

08.30 - 08.55		REGISTRATION & REFRESHMENTS
Evidence and Research		
08.55-09.00	Welcome from the Chair - Prof Ann McNeill <i>Recent UK developments</i> Professor of Tobacco Addiction – UK Centre for Tobacco and Alcohol Studies (UKCTAS), Kings College London	
09.00 – 09.15	Electronic cigarettes and history: why do countries have different policies? <i>Electronic cigarettes are controversial. This new technology in the smoking field has been welcomed by some, severely criticised by others. Do e-cigarettes potentially reduce the harm from smoking by diverting smokers down a safer route – or do they amplify harm and also recruit new smokers? Evidence on these points has been produced but has been treated differently in different national contexts.</i> <i>This paper will present ideas and themes arising from a pilot cross national study funded by the Wellcome Trust involving the UK and Australia. We argue that these divergent national responses relate to many issues which have little to do with ‘evidence’ as a value free construct. The presentation will compare these different national policies and histories. We argue that ‘evidence’ is global. But unless we understand how evidence fits into national histories, structures and contexts we will not understand the divergences in policy towards e-cigarettes.</i> Prof Virginia Berridge - Prof of History and Founder Director of Centre for History in Public Health , London School of Hygiene and Tropical Medicine	
09.15 – 09.30	Why e-cigarettes are seen as a threat to tobacco control in low- and middle-income countries and the impact this has on THR perceptions. <i>This session will look at the different policy and tobacco control environments that LMIC countries are working in, and the influence this has on attitudes to tobacco harm reduction, and presents the concerns and issues that this raises.</i> Judith Watt – International Tobacco Control Consultant	
09.30 – 09.45	Why a comprehensive tobacco control policy is essential to underpin a sensible harm reduction strategy. <i>The UK’s experience and attitude to harm reduction is almost unique, even within Europe. What is often overlooked is that the UK’s approach is underpinned by some of the strictest tobacco control environments in the world. This session will explore how a successful and sensible THR strategy must be viewed in context and supported by a strong tobacco control strategy.</i> Deborah Arnott - Chief Executive, Action on Smoking & Health	
09.45 – 10.00	The long-time Scandinavian experience with snus – tobacco harm reduction in the real world <i>It is difficult for us in tobacco control to realize that snus, e-cigarettes and heat-not-burn products may have greater potential to make smoking obsolete than the regulations we have spent a lifetime fighting for. Still, evidence from Norway and Sweden - where snus has been available for decades - suggest that snus has reduced smoking initiation among youth, increased smoking cessation among established smokers and halved smoking intensity among dual users. The combined numbers who have i) quit smoking for snus, ii) reduced smoking intensity by snus, iii) picked up snus instead of cigarettes, have outnumbered iv) snus users who otherwise would have been tobacco-free.</i> <i>It is time for us in tobacco control to accept that health gains from smoking cessation, smoking reduction and smoking substitution, have more than out-weighed the marginal health loss in the fraction of never-smokers taking up snus.</i> Dr Karl E Lund - Senior Researcher, Norwegian Institute of Public Health	
10.00 – 10.15	The Canadian experience: Considerations for regulating e-cigarettes <i>Canada’s new regulatory regime for e-cigarettes and other vaping products was established with the creation of the Tobacco and Vaping Products Act in May of 2018. The Act balances objectives of protecting young persons from nicotine addiction and tobacco use while allowing adult smokers access to vaping products as a less harmful alternative to smoking. Mr. Van Loon will provide an overview of the Canadian approach and look ahead to key issues and challenges.</i> James Van Loon - Director General, Tobacco Control Directorate, Health Canada	
10.15 – 10.35	Panel Q&A: Nicotine harm reduction – evidence and ethics <ul style="list-style-type: none"> • <i>What are the evidence gaps and how do we fill them – is it time for the WHO to review its advice on e-cigarettes?</i> • <i>How should we distinguish between different categories of reduced harm nicotine products</i> • <i>Are we any nearer identifying the ideal regulatory framework for e-cigarettes</i> 	
10.35 – 10.55	MORNING REFRESHMENT BREAK	

Safety and Health Effects	
