New Nicotine Alliance

Registered charity in England and Wales – number 1160481

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19 May 2021

Dear Ms Churchill and Ms Mirza

Re: Levelling up and capitalising on Brexit - proposals for meeting the Smoke-free 2030 ambition by popular consent

We are writing to follow up our letter of 29 October 2020, setting out why and how Brexit could help achieve the government's Smoke-free 2030 goal and contribute to levelling up.[1] Thank you for the reply of 6 November 2020, which we appreciate.[2] We understand a new Tobacco Control Plan will be announced later this year.[3] We believe this will of necessity go beyond the scope of the recent consultation on the implementation of tobacco regulations and raises questions of strategy that we would like to address. This letter and attached submission are to provide a more comprehensive set of proposals and should be read in conjunction with the evidence set out in our October letter.

The New Nicotine Alliance represents consumers of low-risk alternatives to cigarettes such as vaping products, smokeless and heated tobacco products. As consumers, we have a direct interest in the regulation of these products and the personal and public health consequences of policy choices made by the government.

If it is to succeed, the plan to achieve the Smoke-free 2030 goal will inevitably have a significant effect on England's 5.7 million adult smokers and 2.5 million vapers, with knock-on effects elsewhere in the UK. For the policy to be successful, both politically and as a public health measure, we firmly believe this goal must be achieved by *consent and consumer choice*, not by force of law, punitive taxation and coercive restrictions. The government should approach citizens as an ally in their struggles, not as though it is policing and punishing their behaviour.

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1 Letter to the Minister of Public Health from New Nicotine Alliance: *Proposals for post-Brexit tobacco and nicotine policy reforms – taking back control and levelling up*, 29 October 2020. Available via: https://bit.ly/3o9RPlu

2 Reply from Mark Davies, Director of Population Health, DHSC. Tobacco, nicotine and public health - capitalising on Brexit to meet the 2030 smokefree goals, 6 November 2020. Available via: https://bit.ly/3tWn9p5

3 Parliamentary Answer, Jo Churchill MP, Minister of Public Health, to Mary Glindon MP, 19 April 2021. Via: https://bit.ly/3eUanmM

With that in mind, we have set out a more complete set of proposed measures building on the Brexit-related proposals we made in October. We start from the premise that a range of smoke-free products (vaping, heated tobacco, snus and oral nicotine products) will work as effective alternatives to smoking products if they are promoted and marketed appropriately to smokers. No one using nicotine has to be exposed to outsized risks of cancer, COPD or heart disease. The alternatives are available: we just need a policy framework that encourages the widespread transition from smoking to smoke-free alternatives for continuing nicotine users.

We would welcome the opportunity to discuss these proposals with you and address any concerns or questions you may have.

Yours sincerely

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New Nicotine Alliance

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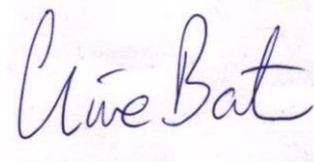

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About the New Nicotine Alliance: The New Nicotine Alliance was founded as a registered charity (1160481) in 2015 to advance public understanding and awareness of ways to reduce the harms associated with cigarette smoking. We take a consumer-interest, scientific and public health perspective and wish to encourage a mature public discussion about the opportunities and risks of encouraging safer nicotine products to address the health, welfare and other harms associated with smoking.

Disclosure: The New Nicotine Alliance is completely independent of commercial interests in relevant industries (e-cigarettes, tobacco, pharmaceutical companies, etc.). It operates on a small budget and not-for-profit basis and is free from commercial bias. Our policies and statements are evidence-based, with a clear focus on the health of consumers and the wider public

Smoke-free 2030 policy options

This document is consumer input to the government's policymaking process as it formulates a new Tobacco Control Plan for publication later in 2021. The aim of the plan is to meet the objective of reducing adult smoking prevalence in England to below five per cent by 2030, the Smoke-free 2030 goal. It should be viewed together with our October 2020 position paper on levelling and Brexit. [4]

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[4] New Nicotine Alliance: Proposals for post-Brexit tobacco and nicotine policy reforms – taking back control and levelling up, 29 October 2020. Available via: https://bit.ly/3o9RPlu

