

Written evidence submitted by the British Heart Foundation to the Tobacco and Vapes Bill: Call for evidence (TVB44)

Executive Summary

- The British Heart Foundation (BHF) fully supports the Tobacco and Vapes Bill and its aims to create a smokefree generation and reduce the appeal and availability of vapes to young people.
- Smoking continues to be one of the leading preventable causes of ill health and mortality in the UK, with at least 15,000 deaths from heart and circulatory diseases attributable to tobacco every year.
- The Bill provides a unique opportunity to protect future generations from the devastating health impacts of smoking and secure a smokefree future. Given the burden smoking places on our health and social care system as well as our economy, it is crucial this piece of legislation is not weakened or delayed.
- Gradually phasing out tobacco products is a proportionate and evidence-based policy to realise the ambition of a smokefree future. However, the tobacco industry is seeking to water down the Bill's age of sale clauses and in-scope products. We strongly oppose any amendments to weaken clauses 1-6, 37, 48.
- We support amendments to the Bill to further strengthen:
 - product packaging regulations for tobacco and vapes
 - enforcement of the legislation
 - measures to limit the appeal and availability of vapes to young people

The BHF, heart and circulatory disease prevention and the Tobacco and Vapes Bill

1. The British Heart Foundation (BHF) welcomes the opportunity to submit evidence on the Tobacco and Vapes Bill. As the largest independent funder of medical research into heart and circulatory diseases in the UK, the BHF has played a pivotal role in demonstrating the impact of smoking on heart and circulatory health:
 - 1.1 In 2004, the BHF's hard-hitting campaign, 'Give up before you clog up', prompted over 14,000 smokers to quit.
 - 1.2 In the early 2000s, BHF-funded research revealed that passive smoking could increase male risk of coronary heart disease by as much as smoking up to nine cigarettes a day. This research was critical in highlighting the need for a smoking ban in public places.
 - 1.3 In 2006, following Scotland becoming the first UK nation to introduce a complete indoor smoking ban in public places, BHF-funded research showed that just one year after the ban came into force, overall hospital admissions for heart attacks had decreased by 17% across 9 hospitals, with a 21% reduction amongst never smokers. It also showed that exposure to second-hand smoke decreased by 40% amongst adults and children.

- 1.4 BHF is a core funder of ASH, ASH Wales and ASH Scotland. We work in partnership with them to help ensure continued progress across the UK in reducing harm caused by tobacco. BHF is also a member of the Smoke Free Action Coalition, the Scottish Coalition on Tobacco and the Wales Tobacco Health Network.
2. Tobacco is a uniquely lethal product - it is the only consumer product which kills up to two-thirds of its long-term users, when used as intended. Smoking continues to account for at least 15,000 heart and circulatory deaths in the UK every year,¹ and it is a leading preventable cause of disease and death in the UK.² Smoking also reduces an individual's quality of life, with men and women who have never smoked enjoying up to an additional 5 and 5.8 years of disability-free life than current and ex-smokers, respectively.³ Indeed, three-quarters of adult smokers would never have started if they had the choice again.⁴
3. As well as having a devastating effect on individual's quality of life and risk of mortality, smoking is associated with a significant economic impact. Smoking is estimated to cost individuals, public services and the wider UK economy £89.3 billion every year, equivalent to around 3.9% of the 2022 UK GDP.⁵ In England alone, it is estimated that smoking costs the public purse £49.2 billion in lost productivity and public service costs.⁶ Thus, the £11bn raised from tobacco taxation in the UK does not come close to covering the cost of smoking to the UK.⁵
4. Smoking is a key contributor to health and socioeconomic inequalities in the UK, as rates of smoking and smoking related ill health are concentrated in areas of high deprivation. The most recent available data suggests the likelihood of smoking is more than three times higher in the most deprived areas of England and Wales than in the least deprived areas,⁷ and that tobacco expenditure alone accounts for half a million households living in poverty in the UK.⁸ Overall, it is estimated that approximately half the difference in life expectancy between the richest and poorest in society can be attributed to smoking.⁹
5. Inequalities in smoking rates also contribute to significant inequalities in cardiovascular health, whereby the likelihood of dying from CVD is twice as high amongst adults under 75 in England's most deprived areas than in the least deprived.¹⁰
6. Action on this issue was set in train by the Government's consultation on proposed action to protect future generations from the harms of smoking, help existing smokers to quit, reduce the number of young people that vape, and strengthen enforcement of illicit and underage sales of tobacco products and vapes, which BHF fully supports. As much as 67% of the general public agree with the proposals to change the age of sale for tobacco products so that anyone born on or after 1 January 2009 will never be legally sold tobacco products.¹¹
7. The Tobacco and Vapes Bill provides a unique opportunity to protect future generations from the devastating health impacts of smoking and secure a smokefree future. Given the burden smoking places on our health and social care system as well as our economy, as outlined above, it is crucial this piece of legislation is not weakened or delayed. The BHF is committed to ensuring that the framework it

