

Hi,

I have come across your website and would like to provide some examples of how electronic cigarettes are promoted and sold.

<http://www.cap.org.uk/News-reports/Consultations/~media/Files/CAP/Consultations/CAP%20and%20BCAP%20consultation%20on%20the%20marketing%20of%20e-cigarettes.ashx>

Example below is from the Range store in Kidderminster taken yesterday.

I have no problem with them selling the product in the store but I do believe positioning them next to the sweets at the tills is not protecting our young children.

Hope the above helps your campaign.

Regards

I am a concerned member of the public and I have no connection with any companies, agencies or bodies directly or in-directly connected with this and declare I hold no interest other than to see that this product and associated paraphernalia are correctly and responsibly advertised and sold / distributed.

I feel that we need to make regulations that stop these companies from showing anything to do with cigarettes or tobacco in their advertising, promotion or point of sale material.

I have seen a certain company selling these e-cigarettes in a major shopping centre in the walk-through area at one of the busiest points and they are clearly using cigarettes to do so, there is a "menu" of all the different flavours available which is a picture menu showing lovely looking fruits along with coffee beans and such like. This stall has massive cigarettes displayed on top of each corner (aprox 3' long) and also a large sign which says "200 cigarettes £9.99" they also allow people to try these e-cigarettes in full view of the public, emitting the vapour which looks like smoke to all that pass by.

I feel that children and young adults should be better protected from this type of advertising and although this company states they will not sell to any person under 18 years of age I still feel that they are promoting the idea that it is acceptable to use these e-cigarettes to youngster who in all honesty are most influenced at younger ages, we all remember the cigarette advertising of the past was aimed at looking cool.

I will include an attachment on a follow up email, of a photograph showing the above mentioned stall which I took in February 2014.



7th March 2014

CAP / To whom it may concern

Regarding the consultation on the advertising of e-cigarettes.

I am writing on my on behalf to strongly object to the current state of affairs and advertising of these products.

It is an alarming and disturbing state of affairs to see electronic cigarettes being advertised on television and in print media. This is for a number of frankly, self-evident reasons.

Firstly, I struggle to see how the safety case for the products has been properly established. Fundamentally, on a more straightforward principle of ethics, advertising an inherently addictive product seems frankly perverse, especially when we consider the style in which some of the advertising is being carried out, implying perhaps that giving someone an electronic cigarette is doing someone a favour!

Secondly, there is an obvious relationship between electronic cigarettes and conventional ones. The awareness of the products in advertising arguably runs the high risk of encouraging conventional smoking. At the very least, more thorough research is required in this area, considering the potential risks. Along the same lines of concern, companies such as British American are heavily investing in electronic cigarettes. It seems a perverse state of affairs where the activities of a company (in terms of advertising) are restricted on one hand, and permitted with the other.

My personal interest in this subject is based in a fear of 'repeating-history'. My own father passed away from a smoking related illness. When he was a young man, widely misleading tobacco advertising may have contributed to him taking up the habit. Why are we putting another generation at risk?

Ban e-cigarette advertising. Please.

Yours faithfully,

A black rectangular redaction mark covering the signature area at the bottom left of the page.

REGULATORY POLICE TEAM

do not agree with teenagers buying them. Over 18 years only. I think shops selling them should be investigated. They are selling them for profit and not for the moral reasons.

In my opinion the consultation document seeks to differentiate e-cigarettes from tobacco products.

The safety of e-cigarettes (especially fake ones) is unproven

E-cigarettes promote smoking and it is unlikely that users will restrict themselves to only e-cigarettes

Therefore, I consider e-cigarettes should have all of the restrictions that currently apply to tobacco products.

IT IS NEVER TOO LATE.

There is a distinct lack of information regarding the effects on the health of people trading e- cigarettes for tobacco products. I now have quantitative, personal knowledge of such effects and feel strongly the importance of sharing such information.

From 1943 until 2012 I smoked 10 strong, unfiltered cigarettes/day (about 250,000 units)

In 2010 I saw my GP regarding wheeziness keeping me awake in bed and was given a lung function test and referred to a chest clinic. There the test was repeated and I was diagnosed with borderline Chronic Obstructive Pulmonary Disease (COPD). (Tragically, my only son Paul, died from this disease at the age of 47.)

I then reduced my intake to 2 cigarettes a day. In 2012 I started using an e-cigarette and stopped using tobacco inside one week. I found this quite easy despite being a "hardened smoker." Many of my friends have also stopped smoking easily.

Two weeks ago my GP carried out a further lung function test and was amazed at the results, which were repeated. Since 2010 my breathing had improved from 50% of normal to 80% of normal. This was only 18 months after giving up tobacco in favour of e-cigarettes.

The wheeziness has gone, allowing improved sleep and although being 82, I feel much healthier and can swim over a length underwater. This demonstrates the body's remarkable recuperative capabilities in only 18 months despite abuse over 69 years!

In my opinion e-cigarettes are proving to be the most effective nicotine replacement therapy to date.

The reason for this is not difficult to see as "vapers" feel, psychologically, that they have not irrevocably given up smoking but merely changed their type of cigarette to a less harmful alternative.

There can be no doubt that for those of us cannot, or choose not to live without our daily nicotine fix, but wish to continue enjoying the tactile and psychological elements associated with smoking, e-cigarettes are a much safer alternative. They are orders of magnitude less dangerous to our health than inhaling the products of combustion arising from smoking tobacco. Those who wish to give up nicotine entirely, find it easy by gradually weaning themselves off by using cartridges containing graded concentrations of nicotine until they are using 0%. Quite a few of my friends are just using fruit flavoured liquids. Contrary to popular belief, it is never too late to stop smoking, as the above results indicate and, more importantly, it has never been easier.

Many do-gooders decry the use of e-cigarettes and urge them to be banned on safety grounds due to lack of testing and effect on health. I doubt that they have ever used them and are ignorant of the health benefits their use can bring by helping smokers abandon tobacco. Over the past 75 years many studies have been carried out on the safety aspects of inhaling propylene glycol (PG) vapours. Its safety has been proven to the extent that it has even been used as a "carrier" vehicle in inhalers used to supply immunosuppressant drugs to patients undergoing lung transplant! PG is an antiseptic & in America the EPA re-registration decision in 2007 concluded, "there are no end-points of concern for oral, dermal or inhalation exposure to propylene glycol!".

My supplier has sent me his Quality protocol, and independent laboratory test results.

ASH (2014) reported the results of an international web-site survey indicating that 72% of "vapers" felt reduced craving and withdrawal symptoms, with 96% claiming they had stopped using tobacco products. Even accounting for the source, these are important figures in terms of harm reduction.

More information of this type is needed---- but who will carry out such investigations???

Dear Sir, Madam,

I am writing as an individual. My individual interest is as a former smoker and 5 year Ecig user.

Q1. Don't agree. The way Ecigs work the use of the word 'excessive' should not be used as a barrier to stop their use being that they are an alternative to smoking users generally 'self titrate' (use at their own level). Ecigs should not be linked to toughness or aggression or given a 'cool' factor. Wording of 'For over 18 use' should be mandatory.

Q2. Overly sexual adverts

Q3. Q4 Adverts that include ecigs that look like 'tobacco cigarettes' should not be shown (tobacco link). All other ecigs, same size but different colours and those that obviously do not look like cigarettes should be allowed to show the product. On showing use, wording should be allowed that it isn't 'smoke' being omitted.

Q5. Q6. Q7. The 'an alternative to tobacco' should be allowed. Also 'no tar', 'no smoke' 'no ash' descriptives

Q8. Agree. It should clearly state it is an electronic cigarette.

Q9. Agree. It should state nicotine or not.

Q10. Q11 Should be advertised to tobacco smokers/ecig users only. I believe leaving the ads open to interpretation will cause adverts to garner complaints.

Q12. Q13. Q14. Ecigs ads should not be linked with illicit drugs, alcohol or gambling. Even though they are all linked to adults I believe this would be an opening for cross branding.

Q15. Agree.

Q16. As studies have shown their safety they should be allowed to be advertised in any way (other than driving)

Q17. Agree

Q18. Agree.

Q19. Yes. The industry itself states this but I still think this needs to be highlighted.

Q20. Agree.

Q21. Agree

Q22. Agree

Q23.Q24 All rules that cover nicotine containing ecigs should cover non-nicotine containing ecigs.

Q25.If passed under MHRA, ecigs should have the same advertising rules as patches,gum,inhaler etc.

Q26.No. The definition is too open. 'Any component thereof' brings in torch batteries, wire, cotton, wicks.

E-cigarette – Public Consultation

27th February 2014

I believe there should be a total ban on advertising e-cigarettes where they are visible to young people and children.

My own three children have grown up, until now, in a world where cigarettes are practically invisible. They have not seen them at home, on television or advertised anywhere. All of a sudden that has changed and 'cigarettes' in their eyes are everywhere. They have asked me why there are posters for cigarettes up on buses and on massive billboards around London.

It is dangerous to make cigarettes so visible to children and impressionable teenagers. For years, through the advertising ban, cigarettes were simply not visible to children, unless exposed to parents/relatives smoking at home. That has now changed with the emergence of e-cigarette advertising.

I also believe that smoking e-cigarettes in front of children may lead them to start smoking in later life, as children learn by imitation. If they see a parent pick up an e-cigarette, which from a distance or to a young child looks the same as an ordinary cigarette, they will not be able to tell the difference and will view it as acceptable behaviour. E-cigarettes are a dangerous step for children to smoking the real thing.

Smokers who want to stop smoking can use e-cigarettes in their own homes or by using nicotine patches instead.

Please don't make seeing people with cigarettes acceptable in our society again. Children cannot tell the difference!

A recent example of an advert on a bus that my children commented on and asked me



“Why is there a poster for cigarettes on that bus?”

5. General rules

Rule 1: *Marketing communications / advertisements for e-cigarettes must be socially responsible.*

Question 1: Do you agree with inclusion and wording of this rule? If not, please explain why and provide any suggestions you may have for improvement.

There is no such thing as a socially responsible advert for a poisonous toxin such as nicotine.

Question 2: What specific advertising approaches, if any, which are not covered by the following rules do you consider might be identified as problematic within the wording of the rule?

Any advertising which is public is likely to imply that e-cigarettes are somehow 'ok', they are not!

Rule 2: *Marketing communications / advertisements must contain nothing which promotes the use of a tobacco product or shows the use of a tobacco product in a positive light. This rule is not intended to prevent cigarette-like products being shown.*

Question 3: Do you agree with inclusion and wording of this rule? If not, please explain why and provide any suggestions you may have for improvement.

How can you possibly advertise e-cigarettes without implying some forms of tobacco products or smoking are acceptable? Any e-cigarette advert is going to promote smoking in some form.

Question 4: Do you have any comments or evidence which can help to inform CAP and BCAP's goal of [preventing the indirect promotion of tobacco products while still permitting e-cigarettes to be advertised?

No, there is no significant evidence that demonstrates safe advertising of e-cigarettes. Any such adverts will also imply tobacco and smoking is ok to some degree.

Rule 3: *Marketing communications / advertisements must not contain health or medicinal claims [unless the product is licensed for those purposes by the MHRA]. E-cigarettes may however be presented as an alternative to tobacco.*

Question 5: Do you agree with the proposal to prohibit health claims for e-cigarettes? If not, please explain why and provide any suggestions you may have for improvement.

Yes, how can promoting a deadly toxin possibly allow any health claim for it?

Question 6: Do you agree with the proposed definition of health claims for the purposes of this rule? If not, please explain why and provide any suggestions you may have for improvement

There are no safe health claims for e-cigarettes, they are toxic!!!! They are just another method of delivering a poisonous substance to the body.

Question 7: Do you agree with the proposal to prohibit medicinal claims? If not, please explain why and provide any suggestions you may have for improvement.

Of course medicinal claims should be prohibited! E-cigarettes are toxic to an unknown level as yet, however there is no doubt they are toxic.

Rule 4: Marketing communications / advertisements must make clear that the product is an e-cigarette.

Question 8: Do you agree with inclusion and wording of this rule? If not, please explain why and provide any suggestions you may have for improvement.

There should be no advertisements. A poison should not be marketed to anyone!

Rule 5: Marketing communications / advertisements must state clearly if the product contains nicotine [or if it does not]. They may include factual information about other product ingredients.

Question 9: Do you agree with inclusion and wording of this rule? If not, please explain why and provide any suggestions you may have for improvement.

ALL ingredients should be listed IN FULL, and amounts specified in complete and accurate detail, any less is deceiving the public whose health is being put at risk so manufactures can make money.

6. Prohibited approaches

Rule 6: Marketing communications / advertisements must not encourage non-smokers or non-nicotine-users to use e-cigarettes.

Question 10: Do you agree with inclusion and wording of this rule? If not, please explain why and provide any suggestions you may have for improvement.

All/any advertising by definition, is going to encourage a false feeling of security for those who may otherwise have given up smoking or stayed as non-smokers. It may even encourage youngsters to start!

Question 11: Do you consider that this rule is proportionate? If you consider that advertising of e-cigarettes expressly to non-users of nicotine is acceptable or if you would prefer a rule which required all marketing to be explicitly addressed only to existing nicotine users please provide your comments and any evidence.

No advertising of toxic substances for the purposes of someone making profit in business should be permitted to ANYONE.

Rule 7: Marketing communications / advertisements must not link e-cigarettes with gambling, alcohol or illicit drugs.

Question 12: Do you agree with the proposal to prohibit linking e-cigarettes with illicit drugs? If not, please explain why and provide any suggestions you may have for improvement.

Cigarette smoking adverts are banned. Therefore so should any other product of a similar nature. E-cigarettes are called cigarettes, the clue is in the name! ANY adverts should therefore be banned.

Question 13: Do you consider that alcohol should be included in this rule? Please explain why and provide any evidence you consider relevant.

Light or moderate use of alcohol does so little harm, that it is up to the individual to moderate their intake to a healthy level. It is toxic to the body, in particular to the liver, though the body is capable of dealing effectively with small quantities. It is debatable as to whether alcohol adverts should be banned too, as excess use is health threatening and costly re law breaking. HOWEVER, THERE IS NO SAFE LEVEL OF NICOTINE

Question 14: Do you consider that gambling should be included in this rule? Please explain why and provide any evidence you consider relevant.

Gambling should never be promoted, it brings misery to many families of addicts, betting takes money from families that could always be better spent. The House ALWAYS wins long term, or they wouldn't still be in business.

Rule 8: Marketing communications / advertisements must not link e-cigarettes with activities or locations in which using them would be unsafe or unwise; such as driving.

Question 15: Do you agree with inclusion and wording of this rule? If not, please explain why and provide any suggestions you may have for improvement.

Now we can be prosecuted for eating fruit or a sandwich while driving (even if stationary in a traffic jam according to a recent newspaper report), so pretty obvious I'd have thought.

