

# Why comprehensive TC is essential for successful harm reduction

**E-cigarette summit London  
15<sup>th</sup> November 2018**

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Chief Executive  
ASH (Action on Smoking and Health)

ASH receives funding from:



**ash.**  
action on smoking and health

# Declaration of Interest

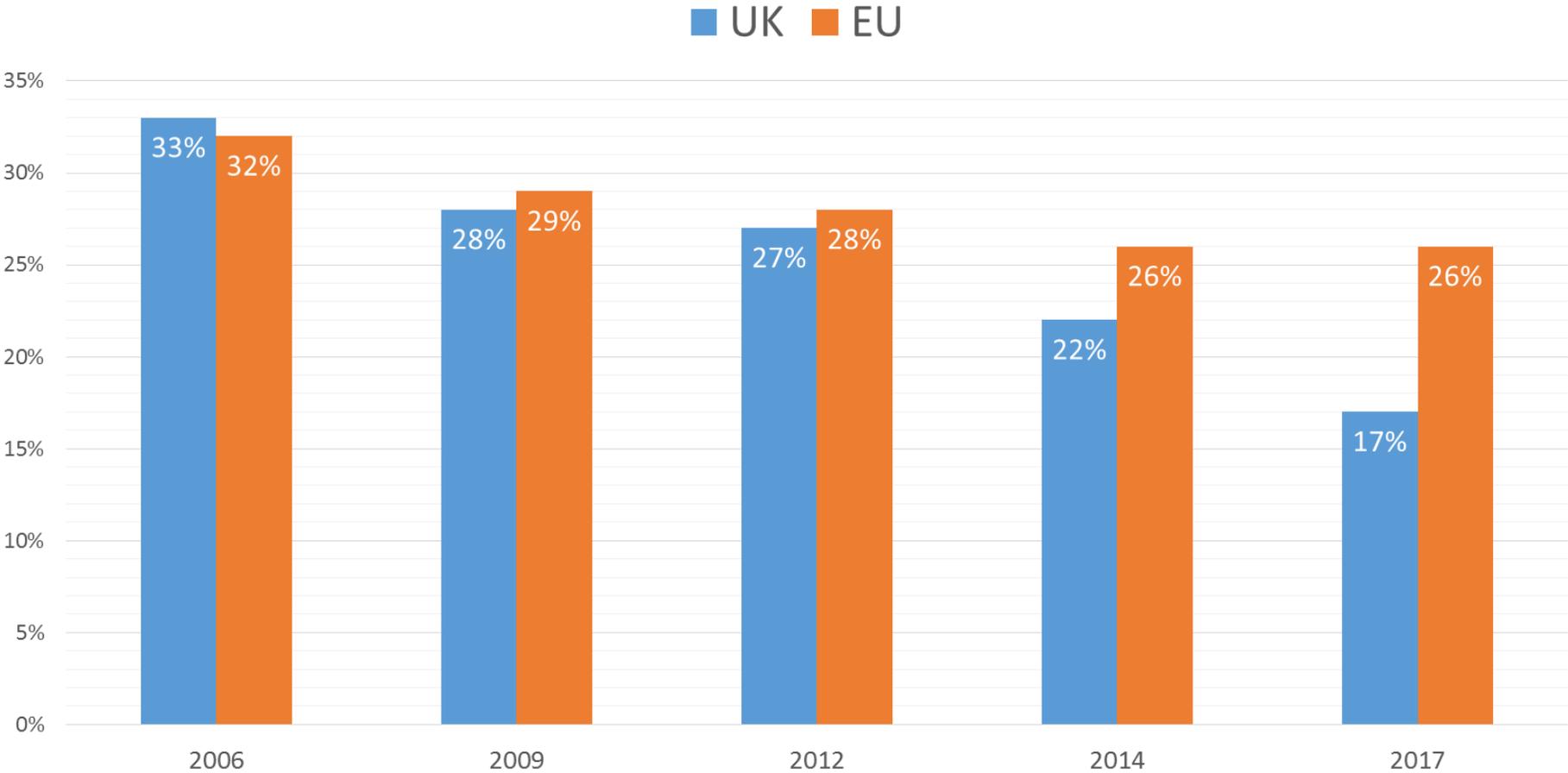
- ASH (UK) is a public health charity set up by the Royal College of Physicians in 1971 to advocate for policy measures to reduce the harm caused by tobacco.
- Funded primarily by 2 leading UK health charities: British Heart Foundation and Cancer Research UK.
- Is in receipt of project funding from DHSC to support implementation of the Tobacco Control Plan.
- ASH does not accept commercial funding
- ASH does not have any direct or indirect links to, or receive funding from, the tobacco industry.

# What this presentation covers

- Why smoking is going down faster in the UK than the rest of Europe = comprehensive TC strategy
- Effective harm reduction = switching not dual using = need smokers to be motivated to quit smoking
- How UK compares with other countries (in Europe and worldwide)
- What's needed so smoking rates continue to go down in future and maximise the opportunity provided by e-cigs

