The Sheffield Tobacco Control Board Policy Position on electronic-cigarettes (also known as vaping)

This policy statement is informed by the best current evidence from Public Health England, Royal College Physicians, Action on Smoking and Health, National Centre Smoking Cessation Training and NICE guidance on Smoking Harm Reduction. The aim of this policy statement is to develop an agreed consensus in Sheffield on e-cigarettes that all partners in the city are signed up to. This is to ensure that the public receive clear, evidenced based consistent advice on e-cigarettes.

Evidenced statements:

1. Smoking remains the leading cause of illness and early death in Sheffield and is a significant cause of inequalities in health outcomes.

2. Electronic-cigarettes (e-cigarettes) present a real opportunity to contribute to a reduction in smoking prevalence in Sheffield and reduce harm from combustible tobacco.

3. The Sheffield Tobacco Control Board in line with current evidence from PHE advice to all smokers to stop completely and immediately and access support via the Yorkshire Smokefree Sheffield Service and utilise a combination of behavioural support and stop smoking medication such as Nicotine Replacement Therapy (NRT) or Champix. Smokers are four times more likely to be successful in quitting if they access this type of support.

4. Smokers who cannot or do not want to stop using nicotine are encouraged to switch to using an e-cigarette as a harm reduction measure.

5. Harm reduction is a key strand of the Sheffield Tobacco Control Strategy. Our ambition is to achieve a smoke free generation in Sheffield by 2025 (in line with Breathe 2025: Inspiring a Smoke Free Generation, a bold Yorkshire and Humber vision to see the next generation of children born and raised in a place free from tobacco, where smoking is unusual.

6. The latest evidence published by Public Health England (PHE) (2015) and Royal College of Physicians Nicotine Without Smoke report (2015) estimate that vaping is around 95% safer for users than smoking. It also confirmed the findings of PHE’s 2014 independent evidence review, that there is no evidence of harm to bystanders from exposure to e-cigarette vapour and the risks to their health are likely to be extremely low.

7. This review found that chemicals in tobacco smoke that harm health – including cancer causing chemicals – are either absent in e-cigarette vapour or, if present, they are mostly at levels much below 5% of smoking doses.
8. The main chemicals present in e-cigarettes have not been associated with any serious risk. Their overall assessment is that on current evidence, there is no doubt that smokers who switch to e-cigarette dramatically reduce the risks to their health of developing smoking related illnesses. The possibility of some harm from long-term e-cigarette use cannot be dismissed due to inhalation of the ingredients other than nicotine, but is likely to be very small, and substantially smaller than that arising from tobacco smoking.

9. Most people continue to smoke due to addiction to nicotine and not lifestyle choice. Nicotine itself is not carcinogenic and does not cause serious adverse health effects such as acute cardiac events, coronary heart disease or cerebrovascular disease.

10. Public perceptions of harm from e-cigarettes remain inaccurate with only 13% in 2017 understanding that e-cigarettes are less harmful than smoking. We are committed to correcting these misperceptions and will do so via a range of methods; for example a public and stakeholder campaign to increase awareness of the potential benefits of e-cigarettes and reduced risk. This will be developed under the Smokefree Sheffield brand to increase awareness of the Sheffield vision.

11. The use of e-cigarettes has increased substantially in recent years and is currently the most popular quitting method in England. In 2017 ASH estimate that 2.9million people currently use e-cigarettes. Research trials and stop smoking service data returns both indicate that e-cigarettes can help smokers to quit and may be at least as effective as licensed medications.

12. Pregnant women who find it difficult to stop smoking are recommended to use licensed nicotine replacement therapy (NRT) products. However if a pregnant woman makes an informed choice to use an e-cigarette and if that helps them to stay smokefree, they should not be discouraged from doing so.

13. There are concerns that e-cigarettes will increase tobacco smoking by re-normalising the act of smoking, act as a route into smoking for young people. However, the available evidence to date indicates that e-cigarettes are being used almost exclusively as safer alternatives to smoked tobacco, by confirmed adult smokers who are trying to reduce harm to themselves or others from smoking, or to quit smoking completely. In addition smoking prevalence continues to fall amongst young people with only 3% of 11-15 year olds reported as smokers in 2014 compared to 11% in 1982 when the survey began (Smoking, Drinking and Drug use survey 2014). Amongst 15 year olds regular smokers smoking prevalence has fallen from 21% in 2004 to 7% in 2016.

14. YouGov has been commissioned by ASH to conduct an annual online survey of young people aged between 11 and 18, called Smokefree GB Youth Survey. In 2016 more young people (19%) had tried smoking than had tried electronic cigarettes (10%) and 57% of those using e-cigarettes had tried tobacco first. Regular use (once a month or more) was rare and largely among children who currently or have previously smoked. 2% of respondents said they used electronic cigarettes more than once a month, including 1% who used them weekly.

Commitment statements:

15. We want to combine the most popular with the most effective. The stop smoking service in Sheffield is “e-cigarette friendly” & will provide behavioural support for those who want to stop smoking and use e-cigarettes as a quit aid.
16. We welcome the proportionate regulation of e-cigarettes through the European Union Tobacco Products Directive and Regulations 2016 (TPD) to continue to market and regulate these products as consumer goods and drive up standards through improving safety and quality.

