

# Cross-Party Group on Lung Health

10.30am-12pm, 30 September 2022

The live recording of the meeting can be found at

<https://www.facebook.com/asthmalungscot/videos/647452770126434>

## Present

### MSPs

Emma Harper MSP (Co-Convenor)  
Alexander Stewart MSP (Co-Convenor)  
Siobhan Brown MSP

### Invited guests

Dr Jonathan Coutts

### Non-MSP Group Members

Gareth Brown (Secretariat)  
Alan Dalziel  
Andrew Deans  
Arlene Shaw  
Brian Forbes  
Damian Crombie  
Emily Kennedy  
Esme Allen  
Garry McDonald  
George Davidson  
Grace Beaumont  
Jim Honeyman  
John Lockhart  
Joseph Carter  
Kim Turnbull  
Lesley Hill  
Liam Clutterbuck  
Linda McLeod  
Liz Mason  
Laura Smart  
Louise Wright  
Martin Charters  
Neil Harris  
Nicole Roberts  
Olivia Fulton  
Pamela Kirkpatrick

Paul Wilson  
Phyllis Murphie  
Richard Stork  
Sally Hughes  
Sheila Duffy  
Steve Adair  
Vicki McGrain Rae  
Zieda Taylor

## Apologies

Alison Stewart  
Andy Currie  
Colin Brett  
Helen Relly  
Jill MacLeod  
Linda Gray  
Pauline Waugh  
Tom Fardon

## Welcome and Introductions

- Emma Harper (EH) welcomed all member of the meeting of the Cross-Party Group and outlined the topics for discussion.

## Minutes of Previous Meeting

- Accepted without any changes required.

## Impact of Vaping on Children

- EH introduced Dr Jonathan Coutts (DrJC), a Consultant Neonatal & Respiratory Paediatrician in NHS Greater Glasgow & Clyde providing a short biography of Dr Coutts.
- DrJC began his presentation 'Vaping and Children' thanking EH for the introduction.
- DrJC said he would present some evidence that should inform decisions makers.
- On the claim that e-cigarettes are 95% safer, DrJC highlighted news stories from the BBC pointing out that the independent review should be researched properly. The 95% claim comes from a Public Health England report from 2014.
- Showing the Public Health England paper, DrJC offered his criticism of paper, highlighting that a lawyer was on the group writing the paper, alongside public health officials, medics and scientists.

- DrJC also said that the 95% claim methodology looks at wider harms and impact on global health, rather than individual health, despite claims it is used to promote vaping to individuals.
- In summary, DrJC said that paper is misquoted and misrepresented and questionable, with some of the contributors having commercial links to tobacco and vaping, adding that the 95% safer claim is outdated. DrJC said that the claim should never be used.
- DrJC referred to a television debate that has occurred on the previous night, noting that one contributor referred to the 95% claim from the Public Health England paper.
- Asking the question if vaping is useful in giving up smoking, DrJC said that he is not a smoking addiction expert, but he looks at vaping because of the harm caused to his patients and that he has found a lot of studies suggesting that vaping is not useful.
- DrJC then referred to an umbrella review study, which is a review of other reviews, and it can be defined as one of the highest forms of medical evidence.
- According to the study, former smokers using e-cigarettes have over twice the odds of relapse as non-e-cigarette users.
- Looking at nicotine, DrJC reminded the CPG that he looks after children, so claims that nicotine is harmless only refers to adults.
- DrJC showed what nicotine does to children, adding that it is not harmless.
- The vapour in e-cigarettes is not harmless either according to DrJC, who referred to bakers being diagnosed by occupational lung disease as a result of exposure to flour and also a study in Barcelona which found acute asthma admissions and exacerbations increased as a result of a soy bean container blowing dust and particles across the city if the weather conditions were right, adding that because it is safe to eat does not mean it is safe to inhale.
- DrJC pointed out that the long-term effects of vaping result in inflammation and will likely lead to long-term damage, such as COPD.
- DrJC then looked at second-hand smoke from vaping at home. The exposure from second-hand vaping increases the risk of bronchitic symptoms in young people.
- Going back to his first slide which showed claims around the safety of vaping, DrJC said that the 95% claim should not be used in any debate, adding that unfortunately if something is said enough times it is taken as true.
- Asking if vaping is a good smoking cessation as is claimed, DrJC reminds the CPG that he is not an expert in this area but that the evidence is out there.
- On the claim that nicotine is harmless, DrJC reminded the CPG that it is not harmless to the children and young people that he cares for.
- On the final claim that the vapour does not cause lung disease, DrJC said it is increasingly clear that e-cigarette vapour causes inflammation which leads to further consequences.
- DrJC reviews articles and highlighted a recent email he received from paediatricians in London with an article that aims to educate paediatricians about the harmful effects of vaping and the rising prevalence and addiction of vaping among children and young people.

