

# Kent Public Health Guidance on e-cigarettes

## Executive Summary

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There is ongoing research and debate into the safety of e-cigarettes; the results and evidence available is still inconclusive and yet, the sales of e-cigarettes prove to be popular with over 2 million e-cigarette users in the UK. This guidance reflects Kent Public Health's position on e-cigarette use in line with advice and guidance from Action on Smoking on Health (ASH), National Centre for Smoking Cessation Training (NCSCT) and Public Health England. Therefore, this policy may be superseded as further evidence and guidance emerges.

Electronic cigarettes are not cigarettes. They do not contain tobacco and using them is known as vaping rather than smoking. They are not currently licenced for smoking cessation (so cannot be supplied by stop smoking services) but are used increasingly by smokers wanting to quit and among smokers who want to reduce their health risks of smoking or to save money.

The long term safety of the chemical components of e-cigarettes are still being researched and are not yet fully known however, the nicotine levels found in e-cigarettes are usually lower than those found in cigarettes, and although addictive, is not considered harmful even over prolonged periods. Although some toxic compounds have been found in a number of studies these are at levels much lower than those found in cigarettes and not at levels which would generally cause concern and are therefore considered much safer than smoking

Stop smoking services should be 'e-cigarette friendly' and e-cigarette users should be offered quit support from services as part of the core stop smoking service. Support services should apply National Centre for Smoking Cessation and Training (NCSCT) recommended guidelines.

Employers will need to make their own policy decision on where e-cigarette users are permitted to vape. E-cigarettes are not included in Smokefree laws so policies can consent to them being used within buildings, however, most employers find it more manageable to require e-cigarette users to vape outside. Further consideration needs to be given to the allocated outdoor areas where vaping is allowed and where attempts to quit smoking are not undermined. Consideration also needs to be given to future policy decisions as some e-cigarettes become licenced as medicines by the MHRA by 2016.

This guidance provides information on recent evidence and research on e-cigarettes. They should assist clinicians, tobacco control service providers and policy makers with relevant decisions on the use and safety of e-cigarettes. Included is a chapter providing guidance for Stop Smoking Services and one for employers.

## Kent Public Health Guidance on e-cigarettes

### For Clinicians, Services and Policy Makers

#### What are e-cigarettes?

Electronic cigarettes are not the same as cigarettes. They do not contain the harmful components of tobacco, tar or carbon monoxide found in cigarettes and they are not smoked. They also do not contain the cocktail of 4,000 other known chemicals that are present in cigarette smoking which is still the major cause of disease and premature mortality in the UK. It is the nicotine present in cigarettes that makes smoking highly addictive and there is evidence to suggest that some people can become addicted to nicotine very quickly<sup>1</sup>. It is the addiction to nicotine that makes it difficult for some people to give up smoking.

E-cigarettes are also known as **Vaporisers** or electronic nicotine delivery systems (ENDS) and, although not yet licenced as such, they contain nicotine similar to other nicotine replacement therapy (NRT) products such as patches, gum, inhalators, lozenges - sold over the counter in pharmacies, supermarkets and other shops and used in smoking cessation attempts. Users can get different amounts of nicotine from vaporisers depending on the concentration and use of device and more experienced users may be able to get the same level as a cigarette. Although addictive, NICE reports that nicotine is not considered harmful even over prolonged periods<sup>2</sup> but there is also recognition that people may require additional support from stop smoking and harm reduction services to reduce long-term nicotine dependency.

Unlike smoking, the nicotine in e-cigarettes is delivered by heating and vaporising a solution that typically contain nicotine, propylene glycol (or glycerol) and flavourings.

So far, some toxic compounds have been found in a number of research studies although these are at levels much lower than those found in cigarettes and not at levels which would generally cause concern and are therefore considered much safer than smoking<sup>3</sup>. Recent Medicines and Healthcare Products Regulatory Agency (MHRA) research on the effects of second hand vapour concludes that there is no apparent risk to human health. However, the full extent of risks are still unknown and their safety cannot be guaranteed. E-cigarettes are currently unlicensed and further research is being undertaken.

