

National Assembly for Wales / Cynulliad Cenedlaethol Cymru
[Health and Social Care Committee / Y Pwyllgor Iechyd a Gofal Cymdeithasol](#)
[Public Health \(Wales\) Bill / Bil Iechyd y Cyhoedd \(Cymru\)](#)

Evidence from Paul Barnes – PHB 07 / Tystiolaeth gan Paul Barnes – PHB 07

I would like to thank the Health and Social Care Committee for the chance to respond to the proposal as defined in the Public Health (Wales) Bill. The following pages outlines my responses to various paragraphs contained within the Explanatory Memo.

1. It is my opinion that the current proposal to ban the use of e-cigarettes (vapour products) in enclosed public and work spaces does not have sufficient negative health evidence to carry substantial support for enforcement. Current figures provided by ASH UK¹ highlight that the number of current users stands at approximately 2.6 Million, with 1.1 Million confirmed sole-users.
2. Assuming Wales population levels of ~3.1 Million (extrapolated from 64.1M UK residents), approximately 54,200 pro-rata who have quit with the use of e-cigarettes. This figure represents ~85% of the total number of people who have recently quit smoking (assuming that 2% of the population = 64,000).
3. These figures represent successful cessation² of combustible tobacco products under the current regulatory and smoke-free regime, enforced by local businesses as an alternative to an enforced blanket ban.
4. With regards to the proposal to extend the smoke-free areas, along with the addition of vapour products in the same legislation can be interpreted by members of the public as a message from the Welsh Government saying that vapour products are no better than traditional tobacco products. The current body of evidence collated to date does not support this subliminal message, in fact the evidence suggests that vapour products are at least 95% safer than traditional tobacco products³ with no negative health impact on bystanders.^{4,5}
5. The provisions as set out in the Explanatory Memorandum⁶ do not make the necessary provisions, nor take into account any unintended consequences of imposing a public and work places ban. In imposing such a ban, the Welsh Government will force existing vapour product users; many of whom

¹ http://www.ash.org.uk/files/documents/ASH_891.pdf - ASH UK, Use of electronic cigarettes (vapourisers) among adults in Great Britain

² <http://www.addictionjournal.org/press-releases/e-cigarette-use-for-quitting-smoking-is-associated-with-improved-success-rates->

³ <http://www.biomedcentral.com/1741-7015/12/225> - Electronic cigarettes have a potential for huge public health benefit; Hajek P.

⁴ <http://informahealthcare.com/doi/abs/10.3109/08958378.2012.724728> - Comparison of the effects of e-cigarette vapor and cigarette smoke on indoor air quality; T. R. McAuley et al.

⁵ <http://onlinelibrary.wiley.com/doi/10.1111/j.1600-0668.2012.00792.x/abstract> - Does e-cigarette consumption cause passive vaping?; T. Schripp, D. Markewitz, E. Uhde and T. Salthammer

⁶ <http://www.assembly.wales/laid%20documents/pri-ld10224-em/pri-ld10224-em-e.pdf> - Public Health (Wales) Bill, Explanatory Memorandum

are recent switchers, into environments that are not conducive to improving their health.⁷ Indeed, many recent switchers do find that being in a smoking environment will encourage them back to tobacco smoking.

6. Other unintended consequences of imposing a ban would also include a negative impact on small businesses that retail the vapour products. Many of whom may see a drop in custom should existing users switch back to tobacco products. These small specialist businesses provide much needed employment and trade to Wales and should not be neglected.

7. Furthermore, implementing the Welsh Government's preferred option as detailed in the Explanatory Memorandum⁸ adds unnecessarily burdensome regulatory workloads to local authorities in ensuring that the legislation is both effective and implemented sufficiently. The E.M. quotes references to the USA where strict policy has been implemented, however the Health Minister fails to recognise that in such places where vapour product bans are in effect, smoking rates have ceased the rapid decline, and in some cases have in fact increased. There are of course several factors that can potentially account for this increase, including funding limitations to tobacco control programs; however in each instance of prevalence increase there had been a recent legislation passed imposing bans and incorporating vapour products alongside traditional tobacco products.⁹

8. It is clear from the Explanatory Memorandum that the main basis for the preferred option is the "re-normalisation" argument. There is a growing body of evidence that effectively eliminates this argument as the current rate of vapour products by never-smokers remains minimal.^{10 11 12 13}

9. Data provided by the US CDC Morbidity and Mortality Weekly Report¹⁴ shows a decrease in combustible tobacco use with an increase in the use of vapour products. This data, in conjunction with data from Cancer Research UK and Action on Smoking and Health clearly demonstrates that the "re-normalisation" argument is invalid. No other cessation product has demonstrated such a clear and rapid decline in smoking prevalence.¹⁵

10. It is clear that a combination of strategies surrounding smoking cessation should include wide ranging ideas in tobacco harm reduction. The country with the lowest smoking prevalence rate (Sweden) sees the highest use of smokeless tobacco (Snus) that has largely replaced traditional tobacco use with only a ~12% smoking prevalence rate, and substantially lower tobacco mortality rate.¹⁶

11. Teenagers that use e-cigarettes is a concern, however the data cited in the EM contains serious flaws not least of which and by the authors own admission "This is a cross-sectional study, which

⁷ <http://www.clivebates.com/?p=3096> - The Counterfactual, Bates C.