# UK smoking rates compared to Europe

## Eurobarometer smoking prevalence 2006-2017



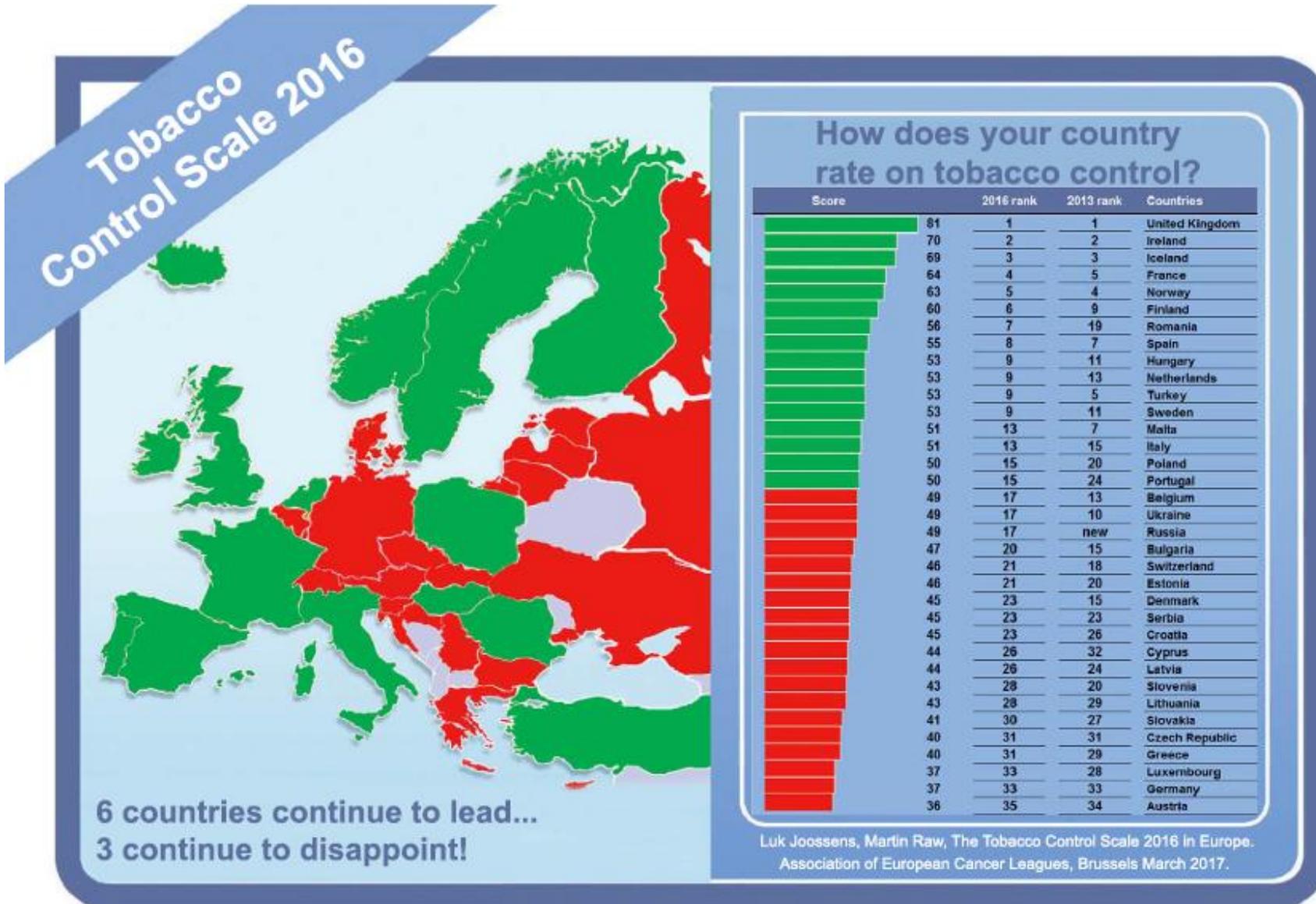
# European tobacco control regulation sets minimum standards for Member States

- **Tobacco Advertising Directive**
  - Bans cross border advertising, promotion and sponsorship (TV, radio, internet and print)
- **Tobacco Tax Directive**
  - Sets minimum excise taxes on all tobacco products
- **Tobacco Products Directive**
  - Large pictorial health warnings on cigarette packs
  - Minimum pack sizes
  - Tracking and tracing for tobacco products
  - Bans flavours in tobacco products (menthol from 2020)
  - Requires notification for any new tobacco product
  - Regulates e-cigarettes

# UK does better on measures motivating quitting

- Reducing affordability ✓
- Mass media campaigns to motivate quitting ✓
- Advertising bans ✓
- Smokefree laws ✓
- Advice and support for smokers to quit ✓
- Packaging and labelling ✓

# From 2007 onwards UK led Europe



UK = 81

Ireland = 70

Poland = 50

Germany = 37

Austria = 36

# E-cigarette minimum standards EU

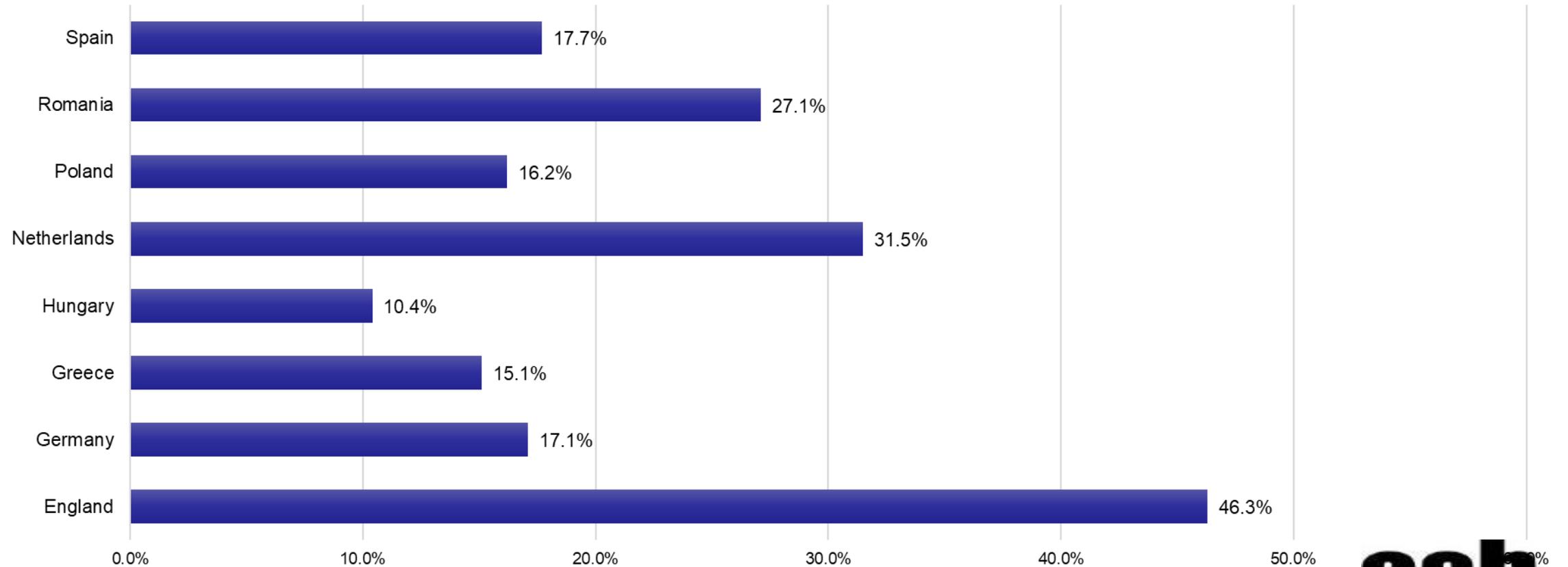
- E-cigarettes legal – sold as consumer products or can be licensed as medicines
- Notification not authorisation process
- Set of standards including nicotine concentration, size of refills and tanks etc.
- Ban on cross-border advertising
- Warnings on packs

