

## Vaping Position Statement: March 2024

### The Aim of our position statement:

- To provide a public health consensus statement on vaping to help a range of stakeholders develop their own policies and practice for adults as well as children and young people, enabling a similar and collective approach and vision in the West Midlands.
- Signposting to the latest data, evidence, guidance, regulations and key communications and wider resources.

### Smoking remains the biggest threat to our health.

A joint OHID<sup>1</sup> and Directors of Public Health (DsPH) Tobacco and Smoking Symposium in November 2022 identified a range of strategic activity that could be undertaken collectively to extend the reach and impact of public health efforts in addressing smoking and health inequalities. One of these activities was to maximise the collective, expert, views of Directors of Public Health as local leaders to reinforce important public health messages. As the Association of Directors of Public Health Alliance in the West Midlands (ADPH WM), we recognise that tobacco smoking is a preventable problem that drives health inequalities and remains the top avoidable factor for death and disability for the region. We share the challenge and ambition to make smoking obsolete by reducing smoking rates to 5% or less by 2030. We have come together to jointly produce this position statement on vaping in support of this ambition.

The West Midlands has the second highest rates of smoking across England. 15.7% of people aged 15+ smoked tobacco in 2021/22 and although the rates are coming down, overall rates remain too high in the groups we want to focus on; women who are pregnant; those less well off, and those with severe mental illness. We know we need to encourage and support more smokers to set quit dates and we need to make available a range of products to support quit attempts. Further facts and figures can be found on [Fingertips local tobacco control profiles](#)

**Key message:** *Smoking is a leading cause of death and ill health in the West Midlands and is a significant contributor to health inequalities in the region.*

### Key messages on vaping

- Vaping has a [strong evidence base](#) as an effective tool to help people quit smoking tobacco. There is potential for greater impact used in combination with behavioural support.
- [Government report in 2015](#) says vaping is significantly less harmful to health than tobacco in the short and medium term and a complete switch to vaping should be promoted as an accessible, less harmful alternative for smokers who want to reduce their risk of developing smoking related diseases.
- Vapes should be sourced and promoted that are regulated by the MHRA (medicines and healthcare products regulatory agency).
- However, vaping is not risk-free, and is **not** recommended for non-smokers, especially young people under the age of 18. The long-term side effects of vaping are yet unknown.

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<sup>1</sup> OHID is the Office for Health Inequalities and Disparities- here referring to the Midlands Office.



- There is a lot of misunderstanding surrounding vapes. We support “myth busting” communications on vapes among key stakeholders and the wider community, including 11–17-year-olds. This needs to be sensitively balanced against seemingly “promoting vaping”.
- When it comes to young people, we must be explicit. Don’t start. In England, the proportion of 11- to 15-year-olds using vapes increased from 6% to 9% from 2018 to 2021 and is still rising. Companies target their marketing at young people using colours, flavours and cheap disposable options to addict young people for corporate profit.

## Our Recommendations

1. We recommend that our stop smoking services across the West Midlands include vapes within their local offer and participate in the governments “Swap to Stop” scheme where vape starter kits are made available. Where possible, this should be combined with behavioural support.
2. We encourage engagement with the government scheme to incentive pregnant women to stop smoking during pregnancy.
3. Neither the NHS nor public health alone can achieve the level of change that is needed to reduce the inequalities health gap due to smoking in our priority groups. Building on the current policy drivers, as outlined below, we recommend this position statement on vaping is used to further engage ICBs in conversations around offering vapes as part of their service provision and Tobacco Control more widely.
4. We recommend suitable training for all staff who work with people who may wish to quit, to have discussions outlining the evidence and making clear that completely switching to vaping is a significantly less harmful option than continuing to smoke and is an effective quit tool. We also recommend a communication delivery plan for vapes across the region is taken as a workstream by the regional Tobacco Control network, including where appropriate, working with the East Midlands.

## Our briefing in full

### The evidence:

A thorough review of the evidence on nicotine vaping is contained within the [Nicotine Vaping in England: 2022 evidence update](#). The review looked at the most up to date national and international research findings on the health risks of nicotine vaping. The conclusions are 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 short-term harm to those who do not smoke or vape from exposure to second-hand vape.

