Firstly, I would like to thank you, in your capacity as a member of the Science and Technology Select Committee, for giving the Independent British Vape Trade Association (IBVTA) the opportunity to come and present oral evidence at last Wednesday’s evidence session.

One of the issues raised at the evidence session, was the idea that it may be desirable to introduce medicinally licensed vape products so that they can be prescribed by GPs and given to smokers by the NHS. It was clear that some members of the Committee felt that this would be a sensible way to target vaping devices at vulnerable or hard to reach groups, who may not otherwise make the switch from smoking to vaping.

Given the critical importance of this particular issue, we felt it was right to set out the IBVTA’s position in more detail.

First-and-foremost, we share the Committee’s desire to make it as easy as possible for all adult smokers to access vape products. We also agree with the committee that some smokers are easier to reach than others. Consequently, we do not believe there is a single solution.

Unlike traditional cessation methods, vaping is empowering. It represents a market-based, user driven, public health insurgency. That is why it is so successful. No taxpayers’ money has been spent, yet smokers are stopping, switching, and cutting down through the use of vape products. Every day IBVTA members are helping people switch from smoking to vaping. As Professor Riccardo Polosa, Director of the Institute for Internal and Emergency Medicine of the University of Catania in Italy, has said: “A very good vape shop employee can be better than a trained smoking cessation counsellor.”.

The experience of IBVTA members across the UK, is that the smokers who do the best, in terms of cutting down or switching completely, are the smokers who take personal responsibility for their own start-up costs. They feel empowered because they have done it themselves and are therefore more likely to persevere with vaping.

Medicinal products or prescribing vape products on the NHS limits choice, making a smoker reliant on a specific brand or shop. Critically, prescriptions place the responsibility and power for someone switching into the hands of a GP. This is hugely disempowering.

Vaping works because of the choice available to the consumer. They can select their nicotine strength, device, and flavour. This will not be possible with a medicinal device. Vaping is also a rapidly developing technology with new and more effective products being developed routinely; such development will not be able take place with a medicinal product, the specifications of which would be set in stone months before the product is able to come to market. This combined with the lack of choice will in all likelihood provide the smoker with a very poor vaping experience and far from encouraging them to switch is likely to further entrench their smoking habit.

Looking specifically at vulnerable groups and so-called “hard to reach” smokers, it is worth remembering where vaping first established itself in the UK. It was not in Central London or the Home Counties; it was in the North West of England. Additionally, the costs of vaping are significantly lower than smoking, so for the overwhelming majority of current smokers, switching to vaping will actually save them money. It would be perverse at a time when NHS budgets are under such pressure, to spend this money on vape products for smokers who could easily afford to pay for them themselves.

The IBVTA does recognise that there will be people for whom the initial start up costs of vaping are prohibitive. That is why IBVTA members have been working in partnership with local stop smoking services and at a national level with Public Health England for a number of years. We now have a situation where local stop smoking services recognise the benefit of working on the ground, at a local level with IBVTA members, and as a consequence are making the initial contact with us.

Earlier this year Salford Stop Smoking Services partnered with an IBVTA member as part of their pilot ‘Swap to Stop’ campaign, which encouraged smokers to switch to vaping. Our member provided Salford Stop Smoking Services with vaping devices and e-liquids throughout the pilot, which were distributed to smokers who live in social housing. Smokers received a free kit and enough e-liquid to last for four weeks, along with support from the service.
A number of IBVTA members are also involved with Hampshire Stop Smoking Service’s ongoing Quit4Life campaign. Through their innovative scheme, Quit4Life offer a £25 voucher for a vaping starter kit to new service users. The voucher is redeemable at select local vape shops, including IBVTA members’ shops, where smokers will receive specialist advice and guidance from staff to find the right combination of device and liquid to help them switch.

The IBVTA would consider both Salford and Hampshire’s schemes as examples of best practice that could be replicated across the country, and would encourage the Committee to engage with these local authorities to explore alternatives to medicinal licensing which will ensure that all smokers are able to access the right product set to switch.

There is another reason why some smokers do not switch to vaping. Between 1.5 and 2 million UK adults have used vape products to stop smoking entirely, potentially making up half of successful quit attempts since 2010. This has happened in an environment of very mixed messaging about relative safety – the impact of vaping would have been far higher if smokers had been presented with more balanced and accurate information. When surveyed 23 per cent of smokers said they have not switched to vaping due to concerns they are not safe enough and 16 per cent would try vaping again if they were confident they were safe to use.1

Adult population figures show that the UK populace have been seriously misled over the last four years. The correct answer is that vaping is a “lot less harmful”, yet 26 per cent of the UK population now erroneously believe vaping to be at least as harmful as smoking. 30 per cent of current smokers that have never tried vaping think it is just as bad as combustible cigarettes, and anyone that has ever smoked knows that this is probably excuse enough not to try to change their habit.

In the IBVTA’s view, there are three main causes for this misperception. Firstly, negative and inaccurate media coverage. Secondly, conflicting messages from domestic and international health bodies. Thirdly, the near total ban on the independent vape industry to promote accurately their products. Please refer to the written evidence we submitted to the inquiry for more information on this.

In summary, the IBVTA shares the concerns of committee members and their desire for vaping to be easily available to all adult smokers. We all want the same outcome. However, if the Committee recommends in its final report that medicinally licensed vape products should be prescribed by GPs funded out of the NHS budget then they will be doing smokers a great disservice. Far from encouraging smokers to switch it will have the opposite effect.

Instead, the Committee should encourage local stop smoking services to be supportive of vaping and to work in partnership with credible and responsible local vape businesses. At the same time, the Committee should also recommend that the Government is more vocal in its support for vaping, and that the media is more responsible when it comes to reporting vaping related stories. If vaping is allowed to reach its full potential, the future for public health is very exciting indeed.

The IBVTA would like this clarification of its position to be considered as evidence, and for it to be taken into account during the drafting of the Committee’s final report.

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