



Electronic Cigarettes (E-cigs) / Vapourisers

A Guide for Stop Smoking Advisors

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Please note that the development of e-cigs/vapourisers is moving fast so this document will be updated regularly with the current version available on the website – www.quit4good.co.uk

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A Guide for Stop Smoking Advisors

This document has been adapted from the *E-cigarettes guide for stop smoking Practitioners developed by Tobacco Free Futures* and draws on information from:

- Electronic cigarettes: A briefing for stop smoking services, NCSCT, January 2016
- Nicotine without smoke – tobacco harm reduction, A Report by the Tobacco Advisory Group of the Royal College Physicians, April 2016
- ASH briefing: Electronic cigarette, February 2016
- ASH Briefing: impact of the TDP on UK e-cigarette regulation, February 2016
- E-cigarettes: a new foundation for evidence-based policy and practice, PHE, August 2015.
- Factsheet 12: Electronic cigarettes, WSSS, July 2013
- Factsheet 15: E-cigs—Tips for helping clients to choose a product and/or stop use of e-cigs/vaping, WSSS, May 2015

1. Frequently Asked Questions

1.1 What should I say if a client wants to use an e-cig to quit smoking?

“We can’t supply them, but we can certainly offer the extra support that will help you stop smoking if you buy your own e-cigarette”.

In August 2015 Public Health England (PHE) published an independent review of the latest evidence on e-cigarettes. The review highlights the need for further research in areas where there is continued uncertainty, but PHE concludes that on the basis of what is in the report:

- E-cigarettes carry a fraction of the risk of smoked tobacco
- Current best estimate is that e-cigarettes are around 95% less harmful than smoking
- Smokers who’ve tried other methods of quitting could be encouraged to try e-cigarettes and e-cigarette users should be encouraged to stop smoking
- e-cigarettes are effective in helping people to quit smoking
- Encouraging smokers not ready to quit to switch to e-cigarettes could have positive public health benefits

1.2 What should I say if a client wants to use an e-cig to cut down but not totally stop the amount of cigarettes they smoke?

“Reducing the amount of cigarettes you smoke is a positive step in the right direction. However stopping smoking cigarettes completely is the best thing you can do for your health. If you don’t feel able to make that step at this moment in time then I would encourage you to use the e-cigarette to reduce the amount of cigarettes you smoke daily”.

It would then be good to follow it up by saying something like....

“When you feel ready to take the next step and quit all cigarettes come back and see me, we can help, guide and support you and this will improve your chances of successfully stopping for good”.

As part of a harm reduction conversation you have with your clients it may be appropriate to encourage a client who cannot or does not want to stop smoking to switch to e-cigarettes to help reduce smoking related diseases, death and health inequalities.

- Best estimates show e-cigarettes carry a fraction of the risk of smoking.
- Behavioural support, whether the client uses licensed or non-licensed products, significantly increases the patient's chances of quitting successfully.
- E-cigarettes provide nicotine in a form that is much safer than smoking (up to 95%)
- Some clients will find e-cigarettes helpful for quitting, cutting down their nicotine intake and /or managing temporary abstinence.

The Royal College of Physicians, 2016, have reported that smokers who use nicotine products as a means of cutting down are more likely to make quit attempts. Promoting wider use of consumer nicotine products, such as e-cigarettes, could therefore substantially increase the number of smokers who quit.

1.3 What can I say to a client who wants to know the long term health risk of using an e-cig?

“Current evidence indicates an e-cig is less harmful than smoking a cigarette. As these devices are relatively new we have yet to assess their long term risk, however it is likely to be significantly less than those associated with tobacco smoke”.

Studies have found that chemicals in tobacco smoke, including carcinogens, are either absent from e-cigarette vapour or present at much lower levels – with few exceptions, 100th to 1,000th of the levels in tobacco smoke. The main chemicals that are present in e-cigarette vapour but not in tobacco smoke have not been associated with any serious risk.

