



Position statement on electronic cigarettes



Saving Yorkshire Lives

www.ycr.org.uk



Contents

Tobacco and cancer	2
Regional smoking rates	2
Reducing tobacco smoking	3
Introduction to e-cigarettes	4
Brief review of evidence on e-cigarettes	5
Tobacco “heat not burn” products	6
E-cigarette use in the workplace	6
Conclusion	6
Endorsements	7
References	8

This position statement has been prepared by Yorkshire Cancer Research, using the most up to date information available at time of publication.

Other documents available include:

- 12 key facts about e-cigarettes
- E-cigarettes and their use in the workplace or public places
- Poster: Switching to e-cigarettes might help you quit for good
- Leaflet: E-cigarettes - reducing harm from tobacco

Tobacco and cancer

Tobacco smoking is the leading cause of premature death in Yorkshire, with 1 in 2 long term smokers dying as a result of smoking if they do not quit. It is the largest single cause of health inequalities, as well as a leading cause of preventable illness.

It is also the leading preventable cause of cancer, causing around 1 in 5 (19%) of all cancers, mainly in

cancer types where outcomes for patients are very poor, such as lung, oesophageal and pancreatic cancers¹.

Lung cancer is one of Yorkshire’s most common cancers with 4,315 cases diagnosed in 2015² and 3,271 deaths³. Nearly 9 in 10 lung cancers are caused by smoking and are therefore preventable¹.

Regional smoking rates

National and regional smoking rates are declining at a steady, but slow, rate – the average rate for Yorkshire, currently 17.6%, remains higher than the national average of 15.5%⁴.

Smoking prevalence varies hugely across the region with rates as low as 10.1% in Craven, North Yorkshire, however, the vast majority of areas in Yorkshire fall above the England average, the highest being 24.2% in Hull⁴. Based on the current smoking rates we estimate there are around 752,000 adult smokers in Yorkshire^{4,5}.

In order to align with the Independent Cancer Taskforce recommendation that smoking prevalence should fall to 13% by 2020 and 5% by 2035⁶, this number needs to reduce to around 555,500 by 2020 and 213,700 by 2035.

In order to achieve such a decline (shown in the chart below using estimated figures which reflect the current rate of decline for 2016 to 2034), significant and rapid behaviour change is required in many tens of thousands of people in the Yorkshire population. That change will not come without a different approach to helping people become and stay smokefree.

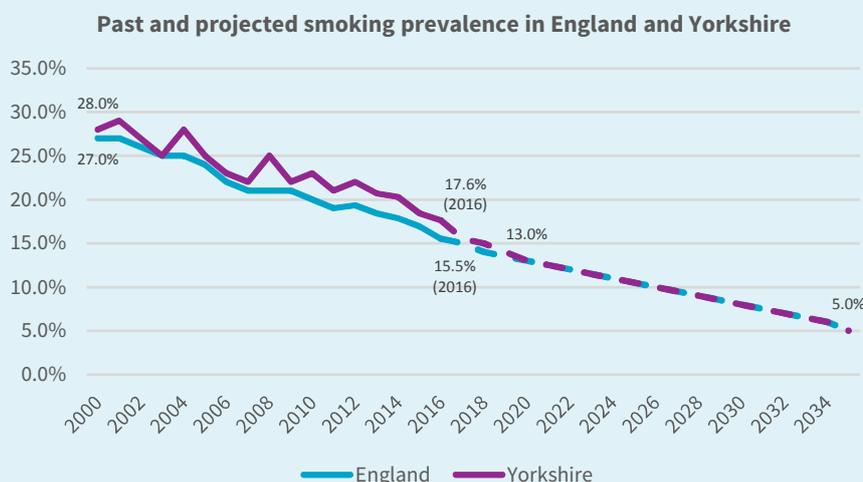


Figure 1: Observed decline in smoking prevalence in England and Yorkshire from 2000 to 2016, and estimated rate of decline if Yorkshire and England were to meet the Cancer Taskforce aim of 13% and 5% by 2020 and 2035 respectively^{4,7}.