## **PLUS**

- In addition UK has age of sale of 18
- Some EU countries ban vaping in enclosed places – in UK voluntary bans in most if not all public places
- BUT attitudes different

# England more successful in motivating quitting attempts than other EU countries

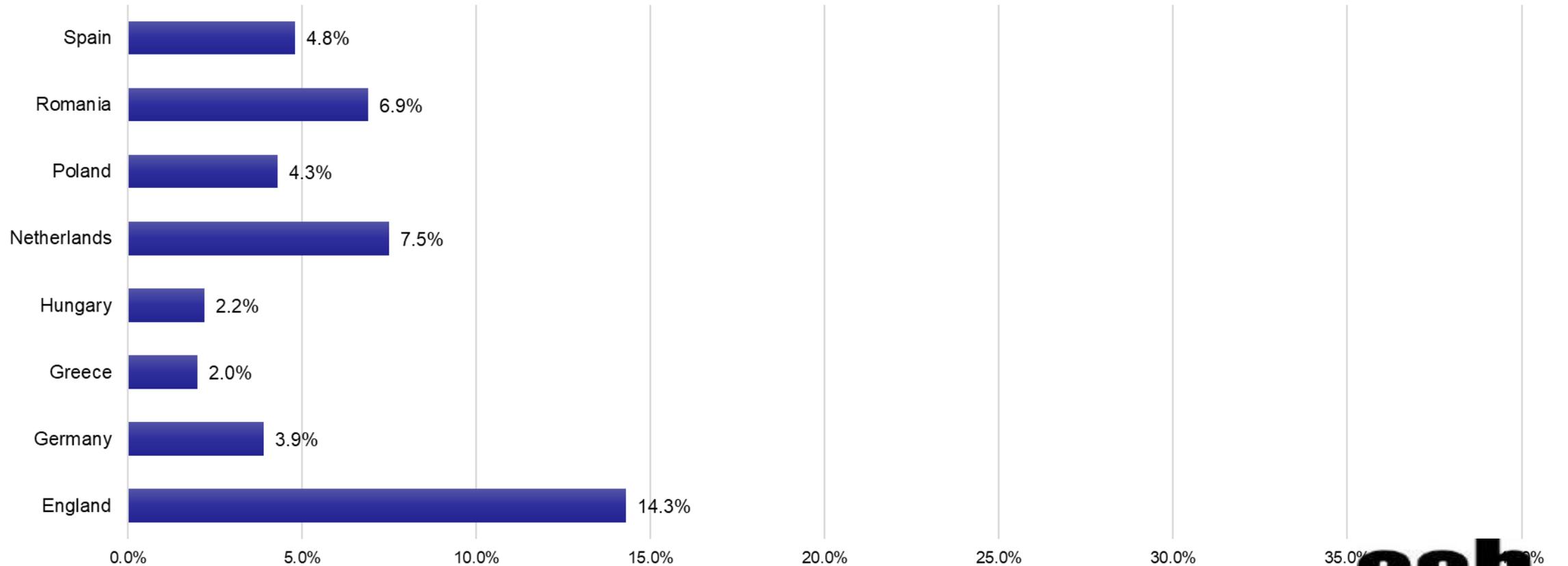
Made quit attempt in 2016



Hummel et al. Quitting activity and use of cessation assistance reported by smokers in eight European countries: Findings from the EUREST-PLUS ITC Europe surveys. Tobacco Induced Diseases. In press.

