

Written evidence submitted by the Cancer Research UK to the Tobacco and Vapes Public Bill Committee (TVB18)

Table of contents

About Cancer Research UK	2
Executive summary	2
Cancer Research UK’s support for the Bill	3
The impact of tobacco	3
Smoking – the illusion of free choice	3
Smoking-related health inequalities.....	4
The economic cost of tobacco	4
Vaping	4
Evidence on vaping	4
Adopting a balanced approach	5
Harm misperceptions of vaping	6
The Bill	6
Importance of the smokefree generation model	6
Enforcing the age of sale legislation and addressing illicit concerns.....	7
Product scope – no exemptions	7
Powers: Licensing scheme for tobacco, vape and nicotine product retailers	8
Powers: Vape flavours	8
Powers: Vape packaging	9
Powers: Vape displays.....	9
Powers: Smokefree and vape-free places.....	10
Advertising, brand-sharing and sponsorship	10
Loopholes: Free distribution and discounts	10
Non-nicotine products	11
Support for the legislation	11
Preventing the Bill from being weakened	11
Contact	12

About Cancer Research UK

Cancer Research UK is the world’s leading cancer charity dedicated to saving and improving lives through research. We fund research into the prevention, detection and treatment of more than 200 types of cancer through the work of over 4,000 scientists, doctors and nurses. In the last 50 years, we’ve helped double cancer survival in the UK and our research has played a role in around half of the world’s essential cancer drugs. Our vision is a world where everybody lives longer, better lives, free from the fear of cancer.

Executive summary

Tobacco

- Tobacco is the biggest cause of cancer and death in the UK; it causes around 57,800 cancer cases a year in the UK – that’s around 160 cases of cancer every day.^{i ii iii iv}
- Around 6 million people in the UK still smoke.^v Nothing would have a bigger impact on reducing the number of preventable deaths in the UK than ending smoking.
- Every day, around 350 young adults (aged 18–25-year-olds) start smoking.^{vi}
- Since the General Election smoking will have caused around 29,500 cancer cases in the UK (up to 7 Jan 2025).^{vii}
- Projections using data up to 2023 show that if current trends continue, England won’t be smokefree (less than 5% of adults smoking) until 2039 – 9 years after the target.^{viii}
- When governments take action, smoking rates go down.^{ix} This Parliament has a unique opportunity to help prevent tens of thousands of cancer deaths each year.^x
- Raising the age of sale could help to reduce the number of people who take up smoking in the future, stopping them from developing a dangerous addiction that they may then struggle to overcome, and reducing their risk of cancer in the future.
- The potential impact of the Bill can’t be understated. The UK Government’s modelling suggests that by 2100, over 470,000 estimated disease cases would be avoided.^{xi}
- The legislation should apply to all tobacco products. There is no safe way to use tobacco, and all products that contain tobacco are harmful and can cause cancer.
- Raising the age of sale of tobacco to help create a smokefree generation is popular with the public and across all political parties.^{xii}
- In the past, when the Government tried to put in place measures to reduce people smoking, the tobacco industry said it would lead to big increases in illicit trade. But time and time again, they’ve been proven wrong.^{xiii}

- We welcome the 4-nation approach for this Bill; These vital measures, including the age of sale legislation, should be adopted in a consistent way across the UK.
- CRUK also supports new tobacco measures, including the expansion of standardised packaging to all tobacco products and introduction of pack inserts.

Vaping

- Evidence so far shows that legal e-cigarettes are far less harmful than smoking and can help people quit. However, as they're a relatively new product, their long-term impacts are unknown, and they cannot be considered risk-free.
- It's important that there is a balance struck between regulating e-cigarettes to make them less appealing to young people and people who have never smoked, while ensuring they are still available and accessible to people who want to quit smoking.

Cancer Research UK's support for the Bill

1. Cancer Research UK supports the Tobacco and Vapes Bill and urges Parliament to pass the legislation swiftly and in full. Raising the age of sale incrementally so that nobody born on or after 1 January 2009 can be legally sold tobacco products could help create the first ever smokefree generation – a critical step on the road to a Smokefree UK. It's crucial that there is no watering down of the legislation, and that there are no loopholes which can be exploited.