Question 16: Are there any other situations, other than driving, in which you consider that e-cigarette use is so demonstrably harmful that their depiction in advertising should be prohibited?

They give off fumes so their use should be restricted to the same areas as normal cigarettes, even so I often choke as I walk past smokers. If I notice I will hold my

breath until well past. (I chose to become a non-smoker 30 years ago and dislike inhaling others filthy smoke and fumes).

7. Protection of children and young persons: general

Rule 9: Marketing communications / Advertisements must not be likely to appeal particularly to people under 18, especially by reflecting or being associated with youth culture. They should not feature or portray real or fictitious characters who are likely to appeal particularly to people under 18. People shown using e-cigarettes or playing a significant role should not be shown behaving in an adolescent or juvenile manner.

Question 17: Do you agree with inclusion and wording of this rule? If not, please explain why and provide any suggestions you may have for improvement.

Money is to be made attracting fresh children to become smokers, if you don't believe this you are naïve in the extreme!

Rule 10: People shown using e-cigarettes or playing a significant role must neither be, nor seem to be, under 25. People under 25 may be shown in an incidental role but must be obviously not using e-cigarettes.

Question 18: Do you agree with the inclusion and wording of this rule? If not, please explain why and provide any suggestions you may have for improvement.

See above

Rule 11: Marketing communications / advertisements must state that products are not suitable for under-18s.

Question 19: Do you consider that a rule is necessary which requires that ads state that products are not suitable for under-18s? Please provide any evidence which may you consider may assist CAP and BCAP's consideration of this rule.

See above

8. Protection of children and young persons: targeting (CAP Code only)

Rule 12: Marketing communications must not be directed at people under 18 through the selection of media or the context in which they appear. No medium should be used to advertise e-cigarettes if more than 25% of its audience is under 18 years of age.

Question 20: Do you agree with inclusion and wording of this rule? If not, please explain why and provide any suggestions you may have for improvement.

Why are you prepared to sacrifice up to 24% of youngsters?

9. Protection of children and young persons: scheduling (BCAP Code only)

Rule 13: [Amendment to existing BCAP rule 32.2(.7)] “32.2 These may not be advertised in or adjacent to programmes commissioned for, principally directed at or likely to appeal particularly to audiences below the age of 18:...” to include:

“32.2.7 electronic cigarettes”

Question 21: Do you agree with e-cigarettes being included in this list of scheduling restrictions?

They should not be advertised full stop. Children watch TV at all times, if they can't sleep, they may be downstairs while their exhausted parents hope they will soon crash out, meanwhile they are seeing the ads.....

10. Radio central copy clearance (BCAP Code only)

Rule 14: Radio Central Copy Clearance – Radio broadcasters must ensure advertisements for e-cigarettes are centrally cleared.

Question 22: Given BCAP's policy consideration, do you agree that all advertisements for e-cigarettes must be centrally cleared? If you disagree, please explain why.

By whom? Who is the 'central' in question?

11. Additional questions

11.1 E-cigarettes which do not contain nicotine

Question 23: To what extent, if any, do you consider that new rules should apply to e-cigarettes that do not contain nicotine? Please provide any relevant evidence in support of your response.

If it's called a cigarette, e or otherwise, then presumably it contains something toxic for smokers? ergo no adverts should be allowed.

Question 24: Do you consider that any additional rules should be considered specifically in relation to the advertising of e-cigarettes that do not contain nicotine? Please provide any relevant evidence in support of your response.

See above

11.2 E-cigarettes which are licensed as medicines

Question 25: To what extent, if any, do you consider that the above rules for e-cigarettes should apply to those which are licensed as medicines?

No e-cigarette is a medicine, only business profits from that point of view, and certainly not the poor sucker who's health is being put at risk.

11.3 Definition of electronic cigarette

Question 26: Do you agree with the proposed definition of e-cigarette? If not please explain why.

Anything called 'cigarette' whether 'e' or not, is likely to be toxic otherwise what's the point?

11.4 Further comments

Question 27: Are there any other rules which you believe CAP and BCAP should consider implementing in relation to the advertising of e-cigarettes? Please provide as much detail as possible and any evidence you consider supports the relevant restrictions.

Should be treated like the cigarettes they are named for.

Question 28: Are there any other comments you wish to make in relation to the advertising of e-cigarettes and BCAP's consideration of this issue?

Words fail me as to the gullibility of those in authority who appear to be about to allow promotion of such a toxic object. You have to live with your conscience about the long term health effects on the general public. Think about how you will feel when e-cigarettes are later proved (as they will be given time) to be similarly detrimental to peoples' health as normal cigarettes, how will you justify your decision to yourself?

I would like to respond to your consultation on the marketing of e-cigarettes. I am doing so as an individual.

I have just seen a TV commercial for N-Joy e-cigarettes at 10am on Channel 5. I am absolutely disgusted that these products are being advertised pre-watershed. Surely the best way to protect children and young people from nicotine addiction is to make sure that they cannot possibly see these adverts during daytime television.

I would prefer if they were not advertised at all, or only to be marketed as products that could help the user give up smoking as nicotine replacement products usually are. The advertisement I saw seemed to be actively saying that you were not a good person unless you helped your friend to smoke e-cigarettes rather than tobacco. But I do not think that any advertisements for these products should be shown before 9pm.

I was actually quite shocked to see the advertisement as I was unaware that there was not legislation already in place.

I hope that you have found my contribution to your consultation useful and that legislation will be brought in as soon as possible to prevent these advertisements going out pre-watershed.

Thank you

Dear CAP and BCAP

I write on behalf of myself in response to the e-cigarette consultation document. Whilst I do deliver smoking cessation work the opinions are my own and not associated with the organisation that I work for. I have read through the document and would like to make the following comments:

6. Prohibited approaches

Rule 6: Marketing communications / advertisements must not encourage non-smokers or non-nicotine-users to use e-cigarettes.

I have already seen evidence of this through recent television advertisements. The advertisements are extremely similar to the advertisements which used to try and entice people into starting to smoke. The advertisements glamorise the electronic cigarettes and make suggestions that it is cool to do this. For instance "smoking is so last season". However, because in the advertisements the person is speaking to someone smoking and advising them to use electronic cigarettes, this would assume that they would get away with this under the current wording of the rule and would also not be subject to rule

7:

Rule 7: Marketing communications / advertisements must not link e-cigarettes with gambling, alcohol or illicit drugs.

Because glamorising and making something look cool is not captured under any of the above three headings.

Furthermore it is disappointing that there is no guidance on advertising on packaging. I have seen many packets for some of the electronic cigarettes and they are very appealing. I appreciate that packaging is not advertising per se, but the electronic cigarettes can be on display in shops often at child height, the very reason why cigarettes were put out of view so that young people and non smokers could not be encouraged to start smoking which would be a complete contradiction to rule 6. I have also seen them displayed in the same cabinet as nicotine replacement products, which can lead people to assume that they are affiliated with these products.

I also feel that there should be a rule around where electronic cigarettes can be advertised. I see a number of students for smoking cessation who have bought electronic cigarettes because they have seen them advertised in GP surgeries and pharmacies. They then often don't use the nrt products, rely on the electronic cigarettes where they can not regulate their nicotine consumption and often end up with a heavier addiction and smoke more if they go back to smoking. I have also seen electronic cigarettes advertised on social networking sites and even on pages intended for use by under 18s.

I very much appreciate having the opportunity to share my opinions on this topic.

Kind Regards

CAP/BCAP consultation

22 April 2014

Individual submission from:

Personal background:

A public health social scientist, with over 40 years' experience of public health research and advocacy in the field of psychoactive substance use. I have published over 220 scientific publications and several books. I was one of the founders of harm reduction (in the 1980s) and instrumental in the development and evaluation of harm reduction in the UK as a response to HIV/AIDS. I have advised the UK Government, World Health Organization, UNAIDS, UNODC, World Bank and numerous working groups on issues relating to drugs, hepatitis, HIV infection and AIDS, alcohol and tobacco. I was a member of the UK National Institute for Health and Care Excellence guidelines group on tobacco harm reduction. In the last three years I have become a strong advocate of the use of electronic-cigarettes and other nicotine delivery devices to help people switch from smoking cigarettes. I help run a website on nicotine (www.nicotinepolicy.net) and help organise the Global Forum on Nicotine conference (www.gfn.net.co). In 2012 a company of which i am a director received a small research development grant from a company developing a new nicotine delivery device.

General comments and personal interest in e-cigarettes

Electronic cigarettes are an attractive alternative to tobacco cigarettes for established smokers who are unable or unwilling to give up nicotine. The available evidence in this fast moving scientific field indicates that electronic cigarettes do not raise serious health concerns and the science suggests that electronic cigarettes are many times safer than the smoked tobacco against which they are competing (1). They are clearly popular amongst smokers and ex-smokers: in a short time there has been remarkable uptake in their use, with an estimated 7m users in Europe and 1.3m in the UK; in the US the value of sales is roughly doubling each year, from \$20m in 2008 to an estimated \$1,000m in 2013 (2). In the UK, electronic cigarettes have overtaken both NRT and health service stop smoking clinics as the most common resource used by people who want to stop smoking, with 1 in 3 quit attempts now involving the use of electronic cigarettes (3). Tobacco sales are declining, in part attributed to the rise of e-cigarettes, and US stock market analysts estimate that e-cigarettes will overtake tobacco sales within 10 years.

The rise of the electronic cigarette is a consumer led, self-help public health movement, mostly spread by word of mouth, social media, and direct point of sale advice at e-cigarette shops, with, until recently, little mass marketing. This consumer public health movement is all the more remarkable because it has not used health care resources. It has not been a cost to taxpayers – being paid for by the consumer. This consumer led public health initiative has all the hallmarks of what public health hopes to achieve. It has, until recently not been the subject of major advertising spend, though this is now changing.

I believe - on the basis of the nature of the product, its use and popularity among people who want to switch from smoking - that e-cigarettes are an important public health tool and should be treated advantageously in comparison with smoked tobacco (cigarettes) against which they compete. This includes allowing creative and imaginative advertising to encourage their purchase and use by smokers and ex-smokers. Some public health experts have argued – incorrectly and not based on evidence - that they are a gateway into nicotine addiction and smoking, and that advertising is aimed at glamorising vaping and hence smoking (4). The epidemiological evidence does not support the contention that they appeal to young people, nor to people who are not already smokers. Overall, the CAP/BCAP document provides sensible and balanced proposals regarding the regulation of advertising for these new products. E-cigarettes are not tobacco products and should be subject to their own code of practice.

- 1 Polosa R, Rodu B, Caponnetto P, Maglia M, and Raciti C. A fresh look at tobacco harm reduction: the case for the electronic cigarette. *Harm Reduction Journal* 2013, **10**:19 doi:10.1186/1477-7517-10-19.
- 2 Robehmed N. (2103) E-cigarette Sales Surpass \$1 Billion As Big Tobacco Moves In. *Forbes* 2013. Available at: <http://www.forbes.com/sites/natalierobehmed/2013/09/17/e-cigarette-salessurpass-1-billion-as-big-tobacco-moves-in/> (accessed on January 13, 2014).
- 3 West R (2013) Presentation at e-Cigarette Summit. <http://nicotinepolicy.net/events-summaries/440-12-november-2013-e-cigarette-summit-2> Accessed 20 Jan 2014
- 4 Gerry V. Stimson *Public health leadership and electronic cigarette users* , *The European Journal of Public Health* 2014; doi: 10.1093/eurpub/cku049

Comments on specific questions

	Question	Response
Rule 1: Marketing communications / advertisements for e-cigarettes must be socially responsible.		
Q1	Do you agree with inclusion and wording of this rule? If not, please explain why and provide any suggestions you may have for improvement.	<p>Yes – though there will likely be issues about how ‘socially responsible’ is defined in the context of this product.</p> <p>Example 1 – is glamorising e-cigarettes not socially responsible? Some commentators (eg <i>Andrade, Hastings and Angus, Promotion of electronic cigarettes: tobacco marketing reinvented? BMJ</i> 2013; 347 doi: http://dx.doi.org/10.1136/bmj.f7473 (Published 22 December 2013) have erroneously argued that e-cigarette advertising, where it uses imagery similar to that once used in tobacco advertising, is de facto ‘glamorising’ and</p>

		<p>'renormalizing' smoking. Even for those well versed in advertising semiotics this is a stretch of the imagination. In my view, given the potential public health benefits of e-cigarettes, it is socially responsible to use such creative imagery. The code should not be written such in a way that such imagery would be open to challenge as not being socially responsible.</p> <p>Example 2. Is promoting flavours not socially responsible? Some commentators have argued that certain e-cigarette flavours are designed to be attractive to children, and hence they might argue that advertising flavours is not socially responsible. The evidence is however that flavours are an important part of the adult vaper experience and hence should be promoted (<i>Farsalinos, K. E., Romagna, G., Tsiapras, D., Kyrzopoulos, S., Spyrou, A., & Voudris, V. (2013). Impact of flavour variability on electronic cigarette use experience: an internet survey. International Journal of Environmental Research and Public Health, 10(12), 7272–82. doi:10.3390/ijerph10127272.</i>)</p>
Q2	What specific advertising approaches, if any, that are not covered by the following rules do you consider might be identified as problematic within the wording of the rule?	
Rule 2: Marketing communications/advertisements must contain nothing which promotes the use of a tobacco product or shows the use of a tobacco product in a positive light. This rule is not intended to prevent cigarette-like products being shown.		
Q3	Do you agree with inclusion and wording of this rule? If not, please explain why and provide any suggestions you may have for improvement.	<p>Agree.</p> <p>Second sentence – agree that it is important that nothing is done to prevent cigarette-like products from being shown.</p>
Q4	Do you have any comments or evidence which can help to inform CAP and BCAP's goal of preventing the indirect promotion of tobacco products while still permitting e-cigarettes to be advertised?	
Rule 3: Marketing communications / advertisements must not contain health or medicinal claims [unless the product is licensed for those purposes by the MHRA]. E-cigarettes may however be presented as an alternative to tobacco.		
Q5	Do you agree with the proposal to prohibit health claims for e-cigarettes? If not, please explain why and provide any suggestions you may have for improvement.	<p>The problem is how you define a health claim and how you distinguish it from a medicinal claim. It is clearly healthier to use an e-cigarette rather than to smoke tobacco. E-cigarettes do not treat disease or enhance healthy functioning – except – and it is an important exception – they enable people who are unable or</p>

