



# 2 MILLION YEARS OF LIFE

## How Safer Smoking Alternatives Can Level Up Health and Tackle the Cost of Living Crisis

By Mark Oates and Daniel Pryor

BRIEFING PAPER

### EXECUTIVE SUMMARY

- By accelerating the adoption of safer smoking alternatives among smokers, the Government can level up health and boost disposable incomes in the midst of a cost of living crisis,
- E-cigarettes and other smoking alternatives are significantly safer than cigarettes and have played a key role in accelerating the decline in the UK's smoking rate,
- Despite their success to date, smokers' perceptions of the relative risk of these products remain wildly inaccurate due to outdated communication rules and negative media stories,
- Awareness among smokers of other reduced-risk products, such as heated tobacco and nicotine pouches, remains at unacceptably low levels, despite their potential to cater for a large population of smokers who have tried vaping but returned to cigarettes,
- If the smoking rate in the North East, North West and Yorkshire and The Humber was reduced to London's through smokers switching to vaping, nearly 2 million years of life would be saved,
- The average smoker in these regions could boost their annual disposable income by upwards of 10% if they switched to a safer alternative,
- There are a number of policy measures that could help achieve these objectives, such as:
  - Allowing retailers and manufacturers of reduced-risk products to state independent health claims via pre-approved statements;
  - Replacing current restrictions on advertising of low-risk products with sensible controls on content and placement;
  - Including heated tobacco products and nicotine pouches in the Office for Health Improvement and Disparities' upcoming annual evidence review on safer alternatives;
  - Legalising the sale of Swedish Snus.

## ABOUT THE AUTHORS

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The Government has made it part of its mission to try and level up various outcomes between different regions of the United Kingdom. Two key aspects of this agenda are tackling health inequalities and boosting living standards in less well-off parts of the country. One oft-overlooked policy lever for achieving these objectives is tobacco harm reduction: adopting sensible regulation to provide smokers with opportunities to switch to safer, cheaper products (like e-cigarettes) and thereby saving money whilst enjoying better health outcomes. In the midst of a looming cost of living crisis, protecting the disposable incomes of those on low incomes is especially vital. In doing so, we would also showcase the benefits of regulatory divergence from EU rules that have previously held back the UK's world-leading approach in this area.

Smoking is the leading cause of premature preventable death, with around 80,000 attributable deaths annually.<sup>1</sup> We know that poorer regions and constituencies in the UK have a higher smoking rate than more well-off areas.<sup>2</sup> They therefore have the most to gain from widening access to safer smoking alternatives. It is also worth noting that encouraging smoking cessation through tobacco harm reduction does not need to cost the taxpayer a penny: nor would amplify concerns about the illiberalism and unintended consequences of traditional tobacco control measures. If smokers are aware of accurate information about the relative risks of different smoking alternatives and have access to the right product for them, they are likely to quit via the carrot rather than the stick. This paper will outline the success of the UK's approach in this field, the key barriers that stand in the way of more smokers making the switch, the potential gains to health and disposable incomes from levelling up health and what measures the Government could take in order to achieve this goal.

## THE STORY SO FAR

Since vaping first arrived in the UK in the late 2000s, it has been a huge success in helping people quit smoking, and therefore improving their health. It was first invented in the early 2000s by the Chinese pharmacist and inventor Hon Lik; he had seen his father die from smoking and so was determined to find a way to remove the combustion from the cigarette and much of the harm with it.

