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Llywodraeth Cymru
Welsh Government

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Jocelyn Davies AM
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Cardiff Bay
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30 July 2015

Dear Jocelyn,

Public Health (Wales) Bill

I would like to thank you and the Committee for the opportunity to discuss the Public Health (Wales) Bill on 15 July 2015.

I am pleased to provide the Committee with further information on the following issues, which were raised during the session:

- a) the work carried out in relation to estimating costs to the health service and other services if the number of people who use e-cigarettes indoors return to smoking conventional cigarettes if the law changes; and
- b) information on the number of test purchases currently going on around Wales.

This information is presented below.

The work carried out in relation to estimating costs to the health service and other services if the number of people who use e-cigarettes indoors return to smoking conventional cigarettes if the law changes.

There is no evidence that the proposal to restrict the use of e-cigarettes in indoor public places will cause e-cigarette users to return to smoking. There are also no studies currently available to measure the health effects of a current e-cigarette user returning to tobacco smoking following complete abstinence. In addition when considering this issue it is important to note that:

- Many premises in Wales already restrict the use of e-cigarettes in their indoor areas (around 50% according to surveys by the Welsh Government¹ and CIEH Wales²) and

¹ Welsh Government. E-cigarette policies: a survey of workplaces in Wales. 2014.

<http://gov.wales/statistics-and-research/e-cigarette-policies-surveys-schools-workplaces/?lang=en>

² Research into E-cigarette Policies in the Independent Hospitality Sector. CIEH Wales. November 2014. Not published.

given that use of e-cigarettes by adults in Great Britain has increased according to ASH UK surveys³, this does not appear to be having an impact on the use of e-cigarettes by adults; and

- The majority of e-cigarette users are dual users who continue to smoke conventional tobacco products (from three fifths of all adult users in 2015 according to an ASH UK survey⁴ to 85% of all users according to the Smoking Toolkit Study⁵).

In light of the above uncertainty, the Explanatory Memorandum (EM)⁶ provides an illustrative example to explore the hypothetical health effect of e-cigarette users returning to tobacco smoking using a study which looks at the Quality Adjusted Life Years (QALYs) gained by every smoker who quits smoking long-term. The example in the EM suggests a 0.1% increase in the smoking prevalence rate would mean an additional 2,450 people smoking tobacco in Wales. (2,450 is 0.1% of the ONS mid-year population estimate for those aged 18+, which was 2,452,000 in 2013.) Using the aforementioned study, this equates to a reduction of between 2,400 and 6,300 Quality Adjusted Life Years (QALYs), which represents a cost of between £146 million and £380 million.

The cost implications of this hypothetical scenario also need to be balanced against other variables which are difficult to quantify:

- The type of e-cigarette user who states they use e-cigarettes to circumvent the smoking ban arguably have the highest likelihood of reverting to tobacco smoking as a result of this proposal. It is also most likely that such users are dual users who use their e-cigarettes alongside conventional tobacco cigarettes. This assumption appears to be reflected in the latest ASH UK survey⁷ which found that more dual users of e-cigarettes gave circumventing the ban as one of the reasons for e-cigarette use (25% of those surveyed) compared to ex-smokers who use e-cigarettes (11% of those surveyed). It is therefore assumed that the type of user most likely to stop using e-cigarettes as a result of this provision is a dual user who uses e-cigarettes only to circumvent the smoking ban. This type of user is still exposing themselves to the health harms of tobacco smoking.
- Continuing to smoke any conventional cigarettes confers essentially the full cardiovascular risk, and cancer risk may only be modestly affected, because smoking duration is more important than intensity.⁸ Over the long-term, costs to the NHS in Wales associated with smoking related illnesses may therefore continue to be incurred by current smokers who have become dual users of tobacco and e-cigarettes.
- Evidence on the long-term health risks from use of e-cigarettes for the user and bystanders is not yet available. There is therefore a risk there may be additional costs

³ ASH factsheet 33: Use of electronic cigarettes in Great Britain. May 2015
<http://www.ash.org.uk/information/facts-and-stats/fact-sheets>

⁴ ASH factsheet 33: Use of electronic cigarettes in Great Britain. May 2015
<http://www.ash.org.uk/information/facts-and-stats/fact-sheets>

⁵ Smoking Toolkit Study. Trends in electronic cigarette use in England. Updated 23rd April 2015
<http://www.smokinginengland.info/latest-statistics/>

⁶ Paragraph 372 of the Public Health (Wales) Bill Explanatory Memorandum. June 2015.