The impact of tobacco

Smoking – the illusion of free choice

2. Tobacco is uniquely harmful. When used exactly as recommended by the manufacturer, it is the one legal consumer product that will kill most users – 2 out of 3 people who smoke will die from smoking.^{xiv xv xvi xvii} Around 8 in 10 people who smoke have tried to quit and regret ever starting.^{xviii} Smoking has the illusion of a free choice, but it is an addiction, and people need support to quit.
3. Almost 9 in 10 people who smoke report they took up smoking before the age of 21.^{xix} About 400,000 11-to-15-year-olds in England have tried smoking.^{xx} The Chief Medical Officer, Professor Chris Whitty said, “the great majority of smokers wish they had never started, but their choice was taken away at a young age by marketing that deliberately promoted addiction to nicotine”.^{xxi}
4. For people who smoke it's not as simple as avoiding cigarettes because they're unhealthy and costly. Some people are more likely to try a cigarette than others, and often factors outside of our control can make all the difference. For many, that first puff paves the way to long-lasting addiction. We know that smoking is more common in some population groups than others, and this is often due to factors such as the pressures and opportunities someone has faced over the course of their

life, as well as current circumstances – the wider determinants of health. For example, people in more deprived areas are more likely to smoke and find it harder to stop smoking.

Smoking-related health inequalities

5. CRUK analysis shows that if recent smoking prevalence trends continue, average adult smoking prevalence in England will reach 5% in 2039.^{xxii} This is nine years behind the UK Government's own target of 2030.
6. There is significant variation in the progress towards the smokefree target. Critically, England's most deprived areas are not set to become smokefree until almost three decades after the least deprived.^{xxiii} People born in England's most affluent areas are expected to live on average up to a decade longer than people in the least affluent.^{xxiv xxv} Smoking is the single biggest driver of this inequality.
7. It's important that we achieve a Smokefree UK for *all*. Realising the smokefree ambition across all socioeconomic groups would be one of the most impactful and equitable actions any government could make. Things are moving in the right direction for a Smokefree UK, and this piece of legislation is a critical moment and opportunity to reduce the number of preventable deaths in the UK.

The economic cost of tobacco

8. Taking action on tobacco would help the economy. Smoking is estimated by Action on Smoking and Health (ASH) to cost society £46 billion annually for England.^{xxvi} The treatment of smoking-related illness costs the NHS approximately £1.9 billion every year in England alone.^{xxvii}
9. This dwarfs the £7 billion income from taxes on tobacco products.^{xxviii} Reducing smoking rates will directly benefit the public finances, as well as save tens of thousands of lives.
10. Preventing ill health, including that caused by smoking, is key to how we reduce pressure on the health system.

Vaping

Evidence on vaping

11. Tobacco is the biggest cause of cancer and death in the UK.^{xxix xxx} Evidence so far shows that legal e-cigarettes are far less harmful than smoking.^{xxxi} E-cigarettes are a popular quitting tool in the UK; they can help people who smoke to stop, reducing their risk of cancer and other tobacco-related diseases, compared with continued smoking.^{xxxii} But they're a relatively new product and their long-term impacts are unknown, and so they cannot be considered risk-free. They shouldn't be used by people who don't smoke, and young people in particular.

12. It's important that the UK Government adopts a balanced approach to vaping. CRUK supports making balanced and evidence-led changes to e-cigarettes which reduce the appeal and access of e-cigarettes to young people and people who do not smoke, whilst also considering the potential impact on smoking rates and people trying to quit tobacco.

Aerosol in vaping products

13. When discussing aerosol, it's extremely important that e-cigarettes and tobacco products - included heated tobacco are considered separately and are not conflated. E-cigarettes contain no tobacco, a known cause of cancer in all its forms.
14. Whilst e-cigarette vapour does contain particulate matter, the Committee on Toxicology of Chemicals in Food, Consumer Products and the Environment noted substantial uncertainty around the risks to people who vape and bystanders from particulate matter in the aerosol of vaping products as most appear to be soluble. They therefore expressed reservations around using the health risks of ambient air pollution, which are primarily insoluble, to estimate any potential health impacts.^{xxxiii}

Evidence on gateway effect

15. There is not strong evidence that vaping acts as a gateway to tobacco in the UK. Evidence to date has many limitations and has mostly been carried out in the US where the regulatory environment is different. Plus, it is very difficult to accurately adjust for factors that might contribute to e-cigarette and cigarette use such as risk-taking behaviour. This means any association between trying vapes and moving onto smoking can usually be explained by shared risk factors affecting likelihood of both smoking and vaping ([common liability](#)).
16. Overall, the evidence doesn't support a gateway effect. For example, as vaping prevalence has risen, smoking prevalence has continued to fall, [suggesting](#) that increased vaping is not leading more people to start smoking at a population level.

