

APPENDIX 2

SCRUTINY COMMITTEE REQUESTING RESPONSE	Adults and Health Scrutiny Committee
OFFICER REQUESTED TO PROVIDE RESPONSE	Val Thomas, Deputy Director Public Health
RECOMMENDATION	The Adults and Health Scrutiny Committee recommended to amend the proposed actions, to include the exception of vaping intervention, until a follow up briefing note is provided giving an overview and evidence of health outcomes with reference to vaping and links to smoking cessation.

RESPONSE:

Leading health and public health organisations including the Royal College of General Practitioners (RCGP), British Medical Association (BMA), Cancer Research UK, and Office for Health Improvement and Disparities (OHID) agree, based on available evidence, that although not risk-free, e-cigarettes are far less harmful than smoking.

The Royal College of Physicians has concluded that the hazard to health arising from long-term e-cigarette use is unlikely to exceed 5% of the harm from smoking, and switching completely from smoking to e-cigarettes conveys both substantial short-term and probable longer-term health benefits¹

Research on the long-term impact of inhaling nicotine vapour is limited by the relatively short period of time that these products have been available. The absolute risks of e-cigarette use are therefore unknown, but nevertheless should be put in the context of the substantial harm associated with smoking. Unlike cigarette smoking, e-cigarette use does not involve combustion, and while some of the toxicants present in tobacco smoke have been detected in e-cigarette aerosol, they are present at levels which are much lower²

The 2022 Office for Health Improvement and Disparities Nicotine vaping in England evidence update³ concluded that there is significantly lower exposure to harmful substances from vaping compared with smoking, as shown by biomarkers associated with the risk of cancer, respiratory and cardiovascular conditions.

The Cochrane Review 'Electronic cigarettes for smoking cessation'⁴ included 78 completed studies, representing 22,052 participants, of which 40 were RCTs. There was moderate-certainty evidence that the rate of occurrence of adverse events was similar in those randomised to nicotine e-cigarette than in those randomised to nicotine replacement therapy (NRT).

The same Cochrane Review 'Electronic cigarettes for smoking cessation' found that there was high-certainty evidence, that quit rates were higher in people randomised to nicotine electronic

¹ Royal College of Physicians [Nicotine without smoke: tobacco harm reduction](#). 2016

² Hajek P, Etter J-F, Benowitz N et al [Electronic cigarettes: review of use, content, safety, effects on smokers and potential for harm and benefit](#). 2014.

³ Public Health England: [Nicotine vaping in England: an evidence update including health risks and perceptions, 2022](#). September 2022.

⁴ Hartmann-Boyce, J., Lindson, N., Butler, A., et al. [Electronic Cigarettes for smoking cessation](#). 2022.

cigarettes than in those randomized to NRT. The review concluded nicotine e-cigarettes work better than NRT and that people are more likely to stop smoking for at least six months using nicotine e-cigarettes than using NRT.

A major UK clinical trial⁵ involving 900 participants who attended a local stop smoking service found e-cigarettes, when combined with face-to-face behavioural support, to be twice as effective, and one fifth of the cost, for quitting smoking as combination nicotine replacement therapy (NRT). The main findings were:

- One year sustained validated quit rates were 18% in the e-cigarette group and 10% in the NRT group. When participants who quit smoking using non-allocated products were excluded (i.e., participants in the NRT group who used an e-cigarette and vice versa), the quit rates were 18% vs 8%.
- Participants who had quit smoking in the e-cigarette group were more likely to still use their allocated product at 1 year than those in the NRT group (80% vs 9%).
- E-cigarette users experienced less urges to smoke and withdrawal discomfort.
- Among smokers who did not manage to stop smoking, those in the e-cigarette arm reduced their cigarette consumption and smoke intake significantly more than those in the NRT arm.
- People who quit smoking using e-cigarettes had a greater reduction in coughs and phlegm than those who quit with NRT; e-cigarette ingredients may protect vapers from airborne infections.
- As e-cigarettes were more effective and less costly than NRT, they are also much more cost-effective.

There is also real-world evidence from population surveys in England that smokers who use an e-cigarette in a quit attempt are more likely to succeed in that attempt. Changes in the prevalence of e-cigarette use through to 2022 have been associated with increases in the success rate of quit attempts. This suggests that e-cigarettes have helped in the region of 30,000 to 50,000 additional smokers to successfully quit each year in England since 2013.⁶

Public Health England's Vaping in England Evidence Review⁷ found that there is strong evidence that nicotine vaping products are effective for smoking cessation and reduction. Combining vaping products (the most popular source of support used by people making a quit attempt in the general population) with stop smoking service support (the most effective type of support) should be an option available to all people who want to quit smoking.

⁵ Hajek, P., A. Phillips-Waller, D. Przulj, et al. [A randomized trial of E-cigarettes versus nicotine-replacement therapy](#). *New England Journal of Medicine*, 2019.

⁶ Beard E, West R, Michie S, Brown J. Association of prevalence of electronic cigarette use with smoking cessation and cigarette consumption in England: a time-series analysis between 2006 and 2017. *Addiction*. 2020 May;115:961-74.

⁷ Public Health England. [Vaping in England Evidence Review](#). 2021.