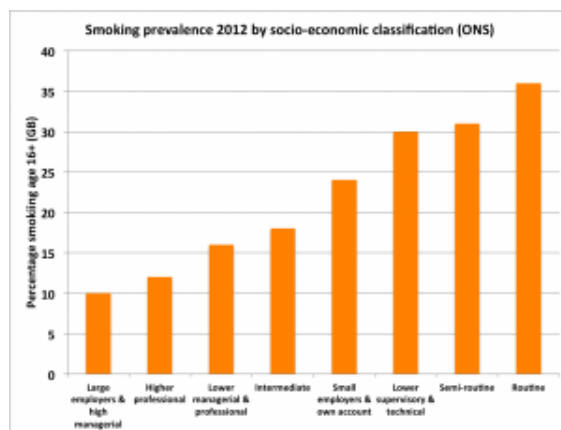


Wales vaping ban: silver lining may be larger than cloud

written by Clive Bates | 9 June 2015



A war on vaping is a war on the poor

There's an interesting development in the UK today: the [Welsh Government has announced](#) that it will ban vaping in public places and work places where smoking is banned (for reference population of Wales is 3m, UK is 64m). But that's not the interesting development.

What is of broader significance is that two of the largest health charities, [Cancer Research UK](#) and the [British Heart Foundation](#), have come out in opposition - alongside [ASH](#), [ASH Wales](#), the [Royal College of Physicians](#) and the UK Centre on Tobacco and Alcohol Research.

Currently there is insufficient evidence to introduce a ban on the use of e-cigarettes in enclosed public spaces or workspaces. [Cancer Research UK](#)

At this time, we do not believe that a ban on the use of electronic cigarettes in enclosed spaces can be justified, based on the evidence currently available. [British Heart Foundation](#)

There is no evidence that smoking e-cigarettes in enclosed spaces poses a significant risk to other people, and on the basis of available evidence, the RCP anticipates that electronic cigarettes and related products could actually generate significant falls in the prevalence of smoking in the UK, prevent many

deaths and episodes of serious illness, and help to reduce the social inequalities in health that tobacco-smoking currently exacerbates. *Royal College of Physicians*

It may even have a negative impact upon current smokers who may otherwise have attempted to quit or harm reduce, potentially damaging rather than enhancing public health. *ASH*

Banning the use of electronic cigarettes in public places should be an evidence-based decision. We urge Assembly Members and Ministers looking at this proposal to call on experts and academics to present the latest research. E-cigarettes are relatively new and more work is urgently needed to fully understand their long term effects on health. *ASH Wales*.

I completely understand his [Mark Drakeford, Health Minister] moral position when it comes to smoking but in my opinion he, and the Welsh government, are being misled by a barrage of anti e-cigarette propagandists. Here in England we have published survey results that show there is not a skerrick of evidence to support the argument that e-cigarettes encourage smoking. I would still argue that the opposite is the case; the benefits far outweigh the perceived negatives. *Professor Robert West, University College London*.

In the short video below, Nicola Smith of Cancer Research UK neatly summarises the position of her organisation on e-cigarettes.

To paraphrase their stance and comments: they argue that there is no evidence of material harm to bystanders, that there is nothing so far supporting a 'renormalisation' effect, and no sign of any gateway effects or large scale uptake by children. However, they are mindful of the potential benefits to smokers - see [ASH/YouGov data on who is vaping and why](#).

- [ITV: E-cigarette ban - Mark Drakeford's public health gamble](#)
- [BBC: E-cigarette ban in enclosed spaces in Wales pushes ahead](#)
- [Guardian: Wales to introduce e-cigarette ban](#)
- [Breitbart Exclusive: "Anti-E-cig Propagandists" duped Welsh Gov to ban vaping](#)
- [The Guardian Simon Jenkins: Wales' e-cigarette ban is irrational nanny-statism at its worst](#)

As always with legal bans, it's not about whether smoking or vaping is allowed or not allowed in a particular place, it is about *who decides*. Unless there is evidence of harm to bystanders or some other serious effect, then there isn't a [principled case](#) to have the force of law override the preferences of owners and operators of public and private spaces. Many owners or operators would not allow vaping if able to decide themselves, *but of their own volition*. But others might see the advantage and allow it in the whole premises, in separate rooms or at particular times, such as 'vape nights'.

