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Prof Hon. Joseph Lee, SBS, JP
Chairman, Panel on Health Services
Legislative Council
1 Legislative Council Road
Central, Hong Kong

Dear Chairman Lee,

Re: FS09/17-18 "Fact Sheet: Health effects of e-cigarettes and heated tobacco products"

I am writing in reference to LegCo Fact Sheet issued by Research Office of the Information Service Division of the Legislative Council Secretariat on 3 August 2018 titled "Health effects of e-cigarettes and heated tobacco products" (Paper No. FS09/17-18) ("Fact Sheet").

I respectfully ask for your permission to circulate this letter among the members of the LegCo Panel on Health Services to provide them with additional context to certain statements made in the Fact Sheet regarding the "*Evidence review of e-cigarettes and heated tobacco products 2018*" a report commissioned by Public Health England (PHE) with the objective to summarise the evidence underpinning the policy and regulation of e-cigarettes and novel nicotine delivery systems:

What the Fact Sheet said	What was actually mentioned in the PHE evidence review
<p><i>However, the PHE review found a much higher concentration of polycyclic aromatic hydrocarbons in HTPs relative to conventional cigarettes.</i> (Para. 3.3)</p>	<p>1. The actual finding of PHE states that "Compared with cigarettes, heated tobacco products are likely to expose users and bystanders to lower levels of particulate matter and harmful and potentially harmful compounds (HPHC). The extent of the reduction found varies between studies".¹</p> <p>2. What FS09/17-18 was pointing to was not a finding by PHE, but a reference to the Auer et al. study, which has been dismissed by the FDA due to "<u>significant analytical issues</u>": "<i>Auer et al. conducted the analysis over two consecutive days and some of the data included too few replicates. Data published in the article lack the appropriate number of replicates, and do not include testing of some compounds in cigarettes, such as acenaphthene. In addition, the identity of some of the compounds, such as acenaphthene, cannot be confirmed since the method used is not selective. The data published is not considered adequate for comparing the levels of HPHCs [Harmful and Potentially Harmful Constituents] between the IQOS products and combusted cigarettes. There are significant analytical issues in the Auer et al. study, such as lack of testing reference samples, low number of replicates, lack of selectivity on some analytical methods. In comparison, we have not identified specific issues with the applicant's methods</i>".² <i>Emphasis added</i></p>

..../cont'd page 2

¹ Page 219 of Evidence review of e-cigarettes and heated tobacco products 2018:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/684963/Evidence_review_of_e-cigarettes_and_heated_tobacco_products_2018.pdf

² Page 13 to 14 of FDA briefing document on modified risk tobacco product applications (MRTPAs):
<https://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/TobaccoProductsScientificAdvisoryCommittee/UCM593109.pdf>

There are currently more than 20 independent studies and reviews on IQOS, including the ones referred to by the LegCo report, reach positive conclusions. We respectfully refer panel members to our previous correspondence with all LegCo Members, in which we have attached a collection of independent studies and reviews on IQOS for Members' reference.

In addition, while Legco Fact Sheet FS09/17-18 had highlighted several aspects of the e-cigarette review by the National Academy of Sciences of the United States (NAS), we would like to highlight a key NAS conclusion, which is 'The evidence about harm reduction suggests that across a range of studies and outcomes, e-cigarettes pose less risk to an individual than combustible tobacco cigarettes'³.

Finally, we would like to draw your attention to a parliamentary report published by the Science and Technology Committee of the UK House of Commons on 17 August (as attached), in which the following regulatory measures were recommended⁴:

1. *The level of taxation on smoking-related products should directly correspond to the health risks that they present, to encourage less harmful consumption. Applying that logic, e-cigarettes should remain the least-taxed and conventional cigarettes the most, with heat-not-burn products falling between the two.*
2. *The Government should conduct a review of regulations on e-cigarettes and novel tobacco products... This should be part of a wider shift to a more risk-proportionate regulatory environment; where regulations, advertising rules and tax/duties reflect the evidence on the relative harms of the various e-cigarette and tobacco products available. While an evidence-based approach is important in its own right, it also may help bring forward the behaviours that we want as a society—less smoking, and greater use and acceptance of e-cigarettes and novel tobacco products if that serves to reduce smoking rates.*

We would be glad to provide further information regarding this matter when requested and welcome any and all opportunities to present and openly discuss our science.

Thank you for your kind attention to this matter.

Yours sincerely,



Brett Cooper
General Manager, Hong Kong & Macau
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Enc.

³ Page 11 of the NAS Report: "Public Health Consequences of E-cigarettes", <http://www.nap.edu/catalog/24952/public-health-consequences-of-e-cigarettes>

⁴ Pages 34 and 35 of "E-cigarettes": Seventh Report of Session 2017-19, Science and technology Committee of the House of Commons: <https://publications.parliament.uk/pa/cm201719/cmselect/cmsctech/505/505.pdf>



House of Commons
Science and Technology
Committee

E-cigarettes

Seventh Report of Session 2017–19



House of Commons
Science and Technology
Committee

E-cigarettes

Seventh Report of Session 2017–19

*Report, together with formal minutes relating
to the report*

*Ordered by the House of Commons
to be printed 16 July 2018*

Science and Technology Committee

The Science and Technology Committee is appointed by the House of Commons to examine the expenditure, administration and policy of the Government Office for Science and associated public bodies.

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Publication

Committee reports are published on the Committee's website at www.parliament.uk/science and in print by Order of the House.

Evidence relating to this report is published on the relevant [inquiry page](#) of the Committee's website.

Committee staff

The current staff of the Committee are: Danielle Nash (Clerk), Yohanna Sallberg (Second Clerk), Dr Harry Beeson (Committee Specialist), Dr Elizabeth Rough (Committee Specialist), Martin Smith (Committee Specialist), Sonia Draper (Senior Committee Assistant), Julie Storey (Committee Assistant), and Sean Kinsey (Media Officer).

Contacts

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Summary

E-cigarettes present an opportunity to significantly accelerate already declining smoking rates, and thereby tackle one of the largest causes of death in the UK today. They are substantially less harmful—by around 95%—than conventional cigarettes. They lack the tar and carbon monoxide of conventional cigarettes—the most dangerous components. It has also proven challenging to measure the risks from ‘second-hand’ e-cigarette vapour because it is negligible and substantially less than that of conventional cigarettes.

There are uncertainties, nevertheless, especially about any long-term health effects, because the products have not yet had a history of long use. Ultimately, however, any judgement of risks has to take account of the risk of not adopting e-cigarettes—that is, continuing to smoke conventional cigarettes, which are substantially more harmful. Existing smokers should be encouraged to give up, but if that is not possible they should switch to e-cigarettes as a considerably less harmful alternative.

To help fill remaining gaps in the evidence on the relative risks of e-cigarettes and heat-not-burn products, the Government should maintain its planned annual ‘evidence review’ on e-cigarettes, and extend it to also cover ‘heat-not-burn’ products—a more recently introduced product which heats rather than combusts tobacco—and support a long-term research programme to be overseen by Public Health England and the Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment. The Government should report each year on the state of research in its Tobacco Control Plan, and establish an online hub for making the detailed evidence readily available to the public and to health professionals.

An estimated 2.9 million people in the UK are using e-cigarettes to stop smoking, and tens of thousands are using them to successfully quit smoking each year. Concerns about the risk of e-cigarettes potentially providing a ‘gateway’ into conventional smoking, or that the variety and type of flavours could attract young non-smokers in significant numbers, have not materialised.

A medically licensed e-cigarette could assist smoking cessation efforts by making it easier for medical professionals to discuss and recommend them as a stop smoking treatment with patients. The Government should review with the e-cigarette industry how its systems for approving stop smoking therapies could be streamlined to be able to respond appropriately should e-cigarette manufacturers put forward a product for licensing.

People with mental health issues smoke significantly more than the rest of the population, and could therefore benefit significantly by using e-cigarettes to stop smoking. By encouraging patients in mental health units who are smokers to switch to e-cigarettes as a way out of their cigarette addiction, they could continue to engage in treatment sessions within the facilities, without the interruption of smoking breaks. Some NHS mental health units are allowing unrestricted use of e-cigarettes but it is unacceptable that a third of the 50 English NHS trusts who responded to the Committee’s survey ban them. Three-quarters of NHS trusts were mistakenly concerned about ‘second-

hand' e-cigarette vapour, despite the negligible health risk. NHS England should set a policy of mental health facilities allowing e-cigarette use by patients unless trusts can demonstrate evidence-based reasons for not doing so.

Many businesses, public transport providers and other public places do not allow e-cigarettes in the same way that they prohibit conventional smoking. But, there is no public health (or indeed fire safety) rationale for treating use of the two products the same. There is now a need for a wider debate on how e-cigarettes are to be dealt with in our public places, to help arrive at a solution which at least starts from the evidence rather than misconceptions about their health impacts.

Some aspects of the regulatory system for e-cigarettes appear to be holding back their use as a stop smoking measure. The limit on the strength of refills makes some users have to puff harder to get the nicotine they seek and may put some heavy smokers off persisting with them. The restriction on tank size does not appear to be founded on scientific evidence, and should therefore urgently be reviewed. A prohibition on making claims for the relative health benefits of switching to e-cigarettes means that some who might switch are not getting that message. A ban on advertising 'tobacco' products has prevented manufacturers putting information in 'pack inserts'. The Government should review these regulatory barriers to identify scope for change post-Brexit, including an evidence-based assessment of the case for discontinuing the ban on 'snus' oral tobacco.

There should be a shift to a more risk-proportionate regulatory environment; where regulations, advertising rules and tax duties reflect the evidence of the relative harms of the various e-cigarette and tobacco products available. While an evidence-based approach is important in its own right, it also would help bring forward the behaviours that we want as a society—less smoking, and greater use and acceptance of e-cigarettes and novel tobacco products if that serves to reduce smoking rates.

1 Introduction

1. E-cigarettes and conventional cigarettes are substantially different products. A lit conventional cigarette contains tobacco and produces carbon monoxide, tar and smoke, whilst an e-cigarette does not contain tobacco and heats up its nicotine liquid rather than burning it. E-cigarettes were first introduced to the UK market in 2007 (see Box 1). New rules for nicotine-containing e-cigarettes and refill containers were introduced in May 2016 by the Tobacco and Related Products Regulations 2016,¹ implementing the EU Tobacco Products Directive.² In 2016 it was estimated that 2 million consumers in England had used these products and completely stopped smoking and a further 470,000 were using them as an aid to stop smoking.³

2. In 2016, the Royal College of Physicians concluded that:

Large-scale substitution of e-cigarettes, or other non-tobacco nicotine products, for tobacco smoking has the potential to prevent almost all the harm from smoking in society. Promoting e-cigarettes, [Nicotine Replacement Therapy] and other non-tobacco nicotine products as widely as possible, as a substitute for smoking, is therefore likely to generate significant health gains in the UK.⁴

The Government published its Tobacco Control Plan in July 2017, advising that e-cigarettes could be an aid for smokers attempting to give up conventional cigarettes, on the basis that “evidence is increasingly clear that e-cigarettes are significantly less harmful to health than smoking tobacco”.⁵ Public Health England has concluded that “vaping is at least 95% less harmful than smoking”.⁶

3. There have nevertheless been a number of organisations and commentators that have seen e-cigarettes as a health hazard in their own right. Concerns were raised by the US National Academies of Sciences, Engineering and Medicine earlier this year⁷ and by the US Surgeon General.⁸ Some have raised objections to e-cigarettes on the grounds of being exposed to unpleasant second-hand vapour.⁹ E-cigarettes are banned in many workplaces and in most enclosed public spaces and on public transport.

1 [Tobacco and Related Products Regulations \(2016\)](#)

2 [EU Tobacco Products Directive \(2014\)](#)

3 [Towards a Smokefree Generation - A Tobacco Control Plan for England](#), Department of Health, 2017

4 [Nicotine without smoke: Tobacco harm reduction](#), Royal College of Physicians, 2016

5 [Towards a Smokefree Generation - A Tobacco Control Plan for England](#), Department of Health, 2017

6 [Evidence Review of E-cigarettes and Heated Tobacco Products 2018](#), Public Health England, March 2018

7 The National Academies of Sciences, Engineering, and Medicine, [A Consensus Study Report by the Committee on the Review of the Health Effects of Electronic Nicotine Delivery Systems](#) (January 2018)

8 [E-Cigarette Use Among Youth and Young Adults: A Report of the Surgeon General](#), The US Surgeon General, 2016

9 [Ian Bardrick \(ECG0006\); David Bareham and Professor Martin McKee \(ECG0039\)](#)

Our inquiry

4. Against a background of contradictory national policies towards e-cigarettes and disagreement and apparent uncertainty over the health risks, we decided to examine the evidence on the health impacts and on e-cigarettes' role as a smoking cessation tool. We received over 100 pieces of written evidence, and held five oral evidence sessions between January and May 2018, hearing from 25 witnesses. We are grateful to all those who contributed.

Box 1: A brief overview of e-cigarettes

2007 E-cigarettes are introduced to the UK market

2014 EU Tobacco Products Directive (TPD) comes in to force, covering the bulk of cigarette regulation in Europe

2016 Tobacco and Related Products Regulations transposes TPD in to UK law—18.4% of adults (age 16+ years) surveyed in the ONS Opinions and Lifestyle Survey had tried an e-cigarette and 5.4% of adults considered themselves current e-cigarette users.

2017 The proportion of ex-smokers who regularly vape has risen from 1.1% in 2012 to 9.5% in 2017

Both the youth and adult data shows smoking prevalence has continued to decline as e-cigarette use has grown. Smoking rates are currently at their lowest recorded levels—15.5% for adults in England, down from 19.9% in 2010, and 7% among 15-year-olds in England, down from 12% in 2010.

Sources: Written evidence from [Action on Smoking and Health](#) and [Public Health England and MHRA](#)

2 Reducing Harm

E-cigarettes' comparative lower harm

5. Smoking prevalence amongst young people overall is decreasing in the UK, with almost an 8% decrease amongst 18 to 24-year olds since 2011.¹⁰ However, there is great disparity between various groups in society. A quarter of those in manual jobs smoke whilst the same number within managerial jobs is one in ten. Men are more likely to smoke compared to women, and those suffering from poor mental health are over represented in these statistics.¹¹ Public Health England, the NHS, the Department of Health and Social Care and NICE are all encouraging smokers of conventional cigarettes to switch to e-cigarettes.¹² Public Health England state that vaping presents a “small fraction of the risks of smoking” and that there are substantial health benefits from swapping permanently.¹³

6. NHS Scotland recently published a statement on e-cigarettes, co-signed by Action on Smoking & Health Scotland, the Royal College of Physicians of Edinburgh and others, stating that although the safety of e-cigarettes cannot be guaranteed due to lack of high quality and longitudinal research, e-cigarettes are “definitely less harmful” compared to cigarettes.¹⁴

7. The UK Centre for Tobacco and Alcohol studies assessed the risks of e-cigarettes in comparison to conventional cigarettes:

Sustained inhalation of the multiple components of [e-cigarette] vapour is likely to cause some harm to health, and potential harms include lung cancer, chronic obstructive pulmonary disease, interstitial lung disease and cardiovascular disease. However the concentrations of toxins and particulates in vapour are generally low, and much lower than in tobacco smoke, so the risk of e-cigarette use is likely to be small in relation to tobacco smoking, and may also be small in absolute terms. Recent evidence indicates that smokers who switch to e-cigarettes experience significant falls in exposure to tobacco carcinogens and other toxicants, consistent with a reduction in health risk.¹⁵

8. Public Health England report that e-cigarettes are 95% less harmful than conventional cigarettes, although Professor John Newton, Public Health England’s Director of Health Improvement, explained that the figure was not a precise one:

[The figure] originates from a review of the evidence by independent scientists, who were themselves quoting another figure. Our position on the figure is that it is the best available published estimate. It has value. We are trying to convey the extent to which e-cigarettes are likely to be much less harmful than smoking cigarettes. It is a useful figure, but it is not a precise scientific estimate. As the Committee will know very well, it is not

10 [Adult smoking habits in Great Britain](#), The Office for National Statistics, July 2018

11 [Adult smoking habits in Great Britain](#), The Office for National Statistics, July 2018

12 The National Institute for Health and Care Excellence

13 [E-cigarettes and heated tobacco products: evidence review](#), Public Health England, February 2018

14 [Consensus statement on e-cigarettes](#), NHS Scotland, 2017

15 [Written evidence submitted by the UK Centre for Tobacco and Alcohol Studies \(ECG0031\)](#)

the sort of issue you can put a single number on. We are trying to convey the extent to which e-cigarettes are likely to be much less harmful than smoking cigarettes.¹⁶

9. NHS Smokefree’s campaign material highlights that e-cigarette vapour lacks tar and carbon monoxide—two of the most harmful compounds in tobacco smoke—and carries “a small fraction of the risk of smoking, and can help you quit”.¹⁷ The Department of Health and Social Care argued that:

The best thing a smoker can do for their health is to quit smoking. However, the evidence is increasingly clear that e-cigarettes are significantly less harmful to health than smoking tobacco. The government will seek to support consumers in stopping smoking and adopting the use of less harmful nicotine products.¹⁸

10. The National Institute for Care and Excellence’s (NICE’s) most recent guidance on e-cigarettes similarly states that although not completely risk free, e-cigarettes are comparatively less harmful than conventional cigarettes.¹⁹ Our written evidence likewise emphasised the harm-reducing potential of smokers swapping to e-cigarettes. Action on Smoking and Health stated:

E-cigarettes are substantially less harmful than smoking and the regulatory system now in place is likely to reduce the risks still further. E-cigarettes are now the most popular aid for smokers trying to stop smoking, and are proving effective in helping many smokers to stop smoking.²⁰

The Cochrane Tobacco Addiction Review Group summarised the evidence it had reviewed:

Our findings from independently reviewing the best available evidence on the topic suggest that for existing smokers of conventional cigarettes, switching to electronic cigarettes is likely to lead to significant improvements in health. These findings are based in studies of people who smoked conventional cigarettes, but findings are consonant with findings from the Royal College of Physicians which were based on comparisons of the composition of carcinogens and toxicants in tobacco smoke and vapour from electronic cigarettes.²¹

11. The Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment is currently examining e-cigarettes, and has recently finished work on ‘heat-not-burn’ tobacco products (which heat tobacco without combustion (see paragraph 1)). Professor Harrison from the Committee on Toxicity told us that the main health dangers in a conventional cigarette lie in the combustion of the tobacco:

16 [Oral evidence taken on 24 April 2018, HC \(2017–19\) 505, Q359 \[Professor Newton\]](#)

17 [NHS Stop Smoking Campaign Stop-tober, October 2017](#)

18 [Towards a Smokefree Generation - A Tobacco Control Plan for England](#), Department of Health, 2017

19 [Stop smoking interventions and services](#), NICE guideline [NG92], March 2018

20 [Written Evidence submitted by Action on Smoking and Health \(ECG0071\)](#)

21 [Written evidence submitted by the Cochrane Tobacco Addiction Review Group \(ECG0041\)](#)

Combustion is extremely important. We reviewed that at length, and we found that, overall, there was a 90% to 95% reduction in cancer-causing chemicals. Some disappeared altogether, and some were reduced by only a half.²²

Public Health England and the MHRA²³ explained that:

Levels of carcinogenic chemicals (including polycyclic aromatic hydrocarbons, tobacco-specific N-nitrosamines, heavy metals and volatile organic compounds) are substantially lower in e-cigarettes' aerosol compared with tobacco smoke. Biomarkers of carcinogen exposures (chemicals detected in the blood or urine of users) are also substantially decreased in current e-cigarette-only users compared with cigarette smokers, and decrease when smokers switch to e-cigarettes.²⁴

12. Professor Newton from Public Health England told us:

We avoid using the word “safe,” because that is a very difficult word to use, but there is no doubt that using an e-cigarette regularly is much less harmful than smoking cigarettes. It is important to get that message across, particularly to smokers.²⁵

The New Zealand Ministry of Health similarly encourages smokers who want to use e-cigarettes to quit smoking to seek the support of local stop smoking services:

Expert opinion is that e-cigarettes are significantly less harmful than smoking tobacco but not completely harmless. A range of toxicants have been found in e-cigarette vapour including some cancer causing agents but, in general, at levels much lower than found in cigarette smoke or at levels that are unlikely to cause harm. Smokers switching to e-cigarettes are highly likely to reduce their health risks and for those around them.²⁶

In Canada e-cigarettes have been legal since 2016, when the Canadian Government amended the Tobacco Act and the Non-smokers' Health Act to establish a new legislative framework for regulating vaping products in order to address the risks and potential benefits of these products.²⁷

22 [Oral evidence taken on 27 February 2018, HC \(2017–19\) 505, Q185 \[Professor Harrison\]](#)

23 [Medicines and Healthcare Products Regulatory Agency](#)

24 [Written evidence submitted by Public Health England and the Medicines and Healthcare products Regulatory Agency \(ECG0081\)](#)

25 [Oral evidence taken on 24 April 2018, HC \(2017–19\) 505, Q378 \[Professor Newton\]](#)

26 [Vaping, smokeless, including heated tobacco, New Zealand Ministry of Health, October 2017](#)

27 [Parliament of Canada, Bill S-5, an Act to amend the Tobacco Act and the Non-smokers' Health Act and to make consequential amendments to other Acts](#)

13. We asked Professor David Harrison from the UK Committee on Carcinogenicity of Chemicals in Food, Consumer Products and the Environment about any ‘second-hand’ harm from vaping: He told us:

With e-cigarettes or with heat-not-burn, there is a similar issue. Everything is reduced compared with cigarette smoke, but bystander effects are something to be aware of. One would expect, however, that the dose would be commensurately less than for cigarettes.²⁸

Professor Aveyard from the Cochrane Tobacco Addiction Group also thought that the harm of second-hand vaping was negligible.²⁹ Professor Ricardo Polosa explained that:

It is very well known historically that combustible cigarette smoke is a big cause of diseases, mainly because of side-stream smoke and the smoke that is generated between puffs. An electronic cigarette does not operate on the same principle. It does not have the deadly side-stream smoke and does not generate any smoke or aerosol between operating cycles. Aerosols are emitted by these products only when you exhale. That sets the principle that, on common sense, you will immediately identify that there is less risk just because of that. If you then consider that, as Public Health England and the Royal College of Physicians have already emphasised in their comprehensive reviews, these aerosols are 95% less harmful than common tobacco, you will immediately realise that, from a percentage point of view, the risks will be minuscule.³⁰

Heat-not-burn tobacco products

14. ‘Heat-not-burn’ products contain tobacco which is heated rather than combusted, and is therefore likely to be less harmful compared to conventional cigarettes. The Centre for Tobacco and Alcohol Studies state that the only available data on emissions and safety of heat-not-burn products arises primarily from one of the major tobacco companies, Philip Morris. This research, they argue, therefore needs to be independently validated before it is used to inform policy, but nevertheless pointed to an early evaluation of likely cancer risk which assessed heat-not-burn products to have about 10% of the harm of conventional cigarettes.³¹

15. The Royal Society for Public Health believed that the lack of independent, high quality research into the “harm profile” of heated tobacco products warrants a regulatory model structured in line with their relative risk as evidence emerges.³² The Department of Health and Social Care similarly stated that there was currently not enough evidence on heat-not-burn products and their relative harmfulness, and that a pragmatic approach to their regulatory framework was appropriate for now.³³ Cancer Research UK told us:

28 [Oral evidence taken on 27 February 2018, HC \(2017–19\) 505, Q192 \[Professor Harrison\]](#)

29 [Oral evidence taken on 9 January 2018, HC \(2017–19\) 505, Q107 \[Professor Aveyard\]](#)

30 [Oral evidence taken on 9 January 2018, HC \(2017–19\) 505, Q7 \[Professor Polosa\]](#)

31 [Written evidence submitted by the UK Centre for Tobacco and Alcohol Studies \(ECG0031\)](#)

32 [Written evidence submitted by the Royal Society for Public Health \(ECG0049\)](#)

33 [Written evidence submitted by the Department of Health \(England\) \(ECG0030\)](#)

Unlike e-cigarettes, [‘heat-not-burn’] tobacco products are a largely unknown entity, and all of these products are owned by the tobacco industry. There is currently no independent evidence of their safety. We need more evidence, independent from tobacco industry funding or involvement, to determine the level of harm these products may cause, as well as the extent of any potential benefits compared to continued use of tobacco cigarettes.³⁴

The Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment highlighted the current uncertainties about any health risks from heat-not-burn products:

The risks associated with use of heat-not-burn tobacco products cannot be quantified due to gaps in the information available and uncertainties in the dose-response relationship of the chemicals and potential adverse health outcomes. In addition, the levels of the different compounds in the aerosol vary compared to the levels in smoke from conventional cigarettes and therefore it is not possible to extrapolate from epidemiological data on smoking risks, particularly given the complexity of the interactions that occur between these compounds in producing adverse health effects.³⁵

Flavourings

16. Some of our evidence expressed a concern about possible risks from e-cigarette liquid flavourings.³⁶ Finland, for example, does not permit flavourings in e-cigarettes at all.³⁷ The British Medical Association believed that flavoured liquids did not cause any acute harm to users, but wanted a long-term assessment to monitor their safety:

Many flavourings used in e-liquid are ‘food safe’, being considered safe when ingested orally, but their safety after heating and inhalation is not established. Given the large numbers of people using flavoured e-liquid without reporting problems, it is unlikely they are having a significant acute impact on the health of users.³⁸

Action on Smoking and Health emphasised the importance of flavourings as part of the appeal of e-cigarettes and possibly also what stopped users from going back to smoking.³⁹ The Cochrane Tobacco Addiction review group called for more research data to be collected from more realistic settings, taking factors such as individual preferences for strength, flavours and devices into account.⁴⁰

Uncertainty about long-term effects

17. Some have doubts about the long-term safety of e-cigarettes. The US Surgeon General, citing a lack of long-term evidence, could not rule out possible harm from

34 [Written evidence submitted by Cancer Research UK \(ECG0057\)](#)

35 [Written evidence submitted by the Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment \(ECG0082\)](#)

36 [Written evidence from the Royal Society for Public Health \(ECG0049\),](#)

37 [Written evidence submitted by Cancer Research UK \(ECG0057\)](#)

38 [Written evidence submitted by the British Medical Association \(ECG0037\)](#)

39 [Written Evidence submitted by Action on Smoking and Health \(ECG0071\)](#)

40 [Written evidence submitted Cochrane Tobacco Addiction Review Group \(ECG0041\)](#)

e-cigarette ultra-fine particles, flavourings or heavy metals.⁴¹ The US National Academies of Sciences, Engineering, and Medicine explained that in the USA “because the efficacy of e-cigarettes to actually reduce harm remains unclear, some have raised concerns about using e-cigarettes for tobacco harm reduction”.⁴²

18. Australia prohibits the sale of nicotine e-cigarettes unless approved as an aid to help people quit smoking and, so far, no e-cigarette has been approved for this purpose.⁴³ The Australian Health, Sport and Aged Care Committee in the Australian House of Representatives concluded that there were two ways of viewing e-cigarette regulation—to take a precautionary approach or a harm-reducing approach. Those arguing for easier access to e-cigarettes, it said, were following a harm-reducing approach, whereas the Committee favoured a continued ban on the basis of the precautionary approach (like the US Surgeon General) until long-term research is able to rule out any long term health consequences.⁴⁴

19. The Chair of the Australian Committee dissented from his Committee’s report, however, stating that:

In order to assist the millions of smokers struggling to quit tobacco smoking and improve their quality of life, nicotine e-cigarettes should be made available as consumer products. At the same time, regulatory restrictions should be imposed to limit the appeal of e-cigarettes to young people and non-smokers.⁴⁵

Professor Newton from Public Health England, when giving evidence to the same Committee, told them:

There is this general problem that many of the people who are opposed to e-cigarettes are starting from a position that any smoking is bad and we need to have a firm line. [...] We [in the UK] think that, rather than waiting 20 years to get definitive evidence, we have to make the best decision on the evidence that’s available now, and that points us towards cautious use of e-cigarettes.⁴⁶

And he explained to us:

The Australian situation was different. They had lower smoking rates to begin with when e-cigarettes first appeared. The feeling there was that they

41 E-cigarette Use Among Youth and Young People, United States Surgeon General, U.S. Department of Health and Human Services

42 [Consensus Study Report: Public Health Consequences of E-cigarettes](#), The National Academies of Sciences, Engineering and Medicine, 2018

43 [Report on the Inquiry into the Use and Marketing of Electronic Cigarettes and Personal Vaporisers in Australia](#), The Standing Committee on Health, Aged Care and Sport, The Australian House of Representatives, March 2018

44 [Report on the Inquiry into the Use and Marketing of Electronic Cigarettes and Personal Vaporisers in Australia](#), The Standing Committee on Health, Aged Care and Sport, The Australian House of Representatives, March 2018

45 [Chair’s Foreword](#), Report on the Inquiry into the Use and Marketing of Electronic Cigarettes and Personal Vaporisers in Australia, The Standing Committee on Health, Aged Care and Sport, The Australian House of Representatives, March 2018

46 [Oral Evidence taken 18 October 2017](#), The Standing Committee on Health, Aged Care and Sport, The Australian House of Representatives, Inquiry into the Use and Marketing of Electronic Cigarettes and Personal Vaporisers in Australia

could continue to control and drive down smoking prevalence without using e-cigarettes. Therefore, in the absence of clear evidence of safety, it was wise to ban them.⁴⁷

20. Some of those who submitted evidence to our inquiry also highlighted a lack of long-term evidence on the potential harm, if any, from e-cigarette use.⁴⁸ Some noted that there were very few current vapers who had not previously smoked conventional cigarettes, making comparative studies between vapers and non-vapers difficult to assess.⁴⁹

21. The Tobacco and Alcohol Research Group at University College London argued, on the other hand, that some research reports have “over-claimed” findings on the harmfulness of e-cigarettes because they have “little or no relevance to prediction of serious illnesses in e-cigarette users”.⁵⁰ Dr Lion Shahab and Dr Jamie Brown from the UCL Research Group explained that:

A lot of the papers, while written quite correctly, in the press release overstate what has been found. This may be partly because often the papers look at acute and not at chronic effects, and effects that are not very well linked to long-term health outcomes. One of them is arterial stiffness on which a paper was published recently. That was then linked to the fact that ecigarettes cause heart disease. The very same authors also published a paper that showed that, for instance, exercise increased arterial stiffness, so it is very difficult to link that particular marker to long-term health outcomes. That is one of the problems. Another is that often people use unrealistic use conditions. A study looked at the formation of formaldehyde, which is very toxic. [...] It is an acrid taste called dry puffing, which is unlikely to occur in real-life conditions. Lastly, often the models used to investigate the effects of ecigarettes are not really relevant to humans—for example, mice models. One big problem is that mice are much more sensitive to nicotine than humans, and often the effects observed in animal studies may just reflect nicotine poisoning rather than the effects of any of the other potentially harmful substances.⁵¹

22. Professor Peter Hajek, Professor of Clinical Psychology, Queen Mary University of London, did not believe the uncertainty about any long-term effects would be significant:

We have two ways of looking at it; there is logic and there is data. The logic tells you that most of the chemicals that are dangerous to smokers are absent, or present in very small amounts, in e-cigarettes. As far as we know, none of the chemicals that are specific to e-cigarettes and are not present in smoking poses major health harm. Basically, the data back that up. Recently, there was a detailed paper about kinds of carcinogens, comparing the risk of cancer from smoking and from vaping. That paper took at face value some of the studies on e-cigarettes that actually fry the e-liquid and therefore produce aldehydes, which could be carcinogenic, but even taking

47 [Oral evidence taken on 24 April 2018, HC \(2017–19\) 505, Q361 \[Professor Newton\]](#)

48 See for example [Written evidence submitted by Pfizer UK \(ECG0023\)](#),

49 [Written evidence submitted by the British Lung Foundation \(ECG0042\)](#)

50 [Written evidence submitted by University College London, Tobacco and Alcohol Research Group \(UTARG\) \(ECG0047\)](#)

51 [Oral evidence taken on 9 January 2018, HC \(2017–19\) 505, Q86 \[Professor Shahab\]](#)

into account those studies, which do not reflect what vapers are taking in, the conclusion was that the cancer risk is less than 0.5% of the cancer risk from smoking.⁵²

23. Ultimately, whatever any long-term risks there may be from e-cigarettes, not switching from conventional cigarettes also presents its own (very certain) risks in terms of continued conventional smoking-related diseases. Dr Jamie Brown from UCL was clear about how such a balance of risks should be weighed:

Any perceived risk associated with offering reassurance before we have the long-term data [on e-cigarettes] must be balanced against the risk associated with the opportunity cost of failing to inform the millions of people who are currently smoking uniquely dangerous products that e-cigarettes are safer when they believe they are not.⁵³

Research

24. Although the evidence we received has been overwhelmingly that e-cigarettes are much less harmful than conventional cigarettes, new products are constantly being developed; both e-cigarettes and heat-not-burn devices. Research needs to keep abreast of these developments in order to continue to reassure consumers of their relative safety. The Cochrane Tobacco Addiction Review Group told us that more randomized controlled trials were needed, which would compare electronic cigarettes with “alternative pharmacological and behavioural treatments”.⁵⁴ They stated:

As electronic cigarettes have been used for only a few years, there is little evidence on their safety when used as a long-term or permanent replacement for smoking. As almost all regular use of electronic cigarettes occurs in former or current smokers, interpreting future epidemiological data will be difficult. In the meantime, findings from short- to medium- term studies, studies of biomarkers, and studies of toxicants all suggest electronic cigarettes are significantly less harmful than conventional cigarettes.⁵⁵

25. The Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment noted that the settings, such as voltage and temperature, on some e-cigarette devices can be modified by the user which, they told us, will result in variations in the composition of the vapour. They explained that the settings on devices used in studies are often not reported in the literature, and that as a result “it will be difficult to establish a worst-case scenario that is representative of human exposure”.⁵⁶ Professor Aveyard from the Cochrane Review emphasised that “the majority of dangerous compounds present in cigarettes are not there in e-cigarettes”, but:

52 [Oral evidence taken on 9 January 2018, HC \(2017–19\) 505, Q5 \[Professor Hajek\]](#)

53 [Oral evidence taken on 9 January 2018, HC \(2017–19\) 505, Q90 \[Dr Brown\]](#)

54 [Written evidence submitted by Cochrane Tobacco Addiction Review Group \(ECG0041\)](#)

55 [Written evidence submitted by Cochrane Tobacco Addiction Review Group \(ECG0041\)](#)

56 [Written evidence submitted by the Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment \(ECG0082\)](#)

what we do not have is a cohort of people who have been using ecigarettes for a long time, in order to realise whether there is a true risk in humans. Everything we say is either extrapolation or speculation. There is not a technological fix around that problem; we just do not have people who have used them for 30 or 40 years.⁵⁷

26. The Department of Health and Social Care told us that to support further independent research and collaboration, the UK E-Cigarette Research Forum, an initiative developed by Cancer Research UK in partnership with PHE and the UK Centre for Tobacco and Alcohol Studies, is “bringing together policy-makers, researchers, practitioners and the NGO community to discuss the emerging evidence and knowledge gaps about e-cigarettes”. The Department pointed out that the group has asked it “to contribute suggestions for further areas of e-cigarette research to help develop improvements in policy to achieve the Tobacco Control Plan aims”.⁵⁸ The Department is also running an annual evidence review on e-cigarettes, through Public Health England, which will look at the latest evidence on “adult and youth prevalence, safety, effectiveness for quitting and perceptions of harmfulness, addictiveness of nicotine and a section on heat-not-burn tobacco products”.⁵⁹

27. There is clear evidence that e-cigarettes are substantially less harmful than conventional cigarettes. Public Health England estimate e-cigarettes as 95% less harmful, although the evidence available does not currently allow a precise figure to be determined. E-cigarettes lack the tar and carbon monoxide of conventional cigarettes—the most dangerous components of conventional cigarettes—which are produced by combustion. Some potentially harmful components are present in both products, such as heavy metals, but at substantially lower levels in e-cigarettes. Researchers have found it almost impossible to measure the risks from ‘second-hand’ e-cigarette vapour because any potentially harmful compounds released into the surrounding area are so negligible.