Reducing tobacco smoking

There are two main approaches to reducing the amount of tobacco smoked within society:

- 1. Tobacco control policies** – these refer to the policies and laws put in place by government to reduce the accessibility of tobacco such as the ban on smoking in public buildings or workplaces introduced in 2007, banning smoking in vehicles carrying children under 18 which was introduced in 2015, or most recently in 2016 the introduction of plain packaging and banning the sale of packs of 10 cigarettes.
- 2. Tobacco harm reduction** – often embedded within tobacco control policies, these are strategies which aim to minimise harm to individuals or wider society from behaviours that are hazardous to health and that cannot be completely prevented, avoided, or controlled. Specifically, tobacco harm reduction works by providing smokers with the nicotine to which they are addicted, without the tobacco smoke that is responsible for almost all of the harm caused by smoking.

The recent decline in smoking prevalence is likely to be due in part to the implementation of multiple tobacco control policies that governments have put in place. However, it is difficult to attribute a specific percentage of decline in smoking prevalence to tobacco control policies and, as current rates of decline indicate, their impact is likely to be limited.

As well as placing restrictions on smoking, tobacco control policies have helped to denormalise smoking in society – however, further denormalisation is needed, particularly in young people and in areas, or populations, where smoking rates are high as highlighted in the 2017 Tobacco Control Plan for England⁸.

Cessation is the gold standard for tobacco harm reduction, and over time it is expected that the decline in smoking will be a result of changes at both ends of the spectrum; more people will stop smoking, and fewer people will start smoking in the first instance (through denormalisation).

In order to achieve maximum impact in tackling the harm of tobacco, both smoking cessation and tobacco harm reduction strategies must be encouraged among smokers.

Nicotine itself, despite being addictive, does not cause smoking related diseases such as cancer^{9,10}.

As such, nicotine in electronic cigarettes (e-cigarettes) and nicotine replacement therapy (NRT) products (such as nicotine patches or inhalers) pose little danger to adults, as the nicotine is not combined with the harmful toxins and carcinogens in the smoke from burnt tobacco. It is these chemicals that are the cause of smoking related diseases such as cancer. Tobacco smoke is known to contain around 4,000 chemicals, 69 of which cause cancer.

The best thing a smoker can do for their health is to stop smoking completely and for good.

**Free support is available from local stop smoking services
www.nhs.uk/smokefree**

Introduction to e-cigarettes

E-cigarettes are a relatively new class of nicotine containing product that offer a viable harm-reduction option for smokers.

Evidence indicates that they can help people to quit smoking, with similar or better results than nicotine replacement therapies such as patches¹¹.

E-cigarettes deliver nicotine within an inhalable aerosol by heating a solution that typically contains nicotine, propylene glycol and/or glycerol, plus flavours.

This aerosol is commonly referred to as vapour and so the use of an e-cigarette is described as “**vaping**”. Unlike cigarettes, there is no combustion (burning) involved in e-cigarettes so there is no smoke or other harmful products of combustion, such as tar and carbon monoxide¹⁰.

While not completely risk free, e-cigarettes are significantly less harmful than smoking.

Did you know?

E-cigarettes are at least 95% less harmful than smoking

E-cigarettes cost less than smoking

E-cigarettes give off a vapour that does not harm bystanders

Around 6% of the adult population currently use e-cigarettes, with the number of users across Great Britain rising from 700,000 in 2012 to 2.9 million in 2017¹².

It is currently estimated that 52% of users are ex-smokers and 45% are current smokers¹². For Yorkshire, this means an estimated 256,500 adults are current e-cigarette users, with around 133,500 being ex-smokers and 115,500 being current smokers.

E-cigarettes have become the most popular stop smoking aid in England. Over time, the proportion of users who are also smokers is declining while the number of users who are ex-smokers is growing (shown in Figure 2 below).

In addition to the 1.5 million vapers in Britain who have stopped smoking completely, a further 770,000 have given up both smoking and vaping¹³.

