KNOWLEDGE ACTION CHANGE

8 Northumberland Avenue, London, WC2N 5BY

4 April 2022

Dear Javed Khan,

Tobacco Independent Review – Submission of Evidence

This response is provided on behalf of Knowledge·Action·Change Ltd (K·A·C), a UK-based public health agency of which I am a Director. K·A·C is a consultancy focused on harm reduction as a key public health strategy grounded in human rights. I am a public health social scientist, an Emeritus Professor at Imperial College London and have previously advised the UK Government, WHO, UNAIDS, UNODC and the World Bank on harm reduction.

Let me say from the outset how much we welcome this opportunity to contribute to your review of policies seeking to achieve the Government's ambitious smokefree 2030 objective. Preventing the avoidable death and disease associated with smoking is something we fully support.

K·A·C is currently working to map, research and communicate the significant public health potential offered by tobacco harm reduction. We receive restricted grant funding from the Foundation for a Smoke-Free World for two projects: the Global State of Tobacco Harm Reduction and the Tobacco Harm Reduction Scholarships Programme. The preparation of this response does not fall under the activities supported by this grant funding.

It is important to acknowledge the huge gains made in terms of reducing smoking rates over recent decades, from 45% in 1974 to 14% for England in the latest surveys.[i] This represents a significant achievement. However, progress has been unevenly spread across our society. Some groups, notably those from vulnerable groups and from lower socio-economic backgrounds, have been left behind and this gap has increased over the last decade.[ii] There are significant groups where smoking rates not only far exceed the national average, but also where the amount smoked is the heaviest. To achieve the 2030 target requires new thinking with a vigorous, pragmatic and evidence-based approach that avoids further marginalisation of vulnerable populations.

There are clear lessons from the UK and elsewhere that, if applied appropriately, would facilitate the achievement of the smokefree 2030 goal. Of central importance is maintaining a clear focus on the fact that the **majority of risks and harms associated with tobacco arise from combustion**.[iii] **It is the smoke which causes morbidity and mortality**. **There should be a clear policy differentiation between combustible and non-combustible nicotine products.**

All efforts should be directed towards ending smoking, making use of all available tools including the widest range of safer nicotine products including nicotine vapes, heated tobacco products, non-tobacco nicotine pouches and Swedish-style snus.

We already have examples of what can be achieved. Within the UK, well-informed policy, coupled with a sensible regulatory framework, have allowed many people to switch from smoking cigarettes to using safer nicotine products, notably vapes. There is a growing body of evidence, including from the Cochrane review[iv] and Public Health England[v], that these approaches are effective in helping people to stop smoking in addition to being very much safer.

Unfortunately, there has been a considerable amount of disinformation about the relative risks of vaping compared to smoking. Sensationalist and ill-informed media coverage has raised concerns among the public and some health practitioners, with misperceptions on the relative harm of vaping worsening over time.[vi] It has also driven some individuals to return to smoking while deterring others from switching.

A clear and confident message should be provided by all government-funded agencies with a role in reducing smoking, that if you can't or don't wish to quit using nicotine then switching to vaping, or using other safer nicotine products, is also a positive way to improve your health.

The UK should build on this foundation and learn from the experience of Sweden and Norway where snus is widely used and has played a key role in Sweden becoming the only European state to have achieved smoke-free status. In Norway, only 1% of women aged 16-24 smoke while some 12% use snus daily.[vii] Due to snus, Sweden has the lowest rate of smoking in Europe and the lowest tobacco-related mortality. There is long-term evidence that snus poses little risk to users, yet it is not available legally within the UK. This is clearly illogical and **the reversal of the ban on snus could play a significant role in helping achieve the 2030 target.** Reversal of the ban is easier now that the UK has left the European Union.

The epidemiological evidence is that **the quickest way to reduce the prevalence of smoking and related mortality and morbidity is to help adult smokers to stop smoking.**

You raise the importance of impactful interventions to reduce the uptake of smoking, especially by young people, and there are concerns in some quarters that safer nicotine products may renormalise smoking. Here, the evidence from the UK clearly shows no link between an increase in people vaping and young people's initiation into smoking.

The evidence from Sweden and Norway clearly shows snus helps prevent smoking. Helping more parents to stop smoking or switch to safer products would have clear benefits to young people and help prevent smoking initiation. We should also not lose sight of the fact that some young people, often from disadvantaged backgrounds, will continue to smoke, and that safer nicotine products can provide an important off ramp to help them quit. **Reducing the number of adult smokers by promoting the use of safer alternatives will help reduce the size of the combustible tobacco market, hasten industry transformation, and so reduce the likelihood of future generations beginning to smoke.**

Within some of our most vulnerable groups there are potentially spectacular gains to be had by providing more support. Some 40% of individuals with a serious mental health condition smoke[viii], a disproportionate number of them very heavily. Many mental health trusts have already undertaken work in this area, but more needs to be done. Among rough sleepers, estimates of smoking prevalence sit as high as 85%[ix], with many smoking roll ups made from discarded butts. During the COVID pandemic, nearly this entire population was brought indoors, and many were given access to safer nicotine products, the first time many of them will have received any form of intervention for their smoking. Evidence shows that levels of desire to give up smoking are high and many successfully switched with low levels of support.[x] There are other pockets of good practice within drug and alcohol services as well as parts of the criminal justice system. **There needs to be strong central support to help promote good practice in facilitating smoking cessation and access to safer nicotine products in marginal and vulnerable groups.**

It is also important to recognise that safer nicotine products work for so many because, unlike Nicotine Replacement Therapy, people find them appealing. Their variety means that individuals are more likely to find a product that works for them and their circumstances. The fullest range of safer nicotine products should therefore be available. This is an asset in the fight against smoking and **it is essential to ensure that safer nicotine products are always a more attractive proposition than combustible tobacco products, be that in terms of price, accessibility and choice.**

Achieving smokefree status by 2030 will help tackle one of the most visible health inequalities in England and, as such, would deliver significant levelling up gains, not just in terms of individual health, but also for families and the wider communities. It would also deliver economic gains given that, after initial outlay, many safer nicotine products are cheaper than smoking.

