

Tobacco and Vapes Bill

Committee Stage, House of Commons
January 2025

About the BMA

The BMA is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

Summary

- **The BMA has consistently advocated for strong anti-smoking policies and, therefore, fully supports this Bill.**
- Doctors directly observe the devastating impact of smoking on their patients' health.
- Despite long-term declines in smoking rates, it remains a leading cause of preventable illness and premature death in the UK.
- The BMA welcomes the provisions in this Bill aimed at tackling the rising epidemic of vaping, especially among children and young people.
- The increased availability and accessibility of vapes, coupled with advertising and marketing strategies like brightly coloured packaging, prominent in-store displays, and sweet flavours, have played a significant role in the surge of vaping among young people. This issue must be urgently addressed.
- The BMA calls for all vape packaging to be standardised and all imagery, branding and bright colours to be prohibited.
- To enhance its effectiveness, the BMA believes that the Bill should be accompanied by additional measures to ensure it is enforced effectively and to combat illegal vape sales.

1. Tobacco

The BMA supports the measures in this Bill, which will ensure that anyone born on or after 1st January 2009 will never legally be sold tobacco products. Stopping a new generation of tobacco users will significantly decrease the harms from tobacco for future generations.

Legislation is needed to address current smoking rates

Although previous legislation has had a positive impact, smoking rates in adults and young people are still high and as such, stronger legislation is required.

Tobacco control measures, such as increasing the age of sale from 16 to 18 has played a significant part in reducing the number of people who smoke in the UK, with smoking prevalence now 12.9% of the adult population (18 years and over).¹ However, there are still 6.4 million adult smokers in the UK² and over 100,000 children in England alone take up smoking each year.³ The vast majority of smokers start before

they are 18 years old, and virtually all do by the age of 25.⁴ Among those teenagers who try smoking, 70% will go on to be daily smokers. Therefore, it is crucial that legislation addresses this population.

Raising the age of sale is likely to both delay smoking uptake and reduce the number of young people who start smoking. The 2019 government commitment for England to become 'smokefree' by 2030, achieved when adult smoking prevalence falls to 5% or less⁵, will not be met without the strong regulation and action proposed.

Doctors witness first-hand the devastating effects of smoking on their patients

Smoking remains a leading cause of preventable illness and premature death in the UK (accounting for approximately 74,600 deaths a year in England alone)⁶, as well as causing a myriad of health harms including 16 types of cancer, heart disease, COPD (chronic obstructive pulmonary disease) and strokes.⁷ In England alone, smoking is estimated to cost the NHS £2.4 billion every year.⁸

Smoking is the leading cause of health inequalities. It accounts for half the difference in life expectancy between the richest and poorest. Although smoking rates have fallen over the years, the difference in smoking rates between these groups has actually widened. Those with long-term mental health conditions are twice as likely to smoke cigarettes, which is the biggest cause of their 10–20-year reduction in life expectancy. If you are pregnant and live in a deprived area, you are six times more likely to smoke than if you live in a less deprived area. This inequality has generational consequences, as children growing up in a household where people smoke are not only exposed to second-hand smoke but are four times more likely to smoke themselves.⁹

Smoking cessation services are still key and will need continued support

The BMA welcomes the additional £70 million funding for local stop smoking services in 2025 and 2026 [announced by the Government](#). It is crucial that support is available and accessible to help current smokers quit. Recent research has shown that funding is leading to more local authorities commissioning stop smoking support services. For example, from a survey of 122 local authorities 89% reported commissioning a stop smoking service compared to 72% in 2023.¹⁰

However, it is vital that additional funding for these services is recurrent and not just a one-off payment. Recurrent funding is crucial to reverse the cuts that public health services have faced over recent years. For example, in England, Local Authority Public Health funding has been cut, with the Public Health grant falling by 26% between 2015/16 and 2023/24, on a real terms per person basis. Smoking cessation services have been the most cut service, with funding falling by 45% in real terms between 2015/16 and 2023/24.¹¹ At the very least, to resource these crucial services, the ring-fenced Local Authority Public Health grant in England should be restored to at least 2015/2016 levels on a real terms per person basis. Protecting the public health grant and confirming the funding for 2025/26 as soon as possible will enable better planning and commissioning.

2. Vapes

The BMA supports the measures in the Bill to curb youth vaping and regulate their use. The proposed Bill sets out much needed powers for government to address the rising use of vapes by children and young people, through the regulation of issues such as flavours, branding and point-of-sale displays.

Vapes have a detrimental impact on public health

The World Health Organisation¹² has declared vapes harmful and evidence to date confirms that the dangers of vaping and e-nicotine consumption, though less harmful than that of smoking cigarettes, are of concern, particularly for children.

