

# Nicotine Wars

The Fight for Choice



Rob Lyons



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Rob Lyons  
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## About Forest

FOREST (Freedom Organisation for the Right to Enjoy Smoking Tobacco) was founded in 1979 to support and defend adults who choose to smoke a legal consumer product. We campaign against excessive regulations including comprehensive smoking bans and unnecessary government intrusion into people's personal lives and private spaces. We have campaigned against the smoking ban, the ban on the display of tobacco in shops, plain packaging and other anti-smoking measures we consider intrusive or unnecessary. High profile supporters include artist David Hockney, musician Joe Jackson and Oscar-winning screenwriter Sir Ronald Harwood.

## About the author

Rob Lyons is science and technology director at the Academy of Ideas and a columnist for the online magazine Spiked. He writes on a wide range of issues but takes a particular interest in issues around the economy, environment, food, energy and risk. He is also convenor of the AoI Economy Forum. He is author of *Panic on a Plate: How society developed an eating disorder* (2011) and has written reports on sugar taxes and the impact of the smoking ban on pubs. He is a frequent commentator on TV and radio.

## Foreword

ACCORDING to Peter Nixon, managing director of Philip Morris UK, “There is no reason why people should smoke anymore.” This comment – inflammatory to many smokers – is just the latest in a series of statements issued by the tobacco giant over the past three years.

Others include the headline-grabbing claim that the company wants to stop selling cigarettes in the UK by 2030. Another was the announcement, in September 2017, that Philip Morris International will donate one billion dollars to a new organisation, the Foundation for a Smoke-Free World, over twelve years.

If smokers won’t quit, the company wants consumers to switch to products such as e-cigarettes and heated tobacco. I don’t doubt the company’s commitment to tobacco risk reduction – an honourable cause that Forest fully supports – but abandoning long-standing customers who enjoy smoking and don’t want to stop is questionable and quite insulting compared to the more liberal strategy of ‘extending choice’ to consumers.

There is a good reason why millions of adults continue to smoke and it is not because they are all addicted to nicotine. Research shows that it’s because a great many smokers enjoy smoking and *don’t* want to quit or switch. They know the health risks but the pleasure is such that they choose to continue smoking.

Public Health England and Action on Smoking and Health also advocate vaping in preference to smoking on the not unreasonable grounds that, on current evidence, vaping is a significantly safer alternative. It is increasingly clear however that the long-term goal of many public health campaigners is not a ‘smoke free’ world but a nicotine free world. Vaping, in their mind, is merely a step towards that joyless, puritanical target.

Meanwhile their immediate aim is a society in which smoking is not just ‘out of sight and out of mind’ but completely ‘eradicated’ from existence. To achieve that ambition they will support or promote almost any policy – smoking bans, punitive taxation, standardised packaging, ‘legally-binding’ smoking cessation targets – in order to ‘help’ smokers quit.

Sadly it is not just governments, public health campaigners, the World Health Organisation and Philip Morris whose goal is a 'smoke-free' world. Many vaping activists are also committed to a future in which two billion smokers have quit or switched to e-cigarettes. A billion lives will be saved and we'll all live happily ever after, or so we are told. What is clear is that relatively few advocates of vaping are genuine champions of choice.

And this is where Forest comes in. As the name, Freedom Organisation for the Right to Enjoy Smoking Tobacco, suggests, our primary aim is to defend the interests of adults who enjoy smoking tobacco. In practice however we don't discriminate between different nicotine products nor do we discriminate between smokers and vapers, many of whom are dual users.

When we're asked to defend vaping, or criticise regulations designed to restrict unreasonably the sale and use of e-cigarettes, we speak out. Our message is clear: choice and personal responsibility are paramount. As long as you don't harm others, your lifestyle – including your choice of nicotine product – is nobody's business but your own.

As a lifelong non-smoker I don't care if you smoke, vape, use snus (an oral form of tobacco currently prohibited in the UK) or do none of these things. That's your choice and I'll 'die in a ditch', to coin a phrase, to defend it. Unfortunately many vapers seem to have a limited grasp of what choice actually means. Siding with tobacco control against smoking has become commonplace when smokers and vapers should be fighting side by side.

Some vapers are even opposed to heated tobacco, a product they apparently see as a threat to e-cigarettes. Personally I'm delighted that, as well as e-cigarettes, tobacco companies are developing reduced risk products that appeal to smokers who don't want to give up tobacco. Time will tell but I think there's room for both devices, and other products yet to be invented.

The reality is, e-cigarettes are not universally popular with smokers. Research commissioned by Forest in 2016 and conducted by the Centre for Substance Use Research (CSUR) surveyed over 600 committed smokers and found that, although many had tried vaping, they still preferred to smoke because smoking gave them greater pleasure.

The crucial thing is to offer smokers a choice of traditional tobacco products and reduced risk devices, inform and update them with the latest evidence about the risks and benefits, and empower them to make their own informed choices. In short, let the people – not politicians or over-zealous public health campaigners – decide. Most important, respect their choice, even if you disagree with it.

Finally, thanks to Rob Lyons for writing this booklet about the choices currently available to consumers of nicotine in the UK, and for reasserting the values for which Forest has spent 40 years campaigning – freedom of choice and personal responsibility.

Simon Clark  
Director, Forest  
October 2019



## Introduction

JEAN NICOT de Villemain, usually known simply as Jean Nicot, was a sixteenth century French diplomat. In 1559 he was sent to Lisbon to broker a marriage between the daughter of King Henry II of France and Sebastian, the infant king of Portugal – an endeavour in which he failed. But while there he was introduced to tobacco by a Portuguese humanist, Damião de Góis, who extolled tobacco's medicinal properties. A year later Nicot sent tobacco seeds to the French queen, Catherine of Medici, and the following year gave her tobacco leaves, with instructions on how to turn the leaves into a powder to be snorted as a headache remedy. The remedy soon became popular among members of the French court.<sup>1</sup>

In 1586 Sir Walter Raleigh returned from America with colonists who brought tobacco, among other exotic items, and smoking caught on in the English court too.<sup>2</sup> But not everyone approved. King James I was driven to write *A Counterblaste to Tobacco* in which he described smoking tobacco as 'a custome lothsome to the eye, hatefull to the Nose, harmefull to the braine, dangerous to the Lungs, and in the blacke stinking fume thereof, neerest resembling the horrible Stigian smoke of the pit that is bottomelesse'.<sup>3</sup> James later introduced the first tobacco tax.

Nonetheless the genie was out of the bottle. The use of tobacco, both smoked and as snuff, became more and more popular. But what was it about tobacco that people enjoyed so much? The psychoactive ingredient in tobacco was first isolated from the plant in 1828 by two Germans, physician Christian Wilhelm Posselt and chemist Karl Ludwig Reimann. It was named 'nicotine' after Nicot. Nicotine is an interesting substance. It is extremely poisonous in sufficient quantities – between 40 and 60 mg is lethal – but doses of that level are rare. (A typical cigarette will lead to the absorption of about two mg.) Nicotine is a 'biphasic' drug, acting as a stimulant at first but then producing a sedative

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1 Jean Nicot, Britannica.com <https://tinyurl.com/nicwars-nicot>

2 Introduction of tobacco to England, *Historic UK* <https://tinyurl.com/nicwars-tobacco-eng>

3 A Counterblaste to Tobacco - full text <https://tinyurl.com/nicwars-counberblaste>

effect, but it is not intoxicating like alcohol or other drugs.<sup>4</sup> This calming effect without intoxication made nicotine the drug of choice for both the hard-pressed worker and the under-fire soldier.