The [Cochrane living systematic review on electronic cigarettes for smoking cessation](#)<sup>2</sup> explains that vaping is an effective quit aid with more people stopping smoking for at least six months using vapes than using nicotine replacement therapy (NRT).

NICE- the National Institute for Health and Care Excellence- is an independent body which provides national guidance for health improvement, and in their [tobacco guidance](#) they recommend vaping as a highly effective treatment option to offer people who smoke alongside all other treatments to help them quit. They are also clear that healthcare professionals should be supportive of a complete switch from smoking to vapes.

Vapes are currently the most commonly used aid to help with quit smoking but often without behavioural support. If more behavioural support was available, greater success in stopping vaping too might be possible. Vapes are also not routinely available on an NHS prescription.

*Key message: Though not risk free, vaping is considerably safer than smoking. As such, we encourage smokers across the West Midlands to switch to vaping to reduce the harm from tobacco.*

## Vaping and our priority populations.

Vaping during pregnancy.

In the West Midlands, 12.1% of women<sup>3</sup> smoke at the time of delivery. This is higher than national averages and has not changed in recent years.

[NHS guidelines](#) on smoking in pregnancy acknowledge vapes are much less risky than smoking tobacco and suggest the use of vapes to stop smoking and reduce harm to the baby. However, unlike NRT (nicotine replacement therapies) vapes are not routinely available on an NHS prescription.

[ASH](#) (action on smoking and health) also promote vapes as significantly less harmful than cigarettes and are an effective quit aid for pregnant women. They add the caveat to ensure the use of UK vapes which are regulated by the MHRA (medicines and healthcare products regulatory agency).

[NICE guidance](#) [NG 209] in their recommendations on providing support for pregnant women to stop smoking suggest nicotine containing products which have been given marketing authorisation by the MHRA.

A paper published in [Nature Medicine](#) discussed its findings from a randomised controlled trial where half the pregnant women were given NRT and the other half vapes. On deeper analysis of the data, they concluded that vaping was more effective than NRT at helping longer term quits and safety outcomes were similar.

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<sup>2</sup> Cochrane is a global network of independent researchers, professionals, patients and carers and a systematic review looks at all published papers on a topic, drawing out key findings and recommendations from all relevant studies.

<sup>3</sup> Women who smoke at the time of delivery (1019/20) <https://fingertips.phe.org.uk/static-reports/tobacco-control/at-a-glance/E12000005.html?area-name=West%20Midlands%20region>



**Key message:** *Whilst some questions remain on their safety and efficacy in pregnancy, pregnant women who want to switch to vaping should not be discouraged from doing so providing they understand that e-cigarettes are not medically licensed.*

### Vaping and Young Adults (under 18s)

Young adults are not a priority population in the NHS long term plan on smoking, but there is an emerging concern to prevent the uptake of vaping in young adults. The government launched a youth vaping [call for evidence on further opportunities to prevent children vaping](#) which closed in June 2023. We await the outcome of this call for evidence.

The number of 11-15 year olds vaping or “just giving it a try” has increased from 6% to 9% from 2018-2021 and is rising. This is despite it being illegal to sell vapes to or buy vapes for under 18s. Companies market products specifically at young people both in promotion techniques and in the appeal of the products themselves (ie colourful, flavours, cheap/disposable, accessible). Chris Whitty, the Chief Medical Officer for England, in an article in “The Times” described this as companies blatantly and shamefully aiming to addict our young people for profit.

Surveys results indicate young people are not aware of vape harms to their developing brains, lungs and central nervous systems. They are also buying illegal vapes with unsafe high levels of lead and nickel which at can cause negative health effects.

We support “myth busting” communications on vaping with young people (11-17 year olds), sensitively balanced against seemingly promoting vaping for quit attempts in adults.

### Vaping and adults with poor Mental health

We have two groups under this priority population, termed as adults with long term mental health conditions (18+) and adults with serious mental illness (SMI). The reason for this group to be a priority for us is the high rate of smoking and poorer smoking related health outcomes for people with long term and serious mental health conditions. They die 10 to 20 years earlier than the rest of the population.

