

## **Written evidence submitted by Yorkshire Cancer Research to the Tobacco and Vapes Public Bill Committee (TVB46).**

### **Executive Summary**

1. In Yorkshire and the Humber, 1 in 9 children aged between 11 and 15 have tried smoking. This is equivalent to 39,396 11- to 15-year-olds in Yorkshire and the Humber.
2. Smoking is not a free choice, especially when it is strongly determined by parental behaviour and is an addiction which usually begins in childhood.
3. Smoking is the leading cause of health inequalities across the UK. The best thing to do to address health inequalities in Yorkshire and England as a whole is to eradicate smoking entirely, starting with raising the legal smoking age.
4. Younger women are more likely than older women to smoke during their pregnancy and resume smoking after giving birth, with detrimental health effects for themselves and their child.
5. Vapes should be marketed as stop smoking devices and regulations should aim to reduce their appeal to young people whilst maintaining their appeal to adults who want to quit smoking. For example, anecdotal evidence gathered from stop smoking services run by Yorkshire Cancer Research supports the results of wider studies that fruit flavours increase the appeal of vapes to adults who smoke and persuade them to switch.
6. Regulations for vapes and their enforcement, covering social media, sports sponsorship and product placement within shops is needed to reduce their appeal to young people. However, the ASA requirement for vapes to have an MHRA licence in order to be advertised specifically as a “stop smoking device” should be reviewed.
7. Each year, smoking costs Yorkshire at least £4.2 billion in health and social care and productivity costs. Tobacco manufacturers make an estimated £900 million a year in the UK, with a 40% higher average net operating profit margin than other UK manufacturing. Tobacco manufacturing profits should be capped at 10%, in line with

the manufacturing average, and the additional income used to help fund the regulation and enforcement of vaping and tobacco products and stop smoking services.

## **Introduction**

1. Yorkshire is one of the regions hardest hit by cancer. Yorkshire Cancer Research is a charity that exists so that more people in our region can live longer healthier lives, free from cancer. Our research and activity covers the prevention, early diagnosis and treatment of cancer across the Yorkshire region.
2. Every week in Yorkshire, 90 people are told they have a cancer caused by smoking and 60 people lose their lives as a consequence.
3. Wider action is needed to make smoking a thing of the past and significantly reduce its burden on people living in Yorkshire and beyond.

## **Written Evidence**

### **Increasing the age of sale for tobacco**

1. Yorkshire Cancer Research supports the proposals to increase the age of sale for cigarettes by one year, every year, so that anyone born on or after 1 January 2009 will never legally be able to buy cigarettes.
2. Yorkshire has the second highest smoking rate in England (out of 9 regions) with 12.4% of the adult population who smoked in 2023. This is higher than the national average of 11.6%. Smoking rates vary significantly across Yorkshire, from 5.5% in Selby to 17.8% in Doncaster. We estimate that there are 516,783 adults who smoke in Yorkshire.
3. Yorkshire has seen decreases in smoking prevalence in recent years, but the rate of decline has reduced since 2022 and is slower than the national average. At the current rate of decline, Yorkshire is predicted to meet the 5% 'Smokefree 2030' target in 2043. Yorkshire missed the 2022 target of 12.0% smoking prevalence, which remains just above 12%. Our analysis estimates that a further 16,576 people who

smoke would need to quit in Yorkshire to reach the 12% target and 308,363 people would need to stop to meet the 5% 'Smokefree' target.

4. People in Yorkshire and the Humber are more likely to die from cancers attributed to smoking than in many other parts of the country. For smoking attributable mortality, Yorkshire and the Humber has a significantly higher mortality rate than the England average (105 deaths per 100,000 people compared to 90 for England).
5. More than 4 in 5 people who smoke begin before the age of 20, meaning that this Bill will help prevent cancer and ill health for a generation and beyond. Most people who smoke begin during their teenage years, with more than 4 in 5 people who smoke starting before the age of 20 and more than 2 in 3 starting before the age of 18.
6. The proportion of young people (11-17-year olds) who have ever tried smoking in Great Britain has significantly increased since 2023 and is now the same as ever vaping at 18%. We estimate that there are 80,460 young people who have ever smoked in Yorkshire. Factors influencing youth smoking include social influences, socioeconomic status, tobacco marketing and social media usage. Living with someone who smokes increases a child's likelihood of smoking by fourfold. In Yorkshire and the Humber, there are approximately 200,000 households with children where at least one adult smokes, making up over 8% of households.
7. Children who start smoking at a young age are more likely to smoke heavily and find it harder to quit. Children who smoke are up to six times more susceptible to coughs and shortness of breath than their peers who do not smoke. Smoking can lead to impaired lung growth and the premature decline of lung function, which can increase the risk of developing lung conditions and heart disease later in life. A UK study concluded that starting smoking before the age of 15 doubles the risk of lung cancer by age 75, compared to starting at the age of 20 years or later.