provides is the best it possibly can be for the nation's health, including addressing these long-standing inequalities to ensure more people live well for longer.

8. As an organisation that spans the UK's four nations, we were pleased to see all four UK governments commit to raise the age of sale by one year every year. An aligned approach across the four nations will support the effective enforcement of new restrictions on tobacco and vaping products, ensure progress towards a smokefree future is secured across the United Kingdom, and allow this Bill to have the greatest possible impact on public health.
9. The following points analyse specific clauses within the Bill, highlighting key clauses that must not be weakened to ensure that the ambition of a smokefree generation remains feasible. We have also highlighted tabled amendments, or potential amendments, that we either support or oppose.

Clauses 1-6, 37, 48: Increasing the age of sale for tobacco by one year every year

10. Every year in the UK, an estimated 127,500 young adults aged 18-25 start smoking regularly and once someone starts smoking, it takes on average thirty attempts to successfully quit.¹²
11. However, there is good evidence that raising the age of sale of tobacco products reduces population levels of smoking. For example, analysis of the 2007 increase in age of sale from 16 to 18 in England, Scotland and Wales shows a sustained reduction in smoking rates across relevant age groups in England.¹³
12. Raising the age of sale for tobacco is popular amongst the public and retailers:
 - 12.1 Large scale public polling commissioned by Action on Smoking and Health (ASH) and carried out by YouGov suggests 69% of people in Great Britain support the proposals to raise the age of sale by one year every year, including over half (52%) of current smokers, and 70% and 74% of Conservative and Labour voters respectively.¹⁴
 - 12.2 Telephone interviews also commissioned by ASH revealed, out of over 900 managers and owners of independent shops selling tobacco in England and Wales, around half (51%) support raising the age of sale by one year every year (26% opposed), and 65% support creating a smokefree generation.¹⁴
13. The BHF therefore **supports Clause 1 (& Clause 2, 5, 6, 37, 48)** of the Tobacco and Vapes Bill which makes it an offence in England and Wales to sell a tobacco product, a herbal smoking product, or cigarette papers to a person born on or after 1 January 2009. As an organisation that also operates in the Devolved Nations, we **support Clause 37** which grants powers for the same increase in age of sale in Scotland, and **Clause 48**, which does the same in Northern Ireland.

The BHF supports proposals to strengthen the Bill

14. Whilst the Bill's primary ambition is to prevent the next generation from suffering the heartbreak caused by smoking, we firmly believe that supporting existing smokers to quit should remain a public health priority. We would therefore support any amendment that seeks to introduce warning messages communicating the health

harms of smoking on individual cigarette sticks, or pack inserts, as was consulted on by the Government between August and October 2023. Evidence on the efficacy of this intervention in Canada, where educational pack inserts have been mandated since 2000, has shown that the reading of pack inserts has increased over time, and that this is associated with self-efficacy to quit, quit attempts and sustained quitting.¹⁵ We therefore support **Amendments 19, 22, NC5 and NC12**, which provide powers for the Secretary of State to mandate educational and quit messages on tobacco product packaging.

15. We support **Amendment NC6** which proposes the introduction of mandatory age verification for tobacco and vaping products to all UK nations, as is already the case for Challenge 25 in Scotland. This policy proposal is supported by 71% of retailers in England and Wales and 72% of the general public.¹⁴ Introducing mandatory age verification to all four nations would ensure consistency across the UK and enhance enforcement efforts of the new age of sale restrictions. We support this policy in principle, although the details of how it would be implemented to effectively complement the rising age of sale of tobacco products would need to be carefully worked through prior to implementation.