28. More recently introduced ‘heat-not-burn’ products—producing nicotine from tobacco but without the combustion—have been estimated to be around 90% less harmful than conventional cigarettes, although there is a lack of independent research to validate this claim.

29. There are uncertainties, nevertheless, especially about any long-term health effects of e-cigarettes, because the products have not yet had a history of long use. The studies needed to guarantee the safety of e-cigarettes are inevitably frustrated by the absence of a population of e-cigarette users who have never smoked conventional cigarettes before taking up vaping. Ultimately, however, any judgement of risks has to take account of the risk of not adopting e-cigarettes—that is, continuing to smoke conventional cigarettes, which are substantially more harmful than e-cigarettes. Existing smokers should always be encouraged to give up all types of smoking, but if that is not possible they should switch to e-cigarettes as a considerably less harmful alternative.

57 [Oral evidence taken on 9 January 2018, HC \(2017–19\) 505, Q87 \[Professor Aveyard\]](#)

58 [Written evidence submitted by the Department of Health \(England\) \(ECG0030\)](#)

59 [Written evidence submitted by the Department of Health \(England\) \(ECG0030\)](#)

30. *To help fill remaining gaps in the evidence on the relative risks of e-cigarettes and heat-not-burn products, the Government should maintain its planned annual 'evidence review' on e-cigarettes and extend it to also cover heat-not-burn products. It should support a long-term research programme, to be overseen by Public Health England and the Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment, to ensure that health-related evidence is not dependent solely on the tobacco industry or the manufacturers of e-cigarettes. That PHE/COT research should include examining health risks arising from the flavourings added to e-cigarettes. The Government should report each year on the state of research in its Tobacco Control Plan, and establish an online hub for making the detailed evidence readily available to the public and to health professionals.*

3 E-cigarettes and smoking cessation

The evidence on smoking cessation

31. The Tobacco Control Plan reported that in 2016 there were 470,000 people using e-cigarettes as a way to stop smoking conventional cigarettes.⁶⁰ The Department of Health and Social Care estimates that e-cigarettes contribute to between 16,000 and 22,000 people successfully quitting smoking each year who would not otherwise have done so had they used nicotine replacement therapies or willpower alone.⁶¹ Professor Paul Aveyard from the Cochrane Review highlighted that e-cigarettes are a popular alternative to other smoking cessation tools.⁶² Professor John Newton from Public Health England similarly told us:

E-cigarettes are the most popular quitting aid among smokers. Whatever we think of the evidence on their effectiveness, smokers are choosing to use e-cigarettes much more widely than other available forms, such as nicotine patches and nicotine-containing gums. There is no doubt that they are popular among smokers. The first step to being an effective aid is that they have to be used by smokers. That is very much in their favour. We have recognised that by introducing references to e-cigarettes in our campaigns.

32. Professor Newton recognised gaps in the evidence on the effectiveness of e-cigarettes as a smoking cessation tool, but said that this should not detract from their already apparent usefulness:

There is a lack of hard, randomised control-trial evidence of their effectiveness in cessation, but the evidence from observational studies, which are quite convincing, is that many smokers have used e-cigarettes to quit—and to quit completely, not just for dual use. We need to continue to build the evidence base. At the same time, we need to be clear that this is for smokers, particularly those who have tried to quit before. If they have not tried an e-cigarette, they should try an e-cigarette, because that might be their route out of smoking.⁶³

Action on Smoking and Health similarly highlighted both the benefits of e-cigarettes as a stop smoking route and the need for further research on their effectiveness as a cessation aid.⁶⁴ The Royal Society for Public Health noted that although e-cigarettes appear to be successful as a cessation tool, especially when combined with behavioural support, more “high quality research” is needed.⁶⁵

33. One of the difficulties in undertaking research to assess their effectiveness is that some people continue to smoke conventional cigarettes, albeit fewer, at the same time—cutting down rather than giving up completely.⁶⁶ This means that some studies which have claimed that e-cigarettes hamper smoking cessation have been based on observations

60 [Towards a Smokefree Generation - A Tobacco Control Plan for England](#), Department of Health, 2017

61 [Written evidence submitted by the Department of Health \(England\) \(ECG0030\)](#)

62 [Oral evidence taken on 9 January 2018, HC \(2017–19\) 505, Q92 \[Professor Aveyard\]](#)

63 [Oral evidence taken on 24 April 2018, HC \(2017–19\) 505, Q394 \[Professor Newton\]](#)

64 [Written Evidence submitted by Action on Smoking and Health \(ECG0071\)](#)

65 [Written evidence submitted by the Royal Society for Public Health \(ECG0049\)](#)

66 [Written evidence submitted by Pfizer UK \(ECG0023\)](#)/[Written evidence submitted by ASH Scotland \(ECG0011\)](#)

that e-cigarette users still describe themselves as “smokers”.⁶⁷ The UCL Research Group also argued that claims that e-cigarettes could reduce smoking cessation rates did not tally with the significant increases seen in the number of conventional smokers quitting in the UK and the US.⁶⁸

The British Medical Association concluded:

Although the data in favour of the effectiveness of e-cigarettes as a cessation aid is not conclusive, given the quality of the studies, the overall picture—at present—is that they do play a helpful role in helping people to stop smoking.⁶⁹

The UK Centre for Tobacco and Alcohol Studies argued that e-cigarettes, as an alternative consumer product to tobacco rather than a medical therapy like other nicotine replacements products, had allowed them to reach more people. They believed, in that context, that this gave e-cigarettes a better result overall: “A low efficacy treatment used by large numbers of smokers will generate more quitters than a high efficacy treatment used by a small minority”.⁷⁰

34. Heat-not-burn products, the Centre for Tobacco and Alcohol Studies suggested, may also have a role in helping those smokers to quit who do not find e-cigarettes a solution:

The role of heat-not-burn products is, thus, far from clear: if more toxic than e-cigarettes and no more effective and acceptable to smokers as smoking substitutes, then their role is likely to be limited. If more effective however, or (for example) as a result of being more similar in taste and experience to tobacco cigarettes, heat-not-burn products are able to appeal to sectors of the smoking population who find e-cigarettes ineffective or otherwise unacceptable, then they may offer a public health benefit despite their relative hazard.⁷¹

Young people and a potential gateway to conventional smoking

35. One of the concerns that has been raised about e-cigarettes has been a fear that they could appeal to young people and potentially act as a ‘gateway’ to conventional smoking. The evidence we received, however, has not shown this to be the case. Research undertaken by the Association for Young People’s Health found that the proportion of young people ‘experimenting’ with e-cigarettes ranged between an eighth and a quarter of young people, but that regular use by secondary school children was limited to about 1%, and those children generally engaged in smoking behaviour.⁷²

36. Professor Peter Hajek of Queen Mary University nevertheless cautioned:

67 [Oral evidence taken on 24 April 2018, HC \(2017–19\) 505, Q394 \[Professor Newton\]](#)

68 [Written evidence submitted by University College London, Tobacco and Alcohol Research Group \(UTARG\) \(ECG0047\)](#)

69 [Written evidence submitted by the British Medical Association \(ECG0037\)](#)

70 [Written evidence submitted by the UK Centre for Tobacco and Alcohol Studies \(ECG0031\)](#)

71 [Written evidence submitted by the UK Centre for Tobacco and Alcohol Studies \(ECG0031\)](#)

72 [Key Data on Young People 2017, Association for Young People’s Health 2017, 2017. See also Written evidence submitted by The Association for Young People’s Health \(AYPH\), The Royal College of General Practitioners’ \(RCGP\) Adolescent Health Group, The Royal College of Paediatrics and Child Health \(RCPCH\), The Royal Pharmaceutical Society \(RPS\), and The Young People’s Health Special Interest Group of the RCPCH \(YPHSIG\) \(ECG0093\)](#)

We need to keep an eye on it, because somebody will figure out what you need to add to e-cigarettes to make them more addictive to non-smokers. At the moment, non-smokers do not progress to daily vaping; it is really difficult. If they do, they often vape nicotine-free, just for some kind of flavour and behaviour. There would be a very legitimate concern if we saw large numbers of young people who have never smoked becoming daily vapers, but you would be hard pushed to find anybody.⁷³

Public Health England and the MHRA similarly concluded:

British youth experiment with e-cigarettes but regular use is rare and very largely confined to young people who have smoked. There is some evidence that young people who have vaped but never smoked are more likely subsequently to smoke but there is no evidence that this relationship is causal. The UK has good data on this issue from surveys.⁷⁴

37. There remain some gaps in the evidence about how effective e-cigarettes are as a stop smoking tool in comparison to other nicotine replacement therapies. Nevertheless, an estimated 2.9 million people in the UK are using e-cigarettes, and tens of thousands are using them to successfully quit smoking each year. Concerns about the risk of e-cigarettes potentially providing a ‘gateway’ into conventional smoking have not materialised to any significant degree. Similarly, the risk of the variety and type of flavours being attractive to young non-smokers, who would be drawn into e-cigarette use, also appears to be negligible.

E-cigarettes as a medically licensed product

38. While many conventional smokers have taken up vaping, some of our witnesses believed that more would do so if an e-cigarette was approved for medical use, and thereby able to be prescribed by a doctor. They saw advantages in two ways. Firstly, a medically licensed product would enable health professionals to feel able to recommend e-cigarettes as a smoking cessation tool, knowing that the device and liquid had been tested and approved by the Medicines and Healthcare products Regulatory Agency (MHRA). Professor Newton from Public Health England told us:

We would like to see a medicinally licensed product because [...] it would send a stronger message about relative safety, and it would also provide another avenue and help smoking cessation services to use e-cigarettes more. We think there would be considerable advantages if there was a medically licensed product.⁷⁵

39. Deborah Arnott from Action on Smoking and Health similarly told us:

We have doctors saying to us all the time, “If we had products that we could prescribe and that were licensed, we would feel much more comfortable.” They would be effective on prescription and highly cost-effective. There have

73 [Oral evidence taken on 9 January 2018, HC \(2017–19\) 505, Q29 \[Professor Hajek\]](#)

74 [Written evidence submitted by Public Health England and the Medicines and Healthcare products Regulatory Agency \(ECG0081\)](#)

75 [Oral evidence taken on 24 April 2018, HC \(2017–19\) 505, Q426 \[Professor Newton\]](#)

been criticisms, with people asking why they should be on prescription. These are cheap products that are highly effective in helping smokers to quit. It would be reassuring to consumers, as well as to the medical profession.⁷⁶

The Royal Society for Public Health stressed the importance of smoking cessation advisors being able to provide information, with assurance, to smokers:

Research has shown that perceptions of harm can indeed inhibit the use of e-cigarettes among smokers, and this barrier will only be exacerbated if the concerns of the public go unaddressed. Responsible messaging could help to counteract this threat, for example highlighting that smoking cessation services are advised to support smokers who choose to quit using e-cigarettes.⁷⁷

40. A licensed product could also provide the basis for a doctor-patient relationship that could extend over the period needed to give up smoking, and help overcome some smokers' reluctance to swap to e-cigarettes because of cost considerations. Several studies show that smokers receiving specialised cessation assistance through their GP are more likely to stop successfully.⁷⁸ The initial start-up cost of e-cigarettes, Hazel Cheeseman from Action on Smoking and Health explained, may stop some people from swapping to vaping:

Although for most people using an electronic cigarette is cheaper than continuing to smoke, there is a group of people, particularly people with mental health conditions, for whom there is a barrier to entry—an initial cost that you have to meet. For somebody on a low income, that is quite a risk to take, potentially, if you are not sure that the product will work for you. Having something on prescription can help to ease that risk for people. It will also lock people into a relationship with medical professionals and quit services, which we know can significantly improve people's chances of quitting successfully. Having something on prescription would be a benefit for both of those reasons. For groups that are vulnerable, have high levels of addiction and face lots of barriers to quitting, a prescription product could be really valuable.⁷⁹

41. As we discuss in Chapter 4, the regulation of e-cigarettes currently prohibits claims being made for their harm-reduction properties. Dr Ian Hudson from MHRA noted that medicines' licensing would allow such health claims to be made:

Gum, patches and so on have smoking cessation or harm-reduction claims, and those can be promoted as such. The advertising restrictions would be different. They would be able to promote a bit more in relation to the claims for medicines available on prescription [...] if these were authorised as 'medicines'.⁸⁰

76 [Oral evidence taken on 27 March 2018, HC \(2017–19\) 505, Q299 \[Deborah Arnott\]](#)

77 [Written evidence submitted by the Royal Society for Public Health \(ECG0049\)](#)

78 [Towards a Smokefree Generation - A Tobacco Control Plan for England](#), Department of Health, 2017

79 [Oral evidence taken on 27 March 2018, HC \(2017–19\) 505, Q300 \[Hazel Cheeseman\]](#)

80 [Oral evidence taken on 24 April 2018, HC \(2017–19\) 505, Q422 \[Dr Hudson\]](#)

We heard, however, that the MHRA medical authorisation process was itself a barrier. Dr Ian Jones from Japan Tobacco International told us:

The concern that we have, other than the cost, is mainly about the time. These products are innovating and changing so fast—if you run for a medicinal licence approval, you essentially freeze the product at the start, and you have to have the same product at the end. By that time, particularly in today’s environment, the other products have evolved so fast that your product is out of date by the time you reach the other end.⁸¹

MHRA highlighted that as a “relatively new” product, it would take longer to go through the generation of the evidence for a ‘medicine’ and through the review process.⁸²

42. Action on Smoking and Health argued for a shorter licensing period to make it a more attractive route for e-cigarette producers to take, and to ensure there were more medically licensed e-cigarettes on the market:

There are precedents for adopting a less restrictive approach, in particular in the area of nicotine regulation. Until nicotine replacement therapy was liberalised in 2005, NRT products were licensed for a maximum of 12 weeks. In 2005 this was extended for some products to a year, and in 2009 the MHRA approved a ‘harm reduction’ extension to the license of the nicorette inhalator without a limit to duration of use. This was on the basis that, “*it had become widely accepted that there were no circumstances in which it was safer to smoke than to use NRT.*” The Commission went on to say that there was a need for further research and data collection to assess long term safety and agreed that the holder of the market authorization “*should be asked to provide a robust risk management plan that would satisfactorily address the outstanding issues.*”⁸³

‘Leicester partnership’

43. Leicester City Council’s “e-cigarette friendly” smoking cessation service was highlighted in our inquiry as a model for others to follow. They actively encourage those interacting with patients to recommend e-cigarettes as a stop smoking tool, provide online resources describing experiences of individual smokers who have switched to e-cigarettes, and in some cases supply a free e-cigarette ‘start-up’ kit. The Council emphasises the importance of also providing behavioural support to increase the chances of quitting permanently.⁸⁴ Leicester City Council told us:

Our advice to those stopping smoking with e-cigarettes is that it is their choice whether they continue to vape—the nicotine they get from their vaporiser could be exactly what stops them relapsing to smoking, and it’s the smoke that kills. The key difference that we see among service users who have switched to vaping though is their increased confidence in their determination never to smoke again. Most have tried many, many times

81 [Oral evidence taken on 27 February 2018, HC \(2017–19\) 505, Q176 \[Dr Jones\]](#)

82 [Oral evidence taken on 24 April 2018, HC \(2017–19\) 505, Q423 \[Dr Hudson\]](#)

83 [Written evidence submitted by Action on Smoking and Health ECG0071.](#)

84 [Stop Smoking Leicester website](#)

before, with medicinal products, or by willpower alone, and have relapsed to smoking. Vaping has made a difference that has taken them (and often their families) by surprise.⁸⁵

44. Leicester City Council told us about their experience of allowing them in mental health facilities (which we discuss below):

Even highly dependent smokers such as those with poor mental health, and homeless people, are doing really well with vaping. Nursing staff in the mental health wards who were initially sceptical about vaping have been pleasantly surprised at how much easier it has been for their patients who have started using a vapouriser to manage their nicotine needs.⁸⁶

45. The Minister called the public health team running the Council initiative “a trailblazing group” who were “achieving good things”.⁸⁷

46. A medically licensed e-cigarette could assist smoking cessation efforts by making it easier for medical professionals to discuss and recommend them as a stop smoking treatment with patients. It would also make it easier for claims to be explicitly made about their harm-reduction relative to conventional smoking, which regulations currently prevent (Chapter 4). The Government should review with MHRA and the e-cigarette industry how its systems for approving stop smoking therapies could be streamlined; to be able to respond appropriately should manufacturers put forward a product for licensing.

