NICE GUIDANCE PH48 TOOLKIT
DOCUMENT 6: VAPING IN SECONDARY CARE – GUIDANCE

This guidance is intended to assist Trusts to determine an effective, evidenced-based position on e-cigarettes.

KEY POINTS

E-cigarettes are regulated as consumer products by the UK Tobacco and Related Products Regulations 2016.[1]

E-cigarettes deliver nicotine via vapour rather than smoke. It is the smoke produced when setting light to tobacco which makes smoking so harmful. The harm is much lower when using non-combustible forms of nicotine, such as e-cigarettes.

E-cigarette use is often known as "vaping," and e-cigarette users are known as "vapers".

It is important to make the distinction between vaping and smoking.

E-cigarettes are the most popular quitting method in England.[2]

Switching from smoking to vaping should be positively encouraged. Anyone succeeding in switching should be supported and congratulated.

For monitoring purposes, people who use e-cigarettes and do not smoke tobacco should no longer be identified as smokers.

The Royal College of Physicians report of 2016 states that "In the interest of public health it is it is important to promote the use of e-cigarettes, NRT and other non-tobacco nicotine products as widely as possible as a substitute for smoking in the UK."[3]

SAFETY

A review of the evidence commissioned by Public Health England (PHE) in 2017 concluded that e-cigarettes are around 95% less harmful to health than smoking.[4]

Public perceptions of harm from e-cigarettes remain inaccurate with only 17% of respondents correctly stating that e-cigarettes are a lot less harmful than smoking.[5]

It is important that Trusts positions clearly addresses misperceptions through an evidence-based approach to the use of e-cigarettes, or vaping.

There may be concerns that personal rechargeable electronic devices present a fire risk during use and when being charged. The National Fire Chiefs Council (NFCC) has published guidance on e-cigarette use in Smokefree NHS settings.[6]

Trusts should refer to guidance around fire risk from personal rechargeable electronic devices which is given in the NHS Estates and Facilities Alert, 2018,[7] and the publication Use of e-cigarettes in public places and workplaces from PHE.[8]

Untoward incidents relating to e-cigarettes should be reported through the Medicines Healthcare Products Regulatory Agency (MRHA) Central Alerting System.[9]

"To date, there is no evidence of harm to health from 'secondhand vaping' and the risks are likely to be very low,"[10]. whereas the harm associated with secondhand smoking are widely documented.

It is important to note that heat-not-burn products are not e-cigarettes as they involve heating tobacco. E-cigarettes do not contain tobacco. Research is needed on relative risks of heated tobacco products to users and those around them compared with cigarettes and e-cigarettes.

Whilst blanket bans against smoking are supported by the evidence, blanket bans on e-cigarettes that have no cogent justification could, however, be challenged (CQC, 2018).[11]

To assist organisations in their decision making on policy around e-cigarettes, Action on Smoking and Health (ASH) have produced a briefing "Will you permit or prohibit electronic cigarette use on your premises?"[12] It is advised that Trusts follow the principles within the ASH briefing which asks five key questions:

1. What are the issues you are trying to deal with?
2. What do you think you need to control?
3. Do you have concerns about the possibility of harm from electronic cigarettes?
4. Will restricting or prohibiting use of Nicotine Containing Products support compliance with Smokefree policies?
5. Do you want your policy to help to improve people's health?

FOR FURTHER INFORMATION REFER TO:

Document 6a - PHE Evidence review

Document 6b - National Fire Chiefs Council Guidance E-cigarettes use in smokefree NHS settings

Document 6c - NHS - Estates & Facilities Alert

Document 6d - NE TF Yorkshire Cancer Research vaping position-statement

Document 6e - NTW Electronic Cigarette Safety Checklist for Staff

HOW WILL YOUR TRUST MANAGE VAPING?

OPTIONS

	Option	Advantages – rationale	Disadvantages – rationale	Position
1	Treat vaping as smoking and prohibit anywhere in buildings and grounds.	Consistency without needing to consider current or emerging details of vaping evidence.	Vaping and smoking are not the same. Treating them as such may result in confusion from conflicting messages about reduced risk from switching to vaping. Considered to be a "blanket restriction without cogent justification" by CQC.	Not recommended
2	Allow vaping - external areas only.	A permissive approach to vaping on the grounds of healthcare settings will help to promote vaping as a less harmful alternative to smoking. Vaping etiquette considers the comfort of those who don't vape by not permitting indoors. Will facilitate awareness raising discussions of the benefits of switching, thus helping to dispel misperceptions.	The management of electronic cigarettes / vapes for patients and staff. Concerns around safety and fire risks of rechargeable devices	First option of choice
3	Allow vaping outside buildings – away from open windows and doorways.	As above. Avoids discomfort of breathing in vape whilst working in or entering/ exiting buildings. Avoids people congregating to vape at entrances. Wide education and communication will empower all to have effective, evidence-based conversations, and raise the issue and politely requesting those vaping to move away from entrance and / or windows where necessary.	Less likely to be adhered to in bad weather. Identifying vapers from smokers, particularly at a distance, could be difficult. No designated vaping areas could mean that vapers are required to share the same space as smokers, putting them at risk of second-hand smoke and undermining the Smokefree policy. Due to the way vapes need to be used for effective nicotine delivery, NRT should also be available to support temporary abstinence	Second option of choice

