

Vaping Products Guidance

B&NES Tobacco Action Network

January 2023

Table of Contents

- Introduction.....2
- Terminology.....2
- Key facts: Vaping Products Guidance.....3
- Local picture – young people and Vaping in B&NES4
- Vape product use to help cut down or quit smoking.....5
- Supporting smokers who want to quit using vaping products.....5
- E-cigarettes on prescription6
- Vape Products Regulation / Disposable Vapes.....7
- Children and Young People.....8
- Youth vaping: attitudes and behaviour9
- Nicotine Pouches.....9
- Heated Tobacco Products10

Introduction

This document is intended to give guidance to frontline health and social care professionals in Bath and North East Somerset (B&NES) who are asked for advice on vaping products and their use in helping people to stop smoking. It is also for the intended use of school settings, to help guide teachers in having informed conversations with their students, as well as with parents.

This guidance has been produced by the B&NES Tobacco Action Network, a multi-agency alliance working together to deliver the B&NES Tobacco Control Strategy (2019 - 2024)¹. Membership includes representation from a wide selection of professional groups and organisations across B&NES.

It is a summary of the latest evidence and guidance from the Office of Health Improvement and Disparities², Public Health England³, Action on Smoking and Health⁴ the National Centre for Smoking Cessation and Training⁵ (NCSCT) and the Smoking in Pregnancy Challenge Group⁶. The application of this document is to help support and improve local best practice, in helping people to quit smoking. It will also help to raise awareness of the growing evidence on vaping products to help develop local policy across different settings across B&NES.

Terminology

The term 'vaping products' is used to describe e-cigarettes and refill containers (e-liquids) intended for nicotine vaping. Some vaping products do not always contain nicotine, which are referred to as non-nicotine vaping or vaping products. The term 'vapers' is used to refer to people who regularly use vaping products and 'vaping' as the act of using a vaping product. These terms do not include cannabis vaping or the vaping of other legal or illegal substances, which are not the subject of this report.

Nicotine Replacement Therapy (NRT)

Nicotine replacement therapy (NRT) aims to temporarily replace much of the nicotine from cigarettes to reduce motivation to smoke and nicotine withdrawal symptoms, thus easing the transition from cigarette smoking to complete abstinence.⁷

Nicotine replacement therapy is available in a choice of formats, including:

Gum, inhalator, lozenge, nasal spray, oral spray, sublingual tablet and the transdermal patch. Dosage, duration and usage instructions will vary between products and so it is always recommended that each product is discussed in detail during consultation with a trained smoking cessation advisor and the information guide is read before use.

Children over the age of 12 can use NRT, however it is recommended by NICE (National Institute for Health and Care Excellence) that treatment should be limited to 12 weeks.⁸

Champix / Varenicline

Varenicline is a partial nicotinic receptor agonist. It alleviates symptoms of craving and withdrawal and reduces the rewarding and reinforcing effects of smoking by preventing nicotine binding to the receptors. It can only be used for adults and is not suitable during pregnancy.

The Department of Health and Social Care have issued an updated [Supply Disruption Alert](#), confirming that there is no resupply date of Varenicline from Pfizer and no alternative supplier.

Zyban / Bupropion

Zyban should be used in accordance with smoking cessation guidelines. It is a relatively weak but selective dopamine and noradrenaline re-uptake inhibitor. Although the exact mechanism by which it aids smoking cessation is unclear, it is presumed to work directly on the brain pathways involved in addiction and withdrawal.⁹ It can only be used for adults and is not suitable during pregnancy. As of the beginning of December, 2022 the Department of Health's Medicines team issued a [Medicine Supply Notification](#). This confirms that Bupropion (Zyban) 150mg modified release tablets will be out of stock until further notice.