# Motivation to quit higher in England than other EU countries

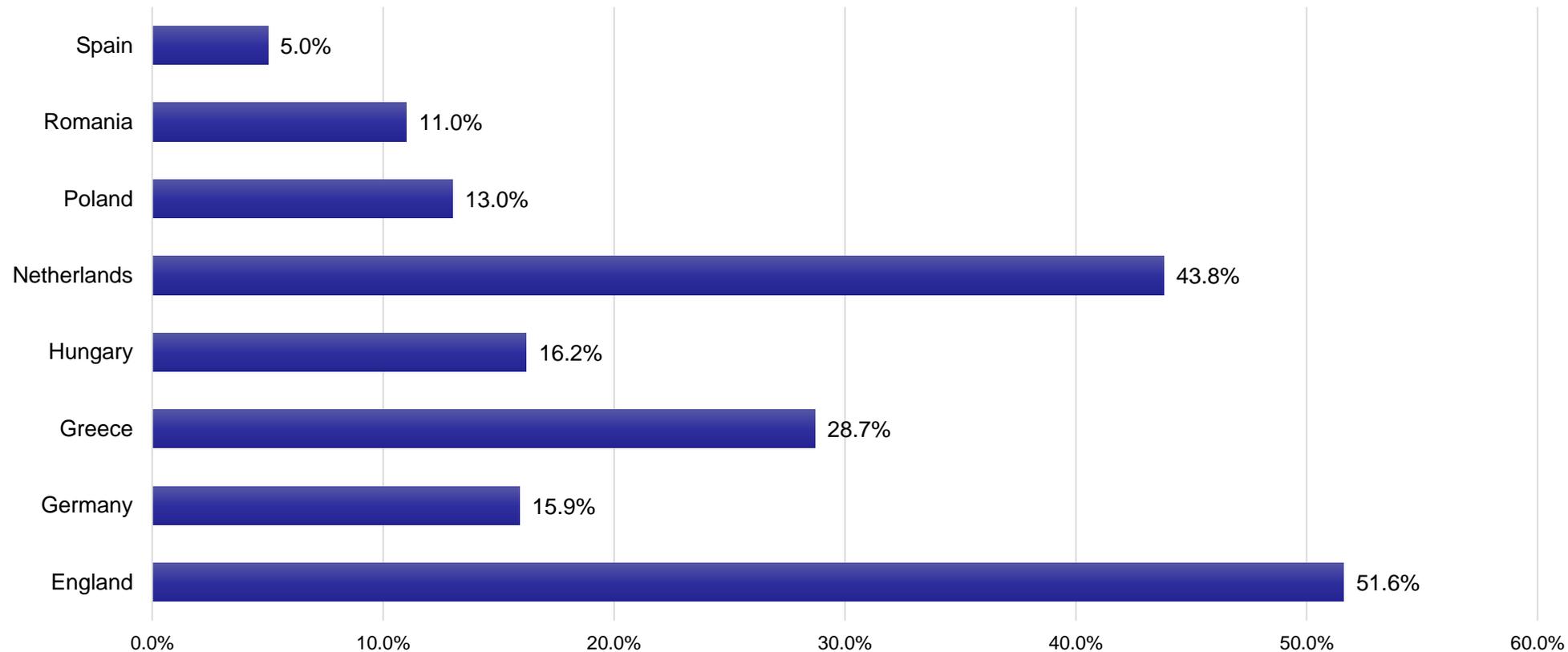
Intend to quit within 1 month



Hummel et al. Quitting activity and use of cessation assistance reported by smokers in eight European countries: Findings from the EUREST-PLUS ITC Europe surveys. Tobacco Induced Diseases. In press.

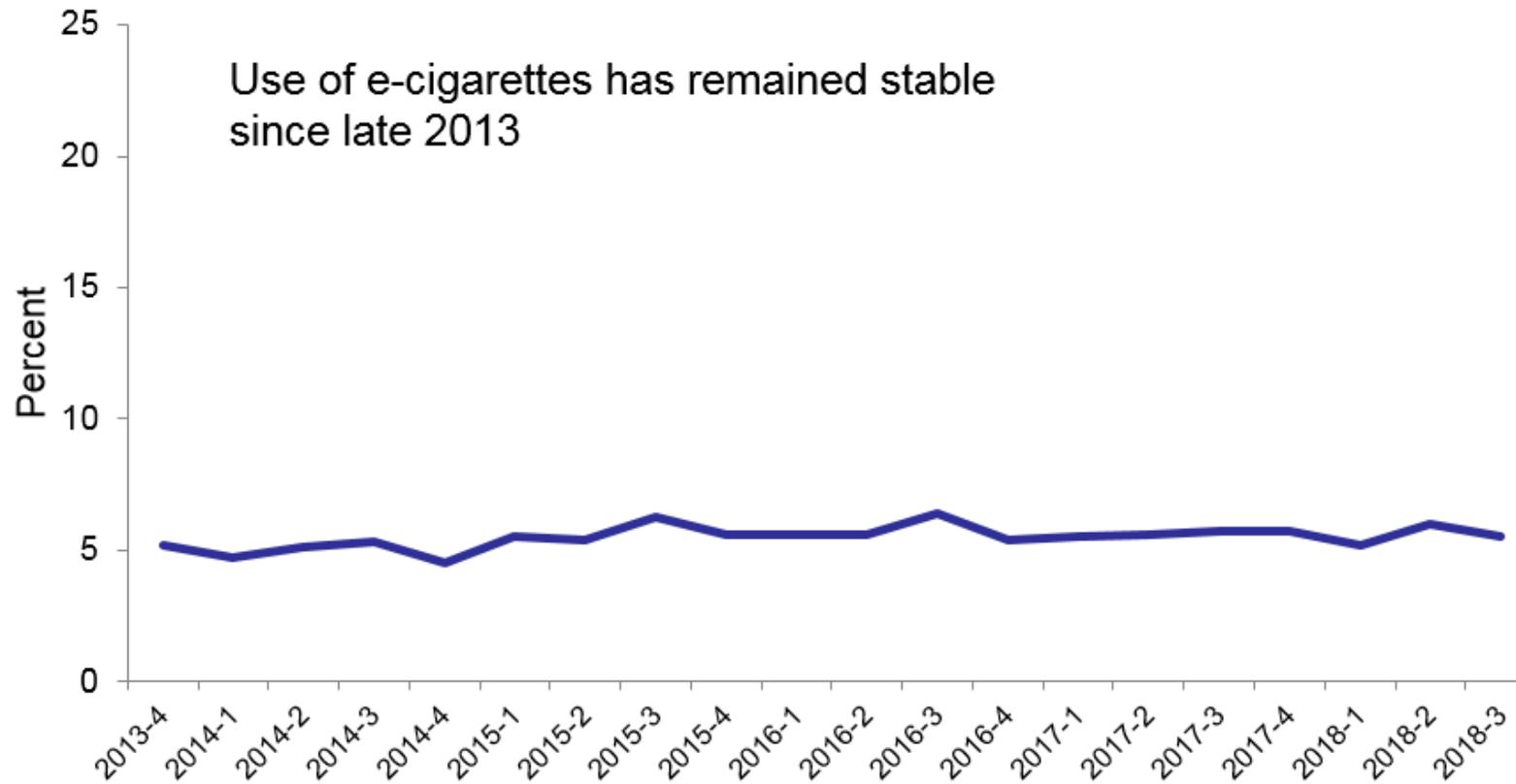
# When make a quit attempt more likely to use e-cigs than elsewhere in Europe

Used e-cigarettes to quit



Hummel et al. Quitting activity and use of cessation assistance reported by smokers in eight European countries: Findings from the EUREST-PLUS ITC Europe surveys. Tobacco Induced Diseases. In press.