- DrJC said he worries about how he can ask children and young people if they vape in his clinics and how reliable their answer is, especially with parents in attendance.
- In closing, DrJC thanked everyone for listening and hoped that people had found his presentation useful.
- EH thanked DrJC for his presentation and asked for questions just now, to allow for DrJC to be called away if he is required.
- EH welcomed Siobhan Brown MSP (SB) who has an interest in this subject.
- Looking at the chat function, EH offered Alexander Stewart MSP (AS) the first question.
- AS thanked DrJC for his presentation, adding that he identified the starkness of where we are at with vaping and that there are real concerns across many sectors about the availability and marketing of vaping products. On the 95% claim from Public Health England, AS asked if there are any similar reports or claims from Scotland.
- DrJC said that there isn't anything from Scotland, but touching on other points raise by AS, he spoke about the harm and that many claims can be discarded and debunked.
- DrJC talked about what other countries are doing to tackle nicotine and vaping and what Scotland should be doing to reduce the levels of addiction that results in young people vaping.
- EH talked about the use of smoking and vaping in culture, highlighting big tobacco involvement in Hollywood movies and Japanese animation.
- DrJC responded to say that even some in his own profession are making vaping looking cool with imagery of young people vaping being used to encourage cigarette cessation. DrJC said he believes "we are doing some of the work for the vaping companies" who are owned by big tobacco.
- DrJC said his main concern is about young children getting addicted to nicotine because that are viewed differently than cigarettes.
- Siobhan Brown MSP (SB) thanked DrJC for his presentation and stated that she is hoping to have a Members' Debate in the Scottish Parliament on this issue.
- SB added that she is a mother of two teenagers who have started vaping because of the widespread use in schools. SB said that schools are not fully aware of the health risks of vaping, with some children claiming it is helping the anxiety of children and young people.
- SB acknowledged this problem is not unique to Scotland, noting that America and Australia are having the same problems.
- SB referenced Sheila Duffy (SD) who appeared on the television debate the previous night opposite someone from the "charity" WeVape saying that they are opaque and having no idea who funds them.
- SB asked DrJC how many people had died from vaping.
- DrJC said about 60 people have died worldwide, mostly in America through use of cannabis products in vaping. He then gave an example of someone he cared for suffering with the effects of vaping.
- EH invited John Lockart (JL) who asked about the 95% claim and how do we argue against the claim or get it revised. JL also spoke about his experiences of discussing vaping in schools.

- DrJC said that the only way around the claim is for an up-to-date review, given the claim was made in 2014. He said it is a disappointment that it is an official document and questions why it was added to the PHE document and that it gives credibility to the claim.
- Olivia Fulton (OF) made a comment about what the CPG could do to raise awareness about chemist selling vaping products adding that there is a psychology to thinking they are healthy if they are sold in a chemist. OF said she thinks there should be similar methods to sell restricting the sale of tobacco, such as hidden displays.
- DrJC said that he wouldn't want to get into a heated debate with his medical colleagues but that there is a need for a mature discussion about how we reduce and end nicotine addiction.
- DrJC raised the recent case of JUUL who were fined in America for targeting their marketing to children and young people. He also spoke to about the rise of Instagram influencers promoting vaping.
- He also said that we have been good at reducing smoking attitudes and smoking rates and that we should apply the same measures against vaping.
- Joseph Carter (JC) touched on the cultural issue of people using vaping products indefinitely then asked about a child protection and public policy viewpoint and what DrJC and his paediatrician colleagues would like to see politicians do to lower the use of vaping and the associated risks on young people.
- DrJC replied to say to make it more difficult like no smoking in the car or at work, these standards should be applied to vaping. He also talked about the number of shops now selling vaping products.

