

# Ending tobacco smoking in Britain

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Radical strategies for prevention and  
harm reduction in nicotine addiction

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A report by the Tobacco Advisory Group of the Royal College  
of Physicians, September 2008



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of Physicians

Setting higher medical standards

## Acknowledgements

The authors thank Joanna Reid, Hannah Thompson and Suzanne Fuzzey of the RCP Publications Department for editing and producing this report.

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*Citation for this document:* Royal College of Physicians. *Ending tobacco smoking in Britain: radical strategies for prevention and harm reduction in nicotine addiction.* A report by the Tobacco Advisory Group of the Royal College of Physicians. London: RCP, 2008.

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ISBN 978-1-86016-345-6

## Royal College of Physicians of London

11 St Andrews Place, London NW1 4LE  
www.rcplondon.ac.uk  
Registered Charity No 210508

Designed and typeset by the Publications Department of the Royal College of Physicians

Printed in Great Britain by  
The Lavenham Group Ltd, Suffolk

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## Members of the Tobacco Advisory Group of the Royal College of Physicians

John Britton (*Chair*)

Deborah Arnott

Tim Coleman

Linda Cuthbertson

Anna Gilmore

Christine Godfrey

Allan Hackshaw

Martin Jarvis

John Macfarlane

Ann McNeill

Jennifer Percival

Mike Ward

## Why we need radical solutions to the smoking epidemic

- ▶ More than one in five adults, or 10 million people, in the UK smoke tobacco.<sup>1</sup>
- ▶ Tobacco smoking kills more people and contributes more to social inequalities in health in the UK than any other avoidable factor.
- ▶ Preventing smoking will therefore improve UK public and individual health, and reduce health inequalities, more than any other intervention available to government.
- ▶ Conventional tobacco control policies as advocated by the World Health Organization (WHO) and the World Bank reduce the prevalence of smoking by preventing uptake and encouraging cessation.<sup>2,3</sup>
- ▶ Most of these measures have now been implemented in the UK,<sup>4</sup> where smoking prevalence has been falling by about 0.4 percentage points per year over recent years.<sup>5</sup>
- ▶ Experience from other countries indicates that, at best, conventional tobacco control measures reduce smoking prevalence by between 0.5 and 1.0 percentage point per year.<sup>6–9</sup>
- ▶ At these rates it will take between 11 and 22 years to reduce the prevalence of smoking in the UK by half and, even then, around 5 million UK citizens will still smoke.
- ▶ Half of these lifelong smokers will die prematurely, typically losing 10 years of life, as a result of smoking.<sup>10</sup>
- ▶ Preventing these deaths would be a major benefit to the nation's health, but will require more extensive and radical approaches than are currently in place.
- ▶ We have argued previously that in addition to conventional approaches, harm reduction strategies offer a major opportunity to reduce the prevalence and health impacts of tobacco smoking.<sup>11,12</sup>
- ▶ In this document we propose an extensive range of conventional policy developments and harm reduction strategies that we believe would substantially increase the rate of decline in smoking prevalence in the UK.
- ▶ We also call again for substantial reform of the current irrational regulatory systems that apply to nicotine products in the UK as a fundamental requirement for more effective and comprehensive tobacco control policy in the future.<sup>12</sup>

## What are conventional approaches to preventing smoking, and how do they work?

- ▶ Conventional tobacco control measures reduce the prevalence of tobacco smoking through the combined effect of a range of policies,<sup>2,3</sup> including:
  - ▶ increasing the cost of cigarettes and other smoked tobacco products
  - ▶ making public places and workplaces smoke-free
  - ▶ preventing advertising, sponsorship and other forms of promotion

- ▶ sustained and imaginative health promotion campaigns
- ▶ strong health warnings on packs
- ▶ providing treatment for smokers who want to quit
- ▶ preventing supply of tobacco products to children and young people.
- ▶ To varying degrees, all of these policies are now implemented in the UK.<sup>4</sup>
- ▶ They work by reducing incentives to young people to start smoking, increasing incentives to existing smokers to quit smoking, and supporting those who try to quit.
- ▶ Collectively they help to ‘denormalise’ smoking in society.
- ▶ Denormalising smoking, and hence reducing exposure to smoking products and role models, appears to be the most effective way to prevent the uptake of smoking by young people.<sup>13</sup>
- ▶ It is therefore important to maximise the effectiveness of these conventional measures.
- ▶ It is also important to harness the potential of other approaches, particularly harm reduction.