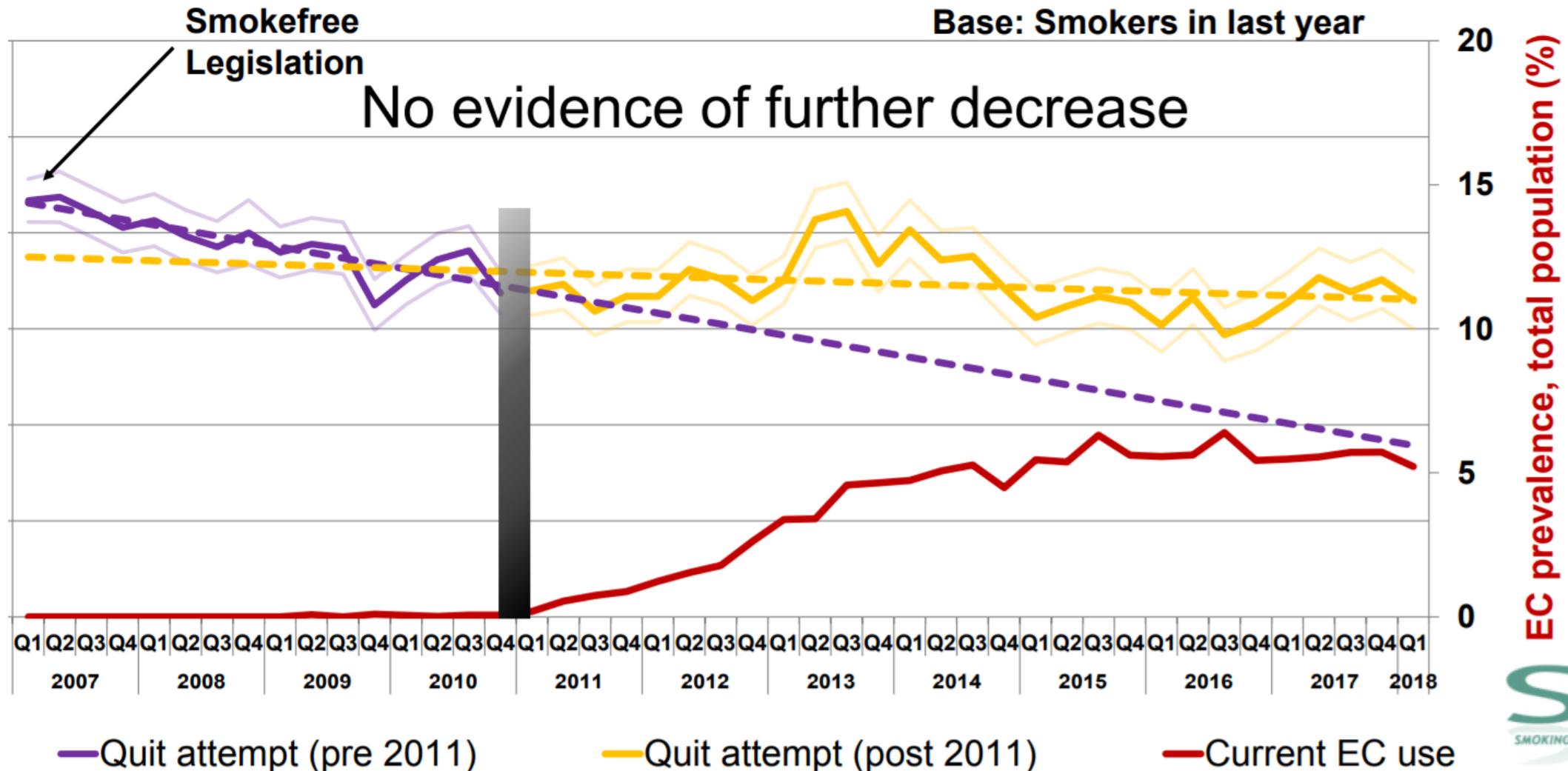
# Outcomes: TPD to date not reduced e-cig use



N=99948 adults from Nov 2013

[www.smokinginengland.info/latest-statistics](http://www.smokinginengland.info/latest-statistics)

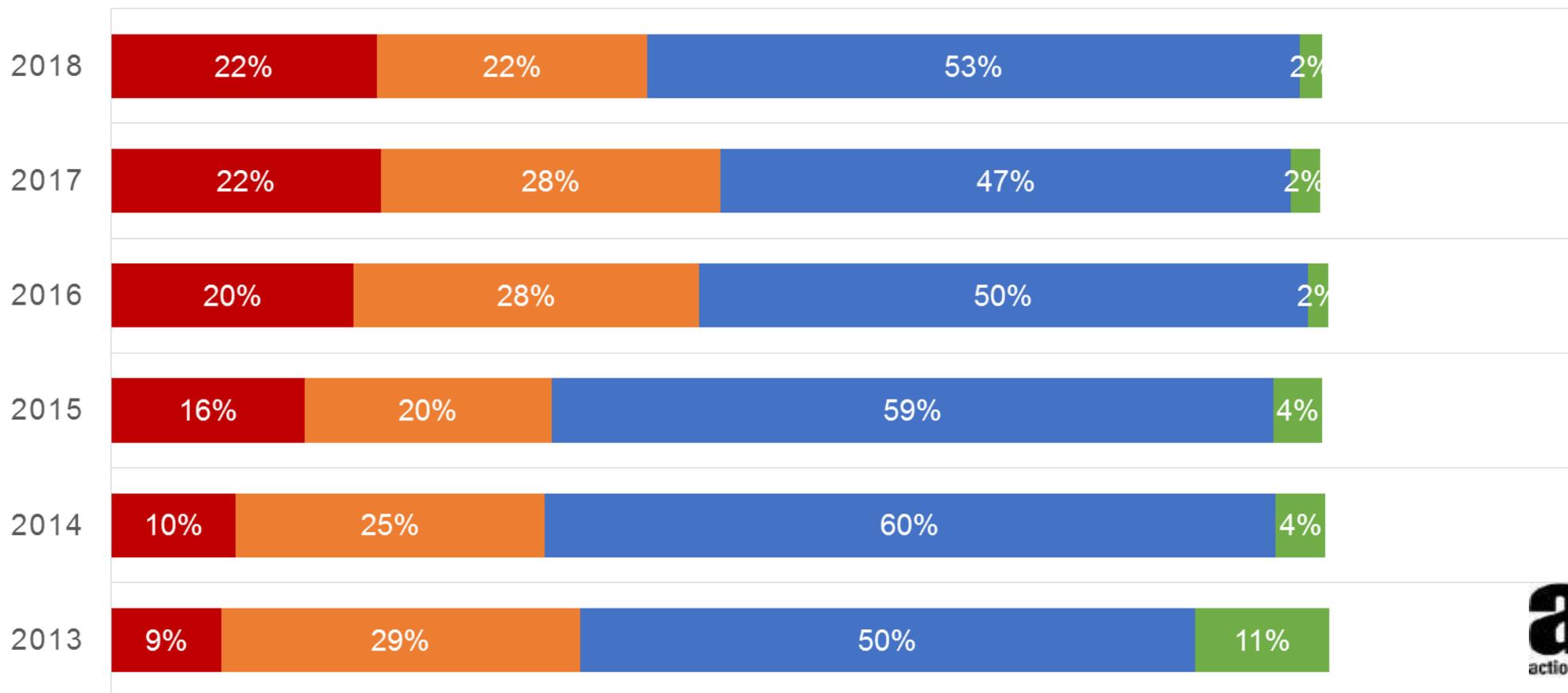
# Outcomes: No evidence of increase or decrease in quitting attempts



