

# Hale Vaping's submission to the Oireachtas Committee on Health in relation to the General Scheme of the Public Health (Tobacco and Nicotine Inhaling Products) Bill 2019

27th November 2019

## Our sincere belief - VAPING - A once in a lifetime public health opportunity

Tobacco use is the leading cause of preventable death in Ireland; with almost 6,000 smokers dying each year from tobacco related diseases. None of these individuals have died from vaping and in fact, 99% of vapers are ex-smokers.

### Vaping in Ireland

It is our sincerely held belief, Vaping, whilst not risk free, is according to Public Health England, 95% less harmful than smoking and offers Ireland a once in lifetime public health opportunity.

The Department of Health's 2019 Healthy Ireland survey states that:

- There are roughly 246,000 people who use vapes or E-Cigarettes - roughly one in 20 people.
- 99% of vapers are ex-smokers.
- Use of e-cigarettes among non-smokers remains extremely low, at just 1%.
- 5% of the population use e-cigarettes, an increase from 4% in 2018.
- 41% used e-cigarettes, making it the second most popular tool for those looking to quit smoking (HI Survey 2018)
- According to research undertaken by iReach, 40% of users purchase tobacco flavor, followed by menthol coming in at 31% and sweet flavours at just 10%
- 38% of smokers who saw their GP in the past 12 months, discussed ways of quitting smoking

The Irish Government has a target of 5% smoking prevalence by 2025 in its programme called Tobacco Free Ireland; however, the HSE has recently admitted that this goal will now not be achieved until 2052. Smoking prevalence is currently stuck at 17%, but vaping **could** play a part in moving that remaining 12%. In comparison, the UK the adoption of vaping, as an alternative to smoking, has played a key role in reducing smoking prevalence, dropping 5.1% between 2011 – 2017. Smokefree New Zealand, The American Cancer Society, Public Health England, Cancer Research UK, ASH UK and many others have endorsed vaping as a viable alternative to smoking.

Conversations surrounding vaping, a significantly less harmful alternative to cigarettes, are focused on fear and hypothetical concerns, without giving full weight to the established facts we now know. It is right and proper that our Government has taken a considered approach to the health of this nation, but we believe it is now imperative to consider the following:

- About one-in-five deaths in Ireland is connected to smoking.
- Vaping is at least 95% less harmful than smoking and helps approximately 20,000 people in the UK quit every year.
- The HSE's Quit.ie website does not contain enough information on vaping to help smokers who are looking to quit, using this proven method.

As a State, we should also be proud of the frameworks that we have in place to protect and inform our citizens:

- In Ireland, vaping products and e-liquids are highly regulated under the Tobacco Products Directive (TPDII). All products for sale in Ireland are first notified to the HSE where detailed submissions have to be made in relation to ingredients. There are strict rules on what ingredients can be used, including the maximum nicotine strength of e-liquids and the maximum amount of liquid per bottle, as well as how products are labelled.
- In 2015, National Standards Bodies and CEN (European Committee for Standardisation) established a new technical committee on 'Electronic cigarettes and e-liquids' with the aim to develop European Standards dealing with safety aspects for both vaping products (mechanical, thermal, electrical and chemical hazards etc.) and e-liquid (the content of chemicals including nicotine and formaldehyde, black listed components: heavy metals, allergens etc.), as well as analytical methods providing a basis for determination and quantification of all chemical components stated in the requirements relating to safety of these products. The proposed standardisation activity will support the already identified need to create requirements and suitable measurement techniques for the fast-growing market of vaping products and ensure protection for end-users. All standards are expected to be developed by 2021.

We fear the discussion surrounding vaping over the past number of months, has misrepresented the Irish and European situation, and conflated it mistakenly with the situation in the USA [Please see Annex 1 for chart on fact vs. fiction].

Commentators have been largely unaware that vaping is strictly regulated in the EU and is not regulated in the US. While we understand this submission is about the General Scheme, it is important that a number of inaccuracies recently reported are clarified, which we hope to do in this submission. We sincerely believe that the discussion around the regulation of vaping should focus on the public health goals of the state and the role vaping can play to reduce smoking incidence in Ireland.

Vaping is a less harmful alternative option to smoking and there are other methods that people may find equally or more effective in moving away from smoking. For example, a Tobacco Free Research Institute Ireland study found that the Allen Carr method produced superior quit rates when compared to the HSE's Quit.ie. Smokers need a suite of tools to give up smoking, as there is no one-size-fits-all method. Vaping has a part to play in this toolkit for adult smokers.