### **Tobacco Smoking and Health Inequalities**

1. Smoking disproportionately affects people in England's disadvantaged communities: 1 in 3 households with people who smoke live below the poverty

line once spending on tobacco is taken into account. For Yorkshire and the Humber, this equates to 148,000 households. Smoking is the leading cause of health inequalities and is associated with almost every indicator of deprivation. Of all regions in England, Yorkshire and the Humber has the second largest difference between the proportion of households below the poverty line before and after spending on tobacco is taken into account. According to Action on Smoking and Health (ASH), compared to the population as a whole, smoking is more common among:

- a. People with a mental health condition;
  - b. People with lower incomes;
  - c. People who are unemployed;
  - d. People who are experiencing homelessness;
  - e. People in contact with the criminal justice system;
  - f. People who live in social housing;
  - g. People without qualifications;
  - h. Lone parents;
  - i. LGBTQ people.
2. Younger women, particularly under the age of 20, are more likely to smoke during pregnancy. Of those who quit before the time of delivery, women aged under 25 are more likely to resume smoking after giving birth. Yorkshire has the third highest regional rate of smoking at the time of delivery, at 9.0%. Smoking during pregnancy is also an issue of health inequality, with young mothers from disadvantaged groups being more likely to smoke. Smoking during pregnancy can have devastating consequences for both mother and child, increasing the risk of multiple health conditions. For the mother, smoking is associated with a significantly increased risk of miscarriage, ectopic pregnancy and placenta

praevia, among other outcomes. For the baby, there is a significantly increased risk of stillbirth, premature birth and fetal development abnormalities.

### **Other Tobacco Products**

1. Other tobacco-containing products include hand-rolled tobacco, cigars, cigarillos, pipes, waterpipes (hookah or shisha), smokeless tobacco, mouth pouches, and tobacco "heat not burn" products. Despite perceptions of being less harmful, these alternatives still pose significant health risks, containing similar levels of toxic chemicals and nicotine to cigarettes, and should be similarly regulated.
  - **Hand-rolled tobacco, cigars, cigarillos, and pipes** are not safer alternatives and should be subject to the same regulations as cigarettes.
  - **Waterpipes**, despite misconceptions, are equally harmful as cigarettes, with smoke containing similar toxicants and posing risks of cancer and cardiovascular disease.
  - **Mouth pouches** containing nicotine but not tobacco (also known as snus) are increasing in popularity in the UK, but their safety is uncertain and not recommended by healthcare organisations. The introduced ban on tobacco containing mouth pouches could be widened to non-tobacco containing mouth pouches.
  - **Tobacco "heat not burn" products** claim reduced risk, but evidence suggests they pose health risks similar to smoking. Overall, these alternative tobacco products do not offer a safer option, and users should be encouraged and supported to quit.

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

1. Yorkshire Cancer Research is supportive of reducing the appeal and availability of vapes to children.
2. Many vaping products use bright colours, cartoon imagery or branding similar to confectionary items. The 2021 ASH survey with young people found, among those who had never tried a vaping product, the level of brand preference was higher when

brand imagery was present on packaging (37%) compared to a lower preference (27%) when no brand imagery was included. However, among adults who smoke the ASH survey found no statistically significant difference in likelihood to using a vaping product starter pack whether it had brand imagery (31%) or not (27%). Over two thirds of retailers support the introduction of regulations reducing the appeal to children, including prohibiting colours and cartoon characters. The appeal of vaping products to adults who smoke should remain higher than tobacco products. Research into standardised packaging for vaping products must continue, focused on designs to reduce appeal to children while not undermining use in people who smoke, and should be rolled out as soon as possible.

3. The naming of flavours requires scrutiny: vaping products are marketed with a huge array of flavour names which may increase appeal to young people (e.g. 'Green gummy bear', 'Cherry peach lemonade'). A balancing act over flavours is necessary. Fruit flavours are the most popular flavours among young people and adults who smoke. Flavours could also increase appeal of vapes to adults who smoke and persuade them to switch. A 2021 study found a higher smoking quit rate among those that opted for sweet and fruit flavours, which is supported by anecdotal evidence from stop smoking services run by Yorkshire Cancer Research. Another study suggested that flavour bans in the US are leading to a small but significant proportion of young adults who exclusively vaped back to smoking. Vaping products should retain their appeal for adults who smoke and are attempting to quit, whilst their appeal to young people should be reduced. This could be done by restricting the range of flavours and flavour names so they appeal more to adults who smoke.
4. Despite relatively comprehensive advertising regulations in the UK, some platforms are not as effectively regulated – e.g. social media. A review of vaping product marketing in the UK between 2016 and 2019 found high compliance with the advertising regulations in advertisements, but not in social media posts. The review found that young people who had never smoked or vaped noticed posts about vaping more often than adults who smoked. Young people were found generally to notice vaping product marketing far more often than adults across all channels.

