Introduction

The Faculty of Public Health strongly believes that the advertising and promotion of electronic cigarettes to non-smokers, including children, can and should be prevented. In light of overwhelming evidence that voluntary codes on marketing of tobacco and alcohol products have failed to protect young people from such advertising we therefore believe an outright ban on marketing of electronic cigarettes is preferable.

We share the concerns of Dr Haik Nikogosian of the WHO Framework Convention on Tobacco Control Secretariat, who cautions that electronic cigarettes “could result in a new wave of the tobacco epidemic.”¹ We are alarmed by the rapid growth in advertising for electronic cigarettes from multinational tobacco companies. We also recognise the “fundamental and irreconcilable conflict of interest between the tobacco industry’s interests and public health policy interests”.²

The Faculty of Public Health understands that electronic cigarettes are likely to be less hazardous than smoking. In view of the higher levels of addiction among the most disadvantaged smokers, access to pure nicotine products as an alternative to smoking may be an important means of tackling health inequalities and helping communities manage very high levels of addiction and reducing risk.

However, we view the safeguards highlighted below as an essential pre-requisite to that access. We believe additional safeguards are required to ensure that electronic cigarettes are as effective as possible, deliver nicotine in as safe as possible a way and are manufactured to a consistent quality.

The Faculty of Public Health is one of 129 signatories to a letter to Dr Margaret Chan, Director General of the World Health Organisation outlining our concerns.

The Faculty of Public Health also responded to the recent Committee of Advertising Practice and Broadcast Committee of Advertising Practice consultation on the marketing of electronic cigarettes.

¹ Financial Times, WHO plans to regulate e-cigarettes in same way as normal tobacco, <http://www.ft.com/cms/s/0/d822d056-c1c3-11e3-93af-00144feabdc0.html#axzz3504LIeIL>
² World Health Organisation, Guidelines for implementation of Article 5.3 of the WHO Framework Convention on Tobacco Control <http://www.who.int/fctc/guidelines/article_5_3.pdf>
The Faculty of Public Health has major concerns, which together make a powerful case for the regulation currently proposed by WHO. These four major concerns are:

- The tobacco industry is using electronic cigarettes to promote traditional cigarettes and gain access to policy makers
- Electronic cigarettes may be a ‘gateway’ to smoking among young people and non-smokers
- The efficacy of electronic cigarettes as smoking cessation aids remains uncertain
- The safety of electronic cigarettes has not been scientifically demonstrated

The evidence underpinning these concerns is summarised below, followed by our Recommendations.

1. The tobacco industry is using electronic cigarettes to promote traditional cigarettes and gain access to policy makers

The Faculty of Public Health is deeply concerned by the aggressive marketing and promotion of electronic cigarettes to young people. We note with grave concern the recent report by a group of US Senators \(^3\) that concludes that, in the USA, manufacturers are:

- promoting products through sponsorship of youth oriented sports events
- using flavours designed to appeal to youth, and;
- using celebrity spokespersons that appeal to youth.

The Faculty of Public Health also draws attention to a separate recent study published in the American Journal of Preventative Medicine, which found that **electronic cigarettes are being aggressively marketed with health claims and smoking cessation messages that are not supported by the available evidence.** The study concludes that "implied and overt health claims, the presence of doctors on websites, celebrity endorsements, and the use of characterizing flavours should be prohibited."\(^4\)

The Faculty of Public Health draws attention to a website compiled by a US Senate Committee that compares imagery employed by the electronic cigarette manufacturers now and tobacco companies in the past, and which shows that many images are virtually identical, except that the clothing of the models and accessories used are more modern.\(^5\) The Faculty of Public Health contends that many of these images can be considered to be seeking to renormalize and re-glamourise the imagery of smoking, especially as many promote products that are almost indistinguishable from real cigarettes.

**Similar concerns are raised by a recent review of electronic cigarette marketing in the UK.**\(^6\) The Faculty of Public Health is confident that the tobacco industry is explicitly using its ability to advertise electronic cigarettes as a covert means of promoting its main product, the traditional cigarette. This is particularly pertinent at a time when the last route available for the tobacco industry to market its products, the packet, looks likely to be closed.

The Faculty of Public Health is also concerned, given overwhelming evidence of the tobacco industry’s efforts to undermine public health policies, that the tobacco industry will use reduced risk products as

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a means of presenting itself as a partner in policy making thus thus undermining Article 5.3 of the Framework Convention on Tobacco Control.

2. **Electronic cigarettes may be a ‘gateway’ to smoking among young people and non-smokers**

In the US, which is further ahead on the curve of electronic cigarette use, the Centers for Disease Control and Prevention found that from 2011 to 2012 current electronic cigarette use increased significantly among middle school and high school students (from 0.6% to 1.1%, and from 1.5% to 2.8% respectively). No longitudinal studies UK have examined whether electronic cigarettes serve as ‘gateways' to future tobacco use. These data are urgently required. Until then, the precautionary principle suggests that it would be rash to dismiss the worrying trends in US children.