Despite the overwhelming scientific evidence which shows that removing the combustion from a nicotine delivery device reduces much of the risk, many smokers have not been convinced. This is largely due to stigmas that surround both inhaling

<sup>1</sup> NHS, 'What are the health risks of smoking?', 2018: <https://www.nhs.uk/common-health-questions/lifestyle/what-are-the-health-risks-of-smoking/#:~:text=Every%20year%20around%2078%2C000%20people,term%20damage%20to%20your%20health.>

<sup>2</sup> ONS, 'Likelihood of smoking four times higher in England's most deprived areas than least deprived', 2018: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/articles/likelihoodofsmokingfourtimeshigherinenglandsmostdeprivedareasthanleastdeprived/2018-03-14#:~:text=Between%202012%20and%202016%2C%20smoking,compared%20with%2010.0%25%20in%202012.>

an aerosol that looks like smoke, and nicotine consumption. Nicotine is largely misunderstood due to its close relationship with smoking cigarettes. In fact, nicotine exists in small quantities in a host of fruit and vegetables which we consume daily. It is probably no more dangerous a stimulant to consume by itself than caffeine, yet many in the public and medical community harbor wildly incorrect beliefs about its risk.<sup>3</sup> This is why it was so important when Public Health England conducted a 2015 study into vaping's relative risk, in which they concluded that vaping was around 95% less harmful than smoking.<sup>4</sup> This language was later updated in 2018 to "at least 95% less harmful smoking".<sup>5</sup>

In 2012, 1.7% of the population vaped. This has increased dramatically as it displaced smoking, to the point where in 2021, 7.1% now vape. This uptake of vaping helped create a drop in smoking prevalence from 20% in 2012<sup>6</sup> to 14.7% in 2021.<sup>7</sup> Growth over the past decade can be seen in Table 1.

**TABLE 1: NUMBER OF E-CIGARETTE USERS IN GREAT BRITAIN (2012-2021)**

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
% population current users	1.7%	2.7%	4.2%	5.4%	5.7%	5.8%	6.2%	7.1%	6.3%	7.1%
Percentage point change (YoY)	-	1.0	1.5	1.2	0.3	0.1	0.4	0.9	-0.8	0.8
Number of users (millions)	0.7	1.3	2.1	2.6	2.8	2.9	3.2	3.6	3.2	3.6
Rate of growth (YoY)	-	86%	62%	24%	8%	4%	10%	13%	-12%	13%

Source: ASH Vaper Surveys 2012-2021

High quality randomised control trials have found that vaping is more successful than Nicotine Replacement Therapy<sup>8</sup> at helping people to both quit entirely and

<sup>3</sup> Emerald Insight, 'Survey of GPs' understanding of tobacco and nicotine products', 2013 <https://www.emerald.com/insight/content/doi/10.1108/DAT-02-2013-0010/full/html>

<sup>4</sup> Gov.uk, 'E-cigarettes around 95% less harmful than tobacco estimates landmark review', 2015: <https://www.gov.uk/government/news/e-cigarettes-around-95-less-harmful-than-tobacco-estimates-landmark-review#:~:text=An%20expert%20independent%20evidence%20review,to%20help%20smokers%20quit%20smoking>.

<sup>5</sup> Gov.uk, 'Evidence review of e-cigarettes and heated tobacco products 2018: executive summary', 2018: <https://www.gov.uk/government/publications/e-cigarettes-and-heated-tobacco-products-evidence-review/evidence-review-of-e-cigarettes-and-heated-tobacco-products-2018-executive-summary#health-risks-of-e-cigarettes>

<sup>6</sup> Statista, 'Cigarette smoking rate in Great Britain 2000-2012', 2013: <https://www.statista.com/statistics/289313/cigarette-smoking-penetration-rate-in-great-britain/>

<sup>7</sup> Action on Smoking and Health, 'Smoking Statistics', 2021: <https://ash.org.uk/wp-content/uploads/2019/10/SmokingStatistics.pdf>

