

## **Written evidence submission from the Freedom Organisation for the Right to Enjoy Smoking Tobacco (FOREST) to the Tobacco and Vapes Public Bill Committee**

### **Introduction**

Founded in 1979, FOREST (Freedom Organisation for the Right to Enjoy Smoking Tobacco) supports and defends the interests of adults who choose to smoke tobacco, a legal consumer product. We also represent non-smokers who are tolerant of smoking and believe the anti-smoking crusade has gone far enough.

We campaign against excessive regulations on smoking and tobacco products and what we consider to be unnecessary government intrusion into people's personal lives and private spaces. Our spokesmen appear on TV and radio and are quoted frequently by the national and regional press. We contribute to government consultations and have been invited to give written and oral evidence to parliamentary committees in England, Scotland and Wales.

We receive donations from Imperial Tobacco Limited and Gallaher Limited (part of the Japan Tobacco Group of Companies). However, the views expressed in this submission, or any FOREST-associated website or publication, are those of FOREST alone.

### **Overview**

The health risks of smoking are very well-known and consistently publicised. If adults of any age choose to smoke tobacco that is a matter for them not politicians or anti-smoking campaigners, however well-intentioned. As adults we make all sorts of decisions about our lifestyle, including eating, drinking and smoking. Government has a duty to educate people (children especially) about the health risks of smoking, but in a free society government must respect an adult's decision to smoke.

Since 2002 measures designed to nudge or force smokers to quit have included a ban on tobacco advertising and sponsorship, a ban on smoking in all enclosed 'public' places (including every pub and private members' club in the country), a ban on the display of tobacco in shops, a ban on tobacco vending machines, the introduction of standardised packaging of tobacco products, and a ban on flavoured tobacco including menthol.

Few if any of these policies have had a direct or significant impact on smoking rates. For example, following the introduction of the smoking ban in England in July 2007, smoking rates in the years immediately following the ban fell but not to any significant extent. (21% in 2007, 20% in 2010, 19% in 2013). As for the introduction of standardised packaging and the ban on menthol cigarettes, there is currently no evidence that either of those policies has had a significant impact on smoking rates.

Instead, history suggests that the decline in smoking rates in the UK has been influenced primarily by education (the health risks of smoking), and price (the inflated cost of legal tobacco following punitive increases in tobacco duty, although this also fuels the illicit sale of tobacco so it is arguably counter-productive). More recently, the availability of reduced risk alternatives to combustible tobacco, notably e-cigarettes, has coincided with a significant fall in smoking rates, which suggests a clear correlation between the two. (Vaping, it should be noted, is a free market success story that is benefitting public health, and government would do well not to stifle or undermine that success with heavy-handed regulations.)

Despite this the Tobacco and Vapes Bill will introduce further restrictions on the sale of tobacco and vaping products including an absurd ban on the sale of tobacco to all future generations of adults in the UK. We are also concerned that, in its current form, the Bill could lead to the existing workplace smoking ban being extended to outdoor areas, an outcome that was neither envisaged nor intended when the current anti-smoking laws were introduced in England, Scotland, Wales, and Northern Ireland in 2006 and 2007.

### **Raising the legal age of sale of tobacco products**

Everyone knows that smoking is potentially harmful to the health of the smoker. It's drummed into every child from an early age. Outlawing the sale of tobacco to future generations of adults won't stop young people smoking. It will simply infantilise younger adults and drive the sale of tobacco underground, by-passing legitimate retailers and benefitting criminals who don't ask for proof of age when they sell tobacco on the black market.

Far from protecting younger consumers, raising the age of sale will expose many more to illicit and counterfeit tobacco. For the more rebellious teenager or young adult it may even make smoking cool again.

In our view, if you can legally have sex at 16, drive a car and join the army at 17, and purchase alcohol at 18, you should also be allowed to make an informed decision buy tobacco at 18. In the eyes of the law you are an adult at 18 and you should therefore be treated like one. With regard to tobacco it means being given the freedom to choose and take responsibility for your own health. Taking away that freedom infantilises young adults and risks damaging their long-term ability to think and make decisions for themselves.