The BHF opposes proposals to weaken or delay the Bill

16. It has been argued that by raising the age of sale by one year every year eventually, for example, a 47-year-old will be able to purchase tobacco, but a 46-year-old will not, and that this makes the Bill unenforceable. However, this policy is part of a wider plan to end smoking in the UK for good, and adults impacted by the measure will never be able to purchase tobacco legally, meaning they are much less likely to be long-term smokers in the future. Indeed, Government modelling suggests smoking rates among 14 to 30-year-olds could be half of current rates (from 13% down to 6-7%) in England by 2030, and close to or below 1% as early as 2040, if the policy reaches its full potential of reducing instigation rates by 90%, meaning that there will be very few people impacted by this measure who are still smoking in their 30s and 40s.¹⁶ It should be noted that this policy will not impact current adult smokers and that there are a number of existing Government policies that offer certain entitlements to adults of one age, but not to another. The state pension for example, can be claimed at 66, but not at 65. As highlighted by the Chief Medical Officer, public health policies such as screenings and vaccinations, are generally governed by varying age cutoffs.¹⁷
17. The BHF **opposes Amendments 1-15** which propose replacing raising the age of sale above 'born on or after the 1st January 2009', as set out in the Bill, to an increase in age of sale to 21, with no further increases. Weakening this important legislation to simply increase the age of sale of tobacco to 21 would only protect a fraction of the 350 young adults who start smoking regularly every day in the UK.¹² This proposal would therefore prevent the UK Government from achieving its ambition of a smokefree future. The Government estimates 1.7 million fewer people would smoke by 2075 as a direct result of this Bill, avoiding up to 115,000 cases of stroke, heart disease, lung cancer and other lung diseases by 2075, Error! Bookmark not defined. this impact would be significantly lessened if the age of sale of was increased solely to 21.¹⁸
18. There is no evidence to suggest that raising the age of sale of tobacco will increase the size of the illicit tobacco market, or encourage people to purchase tobacco on the black market. To the contrary, as the Government has outlined, the number of

illicit cigarettes consumed fell by 25% when the smoking age was increased from 16 to 18 in 2007.¹⁹ In addition, polling conducted by the Chartered Trading Standards Institute (CTSI) suggests 80% of Trading Standards professionals support the age of sale proposals,²⁰ suggesting tobacco industry arguments that the policy will be ‘unenforceable’ are not shared by enforcement officials. The Government’s additional funding for enforcement agencies is also welcome, to combat the illicit tobacco trade.

Clauses 1-2, 41: Tobacco products in scope

19. The BHF does not support the use of any tobacco products. Some emerging evidence suggests novel tobacco products, such as heat-not-burn tobacco products may pose risks to cardiovascular health in otherwise healthy adolescents and adults^{21 22} and as such, we believe that these products and all novel tobacco products, should be subject to the same regulations as cigarettes. Available evidence on the impact of heat-not-burn tobacco products on smoking cessation is extremely limited, though some analysis suggests use of heat-not-burn tobacco products are not effective cessation tools, rather, most often lead to dual use with cigarettes.²³
20. The inclusion of all *tobacco products, cigarette papers and herbal smoking products* in **Clause 1 and 2**, and extension of the Tobacco and Primary Medical Services (Scotland) Act 2010 (**Clause 41**) to include *herbal smoking products* is essential for ensuring the greatest possible protection of public health. The evidence linking smoked tobacco products, such as cigars and cigarillos with similar health outcomes to cigarette smoking is well established.²⁴

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21. Excluding specific tobacco products from the Bill has the potential to create a loophole for cigarette-esque, or novel tobacco products, to flood the market and remain available to people born on after 2009, thereby negating the intended purpose of the Bill - to create a smokefree generation. Emerging evidence has observed increases in non-cigarette smoked tobacco use, particularly amongst younger people. As of September 2023, there were around 772,800 adult non-cigarette tobacco smokers in England - around five times more than a decade earlier.²⁵ Exempting non-cigarette tobacco products from this Bill may lead to this figure increasing rapidly.