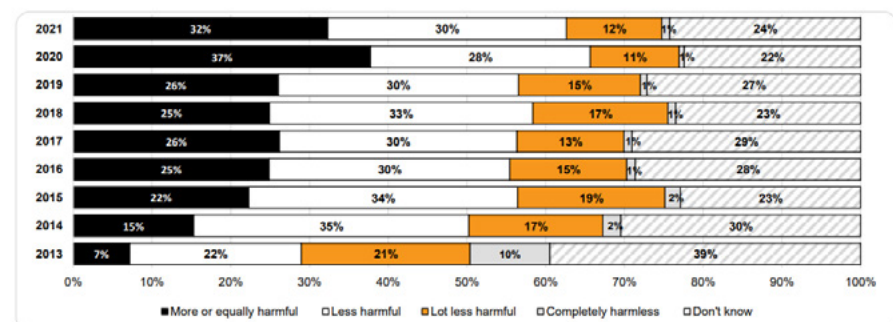
<sup>8</sup> Queen Mary, University of London, 'E-cigarettes more helpful than nicotine replacement treatments for dependent smokers', 2021: <https://www.qmul.ac.uk/media/news/2021/>

reduce their smoking rate. Vaping is nearly twice as effective in comparison to traditional nicotine replacement therapy.<sup>9</sup> This is why a large number of UK smoking cessation services now actively encourage smokers to try quitting through vaping; two NHS hospitals now host vape shops on their grounds in an attempt to encourage people making the switch.

## BARRIERS TO SWITCHING

Whilst the scientific evidence is clear that vaping is less harmful than smoking, the views of those that smoke have not kept up with the science and have, in fact, become less accurate over time. In 2014, 15% of smokers thought that vaping was more or equally as harmful as smoking. This figure has increased to 32% in 2021. Additionally 24% of smokers didn't know if vaping was safer than smoking, amounting to a devastating 56% of smokers who didn't know whether vaping was more or less safe. Figure 1 below demonstrates how this issue has worsened over time.

**FIGURE 1: GB ADULTS PERCEPTION OF HARM FROM E-CIGARETTES (2013-2021)**



Unweighted base: All GB adults who have heard of e-cigarettes: 2013, n=8936; 2014, n=11,307; 2015, n=11,340; 2016, n=11,489; 2017, n=12,101; 2018, n=12,070; 2019, n=11,634; 2020, n=11,954; 2021, n=11,429).

Source: Figure 8 from 'Use of e-cigarettes (vapes) among adults in Great Britain, June 2021': <https://ash.org.uk/wp-content/uploads/2021/06/Use-of-e-cigarettes-vapes-among-adults-in-Great-Britain-2021.pdf>

A barrage of inaccurate scare stories from the media have perpetuated the perception of vaping as a harmful activity. Many of these stories fail to recognise the importance of relative risk. They focus on the fact that vaping is not 100% safe without clearly stating that it is vastly safer than smoking. Covid vaccines offer us an instructive comparison. We know that getting the Covid vaccine is vastly safer than catching Covid. However, this doesn't mean that the vaccine is entirely risk free. The media seems to understand this and is therefore less willing to overemphasise the risk of vaccines: certainly without providing the appropriate context of the risk of Covid. This is essential in our fight to stop people dying of Covid and we need the same philosophy to be in place when it comes to reduced-risk nicotine

smd/e-cigarettes-more-helpful-than-nicotine-replacement-treatments-for-dependent-smokers.  
html#:~:text=E%2Dcigarettes%20are%20more%20effective,Queen%20Mary%20University%20of%20London.&text=Some%2080%20per%20cent%20of,to%20smoke%20after%20a%20year.

<sup>9</sup> Cochrane, 'Updated Cochrane Review shows electronic cigarettes can help people quit smoking', 2020: <https://www.cochrane.org/news/updated-cochrane-review-shows-electronic-cigarettes-can-help-people-quit-smoking#:~:text=Newly%20updated%20Cochrane%20evidence%20published,treatment%2C%20or%20electronic%20cigarettes%20without>

products. There is little doubt that the Government's information campaigns on the relative safety of Covid vaccines have had a big impact on public perception of vaccines, so much so that the ONS reports that 94% of the UK population now hold positive vaccine sentiments.<sup>10</sup>

This leads to the second reason why public perception around vaping is so out of kilter with the science: the lack of information campaigns educating the public of the relative safety of vaping. The UK Government has spent hundreds of millions on Covid communication campaigns<sup>11</sup> some of which has been spent on encouraging uptake of the vaccine in addition to individual funding allocations<sup>12</sup> for promotional purposes. Meanwhile, spending on informing smokers of safer available alternatives is negligible. All the while smoking continues to end 78,000 British citizens lives prematurely every year.<sup>13</sup> This is compounded by the fact that the private sector is heavily restricted from informing the British public about the relative safety of these nicotine products.

