ref: DE-1529395

From: Richard Pruen <richard@pruen.co.uk>
To: Department of Health and Social Care <dhsc.publicenquiries@dhsc.gov.uk>
Date: Sat, 26 Oct 2024 18:27:40 +0100

Thank you for the reply, please find my response inline.

On Thu, 2024-10-24 at 17:26 +0000, Department of Health and Social Care wrote:
> Our ref: DE-1529395

> <cut>
>
> We also remain fully committed to our Swap to Stop scheme, which sees
> up to one million adult smokers being encouraged to ‘swap to stop’,
> swapping cigarettes for vapes under the national scheme - the first
> of its kind in the world.

Very glad to hear this, as suggested before I hope you would consider putting extra focus on reaching older cigarette users, they are the group most directly facing health harms, and the generational ban does nothing for them ever. The possibility exists to eliminate a huge amount of disease and death. With savings to the NHS year on year because cancer treatments are expensive.

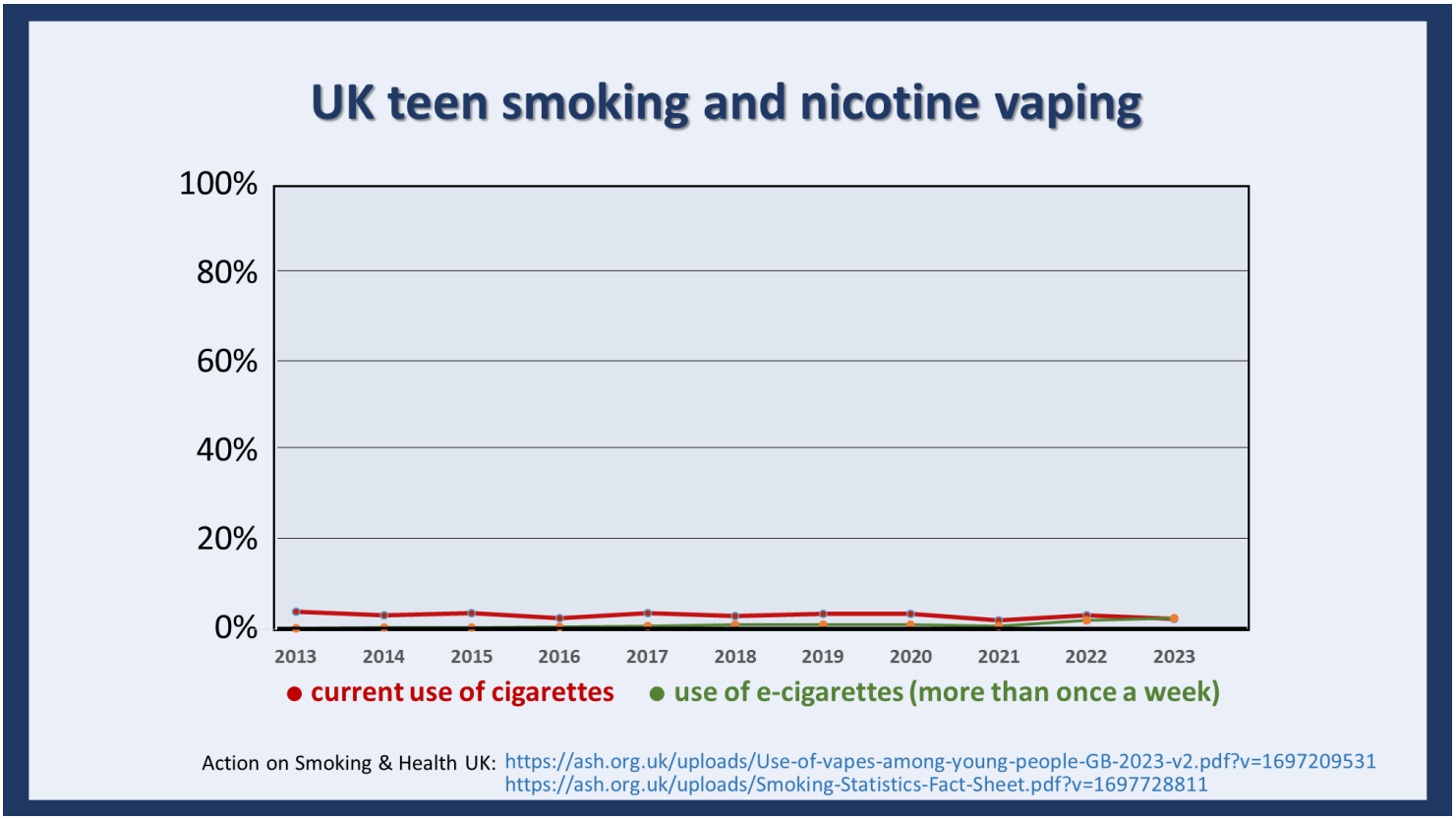
On the subject of the tobacco and vapes bill, I don't see the big rush the likes of ASHuk promote, by the time the legislation has any effect the 2030 smoke free deadline will have passed. IMHO it is better to take the time and get it right, than to rush through damaging regulations. Clive Bates provides good reasons here:
https://clivebates.com/uk-tobacco-and-vapes-bill-a-misfire-and-a-backfire/