From 2016, E--cigarettes that contain more than 20mg/ml will be required to be licenced as medicines under the MHRA which means they will be available on prescription or over the counter for smoking cessation. E-cigarettes with lower than 20mg/ml of nicotine will be licenced by the EU Tobacco Product Directive and will be

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<sup>1</sup> ASH Fact Sheet Nicotine Addiction

<sup>2</sup> NICE Guidance PH45 Tobacco: harm-reduction approaches to smoking

<sup>3</sup> Britton, J & Bogdanovica, Ilze **Electronic cigarettes**: A report commissioned by Public Health England 2014, UK Centre for Tobacco and Alcohol Studies, Division of Epidemiology and Public Health, University

bound by the licencing and advertising laws pertaining to the tobacco industry. The regulation of e-cigarettes will undoubtedly affect their price and accessibility which may impact on future demand. The aim of securing purity and safety of e-cigarette products needs to be tempered with ensuring that smokers who wish to quit and ex-smokers are not driven into sustained smoking patterns due to the restriction of e-cigarettes which are considered to be a safer alternative to smoking.

The following illustration gives examples of some of the types of e-cigarettes available, with early, first generation disposable e-cigarettes on the far right to the modern third generation of styles on the left.



Diagram 1 *Illustration of e-cigarettes available (NCSCT, 2014)*

## Issues and concerns

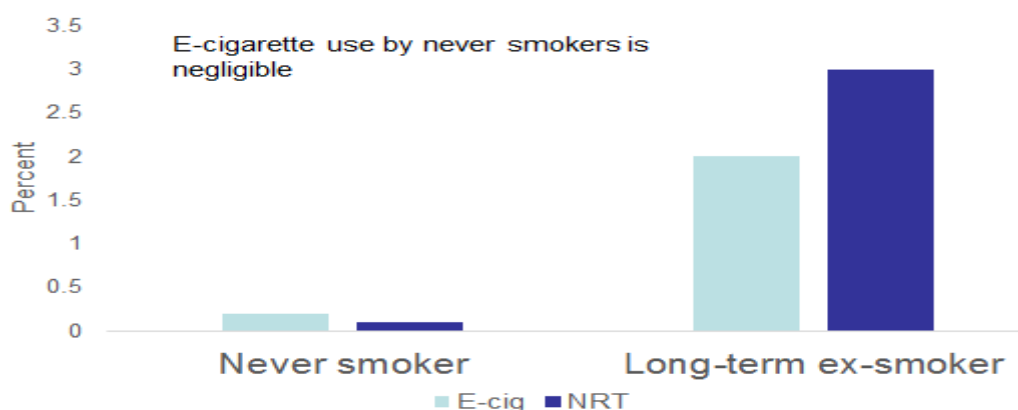
The overwhelming popularity of e-cigarettes and the issues that surround licencing and regulation have sparked considerable discussions and debates on their availability and use. Some of the most common concerns have been articulated below, along with responses formed from current research available.

### *E-cigarettes and young people*

The ban on smoking in enclosed public spaces has had a de-normalising effect on cigarettes, reducing the visibility of adults smoking which may provide a gateway to children smoking. There are concerns that the popularity of e-cigarettes and the visual effect of vapour that may look like cigarette smoke can undermine the effects of the ban and re-normalise smoking behaviours. Firstly, the latest third generation style of e-cigarettes no longer resemble a cigarette and is consequently held and used differently. This has resulted in a move away from the traditional image of cigarette smoking. There is no evidence that e-cigarettes are encouraging people back into smoking; in fact evidence shows that both cigarette smoking and nicotine use has decreased.<sup>4</sup> The numbers of those who use e-cigarettes but have never smoked is minimal. Latest studies suggest that only 1% of never smokers report having tried e-cigarettes, so evidence strongly suggests they are not being used by non-smokers.

<sup>4</sup> West, et al. Smoking toolkit Study: *Trends in electronic cigarette use in England 21.3.14*  
<http://www.rjwest.co.uk/slides.php> (accessed 20/11/14)