10.55 – 11.15	<p>Unanswered questions in tobacco harm reduction research - science is about never knowing everything: <i>Tobacco harm reduction is a scientific field with many unknowns (and perhaps some unknown unknowns), which is to be expected given how new many of the products are. This presentation will explore the limitations and opportunities in scientific research and discuss how science is influencing the regulatory environment. In light of these unknowns, what decisions do regulators need to make and what would the appropriate approach to harm reduction be?</i></p> <p>Dr Konstantinos Farsalinos - Research Fellow, Onassis Cardiac Surgery Greece, Department of Pharmacology, University of Patras Greece</p>
11.15– 11.30	<p>Disentangling the gateway hypothesis: does e-cigarette use cause subsequent smoking in adolescents? <i>This talk will cover latest published and unpublished data from the Smoking Toolkit Study, the National Youth Tobacco Survey and other international population surveys to evaluate the association of e-cigarette use with cigarette smoking in adolescents and young adults. It will use a variety of methodological and analytical approaches to triangulate findings in an effort to balance findings from small scale longitudinal studies with large scale epidemiological trends</i></p> <p>Dr Lion Shahab - Associate Professor in Health Psychology, Department of Behavioural Science and Health, University College London</p>
11.30 – 11.45	<p>When and how should health professionals recommend use of e-cigarettes? <i>There is less high quality evidence on the effectiveness of e-cigarettes as a smoking cessation aid than there is for prescription medications and licensed nicotine products. Therefore it seems logical to recommend to smokers that they try those first and only try e-cigarettes as a last resort. This talk argues that this logic is the wrong way around and that every single smoker should be recommended immediately to switch to an e-cigarette if they can because this will immediately radically reduce the harm they are experiencing. Those who cannot make the switch and those who make the switch and then wish to reduce their risk further should be recommended to use the range of products and services available to achieve this.</i></p> <p>Prof Robert West - Professor of Health Psychology & Director of Tobacco Studies, Cancer Research UK Health Behaviour Research Centre, UCL</p>
11.45 – 12.00	<p>Do e-cigarettes help smokers quit? <i>Large numbers of smokers report to have stopped smoking with the help of EC, but claims are also being made that there are data showing that EC prevent quitting. This presentation will summarise existing evidence and look more closely at relevant studies from the past two years. Studies will be reviewed that examine effects of EC on smoking cessation when provided pro-actively by health professionals to smokers seeking help; and also when bought by smokers as a consumer product.</i></p> <p>Prof Peter Hajek - Professor of Clinical Psychology, Wolfson Institute of Preventive Medicine, Queen Mary University of London</p>
12.00 – 12.15	<p>Does the reported “JUUL Phenomenon” change the balance of the public health impact of e-cigarettes <i>The much anticipated NASEM report published earlier this year, highlighted that the public health impact of e-cigarettes will depend on the balance of 3 factors i) The ability to help current smokers quit ii) The potential to increase adolescents' use of combustible cigarettes iii) Any inherent toxicity of e-cigarettes themselves. This session will discuss from a clinician's perspective how the “JUUL phenomenon” being reported in the US might change the calculations.</i></p> <p>Prof Nancy Rigotti MD - Professor of Medicine, Harvard Medical School; Director, Tobacco Research & Treatment Centre, Massachusetts General Hospital, USA</p>
12.15 – 12.30	<p>Striking the balance in communicating risks and benefits <i>One of the perennial topics in THR debates is how to communicate the benefits of reduced risk products for current smokers while protecting youth. Following the FDA announcement which suggests the USA is suffering from a significant upsurge in youth uptake, this session will explore why the same hasn't been seen in the UK in context of different regulatory and policy positions. In particular the presentation will discuss: differences in how youth use is measured in UK and USA surveillance systems: youth perceptions of vaping and smoking in the UK; the role of flavours in the context of youth and adult use; possible regulatory explanations for reported differences between the UK and USA in youth uptake; and how risk communication and promotion needs to balance concerns about youth uptake while still reaching adult smokers.</i></p> <p>Prof Linda Bauld - Professor of Public Health, University of Edinburgh</p>
12.30– 12.50	<p>Panel Q&A : Communicating Absolute and relative risks</p> <ul style="list-style-type: none"> • How do we discuss unknowns, without deterring use? • Are experts communicating relative risks appropriately and/or effectively? • How do we frame messaging to present a balanced picture of the evidence to the public and regulators?
