



PCRS Position Statement

The use of e-cigarettes as a smoking cessation aid

It is the responsibility of every healthcare professional to treat tobacco dependency systematically and effectively. Patients should be offered the most effective and least harmful methods to support a quit attempt including very brief advice, behavioural support, pharmacological intervention (bupropion, varenicline) and nicotine replacement therapy (NRT). For people wishing to support their quit attempt with NRT, short- and long-acting options should be discussed including lozenges, microtabs, gums, sprays, vapourless nicotine inhalers, inhalators and patches. Electronic nicotine delivery systems (ENDS) including e-cigarettes are also available to support a quit attempt. Evidence about the safety of e-cigarettes is still developing, including the evidence around their impact on long-term lung health. People currently using an e-cigarette to support a quit attempt and unwilling to use alternative NRT options should be supported to continue their quit attempt using their preferred strategy. People wishing to use an e-cigarette to support a quit attempt should be informed about alternative licensed medicinal options and supported in the choice they make. All individuals using e-cigarettes to support a quit attempt should be supported in cutting down the level of nicotine at a rate that still enables them to abstain from smoking tobacco with a view to ultimately stopping e-cigarette use as well. PCRS will continue to monitor emerging evidence around the safety of e-cigarettes and update our position as necessary.

The Primary Care Respiratory Society UK Registered office Miria House, 1683b High Street, Knowle, Solihull B93 0LL
Registered Charity 1098117 Company No 4298947 VAT Registration Number 866 1543 09
Telephone +44 (0)1675 477600 Email info@pcrs-uk.org Website <http://www.pcrs-uk.org>

We are grateful to our corporate supporters including AstraZeneca UK Ltd, Boehringer Ingelheim Ltd, Chiesi Ltd, Cipla EU Ltd, Circassia Ltd, Napp Pharmaceuticals and Novartis UK for their financial support which supports the core activities of the Charity and allows PCRS to make its services either freely available or at greatly reduced rates to its members.

Background

In the UK, an estimated 3.2 million adults currently use an e-cigarette.¹ Among these, 58.9% were ex-smokers and a further 38.3% were current smokers (dual users). Most individuals cite stopping smoking tobacco as their reason for using an e-cigarette. A recent UK-based study in 886 smokers found that e-cigarettes were more effective for smoking cessation than standard nicotine replacement therapy (NRT) when both were accompanied by behavioural support.² The UK-based study also found that individuals using an e-cigarette were considerably more likely to still be using the device after 52 weeks than were those in the NRT group (80% vs 9% of participants).

Concerns around safety

Public perception of the safety of e-cigarettes has declined in recent years with ASH reporting that 37% of individuals surveyed considered e-cigarettes to be more harmful than smoking.¹ This misperception is thought to have been driven by media reporting of serious lung disease and a number of deaths in the USA and beyond thought to be linked to the use of e-cigarettes, raising concerns about the safety of these devices and their role in stopping tobacco smoking. Two fatal cases were reported in England.³ The causative agent was identified as vitamin E acetate that had been added to cannabis-containing e-liquids, an additive which is banned under UK rules. Further concerns have been raised around e-cigarettes as a possible cause of the disease known as popcorn lung. There is no evidence to support a link between e-cigarette use and popcorn lung, and the chemical (diacetyl) thought to be responsible for this disease has been banned from use in e-liquids in Europe since 2016.⁴

e-cigarettes in the UK

e-cigarettes approved for sale in the UK are regulated by the Tobacco and Related Products Regulations (2016).⁵ Currently, the use of e-cigarettes as an option to help patients quit tobacco smoking is supported by Public Health England⁶ and the Royal Colleges of Physicians⁷ and General Practitioners.⁸ The hazard to health arising from vapour inhalation from e-cigarettes when used to support a quit attempt is considered to be substantially less harmful than smoking tobacco.⁹ According to NICE, e-cigarettes are far less harmful than smoking, but are not risk free.

¹ Use of e-cigarettes (vapourisers) among adults in Great Britain. ASH. September 2020. <https://ash.org.uk/wp-content/uploads/2020/10/Use-of-e-cigarettes-vapes-among-adults-in-Great-Britain-2020.pdf>. Accessed September 2021

² Haket P, et al. NEJM 2019;380:629-37.

³ MHRA. Vaping in England: an evidence update including vaping for smoking cessation, February 2021. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/962221/Vaping_in_England_evidence_update_February_2021.pdf. Accessed September 2021.

⁴ Cancer Research UK. Does vaping cause popcorn lung? Available at: <https://www.cancerresearchuk.org/about-cancer/causes-of-cancer/does-vaping-cause-popcorn-lung>. Accessed September 2021.

⁵ Gov.UK. Guidance. E-cigarettes: regulations for consumer products. Available at: <https://www.gov.uk/guidance/e-cigarettes-regulations-for-consumer-products>. Accessed September 2021.