Clauses 7-10, 43-5, 51-5, 61-3: Reducing the appeal and availability of vapes to children

22. The BHF supports powers for Government to take reasonable and proportionate action to restrict e-cigarette manufacturers from marketing their products to children and non-smokers. In line with available evidence that suggests vaping is less harmful than smoking in the short term at least (though not risk free),²⁶ we value the right balance being struck between ensuring e-cigarettes are available as a smoking cessation tool for adult smokers trying to quit, whilst also supporting measures that reduce their appeal to children and non-smokers.
23. More research is needed on the potential long-term cardiovascular and overall health impacts of e-cigarette use, and on how people can most effectively use e-cigarettes to quit smoking. Some emerging evidence, presented to the American College of Cardiology in April 2024, reported an observed association between e-cigarette use and medium-term cardiovascular outcomes (heart failure).²⁷ Whilst these findings

warrant close monitoring, current available evidence into the relative cardiovascular impacts of switching to e-cigarettes for smoking cessation has demonstrated some benefits in the short term.

24. Indeed, research funded by the BHF concluded that, at least in the short-term, switching to e-cigarettes from tobacco cigarettes may improve blood vessel health.²⁸ In addition, the most recent Cochrane review of the evidence on e-cigarettes for quitting smoking concluded that nicotine containing e-cigarettes are as effective an aid to quitting as the most effective prescription medicines and much more effective than Nicotine Replacement Therapy.²⁹ Nevertheless, these products should not be used by children or non-smokers.
25. The BHF **supports clauses 61-3** within this Bill which seek to limit the appeal of e-cigarettes to children and non-smokers. Evidence shows that e-cigarette packaging and designs often appeal to young people.³⁰ Some evidence suggests restricting e-cigarette packaging to plain packaging may be an effective mechanism for deterring young people from taking up vaping, without restricting access for adult smokers.³⁰
26. Point of sale displays of e-cigarettes are becoming increasingly widespread across the UK.³¹ Evidence from ASH suggests over half of all young people in Great Britain are aware of e-cigarette promotion in shops.³² We therefore **support Clause 11** which gives powers to the Secretary of State to restrict retail displays of e-cigarettes in England and Wales, as well as Clause 45 (3A) and Clause 54(2B) which give powers to Scotland and Northern Ireland to do the same.

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27. More evidence is needed to help us understand the impact of e-cigarette flavours on quit attempts but power must be retained for Government to take reasonable and proportionate action to restrict e-cigarette manufacturers from marketing their products to children. We therefore **oppose Amendments 16 and 17** which propose the removal of paragraph (b) under Clause 62, page 33 which grants powers to the Secretary of State to restrict e-cigarette flavours.

Other proposals

The BHF supports measures to improve enforcement and compliance with tobacco control policies

28. Whilst the BHF would support a consultation on the introduction of a retail licensing scheme for tobacco and nicotine products in England and Wales in the future, we would oppose any Amendment that required a consultation on this as part of the Tobacco and Vapes Bill, as this would significantly delay the passage of this lifesaving piece of legislation. The BHF therefore **opposes Amendment NC1**, which seeks to insert a new clause (to the Licensing Act 2003) to make tobacco products and vaping products as licensable activities and would therefore require retailers to apply for a premises licence from their local licensing authority.