### **What is harm reduction, and how would it work for smoking?**

- ▶ Harm reduction strategies are measures intended to reduce the harm to self and others arising from a behaviour.
- ▶ Harm reduction measures are widely used in medicine, consumer protection and other policy areas, but have not to date been applied to tobacco smoking.
- ▶ People smoke because they are addicted to nicotine, but nicotine itself is not especially hazardous; it is the other constituents of tobacco smoke that cause most of the harm.<sup>12</sup>
- ▶ Harm reduction is therefore feasible in tobacco smoking by providing smokers with nicotine from a source that does not involve inhaling tobacco smoke.
- ▶ Use of smoke-free nicotine would benefit smokers directly by reducing the personal harm caused by nicotine addiction.
- ▶ Use of smoke-free nicotine by smokers would also reduce involuntary exposure of others, particularly children, to tobacco smoke.
- ▶ Use of smoke-free nicotine would help to denormalise smoking, decrease exposure of children and young people to smoking role models, and hence reduce uptake of smoking.

## What is the safest way to provide nicotine without smoke?

- ▶ The safest form of nicotine is medicinal or ‘pure’ nicotine, such as that contained in nicotine replacement therapy (NRT) products including skin patches and chewing gum.
- ▶ Medicinal nicotine is by far the safest alternative to smoking, other than quitting nicotine use altogether.
- ▶ However, although helpful, few smokers find NRT to be a satisfying alternative to smoking.
- ▶ This is partly because NRT products deliver lower doses of nicotine, and deliver them more slowly, than cigarettes.<sup>14</sup>
- ▶ NRT products are also uncompetitive with cigarettes in other important characteristics, including price, packaging, promotion and availability.
- ▶ Current NRT products therefore need to be made more affordable and available, to increase their use as quitting aids.
- ▶ Use of existing products as a temporary substitute for smoking (for example, in the home), or as a long-term substitute for smoking by those unable to quit, also needs to be encouraged.
- ▶ In addition, new, more effective, affordable and acceptable forms of medicinal nicotine are needed to help smokers quit and to provide a satisfactory alternative to smoking for those unable to do so.
- ▶ However, little progress has been made in developing such alternatives, for several reasons:
  - ▶ NRT products are strictly regulated, as are all medicinal drugs, making it very expensive to develop, evaluate and bring new products to market, and limiting promotion and advertising.
  - ▶ NRT products with the potential to be strongly competitive with cigarettes would almost certainly be addictive, which under current regulations would result in strict restrictions on promotion and use.
  - ▶ The major pharmaceutical companies have proved reluctant to engage in the production and marketing of nicotine products for use in harm reduction.
  - ▶ The regulatory obstacles make it difficult for new competitors to enter the medicinal nicotine market with more innovative, effective or affordable products.
- ▶ The regulations that apply to NRT thus inhibit rather than promote the development of better medicinal nicotine products, and are therefore counterproductive to public health.

## What are the alternatives to medicinal nicotine?

- ▶ Nicotine can also be obtained without smoke from a range of tobacco products, usually referred to as 'smokeless' tobacco.
- ▶ These include traditional products such as nasal snuff and chewing tobacco, and also a range of compressed tobacco tablets for oral use.<sup>15</sup>
- ▶ Before the advent of cigarettes, smokeless products were widely used in the UK; they still are in some parts of the world.
- ▶ All of these products contain nicotine, and some deliver nicotine in high doses.<sup>14,16</sup>
- ▶ They also contain other tobacco constituents, including many that are harmful.<sup>15,17</sup>
- ▶ All smokeless tobacco products are therefore more hazardous than medicinal nicotine, and in some cases especially so,<sup>15,17</sup> but all are also substantially less hazardous than smoking.<sup>15</sup>
- ▶ It is possible that some of the associated tobacco characteristics of these products, such as taste and smell, help to make them acceptable to smokers as a substitute for tobacco smoking.
- ▶ In Sweden, the availability and use by men of an oral tobacco product called snus, one of the less hazardous smokeless tobacco products, is widely recognised to have contributed to the low prevalence of smoking in Swedish men and consequent low rates of lung cancer.<sup>12,15,18,19</sup>
- ▶ Sale of snus is prohibited in other countries of the European Union, but the product is available in Norway where uptake to date has been low and with no appreciable influence on smoking prevalence.<sup>15</sup>
- ▶ However, the Swedish data provide proof of concept that substitution of smokeless for smoked tobacco can be effective as a harm reduction strategy.