We respectfully request that the members of the Oireachtas Health Committee objectively look at the evidence and the successful and pragmatic approach taken to vaping in other jurisdictions and embrace the opportunity that presents our public health system.

### **What is vaping?**

E-cigarettes, also known as vapes, are battery-powered devices that heat a liquid to generate an aerosol, or a 'vapour', which the user then inhales. E-liquid is typically composed of nicotine, Propylene Glycol (PG) and/or Vegetable Glycerine (VG), and flavourings.

PG is an organic compound and has a low viscosity which means it flows easily, similar to water. PG absorbs flavours more easily than VG, and so using higher amounts of PG in e-liquids tends to create a more concentrated taste. VG is an organic based substance derived from plant extracts. Coconut oil, palm oil and even soy can be used to extract VG. VG is found in toothpaste and cosmetics and it helps creates the vapour.

Whilst vaping products contain nicotine, which is addictive, the harm of smoking is primarily caused by other constituents of tobacco smoke. This has generally been acknowledged by public health organisations, such as Public Health England and the Royal College of Physicians. ,

It should also be noted, here at HALE, we use only pharmaceutical grade nicotine in our products, exactly the same nicotine that is used in Nicotine Replace Therapy products such as nicotine patches and gum. Vapour does not contain tar or carbon monoxide, two of the most harmful elements in tobacco smoke. Refillable e-cigarette devices mean that users are able to choose the strength of nicotine in the liquid they use from 0mg/ml2 up to the legal limit of 20mg/ml2.

### **The Evidence**

A number of recent scientific studies have reinforced that vaping products are significantly less hazardous than 'conventional' tobacco products. For example:

- A breakthrough study funded by the British Heart Foundation (2019), found that after a two-year trial smoker who switched to vaping products demonstrated a significant improvement in their vascular health within 4 weeks.
- A study funded by Cancer Research UK (2017), analysed the nicotine, carcinogen, and toxin exposure in long-term vaping and nicotine replacement therapy users over a year. This study, which is the first long-term study of its kind, found that people, who swapped smoking regular

cigarettes for vaping products or nicotine replacement therapy for at least six months, had much lower levels of toxic and cancer-causing substances in their body than people who continued to use conventional cigarettes.

- A study by Chen et al., (2017), conducted a comparative health risk assessment of e-cigarettes and conventional cigarettes and suggested the use of e-cigarettes could save lives.
- A study by Levy et al., (2017), considered a strategy of switching cigarette smokers to e-cigarette use in the USA to accelerate tobacco control progress. The study found that "a hypothetical substitution of e-cigarette for cigarette use provides tremendous potential to avert premature deaths due to smoking, with only a relatively small amount of premature deaths due to e-cigarettes. Among those aged 15 years and above in 2016, almost 6.6 million fewer premature deaths and 86.7 million fewer LYL [life years lost] due to cigarette use occur in the Optimistic Scenario."

Health Committee members may also be aware of a study that was published in early November 2019, led by the University Medical Center Mainz, Germany, that found that short term vapour product use poses cardiovascular health risks and recommended that "aggressive steps should be taken to protect our children from health risks caused by e-cigarettes". However it is important to note a number of issues with this study, as raised below by public health professionals:

- Director of the Tobacco Dependence Research Unit Peter Hajek: "The authors detected two effects. In human smokers, nicotine from e-cigarettes produced a typical acute stimulant effect, also seen after drinking coffee, which on its own signals no danger. In mice and in tissue samples, acrolein, a chemical that can be generated when e-liquid is fried, had more damaging effects. This however is not relevant for human vapers."
- Director of the UK Centre for Tobacco & Alcohol Studies John Britton: "This paper adds evidence on e-cigarette safety but does not address their harm relative to smoking. It's that relative harm that matters – and that's why every smoker who switches from smoking to vaping will be much better off, and this study does not change that fact."
- Oxford University Professor of Behavioural Medicine Paul Aveyard: "Poor function of the lining of the arteries is one of several mechanisms through which smoking causes heart attacks and strokes, so this finding is important but needs to be kept in perspective in terms of how harmful we know smoking is. Unfortunately, that perspective is lost here."
- ASH Chief Executive Deborah Arnott said the short-term effects of vapour product use on the arteries are similar to those of drinking coffee, adding that "While vaping isn't risk free, it's much less risky than smoking, which kills over 250 people a day in the UK. Vapers shouldn't be scared back to smoking – that would be a real public health tragedy." (Sun, 13 Nov)
- University of Sheffield Professor of Cardiovascular Medicine Tim Chico: "This study should not prevent anyone from taking steps to cut down or quit smoking tobacco, but if e-cigarettes are used then they should be used for the minimum of time and as a bridge to stopping smoking (including stopping vaping) completely."