References

- ¹ British Heart Foundation. [UK Factsheet](#). January 2024.
- ² House of Commons Library. [Statistics on smoking](#). 2023.
- ³ International Longevity Centre UK (ILC). Up in smoke: [The impact of smoking on health and economic activity](#). 2021.
- ⁴ Department of Health and Social Care. [Stopping the start: our new plan to create a smokefree generation](#). DHSC. 2023.
- ⁵ All Party Parliamentary Group on Smoking and Health. [APPG on Smoking and Health Manifesto for a Smokefree Future](#). 2023.
- ⁶ Action on Smoking and Health. [New figures show smoking costs billions more than tobacco taxes as consultation on creating a smokefree generation closes](#) [Press release]. 2023.
- ⁷ Office for National Statistics. [Deprivation and the impact on smoking prevalence, England and Wales: 2017 to 2021](#). 2023.
- ⁸ Howard R. [Estimates of poverty in the UK adjusted for expenditure on tobacco - 2021 update](#). Landman Economics, 2021.
- ⁹ Institute of Health Equity. [Fair Society, Healthy Lives: The Marmot Review](#). 2010.
- ¹⁰ British Heart Foundation. [How inequalities contribute to heart and circulatory diseases](#). [Accessed 26 April 2024].
- ¹¹ Action on Smoking and Health. [Two thirds of the public back raising the age of sale to create a smokefree generation](#) [Press release]. 2023.
- ¹² Action on Smoking and Health. [Every day 350 young adults aged 18-25 start smoking regularly](#) [Press release]. 2024.
- ¹³ Beard E et al., [Long-term evaluation of the rise in legal age-of-sale of cigarettes from 16 to 18 in England: a trend analysis](#). BMC Medicine, 2020;18(85): 1-12.
- ¹⁴ Action on Smoking and Health. [Local retailers and the public back smokefree generation laws](#). 2024.
- ¹⁵ Thrasher JF et al. [Cigarette package inserts can promote efficacy beliefs and sustained smoking cessation attempts: A longitudinal assessment of an innovative policy in Canada](#). Prev Med, 2016;88: 59-65.
- ¹⁶ Department of Health and Social Care. [Modelling for the smokefree generation policy](#). 2023.
- ¹⁷ Department of Health and Social Care, Whitty C. [Chief Medical Officer for England on the Tobacco and Vapes Bill](#). 2024.
- ¹⁸ Department of Health & Social Care. [Stopping the start: our new plan to create a smokefree generation: Annex 1: modelling assumptions](#). 2023.
- ¹⁹ Department of Health and Social Care Media Centre. [Creating a smokefree generation and tackling youth vaping: what you need to know](#). [Accessed 26 April 2024].
- ²⁰ Chartered Trading Standards Institute. [80% of Trading Standards Professionals Support the Smokefree Generation Policy](#). [Accessed 26 April 2024].
- ²¹ Fried ND & Gardner JD. [Heat-not-burn tobacco products: an emerging threat to cardiovascular health](#). Am J Physiol Heart Circ Physiol, 2020;319(6): H1234-H1239.
- ²² Lyytinen et al. Use of heated tobacco products (IQOS) causes an acute increase in arterial stiffness and platelet thrombus formation. [Use of heated tobacco products \(IQOS\) causes an acute increase in arterial stiffness and platelet thrombus formation](#). Atherosclerosis, 2024;390(117335): 1-7.
- ²³ Sutanto E et al. [Concurrent Daily and Non-Daily Use of Heated Tobacco Products with Combustible Cigarettes: Findings from the 2018 ITC Japan Survey](#). Int. J. Environ. Res. Public Health, 2020;17(6): 1-18.
- ²⁴ Chang et al. [Systematic review of cigar smoking and all cause and smoking related mortality](#). BMC Public Health, 2015;15(390): 1-20.
- ²⁵ Jackson SE et al. [Trends in Exclusive Non-Cigarette Tobacco Smoking in England: A Population Survey 2013-2023](#). Nicotine and Tobacco Research. 2024. [Pre-Print].
- ²⁶ Office for Health Improvement and Disparities. [Nicotine vaping in England: 2022 evidence update](#). 2022.
- ²⁷ Bene-alhasan Y et al. [Electronic nicotine product use is associated with incident heart failure - the all of us research program](#). J Am Coll Cardiol, 2024;83(13): 695 [Pre-print].
- ²⁸ George et al. [Cardiovascular Effects of Switching From Tobacco Cigarettes to Electronic Cigarettes](#). JACC, 2019;74(25): 3112-3120.
- ²⁹ Lindson N et al. [Pharmacological and electronic cigarette interventions for smoking cessation in adults: component network meta-analyses](#). Cochrane Database of Systematic Reviews, 2023; Issue 9. Art. No.: CD015226.
- ³⁰ Taylor et al. [Association of Fully Branded and Standardized e-Cigarette Packaging With Interest in Trying Products Among Youths and Adults in Great Britain](#). JAMA Netw Open, 2023;6(3): 1-11.
- ³¹ Brocklebank LA et al. [Electronic cigarette and smoking paraphernalia point of sale displays: an observational study in England](#). Tobacco Control, 2022;31: e201-e206.
- ³² Action on Smoking and Health. [Use of e-cigarettes \(vapes\) among young people in Great Britain](#). 2023.