## How should harm reduction be incorporated into conventional tobacco control?

- ▶ The conventional tobacco control measures currently being implemented in the UK need to be developed, extended and refined to make them as effective as possible.
- ▶ Harm reduction strategies using currently available medicinal nicotine products should be implemented as a matter of high priority, as an addition to these conventional measures.
- ▶ The use and development of more innovative and effective medicinal nicotine substitutes for smoking should be encouraged.
- ▶ Safeguards to prevent abuse and minimise unwanted effects of harm reduction, and particularly the use of nicotine products by non-smokers, must be put in place.
- ▶ The role of non-medicinal nicotine products, including smokeless tobacco, as a complement to medicinal nicotine could then be given further consideration and, if judged

on clinical trial evidence of effectiveness and relative hazard to have the potential to contribute significant additional benefit, market tested under close supervision.

- ▶ Current nicotine product regulation must undergo radical reform to allow the above to happen as safely and as quickly as possible.

## **How are nicotine products regulated at present?**

- ▶ Nicotine products are currently subject to grossly inconsistent regulation.
- ▶ Smoked tobacco, which is the most dangerous nicotine product, is freely available and the content and emissions of the product are virtually unregulated.
- ▶ It is now illegal to advertise smoking products in the UK, but cigarettes are available and easily accessible to smokers from a wide range of sources at all times of day and night.
- ▶ NRT products promoted with any health claim come under the control of the Medicines and Healthcare products Regulatory Agency (MHRA), and are tightly regulated.
- ▶ Non-tobacco nicotine products marketed with no health claims are currently unregulated, so their purity and safety are unknown.
- ▶ Smokeless tobacco that is not intended to be sucked, including a number of products with significant hazard profiles, is unregulated and can be sold as freely as smoked tobacco.
- ▶ Supply of smokeless tobacco that is intended to be sucked, including the relatively low-hazard Swedish snus products, is prohibited in the UK.<sup>20</sup>
- ▶ This regulatory imbalance perpetuates smoked tobacco as the most freely available, affordable, effective and widely used nicotine delivery product.
- ▶ The current regulatory system therefore strongly favours the most dangerous tobacco products over those that are less hazardous, while imposing the strictest restrictions on medicinal nicotine.
- ▶ This regulatory approach needs to be reformed in the interests of public health.

## **How should nicotine regulation be reformed?**

- ▶ We propose that all nicotine products should be brought under the control of a single authority (here referred to as a Nicotine Regulatory Authority) tasked to provide a single, consistent framework which regulates products in direct relation to their hazard.
- ▶ The Nicotine Regulatory Authority should also be responsible for implementing the measures necessary to drive down the prevalence of tobacco smoking as quickly as possible, and for monitoring progress in achieving this objective.
- ▶ The measures used by the Authority should include initiatives to maximise the effectiveness of conventional tobacco control, complemented by harm reduction approaches.

- ▶ These measures, as follow, relate to four defined categories of nicotine products:
  - ▶ smoked tobacco
  - ▶ existing medicinal nicotine products
  - ▶ new medicinal nicotine products
  - ▶ non-medicinal smoke-free nicotine products.

## 1 Smoked tobacco

- ▶ **The primary objective of regulation of smoked tobacco should be to make smoking and smoked tobacco products as unappealing, unattractive, unaffordable and unavailable as possible, as quickly as possible.**
- ▶ **A secondary objective is to require product modifications likely to reduce the hazard of the product.**
- ▶ **All of the following measures have the potential to make a significant contribution:**

### *Increase the retail price of smoked tobacco*

- ▶ Use tax to increase the retail price of all cigarettes, cigars and other smoked tobacco products by at least 10%, year on year.
- ▶ Add further incremental increases to the cost of hand-rolling tobacco to remove the current price differential between manufactured and hand-rolled cigarettes.
- ▶ Underpin this price strategy with measures to reduce substantially the availability of smuggled and counterfeit tobacco products.