## OTHER SMOKING ALTERNATIVES

Vaping has been a huge success in the UK. However, e-cigarettes are not the only reduced-risk nicotine product available. In order to continue the drive to reduce smoking rates in the UK we need to do more to bring these alternatives into play. For some smokers, vaping doesn't give them what they are looking for, but other products might. Therefore smokers need a smorgasbord of available options, they need to be aware that these options exist and they need to have information that informs them of the relative safety of these products.

### NICOTINE POUCHES

One fast-growing consumer nicotine product is the nicotine pouch (called 'white snus' in Sweden). Nicotine pouches are very similar to traditional snus (see below), which sits under the top lip, but rather than containing tobacco they contain nicotine, water, flavorings, and plant-based fibers. Both snus and nicotine pouches do not feature the most harmful part of cigarette smoking: the combustion.

Nicotine pouches first began arriving on the UK market in significant numbers in 2018 and the category has seen steady growth since then. They are providing an opportunity for those smokers that didn't make the switch to vaping to try another

<sup>10</sup> ONS, 'Coronavirus and vaccine hesitancy, Great Britain: 13 January to 7 February 2021', 2021: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/coronavirusandvaccinehesitancygreatbritain/13januaryto7february2021>

<sup>11</sup> Campaign, Govt spent more than £184m on Covid comms in 2020, 2021: <https://www.campaignlive.co.uk/article/govt-spent-184m-covid-comms-2020/1708695>

<sup>12</sup> Gov.uk, £22.5m of funding announced in new community push to get nation boosted now, 2021: <https://www.gov.uk/government/news/225m-of-funding-announced-in-new-community-push-to-get-nation-boosted-now>

<sup>13</sup> NHS, 'What are the health risks of smoking?', 2018: <https://www.nhs.uk/common-health-questions/lifestyle/what-are-the-health-risks-of-smoking/#:~:text=Every%20year%20around%2078%2C000%20people,term%20damage%20to%20your%20health.>

safer alternative. However, the Government needs to commission an evidence review into nicotine pouches similar to the one conducted by Public Health England into vaping, to provide smokers with independent reassurance of their level of relative safety in comparison to smoking. This will hopefully provide confidence to smoking cessation centers in the UK to offer pouches alongside e-cigarettes.

Hindering more smokers making the switch to nicotine pouches is the lack of knowledge by smokers as to their existence. A 2021 study found that only 15.9% of smokers were even aware of nicotine pouches existing.<sup>14</sup> This is not just because they are a new product, but also due to the way that they are hidden when consumed, in contrast to vaping. As long as the Government doesn't get in the way by hindering the marketing of these lifesaving products then awareness and, eventually, the number of people quitting smoking via their use will grow.

## HEATED TOBACCO PRODUCTS (HTPs)

Four in five smokers<sup>15</sup> who are ex-vapers say they found vaping less satisfying than smoking. Successive ASH surveys have found that among smokers, the two most commonly cited reasons for no longer vaping are that “vaping did not feel like smoking a cigarette” and “vaping did not help them deal with cravings”. This is further evidence that a choice of different alternatives is important to smokers. Heated tobacco products are a less harmful version of tobacco which again avoids combustion and therefore much of the damaging health effects.<sup>16</sup> Rather than burning the tobacco it is heated in a chamber which looks similar to a vaping device. This provides a similar taste to smoking and also delivers the nicotine in a manner which many smokers are used to and yet the aerosol released is safer.