E-cigarettes in mental health facilities

47. The Government’s Tobacco Control Plan highlights the need to tackle the much higher rate of smoking among those with mental illness. It reports that 40% of adults with mental illness smoke,⁸⁸ compared with 16% of the general population.⁸⁹ The Mental Health and Smoking Partnership told us that:

While people with a mental health condition are as motivated to quit smoking as other smokers they are less likely to be successful. As a consequence, while the rates of smoking in the general population have fallen steadily over the last few decades, the same rate of progress is not apparent for people with a mental health condition, with almost no decline recorded.⁹⁰

The Tobacco Control Plan states that “Smoking causes premature death, disability and poverty and if we do not reduce smoking prevalence among this group [with mental illness], we will have failed to reduce inequalities”.⁹¹

85 [Written evidence submitted by Leicester City Council \(ECG0022\)](#)

86 [Written evidence submitted by Leicester City Council \(ECG0022\)](#)

87 [Oral evidence taken on 24 April 2018, HC \(2017–19\) 505, Q441 \[Steve Brine MP\]](#)

88 [Towards a Smokefree Generation - A Tobacco Control Plan for England](#), Department of Health, 2017

89 [Adult smoking habits in the UK: 2016](#), Office for National Statistics, 2017

90 [Written evidence submitted by Mental Health and Smoking Partnership \(ECG0060\)](#)

91 [Towards a Smokefree Generation - A Tobacco Control Plan for England](#), Department of Health, 2017

48. The Plan sets out the Government's goal for all sites providing mental health inpatient services to be smoke-free by 2018. The document states that:

People with mental health conditions have an equal right to be asked whether they smoke. They need to be offered effective methods to quit smoking or reduce harm as part of their care plan and there is an urgent clinical need to improve the support they receive. In some instances, healthcare staff will escort patients on and away from hospital grounds to smoke. This practice is outdated. It reduces the resources available to deliver clinical care and causes direct harm to patients.⁹²

The Mental Health and Smoking Partnership told us that e-cigarettes could play a role in reducing smoking in this group because some evidence indicated that e-cigarettes are seen as more acceptable to people with mental health conditions than other forms of support. They concluded, however, that:

There are barriers to access of e-cigarettes for people with a mental health condition and this includes the policies in NHS settings, attitudes and understanding of health care professionals, false perceptions of harm among smokers with a mental health condition and barriers to entry such as cost of devices.⁹³

49. Heather Thomson from Nottinghamshire Healthcare NHS Foundation Trust told us that restricting patients to specific areas within facilities where they can vape may be counter-productive:

We do not want to make patients become more isolated than they were. If one e-cigarette lasts as long as 30 cigarettes and somebody who is a 40-a-day smoker usually can use it only in their room, we may find that they have even less interaction. We want to encourage them to be a part of activities that are going on. If vaping during an activity enables them to remain focused and within that activity, that is part of their therapeutic recovery and is a good thing.⁹⁴

While the Care Quality Commission's (CQC) guidance for its inspectors asks them not to challenge smoke-free policies, it does emphasise how such policies can be mitigated for patients affected:

CQC inspections should not challenge smoke-free policies, including bans on tobacco smoking in mental health inpatient services (for example, by raising such policies as an unwarranted 'blanket restriction'). Instead, focus should be paid on whether such a ban is mitigated by adequate advice and support for smokers to stop or temporarily abstain from smoking with the assistance of behavioural support, and a range of stop smoking medicines and/or e-cigarettes. Inspections should also consider whether alternative activities are in place and promoted, including regular access to outside areas.⁹⁵

92 [Towards a Smokefree Generation - A Tobacco Control Plan for England](#), Department of Health, 2017

93 [Written Evidence submitted by Mental Health and Smoking Partnership \(ECG0060\)](#)

94 [Oral evidence given 16 April 2018 HC \(2017-19\) 505 Q280 \[Heather Thomson\]](#)

95 [Brief guide: Smokefree policies in mental health inpatient services](#), Care Quality Commission, 2017.

Encouragingly, it states that a ban on e-cigarettes without “cogent justification” can be criticised as effectively being an unwarranted ‘blanket restrictions’.⁹⁶

50. We decided to directly survey all English NHS mental health trusts (see Appendix 1), and found that a third of the 50 NHS trusts that responded banned e-cigarettes within their facilities (three failed to respond—Cumbria Partnership NHS Foundation Trust, Greater Manchester West Mental Health NHS Foundation Trust, and Hertfordshire Partnership University NHS Foundation Trust). Some of these NHS trusts stated that e-cigarette use was allowed in designated shelters outside, along with conventional smoking, whilst others designated the facility’s entire estate as smoke-free including for e-cigarettes. Amongst the NHS trusts which allowed e-cigarettes indoors, this was generally in designated areas, to make sure that those patients, staff and visitors who did not wish to be exposed to the vapour could avoid it. Three-quarters of NHS trusts were concerned about ‘second-hand’ e-cigarette vapour despite evidence that it presents negligible, if any, health risks (Chapter 2), and some NHS trusts reported that staff had complained about the smell. Some NHS trusts allowed only certain types of e-cigarettes, usually ‘tamper proof’ models, which had been approved by the NHS trust. Heather Thomson, Smokefree Lead, Nottinghamshire Healthcare NHS Foundation Trust, emphasised possible difficulties caused by not having a consistent approach across NHS trusts, which could mean that e-cigarettes approved by one site were not permitted in another, or that e-cigarettes were stocked in some retail outlets but not others.⁹⁷

51. Hazel Cheeseman from Action on Smoking Health emphasised a need for “some central guidance and policy in relation to ecigarettes and smoke-free policies, and greater investment in the training of mental health staff”.⁹⁸ Professor Newton from Public Health England highlighted the importance of evidence-based local decision-making in this area:

We have provided guidance to NHS trusts, including mental health trusts, and to employers on the basis on which they should produce their own policies. We think that there is value in individual organisations developing their own policies, based on a general understanding of the evidence, because they are more likely to know what their particular circumstances are. I agree with you that it seems unlikely that an overall ban [on e-cigarettes] is the right approach, given the evidence.⁹⁹

52. Heather Thomson believed that a central policy from NHS England would, nevertheless, be beneficial:

It would be very useful to have some central guidance, because there is an anxiety about bringing in something that, in years to come, may prove to have been harmful. However, we need to balance that against the fact that we absolutely know the harms that are associated with smoking. Anything that allays those fears and lays the foundations will be useful.¹⁰⁰

96 [Brief guide: Smokefree policies in mental health inpatient services](#), Care Quality Commission, 2017.

97 [Oral evidence taken on 27 March 2018, HC \(2017–19\) 505, Q284 \[Heather Thomson\]](#)

98 [Oral evidence taken on 27 March 2018, HC \(2017–19\) 505, Q334 \[Hazel Cheeseman\]](#)

99 [Oral evidence taken on 24 April 2018, HC \(2017–19\) 505, Q373 \[Professor Newton\]](#)

100 [Oral evidence taken on 27 March 2018, HC \(2017–19\) 505, Q262 \[Heather Thomson\]](#)

NHS Providers recognised “the potential value of national guidance from NHS England to support NHS mental health services in permitting the use of e-cigarettes”, but cautioned that:

[A policy would] need to be sufficiently flexible and allow trusts to incorporate the guidance in an individually tailored way as part of personalised care planning, as well as to manage their permissions as to where e-cigarettes can be used on the trust’s premises. We would also maintain that the cost of using e-cigarettes services remains with the service user and not the trust, unless such a time comes that e-cigarettes are prescribed by the NHS.¹⁰¹

E-cigarettes in prisons

53. In the prison estate, like mental health NHS trusts, a conventional smoking ban is being rolled out across England. The difference however is that e-cigarettes and vaping devices are made available for purchase within the entire prison estate whilst only in some mental health facilities. E-cigarettes had been brought into some prisons on a trial basis in 2014. In 2015 the then Minister for Prisons and Probation told the Justice Committee:

Our steps to date [towards a smoke-free prison service] include the recent and highly successful roll out of electronic cigarettes to all prisons. These are available in every prison shop and offer a comparable alternative to traditional tobacco products in cost terms.¹⁰²

54. Michelle Jarman-Howe, Executive Director of Public Sector Prisons South, told us that the policy was working well:

At the point at which the [prison] service introduced no smoking, offenders could access disposable e-cigarettes through the offender canteen system on closed sites in the public sector. Later, in October 2017, we also enabled offenders to access rechargeable vaping facilities. That proved to be far more popular.¹⁰³

55. Smoking cessation is a particular challenge in mental health. People with mental health issues smoke significantly more than the rest of the population and, as the Government warns, if we do not reduce smoking prevalence among this group, “we will have failed to reduce inequalities”. 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 within the facilities, because they can continue to engage in treatment sessions, when as smokers they would have to leave. Some NHS mental health units are allowing unrestricted use of e-cigarettes—Nottinghamshire Healthcare NHS Foundation Trust is an exemplar—but it is unacceptable that a third of mental health NHS trusts still ban e-cigarettes within their facilities. Three-quarters of NHS trusts are mistakenly concerned about ‘second-hand’ e-cigarette vapour, despite evidence that it presents a negligible health risk.

101 [Written evidence submitted by NHS Providers \(ECG0109\)](#)

102 [Letter from Prisons Minister Andrew Selous to Robert Neill MP, Chairman of the Justice Select Committee regarding smoking in prisons, 29 September 2015.](#)

103 [Oral evidence taken on 27 March 2018, HC \(2017–19\) 505, Q233 \[Michelle Jarman-Howe\]](#)

56. We are concerned that NHS England declined our invitation to give evidence on how it was working to encourage innovative solutions, such as e-cigarettes, to battle the worryingly high numbers of smokers amongst those with poor mental health. NHS England stated that it was unable to provide a representative to put in front of the Committee. NHS England explained that there was no one responsible centrally with “oversight” of e-cigarette policies amongst NHS mental health trusts, nor did NHS England do anything centrally to enforce any type of policy approach. NHS England should take a strong leadership role in ensuring that everything is done to reduce the numbers of smokers amongst those with poor mental health, as smoking is the single largest cause of premature mortality within this group. We also find it very concerning that there is not a dedicated person within NHS England responsible for implementing the Government’s Tobacco Control Plan. *NHS England should as a matter of urgency ensure that such a position is created.*

57. *NHS England should set a clear central NHS policy on e-cigarettes in mental health facilities which establishes a default of allowing e-cigarette use by patients unless an NHS trust can show reasons for not doing so which are demonstrably evidence-based. NHS England should issue e-cigarette guidance to all NHS mental health trusts to ensure that they understand the physical and mental health benefits for their patients.*

E-cigarettes in public places

58. Although e-cigarettes are significantly less harmful than conventional cigarettes, and are helping people to stop smoking, they are generally prohibited in closed spaces including workplaces, restaurants and on public transport. Vapers are typically shown to outside ‘smoking areas’ to vape next to a conventional smoker, which could be counter-productive for those attempting to stay away from cigarettes while trying to quit smoking. John Dunne from the UK Vaping Industry Association compared making vapers stand with smokers as “putting an alcoholic in a bar: It just does not make sense”.¹⁰⁴

59. Smoking has been banned in closed public spaces and many workplaces to protect non-smokers from the effects of second-hand smoke, and in some cases to reduce fire-risk, but it appears that the same logic is being used to prevent e-cigarette vaping. Yet, as we discussed in Chapter 2, second-hand vapour does not cause harm. Professor Newton from Public Health England pointed to another more basic factor potentially involved, noting that while “there is no evidence that exposure to the vapour of e-cigarettes is harmful, [...] some people do not necessarily like it”.¹⁰⁵

60. Many businesses, public transport providers and owners of other public places do not allow e-cigarettes in the same way that they prohibit conventional smoking. There is some hostility towards the use of e-cigarettes in public areas, if only because some bystanders find its vapour unpleasant. As we have described in this Report, there is no public health rationale for treating use of the two products the same. Indeed, forcing vapers to use the same ‘smoking shelters’ as conventional smokers could undermine their efforts to quit. There is now a need for a wider debate on how e-cigarettes are to be dealt with in our public spaces, to help arrive at a solution which at least starts from the evidence rather than misconceptions about their health impacts. A liberalisation of

104 [Oral evidence taken on 9 May 2018, HC \(2017–19\) 505, Q554 \[John Dunne\]](#)

105 [Oral evidence taken on 24 April 2018, HC \(2017–19\) 505, Q401 \[Professor Newton\]](#)

restrictions on e-cigarettes, which provide a popular route for people to stop smoking, would result in non-vapers having to accommodate vapers (for a relatively short period of time).

4 Regulation

61. E-cigarettes are regulated under the UK Tobacco and Related Products Regulations 2016 (TRP Regulation),¹⁰⁶ which implemented the EU's Tobacco Products Directive.¹⁰⁷ Because the regulations are connected with trade, it is largely a reserved matter and the Department of Health and Social Care transposed the regulations on behalf of Northern Ireland, Scotland and Wales. The EU Directive:

- Sets minimum standards for the safety and quality of all e-cigarettes and liquid refill containers;
- Requires that information is provided to consumers so that they can make informed choices; and
- Requires that children are protected from starting to use 'tobacco' products.¹⁰⁸

It leaves national governments to stipulate and control:

- smoke-free environments;
- domestic advertising;
- domestic sales;
- age restrictions;
- nicotine-free cigarettes; and
- flavourings of e-cigarettes.¹⁰⁹

62. E-cigarettes and e-liquids are subject to a notification scheme, for which the Medicines and Healthcare products Regulatory Agency (MHRA) is the competent authority in the UK. This system is intended to ensure standards that:

- require child-resistant and tamper-evident packaging;
- provide protection against breakage and leakage;
- ban certain ingredients (including certain colourings, caffeine and taurine);
- require that devices deliver a consistent dose of nicotine under normal conditions; and
- limit liquid tank and cartridges to no more than 2ml in volume and 20mg/ml in nicotine strengths.¹¹⁰

106 [The Tobacco and Related Products Regulations 2016](#)

107 [The Tobacco Products Directive \(2014/40/EU\)](#)

108 [The Tobacco Products Directive \(2014/40/EU\)](#)

109 [The Tobacco Products Directive \(2014/40/EU\)](#)

110 [The Tobacco and Related Products Regulations 2016](#)

63. The Department of Health and Social Care regarded the e-cigarette regulatory framework as “proportionate”. The EU and national regulations, they told us, have enabled them:

[...] to introduce measures to regulate e-cigarettes to reduce the risk of harm to children and protect against any risk of re-normalisation of tobacco use, provide assurance on relative safety for users, and provide legal certainty for businesses. This has enabled the UK to implement standards and consistency. There are a few exceptions in terms of UK domestic law and it is right for each UK country to decide on those matters. For example, in Scotland there are powers to introduce domestic legislation banning domestic advertising of e-cigarettes. This is a matter for the Scottish Parliament.¹¹¹

64. The Scottish Government has made provision, through the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016, to restrict the advertising of vapour products through secondary legislation, though this is not yet in place. This would require retailers selling ‘nicotine vapour product’, or e-cigarettes, to register on a tobacco retailer register. It would also restrict domestic advertising and promotions and bans staff under the age of 18 from selling tobacco and ‘nicotine vapour products’.¹¹² In 2015–16, the Welsh Government attempted to go further and introduce stricter controls on the use of e-cigarettes in public places and, like Scotland, introduce a national register for tobacco and nicotine retailers.¹¹³ Its Bill was defeated in the Welsh Assembly.

65. Many of our witnesses identified problems with the regulatory system in four main areas: the 20mg/ml maximum nicotine refill limit, a size restriction on the tank, a block on advertising e-cigarettes’ relative harm-reduction potential, and the notification scheme for e-cigarette ingredients, as we discuss below.

The refill strength limit

66. The Centre for Addictive Behaviours Research at London South Bank University told us that the 20 mg/ml nicotine limit for e-cigarette refills was not evidence-based and was actually counter-productive:

Vapers using higher nicotine e-liquid concentrations have been compelled to switch to lower nicotine concentrations since the introduction of the [EU Directive]. This upper limit is arbitrary and is not based on empirical evidence. In fact, it may increase harm if smokers cannot achieve the nicotine delivery they need to suppress cravings for tobacco, which in turn may dis-incentivise switching to electronic cigarettes and expose high nicotine-dependent smokers, willing to switch to e-cigarettes, to greater risks of relapse.¹¹⁴

111 [Written evidence submitted by the Department of Health \(England\) \(ECG0030\)](#)

112 [Health \(Tobacco, Nicotine etc. and Care\) \(Scotland\) Act 2016](#)

113 [First minister dismisses e-cigs ban plan in health bill](#), BBC News, 22 May 2015

114 [Written evidence submitted by London Southbank University and the University of East London \(ECG0018\)](#)

Sarah Jakes from the New Nicotine Alliance similarly told us, in regard to the size of the tank size restriction, that:

There is no scientific basis at all for the 2 ml tank limit and 10 ml bottle limit. Speaking for consumers, they make things fiddlier and the bottles are easier to lose. It is generally inconvenient and there is no possible gain from it.¹¹⁵

Regulation of health claims

67. Under the current EU tobacco regulations, there are restrictions on how e-cigarettes and tobacco products can be advertised and where. The detailed rules are determined by the Committee on Advertising Practice for non-broadcast media and by the UK Code of Broadcast Advertising for broadcast media. The Advertising Standards Authority, who regulate and monitor advertisements, told us:

The [Department of Health and Social Care] took a minimal approach to implementing the advertising prohibitions in the [EU tobacco directive]. The legal prohibitions emanating from the Directive and the TRP Regulation apply only to ads which promote (directly or indirectly) certain types of products (those which are unlicensed and which contain nicotine) and only in some media channels. In general terms the prohibited media channels are those which have a cross-EU-border effect. The result is that a nicotine-containing e-cigarette may be lawfully advertised on an outdoor poster, in a leaflet and in the cinema. However, the same ad would be illegal on television and radio and in magazines and newspapers.¹¹⁶

68. Health claims in advertising can only be made about a product which has a medical licence from the MHRA,¹¹⁷ but the Advertising Standards Authority is reviewing whether health claims should be allowed when promoting e-cigarettes.¹¹⁸ We were told that 27 representations made to the consultation had been in favour of allowing health claims for e-cigarette advertising, and six for the retention of the current legislation.¹¹⁹

69. The UK Centre for Tobacco and Alcohol Studies argued that due to currently restrictive advertising rules, there is a lack of clear guidance on the relative harms of e-cigarettes and conventional cigarettes. This, they believed, contributes to a common misconception among smokers who have never used an e-cigarette that they are no less harmful.¹²⁰ Fraser Cropper from the Independent British Vape Trade Association explained that e-cigarette manufacturers wanted to make claims only about the products' relatively lower harm compared with conventional cigarettes:

To tie a hand behind our back and not allow us to be able to promote our products, to seize even more of those smokers out of the hands of the tobacco businesses, does not make sense. We are in a regulated space; we