## Vaping Consultation and Legislation

- EH introduced Sheila Duffy (SD) from ASH Scotland by reading a short biography and then handed over to SD who said that she will mostly present on the types of vaping products rather than legislation, but SD did highlight legislation that was passed in 2016 that could do more to regulate the advertising and promotion of vaping which have never been acted on, but states that we cannot wait to delay any longer.
- SD referred to DrJC saying that we do not have a full picture about smoking cessation but there is research about products being marketed as recreational products.
- SD highlighted that many countries have banned vaping products because of the concerns they have about children and young people vaping.
- Like DrJC, SD said she has kept quiet because she does not want to have debates with public health colleagues but says now is the time for Scotland to act.
- SD reported an upsurge on youth vaping, with widespread reports on increased children and youth possession of e-cigarettes, with children as young as 12 year old, and that STV Fol requests found a rise in vape confiscations in schools.
- SD said there is no hard data in Scotland but in December 2022 there will be the release of the youth census and SD said she expected more young people to be vaping than smoking.

- The 2022 toolkit research said that 18 years old vaping prevalence increased by 29% and SD said that preliminary findings of Growing up in Scotland (GUS) found 21.5% of 14 year olds had used e-cigarettes.
- Disposable vapes are driving increased youth uptake according to SD, who warned of the widespread availability, price, promotion and marketing and the selling of bright colours, sleek designs and flavourings
- SD gave examples of the designs, such as 'fidget spinner' designs that had a flavour at each end and stronger machines that give as stronger hit of nicotine.
- In framing the debate, SD talked about the three types of stakeholders; health stakeholders with a precautionary approach, health stakeholders with a harm reduction and smoking cessation approach and commercial stakeholders motivated by profit and not health.
- Commercial stakeholders have the muscle and funding according to SD, who then highlighted the WeVape organisation that debated the previous night on the TV. SD says that WeVape are linked to the Adam Smith Institute and that there are questions about who is funding them as SD does not believe they are receiving enough money from ordinary vapours.
- SD said she agrees there needs to be a full debate about smoking cessation and nicotine, tobacco and novel products that are coming down the line.
- Talking to a slide titled 'Why should we be concerned about children and youth vaping?' SD talked about vaping being a gateway for industry to market addictive products, that children who vape are up to three times more likely to take up smoking tobacco, that there are toxic components not safely tested for inhalation, the increased risk of adverse health outcomes, illicit and modified devices and the financial and environmental damage, especially from disposable products and lithium batteries.
- SD showed images that highlight the marketing of vaping products to children and young people, with one image showing a price board branded Vape 'N' Candy in bright colours and another image showing the fruit and sweet flavourings on a display from a big tobacco company.
- SD then outlined what ASH Scotland is calling for relating to recreational products:
  - Action to implement 2016 legislation
  - Regulate products to reduce youth appeal - flavours, packaging. etc.
  - Regulate the advertising and promotion
  - Restrict online promotions and influencing
  - Clear public messaging about health and environmental risks
  - Support to quit for those addicted to smoking and/or vaping.
- SD then thanked everyone for listening and asked for any questions.
- EH asked for questions, thanking SD for a powerful presentation.
- Gareth Brown (GB) brought up the recent analysis published by the Scottish Government on the 'Tightening rules on advertising and promoting vaping products' consultation, highlighting how the Scottish Government has classified respondents. GB said he was curious as to how vapours had lobbied and thanked SD, Lesley Hill and other for pointing out WeVape have been campaigning against the First Minister and the Scottish Government during the consultation.