Chart 1 Nicotine use by never smokers and long-term ex-smokers

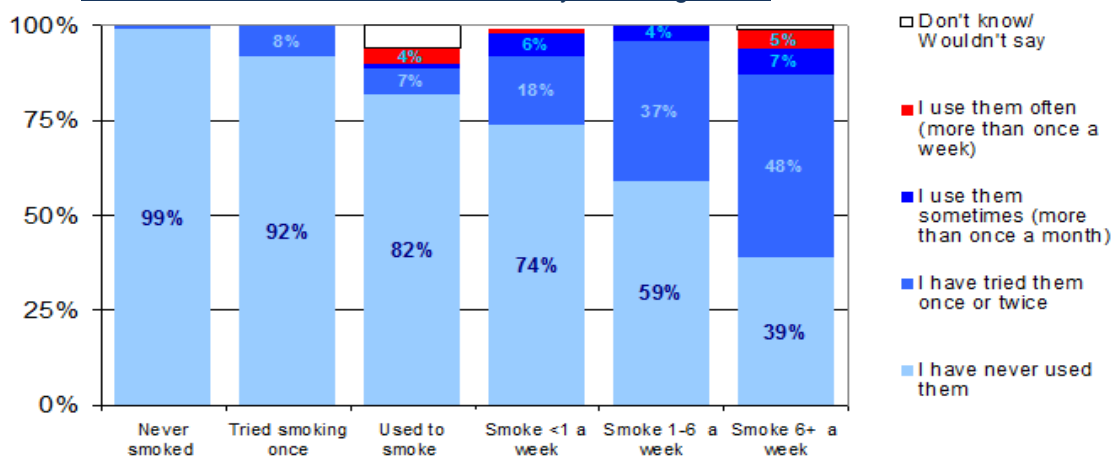


N=8,380 from Nov 2013

Source: West, et al Smoking Study Toolkit

On the whole, children are not taking up e-cigarettes. Evidence by ASH shows that only 2% of young people who have never smoked have tried e-cigarettes once or twice and there is almost no evidence of regular e-cigarette use among children who have never smoked. It is estimated that 8% of 11-18 year olds who have heard of e-cigarettes have every tried them and this is in line with smoking behaviour of young people of this age group<sup>5</sup>.

Chart 2 Children who have never smoked rarely use e-cigarettes



### ***E-cigarettes and advertising***

The principles set out by the WHO Framework Convention Alliance express particular concern in the involvement of tobacco companies in the production and marketing of e-cigarettes. The Alliance, ASH and the Committee of Advertising Practice (CAP) all agree that any advertisements should ensure “that children are protected”<sup>6</sup>

CAP currently permits the advertising of e-cigarettes providing that young people or non-smokers are not targeted. The devices are also not allowed to appear on screen or in adverts or make claims that they are healthier than smoking or are a smoking cessation device.

<sup>5</sup> ASH Fact Sheet: Use of electronic cigarettes in Great Britain, October 2014

[http://www.ash.org.uk/files/documents/ASH\\_891.pdf](http://www.ash.org.uk/files/documents/ASH_891.pdf) (accessed 19/01/15)

<sup>6</sup> CAP, <http://www.cap.org.uk/News-reports/Media-Centre/2014/New-ecig-ad-rules.aspx> (accessed Nov 2014)

As previously mentioned, there is no current evidence of the take up of e-cigarettes by young people who do not smoke or among adult non-smokers but usage will need to continue to be researched to ensure that e-cigarettes do not increase nicotine usage and dependency.

By 2016, e-cigarettes will need to be licenced either as a medicine by the MHRA or as a tobacco product by the Tobacco Products Directive, depending on the type and nicotine content of the e-cigarette. The advertising and sales of the products will need to adhere to the respective regulations which are summarised below.

Table 1 The main elements of regulation under the TPD versus Medicines Regulation