Vapes with nicotine are just as addictive as cigarettes.¹³ As more young people are vaping, driven largely by the rise in the use of disposable vapes, there are concerns that this frequent use is exposing them to the risk of addiction to nicotine. The nicotine contained in one disposable vape is approximately equal to two packs of cigarettes.¹⁴ There is also growing evidence to suggest that young non-smokers who use vapes are more likely than non-users to take up smoking.¹⁵

Experts agree that we need longer-term data on the health effects of using vapes, particularly in regard to cardiovascular disease as well as the long-term impacts of these products on young lungs, hearts, and brains.¹⁶ However, the health of future generations must be protected now and should not be delayed by awaiting future research.

Marketing and advertising must be prohibited – Part 6, Clause 114 - 122

The BMA welcomes the proposal to ban advertising of vapes, as well as all nicotine products. This will help to address the rapidly increasing youth vaping rates.

Vapes are being directly marketed at children and young people which urgently needs to be addressed. Around 4.2% of young people (11–17-year-olds) in Great Britain are now regularly using vapes.¹⁷ In 2023, 20.5% of children had tried vaping, up from 15.8% in 2022 and 13.9% in 2020.¹⁸

Although a ban on vape advertising will help to reduce the awareness of vapes, other measures are needed to address the direct marketing of vapes to children and young people and reduce their appeal.

The BMA welcomes the inclusion of Clause 35 in the Bill which provides ministers with powers to regulate the flavours, packaging and display of all vapes and other nicotine products. These are essential measures, and it is important that they are not removed or watered down in the passage of the Bill. The BMA urges the Government to publish details of how they intend to exercise these powers without delay.

Flavours - Part 5, Clause 92

Approximately 7,700 flavours of e-liquids are currently available - with tobacco, mint, coffee, and fruits being the most commonly used flavours.¹⁹ It is also clear that some vape flavours are marketed to appeal to children and young people. For example, mimicking sweet shop flavours such as ‘bubblegum’ and ‘gummy bear’ and using appealing flavour descriptors such as ‘berry blast’.

Consistent evidence shows that flavours attract both youth and adults to use vapes. A survey of children aged 11-17 years in Great Britain found that when asked their reasons for vaping, 14% stated that they vaped because ‘[They] like the flavours’.²⁰ The most common reason reported was ‘just to give it a try’ (54% of respondents had never smoked tobacco, 26% had previously smoked tobacco). For both adults and young people, fruit flavours are most commonly used. However, young people are also drawn to sweet/ candy flavours. Among those under 18 years, flavours increase not only preferences for vapes, but they also decrease vape product harm perceptions.^{21, 22}

Although satisfaction and enjoyment with vaping may be higher among fruit and candy flavour users, it is not clear if certain flavours are associated with a greater propensity to attempt to quit smoking among current smokers.^{23,24,25,26,27}

Therefore, the BMA will continue to review evidence in this area and looks forward to engaging with consultations and secondary legislation going forward.

All imagery, colouring and branding should be prohibited – Part 5, Clauses 90 and 91

Currently in the UK, vape packaging can and does include any type of imagery, vibrant colours and branding.

Evidence suggests that standardised packaging of vape products has the potential to reduce the appeal of vaping, in particular to young people.²⁸ Evidence also shows that packaging can impact harm perceptions amongst young people, with standardised packaging of e-liquids (the packaging containing the liquid for

vaping) found to be associated with lower interest in trying vaping and higher perceptions of the health risk associated with vaping.²⁹

Evidence about standardised packaging of tobacco products, supports the view that standardised packaging helps reduce the appeal of tobacco products^{30,31,32}, which may suggest it would also work in the same way for vaping products. Therefore, the BMA calls for all vape packaging to be standardised and all imagery, branding and bright colours to be prohibited.

Vapes should be kept behind the counter and should not be on display in shops – Part 1, Clause 13 and 14

Unlike tobacco products, vapes are currently allowed to be displayed at the point-of-sale in shops and supermarkets.

The prominence of vapes in retail has significantly increased. For example, between 2017 and 2020, the number of vape shops in the UK has increased from 2,280 to 3,650, approximately a 61% increase.³³ In addition, vapes are easily available in convenience stores and in supermarkets, with several major retailers across the UK introducing their own e-cigarette brands to meet growing demand.³⁴ Therefore, it is not surprising that young people are increasingly noticing the display of vapes in supermarkets. For example, more than half of over two thousand 11–17-year-olds surveyed in 2024 are aware of promotion in shops compared to a third two years ago (37% to 55%).³⁵

Research on regulation to limit tobacco displays may provide some insight into the potential impact of similar restrictions for vape products. For example, a 2018 cross-sectional study examined the effect that point-of-sale display bans have had on smoking prevalence, across 77 countries, and found that having a point-of-sale display ban reduced overall adult daily smoking, male smoking and female smoking by about 7%, 6% and 9%, respectively.³⁶

This suggests that restrictions of point-of-sale displays of vapes has the potential to contribute to a reduction in vaping appeal, particularly for young people. Therefore, the BMA calls for all vapes to be kept behind counters in shops and not be on display.