The Royal College of Physicians, 2016, stated that although it is not possible to precisely quantify the long-term health risks associated with e-cigarettes, the available data suggest that they are unlikely to exceed 5% of those associated with smoked tobacco products, and may well be substantially lower than this figure.

1.4 What if a client asks me if e-cigarettes are safer for them than smoking, how would I answer?

“Yes. Based on what we know so far, it is estimated they are around 95% safer than cigarettes. Smoking cigarettes is associated with a number of very serious health risks to both the smoker and to others around them. Therefore smokers who switch from smoking tobacco to e-cigarettes substantially reduce the risks to their health”.

1.5 Can I support a client who wants to quit cigarette smoking using an e-cig?

Yes. Behavioural support for clients choosing licensed or non-licensed NRT has been shown to increase their chances of a successful quit attempt.

Remember all clients who set a quit date with you, regardless of their product choice, need to be entered onto QuitManager or have a monitoring form completed so that outcomes can be captured and payments can be received.

E-cigarettes are not the same as smoking a cigarette and a client who is using an e-cigarette only and is not currently smoking cigarettes has already quit smoking and is not defined as a smoker.

1.6 Can a pregnant woman use an e-cigarette to quit smoking?

If they choose to use an e-cigarette they should not be discouraged from doing so if it helps them to stop smoking. Discussions about licensed NRT products which are recommended for pregnant women should always take place to ensure that the client is fully aware of all of the options.

You may feel it is more appropriate to refer a pregnant woman into the Warwickshire Stop Smoking in Pregnancy Service, who are more specialised in this area. You can refer by phoning 0800 085 297.

1.7 Can a young person use an e-cigarette to quit smoking?

Unfortunately not at the moment, as the sale of e-cigarettes products and the proxy purchase of such products to or for anyone under the age of 18 is illegal. However it is not against the law for someone under the age of 18 to use an e-cigarette in the same way it is not against the law for them to smoke a cigarette.

Licensed NRT is the option available for young people from the age of 12 years.

1.8 Can I support a client with mental illness who wants to quit using an e-cigarette?

Yes.

The Royal College of Psychiatrists says for people with mental illness, e-cigarettes may be as effective and safe as other forms of NRT, and more useable. A recent study on the use of e-cigarettes by individuals with mental health conditions found that smokers with mental health conditions were more open to engaging with the use of e-cigarettes than smokers without these conditions. They use e-cigarettes for the same reasons as other smokers- as quitting aids, and because they perceive them to be less harmful than smoking.

If a smoker with mental illness has used other forms of NRT with no adverse effects and now wishes to use an e-cigarette, you can offer behavioural support to support a quit attempt or as part of a harm reduction approach.

1.9 Can I prescribe another product with an e-cig?

Yes. If a client sets a quit date with you and you offer regular behavioural support you can prescribe/supply licenced products and the client can use them concurrently.

Sometimes if clients are “new” users of e-cigarettes and a patch is being used an additional oral product may be needed initially. This additional oral product is usually only needed until the client has perfected their e-cigarette technique and can then be discontinued.

1.10 What advice can I give a client about purchasing an e-cig?

“This is really a personal choice, talk to your family or friends who might have used one, ask them about the ones they used and what they would suggest. There are e-cigarette retailers who can provide advice and there are also internet forums where e-cigarette users discuss the different product types”.

The refillable tank system e-cigarettes (second and third generation) might take a bit of getting used to, but they allow the use of more flavours and a better sensation and generally deliver more nicotine than the first generation e-cigarettes, the ones that look like a cigarette.

A directory for e-cigs shops can be found at <http://ecigdirectory.co.uk> – we cannot comment on how accurate this is but so regard it as a starting point.

1.11 What advice should I give a client about using an e-cig?

“Using an e-cigarette is different to smoking a cigarette. Take slower and longer puffs over a longer period of time. Your e-cigarette retailers can provide advice and the internet forums can be useful to get other users experiences”.