> In addition, NHS programmes delivering nicotine replacement therapy
> are helping thousands of adults each year to live healthier lives
> with adult smoking rates dropping by more than half in the last three
> decades.

Good, the more low risk options available the more likely people will find an acceptable one, and thus not die.

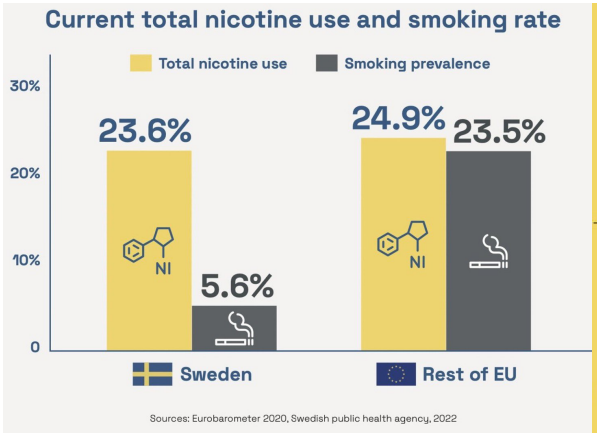
> Whilst vapes can be an effective quit aid for adult smokers, we are
> concerned about the worrying rise in vaping among children, and there
> are legitimate concerns about the unknown long-term harms from
> vaping.

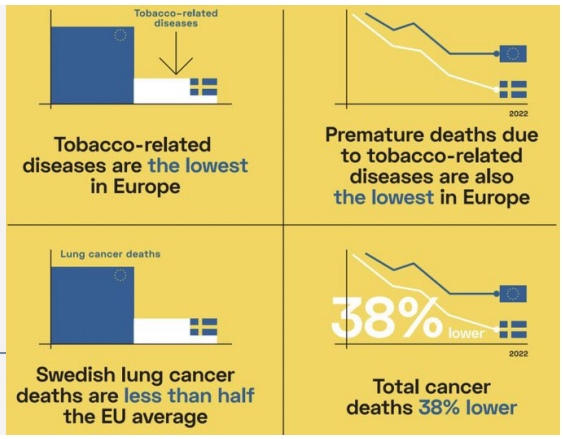
There has not been a significant rise in regular use of vapes (once a week or more) certainly nothing sudden or panic worthy. The Please see this graph:



With 20 years of use, biomarker data, 16 years of popular use mostly in ex cigarette users, you are vastly overstating the remaining risk. Vaping is not likely to cause cancer of any kind (cancer potential 0.004% of smoking, a robust body of evidence https://safernicotine.wiki/mediawiki/index.php/Nicotine_-_Myth_-_Nicotine_Causes_Cancer)

At this stage any possible risks are sure to be minor, the type that may cause discomfort or be annoying, but extremely unlikely to be life threatening. Science has moved on since cigarettes where found harmful, there is also real world population data from Sweden on reduced risk products and the effect. No need for modelling, there has been enough time to see the results in the eurobarometer.





Vapes can do the same in the UK, or legalise Snus and copy Sweden, either way would work. As long as the you do not ban the good, while trying to achieve the perfect (resulting the disaster of more cigarettes). Ideally legalise Suns alongside vapes and transition those who will not vape to that, and cut deaths faster.

