1 Introduction

1.1 This submission was written on behalf of the Adam Smith Institute by Daniel Pryor who works at the Institute as a research economist. The Adam Smith Institute is one of the world's leading think tanks. Independent, non-profit and non-partisan, we work to promote free market, neoliberal ideas through research, publishing, media outreach, and education. The Institute is today at the forefront of making the case for free markets and a free society in the United Kingdom.

1.2 This submission will focus on how the UK can defend and promote the success of its tobacco harm reduction and cessation strategy, which stands in contrast to the WHO/FCTC position.

1.3 This submission will be structured as follows:

1.3.1 The United Kingdom is a world leader in encouraging smokers to switch to e-cigarettes, which has had a markedly positive public health impact.

1.3.2 The WHO/FCTC position on e-cigarettes undermines our success in this area and this will likely continue at COP9.

1.3.3 Post-Brexit Britain has greater opportunities than ever before to defend our world-leading approach to tobacco harm reduction at COP9 and on the international stage.

2 The United Kingdom is a world leader in encouraging smokers to switch to e-cigarettes, which has had a markedly positive public health impact.

2.1 The basic premise of tobacco harm reduction is simple; make it as easy as possible for smokers to switch to nicotine products that cause them significantly less harm.

2.2 Since their emergence in the UK, successive governments have largely followed public health authorities in taking a broadly liberal, harm reduction regulatory approach to e-cigarettes. This has been extremely successful in improving public health and reduces smoking prevalence.

2.3 Public Health England first stated that "e-cigarettes are around 95% less harmful than smoking" in 2015: a position that has shifted to *at least* 95% in their February 2018 update. E-cigarettes have since been embraced as an important way of reducing the harms of smoking by Cancer Research UK, the British Heart Foundation, the British Lung Foundation, the Royal College of Physicians, the Royal College of General Practitioners, Action on Smoking and Health, NHS Health Scotland, Public Health Wales, and more.

2.4 In their latest March 2020 evidence update, Public Health England concluded that "smokers should be encouraged to try regulated nicotine vaping products along with smoking cessation medications and behavioural support. This will greatly increase their chances of successfully stopping smoking". They also found that "Vaping remains most common among smokers and former smokers, with less than 1% of people who have never smoked currently vaping."

2.5 A 2019 peer-reviewed, independent randomized control trial found that e-cigarettes are almost twice as effective at helping smokers give up tobacco than other alternatives such as nicotine patches or gum (Hajek et. al, 2019).

2.6 Previous estimates of the marginal impact that e-cigarettes have on overall quit rates vary: Public Health England has given an "upper bound estimate of around 57,000 additional quitters annually resulting from e-cigarettes" for 2016. Similar estimates have been given for 2017. Recent modelling of e-cigarettes adoption's potential effects on premature deaths and life years saved in the United States has yielded conservative estimates that e-cigarettes could prevent 1.6 million premature deaths and save 20.8 million years of life. Previous Adam Smith Institute research concluded that under realistic assumptions over 1 million years of life could be saved if young British women used e-cigarettes at the same rate as young British men.

2.7 The strong UK public health consensus in favour of e-cigarettes as a tool for tobacco harm reduction has led to a sensible regulatory approach by successive UK governments, such as their inclusion in national Stop Smoking campaigns.

2.8 The United Kingdom has also resisted adopting counterproductive measures such as flavour bans, total advertising bans or indeed outright prohibition: all of which would result in more preventable deaths from tobacco use as smokers are discouraged from making the switch to safer products.

3 The WHO/FCTC position on e-cigarettes undermines our success in this area and this will likely continue at COP9.

3.1 The WHO has repeatedly contradicted and attempted to undermine the UK's harm reduction approach to e-cigarettes, despite the concept of tobacco harm reduction being included in the definition of 'tobacco control' set out in the FCTC (Article 1.d). This is likely to have led to worsening misconceptions of their relative risk compared to cigarettes among the general population in the UK and globally.

3.2 Examples include but are not limited to an online WHO primer on e-cigarettes that former head of Action on Smoking and Health Clive Bates summarized as "a disgraceful travesty of science communication", leaflets published by the FCTC Knowledge Hub on Article 5.3 which falsely suggested that e-cigarettes "do not help in quitting" and "are a gateway to drugs", and

previous papers for COP8 emphasising outright prohibition and overly harsh regulatory practices.