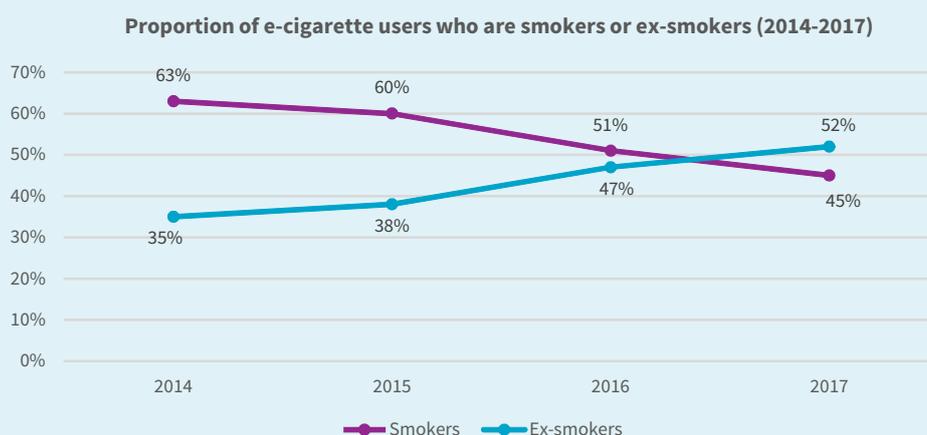


Figure 2: Proportion of e-cigarette users who are smokers or ex-smokers (2014-2017). Taken from Action on Smoking and Health (ASH) Factsheet on the use of electronic cigarettes among adults in Great Britain¹².

Brief review of evidence on e-cigarettes

Many NRT products have been on the market for a number of years. Most recently, e-cigarettes have become the topic of much debate in the public health arena. Having assessed the current state of the evidence, Yorkshire Cancer Research supports the use of e-cigarettes as an aid to reduce harm from tobacco.

In early 2018, Public Health England published an updated independent review of evidence to date on e-cigarettes¹⁴. The report builds on previous evidence¹⁵ and maintains vaping is at least 95% less harmful than smoking. Switching completely from smoking to vaping is likely to convey substantial health benefits over continued smoking. This position maintains consistency with the Royal College of Physicians⁹:

“Although it is not possible to precisely quantify the long-term health risks associated with e-cigarettes, the available data suggest that they are unlikely to exceed 5% of those associated with smoked tobacco products, and may well be substantially lower than this figure”.

To date there have been no identified health risks of passive vaping to bystanders¹⁴ as e-cigarettes release negligible levels of nicotine into the ambient air. This is in contrast to the known harm of second hand smoke to bystanders which underpins UK smokefree laws. Furthermore, the 2018 Public Health England review presents evidence that the cancer potency of e-cigarettes are largely under 0.5% of the risk of smoking¹⁴. This is a vast difference and helps to illustrate the clear public health benefit of switching completely to vaping from smoking tobacco.

There is no evidence that e-cigarettes are undermining the long-term decline in smoking rates. Rather, they are likely to be contributing to it. E-cigarette use among never smokers remains very rare at less than 1% in adults (similar to the level of use of NRT)¹⁴. There is also little evidence of frequent and regular use among young people who have never smoked^{12,17}. Young people who have tried e-cigarettes are more likely to try smoking but a causal link has not been established, and neither has progression to regular smoking¹⁴.

We recommend that non-smokers and young people under the age of 18 years do not use e-cigarettes and there is a need to guard against potential uptake by young people. However, saying this, priority should be given to supporting young people not to smoke.

For pregnant women who smoke, while licensed NRT products are the recommended treatment, if using an e-cigarette helps them to quit and stay smokefree they should not be discouraged from doing so as it is much safer than smoking for both them and their baby¹⁸.

All smokers should be given accurate and balanced information about the relative risks of smoking and e-cigarettes, to allow them to make informed decisions.

We acknowledge that e-cigarettes are far safer than smoking, are popular, accepted by smokers, and have a significant role to play in reducing the harm from tobacco and thus to improving public health.

Despite this, there is widespread and growing public misperception that e-cigarettes are at least as harmful as tobacco^{12,14}. The 2018 Public Health England review reports less than half of adults in Great Britain believe e-cigarettes are less harmful than smoking, and that four in ten smokers and ex-smokers incorrectly believe nicotine in cigarettes is the cause of most smoking related cancer¹⁴. There is a clear public health responsibility to properly disseminate the current evidence among the general population - Public Health England and other organisations are taking steps to do this. Furthermore, healthcare professionals need reliable information so they can give accurate and evidence-based advice to smokers. In early 2018, the National Centre for Smoking Cessation Training (NCSCT) launched an online training course for healthcare professionals, aiming to give them the information needed to support people who want to use e-cigarettes to quit smoking¹⁹.