Nicotine remains hugely popular around the world. While long consumed in pipes and as snuff, nicotine's most popular 'delivery system' has been the machine-rolled cigarette, first produced in the US in the late nineteenth century. But the cigarette turned out to be the biggest problem with tobacco. It provided a convenient means to get a quick 'hit' of nicotine by absorption through the lungs, unlike other ways of consuming it which rely on more gradual absorption through the lining of the mouth or nose. By the 1930s researchers in Nazi Germany had realised the dangers of cigarette smoking but it was a classic epidemiological study by Austin Bradford Hill and Richard Doll in the Fifties, surveying the smoking habits of doctors and comparing their rates of lung cancer, that most famously confirmed the health risks of smoking and brought them to wider attention.<sup>5</sup>

Yet for all the warnings, advice and regulation of tobacco since then, nicotine remains a popular habit with around 1.1 billion smokers in the world today.<sup>6</sup> Clearly, the joys of nicotine are felt by many people to outweigh the risks. That hasn't stopped the moral descendants of James I from trying to interfere with that pleasure. Indeed, anti-tobacco campaigns, built on moralism rather than medicine, were formed just a few years after the mass production of pre-rolled cigarettes began. But such moralism failed. It was only with the accumulation of evidence against cigarettes as a factor in disease – and a political turn towards state intervention in private lifestyle choices – that tobacco regulation took off. Indeed, as we shall see later, the evidence of tobacco's harms was widely known and officially publicised by the 1960s, with a concomitant decline in smoking rates, but it was only in the past 20 years that tobacco controls have really gathered pace. That

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4 Nicotine, Britannica.com <https://tinyurl.com/nicwars-biphasic>

5 The mortality of doctors in relation to their smoking habits, *British Medical Journal*, 1954 <https://tinyurl.com/nicwars-hill-doll>

6 Tobacco, World Health Organization, 9 March 2018 <https://tinyurl.com/nicwars-who-tobacco>

suggests that politics has been at least as important as medical evidence in the war on tobacco.

But the evidence about smoking's potential harms also provoked another response: could there be a safer way of consuming nicotine? As early as the late Sixties there were government-led attempts, backed by the tobacco industry, to produce safer cigarettes. These, too, fell foul of politics. As soon as there was firm evidence that smoking could be harmful there have been dividing lines between those endeavouring to reduce the harm caused by smoking and those who dislike the consumption of nicotine, full stop. For those who believe nicotine itself is the problem, the message to smokers has been brutal and blunt: quit or die. Any attempt to reduce the harm of consumption is regarded as a licence to carry on using nicotine. This message, and its pursuit in public policy, has almost certainly cost lives, the saving of which has long been the claimed purpose of anti-nicotine campaigners.

Moreover, battle lines have been joined between the proponents of different reduced-harm products. Snus, popular in Scandinavia, allows users to get their nicotine from tobacco directly placed against the user's gum, usually in small teabag-like pouches. Yet despite its low health risks, the sale of snus is banned across the EU with the exception of Sweden (although that didn't prevent it becoming popular among Premier League footballers in England.)<sup>7</sup> In the opposite corner are the pharmaceutical companies who are keen to defend the super-profits from medically approved nicotine replacement therapy (NRT) like patches, gums and inhalers. Such products do successfully deliver nicotine but the absence of the other elements of tobacco use, like flavour and physical ritual, make them seem rather clinical and sterile – an aid to quitting, at best, but not a pleasurable recreational tool in their own right.

In recent times the biggest development has been the electronic cigarette which better mimics both smoking's nicotine-delivery method and its physical actions and rituals. Most vapers

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<sup>7</sup> What is 'snus' and why are so many Premier League footballers using it?, *i news*, 30 March 2018 <https://tinyurl.com/nicwars-snus-epl>

are ex-smokers who have finally found a successful way to quit. Some are positively evangelical about e-cigarettes, often at the expense of smokers' rights. Many however are 'dual users', using electronic cigarettes and traditional cigarettes according to different moods and situations. A more recent development is the development of 'heat not burn' technologies that attempt to provide the experience and flavour of smoking tobacco without the dangerous combustion that produces so many unwanted and potentially harmful by-products.

One issue that has been largely absent from the discussion about nicotine has been choice. On the one hand, prohibitionists would like to see all nicotine products disappear except NRTs, and solely for use as a means to help smokers quit. On the other hand, there is an anything-but-tobacco school of thought that argues that people will continue to want to consume nicotine, legally or not, and it would be better therefore to offer reduced risk alternatives to smoking. Sadly there are too few voices arguing that those who want to use nicotine should be given a free choice to do so, even if that choice is smoking. The purpose of this booklet therefore is to summarise the situation with regard to nicotine consumption today and argue that, with the wide range of products now on offer, it should be a matter for adults – not government or the public health industry – to decide what is best for them.

# 1. The war on tobacco

KING JAMES I was not the first person in authority to attack smokers and tobacco. As Christopher Snowdon describes in his book, *Velvet Glove, Iron Fist: A history of anti-smoking*, a member of Christopher Columbus's crew that discovered the Americas, Rodrigo de Jerez, brought tobacco back to Spain and ended up being interrogated by the Spanish Inquisition. Jerez was imprisoned for seven years for the crime of bringing this alien weed to Europe and for being an unrepentant smoker. Jerez might have counted himself fortunate, however, next to the fate of others. In the seventeenth century, rulers in places as disparate as Turkey, Russia, Persia, China and Japan made smoking a capital offence. The Mogul emperor Jahangir was positively a wet liberal in comparison, merely ordering that smokers should have their lips slit as punishment for their habit.

Nonetheless, tobacco still swept across the world. Nicotine was enormously popular, whether smoked in pipes by the common man or taken as snuff among the upper and middle classes of eighteenth century England. While many were appalled by the habit – one Jesuit priest wrote in 1658 that smoking was 'dry drunkenness' and compared it to a long, drawn-out form of suicide – others were crediting snuff, in particular, as a cure-all for bronchitis, tuberculosis and strokes.

The nineteenth century, with the rise of industrial towns in Britain, also saw a host of campaigns for diverse causes. As Snowdon notes, 'Temperance and teetotalism became the dominant reforming movements of the age, underscored by the religious convictions of the Methodist Church and a genuine desire to save the working classes from impoverished lives and early deaths.' The holiday industry pioneer Thomas Cook was an early anti-smoking campaigner, launching a newsletter, *Anti-Smoker and Progressive Temperance Reformer* in 1841. For many such campaigners, smoking went hand in hand with drinking and other vices.

There were claims made too about the dangers of smoking to health – that smoking caused deafness, blindness, hysteria

and dyspepsia – but these were not central to the case of most campaigners. In 1857, an ex-smoker and member of the Anti-Tobacco Society, Samuel Solly, had an article published in the *Lancet* in which he claimed that ‘no single vice ... does so much harm as smoking’. This was contrary to the medical opinion of the day, which saw smoking as either benign or even beneficial. Compared to the threats from infectious disease at the time, smoking certainly didn't appear to be a high priority for doctors.