		<p>unwilling to cease using nicotine to do so in a way much safer than smoking cigarettes. These products are clearly safer than smoked products (see eg Nutt D.J., Phillips L.D., Balfour D., Curran H.V., Dockrell M, Foulds J., Fagerstrom K., Letlape K., Milton A., Polosa R., Ramsey J., and Sweanor D. (2014) <i>Estimating the harms of nicotine-containing products using the MCDA approach. European Addiction Research, 20, 218-225</i>)</p> <p>Provision must be allowed for a statement based on the facts that e-cigarettes are safer or less risky than smoked cigarettes.</p> <p>Advertisers must also be able to make statements of fact such as that e-cigarettes do not contain tobacco, that there is no combustion and hence no smoke, that there is no fire hazard (important given the high proportion of domestic fires due to smoking cigarettes) and that there is no second hand smoke.</p>
Q6	Do you agree with the proposed definition of health claims for the purposes of this rule? If not, please explain why and provide any suggestions you may have for improvement.	See above – advertisers must be able to make a ‘safer than cigarettes’ or ‘less risky than cigarettes’ claim, without making a medicinal claim as per MHRA definition of medicinal. These products are not medicines – (see Farsalinos K and Stimson G (2013) <i>Is there any legal and scientific basis for classifying electronic cigarettes as medications? International Journal of Drug Policy: http://dx.doi.org/10.1016/j.drugpo.2014.03.003</i>)
Q7	Do you agree with the proposal to prohibit medicinal claims? If not, please explain why and provide any suggestions you may have for improvement.	Q is irrelevant as this restriction is covered by medicines regulations.
Rule 4: Marketing communications/advertisements must make clear that the product is an e-cigarette.		
Q8	Do you agree with inclusion and wording of this rule? If not, please explain why and provide any suggestions you may have for improvement.	This seems to be unnecessary and to under-estimate consumer knowledge and sophistication. It is unclear what purpose is served by this rule, in that not all advertisements are in all cases explicit about the product.
Rule 5: Marketing communications / advertisements must state clearly if the product contains nicotine [or if it does not]. They may include factual information about other product ingredients.		
Q9	Do you agree with inclusion and wording of this rule? If not, please explain why and provide any suggestions you may have for improvement.	<p>This seems to be unnecessary and to under-estimate consumer knowledge and sophistication. As with Q 8, such information can be on the product information sheet.</p> <p>It is important that communications may include</p>

		information about other ingredients including flavours, and about other product and device characteristics.
Rule 6: Marketing communications/advertisements must not encourage non-smokers or non-nicotine-users to use e-cigarettes.		
Q10	Do you agree with inclusion and wording of this rule? If not, please explain why and provide any suggestions you may have for improvement.	It is difficult to see how in practice the word 'encourage' might be defined. Marketing should be targeted at smokers rather than non-smokers and non-nicotine users. The definition of smoker should also include recently stopped smokers, ex-smokers wishing to avoid a relapse to smoking, and ex-smokers who are using other nicotine containing products including e-cigarettes. It is difficult to see how in practice the word 'encourage' might be defined.
Q11	Do you consider that this rule is proportionate? If you consider that advertising of e-cigarettes expressly to non-users of nicotine is acceptable or if you would prefer a rule which required all marketing to be explicitly addressed only to existing nicotine users please provide your comments and any evidence.	
Rule 7: Marketing communications / advertisements must not link e-cigarettes with gambling, alcohol or illicit drugs.		
Q12	Do you agree with the proposal to prohibit linking e-cigarettes with illicit drugs? If not, please explain why and provide any suggestions you may have for improvement.	Agree
Q13	Do you consider that alcohol should be included in this rule? Please explain why and provide any evidence you consider relevant.	No – because there are many situations where the use alcohol and nicotine coincide, and advertising has to be allowed to recognise that e-cigarettes might be used in situations where alcohol is served and consumed.
Q14	Do you consider that gambling should be included in this rule? Please explain why and provide any evidence you consider relevant.	No view, except that there should not be a ban on showing the use of e-cigarettes in indoor or outdoor settings (eg sports events) including where gambling might occur.
Rule 8: Marketing communications / advertisements must not link e-cigarettes with activities or locations in which using them would be unsafe or unwise; such as driving.		
Q15	Do you agree with inclusion and wording of this rule? If not, please explain why and provide any suggestions you may have for improvement.	Agreed – as with any other activity that distracts from safe use of transport (smoking, mobile phones, eating).
Q16	Are there any other situations, other than driving, in which you consider that e-cigarette use is so demonstrably harmful that their	No

	depiction in advertising should be prohibited?	
<p>Rule 9: Marketing communications / advertisements must not be likely to appeal particularly to people under 18, especially by reflecting or being associated with youth culture. They should not feature or portray real or fictitious characters who are likely to appeal particularly to people under 18. People shown using e-cigarettes or playing a significant role should not be shown behaving in an adolescent or juvenile manner.</p>		
Q17	Do you agree with inclusion and wording of this rule? If not, please explain why and provide any suggestions you may have for improvement.	<p>Some commentators have suggested that e-cigarette advertising and marketing is currently aimed at children, through for example the imagery used and promotion of flavours. If this is the case (which I believe it is not) such marketing has been spectacularly unsuccessful - give the survey data that show negligible use of e-cigarettes by young people. Rather, I suspect that lack of use by young people is due to current voluntary restrictions of sales to under 18s, and the marketing of e-cigarettes to the demographic category most likely to use them – adult smokers.</p> <p>I support this rule as applied to manufacturers, distributors and retailers – that communications should not deliberately appeal to people under age 18: it would be unfortunate to encourage nicotine use among people who would not otherwise have used nicotine.</p> <p>However from a public health perspective there is a quandary here, which in due course needs some deliberation. Surveys by Action on Smoking and Health show that among adult smokers, about two-thirds report that they took up smoking before the age of 18 and that almost two-fifths (40%) had started smoking regularly before the age of 16. The quandary for public health policies and public health social marketing is that restrictions on advertising to under 18s mean that the product is not advertised to the critical age population. To put it crudely the message would be something like ‘it is daft to smoke, but if you do want to use nicotine it is safer to do so by vaping rather than smoking.’</p> <p>We have managed such difficult messages for other things young people like doing (using drugs, having sex).</p>
<p>Rule 10: People shown using e-cigarettes or playing a significant role must neither be, nor seem to be, under 25. People under 25 may be shown in an incidental role but must be obviously not using e-cigarettes.</p>		
Q18	Do you agree with the inclusion and wording of this rule? If not, please explain why and provide any	See answer to Q17.

	suggestions you may have for improvement.	
Rule 11: Marketing communications / advertisements must state that products are not suitable for under-18s.		
Q19	Do you consider that a rule is necessary which requires that ads state that products are not suitable for under-18s? Please provide any evidence which may you consider may assist CAP and BCAP's consideration of this rule.	See answer to Q17.
Rule 12: Marketing communications must not be directed at people under 18 through the selection of media or the context in which they appear. No medium should be used to advertise e-cigarettes if more than 25% of its audience is under 18 years of age.		
Q20	Do you agree with inclusion and wording of this rule? If not, please explain why and provide any suggestions you may have for improvement.	No view.
Rule 13: [Amendment to existing BCAP Rule 32.2(.7)]: 32.2 These may not be advertised in or adjacent to programmes commissioned for.. below the age of 18: electronic cigarettes		
Q21	Do you agree with e-cigarettes being included in this list of scheduling restrictions?	No view.
Rule 14: Radio Central Copy Clearance – Radio broadcasters must ensure advertisements for e-cigarettes are centrally cleared.		
Q22	Given BCAP's policy consideration, do you agree that all advertisements for e-cigarettes must be centrally cleared? If you disagree, please explain why.	No view.
Additional Questions		
Q23	To what extent, if any, do you consider that new rules should apply to e-cigarettes that do not contain nicotine? Please provide any relevant evidence in support of your response.	Agree –many companies will have some non-nicotine e-cigarette products and this rule provides consistency in approach
Q24	Do you consider that any additional rules should be considered specifically in relation to the advertising of e-cigarettes that do not contain nicotine? Please provide any relevant evidence in support of your response.	No – the overall rules suffice.
Q25	To what extent, if any, do you consider that the above rules for e-cigarettes should apply to those	Disagree. There are separate and specific rules for advertising medicinal products and the CAP/BCAP code should not apply.

	which are licensed as medicines?	
Q26	Do you agree with the proposed definition of e-cigarette? If not please explain why.	
Q27	Are there any other rules which you believe CAP and BCAP should consider implementing in relation to the advertising of e-cigarettes? Please provide as much detail as possible and any evidence you consider supports the relevant restrictions.	
Q28	Are there any other comments you wish to make in relation to the advertising of e-cigarettes and BCAP's consideration of this issue?	Will the code also apply to non-commercial advertising for example social marketing from public health and similar agencies?

Consultation on the marketing of e-cigarettes

Response to CAP and BCAP proposals for new rules

Issue date: 27/02/2014, Closing date: 28/04/2-14

Date of response: April 2014

Response to proposals prepared by D.Hyp, D.Adv.Hyp, MIAEBP, an independent behavioural psychotherapist, hypnotherapist and hypnoanalyst, working in the private sector, with more than 10 years experience of providing assistance and help for smoking cessation – and familiar with the underlying behavioural psychology surrounding cigarette smoking; and also the use of behavioural psychology and hypnosis suggestion techniques in the marketing techniques being employed by industry in the promotion of tobacco and electronic cigarettes; together with the industry's use of paid scientific researchers, advisers and 'experts' to lobby on its behalf.

In particular, it is clear from the advertising that "waking hypnosis" (i.e. hypnosis without trance), and social media, is being widely used by the nicotine industry and e-cigarette marketing to persuade, influence, manipulate and misinform public opinion about e-cigarettes – rather than just offering e-cigarettes for sale.

One definition of waking hypnosis might be "The use of language and communication to direct attention, lead cognition and seed ideas, for the purpose of leading someone into an altered perception of reality".

The hypnotic suggestions that are used to misinform and manipulate are readily accepted when the critical faculties are disengaged.

And no one can have their critical faculties disengaged much more than the smoker or e-cigarette enthusiast, who so desperately wants to believe that all the suggestions of health and safety are true. Of course the suggestions of health and safety aren't true, but the users want to believe them, and they will then go on to promote e-cigarettes to their friends on behalf of the industry.

But then, of course, there are the non-smokers, who aren't really interested at all in 'the message', but, nevertheless, will take all of the misleading messages on board as being true anyway (although, for sure, some non-smokers will exercise a certain amount of healthy scepticism).

And so the process of 'normalisation' of the use and acceptability of e-cigarettes begins.

Throw in the toxic influence of numerous stakeholders, who all stand to make a lot of money from pushing dependence forming e-cigarette nicotine, to regular and hooked repeating customers, and it all becomes very clear that there is an obvious and unseemly rush to get the entire UK hooked on nicotine and e-cigarettes - and make money as quickly as possible before the link to the yet to be established long term damage to the lungs has been identified.

5. General rules

Rule 1: *Marketing communications / advertisements for e-cigarettes must be socially responsible.*

Question 1: Do you agree with inclusion and wording of this rule? If not, please explain why and provide any suggestions you may have for improvement.

Whilst the wording does offer a useful broad 'catch all' for situations that may not have been thought of at the time of preparation of the rule it does lack any specific direction as to what 'socially responsible' actually means – and what is socially responsible, and what is not socially responsible.

Some definitions of social responsibility include:

“ASQ believes that being “socially responsible” means that people and organizations must behave ethically and with sensitivity toward social, cultural, economic and environmental issues.” - See:

<http://asq.org/social-responsibility/about/what-is-it.html>

<http://www.imasocialentrepreneur.com/social-responsibility/>

“Acting with concern and sensitivity, aware of the impact of your actions on others, particularly the disadvantaged.” - See:

<http://www.entrepreneur.com/encyclopedia/social-responsibility>

“Social responsibility means making sure that the people's quality of life and their human rights are not compromised to accomplish your expectations and demands.” – See:

<http://uk.ask.com/question/what-does-social-responsibility-mean>

“Student social responsibility is the responsibility of every student for his/her actions. It is morally binding on everyone to act in such a way that the people immediately around them are not adversely affected. It is a commitment everyone has towards the society – contributing towards social, cultural and ecological causes. SSR is based on an individual's ethics. Instead of giving importance only to those areas where one has material interests the individual supports issues for philanthropic reasons.” – See:

http://en.wikipedia.org/wiki/Social_responsibility

“The obligation of an organization's management towards the welfare and interests of the society in which it operates.” – See:

<http://www.businessdictionary.com/definition/social-responsibility.html>

The cigarette industry operates by recruiting lifelong dependent users at a young age who then find it difficult to quit, and then go on to experience an unfortunate early death as a result of using cigarette/nicotine products. And the reason the user started in the

first place, and also a major reason for them finding it difficult to stop, is largely because of the environmental triggers, visual cues and encouragement provided by other users and advertising. Widespread advertising, in particular, has the effect of normalizing the activity; making it acceptable.

There can be no doubt that, based on the above understanding, many people find the advertising of cigarettes and e-cigarettes to be morally repugnant and very, very, offensive, and feel as strongly against the public promotion of e-cigarettes and smoking as they would do about images and promotion of, say, child pornography, animal cruelty, or Nazism.

So, many people do consider it to be fundamentally unethical to encourage people to do an activity for which they may well develop a psychological dependency, such that they find themselves unable to stop the activity when they do want to escape – especially so when that activity is potentially so very, very, harmful to their health.

Doubtless the e-cigarette industry would argue that e-cigarette advertising is socially responsible, in encouraging smokers to switch from tobacco to nicotine e-cigarettes, which they claim to be far safer than tobacco cigarettes. But then, they would say that, wouldn't they?

It is known already that something like 50% of lung cancer diagnoses are made not in smokers, but in former smokers who quit smoking some 10 years or more before the diagnosis. It is also known that the residual carcinogenic tar that builds up from smoking will remain in the lungs of an ex-smoker for something like 10 – 15 years. It is therefore highly likely that the effect of bathing that residual tar with nicotine (a proven cancer promoter), from an e-cigarette, will be to accelerate the development of lung tumour growth in the lungs of a former smoker. See:

<http://www.thesmokelessociety.org/E-Cigarette-Health-Warning.html>

It is highly likely that the e-cigarette industry will completely deny responsibility for any lung health problems in users that arise as a result of using e-cigarettes, and will instead place the blame on factors other than their use of e-cigarettes; such as their previous smoking history; or that their parents were smokers etc. This has been the behaviour of the tobacco cigarette industry in the past.

Rule 1 requires marketing of e-cigarettes to be socially responsible, and hence ethical. However there are legitimate health concerns, as outlined above; and e-cigarettes have not been proven to be safe or harmless (in fact it is not practically possible to clinically test e-cigarettes over an extended time period of 20+ years); and some people do appear to develop a psychological dependency upon nicotine from which they are convinced they are unable to escape, or don't want to escape.