It is strange too that at a time when some politicians want to reduce the voting age to 16, many of the same politicians want to introduce a generational ban on the sale of tobacco. If a child is considered old enough to vote at 16, it beggars belief that a young adult is not considered old enough to make an informed choice to smoke at 18 and older.

A majority of the population would seem to share this view. According to a poll of 2,009 adults commissioned by FOREST and conducted by Yonder Consulting (January 2025), 60% of respondents said that if people are allowed to drive a car, join the army, purchase alcohol, and vote at 18, they should also be allowed to buy cigarettes and other tobacco products at 18. Fewer than a third (30%) said they should not be allowed to purchase tobacco when legally an adult, while 10% said 'don't know'.<sup>1</sup>

The biggest beneficiaries from the creeping prohibition of tobacco will almost certainly be the many criminal gangs and illicit traders who will be rubbing their hands in anticipation. (For evidence, look at Australia where punitive rates of taxation on tobacco allied to strict laws on the sale of vapes has led to a tobacco war between rival criminal gangs.)<sup>2</sup>

Furthermore, the illiberal nature of a generational ban makes very little sense because smoking rates have been falling in every age group for decades and they are currently at their lowest rates since records began.<sup>3</sup> The demand to raise the age of sale of tobacco (less than 20 years after it was raised from 16 to 18) is not a response to an increase in the number of young people taking up smoking. It is gesture politics, nothing else.

### **Smoking in outdoor areas**

The Bill appears to give government the power to introduce radical restrictions on smoking in outdoor public places. Although the Government was reported to have dropped plans to ban smoking outside pubs and other hospitality venues, it is possible that regulations could still be introduced without further parliamentary scrutiny or debate.

For that reason we share the concerns of the British Beer and Pub Association who rightly point out in their written submission to the Committee that the Bill 'does not specifically exclude the option for the Secretary of State to designate pubs gardens, pavements and other spaces used by pubs as smoking-free and vaping-free'.<sup>4</sup>

### *Smoking outside pubs and other hospitality venues*

Supporters of a ban on smoking outside pubs and other hospitality venues deny the policy will have a significant impact on the hospitality industry. However, the effect of the workplace smoking ban was devastating for many pubs and clubs. In 2017, ten years after the ban was introduced, figures showed there were 11,383 fewer pubs in England compared to 2006 (before the ban was introduced), an astonishing decline of 20.7 per cent.<sup>5</sup>

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<sup>1</sup> [Campaigners urge MPs to reject "divisive" tobacco ban](#) (October 2024)

<sup>2</sup> [Burning out: how Australia's bid to cut smoking rates exploded into suburban tobacco wars](#) (Guardian, 1 November 2024)

<sup>3</sup> [Adult smoking habits in the UK: 2023](#) (Office for National Statistics, October 2024)

<sup>4</sup> [Written Evidence Submitted by British Beer & Pub Association to the Tobacco and Vapes Public Bill Committee](#)

<sup>5</sup> [Road to Ruin: The impact of the smoking ban on pubs and personal choice](#) (Rob Lyons, June 2017)

While the loss of pubs was part of a long-term trend and wasn't exclusively due to the smoking ban, another report found there was a clear acceleration in pub closures in the year after bans were enforced in Ireland (2004), Scotland (2006), England and Wales (2007).<sup>6</sup> Those that survived and sometimes flourished were often pubs with beer gardens and other outdoor areas that could be developed to create a comfortable environment for smokers and non-smokers alike.

If the government was to implement a ban on smoking outside pubs, clubs, and cafes, many of those businesses could be at risk too, together with thousands of jobs.

### *Smoking outside hospitals*

We believe that banning smoking anywhere on hospital grounds is fundamentally wrong, and even cruel. In particular, we think it's outrageous to threaten potentially vulnerable people with fines and other penalties when their only 'crime' is to smoke a cigarette in the open air – a cigarette, furthermore, that may offer a small crumb of comfort when they may be at their lowest ebb.

