that among the 2,125 never-smokers, 183 (8.6%) said that they had tried an e-cigarette and 1,942 had not. The 2016 survey found that 74 (40.4%) of those who had tried an e-cigarette in the initial 2015 survey, went on to smoke a cigarette in the following 12 months – compared to only 249 (12.8%) of young people who had not tried an e-cigarette.” [8]
7. “Nicotine addiction begins when most tobacco users are teenagers, so let’s call this what it really is: a pediatric disease.” David A. Kessler, MD Commissioner of FDA, 1995. [9]

8. In the US, an age limit of 21 has been proven effective in curbing youth addiction [9]
   - Success in Needham, MA April 2005: Needham, MA becomes 1st US town to raise the sales age to 21
   - 2006-2010: 47% reduction in teen smoking, vs. 14% reduction in neighbouring towns
   - Reduction occurred even with relative ease of finding cigarettes in neighbouring towns where the law had not been passed

9. Taking paragraphs 5-8 together leads to a conclusion that great care must be taken in keeping e-cigarettes from young people. If they are to be used as devices to help adult smokers quit cigarette smoking, as the general policy direction seems to be headed, this must be conducted with utmost caution and protection of our young people. **Age limits (25, minimum 21) on e-cigarette use must be considered an early important step.**

**Using nicotine to treat nicotine**

10. Public Health England and the NHS have claimed e-cigarettes as a useful tool for quitting smoking. In our opinion, using nicotine to treat nicotine addiction may create long-term problems, particularly if nicotine therapy becomes the dominant treatment and other skills/techniques are lost to the institution.

   - Assume for the sake of argument there is a widely available safe nicotine-based e-cigarette which has the same risk profile as drinking coffee;
   - now assume this e-cigarette user wants to stop using that product, for whatever reason (economic, the dislike of the anxiety arising when the product is unavailable etc.), but then finds, because of the nicotine addiction, they can’t stop so easily;
   - in this scenario, what institutional tools would be available to treat nicotine addiction, if the NHS has put all its eggs into a nicotine-based solution? We run the risk of having created an incurable condition, until institutional capacity for non-nicotine treatment of nicotine addiction can be restored.

11. From a petition to “Include Allen Carr’s Easyway to Stop Smoking on the NHS” website:

   - It costs the UK taxpayer more than £400 to treat a smoker at NHS Stop Smoking clinics which use nicotine products. According to ASH they achieve a success rate of 20% after 12 months; i.e. a FAILURE rate of 80%. This is hardly surprising when you consider the absurdity of trying to cure nicotine addiction by prescribing nicotine. The only winner is the pharmaceutical industry which manufactures nicotine products and is now competing with the
tobacco companies to supply the nicotine-addicted market at the expense of the taxpayer.” [10]

12. From point 10-11 above, we note non-nicotine solutions to nicotine addiction should be developed as part of e-cigarette policy. If we are going to allow e-cigarettes to become ubiquitous, we need to be prepared with robust non-nicotine treatment programmes or risk having created an incurable addiction. As cited in paragraph 11, Allen Carr’s Easyway to Stop Smoking is one interesting approach. Peer-reviewed studies have found the Allen Carr workplace seminars to be effective [11, 12] and we recommend further investigation into such non-nicotine approaches on the NHS.

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References


[8] University of Stirling (2017). E-cigarette use may encourage experimentation with tobacco, study finds. From University of Stirling