Given the foregoing, and the requirements for an ethical approach that is implicit in a requirement for marketing communications / advertisements to be socially responsible, it is very important that the utmost care should be taken to ensure that innate and inherent psychological and behavioural vulnerabilities in the general public are not exploited by advertisers.

It is suggested that Rule 1 be reworded to spell out what social responsibility means.

Suggested rewording/clarification is:

Rule 1: *In addition to being legal, decent, honest and truthful, marketing communications / advertisements for e-cigarettes must be socially responsible and ethical, having sensitivity towards social, cultural, economic and environmental issues and concerns. The exploitation of innate and inherent psychological and behavioural vulnerabilities in the general public must be avoided.”*

Question 2: What specific advertising approaches, if any, that are not covered by the following rules do you consider might be identified as problematic within the wording of the rule?

Suggested rules follow:

Suggested Rule 1a: *Marketing communications / advertisements for e-cigarettes must be socially responsible, and target only existing users of e-cigarettes and tobacco cigarettes.*

Above rule is because it might (arguably) be ethical to encourage existing smokers of tobacco cigarettes, who cannot (or will not) quit smoking tobacco cigarettes, to switch to e-cigarettes instead, as an alternative.

However it is not ethical to advertise and promote the use of e-cigarettes to the young and to non-smokers – they may well go on to establish a nicotine dependency and also have a gateway path opened to the regular and acceptable recreational use of other drugs - and experience ill health, a wasted life and an early death as a result.

One TV commercial, the E-Lites baby commercial, poses the question ‘What are you missing?’ – and with this question is clearly trying to both encourage ex-smokers (and also never smokers) to take up the habit.

<http://www.youtube.com/watch?v=OaOmJ6oNX7M>

It would be far more ethical to advertise the fact that most successful quitters use ‘unassisted cessation’ – and quit without the use of any ‘medical/drug based intervention’ at all. i.e. ‘cold turkey’.

Nicotine Replacement Therapy (NRT) – is very heavily promoted by the medical establishment within the NHS, in co-operation with industry lobbying by ‘medical experts’ and ‘researchers’, who in fact represent the commercial interests of the drugs companies, the tobacco companies and the e-cigarette companies.

Unfortunately, NRT does nothing but work to keep the user dependent on nicotine during that time in their life when they are best motivated to quit. See:

<http://whyquit.com/pr/112308.html>

Suggested Rule 1b: *Marketing communications / advertisements for e-cigarettes must be socially responsible, and must not claim any positive benefits that suggest, infer or imply that the use of the product will have any form of positive transformational effect on the user. For example, static photographs, videos, text and audio shall not be used that suggest that use of the product will make the user: more happier; more confident; more outgoing; more sociable; more healthier; more fitter; more capable; less weak; more strong; more energetic; more full of life; more attractive to the opposite sex; more relaxed; less stressed; more powerful; improve the user's concentration; or live longer; more independent; more rebellious; have more self-belief; achieve more etc.*

Above rule is because any marketing communications / advertisements that do suggest a positive transformational effect on the user will doubtless also be attractive to those non-smokers who may be experiencing a temporary low point in their life and feel that they might benefit from any one of the 'positive transformational effects' that the e-cigarette marketing industry may have ascribed to nicotine e-cigarettes.

It would not be ethical to advertise and promote the use of e-cigarettes as having any kind of positive transformational effect because those non-smokers who are hooked by the advertising may well go on to establish a nicotine dependency and also have a gateway path opened to the regular recreational use of other drugs - and experience ill health, a wasted life and an early death as a result.

Note. Following ridiculous Full Page Advert by E-lites in Mail on Sunday newspaper 27th April, with following text presented in a column format:

“SELF BELIEF,
IT'S WHERE AMAZING
THINGS BEGIN.
LIKE ACHIEVING
A LIFELONG DREAM
OR MAKING
A SIMPLE
POSITIVE
SWITCH.”

Above style is using waking hypnosis to suggest a positive transformation – and may well attract the attention of a teenager who been told all his life by his parents that smoking is a silly habit and he shouldn't do it; and he's just been grounded for some minor misdemeanor, and is feeling down – and as a result turns to E-Lites as an act of rebellion and to transform his life. He then gets hooked on e-cigarettes, and with the recreational and acceptable use of drugs established, he will then go on to experiment with many other forms of drug (e.g. tobacco cigarettes, e-cigarettes with 'added extras', alcohol, legal highs etc.)

DO WE REALLY HAVE TO BE SUBJECTED TO THIS FORM OF ADVERTISING ?

E-cigarettes should be hidden as much as possible, and only promoted/sold at the same counter as tobacco cigarettes, as an alternative – and not used in public either because

no one should want to be passively breathing the polluted air created by use of these devices.

Suggested Rule 1c: Marketing communications / advertisements for e-cigarettes must be socially responsible, and must not show visual imagery of the product/device in actual use.

Visual imagery of an e-cigarette in actual use will both attract and pique curiosity in the young and non-smokers, and also actively work to undermine quit attempts by smokers and e-cigarette users who may be struggling to quit their habit of nicotine dependency.

Note. Smokers experience a desire to smoke in response to a number of sophisticated environmental cues and triggers, similar to how the smell of fresh bread from a baker's shop will encourage people who love fresh bread to go inside and buy some bread. For a person who may be struggling to quit either tobacco or e-cigarettes the presence of visual imagery of the product/device in actual use will provide an environmental cue that will tend to trigger a desire for a cigarette followed by cravings and then relapse back into smoking or using tobacco or e-cigarettes.

Suggested Rule 1d: Marketing communications / advertisements for e-cigarettes must be socially responsible, and must not suggest that these devices are either free of emissions or that their emissions are only harmless or naturally occurring chemicals, such as steam, or water vapor.

Above rule is because E-cigarettes are not emission free, in addition to Nicotine many use Propylene Glycol, a chemical for which the manufacturer itself (Dow Chemicals) states that the chemical should not be inhaled. E-cig users who experience a sore throat reaction from Propylene Glycol are encouraged within the e-cigarette user community to use Vegetable Glycerin e-cigarettes instead. Some tests have revealed the presence of carcinogens in the emissions from e-cigarettes.

It is not ethical and is misleading to suggest to the general public as a whole (i.e. not only the users of e-cigarettes) that e-cigarettes are emission free.

Also, although the emissions from any one e-cigarette might be at a low level the accumulated effect of several e-cigarettes being used, by several users, in the same enclosed space, over an extended period of time will have the effect of increasing the level of air pollution from these devices – the users themselves might be prepared to accept the risk associated with air pollution by these devices but that is a personal decision and there is no reason why their personal decision should also be forced upon non-users; being forced to breathe the emissions and pollution by passive inhalation.

eg. see:

“Vaporized propylene glycol was released into the air from both electronic and tobacco cigarettes, as it is also often used as an additive in tobacco. Pulmonologists fear that this solubilizing agent can irritate the airways when inhaled in large quantities. “While it is true that the electronic cigarette contributes less to indoor air pollution than tobacco cigarettes, it is not entirely emission-free. Consequently, it seems reasonable to assume that bystanders are exposed to the released vapor and thus ‘passive vaping’ is possible”, says Schripp, summing up the results of his measurements.” See:

<http://www.fraunhofer.de/en/press/research-news/2012/december/putting-electronic-cigarettes-to-the-test.html>

<http://www.tds smoke.com/posts/vaporizing/do-e-cigs-smell/>

Suggested Rule 1e: *Marketing communications / advertisements for e-cigarettes must be socially responsible, and must not suggest that these devices are safe to use because they use ingredients that have been tested as being safe and acceptable as food additives.*

The lungs are more delicate and less capable than the digestive system of filtering and processing contaminants and pollution in the air that they breathe. For example, Nicotine is a powerful poison which can be metabolised by the digestive system and the body (in the liver) relatively quickly. Because of this Nicotine tends to be inhaled so that it can quickly be transported directly from the lungs to the brain, via the bloodstream, for the inhaler to achieve the hit that they desire – before the nicotine is metabolised by the body.

In contrast to the lungs, foodstuffs are processed by the digestive system, which is necessarily more robust and more capable of dealing with impurities and contaminants than the lungs.

It simply doesn't follow that because an e-cigarette uses ingredients that may have been tested and approved as being acceptable for use in foodstuffs, for ingestion, that those same ingredients are therefore also acceptable for inhalation and will have no adverse effect on the lungs (which are nowhere near as robust as the digestive system) when inhaled on a regular basis over a number of years.

It is not ethical to suggest that no harm will result from inhaling ingredients that may have been tested and approved as being acceptable for use in foodstuffs, but which haven't been tested and approved as being acceptable for inhalation on a regular basis over a number of years.

One example of waking hypnosis is the argument that nicotine is as harmless as caffeine – when in fact there is the world of difference. Coffee/caffeine isn't inhaled for a start. See:

<http://whyquit.com/pr/021606.html>

Suggested Rule 1f: *Marketing communications / advertisements for e-cigarettes must be socially responsible, and must not suggest that these devices may be safely used within the same enclosed space (e.g. car, or room) as an under 18 year old.*

The UK government announced early in 2014 its intention to ban the sale of e-cigarettes to persons under 18 years of age to protect them from the effects of inhaling e-cigarette vapour – so it is sensible not to depict, or encourage, the secondary/passive inhalation of e-cigarette vapour by people under 18 years of age.

Suggested Rule 1g: *Marketing communications / advertisements for e-cigarettes must be socially responsible, and must not suggest that use of these devices is either*

acceptable to non-users, or that all non-users will (or should) welcome the company of an e-cigarette user vaping in their presence, or that e-cigarette use confers an entitlement upon the user to use these devices in any public space (where local bans or restrictions on their use may well be in effect).

E-cigarettes are not emission free, in addition to Nicotine many use Propylene Glycol, a chemical for which the manufacturer itself (Dow Chemicals) states that the chemical should not be inhaled. E-cig users who experience a sore throat reaction from Propylene Glycol are encouraged within the e-cigarette user community to use Vegetable Glycerin e-cigarettes instead. Some tests have revealed the presence of carcinogens in the emissions from e-cigarettes.

Although the emissions from any one e-cigarette might be at a low level the accumulated effect of several e-cigarettes being used, by several users, in the same enclosed space, over an extended period of time will have the effect of increasing the level of air pollution from these devices – the users might be prepared to accept the risk associated with breathing the fumes and air pollution by these devices but there is no reason why it should be forced upon non-users, by passive inhalation.

Above rule is because many e-cigarette adverts stress that the e-cigarette may be smoked anywhere in public because it does not use tobacco – in fact many establishments have already banned the use of these devices, for a number of reasons.

See:

<http://www.thesmokelessociety.org/E-Cigarettes-Banned-by-E-Cig-Bans.html>

Wales also looks to be moving to banning the public use of these devices.

<http://www.bbc.co.uk/news/uk-wales-26837682>

Suggested Rule 1h: *Subliminal product placement techniques must not be used in marketing communications. e.g. the use of, or discussion about, e-cigarettes by a character in a soap opera, or the display of e-cigarettes, or their packaging, in soap operas. For 'news broadcasts' featuring 'advertorials' the sources of funding for the lobbying pro e-cigarette 'authority figures' should be fully disclosed.*

Self explanatory. In the UK there is a whole business built up around quitting smoking, using Nicotine Replacement Therapy – which only serves to keep the aspiring quitter hooked on nicotine. Most people quit 'cold turkey' – it's a shame that programmes such as the BBC Breakfast programme don't subject the claims made by the e-cigarette industry to any kind of close scrutiny or offer any independent thought on the matter.

Suggested Rule 1i: *Medical professionals, and actors playing the part of medical professionals, must not provide product endorsements and recommendations within marketing communications / advertisements for e-cigarettes.*

Above rule is because the use of a medical professional, or an actor dressed as a medical professional, will be suggestive of an authority figure and will imply some kind of

positive medical/health benefit from the product – this kind of approach was used to promote tobacco cigarettes...

Suggested Rule 1j: Marketing communications / advertisements for e-cigarettes must be socially responsible and must not promote e-cigarettes by providing e-cigarettes as either free samples or at a reduced price – to promote either the e-cigarette itself, or any another product or service.

Again, another unethical approach of the tobacco industry – arrange for free samples to be provided (maybe as product samples or by a friend or older sibling) until the user is hooked – and once they are hooked they have to start buying their own. Members of the European Parliament have been heavily lobbied by the e-cigarette industry and this has included the provision of free samples to MEPs as part of that process, and free e-cigarettes at football grounds (the e-cigarette representatives simply don't know if the teenagers and under 18 year olds grabbing 'something for free' e-cigarette samples are existing smokers or not).

E-Lites (27/04/2014) in the Mail on Sunday newspaper advertises:

“Get 5 E-Tips Free (worth £19.99) when you buy any full kit from £14.99.”

<http://www.bbc.co.uk/news/uk-england-derbyshire-23876166>

<http://www.e-lites.co.uk/e-lites-blog/e-lites-join-up-with-celtic-fc/>

Suggested Rule 1k: Marketing communications / advertisements for e-cigarettes must be socially responsible and must not promote e-cigarettes as having no smell or being odour free.

Tobacco smokers tend to think that the smell from their tobacco cigarette 'isn't that bad' – probably because their olfactory organs have been desensitized to the smell that they are regularly inhaling.

The same probably occurs with e-cigarettes – and their users claim that they “don't smell”, or that they “have no odour” – when the fact is that they do smell but the user either doesn't notice it or chooses not to be bothered by it.

Most e-cigarettes do smell. They do have an odour. They are detectable by their smell in an enclosed space. Several e-cigarettes being used in an enclosed space will smell even more.

The smell may not bother the users, whose use has desensitized them to the smell such that they don't notice it, but non-users may well be bothered and object to the smell, and to having to passively inhale the unknown chemicals/drug(s) that the smell represents.

It is not socially responsible to encourage disputes between people who are bothered by the smell and people who are not bothered by the smell because they are a user and desensitized such that they don't notice the smell and more than ready to believe any marketing that claims that e-cigarettes are odour free.

So marketing communications / advertisements should not try to mislead by claiming that e-cigarettes either have no smell or are odour free.

See:

<http://www.e-cigarette-forum.com/forum/new-members-forum/40434-what-does-really-smell-like.html>

Suggested Rule 1i: Marketing communications / advertisements for e-cigarettes must be socially responsible and must not promote e-cigarettes using sexualised smoking imagery.

Smoking fetishism (also known as capnolagnia) is a sexual fetish based on the sight or image of a person smoking, and a number of internet sites and forums exist on the internet to indulge this fetish. Already an e-cigarette TV commercial has attracted widespread condemnation because of its use of sexual imagery. The use of such sexualized smoking imagery may attract widespread concern and be offensive to people for a number of reasons, for example, the public degradation and objectification of the people (usually women) used in such advertising – particularly television and on-line broadcasting.

http://www.huffingtonpost.co.uk/2014/02/25/vip-cigarette-advert_n_4854710.html

Suggested Rule 1m: Marketing communications / advertisements for e-cigarettes must be socially responsible and must not refer to tobacco cigarettes or promote any idea that any particular e-cigarette (and, by association, all electronic cigarettes) represent an improvement on tobacco cigarettes. E-cigarettes shall only be referred to as ‘an alternative’.