- GB said that one of the big concerns he has is the location of vaping products in supermarkets and shops, i.e. next to sweets, at end of aisles and the pricing of cheap products can be found for as little as 1 pound.
- SD said she has seen the marketing tactics before used from tobacco used in vaping, such as the Tell Nicola campaign, run by WeVape.
- Leanne McGuire (LM) from Glasgow City Parents Group talked about the concerns of parents and schools across Glasgow, with children as young as 5 years old vaping. LM says that there is a lack of awareness about the dangers of vaping and that materials are needed to be distributed.
- LM said she met with the Scottish Government earlier in 2022 and that she felt she was brushed off, with the impression that the Scottish Government does not want to divert away from the message that vaping is safer than cigarettes and their concerns were not listened to.
- LM said that is great to be on the CPG meeting to hear from more people who share their concerns and have similar views about how big a problem youth vaping has become.
- LM reported that parents are purchasing vaping products for their children because they assume it is safer and risk-free compared to smoking.
- EH responded to say that SB is proposing a Members' Debate and we will probably need to revisit this issue due to the scale of the challenge and the amount of information raised today.

## NHS Scotland Climate Emergency and Sustainability Strategy

- EH then introduced Garry McDonald (GM), a respiratory pharmacist, to present on concerns relating to the NHS Scotland Climate Emergency and Sustainability strategy for people with asthma and COPD.
- GM started to point out that the strategy was launched recently and that he was not involved in the process and that there are welcoming aspects but threads that are left need clarified from a healthcare aspect.
- GM then explained his praise for some of the opening statements about good care being sustainable.
- Realistic medicine needs patient involvement according to GM, adding that healthcare decisions can't be done without them.
- GM said he would pick up on areas of the strategy where there are potential pitfalls and that is healthcare is not done right, this is where more harm can be done.
- Starting with inhalers, GM talks about the pollutants from inhalers that contains more potent greenhouse gases. GM showed two types of metered-dose inhalers that he labelled the two biggest culprits, usually resulting from overuse.
- In the Scotland, we use 5 reliever inhalers to every 1 preventer inhalers. GM said this should be the other way round and that getting good asthma and COPD care right will shift that ratio the correct way.
- GM said that MART (Maintenance and Reliever Therapy) is the best way forward for asthma care that would not require the need for reliever inhalers.

However, GM warns that we cannot get good asthma care without having that discussion with the person with asthma.

- GM said that one of the biggest ways to reduce greenhouse gas emissions from inhalers is with better asthma control, but face-to-face.
- Showing the metered dose inhaler (MDIs), which contains gas pollutants 1500 times more harmful than carbon dioxide, and a dry power inhaler (DPIs), GM talked about the difference in inhaler technique between the two inhalers.
- GM stated that we reduce inhaler emissions through changes in prescribing practices such as implementing regular reviews and switching to DPIs only to those who are suitable for using them but only with patients seen face-to-face.
- GM said that his biggest concern is inhalers being switched without consultation, adding that in England some patients are switching through a text message and a video link.
- Before moving a patient to a new inhaler, they must be able to demonstrate they can properly use their inhaler according to GM.
- GM said that the UK has the highest asthma mortality in Europe, with Scotland the highest in the UK.
- GM encouraged people with asthma to use spacers to make sure they are inhaling the inhaler gas as efficiently as possible, with up to 20% better medicine delivery.
- GM warned about switching inhalers incorrectly, stating that this could result in higher emissions, with the example that one night in A&E emits 125kg of CO<sub>2</sub>, the equivalent of 10 metered dose inhalers.
- In closing, GM showed a graph that compared the different emission levels from different inhalers and their pollutants.
- EH thanked GM for his debated and handed over to AS to discuss questions.
- JC reflected on the presentation and agreed that this is ultimately patient choice. JC said it is important we recognise why the Scottish Government have published this strategy but also acknowledge that this won't be for everyone and that working with MSPs on the CPG we can get this right.
- OF said that this is an area of interest and echoed calls for getting patients choice and patient education correct, as well as what inhaler a patient would prefer to use.
- George Davidson (GD) said that this is a huge debate we will probably need to come back to, adding that many countries in Europe use greater levels of DPIs than the UK and have better outcomes.
- AS closed by saying that the two topics discussed today will need further discussion and that the CPG will return to.
- AS also said that the quality of the discussions today also add to the need for having the CPG.
- AS asked if anyone wanted to raise anything from the minutes of the previous meeting as this was not raised earlier.
- GB asked for any edits or correction to be emailed, adding that there is one item in AOCB before the meeting is closed.
- AS introduced Louise Wright (LW) from Action for Pulmonary Fibrosis.