- E-cigarettes heat a coil in a liquid (like a kettle) so slower and longer puffs over a period of time are needed to allow this to happen.
- Clients, especially to begin with, may feel the need to take a few puffs at times when they would not have smoked; this is nothing to worry about and their pattern of e-cigarette use will develop over time.

1.12 How often should a client use an e-cigarette?

As often as they need to help them manage the nicotine withdrawal and urge to smoke. They will discover the best way to use their e-cigarette. It is not like a cigarette that they would smoke from start to finish; an e-cigarette can be sipped on once or twice and then put away. If they find they are using the e-cigarette constantly then they may need a stronger e-liquid.

1.13 What nicotine strength e-liquid should a client go for?

As a rough guide most 20-a-day smokers find that 18mg/ml (1.8%) is sufficient. Of course this will depend on how much nicotine they get from their cigarettes and the type of e-cigarette they choose but this is a good starting point. Also the retailer should be able to guide them further.

As a rough guide for a 20-a-day smoker two 10ml bottles of 18mg/ml e-liquid will usually last a week, things that affect this are:

- Quality of the e-cigarette
- Puffing technique
- Experience of using the device

1.14 Are there any side effects to using an e-cigarette the client needs to be aware of?

Mouth and throat irritation are the most commonly reported symptoms and these appear to subside over time. A cough is not unusual this can be helped by switching from a propylene glycol containing e-liquid to a vegetable glycol e-liquid.

It is too early for us to know the long term risk or side effects of prolonged or continual use of these devices.

1.15 Do e-cigarettes produce harmful chemicals?

When an e-cigarette is used within normal operating levels there are far fewer harmful chemicals present in their vapour than in tobacco smoke.

Some studies have detected chemicals in e-cigarette vapour that are known to cause health problems but they have been found at very low levels that are unlikely to present a serious risk to health.

- Aldehydes are only seen when users create a 'dry puff'
 - This is when the atomizer is firing too hot and the wicking material does not have enough e-liquid in it. The e-liquid is burnt off too quickly and this combined with a dry wick causes a strong and unpleasant taste – like burning – users do not like this and avoid doing.

1.16 Is secondhand vapour from e-cigarettes dangerous?

There is no evidence that secondhand vapour is dangerous to others. Some studies have found traces of toxicants in secondhand vapour, but at such low levels that they do not pose a health risk to the bystander. It helps remind clients to be respectful when using e-cigarettes around others, especially non-smokers.

1.17 What safety advice should I give a client who chooses to use an e-cigarette?

- Choose a reputable retailer and a device that carries the kite mark
- Only ever use the charger that comes with the device
 - Don't leave it charging unattended
 - Charge out of reach of children
 - We are aware of house, office and car fires caused by some charging devices
 - We are aware that some devices have exploded causing actual bodily harm to the user
- Never leave the device or the bottle of liquid where a child or pet could get hold of it
 - We are aware that children have suffered serious illness by drinking the liquid.
 - We are aware that a dog has died from swallowing an e-cig cartridge
- Consider buying liquids in child proof containers
- Caution where flammable liquids are used is advisable.

1.18 If a client is concerned about what the media are reporting on e-cigarettes what advice could I offer?

“There have been a relatively small number of adverse incidents related to the use of e-cigarettes. The current evidence indicates that e-cigarettes are significantly less harmful to your health and the health of those around you.”

You may discuss safety issues and how to minimise the potential for these at this stage. Please see earlier section that discusses this in more detail.

1.19 How should we deal with a client using an e-cigarette whilst in the pharmacy, surgery or waiting room?

This is a local decision; many venues have decided that an e-cigarette is not to be used on their premises. The rationale behind this decisions usually focus on the comfort of fellow clients/customers and patients. We would recommend that you clearly display a poster stating this.

Remember that smoking e-cigarettes indoors is not illegal and could be viewed like normal Nicotine Replacement Therapy such as patches and inhalators. A laminated poster is available from WSSS to advise that using e-cigarettes is not allowed.