In addition, we know smokers who engage with local stop smoking services are up to four times more likely to quit than smokers who try to quit using other methods²⁰. A key part of this intervention is the behavioural support provided during the quit attempt. The latest NHS Stop Smoking Services briefing document (2016)¹⁰ issued by the NCSCT acknowledges:

“[...] there is an opportunity to improve success rates by combining the most popular (e-cigarettes) with the most effective method of quitting (behavioural support from services)”.

In England in 2016-17, smokers who combined support from local stop smoking services with e-cigarettes had the highest self reported quit rates, with over two thirds quitting successfully compared to around half of those who used licensed NRT products²¹.

In the region we are pleased to see a number of organisations supporting the use of e-cigarettes as an aid to stop smoking, such as Breathe 2025²², set up by Yorkshire and the Humber Tobacco Control Network, a supportive questions and answers document on e-cigarettes produced by Leeds City Council and a policy statement produced by Smokefree Sheffield which aims to develop an agreed consensus on e-cigarettes from partners across the city.

Tobacco “heat not burn” products

A small number of Tobacco “heat not burn” products have recently been released onto the UK market. These products produce a vapour by heating tobacco without burning it.

Manufacturers claim these products have a reduced risk compared to smoking (similar to e-cigarettes) however, there is little independent evidence to support this.

E-cigarette use in the workplace

E-cigarette use is not covered by UK smokefree laws which prohibit smoking in enclosed public places and workplaces. Therefore it is left to organisations to decide their policy on an individual basis. As e-cigarette use is not covered by UK smokefree laws, their use should not automatically be included in the requirements of an organisation’s smokefree policy.

Smoking is defined clinically and in law, and it is important to note that the use of e-cigarettes does not meet the definition in either context.

Therefore, vaping is a different activity to smoking.

It is important that policies on the use of e-cigarettes in public and work environments are written with proper

understanding of the available evidence and the health of staff and the public in mind. Organisations which impose a blanket ban on e-cigarette use may not be supporting their employees, colleagues and customers to stop smoking.

Yorkshire Cancer Research strongly recommends that any organisation wishing to create an e-cigarette policy, or incorporate e-cigarettes into an existing policy, should familiarise themselves with the advice produced by Public Health England²³.

For a summary see related Yorkshire Cancer Research document “E-cigarettes and their use in the workplace or public places”.

It makes sense to encourage quitting by combining the most popular method– e-cigarettes, with the most successful – behavioural support through local stop smoking services.

We believe that it would be detrimental to public health if the Health and Wellbeing Boards continue to cut the funding available to local stop smoking services. In fact, increasing these services could clearly not only save many thousands of lives by reducing the number of smokers in the region, but it could also dramatically reduce the costs of NHS treatment for patients with smoking-related cancer that are almost entirely preventable.

Based on the current available evidence, we consider e-cigarettes provide a safer and acceptable alternative to smoked tobacco, and that their use as an aid to quit smoking completely should be publicised in the general population. In addition, government and regulators must be challenged to continue to provide a legal and regulatory framework that permits current and future users to maintain and have access to a product that improves their health.

Conclusion

As e-cigarettes have only been around in relatively recent years, the long-term impact of e-cigarette use is currently unknown and more research in this area is required. However, we must act on the current evidence available that e-cigarettes are at least 95% safer than smoking and they are an accessible and popular way to aid smokers in quitting.

The emerging picture is one of numerous bodies and organisations supporting the use of e-cigarettes in helping to drive down smoking rates and improve public health.

This is set out in a joint statement by Public Health England and other UK public health organisations²⁴, including Action on Smoking and Health, British Lung Foundation, and the UK Centre for Tobacco and Alcohol Studies. We agree with that statement and like those bodies, we acknowledge the need to continue to study the long-term effects.

Yorkshire Cancer Research believes that the best thing a smoker can do for their health is to stop smoking completely and for good.