### **Case Study: UK**

Vaping products are providing a gateway out of smoking for many UK smokers. A 2019 factsheet by ASH on the use of vaping products found that an estimated 3.6 million adults in Great Britain currently use e-cigarettes, up from 700,000 in 2012. The study also noted that among all e-cigarette users, the main reason listed for vaping in the survey was as an aid to quit smoking, followed by preventing relapse.

We note also the findings made by Notley et al., (2018) which explored patterns of use and reported experiences of vapers quitting smoking using an e-cigarette in relation to long-term smoking status in the UK. The study concluded that: "[o]ur data demonstrates that e-cigarettes may be a unique harm reduction innovation for smoking relapse prevention. E-cigarettes meet the needs of some ex-smokers by substituting physical, psychological, social, cultural and identity-related aspects of tobacco addiction. Some vapers reported that they found vaping pleasurable and enjoyable – being more than a substitute but actually preferred, over time, to tobacco smoking. This clearly suggests that vaping is a viable long-term substitute for smoking, with substantial implications for tobacco harm reduction."

We further note that a growing number of governments and public health bodies, including UK NHS, the National Centre for Smoking Cessation and Training, Cancer Research UK, and New Zealand Ministry of Health, actively support e-cigarettes as part of their tobacco harm reduction activities.

### **Recent US cases**

Committee members will be aware of the considerable media and political commentary on vaping regulation over the past few months. Considering much of the public and political debate on vaping has been fueled by media coverage of stories from the USA, it is important that ahead of the Pre-Legislative Scrutiny of the Bill and further legislation in this area, a number of inaccuracies reported are clarified, particularly in light of there being no reported cases in Ireland.

- The USA has an entirely different regulatory regime than the EU when it comes to vaping product legislation. Set out as an addendum to this submission is a table to explain the differences.
- In Ireland, vaping products and e-liquids are highly regulated under the Tobacco Products Directive (TPDII). All products for sale in Ireland are first notified to the HSE where detailed submissions have to be made in relation to ingredients. There are strict rules on what ingredients can be used, including the maximum nicotine strength of e-liquids and the maximum amount of liquid per bottle, as well as how products are labelled."
- On 8 November, the United States Center for Disease Control and Prevention (CDC) released their findings on the lung-disease outbreak, identifying, as expected, Vitamin E acetate and THC oils as the 'very strong culprit' for the lung-disease outbreak in the US. These THC oils are illegal, black-market, marijuana products and they have been 'cut' or expanded by the Vitamin E acetate additive. Under TPDII, these products are prohibited from being used in vaping products in Ireland and throughout Europe

## **Flavours and Underage Use**

The sale of e-liquids in Ireland is strictly regulated on the basis of Irish implementation of the tobacco products directive, implemented in May 2016 through S.I. 271. With respect to flavours, the legislation provides that the packaging of vaping products and liquids must not:

- (a) promotes an electronic cigarette or refill container or encourages its consumption by containing information or statements that create an erroneous impression in relation to the characteristics, health effects, risks or emissions of an electronic cigarette or refill container,
- (b) suggests that an electronic cigarette or refill container is less harmful than other electronic cigarettes or refill containers or that it aims to reduce the effect of some of the harmful components of smoke,
- (c) suggests that an electronic cigarette or refill container has vitalising, energetic, healing, rejuvenating, natural or organic properties, or that it has health or lifestyle benefits,
- (d) makes any reference to the taste or smell of an electronic cigarette or refill container or other additives contained in the product or the absence thereof,
- (e) resembles a food or a cosmetic product

In addition, all products must be notified by manufacturers or imported to the HSE, with detailed information including the listing of all ingredients.

