Primary Care Respiratory Society UK



Position statement on electronic cigarettes

PCRS-UK welcomes the independent review on e-cigarettes commissioned by Public Health England (PHE), which considered the evidence to date, and has concluded that there is a significant reduction of harm from using e-cigarettes compared to smoking tobacco.¹ This view is supported by evidence from Action on Smoking and Health (ASH) that e-cigarettes are used primarily by people who already smoke and are trying to minimise the harm from smoking cigarettes, smokers who are trying to quit, or ex-smokers. They are not used in any significant numbers by non-smokers.²

The policy environment

We are currently in an interim period where e-cigarettes are widely available, yet policy and regulations at national and EU levels are still in development or yet to come into force. Following a public consultation, the Committee on Advertising Practice (CAP), published new rules on the advertising of e-cigarettes in November 2014.³ These guidelines recommend that the advertising of e-cigarettes does not target under 18s or appeal to non-smokers. These guidelines will remain in place until they are superseded by regulations under the revised EU Tobacco Products Directive.

The EU Tobacco Products Directive (TPD) will come into force from May 2016. Member states will be required to implement revisions by May 20th 2016. Manufacturers will have the option to apply for licences for e-cigarettes as medicines or to remain as general consumer products, if their product contains under 20 mg/ml nicotine. If there is more than 20mg/ml in a product the e-cigarettes will be required to be licensed as medicines by the MHRA. Products containing under 20mg/ml of nicotine can also opt in to medicinal regulation.⁴ Thus, there will be some e-cigarettes which are licensed as medicines, and some which remain as general consumer products.

Those licensed as medicines will become like any other nicotine replacement therapy (NRT). They will be subject to tight controls on safety and quality of manufacture, but will have the benefits of being medicines which may be promoted and advertised as health products and prescribed. Individual CCGs/other local health organisations will decide whether they can be prescribed in their areas.

Those e-cigarettes which remain consumer products will have to carry health warnings, will not be able to make health claims, and will be subject to restrictions on total nicotine content. Cross border advertising (this includes TV, Radio etc.) will be banned. From October 2015 there will also be a minimum age of sale of 18 for electronic cigarettes.

We note that Wales has a Public Health Bill in development which would confer the same restrictions on use of e-cigarettes in public places as on any other tobacco products within a group of measures to minimise harm from tobacco from 2017.⁵ While evidence for this measure may not be strong currently and organisations such as ASH and Cancer research UK are opposed because they

- ¹ E cigarettes: an evidence update Public Health England August 2015
- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/454516/Ecigarettes_an_evid ence_update_A_report_commissioned_by_Public_Health_England.pdf
- ² ASH factsheet Use of electronic cigarettes by adults in Great Britain May 2015 <u>http://www.ash.org.uk/files/documents/ASH_891.pdf</u>

⁴ Ash briefing – Electronic cigarettes November 2014

³ New rules for the marketing of e cigarettes November 2014 <u>https://www.cap.org.uk/News-reports/Media-Centre/2014/~/media/Files/CAP/Consultations/ecig%20consultation/Regulatory%20Statement.ashx</u>

⁵ <u>http://gov.wales/topics/health/nhswales/bill/?lang=en</u>

feel that this action is based on hypothesis rather than evidence of harm, the Welsh Government is proposing this as a precautionary measure.

PCRS-UK recognises that a range of different organisations are developing e-cigarettes. We believe that some tobacco companies are marketing e-cigarettes, or lie behind the companies marketing them. It is likely most nicotine in NRT and e-cigarettes is extracted from tobacco plants, and often supplied by tobacco companies, but we make a distinction between products marketed or funded by the tobacco industry as opposed to those which only contain nicotine supplied by the tobacco industry.

PCRS-UK has long held the position that it will not be involved with the tobacco industry, and will not engage with tobacco companies which are marketing products containing nicotine. PCRS-UK will only get involved in any form of relationship / receipt of funding (incl. commercial sales of advertising) with companies marketing NRT/ e-cigarettes, who do not have links with the tobacco industry (other than the purchase of raw nicotine) and where the product is licensed as a medicine.

PCRS-UK welcomes further independent research/analysis into the safety and effectiveness of ecigarettes, and their contribution to reducing harm from smoking. We shall continue to monitor the evidence on e-cigarettes as it emerges and will adapt our position as required.

Guidance for healthcare professionals

We recommend that if patients want to reduce or stop smoking tobacco, they are encouraged to use any form of NRT, including e-cigarettes, to help them quit or to minimise harm from tobacco. They should be encouraged to use one that is licensed as a medicine by the MHRA. If they request advice, they should be given information about regulated licensed NRT products and advised that these are the preferred methods of giving up smoking tobacco.

We advise members to be aware of the policy of the local CCG/other local healthcare organisation with respect to prescribing e-cigarettes.

This advice is consistent with the NICE guideline on *Tobacco: Harm reduction approaches to smoking* which was published in 2013 and followed up with a quality standard in July 2015.⁶ The 4 statements in the quality standard emphasise that even if people do not stop smoking altogether or immediately, reducing the amount of tobacco used, or switching to a licensed nicotine containing product will be beneficial to their health.

These points are also consistent with recommendations in the 'Smoking Still Kills' report, published by Action on Smoking and Health (ASH), which proposes new targets for a renewed national strategy to accelerate the decline in smoking prevalence over the next decade.⁷

PCRS-UK will continue to monitor the situation on e-cigarettes as more evidence emerges.

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⁶ NICE quality standard Smoking: Harm Reduction July 2015 <u>https://www.nice.org.uk/guidance/qs92</u>

⁷ ASH Smoking Still Kills 2015 <u>http://www.ash.org.uk/current-policy-issues/smoking-still-kills</u>

Further information:

- ASH factsheet. Use of electronic cigarettes by adults in Great Britain May 2015 <u>http://www.ash.org.uk/files/documents/ASH_891.pdf</u>
- ASH. Electronic cigarettes. Briefing, November 2014 http://www.ash.org.uk/files/documents/ASH 715.pdf

• RCP. What you need to know about electronic cigarettes. March 2014 https://www.rcplondon.ac.uk/commentary/what-you-need-know-about-electroniccigarettes

• Cancer Research UK: e-cigarette Briefing. May 2014 http://www.cancerresearchuk.org/sites/default/files/policy_may2014_ecigarette_briefing.pdf

- NICE guideline on Tobacco: harm reduction approaches to smoking June 2013 http://www.nice.org.uk/guidance/ph45
- NICE quality standard on Smoking: harm reduction July 2015 <u>http://www.nice.org.uk/guidance/qs92</u>
- Smoking still kills 2015 <u>http://www.ash.org.uk/current-policy-issues/smoking-still-kills</u>
- E-cigarettes: an evidence update Public Health England August 2015 <u>https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/454516/Ecigarettes_an_evidence_update_A_report_commissioned_by_Public_Health_England.pdf</u>

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