115 [Oral evidence taken on 9 May 2018, HC \(2017–19\) 505, Q504 \[Sarah Jakes\]](#)

116 [Written evidence submitted by the Advertising Standards Authority \(ECG0015\)](#)

117 [Written evidence submitted by the Advertising Standards Authority \(ECG0015\)](#)

118 [Oral evidence taken on 24 April 2018, HC \(2017–19\) 505, Q387 \[Mr Morrison\]](#)

119 [E-cigarette advertising consultation](#), the Advertising Standards Authority, September 2017

120 [Written evidence submitted by the UK Centre for Tobacco and Alcohol Studies \(ECG0031\)](#)

are protecting our consumers because of that. It should, therefore, also allow for confidence that we can continue to deliver those products and services in an ethical and responsible way.¹²¹

Vaping does not make anybody better per se; it significantly reduces the risk of what a smoker is exposed to. It is a relative health claim. It is not a health claim in the singular sense that it makes somebody better.¹²²

70. One way of targeting information about the relative harm reduction of e-cigarettes at existing smokers, rather than more broadly, would be through ‘pack inserts’ placed in conventional cigarette cartons. Dr Moira Gilchrist from Philip Morris International told us that:

We are very interested in ensuring we have the opportunity to have targeted communications to smokers. We are not interested in broad communication opportunities; we are interested in attracting the right users—smokers who would otherwise continue to use cigarettes. Pack inserts in conventional cigarette packs are one example of that. Unfortunately, we cannot do that here in the United Kingdom, because of the laws that exist. We believe that that would be a tremendous opportunity to talk only to smokers, to tell them about the existence of new smoke-free products. That would be a very simple thing to do here in the United Kingdom that would allow marketing to exactly the right audience and not to the wrong audience.¹²³

71. Dr Tim Baxter from the Department of Health and Social Care told us that, in relation to ‘pack inserts’ in conventional cigarette packs, “there is not a single UK phone number for helping people to stop smoking, so that is an issue. We cannot use inserts. We do effectively use the pack to give various messages, with graphic health warnings.”¹²⁴

Regulation of e-cigarette ingredients

72. Whilst the MHRA includes all nicotine containing e-cigarette products in its notification scheme for obtaining product approval, non-nicotine containing products such as nicotine-free vaping liquids fall outside of the approval process.¹²⁵ Dr Grant O’Connell from Fontem Ventures noted that there is a blacklist of ingredients which are not allowed, and took issue with the less rigorous approach of the notification process for products which do not contain nicotine:

The issue regarding whether some liquids already contain these chemicals is that in the absence of product standards, particularly around testing methods, you are comparing apples with pears. There is not one standard method. One lab will use method A and one will use method B, so you might not detect the chemical. We agree that strict enforcement of product standards is absolutely essential. We believe that that would form the basis of a bespoke regulatory framework for these products.¹²⁶

121 [Oral evidence taken on 9 May 2018, HC \(2017–19\) 505, Q547 \[Mr Cropper\]](#)

122 [Oral evidence taken on 9 May 2018, HC \(2017–19\) 505, Q544 \[Mr Cropper\]](#)

123 [Oral evidence taken on 27 February 2018, HC \(2017–19\) 505, Q152 \[Dr Gilchrist\]](#)

124 [Oral evidence taken on 24 April 2018, HC \(2017–19\) 505, Q491 \[Dr Baxter\]](#)

125 [Oral evidence taken on 24 April 2018, HC \(2017–19\) 505, Q405 \[Dr Hudson\]](#)

126 [Oral evidence taken on 27 February 2018, HC \(2017–19\) 505, Q164 \[Dr O’Connell\]](#)

Dr Ian Jones from Japan Tobacco International wanted non-nicotine containing liquids to be tested in the same way as nicotine containing liquids:

Consumers are still inhaling the vapour from these liquids. We are also seeing—I believe, in the UK—what are called ‘short fills’, where consumers buy a small bottle of nicotine-containing liquid and add it to an unregulated bottle of zero-nicotine flavoured liquid. For me, as a scientist, that is a concern, because we do not know what is in that zero-nicotine flavoured liquid combination. Based on the principles of consumer protection, I think that zero-nicotine liquids should be regulated in the same way.¹²⁷

73. Dr Ian Hudson, Chief Executive of the MHRA, wrote to us:

The [MHRA] is aware of concern in the industry that products that do not contain nicotine when sold could potentially include harmful ingredients as they do not fall under scope TRP Regulation. MHRA is collaborating with the Department of Health and Public Health England, who are carrying out research into the safety of e-cigarette products. Together with the compliance work undertaken by Trading Standards and trade bodies, this research will provide clearer view of the risks of these products.¹²⁸

When subsequently he gave evidence to us, he elaborated:

We are doing a number of things. One of them is to work with the Chartered Trading Standards Institute in relation to the sampling of products, such that they can be tested, and to confirm that they comply with the regulations and notifications—and also to ensure that there are no banned substances in there.¹²⁹ [...] We cannot test directly, but we are working with trading standards to do a pilot of testing, to ensure compliance.¹³⁰

Regulation of novel tobacco products

74. The regulatory system is also being applied to new products in two areas: ‘heat-not-burn’ products (Chapter 2) and ‘snus’. ‘Snus’, a Scandinavian non-combustible tobacco product inserted under the user’s lip, is currently illegal in the UK under the EU Tobacco Products Directive. The same directive does however make an exception for the product to be produced and sold in Sweden:

Given the general prohibition of the sale of tobacco for oral use in the Union, the responsibility for regulating the ingredients of tobacco for oral use, which requires in-depth knowledge of the specific characteristics of this product and of its patterns of consumption, should, in accordance with the principle of subsidiarity, remain with Sweden, where the sale of this product is permitted pursuant to Article 151 of the Act of Accession of Austria, Finland and Sweden.¹³¹

127 [Oral evidence taken on 27 February 2018, HC \(2017–19\) 505, Q156 \[Dr Jones\]](#)

128 [Letter from Dr Ian Hudson, Medicines and Healthcare products Regulatory Agency \(ECG0103\)](#)

129 [Oral evidence taken on 24 April 2018, HC \(2017–19\) 505, Q408 \[Dr Hudson\]](#)

130 [Oral evidence taken on 24 April 2018, HC \(2017–19\) 505, Q409 \[Dr Hudson\]](#)

131 [Tobacco Products Directive \(2014/40/EU\)](#)

Swedish Match, a company which develops, manufactures and sells tobacco alternatives including Snus, recently challenged the ban on the product in British courts, arguing that new scientific data had shown it to be less harmful than cigarettes. The Advocate General of the European Courts of Justice has judged that the ban outside Sweden remains valid, and the Court will make a ruling in the coming months.¹³²

75. Professor Peter Hajek of Queen Mary University told us that snus' use in Scandinavia provided useful data on the health impact of nicotine from long-term users of nicotine replacement treatments:

It is not a huge sample, but it is very reassuring. We have a huge population of data from Sweden and Norway on people who use snus, which is a nicotine-containing tobacco product. There is no sign of an increase in cancer that is linked to nicotine. There are some pancreatic cancer concerns, but there are nitrosamines in those products; the concerns are not nicotine linked. Smoking-linked lung cancer is gone. The same applies to heart disease. [...] I do not think we have any evidence of nicotine being that harmful.¹³³

76. We wrote to the then Health Secretary, Jeremy Hunt MP, about the UK Government's position on the Swedish Match case at the European Court of Justice including its support for maintaining the ban on snus. In response, he set out the grounds of the Government's continued support for the ban:

It is worth noting that there are strongly diverging views in terms of the evidence on the health risks of snus—with significant concerns in Norway and Sweden about the impact of the use of snus, particularly by young people and pregnant women. Where such controversy exists, our view is that a ban constitutes a proportionate response. However, the primary objective of the UK government was not to secure the continued prohibition of snus, but to seek to protect the principle of proportionality on which it is based.¹³⁴

When we subsequently asked the Health Minister, Steve Brine MP, whether he could see a case for an end to the ban on snus in the UK post-Brexit, he replied: “No—but I have an open mind”.¹³⁵

Risk-based regulation and taxation

77. The University of Otago, New Zealand, has argued for a differentiated risk-proportionate regulatory framework for e-cigarettes, heat-not-burn products and conventional cigarettes “to ensure the least harmful products are the most affordable, accessible and appealing to smokers, while the most harmful smoked tobacco products are the least affordable, accessible and appealing to both smokers and young people at risk of starting to smoke”.¹³⁶ Their framework would involve abolishing excise duty and taxation of e-cigarettes, except potentially for a level deemed to be required to deter young people from starting.

132 [Written evidence submitted by the UK Centre for Tobacco and Alcohol Studies \(ECG0031\)](#)

133 [Oral evidence taken on 9 January 2018, HC \(2017–19\) 505, Q25 \[Professor Hajek\]](#)

134 [Letter from the Secretary of State, Department of Health and Social Care \(ECG0095\)](#)

135 [Oral evidence taken on 24 April 2018, HC \(2017–19\) 505, Q477 \[Steve Brine MP\]](#)

136 [‘Smoke, heat or vapour? Ideas for risk-proportionate regulation to make World Smokefree Day irrelevant by 2025’, The University of Otago, New Zealand, March 2018](#)

78. The Government's Tobacco Control Plan states that, once the UK has left the EU, tobacco regulation will have to "reflect the new environment in which tobacco control will be delivered".¹³⁷ The current regulations will be reviewed and the legislation will be reassessed, including the regulatory framework around e-cigarettes.¹³⁸ ASH recommended a review of the various regulations post-Brexit.¹³⁹ Health Minister Steve Brine MP told us:

On the question of post-Brexit and whether Brexit gives us more room for manoeuvre, unquestionably yes. That is a bit of "take back control" that I do not remember seeing on any buses, but it is a fact that we would have more room for manoeuvre.¹⁴⁰

79. Some of our witnesses nevertheless raised a concern about needing to ensure that vaping products were only advertised to adults, and preferably only to existing conventional cigarette smokers. Although currently the proportion of young people using e-cigarettes is very small (Chapter 3), the Association for Young People's Health believed that e-cigarettes are marketed to young people, and were concerned that "young people, who are early adopters of all new technologies may be attracted to use e-cigarettes whether or not they already smoke".¹⁴¹

80. Currently, e-cigarettes are not subject to excise duty in the UK, unlike conventional cigarettes, heat-not-burn and other tobacco-containing products.¹⁴² Dr Lion Shahab from UCL believed that taxation could play an important part in encouraging smokers to switch from conventional smoking to less harmful alternatives including e-cigarettes.¹⁴³

81. Some aspects of the regulatory system for e-cigarettes appear to be holding back their use as a stop smoking measure. The limit on the strength of refills means that some users have to puff harder to get the nicotine they seek and may put some heavy smokers off persisting with e-cigarettes. The tank size restriction does not seem to be founded on any scientific rationale. A prohibition on making claims for the relative health benefits of switching to e-cigarettes from conventional cigarettes means that some who might switch are not getting that message. A ban on advertising 'tobacco' products, has prevented manufacturers putting 'pack insert' information about e-cigarettes in cigarette cartons. *The Government, together with the ASA and the MHRA, should review all these regulatory anomalies and, to the extent that EU directives do not present barriers, publish a plan for addressing these in the next annual Tobacco Control Plan.*

82. *The level of taxation on smoking-related products should directly correspond to the health risks that they present, to encourage less harmful consumption. Applying that logic, e-cigarettes should remain the least-taxed and conventional cigarettes the most, with heat-not-burn products falling between the two.*

83. *The Government should conduct a review of regulations on e-cigarettes and novel tobacco products which are currently applied under EU legislation, to identify scope for change post-Brexit, including an evidence-based review of the case for discontinuing*

137 [Towards a Smokefree Generation - A Tobacco Control Plan for England](#), Department of Health, 2017

138 [Towards a Smokefree Generation - A Tobacco Control Plan for England](#), Department of Health, 2017

139 Action on Smoking and Health (ECG0071)

140 [Oral evidence taken on 24 April 2018, HC \(2017-19\) 505, Q481 \[Steve Brine MP\]](#)

141 [Written evidence submitted by the Association for Young People's Health \(ECG0093\)](#)

142 [Tax on shopping and services, HMRC](#)

143 [Oral evidence taken on 9 January 2018, HC \(2017-19\) 505, Q97 \[Dr Lion Shahab MP\]](#)

the ban on 'snus' oral tobacco. This should be part of a wider shift to a more risk-proportionate regulatory environment; where regulations, advertising rules and tax/duties reflect the evidence on the relative harms of the various e-cigarette and tobacco products available. While an evidence-based approach is important in its own right, it also may help bring forward the behaviours that we want as a society—less smoking, and greater use and acceptance of e-cigarettes and novel tobacco products if that serves to reduce smoking rates.

Conclusions and recommendations

Reducing Harm

1. There is clear evidence that e-cigarettes are substantially less harmful than conventional cigarettes. Public Health England estimate e-cigarettes as 95% less harmful, although the evidence available does not currently allow a precise figure to be determined. E-cigarettes lack the tar and carbon monoxide of conventional cigarettes—the most dangerous components of conventional cigarettes—which are produced by combustion. Some potentially harmful components are present in both products, such as heavy metals, but at substantially lower levels in e-cigarettes. Researchers have found it almost impossible to measure the risks from ‘second-hand’ e-cigarette vapour because any potentially harmful compounds released into the surrounding area are so negligible. (Paragraph 27)
2. More recently introduced ‘heat-not-burn’ products—producing nicotine from tobacco but without the combustion—have been estimated to be around 90% less harmful than conventional cigarettes, although there is a lack of independent research to validate this claim. (Paragraph 28)
3. There are uncertainties, nevertheless, especially about any long-term health effects of e-cigarettes, because the products have not yet had a history of long use. The studies needed to guarantee the safety of e-cigarettes are inevitably frustrated by the absence of a population of e-cigarette users who have never smoked conventional cigarettes before taking up vaping. Ultimately, however, any judgement of risks has to take account of the risk of not adopting e-cigarettes—that is, continuing to smoke conventional cigarettes, which are substantially more harmful than e-cigarettes. Existing smokers should always be encouraged to give up all types of smoking, but if that is not possible they should switch to e-cigarettes as a considerably less harmful alternative. (Paragraph 29)
4. *To help fill remaining gaps in the evidence on the relative risks of e-cigarettes and heat-not-burn products, the Government should maintain its planned annual ‘evidence review’ on e-cigarettes and extend it to also cover heat-not-burn products. It should support a long-term research programme, to be overseen by Public Health England and the Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment, to ensure that health-related evidence is not dependent solely on the tobacco industry or the manufacturers of e-cigarettes. That PHE/COT research should include examining health risks arising from the flavourings added to e-cigarettes. The Government should report each year on the state of research in its Tobacco Control Plan, and establish an online hub for making the detailed evidence readily available to the public and to health professionals.* (Paragraph 30)

E-cigarettes and smoking cessation

5. There remain some gaps in the evidence about how effective e-cigarettes are as a stop smoking tool in comparison to other nicotine replacement therapies. Nevertheless, an estimated 2.9 million people in the UK are using e-cigarettes, and tens of thousands are using them to successfully quit smoking each year. Concerns about

the risk of e-cigarettes potentially providing a ‘gateway’ into conventional smoking have not materialised to any significant degree. Similarly, the risk of the variety and type of flavours being attractive to young non-smokers, who would be drawn into e-cigarette use, also appears to be negligible. (Paragraph 37)

6. A medically licensed e-cigarette could assist smoking cessation efforts by making it easier for medical professionals to discuss and recommend them as a stop smoking treatment with patients. It would also make it easier for claims to be explicitly made about their harm-reduction relative to conventional smoking, which regulations currently prevent (Chapter 4). *The Government should review with MHRA and the e-cigarette industry how its systems for approving stop smoking therapies could be streamlined; to be able to respond appropriately should manufacturers put forward a product for licensing.* (Paragraph 46)
7. Smoking cessation is a particular challenge in mental health. People with mental health issues smoke significantly more than the rest of the population and, as the Government warns, if we do not reduce smoking prevalence among this group, “we will have failed to reduce inequalities”. 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 within the facilities, because they can continue to engage in treatment sessions, when as smokers they would have to leave. Some NHS mental health units are allowing unrestricted use of e-cigarettes—Nottinghamshire Healthcare NHS Foundation Trust is an exemplar—but it is unacceptable that a third of mental health NHS trusts still ban e-cigarettes within their facilities. Three-quarters of NHS trusts are mistakenly concerned about ‘second-hand’ e-cigarette vapour, despite evidence that it presents a negligible health risk. (Paragraph 55)
8. We are concerned that NHS England declined our invitation to give evidence on how it was working to encourage innovative solutions, such as e-cigarettes, to battle the worryingly high numbers of smokers amongst those with poor mental health. NHS England stated that it was unable to provide a representative to put in front of the Committee. NHS England explained that there was no one responsible centrally with “oversight” of e-cigarette policies amongst NHS mental health trusts, nor did NHS England do anything centrally to enforce any type of policy approach. NHS England should take a strong leadership role in ensuring that everything is done to reduce the numbers of smokers amongst those with poor mental health, as smoking is the single largest cause of premature mortality within this group. We also find it very concerning that there is not a dedicated person within NHS England responsible for implementing the Government’s Tobacco Control Plan. *NHS England should as a matter of urgency ensure that such a position is created.* (Paragraph 56)
9. *NHS England should set a clear central NHS policy on e-cigarettes in mental health facilities which establishes a default of allowing e-cigarette use by patients unless an NHS trust can show reasons for not doing so which are demonstrably evidence-based. NHS England should issue e-cigarette guidance to all NHS mental health trusts to ensure that they understand the physical and mental health benefits for their patients.* (Paragraph 57)

