



Nicotine vaping (electronic cigarettes) communications guide August 2025

Purpose

This guide is to help local authorities frame a consistent message and position around vaping and draw from nationally agreed advice to maintain a positive focus for adult smokers to switch completely away from tobacco while recognising that child-friendly vape promotion is completely unacceptable, and that tighter vape regulations are needed to protect children.

The guide is intended to enable colleagues across a range of sectors – public health, regulatory services, education, social care, elected members and others – working with the Director of Public Health, to communicate effectively with partners and the public the latest evidence and advice on vaping. The aim is that messages can replicate those of public health nationally to encourage smokers to switch to a less harmful product while supporting the efforts of regulatory colleagues to reduce youth access and appeal.

While this document began primarily to guide efforts to support adult smokers to switch, we do reference supporting policy developments under the Tobacco and Vapes Bill to deter children from vaping.

The Association of Directors of Public Health North East has a position statement*, updated in August 2025, on nicotine vaping which can be accessed [here](#).

The guide is also informed by the [Nicotine vaping in England 2022 evidence update](#) and should be read in conjunction with [resources from ASH on vaping](#).

Messages have been taken in line with national [NHS](#), NICE and DHSC advice on [NHS Better Health](#) that switching completely to vaping is a proven and effective method for adult smokers who want to quit tobacco use. It has also been updated following the Tobacco and Vapes Bill being tabled in Parliament in November 2024 and the implementation of the single use vapes ban coming in under environmental legislation on 1st June 2025.

***Key messages from the ADPHNE position statement on nicotine vaping**

Smoking remains the biggest public health threat in the North East, causing around 5,000 deaths annually and costing the economy nearly £2 billion every year.

Vaping is significantly less harmful than smoking and plays a vital role in helping adults quit tobacco.

Vaping is not risk-free and not for children. It should only be promoted as an alternative for adult smokers. Exposure to vaping emissions is much less harmful than tobacco smoke, and it offers a harm reduction strategy in homes and public spaces.

Misperceptions about vaping risk are growing. In 2025, 56% of smokers incorrectly believe vaping is as harmful or more harmful than smoking (up from 23% in 2015). Clear, evidence-based public communication is essential to address this.

Youth vaping must be reduced. ADPHNE calls for stronger regulation, including limits on marketing and packaging that appeal to youth.

Single-use vapes are now banned and support is needed to ensure healthcare workers and stop smoking services can offer advice on all quitting options, including refillable vapes.

Further research is needed around the role of flavours to ensure that adult smokers are encouraged to switch but that young people are protected from taking up either smoking and/or vaping.

Environmental harm must be addressed. Both discarded vapes and cigarette butts are damaging. ADPHNE supports a ban on all tobacco filters and improved vape recycling.

Regulation and enforcement are key. Collaboration with Trading Standards is vital to tackle illegal sales, ensure compliance, and support adult smokers effectively.

In summary, vaping has a critical but specific role in tobacco harm reduction. Regulation must strike a balance—supporting adults to quit while protecting children and the environment.

The Chief Medical Officer has said:

“The key points about vaping (e-cigarettes) can be easily summarised. If you smoke, vaping is much safer; if you don’t smoke, don’t vape; marketing vapes to children is utterly unacceptable.”

This guide is broken down into these sections:

- 1- Try to separate adult switching vs youth messages
- 2- Overall key messages
- 3- Useful messages in more detail
- 4- Messages to ideally avoid
- 5- Messages to use with caution
- 6- Comms Checklist
- 7- To find out more section

1/ Try to separate adults switching vs youth messages:

There are usually two broad sides to common messages around vaping – firstly their use to help people who smoke switch from tobacco as promoted by Stop Smoking Services and NHS Treating Tobacco Dependency Services, and secondly concerns around the importance of restricting access and appeal towards children.

It is important we don’t deter adult smokers from switching to an effective and less harmful option, or raise fears about doing so, while also still reducing underage sales and restricting inappropriate marketing. These two key frames are best separated out as much as possible in messaging:

- **Nicotine vaping is not totally risk free but is less harmful than smoking and it is one of the most effective tools for adults to quit.** The NICE guideline NG209 recommends nicotine-containing e-cigarettes as one of the effective options to help people stop smoking. It is also in line with latest [NHS guidance](#) and advice around vaping to quit smoking in the DHSC [Better Health](#) campaign.