However, for those smokers who are not ready or able to stop smoking in one step, harm reduction approaches can be beneficial.

Endorsements



Dr Rupert Suckling, Director of Public Health, Doncaster Council and Chair of The Association of Directors of Public Health, Yorkshire and the Humber

“E-cigarettes are still a relatively new technology... however, we already know a lot about these products, as Yorkshire Cancer Research outlines. Smokers and the public should be reassured that e-cigarettes offer a viable route away from the devastating harm of tobacco use. There’s likely to be the most benefit where we can combine the most popular route to stopping – e-cigarettes – with the most successful way of quitting tobacco completely – free local stop smoking services. The combined benefit of these approaches could really help prevent cancers caused by tobacco, and we would urge any smoker to seize this opportunity.”

The Association of Directors of Public Health, Yorkshire and the Humber supports the delivery of better public health outcomes in Yorkshire and the Humber.



Public Health England

Dr Andrew Furber, Centre Director - Public Health England, Yorkshire and the Humber

“We welcome the position of

Yorkshire Cancer Research on e-cigarettes, which reflects Public Health England’s independent reviews and advice from the Royal College of Physicians. The best thing any smoker can do for their health is to quit. E-cigarettes are not completely risk free but vaping carries a fraction of the risk of smoking and can be an effective way to quit. Today over half of vapers have stopped smoking.”

Public Health England exists to protect and improve the nation’s health and wellbeing and reduce health inequalities. It does this through advocacy, partnerships, world-class science, knowledge and intelligence, and delivery of specialist public health services.



Paul Lambert, Breathe 2025

“Anyone who has struggled to quit should try switching to an e-cigarette and get professional help. The greatest quit success is among those who

combine using an e-cigarette with support from a local stop smoking service.”

Breathe 2025 is a collaborative campaign that exists to make sure the next generation of children are born and raised in a place free from tobacco, where smoking is unusual.

For more information visit www.breathe2025.org.uk



Saving Yorkshire Lives

Dr Kathryn Scott, Chief Executive, Yorkshire Cancer Research

“Smoking seriously harms health and is the cause of hundreds of cancer cases and deaths across Yorkshire each year, particularly lung cancer which can result in poor outcomes for many patients. Half of all long-term smokers will die as a result of smoking – but this risk can be reduced by quitting as soon as possible.

Yorkshire Cancer Research wants to inform people across Yorkshire about the benefits of e-cigarettes and clearly states their reduced harm compared to tobacco products. Encouraging people to switch to e-cigarettes will help to drive down smoking rates across the region and this will have a huge public benefit in future years.

We strongly believe that there is a duty to the public to produce clear and evidenced-based information on e-cigarettes so people know the facts. It’s never too late to stop smoking, and even after a diagnosis of cancer, quitting smoking can have positive benefits on treatment and outcomes. We urge smokers across the region to make the switch and get in touch with a free local stop smoking service for support in quitting.”

Yorkshire Cancer Research

As Yorkshire’s independent cancer charity, Yorkshire Cancer Research helps people in and around the region avoid, survive and cope with cancer.

Yorkshire Cancer Research aims to save an extra 2000 lives per year by 2025 and has committed to spending £100m to achieve this. The charity is dedicated to raising awareness of cancer and how to prevent it, promoting screening programmes to increase early detection and funding innovative research projects, from diagnosis to end-of-life care. We work in partnership with researchers, scientists and clinicians, the NHS, public health bodies and other charities to make significant improvements to cancer outcomes in Yorkshire.