### **The rise of Big Tobacco – and the backlash**

At this stage cigarettes were still a relatively unusual way to consume tobacco, regarded as somewhat effete by many Americans. It was only really with the mass production of pre-rolled cigarettes, alongside immigration from Europe, that they caught on. The pioneer was Buck Duke. In North Carolina in 1884, Duke's machines churned out 744 million cigarettes, with output rising rapidly after that. Cheaper and more convenient to use, and now more widely available than ever before, machine-rolled cigarettes quickly displaced chewing tobacco, pipes and cigars as the predominant way in which tobacco was consumed. By 1889, Duke was so dominant that he could dictate the terms in the creation of a consortium with his rivals, with the new company called American Tobacco.

While cigarettes had been around for some time, their mass production prompted a strong reaction from temperance societies, particularly the Women's Christian Temperance Union, which had successfully persuaded four US states to ban cigarettes by the 1890s. In 1899, Lucy Page Gaston founded the Anti-Cigarette League with the aim of a complete ban on the ‘little white slavers’. Both Thomas Edison and Henry Ford refused to employ smokers, in part for the more hard-nosed reason that they were assumed to be less productive workers, though Ford also argued in his four-volume book, *The Case Against the Little White Slaver*, that smoking, among other evils, bred criminality.

The anti-smoking campaign was successful. Smoking was banned in 13 states, mostly states where smoking wasn't particularly popular in the first place. But the habit was still

entrenched enough that prohibition proved impossible to enforce – the only beneficiaries were the criminal gangs and black marketeers. Meanwhile, on the East Coast, smoking boomed, with sales leaping from two billion cigarettes in 1900 to 14 billion in 1913.

But the prohibitionist momentum was stalled by the First World War. Suddenly, cigarettes were back in vogue, a source of relief in the trenches and the factories alike. Campaigns were launched to send cigarettes to the men on the front line, while General Pershing declared to Americans that in order to win the war what was needed was 'tobacco as much as bullets'. While the Eighteenth Amendment in 1919 effectively banned alcohol, cigarettes were left alone and continued to gain in popularity.

## Health risks and regulations

For decades anti-tobacco campaigns were a fringe concern. But the health impacts of smoking were starting to become apparent. As early as 1939, in Nazi-run Germany, Franz Muller had identified smoking as the most important cause of lung cancer while Fritz Lickint had produced a voluminous study of the dangers of tobacco and coined the term *passivrauchen* – passive smoking. But, rocketry apart, the science of Nazi Germany was widely ignored, as were numerous isolated voices who condemned tobacco as unhealthy.

Things really started to change when Austin Bradford Hill and Richard Doll published their study of lung cancer among doctors. They had already shown in preliminary research in 1950 that smokers were far more likely to develop lung cancer than non-smokers, a finding matched by a study in the US by Ernst Wynder and Evarts Graham. The early results from Hill and Doll's questionnaire among doctors, published in 1954, showed 'a significant and steadily rising mortality from deaths due to cancer of the lung as the amount of tobacco smoked increases. There is also a rise in the mortality from deaths attributed to coronary thrombosis as the amount smoked increases, but the gradient is much less steep than that revealed by cancer of the lung.'<sup>8</sup>

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<sup>8</sup> The mortality of doctors in relation to their smoking habits, *British Medical Journal*, 1954  
<https://tinyurl.com/nicwars-hill-doll>

After this, new evidence of the dangers of using tobacco, and particularly cigarettes, became commonplace. By the early 1960s, on both sides of the Atlantic, officials were confirming the dangers and health warnings were introduced in the US (1966) and the UK (1971). Television advertising was also banned in 1965 in the UK.

But the real momentum towards tobacco control didn't begin until the 1990s. All advertising of cigarettes was banned in the UK in 1997, apart from a controversial delay for sponsorship, apparently thanks to a deal between Formula 1 boss Bernie Ecclestone and Prime Minister Tony Blair.<sup>9</sup> By 2006 (Scotland) and 2007 (the rest of the UK), smoking in workplaces and other 'enclosed public places' had been banned and a conveyor belt of legislation has been running non-stop since then, including a ban on the display of tobacco in shops, a ban on smoking in cars carrying children (deemed almost unenforceable by the police) and bans on branding on cigarette packs – so-called 'plain packaging'.

But if nicotine has many positive benefits – not least of which is that it is enjoyable to consume – than how can we square that with the undoubted health risks associated with smoking? Attempts to solve this problem have been going for decades from the so-called 'safer cigarette' to the new heat-not-burn technologies. What is the best way forward? When the right to consume nicotine in *any* form (with the exception of pharmaceutical nicotine, like patches and gum) is constantly called into question, why do the users and producers of one form of nicotine so rarely defend the general right to consume nicotine, including the right to smoke?

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<sup>9</sup> Blair intervened over F1 tobacco ban exemption, documents show, *Guardian*, 12 October 2008 <https://tinyurl.com/nicwars-ecclestone>



## 2. Making nicotine use safer

*“Boy! Wouldn’t it be wonderful if our company was first to produce a cancer-free cigarette. What we could do to the competition.”  
Tobacco company memo, 1955*

EVER SINCE the first clear evidence of harm from smoking came to light, tobacco companies have tried to find ways to make their products safer. Of course, Big Tobacco hasn’t covered itself in glory at various points in its history, either by claiming health benefits for one brand over another or by obfuscating about the dangers of smoking in general, something present-day tobacco executives would no doubt admit to being a mistake. That said, tobacco companies have been faced with an implacable opposition for whom pragmatic solutions to the health problems associated with tobacco have been anathema. The guiding principle of anti-tobacco campaigners and officials has been to tell smokers that they must quit. There can be no alternative. This was made abundantly clear in the short-lived attempts to create safer cigarettes.

The first thing to make clear is that nicotine is widely regarded as harmless in the quantities consumed by smokers. The health problems caused by cigarettes must be due to other substances in the smoke, a result of the fact that tobacco is not fully combusted in a cigarette. The complete combustion at a high temperature of an organic material like tobacco would produce just carbon dioxide, water and a few small amounts of other oxides. Cigarettes don’t burn hot enough to do this (and would be pretty useless if they did). The incomplete combustion in a cigarette produces thousands of different chemicals, most of which are likely to be harmless but some of which are toxic or carcinogenic. Somehow, a safer cigarette would have to keep the nicotine and an enjoyable flavour while minimising these hazardous chemicals.

One of the early contenders for the villain in tobacco smoke was carbon monoxide. When the carbon in tobacco leaf is burned at a high enough temperature, all the carbon is converted to carbon dioxide (CO<sub>2</sub>), which is relatively harmless. But if the temperature is too low, as in a cigarette, some of the carbon only combines with one atom of oxygen, producing carbon monoxide (CO). This

can be acutely poisonous as it attaches to the haemoglobin in red blood cells and has the effect of drastically reducing the amount of oxygen transferred to body cells from the blood – hence, for example, the need for carbon monoxide detectors in homes.