- **Selling and marketing vapes to children is unacceptable.** It is vital to reduce the accessibility and appeal of nicotine products to children and to remove from the market products which don't comply with existing UK regulations. As well as local work by Trading Standards, the Tobacco and Vapes Bill will be taking action to reduce youth vaping through a range of regulatory measures.

These messages are different, may be best applied in separate contexts, and there is potential for overlap and confusion so this document has been produced to guide effective communications.

2/ Overall key messages:

Messages to promote

- If you smoke, vaping is not completely risk-free, but it poses a small fraction of the risk of smoking cigarettes which kills 2 in 3 lifelong smokers. Vaping is only recommended for adult smokers to support quitting smoking and staying quit.
- Nicotine vaping is now one of the most effective and popular tools for quitting smoking – switching is promoted by stop smoking services and the NHS.
- Marketing vapes in a way that makes them attractive to children is unacceptable. They should only be used and sold as a tool for adult smokers to switch away completely from tobacco.
- Vaping is not for children and whilst it can help people quit smoking, vaping is not risk free. Those who don't smoke should not vape.
- Vaping promotion should not be in any way appealing to children and action is required to ensure they are aimed at adult smokers only. This includes using insight from adult smokers who have switched as to what they have found helpful about these products.

3/ Messages in more detail:

Some of these messages are more detailed and may help guide internal conversations and discussions.

3.1 “Vaping poses a small fraction of the risks of smoking.”

Smoking is the UK's biggest killer with up to two thirds of smokers dying early as a result of smoking tobacco. Most of the health harms from tobacco come from the tar rather than the nicotine. However a major concern is the rise in people who wrongly believe vaping is as harmful as smoking, or worse ([see latest data from ASH](#))

Vaping poses a small fraction of the risks of smoking, with the toxic substances which cause the main smoking-related diseases like cancer, COPD and cardiovascular disease either not present in e-cigarettes or found in much lower levels than in tobacco. People only get the full benefits however if they switch completely from smoking to vaping.

The [Cochrane living systematic review](#) on e-cigarettes for smoking cessation finds the risks of vaping to be comparable to nicotine replacement therapy when used for smoking cessation for up to two years. This is a direct comparison based on multiple randomised

control trials and is therefore a high standard of evidence for the short to medium term use of regulated vapes.

[NHS advice](#) is clear that “Vaping is not completely risk-free, but it poses a small fraction of the risk of smoking cigarettes. The long-term risks of vaping are not yet clear.”

3.2 “Vaping is a popular and effective tool for quitting smoking.”

Most smokers want to quit and it can take many tries before quitting for good. Vapes are now the most commonly used quitting aid in the UK, and are helping more people to stop smoking than other quit aids like nicotine-replacement therapy (e.g. patches and gum). They are even more effective when combined with behavioural support. Stop Smoking Services and NHS Tobacco Dependency Treatment Services support people to quit with the use of a vape - see the [NHS Better Health website](#).

3.3 “Vaping is a fraction of the risk of smoking but is not risk-free – it is not recommended for non-smokers and young people.”

Vaping is not recommended for non-smokers and young people because it is not completely harmless. Vaping is far less risky than smoking but is not likely to be risk free – the healthiest option is not to smoke or vape. If you do not smoke, do not start vaping.

3.4 “In the UK, e-cigarettes are tightly regulated for safety and quality.”

In the UK, nicotine vaping products are tightly regulated for safety and quality. These regulations cover tank size, nicotine strength, packaging, ingredients, labelling and notification to the MHRA. Trading Standards are primarily responsible for enforcement around illegal vapes and underage sales. Restrictions also exist on promotion and advertising, in particular to protect under 18s, and the Advertising Standards Authority also has a role here to guide how vapes are promoted. Breaches can be reported and investigated – reporting details are in the checklist below.

3.5 “It’s important to encourage smokers who want to vape instead to switch completely from smoking to vaping while also stopping children from vaping.”

