

Electronic cigarette use (vaping): Public Health Position Statement

Context

Smoking still matters to Camden and Islington because it remains the single biggest preventable risk factor of poor health, disability and premature death and one of the leading causes of health inequalities in both boroughs. Camden and Islington Public Health is committed to helping people stop their tobacco use, with evidence based stop smoking support and quitting aids¹.

Nicotine Containing Products (NCPs) are usually marketed as 'electronic cigarettes' (ECs), 'vapes', 'vape mods', 'e-shisha', or 'shisha sticks/ pens'. They have, in recent years, gained in popularity among smokers who wish to reduce or stop their tobacco use. NCP devices can also be used with an e-liquid that does not contain nicotine, however, over 80% of users report using nicotine containing liquids.²

Currently, there are an estimated 3.2 million adults in the UK, or approximately 6% of the adult population, using ECs or 'vaping'. 96% of these are smokers or ex-smokers, with ex-smokers now being over half of all EC users. The main reason smokers and ex-smokers vape are to quit smoking and stay smoke free. ECs are also used as a means of temporary abstinence from smoking and to help cut down the amount of tobacco smoked. Other reasons include saving money, especially for those vapers in lower income groups.³ In 2019 EC use by smokers intending to quit and ex-smokers appears to have decreased from a peak in 2016.⁴

ECs have become the most popular quitting aid among smokers who are trying to quit but are not accessing specialist services.⁵ Only 4% of people using specialist services to quit are using e-cigarettes (4.4% in London in 2017-18).⁶

The emergence of electronic cigarettes (ECs) and their increasing popularity is believed to be a contributory factor in the reduced numbers of smokers accessing NHS stop smoking services in recent years⁷, although a recent analysis found the evidence to be inconclusive.⁸ In 2017-18 there was an 11% decrease in smokers setting a quit date with Stop Smoking Services in England, a downward trend for the sixth consecutive year.⁹ The Camden and Islington stop smoking service has also seen a decrease in numbers of people accessing specialist support in 2017-18 compared to 2016-17.

¹ [Smokefree Camden & Islington Strategy 2016-2021](#).

² Smoking Toolkit Study: [Trends in e-cigarette use in England, March 2019](#).

³ Action on Smoking and Health: [Use of electronic cigarettes \(vapourisers\) among adults in Great Britain](#), September 2018.

⁴ Smoking Toolkit Study: [Monthly tracking of key performance indicators, June 2019 & Trends in e-cigarette use in England, March 2019](#).

⁵ [Smoking Toolkit Study](#).

⁶ Health Matters. [Stopping smoking - what works?](#) Public Health England Guidance, September 2018.

⁷ [Statistics on NHS Stop Smoking Services in England April 2017 to March 2018](#). NHS Digital, 2018.

⁸ Beard, E., R. West, S. Michie, and J. Brown, Association between electronic cigarette use and changes in quit attempts, success of quit attempts, use of smoking cessation pharmacotherapy, and use of stop smoking services in England: time series analysis of population trends. *BMJ*, 2016. 354: p. i4645.

⁹ [Statistics on NHS Stop Smoking Services in England April 2017 to March 2018](#). NHS Digital, 2018.

How are ECs regulated?

ECs in England are regulated as consumer products. The revised EU Tobacco Products Directive, transposed into UK law through the UK Tobacco and Related Products Regulations 2016, covers ECs with or without nicotine and products that do not have medicinal license. The regulations include a notification process to the Medicines Healthcare products Regulatory Agency (MHRA), minimum standards for safety and quality (such as child/ tamper proof packaging for e-liquids and packaging and labelling requirements), and advertising restrictions.¹⁰

Only one EC has been licensed as a medicine in the UK, but it has not been made available on the market in the UK. No other EC product has been medicinally licensed.

NHS staff have been alerted in particular to the fire hazards when ECs are used or re-charged¹¹.

What is the national consensus on the use of ECs to aid smoking cessation/ harm reduction?

