Memorandum of evidence from the British Medical Association to the House of Commons Science and Technology Select Committee’s inquiry on e-cigarettes

About the BMA

The BMA (British Medical Association) is a voluntary professional association and independent trade union, representing doctors and medical students from all branches of medicine across the UK and supporting them to deliver the highest standards of patient care.

Doctors witness first-hand the devastating effects of smoking-related diseases on their patients. The BMA has a long history of supporting measures to reduce tobacco-related harm. We are also a member of the SFAC (Smokefree Action Coalition), a group of organisations committed to promoting public health and reducing the harm caused by tobacco.

The BMA welcomes the House of Commons Science and Technology Select Committee’s inquiry on e-cigarettes (electronic cigarettes) as an opportunity to highlight our recent policy review of e-cigarettes, in which we consider both the potential opportunities and risks regarding their use.

Executive summary

- The BMA recognises that there is a growing consensus that e-cigarettes are significantly less harmful than tobacco use; and their contribution to reducing the substantial harms associated with smoking is a benefit that should not be ignored.1,2

- Significant numbers of smokers are using e-cigarettes and many report that they are helpful in quitting or cutting down their use of cigarettes. With appropriate regulation, we believe that e-cigarettes have the potential to make an important contribution towards the BMA’s ambition of achieving a tobacco-free society – a focal point for the Government’s own Tobacco Control Plan, ‘Towards a smoke-free generation’.

- In realising the benefits of e-cigarette use, it is important that the potential risks are monitored through longer-term research, and minimised through an effective regulatory system. These include ensuring e-cigarette use does not promote smoking; preventing uptake and use of e-cigarettes by children and young people; and limiting health risks of e-cigarettes to users and bystanders.

- A regulatory framework for e-cigarettes should seek to minimise the risks set out above whilst maximising their potential to reduce the health burden associated with smoking.

Health implications of e-cigarettes

The impact on human health of e-cigarettes (themselves, and relative to ‘conventional’ smoking), and any gaps in the science knowledge-base in this area

1.0 Following the emergence of e-cigarettes in the UK, BMA members highlighted a number of concerns surrounding their increasing use and the potential implications for tobacco control.5 These concerns have lessened and evolved as the regulatory framework for these

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1 E-cigarettes, also known as vapourisers or ENDS (electronic nicotine delivery systems), are handheld battery-operated devices which can deliver nicotine containing vapour. These devices have developed significantly over recent years, and come in a variety of forms. They generally consist of a cartridge containing liquid nicotine (or ‘e-liquid’), an atomiser (heating device) and a mouthpiece. Solutions of e-liquid typically contain nicotine, propylene glycol and/or glycerol, as well as flavourings.


5 British Medical Association (2014) BMA calls for strong regulation of e-cigarettes. London: British Medical Association
products has developed, and with the availability of a wider range of evidence and data. For example, though long-term inhalation of nicotine vapour is associated with some level of risk (and there continues to be debate over the precise level of this risk), several reviews have concluded that it is substantially lower than inhaling tobacco smoke.67

1.1 The BMA recognises that there is now growing consensus that use of e-cigarettes is significantly less harmful than smoking. Unlike cigarette smoking, e-cigarette use does not involve combustion, and while some of the toxicants present in tobacco smoke have been detected in e-cigarette aerosol, they are present at levels which are much lower.9

1.2 Given the lower levels of harm associated with e-cigarette use, we believe the UK’s regulatory approach should seek to ensure that the products are an effective, safe route out of smoking. As stated in NICE guidance, we recognise that sometimes, for those who are unable or not ready to stop smoking in one step, a harm-reduction approach, such as using e-cigarettes, should be considered.

1.3 Whilst the short-term health risks associated with e-cigarette use appear minimal, we would emphasise that the research into the long-term impact of inhaling nicotine vapour is limited. The absolute risks of e-cigarette use are unknown due to the relatively short period of time that these products have been available. Therefore, it remains important to monitor any potential long-term health impact on users.

1.4 Similarly, whilst the flavourings used in e-cigarettes do not appear to have an acute impact on the health of users, any long-term assessment of e-cigarette safety should include a focus on flavouring components.

The benefits and risks of e-cigarettes as a ‘stop smoking’ tool, any gaps in the knowledge-base on this, and whether any approaches are needed to tackle e-cigarette addiction

2.0 Significant numbers of smokers are now using e-cigarettes in attempts to stop smoking. The most recent data from the ‘smoking toolkit study’ indicated that 34% of people trying to stop smoking use an e-cigarette, and e-cigarettes are the most popular device used in attempts to quit smoking.9

2.1 Evidence is continuing to emerge about the effectiveness of e-cigarettes for smoking cessation. A 2016 systematic review concluded that whilst most studies demonstrate a positive relationship between the use of e-cigarettes and smoking cessation, the evidence remains inconclusive due to the low quality of the research published.10 The review called for more research into the long-term cessation effects of e-cigarettes.

2.2 As such, most evidence of their effectiveness for cessation is derived from population level studies (given the lack of randomised controlled trials). A large 2014 cross-sectional population study of English smokers indicated that among those who have attempted to quit smoking without professional support, those who use e-cigarettes are more likely to report continued abstinence than those who used an over the counter NRT (nicotine replacement therapy) product or no aid to cessation.11 Furthermore, a 2016 analysis of smoking trends in

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the UK indicated that, on a population level, increased prevalence of e-cigarette use was positively associated with the success rate of quit attempts.  

