

Rt Hon Ashley Dalton

Health Minister
House of Commons
London
SW1A 0AA

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Subject: Ongoing Vaping Policy

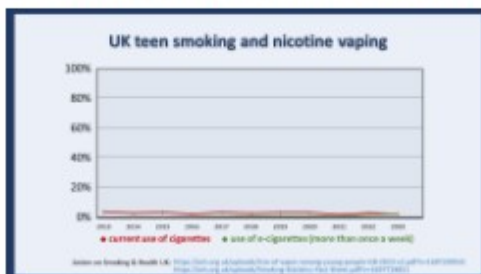
Dear Ashley Dalton,

I am contacting you as a vaping consumer and advocate for saving lives; vaping saved my life (I am happy to share medical records to prove that), and I aim to pass that on to as many as possible. I am not paid in any way by anyone to do so. I have worked in the vaping industry, helping to develop standards and testing against them (I ran BTC battery testing until 2016). This was good for consumer safety, but the industry did not necessarily favour it. I am also part of a group funded by ASH advocating for smoking cessation in people living with severe mental illness; 40% smoke cigarettes, double the national number.

I was disturbed to hear some of the testimony given in parliament. Much of the information was incorrect or deliberately misleading. You must do better when debating a serious health matter; accurate and science-backed information is critical to saving lives. You should use the research OHID paid for using taxpayers' money, not anecdotal (often second-hand) accounts from teaching staff or parents frightened by the media. Consumers are not represented; I would ask you to consider involving NNA (New Nicotine Alliance) as they are a consumer-only group that is not funded by the industry. info@nnalliance.org Charity Registration Number: 1160481. It seems fair since UKVIA (industry trade association) and tobacco control NGOs were involved, but there was no one for consumers.

Sadly, the media is almost all negative and presents harm because that sells papers; the truth is that in 12 years of monitoring by the MHRA yellow card early warning system, not one single disease/symptom has been detected as linked to vaping nicotine. There have been less than 20 admissions to hospital per year, and none fatal, compared to 15 per day for household cleaners (some sadly fatal).

I agree that you should keep a close eye on frequent vaping among adolescents; thankfully, that remains low and does not show worrying trends (see graphs below). Experimentation with vaping is preferable to cigarettes, and still, too many are starting to smoke tobacco. Unlike tobacco, vaping is unlikely to cause deaths since 20 years of study shows no such issue. Vaping has (with open devices) the off-ramp of tapering nicotine slowly (around a third of folks quitting smoking with vapes also stop vaping this way; see ONS data that you must have access to).



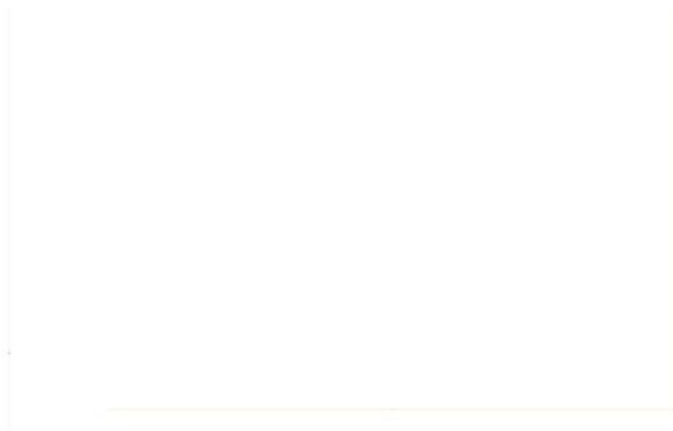
It is essential to accept the vastly lower risk from vaping when considering legislation that will steer adolescents in a particular direction. Assuming they will do extra homework if they can't experiment is faulty. They will likely do something more risky instead, such as alcohol. Alcohol, for example, results in accidents, intoxication and deaths. This is sadly human nature, and harm reduction at least keeps the risks as low as possible.



It is also vital to ensure that illicit vapes and illegal tobacco sales are kept to a minimum; buying vapes from 'dealers' opens all manner of unwanted possibilities, including other more harmful illegal drugs offered at the same time. Thus, great care is needed to avoid a ban on a product type resulting in supply shifting to criminal-controlled illicit sales. Australia is a perfect example of open gang war and fire bombings. A legally regulated market that renders illegal supply unprofitable is the best solution; there is no enforcement cost in that case, and consumers should be protected against entirely unregulated products.

In Sweden, the use of nicotine is about the same as in the EU as a whole, but the rates of cancer are lower, particularly in men, since they switched earlier, and the trend is now apparent in the data. It is worth looking at Sweden because it has had a harm-reduction product for a long time, and trends and population data are readily available. It is obvious that nicotine is not the problem; combusted tobacco is the killer, particularly cigarettes; switching existing users to safer products is the priority; you can save vast numbers of lives and treatment costs.

I suggest you research the history of THR in Sweden, allowing users to initiate nicotine use with a safer product works; they have the lowest cancer rates in the EU by a good margin. (see the following graphs) The UK can still do the same with vaping by not restricting it too much.



Yours sincerely,

Richard Pruen