HALE Vaping does not support a ban on flavours, as they play an important role for adult smokers looking for a less harmful alternative product. The intention of flavours is to give consumers product choice, and is not intended for use by those under 18. There is no evidence to support the assertion that vaping is “normalising smoking”, 99% of those who vape in Ireland are ex-smokers, according to the 2019 Healthy Ireland survey, released by the Department of Health in November 2019. According to research undertaken by iReach, 40% of users purchase tobacco flavour with menthol coming in at 31% and sweet flavours at just 10%.

As stated by Martin Dockrell, Public Health England: “Banning flavours would likely provoke vapers to relapse back to smoking, leading to more adult smoking role models for young people, which we know is the key driver in young people starting to smoke”. Dr Christopher Russell from the UK Centre for Substance Use Research stated that “Evidence from our own research suggests that a significantly higher proportion of smokers who prefer to vape non-tobacco flavours go on to completely quit smoking cigarettes within three months”.

<https://www.ukvia.co.uk/removing-e-liquid-flavours-from-sale-threatens-the-proven-success-of-e-cigarettes-to-help-adult-smokers-switch-warns-the-new-nicotine-alliance/>

In Britain, regular use amongst young people remains low, with 1.7% of 11 to 18-year-olds reporting at least weekly use in 2018; this is in the backdrop of a steady decline in youth uptake of smoking.

Furthermore, no meaningful data supports the proposition that vaping is a 'gateway effect' on youth smoking. Rather, the evidence suggests that "[u]se of the devices is confined to current and ex-smokers and use amongst never smokers remains very low," and that "regular use of electronic cigarettes amongst children and young people is rare and is confined almost entirely to those who currently or have previously smoked."

**For example:**

- A recent systematic review of the evidence conducted by the University of Victoria, Canada (2017), concluded that: "[t]here is no evidence of any gateway effect whereby youth who experiment with vapour devices are, as a result, more likely to take up tobacco use. The available evidence is that tobacco use by youth has been declining while use of vapour devices has been increasing".
- A UK study by Bauld et al., (2017) which assessed recent trends in ever and regular use of vaping products and tobacco among 11-16 year olds, similarly found that their "findings indicate that there is no evidence of e-cigarettes driving smoking prevalence upwards. This is important and suggests that fears about e-cigarettes as a gateway to more youth becoming smokers are not currently justified, at least in the UK."
- A US study published by Kozlowski et al., (2017) also concluded that "risks for youth posed by e-cigarettes likely fall far short of those feared by the products' opponents" and that, currently "youth use of e-cigarettes is unlikely to increase the ranks of future cigarette smokers."
- Studies that purport to show that vaping products have a gateway effect among youth, fail to establish that it is the use of e-cigarettes that leads to smoking. For example, a study by Conner et al., (2017), which, concluded that vaping products use among adolescents is associated with smoking initiation. However, this study has been criticised by experts, such as Professor Linda Bauld, noting the study does not provide evidence that using vaping products causes young people to become smokers.
- Similarly, a study by Soneji et al., (2017) which, found that results from nine longitudinal studies were consistent in finding that vaping product use is associated with an increased risk of future cigarette smoking initiation, and current cigarette smoking was critiqued by various experts, with Professor Ann McNeill, Professor of Tobacco Addiction at the National Addiction Centre, finding that "[w]hether using e-cigarettes causes a young never smoker to go on to smoke tobacco cigarettes is important. This review does not find this."

**Advertising of Vaping Products**

S.I. 271 prohibits advertisements for e-cigarettes online and in printed publications except for those directed at persons in the vaping industry or publications printed and published outside the EU and intended for markets outside the EU.

In addition, advertisements of vaping products are prohibited on television, on-demand television services and on radio.

Finally, any form of contribution to an event, activity or person with the aim of promoting vaping and with a cross-border effect is also prohibited. Given this extremely wide restriction on the advertising of vaping products, there is no justification for additional restrictions to be put in place at this time.

The Advertising Standards Authority of Ireland (ASAI) has a section, which applies to the marketing communications of vaping products. It contains strict rules on the marketing of vaping products to consumers, including to those who are under 18.

### **Specific Comments on the General Scheme of the Public Health (Tobacco and Nicotine Inhaling Products) Bill 2019**

#### **Part 2 – Licensing System for the retail sale of tobacco and nicotine inhaling products**

##### **Heads 9-12**

The stated objective of the General Scheme of the Public Health (Tobacco and Nicotine Inhaling Products) Bill 2019, in relation to vaping products, is to provide for the introduction of a licensing system for the sale of nicotine inhaling products.