## AOCB – Action for Pulmonary Fibrosis



- LW thanked the CPG for the interesting meeting and for the opportunity to raise awareness pulmonary fibrosis during World Pulmonary Fibrosis Awareness Month, with the CPG taking place on the final day.
- LW read out the statement below.
- AS thanked LW for her statement and closed the meeting after asking GB for the date of the next meeting, which was proposed for Friday 25 November.

### **Action for Pulmonary Fibrosis statement**

“I didn’t realise pulmonary fibrosis meant I was going to die. I thought they had made a mistake. The bottom just fell out of my world.” *Someone living with pulmonary fibrosis*

#### **Context**

Google ‘pulmonary fibrosis’ (PF) and prepare to be shocked. It is an umbrella term for over 200 different progressive lung scarring diseases. It’s on the rise, life expectancy from diagnosis is just 3-6 years and there is no cure. Today, there are approximately 35,000 people living with pulmonary fibrosis across the UK. This deadly disease accounts for 2% of all deaths, resulting in approximately 1,200 deaths per annum in Scotland last year. That’s the equivalent of 3 people dying every day.

#### **Action for Pulmonary Fibrosis**

We support people living with and affected by the disease here and now, as well as supporting research to find a cure. We are a UK wide charity obtaining Scottish charitable status in May 2021 and employing our first Scottish based staff member, Alison Stewart in December 2021. Alison has helped widen our reach, supporting more patients and families whose lives have been devastated by pulmonary fibrosis. Alison is able to forge new relationships with health care professionals too, allowing us to better understand the issues and concerns facing people affected by PF across Scotland.

#### **What patients and healthcare professionals tell us**

- Diagnosis is taking too long. Too many people living with pulmonary fibrosis are misdiagnosed or diagnosed too late as they’ve been unable to see the GP face to face.
- Not everyone with pulmonary fibrosis has the right to life pro-longing treatments at the point of diagnosis. People with idiopathic pulmonary fibrosis have to wait until their lung function drops below 80%. This is not right.
- Access to supportive treatments depends on where you live. With no cure, getting support to manage a chronic cough, breathlessness and anxiety, moving around with oxygen, help to stay active or preparing for the end of your or a loved one’s life is vitally important. But access to the range of support is too variable across Scotland. This isn’t fair.
- There aren’t enough specialist ILD nurses. People affected by pulmonary fibrosis tell us they love their specialist nurses. ILD teams tell us their business cases to increase nurse hours are repeatedly turned down. This must be reversed.

#### **What we can do.**

APF is asking everyone today to;

1. Sign up to our spotlight on PF – On 23rd November we host our first ever national virtual event in Scotland. “Spotlight on Pulmonary Fibrosis in Scotland” will gather together patients, carers, family members, health professionals and anyone with an interest in pulmonary fibrosis. Presentations will be given by Dr Tom Fardon and specialist nurses Michelle Duffy & Susan McCluskey. We’re delighted to have both a

patient and carer talking about the impact PF has had on their lives, sharing their unique and helpful insights.

2. Refer anyone affected by PF to Alison – we offer a range of services to provide peer support, expert information and guidance.....and what we don't know, we find out.

3. Spread the word and stay up to date; follow us on social media and sign up to our newsletter.

4. Sign our petition - During PF awareness month APF started a petition and we are asking UK politicians and the Secretary of State for Health and Social Care to fund a health service for people with pulmonary fibrosis that is equal to cancer care.

5. What do you think? What advice can you give us to help ensure better care and support for everyone affected by PF ins Scotland?

“You mention cancer and the world is supportive. You mention pulmonary fibrosis and the world knows nothing.” *Person with pulmonary fibrosis*

*ENDS*