1 The challenge - the Smoke-free 2030 goal is difficult

1.1 The Smoke-free 2030 goal

The government has set an ambitious goal to go 'smoke-free' in England by 2030. This is taken to mean reducing adult smoking prevalence to below 5% by 2030. The goal was raised in a July 2019 government consultation on its preventative approach to health in the following form.[5]

> *We are setting an ambition to go 'smoke-free' in England by 2030.*
>
> *This includes an ultimatum for industry to make smoked tobacco obsolete by 2030, with smokers quitting or moving to reduced-risk products like e-cigarettes. Further proposals for moving towards a Smoke-free 2030 will be set out at a later date.*

As consumers, we have found safer nicotine products to be hugely beneficial personally. We believe that this Smoke-free 2030 goal is achievable, *but only by consent rather than by coercion*. We believe that smokers will switch to smoke-free products in large numbers and quickly if they understand the benefits and risks, if the products are effective and appealing substitutes for cigarettes, and if the regulatory, fiscal and communications environment supports migration from smoking to smoke-free products.

1.2 The rate of progress in the 2020s needs to double

To achieve adult smoking prevalence of 5% or less by 2030 demands proportionately much deeper reductions than achieved in the past decade. According to the smoking toolkit study, smoking prevalence in England fell from 21.4% to 14.8% between 2010 and 2020 - a decline of less than one-third (31%). To meet the 2030 5% target, the decline between 2020 and 2030 would need to be approximately two-thirds (66% reduction) - twice the ambition. This challenge may also be compounded by the concentration of the residual smoking population in disadvantaged population groups, where smoking is deeply entrenched.

The question is, what strategy would achieve this accelerated decline in smoking?

2 Strategy - how to achieve the Smoke-free 2030 goal

2.1 Recognise the limits of conventional tobacco control

There is a limit to how much a government can legitimately impose punitive measures, restrict personal choice, and potentially stigmatise citizens with tobacco control measures. At some point, the harms caused by tobacco control policies must become a constraint on tobacco policy. This applies most obviously with increasing regressive taxation or restricting public use to create stress for smokers rather than to protect non-smokers. As consumers for whom traditional approaches to smoking cessation did not work - and from our experience talking to smokers in our localities - we believe that most of the main

[5] Cabinet Office & Department of Health and Social Care: Advancing our health: prevention in the 2020s. July 2019. Available: https://bit.ly/3v3q2G8

tools of conventional tobacco control are reaching or are already exceeding their acceptable limit. In our view, there is little scope for pulling even harder on these levers. Further, if the government is determined to apply punitive taxes, impose pervasive restrictions on smoking, and stigmatise smokers, *then it is ethically obliged to maximise opportunities to quit smoking by any possible means.*

2.2 Promote but do not rely on smoking cessation

We support the idea of smokers having every possible way to quit smoking and nicotine altogether if they want to, both through their personal motivation to improve their welfare and to respond to the pressure generated by tobacco control policies. However, in our view, there is a large population of committed smokers who do not want to quit at all or to go through the sometimes-demanding process of quitting smoking, even if a high proportion say they wish to quit when surveyed. This is hardly unique: many people will say they would like to lose significant weight, but far fewer will give up the food and drink necessary to do it. Smoking cessation treatment efficacy is low, and this is even when measured among subjects who already want to quit and volunteer for trials. The challenge for Smoke-free 2030 is the people who will not quit - including those who do not want to quit and also those who cannot quit because the available options do not sufficiently appeal to them. The game-changer will be to open up new pathways from smoking to smoke-free for these smokers.

2.3 Maximise consumer switching to smoke-free alternatives

We believe the large and untapped opportunity for Smoke-free 2030 is in mass switching from combustible to non-combustible nicotine products. Tobacco harm reduction through consumer switching is fundamentally different to the conventional smoking cessation model. In the latter, smokers are assisted to become abstinent through the temporary suppression of withdrawal and cravings. In contrast, the consumer model involves replacing one pleasurable consumer behaviour (smoking) with another (vaping, heated tobacco, snus etc.) and therefore giving up less and gaining something different. It works because it is easier to switch to something new than to quit completely. This model relies on the appeal and accessibility of smoke-free products to consumers and creating an environment that supports widespread switching by smokers. The Smoke-free 2030 goal is well-crafted to allow and encourage this. In the rest of this document, we put forward a series of proposals that would maximise the switching opportunity. Note that we propose these as additional pathways to complement smoking (and nicotine) cessation options. Our recommendation is to add complementary pathways to achieving a smoke-free status, not to take options away.

