SOUTH EAST OF ENGLAND POSITION STATEMENT ON ELECTRONIC CIGARETTES 2021



South East Tobacco Control Network

Spring 2021

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How to use this document

This Position Statement has been designed for a range of stakeholders as a guide to assist in developing organisational policies and/or individual practice. Readers may not wish to read the document in its entirety, but refer to specific sections most relevant to their organisation or needs.

Navigational tools have been used to make your journey through the document as easy as possible: for example, embedded links to the references or the contents icon at the top left hand side of each page, takes readers back to the contents page wherever you are in the document.

1. FOREWORD

Our organisations work individually and together to reduce the impact that smoking has on our communities. We are pleased to champion this statement and hope it will encourage a consistent approach in how organisations promote, regulate and advise on e-cigarettes across the South East.

Smoking has an enormous personal and financial impact, both for the individual and for society. Between 2016 and 2018, more than 35,300 deaths were attributable to smoking each year in the South East. The total annual cost of smoking to the NHS across the region is about £386.9m, of which £140.2m is due to more than 62,600 hospital admissions for smoking related conditions.

Evidence is building, from PHE's annual independent reviews to support from the Royal Colleges, showing a consistent picture of how e-cigarettes are helping smokers to give up smoking tobacco by switching to vaping. Vaping is not completely risk free but is far less harmful than smoking. Non-smokers, therefore, should not start vaping. Smokers who choose to quit using e-cigarettes are likely to gain the most benefit by switching completely and accessing free support from their Local Stop Smoking Services.

We understand that people have concerns. The statement addresses this by reporting what we know about vaping and e-cigarettes. It provides the latest information about safety, regulation and effectiveness as a quitting aid. It is intended to signpost you to reliable advice. The UK has some of the tightest regulations for nicotine-containing vaping products. We rely on the continued vigilance of our enforcement, legal and regulatory authorities to prevent young people from starting to vape and ensure products are safe.

We are grateful to the South East Tobacco Control Network, on behalf of the South East Association of Directors of Public Health, for producing the statement. We hope that colleagues across the South East will use this to develop their local policies and practice and ensure that we have a consistent regional approach in supporting the use of this important tool to reduce smoking.





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2. EXECUTIVE SUMMARY

There can be no doubt, the impact of the COVID-19 pandemic has shone a bright light on health inequalities; with those, who are the most disadvantaged, being the hardest hit. Health inequalities are largely avoidable and taking action to reduce them will be of paramount importance for the recovery phase of the pandemic response. Smoking is the single largest driver of health inequalities in England. The more disadvantaged a person is, the more likely they are to smoke, suffer from smoking related disease, and face a premature death.

Electronic cigarettes are an effective and popular method for quitting smoking tobacco, yet the perception of harm caused by them, compared with smoking tobacco, is increasingly out of step with the current evidence-base. This has led to health and social care professionals delivering variable advice in relation to the products. Electronic cigarettes are far less harmful than smoked tobacco. Whilst not risk free, based on the latest evidence available, electronic cigarettes carry a fraction of the risk of tobacco smoking. Those risks can be much reduced by only using regulated e-cigarettes and vaping liquids.

The purpose of this comprehensive guidance is to provide a South East public health consensus on electronic cigarettes, to help organisations develop their own policies and practice, ensuring a similar approach and communication messages on their promotion, regulation and advice.

It steers through the latest evidence, best practice guidance, the relevant regulations and summarises the key communication messages.



3. INTRODUCTION

The rapid growth in the use of electronic cigarettes (commonly known as e-cigarettes, vapes or vaporisers), in England reflects their popularity and efficacy amongst smokers. They have also now become the most popular aid to stop smoking used by people trying to quit smoking, with greater use than Nicotine Replacement Therapy (NRT) and going alone without any help. However, e-cigarettes have proved to be controversial, attracting both support and criticism from health organisations, health professionals and across wider society. This has led to public and professional misunderstanding, where many people and local health providers think e-cigarettes are as harmful, or more so, than smoking tobacco, despite the current evidence-base indicating that they are a fraction of the risk. In turn, health and social care staff are delivering variable advice in relation to e-cigarettes and organisations are therefore adopting a variety of policies and approaches to their use that is inconsistent.

The South East Tobacco Control Network, representing all the Local Authority public health teams in the region, acknowledged that the whole system across the South East, would benefit from adopting a coordinated evidence-based approach to e-cigarettes.

Despite smoking rates in most communities in the South East falling, with 12.2%[1] of adults smoking overall, tobacco continues to remain a major public health issue. It is the single biggest preventable cause of death and ill health in England, leading to over 35,000 deaths in the South East[1]. Smoking is the largest single contributor to health inequalities, accounting for half the difference in life expectancy between those living in the most and least deprived communities.[2] Smokers are more likely to come from disadvantaged groups and therefore their habit can contribute to them living in poverty. Smoking rates are also higher among the unemployed, those with routine and manual jobs, and those with no formal qualifications compared to those with a degree[3].

There are two key policy drivers: the national Towards a Smokefree Generation: A Tobacco Control Plan for England (2017-22)[2] commits to 'maximise the availability of safer alternatives to smoking', while the NHS Long Term Plan[4] has prioritised preventative action and highlighted the contribution the NHS can make to tackling tobacco dependence, including the option for inpatients to switch to e-cigarettes. In delivering the NHS Long Term Plan, Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs) require a population view of health, reducing smoking prevalence provides a clear focus for collaboration between local government and the NHS. A new national tobacco control plan is anticipated this summer (2021) and the role of e-cigarettes as one means to help smokers quit tobacco is expected feature significantly.

[1]PHE (2021) Tobacco Control Profiles Smoking attributable mortality in the South East Region
[2]Department of Health and Social Care (2017) Towards a smoke-free generation: a tobacco control plan for England
[3]NHS Digital (2018) Statistics on smoking in England
[4]NHS (2019) NHS Long Term Plan

To achieve the Government's ambition for a smokefree generation, where adult smoking rates reach 5% or below, e-cigarettes will have an important role to play.



3.1 What is the purpose of the Position Statement?

The purpose of this guidance is to provide a South East public health consensus on e-cigarettes, to help organisations develop their own policies and practice which follow a similar approach and unify communication messages to the public on the promotion and advice on e-cigarettes. The guidance, which aims to consolidate what we know about the evidence to date, seeks to provide a range of stakeholders across the South East with up to date information and confidence they need when dealing with e-cigarettes in a clear and consistent way. In doing so, it will provide smokers of tobacco across the South East region, with the information to make an informed decision about any associated risks of e-cigarettes to their health and offer advice on a viable harm reduction option.

4.1 What are e-cigarettes?

E-cigarettes are a battery-powered device that heats a solution, usually containing nicotine, to produce a vapour that is inhaled by the user and simulates the sensation of smoking[5]. An e-cigarette user is often referred to as a 'vaper' with the action referred to as 'vaping'. Other components of the solution are vegetable glycerine, propylene glycol and, usually, flavourings. Unlike tobacco cigarettes, they **do not** contain tobacco, and using an e-cigarette does not involve burning, meaning they don't produce tar or carbon monoxide which are two of the most harmful components of tobacco smoking. Further information on types of devices can be found on NHS Smokefree or see Section 4.9 for further details.

As the market matures, it is expected to see further development in the efficacy of devices and solutions to deliver nicotine. Nicotine salts aim to replicate the hit provided by smoking a cigarette by enabling nicotine to be absorbed much faster than previous products. They allow e-cigarette users to receive higher concentrations of nicotine without the harsh effects on the throat.