2. Background Information – taken from *E-cigarettes guide for stop smoking practitioners developed by Tobacco Free Futures (TFF)*

2.1 Introduction

In August 2015 Public Health England (PHE) published an independent review of the latest evidence on e-cigarettes. The review highlights the need for further research in areas where there is continued uncertainty, but PHE concludes that on the basis of what is in the report:

- E-cigarettes carry a fraction of the risk of smoked tobacco
- Smokers who've tried other methods of quitting could be encouraged to try e-cigarettes and e-cigarettes users should be encouraged to stop smoking
- Encouraging smokers not ready to quit to switch to e-cigarettes could have positive public health benefits
- There is no current evidence that e-cigarette use is undermining the decline in smoking among UK children or adults
- There is evidence that e-cigarettes are effective in helping people to quit smoking
- There has been a shift towards inaccurate perceptions of harm from e-cigarettes

2.2 Further Research and Monitoring

As required, in the report cited above, experts, guided by the current evidence, conclude that e-cigarettes carry around 95% less risk than smoking because while they may contain some toxicants, these are at levels significantly lower than in tobacco smoke.

TFF notes any impacts from longer term use of e-cigarettes are not yet clear and PHE's commitment to ongoing monitoring and research is welcomed. Practitioners may wish to discuss the risks and benefits of longer term use with their clients.

2.3 Licensing e-cigarettes

The UK Medicines and Healthcare products Regulatory Agency (MHRA) has the power to grant a medicinal licence to e-cigarette products. A number of e-cigarette products are currently going through the licensing process, however as yet there are no medicinally licensed products available on the market in England. Once licensed e-cigarettes are available, they will be able to be prescribed on the NHS alongside NRT products such as patches and gum. The MHRA continues to invite e-cigarette producers to apply for a medicines licence and expects products to come onto the market in due course, providing smokers with a choice of licensed devices as well as commercial products.

2.4 NHS Stop Smoking Service supporting a quitter using an e-cigarette

As clearly outlined on the NHS Smokefree website, a smoker who chooses to use an unlicensed, self-purchased e-cigarette as part of a quit attempt can receive behavioural support from a Stop Smoking Service, as this will increase their chances of quitting successfully. These clients can be included in the Stop Smoking Service monitoring data return. Stop Smoking Service users who quit with the help of unlicensed e-cigarettes along with behavioural support appear to be achieving some of the highest success rates.

The current 2014 Stop Smoking Services – Service and Monitoring Guidance (due to be updated) states: “...the use of nicotine vapourisers is likely to be considerably less hazardous than tobacco smoking. On this basis, services should, as part of the commissioning arrangement, still be able to provide behavioural support to clients who wish to use unlicensed, self-purchased products, whether this use is in combination with or instead of a licensed product”.

The NCSCT (National Centre for Smoking Cessation and Training), is committed to support the delivery of smoking cessation interventions provided by local stop smoking services and provides a comprehensive briefing on how stop smoking services can respond to enquiries about e-cigarettes from smokers. The NCSCT has updated its e-cigarette practitioner briefing, which includes video tutorials.

Recent studies support the Cochrane Review findings that e-cigarettes can help people to quit smoking and reduce their tobacco consumption. There is also evidence that e-cigarettes can encourage quitting or reduction of cigarette consumption even among those not intending to quit or rejecting other support. It is not known whether current e-cigarette products are more or less effective than licensed stop smoking medications, but they are much more popular thereby providing an opportunity to significantly expand the number of smokers stopping successfully.