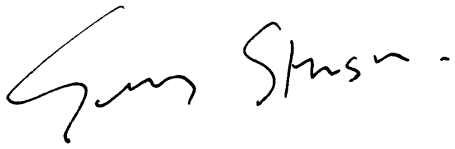
At a time of great demand on public resources, especially within the health sector, it is important to note that a huge amount can be achieved in terms of improving understanding of safer nicotine products with very limited government investment. Indeed, **tobacco harm reduction using safer nicotine products comes at an extremely low cost to government since the costs are borne by the consumer**. Maintaining a regulatory and legal framework which allows access to reduced risk products while minimising uptake by young people is clearly essential, but in no way runs counter to the benefits of embracing the potential of tobacco harm reduction.

The UK was one of the global leaders in terms of championing harm reduction as a response to the HIV/AIDS crisis, often in the face of opposition from those driven by particular ideological or moral agendas. The achievements and gains of that brave approach are clear today. More of the same old approaches will not deliver what is needed. For each year that the target is missed the cost will be counted in thousands of lives and billions of pounds.

There is an opportunity for England to lead the way in terms of achieving smokefree status by 2030. But this will require a willingness to embrace new approaches. By embracing all of the tools at our disposal, including tobacco harm reduction, England can deliver a pragmatic,

evidence-based and humane approach which can end smoking by 2030. The gains will be evident in the lives saved and the communities protected. We would be delighted to provide further information to inform your review.

With regards



Prof Gerry Stimson

[i] Ash. (2021). *Smoking Statistics*. https://ash.org.uk/wp-content/uploads/2019/10/SmokingStatistics.pdf#:~:text=England%20Wales%20Scotland%20Northern%20Ireland%20UK%20Adults14.4%25%2015.9%25,from%2037.4%25%20in%201974%20to%2059.4%25%20in%202018.

[ii] Royal College of Physicians. (2021). *Smoking and health 2021: A coming of age for tobacco control?* https://www.rcplondon.ac.uk/projects/outputs/smoking-and-health-2021-coming-age-tobacco-control

[iii] Royal College of Physicians. (2016). *Nicotine without smoke: Tobacco harm reduction*. https://www.rcplondon.ac.uk/projects/outputs/nicotine-without-smoke-tobacco-harm-reduction

[iv] "[...] For every 100 people using nicotine e-cigarettes to stop smoking, 9 to 14 might successfully stop, compared with only 6 of 100 people using nicotine-replacement therapy, 7 of 100 using nicotine-free e-cigarettes, or four of 100 people having no support or behavioural support only. [...]" Hartmann-Boyce J, McRobbie H, Butler AR, Lindson N, Bullen C, Begh R, Theodoulou A, Notley C, Rigotti NA, Turner T, Fanshawe TR, & Hajek P. (2021, September 14). Can electronic cigarettes help people stop smoking, and do they have any unwanted effects when used for this purpose? Cochrane. https://doi.org/10.1002/14651858.CD010216.pub6

[v] "[…] Using a vaping product is the most popular aid used by people trying to quit smoking. In 2020, 27.2% of people used a vaping product in a quit attempt in the previous 12 months. This compares with 15.5% who used NRT over the counter or on prescription (2.7%), and 4.4% who used varenicline. […]" McNeill, A., Brose, L., Calder, R., Simonavicius, E., & Robson, D. (2021). Vaping in England: Evidence update February 2021: a report commissioned by Public Health England. Public Health England. https://www.gov.uk/government/publications/vaping-in-england-evidence-update-february-2021

[vi] Ash. (2021). *Use of e-cigarettes (vapes) among adults in Great Britain*. https://ash.org.uk/wp-content/uploads/2021/06/Use-of-e-cigarettes-vapes-among-adults-in-Great-Britain-2021.pdf

[vii] Statistics Norway. (2021). *Tobacco, alcohol and other drugs*. https://www.ssb.no/en/helse/helseforhold-og-levevaner/statistikk/royk-alkohol-og-andre-rusmidler

[viii] NHS Digital. (2016). *1.23 Smoking rates in people with serious mental illness (SMI).* https://digital.nhs.uk/data-and-information/publications/statistical/ccg-outcomes-indicator-set/june-2020/domain-1-preventing-people-from-dying-prematurely-ccg/1-23-smoking-rates-in-people-with-serious-mental-illness-smi

[ix] Groundswell. (2016). *Room to breathe*. https://groundswell.org.uk/our-approach-to-research/peer-research/room-to-breathe/

[x] Open Science Framework. (2021). *Evaluation report on the THR in emergency hotels*. https://osf.io/jd2g8/?show=revision