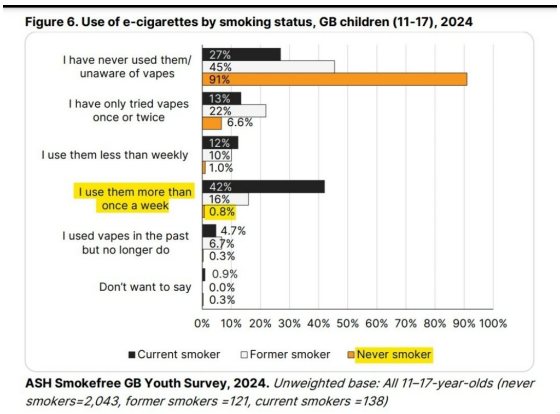
> Disposable vapes play a significant role in driving youth vaping with 54 per cent of current vapers aged 11-to-17 in Great Britain using them. They are easily available, cheaply priced and come in enticing colours and flavours. Additionally, they cause significant environmental harm with five million disposable vapes being either littered or thrown away in general waste every week. Given the level of environmental harm, the Department for Environment, Food and Rural Affairs is reviewing proposals to restrict the sale and supply of disposable vapes and will shortly outline its plans. Reusable and

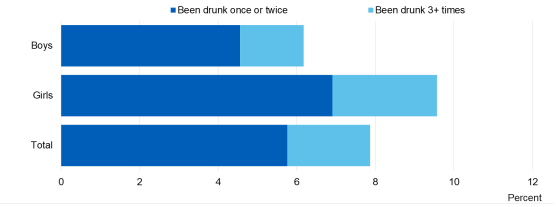
> refillable products will remain available to help support smokers to switch and we do not have any plans to restrict vapes, for instance, to prescription only channels.

There is absolutely no reason to punish the thousands of adults who will be put off from vaping, for 54% of 0.8% (youth vapers who never used cigarettes). Half of those adults not switching will die, while the youth will need to taper off nicotine using refillable vapes built in off ramp, cigarettes do not have that.

Meanwhile according to NHS digital 2022 (graph below) 8% of 11-16 year old's have been drunk 3 or more times, vape are very effectively kept out of young peoples hands compared to that. There is no mass moral panic about alcohol, alcohol is far more deadly than vapes

You need to sort priorities out, because the evidence doesn't support the focus on vapes.





> Enforcement of our regulations is vital. This is why we will ensure that the Tobacco and Vapes Bill contains new powers for trading standards, to take more immediate action to prevent the sale of vape to children and stop illicit products.

That is great, underage sales need to be kept low, so does the illegal sale of unregulated vapes.

> In addition to local enforcement action, we are also providing £3million of funding over two years for Operation Joseph to reduce the sale of illegal vapes and nicotine containing vapes to under 18s. Operation Jospeh has been increasing funding at ports to ensure trading standards can conduct large seizures of illicit vapes before they enter the country.

Great, but ensuring a legal market of products people want and find acceptable will mean illegal sales are unprofitable, there is also no cost to the government to enforce that. Restricting adults choices of flavours and full plain packaging will result in demand, the proposed sin tax will increase profitability, Australia at the time of writing has had 130 firebombings in the vapes turf war, **do not bring that sort of insanity here**, learn from their mistakes.

Marketing is already restricted, and no reputable company targets underage users, they would be boycotted out of existence by consumers because they will not put up with youth targeting (I have seen this several times and it is very effective).

Any genuinely youth appealing marketing or packaging can be dealt with under existing rules against advertising the product. It is while consumers are on side you can rely on this, if like Australia restrictions mean the public support the illegal market, then things will go badly here, just like Australia.

I also worry the focus on vaping will detract from youth alcohol and drug prevention. Both these cause significant deaths, vaping doesn't even intoxicate, nor will it cause young people to die.

> The Department has previously published a call for evidence, a policy paper and a response to the public consultation on tobacco and vaping measures. All of these contain published links to evidence the Government has used in formulating policy and are relevant to many of the points you have raised. In addition to this, we work closely with

> organisations such as Action on Smoking and Health, public health
> bodies, academics, local organisations and other relevant parties to
> ensure that policy is based on the most reliable evidence.

With respect it would be best to rely more heavily on the reports that where done for OHID, and less on hearsay or anecdotal evidence that may be brought up in parliament. Views should be heard, but must never take precedence over a report based on evidence and backed by science.

> We will be undertaking further consultations before the introduction
> of vaping regulations once the Tobacco and Vapes Bill has completed
> its parliamentary stages, and I would encourage you to respond to
> those consultations when they launch.

Yes thank you. You can be sure I will be taking part in such consultations where possible. I am however just a consumer and care for my Mum who has vascular dementia,

> I hope this reply is helpful.

Yes thank you, it makes it clear that risk is not an easy concept, and I hope the information presented helps to provide better perspective. Please feel free to ask any questions I will do my best to clarify any points or provide extra evidence if needed.

> Yours sincerely,
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> Correspondence Officer
> Ministerial Correspondence and Public Enquiries
> Department of Health and Social Care
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> Health and Social Care, please visit theContact DHSC section on
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