

# Press release: Government announces Mr Justice Langstaff will lead inquiry into the infected blood scandal

The Chancellor of the Duchy of Lancaster and Minister for the Cabinet Office, David Lidington, today (8 February) announced that Mr Justice Langstaff will chair the public Inquiry into the infected blood scandal.

Mr Justice Langstaff will be the full time Chair of the Inquiry from 1 May following his retirement from the High Court. In advance of this, he will be consulting further with people affected, their families and other stakeholders on the Inquiry's terms of reference.

Chancellor of the Duchy of Lancaster and Minister for the Cabinet Office, David Lidington said:

The infected blood scandal of the 1970s and 80s is a tragedy that should never have happened. We must now ensure it can never happen again.

I am determined that this independent Inquiry will give victims and their families the answers they have spent decades waiting for.

I want to ensure the Inquiry is now established as quickly as possible. I thank Justice Langstaff for agreeing to lead this important work and Government will provide him with all the support he needs.

Mr Justice Langstaff said:

Providing infected blood and plasma products to patients truly deserves to be called a major scandal. I intend through this Inquiry to be able to provide both some well-needed answers to the victims and their families, and recommend steps to ensure that its like will never happen again.

Nothing less than a thorough examination of the evidence will suffice: and the process needs to lead to a full report within the shortest timescales that such thoroughness can accommodate.

Once the further consultation on the terms of reference has taken place, the Minister for the Cabinet Office will confirm the final terms to the House of Commons.

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## **Press release: PHE publishes independent expert e-cigarettes evidence review**

The report covers e-cigarette use among young people and adults, public attitudes, the impact on quitting smoking, an update on risks to health and the role of nicotine. It also reviews heated tobacco products.

### **The main findings of PHE's evidence review are that:**

- vaping poses only a small fraction of the risks of smoking and switching completely from smoking to vaping conveys substantial health benefits
- e-cigarettes could be contributing to at least 20,000 successful new quits per year and possibly many more
- e-cigarette use is associated with improved quit success rates over the last year and an accelerated drop in smoking rates across the country
- many thousands of smokers incorrectly believe that vaping is as harmful as smoking; around 40% of smokers have not even tried an e-cigarette
- there is much public misunderstanding about nicotine (less than 10% of adults understand that most of the harms to health from smoking are not caused by nicotine)
- the use of e-cigarettes in the UK has plateaued over the last few years at just under 3 million
- the evidence does not support the concern that e-cigarettes are a route into smoking among young people (youth smoking rates in the UK continue to decline, regular use is rare and is almost entirely confined to those who have smoked)

PHE's evidence review comes just a few weeks after a US National Academies of Sciences, Engineering and Medicine report on e-cigarettes. Their conclusion on e-cigarette safety also finds that based on the available evidence 'e-cigarettes are likely to be far less harmful than combustible tobacco cigarettes.'

Professor John Newton, Director for Health Improvement at PHE said:

Every minute someone is admitted to hospital from smoking, with around 79,000 deaths a year in England alone.

Our new review reinforces the finding that vaping is a fraction of the risk of smoking, at least 95% less harmful, and of negligible risk to bystanders. Yet over half of smokers either falsely believe that vaping is as harmful as smoking or just don't know.

It would be tragic if thousands of smokers who could quit with the

help of an e-cigarette are being put off due to false fears about their safety.

Professor Ann McNeill, lead author and Professor of Tobacco Addiction at King's College London said:

It's of great concern that smokers still have such a poor understanding about what causes the harm from smoking. When people smoke tobacco cigarettes, they inhale a lethal mix of 7,000 smoke constituents, 70 of which are known to cause cancer.

People smoke for the nicotine, but contrary to what the vast majority believe, nicotine causes little if any of the harm. The toxic smoke is the culprit and is the overwhelming cause of all the tobacco-related disease and death. There are now a greater variety of alternative ways of getting nicotine than ever before, including nicotine gum, nasal spray, lozenges and e-cigarettes.

Professor Linda Bauld, author and Professor of Health Policy, University of Stirling and Chair in Behavioural Research for Cancer Prevention, Cancer Research UK said:

Concern has been expressed that e-cigarette use will lead young people into smoking. But in the UK, research clearly shows that regular use of e-cigarettes among young people who have never smoked remains negligible, less than 1%, and youth smoking continues to decline at an encouraging rate. We need to keep closely monitoring these trends, but so far the data suggest that e-cigarettes are not acting as a route into regular smoking amongst young people.

PHE is calling on smokers and a number of bodies to act on the evidence.

## **Smokers**

Anyone who has struggled to quit should try switching to an e-cigarette and get professional help. The greatest quit success is among those who combine using an e-cigarette with support from a local stop smoking service.

## **Local stop smoking services and healthcare professionals**

These should provide behavioural support to those smokers wanting to quit with the help of an e-cigarette. A new training course on e-cigarettes for healthcare professionals by the National Centre for Smoking Cessation and Training is now live.

# Medicines and Healthcare products Regulatory Agency (MHRA)

MHRA continue their work in regulating and licensing e-cigarette products and support manufacturers to expedite the licensing of e-cigarettes as medicinal quit aids. PHE believes there is compelling evidence that e-cigarettes be made available to NHS patients.

## NHS Trusts

To become truly smokefree, Trusts should ensure

- e-cigarettes, alongside nicotine replacement therapies are available for sale in hospital shops
- vaping policies support smokers to quit and stay smokefree
- smoking shelters be removed
- frontline staff take every opportunity to encourage and support patients to quit

The government's new Tobacco Control Plan for England includes a commitment to 'maximise the availability of safer alternatives to smoking'. It makes clear that e-cigarettes have an important part to play in achieving the ambition for a smokefree generation.