The long term effects of inhaling nicotine (a cancer/tumor promoter) from an e-cigarette may well result in an acceleration of the development of any cancerous tumour as a result of the tar and toxins that remain in the lungs of an ex-smoker.

In general, the e-cigarette industry is promoting e-cigarettes as being ‘an alternative’ to tobacco cigarettes, and not as an aid to smoking cessation. Tests have shown a very low level of smoking cessation effectiveness for Nicotine ‘Replacement’ Therapy (e.g. NRT gum) and e-cigarettes.

<http://www.thesmokelessociety.org/E-Cigarette-Health-Warning.html>

Suggested Rule 1n: Marketing communications / advertisements for e-cigarettes must be socially responsible and must not imply or infer that e-cigarettes are safe by, for example, claiming that an e-cigarette does not have the approximately 4000 toxins and 64 carcinogens contained in ‘other cigarettes’.

It would be entirely reasonable to assume from any statement that says that an e-cigarette doesn’t have 4000 toxins and/or doesn’t contain 64 known carcinogens would be safe (after all, why would any toxins be left in if so many have been removed?).

However, nicotine is a deadly poison, propylene glycol is not recommended for inhalation and the e-cigarettes haven't been subjected to long term clinical trials (nor would it be possible so to do) and so the safety of e-cigarettes cannot be assured.

Simply put, it is not ethical (i.e. socially responsible) to allow the user to incorrectly draw the conclusion that e-cigarettes are safe by listing toxic/hazardous chemicals that are not now present within the e-cigarette – and ignoring those that remain.

Suggested Rule 1o: Marketing communications / advertisements for e-cigarettes must be socially responsible and must not imply or infer the safety or health benefits of an e-cigarette product by promoting, for example, its use of 'medicinal nicotine', or the 'naturalness' or 'purity' of its ingredients, or by the creation and use of brand names for particular formulations of the liquids used in e-cigarettes that suggest the nicotine liquid inhaled is pure and natural, and therefore, by implication, safe and healthy.

e.g. Intellicig.com, claims to use 'ECOPure e-liquid':

<http://www.intellicig.com/e-liquid/>

Again, it is not ethical (i.e. socially responsible) to lead the user to incorrectly draw the conclusion that e-cigarettes are safe by referencing the naturalness and/or purity of its ingredients.

Suggested Rule 1q: Marketing communications / advertisements for e-cigarettes must be socially responsible and must not promote the idea that e-cigarettes are safer and healthier than tobacco cigarettes, although e-cigarettes may be promoted as being 'an alternative'.

Any advertising of any cigarette will also, by association, also cross promote other brands of tobacco cigarettes and e-cigarettes by familial promotion and association of the cigarette 'product family'. So do not explicitly refer to 'tobacco cigarettes'.

Suggested Rule 1r: Marketing communications / advertisements for e-cigarettes must be socially responsible and must not promote the idea that it is acceptable to introduce a non-smoker to e-cigarettes or that e-cigarettes might be safer and healthier than tobacco cigarettes.

The tobacco industry has long relied upon its existing user base to recruit new users, by offering free samples – up to the point where the new user is hooked, and dependent - and then they have to buy their own. The portrayal of any such activity and approaches will encourage copying/imitation of the advertised grooming and recruitment behavior, by existing users and e-cigarette enthusiasts, as has happened in the past with tobacco cigarettes.

Suggested Rule 1s: Marketing communications / advertisements for e-cigarettes must be socially responsible and must not promote the idea that it is now ok to use a new 'alternative' e-cigarette more frequently, and for longer periods, than they have ever used cigarettes before.

Most tobacco cigarette smokers are continually trying to restrict or limit their use of cigarettes in some way because of their health concerns associated with smoking. (e.g. 5/10/15 cigarettes per. day, at 'special times', or 'as a treat', or 'reward'). Any suggestion that an e-cigarette can now be used as frequently, and for as long as they like, may lead to excessive use (i.e. 'chain vaping') by certain users (those having a high state of psychological dependency) whereby their lungs are continually bathed in nicotine throughout their day, to the detriment of the long term health of their lungs. E-cigarettes should only ever be used 'in moderation'.

Suggested Rule 1p: Marketing communications / advertisements for e-cigarettes must be socially responsible must reference a full, and verified, list of ingredients used.

All ingredients/chemicals used in all e-cigarettes should be traceable and accessible.

Reason being that at one time the Lorillard tobacco cigarette manufacturer made cigarettes that were promoted as having special 'medicinal qualities' – in fact, they used filters made out of asbestos !

For four years the Lorillard Company promoted the "health benefits" of its 'Micronite' asbestos filters (!) that were supposed to reduce the effects of the tobacco smoke in the 1950's !!!

The new filter was marketed as "the greatest health protection in cigarette history." The company never revealed to the public that asbestos was the primary ingredient in its "dustless" cigarette.

Unsurprisingly, many of those who smoked these cigarettes were stricken with mesothelioma, the hallmark cancer resulting from asbestos exposure; simultaneous exposure to asbestos and tobacco smoke have a synergistic effect that increases the health dangers of exposure to these substances (but it is known now that nicotine promotes tumour growth so that shouldn't be too much of a surprise).

Clearly the temptation for the e-cigarette industry to include all kinds of chemicals in their products, to either increase the 'addictiveness' or enhance the effect obtained is very great.

The implementation of control procedures for control of ingredients and traceability doubtless lies outside the remit of the CAP – but needs to be done in order to track down the particular e-cigarettes and ingredients that are associated with long term health problems to users.

<http://www.asbestos.com/products/general/cigarette-filters.php>

http://www.sourcewatch.org/index.php/You_can_see_the_proof_of_Kent%27s_Health_Protection

http://www.sourcewatch.org/index.php/Health_claims/health_reassurance

Suggested Rule 1q: Marketing communications / advertisements for e-cigarettes must be socially responsible and must make no reference to being 'smoke free' or 'vape free'.

'Smoke free' is a term that contains the 'waking hypnosis hypnotic suggestion' that a smoker is 'free to smoke'. It has been long used by organisations who wish to give the impression that they are discouraging smoking, or against smoking – but instead it subliminally promotes the idea that the smoker is 'free to smoke' – and encourages smoking.

A far more appropriate term would have been 'smoke less' – but that term would have actually led to a cutting back in smoking and a decline in the number of smokers.

Not sure which organisation first came up with the term 'smoke free' – but it might be worth asking ASH UK to see if they know.

Rule 2: Marketing communications / advertisements must contain nothing which promotes the use of a tobacco product or shows the use of a tobacco product in a positive light. This rule is not intended to prevent cigarette-like products being shown.

Question 3: Do you agree with inclusion and wording of this rule? If not, please explain why and provide any suggestions you may have for improvement.

Disagree.

1. Both tobacco products AND e-cigarettes should not be shown 'in a positive light'.
2. The display of cigarette like products will make it far more difficult to quit for those cigarette users (tobacco and electronic) who may be struggling to quit smoking – which is one reason why the e-cigarette industry want to display images.

Question 4: Do you have any comments or evidence which can help to inform CAP and BCAP's goal of preventing the indirect promotion of tobacco products while still permitting e-cigarettes to be advertised?

Any mention AT ALL of tobacco cigarettes WILL be an indirect promotion of tobacco products.

Best not to mention tobacco cigarettes or present e-cigarettes in comparison to tobacco cigarettes or as an alternative to tobacco cigarettes – presentation of such an association could mislead and imply that e-cigarettes are in some way an improvement, or healthier, or safer than tobacco etc. when there is no evidence that these devices will be healthier, long term, than tobacco cigarettes (e.g. e-cigarette users might well use them to excess, believing them to be benign, and consequently experience lung health problems – and their lung health problems would, of course, be incorrectly attributed by the e-cigarette industry to any previous tobacco cigarette smoking history).

Additionally, any such a comparison with tobacco cigarettes would emphasise and reinforce an association/connection between e-cigarettes and tobacco cigarettes which almost inevitably will lead to an e-cigarette dependent user experimenting with tobacco cigarettes, and potentially switching to tobacco cigarettes. (drug users tend to experiment with many different drugs).

Any e-cigarette advertising that made any reference at all to tobacco cigarettes would effectively also be advertising and promoting tobacco cigarettes - as being part of a 'family' of nicotine inhalation products.

Images of cigarette-like products WILL encourage ex-smokers to start smoking again, by triggering the desire for a cigarette.

Far better to present e-cigarettes just as being their own product: “an electronic cigarette” such that the possibility of there being an alternative within the cigarette product family, the tobacco cigarette, is not advertised.

Rule 3: Marketing communications / advertisements must not contain health or medicinal claims [unless the product is licensed for those purposes by the MHRA]. E-cigarettes may however be presented as an alternative to tobacco.

Question 5: Do you agree with the proposal to prohibit health claims for e-cigarettes? If not, please explain why and provide any suggestions you may have for improvement.

Disagree. Health claims should be prohibited for ALL e-cigarettes: INCLUDING MHRA licensed e-cigarettes.

See following statement by the FDA:

"There is no evidence to date that e-cigarettes are effective cessation devices. For example, one trial examining cessation success between e-cigarettes, nicotine replacement patches, and placebos found that “[a]chievement of abstinence was substantially lower than we anticipated.” (Ref. 19). This study demonstrated cessation in 21 of 289 smokers (7.3 percent) versus 17 of 295 (5.8 percent) with nicotine patches. However, none of these results reached statistical significance (Ref. 19)." See:

<https://s3.amazonaws.com/public-inspection.federalregister.gov/2014-09491.pdf>

It is not socially responsible or ethical to permit the promotion of the idea that people can only quit smoking by using MHRA licensed e-cigarettes when the success rate of that approach is so very very low. People quit using a number of techniques that do not involve the assistance of the nicotine industry drug pushers, mainly ‘cold turkey’. Something like only 1 in 100 successful quitters credit their success to the use of NRT.

<http://whyquit.com/pr/113013.html>

<http://whyquit.com/whyquit/LinksCAids.html>

<http://whyquit.com/pr/051906.html>

<http://whyquit.com/pr/123106.html>

<http://www.bmj.com/content/347/bmj.f6740?ijkey=IRjzVyaRINGIK1q&keytype=ref>

The long term health implications of using e-cigarettes are completely unknown, and any nicotine (a cancer promoter) could continue to interact with tar and carcinogenic residue that remains in an ex-smokers lungs. Most smokers are continually trying to cut down on their tobacco cigarette consumption so any encouragement of a belief that e-cigarettes are healthy or medicinal could also encourage excessive use (chain vaping) – with disastrous consequences in terms of future population lung health.

Nicotine Replacement Therapy does not help people to stop smoking. The vast majority of successful quitters quit without the use of NRT, and those who do manage to quit whilst using NRT probably do so in spite of the NRT, by sheer will power; and, quite probably and reasonably, would have quit far more quickly and easily by quitting 'cold turkey'.

I initially thought that any distinction made for MHRA licensed products should be limited only to providing some assurance of the 'quality' of the product. E.g. that the product is subject to an independent testing regime and contains only its claimed ingredients (only if that will be the true implication of MHRA licensing). However, please note also that: "Marketing communications must not suggest that a product is "special" or "different" because it has been granted a licence by the MHRA." See section 12.11 of existing Code of Advertising practice.

Any mention of tobacco cigarettes will also promote tobacco cigarettes, so e-cigarettes should not be presented as an alternative to tobacco cigarettes (maybe e-cigarettes could just be 'an alternative') - see previous answer to Question 4 regarding cross/familial advertising.

It might really be far more ethical to advertise that most successful quitters use 'unassisted cessation' – and quit without the use of any 'medical/drug based intervention' at all. i.e. 'cold turkey', or with psychotherapy, counselling, CBT, Hypnotherapy etc.

Nicotine Replacement Therapy (NRT) – is very heavily promoted by the medical establishment within the NHS, in co-operation with industry lobbying by 'medical experts' and 'researchers', who in fact represent the commercial interests of the drugs companies, the tobacco companies and the e-cigarette companies.

But NRT is not that effective. For example:

"The main outcome of six months of continuous smoking abstinence was achieved by 7.3% of the nicotine e-cigarette group, 5.8% of the NRT patches group and 4.1% of the placebo e-cigarette group." See:

<http://www.nhs.uk/news/2013/09September/Pages/e-cigarettes-as-good-as-patches-for-quitteing-smoking.aspx>

Unfortunately, nicotine inhalation is a habit of psychological dependency, not an illness that can be treated by medication, and most smokers could quit any time they liked – if they really wanted to.

NRT does nothing but work to keep the user dependent on nicotine during that time in their life when they are best motivated to quit. See:

<http://whyquit.com/pr/112308.html>

Oh, and in case you are still not sure whether smokers are not addicted, and can stop smoking at any time that they want to, see here:

<http://www.thesmokelessociety.org/Nicotine-Addiction-Facts-Part-1.html>

Suggested Replacement Rule 3: *Marketing communications / advertisements must not contain health or medicinal claims [including any products licensed for those purposes by the MHRA]. E-cigarettes may however be presented as an ‘alternative’ – no mention should be made of tobacco cigarettes.*

Question 6: Do you agree with the proposed definition of health claims for the purposes of this rule? If not, please explain why and provide any suggestions you may have for improvement.

Disagree. Should also explicitly include psychological health claims, such as feeling better, more independent, more empowered etc. (I have included a more complete list elsewhere).

Note. The provided link to the EC regulation isn't working.

Question 7: Do you agree with the proposal to prohibit medicinal claims? If not, please explain why and provide any suggestions you may have for improvement.

Disagree. Medicinal claims should be prohibited for ALL e-cigarettes: INCLUDING MHRA licensed, as well as unlicensed.

All e-cigarettes, MHRA licensed and unlicensed should carry a warning, see answer to question 9.

Rule 4: *Marketing communications / advertisements must make clear that the product is an e-cigarette.*

Question 8: Do you agree with inclusion and wording of this rule? If not, please explain why and provide any suggestions you may have for improvement.

Agreed. They should be referred to as an e-cigarette or electronic cigarette. As stated previously there should be no mention of tobacco cigarettes to prevent the indirect promotion of tobacco cigarettes.

Rule 5: *Marketing communications / advertisements must state clearly if the product contains nicotine [or if it does not]. They may include factual information about other product ingredients.*

Question 9: Do you agree with inclusion and wording of this rule? If not, please explain why and provide any suggestions you may have for improvement.

