

## Written evidence submitted by the British Heart Foundation Committee (TVB44)

### Executive Summary

- British Heart Foundation (BHF) fully supports the Tobacco and Vapes Bill and its aim to create a smokefree generation, reduce the appeal and availability of e-cigarettes to young people and to extend smokefree and vape-free places.
- 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 current and 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, gradually phasing out tobacco products is a proportionate and evidence-based policy response. However, BHF anticipates the tobacco industry will be working to prevent the Bill from realising its full potential. It is crucial it is not successful.
- The Bill's intention to extend smokefree places is supported by BHF, given the impact second-hand smoke has on heart and circulatory health.
- We also support the Bill's aim to introduce new powers to restrict the marketing and promotion of e-cigarettes to children to curb the rise in youth vaping.
- BHF strongly opposes any amendments that seek to limit or weaken the scope of this Bill, particularly the scope of **Clauses 1-6, 50-55 and 68-72**.
- BHF supports amendments that further strengthen:
  - age verification
  - limitations on where tobacco products can be sold or used
  - enforcement powers
  - taxation on the tobacco industry

### Heart and circulatory disease prevention and the Tobacco and Vapes Bill

1. British Heart Foundation (BHF) welcomes the opportunity to submit written evidence to the Tobacco and Vapes Bill Committee. 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 and second-hand smoke 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.<sup>1</sup> In the same year, a study part-funded by the BHF showed a positive association between exposure to passive smoking and the risk of coronary heart disease (CHD).<sup>2</sup>

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.<sup>2</sup> This research was critical in highlighting the need for a smoking ban in indoor 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.<sup>3</sup>

1.4 BHF is a core funder of Action on Smoking and Health (ASH), ASH Wales and ASH Scotland, working in partnership to reduce the harm caused by tobacco across the UK. BHF is also a member of the Smoke Free Action Coalition, the Scottish Coalition on Tobacco, the Wales Tobacco Health Network and the ASH Northern Ireland Committee.

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,<sup>4</sup> and is a leading preventable cause of disease and death.<sup>5</sup> Smoking also reduces quality of life, with men and women who have never smoked enjoying up to 5 and 5.8 more years of disability-free life than current and ex-smokers, respectively.<sup>6</sup> Indeed, three-quarters of adult smokers report that they would never have started if they had the choice again.<sup>7</sup>
3. As well as having a devastating effect on quality of life and risk of mortality, smoking is estimated to cost public finances in the UK around £15.6 billion every year.<sup>8</sup>
4. Smoking is a key contributor to inequalities in the UK, as rates of smoking and smoking related ill health are concentrated in areas of high deprivation. 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,<sup>9</sup> with tobacco expenditure alone accounting for half a million households living in poverty in the UK.<sup>10</sup> Overall, it is estimated that approximately half the difference in life expectancy between the richest and poorest in society can be attributed to smoking.<sup>11</sup>
5. Inequalities in smoking rates also contribute to significant inequalities in cardiovascular health. The likelihood of dying from CVD before the age of 75 is twice as high amongst adults in England's most deprived areas than in the least deprived.<sup>12</sup>
6. Alongside 67% of the public, BHF fully supports changing the age of sale for tobacco products so that anyone born on or after 1 January 2009 will never be legally sold them.<sup>13</sup> In addition, recent YouGov polling suggests 76% of the public support

expanding smoke-free restrictions to outside hospitals, whilst 72% support expanding restrictions to sports grounds.<sup>14</sup> Likewise, we support Government proposals to expand smokefree restrictions to key high-risk outdoor spaces to reduce the public health harm caused by second-hand smoke.

7. Evidence on the long-term cardiovascular effects of e-cigarette use is limited. Whilst there is evidence to suggest that e-cigarette use is potentially less harmful to cardiovascular health than smoking,<sup>15</sup> it should not be treated as risk-free. BHF therefore supports powers in the Bill to restrict the marketing and promotion of e-cigarettes to children and non-smokers to ensure that they are more clearly demarcated as a smoking cessation tool only.
8. The Bill provides a unique opportunity to protect current and 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 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 long-standing inequalities to ensure more people live well for longer.
9. As a UK wide organisation, we were pleased to see all four governments in the UK commit to raise the age of sale by one year every year. A united approach across England, Scotland, Wales and Northern Ireland which enables the devolved administrations to take new regulations further where they wish to, will support the effective enforcement of new restrictions on tobacco and vaping products and allow this Bill to have the greatest possible impact on public health and ensuring progress towards a smokefree future is secured across the UK.
10. 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 highlight potential amendments that we either support or oppose.