# Outcomes 2018: small improvement in harm misperceptions

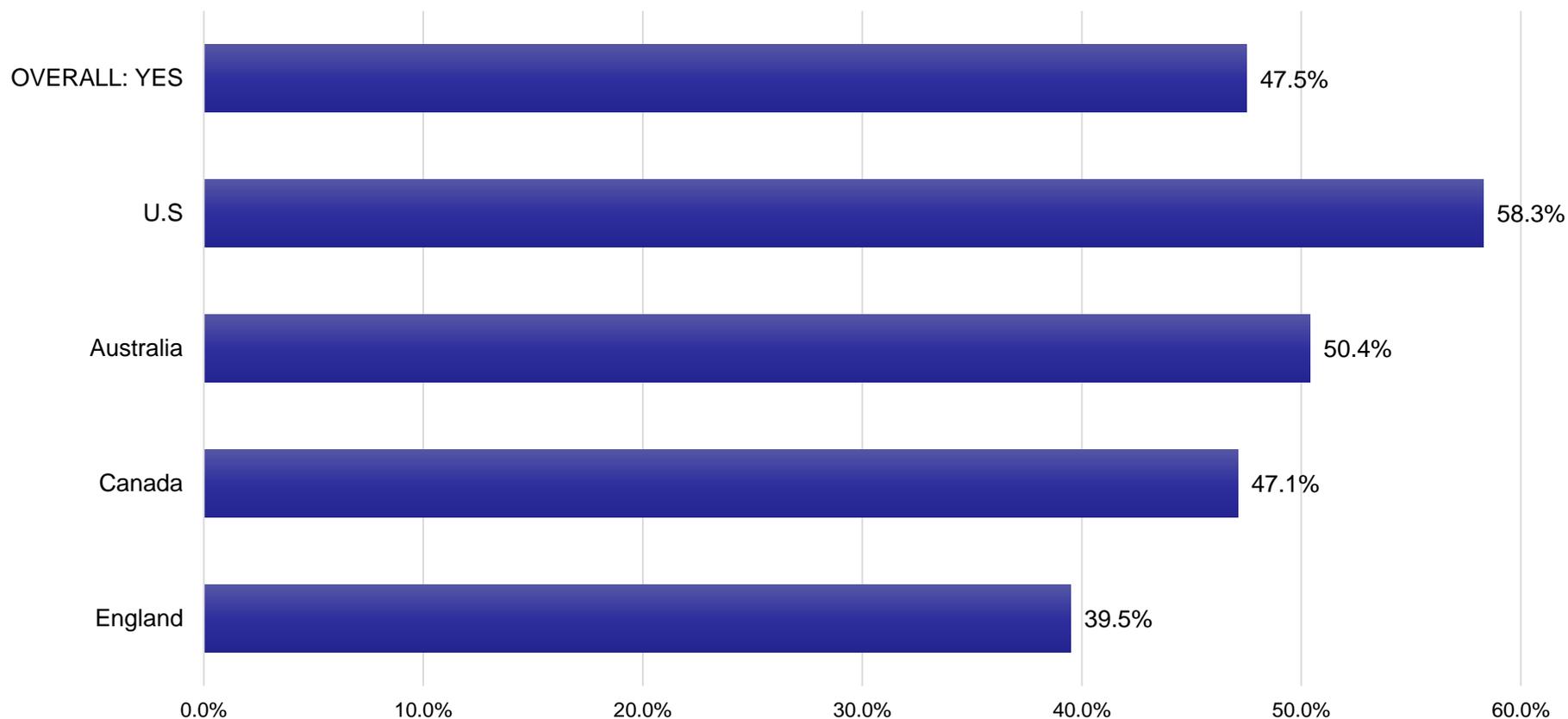
SMOKERS PERCEPTION OF HARM FROM E-CIGARETTES

■ More or equally harmful ■ Don't know ■ Less/ lot less harmful ■ Completely harmless