2.4 Recognise the role of tobacco products in achieving Smoke-free 2030

For many in public health, it will seem counterintuitive or even repugnant to consider tobacco products as a component of a strategy to achieve the Smoke-free 2030 goal. We strongly urge all stakeholders to put aside any squeamishness and concentrate on *whatever works* to reduce smoking. For some smokers, this will mean smoke-free products that more closely resemble their smoking experience. Some will want different products at different points in a transition from smoking to smoke-free. Some will want different products at different times of day and in different settings. The overriding public health priority is to maximise the diversity and appeal of the pathways from smoking to smoke-free. We know from

Sweden that the lowest rates of smoking in the developed world (5-7% - Eurobarometer 506, 2021) have been achieved by the widespread use of snus, a form of smokeless tobacco, by nicotine users. In Norway, we have seen daily smoking among 16-24-year-old women fall from 15% to 1% in just ten years as snus displaced cigarettes, effectively creating a smoke-free generation. We have seen a radical decrease in cigarette consumption in Japan, a 43% reduction in five years, which is an accelerated decline driven by the uptake of heated tobacco products. If there is a trade-off between reduced smoking and increased smoke-free tobacco use, there is no ethical alternative other than to support the wider use of smoke-free tobacco products such as oral tobacco or heated tobacco products. The alternative is to favour more disease and death.

2.5 Adopt risk-proportionate regulation

The government needs a coherent regulatory strategy that reaches across the full range of nicotine products. This should be built around the *principle of proportionality*, meaning that taxes, regulations, communications should reflect the balance of risk and opportunity associated with the product or practice in question. We do not support a complete *laissez-faire* approach, but that regulation of smoke-free nicotine products should be focussed on consumer welfare (for example, ensuring the products are correctly described, do not contain dangerous ingredients or contaminants, and have good thermal and electrical safety as appropriate). In fact, we have written to the DHSC on numerous occasions to suggest exactly this form of protective regulation for modern oral nicotine pouches to safeguard their future potential and eliminate unscrupulous sellers. The goal of smoke-free regulation should be focused on upholding consumer rights and protections rather than trying to control consumer behaviour. Regulation that destroys the appeal of low-risk alternatives simply protects the cigarette trade, prolongs smoking and reduces the likelihood of meeting the 2030 target.

3 Policy - measures to maximise smoke-free status by 2030

3.1 Lift the ban on snus

- Lift the European Union ban on snus (oral tobacco). The lowest smoking rate in Europe (7%) is in Sweden, where many nicotine users use snus, a form of smokeless tobacco. This has translated into a lower level of smoking-related diseases (including oral cancers). In Norway, daily smoking among young women (16-24) reached 1% in 2019, a fall from 17% over just ten years as almost all nicotine use in this age group has migrated to snus. This is already a real “smoke-free generation”, and it has been achieved very quickly. The European Union ban on snus (other than in Sweden) is wholly unjustified and should now be lifted in the UK. For switching to work to the maximum extent possible, it is essential to have a diverse range of smoke-free options that provide for different tastes, different points in a transition to smoke-free status, and in different settings. Even if the interest in snus turns out to be limited (we cannot know this while it is banned), *there is no reason to stop any smoker from choosing snus as an alternative to smoking.* The snus ban has no basis in science, policy or ethics and is essentially a violation of consumer rights.

3.2 Remove the 20mg/ml limit on the strength of nicotine liquid

- Raise the limit on nicotine concentration in vaping liquids to allow vaping products to compete more effectively with cigarettes by providing a satisfying alternative to smoking in a compact format. The limit is arbitrary and based on a nonsensical quantity (nicotine liquid strength) and does not do what it was supposed to do - set a level playing field for competition between smoking and vaping. The 20mg/ml limit in EU Tobacco Products Directive (20)(3)(b) should be lifted, and the limit should default to that built into UK Poisons Act, in which nicotine solutions with less than 7.5% nicotine are exempt from classification as poisons. This European Union rule provides no benefits or consumer protections but provides unjustified protection to cigarettes on sale in the EU based on faulty reasoning. It also functions as a barrier to innovation, for example, in providing more compact and consumer-friendly products.