Adopting a balanced approach

17. It is also important to consider the impact of vaping policy on preventing young people from taking up or switching to smoking. Growing up in a household where someone smokes places children at risk of exposure to harmful second-hand smoke and increases their risk of starting smoking.
18. Limiting the availability or appeal of e-cigarettes as a cessation tool could have unintended effects on parents' or family members' ability to quit smoking and in turn have an impact on young people themselves. Measures that curb youth vaping must also consider and mitigate against the potential unintended consequence of those young people switching to illicit vapes or smoking instead.

Harm misperceptions of vaping

19. Research shows that harm misperceptions around vaping products are growing. ASH surveys show that 54% of children and 39% of adults who smoke, wrongly think that vaping is more or equally harmful than smoking.^{xxxiv}
20. This is concerning; if e-cigarettes are treated in the same way as tobacco, this could send a message that vapes are as or more harmful than tobacco. There is therefore a risk that people who smoke and want to quit, or are trying to quit, will be deterred from, or stop using e-cigarettes.
21. It's important that regulations and public communication around regulation is careful not to worsen harm misperceptions. While we want to prevent young people and people who have never smoked from using e-cigarettes, we do not want to send the wrong impression to people who smoke that they are as or more harmful than tobacco - which could prevent people who smoke from switching to a far less harmful alternative and instead they carry on smoking, which increases their risk of cancer.
22. It is also important that young people have accurate harm perceptions, and that they understand vaping is a far less harmful alternative to tobacco. Otherwise, if children consider legal e-cigarettes to be just as harmful/similarly harmful to tobacco, switching from an e-cigarette to a cigarette may seem like less of a risk.
23. It is important that any messaging to the public (both adults and children) must be evidence-based. It is also important to consider that any messaging or education delivered to young people may also reach their adult family members and be remembered by the children when they reach adulthood. It's therefore important to also educate young people on the effectiveness of legal e-cigarettes as a smoking cessation aid and their relatively lower harmfulness compared with tobacco, alongside messaging that they are not risk-free and should not be used by never smokers, in order to avoid inadvertently discouraging adults who would like to use them to stop smoking from doing so.

The Bill

Importance of the smokefree generation model

24. Tobacco addiction is often developed at an early age, with almost 9 in 10 people who smoke reporting that they took up smoking before the age of 21.^{xxxv} That's why raising the age of sale incrementally and preventing young people from ever starting smoking is critical to a smokefree future. After bold policy moves in the late 2000s, when the government raised the age of sale from 16 to 18, and smoking in enclosed public places was banned, smoking rates declined.^{xxxvi} However, for some people, it just delayed the initiation of smoking.
25. Smoking is dangerous at any age, and it is important we don't just delay the age someone starts to smoke. This would likely be the case if it was raised by a few

years to 21 or 25. Instead, we want to fully prevent people from taking it up in the first place. This Bill's proposal to raise the age of sale of tobacco by one year every year would help to create the first ever smokefree generation. This could prevent future generations from ever taking up smoking.

26. This legislation isn't about banning tobacco for people who can already smoke. But we want a future where smoking and its burden is ended for good across the whole population. But this cannot happen overnight, and we now have an opportunity to prevent a whole new generation from starting smoking.