Therefore prescribers should not initiate (and SSS advisors should not recommend) a course of Bupropion at this time. Any clients using this product that are part-way through a stop smoking programme should be advised to switch to alternative stop smoking products. Bupropion's Summary of Product Characteristics (SmPC) indicates that reactions to discontinuing this product are not to be expected. However, SSS advisors should work with clients to continue supporting their quit attempt with alternative products recommended by [NICE](#)

Key facts: Vaping Products Guidance

[NICE guidance \(NG209\)](#), includes a number of recommendations in relation to vaping products, including providing advice that when combined with behavioural support they are more likely to result in successfully stopping smoking and ensuring that they are accessible to adults who smoke. Vaping is not for children. While it can help people quit smoking, if you don't smoke don't vape ⁴

The following key points are taken from a range of recommendations, not exclusively from those provided by NICE Guidance 209:

- There are no circumstances where it is better for a smoker to continue smoking
- Nicotine is not harmful to adults taken in the correct dose. The harm from smoking is caused almost exclusively by toxins present in tobacco released through combustion, such as carbon monoxide and tar
- Nicotine is an addictive substance and research suggests that exposure to nicotine in pregnancy can lead to health problems in the developing baby.¹⁰ Exposure to nicotine in adolescence has also been associated with a negative impact on brain development ¹¹
- Recent research into vaping use and pregnancy suggests some reassurance that for pregnant women who are unable to stop smoking unaided, vape products do not seem to pose more risk to birth outcomes, compared to nicotine patches and may reduce the incidence of low birthweight ¹²
- The latest evidence suggests that there are significantly lower risks associated with vaping, compared to smoking when looking at rates of cancer, respiratory conditions, cardiovascular conditions, and other health conditions ²
- Vaping is more common among disadvantaged adult groups in society. This mirrors smoking prevalence, and research should continue to explore the impact that higher vaping prevalence has on stopping smoking and reducing health inequalities ²
- Attempts to stop smoking and success rates for adults who tried to stop smoking increased significantly in the last 2 years. This is most likely due to the COVID-19 pandemic. According to the [Smoking Toolkit Study](#) data, vaping products remained the most common aid used in a quit attempt
- Overall, data from the 2021 ASH-Y and ITC (International Tobacco Control) Youth surveys were broadly similar for comparable age categories. Vaping among 19-year-olds has been steadily increasing in the ITC Youth data over recent years. The impact of Covid-19 restrictions in schools is likely to have had an impact on smoking / vaping behaviour and young people ²
- There is no evidence to date that vaping product use is re-normalising smoking. Smoking prevalence in adults and young people continues to decline. This is supported by local smoking prevalence data, provided by the Office for Health Improvement & Disparities. For B&NES, adult smoking prevalence in 2021 was 9.7%, compared to 12.6% prevalence across the Southwest and 13% in England. We measure prevalence in young people through our local Schools Health-Related Behaviour Survey. Across secondary schools (years 8 and 10), two out of ten year 10 students had tried smoking in 2022 (14%), this has dropped from 21% in 2019. However similar to what we are

seeing nationally, year 10 pupils who had tried a vaping device has increased from 36% in 2019, to 39% in 2022.

- Uptake of vaping has a distinctive age profile. Curriculum design should reflect this. The key ages for take up are 16, 17 and particularly 18, although it can occur earlier
- It is illegal to sell vaping products to anyone aged under-18 and to buy vape products for anyone under 18, but it is not illegal to smoke or vape underage and punishment should be proportionate
- Vaping products containing nicotine are regulated under the Tobacco and Related Products Regulations 2016 (TRPR) and need to be notified to the MHRA (Medicines and Healthcare products Regulatory Agency) and comply to certain standards.

Local picture – young people and Vaping in B&NES

As mentioned above, in B&NES we collect data on young people via our local schools Health-Related Behaviour Survey. This survey is developed by the Schools Health Education Unit and is designed for young people of primary and secondary school age. The survey is offered to all schools across B&NES, including primary and secondary. It is also completed across year 12 students, which provides its own data set.

The survey sample:

The survey involved pupils from the following years. The numbers in each group are shown below:

	Year 8	Year 10
Boys	847	828
Girls	812	833

Please note that 212 pupil(s) didn't specify whether they are a boy or a girl or were unsure/ preferred not to say/describe themselves in some other way and 0 didn't specify what year group they are in. These pupils will not be included in any tables or charts which are split by sex or year respectively, however they will be included in any total figures.

