Policies and practice on use of e-cigarettes in enclosed public places: towards a consensus

Purpose

In this survey we set out five draft principles for policies and practice in relation to use of nicotine vapourisers (commonly known as e-cigarettes) in enclosed public places and workplaces, on which we invite comments and input. Our purpose is to encourage debate and build an evidence-based core consensus around this important issue. Following analysis of the feedback received, we will publish Public Health England’s position and our framework advice to employers and other authorities.

Introduction

Prevalence of smoking in England has fallen to its lowest ever level, however it remains the number one cause of preventable illness and premature death, killing nearly 80,000 people every year.¹

PHE is clear that the best way for a smoker to protect their health and the health of those around them is to stop immediately, completely and permanently. We also recognise that not all smokers are ready or able to stop in one step, and for those people there is widespread support for the approach set out in the NICE public health guidance on tobacco harm reduction.

The Smoking Toolkit Study shows increasing numbers of smokers in England using nicotine vapourisers to help them to cut down or to quit for good. This has presented new challenges for consensus building, with some tobacco control advocates seeing these products as a disruptive technology with powerful potential to combat the problem of tobacco use, some seeing them as a tobacco industry manoeuvre to reinvent themselves as partners of public health and renormalise smoking, some seeing them as both, and some taking a variety of positions in between.
Despite these differences of view, there is widespread agreement around some key principles:

- that on the available evidence nicotine vapourisers, while not harmless, are considerably safer for users than smoked tobacco;
- that appropriate and effective regulation is needed both to protect young people and position nicotine vapourisers as products designed to help adult smokers to quit, and to ensure that there is a choice of safe and effective products for people to use; and
- that we must continue to monitor the evidence on the individual and population impacts of nicotine vapourisers as it emerges, and adapt our approach as necessary.

This is an agenda where the stakes are high and the debate has often been emotionally charged. PHE is working to build consensus within public health and the wider stakeholder community around an approach that is firmly rooted in the evidence.

UK smokefree legislation prohibits smoking in enclosed public places and workplaces, on public transport and in vehicles used for work. It is based on conclusive scientific evidence of the health harm caused to bystanders through the inhalation of secondhand smoke. Current evidence indicates that the risks from secondhand exposure to the vapour from nicotine vapourisers are likely to be extremely low.

Policies and practice on use of nicotine vapourisers (‘vaping’) in public places are evolving and need to continue to do so in the light of the emerging evidence base. This is a first step towards agreeing some guiding principles for an approach that accords with our current knowledge and protects against the unintended consequences of being either too permissive or too prohibitive.

1. **Distinguishing between vaping and smoking**

Many vapourisers, especially ‘first generation’ devices, were designed to look like cigarettes, thin white tubes with glowing tips producing puffs of vapour. This resemblance to cigarettes, advertising reminiscent of tobacco ads, the term ‘e-cigarettes’ and most recently the involvement of the tobacco industry, have given rise to concerns that nicotine vapourisers will cause confusion that might make smoking seem normal again, particularly to young people.

On the other hand, the use of nicotine vapourisers could act to denormalise smoking by reducing the number of smoking role models, reducing frequency of public smoking and by providing a role model for the rejection of smoking. Policies that
treat smoking and vaping as the same risk promoting the false impression that vaping presents the same risks as smoking.

**Implications for policies and practice:** In order to maximise the potential for use of nicotine vapourisers to make smoking less of a social norm, regulation and policy should create a clear distinction between vaping and smoking.

**Commentary by Professor Ann McNeill, King’s College London**
**Commentary by Cecilia Farren, GASP**

Please select:
- This is a fair reading of the current evidence and its implications
- This is not a fair reading of the current evidence and its implications
- There is insufficient evidence upon which to base a position

Is there additional evidence you would like to draw to our attention in relation to this proposition, or evidence you would want to see before coming to a view? Do you have an alternative proposition to enable the building of an evidence-based consensus?

2. **Protecting bystanders**

While research on health risks associated with exposure to secondhand vapour from nicotine vapourisers remains limited, the evidence so far indicates that the level of risk to bystanders is very low. Studies have found that vapour may expose bystanders to metals\(^2\) and nicotine\(^3\) greater than zero but far lower than tobacco smoke. This contrasts with the strong evidence of harm from secondhand tobacco smoke that led to smokefree legislation.

