

PLYMOUTH CITY COUNCIL

Subject: Vaping and E-Cigarettes
Committee: Health and Wellbeing Board
Date: 10 January 2019
Cabinet Member: Councillor Ian Tuffin
CMT Member: Ruth Harrell (Director of Public Health)
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Ref: Your ref. VAPE
Key Decision: No
Part: I

Purpose of the report:

The purpose of the report is to inform the Health and Wellbeing Board of the latest evidence on vaping and e-cigarettes and to consider the opportunities and concerns that vaping presents. To discuss these in the context of smoking prevalence in Plymouth and the part that vaping can play in its reduction. To agree an evidenced based position on vaping that can be consistently promoted in the City.

Corporate Plan

The approach relates to A Caring Council in that it is focussed on reducing health inequality and on prevention.

Implications for Medium Term Financial Plan and Resource Implications: Including finance, human, IT and land

There are no additional financial implications.

Other Implications: e.g. Child Poverty, Community Safety, Health and Safety and Risk Management:

A consistent approach to vaping will support more people to stop smoking tobacco which will have health, social care and economic benefits for those people, their families and communities.

Equality and Diversity

Has an Equality Impact Assessment been undertaken? No

Recommendations and Reasons for recommended action:

That the Health and Wellbeing Board adopt the following position on vaping and e-cigarettes;
1. We recognise that e-cigarettes have a key role in driving down rates of smoking in Plymouth.

2. Vaping with e-cigarettes is estimated to be 95% less harmful than smoking tobacco.
3. Consumers and the public deserve protection from potential harms of vaping and the use of e-cigarettes through restrictions on their sale and marketing to children and controls to ensure safety and quality.
4. Stopping smoking is the best thing a person who smokes can do for their health. Our advice to smokers is to consider switching from smoking tobacco to vaping with e-cigarettes.
5. Ongoing surveillance and research is crucial to detect long-term impacts on individuals and communities. If any new risks emerge, or guidance from Public Health England changes, we will revise our position on e-cigarettes. In the meantime, we have a vital responsibility to communicate the evidence that is emerging and currently that which is sufficiently robust to help guide us.
6. We need clear and consistent messages to the public. There is widespread public confusion about e-cigarettes and research shows people's perceptions have become less accurate. The evidence tells us e-cigarettes are less harmful than tobacco, but a growing number of people believe e-cigarettes are at least as harmful as tobacco, or say they don't know. This inaccurate view could be preventing smokers who have never tried e-cigarettes from quitting. We have a duty to provide clear messages to the public, based on the evidence. E-cigarettes carry a fraction of the risk of smoking and can help even some of the most addicted smokers to quit and smokers who switch to vaping reduce the risks to their health dramatically.

Alternative options considered and rejected:

No agreed position to inform citywide efforts to reduce the prevalence of smoking, which would result in a piecemeal approach and the continued confusion in the minds of the public on the safety and effectiveness of e-cigarettes as a tool to stopping smoking.

Published work / information:

Background papers:

[Health Matters: Stopping smoking - what works?](#)

[Clearing up some myths around e-cigarettes](#)

Title	Part I	Part II	Exemption Paragraph Number							
			1	2	3	4	5	6	7	
Vaping and E-cigarettes Report	x									
Vaping and E-cigarettes Presentation	x									

Sign off:

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Originating SMT Member

Has the Cabinet Member(s) agreed the contents of the report? Yes

1.0 Background

Smoking is the primary cause of preventable illness and premature death, accounting for approximately 79,000 deaths a year in England. Smoking rates in both Plymouth and England have been dropping for decades. The current rate in Plymouth [2017] is 18.4% compared to the rate for England of 14.9%. As the rate continues to drop, the challenges of successfully engaging a smaller, more heavily addicted and entrenched group of smokers becomes greater. This group tend to be poorer and live in our most deprived areas. We need new approaches if we are to maintain momentum on driving down rates of smoking.

One of these approaches involves the use of electronic cigarettes [e-cigarettes]. Millions of people are using e-cigarettes to help them stop smoking and the development of e-cigarettes and vaping present a major opportunity to achieve population level reductions in rates of smoking. A public health, evidence based approach involves careful consideration of this relatively new technology to maximise any opportunities, while identifying and mitigating any significant risks.

2.0 Opportunities

E-cigarettes are currently the most popular stop smoking aid, with an estimated 2.5 million users in England. Public Health advice (to the 39,000 people in Plymouth who currently smoke) is that switching from smoking tobacco to vaping with e-cigarettes is a good idea. E-cigarettes can positively engage with people who smoke, in particular with the target group of poorer people living in our most deprived areas, who have tended to be more resistant to traditional alternatives to smoking.

The public generally overestimate the relative risk of vaping compared to smoking and this presents a key opportunity to improve the understanding of the role that vaping can have in helping people to stop smoking and in improving peoples health. Any trusted source of information providing accurate and consistent advice to smokers could increase the numbers of people making a successful quit attempt.

Local stop smoking services have an important role to play in supporting smokers who want to use e-cigarettes in their quit attempt. Yet currently in Plymouth, only around 4% of those using stop smoking services are using an e-cigarette. There is a clear opportunity to combine the most popular quitting method (vaping) with the most effective quitting aid (local stop smoking service), to maximise the numbers of smokers quitting successfully.

3.0 Concerns

As with any new technology that large numbers of people are using, careful consideration of the risks it could pose and the control of risks that are significant is important.

3.1 Use by Children

A significant area of concern relates to the potential impact on children and young people. While it appears that experimentation with vaping is occurring among children, there is no evidence that this is acting as a gateway into smoking. Children may be trying e-cigarettes but the rate of children regularly using e-cigarettes remains very small and their use is almost exclusively by current or ex-smokers. National government have introduced stringent controls on the age of sale (over 18s) to mitigate this risk. This is a dynamic situation and we will continue to review and respond to new evidence as it emerges.