The ultimate goal is to encourage smokers to quit tobacco use and all forms of nicotine use. But we know that smokers who want to quit find it hard to break the addiction and stay quit. NICE says that while the best way to reduce illness and death is stopping smoking in one step, where this is not an option there are other ways of reducing the harm of smoking including ongoing use of nicotine. The NICE guidance on tobacco harm reduction recommends that nicotine containing products (NCPs) be used as a harm reduction approach to smoking: to stop completely; to cut down prior to stopping; to reduce smoking without stopping; or to temporarily

abstain from smoking. Professor Peter Hajek's, review of Use, Content, Safety, Effects on Smokers and Potential for Harm and Benefit says, 'allowing e-cigarettes to compete with cigarettes in the market-place might decrease smoking-related morbidity and mortality. Health professionals may consider advising smokers unable or unwilling to quit through other routes to switch to e-cigarettes as a safer alternative to smoking and a possible pathway to complete cessation of nicotine use'. The Cochrane Review on e-cigarettes, published late 2014, reported two randomised controlled trials (RCTs) which assessed the effectiveness of e-cigarettes. They found that e-cigarettes with nicotine helped smokers stop smoking and reduce their cigarette consumption compared with e-cigarettes that did not contain nicotine. One of the two studies found effectiveness of e-cigarettes containing nicotine comparable to the nicotine patch. These studies had limitations however including the use of now obsolete products (because of the time taken to conduct RCTs). More recent evidence has however supported these findings. In addition, recent studies exploring the relationship between e-cigarette types and how they are used have found quitting with the aid of an e-cigarette dependent on the type of e-cigarette and frequency of use, with daily use of tank models (e-cigarettes that can be refilled with liquids) being associated with more quit successes. Some of the 'second generation' e-cigarettes (commonly referred to as 'tanks') do deliver nicotine more quickly and in higher doses than the first generation e-cigarettes (commonly referred to as 'cigalikes') but still lower than nicotine delivery through traditional tobacco cigarettes.

The Smoking Toolkit Study 2014 by Professor Robert West suggests that e-cigarette use amongst adults who smoke or who stopped in the past year may have plateaued, but is still the aid used most in a quit attempt. Rates of quitting smoking have increased from 2011 and e-cigarettes may have helped approximately 20,000 smokers to stop in 2014 who would not have stopped otherwise¹⁵. Until recently most Stop Smoking Services did not advocate e-cigarette devices because their safety, quality and effectiveness as consumer regulated products could not be recommended, but the landscape is changing as medically licensed products are expected to enter the market. There are many e-cigarette devices which have not been medicinally approved which are far less harmful than tobacco, which could help smokers who want to quit or cut down. As a health care professional you are only able to recommend nicotine containing products which are licensed by the MHRA as safe and effective in supporting a quit attempt or harm reduction approach. However if a smoker chooses to use an e-cigarette you are able to provide behavioural support to increase their chances of quit success and report the outcomes of the attempt within your Service's Monitoring Return. Smokers can be encouraged to bring along their own e-cigarette as part of a treatment plan where they have tried other stop smoking medications and failed and want to give e-cigarettes a try. Plus when combined with behavioural support, they can help many smokers to quit tobacco altogether. Services offering behavioural support to smokers using e-cigarettes have seen some of the highest quit rates when smokers have used e-cigarettes in combination with other NRT products during their quit attempt. TFF would encourage you to make it clear to smokers that there is no evidence on the long term effects of e-cigarette use.

Current evidence indicates e-cigarettes are significantly less harmful to the health of the smoker and others around them than smoking tobacco. However they should be kept out of the reach of children and kept in sight when being charged. In addition the correct charger for the product should always be used.

2.5 Nicotine Poisoning

There have been multiple reports, both in the media and in scientific journals, over cases of accidental nicotine poisoning with e-cigarettes, especially in children, but also in adults. It is our understanding of the evidence that there have been no lasting illnesses or major causes for

concern. Aside from minor and transient adverse effects at the point of absorption, nicotine is not a significant health hazard and does not cause serious adverse health effects. The doses of nicotine delivered by e-cigarettes are therefore unlikely to cause significant short or long term adverse effects. Overall the hazards associated with use of e-cigarettes are significantly lower than smoking. **We would however strongly recommend that you encourage users to buy e-liquid bottles with child safe caps and not to leave the device lying around.**

2.6 Fire Safety

E-cigarette devices are currently regulated as consumer products. Consumer regulation does not always provide assurance of their safety, quality or effectiveness. For example, cases of e-cigarettes that have been left to charge unattended for long periods of time exploding have been reported, but it is important to remember that combustible tobacco products are far more hazardous than e-cigarette devices in the home and are still the major cause of house fires. Charging an e-cigarette device should be done carefully and with the correct charger used for the product, in the same way as a mobile phone.