10. Many businesses, public transport providers and owners of other public places do not allow e-cigarettes in the same way that they prohibit conventional smoking. There is some hostility towards the use of e-cigarettes in public areas, if only because some bystanders find its vapour unpleasant. As we have described in this Report, there is no public health rationale for treating use of the two products the same. Indeed, forcing vapers to use the same ‘smoking shelters’ as conventional smokers could undermine their efforts to quit. There is now a need for a wider debate on how e-cigarettes are to be dealt with in our public spaces, to help arrive at a solution which at least starts from the evidence rather than misconceptions about their health impacts. A liberalisation of restrictions on e-cigarettes, which provide a popular route for people to stop smoking, would result in non-vapers having to accommodate vapers (for a relatively short period of time). (Paragraph 60)

Regulation

11. Some aspects of the regulatory system for e-cigarettes appear to be holding back their use as a stop smoking measure. The limit on the strength of refills means that some users have to puff harder to get the nicotine they seek and may put some heavy smokers off persisting with e-cigarettes. The tank size restriction does not seem to be founded on any scientific rationale. A prohibition on making claims for the relative health benefits of switching to e-cigarettes from conventional cigarettes means that some who might switch are not getting that message. A ban on advertising ‘tobacco’ products, has prevented manufacturers putting ‘pack insert’ information about e-cigarettes in cigarette cartons. *The Government, together with the ASA and the MHRA, should review all these regulatory anomalies and, to the extent that EU directives do not present barriers, publish a plan for addressing these in the next annual Tobacco Control Plan.* (Paragraph 81)
12. *The level of taxation on smoking-related products should directly correspond to the health risks that they present, to encourage less harmful consumption. Applying that logic, e-cigarettes should remain the least-taxed and conventional cigarettes the most, with heat-not-burn products falling between the two* (Paragraph 82)
13. *The Government should conduct a review of regulations on e-cigarettes and novel tobacco products which are currently applied under EU legislation, to identify scope for change post-Brexit, including an evidence-based review of the case for discontinuing the ban on ‘snus’ oral tobacco. This should be part of a wider shift to a more risk-proportionate regulatory environment; where regulations, advertising rules and tax/duties reflect the evidence on the relative harms of the various e-cigarette and tobacco products available. While an evidence-based approach is important in its own right, it also may help bring forward the behaviours that we want as a society—less smoking, and greater use and acceptance of e-cigarettes and novel tobacco products if that serves to reduce smoking rates.* (Paragraph 83)

Appendix 1: Analysis of replies from English NHS mental health trusts in response to the Committee’s questions

<p>Email sent on behalf of the Committee</p> <p>[...] In their report, Public Health England also states that “Some health trusts and prisons have banned the use of EC [E-cigarettes] which may disproportionately affect more disadvantaged smokers”. The Committee would therefore like to gather some statistics on how mental health trusts in England are dealing with E-cigarettes and use in their facilities.</p> <p>I would be grateful if you could provide the following information to the Committee:</p> <ol style="list-style-type: none"> 1. Have you banned the use of electronic cigarettes in your facilities? 2. If you ban or restrict the use of e-cigarettes, do you have any plans to review that position given the advice from Public Health England? 3. Did you consider the harm reducing potential of e-cigarettes compared to conventional cigarettes in your decision? 4. Are you concerned with any second-hand harm caused by e-cigarettes? <p>[...]</p> <p>Responses from Trusts</p>				
NHS Trust	Question 1	Question 2	Question 3	Question 4
Camden and Islington NHS Foundation Trust	No		<p>We believe that e cigarettes can be a valuable alternative to smoking tobacco and as such helpful to those on our in-patient acute wards and on longer stay rehabilitation wards by reducing their frustration at not being able to smoke, reducing associated aggression on the wards and the risks of hidden smoking articles which may start fires. We believe they may support individuals in stopping smoking tobacco. To support this we are providing some e cigarettes for people to try out and if they find they are an acceptable alternative to tobacco then they can purchase.</p>	<p>It would be of help if some of these products could be prescribed in the future.</p>

NHS Trust	Question 1	Question 2	Question 3	Question 4
North East London NHS Foundation Trust	Yes	Yes, we are currently going through a procurement process and have identified a tamper proof, single use e cigarette that would be appropriate for use on our mental health inpatient wards. We have consulted health and safety colleagues, service user groups and stop smoking colleagues in reaching this decision.	Yes, we did	We are and to that end patients will be able to use them in open/garden areas of wards but not in rooms where other patients would be subjected to the vapour. We are looking at a single use cigarette to eliminate the risk posed by charging. We are only considering tamper evident e cigarettes to eliminate the risk of drugs being introduced to the product.
Berkshire Healthcare NHS Foundation Trust	Yes	The policy is kept under review and in the light of the growing evidence relating to e-cigarettes and the recent information published by Public Health England, the Drug and Alcohol Lead at Prospect Park Hospital is revisiting the possibility of E-cigarettes as an alternative form of nicotine replacement. She has recently been in touch with a London Mental Health trust that has successfully introduced E-cigarettes and has arranged to go and visit this trust (in March) to see how this is practically implemented and associated risks managed. A supplier has also agreed to send some samples and there are plans to undertake a focus group with patients.	When the Smoke Free Policy was first introduced, the Trust considered the use of E-cigarettes as a means of harm reduction as an alternative to smoking but at the time as there was little, if any evidence that supported the use of e-cigarettes as a reliable and safe alternative form of nicotine replacement, a decision was made to ban the use of E-cigarettes and a decision taken to offer other nicotine replacement options to patients admitted to the wards.	Issues relating to second hand harm will be considered as part of the review of the Smoke Free Policy and the use of E-Cigarettes.
South London and Maudsley NHS Foundation Trust	No. The SLaM smoke free policy, which was launched on 1st October 2014 recognises the potential benefits for smokers to be able to use e-cigarettes as part of their harm-reduction or quit plan. We support all e-cigarette use, and are committed to making e-cigarettes affordable and accessible.	Yes, our policy was informed by the available evidence as well as collaboration with our service user, carer and staff groups--all were keen to find a way to accommodate this new technology.	N/A	No, but we do place what we believe to be reasonable restrictions on where e-cigarettes can be used within the hospital environment. For example, out of respect for others we do not support vaping in shared spaces (such as dining areas and lounges), or in therapeutic sessions.

NHS Trust	Question 1	Question 2	Question 3	Question 4
Bradford District Care NHS Foundation Trust	<p>The use of E cigs within Bradford District NHS Care Foundation Trust is currently under review. Initially our trust did not support the use of E cigarettes due to us being one of the first trusts to go smoke free. At that point there was very little support for the use of E Cigarettes. However due to the current advice and evidence this is now under review. The trust is currently reviewing the use of the E cig as a platform to reduce smoking. There has been a wealth of information from public health England regarding the use of electronic cigarettes and we are working with a multi-agency approach including stop smoking services regarding the use of these within hospital grounds.</p>	<p>Currently the trust is reviewing its policy and is consulting on the use of e cigarettes. An agreement was made by the trust would be looking at e cigarettes only to be used in open spaces, this would include courtyard in confined and indoor spaces.</p>	<p>The use of e cigarettes as always been on the forefront of decision making, there has been considerable discussion around the potential benefits/harm in relation to conventional cigarettes. Information from public health England has supported the potential use of them in reducing/ stopping smoking. There has also been considerable debate of the different types of electronic cigarettes, these being pre filled, disposable or the tank type cigarettes, concerns have been highlighted around the use of illegal substances in the refillable electronic cigarette types.</p>	<p>There are concerns expressed by some groups regarding any potential harm from second hand vapour. There continues to be reviews into the potential harm of this. The trust does acknowledge that there are some concerns and this has supported the idea of electronic cigarettes only being used in outside spaces.</p>
Lancashire Care NHS Foundation Trust	<p>LCFT's nicotine management policy allows the use of disposable e-cigarettes by service users on in-patient wards subject to a risk assessment. This is because although nicotine replacement therapy (NRT) is available and actively promoted, we recognise that for some people e-cigarettes are helpful in managing their nicotine addiction and stopping smoking. We only allow the use of disposable e-cigarettes because of the misuse risks associated with refillable e-cigarettes, and the safety risks associated with battery operated e-cigarettes. E-cigarettes cannot be used by staff or visitors. This is because we do not wish to normalise smoking in public places. Allowing the use of e-cigarettes in public areas would also make it harder to implement the smoke free requirement; from a distance it is hard to know if someone is smoking a tobacco cigarette or an e-cigarette. We need to make it easy for staff to adhere to the policy and being clear that smoking behaviour in any public space is not allowed does this.</p>	<p>We consider our position to be compatible with Public Health England's advice and review our policies and procedures when new advice or guidance is published.</p>	<p>The decision to allow e-cigarette use by inpatient service users, subject to a risk assessment, was taken following; a survey of staff and service users, a pilot of e-cigarette use in two areas of the trust, and the PHE guidance.</p>	<p>This concern, and a concern that the long-term health impact of e-cigarettes is unknown, was raised by staff and service users in the survey. Given PHE's advice it was decided to allow the use of disposable e-cigarettes for inpatient service users subject to a risk assessment.</p>
Essex Partnership Universities NHS Trust	<p>Yes originally as part of our approach following advice from Pharmacy. Note the former South Essex Trust went smoke free in 2009</p>	<p>Yes we are reviewing and will likely allow e cigarettes in our revision of policy</p>	<p>Yes we did but was originally based on licensing and perceived fire risks</p>	<p>Not currently as we would not support within our building only outside</p>

NHS Trust	Question 1	Question 2	Question 3	Question 4
Black Country Partnership NHS Foundation Trust	Electronic Cigarettes can only be used in the designated smoking shelters which are situated outside the building.	We are working towards a smoke free Trust. E-cigarettes are under review in light of this and the advice from Public Health England	This is part of the move to a smoke free Trust.	This is part of the move to a smoke free Trust.
Cheshire and Wirral Partnership NHS Foundation Trust	In our inpatient facilities yes, not in our community services.	We review this position several times a year and constantly review information relating to e-cigarettes.	Yes	Yes
Tees, Esk and Wear Valley NHS Foundation Trust	<p>The Trust developed a smokefree Nicotine Management Policy (dated March 2016) in preparation to go fully smokefree on 9 March 2016. This policy is currently under review but the original version is attached (appendix 1).</p> <p>TEWV fully support the use of all models of e-cigarettes/Vapes Trust wide except within the Forensic service where the decision was taken not to allow these due to the potential risks for their individual service users. In the original Policy (March 2016) both first and second generation e-cigs/vapes were allowed for use but following consultation the third generation tank models were also allowed for use. All rechargeable models are allowed following individual risk assessments. The revised Policy will reflect this information. In addition we have provided e-cigarette/vapes guidance for TEWV staff (appendix 2).</p>	<p>TEWV currently has no restrictions other than in the Forensic service. The Trust originally allowed the disposable and rechargeable models to be used but in October 2017 tank/reservoir models were also approved for use. Risk assessments are carried out for the rechargeable models. The Trust offer free disposable e-cigarettes on admission and work is ongoing to look at the possibility to provide free rechargeable models in the near future following discussion during the Nicotine Management Steering Group in January 2018.</p>	<p>Yes, TEWV fully considered the harm reduction potential hence the choice to allow their use Trust wide. Appendix 3 is the ASH 715 Briefing paper which was one of a number of guidance which supported the Trust's stance on use of e-cigarettes.</p>	<p>Prior to going smokefree some ward staff were concerned about the side effects from the vape in bedrooms. The Nicotine Management team linked with PHE, FRESH and other national bodies to provide any evidence for staff on any risks or concerns with their use. Following implementation of the Policy and service user/staff use of e-cigarettes no further staff concerns have been raised and e-cigarettes are openly used throughout the Trust. E-cigarettes can be used in single occupancy bedrooms or outside but not in communal areas. The tank models are restricted to use outside as they have the potential to activate fire alarms.</p>
Somerset Partnership NHS Foundation Trust	No. We are allowing the use of non-rechargeable, disposable, e-cigarettes. If patients are admitted without such devices we will supply a maximum of 3 e-cigarettes free of charge if the patient does not wish to use NRT	We have not banned e-cigarettes but will review the use of 'tank' e-cigarettes as the evidence of safe use is developed	Yes	Yes. With disposable e-cigarettes we are aware of the potential for the batteries to be ingested. With 'tank' e-cigarettes there is the potential for other substances to be smoked.

NHS Trust	Question 1	Question 2	Question 3	Question 4
Sussex Partnership NHS Foundation Trust	No, we have not banned the use of electronic cigarettes in our facilities. We currently allow first generation disposable models.	We are currently reviewing this and the possibility to expand the range of e-cigarettes to second generation and exploring the use of rechargeable ones, whilst recognising the national alert.	Yes we did consider the harm reducing potential of e-cigarettes to conventional cigarettes in our decision making.	We have no evidence to support this at present but we remain open and continue to monitor this evidence and guidance from public health.
Devon Partnership NHS Foundation Trust	No, an agreed brand is allowed in outside areas and bedrooms.	N/A	Yes	Some staff have raised this, stating that as research has not yet been done, we cannot know if there is a risk of 'secondary vaping'. The e cigarettes we will allow produce very little vapour.
Derbyshire Healthcare NHS Foundation Trust	E-cigarettes have been banned for use by patients and also by visitors on our grounds. The initial decision was taken owing to lack of evidence regarding the longer term effects and more importantly the potential risk to mental health patients. The latter is owing to the potential alternative uses of the fluids or indeed the product itself regarding self-harm or harm to other people. However, following extensive benchmarking and feedback from patients and staff we have recently commenced a trial of e-burners which are single use e-cigarettes which do not have to be recharged and have proved less of a risk to MH patients. These have successfully been introduced in a number of MH Hospitals and secure units. As the trial only commenced after Christmas it is too early to assess the success or otherwise.	E-burners are classed as nicotine replacement by PH and this was part of the decision to introduce them.	Yes—mainly harm to staff from agitated patients. Also feedback from staff and patients.	Too early to review. We are only allowing the e-burners to be used outside and NOT on wards or other enclosed spaces.
Norfolk and Suffolk NHS Foundation Trust	No, we are encouraging the use of e-cigarettes as an alternative to burnt tobacco on the premises but outdoors	We understand and support PHE position that e-cigarettes are 95% safer than burnt tobacco	We do, that's why we support use of e-cigarettes	We are not allowing use of e-cigarettes indoors for this reason, until the health risks are better understood

NHS Trust	Question 1	Question 2	Question 3	Question 4
Coventry and Warwickshire Partnership NHS Foundation Trust	<p>Smoking tobacco is not permitted in any part of any Trust property. As the Trust is a no smoking organisation staff are not allowed to smoke or vape e-cigarettes during paid working time. Therefore staff are not permitted to vape e-cigarettes on Trust property (inside or outside in our grounds). This restriction also applies to out-patients and visitors.</p> <p>We do allow e-cigarettes for in-patients who are resistant to "Quit" or nicotine replacement therapy (NRT) products, in line with the Trust's NRT guidance. The use of e-cigarettes is permitted for our mental health in-patients in the gardens / fresh air areas, and, following clinical risk assessment and care plan, the patient's own bedroom. Appropriate areas are identified locally.</p>	<p>We have no plans to review staff use of e-cigarettes within trust properties (either inside or outside). We have recently reviewed and re-confirmed our stance on banning refillable re-usable e-cigarette's by in-patients.</p>	<p>Yes. There were initial ethical and safety concerns about allowing patients access to and the use of e-cigarettes within our services. These were debated as part of agreeing our above position. We considered the harm reduction potential to out-weigh any potential harm.</p>	<p>Yes. Due to concerns about "second hand" e-cigarette vapour and also being seen to normalise the smoking of tobacco, use of e-cigarette's was restricted to outside open defined spaces or a patient's own-bedroom (all our bedrooms are single occupancy).</p>
Northamptonshire Healthcare NHS Foundation Trust	<p>No. The Trust decision was to permit the use of E-cigarettes and vapes, subject to a risk assessment. Vapes and E-cigarettes are only permitted in the garden areas. We have a supply of disposable E-cigarettes on each ward available to patients for the first 48 hours of admission. Patients can bring in their own E-cigarettes or vapes.</p>	<p>We have not banned them, but our decision to permit their use will be reviewed periodically.</p>	<p>Yes we did, additionally we considered the fact that they are "the next best thing" and would help patient who are struggling with nicotine withdrawal.</p>	<p>The potential for second-hand harm has been considered, the Trust took the decision to allow their use on the basis that if evidence is released that suggests detrimental second-hand harm the decision will be reviewed.</p>
South Staffordshire and Shropshire Healthcare NHS Foundation Trust	<p>Yes, until December 2017—now permitted in designated areas only</p>	<p>Position reviewed in 2017, following PHE position change</p>	<p>Yes</p>	<p>No—apart from staff/patients preference and impact on smell of products</p>
Zgether NHS Foundation Trust	<p>No. E-cigarettes can be used in outside spaces only; however, we may consider changing the policy in due course.</p>	<p>We do not ban the use of e-cigarettes; however, our policy is under constant review</p>	<p>Yes we did, using what information there was available at the time.</p> <p>We are aware that e-cigarettes deliver a higher level of nicotine compared to conventional NRT products, and this favours our client group due to their heavy smoking levels.</p>	<p>We would consider any advice from Public Health England. Currently we advocate the use due to the dramatically reduced risk of e-cigarettes compared to conventional cigarettes.</p> <p>The situation is being constantly reviewed.</p>
South West Yorkshire Partnership NHS Foundation Trust	<p>Our current policy for a smoke-free environment does include a ban on the use of electronic cigarettes in our facilities.</p>	<p>The policy is currently under review and due to be amended by June 2018. This will specifically take into account the advice from Public health England</p>	<p>We will be considering the harm reduction potential of e-cigarettes in the formulation of our updated policy.</p>	<p>There are considerable concerns about the potential for second-hand harm caused by e-cigarettes and these will need to be mitigated against within our updated policy.</p>

NHS Trust	Question 1	Question 2	Question 3	Question 4
Leicestershire Partnership NHS Trust	We allow the use of electronic cigarettes within designated areas both inside and outside facilities.	We are continually reviewing the use of e-cigarettes within our facilities	Yes	No – current evidence does not suggest that there is any second hand harm.
Leeds and York Partnership NHS Foundation Trust	Currently e-cigarettes are not banned but there is designated outside areas for patients and the use of e-cigarettes. This is within the context of health promotional advice and the offer of nicotine replacement therapy.	The approach to improving physical health of mental health patients is under constant review and the use of e-cigarettes will be part of that; see response to question 1 – we do not currently ban.	Yes	This will be kept under review as further evidence becomes available on second-hand harm but is mitigated by the designated smoking areas being outside at present.