⁶ PHE. Using e-cigarettes to stop smoking. Available at: <https://www.nhs.uk/live-well/quit-smoking/using-e-cigarettes-to-stop-smoking/>. Accessed September 2021.

⁷ RCP. Nicotine without smoke: Tobacco harm reduction. Available at: <https://www.rcplondon.ac.uk/projects/outputs/nicotine-without-smoke-tobacco-harm-reduction>. Accessed September 2021.

⁸ RCGP. Position statement on the use of electronic nicotine vapour products (E-Cigarettes). Available at: <https://www.rcgp.org.uk/-/media/Files/Policy/2017/RCGP-E-cig-position-statement-sept-2017.ashx?la=en/> Accessed September y 2021.

⁹ PHE. Vaping and lung disease in the US: PHE's advice. Available at: <https://publichealthmatters.blog.gov.uk/2019/10/29/vaping-and-lung-disease-in-the-us-phes-advice/>. Accessed September 2021.

The PHE report on vaping in England found that for the period April 2019 to March 2020, e-cigarettes were used in 5.2% of quit attempts. The highest quit rates were among those using a licensed medicine and a vaping product consecutively (74.1%).³ However, only 0.7% of all quit attempts were made in this way

PCRS Pragmatic Guidance

In 2019, PCRS issued a pragmatic guide for clinicians focused on the diagnosis and management of tobacco dependency.¹⁰ Tobacco dependency is a long-term relapsing condition that often starts in childhood. PCRS believe that it is the responsibility of every healthcare professional to treat tobacco dependency systematically and effectively. PCRS advocate that patients should be offered the most effective and least harmful methods to support a quit attempt including very brief advice, behavioural support, pharmacological intervention (bupropion, varenicline) and nicotine replacement therapy (NRT; including lozenges, microtabs, gums, sprays, vapourless nicotine inhalers, inhalators and patches).¹¹ Behavioural support combined with either pharmacotherapy (varenicline) or NRT (combination of long-acting and short-acting therapies) are likely to be the most effective approach to support a quit attempt.¹²

PCRS position

- Healthcare professionals should be prepared to help their patients to quit tobacco smoking and should be knowledgeable about e-cigarettes so they can answer questions if asked or be able to direct people to the most up to date source of information.¹³ Pragmatic guidance on how healthcare professionals can support individuals in stopping tobacco smoking can be found in the PCRS Pragmatic Guide for Clinicians on Diagnosis and Management of Tobacco Dependency.¹⁴
- Patients should be offered the most effective and least harmful methods to support a quit attempt including Very Brief Advice (VBA), behavioural support, pharmacological intervention (bupropion, varenicline) and nicotine replacement therapy (NRT, usually a combination of short- and long-acting options).
- For people wishing to support their quit attempt with NRT, short- and long-acting options should be discussed including gum, sprays, vapourless nicotine delivery systems, inhalators, microtabs and patches.
- People wishing to use an e-cigarette to support a quit attempt should also be offered alternative options and supported in the choice they make.
- People currently using an e-cigarette to support a quit attempt and unwilling to use alternative NRT options should be supported to continue their quit attempt using their preferred strategy. Patients should be informed of additional therapies if they continue to smoke tobacco whilst using their e-cigarette.
- All individuals using e-cigarettes to support a quit attempt should be supported in cutting down the level of nicotine at a rate that still enables them to abstain from smoking tobacco with a view to ultimately stopping nicotine as well. Most nicotine replacements are usually stepped down in strength around 6–8 weeks, depending on patient cravings/withdrawal symptoms. This should not be done at the expense of relapsing to smoking and patients should be supported in longer-term NRT if they so choose.¹⁵

¹⁰ PCRS Pragmatic Guides for Clinicians. Diagnosis and Management of Tobacco Dependency. Available at: <https://www.pcrs-uk.org/resource/tobacco-dependency-pragmatic-guide>. Accessed September 2021.

¹¹ Attar-Zadeh D. Importance of pharmacotherapies in successful smoking cessation. Available at: <https://www.independentnurse.co.uk/clinical-article/importance-of-pharmacotherapies-for-successful-smoking-cessation/63450/>. Accessed September 2021.

¹² NICE. Stop smoking interventions and services. NICE guideline [NG92]. Available at: <https://www.nice.org.uk/guidance/ng92/chapter/recommendations#behavioural-support>. Accessed September 2021.

¹³ www.nhs.uk/smokefree/help-and-advice/e-cigarettes. Accessed January 2020

¹⁴ PCRS Pragmatic Guides for Clinicians. Diagnosis and Management of Tobacco Dependency. Available at: <https://www.pcrs-uk.org/resource/tobacco-dependency-pragmatic-guide>. Accessed September 2021.

¹⁵ Shabab L, et al. Ann Internal Med 2017;166:390-400.

Date of issue: 27 September 2021

Approved by PCRS Executive policy lead on committee: 27 September 2021