Enforcing the age of sale legislation and addressing illicit concerns

27. In the past, when the UK Government tried to put in place measures to reduce people smoking, the tobacco industry said it would lead to big increases in illicit trade. But time and time again they have been proven wrong.^{xxxvii} The introduction of tobacco control policies like raising the age of sale from 16 to 18 in 2007, the smokefree law in 2007, and standardised packaging in 2015, did not lead to an increase in illicit sales.
28. With sufficient enforcement, raising the age of sale to create a smokefree generation should not worsen the illicit trade. Action on Smoking and Health (ASH) reported that when the age of sale of tobacco increased from 16 to 18 in 2007 it had no impact on black market sales.^{xxxviii} An incremental rise makes this even less likely as it will be a gradual change; by preventing people from ever starting smoking, this should reduce demand for tobacco, including illicit products.
29. To ensure that this legislation is effective, strong enforcement, including funding and support for trading standards and retail staff, will be critical. The previous UK Government committed to investing an additional £30 million a year for enforcement agencies. We were pleased to see the UK Government recently announce £10 million of funding for enforcement and to give these agencies the powers to distribute fixed penalty notices. Sustainable and adequate funding is necessary to ensure the Bill's efficacy. This will be important to prevent the illicit trade of tobacco from expanding.

Product scope – no exemptions

30. The issue of tobacco goes beyond cigarettes. A CRUK-funded study revealed that in the last decade, there has been a sharp rise in the use of non-cigarette smoked tobacco products, such as cigars, cigarillos, pipes and shisha, particularly amongst young people.^{xxxix}
31. There is no safe way to use tobacco. All products that contain tobacco are harmful and can cause cancer. The legislation should include all products that contain tobacco and cigarette papers. A Smokefree UK means a country without any tobacco products, including combustible, smokeless and heated.
32. There should be no exemptions for heated tobacco. Just because the tobacco is heated, rather than combusted, does not mean it is not a harmful product.

Research looking at these tobacco products is still in its early stages and is often funded by the tobacco industry, rather than independent researchers.^{xi}

Powers: Licensing scheme for tobacco, vape and nicotine product retailers

33. **CRUK strongly supports the UK Government introducing powers for the Secretary of State to create a licensing scheme for tobacco, vape, and nicotine product retailers. We will respond to the consultation when published.**
34. Unlike with alcohol retailers, there's currently no licensing system attached to selling tobacco in the UK. Scotland and Northern Ireland have tobacco retail registers, but there are currently no conditions attached to registering. This means outside the HMRC Track and Trace economic operator ID system, there is no register of the retailers that can sell tobacco in the UK.
35. We are pleased that these powers have been introduced in England, Wales and Northern Ireland, and would urge the Scottish Government to ensure their updated retail register is aligned with the rest of the UK.
36. In CRUK's Plan for Longer, Better Lives, we recommended a licensing scheme, pointing out that it could allow for the stipulation of public health conditions and the licence should be removed for breaching point of sale laws, including age of sale laws. The list of retailers should also be made publicly accessible.^{xli}

Powers: Vape flavours

37. **We support the UK Government taking powers, with consultation, to make changes to the regulations around vape flavours.**
38. Current [evidence](#) seems to suggest that e-cigarette flavours influence vaping initiation in both young people and adults who smoke. We know that the range of flavours of e-cigarettes are a large part of the appeal for both young people and adults. When taking action on e-cigarette flavours, a balance needs to be struck between dissuading uptake in young people and maintaining an appeal to those who use vapes to quit smoking, so they are not deterred from transitioning away from tobacco.^{xlii xliii}
39. Although we believe there is currently insufficient evidence to justify banning specific e-liquid flavours, as the evidence base related to the role of flavours in youth and adult vaping increases, powers to regulate flavours will be an important lever for Government to use to reduce youth vaping.
40. It is important that there is a holistic approach to flavours. If the UK Government is changing the packaging and display of vapes (through other powers in the Bill), this will go a long way to reduce the appeal of vapes. Therefore, the Government may not need to go as far when restricting flavours. We believe that restricting the way flavours are *described*, rather than banning actual flavours could help reduce the appeal to young people with limited negative impact on adults who smoke. At the very least, CRUK believes that mint, menthol and fruit should remain available as there is evidence that these help adults quit smoking.^{xliv xlv, xlvi xlvii}

41. CRUK commissioned research exploring e-cigarette packaging and retail appeal, which included findings on all elements of packaging, as well as other key influences on purchasing, such as flavours.^{xlviii xlix} We are also exploring in detail how underage young people are able to access these products despite current regulation. Appealing factors include the visibility of display, low price point, seemingly poor enforcement of age of sale laws, and the marketing outside of shops.