NHS Trust	Question 1	Question 2	Question 3	Question 4
Central and North West London NHS Foundation Trust	<p>No, we have not banned them. Service users are able to use e-cigarettes that are of the disposable, non-rechargeable variety in their rooms and outside. However, we do restrict their use—we ask that they are not used in communal areas as some service users and staff have objected to passive inhalation of vapour.</p>	<p>We have recently reviewed the Trust's vending machines and have agreed that e-cigarette vending machines are to be provided in in-patient facilities. Service users will be able to purchase e-cigarettes if they so choose. The review of the use of e-cigarettes has been ongoing over a considerable period of time, as evidence has been made available. The Public Health England guidance was part of that evidence, but we were already reviewing the Trust position prior to its publication.</p> <p>Although e-cigarettes are publicised as less harmful than cigarettes, there are gaps in the evidence base around long-term benefits and harms which should be addressed when encouraging their use with the general public.</p> <p>In line with NICE guidance, that licensed nicotine containing products should be used primarily for those wishing to stop smoking, e-cigarettes should not be recommended as these are not yet licensed with the Medicines and Healthcare products Regulatory Agency. This is a situation that will change this year and the Trust will fully review the use of e-cigarettes once a licensed product is available.</p> <p>It is recognised that patients with mental health problems suffer disproportionately high levels of harm from smoking and have low quit rates on standard smoking cessation approaches. Transition to e-cigarettes may be of benefit for this group, and should be actively encouraged as one part of a harm reduction approach. This should be aimed particularly at those who have tried and failed existing approaches including NRT and other smoking cessation medications, or are unwilling to try them.</p>	<p>We advise that prescription of Nicotine Replacement Therapy (NRT) or medication such as Varenicline, plus psychological support, is the preferred first choice of treatment for nicotine addiction/supporting smokers in a smoke-free environment.</p> <p>However, we recognise that many find e-cigarettes helpful and understand that, if people choose to use them, they are likely to be less harmful than conventional cigarettes (the smoke from which contains tar and many toxins).</p>	<p>Strong views are held by both staff and service users. Whilst smokers find them a useful option, others have expressed concerns about the risks of passive inhalation and adverse publicity - there have been many conflicting articles in the media about conditions said to possibly be caused or exacerbated by e-cigarette vapour (eg 'popcorn lung'). This results in confusion. In our opinion the main concern is the effects of using of food flavourings in vaporised form to enter the lung. This is something which little is known about and represents the largest potential risk from 'passive vaping' in our opinion.</p> <p>The Trust stance is that if a service user chooses to use e-cigarettes to quit/abstain from their smoking habit, they should be encouraged to use them as a tool, rather than merely as a replacement, and be supported to gradually wean themselves off e-cigarettes.</p>

NHS Trust	Question 1	Question 2	Question 3	Question 4
Surrey and Borders Partnership NHS Foundation Trust	We have not banned the use of e-cigarettes but our policy is about banning all use of tobacco products on our premises. We actually provide e-lites for free for our inpatients as part of the cessation process.	N/A	Yes this is was fully considered when designing our Care 2quit programme and decided to not ban e-cigarettes, but to focus on the banning of tobacco products and their use on our premises. We also ensured that people had sufficient access to NRT and full screening was taking place on admission to ensure that all people who smoke receive brief advice on quitting and support where required.	Yes we reviewed this and the anxieties about possible unknown risks to both staff and people using services and as a result we banned the use of e-cigarettes in communal areas or in ward sleeping bays. People are only permitted to use these in their single bedrooms and/or gardens. We also considered the risk of the vaping smoke activating fire alarms and we took steps to mitigate these
West London Mental Health NHS Trust	No. However, we have banned electronic cigarettes purchased outside of the unit due to potential fire risks and the inability to monitor the contents of them. We sell a brand of electronic cigarette that has been accepted as 'safe'. In two sites these are sold from a vending machine, in one further site they are sold directly from the wards.	We currently have no plans to ban or restrict the use of approved E-cigarettes sold on-site. The ECigs we sell on site are sold for £3 which is considerably cheaper than retail shops on the high street. Currently we do not have any plans to allow other ECigs due to the potential fire risks and the inability to monitor the contents of them.	Yes we did. Hence, the active promotion of ECigs in addition to a range of NRT products when the Trust implemented the smoke-free policy in January 2016. Prior to introducing a trust wide ban on smoking we made the decision to allow the use of electronic cigarettes (not in wards communal areas) as a harm reduction intervention. In addition we put in place a comprehensive smoking cessation strategy and interventions.	Research has so far shown the potential second hand harm is minimal. However, we encourage these to only be used in the patient's own bedroom to minimise any discomfort or harm to other patients, staff and visitors. Given current evidence and the fact that electronic cigarettes cannot be used in communal areas we do not have any significant concerns regarding second-hand harm caused by electronic cigarettes.
Cornwall Partnership NHS Foundation Trust	Yes	We are currently reviewing our policy	Yes	Yes
Barnet, Enfield and Haringey Mental Health NHS Trust	No, we have actively encouraged them as part of supporting our smokefree policy since 17.1.17 (and since 2015 in our forensic unit) and have provided them to service users ourselves in emergency (in addition to providing NRT in a range of forms); in other circumstances we make it possible for them to purchase e-cigarettes on hospital premises or encourage relatives to bring them in. We also encourage the use of vapes on our premises, noting that disposable e-cigarettes are not sufficient for all service users to help them to manage without cigarettes. Protocol attached. We have noted though that vapes can set off smoke alarms in confined spaces or when used deliberately to do so, so we have had to limit their use in certain ward areas.	N/A	Yes as above	Not really. A few people have raised it, both on health and nuisance grounds but mainly due to the fire alarm issue. But we support ward managers to limit vape use in areas where it causes a nuisance. This has not prevented widespread use of e-cigarettes.

NHS Trust	Question 1	Question 2	Question 3	Question 4
<p>Avon and Wiltshire Mental Health Partnership NHS Trust</p>	<p>We have implemented a smoke free policy. Patients and staff are not permitted to smoke inside the buildings. Service users can use approved eBurns and Vapes in the grounds away from the ward.</p>	<p>The Trust continually reviews implementation of the policy including the recent advice from PHE. We also need to consider other factors which would require the replacement of our current fire detection systems if eBurn and Vaping were to be permitted inside.</p>	<p>The risk and benefits were considered in preparing the current policy</p>	<p>The Trust is concerned regarding second-hand harm including the needs of non-smokers in relation to the smoke from vapes. We will continue to monitor the emerging evidence regarding the use of these devices and adopt best practice wherever possible.</p>
<p>North West Boroughs Healthcare NHS Foundation Trust</p>	<p>When the Trust originally committed to becoming smokefree in the summer of 2016, a decision was made to not allow electronic cigarettes within our mental health inpatient units. At the time, there were concerns regarding the safety of these devices and the potential associated risks for patients and staff. Therefore at this point, they were not included within the policy as a treatment option. However a further review was undertaken 12 months later as local intelligence and patient/carer feedback suggested a demand for these products, as many patients has used them before admission. The licensed Nicotine Replacement Therapy products were not accepted by all patients, so we looked at the least restrictive practice in relation to provision of nicotine replacing products for mental health in-patients within the Trust. With the benefit of shared experiences from other Trusts and taking into consideration the evidence review (McNeill et al, 2015) commissioned by Public Health England, a decision was taken to allow one specific brand of disposable e-cigarettes as a nicotine dependency treatment option. We commenced providing the choice of Nicotine Replacement Therapy or disposable e-cigarettes in December 2017.</p>	<p>We do allow the use of e-cigarettes as outlined in question 1 and have seen increased compliance with our smoke free policy as a result.</p>	<p>Yes. We also took into consideration the review of underpinning evidence (McNeill et al, 2015) commissioned by Public Health England.</p>	<p>Yes. We will continue to monitor this and ensure we deliver our services in line with national evidence base and best practice.</p>

NHS Trust	Question 1	Question 2	Question 3	Question 4
<p>Kent and Medway NHS and Social Care Partnership Trust (Extracts from their smokefree policy)</p>	<p>Only disposable devices with prefilled cartridges may be used (see Appendix B). Rechargeable devices of this type are not permitted due to the risks associated with charging. E-cigarette use is only permitted for patients, visitors and contractors in designated areas e.g. hospital grounds and courtyards, but not in communal indoor areas or bedrooms.</p>	<p>N/A</p>	<p>E-cigarettes are battery powered devices that deliver nicotine via inhaled vapor. Since e- cigarettes do not contain tobacco and are not burnt, they do not result in the inhalation of cigarette smoke they are therefore regarded by most experts as much safer delivery devices for nicotine. This does not mean that they are completely safe, but they are envisaged to be much less harmful than cigarettes.</p>	<p>E-cigarette use should only be permitted in discrete places and never be permitted in areas where patients and staff congregate.</p>
<p>Mersey Care NHS Foundation Trust</p>	<p>We have not banned the use of e-cigarettes and are following the advice from PHE and the CQC about their benefits to support service users who are dependent on nicotine. E-cigarettes are in the repertoire of Nicotine Replacement Therapies we support for the people who use our services.</p>	<p>We have currently banned the use of e-cigarettes in our High Secure Service, which is consistent with the other two HSS Trusts. However, we are meeting to review this decision to clarify the clinical, risk and/or security grounds which inform this decision. We may also review the decision in the light of service users' experience in using e-cigarettes in our medium and low secure services or if other appropriate products become available.</p>	<p>The Trust considered, and is supportive of, the harm reducing potential of e-cigarettes and recognises they may be of assistance to enable some smokers to move away from using harmful burnt tobacco towards a cleaner form of nicotine delivery, and may ultimately help them to give up smoking in the longer term if they make this decision. In addition, the Trust strongly supports service users' choice and preferences in their recovery, and our service users informed us that having e-cigarettes as an available option would allow them to make positive improvements in both their physical and psychological well-being. We consider collaboration and choice to be an essential component of our least restrictive and co-produced approach to care within the Trust.</p>	<p>The Trust will continue to review its position on e-cigarettes, including if any risks are identified in future as new evidence and guidance emerges. This will include regular reviews, as it would any other new aspect of practice and care, to ensure the Trust, its staff and the people we serve are kept fully informed by contemporary findings and safety information so that we continue to support best practice and safe care in this developing area.</p>

NHS Trust	Question 1	Question 2	Question 3	Question 4
Dorset Healthcare University NHS Foundation Trust	No	N/A	Yes	<p>We believe the potential for harm reduction through supporting the use of e-cigarettes to far outweigh any concerns regarding exposure to secondhand vapour. The NCSCT's Electronic cigarettes briefing indicates that "some studies have found traces of toxicants in secondhand vapour, but at such low levels that they do not pose a health risk to bystanders. There is no evidence that secondhand vapour is dangerous to others; however, it helps to be respectful when using e-cigarettes around others, especially non-smokers." We have taken this evidence into consideration in our smoke-free policy. We do ask our patients and staff not to use e-cigarettes in communal spaces limiting such exposure and normalisation of their use.</p>
Southern Health NHS Foundation Trust	No, we encourage their use.	We only restrict the use of some models of e-cigarette for reasons of fire safety.	Yes, based on strong research evidence of harm reduction.	No, but we discourage use in shared areas so as to not affect others at all.
Tavistock and Portman NHS Foundation Trust	Yes we have banned the use of electronic cigarettes in our facilities after careful consideration. We are an out-patient facility and the majority of our patients are children, young people and families. Our patients are on our premises for short periods to attend out-patient appointments. We banned the use of electronic cigarettes as we did not wish our young patients and families to see patients, staff or visitors using any form of cigarette which might imply our condoning this behaviour	Yes, our smoke free policy (May 2017) will be reviewed in May 2018 on the basis of an updated review of current evidence including PHE advice.	Yes, we did and we encourage and support staff and patients to take up interventions to stop or reduce smoking tobacco through appropriate means including switching to electronic cigarettes as a substantially safer alternative for when they are not on Trust premises.	Yes.

NHS Trust	Question 1	Question 2	Question 3	Question 4
Nottinghamshire Healthcare NHS Foundation Trust	<p>Staff and visitors—yes.</p> <p>Patients—Yes in the Trust's Forensic Service Division</p> <p>No in the Trust's Local Partnership Division (in-patient mental health units). Use is restricted to just one type of disposable e-cigarette called E-burn due to unique safety features and the fact that numerous other Trusts and some prisons are allowing their use.</p>	<p>Yes our position will be under constant review and decisions will be made according to guidance and the emerging evidence-base.</p>	<p>Yes</p>	<p>We are guided by PHE advice, 2016 "the constituents of cigarette smoke that harm health—including carcinogens—are either absent in e-cigarette vapour or, if present, they are mostly at levels much lower than 5% of smoking dose (mostly below 1% and far below safety limits for occupational exposure)"</p>
Cambridgeshire and Peterborough NHS Foundation Trust	<p>In our facilities we do not permit the use of electronic cigarettes indoors. We do allow the use of electronic cigarettes among service users in ward gardens and allow staff members to use electronic cigarettes outdoors during break times.</p>	<p>On 1 October 2017 CPFT banned smoking and the use of all electronic cigarettes and vaporisers on our premises. This policy was amended in December 2017 to allow for the use of electronic cigarettes and vaporisers in outdoor areas in light of feedback from staff on our wards. The decision to allow the use of electronic cigarettes and vaporisers in outdoor areas was reflective of the evidence and recommendations presently available from Public Health England. The CPFT Smoke Free policy will be monitored and amended as additional evidence becomes available.</p>	<p>The harm reduction potential of electronic cigarettes was a factor in our decision to allow electronic cigarettes and vaporisers on our grounds. As noted above, the Trust will continually monitor our Smoke Free Policy as additional evidence becomes available from Public Health England around the risks and benefits of electronic cigarette use.</p>	<p>At the moment there is no evidence to suggest that electronic cigarettes or vaporisers cause harm to non-users. As we have restricted the use of electronic cigarettes and vaporisers to outdoor areas only we do not currently have any concerns around the potential for secondary harm to service users or staff. We welcome updates from Public Health England around the second-hand risks of electronic cigarettes as research in this field progresses.</p>
South West London and St George's Mental Health NHS Trust	<p>SWLSTG NHS Trust has adopted an interim E-cigarette Protocol to support patients to manage their nicotine dependence whilst hospitalised. Patients wishing to use e-cigarettes as part of their nicotine management programme can bring/purchase the brand of their choice as long as those are disposable and non-rechargeable e-cigarette devices. Patients are allowed to use e-cigarettes in designated areas of the wards i.e. their individual bedrooms and courtyards but should refrain from vaping at indoor communal areas. The protocol prohibits the use of e-cigarettes in any other areas of the Trust grounds and/or buildings. E-cigarettes use by outpatients, staff and visitors is currently prohibited across Trust premises.</p>	<p>We are currently reviewing our existing e-cigarette protocol to ensure that it is in line with the new PHE and NICE recommendations. However, we also take into consideration the needs and views of our service users, carers and staff.</p>	<p>Despite the limited evidence on the long term health effects of e-cigarettes, there's been some evidence that vaping is 95% less harmful than smoking. Our inpatients are being professionally supported to manage their nicotine dependence with the method of their choice whether this is NRT or disposable e-cigarettes. We combine either method with behavioural support.</p>	<p>We have considered the very few evidence of the effects of second-hand vaping on bystanders which does not support this possibility but also does not entirely dismiss the potential effects. Hence, our balanced decision to allow the use of e-cigarettes in open-air areas i.e. courtyards but not in communal indoor rooms.</p>

NHS Trust	Question 1	Question 2	Question 3	Question 4
Birmingham and Solihull Mental Health NHS Foundation Trust	E-cigarettes use or 'vaping' must occur only outside, at no time inside any buildings.	This [e-cigarette policy] is currently under a review with our Smoking Steering Group. The e-cigarette section is part of that review and in particular the disposable and re-chargeable items.	Yes	Yes
Lincolnshire Partnership NHS Foundation Trust	<p>In line with Lincolnshire Partnership NHS Foundation Trust (LPFT) Smoke Free Premises Policy (attached), we adhere to the following guidance:</p> <p>Restrictions on usage of e-cigarettes on LPFT Trust Premises</p> <ul style="list-style-type: none"> • E-cigarettes can only be used in outside areas away from exits and entrances. They should not be used in proximity to other people who choose not to use them. • E-cigarettes should only be recharged using approved devices and methods. Recharging should be under the supervision of staff within a specific designated safe charging area away from sources of ignition and accelerants such as oxygen supplies. Once recharging is complete the device should be promptly disconnected and returned to safe storage. • Staff should be aware that fire risks whilst recharging e-cigarettes relate largely to:- <ul style="list-style-type: none"> - Use of incorrect or malfunctioning charger - Battery defects or overtightening of the battery - Overcharging of the product. • E-cigarettes contain batteries and must be disposed of in a designated bin as electronic waste. 	<p>LPFT has not banned E-cigarettes. Our current LPFT Smoke Free Premises Policy is scheduled for review in June/July 2018. We will reappraise our position at this time, taking into account PHE guidance and we will continue to work closely with our experts by experience, carers and staff to ensure our policies are evidence based, robust and usable.</p>	<p>Our vision at LPFT is to make a difference to the lives of people with mental health and learning disabilities. To promote recovery and quality of life through effective, innovative and caring services. We encourage smoking cessation and harm reduction through the use and availability of nicotine replacement therapy. We support the use of E-cigarettes rather than conventional cigarettes.</p>	<p>The evidence base is still limited and products are changing rapidly. At LPFT we support the belief that E-cigarettes are less harmful than conventional cigarettes and we will support our patients at every stage of their smoking cessation journey.</p>