The health and social care community must remain vigilant to the emergence of other products that can be vaped. Vaping illicit substances, such as 'spice' or THC (tetrahydrocannabinol), or black-market e-liquids, carries unknown risks. THC containing e-cigarette products are linked to most cases and played a major role in the outbreak of e-cigarette, or vaping product use-associated lung injury (EVALI) in the US during 2019. See Section 5.5 for further details on EVALI

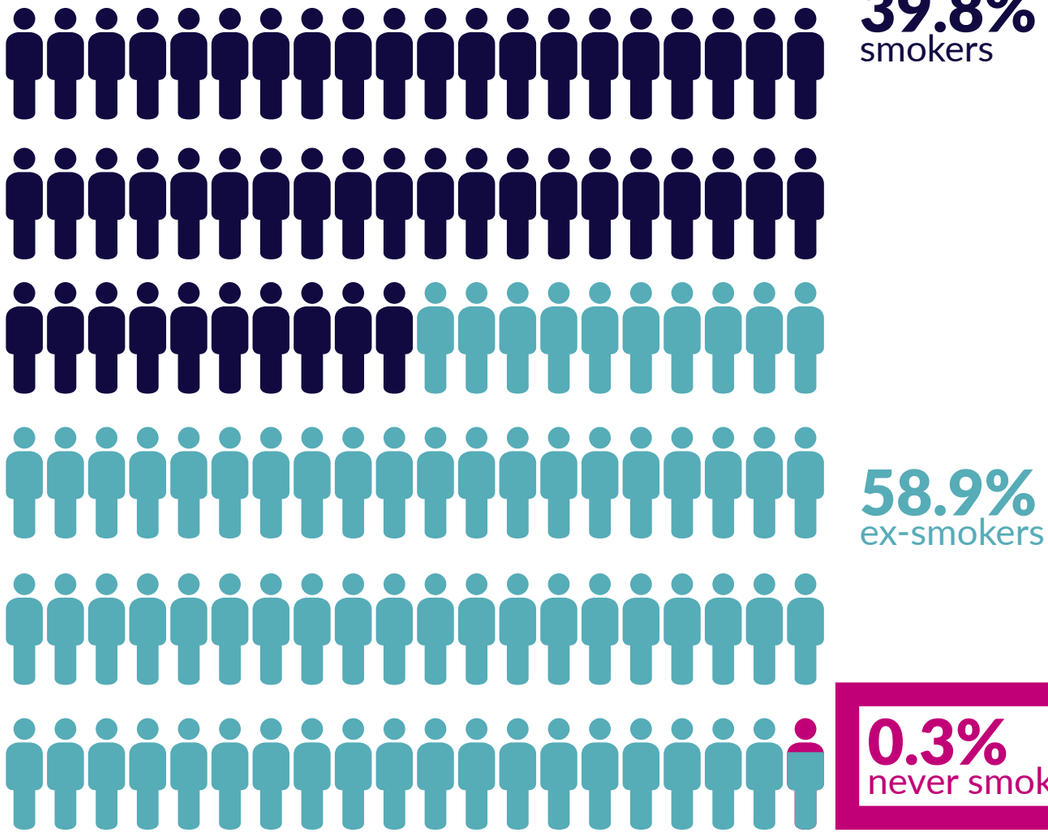


[5]ASH (2018) Briefing: Electronic Cigarettes

4.2 What do we know about the use of e-cigarettes in adults?

In 2020, there were approximately 3.2 million adult e-cigarette users in Great Britain, most of whom were ex-smokers (58.9%) or smokers (39.8%) – the latter are often known as dual users. Only 0.3% of those who have never been smokers are current e-cigarette users[6]. Among adult e-cigarette users who are also current smokers, the main reasons reported for using the devices was to cut down (24%), quit smoking (14%) or save money (9%) compared to smoking[6].

3.2 million adult e-cigarette users in Great Britain



[6] ASH (2020) Use-of-e-cigarettes-vapes-among-adults-in-Great-Britain-2020.pdf (ash.org.uk).

4.3 Are children and young people using e-cigarettes?

While experimentation with e-cigarettes has increased among young people since 2015, the majority of 11-18-year olds have never tried (87.5%) or are unaware of e-cigarettes (6.2%); this has barely changed since 2017. Current regular use of e-cigarettes among 11-18 year olds is higher among current smokers (41.8%) than former smokers (11.0%), and it is very low in never smokers (0.7%)[7].

Among young people who have tried e-cigarettes, most are using it 'just to give it a try' (49.8%) and not because they think it 'looks cool' (12.1%)[7]. They are unlikely to choose e-cigarettes because they are easier to access (1.0%) or cheaper (0.8%) than tobacco cigarettes. Regular use remains low with just 1.6% of 11–18 year olds using e-cigarettes more than once a week, reducing to only 0.1% among never smokers[7].

In the UK, it is illegal to sell or allow proxy purchases of e-cigarettes to those under 18. There are also restrictions on the marketing and promotion of the products[8]. See Section 5.4 for further information on regulation.



4.4 Is there a "gateway" effect for children and young people?

There are concerns among professionals and the public about e-cigarettes having a gateway effect – in other words, providing a stepping stone for young people to take up smoking tobacco. This is an area which is being closely monitored nationally, and some Local Authorities are also tracking rates using local surveys. There is little, if any, evidence (at least in the UK) that young people or non-smokers are becoming addicted to nicotine or introduced to smoking through use of e-cigarettes. If e-cigarettes were having a gateway effect, one would expect to see rising rates of tobacco smoking among young people. In 2018, 2% of 11-15-year olds smoked regularly, reducing from 3% in 2016[9].

4.5 How effective are e-cigarettes at helping smokers to quit smoking?

E-cigarettes are now the most popular aid to quitting smoking in England[10] and research has shown using an e-cigarette, along with behavioural support, can be twice as effective for quitting smoking compared to using NRT (i.e. patches, gum, and spray) at a one year follow-up[11].

In 2017, over 50,000 smokers, who may otherwise have carried on smoking, stopped smoking with a vaping product[12].

[7]ASH (2021) YouthEcig2020
[8]Department of Health and Social Care (2016) Article 20 Tobacco products directive: restrictions on advertising electronic cigarettes
[9]NHS Digital (2019) Smoking, drinking and drug use among young people in 2018
[10]Smoking Toolkit Study (2019) Trends in electronic cigarette use in England
[11]Hajek, P., Philips-Waller, A., Przulj, D., Pesola, F., Meyers-Smith, K., Bisal, N., Li, J., Parrott, S., Sasieni, P., Dawkins, L., Ross, L. and Goniewicz, L. (2019) A Randomized Trial of E-Cigarettes versus Nicotine-Replacement Therapy
[12]PHE (2021) Vaping in England: an evidence update including vaping for smoking cessation

4.6 What do we know about e-cigarettes and COVID-19?

The relationship between smoking, nicotine and COVID-19 has been the subject of much research although there has been limited focus on e-cigarettes and COVID-19 to date. It is therefore unknown at this stage whether vaping makes someone more susceptible to severe disease if you become infected with COVID-19.

E-cigarette use, as with smoking tobacco, involves repetitive hand-to-face movements. This provides greater risk of a route of entry into the body for viruses. Therefore, to reduce the risk of contact with COVID-19, PHE recommend[13] e-cigarettes users should:

- Wash hands more frequently than usual, for 20 seconds, with soap and water (or use hand sanitiser if soap is not available).
- Clean the e-cigarette regularly.
- Not share any e-cigarette devices.

There is currently no evidence that COVID-19 can be caught from passive exposure to e-cigarette vapour, but in the absence of evidence, PHE recommend that e-cigarette users avoid exhaling clouds of vapour in the presence of others.

[13]PHE (2020) COVID-19: advice for smokers and vapers

4.7 How safe are e-cigarettes?

E-cigarettes are far less harmful than smoked tobacco. Yet, there are misconceptions among a large proportion of the public that e-cigarettes are equally or more harmful than smoking, and this has led to health and social care professionals delivering variable advice in relation to the products. While not risk free, based on the latest evidence available, e-cigarettes carry a fraction of the risk of tobacco smoking[12].

A 2020 report[14] from the Committee on Toxicity of Chemicals in Food, Consumer Products, and the Environment (COT) reviewed the global evidence on e-cigarette products to date and concluded that they are significantly less harmful than smoking but are not risk free. The report emphasised that switching completely from smoking to vaping is likely to convey substantial health benefits.

The Royal College of Physicians report on tobacco harm reduction concluded that "the magnitude of this risk is likely to be very small in relation to that from tobacco smoke, and the hazard to health arising from long-term vapour inhalation from the e-cigarettes available today is unlikely to exceed 5% of the harm from smoking tobacco."[15]



The US National Academies of Sciences Engineering and Medicine have said "Lab tests of EC (e-cigarettes) ingredients, in vitro and short-term human studies suggest that e-cigarettes are likely to be far less harmful than combustible tobacco cigarettes."[16]

One assessment of data on emissions from cigarettes and e-cigarettes calculated lifetime cancer risks and concluded that cancer risks from e-cigarettes were largely under 0.5% of the risk of tobacco smoking. E-cigarettes can release aldehydes if the solutions are overheated, but the overheating generates an aversive taste so is rare in real-world use. Currently, there have been no identified risks to bystanders from passive e-cigarette use[12].

Heated tobacco or 'Heat-not-Burn' products, heat tobacco to a level just below combustion, meaning they don't release the harmful products of combustion. Compared to cigarettes, research suggests heated tobacco products expose users to lower levels of particulate matter and harmful components of tobacco smoking[12]. Current research suggests heated tobacco products release greater levels of harmful components than e-cigarettes, but research is limited and further evidence independent of commercial interests is needed[12].