That is why, for many years, FOREST has fought hospital smoking bans. In October 2009, for example, under the headline 'Call to defy hospital smoking ban', the Dundee Courier reported that:

The director of a pro-tobacco lobby group last night urged smokers to rebel against the ban on smoking in the grounds of Ninewells Hospital in Dundee. Simon Clark, who represents Forest, said measures by NHS Tayside to force smokers off hospital grounds before lighting up were "dictatorial and draconian."

"It's rather petty and vindictive to enforce a no-smoking policy in an outside area," Mr Clark said. "Hospitals are supposed to show compassion and demonstrate a duty of care towards all patients. I'm sure they think they're acting in people's best interests but they're actually making people's lives a misery."

He continued, "It is also quite inhumane to expect patients who are ill to walk some distance just so they can smoke. I think hospitals need to show a little humanity because, like it or not, some people smoke as a form of stress relief and being sick or having a relative in hospital can be quite stressful."

We have made the same argument many times since and although it has been a thankless task we have never stopped engaging with politicians and the media on this issue. We made further headlines in Scotland in 2015 when we were invited to give evidence to the Scottish

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<sup>6</sup> [Smoking gun: is the smoking ban a major cause of the decline of the British pub?](#) (September 2010)

Parliament's Health and Sport Committee in response to the Health (Tobacco, Nicotine etc. and Care) (Scotland) Bill. According to the BBC:<sup>7</sup>

Plans to make smoking in hospital grounds a statutory offence have been branded "inhumane, petty and vindictive" by a pro-smoking (sic) group.

Simon Clark from Forest made the remark while giving evidence to Holyrood's health committee. Mr Clark told MSPs: "Going to hospital as a patient or a visitor can be a very stressful experience. It's also quite stressful for many members of staff.

"To ban smoking on all hospital grounds, we think, is totally inhumane, it's totally vindictive, it's petty, far pettier actually than banning smoking in pubs. At least people can still go outside.

"To extend it to entire hospital sites, we think, is absolutely outrageous."

The Bill eventually restricted the ban to within 15 metres of hospital buildings. In contrast, although many hospital trusts in England have introduced no smoking policies, they are not universal and until now there has been no law to say you can't smoke on hospital grounds in England.

In 2019 FOREST published a report that listed the smoking and vaping policies of NHS hospital trusts in England. Based on freedom of information requests to 200 hospital trusts, we found that fewer than one in four trusts allowed smoking on hospital grounds.<sup>8</sup>

Three quarters (76%) of the trusts that responded to our survey said they did not tolerate smoking anywhere on site, including hospital car parks, while only one in five provided a shelter for smokers. At the same time, and more surprising perhaps, we discovered that vaping was increasingly banned both inside and outside many hospitals.

55% of the 170 respondents prohibited vaping on hospital grounds, with nine in ten (89%) banning the use of e-cigarettes in hospital buildings.

The report called for vaping to be permitted on all hospital sites with no restrictions in outdoor areas. The use of e-cigarettes, we said, should be allowed inside hospital buildings at the discretion of hospital management.

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<sup>7</sup> [Hospital smoking ban plan 'petty', Holyrood committee told](#) (BBC News, 1 September 2015)

<sup>8</sup> [Prejudice and Prohibition: Results of a study of smoking and vaping policies in NHS hospital trusts in England](#) (March 2019)

Other recommendations included allowing smoking outside hospital buildings with smokers incentivised to smoke away from hospital entrances by the provision of designated smoking areas, clearly signposted.

On sites where smoking is prohibited, we argued that trusts must take steps not to discriminate against patients who are infirm or dependent on others to accompany them off site to smoke.

“A reasonable policy,” we said, “would lift restrictions on vaping but give those who prefer to smoke the option of sheltered smoking areas.”