Awareness of this product is hampered by the fact that despite independent evidence showing it is likely to be significantly less harmful than smoking, it cannot be advertised. As a result, only 34.8% of the public are aware of heated tobacco products.<sup>17</sup> However, HTPs have still managed to play a role in helping smokers quit, but if public awareness was greater it could have a much larger impact on reducing smoking rates. It's important to recognise its role in providing an opportunity for those that don't enjoy vaping to find a product that they enjoy more than cigarettes but that still comes with a reduced-risk.

<sup>14</sup> Brose, Leonie S., McDermott, Mairtin S. & McNeill, Ann, 'Heated Tobacco Products and Nicotine Pouches: A Survey of People with Experience of Smoking and/or Vaping in the UK', 2021: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8391640/>

<sup>15</sup> Action on Smoking and Health, 'Use of e-cigarettes (vapes) among adults in Great Britain', 2021: <https://ash.org.uk/wp-content/uploads/2021/06/Use-of-e-cigarettes-vapes-among-adults-in-Great-Britain-2021.pdf>

<sup>16</sup> Gov.uk, 'Evidence review of e-cigarettes and heated tobacco products 2018: executive summary', 2018: <https://www.gov.uk/government/publications/e-cigarettes-and-heated-tobacco-products-evidence-review/evidence-review-of-e-cigarettes-and-heated-tobacco-products-2018-executive-summary#heated-tobacco-products> and Committee on Toxicity, 'Statement on the toxicological evaluation of novel heat-not-burn tobacco products: [https://cot.food.gov.uk/sites/default/files/heat\\_not\\_burn\\_tobacco\\_statement.pdf](https://cot.food.gov.uk/sites/default/files/heat_not_burn_tobacco_statement.pdf)

<sup>17</sup> Brose, Leonie S., McDermott, Mairtin S., McNeill, Ann, 'Heated Tobacco Products and Nicotine Pouches: A Survey of People with Experience of Smoking and/or Vaping in the UK', 2021: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8391640/>

Swedish Snus is an oral tobacco product that usually sits between the top lip and the gum, transferring nicotine to the user through the mucus membrane. It is not to be confused with chewing tobacco, which doesn't follow the same manufacturing process as snus. Swedish Snus is pasteurised which significantly reduces the carcinogenic nitrosamines present in comparison to chewing tobacco. This—alongside there being no combustion—leads to a product that is significantly safer than smoking. Swedish men who use the product more than their female counterparts have the lowest tobacco related mortality in Europe.<sup>18</sup> Snus use also isn't associated with an increased risk of oral cancer.<sup>19</sup> Snus is currently legal to possess but illegal to sell in the UK. This is due to an EU ban, which was carried into UK law when the UK left: a missed Brexit opportunity to do things differently. Whilst nicotine pouches are similar, snus appeals to some smokers more than nicotine pouches do and could also play a role in encouraging more switching to safer alternatives.

## THE PRIZE

If policy changes encouraged more smokers to make the switch to reduced-risk products, the Government could simultaneously tackle two key priorities: Leveling up health and tackling the ongoing cost of living crisis.

Previous research from the Adam Smith Institute<sup>20</sup> has highlighted that addressing gender disparities in smoking by increasing take-up of e-cigarettes could save over one million years of life. Using the same methodology, we can also calculate the public health gains from a 'levelling up' scenario: what would happen if the adult smoking rate in the North East, North West and Yorkshire and The Humber was reduced to the same prevalence as London via smokers switching to vaping.

We do this by calculating the number of individual 'switchers' required per age group in each region to bring prevalence rates to levels seen in London for the same age groups. We then apply World Health Organisation estimates<sup>21</sup> of average life expectancy gains from quitting smoking to each age group of 'switchers', adjusting the final total according to the relative risk of e-cigarettes (95% safer than smoking).

This model rests on two simplifying assumptions:

<sup>18</sup> Ramstrom, Lars & Wikmans, Tom, 'Mortality attributable to tobacco among men in Sweden and other European countries: an analysis of data in a WHO report', 2014: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4154048/#:~:text=Findings,levels%20similar%20to%20European%20average>.

