



Rt Hon Wes Sweeting  
Secretary of State for Health and  
Social Care  
House of Commons  
London  
SW1A 0AA

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**Subject: Tobacco and vapes bill**

Dear Wes Sweeting,

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, mainly by the previous government. 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 be using the research OHID paid for using taxpayers' money, not anecdotal (often second-hand) accounts from teaching staff or parents frightened by the media (more on that below).

Before proceeding with further legislation, you must pause and ensure stakeholders (particularly end users) are appropriately consulted. Without accurate and proper information, bad legislation will result, like Australia and the prescription model (now dropped, and pharmacy only, also likely to fail) [Will Australia's tightened prescription system reduce nicotine vaping among young people? wiley.com](#) and others show the policy failed, and instead 90% supply was from illegal sales controlled by organised crime. At the time of writing this, there have been more than 80 fire-bombings, three murders, and many gang 'turf-wars' in Australia. We do not need to bring that here.

Sadly, there is a lot of misinformation being pushed in the media regarding children using these products; the use of 'children' is deceptive, even using the over-wide definitions that are often cited; children are not the population at risk. Sales are already illegal to those under 18; advertising to such age groups is also banned, and advertising is generally restricted. Please see my letter to the PM available from my wiki user page (direct link) [https://safernicotine.wiki/mediawiki/index.php/File:Draft\\_redact\\_address\\_letter\\_PM\\_8th\\_Jul\\_2024.pdf](https://safernicotine.wiki/mediawiki/index.php/File:Draft_redact_address_letter_PM_8th_Jul_2024.pdf). Adolescents are the population who might take up vaping, they might also take up smoking (far more deadly), or experiment with other adult things. It is a part of growing up, and if you prevent the less harmful options, adolescents will probably do more risky things.

I agree that you should keep a close eye on frequent vaping among adolescents; thankfully, that remains low and does not show worrying trends (please see the graph in the letter to PM above). Experimentation with vaping is preferable to cigarettes, and still, too many are starting to smoke tobacco. Vaping is unlikely to cause deaths, at least, unlike tobacco, and 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).

It is essential to accept the vastly lower risk 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 sales are kept to a minimum; buying vapes from 'dealers' opens all manner of unwanted possibilities, including other more harmful illegal drugs being offered. Thus, great care is needed to avoid a ban on a product type resulting in supply shifting to criminal-controlled illicit sales. There is already too much of this with over-strength/over-capacity disposable vapes; outright bans on disposables will make this far worse. This will require some subtlety and care in regulations to address the issue. Instead of a ban, having the price include the cost of disassembly recovery and recycling might better direct sales to refillable and, thus, much more environmentally friendly devices. The extra complexity of using a pod device is slight, so a small nudge is likely required for most consumers to shift to a more environmentally responsible product. You need to consider things carefully before doing anything and look at the unintended consequences that might occur.

In only five years, New Zealand halved its smoking rate (now approaching 5%).

<https://www.scoop.co.nz/stories/WO2407/S00138/caphra-calls-on-asia-pacific-governments-to-allow-sale-of-oral-nicotine-products.htm> The government there promoted vaping more than the UK government. For comparison, Canada taxes and does not promote vaping, and the smoking rate has remained stable. Sweden recently reduced the tax on Snus in a bid to increase switching (they are about to drop below 5% also) and has had great success with a THR product in Snus.

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 a problem; it is combusted tobacco, 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.

It is essential to be honest when looking at nicotine; it has benefits for some people; for ADHD, it is an effective treatment. It can help with other things, schizophrenia and depression. There is a list of peer-reviewed science here:

[https://safernicotine.wiki/mediawiki/index.php/Nicotine\\_therapeutic\\_benefits](https://safernicotine.wiki/mediawiki/index.php/Nicotine_therapeutic_benefits). Not to mention that every military in the world included nicotine in rations and snuff for submariners (since smoking was not possible due to hydrogen from batteries); they would not have gone to such expense if it was not beneficial to highly stressed young soldiers. These reasons mean that some people will use nicotine, so safer options are a win. Nicotine cannot be eradicated as some would wish. Trying to do so will result in uncontrolled illegal sales and crime (please see Australia if you have any doubts).



To do the right thing and reduce harm as far as possible, you must look at all this and do your best. There is no clear path; there are always unintended consequences (thankfully, safer nicotine products are very non-deadly compared to cigarettes, so the remaining risk equates to being dependent (this happens with caffeine/coffee/energy drinks with little fuss)). So you have a chance to do what is right by the people you work for, and the NHS, even if it doesn't fit entirely with popular opinion (partly due to worldwide campaigns by Mike Bloomberg and associated NGOs, they were caught trying to influence government <https://mb.com.ph/2021/08/30/local-anti-vaping-groups-also-received-millions-of-grant-money-from-bloomberg/> Bloomberg has also stated "I don't care if vapes are safer. I want them shut down no matter what" Public health heavyweights and scientists alike have offered to present evidence proving the good from vaping/THR, but have been ignored (repeatedly), Bloomberg's view seems based not on data, but ideology.

Needless to say, the tobacco and vapes bill is generational prohibition; by the modelling done, it will not do anything until it restricts sales (2040 before results are seen); it risks creating an illegal market and other prohibition-related problems; we can look to Australia to see the sorts of things to expect. Getting vapes out to older adult cigarette users will give results from day one; as soon as someone switches to vaping, the risk of cancer and disease begins to fall. That relieves pressure for treatment from the NHS, which can only be good.

As I see it, you need to stop and take a hard look at the sin tax (it will put folks off switching and give the impression vapes are as bad as smoking) and the tobacco and vapes bill, then it shouldn't be challenging to find something better. I think vapes should remain tax-free to encourage switching. However, users might put up with a small amount to improve enforcement of underage sales and illegal vapes. (Though there are things that can be done to reduce the waste from disposables by a factor of 10) some ideas in this letter

[https://safernicotine.wiki/mediawiki/index.php/File:Email\\_to\\_appg\\_vaping\\_28th\\_Feb\\_2023.pdf](https://safernicotine.wiki/mediawiki/index.php/File:Email_to_appg_vaping_28th_Feb_2023.pdf)

One last point, the UN considers harm reduction for drug users to be a human right, and nicotine is a drug. This means that because harm reduction options exist, all with vastly lower risk than cigarettes, you must try to make them available to those at risk from the more harmful combusted tobacco.

Please feel free to ask questions. I will always try to help if possible. Likewise, if you require evidence to support anything I have said, please ask. Alternatively, you can verify with your own research if you wish.

Yours sincerely,

Richard Pruen