2.7 Adverse Health Effects

Nicotine is an addictive substance, which stimulates the nervous system, increasing the heart rate and blood pressure. However the great majority of the harm from smoking comes from inhaling tobacco smoke which contains around 4,000 toxic substances. Medicinal nicotine is used to help people to quit smoking. Nicotine replacement therapy is widely used, and has been for many years, and is a safe form of treatment. The addictiveness of nicotine depends on the speed of delivery. So the greatest dependence potential occurs when nicotine is delivered by cigarettes. Evidence indicates that e-cigarettes can contain toxic substances, including small amounts of formaldehyde and metals such as cadmium, nickel and lead, although these substances are either at levels much lower than in tobacco smoke or at levels not associated with health risk. When describing the unknowns the World Health Organization states, 'the potential risks e-cigarettes pose for the health of users remain undetermined. 'It is not yet known whether regular exposure over many years could present some degree of health risk. For this reason ongoing monitoring and research is needed and local health care professionals have an important role to play in this.

The 2014 NCSCT (National Centre for Smoking Cessation and Training) briefing on e-cigarettes suggests there are few health impacts from e-cigarette use. Mouth and throat irritation are the most commonly reported symptoms and these appear to subside over time. We would encourage you to discuss e-cigarettes with service users in addition to other NRT products and stop smoking medications, to support smokers in making a decision about the right product, or combination of products, to help them quit tobacco completely. For example, many smokers have had success using e-cigarettes in combination with other NRT products, alongside behavioural support. The future regulatory environment for e-cigarettes will include a number of restrictions introduced as part of the EU Tobacco Products Directive from May 2016 (need to include any more detail?). E-cigarettes not licensed as medicines will have to meet a number of requirements. They will not be allowed to contain more than 20mg/ml of nicotine and will have to meet higher standards of quality and safety. A 30% health warning on packs about nicotine and a ban on most forms of e-cigarette advertising will also be enforced. This should ensure better quality products can be made more readily available to consumers.

2.8 Harm To Others

Secondhand tobacco smoke is known to cause serious harm to bystanders. In contrast there is no current evidence to suggest that e-cigarettes pose any significant risk of harm to bystanders, because they don't produce smoke, and the level of nicotine is around a tenth of that generated by tobacco cigarettes. Public Health England's position on the use of e-cigarettes in enclosed public places and workplaces is that policies should be based on the evidence and should seek to maximise the health benefits while minimising the harm in any particular setting. PHE will be publishing framework advice for employers and other authorities on this issue. There is no current evidence to suggest the normalisation of vaping indoors in public spaces may encourage young people to smoke or to vape who may not otherwise have done so. However Wales has currently taken this line in its proposal to ban vaping in indoor public places to protect children.

Media reporting may be both negative and inaccurate, as highlighted in the 2015 Public Health England evidence review. There has been an overall shift in public concern around the perceived dangers of e-cigarettes compared to tobacco, which may be discouraging some smokers from switching to a much safer alternative. Much of this public concern can be attributed to confused reporting in the mainstream media around the safety of e-cigarettes. We would ask that you continue to remain vigilant of this type of media reporting and mindful of the evidence when discussing the potential risks of using e-cigarettes with service users in this context. E-cigarettes are much less harmful than combustible tobacco products. Whilst we cannot say that e-cigarettes are completely safe we do know they are a much safer alternative to smoking.