### **Sale and distribution of tobacco and nicotine products**

11. 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.<sup>16</sup>
12. 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 age groups impacted by the change in England.<sup>17</sup>
13. Raising the age of sale for tobacco is popular amongst the public and retailers:

13.1 Large scale YouGov polling commissioned by ASH 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.<sup>18</sup>

13.2 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.<sup>18</sup>

14. BHF supports **Clause 1** which makes it an offence in England and Wales to sell a tobacco product, herbal smoking product, or cigarette papers to any person born on or after 1 January 2009 in England. We also support **Clauses 50 and 68** that grant equivalent powers in Scotland and Northern Ireland. BHF does not support the use of any tobacco products. Emerging evidence suggests novel tobacco products, such as heat-not-burn tobacco products may pose risks to the cardiovascular health of otherwise healthy adolescents and adults.<sup>19 20</sup> Available evidence on the impact of heat-not-burn tobacco products on smoking cessation is limited but suggests that these products are not effective cessation tools and most often lead to dual use alongside cigarettes.<sup>21</sup>

15. BHF supports the inclusion of a ban on the sale of snus and other oral tobacco products (**Clauses 8, 57 and 74**). BHF does not support the use of oral tobacco products, in line with evidence suggesting that habitual snus use may increase the risk of arterial stiffness and endothelial dysfunction – known risk factors for cardiovascular disease.<sup>22</sup> As such, these products and all novel tobacco products, should be subject to the same regulations as cigarettes.

### **Smoke-free places, vape-free places and other free-from places**

16. Second-hand smoke absorption poses a significant risk to cardiovascular health in the UK particularly for clinically vulnerable groups, including children, pregnant people and people with pre-existing conditions such as, asthma or coronary heart disease (CHD). In 2007, the UK acknowledged the health harms of second-hand smoke and introduced the indoor smoking ban, leading to rapid improvements in health including around 1,200 fewer heart attack admissions in the first year alone.<sup>23</sup> However, recent evidence suggests second-hand smoke exposure may still be a public health threat in the UK. Just 2.2 hours of exposure to second-hand smoke each week is associated with an increase in the risk of atrial fibrillation (AF) - a risk factor for stroke.<sup>24</sup> Recent evidence has also shown a significant association between exposure to second-hand smoke and the risk of experiencing heart failure.<sup>25</sup> BHF therefore supports **Clauses 136-158** which grant powers to the Secretary of State to introduce regulations that designate any workplace or place open to the public as smoke-free. Supporting existing smokers to quit should also remain a public health priority. There is evidence to

suggest that extending smokefree restrictions may encourage current smokers to attempt to quit. For example, analysis of the 2007 indoor smoking restrictions shows 300,000 smokers were inspired to make a quit attempt as the law came into force.<sup>26</sup>

17. Whilst evidence demonstrating the impact of second-hand e-cigarette vapour on cardiovascular health is limited, we support restrictions on vaping in public spaces, in line with smoke-free places, as a precautionary approach and to provide regulatory consistency. BHF supports **Clauses 139, 144, 150 and 155** which grant powers for the Secretary of State to introduce regulations which designate smoke-free places as vape-free, though careful design through public consultation will be needed to ensure this does not undermine e-cigarettes as a smoking cessation tool.

### **Reducing the appeal and availability of vapes to children**

18. 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. Therefore, we support **Clauses 90-92** which seek to limit the appeal of e-cigarettes to children and non-smokers by granting powers to the Secretary of State to introduce restrictions on the packaging, features and flavourings of vaping products (alongside other tobacco and related products).
19. National polling has shown an increase in the proportion of young people accessing and using e-cigarettes since 2013.<sup>27</sup> As there is limited evidence regarding the long-term effects of vaping on cardiovascular health, we must not assume vaping is risk-free. Whilst evidence shows it can be an effective cessation tool for many adult smokers and may be less harmful than smoking, at least in the short-term,<sup>15</sup> it is critical that vaping is not taken up by non-smokers or children, and we support strong measures to limit their advertising and appeal to these groups.
20. 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 has reported an observed association between e-cigarette use and medium-term negative cardiovascular outcomes (heart failure).<sup>28</sup> Whilst these findings warrant close monitoring, other evidence, such as the BHF-funded VESUVIUS trial has demonstrated some benefits to cardiovascular health, at least in the short term, by switching from smoking to e-cigarettes.<sup>15</sup> In addition, the most recent Cochrane review of 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 (NRT).<sup>29</sup> Nevertheless, these products should not be used by children or non-smokers.
21. Evidence shows that e-cigarette packaging and designs often appeal to young people.  
<sup>30</sup> Some evidence suggests that 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.<sup>30</sup>