Today FOREST is no longer a lone voice condemning hospital smoking bans. Quoted by the Telegraph in November 2024, leading cancer specialist Professor Karol Sikora argued that:

When it comes to hospitals, we have to be liberal about smoking out of sheer empathy for the patients – some of whom may be at the end of their lives. We not suggesting that hospitals should encourage people to smoke, but for many patients, visitors, and even hard-working members of staff, smoking can be a habit that brings comfort and relief in times of distress or exhaustion.<sup>9</sup>

Writing in The Spectator, Druin Burch, a consultant physician and former junior doctor, commented:

Smoking on NHS property is already banned to the highest degree. No hospital is without its sign saying that smoking is not allowed. But beneath every sign stands a smoker. No one enforces these no-smoking rules, and it is perfectly obvious that nobody should. Staff, their smoking shelters taken away, make mild efforts to be furtive. Visitors don't bother, and to see them puffing away in front of these signs tells you what weight hospitals put on their own rules.

Then there are the patients, often lacking the physical ability to leave the grounds. Some want to quit smoking but can't, others freely choose to continue. Still more have no sane reason to quit at all. Many are dying already, and smoking gives them pleasure and comfort. This NHS policy, with its failure to provide anywhere for patients to smoke, with its pretence that putting up a sign means the issue is solved, with its utter indifference to enforcing its own rules, is simply hypocritical virtue-signalling, laced with dishonest cruelty.<sup>10</sup>

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<sup>9</sup> [I'm a doctor – Labour's plan to ban smoking outside hospitals is a ridiculous show of nanny statism](#) (Telegraph, 5 November 2024)

<sup>10</sup> [Labour's hospital smoking ban is doomed to fail](#) (The Spectator, 5 November 2024)

The lack of prosecutions in Scotland since the introduction of the Health (Tobacco, Nicotine etc. and Care) (Scotland) Bill suggests that the law is not being enforced because reports indicate that smokers are still lighting up outside hospitals, and will continue to do so, regardless of the law.<sup>11</sup>

The police and other law enforcement agencies clearly have better things to do and, without resorting to heavy-handed enforcement that would be disproportionate and wholly inappropriate in a hospital environment, there is little anyone can do to stop it, which will make both the government and the law look ridiculous.

### *Smoking outside schools and in children's play areas*

We don't condone or encourage people to smoke outside schools and in children's play areas, but nor do we condemn them. Where is the evidence that it is a significant risk to children's health, or that it encourages children to take up smoking? Furthermore, where is the evidence that a significant number of parents are smoking outside schools or in children's playgrounds? The reality is that most adults (parents especially) who still smoke have changed their behaviour significantly in recent decades and have done so voluntarily as social mores have changed. Very few people now smoke outside schools or in children's playgrounds, but if the government has evidence that it is a significant problem, then let's see the evidence before further unnecessary restrictions are introduced.

### **Impact of environmental tobacco smoke on non-smokers**

The workplace smoking ban was introduced with the aim of 'protecting' non-smokers from the fiercely disputed allegations of harm caused by environmental tobacco smoke.<sup>12</sup> There was never any question however that the workplace legislation should include outdoor areas because no-one, including the anti-smoking lobby, seriously believed that smoking in the open air posed a significant risk to non-smokers.

In 2015, for example, the noted anti-smoking campaigner Professor Simon Chapman of the School of Public Health at the University of Sydney argued that there is no scientific justification to ban smoking outside (or, as he put it, for such a draconian attack on basic freedoms).<sup>13</sup>

In recent years however, and without any significant evidence to justify it, anti-smoking campaigners and politicians have begun to conflate the risks of smoking in enclosed spaces with smoking in the open air, as if the two things are the same. Self-evidently, they are not.

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<sup>11</sup> [Inverclyde revealed as 'only Scottish council' enforcing hospital smoking ban](#) (Greenock Telegraph, 7 January 2025)

<sup>12</sup> [We were wrong to panic about secondhand smoke](#) (Reason, 16 October 2024)

<sup>13</sup> [Is a smoking ban in UK parks and outdoor spaces a good idea?](#) (BMJ, 25 September 2015)

As a result, there is absolutely no justification for government to intervene and ban smoking in outdoor public spaces.