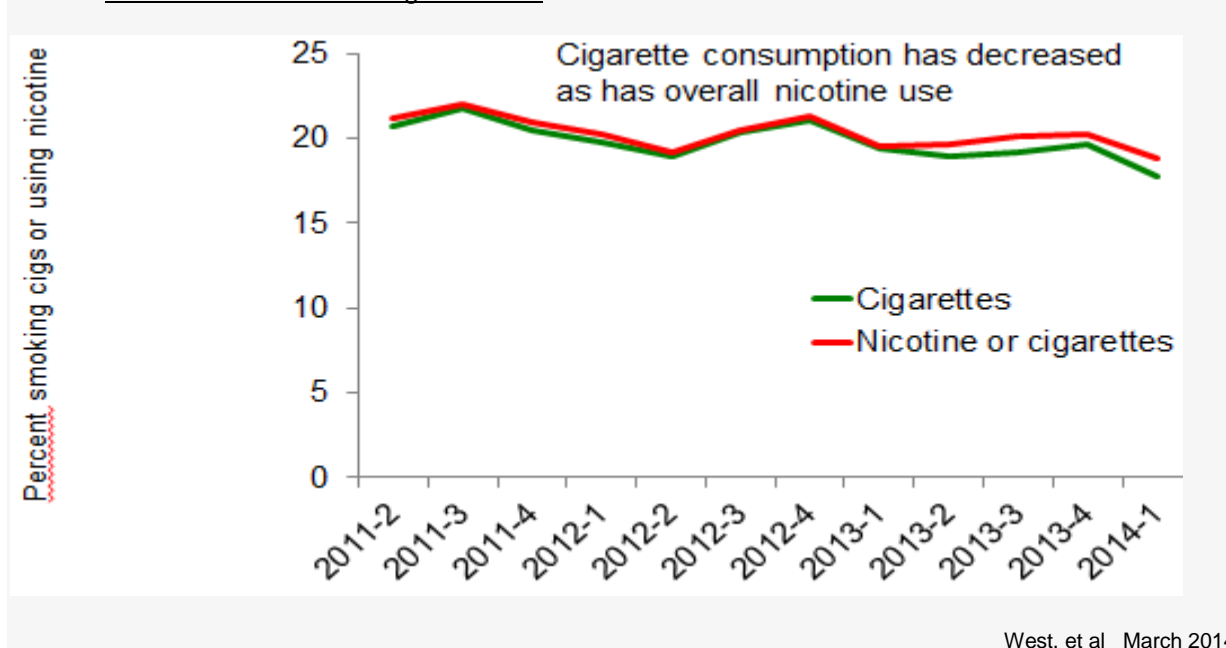
<b>Characteristics of regulation under Tobacco Products Directive and MHRA</b>	
<b>Tobacco Products Directive regulation of electronic cigarettes</b>	<b>MHRA licenced Nicotine Containing Products (NCPs) including e-cigs</b>
Products not available on prescription	Products available on prescription
20% VAT	5% VAT
Cross border advertising banned by 2016; up to Member States to decide on domestic advertising (billboards, Point of Sale, buses etc.)	Advertising allowed – under OTC rules so no celebrity endorsement, free samples and must be targeted at adult smokers etc.
Products widely available	Products available on general sale (GSL)
Can't make health claims	Can make health claims
Upper limits for nicotine content will be set and likely to be in force by 2017.	MHRA regulation is flexible; there are no upper limits.
30% health warning on packs about nicotine on front and back of packs	No health warnings on packs. Pack contains detailed Patient Information Leaflet.
Member States retain powers e.g. on flavours, domestic advertising.	Flavours require a marketing authorisation
Children and Families Bill allows for age of sale of 18 for nicotine products.	Age of sale 12 but can be varied by product so could be higher for e-cigarettes.

*ASH Briefing Electronic Cigarettes November 2014*

### ***E-cigarettes and the long-term use of nicotine***

There is currently no evidence that e-cigarettes are initiating nicotine use or causing an increase in nicotine consumption as they are used almost exclusively by existing or ex-smokers to cut down or give up the amount they smoke. In fact recent research by Robert West shows a decline in nicotine use.

Chart 3 Prevalence of Nicotine/Cigarette Use



West, et al March 2014

Although an addictive substance, nicotine has not shown to pose a health problem and according to NICE, NRT products are considerably less harmful than smoking. Trials on longer term regulated NRT products have demonstrated them to be safe to use for at least five years. NICE guidelines report *“there is reason to believe that lifetime use of licensed nicotine-containing products will be considerably less harmful than smoking”*<sup>7</sup>

Further research needs to be conducted to identify sustained use of the nicotine for long term e-cigarette use and smoking cessation services may need to extend their service to support the reduction of nicotine dependency

### ***Use of e-cigarettes and other proven methods to help people quit***

Studies show that 70% of smokers want to give up smoking and that 50.6% of smokers now use e-cigarettes to cut down or quit<sup>8</sup>; exceeding popularity of all NRT available. Quitting smoking is four times more likely to be successful when supported by stop smoking services, either with or without NRT. At present, many e-cigarettes are being used without behavioural support as this is not currently offered by stop smoking services. It is recommended that services extend the support they offer to smokers who chose to cut down or quit using e-cigarettes to increase their chances of quitting successfully. Stop Smoking Services are well placed to provide advice and support on the wide range of products available to help people choose the right product in line with NICE guidance<sup>9</sup>

<sup>7</sup> NICE Guidance PH45 Tobacco: harm-reduction approaches to smoking

<sup>8</sup> ASH Fact Sheet: Use of electronic cigarettes in Great Britain, October 2014  
[http://www.ash.org.uk/files/documents/ASH\\_891.pdf](http://www.ash.org.uk/files/documents/ASH_891.pdf) (accessed 19/01/15)