Primary school highlights for smoking and vaping behaviours (only answered by yr6 students):

- 2% of Year 6 pupils responded that they have tried smoking in the past or smoke now
- 89% of Year 6 pupils responded that they think they will not smoke when they are older
- 1% of Year 6 pupils responded that they think they will smoke when they are older, while 10% said that they 'maybe' will
- 25% of Year 6 pupils said they were in the same room as someone smoking at least 'once or twice a month' in the past year, while 17% said they have been at least 'once or twice a week'
- 7% of Year 6 pupils responded that they have used an electronic cigarette at least once

Secondary school highlights for smoking and vaping behaviours

- 14% of pupils responded that they have tried smoking in the past, or smoke now
- 2% of pupils responded that they usually smoke at least one cigarette a week
- 15% of pupils responded that they have been offered cheap or foreign cigarettes or tobacco
- 28% of pupils said they have been in the same room as someone smoking at least 'once or twice a month', in the past year, 9% said they have been 'every day or most days'
- 26% of pupils responded that they have used a vaping product at least once, 17% said they have done so more than once
- 12% of pupils said they at least 'sometimes' use vaping products, 6% said they do so 'regularly' (once a week or more)

- Of the 921 pupils who have used vape, 7% said they started regularly smoking tobacco cigarettes before first trying them; 7% said they tried vaping products first and 84% said they have never regularly smoked tobacco cigarettes.

Highlights for year 12 students (628 young people aged 16-19 were involved in the survey. 285 identified as male and 300 as female. 43 students didn't select a gender when asked)

- 5% of males and 7% of females said that they usually smoke at least one cigarette a week
- 14% of males and 18% of females said that they at least sometimes smoke cigarettes currently
- 61% of males and 56% of females said that they have never smoked
- 7% of students said that they are in the same room as a smoker every day / most days at home – 13% said once or twice a week
- When asked about vaping devices, 47% (compared to 64%, in 2019) said that they have used one. 14% said that they had used one once (compared to 17% in 2019) and 39% said they had used one more than once (18% in 2019)

Vape product use to help cut down or quit smoking

The most reported reasons for using vaping products in adults are to assist with stopping smoking or to reduce cigarette consumption.

Nicotine replacement therapy (NRT) alongside professional behavioural support remains a very effective treatment for stopping smoking, with the best evidence for safety and efficacy. However recent studies support the Cochrane Review findings that vaping products can help people to quit smoking and reduce their cigarette consumption. Findings from the most recent Cochrane review from September 2021, suggest that vaping products are consistently favoured for smoking cessation at 6 months or longer. Quit rates were higher with vape products that contained nicotine, compared to those that didn't contain nicotine; to nicotine replacement therapy (NRT); and to behavioural support only, or no support¹³

The latest vaping evidence update also concludes that vaping products remain the common aid used by people to help them to stop smoking²

There is also evidence that vaping products can encourage quitting or cutting down even among those not intending to quit or rejecting other support. Coupled with the latest opportunities we have seen across local service provision, to provide free starter vape kits to vulnerable groups (pregnancy, housing association, mental health settings and drug and alcohol services), vaping products have the potential to expand the number of smokers stopping successfully.

In local stop smoking services across England, smokers who have combined vaping products with expert support, as well as including the use of NRT, have had high rates of success. Quit rates were similar for people using a vaping product and licensed medication at the same time (60.0%), a vaping product alone (59.7%) and varenicline alone (59.4%).¹⁴

We have seen similar preliminary trends with the current offer of vaping products across the B&NES, Swindon and Wiltshire (BSW) maternity services, with regards to increasing engagement as well as increasing quit rates.

Supporting smokers who want to quit using vaping products

Smokers who have tried other methods of quitting without success can be encouraged to try vaping products to stop smoking.

Whilst licensed NRT products are the recommended option during pregnancy, if the pregnant person chooses to use a vaping product to stay smoke free, they should not be discouraged from doing so.

We encourage professionals to offer clear and accurate information on the relative harm of nicotine vaping products, compared to smoked tobacco and to offer behavioural support to smokers who want to quit using the best methods available. It is therefore incredibly important for people who smoke to have access to a wide choice of cessation aids¹⁴, even more so now that Champix (Varenicline) has been removed from production in the UK.

The NCSCT (National Centre for Smoking Cessation and Training) have produced a useful guide for stop smoking advisors to enable an 'e-cigarette friendly' conversation with clients. All professionals coming into contact with anyone who may have questions around stopping smoking are encouraged to engage with this publication:

http://www.ncsct.co.uk/publication_electronic_cigarette_briefing.php

The B&NES Wellbeing Services (provided by HCRG Care Group) actively encourages vape users into the service and can support them in their attempt to cut down, quit completely or to prevent relapse to smoking.