[14]Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment (2020). COT E(N)NDS statement (food.gov.uk)
[15]Royal College of Physicians (2016) Nicotine without smoke: Tobacco harm reduction
[16]The National Academies of Sciences Engineering and Medicine (2018) Public Health Consequences of E-Cigarettes

4.8 What are 'Heat-not-Burn' products?

The latest alternative nicotine delivery systems are called "Heat-not-Burn" products. Heat-not-Burn or 'heated tobacco' products are also electronic delivery devices but, unlike e-cigarettes, do contain tobacco leaf and heat it to a high temperature, without setting it alight. They heat a small plug of tobacco, often contained in a 'pod' or a stick which looks like a very small cigarette, to below 300 degree Celsius, producing an inhalable vapour. Because these devices heat rather than burn the tobacco, they are likely to produce far fewer toxicants than traditional cigarette smoking. It is likely that these will be attractive to some smokers who like the taste of real tobacco and do not find other consumer products, such as e-cigarettes, appealing.

These devices are manufactured almost exclusively by the tobacco industry. At the moment, there is limited independent evidence about the safety or effectiveness for cessation of Heat-not-Burn products. Because the devices contain tobacco, they come with all the long-term health concerns of tobacco, **so it is recommended these should not be used.**

Because these devices heat rather than burn the tobacco, they are likely to produce far fewer toxicants than traditional cigarette smoking.

4.9 What types of e-cigarettes are there?

There are a variety of models available. Table 1. describes the four main types of e-cigarettes on the market alongside the 'Heat not Burn' electronic device described in Section 4.8.

Table 1.

				
'Cig-a-like' products	**'Tank' models or vape pens**	**Pod systems**	**'Mods', or advanced personal vaporisers**	**Heat not Burn**
The first generation of e-cigarettes were designed to closely resemble tobacco cigarettes. They include non-rechargeable disposable models and reusable models with rechargeable atomisers and replaceable cartridges. The use of 'cig-a-like' products is now relatively uncommon.	An e-cigarette with a rechargeable atomiser and a tank, which needs to be filled with an e-liquid.	These are compact rechargeable devices, often shaped like a USB stick or a pebble and operating with e-liquid capsules. They are simple to use and to maintain.	A more complex tank model which can be manually customised, for example by adjusting the power on the device.	These products are electronic devices that contain tobacco leaf and heat it to a high temperature, without setting it alight, producing an inhalable vapour. **Because the devices contain tobacco, it is recommended these should not be used.**

4.10 Do e-cigarettes have / pose a fire or explosion risk?

As with any rechargeable device, such as mobile phones and laptops, it's important to charge e-cigarettes with the right charger, and not to leave it unattended while charging. Devices should be bought from reputable suppliers and users should avoid generic charging equipment. There have been reported cases of e-cigarettes causing fires, but far fewer than the number caused by cigarettes, which are the most common cause of lethal house fires. The National Fire Chiefs Council has published a position statement on the safety of e-cigarettes[17].

The Office for Product Safety and Standards and the Chartered Trading Standards Institute are campaigning to raise awareness of e-cigarette battery safety[18]. They have issued five top tips and campaign materials to prevent battery explosion or fire:

1. Only use the charger that came with your e-cigarette. Never charge your e-cigarette with a phone, tablet or other device charger.
2. Regularly inspect the batteries in your e-cigarette and replace them if they get damaged or wet.
3. Don't charge your e-cigarette overnight or leave it charging unattended. Unplug your e-cigarette once its fully charged.
4. Protect your e-cigarette from extreme temperatures.
5. Store spare e-cigarette batteries in a plastic case. Keep them away from other metal objects.

Useful Resources:

1 In the Government's Tobacco Control Plan for England[2], PHE was asked to update its 2015 review of e-cigarettes[19], and other novel nicotine delivery systems, every year until the end of 2022. The latest annual update by of the e-cigarette evidence review by leading independent tobacco experts was published in February 2021[20] and looks at the prevalence of e-cigarettes use among young people and adults. It also reviews research literature on the effect of vaping on smoking cessation and reduction.

2 In 2020, a Cochrane review[21] was published that evaluated the effect and safety of using electronic cigarettes to help people who smoke achieve long-term smoking abstinence.

There have been reported cases of e-cigarettes causing fires, but far fewer than the number caused by cigarettes, which are the most common cause of lethal house fires.

[17] National Fire Chiefs Council (2017) Smoking, Vaping and Tobacco Position Statement
[18] Office for Product Safety and Standards (2021) Consumer safety awareness campaigns materials
[19] PHE (2015) E-cigarettes: an evidence update
[20] PHE (2021) Vaping in England: an evidence update including vaping for smoking cessation
[21] Cochran Review (2020) Electronic cigarettes for smoking cessation

5.1 How are e-cigarettes regulated in the UK?

NRT products (i.e. patches, gum, and spray) deliver nicotine without the harmful toxins found in tobacco. Many of these are medically licensed for use for smoking cessation by the Medicines and Healthcare Products Regulatory Agency (MHRA). The MHRA is the competent authority for a notification scheme for e-cigarettes and refill containers in Great Britain and Northern Ireland and is responsible for implementing the majority of provisions under Part 6 of the Tobacco and related Products Regulations (TRPR) (2016)[22] and the Tobacco Products and Nicotine Inhaling Products (Amendment) (EU Exit) Regulations (2020)[23].

The TRPR introduced rules which ensure:

- Minimum standards for the safety and quality of all e-cigarettes and refill containers (otherwise known as e-liquids).
- That information is provided to consumers so that they can make informed choices.
- An environment that protects children from starting to use these products.

Make informed choices

The 2020 regulations amend the Tobacco Products and Nicotine Inhaling Products (Amendment etc) (EU Exit) Regulations (2019)[24] to implement the obligations of the Withdrawal Agreement and the Northern Ireland Protocol in law. This amends the way in which the TRPR (2016)[22] apply in Great Britain and Northern Ireland. Products that require a notification are limited to the e-cigarette product and component elements sold separately that specifically contain, or could contain, nicotine in the form of e-liquid. Therefore, e-cigarette products such as disposable units and tanks will require a notification; however, e-cigarette equipment such as mouthpieces, batteries and other elements that would qualify as an individual component will not.

From 1st January 2021:

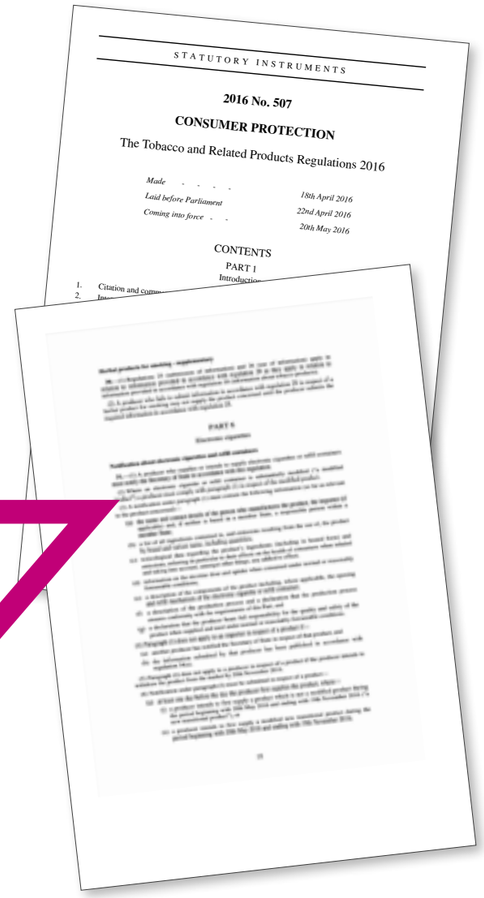
- Producers placing products on the Northern Ireland market will be required to notify using the EU Common Entry Gate (EU-CEG) system for the notification of tobacco and e-cigarette products.
- Producers placing products on the Great Britain market will be required to notify on the Great Britain domestic system.
- New products intended for both Great Britain and Northern Ireland markets will need to be notified on both systems. Notifiers will be required to pay one fee if they notify in relation to placing products on one of the Great Britain or Northern Ireland markets and the same one fee if they notify in relation to placing products on the two markets.

[22] UK Government (2016) The Tobacco and Related Products Regulations 2016
[23] UK Government (2020) The Tobacco Products and Nicotine Inhaling Products (Amendment) (EU Exit) Regulations 2020
[24] UK Government (2019) The Tobacco Products and Nicotine Inhaling Products (Amendment etc.) (EU Exit) Regulations 2019

Retailers do not need to submit information for any products they sell unless they also qualify as a producer. The TRPR (2016)[22] does not cover nicotine-containing products that are authorised as medicines. The TRPR (2016) is currently subject to a post implementation review and its remit, therefore, may change[25].