Powers: Vape packaging

42. We support the UK Government taking powers, with consultation, to make changes to the regulations around vape packaging.

43. CRUK supports restrictions to e-cigarette packaging to reduce youth vaping but believes that the right balance must be struck between dissuasive and neutral packaging. We do not believe that they should be made to resemble tobacco packaging, in order to reduce worsening harm misperceptions.
44. More evidence is needed to determine which colours would reduce the appeal to young people, and it's important that in doing so, we do not reduce access to vapes for adults who use them to quit smoking. We want to avoid worsening harm misperceptions (that vapes are as or more harmful than tobacco), so it would make sense to choose a neutral colour for vaping packs, rather than the same drab green colour of tobacco packs.

Powers: Vape displays

45. We support the UK Government taking powers, with consultation, to make changes to the regulations around vape displays.

46. To make vapes less appealing to young people, they could be behind the counter but still on display. If the UK Government is changing the packaging of vapes (through other powers in the Bill), this will go a long way to reduce the appeal of vapes. Therefore, the Government may not need to go as far when restricting the display.
47. This balance will help ensure that they are still visible and accessible to adults who wish to use them to quit. It would also create a differential from tobacco, so that they are behind the counter with less appealing packaging, but still visible to adults who smoke and want to quit. It's also important that the legislation futureproofs against the use of bright coloured lights, or similar style displays which could appeal to young people.

Powers: Extending product requirements (tobacco, nicotine and vape products)

48. CRUK supports the UK Government taking powers, with consultation, to change and extend the retail packaging of tobacco products, devices, cigarette papers, vaping and nicotine products. This will also prevent vape manufacturers

producing products in the shape of objects that appeal to young people (such as appealing food items, e.g smoothies).ⁱ CRUK will be responding to the consultations.

Powers: Smokefree and vape-free places

49. Cancer Research UK supports the UK Government taking powers to extend smokefree spaces to specific areas, following a consultation.

Smokefree: Passive smoking is harmful, and it can cause many of the same health effects as smoking does. A consultation would enable the government to consider the relevant evidence, and the opinions of a range of stakeholders. As part of this, it will be important to consider how to avoid stigma or accidentally risk pushing people into smoking in their homes, which would increase second-hand smoke exposure to those living with them, which could cause harm.

50. Cancer Research UK supports the UK Government's decision to consult on the introduction of vape-free places indoors. It is important that any measures to restrict vaping do not exacerbate harm misperceptions, and do not deter or reduce accessibility of people who smoke from quitting with the use of e-cigarettes. For example, there could be a consideration to allow exemptions for people trying out vaping products in specialist shops.

51. *Vape-free:* Although there is not the same blanket ban on vaping in indoor public spaces as there is for tobacco, most 'smokefree places' are also 'vape free'. Vaping is currently banned on all UK trains, at airports and on planes, and is banned in most large music venues, a lot of restaurant chains, and buses and coaches.
52. Further research is needed to understand the health effects of vaping, however the current evidence does not suggest that breathing in second hand vapour is harmful. Given that evidence indicates that vaping is far less harmful than smoking, it's likely that second-hand vapour would be less harmful than second-hand smoke..

Advertising, brand-sharing and sponsorship

53. Cancer Research UK supports action to reduce the appeal (through advertising) of e-cigarettes, vaping products and nicotine products.

54. However, having a carved-out way to advertise vapes for smoking cessation purposes helps ensure they are visible to people who smoke and want to quit. The NHS and regional stop smoking campaigns should continue to be able to promote vapes as a cessation tool.
55. Currently, government policy enables manufacturers to promote their e-cigarettes as a consumer product or apply for a licence to market their product as medicine (regulated by MHRA).ⁱⁱ

Loopholes: Free distribution and discounts

56. In our Plan for Longer, Better Lives, we called on the UK Government to close existing loopholes that the tobacco and vape industry can exploit in the marketing of their

products. In our response to the ‘Smokefree Generation and Youth Vaping’ consultation, we specifically recommended that the loophole which enables free distribution of any e-cigarette to anyone of any age (including children) should be closed.

