

Healthier Together

Improving health and care in Bristol,
North Somerset and South Gloucestershire



Smokefree Bristol, North Somerset and South Gloucestershire (BNSSG) Tobacco Control Alliance

ICS Nicotine vaping position statement

December 2023



Purpose

The purpose of this statement is to provide accurate and evidence-based information about nicotine vaping. Through doing so, we intend to dispel misinformation and misconceptions.

The statement has been endorsed by the system's Chief Medical Officer, Chief Nursing Officer and three Directors of Public Health, and is aligned with national evidence and policy.

Please note that for the purposes of this document, any references to vapes, vaping or e-cigarettes relate to nicotine-containing vapes, nicotine vaping and nicotine-containing e-cigarettes that comply with UK regulations.

Our position on nicotine vaping

The evidence is clear that, **for smokers, nicotine vaping is a far less risky option** and poses a small fraction of the risks of smoking in the short and medium term.

Vaping should be offered as an alternative for smoking but not as an activity which is appealing to the wider non-smoking population.

Vaping is not for children; we need to reduce the uptake of vaping and the number of young people accessing vape products.



1. Introduction

We've gone a long way to reducing the harms of tobacco. However, smoking tobacco remains the single biggest cause of preventable illness and death and it will kill 2 out of 3 long term users. Smoking tobacco products is a significant driver of health inequalities, and it still has a significant impact on the health and wellbeing of our population. In BNSSG¹:

- Approximately 135,000 people are addicted to tobacco products.
- 1 in 3 people living in areas of high deprivation smoke, compared to 1 in 10 people in more affluent areas.
- Smoking rates are higher for people in routine & manual occupations, with Bristol's prevalence being the 9th highest of all local authorities in England (33.1% vs England 24.5%).
- 9% of pregnant women are smoking at the time of delivery.
- People who currently smoke have more complex needs than previous quitters, with rates much higher amongst people with long term mental health conditions (Bristol 30%; North Somerset 25%; South Gloucestershire 19%).
- The impacts of tobacco disproportionately affect ethnic minority populations.
- The legacy, and current activity of the tobacco industry still harms our population.
- Tobacco costs the local system -£333.78 million per annum².

System partners have set a vision for a Smokefree BNSSG³ where less than 5% of our population smoke by 2030. Working towards this vision gives us a big opportunity to reduce the impact of tobacco on our population through:

- Preventing initiation of smoking, supporting people to quit, and reducing use and harm.
- Protecting non-smokers.
- Building community capacity.
- Improving outcomes and reducing inequalities.

The new Integrated Care System strategy⁴ makes a commitment to develop a system wide approach to stopping smoking. Working towards the Smokefree BNSSG vision and taking forward the strategy commitment requires us to develop a collaborative, co-ordinated and comprehensive system-wide plan for tobacco control⁵. This plan includes the utilisation of new tools to support people to stop smoking.

2. Nicotine vaping

Nicotine vaping is a relatively new tool to help smokers to quit tobacco, with vaping products demonstrated to be helping people to quit smoking. The Cochrane living systematic review on electronic cigarettes for smoking cessation⁶ shows that vaping

¹ [Local Tobacco Control Profiles - Data - OHID](#)

² [ASH Ready reckoner](#)

³ [Department of Health Towards a Smoke free Generation - A Tobacco Control Plan for England 2017-2022](#)

⁴ [BNSSG Integrated Care System Strategy](#)

⁵ [ASH What is comprehensive tobacco control?](#)

⁶ <https://www.cebm.ox.ac.uk/research/electronic-cigarettes-for-smoking-cessation-cochrane-living-systematic-review-1>

is effective at stopping people smoking. NICE recommends⁷ that smokers are encouraged to vape in their quit attempt, and they are currently the most common aid used by people to help them stop.

The most robust evidence on nicotine vaping is contained within the Nicotine Vaping in England: 2022 evidence update⁸. The report is the most comprehensive to date, its main focus being a systematic review of the evidence on the health risks of nicotine vaping. Based on the evidence within the review, a summary of conclusions is that:

- In the short and medium term, vaping poses a small fraction of the risks of smoking, but that vaping is not risk-free, particularly for people who have never smoked.
- There is significantly lower exposure to harmful substances from vaping compared with smoking, as shown by biomarkers associated with the risk of cancer, respiratory and cardiovascular conditions. However, there is similar or higher exposure to harmful substances from vaping compared with not using any nicotine products.
- There is no significant increase of toxicant biomarkers after short-term second-hand exposure to vaping among people who do not smoke or vape.

Health risks

It is known that smoking is deadly and is key driver of health inequalities.

Nicotine vaping is now the most popular quit aid and has potential to contribute to reducing health inequalities. At the same time, we recognise that vaping is not risk-free and therefore vaping must be presented as an alternative to, or replacement for smoking, not an activity which is appealing to the wider non-smoking population, particularly young people.

There are concerns that only a small proportion of adults who smoke are aware that vaping is less harmful than smoking. We therefore support the delivery of evidence-based communications among stakeholders and the public to widen understanding and to ensure smokers understand that **switching to vaping is a significantly less harmful option than continuing to smoke**

Protecting children and others

Vaping is not for children; we need to reduce the number of young people accessing vape products. The Alliance supports efforts to reduce vaping amongst children, including prevention campaigns and work with schools and communities.