**Key message:** *Vaping is not risk-free and is not recommended for non-smokers, especially young people under the age of 18. The long-term side effects of vaping are yet unknown.*

### Vaping in low-income groups.

Overall smoking in adults is falling but smoking rates in our lowest income groups is a big key factor for health inequalities. The official priority group is called “routine and manual workers aged 18-64 years of age”. Figures indicate there are more smokers in this group in our region compared to those in this group across England. The real comparison though is the percentage in this group compared to all other adults aged 18-64. This is the key factor for health inequalities and that difference for our region is 24.8% (routine and manual workers) compared with 15.7% 15-64 year olds). This accounts for many people.

**Key message:** *E-cigarettes are an effective stop smoking aid, especially when combined with behavioural support. We encourage all smokers who want to switch to vaping to do so with the help of their local support offer.*



## Communications and Training

Surveys suggest that too few people are aware of the short and medium-term health benefits to smokers of completely switching from tobacco to vapes.

We support a “myth busting” vape communications for key stakeholders and the wider community, including being specifically aimed at 11–17-year-olds. This needs to sensitively balance the health gain of a complete switch from tobacco to vaping for those already smoking against seemingly “promoting vaping”, especially to young people.

We advocate suitable training for all staff who work with people who may wish to quit, to have discussions outlining the evidence and making clear that completely switching to vaping is a significantly less harmful option than continuing to smoke and is an effective quit tool. This should be available to our staff and in services we commission who may work with people who wish to quit. Some possible free, on-line training options to investigate further, but not limited to, are listed here as:

[Electronic Cigarettes - ASH](#)

[New national vaping guidance for schools released by Action on Smoking and Health - ASH](#)

[ASH resources on youth vaping - ASH](#)

[ASH & NCSCT Training needs survey - ASH](#)

## Vaping regulations and licensing

Vapes are an age restricted product and should not be sold to under 18's

### Know what you're vaping.

In the UK, vapes are regulated for safety and quality covering tank size, nicotine strength, ingredients, packaging, labelling and notifications. Some unlicensed vapes are sold illegally, are unsafe and do not meet UK quality and safety regulations. [Recent research](#) found unregulated vapes caused exposure to chemicals and toxins, such as lead and nickel at levels that can cause negative health effects especially in young people<sup>4</sup>. Some illegal vapes contain nicotine when claiming not to.

Vaping products containing nicotine are regulated under the [Tobacco and Related Products Regulations 2016](#) (TRPR), and need to be notified to the Medicines and Healthcare products regulatory agency (MHRA) and comply to certain standards before they can be legally sold in the UK. These regulations protect against toxic ingredients and allow a maximum nicotine strength at 20mg/ml.

Vaping products that do not contain nicotine come under the [General Product Safety Regulations 2005](#), enforced by local authority trading standards.

Vapes as medicinal products are exempt from the TRPR and currently there is no licensed product in the UK. Although, in October 2021, [MHRA published updated guidance](#) to provide clearer information on the process and help speed up review times.

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<sup>4</sup> <https://www.bbc.co.uk/news/health-65614078>



**Key message:** *E-cigarettes are an age restricted product and should not be sold to under 18's. Trading Standards should be given the tools necessary to undertake enforcement work and other measures to protect people across the West Midlands.*

### Adverse adverts

The MHRA collects information on adverse events believed to be associated with nicotine vaping via the [Yellow Card scheme](#). Between May 2016 and January 2022, they received 257 reports of adverse reactions (26 of those since January 2021). Each report represents an individual for whom more than one adverse reaction could have been reported. A report is not proof that the reaction was caused by a vaping product, just that the reporter thought it might have been.

Since January 2021, 14 of the reports were considered to be serious and no fatalities were reported. In 2021 there were 297 reports for nicotine replacement therapy (NRT).