In his report to Public Health England published in May 2014, Professor John Britton said: “Electronic cigarettes do not produce smoke so the well-documented effects of passive exposure of others to cigarette smoke are clearly not relevant. Exposure of non-smokers to electronic cigarettes poses a concern, though laboratory work suggests that electronic cigarette use in enclosed space exposes others to nicotine at levels about one tenth generated by a cigarette, but little else. The health risks of passive exposure to electronic cigarette vapour are therefore likely to be extremely low.”\(^4\)

A systematic review of nicotine vapourisers as tobacco substitutes concluded: “Although evaluating the effects of passive vaping requires further work, based on the existing evidence from environmental exposure and chemical analyses of
vapour, it is safe to conclude that the effects of EC [e-cigarette] use on bystanders are minimal compared with conventional cigarettes.\textsuperscript{iv}

A systematic review of the chemistry of contaminants in nicotine vapourisers in the context of occupational safety standards concluded: “Analysis of the current state of knowledge about the chemistry of contaminants in liquids and aerosols associated with electronic cigarettes indicates that there is no evidence that vaping produces inhalable exposures to these contaminants at a level that would prompt measures to reduce exposure by the standards that are used to ensure safety of workplaces.” And on exposure to secondhand vapour: “Exposures of bystanders are likely to be orders of magnitude less, and thus pose no apparent concern.”\textsuperscript{vii}

**Implications for policies and practice:** Based on the available evidence, the risk to the health of bystanders from exposure to vapour from nicotine vapourisers is extremely low. A legal ban on the use of nicotine vapourisers in enclosed public places and workplaces would not be justified on the grounds of passive exposure.

**Commentary by Professor John Britton, University of Nottingham**

**Commentary by Andrea Crossfield, Tobacco Free Futures**

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**3. Protecting children and young people**

Smoking prevalence among young people in England continues to fall. A survey of trends in use of nicotine vapourisers among young people in Great Britain in 2013-14 found that although it has increased slightly, use remains low and is almost exclusively by current and former smokers. Over 90% of young people expressed no expectation either to smoke or to vape in the future.\textsuperscript{vii} This is consistent with the latest findings of the large and authoritative Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS).\textsuperscript{viii}

Restrictions to be introduced on age of sale and the advertising and promotion of nicotine vapourisers are widely supported as measures to protect young people and position nicotine vapourisers as products designed for adults to replace smoking.
Every adult smoker who switches to vaping represents one less smoking role model for children and young people, particularly as nicotine vapourisers continue to evolve and look less like cigarettes.

Some commentators argue that the sight of adults using nicotine vapourisers has the effect of “renormalising” smoking and increasing the risk of young people starting to smoke. If this is the case then policy makers will want to take care that policies do not displace vaping from adult oriented spaces into spaces where children are more likely to be exposed.

**Implications for policies and practice:** Nicotine vapourisers can help reduce exposure of children and young people to secondhand smoke and to smoking role models. In developing policies for child and youth settings it is appropriate to guard against potential youth uptake and this should be balanced with the need to foster an environment where it is easier for adult smokers not to smoke.

*Commentary by Deborah Arnott, ASH*
*Commentary by Professor Gerard Hastings, University of Stirling*

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4. **Supporting smokers to stop**

The number of nicotine vapouriser users in Great Britain has tripled over the last two years, from 700,000 in 2012 to 2.1 million in 2014. The same survey found two thirds of vapers have either stopped smoking or are trying to cut down or quit completely. There is emerging evidence that nicotine vapourisers help smokers to quit and that their effectiveness may be comparable to, or better than, nicotine replacement therapy.

The arrival on the UK market of nicotine vapourisers that are licensed for medicinal use will give people access to products whose quality and effectiveness can be assured, accompanied by information on use to obtain the most benefits from replacing nicotine in this way.
Implications for policies and practice: Policies should clearly distinguish vaping from smoking. A more facilitative approach may be appropriate in relation to vaping so that it is an easier choice for people to vape than to smoke. In particular vapers should not be made to share the same space with people who are smoking, as this could undermine their ability to stay smokefree or to quit, particularly among those most heavily addicted.

Commentary by Professor Robert West, University College London
Commentary by Andy McEwen, National Centre for Smoking Cessation and Training

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5. Impact on compliance with smokefree law and policies

There is widespread compliance with the UK’s smokefree laws governing smoking in enclosed public places and workplaces. The emergence of nicotine vapourisers, some of which closely resemble cigarettes in appearance, has raised concerns about potential negative impacts on compliance, with people taking advantage of possible confusion between nicotine vapourisers and cigarettes by smoking in places where it is prohibited.

Some pub chains have adopted a blanket prohibition on the grounds that it allows staff to concentrate on selling drinks rather than distinguishing vaping from smoking. There may be other commercial reasons to justify such a decision.

Implications for policies and practice: Compliance with smokefree requirements can be supported by emphasising a clear distinction between smoking and vaping and by communicating the policy clearly to everyone who is affected by it.

Commentary by Ian Gray, Chartered Institute of Environmental Health
Commentary by Peter Astley, Warrington Borough Council
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References

8. ISD Scotland, Scottish Schools Adolescent Lifestyle and Substance Use Survey 2013.