### **The pleasure of smoking**

Almost no-one in government or the public health industry seems to take the trouble to find out why millions of adults continue to smoke and won't quit. Instead the lazy assumption is that most smokers do want to quit but can't because they are hopelessly addicted to nicotine or the act of smoking and need 'help' to stop.

Without having a better understanding of why many people smoke and don't want to stop, in spite of the well-known health risks, politicians and tobacco control campaigners (even the ex-smokers among them) are ill-equipped to lecture current smokers on how to live their lives.

In 2016 FOREST commissioned a study by the Glasgow-based Centre for Substance Use Research. The subsequent report was based on responses to a survey that was completed by over 600 'confirmed smokers'.<sup>14</sup> A summary read:

- A survey of over 600 smokers by the Centre for Substance Use Research in Glasgow found that nearly all respondents (95%) gave pleasure as their primary reason for smoking, with 35% suggesting that smoking was part of their identity.
- The overwhelming majority said they light up because they enjoy smoking not because they are addicted.
- Well over half (62%) liked the physical effect of nicotine, 55% liked the way smoking provided "time for oneself" and 49% liked the ritual involved in smoking.
- Most of those surveyed (77%) expected to smoke for many years with only 5% envisaging a time in the near future when they might have stopped.
- Although a majority (56%) felt that they were addicted to smoking, many described the habit as a personal choice rather than behaviour determined by their dependence on nicotine.
- Asked what they liked least about smoking, 73% cited the financial cost while 54% objected to the stigma that is now directed towards smokers.

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<sup>14</sup> [The Pleasure of Smoking: The views of confirmed smokers](#) (Centre for Substance Use Research, 2016)



- Asked what might prompt them to stop smoking in future, the most common reasons were becoming seriously unwell as a result of smoking or exacerbating an illness through smoking.
- Anti-smoking policies such as smoking bans and plain packaging were not cited by any respondents as reasons to quit smoking.
- Significantly, nine out of ten respondents (91%) felt they were treated unfairly by government. Only 4% felt they were treated fairly.
- More than half the respondents (59%) had used alternative nicotine delivery products such as e-cigarettes. Few however were persuaded to switch permanently from combustible cigarettes to e-cigarettes.

Dr Neil McKeganey, director of the Centre for Substance Use Research, said:

“This research has provided considerable detailed information on the way in which smoking is viewed by a group of confirmed smokers, a body whose opinions are rarely articulated or taken into account by government or tobacco control groups.

“The implications of these findings from a smoking cessation perspective are significant because there is a clear gulf between the way smoking is typically viewed as a negative, somewhat reprehensible, behaviour and how the smokers themselves saw smoking as a source of pleasure, a choice rather than an addiction.

“It suggests that the success of initiatives to encourage confirmed smokers to move away entirely from combustible tobacco products will depend to a large extent on the degree to which the alternative harm reduction products approximate the smoking experience in terms of enjoyment.”

### **Smoking and mental health**

In November 2015 the Royal College of Physicians claimed that ‘one in three of the UK’s 10 million current smokers has a mental disorder’. Since then tobacco control campaigners have repeatedly referred to the issue of mental health in a bid to reduce smoking rates.

For example, ‘Greater Manchester smokers encouraged to quit to improve their mental health’ (May 11, 2021). Or, on the NHS website (‘Stopping smoking for your mental health’): ‘It’s a common belief that smoking helps you relax. But smoking actually increases anxiety and tension. Smokers are also more likely than non-smokers to develop depression over time.’

The anti-smoking group ASH has argued that ‘Higher smoking rates remain the single largest cause of the estimated 10-20 year reduced life expectancy for people with mental health conditions’. The group has called for more training on smoking cessation for mental health nurses, and even the vaping industry has got in on the act. A 2021 report by Vape Club, the ‘UK’s largest online vape shop’, was branded the ‘Quitting Smoking for Mental Health’ study. Shamelessly the company used the study to call for smoking to be banned outside pubs unaware, perhaps, of the impact this might have on the mental health of smokers whose only opportunity to socialise might be to pop down to their local for a cigarette and a pint, even if they are restricted to sitting outside.