Part 6 of the TRPR (2016)[22] sets out the requirements for e-cigarettes and refill containers. The current regulations include minimum standards for the safety and quality of all e-cigarettes and refill containers (otherwise known as e-liquids), this includes:

- Restrict e-cigarette tanks to a capacity of no more than 2ml.
- Restrict the maximum volume of nicotine-containing e-liquid for sale in one refill container to 10ml.
- Restrict e-liquids to a nicotine strength of no more than 20mg/ml.
- Ban certain ingredients including colourings, caffeine and taurine.
- Nicotine doses must be delivered at consistent levels under normal conditions of use, require information is provided to consumers so that they can make informed choices, include new labelling requirements and warnings.
- Products must contain information on instructions or use, storage, recommendation that the product is not for use by young people and non-smokers, contra-indications, possible adverse effects, a ddictiveness and toxicity.
- Seek to provide an environment that protects children from starting to use these products.
- Require nicotine-containing products or their packaging to be child-resistant and tamper evident.
- Require all producers (anyone who manufactures or imports these products or who re-brands any product as their own) of e-cigarettes and e-liquids be notified to MHRA before they can be sold.


STATUTORY INSTRUMENTS

2016 No. 507

CONSUMER PROTECTION

The Tobacco and Related Products Regulations 2016

Made — 18th April 2016
Laid before Parliament — 22nd April 2016
Coming into force — 20th May 2016

CONTENTS

PART 1

[25] UK Government (2021) A consultation on the Tobacco and Related Products Regulations 2016 and the Standardised Packaging of Tobacco Products Regulations 2015

5.2 Why is the role of Trading Standards important?

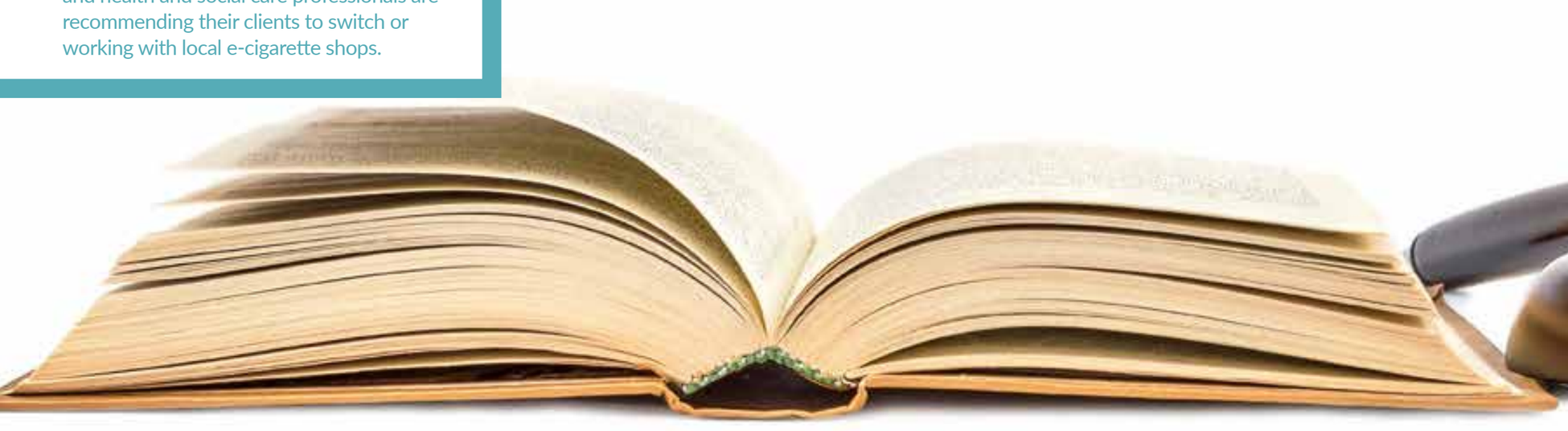
Trading Standards teams, based in Local Authorities, have an important role in consumer safety. Their work is informed by the TRPR (2016)[22] which covers labelling, size and nicotine content of the liquids, but also other legislation relevant to e-cigarettes are the Restriction of Hazardous Substances in Electrical and Electronic Equipment (Amendment) Regulations (2019)[26]. These regulations are enforced by Local Authorities Trading Standards teams. This work includes supporting any notification reports made in relation to the safety of e-cigarettes.

Trading Standards teams across the South East, have been involved in a Department of Health and Social Care project looking at the compliance of products on the marketplace. Inspections provide a degree of assurance of the products which are available to smokers wishing to switch to e-cigarettes and the rigor by which local shops are restricting sales of e-cigarettes to under 18s. It is particularly important if Local Stop Smoking Services and health and social care professionals are recommending their clients to switch or working with local e-cigarette shops.

5.3 Where can you report side effects and safety concerns with e-cigarettes?

Consumers and health and social care professionals should report side effects and safety concerns with e-cigarettes or refill containers to MHRA through the Yellow Card[27] reporting system. You can also report products suspected to be defective or non-compliant to your local Trading Standards Team or to TPDsafety@mhra.gov.uk.





5.4 What is the law for sale of e-cigarettes to children and young people (under 18 years)?

The Nicotine Inhaling Products (Age of Sale and Proxy Purchasing) Regulations 2015 introduced a minimum age of sale of 18 years for nicotine inhaling products such as e-cigarettes. The age of sale restrictions applies to nicotine inhaling products (defined as any device which is intended to enable nicotine to be inhaled through a mouthpiece) and certain component parts such as nicotine refill cartridges and nicotine refill substances, often called ‘e-liquids’. It does not cover component parts such as batteries or charging devices and it does not apply to tobacco products because age of sale laws already exists for such products.

These Regulations include exemptions for products that are licensed as medicines and set a statutory review of the Regulations within 5 years of their coming into force.

The Regulations extend the proxy purchasing offence in the Children and Families Act 2014 to cover e-cigarettes. Enforcement officers may issue a fixed penalty notice to someone committing a proxy purchasing offence and the Proxy Purchasing of Tobacco, Nicotine Products etc. (Fixed Penalty Amount) Regulations 2015 set the amount of the fine at £90. These enforcement arrangements for e-cigarettes mirror legislation already in place, to stop the sale of tobacco to young people under the age of 18 years.



[26] UK Government (2019) The Restriction of the Use of Certain Hazardous Substances in Electrical and Electronic Equipment (Amendment) Regulations 2019
[27] MHRA (2021) Yellow Card Scheme - MHRA

5.5 What were the concerns reported in the United States in 2019 and could it happen in the UK?

In 2019, an outbreak of severe vaping-induced lung injury (e-cigarette, or vaping, product use-associated lung injury (EVALI)) occurred in the US. Data from health departments in the US showed a sharp rise in symptoms or cases of EVALI in June 2019, a peak in September 2019, and a gradual, but persistent decline since then. The Centers for Disease Control and Prevention (CDC) is investigating the outbreak and will continue to update guidance as more is known about EVALI. Vitamin E acetate (added to vaping liquid, especially tetrahydrocannabinol (THC) oil) is strongly linked to the EVALI outbreak. However, evidence is not sufficient to rule out the contribution of other chemicals of concern, including chemicals in either THC or non-THC products, in some of the reported EVALI cases. National and state data from patient reports and product sample testing suggest THC-containing e-cigarette products, particularly from informal sources like friends, family, or in-person or online dealers, are linked to most EVALI cases and play a major role in the outbreak.

The main chemicals under suspicion in the US, such as THC and Vitamin E acetate oil, are not permitted in regulated e-cigarettes in this country. E-cigarettes containing nicotine are more tightly regulated in the UK than in the US, and the medicines regulator, the MHRA, is responsible for overseeing the tobacco regulations. Similar restrictions on e-cigarettes, as in the UK, apply in European States and no vaping related cases like in the US have been reported to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) by its EU Early Warning System Network to date.

The illicit drugs market is global, and it is possible that similar products to those in the US are available in England, which is why PHE warned of this new and serious threat and continue to monitor carefully the situation in the UK. In January 2020, the MHRA sent a letter to professional organisations[28] asking healthcare professionals to be vigilant for and report any adverse reactions associated with e-cigarettes or vaping.



[28] MHRA (2020) MHRA Letter

Useful Regulation Resources:

- The UK Government have published an Explanatory Memorandum which explains the changes from a policy perspective.[29]
- The MHRA have published guidance[30] on how to get an e-cigarette on the market in Great Britain and Northern Ireland, including the notification scheme and reporting problems with e-cigarette.
- PHE have published guidance[31] on registration for the supply of tobacco products and an e-cigarette cross-border sales.