### *Reduce the availability of smuggled and counterfeit tobacco*

- ▶ Require all tobacco products manufactured, sold, supplied, or offered for sale or supply in the UK to be overtly and covertly marked so they can be traced throughout the supply chain with checks that all applicable taxes and duties have been paid.
- ▶ Enable authorities to identify, trace, freeze, seize, confiscate, destroy or otherwise dispose of property used in, and proceeds derived from, illicit trade in tobacco.
- ▶ Reform the penalties applied to participants in illicit trade in tobacco products to achieve parity with those applied to Class A drugs.
- ▶ Hold individual tobacco company directors personally liable to prosecution if they fail to exercise due care to ensure that their products do not enter the illicit market.
- ▶ Identify and implement measures to incentivise the police, trading standards, customs and excise and other enforcement agencies to prioritise tobacco smuggling and counterfeiting for investigation.
- ▶ Set challenging targets for all relevant government departments to reduce the market share of smuggled and counterfeit tobacco products.
- ▶ Establish accurate and timely systems to monitor the availability and use of smuggled and counterfeit smoking tobacco in the UK.

- ▶ Cooperate fully with international initiatives to combat illicit trade in tobacco.<sup>21</sup>

### *Reduce the retail availability of smoked tobacco*

- ▶ License all existing retail tobacco outlets.
- ▶ Prosecute and revoke the retail licence of anyone who sells tobacco illegally.
- ▶ Set and progressively increase a minimum annual retail licence fee sufficient to discourage small retailers from selling tobacco.
- ▶ Add a proportional levy on sales to discourage larger volume retailers.
- ▶ Progressively reduce, year on year, the number of licensed retailers.
- ▶ Set a high start-up fee to discourage establishment of new retail tobacco outlets.
- ▶ Prohibit internet purchase of smoked tobacco.
- ▶ Restrict the number of hours each day during which tobacco products can be sold.
- ▶ Prohibit tobacco company incentives to retailers to increase promotion or sale.
- ▶ Prohibit sale of smoked tobacco products from vending machines.

### *Prevent promotion of smoking and tobacco brand imagery*

- ▶ Continue to monitor and enforce the existing prohibition of advertising and promotion, including internet sites.
- ▶ Prohibit all display of smoked tobacco products and related point-of-sale displays.
- ▶ Prohibit the advertising and promotion of tobacco accessories such as cigarette papers.
- ▶ Discourage the promotion of smoking through television and cinema by:
  - ▶ ensuring that all new films that endorse, glamourise, encourage or otherwise condone smoking are age certified to the same extent as those depicting violence, explicit sexual behaviour or illegal drug use
  - ▶ ensuring that TV programmes that condone, glamourise, encourage or otherwise endorse smoking are not shown before the 9pm watershed.
- ▶ Require plain generic packaging for all smoked tobacco products.
- ▶ Require tobacco companies to provide detailed information on marketing spending.

### *Protect children*

- ▶ Prohibit sale of smoked tobacco products in premises to which children are admitted.
- ▶ Require proof of age for purchase from all who appear to be under 25 years of age.
- ▶ Apply Class A drug penalties to individuals who breach laws on underage sale.
- ▶ Promote strategies, including use of medicinal nicotine for temporary abstinence, to protect children from passive smoke exposure in the home and in cars.

### *Inform the public*

- ▶ Deliver a sustained and varied programme of media campaigns covering, for example:
  - ▶ the benefits of quitting smoking
  - ▶ the risks of passive smoke exposure in the home
  - ▶ the effects of smoking by role models on uptake in children
  - ▶ ways of quitting smoking and effective use of cessation therapies
  - ▶ harm reduction through use of medicinal nicotine instead of smoking
  - ▶ tobacco industry tactics, including messages aimed at recruiting children.
- ▶ Replace the listing of tar and nicotine contents of smoke on cigarette packs with more accessible and effective communications on content of harmful substances.
- ▶ Increase the size of pictorial health warnings on cigarette packs, put warnings on all sides of the pack, and continue to improve and vary the warning messages and images.
- ▶ Use the pack and all media campaigns to promote NHS stop smoking services.
- ▶ Work with retailers to encourage promotion of harm reduction and cessation.