57. We support the UK Government’s decision to close this loophole, making it an offence for a person to give away a product or coupon for tobacco, vaping or nicotine products. We encourage the UK Government to explore whether there should be exemptions for researchers carrying out vaping studies.

Non-nicotine products

58. We support the UK Government’s decision to make non-nicotine vapes and other consumer nicotine products (like pouches) subject to the same regulations as nicotine vapes.

Support for the legislation

59. Raising the age of sale to create a smokefree generation is supported by 69% of people in GB, with just 12% opposed.ⁱⁱⁱ The policy has broad cross-party support with 70% of those who voted Conservative in 2019, 74% who voted Labour, and 75% of those who voted Liberal Democrat.ⁱⁱⁱ At the second reading of the Bill, majority of MPs voted in favour of the Bill (179 Conservative MPs, 161 Labour MPs out of 383 Ayes).^{iv}

60. In 2022, a report from ASH found that local retailers in England support measures to raise the age of sale, to introduce a licence to sell tobacco, increase enforcement of existing legislation, and to require tobacco companies to pay for the services to help people quit smoking.^{iv}

Preventing the Bill from being weakened

Sunset clause

61. **It’s important that a sunset clause is not included in this Bill.** This is a piece of legislation where the benefits will not be seen immediately: people affected by the Bill (those born on or after 1 January 2009) would not have been able to be legally sold tobacco until 2027. A sunset clause risks the legislation being reversed in the future, potentially undoing the progress that the UK has made, and will continue to make, on reducing smoking rates.

Tobacco industry tactics to weaken the Bill

62. The UK Government is a signatory of the World Health Organization’s Framework Convention on Tobacco Control (FCTC) Article 5.3 requires all parties to act to protect public health policies from “commercial and other vested interests of the tobacco industry in accordance with national law”.^{vi} **It’s therefore crucial that there is no interference from the tobacco industry in this legislative process, and**

that the UK Government prevents the industry from getting undue influence that would allow it to weaken the Bill. It is important that the UK Government and all government agencies are aware of and adhere to Article 5.3 of the WHO FCTC.

63. In December 2023, when the previous Tobacco and Vapes Bill was being proposed, the University of Bath reported that the tobacco industry was lobbying the government to increase the age of sale to 21, instead of the proposed smokefree generation policy.^{lvii} They also reported that the tobacco industry had “inundated MPs with lobbying material ... to persuade them to oppose the changes”.^{lviii} *The Examination*, in connection with the *Guardian* that there have been multiple attempts by the industry to ‘wine and dine’ MPs in an attempt to lobby on the Bill.^{lix}

64. For further information about the tactics that the tobacco industry uses to undermine public health legislation, see Tobacco Tactics, from the University of Bath.^{lx}

Contact

Please contact: kerry.pearson@cancer.org.uk, alizee.froguel@cancer.org.uk or sophia.greenblat-tal@cancer.org.uk for any questions.

References

ⁱ Brown et al, 2018. The fraction of cancer attributable to modifiable risk factors in England, Wales, Scotland, Northern Ireland and the United Kingdom in 2015. Accessed November 2024.

ⁱⁱ GBD 2021 (<https://vizhub.healthdata.org/gbd-results/>) (biggest cause of death)

ⁱⁱⁱ Cancer Research UK, 2024. CRUK analysis brief: Smoking-attributable cancer cases in the UK, 2003–2023. Available from:

https://www.cancerresearchuk.org/sites/default/files/analysis_brief_smoking_attributable_cancer_cases_in_the_uk_2003-2023.pdf

^{iv} Thun MJ, et al. 50-Year Trends in Smoking-Related Mortality in the United States. *N Engl J Med* 2013; 368:351–364

^v ONS. 2024. [Adult smoking habits in the UK: 2023](#). Accessed November 2024.

^{vi} Action on Smoking and Health. [Press release: every day 350 young adults start smoking regularly](#). Accessed November 2024.

^{vii} Calculated by Cancer Intelligence, Cancer Research UK, 2024. Based on

https://www.cancerresearchuk.org/sites/default/files/analysis_brief_smoking_attributable_cancer_cases_in_the_uk_2003-2023.pdf

^{viii} CRUK, 2024. [CRUK analysis brief : smoking prevalence projections for England using data to 2023](#).