Disagree. Any warnings displayed must be the same size print as the main copy text (many 'warnings' that I have seen are too small to be read easily and are barely noticeable in the advert see E-Lites, Mail on Sunday, 27/04/14, advert footer, where the warning is included as (very) small print).

For products that contain nicotine the full implications associated with the inhalation of nicotine should also be stated and advertised. e.g.

“WARNING: This product is intended only for use by existing cigarette users aged 18 or over, and not by children, pregnant or breast feeding women or persons in ill health.

This product contains nicotine, which is a highly toxic poison; long term inhalation of which is associated with long term life threatening lung health problems. Nicotine inhalation may create dependency and cause birth defects. Continued use of this product over an extended period of time, beyond 12 weeks, may be harmful and is not recommended. Will power is required in order to quit nicotine cigarettes. Do not use if you are allergic to any of the ingredients contained. This product is not intended as nicotine replacement therapy. This product is sold purely for recreational purposes - it is not a smoking cessation product and has not been tested as such. To reduce the risk of nicotine overdose do not use in conjunction with Nicotine Replacement Therapy, such as NRT patches or gum. Use at own risk. Keep and store product away from pets and animals and out of reach of children.”

See:

<http://wchbnewsdetroit.com/3104979/e-cigarettes-are-poisoning-you/>

<http://www.dailymail.co.uk/news/article-2561930/Pet-dog-animal-Britain-die-acute-nicotine-poisoning-chewing-owners-e-cigarette.html>

http://failedmessiah.typepad.com/failed_messiahcom/2013/05/haredi-toddler-dies-from-nicotine-poisoning-456.html

6. Prohibited approaches

Rule 6: Marketing communications / advertisements must not encourage non-smokers or non-nicotine-users to use e-cigarettes.

Question 10: Do you agree with inclusion and wording of this rule? If not, please explain why and provide any suggestions you may have for improvement.

Agree. Note that images and advertising of cigarettes, and their use, displayed indiscriminately to the general public will encourage:

1. Non-users who are ‘never users’ to use e-cigarettes, out of curiosity.
2. Non-users who are ‘former users’, or people who are struggling to quit, to use e-cigarettes, or return to tobacco cigarettes; as they experience a triggering of a desire for a cigarette, in response to the environmental cue provided by the cigarette imagery.

Question 11: Do you consider that this rule is proportionate? If you consider that advertising of e-cigarettes expressly to non-users of nicotine is acceptable or if you would prefer a rule which required all marketing to be explicitly addressed only to existing nicotine users please provide your comments and any evidence.

Agreed. Advertising of e-cigarettes to non-users of nicotine is not acceptable.

I would prefer a rule which required all marketing to be explicitly addressed only to existing nicotine users such that only existing tobacco cigarette users would see the marketing.

This could be achieved by including marketing information within tobacco cigarette packets, which doubtless will be the planned tobacco exit strategy for the large tobacco

companies – many, if not all, have already bought up e-cigarette manufacturers and they already have established distribution channels in place.

E-cigarettes are, in general, being promoted by the e-cigarette industry itself as an alternative to tobacco cigarette – and not as a form of NRT. i.e. they are for people who wish to continue ‘smoking’ but would prefer to use an alternative, equivalent, device which they believe to be less dangerous (it probably isn’t less dangerous).

E-cigarettes should only be promoted at existing tobacco cigarette point of sale outlets and on the internet.

They should not be promoted in pharmacies as NRT because that isn’t their intended use and it is misleading to group these devices with existing NRT products.

It should be recognized that many non-users of e-cigarettes will be children, and people under the age of 18, to whom any advertising of e-cigarettes may well awaken their curiosity in the product and encourage them to try it – and establish a nicotine dependency.

Other non-users will be people who may be those in the early stages of quitting either tobacco or e-cigarettes and for whom any visual imagery of cigarettes may encourage a relapse into either smoking, or the use of e-cigarettes – and such marketing may trigger the desire for a cigarette and prevent them from escaping the nicotine trap.

The effect of using broadcast, untargeted, visual imagery to market such potentially very harmful products such as e-cigarettes, to non-users, both those who are under 18 years of age and also those who are in the early stages of quitting tobacco or e-cigarettes, as outlined above, is immoral, unethical and unacceptable.

Rule 7: Marketing communications / advertisements must not link e-cigarettes with gambling, alcohol or illicit drugs.

Question 12: Do you agree with the proposal to prohibit linking e-cigarettes with illicit drugs? If not, please explain why and provide any suggestions you may have for improvement.

Agree with proposal to prohibit linking e-cigarettes with illicit drugs.

Question 13: Do you consider that alcohol should be included in this rule? Please explain why and provide any evidence you consider relevant.

Agreed – Alcohol should be included within this rule. There is some evidence of cross tolerance or interaction between alcohol and smoking such that each encourages the other. For some examples, see:

http://www.eurekalert.org/pub_releases/2006-07/ace-sra071706.php

<http://www.nydailynews.com/life-style/health/smoking-drink-article-1.1405702>

<http://www.webmd.com/smoking-cessation/news/20060724/smoking-drinking>

Question 14: Do you consider that gambling should be included in this rule? Please explain why and provide any evidence you consider relevant.

Agreed – Gambling should be included in the rule. Some smokers argue that smoking helps to ‘calm them down’, relax, or de-stress. Therefore the use of e-cigarettes whilst gambling may lead to impaired judgement whilst gambling or drinking such that they are unconcerned about their losses. One study claims that in the Australian state of Victoria gambling industry revenue fell following the commencement of smokefree laws on 1 September 2002 that required Victorian gambling venues to be smokefree.

“Smoking is a powerful re-inforcement for the trance-inducing rituals associated with gambling.” See:

<http://tobaccocontrol.bmj.com/content/12/2/231.full>

Rule 8: Marketing communications / advertisements must not link e-cigarettes with activities or locations in which using them would be unsafe or unwise; such as driving.

Question 15: Do you agree with inclusion and wording of this rule? If not, please explain why and provide any suggestions you may have for improvement.

Agreed with modification. From the health and safety perspective there will be an additional danger and risk introduced to the user and to others if these devices are used casually whilst operating, for example, chain saws, industrial and domestic drills, hydraulic presses, lathes etc. etc.

Also, the government announced in January 2014 that to protect children from inhaling the fumes generated by these devices their sales would be banned to persons under the age of 18 - given that these devices are not zero emission it would clearly be unsafe or unwise to use them in the presence of people under 18 years of age, either indoors, in a confined space, or in a vehicle.

See proposed modification:

Suggested Rule 8: *Marketing communications / advertisements must not link e-cigarettes with activities or locations in which using them would be unsafe or unwise; such as whilst operating machinery; whilst driving; or in the presence of people under 25 years old whilst indoors or in a vehicle.*

Question 16: Are there any other situations, other than driving, in which you consider that e-cigarette use is so demonstrably harmful that their depiction in advertising should be prohibited?

Question 16 – Part 1:

An E-cigarette is not a zero emission device and studies have shown that an e-cigarette typically introduces a number of pollutants into the atmosphere, including nicotine, propylene glycol (PG), vegetable glycerin (VG) (often used as an alternative to PG by those users who experience a sore throat reaction to PG inhalation), together with a number of known carcinogenic substances (albeit at a reduced level compared to tobacco cigarettes).

With the government introducing a minimum purchasing age of 18 to help to protect children from these devices the potential for harm from the emissions of these devices has finally been acknowledged.

Therefore advertisements should not suggest that it is in any way safe or acceptable to use e-cigarettes in the presence of under 18/25 year olds.

Question 16 – Part 2:

Many e-cig advertisements imply or infer that, because these devices don't use tobacco, these devices, which are not zero emission, are acceptable to others and may be used anywhere the user likes.

Potentially this can lead to aggressive and violent confrontations arising as e-cig users (bolstered and encouraged by the e-cigarette advertising and promotion), insist upon their rights and freedom to use these devices anywhere they like, despite the doubts and concerns of those around them who have to passively inhale the unknown emissions from their e-cigarettes.

For example, some people have been met with an aggressive response by smokers upon the smoker being asked to stop smoking in a non-smoking area, some examples of which may be seen in the following reports:

http://www.nytimes.com/2010/09/17/nyregion/17smoking.html?pagewanted=all&_r=0

<http://www.thesomervilletimes.com/archives/45399>

<http://www.bristolpost.co.uk/Man-took-machete-club-told-smoke/story-19837495-detail/story.html>

<http://video.au.msn.com/watch/video/smoking-passenger-forces-cabin-crew-tie-up/xg4aij9?cpkey=15ea1f39-4bf9-4dfd-8ca0-87b7aa6ade34%257c%257c%257c%257c>

<http://news.bbc.co.uk/1/hi/health/8109495.stm>

<http://www.toytowngermany.com/lofi/index.php/t85846.html>

<http://www.leaderlive.co.uk/news/123299/drunken-man-staying-in-mold-held-knife-to-victim-s-throat.aspx>

<http://www.manchestereveningnews.co.uk/news/greater-manchester-news/off-duty-police-officer-attacked-altrincham-1348108>

<http://www.chroniclive.co.uk/news/north-east-news/policeman-attacked-metro-telling-gateshead-6445980>

<http://www.bbc.co.uk/news/uk-england-manchester-21574268>

<http://www.universalhub.com/crime/20110408-police-hunt-disgusting-smoker-orange-line-attack.html>

<http://www.thestar.com.my/News/Nation/2013/10/29/Teen-attacked-for-naming-smokers-Bullies-beat-up-student-who-drew-up-list-of-suspected-offenders.aspx/>

<http://www.charlotteobserver.com/2013/04/03/3957490/police-pregnant-woman-assaulted.html#.Uz1VcpVOWi4>

http://www.westerntelegraph.co.uk/news/4665448.Smoking_ban_triggered_Templeton_s_attack_on_mum/

<http://newyork.cbslocal.com/2011/12/12/2-arrested-after-smoking-related-violence-on-babylon-bound-lirr-train/>

http://europe.chinadaily.com.cn/china/2014-02/19/content_17292898.htm

<http://www.westbriton.co.uk/Girl-asked-stop-smoking-kicked-van/story-13199229-detail/story.html>

<http://news.bbc.co.uk/1/hi/england/kent/7544748.stm>

<http://www.mirror.co.uk/news/world-news/woman-strips-naked-at-denver-airport-788114>

<http://www.wearecentralpa.com/story/d/story/man-goes-crazy-after-asked-to-stop-smoking/20744/mVhuksgk8UaPvc32ywhDRA>

<http://www.sanluisobispo.com/2013/10/24/2749036/man-gun-atascadero-state-hospital.html>

<http://www.hurriyetdailynews.com/default.aspx?pageid=438&n=man-asked-to-stop-smoking-stabs-a-fellow-tokyo-subway-passenger-1999-04-08>

<http://timesofindia.indiatimes.com/city/indore/Travelling-in-trains-to-become-safer-for-women/articleshow/22926082.cms>

However, because of the risk of aggression/violence most non-smokers discreetly leave to avoid the extreme reactions that might occur, and, in previous years (the 'smoking epidemic') this has led to situations where, for example, smoke filled pubs and comedy clubs were full of smokers - having effectively driven away the non-smokers who were concerned about the effects on their health of the polluted air.

The reality is that many establishments (Offices, Businesses, States, Cities, Towns, Restaurants, Pubs, Cinemas, Government Buildings, Colleges, Schools) are already implementing their own bans on these devices, for a variety of reasons (see <http://www.thesmokelessociety.org/E-Cigarettes-Banned-by-E-Cig-Bans.html>).

And It now looks like Wales will be the first part of the UK to ban the use of electronic cigarettes in enclosed public places:

<http://www.bbc.co.uk/news/uk-wales-26837682>

However, in an attempt to force both market penetration, together with 'normalisation' of e-cigarette use, many e-cig advertisements imply or infer that, because these devices don't use tobacco, these devices may be used anywhere the user likes and without regard for others.

There is a clear thrust in existing e-cigarette marketing to positively encourage users that they are entitled to use their products in every situation without regard for local regulations, bystanders or non-users.

An additional rule should be introduced into the CAP and BCAP proposals, along the lines of:

Rule 8a: *Marketing communications / advertisements must not suggest that e-cigarettes may be used anywhere the user likes without regard for local regulations, or bystanders, or in the presence of people under age 18.*

7. Protection of children and young persons: general

Rule 9: Marketing communications / Advertisements must not be likely to appeal particularly to people under 18, especially by reflecting or being associated with youth culture. They should not feature or portray real or fictitious characters who are likely to appeal particularly to people under 18. People shown using e-cigarettes or playing a significant role should not be shown behaving in an adolescent or juvenile manner.

Question 17: Do you agree with inclusion and wording of this rule? If not, please explain why and provide any suggestions you may have for improvement.

Agreed.

Rule 10: People shown using e-cigarettes or playing a significant role must neither be, nor seem to be, under 25. People under 25 may be shown in an incidental role but must be obviously not using e-cigarettes.

Question 18: Do you agree with the inclusion and wording of this rule? If not, please explain why and provide any suggestions you may have for improvement.

Disagree. People under 25, and non-users of any age, should not be shown – there should be no suggestion that non-users welcome the use of these devices.

Rule 11: Marketing communications / advertisements must state that products are not suitable for under-18s.

Question 19: Do you consider that a rule is necessary which requires that ads state that products are not suitable for under-18s? Please provide any evidence which may you consider may assist CAP and BCAP's consideration of this rule.

With e-cigarettes everyone needs to know and understand, and be constantly reminded, that these devices are not suitable for under-18s – the UK government has committed, in January 2014, to passing legislation that these devices should not be sold to under-18s – it is therefore only right and proper that the marketing of these devices should NOT present them as being a risk free, safe, healthy alternative to smoking and ok for under 18s to use.

Instead, the marketing should positively highlight, emphasize, and reinforce to everyone that these devices are untested long term and are not without risk and are not suitable for everyone, particularly under 18s.

In this way adults, and parents, will know, for sure, that any kids that they might see vaping a cola flavoured e-cigarette at a school bus stop are doing something that they shouldn't - and can justifiably take appropriate action – rather than experiencing indecision because all of the e-cigarette marketing that they see in their environment is attempting to normalise e-cigarettes as being a great 'alternative' – for all ages.

Likewise, kids will see warnings in the advertising and will know, for sure, that vaping is 'naughty' - something that they should not be doing.

Likewise, older brother and sisters who might otherwise introduce their younger siblings to the 'delights' of vaping by letting them have a puff will know, for sure, that their e-cigarette is not suitable for under 18s – and that if they do introduce their younger siblings to e-cigarettes that they are really doing something that they shouldn't.

It is complete nonsense and irresponsible to even suggest in the consultation proposals that such warnings do not work. Almost certainly these conclusions have been obtained from research by speaking to smokers who have said that they started smoking in spite of all the warnings available and because the warnings didn't work for them there is no point in including warnings – which they just ignored.