2.9 Advocating A Product Which The Tobacco Industry is Involved With

It is important to remain vigilant to the practices of the tobacco industry while remaining mindful of the commercial nature of all nicotine suppliers and the needs of smokers who are struggling to quit. An overly cautious approach may deter those who might be successful in quitting tobacco use by switching to an e-cigarette where they would not consider using NRT or may have been unsuccessful when using NRT or another medication in the past. Given the ethical record of tobacco industry activity in openly promoting and defending the sale and use of a product which kills 1 in 2 of its customers we understand that some stop smoking practitioners feel uncertain and conflicted about promoting the use of e-cigarette devices manufactured by tobacco companies. Tobacco companies have been clear that their primary market will remain in combustible tobacco and their motive is profit so we must remain cautious. However, we also need to remember that for those who are unable to quit, switching to an alternative, less harmful product than tobacco can significantly reduce the serious and lasting harm caused by smoking to the individual. All four transnational tobacco companies own at least one e-cigarette product, or have competitor products in development. This will continue to grow as we know that tobacco companies are eager to exploit opportunities which might increase sales of e-cigarette devices and tobacco products, and there is interest in producing less harmful nicotine delivery devices to cigarettes. Part of this may well be the corporate social responsibility opportunities afforded by this commercial venture.

Regulation is an important part of limiting the risks to consumers and ensuring the market evolves in a way that supports public health objectives. As a public health community, we must ensure that the tobacco industry does not use e-cigarettes as a means to become a stakeholder in public health. The WHO Framework Convention on Tobacco Control Article 5.3, to protect public health policy from the vested interests of the tobacco industry, must be upheld both nationally and locally.

2.10 Pregnant Women

We don't yet know about any risks to the unborn child from exposure to e-cigarette vapour and therefore pregnant women should be advised and supported to use NRT if stop smoking medication is required in addition to behavioural support. As previously outlined there is general agreement amongst health experts that it is not nicotine that causes the adverse health effects associated with smoking, but all of the other combustible chemicals. However, there is evidence to suggest that nicotine might have adverse effects in pregnancy as it interferes with foetal development, including development of the lungs and brain, and makes premature birth more likely. Pregnant women can be advised to use NRT, which is known to be safer than smoking because it doesn't contain toxic chemicals like tar or carbon monoxide. On the available evidence, using an e-cigarette is a great deal safer than smoking. There are unanswered questions on the effects of longer term use, however, and we also don't know about any risks to a foetus from exposure to vapour. Mothers-to-be who smoke are recommended to use licensed NRT products to help them quit, however if they do choose to use an e-cigarette they should not be discouraged from doing so if it helps them stop smoking.

2.11 Young People

Young people who wish to quit smoking using an e-cigarette should be advised that from 1 October 2015 the sale of e-cigarette products to under-18s and the proxy purchase of such products on their behalf by adults is illegal. We strongly advise any young smokers to quit smoking as soon as possible and encourage the use of licensed medications alongside behavioural support as the best option. There has been much discussion about a possible gateway effect for young people to tobacco. Numerous studies have been conducted which have found no evidence of this to date; indeed young people's smoking prevalence continues to fall. Nevertheless we do not believe any young non-smokers should take up e-cigarettes and young people's use of e-cigarettes will continue to be monitored. We strongly advise any young smokers to quit smoking as soon as possible and encourage the use of licensed medications alongside professional behavioural support as the best option.

There has been significant concern over the portrayal of e-cigarettes in advertising and the use of celebrity endorsements, sponsorship and portrayals in the entertainment media, as routes to appeal to children, which has been difficult to regulate. The EU Tobacco Products Directive, to be introduced in May 2016 will create a stronger regulatory environment to protect young people from broadcast advertising. Following a consultation by the Advertising Standards Authority in 2014, e-cigarettes are subject to some restrictions to prevent advertisements appealing to young people. Advertisements are prohibited from encouraging non-smokers or on nicotine users to use e-cigarettes, or appealing to under18s.