# English healthcare professionals less likely to give advice to quit than other leading tobacco control nations

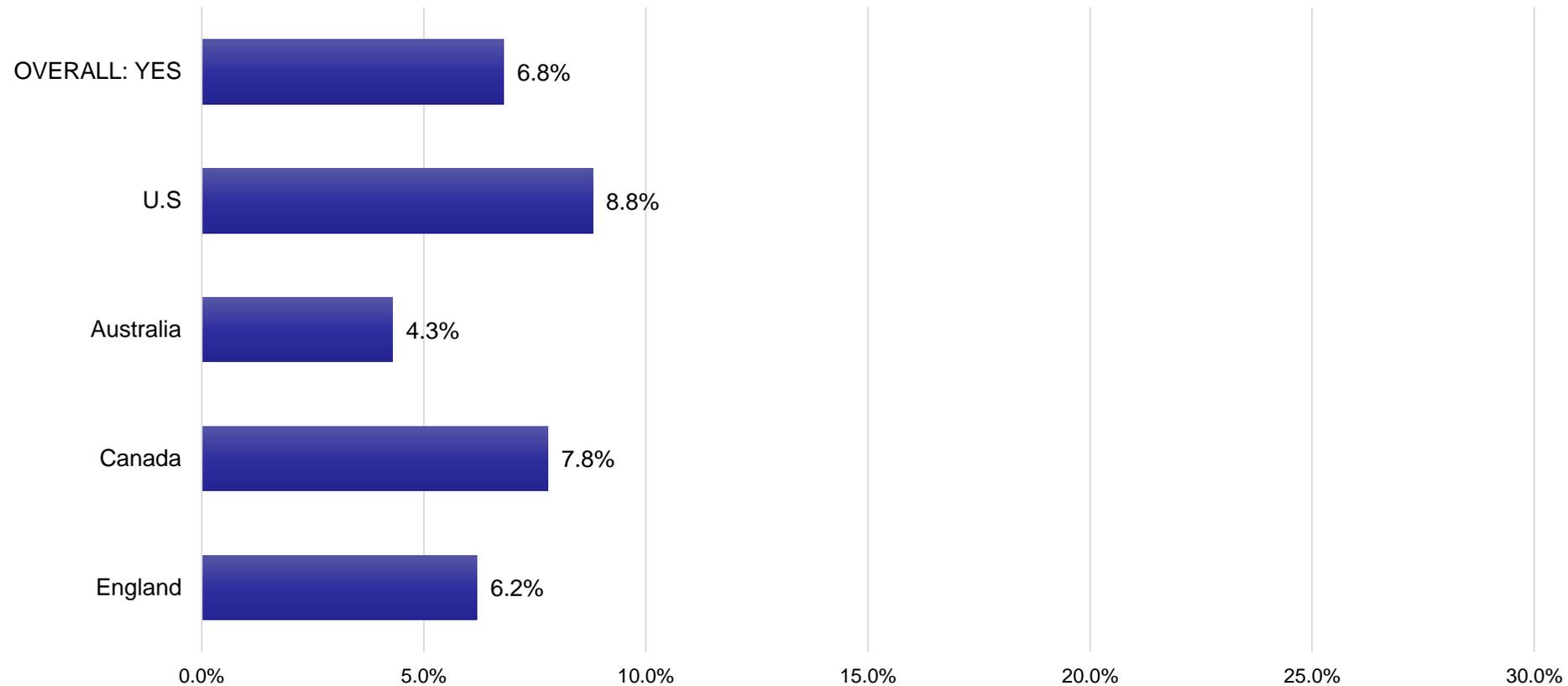
Received any advice to quit smoking (2016)



Gravelly S et al. Discussions between health professionals and smokers about e-cigarettes: results from the ITC Policy Evaluation Project. *Journal of Thoracic Oncology*, 13(10): S341. Doi: 10.1016/j.jtho.2018.08.283. (data presented at World Conference on Lung Cancer Toronto Canada, September 2018)

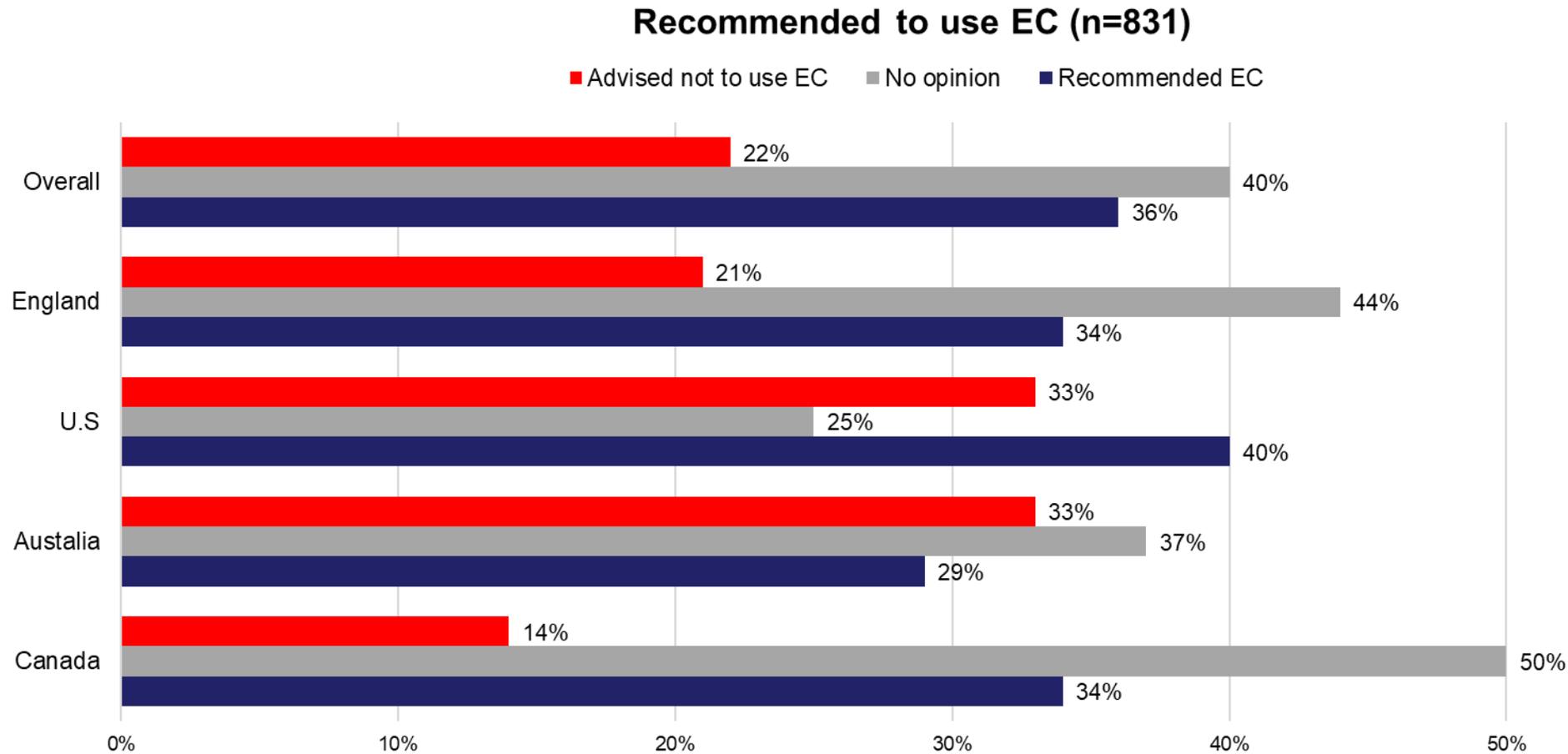
# Only tiny proportion discuss e-cigs

Discussed ECs with a health provider



Gravely S et al. Discussions between health professionals and smokers about e-cigarettes: results from the ITC Policy Evaluation Project. *Journal of Thoracic Oncology*, 13(10): S341. Doi: 10.1016/j.jtho.2018.08.283. (data presented at World Conference on Lung Cancer Toronto Canada, September 2018)

