



The Association of Directors of Public Health

Written evidence response: Tobacco and Vapes Bill

Executive Summary

- The Association of Directors of Public Health (ADPH) strongly support this Bill as it will give the next generation the freedom to live longer, healthier, more productive lives. As the representative body for Directors of Public Health (DsPH) across the UK, it is our responsibility - and our duty - to protect the next generation from the harmful impacts of an addiction to nicotine.
- Smoking is the leading cause of preventable death and disease in the UK. It is also the biggest driver of health inequalities, with higher smoking rates being linked to almost every indicator of disadvantage.
- The accompanying smoking cessation approach and additional funding in the Bill is welcomed by ADPH, but it must be funded by sustainable investment to allow for longer-term planning. We recommend that this is committed to for at least five years.
- Most people do not smoke, but second-hand smoke has negative impacts, especially for children, pregnant women, and those with existing conditions such as asthma. We support strengthening of the existing powers to ban smoking in public places.
- We acknowledge the importance of vapes as a tool in smoking cessation and are in line in that vaping can play in an effective tobacco prevention strategy. However, the marketing of vapes to children is utterly unacceptable. We support the Bill's efforts to stop vapes and nicotine products from being deliberately branded, promoted, and advertised to children.
- Further, we strongly believe that an outright ban on marketing of vapes should be introduced instead of advocating for responsible marketing, acknowledging that important educational information (eg that vapes are better than cigarettes) can be accessed through other means, such as public health advertising, tobacco packaging, and healthcare professionals.
- We also recommend that the Government prescribe standards for size and type face of any branding used on vapes, as is already done with tobacco product packaging. Although we recognise that further research is required to inform the development of policy in this area.
- ADPH recommends implementing a licensing scheme as it will remove many the sellers of illicit tobacco who target children and young people. The public health consensus is to use a positive licensing scheme model which requires prior approval for conducting business activities and adherence to minimum standards.
- This submission is in support of our oral evidence given to the Public Bill Committee on 7th January, 2025.

About ADPH

ADPH is the representative body for DsPH and is a collaborative organisation, working in partnership with others to strengthen the voice for public health, with a heritage which dates back over 160 years. ADPH works closely with a range of Government departments, including UKHSA and OHID as well as the four

CMOs, NHS, devolved administrations, local authorities, and national organisations across all sectors to minimise the use of resources as well as maximise our voice.

ADPH aims to improve and protect the health of the population by:

1. Representing the views of DsPH on public health policy.
2. Advising on public health policy and legislation at a local, regional, national, and international level.
3. Providing a support network for DsPH to share ideas and good practice.
4. Identifying and providing professional development opportunities for DsPH.

ADPH supports the Tobacco and Vapes Bill

1. We support this Bill as it will give the next generation the freedom to live longer, healthier, more productive lives by creating the first smokefree generation. It will protect future generations from the misery of repeated attempts to give up smoking, making our economy more productive, and building an NHS that delivers faster, simpler, and fairer care. There is no liberty in addiction, and nicotine robs people of their freedom to choose.

Smoking

A deadly addiction

2. Smoking is the leading cause of preventable death and disease in the UK. In this Parliamentary term, Cancer Research UK has estimated smoking will cause 300k cancer deathsⁱ and it is estimated to cost the NHS in England £1.9 billion annually.ⁱⁱ About half of all life-long smokers will die prematurely, losing on average about 10 years of life.
3. Data over the last five years shows most smokers want to quit, but cannot due to an addiction to nicotine that started in their teenage years. Over 80% of smokers started before they turned 20, many as children.ⁱⁱⁱ They have had their choices taken away by addiction, and their lives will be harmed and cut short by an addiction they do not want.

Biggest driver of health inequalities

4. Smoking tobacco products is also the biggest driver of health inequalities, with higher smoking rates being linked to almost every indicator of disadvantage. In 2023, 14% of people aged 18 and over in the most deprived areas were current smokers compared with only 9% of people in the least deprived areas.^{iv}
5. Half the difference in life expectancy between people living in the most and the least deprived areas is caused by smoking, and rates of smoking in pregnancy in the most deprived areas of the UK are nearly six times those of the least deprived areas.^v It also creates an additional financial burden on the household.

Significant economic cost

6. Recent modelling from Action on Smoking and Health (ASH) has found that smoking costs society in England £43.7 billion a year through a combination of lost economic productivity and health and social care costs. If the cost of early deaths due to smoking is included, this number rises to £78.3

billion. Further, in 2024, smoking cost the public finances in England £16.5 billion, more than double the £6.8 billion raised through tobacco taxes.^{vi}

Impacts of second-hand smoke

7. Exposure to second-hand smoke is never without risk, especially for pregnant women and children, and people exposed to second-hand smoke have no choice. Second-hand smoke exposure has been linked to a range of conditions associated with regular smokers, such as heart disease, lung cancer, breast cancer, other cancers, poor lung function, stroke, and dementia.^{vii}
8. As outlined in relation to the health impacts of smoking, increasing the prevalence of these conditions puts further strain on the health system and has economic and societal impacts.
9. Further, people from low socio-economic groups are also more likely to be exposed to second-hand smoke in the home, exacerbating health inequalities and increasing likelihood of smoking uptake.
10. We support the strengthening of the existing powers to ban smoking in public places to reduce harms of passive smoking, particularly around children and vulnerable people.