3.3 Make a "quick win" announcement of post-Brexit deregulation

- Use the announcement of the Smoke-free plan to reverse pointless European Union regulation and demonstrate clarity and seriousness of purpose by amending the Tobacco and Related Product Regulations to:

    - Remove the wholly unjustified snus ban by deleting Regulation 17 (Tobacco for Oral Use) without replacement. Oral tobacco would be regulated as smokeless tobacco.

    - Remove the pointless bureaucratic harassment of limiting container sizes by deleting Regulation 36(2) on refill bottle size and 36(3) on maximum tank size without replacement. These serve no purpose, but they increase the amount of refilling activity, generate packaging waste, and increase the opportunities for relapse to smoking when users run out.

    - Remove the pointless and widely-ignored EU requirements for an information leaflet by deleting Regulation 37(2). No equivalent is required for cigarettes or other tobacco products. As specified by the Tobacco Products Directive, the leaflet contents provide imbalanced information on the risks and benefits of vaping.

    - Remove the limit on nicotine strength by deleting Regulation 36(4) on maximum nicotine strength. Replace, if necessary, with reference to the Poisons Schedule exemption for nicotine liquids up to 7.5% nicotine.

    - Revert to the pre-TPD2 approach to advertising low-risk alternatives to smoking by deleting Part 7 of the Regulations, "Electronic Cigarette Advertising". This would restore the Codes on Advertising Practice for advertising e-cigarettes to all media. This framework should also apply to other non-tobacco smoke-free products, like oral nicotine pouches.

    - Set out a legislative plan to amend the regulations relating to the advertising of non-combustible tobacco products and risk communication and warnings following consultation.

3.4 Take a principled approach to flavoured smoke-free products

- Flavours are integral to the appeal of low-risk alternatives to cigarettes. Cigarettes provide strong flavour sensations via the chemicals in tobacco smoke, many of which are harmful. The smoke-free alternatives, by contrast, generally add flavour agents to provide a good sensory experience for users, and these can be controlled more easily than smoke chemistry. Many consumers emphasise their exit from smoking is maintained by preferring non-tobacco flavours in smoke-free products. Regulation of flavours should proceed with great care for unintended consequences (driving people back to smoking or inhibiting switching). Any regulation of flavours should be based on the following:

  - Impose controls on *chemical agents* that pose a material risk to health (e.g. carcinogenic, mutagenic, reprotoxic) where the justification is based on consumer protection.

  - Impose controls on *flavour descriptors and brand names* that are irresponsible or inappropriate. Such controls should be based on the same criteria used to assess whether advertising is appropriate in the CAP codes (see discussion of marketing below). The justification rests on a requirement for responsible marketing.

  - There should be no attempt to control the available sensory experience (i.e. the feel of using a flavour product) to 'protect' a sub-population like adolescents. This should be a matter of consumer choice and is important in sustaining competition and maximising switching

3.5 Introduce consumer protection regulation for modern oral nicotine pouches

- Develop a consumer-orientated regulatory framework for modern oral nicotine pouches with a focus on consumer choice, safety and predictability. At this stage, we can suggest design principles for regulations rather than specific regulatory limits. These principles include:

  - Consumer choice and support for innovation should be the main concern: regulation should not make these products less attractive or otherwise less competitive compared to cigarettes or tobacco-based snus, at least without a justification.

  - There is a default limit of 7.5% nicotine concentration by weight built into The Control of Poisons and Explosives Precursors Regulations 2015 (Regulation 5, Schedule Part 2). Any other limits, for example, limits to the concentration or total mass of nicotine should be justified on consumer protection grounds.

  - On 21 January 2021, New Nicotine Alliance wrote to the Minister for Public Health proposing that the Committee on Toxicology should examine this issue.

    We are also of the opinion that to formulate good regulation of these products, the government would benefit from a toxicological study - as previously conducted by the Committee on Toxicity (COT) towards vaping products and heated tobacco – to create an evidence base which can inform policymakers fully before any debate on how beneficial

regulation can be achieved. We would respectfully request that the COT be approached by your office with a view to placing these products on their agenda for future review.