# When do discuss: only third recommend e-cigarettes



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# Conclusion 1

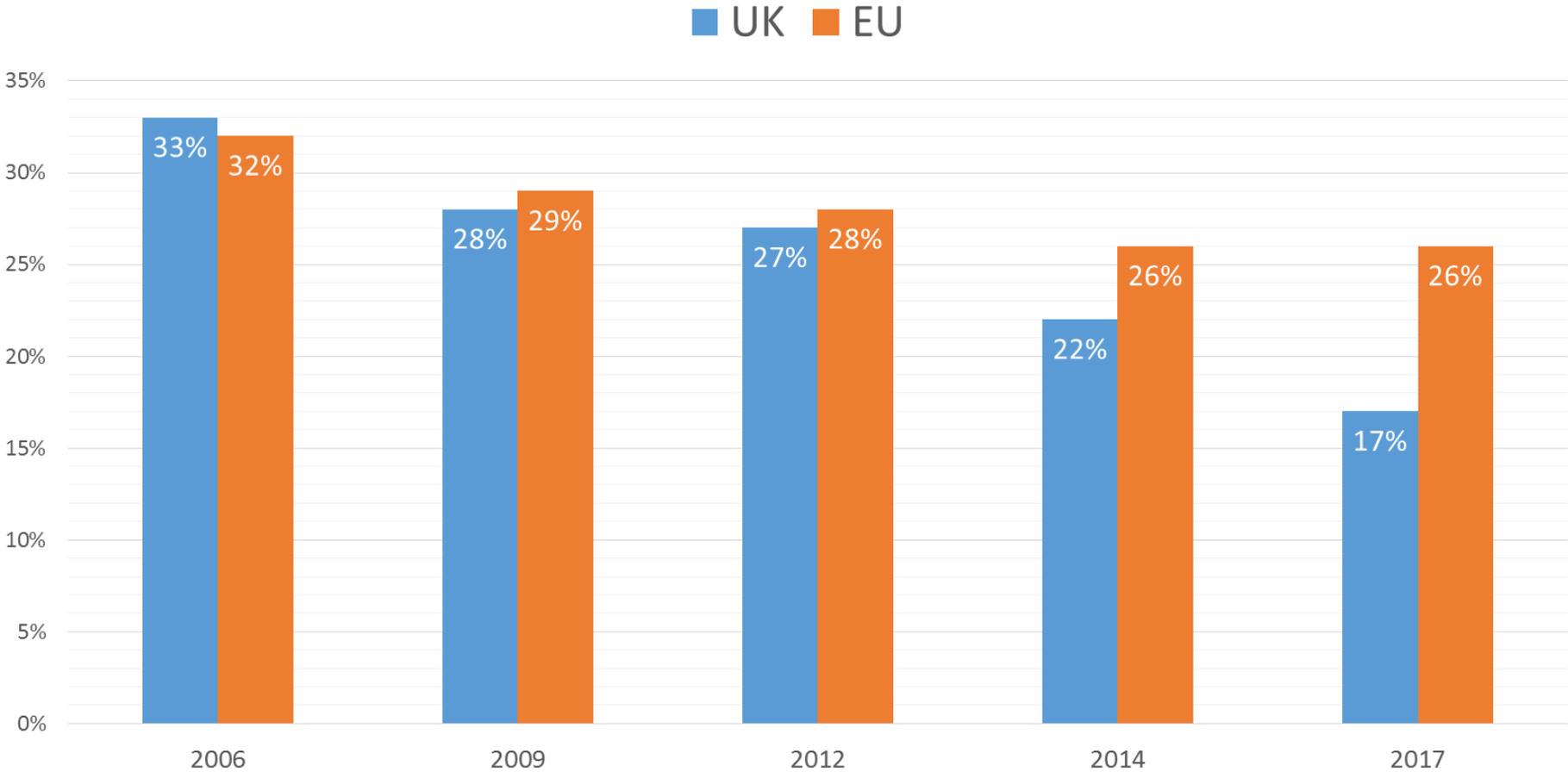
- **Comprehensive strategy essential put us top of leader board**
- **BUT could do better - still more than 1 in 7 adults smoke**
- Tobacco industry needs to be regulated more stringently
  - ‘Polluter pays’ levy based on sales volume of combustibles to pay for tobacco control measures and incentivise industry
  - Increased taxes particularly on handrolled tobacco, which is just as harmful as factory made cigarettes but taxed much more lightly
  - Publication of industry sales and marketing data
  - Retail licensing
- Need to do more to motivate quitting
  - Mass media campaign funding cut to < tenth what it was at its peak
  - Tobacco still as affordable as it was in the 1960s
  - All smoking patients should be given advice and support to quit

# Conclusion 2

- Once motivated more smokers to quit
- Need to ensure they use the most effective aids, one of which is e-cigarettes *[NB e-cigarettes not a magic bullet but can double success rate over quitting unaided]*
- Need to reduce misperceptions of relative risks of e-cigarettes
- Medicinally licensed products could help – an additional tool in the toolbox – **not** instead of but as well as consumer e-cigs:
  - Providing reassurance to public, media and healthcare professionals
  - Allowing healthcare professionals to recommend and prescribe e-cigs for quitting

# UK smoking rates better than Europe

## But still >1 in 7 adults smoke



# THANK YOU

**Contact:** [deborah.arnott@ash.org.uk](mailto:deborah.arnott@ash.org.uk)

## **Resources:**

ASH research: [www.ash.org.uk](http://www.ash.org.uk)

Department of Health [Tobacco Control Plan for England 2017](#)

Public Health England [e-cigarette expert evidence review 2018](#)

NICE guidance [NG92 smoking cessation interventions and services 2018](#)

MHRA regulation of e-cigarettes:

- [Regulations for consumer products](#)
- [Medicines licensing process](#)

British Medical Association [e-cigarette position paper 2018](#)

RCP report 2016. [Nicotine without smoke: Tobacco Harm Reduction](#)

RCP report 2018. [Hiding in plain sight: Treating tobacco dependency in the NHS.](#)