HALE Vaping does not support the introduction of a licensing system for the sale of vaping products, because such a system goes beyond that required to track the sellers of vaping products and places an unnecessary continual administrative burden on the supply chain, while not being enforceable in an online context. We would however, support a once-off registration system, such as the registration system for owners of food establishments.

Please find below an outline of our reasons why a licensing system would not be appropriate:

1. Vaping products are not cigarettes, do not contain tobacco and are not an excisable product. They are consumer electronic products for adults and as such there is no justification for the application of a tobacco-style licensing system to the product. To do so would be disproportionate.
2. Vaping products are 95% less harmful than cigarettes and offer a viable alternative to those looking for an alternative to smoking. It is critical that we continue to provide options for those looking to switch from smoking. These provisions do not detail the cost of the proposed licence fee or administration fee. By placing an ongoing financial and administrative burden on retailers selling vaping products, through the introduction of a tobacco-type licensing system, there is little doubt that some retailers will cease to sell vaping products and e-liquids. This flies in the face of providing adult smokers with viable alternatives to smoking.
3. Should a license fee for the sale of vaping products be introduced, it is most likely that the price of the consumer electronic product would have to

increase in order not to impact the retailers' bottom line. This will have a negative impact on the 150,000 plus users of vaping products in Ireland.

4. Should a license system and fee be introduced, it must incorporate online sellers of vaping products. HALE Vaping estimates that around 40% of vaping products are sold online, much of which comes from outside the State. The Tax Strategy Group's General Excise paper, when discussing whether an excise on vaping products is appropriate, stated that "the implementation and collection of such a tax would be difficult given the wide variety of ways in which these products are supplied to the consumer". In order to ensure all sellers of vaping products, online and bricks and mortar shops, register and pay the license fee, it would be necessary to prohibit the sale of vaping products within the State unless they have a physical presence or an appointed agent within the country who would be responsible for compliance and financial matters. In the context of the EU Single Market, this would be extremely difficult to implement.
5. Vaping products and e-liquids are already highly regulated and under TPDII, manufacturers and importers of vaping products and refill containers must notify the HSE of all new products placed on the market and mandatory registration for retailers engaged in cross-border distance sales of vaping products or refill containers in Member States.

### **Head 13 – Register of Licences**

While we do not support a licencing system for the reason mentioned above, HALE Vaping are in favour of amending this Section to include provisions for a register of retailers who sell vaping products and e-liquids.

Retailers should be registered with the HSE before selling vaping products, as is the case for establishments selling food, as HSE Environmental Health Officers have the power to inspect and enforce improvement notices, closure orders or prohibition orders. This would ensure that the Regulations (S.I. 271 of 2016) regarding labelling and packaging are strictly adhered to without over burdensome licensing systems and fees.

### **Part 3 Restrictions on the sale of tobacco and nicotine inhaling products**

#### **Head 18 Prohibition on the sale of tobacco products or nicotine inhaling products by persons under the age of 18 years and;**

#### **Head 19 Prohibition on the sale of tobacco products and nicotine inhaling products to persons under the age of 18 years**

HALE Vaping is fully supportive of these provisions as vaping products are *only for adults who smoke and are looking for an alternative*. HALE Vaping do not condone any youth use of vaping products and this is borne out in our engagement with the Minister for Health and his Department of Health for the past 4 years where we

have called for the urgent bringing forward of legislation to prohibit sale by, and to, those under the age of 18. In the absence of legislative measures to prevent the sale of vaping products to under 18s, HALE Vaping adopted the VBI developed Code of Conduct on this matter, to ensure that if in doubt of a customer's age the retailer/seller is encouraged to ask for identification. The Code of Conduct covers in-store sales, online sales, as well as the marketing of vaping products.

**Head 24 – test purchasing**

**Head 25 – tobacco and nicotine products non-compliance list**

HALE Vaping supports measures that are designed to support the enforcement of the age of sale limit as set down in Head 19; and in this context support and encourage the test-purchasing scheme enabled by the Bill. We already have our own test purchasing schemes in place, which controls for whether retail stores ask for ID from those who are over the age of 18. A government scheme to detect illegal sales would act as a strong incentive to ensure that products are only sold to those of legal age and ID is requested regularly in those instances where there is any doubt over whether the purchaser is of legal age.