Vaping products can be used safely in conjunction with NRT, such as patches for example, similar to the use of other oral nicotine products such as gum, lozenges or inhalators.

People wanting more information about using vaping products to quit smoking can email the Wellbeing Service at: BATHNES.thehub@hcrqcaregroup.com or can call on: 0300 247 0050.

The Wellbeing service can also provide information, advice and training where required on vaping products and how best to support vapers to improve skills and confidence on this subject. This is especially useful to health professionals who have direct contact with members of the public who may ask about vape products. The above contact details can also be used to find out more information with regards to this training – as well as the NCSCT training modules, detailed in the above link.

Safety considerations for Vape Products:

- Safe storage of all equipment associated with vape products, including the device, e-liquids, atomisers, batteries, and chargers – away from children and kept out of direct sunlight
- Always use the charger that the e-cigarette / vape device came with – never swap for a different one and avoid charging the device overnight
- Look out for the CE mark, to ensure that the charger complies with European Safety standards
- Follow the instructions provided with the device carefully when priming (if this is required)
- Don't over fill with e-liquid, or use out of date liquids
- Check that your device is MHRA (Medicines and Healthcare products Regulatory Agency) compliant, by checking the list of requirements in the vape products regulation section below)

E-cigarettes on prescription

NHS Stop smoking services can only prescribe products for smoking cessation that are licensed by the Medicines and Healthcare Products Regulatory Agency (MHRA) and at present there are no vape products currently available on prescription. However, in 2021 the MHRA provided an important update to its guidance, which stated that:

The MHRA seeks to encourage the licensing of electronic cigarettes (e-cigarettes) and other inhaled nicotine containing products as medicines and aims to support companies to submit marketing authorisation applications for these products. In addition to the medicine's authorisation, where the E-cigarette is refillable and re-useable it will need to meet the UK Medical Device Regulations 2002 (as amended).

B&NES Council will keep abreast of new developments in relation to licensed e-cigarette products and review our policy regularly.

Vape Products Regulation / Disposable Vapes

It's important that consumers know which products have been regulated and conform to UK health and safety legislation. The MHRA controls the list of devices that are suitable for consumer purchase:

<https://www.gov.uk/guidance/e-cigarettes-regulations-for-consumer-products>

Vaping products are regulated in the UK by The Tobacco and Related Products Regulations, 2016 (TRPR).

The TRPR specifies that:

- Restrict e-cigarette tanks to a capacity of no more than 2ml
- Restrict the maximum volume of nicotine-containing e-liquid for sale in one refill container to 10ml
- Restrict e-liquids to a nicotine strength of no more than 20mg/ml
- Require nicotine-containing products or their packaging to be child-resistant and tamper evident
- Ban certain ingredients including colourings, caffeine and taurine
- Include new labelling requirements and warnings
- Require all e-cigarettes and e-liquids be notified and published by the MHRA before they can be sold”

The MHRA have a yellow card reporting system in place, where consumers, and health professionals alike can report suspected side effects of e-cigarettes. If devices are being used as part of a structured quit attempt with a qualified stop smoking advisor, then it's advisable to always talk through any issues with them in the first instance. However, the yellow card system is in place as a reporting mechanism and can be found at the following link: <https://yellowcard.mhra.gov.uk/>

Vaping companies should state that they are MHRA approved or sit under the TPD – Tobacco Products Directive and so that consumers know which products are fully compliant with UK regulations and legislation.

Disposable vapes are small, low-cost flavoured e-cigarettes that are child appealing with a variety of sweet flavours and colours. These devices are widely available in shops, online and via social media. They can be misleading as they often don't comply with the MHRA / TPD guidance.

Some of the disposable vaping products available:

- Exceed legal nicotine levels (Over 2% or 20mg)
- Contain too much liquid (over 2ml)
- Are incorrectly labelled and have no traceability
- May contain banned substances
- Are associated with organised criminal gangs and fund other criminality
- Are easily accessible to under 18's via the internet, social media and purchased from local shops
- May lead to undesirable contact between buyer and seller

Anyone with knowledge of illegal sales (e.g. underage sales, vapes with the incorrect size tanks) is signposted to report to B&NES Trading Standards either via the Citizens Advice Consumer service on 0808 223 1133 (who act as the reporting service for Trading Standards), or via our Public Protection e-mail address (Public_Protection@Bathnes.gov.uk).