NHS Trust	Question 1	Question 2	Question 3	Question 4
Oxford Health NHS Foundation Trust	We have banned them on our inpatient wards at the moment.	We have reviewed this decision—in light of the advice and new products that are now available. Plan is that we will pilot use with a particular brand of e-cigarettes. We are working with patients on this pilot. The Pilot will be active within the next couple of months with short cycle before rolling out across all inpatient areas.	<p>When the initial decision was made to ban e-cigarettes there was no guidance available. At the time there was concern about safety of the models available.</p> <p>However with the introduction of safe models to use on wards, the advice from public health and the fact that our patients are asking for them has meant that we have revisited our decision and are about to embark on a short pilot in one of our low secure wards with the aim to roll out across all services.</p> <p>Smoking cessation—encouraging their use as a proven aid to stop smoking.</p>	<p>We do not believe that there will be an increasing risk of second hand harm to patients by use of e-cigarettes.</p> <p>They are hazardous waste and need to be disposed of safely but we have plans in place to ensure that this happens.</p>

NHS Trust	Question 1	Question 2	Question 3	Question 4
<p>Pennine Care NHS Foundation Trust</p>	<p>The Trust does not have a ban on the use of electronic cigarettes, they are however restricted. They cannot currently be used inside Trust Buildings. This includes Inpatient wards.</p>	<p>The Trust is currently considering its position on the use of e-cigarettes, particularly with regard to the implementation of Smoke Free NHS. This is both in the light of the advice provided from PHE and also as a result of the shared learning from a number of Trusts who are successfully managing the use of e-cigarettes. Additionally, the Trust has secured support from these Trusts in the reviewing of our position. This includes Trusts who have successfully managed this for mental health inpatient facilities. The advice and information from PHE together with the shared learning from these examples of successful implementation will contribute to the Trust's review of its position with regard to e-cigarettes. The collation of this information for Board level discussions with regard to the way forward is currently being prepared.</p>	<p>The Trust considered this in formulating our initial decisions, however at that time the picture with regard to a wider variety of associated risks was significantly less clear than it now is. Genuine considerations such as fire/charger safety and unregulated products were also considered together with the unknown longer-term risks of e-cigarette use. As new and reliable information and experience has now been made available, the Trust is in a good position to consider our current approach. The health harm reduction benefits of e-cigarettes for individuals over tobacco cigarettes are now explicitly clear. The PHE advice and information with regard to this has been very helpful. Additionally, many of the other potential risks are far better understood now. The Trust feels this gives us an excellent base from which to consider and update our approach where appropriate.</p>	<p>The Trust considered any and all potential risks when developing its original position with regard to the use of e-cigarettes. This included any potential second-hand harm and tangential consequences (not only health related). The Trust will include any updated knowledge and information regarding these considerations as part of the review of our position.</p> <p>Our understanding of the current information and knowledge available is that there is not strong evidence of significant health harms from secondary 'smoke' as it is vapour and is not produced from a tobacco product, nor is it ignited as such.</p> <p>We are aware however of issues such as large clouds of strong smelling vapour being unpleasant for some people and possibly distressing to some people under some circumstances.</p> <p>We are also aware of the potential emergence of secondary markets associated with e-cigarettes (as there is with tobacco cigarettes). The Trust will remain vigilant with regard to this, particularly with our more vulnerable populations.</p> <p>We also remain vigilant about the possibility of e-cigarettes being implicated in fire setting (deliberate or accidental) and the very obvious second-hand harm that could bring. We are aware however of the significantly increased safety profile of these devices now over earlier, unregulated models.</p>
<p>Sheffield Health and Social Care NHS Foundation Trust</p>	<p>No, we permit these within our smoke-free policy</p>	<p>N/A</p>	<p>Yes, this is why we allow them</p>	<p>We only allow outdoor use; any second hand harm is likely to be small by comparison with either the direct or second hand effects of actual smoke</p>

NHS Trust	Question 1	Question 2	Question 3	Question 4
Northumberland, Tyne and Wear NHS Foundation Trust	No, selected e cigarettes are allowed	NTW has already agreed to supply a limited number of e-cigarettes on admission and allow purchase in hospital shops thereafter. We are modifying our policy and procedures accordingly.	Yes	We wish to avoid non-smokers being exposed to nicotine vapour so will restrict vaping in communal areas. We have concerns about possible long term effects of exposure to nicotine and/or excipients.
Oxleas NHS Foundation Trust	No	Yes as per policy	Yes	Monitoring please see policy about this
Dudley and Walsail Mental Health Partnership NHS Trust	The Trust currently has no ban in place. The draft smoke free policy which is in development does not exclude the use of electronic cigarettes, the policy stipulates that the devise must be a sealed unit identified by the Trust.	Currently we do not have a ban.	Yes this is under consideration by the smoke free steering group.	Yes this is under consideration by the smoke free steering group.
Worcestershire Health and Care NHS Trust	On review of the Trust's smoke free policy it clearly states that we are mindful of common law and statutory duties to protect the health and safety of all our employees and therefore we do not support the use of e-cigarettes in the workplace. It is expected that staff treat e-cigarettes in the same way as other types of smoking. However, there are expectations to this in regard to patients as to whether special arrangements need to be made so that the person may be permitted to smoke on a trust site. I am aware that for inpatients the wards have no ban in place in regard to the use of e-cigarettes or vapes and this is encouraged for those individuals who wish to give up smoking. The ward environments treat e-cigarettes the same as normal cigarette and requests that patients use the outside areas to use these. It is expected that patients comply with this for the comfort of other patients. However the use of electronic cigarettes within our facilities is banned for staff.	At the present time there are no plans to review this position as our policy has been recently updated, however this will be kept under review to ensure any national guidance is reflected.	Physical health monitoring and promotion of positive physical health forms an important aspect of the work undertaken by our inpatient staff in supporting and promoting the physical health and wellbeing of our inpatients. As part of this the use of e-cigarettes or vapes is supported for those mental health patients who wish to give up smoking, alongside the use of other nicotine replacement products.	There does not appear to be evidence that second hand damage should be less of that than other types of smoking as the likelihood of individual harm is reduced. However, within the clinical environment there may be concern of different risks unrelated to the vapour that is expelled.
North Staffordshire Combined Healthcare	No, we allow the use of e cigarettes in outdoor spaces following our journey to "Tobacco Smoke Free" in April 2018.	N/A	Yes, in collaboration with our PH colleagues and supporting evidence.	We only allow the use of e- cigarettes in outdoor spaces.
Solent NHS Trust	Solent NHS Trust allows the use of disposable e-cigarettes, but not rechargeable vapes.		We did consider the harm of e-cigarettes, but compared it to the harm of normal tobacco and the implications on our patients.	In relation to second hand harm of e-cigarettes, this is minimised by only allowing their use in our open gardens.
Humber NHS Foundation Trust	No	N/A	Yes	Not presently

Formal minutes

Monday 16 July 2018

Members present:

Norman Lamb in the Chair

Bill Grant Stephen Metcalfe

Liz Kendall Carol Monaghan

Draft Report (*E-cigarettes*), proposed by the Chair, brought up and read.

Ordered, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 83 read and agreed to.

Summary agreed to.

A Paper was appended to the Report as Appendix 1.

Resolved, That the Report be the Seventh Report of the Committee to the House.

Ordered, That the Chair make the Report to the House.

Ordered, That embargoed copies of the Report be made available (Standing Order No. 134).

[Adjourned till Tuesday 17 July 9.00am.]

Witnesses

The following witnesses gave evidence. Transcripts can be viewed on the [inquiry publications page](#) of the Committee's website.

Tuesday 9 January 2018

Question number

Professor Peter Hajek, Professor of Clinical Psychology, Queen Mary University of London; **Professor Mark Conner**, Professor of Applied Social Psychology, University of Leeds; and **Professor Riccardo Polosa**, Professor of Internal Medicine, University of Catania

[Q1–72](#)

Dr Lion Shahab, Senior Lecturer in Health Psychology, University College London; **Dr Jamie Brown**, Deputy Director, Tobacco and Alcohol Research Group, University College London; and **Professor Paul Aveyard**, Co-ordinating Editor, Cochrane Tobacco Addiction Group

[Q73–132](#)

Tuesday 27 February 2018

Dr Ian Jones, Vice-President, Reduced-Risk Products, Japan Tobacco International; **Dr Chris Proctor**, Chief Scientific Officer, British American Tobacco; **Dr Moira Gilchrist**, Vice-President, Scientific and Public Communications, Philip Morris Limited; and **Dr Grant O'Connell**, Regulatory and Scientific Affairs, Fontem Ventures

[Q133–183](#)

Professor David Harrison, Chair of the UK Committee on Carcinogenicity of Chemicals in Food, Consumer Products and the Environment (COC); and **Dr Lynne Dawkins**, Associate Professor, Centre for Addictive Behaviours Research, London South Bank University

[Q184–216](#)

Tuesday 27 March 2018

Michelle Jarman-Howe, Executive Director, Public Sector Prisons South; and **Heather Thomson**, Smoke-free Lead, Nottinghamshire Healthcare NHS Foundation Trust

[Q217–291](#)

Deborah Arnott, Chief Executive, Action on Smoking and Health; and **Hazel Cheeseman**, Director of Policy, Action on Smoking and Health

[Q292–354](#)

Tuesday 24 April 2018

Rob Morrison, Senior Regulatory Policy Executive, Advertising Standards Authority; **Professor John Newton**, Director of Health Improvement, Public Health England; **Professor Gillian Leng**, Deputy Chief Executive, National Institute for Health and Care Excellence; and **Dr Ian Hudson**, Chief Executive, Medicines and Healthcare products Regulatory Agency

[Q355–439](#)

Steve Brine MP, Parliamentary Under-Secretary of State for Public Health and Primary Care; and **Dr Tim Baxter**, Deputy Director of Healthy Behaviours, Department of Health and Social Care

[Q440–495](#)

Wednesday 9 May 2018

John Dunne, Director, UK Vaping Industry Association; **Fraser Cropper**, Chair, Independent British Vape Trade Association; and **Sarah Jakes**, Chair, New Nicotine Alliance

[Q496–559](#)

Published written evidence

The following written evidence was received and can be viewed on the [inquiry publications page](#) of the Committee's website.

ECG numbers are generated by the evidence processing system and so may not be complete.

- 1 Action on Smoking and Health ([ECG0071](#)) ([ECG0107](#))
- 2 Advertising Standards Authority ([ECG0015](#))
- 3 Ariff Patel ([ECG0012](#))
- 4 ASH Scotland ([ECG0011](#))
- 5 ASH Wales ([ECG0066](#))
- 6 Association for Young People's Health ([ECG0093](#))
- 7 Association of Convenience Stores ([ECG0032](#))
- 8 Beckett Associates ([ECG0090](#))
- 9 Benjamin Smith ([ECG0004](#))
- 10 Blue Skies China ([ECG0086](#))
- 11 British American Tobacco UK ([ECG0074](#))
- 12 British Heart Foundation ([ECG0065](#))
- 13 British Lung Foundation ([ECG0042](#))
- 14 British Medical Association ([ECG0037](#))
- 15 British Psychological Society ([ECG0088](#))
- 16 BSMW Ltd. ([ECG0052](#))
- 17 Cancer Research UK ([ECG0057](#))
- 18 Carole Smith ([ECG0001](#))
- 19 Centre for Addictive Behaviours Research, LSBU ([ECG0018](#))
- 20 Charles Hamshaw-Thomas ([ECG0083](#))
- 21 Chartered Trading Standards Institute ([ECG0040](#))
- 22 Cheshire and Wirral Partnership NHS Foundation Trust ([ECG0072](#))
- 23 CiggyJuice Ltd ([ECG0043](#))
- 24 Clive Bates ([ECG0078](#))
- 25 CLOSER ([ECG0077](#))
- 26 David Bareham and Professor Martin McKee ([ECG0039](#)) ([ECG0094](#))
- 27 Department of Health and Social Care ([ECG0030](#)) ([ECG0095](#))
- 28 DISPLAY Study Research Team ([ECG0069](#))
- 29 Dr Caitlin Notley ([ECG0028](#))
- 30 Dr Charlotte Smith ([ECG0014](#))
- 31 Dr Graham Cope ([ECG0013](#))
- 32 Dr Nicola Gray ([ECG0091](#))
- 33 Dr Richard Holliday ([ECG0036](#))

- 34 Dr Robert Combes and Professor Michael Balls ([ECG0080](#))
- 35 EL-Science ([ECG0038](#))
- 36 Imperial Brands ([ECG0063](#))
- 37 INNCO ([ECG0079](#))
- 38 Institute of Economic Affairs ([ECG0020](#))
- 39 JAC Vapour Ltd ([ECG0068](#))
- 40 Japan Tobacco International ([ECG0061](#))
- 41 Johnson & Johnson Ltd ([ECG0112](#))
- 42 Keith Butt ([ECG0005](#))
- 43 Kind Consumer Limited ([ECG0026](#))
- 44 Leicester City Council ([ECG0022](#))
- 45 Lord Brabazon of Tara, Earl Cathcart and Viscount Ridley ([ECG0033](#))
- 46 Medic Pro Limited ([ECG0075](#))
- 47 Medicines and Healthcare products Regulatory Agency ([ECG0103](#))
- 48 Melanie Atwood ([ECG0105](#))
- 49 Mental Health and Smoking Partnership ([ECG0060](#))
- 50 Miss Daniele Kerr ([ECG0076](#))
- 51 Mr Anthony Stuart ([ECG0008](#))
- 52 Mr Christopher Lukehurst ([ECG0021](#))
- 53 Mr Clive Bates ([ECG0096](#))
- 54 Mr Ian Bardrick ([ECG0006](#))
- 55 Mr Michael Jones ([ECG0002](#))
- 56 Mr Oliver Kershaw ([ECG0059](#))
- 57 MRC/CSO Social and Public Health Sciences Unit, University of Glasgow ([ECG0055](#))
- 58 National Institute for Health and Care Excellence (NICE) ([ECG0067](#))
- 59 Nerudia ([ECG0048](#))
- 60 New Nicotine Alliance (UK) ([ECG0044](#))
- 61 NFRN ([ECG0046](#))
- 62 NHC NHSFT ([ECG0070](#))
- 63 NHS England Mental Health Trusts additional replies to Committee ([ECG0116](#))
- 64 NHS England Mental Health Trusts additional reply to Committee ([ECG0117](#))
- 65 NHS England Mental Health Trusts replies to Committee question ([ECG0102](#))
- 66 NHS Providers ([ECG0109](#))
- 67 NJOY Innovations Ltd ([ECG0110](#))
- 68 Origin Packaging Ltd ([ECG0099](#))
- 69 PAGB (Proprietary Association of Great Britain) ([ECG0050](#))
- 70 Petrol Retailers Association ([ECG0104](#))
- 71 Pfizer Ltd ([ECG0023](#))

- 72 Philip Morris Limited ([ECG0073](#)) ([ECG0115](#))
- 73 Piers Clifford ([ECG0009](#))
- 74 Professor Mark Conner ([ECG0024](#))
- 75 Professor Peter Hajek ([ECG0017](#))
- 76 Professor Riccardo Polosa ([ECG0034](#)) ([ECG0106](#))
- 77 Protec Fire Detection plc ([ECG0010](#))
- 78 Public Health England ([ECG0108](#))
- 79 Public Health England and MHRA ([ECG0081](#))
- 80 Roger Gross ([ECG0003](#))
- 81 Royal College of Physicians ([ECG0035](#))
- 82 Royal College of Physicians of Edinburgh ([ECG0025](#))
- 83 Royal Society for Public Health ([ECG0049](#))
- 84 Scottish Grocers Federation ([ECG0064](#))
- 85 Smoking in Pregnancy Challenge Group ([ECG0062](#))
- 86 Stephen Roberts ([ECG0019](#))
- 87 Stoke-on-Trent City Council ([ECG0029](#))
- 88 Swedish Match ([ECG0045](#))
- 89 Terry Walker ([ECG0007](#))
- 90 The Cochrane Tobacco Addiction Group ([ECG0041](#))
- 91 The Freedom Association ([ECG0027](#))
- 92 The Independent British Vape Trade Association ([ECG0058](#)) ([ECG0084](#)) ([ECG0114](#))
- 93 Tobacco Manufacturers' Association ([ECG0053](#))
- 94 UK Centre for Tobacco and Alcohol Studies ([ECG0031](#))
- 95 UK Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment ([ECG0082](#))
- 96 UK Vaping Industry Association ([ECG0054](#)) ([ECG0101](#)) ([ECG0111](#))
- 97 University College London Tobacco and Alcohol Research Group ([ECG0047](#))
- 98 University of Liverpool ([ECG0056](#))

List of Reports from the Committee during the current Parliament

All publications from the Committee are available on the [publications page](#) of the Committee's website.

Session 2017–19

First Report	Pre-appointment hearing: chair of UK Research & Innovation and executive chair of the Medical Research Council	HC 747
Second Report	Brexit, science and innovation	HC 705
Third Report	Genomics and genome editing in the NHS	HC 349
Fourth Report	Algorithms in decision-making	HC 351
Fifth Report	Biometrics strategy and forensic services	HC 800
Sixth Report	Research integrity	HC 350
First Special Report	Science communication and engagement: Government Response to the Committee's Eleventh Report of Session 2016–17	HC 319
Second Special Report	Managing intellectual property and technology transfer: Government Response to the Committee's Tenth Report of Session 2016–17	HC 318
Third Special Report	Industrial Strategy: science and STEM skills: Government Response to the Committee's Thirteenth Report of Session 2016–17	HC 335
Fourth Special Report	Science in emergencies: chemical, biological, radiological or nuclear incidents: Government Response to the Committee's Twelfth Report of Session 2016–17	HC 561
Fifth Special Report	Brexit, science and innovation: Government Response to the Committee's Second Report	HC 1008