It was no surprise then to read (in their written submission to the Tobacco and Vapes Bill Committee) that the Mental Health and Smoking Partnership ‘strongly supported the tobacco measures set out in the Bill on raising the age of sale and greater regulation of tobacco products’.<sup>15</sup>

But what about the argument that smoking may actually help some of those suffering from mental health issues? We’re not suggesting that non-smokers should take up smoking to improve their mental well-being, or smokers shouldn’t quit if they want to, but David Hockney (arguably Britain’s most famous living artist) has long believed that smoking is good for his mental health, pointing out that while many of his peers in America are hooked on prescribed drugs he chooses to smoke. Writing for UnHerd, Hockney commented:<sup>16</sup>

Not many people in England will defend smoking. They are intimidated by the medical profession and “social pressure”. Well, I’m lucky I can’t hear the “social pressure”, let alone what the doctors have to say. Their obsession with health is unhealthy. Longevity shouldn’t be an aim in life; that to me seems to be life-denying.

Smoking for me is a deep pleasure and 1.1 billion people in the world seem to agree. It can never be stopped; smokers would just start growing their own tobacco. But we need more people to defend it, otherwise the bossy boots will win in England.

I’m 100% sure that I am going to die of a smoking-related illness or a non-smoking related illness. But I couldn’t imagine not smoking, and when people tell me to stop I always point this out. I’ve done it for 68 years, so are you telling me I’m doing something wrong?

Another smoker posted the following comment on the FOREST Facebook page:

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<sup>15</sup> [Written evidence submitted by the Mental Health and Smoking Partnership](#) (January 2025)

<sup>16</sup> [Britain needs a cigarette](#) (UnHerd, 1 October 2023)

The demonisation of smoking and the fear of addiction to nicotine is, in my view, depriving so many people of a better quality of life.

I found [smoking] helped me tremendously. I knew things were not right. I tried talking to my mum but as mental health was very much a taboo subject back then I was just told not to be so silly and to pull myself together. Smoking did take the edge off what was detrimental in my life.

It took decades before I was officially diagnosed with anxiety and depression and it has only been in the past 10/12 years that I finally got the right dose of the right medication that helps. In all those years I had self-harmed and attempted suicide on several occasions.

I still smoke and always will. Apart from the fact that I still enjoy it, I have the fear that quitting may, psychologically or otherwise, be detrimental. Apart from that, without smoking I would end up being obese and that would most definitely be detrimental to my mental health.

The cost of smoking these days, for others like me, can make the difference between eating and smoking, where smoking is more important. Fortunately I am not quite in that position now but I have been.

There are many things in our lives that are more harmful than smoking that are not controlled. It is about time we were no longer demonised and the world accepted that for some [of us] smoking is a lifeline.

A few years ago, the Jeremy Vine show on Radio 2 featured an interview with a matron at the South London and Maudsley NHS Trust who was determined that her patients should stop smoking. The programme also included contributions from several mental health patients (past and present) who were smokers. One former mental health patient (and a smoker) told Vine:

“I [smoked] because it’s such a lonely and frightening experience being sectioned and being detained and being given electric shock treatment. Cigarettes were like a friend to me.”

Another former mental health patient and a smoker said:

“I started smoking when I was 21 when I first really started becoming very ill from bipolar disorder and then when I did go into psychiatric unit later on I continued to smoke. While I was in there I actually found smoking was a great help because while

you are in the unit it's very extremely stressful situation because you are trying to deal with emotions and many other things and also being in an environment which is completely alien to you."

Two more testimonies, received by FOREST in the wake of the workplace smoking ban, declared that:

"As a mental health sufferer this ban has been devastating. One of the most important things for people like me is getting out and not stagnating at home, however, with this vicious ban there is nowhere for us to go out to and relax. Ergo, we don't go! By not going out we are not meeting new people, who possibly have the same or similar problems and with whom discussion can be very beneficial to both sides. Effectively we feel isolated, have an increased feeling of unworthiness, and an even blacker outlook on the future."