It is important for a smoker to stop smoking completely to get the health benefits from quitting or switching. Even light smoking (1-5 a day) carries significant health risks from diseases such as heart disease and lung cancer.

To protect children, while at the same time ensuring vaping products remain an accessible and affordable option for smokers wanting to switch, more must be done to address compliance and close regulatory loopholes. Trading Standards are playing a key role by working with local retailers to ensure they understand the law around electronic cigarettes and to reduce access among children.

3.6 “Recycle your vapes.”

People who use vapes should be encouraged to dispose of them appropriately through recycling facilities. Draw attention to the facilities available locally or encourage people to make use of retailer ‘take back schemes’ where used vapes can be taken back to the shop for disposal when buying a new item. More information on vapes recycling and industry obligations can be found [here](#).

Single use vapes have been banned under environmental legislation since 1st June 2025 therefore it is important to support anyone who was using these types of products as part of a quit attempt to switch to a reusable and refillable device.

3.7 “We need regulation and enforcement action to reduce the access and appeal of vaping to children and young people”

We do not want children and young people or non-smokers to vape and currently there is inappropriate promotion of vaping which is appealing to young people, with some of the packaging appearing to be deliberately child friendly. Any marketing to children is totally unacceptable.

We also find it concerning that some vapes can be bought so cheaply at pocket money prices, while also recognising the need to make these affordable to people who smoke in our poorest communities for the price incentive from switching, especially in communities where illegal tobacco can also be bought cheaply.

We support the new Tobacco and Vapes Bill and the need to balance proportionate regulation to address concerns around youth vaping whilst also making sure that adult smokers can access less harmful products and health inequalities are not widened.

4/ Messages to avoid

4.1 “Vapes are unsafe/harmful/dangerous.”

We recommend partners avoid this message which could deter adult smokers from switching, especially when we know most people (including smokers) wrongly believe vaping to be more harmful or as harmful as tobacco.

We should repeat the public facing advice given by the [NHS](#) website and the [Better Health](#) platform (the national DHSC advice for people who smoke) which both recommend vapes as a safer option for adults who smoke.

Care should be taken to ensure that any communications expressing concerns about risks of children vaping do not inadvertently discourage smokers from switching. It may be better for communications aimed at adult smokers to focus on benefits of switching – see **Messages to Promote**.

In terms of non-compliant vapes there is an evidence gap in terms of the potential health impacts of vapes which do not comply with UK regulations and more research is needed before conclusions can be drawn.

*See also discussion around this in next section with regards to tank size.

4.2 “Most young people are vaping.”

Firstly we know that experimentation with vaping is not necessarily the same as regular use. [Recent national data from ASH in 2025](#) reinforces that rises in youth use of e-cigarettes has stalled and it remains that only a minority of young people vape.

Secondly, it seems likely that as with smoking, the perception that ‘most of my peers vape’ drives experimentation among children. Reinforcing vaping as the dominant social norm among children risks being counter-productive.

The ASH 2025 research has found:

- “Ever vaped” among 11-17 year olds has plateaued at 20% between 2023 and 2025.
- “Currently vaping” also stalled at 7%, following a doubling from 3% in 2021 to 7% in 2022.
- Regular vaping (more than once a week) stalled at 4% in 2025 after rising from 1% in 2021 to 4% in 2023.
- 3% currently vape daily
- Experimentation (tried once or twice) is the most common form at 11%.

It would be worth looking at the results of any local school surveys undertaken in your area as there may be local data you can refer to, taking care to make the distinction between ‘trying once or twice’ and regular use and avoid normalising vaping among young people.

We should also be mindful of other risky products children may experiment with such as drugs and alcohol.

4.3 “Vaping is a gateway to smoking.”

A 2022 study in the journal [Addiction](#) found no statistically significant or substantial association between prevalence of e-cigarette use and ever having smoked regularly at population level, suggesting that if there is a gateway effect, either into or away from smoking, this would be small. It is recognised that this needs to be continually monitored but at present there is no evidence to state with certainty that there is a ‘gateway effect’.