Many leading UK health and public health organisations now agree that e-cigarettes, although not risk-free, are a lot less harmful than smoking tobacco.¹²

Public Health England (PHE) published an evidence review on ECs in 2018¹³ and a further update in 2019¹⁴. These reviews updated and expanded on the evidence available and implications for public health. Based on the available evidence, PHE concluded that ECs although not risk free, carry only a fraction of the risk of smoking tobacco. Switching completely from smoking to vaping confers substantial health benefits. ECs are likely to be contributing to improved quit success rates and an accelerated drop in smoking rates across the UK. A recent randomised trial of ECs versus Nicotine Replacement Therapy (NRT) also showed ECs were more effective for smoking cessation than NRT when used with behavioural support.¹⁵

A number of UK professional bodies recommend that smokers who choose to use an EC in order to stop smoking should be supported to do so, including pregnant smokers.¹⁶ The National Centre for Smoking Cessation and Training (NCSCT) has produced a briefing for stop

¹⁰ Action on Smoking and Health. [Changes to tobacco regulations 2017](#). May 2017.

¹¹ NHS Central Alerting System, Estates and Facilities Alert 2014. [Additional information for Mental Health Units with regards to EFA/2014/002: E-cigarettes, batteries and chargers](#).

¹² [Health Matters. Stopping smoking - what works?](#) Public Health England Guidance, September 2018.

¹³ McNeil A, Brose L S, Calder R, Bauld L, Robson D. [Evidence review of e-cigarettes and heated tobacco products 2018. A report commissioned by Public Health England](#). February 2018. London: Public Health England.

¹⁴ McNeill A, Brose LS, Calder R, Bauld L & Robson D (2019). [Vaping in England, an evidence update, February 2019. A report commissioned by Public Health England](#). London: Public Health England.

¹⁵ Hajek P et al. [A Randomized Trial of E-Cigarettes versus Nicotine-Replacement Therapy](#). N Engl J Med. 2019 Feb 14;380(7): 629-637.

¹⁶ [The Royal College of Midwives position statement: Support to Quit. Smoking in Pregnancy](#). May 2019

smoking services¹⁷ and an e-learning guide for health professionals¹⁸, to assist people who want to use EC to stop smoking.

Contrary to scientific consensus, public surveys (Smoking Toolkit Study and ASH) show that a only a minority of current smokers believe that ECs are less harmful than tobacco cigarettes or are unsure, while a growing number believe they are equally harmful.¹⁹

What are some of the ethical issues surrounding ECs?

The increasing popularity of ECs and use in public spaces has caused concern because of the potential to re-introduce smoking behaviours in smoke free environments. However, there is no current evidence in England that ECs are re-normalising smoking or increasing smoking uptake in young people. Rates of young people who have never smoked and used ECs were 0.2% of 11-18 year olds in 2018²⁰

There are concerns that ECs create a nuisance when used in enclosed public spaces, for example as a result of their smell, as well as create a risk for people with asthma and other respiratory conditions. PHE published a report to inform policy makers on the use of EC in public places and workplaces. It recommends that a clear distinction is made in policies between vaping and smoking, and outlines policy considerations to support smokers to stop smoking and compliance with smokefree laws, whilst managing the risks of uptake by children and young people.

To date, the only EC licensed as a medicine in the UK has not been made available on the market. Moreover, this medicinally licensed EC is manufactured by a tobacco company. Local authorities and stop smoking services are concerned to ensure that their policies with respect to licensed medicines are consistent with their obligations under the Local Government Declaration on Tobacco Control and Article 5.3²¹ of the World Health Organisation Framework Convention on Tobacco Control (FCTC) to which the UK is a party. Both Camden and Islington Councils are signatories to the Local Government Declaration on Tobacco Control.

Guidance from the National Centre for Smoking Cessation and Training (NCSCT) and Action on Smoking and Health (ASH) recommend that the decision over whether an individual should be prescribed or recommended any medicine shown to be effective should be based on professional assessment of the need and potential benefit. If it is believed that a particular product might be a cost-effective way of improving the chances of a smoker quitting, then they

¹⁷ McEwen A, McRobbie H. [Electronic Cigarettes: A briefing for stop smoking services](#). NCSCT in partnership with Public Health England, 2016.