"I am currently practising as a mental health social worker. Before that I was a social scientist and a professional musician. The ban has hit the most vulnerable in society the hardest – those in rural areas with few pubs losing what venues they could socialise in: landlocked locals, estate pubs, working men's clubs, bingo halls, shisha bars. All these venues supplied a crucial social and cultural function. They created and sustained communities where people from all backgrounds met and socialised."

Other comments by smokers in mental health units and care homes suggest a loss of personal autonomy when smoking is banned on the premises. In the worst cases, sympathetic members of staff have been threatened with disciplinary action if they take patients outside or off the grounds to smoke or buy cigarettes. How is that acceptable?

The point is that tobacco control campaigners see smoking as something that only has a negative impact on people's health, mental as well as physical. Some of us, on the other hand, think smoking may help some people who might otherwise suffer from poor mental health, but that argument is being drowned out by a public health industry that is so intransigent and determined that people should quit smoking that it refuses to acknowledge any positive effects.

David Hockney and many others will tell you about the positive effects of smoking on their lives, but their views are routinely dismissed by politician and campaigners who think they know better and are determined to stub out a habit that for some people is a source of comfort if not pleasure.

## **Health inequalities**

Like mental health it has become common to talk about 'health inequalities' in relation to smoking. Public health campaigners often associate the latter with a poor choice of lifestyle. Smoking, obesity and alcohol are increasingly mentioned in the context of health inequalities and there seems to be an unchallenged consensus that tackling all three should be part of the levelling up process. We see it differently. Reducing smoking rates by forcing people to quit isn't levelling up, it's dumbing down because it treats smokers – the majority of whom are from lower socio-economic groups – as if they are uneducated idiots for smoking in the first place.

Instead of insulting people's intelligence and curtailing their freedoms with further restrictions on the sale of tobacco or where you can light up, government should focus less on 'helping' people stop smoking and more on creating the conditions for them to make 'healthier' choices for themselves (not have 'healthier' choices imposed on them) because it's clear that while many people smoke for pleasure, many also smoke to relieve the stresses that may be caused by their circumstances or their environment.

Instead of punishing adults who smoke with punitive measures designed to force them to quit a habit many enjoy or take comfort from, government should focus on the underlying reasons why a greater proportion of people from lower socio-economic backgrounds become smokers in the first place. It may take longer to achieve the government's 'smoke free' target but we believe that's a small price to pay if, in the meantime, ministers are addressing far more important issues such as housing and jobs.

## **E-cigarettes and consumer choice**

Although FOREST exists primarily to defend the interests of adults who choose to smoke tobacco and don't want to quit, we strongly support reduced risk nicotine products including e-cigarettes, heated tobacco, oral tobacco (snus) and nicotine pouches as less harmful alternatives to combustible tobacco.

Evidence suggests that e-cigarettes have played a significant role in reducing smoking rates over the past decade. The period 2012-2016 was especially notable because it cannot be coincidence that the initial explosion in popularity of e-cigarettes coincided with a substantial fall in smoking rates (from 19% in 2013 to 15.8% in 2016) that far exceeded the very small decline in smoking prevalence that followed the smoking ban and other anti-smoking measures introduced between 2007 and 2011.

Nevertheless, while we support reduced risk nicotine products and believe that e-cigarettes should be subject to light touch regulation proportionate to the much smaller risk they pose

to consumers, we do not believe that e-cigarettes offer a magic wand or that confirmed smokers should be driven to use them by the introduction of further restrictions on smoking.

Switching from combustible tobacco to electronic cigarettes, heated tobacco or other reduced risk nicotine products, must be voluntary. Smokers must feel empowered to switch to reduced risk products of their own volition, not coerced by policies designed to force them to switch or quit nicotine completely.

The crucial thing is to offer smokers a choice of reduced risk products alongside traditional tobacco products, inform and update them with the latest evidence about the relative risks and benefits, and empower them to make their own informed choices. In short, let the people – not politicians or over-zealous public health campaigners – decide. Most important, respect their choice, even if you disagree with it.