- Add appropriate risk communication information and safety information to packaging.
- Place the same limits on marketing these products as on vaping products.

3.6 Use fiscal policy to support the transition to smoke-free alternatives

- Smoke-free products function as *economic substitutes* for cigarettes. If the cost of vaping increases relative to smoking, the demand for cigarettes will increase and progress towards the smoke-free goal will falter.
- The economic arguments for switching to smoke-free products are very powerful influences on switching incentives and particularly important to low-income smokers. Switching can be welfare-enhancing both from a health and wellbeing perspective but also through its effect on the household budget.
- To support the smoke-free goal, HM Treasury should announce a tax policy intention not to impose any excise duties on non-combustible nicotine products before 2030 or until the smoke-free goal has been reached.
- Harmonise VAT rules for vaping (and other smoke-free products) products and over the counter NRT products on the basis that vaping is proven to be a more effective smoking cessation aid. At present, NRT products attract the reduced rate of VAT under 2008 provisions for smoking cessation aids.
- If the government insists on taxing non-combustible tobacco products, it should establish a risk-proportionate element in tax design. It should do this by announcing that the highest level of tax on a non-combustible tobacco product will not exceed an equivalent of one-third of the lowest level of taxation on combustible tobacco products.

3.7 Drive motivation to switch with improved risk communications

- Develop a more assertive 'information environment' that stresses the benefits of going smoke-free and challenges misinformation and confusion about alternatives like e-cigarettes. Clear direction-setting from ministers, senior officials like the Chief Medical Officer (CMO) and trusted public figures would reassure users about migration from smoking to smoke-free.
- Approve a range of accessible risk communications statements that commercial actors can use for any product category that can beneficially displace smoking, such as e-cigarettes, heated tobacco products, oral nicotine or snus. These would be generic and provide digested risk information supported by scientific assessment. This approach was proposed in Canada and then withdrawn. For e-cigarettes, Canada proposed the following:

1. If you are a smoker, switching completely to vaping is a much less harmful option.
2. While vaping products emit toxic substances, the amount is significantly lower than in tobacco smoke.
3. By switching completely to vaping products, smokers are exposed to a small fraction of the 7,000 chemicals found in tobacco smoke.
4. Switching completely from combustible tobacco cigarettes to e-cigarettes significantly reduces users' exposure to numerous toxic and cancer-causing substances.
5. Completely replacing your cigarette with a vaping product will significantly reduce your exposure to numerous toxic and cancer-causing substances.
6. Switching completely from smoking to e-cigarettes will reduce harms to your health.
7. Completely replacing your cigarette with an e-cigarette will reduce harms to your health.

- *Require* inserts in cigarette packs with legally mandated messages encouraging smokers to switch to smoke-free products and offering advice on smoking cessation. This measure is twinned with the option of inserting marketing material into cigarette packs encouraging migration with promotions (see marketing below).

- Replace warnings on all smoke-free nicotine products with more sophisticated risk communications. These should encourage switching among users while warning non-users of a possible residual risk. Statements of the following form could be tested and developed for use on non-combustible tobacco or nicotine products.

- *"Switching completely from conventional cigarettes to this product significantly reduces your body's exposure to harmful chemicals."*
- *No [tobacco][nicotine] product is safe, but this product presents substantially lower risks to health than cigarettes.*
- *Any [Tobacco][Nicotine] product can be addictive, but this product presents substantially lower risks to your health than smoking.*

3.8 Permit responsible marketing of smoke-free alternatives

- Amend the Tobacco Advertising and Promotion Act 2002 to implement risk-proportionate regulation by permitting advertising for smoke-free tobacco products like snus or heated tobacco products. These are essentially private sector anti-smoking advertisements. These products are important migration pathways for some smokers. Consumers should be aware of them and be encouraged to use them.