### Policy Drivers

1. [Towards a Smokefree Generation: A Tobacco Control Plan for England](#)<sup>5</sup> commits to maximising the availability of safer alternatives to smoking. The key objectives to achieve between 2017 and the end of 2022 were:
  - a. The number of 15 year olds who smoke.
  - b. Smoking among all adults
  - c. The inequality gap in smoking prevalence (routine and manual and general population)
  - d. Prevalence of smoking in pregnancy
2. In 2019, the government published its green paper on preventative health; [Advancing our health: prevention in the 2020s](#). Here, it announced an ambition for England to become 'smoke-free' by 2030 – achieved when adult smoking prevalence falls to 5% or less.
3. [NHS Long Term Plan](#) (2019) prioritises preventative action and highlights the contribution the NHS can make to tackling tobacco dependency. The focus is on inpatients, expectant mothers and their partners and those in mental health and learning disability services. There is mention to offer e-cigarettes to mental health in-patients. To deliver on its plan requires a population view of health and collaboration between local government and the NHS. Smoking cessation is also identified as a priority in the NHS England's [Core20plus5](#) approach to reducing health care inequalities.
4. [Khan review](#): making smoking obsolete<sup>6</sup> was an independent review commissioned by the government and published in June 2022. As has already been outlined, the review calls for the promotion of vaping as an effective tool to help people to quit smoking tobacco. It also places emphasis of the government's role in accelerating the path to prescribed vapes and free swap to stop packs in deprived communities. Alongside this the review encourages

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<sup>5</sup> DHSC first published July 2017 updated January 2020

<sup>6</sup> Meaning 5% of the population or less smokes by 2030

the government to do everything they possibly can to prevent children and young people from vaping, including by banning child friendly packaging and descriptions.

5. The [independent review of integrated care systems](#) (ICSs) (2023) led by Patricia Hewitt, reinforces the crucial role that ICSs have to play in shifting the NHS focus from “treating illness” to promoting health through prevention at the population level. This shift, over time will reduce pressure on health care systems and maintaining a more stable health service.
6. [The King's Fund review](#) (2023) tackles further the role of ICSs in preventative health, using tobacco control as an example of how they can complement and reinforce work at other levels. This outlines the example of York and Humber’s engagement with their ICS to deliver an effective tobacco control programme, including the offer of vapes
7. Minister O’Brien’s [speech](#) (April 2023) outlines the government’s next steps on smoking and vaping in response to Khan’s review. It focuses on
  - stopping the growth of vaping among children
  - introducing new help for a million smokers to quit
  - increasing enforcement of illicit sales
  - expanding access to new treatments
  - backing joined-up, integrated approaches
  - rolling out a national incentive scheme to help pregnant women quit
  - consulting on new pack inserts using modern technology
8. April 2023 National Association of Directors of Public Health put out a comprehensive statement called [What we say about...Tobacco | ADPH](#) , covering their Smokefree vision, with the call for a fully funded tobacco control plan taking a whole systems approach to reducing inequalities and the role of taxation in these plans.
9. Swap to Stop is an up and running government funded scheme which allows local authorities to order free vape starter kits to use with clients of their local stop smoking services. The scheme will allow up to 1 in 5 smokers to receive help to quit smoking, aiding fulfilment of the government’s ambition of being smoke-free by 2030 (reducing smoking rates to 5% or less in the long term).
10. In December 2023, the government closed the consultation on their Smokefree generation plans. We await the outcome.

### Offering vapes and behavioural support as part of service provision

A key challenge for us is to ensure that funding and investment for tobacco control initiatives is adequately resourced and sustainable. Ultimately the strategic direction needs to involve ICBs shifting core resources towards prevention as part of a reorientation of spending. This is one of the core recommendations of the Hewitt Review.





## Glossary

The term “vape” describes e-cigarettes and refill containers (e-liquids) intended for nicotine vaping.

## General resources

[Nicotine Vaping in England: 2022 evidence review](#) [ASH briefing for local authorities on youth vaping](#)  
[Use of e-cigarettes among young people in Great Britain](#) ASH (2023)

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

[Policy options to tackle the issue of disposable \(single use\) vapes - ASH](#)

[Use of e-cigarettes among adults in Great Britain - ASH \(2023\)](#)

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

[PHE guidance on using e-cigarettes in NHS mental health organisations](#)

[Statistics on NHS Stop Smoking Services in England - April 2021 to March 2022 - NDRS \(digital.nhs.uk\)](#)

## For enforcement colleagues

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

[Chartered Trading Standards Institute Vaping Resources Hub](#)

[CTSI statement on vapes \(tradingstandards.uk\)](#)

## For schools

[ASH guidance for schools and colleges](#)