

Smoking cessation: e-cigarettes

Since 2010 there has been a significant rise in use of electronic cigarettes among adult smokers in Great Britain but experts remain divided about the role these devices should play in helping people to quit smoking.¹ It is one of the most controversial debates in public health in recent years.

In order to determine the relative risks and benefits of e-cigarettes in terms of harm reduction when compared with cigarettes and as an aid to quitting, Public Health England published an expert independent review in August 2015.² This concluded that e-cigarettes are significantly less harmful to health than tobacco and have the potential to help smokers quit.

Some of the findings have been welcomed by Action on Smoking and Health (ASH) and the Royal College of Physicians of London. But other leading health bodies - including the British Medical Association, the US Centers for Disease Control and Prevention, and the World Health Organization - have expressed caution.

Key findings of the PHE review:

- The current best estimate is that e-cigarettes are around 95% less harmful than smoking
- Nearly half the population (44.8%) don't realise e-cigarettes are much less harmful than smoking
- There is no evidence so far that e-cigarettes are acting as a route into smoking for children or non-smokers
- Almost all of the 2.6 million adults using e-cigarettes in Great Britain are current or ex-smokers, most of whom are using the devices to help them quit smoking or to prevent them going back to cigarettes.
- Very few adults and young people who have never smoked are becoming regular e-cigarette users (less than 1% in each group).
- Emerging evidence suggests some of the highest successful quit rates are now seen among smokers who use an e-cigarette and also receive additional support from their local stop smoking services.

Lead authors of the review Professor Ann McNeill (King's College London) and Professor Peter Hajek (Queen Mary University of London), suggest that e-cigarettes may be contributing to falling smoking rates among adults and young people.

Professor McNeill said: 'There is no evidence that e-cigarettes are undermining England's falling smoking rates. Instead the evidence consistently finds that e-cigarettes are another tool for stopping smoking and in my view smokers should try vaping and vapers should stop smoking entirely. E-cigarettes could be a game changer in public health in particular by reducing the enormous health inequalities caused by smoking.'

But Professor Martin McKee, professor of European public health at the London School of Hygiene & Tropical Medicine and Professor Simon Capewell, professor of clinical epidemiology at the University of Liverpool, question the evidence on safety and effectiveness underpinning the recommendations in the PHE paper. In a BMJ paper they say that the available evidence about e-cigarettes suggests that the debate is far from over and questions remain about their benefits and harms.³

They claim:

- Public Health England's endorsement of the safety and efficacy of e-cigarettes is based on uncertain evidence. PHE's estimate that e-cigarettes are 95% less harmful to health than normal cigarettes came from a single meeting of 12 people, involving several known e-cigarette champions and sponsored by companies with links to the tobacco industry.
- The quality of evidence that e-cigarettes help smokers to quit is weak: A recent Cochrane review, widely cited in the PHE report, concluded the available evidence was of 'low or very low quality' by recognised standards. A recent systematic review, which the PHE report fails to cite, also found

serious methodological problems in many of the studies it reviewed, and noted that one third of the studies (34%) it reviewed were published by authors with conflicts of interest.

- Recent evidence questions PHE's conclusion that e-cigarettes are not a gateway to smoking. McKee and Capewell argue that experimentation with e-cigarettes among young people in England is 'worryingly high' and 'this remains a major concern for health professionals and parents.'
- Until better evidence is available public health strategies should follow the precautionary principle.

In response to criticism of the review by the two academics PHE and other public health organisations issued a joint statement in September 2015 stressing the relative safety of electronic cigarettes in comparison with smoking.⁴

It says: 'We know that e-cigarettes are the most popular quitting tool in the country with more than 10 times as many people are using them than using local stop smoking services. But, we also know that using local stop smoking services is by far the most effective way to quit. What we need to do is combine the most popular method with the most effective and that is why we are encouraging those who want to use e-cigarettes to quit smoking to seek the help of their local stop smoking service.'

Regulation of e-cigarettes

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. 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.

The PCRS-UK position on e-cigarettes

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.^{5,6} The four 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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Further information

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Date of production: 22 September 2015

Resource Number:- 2014SC007.1

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The PCRS-UK smoking cessation resources have been sponsored by an educational grant from Pfizer Ltd. The views expressed in this publication are not necessarily those of either the sponsor or the Primary Care Respiratory Society UK

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