[29] UK Government (2020) The Tobacco Products and Nicotine Inhaling Products (Amendment) (EU Exit) Regulations 2020 - Draft Explanatory Memorandum
[30] MHRA (2021) E-cigarettes: regulations for consumer products
[31] PHE (2021) Tobacco products and e-cigarette cross-border sales: registration - GOV.UK (www.gov.uk)

6.1 What is Article 5.3?

In order to protect people from the harm caused by addictive substances such as tobacco, the World Health Organisation (WHO) implemented the world's first global health treaty by enacting the Framework Convention on Tobacco Control (FCTC[32]) . Article 5.3 is a key element of the treaty which sets out actions that should be taken to protect the public from the influence of the tobacco industry. Professionals and organisations in the UK, who are involved in provision or supply of tobacco or nicotine products or play a role in protecting and promoting public health and wellbeing should familiarize themselves with this.

Some e-cigarette products, such as the Heat not Burn products, are manufactured by tobacco companies.

Useful Article 5.3 Resources:

- Action on Smoking and Health (ASH) has produced a toolkit[33] explaining the WHO Article 5.3, which is aimed at Local Authorities, but is useful for all partners. It includes templates to help with communication, mapping and policy development.
- In 2019, HM Revenue and Custom (HMRC) produced guidance[34] on interactions with the tobacco industry.

Organisations should encourage their staff to familiarise themselves with the WHO Article 5.3 and be mindful of approaches by the industry which seeks to influence local decision makers, encourage public health resources to be spent on a narrow range of activities or attempt to frame itself as a legitimate partner in addressing smoking related issues. If you require further help or advice with this issue, contact your Local Authority public health team.

Protect the public from the influence of the tobacco industry.



[32] WHO (2013) Framework Convention on Tobacco Control
[33] ASH (2018) Toolkit: Article 5.3 of the WHO Framework Convention on Tobacco Control
[34] HMRC (2019) Article_5_3_guidance

7. BEST PRACTICE GUIDANCE

7.1 What are the key messages?

- For children and young people, e-cigarettes are not recommended.
- E-cigarettes should only be used as an aid to stop smoking completely, but if you've never smoked, don't use an e-cigarette.
- E-cigarettes are far less harmful than smoking but are not without some risks.
- Evidence still shows that e-cigarettes carry a small fraction of the risk of smoking which kills 220 people in England each day.
- Using an e-cigarette that contains nicotine is more likely to result in a successful quit attempt than willpower alone.
- It is important to use regulated e-liquids and never risk adding substances.
- People who wish to use e-cigarettes should be advised that although these products are not licensed drugs, they are still regulated.

7.2 Children and Young People

7.2.1 What policies should apply for schools and other children settings?

It is recommended that schools and colleges have a policy on e-cigarettes, which could be included in the existing school policy on drugs, alcohol and tobacco. NICE Public Health Guidance 23[35] covers school-based interventions, which provides some context. Schools are encouraged to prohibit e-cigarettes, recognising that the sale of these products is prohibited for under-18s. Schools should consider supporting students with nicotine withdrawal, through NRT. This can also be included in the school's policy. It is advised to liaise with your Local Authorities Public Health team for further guidance.

It is recommended that adults who use or work in child and youth settings avoid e-cigarette use in front of children[36]. Local Authorities may wish to consider protecting children and young people by promoting e-cigarette free, as well as smokefree, play areas. Any policy on e-cigarettes should take account of those parents/guardians who are using e-cigarettes to quit smoking. Careful consideration needs to be given to the communication messages to avoid alienating those parents/guardians who are trying to quit smoking tobacco.

7.2.2 What is the advice for vulnerable children and young people (including Looked After Children, Young People Not in Education or Training, Excluded Children, Young Offenders)?

Following on from the recommendations in Section 7.2.1, this group needs special consideration due to increased likelihood of high smoking prevalence rates[9]. Any young person wishing to quit smoking tobacco should be encouraged to seek support from Local Stop Smoking Services and use licensed NRT. Refer to Section 11 for contact details of Local Stop Smoking Services in the South East of England Region.



[35] NICE (2010) Public Health Guideline 23 - Smoking prevention in Schools
[36] PHE (2016) Use of e-cigarettes in public places and workplaces

7.3 Local Stop Smoking Services

7.3.1 What is the advice for Local Stop Smoking Services?

Local Stop Smoking Services[37] continue to be cost-effective and smokers are up to 3 times more likely to quit using these services than quitting alone. Typically, these services have been built around the principle of a universal offer of support available for all smokers over a 4-12 week period, with a combination of behavioural support and pharmacotherapy (NRT or Varenicline (Champix©)) delivered by trained Stop Smoking Advisers.

To maximise opportunities for successful quit attempts and given the rise in popularity of e-cigarettes, as a minimum, Local Stop Smoking Services could offer an 'e-cigarette friendly' approach. This involves being open to the use of e-cigarettes by those who wish to do so, providing behavioural support and offering stop smoking medications alongside an e-cigarette if chosen by the individual. Further information is available in the National Centre for Smoking Cessation and Training (NCSCT) briefing[38] on e-cigarettes for Local Stop Smoking Services.

To ensure the offer is effective, e-cigarettes could be discussed as an option (alongside the other stop smoking medications) and Local Stop Smoking Services should consider:

- Promoting their services as supporting the use of e-cigarettes to support quit attempts.
- Having basic information and knowledge about the safe use of e-cigarettes (NCSCT online training available).
- Working with local e-cigarette shops, be aware of what they have to offer and signpost e-cigarette users to receive more detailed information and instruction on use. Local Stop Smoking Services can provide impartial information on local e-cigarette retailers in the locality.
- Being engaged in programmes where local e-cigarette retailers offer vouchers or starter packs to promote e-cigarettes to help smokers quit. Local Stop Smoking Services could offer cessation support alongside e-cigarette use to increase the chances of quitting successfully.
- **Ensuring Trading Standards teams are working with local e-cigarette shops so remain compliant with current regulations. Refer to Section 5 for further information.**



[37] NHS (2021) Local stop smoking services
[38] NCSCT (2016) Electronic cigarettes: A briefing for stop smoking services

7.3.2 What is the advice for Local Stop Smoking Services working with e-cigarette retailers?

Shops that sell e-cigarettes can be a source of information about new products, regulation, costs and technical support. The NCSCT has produced a guide[39] for commissioners and providers of Local Stop Smoking Services on working with these shops. This has been published specifically for commissioners and providers who are interested in using e-cigarettes as a part of smoking cessation services and how to work with e-cigarette shops in a way which maintains compliance with WHO Article 5.3 (see Section 6 for further details on Article 5.3).

The Independent British Vape Trade Association (IBVTA)[40] is a not-for-profit, non-political trade association whose members are free from ownership or control by the tobacco and pharmaceutical industries. They provide credible knowledge and guidance to support the independent e-cigarette sector and promote constructive interaction between this industry sector and the scientific community, vapers, regulators, policy makers, and the general public.

Refer to Section 11 for contact details of Local Stop Smoking Services in the South East of England Region.

7.3.3 Can Local Stop Smoking Services use e-cigarette starter packs?

Local Stop Smoking Services can provide behavioural support for smokers who have chosen e-cigarettes as part of their quit attempt. The approach, which has been shown to be effective, provides the best chance of stopping smoking successfully. A recent study, known as the Trial of Electronic Cigarettes (TEC) trial[11], funded by the National Institute of Health Research (NIHR), has looked at whether Local Stop Smoking Services can benefit from the inclusion of e-cigarettes as part of the cessation offer for smokers wishing to quit. The study found that e-cigarettes were more effective than combination NRT. One year sustained validated quit rates were 18% in the e-cigarette group and 10% in the NRT group. When participants who quit smoking using non-allocated products were excluded (i.e. participants in the NRT group who used an e-cigarette and vice versa), the quit rates were 18% vs 8%. The study recommended that e-cigarette starter packs are an effective and cost-effective treatment, and services should consider them as a part of their treatment options. A helpful summary of the trial and some common questions and answers[41] for those considering this approach has been produced to accompany the full TEC study.

[39] NCSCT (2019) Working with vape shops: A guide for commissioners and stop smoking services
[40] IBVTA (2021) About Us – Independent British Vape Trade Association
[41] NIHR (2019) Trial of E-Cigarettes (TEC) briefing

7.4 Primary and Secondary Care Settings - Smokefree NHS

7.4.1 Primary Care

All primary care-based healthcare professionals should provide advice to smoking patients on the relative risks of smoking, and they may wish to discuss e-cigarettes as one of the means of stopping smoking. Ideally, they should also provide a referral to Local Stop Smoking Services where these exist (see Section 8 for further details on Training and/or Section 11 for contact details of Local Stop Smoking Services in the South East of England Region).

Patients choosing to use an e-cigarette in a quit attempt should be advised that seeking behavioural support, alongside e-cigarette use, increases the chances of quit success further. If using e-cigarettes to quit, the anticipated final outcome should still be to quit nicotine consumption in any form whether cigarettes, e-cigarettes or NRT.