It is illegal to sell nicotine vaping products to anyone under 18 or for adults to buy them on behalf of under-18s. Action is needed to reduce the amount of young people who are being illegally supplied vapes and who are accessing illegal vape devices which do not comply with UK safety legislation.

Exposure to second-hand tobacco smoke is dangerous, especially for children. In households where tobacco smoking occurs, vaping offers a less harmful alternative

⁷ www.nice.org.uk/guidance/ng209/

⁸ www.gov.uk/government/publications/nicotine-vaping-in-england-2022-evidence-update/nicotine-vaping-in-england-2022-evidence-update-main-findings

for bystanders. Compared with cigarettes, vapes produce no side-stream emissions and exhaled vape aerosol contains low levels of toxicants. The evidence update found that there is no significant increase of toxicant biomarkers after short-term second-hand exposure to vaping among people who do not smoke or vape.

Pregnant women should be supported if choosing to use a nicotine vape to help them quit smoking and stay smokefree.

Treatment of tobacco dependence with nicotine vapes

A critical recommendation to the government from Dr Javed Khan OBE's independent review on making smoking obsolete⁹ is to promote vaping as an effective tool to help people to quit smoking tobacco.

Vaping should be offered as a substitute for smoking, alongside accurate information on the benefits of switching, including to healthcare professionals. People who use nicotine vaping to stop smoking should be advised to ultimately aim to stop using electronic cigarettes as well.

We must ensure that vaping is an affordable and accessible alternative for smokers who want to reduce their risk of dying from a smoking-related disease.

Information and advice should be made available to people who want to stop vaping. However, systemwide efforts should prioritise reducing the harm from tobacco.

Regulation and control

As core members of our Alliance, Trading Standards colleagues support compliance with regulations, reduce access to illegal or non-compliant vapes, and will take enforcement action when necessary.

We will raise greater awareness of regulatory compliance, raise further awareness of illegal vapes, under age sales and how these can be reported. We will continue to advocate for tighter vaping regulations where needed, ensuring the right balance is taken around protecting children and young people and supporting adult smokers to quit.

The number of vapes being disposed of is on the increase, with single use vapes being particularly problematic¹⁰. This presents a serious 'e-waste' problem and action should be taken to ensure that vapes get responsibly recycled. Instead of disposable vapes, we advocate the use of refillable / rechargeable devices instead.

For the purposes of supporting a quit attempt, our services will only provide nicotine vapes that are not manufactured by the tobacco industry and will ensure compliance with WHO framework convention on tobacco control¹¹.

⁹ www.gov.uk/government/publications/the-khan-review-making-smoking-obsolete

¹⁰ [One million single use vapes thrown away every week contributing to the growing e-waste challenge in the UK - Material Focus](#)

¹¹ www.fctc.who.int/publications/m/item/the-who-framework-convention-on-tobacco-control-an-overview



3. About this position statement

Smokefree BNSSG is the name given to our ICS efforts to create a smokefree¹² BNSSG by 2030. The purpose of the Smokefree BNSSG Tobacco Control Alliance is to plan and co-ordinate those efforts.

This position statement has been developed following calls from the local Tobacco Control Alliance and wider stakeholders to support ICS tobacco control strategy, policy, and smoking cessation agendas.

It has been composed by adapting (with thanks to) The Association of Directors of Public Health South West (ADPHSW), the South West (SW) regional arm of the representative body for Directors of Public Health in the UK, position statement on nicotine vaping¹³. As with the SWADPH statement it should be read in conjunction with the ASH resources on youth vaping¹⁴, the ADPH position statement on tobacco¹⁵ and the 'ADPHNE and Fresh', Vaping Communications Guide¹⁶.

As follows on from the SWADPH position statement our ICS statement has been developed following publication of the Nicotine vaping in England 2022 evidence update¹⁷ and it aligns with NICE recommendations¹⁸ and Cochrane systematic reviews¹⁹.

4. Review

This statement will be reviewed annually, or sooner if indicated by changes in the evidence relating to nicotine vaping.

Date statement last reviewed: 20th December 2023

Reviewed by: Samuel Hayward, SRO Smokefree BNSSG, Consultant in Public Health, North Somerset Council

¹² [Towards a Smoke free Generation - A Tobacco Control Plan for England 2017-2022 2 .pdf](https://publishing.service.gov.uk) (publishing.service.gov.uk)

¹³ <https://www.adph.org.uk/networks/southwest/wp-content/uploads/sites/18/2023/06/SW-ADPH-Position-Statement-on-Nicotine-Vaping-1.pdf>

¹⁴ <https://ash.org.uk/resources/view/ash-brief-for-local-authorities-on-youth-vaping>

¹⁵ <https://www.adph.org.uk/resources/policy-position-tobacco/>

¹⁶ Unavailable

¹⁷ www.gov.uk/government/publications/nicotine-vaping-in-england-2022-evidence-update

¹⁸ www.nice.org.uk/guidance/ng209/

¹⁹ www.cebm.ox.ac.uk/research/electronic-cigarettes-for-smoking-cessation-cochrane-living-systematic-review-1