However, carbon monoxide is widely present in the air, most notably in the fumes from traffic or from open fires, at higher levels than experienced by smokers, yet we do not ordinarily worry about those levels of exposure, so the likelihood that carbon monoxide is the problem is low. The most likely culprit or culprits is something in the residue from tobacco combustion usually known simply as ‘tar’. The output of tar from a cigarette can be reduced. The problem is that it is difficult to reduce tar without also reducing nicotine. Anti-smoking campaigners have claimed low-tar cigarettes are a ‘confidence trick’ because low tar means low nicotine so smokers simply adapt their habits to get more nicotine. Smokers can breathe more deeply, cover ventilation holes with their fingers or simply smoke more cigarettes to get the level of nicotine they crave. (As it happens, there is quite a bit of variation between cigarette brands, such that smokers could choose cigarettes with a higher ratio of nicotine to tar, thus potentially reducing the health risks.) Cigarette filters, too, can reduce the amount of tar that gets through to smokers’ lungs, but the effect is generally small.

There have been some bizarre attempts to produce safer cigarettes. The most interesting was the discovery in the 1960s by Liggett & Myers that when the rare metal palladium is added to tobacco before it is combusted, the resulting tar does not cause tumours in mice. The company even had plans for a brand based on this very process, Epic. But the cigarettes were never marketed, perhaps because it would be tantamount to admitting that cigarettes were potentially harmful or because of fears that, somewhere down the line, a problem would be found with Epic in addition to the usual tobacco-related illnesses. The project was abandoned in the 1970s.<sup>10</sup>

If there is no chance of a safe cigarette, as Epic might have been, tobacco companies are still striving to produce safer

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10 ‘Safer’ cigarettes: a history, Tara Parker-Pope, PBS Nova <https://tinyurl.com/nicwars-epic>

products. The trouble is that anti-tobacco campaigners, politicians and officials are, by and large, not interested or, worse, hostile to their efforts. Any suggestion that a particular brand might be less harmful is only seen as diluting the message that smokers must quit. Descriptors like 'light' and 'low tar' have been banned in both the US and EU. Moreover, as more and more restrictions have been placed on advertising, there would be little benefit to producing a 'safer' cigarette because how could consumers be informed that there is a 'safer' alternative?

Recently there have been moves to produce a 'safer' cigarette by another means – by reducing the nicotine content. The US Food and Drug Administration (FDA) has been looking into 'low nicotine' cigarettes as a means of reducing smoking's addictive qualities, with one suggestion being that nicotine per cigarette be cut from 1.1-1.7 mg to 0.3-0.5 mg.<sup>11</sup> By comparison, all cigarettes in the EU, for example, are 'low nicotine' (maximum of 1.0mg per cigarette, with many brands significantly lower), at least by historical standards, as a result of the Tobacco Products Directive 2001. In the past, popular brands might have well over 2 mg of nicotine per cigarette and in other markets like Japan high nicotine cigarettes are still widely available.

Yet if the critics of 'low tar' cigarettes are to be believed, smokers will simply compensate for lower nicotine yields by smoking more. Introducing regulations demanding low nicotine cigarettes seems to be contradictory, given that manufacturers are banned from using 'low tar' or 'light'. To the extent that smokers want nicotine, the only sensible 'safer' cigarette is one that delivers as much nicotine as possible without the harmful by-products of smoke itself, and that idea is completely off the agenda for policy makers. Given that many millions of smokers do not, in fact, quit, the effect of depriving them of the option of safer cigarettes – or, at least, informing them of which brands might be a bit less harmful – has been to potentially cause many more deaths.

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<sup>11</sup> FDA advances plan to slash nicotine in cigarettes, NPR, 15 March 2018 <https://tinyurl.com/nicwars-fda-lownic>

## Oral tobacco: the case of snus

The idea of pulverising tobacco and placing it in the mouth or nose goes right back to Jean Nicot and the French court of the sixteenth century. Dry snuff, snorted up the nose, became popular in France as a result. Elsewhere moist snuff – called snus in Sweden or ‘dipping tobacco’ in America – became popular instead. The tobacco is either pinched or dipped from a container and compressed into a portion that is placed between the inside of the lip and the gum, where the nicotine is easily absorbed. Snus is commonly sold in small porous pouches like miniature tea bags.

Swedish snus is a bit different to the American version, with common additives like sodium carbonate used to make the tobacco more alkaline to aid the absorption of nicotine. But the crucial thing the two have in common is the absence of burning, which avoids the multitude of chemicals produced by combustion in cigarettes. As a result, the health risks of snus are low, amounting to a slightly increased risk of a number of comparatively unusual cancers, particularly oral cancer and pancreatic cancer, suggesting that the absolute risks of using snus are small. The risks from snus are generally agreed to be far lower than from cigarette smoking. Lung cancer rates in Sweden and Norway are markedly lower than in the rest of Europe, precisely because of the popularity of snus.

Yet here's the rub. Snus is banned throughout the EU, apart from Sweden which negotiated an exemption when it joined in 1995. (Snus is also very popular in Norway, which is not an EU member.) The obvious question is, why? A World Health Organisation (WHO) document from 1987, *Legislative Strategies for a Smoke-Free Europe*, claims, ‘A new threat to young people is smokeless tobacco or tobacco that is not smoked but chewed or left in the mouth, even overnight, or sniffed. Smokeless tobacco is a serious health hazard: it causes cancer of the mouth, it is as addictive as cigarette smoking, and its dangers are not widely known. To stop the use of smokeless tobacco, a WHO study group has called for a preemptive ban wherever the product has not yet been introduced.’<sup>12</sup>

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<sup>12</sup> *Legislative Strategies for a Smoke-Free Europe*, WHO, 1987, p41 <https://tinyurl.com/nicwars-snus-who>

In reality there was no evidence that smokeless tobacco was a 'serious health hazard' and the experience of Sweden and Norway confirms that. The reaction of the WHO seems to have been prompted by the tobacco industry attempting to introduce smokeless tobacco, most famously in the UK through the Skoal Bandits brand, as an alternative product for younger people who were unlikely to be interested in cigarettes, which were dwindling in popularity. The scare stories about oral tobacco were so effective that Ireland banned it in 1988, followed soon after by the UK and Belgium (1990), with the EU-wide ban introduced in 1992.<sup>13</sup>

The ban has been challenged since then, both in the European Court of Justice (ECJ) and through Swedish lobbying during negotiations for the Tobacco Products Directives of 2001 and 2014. There was, however, little interest from other European countries in lifting the ban. In April 2018, advising on an appeal by snus manufacturers to the ECJ, the court's advocate general, Henrik Saugmandsgaard Oe, said, "The EU legislature did not exceed the limits of its discretion in concluding that lifting the prohibition on the placing on the market of tobacco for oral use could result in an overall increase in the harmful effects of tobacco within the EU."<sup>14</sup> The appeal fell on deaf ears. In November 2018 the European Court of Justice decided against overturning the EU-wide ban, a useful reminder that once prohibition is enacted it is very difficult to reverse, regardless of the evidence.