Community pharmacy teams should encourage all known smokers to consider the benefits of stopping smoking and refer to Local Stop Smoking Services where appropriate. For those pharmacies with e-cigarettes available to purchase, these must be regulated/MHRA approved products only (see Section 5 for further details on Regulation).

Primary care organisations are encouraged to develop their own Smokefree and e-cigarette policies.

NICE Guidance 92[42] recommendations for health and social care workers in primary care settings for people who smoke and who are using, or are interested in using, a nicotine-containing e-cigarette, to explain that:

- Although these products are not licensed medicines, they are regulated by the Tobacco and Related Products Regulations (2016)[22].
- Many people have found them helpful to quit smoking cigarettes.
- People using e cigarettes should stop smoking tobacco completely, because any smoking is harmful.
- The evidence suggests that e cigarettes are substantially less harmful to health than smoking but are not risk free.
- The evidence in this area is still developing, including evidence on the long-term health impact.

[42] NICE Guideline 92 (2018) Stop smoking interventions and services



Useful Primary Care Resources:

- The Royal College of General Practitioners (RCGP) Position Statement[43] on the use of electronic nicotine vapour products (e-cigarettes) (2017) recommends that Primary Care Clinicians may wish to promote the use of e-cigarettes as a means of stopping smoking.
- The Royal Pharmaceutical Society (RPS) e-cigarette policy (2020)[44] recommends to pharmacists that e-cigarettes are used as one of several harm reduction options in the short-term to encourage smokers to stop using tobacco products, but people should be advised that e-cigarettes are not risk-free and made aware of all the smoking cessation options available to them.
- The British Medical Association (BMA) published a paper (2020)[45] that outlines the regulation of e-cigarettes and argues for an approach that seeks to minimise their risks while maximising their potential to reduce the health burden associated with smoking.

[43] RCGP (2017) RCGP Position Statement on the use of electronic nicotine vapour products (E-Cigarettes)
[44] RPS (2020) E-Cigarettes
[45] BMA (2020) BMA | E-cigarettes: balancing risks and opportunities

7.4.2 Secondary Care

As many as 25% of patients in acute hospital beds are smokers[46]. The NHS Long Term Plan[4] commits the NHS to help people to quit whilst admitted to hospital. By 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services.

As NHS hospital sites have continued to become smokefree, it is recognised that e-cigarettes can have a role to play in supporting patients, staff and visitors to refrain from smoking tobacco whilst on site. Therefore, NHS Trusts are encouraged to develop their own Smokefree Site, Nicotine Management or e-cigarette Policies to provide guidance to the organisation.

This is in line with guidance[47] from the Care Quality Commission (CQC) which recommends: *"e-cigarettes should not routinely be treated in the same way as smoking. It is not appropriate to prohibit e-cigarette use in health services as part of smokefree policies."*

NHS Trusts may wish to contact local public health teams within the Local Authority for help and advice in developing a policy and approach. PHE does not prescribe to any one policy, but it is up to each NHS Trust to decide what works best for their staff and all users of their sites.

It is important for NHS Trusts to make a clear distinction between smoking tobacco and using an e-cigarette. There are useful resources from NCSCT including 'vaping allowed' communications that can be used around the hospital sites to promote an alternative space. Allowing e-cigarettes in all or part of the hospital grounds can support compliance with the smokefree policy. It's important to strike a balance that works for everyone, including staff, patients or visitors. There is also the option of supplying e-cigarettes on site, which will help support smokefree policies. Some NHS Trusts have gone further by having stand-alone e-cigarette shops based within the Trust site. For those NHS Trusts with e-cigarettes available to purchase, these must be regulated/MHRA approved products only (see Section 5 for further details on Regulation).

Useful Secondary Care Resources:

- The Royal College of Physicians: Hiding in Plain Sight (2018)[48] report reviews treating tobacco dependency in the NHS and advocates the use of e-cigarettes.
- The British Medical Association (BMA) published a paper (2020)[45] that outlines the regulation of e-cigarettes and argues for an approach that seeks to minimise their risks while maximising their potential to reduce the health burden associated with smoking.
- The British Thoracic Society have published a position statement on tobacco and smoking (2020)[49], this includes support of harm reduction strategies and acknowledgement of the 201518 report from PHE where the recommendation is for smokers who have tried other methods of quitting without success, may want to consider e-cigarettes to stop smoking tobacco.
- PHE have provided advice to creating a smokefree NHS and how e-cigarettes can help (2018)[50]
- Smokefree NHS / Treating Tobacco Dependency Task Force have published a position statement on the use of e-cigarettes (2019)[51]
- NICE Public Heath Guidance 48 (2013)[52] covers helping people to stop smoking in acute, maternity and mental health services. It promotes smokefree policies and services and recommends effective ways to help people stop smoking or to abstain from smoking while using or working in secondary care settings.
- PHE has developed five principles[53] for the use of e-cigarettes in public places and workplaces that can be used as a guide.
- The National Fire Chiefs Council has produced guidance[54] on e-cigarette use in smokefree NHS settings.

[46] British Thoracic Society (2016) Smoking Cessation Audit Report: Smoking cessation policy and practice in NHS hospitals
[47] CQC (2017) Brief guides for inspection teams
[48] Royal College of Psychiatrists (2018) Hiding in plain sight
[49] British Thoracic Society (2020) Tobacco and Smoking
[50] PHE (2018) Creating a smokefree NHS: how e-cigarettes can help
[51] Smokefree NHS / Treating Tobacco Dependency Task Force (2019) Vaping_Standard_for_NHS
[52] NICE Public Health Guidance 48 (2013) Smoking: acute, maternity and mental health services
[53] PHE (2016) Use of e-cigarettes in public places and workplaces: advice to inform evidence-based policy making
[54] The National Fire Chiefs Council (2018) 973_Guidance_note_-_E-cigarettes_use_in_smokefree_NHS_settings

7.5 Mental Health Trusts

In England, 1 in 3 cigarettes is smoked by a person with a mental health condition and support to stop smoking must be the overriding priority[55]. Although evidence[56] shows that prevalence has reduced from 44% in 2007 to 34% by 2014, that is more than double national adult prevalence. The Mental Health and Smoking Partnership reported that smoking prevalence in mental health units was as high as 70%[57]. Nearly two thirds (61%) of smokers with long-standing mental health conditions want to quit[58] but they are less likely to be successful[55]. A recently published Cochrane Review[59] looked at how stopping smoking affects people's mental health and found that by quitting they may experience improvements, such as reductions in anxiety and depression symptoms.



The Royal College of Psychiatrists has published guidance[60] on e-cigarettes for patients with severe mental illness, recommending that psychiatrists tell patients who smoke that e-cigarettes may help them to quit, particularly when used with stop smoking treatments and are safer than continuing to smoke. In line with this, and NICE Public Health Guidance 45[61], it is recommended that:

- All Mental Health Trusts have a policy which allows the use of e-cigarettes on trust sites. These policies should be clear on what e-cigarette products can be used, where on site use is allowed and whether the trust will proactively provide e-cigarettes to patients.
- Patients' smoking status is asked and recorded on admission with advice and alternative nicotine products provided, this could be either NRT or an e-cigarette.
- All patients who smoke should be offered a referral to a Local Stop Smoking Service. Where patients already use e-cigarettes on admission (Refer to Section 11 for contact details of Local Stop Smoking Services in the South East of England Region), allow them to continue to use e-cigarettes. They do not need a stop smoking intervention unless they are also smoking tobacco.
- All patients and staff should be provided with clear information on the differences between smoking and e-cigarettes and relative risks.
- Patients should be made aware that they can use an e-cigarette alongside NRT or varenicline (Champix©), if this is the most effective way for them to alleviate nicotine withdrawal and remain smokefree during their admission.
- Patients who wish to continue to smoke while on leave from the hospital should be supported to use e-cigarettes or NRT in line with NICE Public Health Guidance 45[61].
- Staff should be encouraged to undertake regular refresher training in smoking cessation, including the use of e-cigarettes, see Section 8 for further details on training.

[55] Royal College of Physicians and the Royal College of Psychiatrists (2013) Smoking and mental health
[56] Richardson, S., McNeill, A. and Brose, L. (2019) Smoking and quitting behaviours by mental health conditions in Great Britain (1993-2014).
[57] Mental Health and Smoking Partnership (2020) MHSP Reports – Smokefree Action Coalition
[58] NHS Digital (2011) Health Survey for England - 2010, Respiratory health
[59] Taylor GMJ, Lindson N, Farley A, Leinberger-Jabari A, Sawyer K, te Water Naudé R, Theodoulou A, King N, Burke C, Aveyard P. Smoking cessation for improving mental health. Cochrane Database of Systematic Reviews (2021).
[60] Royal College of Psychiatrists (2019) The prescribing of varenicline and vaping (electronic cigarettes) to patients with severe mental illness
[61] NICE Public Health Guidance 45 (2013) Smoking: harm reduction

The NHS Long Term Plan[4] commits that by 2023/24, a universal smoking cessation offer will be available as part of specialist mental health services, including option of switching to e-cigarettes in line with guidance from PHE.