Advantages of governments encouraging vaping

1. Promotes quitting smoking, reduces burden of cancer, cardiovascular and respiratory disease [[McNeill](#)] - with consequent impact on health care system costs [[e-cigarettes poised to save Medicaid millions](#)]
2. *"The precise extent of harm from long-term use is not known but from the toxicological evidence to date it would be expected to be 95% less than that of smoking tobacco cigarettes"* [[UK experts](#)]. We do however know from Scandinavia that decades of nicotine use via low risk smokeless tobacco (snus) reveal only trivial health risks and huge population-level health benefits.
3. Reduction in health inequalities driven by switching by poor smokers
4. Improvements in well-being among smokers who switch
5. Cost savings from vaping can have wider benefits on poor household budgets
6. Important strategy for people with particular needs - e.g. those with mental health conditions such as schizophrenia [[Louise Ross, Public Health England](#)]
7. No cost to public sector or burden on health care workers [[Gerry Stimson](#): Consumer led public health revolution at no cost to taxpayer]
8. No evidence for renormalisation of smoking - normalisation of vaping as an alternative to smoking is pro-health [[Robert West](#)] [[Carl Phillips](#): *"How could ostentatiously not smoking — sending the signal "I used to smoke but I now think it is a bad idea so I vape instead" — possibly encourage smoking?"*]
9. No evidence of gateway effects - other than exits as young people stop smoking or never start [[Alarmist survey on teenage vaping misses the point - reaction](#)]

10. Use by teenagers is very low, largely confined to smokers - and even where used by non-smokers they may have smoked had e-cigarettes not been available [[ASH data](#), [Linda Bauld](#)]

Likely unintended consequences of a vaping ban

1. It removes one advantage of vaping relative to smoking and so may discourage switching and encourage relapse
2. It may drive vapers out with smokers and encourage them to start smoking
3. Vapers and smokers are more visible to children outside pubs than inside
4. It may degrade the potential to normalise vaping as an alternative to smoking
5. Banning legal alternative increases passive tobacco smoke exposure.
6. Ban provides official implicit endorsement of disproportionate risk perceptions about electronic cigarettes - makes them look as bad as cigarettes
7. Legislation and policy-making without evidence or principle engenders distrust in tobacco policies, public health policies and government generally
8. It stigmatises and punishes vapers for choosing the 'wrong way' to quit - implicitly classes vaping as a deviant behaviour rather than a public health success
9. It might encourage vapers to smoke on their 'nicotine' break - smoking provides a faster nicotine hit

(hat tip to [Uri](#) for 5-7 and to [Gerry Stimson](#) for 8,9)

I am amazed that a government that prides itself on its concern for poverty, health inequalities and compassion should adopt such a negative approach to a 'harm reduction' strategy for nicotine use. How do they think that banning use of a product in public that is a low risk alternative to smoking will somehow reduce smoking? What is the ethical case for being against people reducing their own smoking-related risk? It's hard to see how the Welsh Government can have weighed the risks and benefits and come to this conclusion.

How should these issues be approached?

It's different in England. Here are Public Health England's five draft principles for policy and practice in this area - I like these...

PHE's five draft principles for policies and practice

1. **Distinguishing between vaping and smoking:** In order to maximise the potential for use of nicotine vapourisers to make smoking less of a social norm, regulation and policy should create a clear distinction between vaping and smoking.
2. **Protecting bystanders:** Based on the available evidence, the risk to the health of bystanders from exposure to vapour from nicotine vapourisers is extremely low. A legal ban on the use of nicotine vapourisers in enclosed public places and workplaces would not be justified on the grounds of passive exposure.
3. **Protecting children and young people:** Nicotine vapourisers can help reduce exposure of children and young people to secondhand smoke and to smoking role models. In developing policies for child and youth settings it is appropriate to guard against potential youth uptake and this should be balanced with the need to foster an environment where it is easier for adult smokers not to smoke.
4. **Supporting smokers to stop:** Policies should clearly distinguish vaping from smoking. A more facilitative approach may be appropriate in relation to vaping so that it is an easier choice for people to vape than to smoke. In particular vapers should not be made to share the same space with people who are smoking, as this could undermine their ability to stay smokefree or to quit, particularly among those most heavily addicted.
5. **Impact on compliance with smokefree law and policies:** Compliance with smokefree requirements can be supported by emphasising a clear distinction between smoking and vaping and by communicating the policy clearly to everyone who is affected by it.

PHE is the English government's public health agency.