## **Conclusion**

We do not believe it is the job of government to stop adults taking up smoking. Tobacco is a legal product and if adults of any age choose to smoke that is a matter for them and no-one else. In a free society government has a duty to educate and inform all age groups (children especially) about the health risks of smoking, but regardless of the evident risks adults **MUST** be allowed to make an informed choice, and that choice **MUST** be respected by government and the tobacco control industry.

To stop or discourage children from smoking we agree they must be educated and fully informed about the health risks. At the same time government must also enforce existing laws that make it illegal to sell tobacco to anyone under the age of 18, or proxy purchase tobacco for children to consume. But do we really need a generational ban that increases the age of sale by one year every year until even the middle-aged will be prohibited from legally purchasing tobacco?

Unfortunately, much as we might like to, it's impossible to stop every child from taking up smoking. It's a fact of life that some children will experiment with alcohol, tobacco and even illegal drugs. We don't condone such behaviour. Smoking should be restricted to adults who can make an informed decision to smoke in full knowledge of the health risks, but let's get the situation in perspective. Smoking rates among children have been falling for decades and are currently at their lowest ever level.

Increasing the age of sale of tobacco is not only illiberal and unnecessary, it could be counter-productive. A habit that is out of fashion with the overwhelming majority of young people could have a new lease of life by being driven underground. A product that is outlawed to an increasing number of adults could, in time, enjoy the same appeal as other

illegal products, and therefore a revival. How ironic if a policy designed to stop young adults smoking tobacco ends up making the product more attractive to them.

The unsuccessful war on illegal drugs should be enough to warn any government that banning a product doesn't stop people buying and consuming it. Instead legitimate retailers are replaced by criminal gangs who don't care who they sell to, including children. What *might* encourage more children to smoke in future is tobacco being branded as a 'forbidden fruit', legally available only to older adults.

A generational ban on the sale of tobacco is out of all proportion to the 'problem'. Fewer teenagers than ever are smoking, and smoking rates in all age groups continue to fall. Older children, by and large, are well aware of the health risks of smoking. Like every adult, it's been drummed into them from an early age.

Enough is enough. Today tobacco products are not only banned from display in shops, cigarettes and rolling tobacco are also sold in standardised packaging with large health warnings on every pack or pouch including grotesque images of smoking-related diseases. If adults (young or old) still choose to smoke, despite the well-publicised health risks, that is a matter for them not for government, and that choice must be respected without further measures that restrict choice and treat adults like children.

Since 2002 successive UK governments have banned tobacco advertising and sponsorship, tobacco vending machines, and the display of tobacco in shops. Smoking has been banned in all enclosed public places including every pub and private members' club in the country despite the fact that – as artist David Hockney has correctly pointed out – “pubs are not health clubs”.<sup>17</sup>

The UK government also introduced standardised packaging of tobacco while the European Union's revised Tobacco Products Directive imposed a ban on all flavoured tobacco including menthol cigarettes. Despite these and other measures, objections to smoking by public health professionals and anti-smoking campaigners have intensified and become so deeply entrenched it's increasingly difficult to have a rational discussion on the subject, but in a tolerant, liberal society it's important to try.

That is one of the reasons we are very disappointed that the Committee did not invite a single representative of a key stakeholder – consumers who enjoy smoking and do not wish to quit – to give oral evidence. Nor did you invite representatives of other key stakeholders – the tobacco and vaping industries – to give evidence. In our view this undermines both the work of the Committee – whose members are already weighted heavily in favour of MPs

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<sup>17</sup> [Hockney leads smoking ban protest](#) (BBC News, 28 September 2005)

who voted in favour of the Tobacco and Vapes Bill at second reading – and the Bill itself which on present evidence is not being given the rigorous scrutiny it deserves.

What we are witnessing, sadly, is a war on choice and individual freedom. If we continue on this righteous path to ‘good’ health we risk creating a society in which government makes every significant decision for us and, one by one, personal freedoms we once took for granted will be slowly erased on the altar of public health.

**Further reading:**

['40 Years of Hurt: The hyper-regulation of smokers 1979-2019'](#) (FOREST, 2019)

**January 2025**