Consideration should also be taken to ensure the safe and responsible disposal of vaping products, especially the single use devices that are deemed ineffective once the built e-liquid has been used. A recent BBC report has highlighted the concerns over the environmental impacts caused by binning these products, highlighted below and that there needs to be better national schemes for recycling. ¹⁵

Disposable vapes, which last for around 600 "puffs" - contain valuable materials such as lithium batteries and copper, as well as plastic, meaning they are classed as Waste Electrical and Electronic Equipment (WEEE).

Consumers should dispose of them at a household recycling centre or at the shop where they bought the device. But many people are unaware of this and simply throw them in the bin, or discard them irresponsibly on the streets and in parks etc.

A recent study suggested [more than half of vapes](#) are thrown directly in the bin. Up to [1.3 million single-use vapes are thrown away each week](#), according to Material Focus, a not-for-profit organisation focusing on recycling e-waste.

The lithium batteries - a finite material that rechargeable technology relies on, in these vapes alone equate to 10 tonnes of lithium a year, equivalent to the batteries inside 1,200 electric vehicles.¹⁵

Campaigners are calling for the vaping industry to improve its advertising around the safe disposal of their products, as well as raising awareness of the impacts these products are having on the environment.

Children and Young People

Behaviorally, adolescents have been found to be more sensitive to nicotine and more likely to develop dependence than adults, even with relatively low amounts of nicotine exposure, and more likely to have continued use into adulthood.**Error! Bookmark not defined.**

Since October 2015 regulations to protect children make it an offence to sell e-cigarettes to anyone under 18 or to buy e-cigarettes for them. The Tobacco Products Directive which came into force in May 2016 also bans print and broadcast advertising of e-cigarettes and enforces child and tamper proof packaging.

In line with the latest NICE guidance NG209, professionals working with children and young people who smoke (12 –17yrs) are recommended to:

- Offer young people information, advice and support on how to stop smoking. Encourage use of local NHS Stop Smoking Services by providing details on when, where and how to access them.
- Use professional judgement to decide whether or not to offer Nicotine Replacement Therapy (NRT) to young people over 12 years who show clear evidence of nicotine dependence. If NRT is prescribed, offer it as part of a supervised regime.

****Important note regarding nicotine / strengths****

Nicotine strength is usually presented in mg's (milligrams) for example a patch would come in strengths of 10mg, 15mg, or 20mg. However, for some vaping products, including disposables, the nicotine strength is marketed as a percentage, for example 2%. Sounds low – however you must always multiply this percentage by 10 to get the milligram strength. 2% equates to 20mg, which is classed as a high amount of nicotine.

Patches release nicotine slowly throughout the day, so stronger quantities of nicotine can be managed as the body regulates the nicotine over a long period of time, usually up to 12 hours. Vape products however deliver a quick hit of nicotine, almost instantly and so high strengths can be damaging if used by children and young people and can be highly addictive. Some research into these damaging effects suggests that nicotine is a psychoactive and addictive substance that directly acts on brain areas involved in emotional and cognitive processing. Early exposure to nicotine during the transition from child to adult may be harmful, since it may derange the normal course of brain maturation and have lasting consequences for cognitive ability, mental health, and even personality.¹⁶

It's important to remember, especially when working with young people that nicotine is a toxin and poisoning can happen if larger doses are taken. Symptoms are usually quite mild including nausea and vomiting, headaches and stomach pains, but in more severe cases it can lead to convulsions, depressed breathing and heartbeat, and even death. Serious nicotine poisonings are rare.¹⁷

Behaviorally, adolescents have been found to be more sensitive to nicotine and more likely to develop dependence than adults, even with relatively low amounts of nicotine exposure.¹⁸

Youth vaping: attitudes and behaviour ¹⁹

In March 2022 a representative sample of 2,613 young people in Great Britain aged 11-18 were surveyed by YouGov for ASH and asked about their use of e-cigarettes. This survey has been carried out annually since 2013, and provides the most up to date national survey of youth vaping. However, this is a national picture, so won't identify the hot spots which may exist in some local authority areas or individual schools.