5. At present, many leading social media companies have prohibited the advertising of vaping products. Currently, Meta rules prohibit the promotion of vaping products, while TikTok restrict advert content related to vaping products. However, the 2024 ASH survey found that only 19% of 11 to 17 years olds said that they had not seen some form of promotion. Among those who had seen advertising, awareness was highest for in shop promotion (55%) and online promotion (29%). Of those that had seen online promotion of vaping products the majority were seen on TikTok (52%), YouTube (32%) and Instagram (28%). The measures included in the Bill regarding the advertising of nicotine products online should help to address this issue and ensure that vaping products are not promoted outside of a stop smoking context.
6. Yorkshire Cancer Research has observed that often vapes in shops are positioned next to sweets, in an apparent attempt to appeal to children. As such, regulations should enforce that vaping products are kept behind counters but still visible. Research shows that the percentage of young people noticing tobacco cigarettes in supermarkets and small shops declined between 2018 and 2022 whilst the percentage of young people noticing vaping products in supermarkets increased. The introduction of restrictions regarding display of vaping products could similarly decrease the awareness of these products among young people.
7. Despite legislation banning tobacco companies from advertising in sport since 2005, vaping product companies have exploited regulatory loopholes to sponsor sports teams. For example, for the 2024 Formula One season, McLaren Racing were sponsored by British American Tobacco's Vuse vaping brand. The target audience of such sports sponsorship deals is not people who smoke directly but the wider global audience, including young people. A sponsorship ban on vaping products will ensure that people who do not smoke and young people are not encouraged to take up vaping.
8. Vaping product manufacturers can apply to the MHRA for medicinal licensing of their products. Advantages of this include being able to state the product is intended as a smoking cessation tool. However, there are currently no licensed vaping products available on the UK market, mainly because the licensing process is time-consuming,

and in a dynamic market it comes with the risk that the product approved will be outdated by the time a license is granted. Advertisements must not include health claims unless the product is licensed by the MHRA, meaning that stating that vaping products are smoking cessation aids is not allowed. This Bill should review the ASA requirement for a MHRA licence, to enable the introduction of a mandatory requirement for all UK-regulated vaping products to include a prominent statement that they are a product for stopping smoking.

### **Strengthening enforcement around tobacco and vaping sales**

1. Vapes are far less harmful than cigarettes and are a crucial component of helping people who smoke quit. However, there is an alarming number of illegal vapes being sold, with 1.19 million illegal vapes seized by Trading Standards in 2023-24. Illegal vaping products may contain very high levels of nicotine or chemicals deemed unsafe. Most of those seized by Trading Standards exceeded the legal limit for nicotine strength of 20mg/ml. The UK's existing regulations must be strengthened, as outlined below, so that vapes can be used as a safer stop smoking aid.
2. There are also loopholes in current vaping regulations which make it easier for young people to vape (and vape at higher nicotine strengths) by legally obtaining nicotine-free e-cigarette liquid. Under 18s can currently buy nicotine-free e-cigarette liquid including 'shortfills', to which they can then add (often free promotional) nicotine shots to achieve higher doses of nicotine in a vape. Raising the age of sale for all vaping products and accessories (including 0% nicotine e-cigarette liquid) in line with vaping products which contain nicotine will make it more difficult for young people to access vaping products.
3. Licencing for the sale of tobacco, vape and nicotine products will help to ensure that the legal sale of vaping products is confined to reputable retailers and provide further authority to tackle trading by unlicensed retailers. This would be unlikely to deter people who smoke from accessing vaping products but would help to protect against the underage sale of vaping and tobacco products.



4. A strengthened enforcement scheme, including the introduction of a £200 fixed penalty notice for offences committed in England and Wales, will support Trading Standards to enforce the new regulations. However, the Chartered Trading Standards Institute reported in 2023 that Trading Standards teams were 'overwhelmed' by the volume of non-compliant vaping products on the market. It is important that the enforcement scheme is accompanied by the funding to enable its implementation.

### **Smoke and vape free places**

1. There is no safe level of tobacco consumption. When people do not smoke but are near enough to a person smoking to breathe second-hand smoke, they are also at higher risk of smoking related conditions, including lung cancer. Passive smoking may also increase risk of breast cancer. Children who are exposed to second-hand smoke have increased risk of conditions including bacterial meningitis. An outdoor smoking ban, particularly on hospital grounds and children's areas, could save lives and reduce pressure on the NHS.
2. There is limited evidence to conclude whether restrictions on vaping in public places would stop people who smoke from switching to vaping products for smoking cessation purposes. Further research is needed before restrictions are implemented.
3. There is stronger evidence that allowing vaping in public places encourages young people who do not smoke to take up vaping. A study found that children perceive vaping as more normalised than tobacco smoking. One of the contributing factors was that there are fewer restrictions on vaping locations than for tobacco products. Whilst evidence supports restrictions to public places with children and young people, an exemption for other public places (e.g. hospital grounds) from becoming vape-free could reduce the risk of people who smoke being deterred from using vapes as a quit tool.

### **Economic and financial impacts of the Bill**

1. Each year, smoking costs Yorkshire at least £4.2 billion in health and social care and productivity costs.

2. This money could be spent improving early cancer diagnosis or making sure people with cancer get the very best treatment and care.
3. Tobacco manufacturers make an estimated £900 million a year in the UK, with a 40% higher average net operating profit margin than other UK manufacturing. Tobacco manufacturing profits should be capped at 10%, in line with the manufacturing average, and the additional income used to help fund the regulation and enforcement of vaping and tobacco products and stop smoking services.

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