References

1. Parkin, D.M., Boyd, L. and Walker, L.C. (2011). The fraction of cancer attributable to lifestyle and environmental factors in the UK in 2010, *British Journal of Cancer*, 105, pp. S1-S81
2. CancerData, Incidence, <http://cancerdata.nhs.uk/incidence>
3. CancerData, Mortality, <https://cancerdata.nhs.uk/mortality>
4. Public Health England, Public Health Profiles, Health Profiles, Adults' health and lifestyle – “Smoking prevalence”, <http://fingertips.phe.org.uk/profile/health-profiles>
5. Office for National Statistics, Population Estimates for UK, England and Wales, Scotland and Northern Ireland: Mid-2016, <http://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2016>
6. Achieving world-class cancer outcomes, a strategy for England 2015-2020, http://www.cancerresearchuk.org/sites/default/files/achieving_world-class_cancer_outcomes_-_a_strategy_for_england_2015-2020.pdf
7. Office for National Statistics, General Lifestyle Survey 2011: Reference tables, Chapter 1 – Smoking (General Lifestyle Survey Overview – a report on the 2011 General Lifestyle Survey), <http://www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/incomeandwealth/compendium/generallifestylesurvey/2013-03-07/generallifestylesurvey2011referencetables>
8. GOV.UK, Department of Health, Towards a smoke-free generation: a tobacco control plan for England, <https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england>
9. Royal College of Physicians, Nicotine without smoke, Tobacco harm reduction, A report by the Tobacco Advisory Group of the Royal College of Physicians, <https://www.rcplondon.ac.uk/projects/outputs/nicotine-without-smoke-tobacco-harm-reduction-0>
10. National Centre for Smoking Cessation and Training, Electronic cigarettes: A briefing for stop smoking services, 2016, http://www.ncsct.co.uk/publication_electronic_cigarette_briefing.php
11. Cochrane, Can electronic cigarettes help people stop smoking, and are they safe to use for this purpose? 2016, http://www.cochrane.org/CD010216/TOBACCO_can-electronic-cigarettes-help-people-stop-smoking-and-are-they-safe-use-purpose
12. Action on Smoking and Health (ASH) 2017, Use of electronic cigarettes (vapourisers) among adults in Great Britain, <http://ash.org.uk/information-and-resources/fact-sheets/use-of-e-cigarettes-among-adults-in-great-britain-2017/>
13. Office for National Statistics, Adult smoking habits in the UK: 2016, <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2016#e-cigarette-use-in-great-britain-using-data-from-the-opinions-and-lifestyle-survey-2014-to-2016-adults-aged-16-and-over>
14. Public Health England, Evidence review of e-cigarettes and heated tobacco products 2018, A report commissioned by Public Health England, <https://www.gov.uk/government/publications/e-cigarettes-and-heated-tobacco-products-evidence-review>
15. Public Health England, E-cigarettes: an evidence update, A report commissioned by Public Health England, 2015, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/457102/E-cigarettes_an_evidence_update_A_report_commissioned_by_Public_Health_England_FINAL.pdf
16. Public Health England, Britton J & Bogdanovica I, Electronic cigarettes, A report commissioned by Public Health England, 2014, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/311887/E-cigarettes_report.pdf
17. Bauld, L. et al. (2017). Young People's Use of E-Cigarettes across the United Kingdom: Findings from Five Surveys 2015-2017, *International Journal of Environmental Research and Public Health*, 14, pp. 973
18. Smoking in pregnancy challenge group, E-cigarettes in pregnancy, <http://smokefreeaction.org.uk/wp-content/uploads/2017/06/SiPe-cig-infographic.pdf>
19. National Centre for Smoking Cessation and Training, E-cigarettes: a guide for healthcare professionals, <http://elearning.ncsct.co.uk/e-cigarettes-launch>
20. National Centre for Smoking Cessation and Training (2012) Stop smoking services: increased chances of quitting, http://www.ncsct.co.uk/publication_Stop_smoking_services_impact_on_quitting.php
21. NHS Digital, Statistics on NHS Stop Smoking Services, England, April 2016 to March 2017, <http://digital.nhs.uk/catalogue/PUB30058>
22. Breathe 2025, Inspiring a smokefree generation, Tobacco Control Consensus on E-Cigarettes, <http://www.breathe2025.org.uk/wordpress/wp-content/uploads/2016/02/Breathe2025-Consensus-Statements-on-E-CigsFINAL.pdf>
23. Public Health England, Use of e-cigarettes in public places and workplaces, 2016, <https://www.gov.uk/government/publications/use-of-e-cigarettes-in-public-places-and-workplaces>
24. Public Health England, E-cigarettes: a developing public health consensus, 2016, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/534708/E-cigarettes_joint_consensus_statement_2016.pdf