### **Nicotine replacement therapies: how Big Pharma defends its patch (and gum)**

If consuming nicotine for pleasure is generally frowned upon by public health, providing nicotine in a form that will help smokers quit has proved to be big business. The idea for a nicotine gum is usually credited to Ove Fernö, a scientist at the Swedish pharmaceutical company Leo, and two Swedish physiologists,

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<sup>13</sup> Snus: EU ban on snus sales, Tobacco Tactics <https://tinyurl.com/nicwars-snusbans>

<sup>14</sup> EU court adviser says ban on Swedish snuff tobacco product valid, Reuters, 12 April 2018 <https://tinyurl.com/nicwars-snusappeal>

Stefan Lichtneckert and Claes Lundgren.<sup>15</sup> The impulse to produce a smoke-free alternative to cigarettes came about when the Swedish navy banned smoking in the 1960s and the first use of nicotine gum was in 1967. By the late Seventies, the product was being marketed to smokers as a cessation aid.

The nicotine patch was invented by Dr Murray Jarvik, who saw how tobacco farmers developed ‘green tobacco illness’ and surmised that they must be absorbing nicotine through their skin. Having tested the product on himself and his colleagues, Jed and Daniel Rose, the concept was sold to Novartis and hit the market in 1992.<sup>16</sup> Other forms of nicotine replacement therapy (NRT) include cartridges, nasal sprays and lozenges.

More recent attempts to produce an alternative to smoking include Nicoccino, a wafer-thin film placed under the gum in a similar way to snus, which releases nicotine over the course of a few minutes. Although not originally marketed as a form of NRT, the product was withdrawn in December 2016 to undergo trials so that it could be released as NRT in the future.<sup>17</sup>

There is also Nicofi, a tablet that is placed under the tongue and melts away, releasing nicotine, leaving a residue that can be safely swallowed. The makers of Nicofi claim that it has a significant benefit over other forms of safe nicotine. The surge of nicotine is quicker, more closely mimicking the rush obtained from a cigarette. The makers argue that their product is more likely to be popular with smokers as a result.<sup>18</sup>

NRTs are not intended as a long-term replacement for smoking but as a pathway to eventually stop using nicotine altogether. There is little of the ritual of smoking. Even nicotine inhalers are a poor substitute for the act of smoking. As such, pharmaceutical companies, the producers of NRTs, have an obvious interest in the promotion of anti-tobacco regulation and greater regulation of non-NRT substitutes.

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15 A substitute for tobacco smoking, Ove Fernö, Stefan JA Lichtneckert, Claes EG Lundgren, *Psychopharmacologia*, 1973

16 Murray Jarvik: Inventor of the nicotine patch, *Independent*, 17 May 2008 <https://tinyurl.com/nicwars-jarvik>

17 Niccoccino company website <https://tinyurl.com/nicwars-niccoccino>

18 Nicofi company website <https://nicofi.com/>

## E-cigarettes

There is no doubt that the most popular new way to consume nicotine is via the electronic cigarette. Although there had been isolated attempts to produce e-cigarettes before, the man normally credited with the invention of what we have today is a Chinese pharmacist. Hon Lik. Hon's design, patented in 2003, used a piezoelectric to vaporise a solution of nicotine and flavourings, with the act of sucking on the device starting the vapourisation process. The idea was soon picked up and devices that mimicked the look and size of cigarettes ('cig-a-likes') soon began appearing in shops.

The truth is, such low-powered devices proved a disappointment for many smokers looking for a viable alternative to cigarettes. Second generation devices have small tanks to hold the nicotine solution, and larger, more powerful, batteries. They also gave up on any pretence of looking like cigarettes. (Indeed, calling them e-cigarettes is both misleading and a problem, as we shall see.) These were much more acceptable to those who wanted to quit smoking, particularly combined with higher-strength fluids. In recent years innovation in the market has been dramatic. Third and fourth generation devices are much more powerful, have larger tanks and produce far more vapour, leading to the fashion for 'cloud chasing' – exhaling enormous plumes of vapour for visual effect – among some users.<sup>19</sup>

What ties all these products together is the fact that there is no combustion to produce nicotine. The initial e-liquid is simply converted from liquid to gas. In particular situations – for example, if the liquid in the tank runs low and the coil that does the vaporising reaches a high temperature – then some more problematic substances, like formaldehyde, can be produced in significant quantities. But vaping in such circumstances would produce an unpleasant taste so there is little reason to believe it would occur commonly. Otherwise these devices contain only substances that have been generally regarded as safe for human

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<sup>19</sup> The 4 Generations of Electronic Cigarettes, Eciglopedia <https://tinyurl.com/nicwars-ecig-gens>

consumption (admittedly, for eating rather than inhaling), plus the all-important nicotine.

Question marks have been raised about the safety of some flavourings when they are inhaled, but there is every reason to believe that e-cigs are 'safe' within any normal definition of the word and compared to many other risks we ordinarily face in life. Health risks associated with e-cigarettes using approved e-liquids are undoubtedly low. For example, in 2014, a review for Public Health England (PHE) by Professor John Britton concluded that 'the hazards associated with use of products currently on the market is likely to be extremely low, and certainly much lower than smoking. They could be reduced further still by applying appropriate product standards.'<sup>20</sup>

A later PHE report quoted with approval the estimate that e-cigarettes are at least 95 per cent safer than tobacco cigarettes. Anecdotal evidence, along with initial research, suggests that vaping improves a variety of health markers in smokers. In 2018, the most recent PHE review went further, quoting one estimate that 'the cancer potencies of e-cigarettes were largely under 0.5 per cent of the risk of smoking'.<sup>21</sup> The UK government's health policy body, NICE, recommends that health and social care staff can tell patients and clients that 'e-cigarettes are substantially less harmful to health than smoking but are not risk free'.

That does not mean that e-cigarettes are the perfect solution for everyone who wants to quit smoking without giving up nicotine. For example, one of the main solvents used, propylene glycol, is a humectant – that is, it 'grabs' water from its surroundings. This is good as a way of holding nicotine until it is breathed in and many vapers find it reproduces the 'throat hit' of a cigarette. However, many others find the experience far too dry and it's not uncommon to find a veteran smoker hacking away at the first draw on an e-cig. Glycerin provides a smoother experience but is prone to gunge up equipment. Others find the devices clunky or the process of

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20 Electronic cigarettes: A report commissioned by Public Health England, 2014 <https://tinyurl.com/nicwars-ecig-phe2014>

21 Evidence review of e-cigarettes and heated tobacco products 2018: executive summary, Public Health England, 2 March 2018 <https://tinyurl.com/nicwars-phe2018>

refilling them awkward and messy, preferring the simplicity of a cigarette.

However the growth in the number of e-cigarette users in the UK has stalled a little in recent years. According to surveys conducted for Action on Smoking and Health (ASH), there were 700,000 e-cigarette users in the UK in 2012. This almost quadrupled to 2.6 million by 2015, but since then the rise has been somewhat slower, to 3.2 million in 2018.<sup>22</sup> Almost all are smokers are ex-smokers. Over half have switched completely, the rest are dual users. Meanwhile many smokers have tried vaping and concluded that they prefer traditional cigarettes. Alternatively they are so confused by the options available, that they stick with what they are familiar with.

One response to the fiddliness and bewildering choice of e-cigarettes is the use of cartridges that can be thrown away and replaced when empty. In essence, it's the e-cig equivalent of Nespresso coffee machines. One brand using this method is Juul which has become highly fashionable in the US with a limited selection of flavours, compact design and ease of use. But Juul has also triggered a moral panic about teenagers vaping. As an article in the *New Yorker* noted: 'Each week brings dozens of local news stories sounding the same alarm: innocent, vulnerable, sneaky American teenagers are getting hooked. High schools are holding informational sessions about vaping, sending letters home to parents, investing in vape detectors.'<sup>23</sup> This seems an odd reaction to a trend that may be keeping young people away from smoking by offering a 'cool' safer alternative.