<sup>9</sup> Ibid



## **Kent Public Health Guidance on e-cigarettes**

### **For Stop Smoking Services**

### **Using e-cigarettes in Stop Smoking Services**

Public Health England, ASH and NICE guidance on Tobacco Harm Reduction (PH45), always recommends that quitting all forms of nicotine use is the best option for smokers. Although national smoking population rates have decreased in recent years, some groups such as those from disadvantaged communities, routine and manual workers and those with mental health problems have been left behind and have the highest levels of smoking prevalence. Kent's general smoking population rates are slightly higher than the national average, but decreasing from last year (20.9% in 2013 to 19% in 2014. National average is 18.4%). Estimates show that the smoking prevalence of routine and manual workers at 28.4% in Kent is lower than the national average of 28.6%. However, these, along with other vulnerable groups have the highest levels of nicotine addiction and find it hardest to quit smoking, thus creating wider inequalities among socio-economic groups across Kent. Quitting smoking completely is always the best option, but some smokers feel that they cannot quit in one step and a cut down, harm reduction approach is required before being ready to quit smoking altogether. In addition, e-cigarettes may provide them with an attractive opportunity to cut down or quit smoking and they are statistically more likely to be successful if they are also supported by stop smoking services. Once a range of e-cigarettes are licensed by the MHRA, they can be prescribed or recommended by NHS Stop Smoking services but in the meantime, the services can still provide behavioural support if they have chosen to do so using e-cigarettes rather than other NRT support. It must be acknowledged that not all quitters want to use NRT or may have tried it before and decided it does not suit them. There is national support for this approach.

The National Centre for Smoking Cessation and Training (NCSCT) report that the delivery of behavioural support provided by trained stop smoking advisors are likely to improve efficacy of electronic cigarettes in the same way such support increases the efficacy of NRT. Cessation using e-cigarettes can also be included in national data returns for successful quitters providing they meet the same criteria; however e-cigarettes cannot be provided or prescribed until there are licenced options available.

They recommend (in partnership with Public Health England) that Stop smoking services include 'e-cigarette friendly' behavioural support which could make a significant improvement to success rates, particularly if they offer support and information to help people choose the right product for them. The NCST five recommendations for practice should be incorporated into the stop smoking services training programme and should be delivered in line with core service delivery.

1.	Be open to electronic cigarette use in people keen to try them
2.	Provide advice on electronic cigarettes that includes: <ul style="list-style-type: none"> <li>■ they can provide some of the nicotine that are obtained from smoking regular cigarettes</li> <li>■ they are not a magic cure, but some people find them helpful for quitting or cutting down</li> <li>■ The wide range of electronic cigarettes available</li> <li>■ their use is not exactly like smoking and users may need to learn to use them effectively</li> <li>■ Although some health risks from electronic cigarette use may yet emerge, these are likely to be, at worst, only a small fraction of the risks of smoking.</li> </ul>
3.	Multi-session behavioural support provided by trained stop smoking practitioners, is likely to improve the efficacy
4.	Stop smoking services that provide behavioural support to clients who use e-cigarettes can include these clients in their national data returns but they cannot provide or prescribe them until such time as there are licensed options available
5.	A client who is being seen at a stop smoking service and is using an electronic cigarette may also use NRT

Kent Public Health further advises Clinicians and other clinical and support staff who may be counselling patients/clients about stop smoking to also consider the following:

1. Nicotine is an addiction and should be treated seriously
2. Evidence shows that pharmaceutical intervention coupled with motivational support offers the best chance of successfully quitting
3. The NHS can only support licensed products that are included in the NHS Drug Tariff
4. Stop Smoking Services will provide the motivational support that is required to support successful quitting to people who choose to use e-cigarettes although these cannot be provided by the Stop Smoking services as they are not currently licenced or on the Drug Tariff.
5. In discussing electronic cigarettes with individuals, reference must be made to the safety of charging the devices and the storage of the refills away from children, pets and vulnerable people given that small doses of nicotine are extremely toxic.

These recommendations can be built into the service specification to ensure that the offer of quality stop smoking support for e-cigarette users are delivered consistently throughout Kent. This model has been piloted successfully in Leicester producing results of a 74% successful 4 week quit rate using e-cigarettes against a 57% successful quit rate using other NRT products



## Kent Public Health Guidance on e-cigarettes

### For Employers

#### E-cigarettes in the workplace: some points to consider

The ban on smoking in public places was introduced in 2007 to protect people from the harmful effects of second hand smoke. E-cigarettes are not cigarettes and therefore do not result in the same harmful effects of second hand smoke and are not legally covered by the legislation on smoke free public places. However, the vapour emitted from e-cigarettes can create some confusion and uncertainty in workplaces and enclosed public spaces because the vapour, at first glance, can resemble cigarette smoke. Some non-users may also find the emitted vapour and fragrance offensive although there are no known harmful effects of second-hand vapour.