<sup>19</sup> Araghi, Marzieh, Galanti, Maria Rosaria et al., 'No association between moist oral snuff (snus) use and oral cancer: pooled analysis of nine prospective observational studies', 2020: <https://journals.sagepub.com/doi/abs/10.1177/1403494820919572>

<sup>20</sup> Pryor, Daniel, '1 Million Years of Life: How harm reduction in tobacco policy can save lives', 2018: <https://static1.squarespace.com/static/56edde762cd9413e151ac92/t/5b3601d3562fa7394ac82d13/1530266070470/1+Million+Lives+Paper+-+Daniel+Pryor.pdf>

<sup>21</sup> WHO, 'Tobacco: Health benefits of smoking cessation', 2020: <https://www.who.int/news-room/questions-and-answers/item/tobacco-health-benefits-of-smoking-cessation>



- We do not include any additional years of life saved for the 65+ age group due to data constraints from lack of WHO quit impact estimates, likely leading to a significant underestimate of potential health gains;
- For other age ranges, we take the midpoint as indicative of years of life saved (e.g. health gains from quitting at 40 years old for the 35-44 group), though population within these age ranges will not be uniformly distributed.

As seen in Tables 2, 3 and 4 below, **384,634** years of life would be saved in the North East, **923,942** in the North West and **630,589** in Yorkshire and The Humber. This makes for a total of nearly two million (**1,939,165**) years of life saved by levelling up health in these regions through accelerating adoption of vaping.

**TABLE 2: NORTH EAST**

Age Group	Smoking Rate %	Population (2020)	Smoking Population (2020)	Smoking population if lowered to London prevalence	Net reduction in smoking population	Years of life saved from change	Adjusted for e-cigarette relative risk
18-24	13.8	212,810	29,368	19,791	9,577	95,767	90,978
25-34	17.7	320,872	56,794	39,146	17,648	176,476	167,652
35-44	13.9	287,170	39,917	35,896	4,021	36,187	34,377
45-54	15.7	323,242	50,749	42,668	8,081	48,486	46,062
55-64	15.4	347,552	53,523	37,536	15,987	47,962	45,564
						<b>Total:</b>	<b>384,634</b>

**TABLE 3: NORTH WEST**

Age Group	Smoking Rate %	Population (2020)	Smoking Population (2020)	Smoking population if lowered to London prevalence	Net reduction in smoking population	Years of life saved from change	Adjusted for e-cigarette relative risk
18-24	12.7	538,408	68,378	50,072	18,306	183,061	173,908
25-34	15.0	881,802	132,270	107,580	24,690	246,902	234,556
35-44	16.7	809,023	135,107	101,128	33,979	305,812	290,522
45-54	15.5	908,741	140,855	119,954	20,901	125,407	119,137
55-64	15.0	884,032	132,605	95,475	37,130	111,389	105,819
						<b>Total:</b>	<b>923,942</b>

**TABLE 4: YORKSHIRE AND THE HUMBER**

Age Group	Smoking Rate %	Population (2020)	Smoking Population (2020)	Smoking population if lowered to London prevalence	Net reduction in smoking population	Years of life saved from change	Adjusted for e-cigarette relative risk
18-24	12.0	426,306	51,157	39,646	11,511	115,105	109,350
25-34	17.8	625,410	111,323	76,300	35,023	350,230	332,718
35-44	14.8	566,602	83,857	70,825	13,032	117,286	111,421
45-54	14.2	667,093	94,727	88,056	6,671	40,024	38,023
55-64	12.9	652,898	84,224	70,513	13,711	41,133	39,076
						<b>Total:</b>	<b>630,589</b>

Sources:

Smoking prevalence by age, region and population data (Q2-Q4, 2020): <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/smokinghabitsintheukanditsconstituentcountries>

Life expectancy gains estimates: <https://www.who.int/news-room/questions-and-answers/item/tobacco-health-benefits-of-smoking-cessation>