Role of smoking cessation services

11. Smoking cessation approach and additional funding in the Bill is welcomed by ADPH, but they must be funded by continued and sustainable investment to allow for longer-term planning. We recommend that this is committed and confirmed for at least five years.

Vaping

Vaping can be a helpful smoking cessation tool

12. Vaping can be helpful as a tool to quit but it is not risk free. We are in line with the English CMO position on vapes - vaping is effective when used as a stop smoking tool, but those who do not smoke should not vape.^{viii}
13. The proportion of the population who currently vape this year is 11%, the highest rate ever, equal to 5.6 million adults in Great Britain. The majority of e-cigarette users are ex-smokers (53%) or current smokers (39%). Only 8% of e-cigarette users have never smoked tobacco.^x
14. A critical recommendation from the 'the Khan review: making smoking obsolete' is to promote vaping as an effective tool to help people quit smoking tobacco, outlining the role that vaping can play in an effective tobacco control strategy.^x
15. At the same time, we recognise that vaping is not risk-free and therefore vaping must be presented as an alternative to or replacement for smoking, not an activity which is appealing to the wider non-smoking population.
16. An increase in vaping in the short term may be a natural outcome of a decrease in tobacco use. Increases in groups that have not previously smoked cigarettes may be a result of the rapid rise of e-cigarettes and the subsequent ability to market and promote the products (as is not the case with tobacco).
17. Further monitoring and evaluation are needed following the passing of the Bill to determine whether these trends will continue.

Preventing the appeal of vapes to children

18. Data from the most recent ASH Smokefree GB Youth Survey show that rates of vaping among 11–17-year-olds appear to have stabilised after a period of increase. The proportion of young people aged 11–17 who have ever vaped has not significantly changed between 2023 (20%) and 2024 (18%). Current vaping among 11–17-year-olds, which includes vaping less than once a month, is 7.2%, and has not significantly increased since 2022. Those experimenting with vaping (trying once or twice) has not significantly changed between 2023 (11.6%) and 2024 (9.5%).^{ix}
19. However, marketing vapes and other nicotine products to children and young people with the sole intention of driving up sales and making a profit from addiction is unacceptable.
20. Vapes should only be marketed as a smoking cessation tool. A restriction on how vape flavours are described does not remove this function from the product, but rather lessens its attractiveness to children and young people.
21. It is, however, crucial to strike the right balance between reducing appeal to children while also preserving the appeal of vapes to adults who want to quit. A disproportionate approach could lead to unintended consequences with research from the United States showing that, rather than nudging people away from vapes, such measures to restrict vape flavours drive users to instead buy conventional cigarettes.^{xi}

Other tobacco products

22. We support chewing tobacco being included within the Bill under the term nicotine product which will be included in the generational ban. Its use is concentrated in particular ethnic minority groups who could be at risk of taking up smoking if the products were outright banned.

Licensing

23. ADPH recommends implementing a licensing scheme as it will remove a large number of the sellers of illicit tobacco who target children and young people. The public health consensus is to use a positive licensing scheme model which requires prior approval for conducting business activities, and adherence to minimum standards.

Impact of licensing schemes on SMEs

24. We encourage a licensing scheme that requires a license for both individuals and premises involved in the supply chain. The license holder should not hold any convictions for tobacco or related offences, and both the individual and the premise should fulfil the constraints of the tobacco legislation.
25. Licensing fees should also be set at an amount that is sufficient enough to cover administrative and enforcement costs.

Safeguards in the approach to licencing schemes

26. We believe that a ‘positive’ licensing system would work best. A negative licensing scheme is more likely to provide weaker controls on the tobacco supply chain than those relating to alcohol. The

license should apply to both individuals and the premises, and should link the two, so that moving premises or a change in individuals is not a method of avoiding the need for a license.

27. There are examples of positive licensing schemes that could provide a useful model for the UK in other countries, such as the US and Australia. A positive licensing scheme is also in effect in Guernsey under the Tobacco Products Order 2014.

Refusing a licence and the grounds to appeal

28. A licensing system for tobacco should provide a set of appropriate penalties due to the harmful nature of the products and the negative consequences it has for public health.
29. It should be a criminal offence to sell, possess or supply cigarettes for commercial purposes, without a license. Guidance for magistrates should be issued to ensure that offences are treated with the seriousness that they deserve.
30. Sanctions should include temporary or permanent removal of the license depending on the act of non-compliance. Penalties should apply to crimes which take place without a license at all levels of the supply chain. Fines should also be proportionate to the size of the commercial entity that breaches its license conditions.

Impact of rogue traders and illegal sales on responsible retailers

31. Implementing an effective licensing scheme will permanently remove a large number of the sellers of illicit tobacco and will increase the profitability of legitimate local retailers who obey tobacco control legislation. Overall, a decline in the illicit tobacco trade will result in fewer children getting hold of cigarettes and becoming addicts in their teenage years. Honest retailers will also be protected from competition from the illicit trade in tobacco.