12.50 – 13.30	LUNCH

Industry and Regulation	
13.30 – 13.45	<p>Market impact of regulation: <i>The recent WHO COP8 meeting in Geneva and the FDA's announced enforcement actions and threatening of further restrictions in the US has signalled a toughening of tobacco harm reduction regulation globally. Meanwhile many countries around the world are regulating these new products for the first time. But how many countries still ban THR products around the world? What impact do restrictive laws have on consumers and the market? And how are the various parts of the market affected both large international companies, and smaller independents, to the variation in regulation globally?</i></p> <p>Tim Phillips – Managing Director, ECigIntelligence</p>
13.45 – 14.00	<p>Vaping in an unregulated market: <i>New Zealand has almost no controls or regulations on vape products, sales, or use. Government has taken a light touch approach and allowed a thriving vape industry to spring up in response to increasing demand from smokers for less harmful alternates. The New Zealand experience has been largely positive with local entrepreneurs and independent vape stores being a leading source of support for people quitting traditional cigarettes. Concerns about youth vaping have been largely unfounded with recent large scale youth surveys indicating youth vaping is largely confined to smokers. This presentation will focus on what happens when the market, not public health drives change and how policymakers are scrambling to catch up.</i></p> <p>Ben Youdan – ASH New Zealand</p>
14.00 – 14.15	<p>Understanding “disruption”</p> <p><i>'Alternative nicotine delivery systems' are disruptive. Snus is well advanced in the creative destruction of smoking in Scandinavia. But the big prize is to generalise this experience through vaping and heated tobacco products. The key disruptor is an energy technology - the battery. The critical distinction in public health and consumer policy is not tobacco versus non-tobacco, nor is it novel versus established technologies. It is combustion versus non-combustion. As with all disruptions, many interests and incumbents are threatened - and the enemies of innovation are rich, ruthless and on the offensive.</i></p> <p>Clive Bates – Director, Counterfactual Consulting Ltd</p>
14.15 – 14.35	<p>Vaping products regulated as medicines – how useful and appealing... for smokers and manufacturers?</p> <p><i>Smokers are extremely diverse and product / flavour diversity is essential to meet their varying needs when they are looking to switch to vaping. Smokers walking into a vape shop for the first time do not consider themselves ill or needing treatment – they want an enjoyable alternative to cigarettes. And yet there would be benefits for having some medicinally regulated products – for GPs, NHS Stop Smoking Services and in hospitals. There are many lessons here to be learned from the NRT experience in the UK. There are obvious challenges inherent to the medicinal regulatory route, but there are also some less obvious challenges. Furthermore, the UK regulatory framework is unique in ways that mean the model here is not transferable to other countries.</i></p> <p>Mark Dickinson – Owner & Director, Clarityse Ltd. Co-owner & Director, MI Vape Ltd</p>
14.35 – 14.55	<p>A risk-proportionate approach to e-cigarettes: the findings of the House of Commons Science and Technology Committee’s Report on e-cigarettes: <i>E-cigarettes present an opportunity to significantly accelerate already declining smoking rates, and thereby tackle one of the largest causes of death in the UK today. In August 2018 the House of Commons Science and Technology Committee published its Report on e-cigarettes. The Committee concluded that there was no public health rationale for treating e-cigarettes and conventional cigarettes as one and the same. In his address Normal Lamb MP will talk about what the Committee heard and its key recommendations, including the Committee’s call for: i) the Government to support a long-term independent research programme on the relative risks of e-cigarettes and heat-not-burn products; ii) NHS England to set a policy of mental health facilities allowing e-cigarette use by patients unless trusts can demonstrate evidence-based reasons for not doing so; iii) there to be a shift to a more risk-proportionate regulatory environment, where regulations, advertising rules and tax duties reflect the evidence of the relative harms of the various e-cigarette and tobacco products available; and iv) the Government to review with MHRA and the e-cigarette industry how its systems for approving stop smoking therapies could be streamlined to be able to respond appropriately should manufacturers put forward a product for licensing.</i></p> <p>The Rt Hon Norman Lamb MP - Chair of The House of Commons Science and Technology Select Committee</p>
14.55 – 15.15	<p>Panel Q&A: Has regulation supported or hindered the disruptive potential that e-cigarettes and novel nicotine products pose to combustible tobacco products?</p> <ul style="list-style-type: none"> • <i>How do you reach smokers and protect youth within the regulated advertising environment</i> • <i>Will it ever be possible to have a medicinal e-cigarette?</i> • <i>What policies would help us to reach more smokers</i>