E-cigarette relative risk: <https://www.gov.uk/government/publications/e-cigarettes-and-heated-tobacco-products-evidence-review/evidence-review-of-e-cigarettes-and-heated-tobacco-products-2018-executive-summary#health-risks-of-e-cigarettes>

Using the regional smoking prevalence data, regional disposable income data, representative spending patterns on cigarettes and representative spending patterns on various safer smoking alternatives, we can also estimate how much individuals who make the switch could save. Unfortunately, the latest available ONS data for regional gross disposable income is for 2019 and we must therefore use smoking prevalence data from the same time period.

This model rests on a number of simplifying assumptions:

- For estimating annual spend on e-cigarettes (EC), we add the average reported price of an e-liquid rechargeable device<sup>22</sup> to the estimated price ratio of e-liquid devices as published in Cheng et al 2021<sup>23</sup>, using ASH's estimate for average annual spend on smoking as reference;
- For estimating annual spend on heated tobacco (HTP), we add the RRP of a starter kit for the most popular heated tobacco product in the UK<sup>24</sup> to the annual cost of replacing average daily cigarette consumption<sup>25</sup> with sticks used for heated tobacco<sup>26</sup> at a 1:1 ratio;
- For estimating annual spend on nicotine pouches (NP), we use the annual cost of replacing average daily cigarette consumption with a popular brand of nicotine pouch<sup>27</sup> at a 1:1 ratio.

As seen in Table 5 below, **smokers in the North East could boost their disposable incomes by around £1,600 per year if they switched to vaping:** an increase of nearly 11%. **Smokers in the North West could boost their disposable incomes by an additional £1,075 per year if they switched to heated tobacco:** an increase of around 6.5%. **Smokers in Yorkshire and The Humber could boost their disposable incomes by around £866 per year if they switched to nicotine pouches:** an increase of 5.4%.

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<sup>22</sup> According to the latest ASH data, refillable tank systems have consistently remained by far the most popular type of e-cigarette used in the UK.

<sup>23</sup> Cheng, Kai-Wen, Shang, Ce, Lee, Hye Myung et al., 'Costs of vaping: evidence from ITC Four Country Smoking and Vaping Survey', 2019: <https://tobaccocontrol.bmj.com/content/30/1/94>

<sup>24</sup> IQOS 3 DUO Kit, £39 as of 24/03/2022: <https://www.iqos.com/gb/en/discover-heated-tobacco/iqos-starting-kit-offers.html>

<sup>25</sup> 9.1 cigarettes per day in 2019: <https://ash.org.uk/wp-content/uploads/2019/10/SmokingStatistics.pdf>

<sup>26</sup> HEETS RRP is £5 as of 24/03/2022

<sup>27</sup> Nordic Spirit, RRP £6.50 as of 24/03/2022: <https://nordicspirit.co.uk/shop>

**TABLE 5: COST OF LIVING ESTIMATES**

Region	GDHI per head (2019)	GDHI per head after smoking	GDHI per head (EC)	Increase in GDHI (EC)	% Increase in GDHI (EC)	GDHI per head (HTP)	Increase in GDHI (HTP)	% Increase in GDHI (HTP)	GDHI per head (NP)	Increase in GDHI (NP)	% Increase in GDHI (NP)
North East	£17,096	£15,151	£16,779	£1,628	10.8	£16,227	£1,076	7.1	£16,017	£866	5.7
North West	£18,601	£16,656	£18,284	£1,628	9.9	£17,732	£1,076	6.5	£17,522	£866	5.2
Yorkshire and The Humber	£17,959	£16,014	£17,642	£1,628	10.2	£17,090	£1,076	6.7	£16,880	£866	5.4

Sources:

Regional gross disposable household income per head data (2019): <https://www.ons.gov.uk/economy/regionalaccounts/grossdisposablehouseholdincome/datasets/regionalgrossdisposablehouseholdincomegdhi>