| 4 | Allow vaping outside buildings in – vaping shelters or other specifically identified areas | As 3 and 4

Gives a clear message where vaping is permitted

Could upgrade existing smoking shelters i.e. use NCSCT 'vaping allowed' and 'no smoking' signage to make clear that smoking is not permitted. | Costly to install if needed.

Due to the nature of the way that people use vaporisers, i.e. sipping frequently, this may not be an effective approach for everyone[13]

It could promote the wrong message as there is negligible harm from side-stream vape so there is no need to group vapers together in this way.

Difficult to ensure shelters are not used by smokers.

If shelters are used by smokers, this is likely to:

• Put vapers off using them
• Undermine the no smoking policy
• Vapers will be exposed to second-hand smoke (less harmful as outside)
• May trigger relapse to smoking for vapers
• Less likely to be adhered to by either smokers or vapers in bad weather | Not recommended |

5	Allow vaping by patients indoors in addition to outdoors - in designated areas only.	Enables people to vape more frequently and without having to go outside. This may be especially helpful for patients who are unwell, or for those in mental health settings where leave maybe restricted. Reduces risk of patients getting lost or falling when outside and helps reduce risk for vulnerable patients. Enables more effective nicotine delivery from vaping, and therefore more compliance with the Smokefree policy is likely. Patients in mental health units who are smokers would benefit from using e-cigarettes to help them stop smoking conventional cigarettes, whilst also encouraging them to engage with treatments and activities within health facilities.[14]	Though harms from concentrated indoor levels of vapour are likely to be negligible, they may cause discomfort. Policies that consider vaping etiquette are needed. Discreet vaping without clouds is perfectly possible and should be encouraged. There may need to be an overarching protocol which allows discretion for management of indoor vaping at an individual clinical level.	First or third choice dependant on clinical setting.
6	Different policy for staff than patients and visitors.	Staff should be encouraging the switch to vaping from smoking and will be demonstrating positive role model behaviours. Staff returning from a break after vaping will not be carrying either the odour of smoking or harmful chemicals back into buildings.	Conflicting messages and confusion as to who can do what. Could be confusing for patients and visitors if staff are seen vaping in uniform, or with NHS badges, particularly as there are public misperceptions around vaping. No clear rationale for this approach.	Not recommended

REFERENCE LINKS

1. http://www.legislation.gov.uk/uksi/2016/507
2. https://www.gov.uk/government/news/highest-smoking-quit-success-rates-on-record
3. https://www.rcplondon.ac.uk/projects/outputs/nicotine-without-smoke-tobacco-harm-reduction-0
4. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733022/Ecigarettes_an_evidence_update_A_report_commissioned_by_Public_Health_England_FINAL.pdf
5. https://ASH-Use-of-E-cigarettes-by-adults-in-Great-Britain-2018%20(1).pdf
6. https://www.nationalfirechiefs.org.uk/write/MediaUploads/NFCC%20Guidance%20publications/Health/E-cigs%20in%20NHS/Guidance_note_-_E-cigarettes_use_in_smokefree_NHS_settings.pdf
7. https://www.health-ni.gov.uk/sites/default/files/publications/health/EFA-2018-007_0.PDF
8. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/768952/PHE-advice-on-use-of-e-cigarettes-in-public-places-and-workplaces.PDF
9. https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=102809
10. https://ash.org.uk/wp-content/uploads/2019/04/E-Cigarettes-Briefing_PDF_v1.pdf
11. https://www.cqc.org.uk/sites/default/files/20170109_briefguide-smokefree.pdf
12. https://ash.org.uk/information-and-resources/briefings/will-you-permit-or-prohibit-e-cigarette-use-on-your-premises/
13. https://www.ncsct.co.uk/shopdisp_electronic_cigarette_briefing.php
14. https://publications.parliament.uk/pa/cm201719/cmselect/cmsctech/505/505.pdf