3. ‘Smoke-free and Vape-free areas – Part 7, Clause 136 and 139

The BMA supports the Bill’s provision to extend smoke free and vape free areas, subject to consultation. While the BMA supports the specific areas outlined by **Amendment 4** and believe these should be a priority for becoming smoke and vape free, we do not believe it is right for the Bill to curtail the powers of the Secretary of State to prescribe further areas as smoke free and vape free areas in the future.

4. Enforcement – Part 1, Clauses 32 – 34

Enforcement of the proposed regulations will still be key to the Bill’s effectiveness. The BMA believes that further measures are needed in order to ensure the Bill’s success.

Illegal sales of vapes are continuing to take place through under-age sales and sales of products that do not comply with UK regulation. Retailer compliance is a major issue when tackling under-age sales; according to a survey of over 2,613 young people in Great Britain aged 11-18, vapers in Great Britain mainly buy from shops.³⁷ This is supported by a review of business compliance conducted by Trading Standards Services in England between February and March 2022 which found that out of a total of 442 tests on businesses, illegal sales were made on 145 occasions. This represents an overall non-compliance rate of 33%.³⁸

A number of actions will be needed to ensure the regulations are implemented and enforced effectively:

Regulating product design and features

The BMA welcomes proposals to give Government powers to regulate vape product design and features. This will help to address industry developing product adaptations that fall outside of the regulations and continue to appeal to the younger population.

Manufacturers to provide clear product information, accompanied by clear national guidance

Barriers to preventing the sales of illegal vape products include a lack of vape product information. Evidence from Finland³⁹ and Australia⁴⁰ where flavours are banned, has reported that the variety of vapes available and the difficulty in assessing whether the vapes contain nicotine has contributed to many underage sales. The CTSI (Chartered Trading Standards Institute) has also recognised the difficulty in identifying compliant and non-compliant products and has called for Trading Standards teams to have clearer direction from Government on this issue.⁴¹

Increase the limits of fines and sanctions

We welcome the proposals for regulatory bodies to issue fixed penalty notices to non-compliant retailers and regulatory bodies have reported their support for the use of increased fines and sanctions. The CTSI has reported that the sanctions available for those producers, suppliers, retailers who do not comply with the law, should be stronger. For example, there are trials in place that could be extended to trading standards teams to issue restorative justice sanctions which would entail suppliers paying for the cost incurred by Local Authorities to seize and dispose of non-compliant vapes.⁴²

However, it is unclear if proposals for providing enforcement officers with the powers to issue 'on the spot' fines of £200 to non-compliant shops will be effective. There has been calls for the fines that courts can impose to non-compliant retailers to increase in value from £2,500 to £10,000, in order to be a significant deterrent.⁴³ The UKVIA (UK Vaping Industry Association) has also reported that there must be higher fines applied to every breach for the non-compliant retailers and has called for the fines to be raised to at least £10,000.^{44,45}

Increased and adequate resources and powers for regulating bodies

Another challenge cited to enforcing regulation is the capacity of regulators. The CTSI has reported the need for greater resources to support the undertaking of enforcement work. They have reported that Trading Standards teams are spread very thinly, enforcing laws on a range of issues from food standards to product safety. They need more 'boots on the ground' to help enforce regulations and advise businesses.⁴⁶

In addition to resources, powers of regulators will need to be increased. UK Trading Standards have highlighted the need for greater powers to prevent illegal products from reaching UK markets, particularly at ports and borders when enforcement work can have the most impact. For example, enforcement officers do not hold the power to require locked containers to be opened or to make seizures.⁴⁷

Without much needed resources and powers, regulators such as Trading Standards will not be able to implement regular and consistent monitoring and enforcement.

Additional measures

As well as the above legislative measures which we believe are imperative to ensuring effective enforcement, the BMA also calls for the government to fund and deliver education campaigns to increase compliance with regulation.

Education campaigns have been reported to help increase compliance with regulation. For example, in San Francisco where sales of flavoured tobacco were banned in 2018, retailer compliance increased from 17% to 80% after the Department of Public Health implemented an educational campaign. This consisted of volunteers emailing all licensed tobacco retailers about the law, mailing a fact sheet poster, conducting four

listening sessions and visiting permitted tobacco retailers to educate them about the law and solicit questions.⁴⁸

Reducing the demand for tobacco and vape products, will in turn help to address the illicit market of these products. Therefore, the public (particularly children and young people) also need to be provided with information on the possible health risks associated with vapes. It has been found, in a survey of over one thousand individuals, that 15–30-year-olds in the UK who perceived e-cigarettes as harmful were 40% less likely to use them compared to those who do not consider them harmful.⁴⁹

Therefore, to reduce youth vape use, the BMA urge the government to commit to and fund extensive education campaigns to increase awareness of the regulations amongst retailers and ensure the public are aware of the health impacts of vaping.

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