3.3 COP9 will likely see the FCTC Secretariat report on and shape the Parties views of e-cigarette regulation, as well as their efficacy as a tool of tobacco harm reduction. Barring an unprecedented shift in opinion, these recommendations are likely to be at odds with the UK's successful approach to regulation in areas such as health and cessation claims, taxation and concerns about youth uptake.

3.3 The UK should robustly defend its approach to tobacco harm reduction at COP9 and related WHO meetings.

4 Post-Brexit Britain has greater opportunities than ever before to defend our world-leading approach to tobacco harm reduction at COP9 and on the international stage.

4.1 COP9 will be the first occasion that the UK can participate in FCTC COP as an independent party that is not bound by a common EU position. This presents a novel opportunity to showcase our world-leading approach to e-cigarette regulation and exert a positive influence on the international debate around e-cigarettes.

4.2 The following recommendations could help the UK in achieving this:

> **4.21** Highlighting the work and consensus opinions of UK public health bodies and NGOs on the safety and efficacy of e-cigarettes in smoking cessation and harm reduction efforts, including issues relating to alleged 'gateway effects' and youth uptake.

> **4.22** Actively opposing attempts to introduce recommendations for counterproductive regulations that could harm efforts to encourage smokers to switch to safer alternatives (e.g. taxation regimes not based on relative risk, banning all marketing of e-cigarettes—including to current smokers, misleading mandated health warnings).

> **4.23** Including UK experts in tobacco control as part of our COP9 delegation.

> **4.24** Seeking other countries with similarly sensible positions on e-cigarette regulation in order to strengthen the case for embracing tobacco harm reduction approaches at COP9.

5 Conclusion

5.1 For the first time, the United Kingdom has the opportunity to exert a credible, independent case for tobacco harm reduction at COP9 and positively shape global smoking cessation efforts.

5.2 Shifting the debate could help save the lives of UK smokers and hundreds of millions of smokers around the world who have not currently made the switch to safer nicotine products.

5.3 It is vital that the UK does not squander this opportunity to play a positive role on the global stage.

1st February 2021

Bibliography

Public Health England, "E-cigarettes: an emerging public health consensus" (15 September 2015). Available at:
https://www.gov.uk/government/news/e-cigarettes-an-emerging-public-health-consensus

McNeill A, Brose LS, Calder R, Bauld L & Robson D (2018). "Evidence review of e-cigarettes and heated tobacco products 2018. A report commissioned by Public Health England." London: Public Health England. Available at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/684963/Evidence_review_of_e-cigarettes_and_heated_tobacco_products_2018.pdf

McNeill, A., Brose, L.S., Calder, R., Bauld, L., and Robson, D. (2020). Vaping in England: an evidence update including mental health and pregnancy, March 2020: a report commissioned by Public Health England. London: Public Health England. Available at:
https://www.gov.uk/government/publications/vaping-in-england-evidence-update-march-2020/vaping-in-england-2020-evidence-update-summary

E Beard, R West, S Michie, J Brown in Addiction, "Association of prevalence of electronic cigarette use with smoking cessation and cigarette consumption in England: a time series analysis between 2006 and 2017" (2019). Available at:
https://onlinelibrary.wiley.com/doi/abs/10.1111/add.14851

David T Levey, Ron Baorland, Eric Lindblom, Maciek L Goniewicz, Radael Meza, Theodore Holford, Zhe Yuan, Yuying Luo, Richard O'Connor, Raymond Niaura and David B Abrams in BMJ, "Potential deaths averted in USA by replacing cigarettes with E-cigarettes" (2017). Available at: https://tobaccocontrol.bmj.com/content/27/1/18

Hajek P et. al, "A randomized trial of e-cigarettes versus nicotine-replacement therapy." N Engl J Med 2019 Jan 30; [e-pub]. Available at: https://doi.org/10.1056/NEJMoa1808779

Daniel Pryor, "1 Million Years of Life", (2019) Available at:
https://www.adamsmith.org/research/1-million-years-of-life-how-harm-reduction-in-tobacco-policy-can-save-lives

WHO, "Tobacco: E-cigarettes" (2020): Available at:
https://www.who.int/news-room/q-a-detail/tobacco-e-cigarettes

Clive Bates, "World Health Organisation fails at science and fails at propaganda - the sad case of WHO's anti-vaping Q&A." Available at:
https://www.clivebates.com/world-health-organisation-fails-at-science-and-fails-at-propaganda-the-sad-case-of-whos-anti-vaping-qa/