^{ix} Data for 1950–1973: PN Lee International Smoking Statistics. Data for 1974–2022: Office for National Statistics. Adult smoking habits in Great Britain. Accessed November 2024.

^x Cancer Research UK (CRUK). [Longer, better lives: A programme for UK Government for cancer research and care](#). 2023.

^{xi} DHSC. 2024. [Tobacco and Vapes Bill: Impact Assessment](#). Accessed November 2024.

^{xii} ASH. [Cross party support for raising the age of sale for tobacco from voters and Parliamentarians](#). Accessed November 2024.

^{xiii} Cancer Research UK. [Clearing the smoke on age of sale: the hidden tactics of the tobacco industry](#). Accessed December 2024.

^{xiv} Banks E, et al. Tobacco smoking and all cause mortality in a large Australian cohort study: findings from a mature epidemic with current low smoking prevalence. *BMC medicine* 2015, 13, 38.

-
- xv Doll R, et al. Mortality in relation to smoking: 50 years' observations on male British doctors. *BMJ (Clinical research ed.)* 2004; 328(7455):1519.
- xvi Pirie K, et al. The 21st century hazards of smoking and benefits of stopping: a prospective study of one million women in the UK. *Lancet* 2013;381(9861):133–141
- xvii Thun MJ, et al. 50-Year Trends in Smoking Related Mortality in the United States. *N Engl J Med* 2013; 368:351–364
- xviii Sharma A, Szatkowski L. Characteristics of smokers who have never tried to quit: evidence from the British Opinions and Lifestyle Survey. *BMC Public Health* 2014; 14: 346.
- xix NHS Digital. Health Survey for England 2019. Accessed October 2023.
- xx Action on Smoking and Health (ASH). [ASH Fact Sheet: Young People and Smoking](#). Accessed May 2024.
- xxi DHSC. [Chief Medical Officer for England on the Tobacco and Vapes Bill](#). Accessed May 2024.
- xxii Cancer Research UK, 2024. CRUK analysis brief: Smoking prevalence projections for England using data to 2023. Available from: https://www.cancerresearchuk.org/sites/default/files/smoking_projections_england_2023.pdf
- xxiii Cancer Research UK. [The most deprived in England won't be smokefree until after 2050](#). Accessed May 2024.
- xxiv OHID. [Health Inequalities Dashboard](#). 2023. Accessed November 2024.
- xxv [Health state life expectancies by national deprivation deciles, England: 2018 to 2020](#)
- xxvi ASH Ready [Reckoner](#) 2024
- xxvii ASH Ready [Reckoner](#) 2024
- xxviii OHID. [Health Inequalities Dashboard](#). 2023. Accessed November 2024.
- xxix Brown et al, 2018. The fraction of cancer attributable to modifiable risk factors in England, Wales, Scotland, Northern Ireland and the United Kingdom in 2015. Accessed November 2024.
- xxx GBD 2021 (<https://vizhub.healthdata.org/gbd-results/>) (biggest cause of death)
- xxxi McNeill, A, et al. Nicotine vaping in England: an evidence update including health risks and perceptions, September 2022. A report commissioned by the Office for Health Improvement and Disparities. London: Office for Health Improvement and Disparities; 2022.
- xxxii McNeill, A, et al. Nicotine vaping in England: an evidence update including health risks and perceptions, September 2022. A report commissioned by the Office for Health Improvement and Disparities. London: Office for Health Improvement and Disparities; 2022.
- xxxiii Committee on Toxicity of Chemical in Food, Consumer Products and the Environment (COT). Statement on the potential toxicological risks from electronic nicotine (and non-nicotine) delivery systems (E(N)NDS – e-cigarettes).2020. Accessed May 2024.
- xxxiv Action on Smoking and Health. 2023. [Experimental child vaping up significantly since 2022 but not current vaping](#). Accessed May 2024.
- xxxv NHS England. [Health survey for England 2019 \[NS\]](#). Accessed May 2024.
- xxxvi Anyanwu, P. 2020. [Impact of UK tobacco control policies on inequalities in youth smoking uptake: a natural experiment study](#). Accessed May 2024.
- xxxvii Cancer Research UK. [Clearing the smoke on age of sale: the hidden tactics of the tobacco industry](#). Accessed May 2024.
- xxxviii Smokefree Action. [Frequently asked questions: creating a smokefree generation by raising the age of sale by one year, every year](#). Accessed November 2024.
- xxxix UCL. [Non-cigarette tobacco smoking soared over last decade](#). Accessed May 2024.
- xl Tattan-Birch, H, et al. [Heated tobacco products for smoking cessation and reducing smoking prevalence](#). Cochrane Library. 2022. Accessed May 2024.
- xli Cancer Research UK. [Longer, better lives: A manifesto for cancer research and care](#). Accessed November 2024.
- xlii Thirlway F et al. E-cigarette packaging in context: a qualitative study in deprived areas of the role of packaging in e-cigarette purchasing and use. 2023; Cancer Research UK.
- xliii Jones D, et al. Improving our understanding of e-cigarette and refill packaging in the UK: How is it used for product promotion and perceived by consumers, to what extent does it comply with product regulations, and could it be used to better protect consumers? 2023; Cancer Research UK.
- xliv Action on Smoking and Health. 2023. [Use of e-cigarettes among young people in Great Britain](#). Accessed November 2024.
- xlv Action on Smoking and Health (ASH). Fact Sheet: Use of e-cigarettes (vapes) among adults in Great Britain. August 2023.
- xlvi Jones D, et al. Improving our understanding of e-cigarette and refill packaging in the UK: How is it used for product promotion and perceived by consumers, to what extent does it comply with product regulations, and could it be used to better protect consumers? 2023; awaiting publication [CRUK commissioned research].