In any event, seeing vaping merely as a substitute for smoking ignores the fact that, for many people, vaping is a pleasurable experience in its own right that has developed into a hobby as well as a habit, with vapers' meetups characterised by endless discussions about new kits, modifications, flavours and the rest. Not everyone wants to 'geek out' on vaping, but many do and vapers have developed communities and a 'scene' as a result. On the other hand, this geeky side to vaping has also created a somewhat cliqueish quality to the habit that is off-putting to other

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22 <https://ash.org.uk/media-and-news/press-releases-media-and-news/ash-news-release-new-data-shows-smokers-are-getting-the-message-on-e-cigarettes/>

23 The promise of vaping and the rise of Juul, *New Yorker*, 14 May 2018

potential users. Devices like Juul may be anathema to the hardcore vaper, just as Nespresso is frowned upon by espresso-making traditionalists, but such convenience is almost certainly the key to expanding the popularity of vaping, unless the anti-nicotine campaigners create enough of a panic about the devices to strangle them at birth.

### **Heat-not-burn: 'smoke' without the fire**

Some of the major tobacco companies have been developing products that heat tobacco without burning it. The aim is to retain as much of the experience of smoking as possible while reducing or eliminating the dangerous by-products of combustion. In recent years several heated tobacco products have made it to market. PMI's iQOS device has been particularly successful in Japan, with 5.4 million users in March 2018. With iQOS, a small, cigarette-like stick of tobacco is inserted into a device then heated electronically to 350 degrees Celsius (considerably below the burning temperature of a cigarette, which is in the range of 600-900 degrees Celsius). This produces a vapour that is then inhaled. Evidence suggests that heating without burning tobacco produces substantially lower levels of hazardous chemicals, but for products like iQOS there has not been enough research done to confirm the expected reduced health risks for users when compared to smoking.

For smokers, the experience of using heated tobacco is said to be much closer to smoking a cigarette than an e-cigarette, with far fewer of the potentially toxic by-products. At present, the system is fairly expensive – over £100 for the kit itself, though this is not hugely more expensive than the more sophisticated and powerful vaping devices. If these devices can avoid being regulated or taxed out of existence before establishing themselves, they should provide a viable alternative to smoking for many people, particularly those who don't enjoy using snus or e-cigarettes. The iQOS system is much lighter because the device is charged by a battery pack that isn't required when the device is in use. E-cigarettes, in contrast, can sometimes be fairly bulky and struggle to replicate the flavour of tobacco (hence the popularity

of non-tobacco flavoured e-liquids). According to Euromonitor, the heated tobacco category could generate sales of \$15.36 billion by 2021, up from \$2.12 billion in 2016. The biggest prize is undoubtedly the US market where, earlier this year, PMI was given regulatory approval for IQOS.

Heated tobacco is not new. The first attempt at a commercial device was Premier, launched by RJ Reynolds (RJR) in 1988. However, the product suffered from difficulties from the start. One was the financial state of the company at the time, another was the threat of regulation as a drug by the US Food and Drug Administration. But the major problem was that smokers never took to it. As author Tara Parker-Pope has noted, 'Many smokers complained about the taste, which some smokers said left a charcoal taste in their mouths. RJR had also gambled that smokers would be willing to give Premier several tries before making a final decision about whether to smoke it. RJR estimated that to acquire a taste for Premier, smokers would have to consume two to three packs to be won over. But, as it turned out, most smokers took one cigarette and shared the rest of the pack with friends, and few bothered to buy it again. RJR scrapped the brand in early 1989, less than a year after it was introduced.'

RJR returned to the market in 1994 with Eclipse, which used a different system to heat tobacco and reconstituted tobacco. Eclipse was not marketed as a 'safe cigarette' but as an alternative that would be less offensive to non-smokers. However, some of the tobacco was still burned so it was not strictly a heat-not-burn product, and it still produced tar at the level of ultra-light cigarettes. Eclipse subsequently reappeared as Revo but proved to be a commercial failure. PMI's first attempt at heat-not-burn was Accord, in which users inhaled on a stick in a kazoo-like box that contained a special cigarette. A readout showed users how many puffs were left and the box needed to be recharged after every pack. Again, Accord required smokers to learn a whole new ritual to use the product, which proved to be a barrier to uptake.

One interesting remark to a Montreal court in November 2013 by Jeffrey Gentry, Executive VP Science at RJR Tobacco, revealed a common problem both for vaping devices and heat-not-burn: the products do not burn down, meaning 'there were no sensory cues

that the product was progressing'. The problem of convenience also affects both these devices. Ready-made cigarettes replaced pipes and chewing tobacco chiefly because of their convenience: open a pack, strike a light and you can puff away. A pack of cigarettes and a lighter can easily be purchased in any corner shop and require no investment in comparatively expensive kit. While heated tobacco and most e-cigs are easy enough to use, particularly once the method of use is understood, cigarettes still win for sheer simplicity.

Heated tobacco has divided the tobacco industry. Alongside PMI in the market are British American Tobacco, which produces glo, and JTI, which has launched a number of 'tobacco vapor products' under its Ploom brand. In contrast, Imperial Brands has been more circumspect. In 2015, Matthew Phillips, the company's corporate affairs director, told reporters the technology was not something the company was interested in, adding: "There's no difference really between those products and traditional tobacco products. It's probably better described generically as 'heat and burn' rather than 'heat not burn'." In May 2018, however, Imperial's chief executive, Alison Cooper, told reporters that the company was undertaking trials of heat-not-burn in Japan and Europe, but was still 'assessing the potential'. Twelve months later, in May 2019, Imperial launched a heated tobacco product, Pulze, in Japan.

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### 3. The new war on nicotine

AS ALREADY noted, nicotine in itself is relatively harmless, certainly no more harmful than caffeine which is routinely enjoyed by billions of people every day. And nicotine is arguably a drug that is at least as beneficial as caffeine too, relieving stress and improving concentration. It would seem natural therefore that if the health problems associated with smoking cigarettes – and it really is the particular ‘delivery system’ of the cigarette that is the overwhelming cause of health problems – could be avoided, then we could all enjoy nicotine in peace. Unfortunately today’s anti-tobacco movement is split down the middle on the question of harm reduction.

The problem is that the prohibitionist tendencies within tobacco control always tend to absolutism. Having gained power and influence through the war on tobacco, their direction of travel is always towards ever greater control. No product that bears any relation to smoking can be permitted. There is a huge streak of moralism about these groups. All drugs are viewed with suspicion, as a step towards degeneracy. But this is a moralism that dare not speak its name so for decades it has been dressed up as a concern about health – and very successfully too.

This anti-smoking crusade has been blended with another strain of thought, one that is vehemently opposed to big business. Some public health activists seem to want to reorder society along the lines of faux socialism. But this isn’t socialism driven by the forces of the working class rising up against the bosses. This is a socialism imposed from above by enlightened experts getting their hands on the levers of government. Far from representing the workers, they want to control them. The poorer sections of society, once seen as active agents for political and social change, are now treated as objects to be manipulated into the ‘correct’ behaviours.