15.15 – 15.35	<p>Afternoon Refreshment Break</p>

Public Health, Policy & Tobacco Harm Reduction	
15.35 – 15.50	<p>Reasonable public health professionals still have concerns about e-cigarettes and tobacco harm reduction: <i>Although Public Health professionals and bodies in the UK are generally more optimistic about the role of e-cigarettes than in other parts of the world, reasonable professionals still have concerns. Between them, Martin Dockrell and Tim Marczylo have been key in shaping PHE’s thinking on e-cigarettes and tobacco harm reduction, Martin as a harm reductionist and Tim as a toxicologist. In this session Martin will try to switch from “transmit” to “receive” and discuss with Tim why so many in UK public health continue to be concerned about initiating nicotine addiction, evidence of harm and the influence of the tobacco industry.</i></p> <p>Martin Dockrell – Tobacco Control Lead, (PHE) Tim Marczylo – Principal Toxicologist, (PHE)</p>
15.50 – 16.05	<p>Salford Swap to Stop Pilot – free e-cigarettes to support 1,000 smokers with their quit attempt <i>Over 10 weeks at the beginning of 2018, Salford City Council, funded by the Greater Manchester Health and Social Care Partnership, provided 1,000 free e-cigarettes to support smokers with their quit attempt. The pilot was delivered through community stop smoking services and pharmacies, targeting some of the most deprived areas of the city and the country. This session discusses the delivery and evaluation of this innovative pilot.</i></p> <p>Kuiama Thompson – Specialty Registrar in Public Health, Rochdale Borough Council</p>
16.05 – 16.20	<p>The kids are alright – halting the intergenerational reproduction of smoking means helping older adults to quit: <i>There have always been moral panics about young people’s substance use but ultimately most of us turn into our parents, reproducing socio-economic disparities in smoking. This means that middle-class young people may resist their parents’ values temporarily by experimenting with cigarettes (or JUULING?), but most later revert to type. For working-class young people from smoking families and communities however, smoking can be a marker of belonging – a fact that the tobacco industry has long understood – and quitting can be experienced as a betrayal. As public health practitioners and researchers, we need to recognise that the influence of family and community on young people is much stronger than our own. The real public health gains will happen when we stop making young people our primary focus and instead work harder with older generations and whole communities to change smoking norms for their children and grandchildren.</i></p> <p>Dr Frances Thirlway – Research Fellow, Sociology Department, University of York</p>
16.20 – 16.35	<p>Perceptions & misperceptions: Communication has become a battleground: <i>The most harmful misperception about vaping is the inaccuracy of public, including smokers, understanding of the potential risks of vaping compared to the known risks of smoking. The fact that this and many other issues have been allowed and even encouraged to propagate has created a battleground which threatens to undermine the public trust in public health. Any legislator will tell you that the best laws and regulations are those which the public support because they believe it will improve their lives. But what happens when public health policy appears designed to harm, obfuscate or mislead them? In the digital age people are more equipped than ever before to scrutinise the actions of public health authorities and disseminate alternative views. “Because we’re experts and we said so” is no longer an acceptable or sustainable argument.</i></p> <p>Sarah Jakes – Vaper and Board Member, NNA</p>
16.35 – 16.50	<p>Keynote: Smoking Poverty: Those most in need are often the most difficult to work with. <i>There are estimates that up to 90% of homeless adults’ smoke, more than any other minority group, around 80% of adults with who are dependent on illicit substances also smoke, up to 70% of those dependent on alcohol will die from a tobacco related disease. Desire to quit is no different in these groups, quit attempts are also high but success is low, with most lasting less than 24 hours. Cessation is often unplanned and unsupported, and worryingly often discouraged by professionals. When we look at why success is so low, stress is cited as a key reason for relapse. But what do we mean by that?</i> <i>Drawing on her experience of working with alcohol and tobacco use in vulnerable and marginalised groups Sharon discusses how the field looks unequal both in terms of who is doing the research and who is being researched, and explains why it’s not a coincidence.</i></p> <p>Dr Sharon Cox – Research Fellow, Centre for Addictive Behaviours Research, Division of Psychology, School of Applied Sciences, London South Bank University</p>
16.50– 17.10	<p>Panel Q&A:</p> <ul style="list-style-type: none"> • What more can we do to maximise the benefits of e-cigarettes whilst minimising the risks? • How can we reach the smokers who could benefit most from tobacco harm reduction? • How can the public health response to e-cigarettes best serve the public?
17.10– 17.15	<p>Closing Remarks</p>
<p>Post Summit networking drinks</p>	