It is also worth noting that vaping is displacing smoking, so some people who may have started smoking are vaping instead.

4.4 “We need to protect people from addiction to nicotine.”

Whilst nicotine is addictive, it is not the nicotine but the many other toxic chemicals contained in burning tobacco smoke that cause almost all the harm from smoking. Nicotine itself does not cause cancer, lung disease, heart disease or stroke and has been used safely for many years in medicines to help people stop smoking – see the [‘myths’](#) section on the Better Health website.

Nicotine delivered by cigarettes is particularly addictive because nicotine is inhaled and delivered quickly to the brain. The speed of nicotine delivery is one of the key factors that leads to addiction. US [evidence](#) indicates nicotine vaping may be less addictive than smoking tobacco. Research suggests most young people who try vaping do not get addicted to nicotine: those who vape are [much less likely to be dependent](#) than those who smoke, even in the US where the nicotine concentration limit is much higher than in the UK (5% compared to the 2%). This said, we do not want children to vape and action to deter the appeal is important.

Ideally smokers who are trying to quit smoking by vaping should stay using the most appropriate strength of nicotine until they are sure they won't go back to smoking and potentially then try to reduce nicotine strength if they wish to stop vaping.

5/ Messages to be cautious of

5.1 “Potentially unsafe / dangerous vapes have been seized from shops.”

This is where there are risks in fuelling misperceptions mentioning vapes in the same sentence as tobacco.

Trading Standards play an important role in tobacco control, particularly in relation to consumer protection and product safety, and are responsible for enforcing many of the regulation surrounding vaping products.

The term “unsafe” can mean different things to different people and in this case, the term “unsafe” could be interpreted as being as bad for health as smoking tobacco. This could in turn deter switching and lead to people staying on tobacco, compounding the health risks. Rather than “unsafe,” a more accurate term would be “non-compliant.”

Under current legislation, vapes can be illegal for a number of reasons including tank size, nicotine strength and incorrect labelling but it is important not to suggest to vapers that shops are full of potentially hazardous devices. It is also important to not confuse vapes with any type of tobacco – legal or illegal – or put them into the same category of harm.

Some illicit vapes have been found to contain illegal substances. It is important that these items are distinguished from legal nicotine containing vapes and that the appropriate action is taken including working with the police. See the [ADPHNE position statement on young people and the use of vapes with illegal substances](#).

5.2 “Vaping is harmful for bystanders.”

While secondhand smoke from cigarettes causes serious harm to others, there is no evidence so far that vaping is harmful to people around you, and any risks are likely to be very low.

But as a precaution, it is best not to vape around babies and children if you can avoid it. Young children often copy what adults do.

The Better Health [website](#) advises people who vape to always be considerate when vaping around anyone else, especially people with health conditions like asthma who might be more sensitive to vape aerosol.

However, if the choice is between smoking or vaping, then vaping offers a less harmful alternative. In many ways, adults switching from tobacco smoking to nicotine vaping is good for children: it reduces miscarriages, improves birth outcomes, reduces exposure to secondhand smoke, is less of a burden to the family income, improves parental fitness for working and parenting and improves longevity of grandparents, permitting them to provide care, not require care.

For those working in maternity settings, the [Smoking in Pregnancy Challenge Group](#) has a useful set of resources on nicotine vaping.

5.3 “We don’t know enough about the long-term health effects.”

E-cigarettes have been in existence for around 20 years and there has been a wealth of research undertaken into their impact, including 10 years’ worth of systematic [reviews](#) commissioned by the Office for Health Improvement and Disparities.

Current evidence suggests the long term health risks of vaping are likely to be a fraction of that of smoking, but we need to ensure vaping and impact on health continues to be monitored for safety.

The Royal College of Physicians “E cigarettes and harm reduction” [report](#) from April 2024 is very useful to read.

5.4 “We need to clamp down on vaping”

It is important to find a balance between encouraging smokers to switch to vapes and reducing youth access. 6 million smokers in England still smoke tobacco – a uniquely deadly product causing cancer, lung disease, COPD and cardiovascular disease – and more tobacco regulation is needed as a priority. E-cigarettes are subject to some regulations on safety and advertising in the UK but loopholes do exist that need closing, for example free distribution to children. Furthermore, child-friendly packaging and promotion at point of sale are all, at this stage, legal which needs to be addressed.