2.12 Clients with Mental Illness

There is growing recognition of the high levels of smoking prevalence amongst those with mental health conditions and the inequalities in health and life expectancy this creates. Smokers with mental health conditions should be provided with every opportunity to quit and the treatment and support they need in order to become smokefree. As a health care professional you are only able to recommend nicotine containing products which are licensed by the MHRA as safe and effective in supporting a quit attempt or harm reduction approach. However if a smoker chooses to use an e-cigarette you are able to provide behavioural support to increase

their chances of quit success and report the outcomes of the attempt within your Service's Monitoring Return.

The Royal College of Psychiatrists and many others, note that those with mental health conditions are much more likely to smoke than other people, which means they are more likely to have breathing problems, heart disease, diabetes and many kinds of cancer. Smokers with mental health problems are more likely to feel anxious or depressed, think about suicide - and to go on to commit suicide and use more drugs and alcohol, which can make a mental health problem worse. The RCP says for people with mental illness, e-cigarettes may be as effective and safe as other forms of NRT, and more useable.

A recent study on the use of e-cigarettes by individuals with mental health conditions found that smokers with mental health conditions were more open to engaging with the use of e-cigarettes than smokers without these conditions. They use e-cigarettes for the same reasons as other smokers- as quitting aids, and because they perceive them to be less harmful than smoking. If a smoker with mental illness has used other forms of NRT with no adverse effects and now wishes to use an e-cigarette, you can offer behavioural support to support a quit attempt or as part of a harm reduction approach.

2.13 Using An E-Cigarette Around Others

Current evidence indicates e-cigarettes are significantly less harmful than tobacco and there is no evidence of harm to bystanders. However, it might be common courtesy not to use your e-cigarette device in the company of others. There is no evidence to date that chemicals produced by an e-cigarette actually cause harm to bystanders. According to PHE's independent review of the latest evidence, "E-cigarettes release negligible levels of nicotine into ambient air with no identified health risks to bystanders". If an e-cigarette user is concerned you could advise them to use their e-cigarette outside of the home and enclosed spaces and away from others to keep others completely safe.

In the UK, it is not illegal to use e-cigarettes in enclosed public spaces and this remains an issue of policy debate. However, you may not be able to use your e-cigarette in enclosed public spaces, such as trains, restaurants and in shopping centres. This is a policy decision that businesses are able to make independently.

2.14 Repeated Quit Attempts Using an E-cigarette

The dose delivered by unlicensed nicotine delivery devices such as e-cigarettes is highly variable and cannot be guaranteed which could explain why some smokers struggle to quit. In this scenario we would encourage stop smoking practitioners to recommend alternative stop smoking medications, alongside behavioural support or encourage patients to continue using an e-cigarette if they want to, but with the extra help provided by the stop smoking service.

If a smoker has made several attempts to quit tobacco using an e-cigarette without success, you may want to discuss other stop smoking medications such as varenicline or other nicotine containing products, alongside behavioural support as alternative options and explain their effectiveness if they are currently using an unlicensed e-cigarette product you may want to explain that the nicotine delivered by these products is highly variable and cannot be reliably assured, which could be the reason why they are struggling to quit. You could suggest that they switch to another form of NRT or combination NRT which means we can provide accurate information to the public about the quality, effectiveness and any potential health risks.

2.15 Long Term Potential Risks

Current evidence indicates e-cigarettes carry a fraction of the risk to health of smoking tobacco. As these devices are relatively new we have yet to assess their long term risk – however it is likely to be significantly less than those associated with tobacco smoking.

Studies have found that risky chemicals in tobacco smoke, including carcinogens, are either absent from e-cigarette vapour or present at much lower levels – with few exceptions, 100th to 1,000th of the levels in tobacco smoke. The main chemicals that are present in e-cigarette vapour but not in tobacco smoke have not been associated with any serious risk. It is never safer to smoke than to use an e-cigarette. We will continue to monitor the long-term safety of these products and track any adverse reactions. And with further research we hope to be better able to assess their effectiveness as quit aids and any long-term impacts on health.

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