17. We recommend that smokers who wish to use e-cigarettes to quit or switch should purchase their products from a retailer that is committed to selling products that are registered with Medicines and Healthcare Products Regulatory Agency (MHRA) under the TPD and are compliant with the requirements of the TPD. A number of standards must now be met in order to be compliant with the TPD including:
- Child resistant tamper evident packaging is required for liquids and devices
- The device must be protected against breakage and leakage and capable of being refilled without leakage.
- Devices must deliver a consistent dose of nicotine under normal conditions
- Tank and cartridge sizes must be no more than 2ml in volume and nicotine strengths of liquids must be no more than 20mg (this must appear on the label)
- The packaging must have a 30% health warning “this product contains nicotine which is a highly addictive substance on front and back of packs. Cover 30% of packs.
- Packs must contain information leaflet on use of the product and ingredients within the e-liquid
- e-cigarettes must not be sold to anyone under 18 years of age

18. Sheffield City Council Trading Standards Team are responsible for carrying out checks to ascertain compliance with standards within the TPD and that notification has being made to MHRA by producers and manufacturers of e-cigarette products (6 months prior to intention to place on the market). The majority of producers have taken this route rather than follow the route to obtain a medical license to enable there product to be available on prescription.

19. Consumers and healthcare professionals can report side effects and safety concerns with e-cigarettes or refill containers to the MHRA through the Yellow Card reporting system. You can also report products suspected to be defective or non-compliant to your local Trading Standards or to TPDsafety@mhra.gov.uk. Retailers must not sell products that are not registered with the MHRA. The public and retailers can check the list here: https://www.gov.uk/guidance/e-cigarettes-regulations-for-consumer-products

20. We intend to develop an electronic cigarette retailer scheme to further monitor and review the use of these products locally. We will work with the local e-cigarette community and local suppliers of electronic cigarettes to ensure that easily accessible referral pathways into stop smoking services are in place.

21. We will monitor the trends in electronic cigarette use amongst young people through local and national surveys and our Smokefree Children and Young People Service. We commit to protecting children from access to e-cigarettes via continuing to enforce existing laws, which protects them by preventing retailers from selling e-cigarettes or e-liquids to someone under 18 and preventing adults from buying or attempting to buy on behalf of a child. This is called proxy purchasing.

22. In the event that licensed e-cigarette products become available and potentially eligible for NHS prescription, they will be assessed in order to establish best practice. The assessment will consider clinical effectiveness, clinical safety, cost-effectiveness and affordability.

23. We will continue to be vigilant and ensure we protect tobacco control activities in relation to e-cigarettes from the vested interests of the Tobacco Industry in line with our commitment to the WHO FCTC Article 5.3.
24. We will encourage the development of local workplace Smokefree policies drawing on local, regional and national networks to share and promote good practice in relation to electronic cigarettes.

25. We will support employers, organisations who manage public spaces, and others in arriving at sensible policies which distinguish between electronic cigarettes and smoking, and which work for their circumstances.

26. We will review and update our position on electronic cigarettes as evidence continues to emerge.

References and additional reading:

- Royal College of Physicians in April 2016: Nicotine without smoke: tobacco harm reduction
- GOV report regulations and consumer product
- [https://www.gov.uk/guidance/e-cigarettes-regulations-for-consumer-products](https://www.gov.uk/guidance/e-cigarettes-regulations-for-consumer-products)
- Public Health England Advice on use of e-cigarettes in public places and workplaces (2016)
- [http://www.ncsct.co.uk/publication_electronic_cigarette_briefing.php](http://www.ncsct.co.uk/publication_electronic_cigarette_briefing.php)
- Use of electronic cigarettes in pregnancy ASH – Smoking in pregnancy challenge group
- Smoking drinking and drug use among young people in England in 2014.
- Hertfordshire County Council e-cigarette Policy Statement
Tobacco Control and Stop Smoking Service Contact Numbers:

Yorkshire Smokefree Sheffield Service (Adults)
http://sheffield.yorkshiresmokefree.nhs.uk/
Free phone telephone support 9am- 9pm weekdays 9-5pm on Saturday.
0800 612 0011 free from landline
0330 660 1166 free from most mobiles
Secure NHS e-mail sheffieldstopsmoking@nhs.net
Paper referral – scan and e-mail or post to YSSS, Sorby House, 42 Spital Hill, Sheffield, S4 7LG.
Self-referral - accepted face to face at the Sheffield Moor Markets (stall number 72)
everyday 9am-5pm Mon – Fri and Sat 9am-2pm.

Midwifery Stop Smoking Service – Sheffield Teaching Hospitals, Jessop Wing
Contact - 0114 2265627
Sheffield Health Visiting Service for advice and support on how to stop smoking and information on preventing relapse and how to make your home Smokefree.
Contact - 0114 3053224

Smokefree Children and Young People Service – ZEST
Contact - 0114 2702040

Sheffield City Council Trading Standards –
Contact on 03454 04 05 06 or 01142 273289 or via trading.standards@sheffield.gov.uk

The following partners of the Sheffield Tobacco Control Board endorse and support the Sheffield policy position on e-cigarettes.