For many anti-tobacco public health activists, corporations have hoodwinked consumers through clever marketing into purchasing potentially deadly products like tobacco and alcohol. What is needed, they seem to be saying, is more and more

legislation and regulation, devised by enlightened experts who have somehow escaped the thrall of such insidiously hypnotic devices as cigarette packets. Admittedly, the big tobacco companies have not done themselves any favours in this regard. By obfuscating about the risks of smoking for decades, the upshot has been a complete loss of trust in anything the industry does, regardless of the fact that the tobacco companies are now at the forefront of finding reduced risk alternatives to smoking.

Other anti-smoking campaigners are more pragmatic. Some of the leading voices on this side of tobacco control have seen the problems created by prohibition in relation to hard drugs and see the benefits of harm reduction rather than total abstinence from nicotine. For example, in a briefing for policymakers on e-cigarettes, Clive Bates (a former director of Action on Smoking and Health) argued that e-cigarettes provide a satisfactory alternative to smoking with far lower health risks, and offer a market-based solution to avoid 'public spending, coercion, prohibition, punitive taxes, fear, stigma or treating smokers as though they are ill.'

As a result, they are prepared to welcome innovations or alternatives to smoking. Yet, crucially, even these more moderate figures often share the assumption that the 'expert' knows best. Smokers must be saved from themselves and some are prepared to be every bit as illiberal in restricting our freedom to choose when it comes to making the 'wrong' choices. Thus, Action on Smoking and Health, the UK's most vociferous advocate of anti-smoking regulations, may have come round to advocating the use of e-cigarettes as a smoking cessation tool, but the group refuses to support the legalisation of another risk reduction product.

Despite the fact that snus is far less risky than smoking cigarettes, it's a tobacco product and very few people in the public health movement outside of Scandinavia seem prepared to defend it. For most public health campaigners, not only would a more liberal attitude to any tobacco product carry the risk of re-legitimising tobacco in general, but it would undermine their anti-tobacco goals. Better, it seems, to restrict choice and deny smokers access to a reduced risk product than do anything that might undermine their anti-tobacco credentials.

But the tensions within the public health community have

really come to the fore when it comes to e-cigarettes. The initial reaction of public health groups was almost universally to promote fears about e-cigarettes, to crush the market before it could take off. The World Health Organisation called for bans on vaping in public places, severe restrictions on the advertising and promotion of e-cigarettes, and a ban on health claims.<sup>24</sup> Health officials in most countries demanded bans or restrictions on e-cigarettes, despite the absence of evidence of a significant risk to health from these products.<sup>25</sup> The assessment by Public Health England that e-cigarettes are at least 95 per cent less harmful than cigarettes has been subject to attacks in *The Lancet* and the *British Medical Journal* that prefer to smear the authors rather than challenge the evidence.<sup>26</sup>

In this regard, there is something of an unholy alliance between health groups and big pharmaceutical companies. E-cigarettes represent a major threat to lucrative nicotine replacement therapies so Big Pharma has been keen to see greater regulation of them. Pharmaceutical firms have long been major funders of anti-smoking campaigns and lobbyists for more restrictions on cigarettes, sponsoring sessions at major conferences (like those for the UN's Framework Convention on Tobacco Control), forming partnerships with the WHO and other international organisations, and doling out huge grants to a variety of anti-tobacco causes.<sup>27</sup>

For example, the primary funder for Tobacco Free Kids (TFK), a partnership of numerous health groups launched in 1996, was the Robert Johnson Wood Foundation, which in turn is funded by pharma giant Johnson & Johnson. TFK was conceived from the outset as an 'organization that could function as a national voice, advocate and command post for the various, fragmented tobacco-control forces in the country'. Tobacco Free Kids is a particularly emotive name for a group whose aim has been 'to promote policy and environmental changes that will prevent and reduce tobacco

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24 Electronic nicotine delivery systems, report by WHO, September 2014 [http://tiny.cc/nicotine\\_wars\\_026](http://tiny.cc/nicotine_wars_026)

25 Regulation of electronic cigarettes, Wikipedia [http://tiny.cc/nicotine\\_wars\\_027](http://tiny.cc/nicotine_wars_027)

26 Smears or science? The *BMJ* attack on Public Health England and its e-cigarettes evidence review, Clive Bates, 5 November 2015 [http://tiny.cc/nicotine\\_wars\\_027A](http://tiny.cc/nicotine_wars_027A)

27 Pharma, Tobacco Control Tactics [http://tiny.cc/nicotine\\_wars\\_029](http://tiny.cc/nicotine_wars_029)

use and exposure to secondhand smoke, especially among children'. In other words, a campaign to restrict *adult* choice.<sup>28</sup>

But this endeavour has been extended to e-cigarettes in recent years. One form this has taken has been in relation to the medical regulation of e-cigarettes. This almost became the law in the UK, which would have killed a growing industry for recreational nicotine. From the point of view of pharmaceutical firms, if NRTs must be approved through such expensive regulation, e-cigs should be too. The upshot, however, would be to remove or heavily restrict an important competitor from the marketplace, as drug companies are all too aware. Tobacco firms have been accused of putting short-term profit ahead of the welfare of citizens. But surely the same accusation should be applied to pharmaceutical firms too?

Having failed to secure medical regulation of e-cigarettes, the US Food and Drug Administration has found another means to regulate them – by treating e-cigarettes as tobacco products. Any product produced after February 2007 must go through a hugely expensive regulatory process unless it can be shown to be substantially equivalent to an existing product. This rule would apply to all but the most primitive e-cig devices and will likely make the sale of modern, powerful e-cigarettes impossible.<sup>29</sup>

However, in the UK in particular, those who have promoted harm reduction see e-cigarettes as a way towards the 'tobacco endgame'. Quite reasonably, they argue that smoking won't end through prohibition but through the market for cigarettes simply fading away as current smokers and young never-smokers are diverted to e-cigarettes.

The result of these arguments has been to convert influential organisations like Cancer Research UK to adopt a more positive view of e-cigarettes, while tobacco prohibitionists like Action on Smoking and Health – very much in the moralistic wing of tobacco control – have also come round to the idea that e-cigarettes are an effective smoking cessation aid, if not a recreational device

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28 The Campaign for Tobacco-Free Kids: An RWJF national program, March 2009 [http://tiny.cc/nicotine\\_wars\\_030](http://tiny.cc/nicotine_wars_030)

29 For a useful summary of the US rules, see: Bluffer's guide to FDA regulation of tobacco and nicotine products, Clive Bates, updated August 2016 [http://tiny.cc/nicotine\\_wars\\_028](http://tiny.cc/nicotine_wars_028)

with which to enjoy nicotine use long-term. However, as one or two commentators like the American writer and researcher Carl V Phillips have pointed out, even a low relative risk of e-cigarettes – perhaps one per cent of the risk of traditional cigarettes – still implies that hundreds of lives may ultimately be lost each year to vaping. If smoking continues to decline in popularity, with the number of vapers eventually exceeding the number of smokers, it would not be surprising, given the track record of the tobacco control lobby, to see public health campaigners flip flop and turn against e-cigarettes once more.