The ASH survey finds a strong age gradient with only 10% of 11-15 year olds ever having tried vaping, 29% of 16 and 17 year olds, and 41% of 18 year olds. Most youth vaping is experimental, with much lower levels of regular use (defined as more than once a week).

Underage vaping among 11-17 year olds has increased in the last two years:

- Ever trying vaping has grown from 14% to 16%, while ever trying smoking has fallen from 16% to 14%.
- Regular vaping (more than once a week) has grown from 1.7% to 3.3% while occasional use (less than once a week) has grown from 2.4% to 3.9%.
- Smoking rates have stayed similar, with regular smoking (more than once a week) at 2.8% in 2020 and 2.2% in 2022, while occasional use (less than once a week) has remained steady at 2.6% both years.
- However, 92% of under 18s who have never smoked, have also never vaped, and only 1.9% have vaped more frequently than once or twice.
- Underage vapers mainly buy from shops (47%), but 43% have been given them; 18% have bought them from friends or other informal sources, 11% buy from street markets; and 10% have bought on the internet.
- Over half (56%) of 11-17 year olds reported being aware of e-cigarette promotion, most frequently in shops, or online, with awareness highest amongst those who'd ever tried vaping (72%). Tik Tok was the most frequently cited source of online promotion (45%) followed by Instagram (31%).
- The most popular vaping flavours are fruit flavours, the most popular products are disposables, a change from previous years, with Elf Bar and Geek Bar by far the most popular brands.
- Underage smokers are much more likely to report strong, very or extremely strong urges to smoke than young vapers to vape (44% vs 34%). Underage vapers are much more likely to report no urges to vape than young smokers to smoke (36% vs 20%).
- A much higher proportion of children than adults think vaping is as, or more, harmful than smoking (41% compared to 33%). More adults say they don't know (24% compared to 17% of children) while the same proportion (42%) think vaping is less harmful.

Nicotine Pouches

Nicotine pouches – small parcels of nicotine, are similar to [snus](#) pouches as they are made to be placed between the lip and gum, and do not require spitting. However, they do not contain tobacco leaf but a form of dehydrated nicotine (with added flavours) and do not need to be kept cold. Nicotine is absorbed into the bloodstream via the mucous membranes in the mouth. The pouches also generally contain plant fibres, flavourings and sweeteners. They are not new products and similar oral pouches with contents other than nicotine have been available in Sweden for many years, regulated as food ²⁰

Researchers have cautioned that nicotine pouches in particular appeal to youth and non-smokers, as they are sold in a variety of fruit flavours, in attractive packaging, and can be used discreetly (more so than e-cigarettes). They can also contain high levels of nicotine where unregulated ²⁰

Nicotine pouches are not regulated under rules that cover tobacco or vaping products, or as a medical product. Campaigners are therefore calling for much tighter regulations, especially with regards to the products being sold to under 18's.

This guidance will be regularly updated as new information and evidence emerges.

Heated Tobacco Products

In mid 2017, heated tobacco products were commercially available in 27 countries and further country launches were planned. 3 tobacco manufacturers were promoting heated tobacco products: 'IQOS' was promoted by Philip Morris International, 'glo' by British American Tobacco, and 'Ploom TECH' by Japan Tobacco International.²¹

Compared with cigarette smoke, heated tobacco products are likely to expose users and bystanders to lower levels of particulate matter and harmful and potentially harmful compounds. The extent of the reduction found varies between studies.²¹

The limited evidence on environmental emissions from use of heated tobacco products suggests that harmful exposure from heated tobacco products is higher than from e-cigarettes, but further evidence is needed to be able to compare products.²¹

There is a need for more research that is independent of commercial interests. Different types of heated tobacco products will have different characteristics and effects, presenting a challenge for research. Research is needed on relative risks of heated tobacco products to users and those around them compared with cigarettes and e-cigarettes. Evidence is needed on appeal of heated tobacco products to smokers and non-smokers, particularly among youth.²¹

Effects on smoking need to be researched, this includes whether they replace or complement cigarettes. Due to co-branding of some products with cigarettes and the more similar sensory profile, findings may be different than for e-cigarettes.²¹