Shop displays, plain packaging and advertising

Displaying vapes in shops

32. Exposure to vape promotion remains high, this is especially concerning amongst young people. In 2024, 72% of 11–17-year-olds who are aware of vapes report they were exposed to some form of vape promotion, the majority of this being in shops (55%).^{ix}
33. These statistics demonstrate the growing number of children who are exposed to the marketing of these addictive products. To address this, we believe that vapes should only be kept behind the counter but can remain on limited display with no other instore or externally visible promotion, providing that regulations have been implemented to remove child-friendly packaging and labelling. This is indicative of the lower level of risk of vapes compared to tobacco products, whilst at the same time this measure can reduce the exposure of children to vapes.
34. We support the Bill's efforts to stop vapes and nicotine products from being deliberately branded, promoted, and advertised to children.

Impact of standardised packaging on the appeal of vapes

35. A study by ASH found that removing brand imagery could have an impact in reducing the appeal of e-cigarettes to young people without compromising their appeal to adult smokers. Furthermore, 37% of children who had never tried an e-cigarette expressed a preference when shown a fully

branded packs and 27% expressed a preference when shown the packs without brand imagery. This indicates that children are influenced by the branding currently used by manufacturers, and restrictions would be a simple method in reducing their appeal to children.^{ix}

36. We recommend that the Government prescribe standards for size and type face of any branding used on vapes, as is already done with tobacco product packaging. More detailed research is required to inform the development of policy in this area, and total standardisation may lead to misconceptions regarding the relative harm levels of tobacco and vape products. We do not believe that these run contrary to the NHS policy of handing out starter packs to adults.

Outright ban on advertising

37. We strongly believe that an outright ban should be introduced instead of advocating for responsible marketing. There is no responsible marketing of an addictive substance, especially when the advertising may be viewed by children and young people. The tobacco industry spend billions of pounds on marketing vapes and other nicotine products to children and young people with the sole intention of driving up sales and making a profit from addiction.
38. Educational information (e.g. that vapes are better than cigarettes) can be accessed through other means, such as public health advertising, tobacco packaging (which will be strengthened and extended to other tobacco products in the proposed new standardised packaging regulations), and healthcare professionals.

ⁱ Zakkak N, Mikolajczyk M, Miguez S, Finnegan S, Brown K. CRUK analysis brief: Projected UK cancer cases caused by tobacco in the current parliamentary term. Cancer Research UK. 2024.

https://www.cancerresearchuk.org/sites/default/files/projected_uk_cancer_cases_caused_by_tobacco.pdf?11 [Accessed January 2025].

ⁱⁱ ASH. Latest figures show cost of smoking in England up 25% to at least £21.8 billion. 2024 <https://ash.org.uk/media-centre/news/press-releases/latest-figures-show-cost-of-smoking-in-england-up-25-to-at-least-21-8-billion> [Accessed January 2025].

ⁱⁱⁱ DHSC. Stopping the start: our new plan to create a smokefree generation. 2023. <https://www.gov.uk/government/publications/stopping-the-start-our-new-plan-to-create-a-smokefree-generation> [Accessed December 2024].

^{iv} Nuffield Trust. Smoking. 2024. <https://www.nuffieldtrust.org.uk/resource/smoking>. [Accessed December 2024].

^v Hopkinson N.S, Stokes-Lampard H, Dixon J, Rae M, Bauld L, Woolnough S, et al. Open letter to the prime minister and secretary of state on the second anniversary of England's announcement that it would be smoke-free by 2030. 2021. <https://www.bmj.com/content/374/bmj.n1839> [Accessed December 2024].

^{vi} ASH. The economic impact of smoking. 2025. <https://ash.org.uk/health-inequalities/the-economic-impact-of-smoking> [Accessed January 2025].

^{vii} ASH. Secondhand Smoke. 2020. <https://ash.org.uk/resources/view/secondhand-smoke>. [Accessed January 2025].

^{viii} Chief Medical Officer for England. Chief Medical Officer Annual Report – 2023: Health in an Ageing Society. 2023. <https://assets.publishing.service.gov.uk/media/6674096b64e554df3bd0dbc6/chief-medical-officers-annual-report-2023-web-accessible.pdf>. [Accessed January 2025].

^{ix} ASH. Use of vapes (e-cigarettes) among adults in Great Britain. 2024 <https://ash.org.uk/resources/view/use-of-e-cigarettes-among-adults-in-great-britain>. [Accessed January 2025]

^x Khan J. The Khan review: making smoking obsolete. London: Department of Health and Social Care; 2022. Available from: <https://assets.publishing.service.gov.uk/media/62a0c3f38fa8f503921c159f/khan-review-making-smoking-obsolete.pdf> [Accessed January 2025].

^{xi} Friedman A, Liber AC, Crippen A, Pesko M. E-cigarette Flavour Restrictions' Effects on Tobacco Product Sales. Social Science Research Network. 2023. Available from: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4586701. [Accessed January 2025].