Similar divisions have opened up in the world of vaping activism. Almost all vapers are ex-smokers while a significant number continue to smoke to some extent. As a result, many are sympathetic to the plight of smokers faced with ever greater restrictions on their freedom to enjoy a cigarette and they recognise that such restrictions could end up being applied to vapers too. There is good reason to fear such restrictions. The Welsh government failed only narrowly to introduce a public vaping ban in March 2016. Bizarrely, an insulting off-the-cuff remark by a Labour minister, Leighton Andrews, suggesting that Plaid Cymru's assembly members were 'a cheap date' in negotiating another deal, caused the Welsh nationalists to withdraw their support for the bill.

However, other vaping activists and groups have the zeal of the convert, constantly attempting to distance vaping from smoking in the hope that illiberal new regulations on smokers won't be applied to vaping or even vociferously demanding such restrictions, joining in the endeavour to reach a 'tobacco endgame'. At the very least, many vaping activists who have cultivated links with public health bodies refuse to criticise further anti-smoking legislation, a strategy that may well prove to be short-sighted when similar regulations are imposed on e-cigarettes and vaping.



## 4. Remaking the case for choice

SEVERAL THINGS must be stated as loudly as possible. The first is that nicotine has been a hugely popular drug for centuries. Second, nicotine itself is no more dangerous than caffeine. Third, nicotine is not going to go away, no matter the long-term goal of public health campaigners who frequently talk of alternative nicotine products being a stepping stone to 'help' people quit smoking before they give up nicotine altogether. However, as we all know, even the prohibition of alcohol in America and the 'war on drugs' such as heroin and cocaine failed to prevent their use. It simply changed the source from legal suppliers to criminal gangs.

What is also clear is that nicotine's most popular delivery system – the cigarette – has the potential to induce a number of chronic health problems, particularly if used regularly over many years. As early as the 1950s tobacco company executives were discussing privately the advantages of producing a safer product and all the big tobacco companies are striving to produce or buy into the market for such products.

In November 2016 the chief executive of Philip Morris International (PMI), André Calantzopoulos, went further and told BBC Radio 4's *Today* programme, "I believe that there will come a moment in time where we have sufficient adoption of this alternative product and sufficient awareness to start envisaging – together with governments – a phase-out period for cigarettes. I hope this time will come soon." In contrast most of PMI's competitors see alternatives to traditional cigarettes as 'extending choice' rather than replacing a product that is still enjoyed by hundreds of millions of people throughout the world.

The market has now provided a number of alternatives to smoking. The problem is that the same outlook that has seen smoking increasingly regulated has also had a disastrous effect on attempts to produce safer ways of consuming nicotine. Driven by a zealous desire to see the so-called 'tobacco endgame', these alternative products have suffered excessive regulation out of all proportion to the trivial risks associated with them. In particular, many organisations – from train operators to local authorities – have taken a precautionary and often lazy stance towards

e-cigarettes, crudely applying the same rules and regulations that have been imposed on smoking.

For example, Ipswich Borough Council said that it considers the use of e-cigarettes to be a form of smoking, while Harlow Council declared that the 'same procedures apply to both types of smoking'. Glasgow City Council stated that e-cigarettes 'are not permitted to be used or charged within Council premises and/or vehicles and must be smoked externally in line with current policy'. Last year Dundee City Council announced that it was to ban smoking *and* vaping during office hours. Vapers, many of whom are trying to quit smoking, often suffer the same indignities as smokers, such as being forced to use the same outdoor shelters – veritable 'sin bins' – rather than sitting comfortably at their desks.

Government, national and local, seems wedded, if not addicted, to regulations as a means of improving 'public' health. Yet in health terms the real gains in smoking cessation occurred long before excessive regulations were imposed on smokers. Smoking rates were in decline from the 1960s onwards as reports of health problems became more widely known, yet apart from TV advertising bans and health warnings on packs, there was relatively little government intervention. Consumers made up their own minds whether to quit smoking or not take up the habit in the first place. Indeed, millions of smokers have quit without the carrot of official 'help' or the stick of regulation and prohibition.

It would be far better to adopt the liberal ideas of John Stuart Mill than to continue the war on nicotine. In his famous essay, *On Liberty*, Mill rightly made the point that citizens should be allowed to pursue any activity that caused no injury to others – his famous 'harm principle' – 'The only purpose for which power can be rightfully exercised over any member of a civilized community, against his will, is to prevent harm to others.'

That principle should certainly apply to anyone wishing to use nicotine. The newest forms of nicotine use pose no threat to others whatsoever. Even with cigarette smoking the risks from 'secondhand smoke' have been greatly exaggerated to justify punitive legislation. Those low risks could be mitigated quite easily – for example, through good use of technology in designated smoking rooms, as experienced in the smoking booths found in

many European airports.

Mill's ideas suggest that we are the best people to determine how to live our lives, how to balance risk against pleasure. And millions of smokers do enjoy smoking cigarettes. Far from people continuing to smoke only because they are addicted to nicotine (some are, some aren't) many adults who continue to smoke do so for one primary reason – pleasure.

In the autumn of 2016, researchers at the Centre for Substance Use Research (CSUR) in Glasgow took a novel approach to finding out why people smoke: they asked them. *The Pleasure of Smoking: The Views of Confirmed Smokers* (funded by Forest) surveyed 650 committed smokers to find out what they liked and disliked about smoking.<sup>30</sup> The report provided some useful insights into smoking habits. More than three-quarters of those surveyed could see themselves smoking well into the future; almost all of those asked (95 per cent) said they smoked because they enjoyed it; a third of those asked saw smoking as part of their identity.

Adults must be allowed to choose for themselves, even if – as is the case with cigarette smoking – what we choose is considered by the government and 'experts' to be wrong or inadvisable. Thankfully, alternative nicotine products such as e-cigarettes and heated tobacco have given the consumer more reduced risk options than ever before. Now we must be allowed to make our own informed decisions. Demanding the freedom to choose should be a cause everyone supports, particularly those who want to use nicotine, in whatever form they prefer.

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30 *The Pleasure of Smoking: Views of Confirmed Smokers*, Forest, 27 December 2016 <https://tinyurl.com/nicwars-pleasure-report>

## Some nicotine products

### **Manufactured cigarette**

Narrow cylinder of finely cut tobacco rolled in thin paper for smoking.

### **Roll-your-own cigarette**

Cigarettes made from loose tobacco and rolling paper.

### **Cigar**

Cylindrical roll of dried and rolled tobacco leaves for smoking.

### **Pipe**

Device used for smoking tobacco, consisting of a narrow tube made from wood or clay with a bowl at one end in which the tobacco is burned, with the smoke drawn into the mouth at the other end.

### **Snuff**

Smokeless tobacco in the form of a powder that is inhaled or snorted into the nose.

### **Electronic cigarette**

Battery-operated device that emits vaporised nicotine, or non-nicotine solutions, for the user to inhale.

### **Heated tobacco**

Electronic device that, unlike an e-cigarette, contains tobacco which is heated to a high temperature, producing a vapour that can be inhaled.

### **Snus** (right)

Moist powdered tobacco in a small teabag-like pouch, typically held in the mouth between the lips and gums. Popular in Sweden but banned in the UK and every other EU member state.

### **Nicotine pouch**

Tobacco-free nicotine substitute developed in Sweden and now available in the UK.