⁷ Use of electronic cigarettes (vapourisers) among adults in Great Britain. 21 May 2015.
<http://www.ash.org.uk/information/facts-and-stats/fact-sheets>

⁸ Background Paper on E-cigarettes (Electronic Nicotine Delivery Systems). Rachel Grana, PhD MPH; Neal Benowitz, MD; Stanton A. Glantz, PhD. Center for Tobacco Control Research and Education University of California, San Francisco WHO Collaborating Center on Tobacco Control. Prepared for World Health Organization Tobacco Free Initiative December 2013.

to the NHS in Wales associated with e-cigarette use, including use in enclosed public places, in the long-term.

- There is some evidence that ex-smokers who use e-cigarettes for smoking cessation may relapse back to smoking. For example, one study suggests that about 6% of former smokers who used e-cigarettes daily relapsed to smoking after one month, and also 6% after one year⁹. It is therefore arguable that there is already some fluidity in e-cigarette use among ex-smokers.

I recognise that definitive evidence as to whether or not e-cigarettes are re-normalising smoking behaviours, and will lead to an increase in smoking prevalence and uptake, does not exist currently. Therefore, all costs expressed are potential and any potential costs to the health service or other service in Wales associated with this provision need to be balanced against the potential cost savings as a result of this provision preventing smoking uptake, particularly among children and young people. The EM sets out how this provision would have to prevent a minimum of 36 people in Wales from taking up tobacco smoking over the five year period and a maximum of 237 to be cost neutral.¹⁰ We estimate roughly 25,000 11-16 year olds in Wales have experimented with e-cigarettes, almost half of which have never tried tobacco.¹¹ Using these data, this provision would have to prevent the uptake of smoking by less than 2% of the 11-16 year olds in Wales who have experimented with e-cigarettes and who had not previously tried tobacco in order to be cost neutral.

The EM will be updated during the Bill process with the latest data as it becomes available.

Information on the number of test purchases currently undertaken in Wales

Test purchasing in Wales currently covers a range of areas, including age restricted products, delivery of alcohol and rogue trading. As test purchasing is conducted by both local authorities and police forces, and is planned at a local level, there are difficulties in determining a complete overview of the number of test purchases taking place in Wales.

In 2012-13, the latest period for which data are currently available, there were 841 alcohol purchase attempts, with 73 resultant sales.¹² In 2013-14, there were 185 tobacco purchase attempts, with 13 resultant sales.¹³

⁹ Etter JF and C Bullen A longitudinal study of e-cigarette users. *Addict Behav* 2014. 39 (2): p 491-4

¹⁰ See paragraph 414 of the Explanatory Memorandum to the Public Health (Wales) Bill. Based on an estimate that, on average, preventing the uptake of smoking results in an average one year life gain per individual which is valued at £60,000 per person.

¹¹ One of the key findings in a BMJ published paper on e-cigarette use among young people in Wales by DECIPHer was that whilst never smokers are much less likely to report e-cigarette use, as the group of never smokers is by far the larger, in absolute terms it included almost as many young people who had used an e-cigarette a few times than the smaller group of smokers. Moore G, Hewitt G, Evans J, et al. Electronic-cigarette use among young people in Wales: evidence from two cross-sectional surveys. *BMJ Open* 2015;5: e007072. doi:10.1136/bmjopen-2014-007072 <http://bmjopen.bmj.com/> In press

¹² WHOTS Age Restricted Sales Update February 2014

¹³ Information provided by WHOTS

In March 2013 South Wales Police conducted 9 online test purchases of alcohol, to be delivered to 15 and 16 year old volunteers over a three day period. These targeted major supermarkets and not smaller retailers. Out of the 9 attempts 4 were delivered.¹⁴

It is expected that local authorities will use the national register of retailers of tobacco and nicotine products to assist their enforcement planning, which will enable local authorities to carry out test purchasing from smaller retailers who offer delivery services.

I hope that the information provided in this letter answers the questions raised by Committee members.

Best wishes,

Mark.

Mark Drakeford AC / AM

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Minister for Health and Social Services

¹⁴ <http://www.bbc.co.uk/news/uk-wales-23124507>