It is therefore entirely possible that the situation in the UK could change. Particularly given the high levels of promotion and how advertising and promotion of electronic cigarettes seeks to glamorise the use of these products and promote their use to young people. Making a clear distinction between children and adults is therefore critical, and rigorous and ongoing monitoring and evaluation of this risk are necessary. The logic points towards a complete ban on marketing to adults and children.

While research carried out for Action on Smoking and Health suggests that there is no current compelling evidence to suggest that young people are using electronic cigarettes as a ‘gateway’ to smoking, this situation could change rapidly. The latest data from Action on Smoking and Health, a March 2013 survey of children 11-18 years old showed that of 1428 children who had heard of electronic cigarettes, 1% had tried them but none reported continued use. However, these data are now old, and a new survey is urgently indicated.

3. **The efficacy of electronic cigarettes as smoking cessation aids remains uncertain**

There is as yet no evidence from clinical controlled trials that electronic cigarettes are any more effective than existing means of nicotine delivery, with the main trial that has been conducted showing no significant difference.

The most promising evidence comes from the cross-sectional Toolkit study suggested that smokers in England intending to quit who used electronic cigarettes in their last quit attempt were more likely to quit than those using over the counter nicotine replacement. However, this was cross-sectional data, not a randomised study, and the results must therefore be viewed with caution. It is not possible to assess effectiveness with such studies, and the counter-intuitive finding that those using over the counter nicotine were less likely to quit than those who were unassisted raises serious questions about the interpretation of these findings.

Moreover, no comparison was made with those using full behavioural support and NHS prescribed nicotine replacement therapy, which is known to be the most effective means of stopping.

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The Toolkit study is good news for smokers who want to stop and do not want to use NHS support services. However, while the study emphasises that over the counter nicotine replacement therapy or electronic cigarettes are much less effective than supported attempts to quit, it tells us nothing about smokers who are not attempting to quit who are dual users.

The American evidence for dual usage suggests the tobacco usage is prolonged and smokers may not attempt to quit. They are able to use electronic cigarettes when they would otherwise be in public places where smoking is banned and therefore they are not getting a harm reduction effect at all. The implication for population health as a whole therefore would not lead us to an overall reduction in smoking.

The Faculty of Public Health underscores the position on this issue as presented within the recent letter to the WHO to which we are a signatory. In particular, it is significant that most electronic cigarette users are ‘dual users’ who continue to smoke cigarettes. Reviews of evidence about reducing smoking (instead of quitting) show that dual users are unlikely to see any health benefit in terms of cardiovascular disease. Population studies of all smokers consistently show that smokers who use electronic cigarettes are less likely to stop smoking.

Furthermore, the decline in traditional cigarette use may be attributable to a variety of factors unrelated to uptake of electronic cigarette use, including the impact of austerity and economic destabilisation. Smoking has fallen more rapidly in several countries that have experienced austerity but where electronic cigarettes are not widely available. Indeed, smoking rates smoking rates also declined abruptly during the Cuban economic crisis. These rates then recovered during economic recovery. Evidence of similar trends in alcohol consumption is also clearly documented.

The Faculty of Public Health is particularly concerned about the potential for misleading messages that may lead those considering quitting to instead simply reducing consumption of normal cigarettes while simultaneously using electronic cigarettes. As is happening with adolescents in Korea. This assumes a linear reduction in risk with reduced smoking. This is NOT the case, especially for heart disease, where a small amount of exposure to cigarette smoke greatly increases risk. This became clear with falls in heart attacks in many countries following smoking bans in public places.

4. The safety of electronic cigarettes has not been scientifically demonstrated

The Faculty of Public Health is concerned that the safety of electronic cigarettes has not been scientifically demonstrated and that they present potential and currently undetermined risks for health at individual and population level especially if use occurs among current non-smokers.

The Faculty of Public Health draws attention to concerns raised by the World Health Organization (WHO) that safety of electronic cigarettes has not been scientifically demonstrated and that the potential risks they pose for the health of users remain undetermined. We note the WHO’S finding, coupled with evidence from the tobacco industry’s own documents and recent research, that scientific testing indicates the products vary widely in the amount of nicotine and other, potentially hazardous,
chemicals they deliver, with evidence demonstrating that in some products levels of carcinogens can reach those present in cigarette smoke. 16

While there is good evidence of their considerably lower toxicity relative to cigarette smoking, and therefore current smokers who cannot or do not wish to quit would be better off switching entirely to electronic cigarettes, the chemicals used in electronic cigarettes have not been fully disclosed, and there are no adequate data on their emissions or long term health impacts. 17 We are concerned, therefore, both by potential use among non-smokers and by indoor exposure to potentially toxic substances emitted by electronic cigarettes that may cause harm to health.