### *Improve smoked tobacco emissions, reduce fire hazard and control development*

- ▶ Compel manufacturers to disclose full details of design, content and emissions of tobacco products.
- ▶ Establish and resource a data repository to make this information available to government, independent experts and academics.
- ▶ Prohibit new smoked tobacco brands, brand extensions or flavours unless supported by persuasive evidence of appreciably reduced harm in relation to existing products.
- ▶ Prohibit use of additives or other measures that make smoke more palatable to new users, or increase nicotine content or delivery.
- ▶ Require existing methods of reducing the toxicity of the product, such as measures to reduce nitrosamine content, to be implemented throughout the industry.
- ▶ Reduce fire risks by implementing reduced ignition propensity regulations.

## **2 Existing medicinal nicotine products**

- ▶ **Existing medicinal nicotine products comprise those currently licensed as NRT.**
- ▶ **The primary objective of regulating this product group is to make them as available and attractive to smokers as possible, and to encourage smokers to switch as completely as possible to use of medicinal nicotine in place of smoking.**
- ▶ **A secondary objective is then to encourage as many medicinal nicotine users as possible to quit all nicotine use.**

- ▶ **The following measures are likely to promote wider accessibility to, experimentation with, and subsequent use of medicinal nicotine by smokers:**

#### *Reduce the retail purchase cost of medicinal nicotine*

- ▶ Permanently exempt all medicinal nicotine products from value added tax (VAT).
- ▶ Assess the current pricing structure and profit margins of existing medicinal nicotine products, and if possible act to reduce the cost to the consumer.
- ▶ Provide incentives to promote price competition in over-the-counter sales.
- ▶ Encourage retail sale of single day packs at significantly lower price than smoked tobacco.
- ▶ Provide medicinal nicotine free for all smokers using NHS services.

#### *Increase availability and incentives to try NRT*

- ▶ Revoke restrictions on sale of medicinal nicotine, making all products available for over-the-counter general sale in any retail outlet.
- ▶ Encourage innovative design, promotion and marketing of single day packs.
- ▶ Require medicinal nicotine to be displayed prominently for sale wherever tobacco is on sale.
- ▶ Allow medicinal nicotine to be sold from vending machines.
- ▶ Replace the current extensive list of contraindications and cautions in medicinal nicotine packs with simple consumer information outlining the potential risks of medicinal nicotine and comparing these with smoking.

#### *Inform the public on the safety and optimal use of medicinal nicotine*

- ▶ Reform advertising and promotion rules to encourage commercial marketing of medicinal nicotine as cessation therapy or a temporary or sustained substitution for smoking, or both.
- ▶ Encourage media campaigns communicating:
  - ▶ that medicinal nicotine offers the satisfying constituent of the cigarette without the hazard of smoke
  - ▶ the absolute and relative risks of nicotine and smoking
  - ▶ optimal use of nicotine products, including background and short-acting combination therapy, and appropriate duration of use
  - ▶ use of medicinal nicotine for temporary abstinence, particularly in the home
  - ▶ use of nicotine to support quit attempts.

### **3 New medicinal nicotine products**

- ▶ **The objective of regulating new medicinal nicotine products is to encourage development and marketing of medicinal-grade formulations that are more acceptable and satisfying alternatives to smoking than current NRT products.**
- ▶ **The following measures are intended to encourage innovation and development of products that deliver nicotine to medicinal standards of purity that share the safety profile of existing medicinal nicotine products, and offer an improved experience to the smoker:**

#### *Provide clear guidance on what constitutes a medicinal product*

- ▶ Define pragmatic minimum nicotine purity standards for medicinal products.
- ▶ Indicate acceptable limits for inclusion of other constituents necessary to achieve favourable formulations and delivery profiles.
- ▶ Define medicinal products as those that meet the above criteria.

#### *Implement a permissive licensing system for new medicinal products*

- ▶ Define acceptable limits for dose delivery equivalent to those delivered by tobacco smoking.
- ▶ Establish fast-track licensing for new medicinal products that deliver doses up to these limits for marketing as substitutes for tobacco smoking.
- ▶ Permit market access for these products as outlined for existing medicinal products.
- ▶ Revoke the current requirement to demonstrate efficacy as smoking cessation therapy as a prerequisite for licensing as a smoking substitute.
- ▶ Monitor use of new products to ensure that harm reduction is being achieved, and act to prevent adverse use or effects.