Such smokers should be reminded that not everyone is as 'independently minded' as they were, and many many young people will NOT have started smoking - largely because they were helpfully steered away from the habit by helpful warnings and advice from their parents, teachers, grandparents, doctors etc. when they were young and doing their own research into the merits, or otherwise, of becoming a lifelong smoker.

The research referred to in the proposals weakly states with regard to warnings "Some research suggests that they have a small positive effect". I haven't seen the research, but this might possibly be the effect of warnings on an already established and committed smoker. However the effect on discouraging a non-smoking person from taking up smoking in the first place will be far far greater.

The effectiveness of warnings is more than apparent in the smoking statistics which indicate that just about less than 1 in 5 of the population smoke. The fact is that 4 out of 5 people don't smoke and almost certainly this is as a result of the warnings that surround smoking – if it wasn't for the warnings as a result of the research undertaken to establish the health effects almost EVERYONE would smoke and the smoking/non-smoking ratio would be reversed, as it was in the 1960s !

In the last year or so the UK has happily moved into a position whereby the number of former smokers now exceed the number of smokers – which clearly demonstrates that warnings work, and that smoking truly isn't an addiction – it is a habit of dependency.

It is a habit that everyone would quite happily indulge in if it didn't have obvious drawbacks – its smell, the cost, the debilitating long term effect on health, and the lowering effect on self-esteem as a result of being dependent upon a habit that is, frankly, completely ridiculous.

It is entirely because of the warnings that a claimed 1.3 million e-cigarette users have moved away from tobacco cigarettes to using e-cigarettes – they have moved from tobacco cigarettes to e-cigarettes because of the warnings.

So warnings DO work and DO discourage people from taking up smoking in the first place.

It is verging on criminal irresponsibility for the CAP and BCAP proposals in the consultation document to even suggest that warnings have no effect on consumers, or that consumers are subject to ‘warning fatigue’ or that the additional financial costs of warnings on advertisers should be a concern – advertisers can simply charge more for their product to offset any additional advertising costs associated with warnings.

Warnings do encourage non-users to think twice before taking it up, and do encourage existing users to stop.

Almost certainly those people who suggest that warnings don’t work are working for and on behalf of the e-cigarette industry – and they understand that the reality is that warnings do work and those people are, in fact, being duplicitous.

This rule also needs to be expanded to also include websites – such that a visitor to an e-cigarette website first has to go through an age verification procedure to confirm that they are over 18 – at which point they are then faced with a page of warnings about e-cigarettes, and that they contain nicotine and who they are suitable for etc. See later comment 11.4.

8. Protection of children and young persons: targeting (CAP Code only)

Rule 12: Marketing communications must not be directed at people under 18 through the selection of media or the context in which they appear. No medium should be used to advertise e-cigarettes if more than 25% of its audience is under 18 years of age.

Question 20: Do you agree with inclusion and wording of this rule? If not, please explain why and provide any suggestions you may have for improvement.

Agreed.

9. Protection of children and young persons: scheduling (BCAP Code only)

Rule 13: [Amendment to existing BCAP rule 32.2(.7)] “32.2 These may not be advertised in or adjacent to programmes commissioned for, principally directed at or likely to appeal particularly to audiences below the age of 18:...” to include:

“32.2.7 electronic cigarettes”

Question 21: Do you agree with e-cigarettes being included in this list of scheduling restrictions?

Yes – agreed.

10. Radio central copy clearance (BCAP Code only)

Rule 14: Radio Central Copy Clearance – Radio broadcasters must ensure advertisements for e-cigarettes are centrally cleared.

Question 22: Given BCAP's policy consideration, do you agree that all advertisements for e-cigarettes must be centrally cleared? If you disagree, please explain why.

Yes - agreed.

11. Additional questions

11.1 E-cigarettes which do not contain nicotine

Question 23: To what extent, if any, do you consider that new rules should apply to e-cigarettes that do not contain nicotine? Please provide any relevant evidence in support of your response.

Any advertising or imagery or promotion of an e-cigarette, whether it does contain nicotine, or whether it does not contain nicotine will also be a promotion of the e-cigarette 'product family' as a whole. It is likely that the effect on the consumer will be that any 'positive benefits' that might be claimed for non-nicotine e-cigarettes will be read across as being applicable also to e-cigarettes that do contain nicotine; the only difference being that the nicotine e-cigarette will possess all of those positive benefits associated with a non-nicotine e-cigarette, but together with that 'extra special something', 'nicotine'!

Additionally, the new rules should apply to e-cigarettes that do not contain nicotine. because they will almost certainly contain other drugs which have been untested for inhalation over time and which have the potential to cause harm.

Also, the temptation for industry to add nicotine to increase the addictiveness of their product so that they can capture a lifelong dependent user is overwhelming - some research has already detected nicotine in an e-cigarette that claimed that it did not contain nicotine.

Question 24: Do you consider that any additional rules should be considered specifically in relation to the advertising of e-cigarettes that do not contain nicotine? Please provide any relevant evidence in support of your response.

The absence of nicotine in an e-cigarette should not be used to suggest that such an e-cigarette is in any way non-addictive or safe and harmless to the user or bystanders or non-users (through passive inhalation) or under 18s.

For example, there have been some reports of alternative psychogenic drugs (cannabis oil/resin) being used instead or in addition to nicotine; of 'non-nicotine e-cigarettes' containing nicotine, and of e-cigarette users/manufacturers preparing and modifying their own e-cigarette vaping liquid to their own personal formulation.

Suggested Rule: *The absence of nicotine in an e-cigarette should not be used to suggest that such an e-cigarette is in any way non-addictive or safe and harmless to the user or bystanders or non-users (through passive inhalation) or under 18s.*

11.2 E-cigarettes which are licensed as medicines

Question 25: To what extent, if any, do you consider that the above rules for e-cigarettes should apply to those which are licensed as medicines?

Smoking is not an addiction or problem that demands medical intervention. Because smoking is not an addiction, but more a habit of dependency, the most effective and successful way of stopping smoking is cold turkey – and this usually happens quite readily when the smoker is ready and finally realises the damage that they have done to their body (the realisation provides the motivation and willpower to quit).

However the NHS and its industry funded ‘experts’ are more interested in pushing drugs.

The advertising rules should be applied 100% to all e-cigarettes, including those with nicotine, those without nicotine and also those licensed as ‘medicines’.

11.3 Definition of electronic cigarette

Question 26: Do you agree with the proposed definition of e-cigarette? If not please explain why.

Agreed.

11.4 Further comments

Question 27: Are there any other rules which you believe CAP and BCAP should consider implementing in relation to the advertising of e-cigarettes? Please provide as much detail as possible and any evidence you consider supports the relevant restrictions.

Answer 27.1 – On-line Marketing and E-cigarette Websites

It is understood that the content of the Code applies to many marketing types, including on-line website marketing, which also falls under the remit of the ASA.

A rule is required, something like:

Suggested Rule: *E-cigarette marketing websites shall include a screening facility for website visitors to verify that they are 18 or over – at which point they land on a comprehensive e-cigarette warning page that they first have to read, and confirm that they have read, before they can navigate the rest of the website.*

See for example:

<http://ecosmokehuntsville.com/disclaimers/>

<http://zoomecigs.com/warnings-and-information/?ageverified=4c687a236a>

<http://refineddeliverance.com/product-warnings/?ageverified=4ec1f72b9c>

<http://axiomvaping.com/pages/nicotine-warning>

One example of a fairly comprehensive warning text follows:

“WARNING: This product is intended for use by existing smokers 18 or older, and not by children, pregnant or breast-feeding women or persons in ill health. Electronic Cigarettes contain nicotine, which is an addictive drug. If you are unsure of the effects of nicotine, please consult your doctor. Do not use if you are allergic to any of the ingredients contained. This product is not intended as nicotine replacement therapy. This product is sold purely for recreational purposes - it is not a smoking cessation product and has not been tested as such.”

– taken from: <http://www.greensmoke.co.uk/>

An innovative approach that might be considered would be for the ASA to define the web page text and age verification software code, and also host it on a common ASA server, for reference by e-cigarette web sites – so that, once included in a web site, the text and age verification code procedure could be varied independently of the e-cigarette web sites that were using the facility and any changes required could be instantly and automatically incorporated; with no additional costs being imposed on the web site.

Further research would be required to establish the specifics of any particular warning page that is displayed, although there are some good suggestions elsewhere in this response. Given the global nature of the internet, it would not be unreasonable for such research to at least carry out an assessment of existing warnings on existing e-cigarette websites. In this way existing warnings can be used to inform the development of a suitable warning page and criteria that would be acceptable to all countries and jurisdictions that may access the website.

Question 28: Are there any other comments you wish to make in relation to the advertising of e-cigarettes and BCAP’s consideration of this issue?

Answer 28.1 Advertising Provides Environmental Cues to Smokers Struggling to Quit Nicotine.

It is generally understood by the general public and also behavioural therapists that smokers smoke as a habit in response to environmental cues and triggers, such as the sight or smell of cigarettes (Pavlov’s dog response). The promotion of e-cigarette imagery, both static and video, provides such an environmental cue/trigger and triggers the desire for a cigarette (tobacco or electronic) in the mind of the smoker who may be struggling, and in the early stages of trying to either quit smoking tobacco cigarettes or to quit vaping e-cigarettes – every advertisement seen is likely to contribute towards the trigger of a relapse and return to either tobacco cigarette smoking or electronic cigarette vaping.

<http://fhn.org.au/assets/Resources/Smoking%20Cessation/Session%204%20Cue%20Conditioning.pdf>

The effect of all the widespread saturation product advertising for tobacco cigarettes (e.g. TV commercials, cinema commercials, motor racing sponsorship et al) in the 1960s/70s had the effect of:

1. Normalising smoking, such that superficially it 'appeared' that everyone was smoking (even though that wasn't the case). – This helped to lower the barrier to smoking and would encourage people to try a cigarette when offered a cigarette by a friend or older sibling (something that people were encouraged to do by the tobacco companies). The offer of free 'introduction cigarettes' continued up until the point when the target was hooked – and then they were told to buy their own. Inevitably many children would become hooked as they responded to the peer pressure surrounding an offered cigarette and a desire to satisfy their own curiosity about the odd and unfathomable ritual and behavior of a smoker.
2. Providing a continual stream of environmental smoking cues and triggers to those smokers who were in the early stages of quitting smoking, but had the desire for a cigarette triggered in their mind by an environmental cue (e.g. an advert, or image of someone smoking, or the smell, or the sight of the smoke cloud etc.) and consequently relapsed and returned to being a smoker.

So widespread advertising of e-cigarettes helps to achieve normalization and acceptance of the product, to recruit new users but also acts as a source of environmental cues that trigger the desire for a cigarette (e-cigarette or tobacco cigarette) in the mind of the user and in the minds of those struggling to quit cigarettes.

This is just one of the reasons why e-cigarettes should be subject to the same advertising restrictions and control as tobacco cigarettes.

A smoker, or e-cig user, has a habit (not an addiction) whereby their desire for a cigarette is triggered by external environmental cues, these cues can be many and varied. In response to the cue they experience a Pavlovian response (as in 'Pavlov's dogs') that triggers the building up of desire for a cigarette or e-cigarette.

The effect may be better understood by considering someone walking past a baker's – for some people (e.g. those who like bread) the smell of baking bread will trigger a desire to go in and buy some bread. Similarly a person, who has a liking for blackberries, walking down a country lane, with blackberries on either side will eventually notice the blackberries and eventually (after being subjected to sufficient images of blackberries along the lane) – will almost inevitably succumb to temptation and help themselves to a few blackberries to eat on their walk (even if they are trying to lose weight).

There are a number of very valid health concerns surrounding the long term effects of inhaling nicotine (especially for former smokers who switch to nicotine e-cigarettes).

It is therefore very dangerous, irresponsible and unethical to promote e-cigarettes using product imagery or televisual portrayal of the e-cigarette devices in use – all of which will exploit the users susceptibility to environmental cues, and for those users who are struggling to quit, either tobacco cigarettes or electronic cigarettes, such imagery will

trigger a desire for a cigarette which will make it very difficult for them to quit their habit, and will have the effect of keeping them chained to their dependency.

All of which will explain why it is that behavioural psychologists, who work for the industry and lobby on its behalf, are so keen to encourage the widespread public advertising and public use of these devices.

The sensible and ethical thing approach to e-cigarettes would be to make ALL e-cigarettes subject to the same marketing communication / advertising regulations and purchase restrictions as tobacco cigarettes, and only make e-cigarettes available at the same point of sale of tobacco cigarettes (in that way they would truly be offered as an alternative).

Answer 28.2 Nicotine inhalation will be potentially very very harmful to the lungs.

The cigarette industry operates by recruiting lifelong dependent users at a young age who then find it difficult to quit, and then go on to experience an unfortunate early death as a result of using cigarette/nicotine products. And the reason the user started in the first place, and the main reason they find it difficult to stop is largely because of the environmental triggers, cues and encouragement provided by other users and advertising.

There can be no doubt that, based on the above understanding, many people find the advertising of cigarettes and e-cigarettes to be morally repugnant and very, very, offensive, and feel as strongly against the public promotion of e-cigarettes and smoking as they would do about images and promotion of, say, child pornography, animal cruelty, or Nazism.

Doubtless the e-cigarette industry would argue that e-cigarette advertising is socially responsible, in encouraging smokers to switch from tobacco to nicotine e-cigarettes, which they claim to be far safer than tobacco cigarettes.

However, research indicates that more than 50% of lung cancer diagnoses occur in ex-smokers – who stopped smoking tobacco some 10 or more years previously.

<http://lungcancer.about.com/b/2011/03/02/former-smokers-at-risk-for-lung-cancer-decades-later.htm>

And research also indicates that nicotine promotes the development of cancerous tumour growth by a number of mechanisms, including inhibiting programmed cell death; encouraging blood vessel development, to feed the tumour, and nicotine is also involved in cell growth signalling mechanisms (e.g. there is a higher incidence of breast cancer in smokers).

<https://www.fhcrc.org/en/news/center-news/2014/02/smoking-breast-cancer.html>

<http://www.thesmokelessociety.org/E-Cigarette-Health-Warning.html>

<http://www.thesmokelessociety.org/Research-study-suggests-that-electronic-cigarettes-are-harmful.html>

<http://www.thesmokelessociety.org/Stop-Smoking.html>

<http://motherboard.vice.com/read/a-new-cancer-study-found-e-cigarettes-affect-cells-the-same-as-tobacco-smoke>

The evidence is that there is effectively a synergistic interaction between nicotine and other chemicals that has the effect on cell growth of promoting the development of cancerous tumours.