2.3 The population level studies have also appeared to suggest that a combination of behavioural support and prescription medication provide the highest chance of successfully quitting tobacco use. A 2014 study assessing the effectiveness of a range of smoking cessation interventions indicated that those combining behavioural support and licensed pharmacotherapy when attempting to quit have almost three times the odds of success than those who use neither pharmacotherapy nor behavioural support. Given this finding, it would be worth considering the potential that e-cigarettes would be most effective for cessation if used in this way (combined with behavioural support).

2.4 Although the data in favour of the effectiveness of e-cigarettes as a cessation aid is not conclusive, given the quality of the studies, the overall picture – at present – is that they do play a helpful role in helping people to stop smoking.

The uptake of e-cigarettes among young people, and evidence on whether e-cigarettes play a role in ‘re-normalising’ smoking

3.0 There has been a significant decline in young people smoking in England, with recent data indicating that only seven per cent of 15 year olds smoke regularly (at least once a week), compared to eight per cent in 2014, and twenty per cent in 2006. This trend has been found across the UK.

3.1 The decline in youth smoking prevalence has coincided with the increasing popularity of e-cigarettes – in total, there are now 2.9 million users of e-cigarettes in the UK. However, although awareness of, and experimentation with, e-cigarettes is increasing in the UK, few children are becoming regular users of e-cigarettes, and nearly all of those that are, are current smokers or have previously smoked. Data from the rest of the UK indicates that this finding is consistent across the board, with the level of regular e-cigarette use amongst young people who have never smoked remaining very low.

3.2 Therefore, on balance, we do not believe that the current data on e-cigarette use and smoking supports concerns that e-cigarettes will promote tobacco use among children and young people. We would note, however, that the increasing experimentation with e-cigarettes is a worrying trend and will be important to monitor.

Regulatory implications of e-cigarettes

The effectiveness of regulation on the advertising and marketing of e-cigarettes

4.0 When e-cigarettes first appeared in the UK there was limited specific regulation of the devices, with products falling under general product safety regulations. The BMA and a range of other organisations – including the Faculty of Public Health and the Association of Directors of Public Health – expressed concern about the marketing and promotion of e-cigarettes and e-liquids.

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4.1 Since then, we have welcomed the development of a range of regulations governing the manufacture, sale and advertising of e-cigarettes and e-liquid. At the present time, regular use of e-cigarettes by children and young people remains low – and is largely confined to those that have already smoked – so our view is that the current regulatory framework appears sufficient for addressing these concerns. However, as noted previously, given the increasing awareness and experimentation of e-cigarettes amongst children and young people, it is important that the appropriateness of these measures is subject to continued evaluation.

The safety of e-cigarette devices, and any safety regulation requirements

5.0 Specific concerns have been expressed about the safety of particular components used in e-cigarette flavourings. Many flavourings used in e-liquid are ‘food safe’, being considered safe when ingested orally, but their safety after heating and inhalation is not established. Given the large numbers of people using flavoured e-liquid without reporting problems, it is unlikely they are having a significant acute impact on the health of users.

5.1 Research assessing the long-term health impact of e-cigarette use should, however, include a focus on assessing the potential health impact of the range of flavourings used in e-liquid. It should also explore how any variation in the way individuals use devices may affect their risk profile, and any specific long-term adverse effects on young people using these devices.

Financial implication of e-cigarettes

The economic impact of the UK’s e-cigarette industry

6.0 Concerns have been expressed about the involvement of multinational tobacco companies in the e-cigarette market, and the potential for this to ‘re-normalise’ the tobacco industry. There are particular concerns about companies positioning e-cigarettes alongside or complementing traditional cigarettes, rather than as replacements for them; and that e-cigarette marketing from tobacco companies may be intended to promote dual use rather than to support switching to less harmful products.

6.1 While there is no regulatory measure that can eliminate any risks of tobacco industry involvement, we believe it will remain vitally important to protect health policy from tobacco industry interference – including policy on e-cigarettes – and to protect tobacco control from commercial interference (in line with Article 5.3 of the WHO framework convention on tobacco control).

The public finances implications of e-cigarettes, including how the rise in e-cigarette consumption could affect NHS costs

7.0 Smoking remains the single greatest cause of preventable premature death in the UK and places a substantial financial burden on the NHS. E-cigarettes have the potential to make a significant contribution to reducing tobacco-related harm.

7.1 It is important, however, that e-cigarettes are not offered to the exclusion of, or as a replacement for, evidence-based ‘stop smoking services’. The provision of smoking cessation services is highly-effective – the Government’s own tobacco control plan acknowledges that “local stop smoking services continue to offer smokers the best chance of quitting”.

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22 World Health Organization: Guidelines for implementation of Article 5.3 of the WHO Framework Convention on Tobacco Control.
7.2 It has been suggested that combining e-cigarettes with smoking cessation services may be a good model by combining the most popular approach to quitting (e-cigarettes), with the most effective (smoking cessation services).\textsuperscript{23,24} Maintaining the provision of smoking cessation services is, therefore, essential for maximising the potential benefits of e-cigarettes, and for reducing future demand for health services.

7.3 Across the UK, commitments to prioritise ill-health prevention and public health are not matched by funding commitments. While this is demonstrated by a decline in spending on various public health activities at a national level in Northern Ireland and Wales (with relatively stable but low levels of funding in Scotland), it is most apparent with the cuts to local authority public health funding in England.\textsuperscript{25} The BMA has warned that local authorities’ ability to provide cost-effective stop smoking services risks being undermined by these cuts to investment in public health.\textsuperscript{26} The majority of local authorities in England reduced their spending on smoking cessation last year,\textsuperscript{27} with many downgrading their provision of specialist smoking cessation services – some no longer offer any support for smoking cessation at all.\textsuperscript{28} It is vital that sufficient investment is restored to local authorities so that these services, as well as other vital public health functions, can be resumed and maintained.

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