#### *Promote the development of fast-acting medicinal nicotine products*

- ▶ Provide strategic grant support to encourage development and marketing of new, more effective medicinal nicotine products.
- ▶ Require safety data in addition to that already available for medicinal nicotine products only if indicated by use of different routes of delivery (eg inhalation) or formulation, or if they deliver total doses in excess of those provided by smoking.
- ▶ Assess any risks or potential risks arising from the above in relation to the risk of smoking.
- ▶ In the absence of significant safety concerns arising from the above, permit market access as proposed above for other medicinal nicotine products.
- ▶ Require direct evidence of efficacy in cessation or temporary abstinence for products provided free through the NHS.
- ▶ Safeguard against irresponsible promotion through market monitoring.

### *Inform the public*

- ▶ Communicate potential health risks and benefits in absolute terms and relative to smoking on or in packs, using accessible language and/or imagery.
- ▶ Allow other marketing and promotion of new medicinal products in the above category as for existing medicinal products.

## **4 Non-medicinal smoke-free nicotine products**

- ▶ **Non-medicinal smoke-free nicotine products are those that deliver nicotine below the medicinal purity standard defined above for new medicinal products, or use a delivery system or formulation that is a potential hazard to the user.**
- ▶ **Smokeless tobacco products fall into this category, as do other existing or potential new products that do not meet the above criteria for existing or new medicinal nicotine products.**
- ▶ **These products have the potential to offer an alternative substitute for smoking, and a possible route to cessation, for some smokers who would otherwise continue to smoke.**
- ▶ **However, the hazard associated with their use is likely to be higher than medicinal products, and in some cases especially so.**
- ▶ **The objective of regulating this group of products is to realise any real benefit that these products might offer as an alternative to existing or new medicinal nicotine products, while minimising the hazard to the user.**
- ▶ **Any potential benefit arising from availability and use of such products is likely to be realised by applying the following principles to their use:**

### *Allow limited market access to low-hazard harm reduction products of proven efficacy*

- ▶ Allow restricted sale of nicotine products that do not meet medicinal purity standards, or have other characteristics likely to represent an appreciable hazard to the user, on condition of:
  - ▶ complete disclosure of design, content and, if relevant, product emissions
  - ▶ evidence that all reasonable attempts have been made to minimise the likely hazard of the product
  - ▶ clinical trial evidence of efficacy as a smoking cessation aid, or effective smoking substitute for temporary abstinence, of at least the same efficacy and acceptability to smokers as existing medicinal nicotine products.

### *Prohibit the more hazardous existing and new non-medicinal products*

- ▶ Prohibit the sale of all non-medicinal products, including existing conventional smokeless tobacco products, that do not meet the above conditions.

### *Manage the availability and promotion of permitted non-medicinal products*

- ▶ Restrict marketing of these products to licensed tobacco retailers, as alternatives to smoking.
- ▶ Permit above counter display only in licensed tobacco retailers.
- ▶ Prohibit sale to people under the age of 18.
- ▶ Allow promotion only as a smoking substitute and/or cessation aid for existing smokers.
- ▶ Monitor promotion outcomes to ensure that, as far as is reasonably possible, brand awareness is limited to adult smokers.
- ▶ Require promotion and packaging to carry information on health risks in absolute terms, and relative to both cigarette smoking and medicinal nicotine use.

### *Apply strategic pricing policies*

- ▶ Require all permitted products in this category to be marketed at a significant price advantage relative to smoking tobacco.
- ▶ If necessary, use tax to achieve a retail price differential relative to medicinal nicotine and smoked tobacco that is commensurate with the likely hazard of the product.
- ▶ Thus ensure that these products are typically more expensive and less available than medicinal products, but less expensive than smoked tobacco.

### *Prevent use as vehicles for smoked tobacco brand promotion*

- ▶ Prohibit shared branding or imagery with smoked tobacco products.

### *Assess and review marketing strategies and effects*

- ▶ Commit to early and regular review of the introduction of the above changes.
- ▶ Monitor use and uptake of non-medicinal products and act to minimise counterproductive trends.
- ▶ Consider relaxation of market restrictions if initial experience is judged likely to be beneficial to overall harm reduction strategy.