Useful Mental Health Trusts Resources:

- In the Government's Tobacco Control Plan for England[2], PHE was asked to update its 2015 review of e-cigarettes[16], and other novel nicotine delivery systems, every year until the end of 2022. In the 2020 annual update[62], leading independent tobacco experts looked at research literature on vaping among people with mental health conditions
- In 2020, PHE published guidance[63] on using e-cigarettes in NHS mental health organisations. This advice was endorsed by members of the Mental Health and Smoking Partnership.
- The Mental Health and Smoking Partnership have published a position statement on the use of e-cigarettes (2017)[64]



By quitting people may experience improvements, such as reductions in anxiety and depression symptoms.

[62] PHE (2020) Vaping in England: an evidence update including mental health and pregnancy
[63] PHE (2020) Using electronic cigarettes in NHS mental health organisations
[64] Mental Health and Smoking Partnership (2017) Partnership-Statement-on-E-cigarettes

7.6 Maternity

In the South East, latest data shows 9.7% of women were smoking at the time of delivery[65]. Smoking during pregnancy can harm the baby in the womb from the moment of conception. While nicotine in cigarettes is addictive, almost all the harm from smoking comes from the toxic chemicals in tobacco smoke. As outlined in Section 4, e-cigarettes don't produce tar or carbon monoxide which is the most harmful part of smoking for developing babies. Stopping smoking tobacco is one of the best things a woman, and her partner, can do to protect the health of their baby throughout pregnancy and beyond.

While licensed NRT products are the recommended option, if a pregnant woman chooses to use an e-cigarette to help her quit smoking and stay smokefree, the Royal College of Midwives' advice[66] is that she should be supported to do so and that regulated e-cigarettes products are used (See Section 5 for further details on Regulation). It is important to recognise that using an e-cigarette, and carrying on smoking tobacco, does not provide health benefits with anyone who is using both (dual use). The users should be being strongly encouraged to stop smoking tobacco as soon as they can. If a pregnant woman feels able to stop using an e-cigarette (or to switch to NRT) without going back to smoking tobacco, then she should be encouraged to do so. However, if relapse is likely to cause the woman to start smoking tobacco again, then she should continue to use e-cigarettes.

The 2020 PHE systematic review[62] showed a lack of evidence on the prevalence of vaping in pregnancy in England, the effects of vaping on smoking during pregnancy and following childbirth, and on the effects of vaping on maternal health or pregnancy outcomes. As in other populations, pregnant women who vape are likely to do so to stop smoking. Vaping in pregnancy is very rare among those who have not smoked. The review acknowledged a need to address the lack of nationally representative data on vaping in pregnancy in England. In addition, it highlighted the inconsistent attitudes of health professionals to vaping in pregnancy to show that guidance is urgently needed.

There is no current reason to believe that using an e-cigarette would compromise breastfeeding. Women who use e-cigarettes following birth should not be discouraged from doing so if it means they stay quit and maintain a smokefree home. There is currently no evidence of harm to others from exposure to e-cigarette vapour and any risks are likely to be extremely low. However, the evidence about the exposure to second-hand tobacco smoke from cigarettes during pregnancy is well established and increases the risk of stillbirth, miscarriage and sudden infant death.

The NHS Long Term Plan[4] commits the NHS to help people to quit whilst admitted to hospital. By 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services. This model will be adapted for expectant mothers, and their partners, with a new smoke-free pregnancy pathway including focused sessions and treatments.

Useful Maternity Resources:

- In the absence of an evidence-base, health professionals can use guidance and recommendations from the Smoking in Pregnancy Challenge Group on e-cigarettes use. This is made up of organisations such as the Royal College of Midwives, Royal College of Obstetricians and Gynaecologists and the Royal College of Paediatrics and Child Health. They have produced a wealth of information and resources on the use of e-cigarettes before, during and after pregnancy, including key messages[67] for health professionals. Health professionals can also sign up for regular information briefings.
- In the Government's Tobacco Control Plan for England[2], PHE was asked to update its 2015 review of e-cigarettes[16], and other novel nicotine delivery systems, every year until the end of 2022. In the 2020 annual update[61], leading independent tobacco experts looked at research literature on vaping among pregnant women.



[65] PHE (2021) Tobacco Control Profiles Smoking status at time of delivery

[66] Royal College of Midwives (2019) Position Statement – Support to Quit Smoking During Pregnancy

[67] PHE (2021) Tobacco Control Profiles Smoking status at time of delivery

7.7 Workplaces

Legislation, under the Health Act 2006[68], that prohibits smoking in enclosed public places and workplaces, on public transport and in vehicles used for work, is based on conclusive scientific evidence of the direct health harm caused to bystanders through the inhalation of secondhand smoke. **E-cigarette use is not covered by this smokefree legislation as e-cigarettes do not burn tobacco and do not create smoke.**

Policies and practice on e-cigarette use in workplaces are evolving and need to continue to do so in the light of the emerging evidence. Public PHE has developed five principles[36] that can be used by organisations to guide policy making on the use of e-cigarettes in workplaces:

1. **Make clear the distinction between vaping and smoking.**
2. **Ensure policies are informed by the evidence on health risks to bystanders.**
3. **Identify and manage risks of uptake by children and young people.**
4. **Support smokers to stop smoking and stay smokefree.**
5. **Support compliance with smokefree law and policies.**





It is recommended that policies are kept under regular review, to take account of developments in the evidence base and changes in the regulatory environment.

[68] UK Government (2006) Health Act

Useful Workplace Resources:

- The briefing Will you permit or prohibit electronic cigarette use on your premises?[69] has been produced by ASH and the Chartered Institute of Environmental Health (CIEH) for organisations considering permitting or prohibiting the use of electronic cigarettes by their staff, clients or customers, or generally on their premises



Ensure policies are informed by the evidence on health risks to bystanders.

[69] ASH (2015) Will you permit or prohibit electronic cigarette use on your premises?

8.1 Training

Health professionals are key motivators and a source of health information to patients, but with so much media attention and emerging research it is difficult to feel confident that the correct and most up to date advice is being given. As outlined in Section 4, most people use e-cigarettes as a means to quit smoking and the type of device, nicotine strength and flavour will vary to meet individual needs and preferences. NICE have identified a division among some professionals that either see e-cigarettes as **'an unproven harm reduction strategy'** or other professionals regarding e-cigarettes as a **useful resource to help smokers quit**[70]. The NCSCT recommends that practitioners be open to electronic cigarette use among smokers trying to quit, particularly if they have tried other methods of quitting and failed'[37].

Health professionals are encouraged to support a smoker's quit attempt using e-cigarettes, if that is their preference and also refer them to Local Stop Smoking Services where they can increase the likelihood of quitting successfully. NCSCT online training provides evidence based and effective advice for professionals and a further e-cigarette briefing that offers comprehensive, detailed information for Local Stop Smoking Services, health professionals and e-cigarette users.



The NCSCT[71] offer a short e-learning training for health professionals to equip them with the knowledge and clinical guidance, to provide advice on the safety and effectiveness of different e-cigarette devices for users to consider. This training is also suitable for Stop Smoking Advisers to offer combined behavioural support alongside e-cigarette use if preferred.

[70] NICE Guideline 92 (2018) Stop smoking interventions and services – evidence reviews for advice on e-cigarettes on general sale

[71] NCSCT (2018) E-cigarettes: a guide for healthcare professionals

8.2 Guidance on Usage

The e-cigarette market is not static but continually evolving, with new sophisticated technology and faster nicotine delivery systems. Sealed e-liquid cartridges or refillable tank systems may contain no nicotine or up to 20mg/ml of nicotine and a variety of flavours. Most of the latest (3rd generation) devices, can easily be modified to adapt to individual needs but acquiring the technique and correct use of the product is essential for efficacy. Stop Smoking Advisers and health professionals are not expected to be experts in e-cigarette use but should signpost smokers who wish to quit using e-cigarettes to reputable e-cigarette shops.