Many organisations require e-cigarette users to 'vape' outside but not always at a distance away from buildings as the vapour dissipates quickly without the effects of second-hand smoke. Also, expecting Vapers to congregate with smokers may also undermine the harm reduction and quitting potential of e-cigarette use. Businesses and employers should listen to the views of e-cigarette users, their customers and their workforce to ascertain and help inform their own approach informed by evidence on e-cigarette use in the workplace. ASH and the Chartered Institute of Environmental Health have provided guidance to help make effective decisions<sup>10</sup>.

With this guidance in mind, employers need to consider the following:

- E-cigarettes are not cigarettes and are therefore exempt from Smoke free legislation that bans smoking in enclosed spaces. There are no known harm to others from second hand vapour emitted from e-cigarettes
- Although not yet licenced as medicines, some e-cigarettes will be regarded as Nicotine Containing Products (NCPs) in the future and available on prescription, so may be requested to be used within the workplace
- E-cigarette use in the workplace may demand a new etiquette by controlling the amount of vapour and odour emitted (where possible) to retain respect for others within the work environment.
- As with all chargeable devices, the correct and appropriate charger must be used for the e-cigarette and should only be charged in the workplace in accordance with company policy. Kent Trading Standards and Kent Fire and Rescue have issued further guidance (Appendix 1).
- Companies, under their social responsibility should be dedicated to supporting its workforce to quit smoking where employers who smoke have a desire to do so. This includes enabling staff to access quit smoking support services, use NRT in the workplace where this is safe to do so and to use e-cigarettes as a device to assist in smoking cessation.

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<sup>10</sup> ASH and CIEH Will you permit or prohibit e-cigarette use on your premises?  
<http://www.cieh.org/WorkArea/showcontent.aspx?id=48900>

*These guidelines will be updated as further information becomes available and as new regulations and guidance are enforced.*

Deborah Smith  
Public Health Specialist  
Kent County Council  
19<sup>th</sup> January 2015

**E-CIG CHARGERS**  
**CAN CAUSE FIRES**

The advertisement features a central image of a lit cigarette with a glowing orange tip, positioned vertically between the letters 'C' and 'G' of the word 'E-CIG'. The background is a gradient of orange and yellow, suggesting fire. The text 'E-CIG CHARGERS' is in large, bold, black letters, and 'CAN CAUSE FIRES' is in large, bold, white letters below it.

**Kent County Council**  
kent.gov.uk

**TRADING STANDARDS**

**Kent Fire & Rescue Service**

# USE THE RIGHT CHARGER FOR YOUR E-CIGARETTE TO AVOID FIRES AND PERSONAL INJURY



Kent Fire & Rescue Service



TRADING STANDARDS

## WHAT'S THE RISK?

- Not using the right charger for your E-Cigarette may result in overheating causing the battery to fail and explode
- Liquid ejected from an exploding E-Cigarette can cause fires and personal injury
- Over-tightening the battery can damage the E-Cigarette

## WE RECOMMEND YOU...

- Check your smoke alarm every week
- Only use the charger supplied with your E-Cigarette
- If no charger is supplied check with the manufacturer for a list of approved chargers
- Read the instructions on how to clean the battery centre pin and charger contact
- Stop charging once it has been fully charged
- Don't leave it charging overnight, unattended or charging on flammable surfaces such as a bed or sofa
- Don't over-tighten the battery, especially when charging

## CHECK IT

- Your E-Cigarette should come with instructions
- Your E-Cigarette charger should have the manufacturer's name or brand, CE mark and model number

If not, report it to

[kent.gov.uk/tradingstandards](http://kent.gov.uk/tradingstandards)

## STOP SMOKING

Contact NHS/Smokefree for free support and advice on how to quit smoking for life. [www.nhs.uk/smokefree](http://www.nhs.uk/smokefree)

## STAY SAFE

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[kent.fire-uk.org](http://kent.fire-uk.org)

## GET ADVICE

Citizens Advice consumer service on 03454 04 05 06 (Mon-Fri, 9am - 5pm)  
Call 0800 923 7000 for free home safety advice