22. Point of sale displays of e-cigarettes are becoming increasingly widespread across the UK.<sup>31</sup> Evidence from ASH suggests over half of all young people in Great Britain are aware of e-cigarette promotion in shops.<sup>32</sup> We therefore support **Clause 13 and 14** which give powers to the Secretary of State to restrict retail displays of e-cigarettes in England and Wales, as well as **Clause 61** and **Clause 79** which give equivalent powers to Scotland and Northern Ireland.
23. Evidence shows that young people are aware of advertising and sponsorship of e-cigarettes on websites and social media, and that this form of promotion increases their appeal.<sup>33</sup> BHF therefore supports **Clauses 114-119** which seek to prohibit the advertising and sponsorship of vaping and related products.

### **Retail licensing**

24. BHF supports the Bill in introducing a retail licensing scheme for tobacco, nicotine and herbal smoking products, and cigarette papers in England and Wales (**Clauses 16 and 19**), as well as extension of existing retail registers in Scotland (**Clause 65**) and Northern Ireland (**Clause 84**). This will support the enforcement of the age of sale and other restrictions on the sale, distribution and display of these products set out in the Bill.

### **Strengthening the Bill**

25. BHF would support amendments which propose the introduction of mandatory age verification for tobacco and vaping products to all UK nations, as is already the case in Scotland. This policy proposal is supported by 71% of retailers in England and Wales and 72% of the public.<sup>18</sup> Introducing mandatory age verification to all four nations would ensure consistency across the UK and enhance enforcement of the new age of sale restrictions. We support this policy in principle, although implementation details would need to be carefully worked through.
26. BHF would support increased taxation on the tobacco industry in the form of a tobacco levy, as presented in the All-Party Parliamentary Group (APPG) on Smoking and Health's 2023 manifesto. It is estimated that a Smokefree Fund in the form of a 10% cap on tobacco manufacturers' profits, to bring the profit margins in line with the average for UK manufacturing, could raise up to £700 million per year to fund vital tobacco control measures and stop-smoking support.<sup>34</sup>

### **Weakening the Bill**

27. BHF would oppose amendments seeking to weaken the Bill. Critics may argue that raising the age of sale by one year every year will result in arbitrary differences in the legal age of sale so that, for example, a 47-year-old will be able to purchase tobacco,

but a 46-year-old will not. However, this policy will not impact current adult smokers, rather, is part of a wider plan to end smoking in the UK for good. Therefore, those impacted by the measure will never be able to purchase tobacco legally, making them much less likely to be long-term smokers in the future. Indeed, Government modelling suggests smoking prevalence amongst those 14 and over will fall from 12.4% in 2023 to 5.1% in 2056 and continue to decline to 4.9% in 2100, as a result of this policy.<sup>35</sup> In addition, as highlighted by the Chief Medical Officer, 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. Similarly, public health policies such as screenings and vaccinations, are often governed by varying age cutoffs.<sup>36</sup>

28. This policy is part of a vision to end the harms from smoking across the UK, for good. Government estimates that 11,165 cases of stroke, heart disease, lung cancer and COPD could be avoided by 2056, and 472,950 by 2100, if this policy is implemented in full – this would not be possible with a less ambitious policy.<sup>35</sup>
29. There is no evidence to suggest that raising the age of sale of tobacco will increase the illicit tobacco market. The 2007 increase in age of sale from 16 to 18 saw no impact on the illicit market.<sup>37</sup> Additionally, polling suggests 80% of Trading Standards professionals support the age of sale proposals,<sup>38</sup> indicating tobacco industry arguments that the policy will be ‘unenforceable’ are not shared by enforcement officials.
30. Emerging evidence shows 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.<sup>39</sup> It is therefore crucial the Bill covers all tobacco and related products.

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