As the Tobacco and Vapes Bill makes its way through Parliament, advocacy to restrict marketing and promotion aimed at children is therefore needed. However this is separate to ensuring they are accessible and available to smokers who want to quit.

5.5 “Vaping products are a fire risk.”

All electronic devices carry a fire risk but fires and explosions relating to vaping products are uncommon. Substantially more fires are caused by cigarettes and cigarette lighters than by vaping products and explosions are rare. The [Office for Product Safety and Standards have produced guidance](#) on vape battery safety to avoid fires and explosions.

5.6 “Flavours are all aimed at children.”

Colleagues working with people who smoke, including in mental health trusts and through ‘swap to stop’ schemes, report that the most popular flavours among their quitting clients are fruit flavours. It is important to give adults choice in the flavour they choose to quit with to give them the best possible chance of quitting and staying quit.

Flavours however are often marketed via packaging and labelling that is attractive to children and this needs to be regulated. The Tobacco and Vapes Bill is taking action on youth vaping; creating new powers to restrict the flavours, display and packaging of all types of vapes and nicotine products, in addition to a ban on vape advertising and sponsorship. This sits alongside wider government action to ban disposable vapes.

The extent of regulation around flavours is still to be determined and is likely to be subject to further consultation.

Flavours are named by only a minority of young people as the reason they vape. The most popular reason for trying a vape continues to be ‘just to give it a try.’ See ASH [briefing](#).

6/ Communications Checklist

DO

- Ensure the Director of Public Health / public health team has oversight of communications on vaping from the local authority. The Association of Directors of Public Health North East have a [position statement on nicotine vaping](#) and messages should align with this.
- Consider all the factors identified above before issuing communications or answering questions in your local authority about vaping.
- Share this guide with interested colleagues in and outside of the local authority.

- Link to well-established websites e.g. the latest OHID evidence update, the RCP [report](#), the ASH [website](#), the [Better Health vaping to quit smoking website](#) and, for North East smokers, www.freshquit.co.uk.
- Highlight how to report breaches of e-cigarette regulations – underage sales or illegal promotion in shops can be made to Trading Standards through [Citizens Advice](#). Complaints about other advertising, including on social media, can be reported to the [Advertising Standards Authority](#).

DON'T

- Use language which may deter smokers from switching
- Confuse in any way vapes with tobacco, for example by calling vaping smoking.
- Demonise nicotine. While smokers smoke for the nicotine, it's the poisons in tobacco smoke which kills people. Nicotine is used in many quitting aids available on the NHS
- Allow any personal opinions to get in the way of what the latest evidence is reporting on electronic cigarette safety and prevalence.

7/ More resources and links

General resources

[Nicotine Vaping in England: 2022 evidence review](#)

[ASH pages on vaping](#)

ASH Smokefree GB survey data on e-cigarette use by [adults](#) and [young people](#)

[APPG Smoking and Health report on a Roadmap to a Smokefree Country](#)

For smokers

[OHID Better Health pages on vaping to quit smoking](#)

[Fresh Quit](#)

For health care professional and public health colleagues

[Cochrane living systematic review on the use of e-cigarettes for smoking cessation](#)

[NICE guidance on tobacco: preventing uptake, promoting quitting and treating dependence](#)

NCSCCT guidance on [young people and stopping smoking](#) and [young people and stopping vaping](#)

For enforcement colleagues

[ASH/ADPH webinar on e-cigarette regulation and enforcement](#)

For schools

Resources for schools will be updated for the new academic year 2025/26

Presentations:

Presentation from lead author of OHID reviews- Professor Ann McNeill KCL at the Fresh, ADPHNE, NENIC ICS conference in September 2023: watch [Professor Ann McNeill: Professor of Tobacco Addiction, Kings College London](#)

Presentation from Dr Sharon Cox, addictions expert, UCL on tobacco addiction and nicotine dependency: watch

[Free Seminar Tobacco Addiction & Nicotine Dependency recording](#)