- Subject all advertising, promotion and sponsorship for non-combustible tobacco and nicotine products to the controls set out in the Committee of Advertising Practice broadcast and non-broadcast codes for e-cigarettes. These codes provide a good framework for responsible advertising of all smoke-free alternatives to cigarettes, which has been successful where applied. The Committee of Advertising Practice summarises these as follows:
  - Ensure your ads are socially responsible
  - Don't target, feature or appeal to children
  - Don't confuse e-cigarettes with tobacco products
  - Don't make medicinal claims and take care with health claims
  - Ensure you don't mislead about product ingredients or where they may be used
- This is similar to the approach used for the control of alcohol advertising - smoke-free nicotine products differ from alcohol in that they have both low absolute risk and potential significant health benefits as an alternative to smoking.
- Apply the same thematic principles in the CAP codes to branding and packaging, including flavour descriptors. This should operate through a complaint-driven system. There is no case for applying standardised packaging to smoke-free products as this is central to the appeal of the product and the experience of visiting a vape shop or online retailer.
- Allow inserts in cigarette packs with commercial promotions to switch from smoking to smoke-free products - this may include promotional material, coupons, or sign-up for marketing contact. Note that these promotions would be, by definition, targeted at smokers.

3.9 Allow use of smoke-free products in public places

- Maintain the *status quo*. The government should only intervene to limit the use of smoke-free products in enclosed spaces if there is a clear risk to the health or safety of bystanders, not to try to modify the behaviour of users. There is no compelling evidence of material risks to bystanders from exposure to vape or heated tobacco aerosol. The decisions on policy in enclosed spaces should, as now, continue to be made by owners or managers of premises. The government's appropriate role is to provide guidance on the risks and benefits of different approaches so that owners or managers can make informed decisions. The guidance published by PHE in 2016 (*Use of e-cigarettes in public places and workplaces: Advice to inform evidence-based policymaking*) is a good example of appropriate government action in this area. An update would be welcome.

3.10 Impose well-designed age restrictions

- Limit sales to people aged 18 and over. Vaping and other smoke-free products are for adult nicotine users and should be available for sale to people aged 18 or above. This should apply even if there are changes in age restrictions for combustible tobacco. *Possession* should never be an offence.

- Allow parents, guardians or carers to supply smoke-free products by proxy. Harm reduction should not have to wait until 18. Adolescent underage smokers are disproportionately from disadvantaged backgrounds (for example, users of Child and Adolescent Mental Health Services, Looked After Children and those in the youth criminal justice system). For many, a switch from smoking to vaping may be highly positive (not something to prevent by law). Smoke-free products should be available as a harm-reduction alternative to cigarettes at any age with the permission of a parent, guardian or carer, who should be exempt from restrictions on proxy purchasing for smoke-free alternatives to smoking. This requires an amendment to Section 91 of the Children and Families Act 2014 to create an exemption or a defence for parents, guardians or carers supplying smoke-free products by proxy in the interests of the person under the age of 18. In Leicester City, a scheme to help young people in care to stop smoking saw vaping as the only successful method of getting young clients to stop smoking. NRT had no appeal to these young people.

3.11 Strengthen healthcare and public health system response

- Adapt the GMS contract to more strongly incentivise GPs to increase smoke-free status in the populations they serve. General practitioners should lead NHS efforts in achieving smoke-free status by whatever means work - including by recommending the full range of non-combustible, harm-reduction alternatives to smoking (e-cigarettes, heated tobacco products, oral pouches, and snus). To engage GPs, they must have access to quality actionable advice and information backed by compelling incentives. While there are many excellent GPs and other patient-facing health professionals, the overall picture is still mixed. This is not surprising given the influence of misleading news coverage, ideologically motivated health organisations, and unscrupulous academics. Achieving sustained smoke-free status should be well rewarded in the NHS General Medical Services (GMS) contract Quality and Outcomes Framework (QOF). This incentive system should be rationalised to focus on the outcome - smoke-free status - to encourage innovation in the way this is achieved.

- Take the opportunity of hospital admissions as a point of intervention to encourage sustained smoke-free status. Hospitals should encourage a switch to smoke-free alternatives for patients presenting with high dependence on smoking. This encouragement should extend to visitors as they are likely to form part of the community or family context for smoking. The announcement of a trial of this approach is very welcome, and we hope the government and NHS will act on the results if they show promise.