**Head 28 – suspension of a license by the court upon conviction**

**Head 29 – minimum suspension periods**

While we do not believe that the proposed licensing scheme is proportionate, we are of the view that mechanisms should be in place to proportionately sanction those convicted of illegally supplying nicotine products to persons under the age of 18. We would welcome a dialogue on how we could work together with the joint committee to ensure that sanctions such as those outlined in Heads 28 and 29 can work separately from a licensing scheme.

## Annex 1:



### Comparison between US and EU regulatory Regime for Vaping



MANDATORY REGULATIONS FULLY IMPLEMENTED AND ENFORCED	EU Tobacco Product Directive TPD	USA
PRE-MARKET NOTIFICATION	Yes	No
INGREDIENTS AND EMISSIONS TESTING REQUIRED	Yes	No
STIMULANT, COLOURING, CMR OR VITAMIN ADDITIVES	Severely restricted	Unregulated
REGULATIONS TO CONTROL SAFETY OF OPEN-SYSTEM REFILLS (e.g. child-resistant and tamper evident)	Strict	None

## Annex 2:

### MYTH 1 - E-cigarettes give you “Popcorn lung”

One of the most commonly held concerns is that e-cigarettes might cause ‘popcorn lung’. This came about because some flavorings used in e-liquids to provide a buttery flavor contain the chemical diacetyl, which at very high levels of exposure has been associated with the serious lung disease bronchiolitis obliterans. However, diacetyl is banned as an ingredient from e-cigarettes and e-liquids in Ireland.

E-liquid is typically composed of nicotine, propylene glycol and/or glycerine, and flavourings.

Vapour does not contain tar or carbon monoxide, two of the most harmful elements in tobacco smoke. All products must be notified by manufacturers or imported to the HSE, with detailed information including the listing of all ingredients

It is vital that all references to cases in the US are clarified with the statement that in Ireland and the EU, we have some of the strictest regulatory and advertising environment for vaping products in the world. Ingredients like THC, diacetyl or tocopherol acetate are prohibited in e-liquids in Ireland and the EU.

Vaping products are a highly regulated product. Statutory Instrument 271 of 2016 (which transposed the Tobacco Products Directive) strictly regulates the products, which ensure they are not marketed at those who should not use them. We are not aware of any cases like those in the US, reported in Ireland.

**MYTH 2 - E-cigarettes aren't regulated and we don't know what's in them.**  
Ireland and the EU have some of the strictest regulation for e-cigarettes in the world.

Under the Tobacco and Related Products Regulations 2016, e-cigarette products are subject to minimum standards of quality and safety, as well as packaging and labelling requirements to provide consumers with the information they need to make informed choices. The sale of e-liquids in Ireland is strictly regulated on the basis of Irish implementation of the tobacco products. Vaping products and e-liquids are already highly regulated and under TPDII, manufacturers and importers of vaping products and refill containers must notify the HSE of all new products placed on the market.

In addition, all products must be notified by manufacturers or imported to the HSE, with detailed information including the listing of all ingredients, thereby acting as a barrier to any products that do not adhere to EU standards entering the Irish market.

**MYTH 3 - E-cigarettes must be harmful as they contain nicotine**  
Evidence shows nicotine carries minimal risk of harm to health. Although nicotine is the reason people become addicted to smoking, it is the thousands of other chemicals contained in cigarette smoke that causes almost all the harm. E-cigarette vapor does not contain tar or carbon monoxide, two of the most harmful elements in tobacco smoke. It does contain some chemicals also found in tobacco smoke, but at much lower levels.

**MYTH 4 - Exposure to e-cigarette vapor is harmful to bystanders.**  
E-cigarette liquid is typically composed of nicotine, propylene glycol and/or glycerin, and flavorings. Unlike cigarettes, there is no side-stream vapor emitted by an e-cigarette into the atmosphere, just the exhaled aerosol. There's no evidence to suggest that secondhand vaping is a serious threat to the health of non-vaping bystanders.

### **MYTH 5 - E-cigarettes don't help you quit smoking**

E-cigarettes aren't completely risk free but carry a fraction of the risk of smoking and are helping thousands of smokers to quit and stay smoke free. Martin Dockrell, Public Health England: "Banning flavours would likely provoke vapers to relapse back to smoking, leading to more adult smoking role models for young people, which we know is the key driver in young people starting to smoke."

Dr Christopher Russell - Centre for Substance Use Research, "Evidence from our own research suggests that a significantly higher proportion of smokers who prefer to vape non-tobacco flavours go on to completely quit smoking cigarettes within three months."