⁸ <http://www.assembly.wales/laid%20documents/pri-ld10224-em/pri-ld10224-em-e.pdf> - Public Health (Wales) Bill ; Explanatory Memorandum P102-P130

⁹ <http://www.wsj.com/articles/new-york-citys-adult-smoking-rate-climbs-1410812653>

¹⁰ <http://www.cancerresearchuk.org/about-us/cancer-news/press-release/2015-06-12-research-shows-most-children-do-not-regularly-use-e-cigarettes>

¹¹ http://www.ash.org.uk/files/documents/ASH_891.pdf ASH: Use of e-cigarettes among adults in Great Britain (May 2015)

¹² http://www.ash.org.uk/files/documents/ASH_959.pdf

¹³ http://ec.europa.eu/public_opinion/archives/ebs/ebs_429_en.pdf

¹⁴ http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6414a3.htm?s_cid=mm6414a3_w

¹⁵ HYPERLINK "http://www.addictionjournal.org/press-releases/e-cigarette-use-for-quitting-smoking-is-associated-with-improved-success-rates-"<http://www.addictionjournal.org/press-releases/e-cigarette-use-for-quitting-smoking-is-associated-with-improved-success-rates->

¹⁶ <http://www.estoc.org/key-topics/the-swedish-experience>

allows us to identify associations, not causal relationships." Data gathered from within the UK does not show significant youth uptake.¹⁷ A fair and proportionate response to address any potential youth uptake would need to address several issues, not least of which the factor that a number of youth already smoke combustible tobacco. Further reductions in smoking prevalence in this age group can be achieved by allowing current smoking youth access to vapour products with professional guidance. It is already clear that professional aid via Stop Smoking Services are beneficial, this can be enhanced by adopting vapour products as an option for cessation.¹⁸

12. It is clear from the early compliance data¹⁹ that adherence to the existing legislation, with current enforcement by premise staff, is high. There are many factors at work in this instance, not least of which the continued "de-normalisation" of tobacco smoking alongside appropriate public and work place rules. Many premises have already implemented a ban on the use of vapour products to coincide with existing legislation; however an unintended consequence of imposing a vapour product ban on premises that currently allow their use will have a negative economic impact on those premises as many vapour product users will simply stop patronising said premises.

13. The proposal to implement a combined tobacco and nicotine products register does present certain difficulties surrounding the identification of which tobacco retailers are also selling nicotine products. The Government of Scotland identifies that a tobacco register does indeed aid enforcement of age restrictions legislation²⁰ however care must be taken to significantly identify "dual retailers"; i.e. retailers that sell both tobacco and vapour products, and "sole retailers"; i.e. retailers selling either tobacco OR vapour products, but not both. Additionally, the rules governing the registration must differentiate between the two type of retailer with the appropriate measures and restrictions for the relevant product.

14. The proposals as defined in the Explanatory Memorandum that relate specifically to vapour products will have an overall net negative impact on public health. Imposing the restrictions as defined will effectively send a message to the Welsh public that vapour products are as bad as combustible tobacco when the products have a clear health benefit.^{21 22 23} However, public perception of these devices caused in large part due to inflammatory media headlines and misrepresented information is causing a significant shift in the view of the public relating to any potential harms.²⁴

15. Inclusion of vapour products alongside combustible tobacco which has known harms only serves to reinforce the perception of the public that vapour products are not beneficial for smoking cessation

¹⁷ <http://www.cancerresearchuk.org/about-us/cancer-news/press-release/2015-06-12-research-shows-most-children-do-not-regularly-use-e-cigarettes>

¹⁸ http://www.ncsct.co.uk/usr/pub/e-cigarette_briefing.pdf

¹⁹ <http://smokefreeengland.co.uk/files/83433-coi-smokefree-legislation-webtagged.pdf>

²⁰ HYPERLINK

"[http://www.scottish.parliament.uk/S3_Bills/Tobacco%20and%20Primary%20Medical%20Services%20\(Scotland\)%20Bill/b22s3-intro-pm.pdf](http://www.scottish.parliament.uk/S3_Bills/Tobacco%20and%20Primary%20Medical%20Services%20(Scotland)%20Bill/b22s3-intro-pm.pdf)"[http://www.scottish.parliament.uk/S3_Bills/Tobacco%20and%20Primary%20Medical%20Services%20\(Scotland\)%20Bill/b22s3-intro-pm.pdf](http://www.scottish.parliament.uk/S3_Bills/Tobacco%20and%20Primary%20Medical%20Services%20(Scotland)%20Bill/b22s3-intro-pm.pdf)

²¹ <http://www.biomedcentral.com/1471-2458/14/18>

²² <http://www.biomedcentral.com/1741-7015/12/225>

²³ <http://www.biomedcentral.com/1741-7015/13/54/abstract>

²⁴ <http://ash.org.uk/media-room/press-releases/:electronic-cigarette-use-among-smokers-slows-as-perceptions-of-harm-increase>

when the body of evidence clearly shows increased cessation rates^{25 26} with minimal, or zero harm to the user²⁷ or to bystanders.

16. Improvements to public health in relation to tobacco smoking, along with a significant decrease in smoking prevalence can only be achieved by embracing broad scale tobacco harm reduction measures such as Snus and vapour products.

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<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010216.pub2/abstract;jsessionid=A53234383572F5DCDBB9CCED547C654E.f04t01>

²⁶ <http://www.tobaccoinduceddiseases.com/content/pdf/1617-9625-12-21.pdf>

²⁷ <http://www.biomedcentral.com/1741-7015/13/54/abstract>