Average annual cost of smoking tobacco: <https://ash.org.uk/ash-local-toolkit/ash-ready-reckoner-2022>

Average vaping device cost and price ratios for e-liquid to cigarettes: <https://tobaccocontrol.bmj.com/content/30/1/94>

## THE PATH FORWARD

There are a number of sensible regulatory reforms that could be enacted in order to accelerate switching to safer smoking alternatives, level up health and combat the cost of living crisis. Key priorities include:

- **Allowing retailers and manufacturers of reduced-risk products to state independent health claims via pre-approved statements**

The UK Government should allow reduced-risk product retailers to inform the public of independently conducted research into the relative safety of their products: for example, in the case of e-cigarettes they could use Public Health England's "at least 95% less harmful" claim. This will help educate the majority of smokers that vaping is relatively much safer than smoking.

Studies have suggested that for every 1% decrease in the percentage of smokers that correctly believe vaping to be safer than cigarettes there is a 0.48% decrease in e-cigarette prevalence.<sup>28</sup>

- **Replacing current restrictions on advertising of reduced-risk products with sensible controls on content and placement**

Current laws around advertising of tobacco products make virtually no distinction between combustible cigarettes and non-combustible tobacco products such as heated tobacco. This has a detrimental effect on informing smokers about safer alternatives. By allowing all reduced-risk products to be advertised in a regulated and

<sup>28</sup> Perski, Olga, Beard, Emma & Brown, Jamie, 'Association between changes in harm perceptions and e-cigarette use among current tobacco smokers in England: a time series analysis', 2020: <https://bmccmedicine.biomedcentral.com/articles/10.1186/s12916-020-01565-2>

controlled fashion—including a rethink of EU-era restrictions on broadcast advertising for e-cigarettes—smokers would become more informed of their availability and therefore more likely to make the switch. Previous research from the Adam Smith Institute has detailed potential regulatory frameworks to achieve this aim.<sup>29</sup>

- **Including heated tobacco products and nicotine pouches in the Office for Health Improvement and Disparities' upcoming annual evidence review on safer alternatives**

Public Health England's annual evidence review of e-cigarettes and more recently heated tobacco products provided an independent, official source of information for smokers who were considering switching to a safer alternative. Whilst the Office for Health Improvement and Disparities will continue this work in 2022, it is vital that all reduced-risk alternatives are included in the scope of their review in order to address information gaps between the public health establishment and the average British smoker.

- **Legalising the sale of Swedish Snus**

Despite the UK Government admitting that snus carries lower adverse health outcomes<sup>30</sup> in comparison to smoking, they still seem unwilling to recognise that there are many smokers who would prefer to use Swedish Snus if it were available. There is therefore no reason to not allow the public to have access to a product that is vastly safer than smoking. The product should be allowed for sale and in terms of regulation it should be treated in a similar manner to e-cigarettes with regards to product and communication regulations.

## CONCLUSION

Doubling down on tobacco harm reduction is a clear, impactful, evidence-based means of levelling up health and helping smokers on low incomes to deal with the rising cost of living. Through regulatory divergence, it would also showcase tangible benefits from Britain's exit from the European Union, all whilst costing the taxpayer nothing at a time of increased scrutiny on public finances. The United Kingdom can cement its status as a world-leader in smoking cessation, but only if it actually gives smokers access to and accurate information about the range of safer alternatives currently available.

<sup>29</sup> Pryor, Daniel, 'The Golden Opportunity: How Global Britain can lead on tobacco harm reduction and save millions of lives', 2021: <https://static1.squarespace.com/static/56edde762cd9413e151ac92/t/608bf3be1ebbbd57fde77fd1/1619784640615/The+Golden+Opportunity+-+Daniel+Pryor+-+Ver+1.pdf>

<sup>30</sup> Theyworkforyou.com, 'Oral Tobacco: Health Hazards', 2022: <https://www.theyworkforyou.com/wrans/?id=2022-02-01.116037.h&s=maggie+throup+snus#g116037.r0>