## Regulating, monitoring and managing nicotine product use: the need for a Nicotine Regulatory Authority

- ▶ No single body is currently responsible for implementing rational regulation across the range of nicotine products.
- ▶ Although one or more existing regulatory agencies could be tasked with nicotine regulation, we believe that the nature of the task requires specific skills and focus that are most likely to be delivered effectively by a new authority with sole responsibility for nicotine product regulation and monitoring.<sup>11</sup>
- ▶ This new Nicotine Regulatory Authority must be entirely independent from the pharmaceutical, tobacco or other industries producing nicotine products.
- ▶ The Authority should be responsible for reforming nicotine product regulation and use along the lines argued in this document.
- ▶ The Authority should also have the power to act promptly and as necessary to capitalise on successful approaches, deal with problems, close loopholes and counteract unforeseen adverse effects arising from these changes.
- ▶ The Authority should therefore be charged with full responsibility and the necessary powers to:
  - ▶ regulate all nicotine products
  - ▶ respond to new or unforeseen developments with a remit to act in the best public health interest
  - ▶ undertake product testing and checking where appropriate
  - ▶ monitor price and consumption trends and act to promote use of the least hazardous products
  - ▶ set tax levels to promote use of the least hazardous products
  - ▶ work with external agencies to oversee and police retail sale of smoked tobacco, and reduce smuggling and other illicit sale or supply
  - ▶ work with NHS services to optimise stop smoking service delivery
  - ▶ carry out all other activities outlined in this document, or others relevant to the remit.
- ▶ The Authority will therefore need to establish frequent and timely monitoring of the nicotine product market to:
  - ▶ track changes in prevalence of use of different nicotine products
  - ▶ monitor promotion methods and advertising claims
  - ▶ monitor the impact of new developments on the market
  - ▶ identify and prevent abuses of marketing and promotion
  - ▶ identify and reverse trends in use likely to be counterproductive to public health.

- ▶ The Authority should also monitor and act as above in relation to specific minority or special needs groups, including ethnic minorities, pregnant women, children and young people.
- ▶ The Authority would need to be staffed and resourced to provide the multidisciplinary and multiagency skills, and the implementation processes, necessary to fulfil the remit.
- ▶ Delivering on the remit will have significant cost implications.
- ▶ The Authority should be funded through tax on the most hazardous nicotine products.
- ▶ Establishment of such an Authority will take time; proposals for smoked tobacco and medicinal nicotine outlined above that can be implemented within existing regulatory structures should be implemented as soon as possible.

### **Other roles of the Nicotine Regulatory Authority**

- ▶ The Authority should work closely with other government departments and agencies to maximise tobacco control effects from the actions of others.
- ▶ The Authority should also act with the medical royal colleges and other relevant professional organisations to ensure that stop smoking services continue to expand the coverage and range of services provided for smokers who want to quit, and specifically ensuring that:
  - ▶ all smokers admitted to NHS hospitals are provided with individual cessation and/or harm reduction counselling, a trial dose of medicinal nicotine, and a more sustained supply if acceptable
  - ▶ GPs, secondary care specialists and other health professionals intervene effectively to promote smoking cessation or harm reduction in all of their patients who smoke
  - ▶ appropriate resources are put in place to support the above activity.
- ▶ The Authority should develop NHS stop smoking services to include harm reduction, relapse prevention and relapse management strategies.
- ▶ The Authority should encourage the development and use of existing and new cessation therapies and interventions.

### **Targets**

- ▶ For the immediate future the main objective will be to encourage discontinuation of smoking, by any available means.
- ▶ The longer-term objective will then be to encourage as many nicotine users as possible to discontinue all nicotine use.
- ▶ In the shorter term, this approach provides an opportunity to save thousands of lives.<sup>22</sup>
- ▶ Achieving these objectives will also substantially denormalise smoking in the UK, and thus radically reduce uptake of smoking by children and the young.

- ▶ Given that conventional tobacco control methods can reduce prevalence by up to one percentage point per year,<sup>6-9</sup> and that a harm reduction strategy (using an example based on a non-medicinal product) has been estimated to be likely to reduce smoking prevalence by a further 0.4 of a percentage point a year,<sup>23</sup> the Nicotine Regulatory Authority should be expected to achieve an average annual decline of at least 1.4 percentage points per year.
- ▶ The target for the Authority should therefore be to eradicate tobacco smoking from the UK by the year 2025.
- ▶ In the longer term this intervention will prevent millions of premature deaths, and improve the health and wellbeing of millions of adults and children in the UK.

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