To date, e-cigarettes have not undermined public health efforts to drive down rates of smoking among children. Both in Plymouth and nationally, smoking rates have continued to drop in recent years as e-cigarettes have grown in popularity.

3.2 Regulations and control of E-cigarette marketing

Marketing of e-cigarettes is an extensive, successful and developing field. This presents issues because marketing could potentially mislead people and target children. England has some of the most stringent regulations in the world covering the marketing of e-cigarettes.

3.3 Involvement of the tobacco industry

The e-cigarette market is emerging and many small to medium sized manufacturers are independent of the tobacco industry. However, as with any new industry, these companies are consolidating over time. With conventional tobacco sales in decline in established markets and e-cigarette sales growing, the tobacco industry has begun to launch its own products as well as taking over existing manufacturers. Plymouth City Council have signed the Local Government Declaration on Tobacco Control, which includes a pledge to recognise and apply our responsibilities under the WHO framework convention on Tobacco Control. Plymouth City Council do not have a partnership of any kind with any tobacco company and do not knowingly promote or supply their products.

4.0 Current Activity

Plymouth City Council commission Livewell Southwest to deliver an integrated health improvement service for the local population [One You Plymouth <https://www.oneyouplymouth.co.uk/>]. This service helps people to stop smoking by providing behavioural and pharmacological support. Clients are encouraged to consider the whole range of options available to help them in their quit attempt, including the use of e-cigarettes. The service also provides training and support for a wide range of health professionals, including nurses, midwives and community based stop smoking advisors working in local GP surgeries. This training includes the established public health position on e-cigarettes.

Plymouth City Council Trading Standards team provide regulatory advice and carry out routine test purchasing operations with shops in Plymouth to test their compliance with the law that prevents the sale of e-cigarettes to anyone aged under 18. They also test the quality and safety of e-cigarettes and e-liquids.

5.0 Frequently Asked Questions

What are electronic cigarettes?

E-cigarettes are battery-powered devices, which heat a solution that typically contains nicotine and propylene glycol or glycerine, producing an inhalable vapour. Unlike tobacco cigarettes, e-cigarettes do not contain cancer-causing tobacco or involve combustion. So there is no smoke, tar or carbon monoxide.

What is “vaping”

The action of using an e-cigarette.

What is the difference between E-cigarettes and tobacco cigarettes?

The key difference between vaping with nicotine e-cigarettes and smoking tobacco cigarettes is in the relative harm they present to people’s health. The smoke from tobacco causes the vast majority of harm in cigarettes, not the nicotine. Nicotine is relatively harmless to health. ECs do not contain tobacco. The current best estimate is that e-cigarettes are around 95% less harmful than smoking.

Are e-cigarettes 100% safe?

No. E-cigarettes are not risk free but are safer than smoking tobacco cigarettes because they don’t contain tobacco. They do contain nicotine, which is addictive, but isn’t responsible for the major health harms from smoking.

People who switch completely from tobacco to e-cigarettes show reduced exposure to the harmful chemicals in tobacco smoke. There remain some questions around long-term safety of these products due to the lack of long-term health studies. Some traces of toxic chemicals have been found in some products, although generally in much lower levels than tobacco cigarettes.

Can ECs help people to stop smoking?

Yes. A study in 2014 showed that those who made quit attempts with e-cigarettes and no other support were around 60% more successful than those who used no aid. In contrast, the same study found that those who use over the counter nicotine replacement therapy [NRT] with no support are no more likely to quit than those who go cold turkey.

E-cigarettes may be particularly effective when combined with behavioural support. The National Centre for Smoking Cessation and Training (NCSCT) has advised Stop Smoking Services to be open to those wishing to use an e-cigarette as an aid to stop smoking, especially those who have tried and failed to quit using licensed stop-smoking medicines.

Are e-cigarettes cheaper than smoking?

Yes. Many people can save hundreds of pounds over the course of a year after making the switch from cigarettes to e-cigarettes. Each person will use their e-cigarette differently, and across a wide range of devices and liquids, so prices can vary. After purchasing a starter kit, e-cigarettes will often work out cheaper over time than smoking.

Are e-cigarettes a gateway to smoking tobacco?

No. There are some concerns that e-cigarettes could act as a gateway to young people taking up smoking cigarettes, but so far, the evidence does not support this view in the UK. Continued use of e-cigarettes by 'never smokers' remains low and coincides with the continuing decline in youth smoking. The rate of current smoking among 15 year olds in Plymouth is at an all-time low (around 6%).

Can e-cigarettes be prescribed?

No. E-cigarettes are currently not available on prescription in the UK, and there are no e-cigarettes licensed as a medicine commercially available in the UK. It is unlikely there will be a medically licensed product that will be available for prescription in the near future.

Do e-cigarettess harm bystanders?

No. Unlike tobacco smoke, there is no good evidence to suggest that second-hand e-cigarette vapour is dangerous to others.

Can pregnant women use them?

Yes. [Guidance produced](#) for midwives and other health care professionals states that: *“Little research has been conducted into the safety of electronic cigarettes in pregnancy, however **they are likely to be significantly less harmful to a pregnant woman and her baby than cigarettes.**”*

What controls exist concerning the marketing of e-cigarettes?

Regulations are in place aimed at

- restricting appeals to children
- controlling sales to children (over 18s)
- ensuring minimum standards for the safety and quality of all e-cigarettes and refill containers
- providing information to consumers so that they can make informed choices
- determining where and how they can be advertised