¹⁸ National Centre for Smoking Cessation and Training online training. [E-cigarettes: a guide for healthcare professionals](#).

¹⁹ Smoking Toolkit Study: [Trends in e-cigarette use in England, March 2019](#). Action on Smoking and Health Action on Smoking and Health: [Use of electronic cigarettes \(vapourisers\) among adults in Great Britain](#). September 2018.

²⁰ McNeill A, Brose LS, Calder R, Bauld L & Robson D (2019). [Vaping in England, an evidence update, February 2019. A report commissioned by Public Health England](#). London: Public Health England.

²¹ Article 5.3 of the FCTC requires that *"in setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law"*.

suggest that it would be reasonable to prescribe or recommend that product, despite it being manufactured or distributed by an organisation owned by a tobacco company²².

Updated Position Statement from Camden and Islington Department of Public Health

The statement below is a review of the 2016 Camden and Islington Public Health position statement, in line with the new evidence reported by PHE. This updated statement is endorsed by the Breathe Stop Smoking Service operating in both Camden and Islington and by Camden and Islington Public Health.

Position of Camden and Islington Department of Public Health

1) On the use, safety and effectiveness of electronic cigarettes to aid smoking cessation

Recent evidence shows that ECs can help people to quit smoking and reduce their cigarette consumption. Experts currently estimate that using ECs is considerably safer than smoking tobacco cigarettes. Thus, ECs have great potential to help people who want to quit but who have not been successful using other methods. This may help reduce the burden of smoking related disease, death and inequalities.

Professionals should continue to advise smokers to stop tobacco smoking completely as soon as possible and offer smokers a referral to a specialist stop smoking service for behavioural support to reduce their nicotine dependence, which could also include the use of licensed treatments such as nicotine replacement therapy (NRT) and other medicines used to quit smoking. This includes referring smokers who currently use ECs or encouraging them to seek support via self-referral from their local stop smoking specialists.

Smokers who wish to use a self-purchased EC as an aid to quit smoking should aim to stop smoking as soon as possible and seek support from their local stop smoking service, to have the best chances of quitting.

Stop smoking specialists should be informed of up-to-date guidance on ECs as soon as it becomes available. If a smoker chooses to use ECs to quit they should be supported to do so, with appropriate information and advice.

Our local stop smoking service, Breathe, commissioned by Camden and Islington Councils is an 'e-cigarette friendly' service. This means that Breathe actively supports smokers who choose to use a self-purchased ECs to quit, with behavioural support and advice on licensed medications. Smokers who completely switch to vaping are recorded as quit.

²² Letter from National Centre for Smoking Cessation and Training (NCSCT) and Action on Smoking and Health (ASH) – 5 Feb 15. Available from: http://www.ash.org.uk/files/documents/ASH_951.pdf

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2) On the use of electronic cigarettes in enclosed public environments

ECs are not covered by the Smoke Free legislation which prohibits smoking in enclosed public places. However, Public Health supports the inclusion of ECs in smoke free policies in order to restrict or prohibit their use in enclosed public places, *except* in certain settings, such as mental health inpatient facilities or prisons (where there may be very high rates of smoking and limited access to outside space). This exclusion is based on assessing the risks for certain population groups of tobacco-related harm and their likelihood of relapse from stopping smoking weighed against the risks of re-normalising smoking and EC-related nuisance in these settings. In these specific settings, a tailored policy should be developed that weighs up these risks and benefits.

In all settings, it is recommended that smoke free policies make a distinction between smoking and vaping, in order to support people who want to remain smoke free by vaping and to encourage smokers to quit.

3) On the prescribing of electronic cigarettes

ECs are not currently available on prescription in Camden and Islington, and there are no medicinally licensed products on the market. However, stop smoking support should be made available to all smokers who want to quit, including those currently using or planning to use self-purchased ECs.

Public Health will continue to promote evidence-based interventions.

Camden & Islington Public Health

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Replaces previous versions