For example, the Lorillard company at one time, in the 1950s, developed and marketed a particular type of tobacco cigarette as being particularly healthy – because they used a filter made out of asbestos (a known carcinogen) ! The cigarette was withdrawn after about 3 years, as the link between diagnosed cases of the lung disease mesothelioma and this brand of cigarettes was established.

[http://www.sourcewatch.org/index.php/You can see the proof of Kent%27s Health Protection](http://www.sourcewatch.org/index.php/You_can_see_the_proof_of_Kent%27s_Health_Protection)

Because of this synergistic interaction between nicotine and other chemicals, there should be very obvious health concerns for a smoker who switches from smoking tobacco to inhaling nicotine vapour from e-cigarettes – the nicotine (a proven promoter of cancer) is very likely to interact with the tobacco tar residue that remains in the lungs of a former smoker and work to accelerate the development of cancerous growth(s).

It is also likely that the user, believing e-cigarettes to be safe, will use them to a greater extent than the smoker of tobacco cigarettes – who is always trying to cut down and reduce their risk.

Propylene glycol is another major chemical present in electronic cigarettes – it is the chemical that is responsible for the visible fumes/vapour arising from e-cigarette usage.

The manufacturer of propylene glycol (PG), Dow Chemicals, states that, due to PG being a known irritant to the upper respiratory tract, it "does not support or recommend the use of PG in applications where inhalation exposure or human eye contact with the spray mists of these materials is likely, such as fogs for theatrical productions or antifreeze solutions for emergency eye wash stations."

<http://www.dow.com/productsafety/finder/prog.htm#HealthInfo>

The long term effect of inhaling nicotine and propylene glycol, combined together, is unknown. They may well both interact together, or with other chemicals, as did the Lorillard company's asbestos filters and nicotine. So the inhalation of nicotine using e-cigarettes is not advisable for either former smokers or never smokers.

It does appear that the e-cigarette industry is trying to rush this product out, to hook a new generation of dependent users - which they hope to get established before the long term health consequences start to become apparent.

Based on previous experience with the tobacco companies it is very likely that the chances are that any health problems that do become apparent as a result will be

attributed by the e-cigarette industry to other factors, such as their previous history of tobacco smoking, or that their parents were smokers etc.

Answer 28.3 Nicotine inhalation is not an addiction – it is a habit.

It is generally understood by therapists that the idea of smoking being an addiction is a myth, a better term might be a 'habit of psychological dependency' – there is a lot of evidence that smokers can easily go without smoking when they have to, and quit when they choose to. However smokers are more than happy to claim that they are addicted – so that they can gain sympathy for their 'condition' and use it as an excuse to justify their habit, for example, in open plan offices – the reality is that many smokers just don't want to stop.

Unfortunately, some smokers do believe all the talk about smoking being an addiction and when they then try to quit they find it difficult, because they are expecting it to be difficult, because they believe that they are addicted !

The pharmaceutical industry, and the cigarette industry, perpetuate the myth that nicotine is an addiction that can only be solved by using their so-called Nicotine Replacement Therapy products.

The reality is that most successful quitters don't quit using NRT – they quit cold turkey, by simply making up their mind that cigarettes are not for them.

<http://www.thesmokelessociety.org/Nicotine-Addiction-Facts-Part-1.html>

<http://www.thesmokelessociety.org/22-April-2013-BBC-Promotes-Smoking-As-Being-Genetic-Not-Inherited-Behaviour.html>

Answer 28.4 Effect of Nicotine on the developing mind

It does appear to be the case that one of two routes apply regarding the route to psychological health, independence and self-reliance:

A person might make a decision to inhale nicotine, and become a smoker/vaper in, typically, very early teens. From that point on they use smoking/vaping as a crutch, or prop, to help them cope with the usual difficulties of life, such as coping with the stress of homework, teachers, parents, siblings, work, employers, work colleagues, redundancy, interviews, death, relationships, girlfriends, boyfriends, friends etc. With every use of a cigarette they are reinforcing, in their minds, their use of a cigarette (tobacco or electronic) to help get them through the hard times. And thus they develop a 'bad habit' of using cigarettes to escape, relax, or obtain relief from, from whatever 'ordeal' it is that they are facing – and develop a habit of psychological dependency upon nicotine.

In contrast, the non-smoker, from early teens onwards, experiences similar life difficulties to the cigarette user, but the non-smoker doesn't have cigarettes available to them to help them cope (because they aren't smokers) - so they don't have a crutch/prop available to them to help them get through the difficult times.

So instead the non-smoker progressively develops psychological life skills, to help them deal with life's challenges – without resorting to nicotine.

So, by the age of about 25, the non-smoker has sufficiently matured intellectually and emotionally, and developed sufficient internal psychological life skills, that their mindset has developed an alternative habit of psychological self-reliance – and they really have no interest in, or need for, nicotine as a crutch or prop.

Which is one reason why so few people start smoking after age 25 – they have heeded the health warnings, they have refused to be pressured by their peers into becoming a smoker, and they have developed sufficient intellectual, emotional, and psychologically resilient life skills that they really have no need to take up smoking as an activity.

Which is just one reason why it is just so important that cigarettes (tobacco and electronic) are kept away from children and young adults – who can easily go on to develop a lifetime dependency upon nicotine.

And there is absolutely no reason to believe that e-cigarettes in general, and nicotine based e-cigarettes in particular are going to have no adverse health effects on the lungs, which are designed to absorb pure, fresh air – not air that has been filled with untested toxins and pollutants.

All of which explains just one of the reasons why the tobacco companies and the e-cigarette companies are really so keen to get youngsters, whilst they are still vulnerable and susceptible to developing a lifetime habit of dependency, hooked upon using their products at a young age.

Answer 28.5 Remedial action for failure to comply with the code

As a general comment. When advertising, in any media, makes false or misleading claims, many people (including, and particularly, non-smokers) will accept those claims as being true – and also believe that those false and misleading claims are true for other, similar, products. In many respects it can be worth it to the advertiser to establish their product by making misleading claims just to “see if they can get away with it” - as I am sure that many have been doing.

If they are then ‘caught out’ or picked up on their misleading claims by a complaint to the Advertising Standards Authority it seems that all they have to do is to hold up their hand, and say sorry, it was a mistake – we won't publish that advert again (but the claims remain on their website and the ASA doesn't follow up to ensure that the misleading claims on the website are removed).

Unfortunately some people will have been reached by that advert and will have seen or heard that advert and will believe the misleading claim to be true (e.g. a claim that e-cigs are safe and healthy etc. when there is no evidence of this). And those people, believing the claim to be true, will repeat it from time to time to their friends and family – who will also believe it because it is being said by a friend/authority figure. (Hence the reason why tv doctors and tv personalities are often used for tv commercials – they are a familiar face and more believable than an unknown actor). In no time at all you can see how the misleading claim about health and safety etc. is passed from one generation to another

such that the originator of the falsehood is completely forgotten about – the idea has gained acceptance within a community.

So the principle in Rule 14 should either be extended to also include clearance of radio, tv and printed media adverts prior to publication (preferably), or alternatively, there should be a requirement for a retraction/correction advert to be aired or published following an adjudication against an advert.

This pre publication clearance by the ASA could be done by the ASA for a nominal fee to cover the costs to the ASA, where the fee is charged directly to the advertiser.

Answer 28.6 The effect on non-users of using e-cigarettes in public

E-cigarettes are not zero emission and the users are already known to have modified their devices to incorporate other drugs (e.g. cannabis oil/resin) – so non-users have every right to be concerned about the effect on them of the passive inhalation of the various drugs and chemicals contained in the emissions from these devices.

The users themselves cannot be sure of exactly what it is that they are inhaling, or its effect on their lungs, because they may have purchased what they believe to be a 'MHRA licensed' device that is in fact, a fake – containing, for example, additional chemicals to increase the 'addictiveness' or psychoactive impact of the e-cigarette. (Note some chemicals are already known to be added to increase the 'addictiveness' of e-cigarettes – these chemicals are called 'flavourings').

E-cigarettes are being banned from use in public places for a number of very good reasons. Some reasons are outlined here.

<http://www.thesmokelessociety.org/E-Cigarettes-Banned-by-E-Cig-Bans.html>

So, once again, to protect non-users from possible effects of passive inhalation, the sensible and ethical thing approach to e-cigarettes would be to make their use subject to the same smoking bans as tobacco cigarettes.

Answer 28.7 E-cigarettes are not 'medicines' and NRT doesn't work

Smoking tobacco is a habit of 'psychological dependency', that smokers can quit anytime they want, if they really want to, and there is a large amount of evidence that that is the case.

Smoking is not an addiction. There is no widespread agreement on what the word addiction means – there are many many definitions.

The idea of smoking being an addiction is believed to have come into being as a result of the development of nicotine chewing gum by drugs companies – and to sell their product a self-assessed consumer questionnaire was promoted by which a smoker was told that their psychological dependency habit was as a result of the smoker being 'addicted' (Fagerstrom).

The concept of smoking being an addiction, and something outside the consumer's control, and that you could only quit the habit by using Nicotine Replacement Therapy was eagerly seized upon by most people who stood to gain by the belief:

1. The tobacco companies knew that people would find it more difficult to quit their habit of 'psychological dependency' upon cigarettes and nicotine – if they believed that they were addicted.
2. The drugs companies needed people to believe smokers were addicted to smoking, to sell their Nicotine Replacement Therapy.
3. Smokers themselves, who didn't want to stop, now had the perfect excuse for continuing – they were addicted ! So they were now 'powerless', and they were pleased to hear this news because now their smoking wasn't their fault, and that meant that they could continue to carry on smoking – with all its side effects of pollution and smoke inhalation by and inflict their smoke and pollution on other people.

Most parents will recognise the situation of facing a defiant child who wants to stay up late to watch a tv programme, or who doesn't want to leave a playground claiming that they have to be allowed to do what they want because they are 'addicted' - to be fair the child usually understands the irony and the humour in the idea that they might have an addiction to their habitual behaviour! – The psychology for a smoker, who wants to carry on smoking, is no different.

4. Non-smokers who had tried smoking, and disliked the sensations (and the smell) and hence had not taken it up as a pastime, were also more than ready to believe that smoking had to be an addiction – because the concept of an addiction was the only possible reasonable explanation for the smoker's pastime.
5. And the fact that some smokers continued to choose to smoke in the face of life changing health problems (such as limb amputation and lung health problems) caused by smoking only helped the non-smoker to seal the illusion that smoking was an 'addiction'.
6. Some smokers did eventually heed the health warnings, and eventually tried to quit, relapsed, and returned to smoking. They didn't realise that they weren't really addicted, and only had a habit of psychological dependency – and because they:
 - a. Believed they had an addiction and that it was impossible for them to stop without the use of the drug company's NRT.
 - b. Didn't realise that their habitual desire for a cigarette was being fuelled by association with the triggers and cues in their environment, such as advertising.

And hence, because they didn't realise the above, they continued smoking (thinking that they had 'an addiction illness'), and hence experienced health problems, which, for nearly 50% of smokers meant an early death, losing something like 8-15 years of their lives.

The reality is that the vast majority of successful quitters quit when they are ready to quit, without huge difficulties. For example:

“Research shows that two-thirds to three-quarters of ex-smokers stop unaided. In contrast, the increasing medicalisation of smoking cessation implies that cessation need be pharmacologically or professionally mediated.” See:

<http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1000216#close>

For example, “The main outcome of six months of continuous smoking abstinence was achieved by 7.3% of the nicotine e-cigarette group, 5.8% of the NRT patches group and 4.1% of the placebo e-cigarette group.” See:

<http://www.nhs.uk/news/2013/09September/Pages/e-cigarettes-as-good-as-patches-for-quitting-smoking.aspx>

As the above link says: “Overall, the results of this trial suggest that patches, nicotine-containing e-cigarettes and dummy e-cigarettes were equally effective (or ineffective, depending on your view) at helping people quit smoking.”

And this research is then advertised triumphantly as a fantastic indicator of the efficacy of e-cigarettes (e.g. “e-cigarettes as good as patches for quitting smoking”).

E-cigarettes are not medicines. They are a substitute nicotine delivery mechanism. NRT and nicotine containing e-cigarettes serve to maintain their dependency on nicotine. Smokers who quit smoking do so when they are sufficiently determined and motivated to quit – which gives them the will power that is required to quit smoking.

I believe that there are some guidelines in the ASA CAP which require that any advert for a smoking cessation product should state that “Willpower is required”. This is quite correct.

It is very likely that those few smokers who quit with the help of NRT (either e-cigarettes or some other NRT) are actually at a point in their lives where they are sufficiently motivated to quit – and they have believed all of the marketing and advertising about them being addicted to nicotine and they have believed that they simply will not be able to quit smoking without the aid of NRT.

What really happened was probably that :

1. That those smokers were so determined and motivated to quit, and had so much willpower, that they made their first ever really determined attempt to quit – so determined that this time they used NRT (e.g. NRT patches or gum) to ‘help’.
2. And that those smokers were so determined and motivated to quit, and had so much willpower, that they managed to quit despite the attempt by drugs companies to keep them dependent upon nicotine and NRT. Their use of Nicotine in the form of NRT was probably incidental, and they could have done just as well, and probably a whole lot better, by either not using NRT at all, and by quitting ‘cold turkey’; or by using a placebo.

The e-cigarette companies themselves make no claim that their e-cigarettes are medical devices, for the purposes of quitting smoking. They all market their e-cigarettes as an

alternative to tobacco. So e-cigarettes should be marketed no differently to tobacco cigarettes. In fact, I am in agreement with the Royal Pharmaceutical Society and its following statements:

Public Health

In order not to undermine recent advances in public health policy, e-cigarettes should be treated in exactly the same way as any other form of smoking, including the same age restrictions as applied to tobacco products and restrictions on their use in public spaces, advertising and displays.

They should not be irresponsibly advertised and marketed as a lifestyle option or as harmless alternatives to smoking. See:

<http://www.rpharms.com/promoting-pharmacy-pdfs/e-cigarettes-position-statement.pdf>

<http://cagecanada.homestead.com/fagerstromfindshiswaytodamascus.html>

Questions:

1 Yes, agree

2&3 Agree

4 As yet I have not seen evidence from more than one clinical trial to support the premise that e-cigarettes increase the numbers quitting tobacco smoking as compared with NRT or Varenicline. Is there evidence on sustained cutting down of tobacco cigarettes when using e-cigarettes.

5 I do agree, because as yet I have seen no published evidence to support the case that e-cigarettes improve health.

6,7,8,9,10, Yes to all these.

11 Marketing should be addressed only to existing smokers.

12,13,14,15, Yes

16 Presence of flammable substances.

17, 18 Yes

19 Yes, to be consistent with the theme running through the Rules.

20,21, 22` Yes

23,24 No

25 Fully

26 Yes

27,28 No

Honorary Consultant Physician