

Tobacco Control Consensus on
E-Cigarettes

BREATHE
2025

INSPIRING A
SMOKEFREE GENERATION

breathe2025.org.uk

Tobacco Control Consensus Statements on E-Cigarettes

26th February 2016

The Yorkshire and the Humber Tobacco Control Network met on the 27th January 2016. The purpose of the meeting was to discuss and debate the place of e-cigarettes in the Tobacco Control and Harm Reduction agenda.

The Network supported the [joint statement on e-cigarettes by Public Health England and other UK public health organisations](#) and produced a number of consensus guidance statements:

1. Tobacco causes significant harm, and the best option in terms of health gain is for smokers **to quit now, completely and forever.**
2. E-cigarettes are **substantially less harmful than smoking tobacco.**
3. There is currently little information regarding the longer-term hazards associated with e-cigarette use, and this needs to be **monitored** through the published and unpublished evidence on the subject.
4. The dual-use of e-cigarettes and tobacco still exposes the user to the known harms of tobacco smoking; therefore **e-cigarette users should be encouraged to stop smoking tobacco completely.**
5. **Normalising quitting of tobacco use** is the aim of this regional approach; e-cigarettes are an additional option which may assist in achieving this aim.
6. The most up-to-date evidence indicates that the **type of e-cigarette used and the frequency of use has an impact on outcomes**, with daily use of refillable tank models giving smokers a better chance of stopping smoking successfully. It is not possible to recommend a specific brand of device or fluid; individuals considering purchasing an e-cigarette should consult a reputable retailer.
7. The most effective way for smokers to quit is with **face-to-face expert support**. Stop smoking services should become "[e-cigarette friendly](#)" and support people who want to use e-cigarettes to help them quit smoking.
8. Some individuals will have had multiple unsuccessful smoking quit attempts, or are unable or unwilling to use traditional NRT; e-cigarettes should be suggested as an option for these individuals.
9. **Pregnant women who find it difficult to stop smoking are recommended to use licensed nicotine replacement therapy (NRT) products.** However if a pregnant woman makes an informed choice to use an e-cigarette and if that helps them to stay smokefree, they should not be discouraged from doing so (see [NCSCT briefing on e-cigarettes](#)).

10. The **use of e-cigarettes by young people is not recommended**; the legislation prohibiting the sale of e-cigarettes or e-liquids to anyone under the age of 18 years and the purchase of e-cigarette products by adults on their behalf should be enforced.
11. E-cigarettes may be helpful for ex-smokers to prevent relapse to smoking. Otherwise it is **not recommended for non-smokers to start vaping**.
12. Treating e-cigarettes in the same manner as tobacco in terms of policies around smoking in public places sends a **misleading message to the public** that smoking tobacco and using e-cigarettes are equivalent in terms of risk; e-cigarettes are substantially less harmful for users than tobacco cigarettes, with no known health risks to bystanders.
13. E-cigarette use is not covered by UK smokefree law and requirements. Policies on use in public places and workplaces should create a clear distinction between vaping and smoking. Organisations and authorities are free to restrict or prohibit vaping in all or part of their premises, however **policies should be evidence-based** and designed to **maximise public health gain while managing risks** in any particular setting. The [CIEH/ASH five questions briefing](#) provides useful guidance for policy development and Public Health England will publish framework advice on use of e-cigarettes in public places and workplaces in spring 2016.
14. Where it is decided that e-cigarette use is **not allowed** in an enclosed public place, consideration should be given to **minimising the additional risks to e-cigarette users**; exposing vapers to tobacco smokers provides the additional risk of second-hand tobacco smoke in addition to potentially increasing the likelihood that they will return to smoking.
15. The Yorkshire and the Humber Tobacco Control Leads recognise that in time some e-cigarette products may be available as licensed medicines; they will use the best available evidence to **assess the effectiveness and cost-effectiveness** of these products before including them in LA funded stop smoking services.

This guidance statement will be reviewed in January 2017; new or emerging evidence which challenges the consensus statements will trigger an earlier review.

Dr James Crick
Specialty Registrar in Public Health, Hull City Council

Scott Crosby
Regional Tobacco Policy Manager scrosby@wakefield.gov.uk