The amount of nicotine required by e-cigarette users will depend on the device and the users' smoking habits. The NCSCT suggests as 'a rough guide, most 20-a-day smokers find that 18mg/ml (1.8%) is sufficient[38]. This corresponds with Houezec's suggestions[72]:

Amount Smoked:	Suggested nicotine dose:
4-5 cigarettes a day	6mg/ml
10 cigarettes a day	12 mg/ml
15 cigarettes a day	16 mg/ml
20 cigarettes a day	18-20 mg/ml
More than 20 a day	20mg & recommend adding a patch

Note: the suggestions are merely a starting point. In 2019 ASH reported that 24% of e-cigarette users who used nicotine used a strength of 13-20 mg/ml but most (64%) used a lower strength between 1-12 mg/ml. Stop Smoking Services are encouraged to provide quit support to e-cigarette users and can use a combination of e-cigarettes and NRT to support a quit attempt. Those who combine e-cigarettes with behavioural support are likely to achieve the highest successful quit rates[38].

[72] Taken from Le Houezec, J. (2018) Vape shops and their role in Public Health. The E-Cigarette Summit, London

When talking about e-cigarettes, it is important to use the correct terminology to ensure the language used matches the community of users. Originally 'e-cigarettes' was the most common term used, however more recently people refer to them as 'vapes' or 'vaporisers', and an e-cigarette user as a 'vaper'.



9.1 Primary Messages

- E-cigarette use in the UK has increased year on year and is now the most popular method of quitting smoking.
- Evidence shows that e-cigarettes are far less harmful than smoking tobacco but are not without some risks. Those risks can be much reduced by only using regulated e-cigarettes and vaping liquids.
- E-cigarettes are an effective method for quitting smoking tobacco.
- The advice from PHE is:
  - For smokers: Smokers should stop smoking completely. Getting expert support combined with using an e-cigarette doubles your chances of quitting successfully.
  - For people who use nicotine containing e-cigarettes and are still smoking (dual users), you should stop and switch completely to e-cigarettes, then come off nicotine when you are confident you won't relapse to smoking.
  - If you have never smoked: Don't use e-cigarettes.

9.2 Secondary Messages

9.2.1 Long term use

- Although some health risks from e-cigarette use may yet emerge, these are likely, at worst, to be a small fraction of the risks of smoking. This is because e-cigarette vapour does not contain the products of combustion (burning) that cause lung and heart disease, and cancer, unlike cigarettes.

9.2.2 Regulation

- E-cigarettes and e-liquids in the UK are tightly regulated by MHRA under UK Tobacco and Related Products Regulations (TDPR) (2016)[22] and Tobacco Products and Nicotine Inhaling Products (Amendment) (EU Exit) Regulations (2020)[23]. Unlike other countries, such as the US, where these products are not regulated. Context and caution needs to be applied when comparing countries' experience of e-cigarettes.
- The MHRA has not permitted any e-cigarette products containing cannabinoids or Vitamin E acetate oil, which are the chemicals implicated in the US cases.
- Anyone that experiences adverse side effects from e-cigarettes should be strongly encouraged to report these using the Yellow Card Scheme.
- PHE recommends that:
  - For people who vape CBD: Although CBD is less tightly regulated, if experiencing symptoms or are concerned, the vaper should stop.
  - For people who vape THC: If vaping THC (or an unknown liquid which could contain THC), it can be hazardous. These are the products most implicated in the US outbreak. If the vaper feels unwell or has any difficulty breathing after vaping THC, go to A&E and tell them precisely what the product was they were using.

9.2.3 Second-hand e-cigarettes exposure

To date there is no evidence of harm to health from second-hand e-cigarettes exposure and any risks are likely to be very low to by-standers. The 2018 PHE review[73] concluded that nicotine levels in second-hand vapour were at non-detectable levels compared to second-hand smoke from cigarettes.

9.2.4 Children and young people / Non smokers

- There is no evidence that use of e-cigarettes is leading to an increase of smoking in young people. E-cigarettes have proved to be an important gateway out of smoking, not into it.
- E-cigarette use amongst 11-18 years old who have never smoked and use an e-cigarette more than once a week is negligible.

9.2.5 Pregnant women

- E-cigarettes are a great deal safer than smoking, but we don't know yet if there are any risks to the foetus from exposure to e-cigarette vapour, therefore, licensed stop smoking medications are currently the recommended option for quitting. However, the Royal College of Midwives recommends that if a pregnant smoker chooses to use an e-cigarette to quit smoking and stay smokefree, then she should be supported to do so.
- The Smoking in Pregnancy Challenge Group has produced a range of leaflets with advice before, during and after pregnancy.

9.2.6 Fire risk

- E-cigarette fires are recorded at the discretion of individual fire rescue services in the UK. To date recorded numbers show that they occur in low numbers and are vastly outweighed by fires caused by smokers' materials.
- As with all rechargeable electrical devices, the correct charger should be used, and the device should not be left charging unattended or overnight.

[73] PHE (2018) Evidence review of e-cigarettes and heated tobacco products 2018:

10. MYTH BUSTING

There are lots of inaccuracies and misconceptions about e-cigarettes, this Position Statement aims to address this in the South East. However, the following useful resources also aim to clear up some common myths about e-cigarettes:

Action on Smoking and Health (2018) Briefing on electronic cigarettes. Available from: https://ash.org.uk/information-and-resources/smoking-cessation-treatment/stopping-smoking/ash-briefing-on-electronic-cigarettes-2/

Cancer Research UK (2019) E-Cigarette FAQ's. Available from: https://www.cancerresearchuk.org/health-professional/awareness-and-prevention/e-cigarette-hub-information-for-health-professionals/e-cigarette-faqs?_ga=2.1675889.1595490042.1582035173-1395253017.1582035173#E-cig_faqs0

National Centre for Smoking Cessation Training (2016) Electronic cigarettes: A briefing for stop smoking services. Available from: https://www.ncsct.co.uk/usr/pub/Electronic_cigarettes._A_briefing_for_stop_smoking_services.pdf

National Institute of Health Research (2019) Information for specialist stop-smoking services that are considering providing e-cigarette starter packs: recommendations from the Trial of E-cigarettes (TEC). Available from: https://ash.org.uk/wp-content/uploads/2019/08/Trial-of-E-Cigarettes-briefing-with-QAs.pdf

Public Health England (2019) Clearing up some myths around e-cigarettes. Available from: https://publichealthmatters.blog.gov.uk/2018/02/20/clearing-up-some-myths-around-e-cigarettes/

Public Health England (2020) 8 things to know about e-cigarettes. Available from: https://publichealthmatters.blog.gov.uk/2020/03/05/8-things-to-know-about-e-cigarettes/

Royal College of Physicians (2019) RCP advice on vaping following reported cases of deaths and lung disease in the US. Available from: https://www.rcplondon.ac.uk/projects/outputs/rcp-advice-vaping-following-reported-cases-deaths-and-lung-disease-us

FRESH (2019) Smokefree NHS / Treating Tobacco Dependency Task Force position statement on the use of E-cigarettes. Available from: http://www.freshne.com/images/stories/Vaping_Standard_for_NHS.pdf

UK Centre for Tobacco & Alcohol Studies (2019) The truth about e-cigarettes. Available from: https://www.sciencefocus.com/the-human-body/the-truth-about-e-cigarettes/

11. USEFUL CONTACTS

Local Stop Smoking Services

Local Stop Smoking Services available in the South East are:

Bracknell Forest	https://www.smokefreelifeberkshire.com
Brighton and Hove	https://www.brighton-hove.gov.uk/health-and-wellbeing/support-improve-your-health/help-stop-smoking
Buckinghamshire	https://www.livewellstaywellbucks.co.uk/Service/29/stop-smoking
East Sussex	https://oneyoueastsussex.org.uk/services/quit-smoking/
Hampshire	https://www.smokefreehampshire.co.uk
Isle of Wight	https://www.healthylifestylesiow.co.uk
Kent	https://www.kentcht.nhs.uk/service/one-you-kent/one-you-smokefree/
Medway	https://quit.abettermedway.co.uk
Oxfordshire	https://www.stopforlifeoxon.org
Portsmouth	https://www.portsmouth.gov.uk/services/health-and-care/health/quit-smoking/
Reading	https://www.smokefreelifeberkshire.com
Slough	https://www.smokefreelifeberkshire.com
Southampton	https://www.southampton.gov.uk/health-social-care/health/stopping-smoking/
Surrey	https://oneyousurrey.org.uk
West Berkshire	https://www.smokefreelifeberkshire.com
Royal Borough of Windsor and Maidenhead	RBWMsmokingcessation@berkshire.nhs.uk
West Sussex	https://www.westsussexwellbeing.org.uk/topics/smoking/services-for-west-sussex
Wokingham	https://www.smokefreelifeberkshire.com



South East Tobacco Control Network

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Position Statement Review: This Position Statement has been prepared by South East Tobacco Control Network, using the most up to date information available at time of publication. This is a rapidly evolving area of tobacco control and South East Tobacco Control Network is committed to monitoring emerging evidence and research and will update this position statement annually.