These products, when containing nicotine – can pose a risk of nicotine poisoning, a risk that is increased by the way that many are packaged and flavoured in ways that are attractive to children. If a child of 30 kilos of weight swallows the contents of a nicotine cartridge of 24 mg this could cause acute nicotine poisoning with potentially fatal consequences.

Nicotine, whether inhaled, ingested or in direct contact with the skin, can be particularly hazardous to the health and safety of certain populations – such as children, young people, pregnant women, breastfeeding mothers, people with heart conditions and older people. 18 The Faculty of Public Health is also deeply concerned that nicotine exposure has adverse effects on fetal growth and development, including fetal brain development, even though these risks are much less than the considerable risks of continuing to smoke during pregnancy.

When electronic cigarettes are used as cessations aids, they are intended to deliver nicotine directly to the lungs. The biological mechanism by which smoking cessation might be achieved by delivery of nicotine to the lungs and its effects are unknown. There is no evidence that delivery to the lung is safe. Therefore, independently of the effects of nicotine, it is of global importance to study lung delivery scientifically. The dose of delivered nicotine is also unknown. It is suspected that the delivered dose varies notably by product, given that they contain nicotine in various quantities and concentrations. 19

It is also of great significance that nicotine is a highly addictive substance and the Faculty of Public Health is concerned at the prospect of non-smokers, in particular young people, developing addiction to electronic cigarettes.

Recommendations

The Faculty of Public Health therefore strongly believes that the ideal regulatory framework should prevent initiation among youth and other non-tobacco users and protect bystanders.

It should also maximise product safety and enable current smokers who would or cannot otherwise quit to move to electronic cigarettes.

The Faculty of Public Health recognises that it is difficult for a single regulatory framework to achieve all these aims. We note that regulations already agreed under the 2014 EU Tobacco Products Directive will come into force in 2016. These stipulate that electronic cigarettes can either be regulated as medicines (and then subject to the same marketing controls as medicines) or as consumer products (and then subject to the same marketing controls as tobacco). The Faculty of Public Health powerfully supports this regulatory approach, and, in particular for electronic cigarettes to be subject to

the same marketing controls as tobacco. The UK Government is permitted to implement the Tobacco Products Directive without delay and we strongly encourage it to do so.

The Faculty of Public Health is concerned about the high levels of marketing and exposure (e.g. through use in public places) that young people will be exposed to between now and 2016. As such it also recommends that:

- urgent implementation of controls on marketing and use in public places in line with Articles 8 and 13 of the WHO Framework Convention on Tobacco Control\(^20\)
- Marketing controls should extend to bans on the sponsorship of sports clubs or sporting events, product placement, use of flavours designed to appeal to youth and celebrity spokespersons
- All products should be required to clearly indicate the addictive nature of nicotine and encourage smoking cessation by providing links to the NHS Smokefree website
- Outlets selling electronic cigarettes provide information on the dangers of smoking and encouraging cessation
- All electronic cigarettes, including unlicensed products, should be subject to the same marketing controls as tobacco products so that they cannot be marketed or advertised
- The regulatory framework should aim to prevent initiation among youth and other non-tobacco users, protect bystanders, regulate marketing and prohibit unsubstantiated claims
- This regulatory framework should require manufacturers to present safety and efficacy data
- A health authority should assess manufacturer’s claims as it would for any medicinal product, impose health warnings as appropriate, and require ingredient and safety data disclosure
- Independent data on both the exclusive and dual use of electronic cigarettes by socioeconomic status should be collected

In light of evidence showing how the tobacco industry intends to misuse its claimed interest in harm reduction, the Faculty of Public Health stresses that full weight should be accorded to Article 5.3 of the FCTC.

- Developments should be closely monitored and independent data on use of electronic cigarettes by socioeconomic status should be collected

**Regulation should ensure that:**

- products are consistent in quality and deliver nicotine as effectively and safely as possible;
- no advertising and marketing can target children and young people or other non-smokers (including through sponsorship of sporting events, product placement, use of flavours designed to appeal to youth, or use of celebrity spokespersons);
- no advertising or use (for example, in public places) can ‘renormalise’ or ‘re-glamourise’ smoking and undermine smoking prevention policies;
- all products clearly indicate the addictive nature of nicotine and encourage smoking cessation by providing links to the NHS Smokefree website;
- no advertising or marketing is based misleading or unsubstantiated health claims;
- un-licensed electronic cigarettes and other nicotine containing products is subject to the same controls as tobacco products so that they cannot be advertised.

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