



ADPH  
South West

## Association of Directors of Public Health South West Position Statement on Nicotine Vaping - June 2023

*The Association of Directors of Public Health South West (ADPHSW) is the South West regional arm of the representative body for Directors of Public Health in the UK.*

*This position statement has been developed following calls from local stakeholders to support SW Tobacco Control policy and Treating Tobacco Dependence agendas. It has been composed by adapting (**with permission and thanks to**) the ADPH North East (ADPHNE) position statement on nicotine vaping and should be read in conjunction with the [ASH resources on youth vaping](#), the [ADPH position statement on tobacco](#) and the 'ADPHNE and Fresh', Vaping Communications Guide.*

*It has been developed following publication of the [Nicotine vaping in England 2022 evidence update](#) and aligns with [NICE recommendations](#) & [Cochrane systematic reviews](#). This is an iterative document that will be reviewed and updated as evidence relating to nicotine vaping develops over time.*

*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, 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.*

## **Health Risks**

- *Smoking tobacco remains the single biggest cause of preventable illness and death. It will kill up to 2 out of 3 long term users. An estimated 584,218 adults in the South West smoke. In the period 2017 to 2019, a total of 19,761 deaths in the South West were attributable to smoking.*
- *Smoking tobacco products is a significant driver of health inequalities. Our priority for tobacco control must be to reduce the number of people who smoke a known uniquely lethal product.*
- *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 accurately believe 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.*

## **Children & Protecting Others**

- *Vaping is not for children; we need to reduce the number of young people accessing vape products. It is illegal to sell nicotine vaping products to anyone under 18 or for adults to buy them on behalf of under-18s.*
- *In households where tobacco smoking occurs, vaping offers a less harmful alternative for bystanders. Exposure to secondhand tobacco smoke is dangerous, especially for children. 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 secondhand 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.*

## **Treating Tobacco Dependence**

- *A critical recommendation to the government from Dr Javed Khan OBE's independent review on making smoking obsolete 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.*
- *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.*
- *Support should be offered to clients who want to stop vaping.*

## **Regulation and Control**

- *We are aligned with the [CTSIs concerns](#) about non-compliant vapes that have flooded the UK market and the volume of non-compliant vapes that are currently in circulation.*
- *We need to work closely with our Trading Standards colleagues to support compliance with regulations and to take enforcement action when necessary. We also need to continue to advocate for tighter vaping regulations where needed, ensuring the right balance is taken around protecting 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 problematic. This presents a serious 'e-waste' problem and action should be taken to ensure that vapes get responsibly recycled.*

## **The problem with smoking**

Tobacco smoking is our biggest killer and a key contributor to avoidable health inequalities. Cigarettes are the only legal consumer product that, when used exactly as the manufacturer intends them to be used, will kill up to two thirds of long-term consumers. Tobacco and vapes both contain nicotine, which is an addictive substance, but nicotine itself has been used safely for many years in medicines to help people stop smoking. However, tobacco and the smoke it produces contains a toxic mix of over 6,000 chemicals, many of which are known to cause cancer as well as other fatal and life limiting conditions such as respiratory and cardiovascular disease, not just among smokers but also among those who are exposed to secondhand smoke.

An estimated 584,218 adults aged 18 years and over in the South West smoke. This equates to 12.6% of the corresponding adult population. The prevalence of current smokers has fallen significantly from 18.8% in 2011 to 12.6% in 2021 (latest available data). In the period 2017 to 2019, a total of 19,761 deaths in the South West were attributable to smoking – a rate of 173.7 deaths per 100,000 people aged 35 years and over.

Despite the progress made in terms of the reduction in smoking prevalence in the region, inequalities persist between sub-groups of the population. For example, the current smoking prevalence among routine and manual workers (24.6% in 2020) is significantly higher than the South West average for smoking in each year since 2011. In addition, routine and manual workers are 2.3 times more likely to smoke compared with their counterparts in other occupations. Similarly, adults diagnosed with a long-term mental health condition are 2.6 times more likely to smoke compared with those without a diagnosed long-term mental health condition.

According to the [Action on Smoking and Health](#) charity, the societal cost of smoking in the South West stands at approximately £1.7bn each year. Of this figure, lost productivity accounts for £1.2bn, while £277m is spent on healthcare and a further £124m on social care. Smoking-related fires also costs the South West around £31m each year.

To put these figures into context, the societal cost of smoking in the South West in each year accounts for about 10% of the total cost of smoking to society in England (£17bn).

### **The evidence base on vaping**

The most robust evidence on nicotine vaping is contained within the Nicotine Vaping in England: 2022 evidence update. 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 secondhand exposure to vaping among people who do not smoke or vape.*

### **The role of vaping in helping smokers to quit tobacco**

Vaping products are helping people to quit smoking. The [Cochrane living systematic review on electronic cigarettes for smoking cessation](#) shows that vaping is effective at stopping people smoking. NICE recommends 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. However, the majority who use them are doing so without behavioural support: quit rates will increase if behavioural support is provided alongside switching to vaping.

### **Vaping regulation**

Nicotine vapes are regulated in the UK through legislation relating to quality, safety, age of sale and advertising. Enforcement of laws on underage sales, sales of illegal products, and point of sale advertising is the responsibility of Trading Standards. Enforcement of other advertising and promotion of vaping to under-18s, for example on social media, is the responsibility of the Advertising Standards Authority. However, there are concerns about the attractiveness of some vaping to children, that a proportion of retailers are selling to under 18s and that products that don't comply with UK rules are easily accessed. These issues should be looked at nationally to ensure that products available are compliant and are not sold to children whilst also ensuring that vapers can access devices which support them to quit and stay quit.

### **The ADPHSW**

The Association of Directors of Public Health South West (ADPHSW) is the South West regional arm of the representative body for Directors of Public Health (DsPH) in the UK. The ADPH seeks to improve and protect the health of the population and is a collaborative organisation working in partnership with others to maximise the voice for public health.

## General resources

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

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

[APPG Smoking and Health report on Delivering a Smokefree 2030](#)

## For smokers

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

## 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](#)

[Smokefree Action Coalition information on vaping during pregnancy](#)

[Using e-cigarettes in NHS mental health organisations](#)

[Supporting clients that want to stop vaping](#)

## For enforcement colleagues

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

## For schools

[ASH resources on youth vaping](#)

## NOTES:

- *Acknowledgement* - This position statement has been composed by adapting (with permission and thanks to) the [ADPHNE position statement on nicotine vaping](#)
- The narrative in the summary is based on different indicators taken from the Office for Health Improvement and Disparities Fingertips tool. The latest available data year may differ for these indicators.
- Indicators may be based on calendar year, temporally aggregated calendar years, or financial year.
- Some figures are rounded for ease of presentation.
- The smoking-related indicators on Fingertips come from different data sources.
- The societal cost of smoking in the South West come from an [Action on Smoking and Health report](#).