## Background

1. Read the report commissioned by PHE – [Evidence review of e-cigarettes and heated tobacco products](#) – McNeill A, Brose LS, Calder R, Bauld L & Robson D (2018).
2. Over the past few years, e-cigarette use has hovered at just under 6% of the adult population in Britain. The most common reason for e-cigarette use continues to be to help with quitting and they are the most popular quitting tool in England. At the same time, quit success rates have been improving and we are also seeing an accelerated drop in smoking rates (currently 15.5% in England): [smokinginengland.info/latest-statistics](http://smokinginengland.info/latest-statistics).
3. 79,000 people in England die every year as a result of smoking, and over half of long-term smokers will die from a smoking-related illness if they do not quit: [digital.nhs.uk/catalogue/PUB24228](http://digital.nhs.uk/catalogue/PUB24228).
4. PHE 2015 e-cigarettes evidence review: McNeill A., P. Hajek et al, [E-cigarettes – an evidence update: A report commissioned by Public Health England](#), Public Health England, August.
5. [Authors'note](#) on evidence for 'around 95% safer' estimate.
6. [Nicotine without smoke: tobacco harm reduction](#), Royal College of Physicians, April 2016.
7. [Smoking Toolkit Study](#).
8. ASH (May 2017) [Use of e-cigarettes \(vapourisers\) among adults in Great Britain](#).
9. Bauld, Linda, Anne Marie MacKintosh, Brian Eastwood, Allison Ford, Graham Moore, Martin Dockrell, Deborah Arnott, Hazel Cheeseman, and Ann McNeill. ['Young people's use of e-cigarettes across the United Kingdom:](#)

[Findings from five surveys 2015–2017.](#) International journal of environmental research and public health 14, no. 9 (2017): 973.

10. [Towards a Smokefree Generation: A Tobacco Control Plan for England](#) Department of Health, July 2017.

11. [NHS Digital, Statistics on Smoking: England, 2017.](#)

12. US National Academies of Sciences, Engineering, and Medicine (January 2018) [Public Health Consequences of E-Cigarettes.](#)

## About Public Health England

[Public Health England](#) exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and providing specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific expertise and support. Follow us on Twitter: [@PHE\\_uk](#) and Facebook: [www.facebook.com/PublicHealthEngland](#).

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## [Press release: 50th Promising Innovative Medicine \(PIM\) designation granted](#)

The scheme, which launched in 2014, helps to give patients with life threatening or seriously debilitating conditions earlier access to new and innovative treatments.

Medicines developers, including research organisations, can apply for a PIM designation if they have evidence to support that a medicinal product is likely to offer major advantage for patients. Upon designation, the application can then proceed to a scientific opinion assessment which leads

to patient access in the NHS.

EAMS is a key part of our commitment to accelerating patient access to innovative treatments and supporting the UK life sciences environment. Between April 2014 and December 2017, 18 positive scientific opinions have been awarded in a number of different clinical areas with unmet medical need.

Dr Ian Hudson, Chief Executive Officer at MHRA said:

Reaching this milestone means 50 new indications from promising medicinal products have emerged in the last four years alone. As a result, current and future patients will be able to access potentially life-saving drugs that they may not have otherwise had the chance to have.

We are delighted with the success of the scheme, to date, which is part of our priority to ensure, new, good quality, safe and efficacious innovative treatments are available to patients at the earliest opportunity.

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# **Press release: UK and China sign Memorandum of Understanding on Medicine and Device Regulation**

Dr Ian Hudson, Chief Executive of the Medicines and Healthcare products Regulatory Agency (MHRA) signed a memorandum of understanding (MoU) with the China Food and Drug Administration (CFDA) during a visit to China this week.

This new signing expands on a previous MoU signed in 2014 which focussed on the exchange of safety information on medicines and medical devices to protect patients in the UK, China, and around the world.

Dr Ian Hudson, Chief Executive Officer at MHRA said:

China is a world leader in the market for raw materials for the pharmaceutical industry and closer collaboration with MHRA will support the promotion of innovation, good practice, and protect UK patients.

We operate in a global environment and formalising our international relationships helps strengthen regulatory systems to protect public health worldwide.

The MoU was signed in Beijing's Great Hall of the People with both Prime Minister Theresa May and China's Premier Li Keqiang present.

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## **Press release: Brighton woman imprisoned for laundering £1.4m as part of family fake sex drug operation**

A woman has been sentenced today following a long running investigation into the sale of counterfeit and unlicensed drugs which convicted 12 individuals in 2015. The defendant received a prison sentence of 2 years and 3 months.

The medicines, which were sold predominantly over the internet, have an estimated value of £11 million with a suggested annual turnover in excess of £3 million.

She facilitated payments for the purchase of unlicensed erectile dysfunction medicines and claims that she received 10% of the 'earnings' laundered through her account but was unaware that the money was for the unlicensed medicine, Kamagra.

Samples of the products were found to contain potent, active medicinal ingredients with potential serious side effects and are classified as prescription only. Supply without medical supervision is dangerous as the contents of unlicensed medicines are unknown and untested.

Alastair Jeffrey, MHRA Head of Enforcement said:

Selling medicines outside of the regulated supply chain is a serious criminal offence. If you buy medicines online, you are potentially trusting a criminal to look after your health".

Always seek professional help and visit your GP if you are ill. These criminals are motivated by greed and have no concern about your welfare.

MHRA is currently running the #FakeMeds campaign to warn people against buying potentially dangerous or useless unlicensed medicines sold by illegal

online suppliers.

Visit [www.gov.uk/fakemeds](http://www.gov.uk/fakemeds) for tips on buying medicines safely online and how to avoid unscrupulous sites.