-
- ^{xlvii} Thirlway Fet al. E-cigarette packaging in context: a qualitative study in deprived areas of the role of packaging in e-cigarette purchasing and use. 2023; Cancer Research UK
- ^{xlviii} Thirlway, F., Neve K., Champion T., Froguel A., Davies A., Cheek, O. "E-cigarette appeal in context: a qualitative study in deprived areas into the role of packaging in e-cigarette purchasing and use." Cancer Research UK. 2023.
- ^{xlix} Moodie, C., Jones, D., Angus, K., MacKintosh A.M., Ford, A., O'Donnell, R., Hunt, K., Mitchell, D., Alexandrou, G., Stead, M., Neve, K., Champion, T., Froguel, A., Davies, A., Cheek, O. "Improving our understanding of e-cigarette and refill packaging in the UK: How is it used for product promotion and perceived by consumers, to what extent does it comply with product regulations, and could it be used to better protect consumers?" Cancer Research UK. 2023.
- ^l Idea Vape. [Idea Vape Mini Cup 6500 Vape Rechargeable](#). Accessed December 2024.
- ^{li} House of Commons Library. July 2024. [Advertising, marketing and promotion of vaping products](#). Accessed December 2024.
- ^{lii} <https://ash.org.uk/health-inequalities/the-tobacco-and-vapes-bill#:~:text=Raising%20the%20age%20of%20sale%20to%20create%20a%20smokefree%20generation,those%20who%20voted%20Lib%20Dem>.
- ^{liii} Smokefree Action. [Frequently asked questions: creating a smokefree generation by raising the age of sale by one year, every year](#). Accessed November 2024.
- ^{liv} UK Parliament. [Tobacco and Vapes Bill: Second Reading](#). Accessed December 2024.
- ^{lv} Action on Smoking and Health. [Regulation is not a dirty word: local retailers' views of proposals for new tobacco laws](#). Accessed November 2024.
- ^{lvi} WHO FCTC. [Guidelines for Implementation of Article 5.3](#). Accessed May 2024.
- ^{lvii} Tobacco Tactics, University of Bath. [Tobacco Industry Interference with Endgame Policies](#). Accessed May 2024.
- ^{lviii} Tobacco Tactics, University of Bath. [Tobacco Industry Interference with Endgame Policies](#). Accessed May 2024.
- ^{lix} The Examination. [Revealed: Big Tobacco's campaign to undermine UK generation smoking ban](#). Accessed November 2024.
- ^{lx} [Tobacco Tactics](#). Accessed December 2024.

December 2024.