- Fund initial trial and transition to smoke-free status among disadvantaged groups, considering innovative options to recover costs from the relevant industries. The public purse should not, as a general rule, pay for vaping or other smoke-free alternatives. These are consumer behaviours, and consumers should meet the costs. However, we do believe there is a role to support the initial conversion from smoking to vaping. This is especially important for low-income or other disadvantaged groups where initial outlay with uncertain results may be a significant barrier to trial. The most effective way to deliver this is an empirical question with trade-offs between

simplicity, administrative cost, user choice and flexibility and may vary from situation to situation. We recommend a review of existing practice and rapid experimental trials.

- Make better connections between the healthcare system, public health and vape shops. Stop-smoking services and NHS providers should team up with the experts in vape shops to help consumers switch from smoking to vaping, where that is what they want to do. There are already excellent examples of mutual assistance and two-way education between stop-smoking services and vape shops that provide experience to build on. There are two different models at work: smoking cessation aims to help a smoker achieve abstinence by managing withdrawal and craving. The consumer route seeks to replace one pleasurable habit with another but at vastly lower risk. The latter involves a different mindset and product knowledge, which is more likely to be forthcoming in a vape shop than a smoking cessation clinic.

- Provide local authorities with clear guidance about the comparative harms of combustible cigarettes and reduced-risk alternatives. Improved information will allow elected members and officials to make informed decisions when formulating and setting local policy. It will encourage local government and Directors of Public Health to do everything in their power to contribute towards the reduction of smoking rates among their electorate.

- Continue government-backed campaigns like Stoptober with intensified messages about switching.

- Prioritise the updating of relevant publications by the National Centre for Smoking Cessation and Training. These would include the 2016 Electronic cigarettes: A briefing for stop smoking services, which could be expanded to include all smoke-free options.

3.12 Use science and evidence to underpin the strategy

- Continue the annual evidence assessments commissioned by PHE and undertaken by experts at King's College London (2015-2022) and other high-trust institutions.

- Support a set of 'living reviews' of critical aspects of scientific knowledge concerning tobacco harm reduction, such as exposure biomarkers studies and other studies on product risk compared to smoking and absolute risk benchmarks. This would complement the living systematic reviews of e-cigarettes for smoking cessation undertaken by the Cochrane review team.

- Publish an annual joint statement on the Smoke-free 2030 goal by the CMO and Minister for public health. This should provide an update on progress and advice to the public, media and health professionals on how to respond.

- Broker a new consensus statement from public health groups, updating the 2016 statement. A revised and widely endorsed statement would provide further confidence for the public and professionals.

- Support a coordinating mechanism (a "priority-setting partnership") among research councils and foundations to survey the need for actionable evidence, taking account of the views of stakeholders and the at-risk populations.

4 Conclusion and summary

Achieving the Smoke-free 2030 goal is both possible and desirable. Achieving the goal will exploit Brexit flexibilities and contribute to the levelling-up agenda, both through improved health and better family finances. Smoking is concentrated in poorer and otherwise disadvantaged populations.

The Smoke-free 2030 goal is demanding and requires significantly greater progress in the 2020s than was achieved in the 2010s. It will not be achieved by business-as-usual or by an even more intense approach to tobacco control or smoking cessation. A new approach is required.

It can only be achieved with the consent and free choice of those currently at most risk, smokers. It will be achieved by taking a maximal approach to encouraging large-scale voluntary switching from smoking to smoke-free products among people who want to use nicotine or find it hard to stop.

A maximal approach to switching from smoking to smoke-free will mean allowing the smoke-free alternatives to cigarettes (vaping, oral nicotine, snus, heated tobacco) to compete effectively against the incumbent cigarette trade. This will work through risk-proportionate regulation, fiscal policy, risk communication, responsible marketing that allows low-risk products to appeal to smokers as a better alternative.

Better regulation of the products must be backed up by the creation of an environment that is supportive to switching through NHS and public health mobilisation, official support and a science programme that allows the public, practitioners, and policymakers to make informed choices and to address problems if they emerge.

Public health officials and advocates must put aside any reticence about the use of (smoke-free) tobacco products to meet the 2030 Smoke-free goal. We must be prepared to support *whatever works* to help people quit smoking and adopt a much lower risk product. If that is snus or a heated tobacco product because that is what works for them, then that pathway is valuable and should be encouraged, not suppressed.

New Nicotine Alliance
19 May 2021