The available evidence suggests that heated tobacco products may be considerably less harmful than tobacco cigarettes and more harmful than e-cigarettes. With a diverse and mature e-cigarette market in the UK, it is currently not clear whether heated tobacco products provide any advantage as an additional potential harm reduction product. Depending on emerging evidence on their relative risk compared to combustible tobacco and e-cigarettes, regulatory levers such as taxation and accessibility restrictions should be applied to favour the least harmful options alongside continued efforts to encourage and support complete cessation of tobacco use.²¹

If you have any questions regarding this guidance, please contact:

Ruth Sampson
Health Improvement Officer, Tobacco Control
B&NES Council Public Health team

ruth_sampson@bathnes.gov.uk

¹ B&NES Tobacco Control Strategy 2019-2024

https://www.bathnes.gov.uk/sites/default/files/siteimages/PublicHealth/v2_tobacco_control_strategy_final.pdf

² Office of Health Improvement and Disparities: Nicotine Vaping in England: an evidence update including health risks and perceptions, 2022
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1107701/Nicotine-vaping-in-England-2022-report.pdf

-
- ³ E-Cigarettes: An evidence update. Public Health England 2015
<https://www.gov.uk/government/publications/e-cigarettes-an-evidence-update>
- ⁴ Action on Smoking and Health: ASH Guidance on developing school policies on vaping <https://ash.org.uk/uploads/ASH-guidance-for-school-vaping-policies.pdf>
- ⁵ http://www.ncsct.co.uk/publication_electronic_cigarette_briefing.php
- ⁶ <http://www.smokefreeaction.org.uk/SIP/files/eCigSIP.pdf>
- ⁷ Hartmann-Boyce J, Chepkin SC, Ye W, Bullen C, Lancaster T. Nicotine replacement therapy versus control for smoking cessation. Cochrane Database of Systematic Reviews 2018, Issue 5. Art. No.: CD000146. DOI: 10.1002/14651858.CD000146.pub5. Accessed 20 October 2022.
- ⁸ <https://cks.nice.org.uk/topics/smoking-cessation/prescribing-information/nicotine-replacement-therapy-nrt/#dose-duration>
- ⁹ <https://cks.nice.org.uk/topics/smoking-cessation/prescribing-information/bupropion/>
- ¹⁰ Services USDoHaH. Preventing tobacco use among youth and young adults: A report of the surgeon general. In: U.S. Department of Health and Human Services CfDcaP, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, editor. Atlanta, GA;2012.
- ¹¹ Lydon, D.M., Wilson, S.J., Child, A., and Geier, C.F. Adolescent brain maturation and smoking: What we know and where we're headed. *Neurosci Biobehavioral Rev.* 2014; 45: 323–342
- ¹² Hajek, P., Przulj, D., Pesola, F. *et al.* Electronic cigarettes versus nicotine patches for smoking cessation in pregnancy: a randomized controlled trial. *Nat Med* **28**, 958–964 (2022). <https://doi.org/10.1038/s41591-022-01808-0>
- ¹³ Hartmann-Boyce J, McRobbie H, Butler AR, Lindson N, Bullen C, Begh R, Theodoulou A, Notley C, Rigotti NA, Turner T, Fanshawe TR, Hajek P. Electronic cigarettes for smoking cessation. Cochrane Database of Systematic Reviews 2021, Issue 9. Art. No.: CD010216. DOI: 10.1002/14651858.CD010216.pub6. Accessed 03 October 2022.
- ¹⁴ McNeill, A., Brose, L.S., Calder, R., Simonavicius, E. and Robson, D. (2021). Vaping in England: An evidence update including vaping for smoking cessation, February 2021: a report commissioned by PHE. London: PHE.
- ¹⁵ <https://www.bbc.co.uk/news/science-environment-63037553>
- ¹⁶ Goriounova NA, Mansvelder HD. Short- and long-term consequences of nicotine exposure during adolescence for prefrontal cortex neuronal network function. *Cold Spring Harb Perspect Med.* 2012 Dec 1;2(12):a012120. doi: 10.1101/cshperspect.a012120. PMID: 22983224; PMCID: PMC3543069.
- ¹⁷ <https://www.talktofrank.com/drug/nicotine#the-risks>
- ¹⁸ https://ash.org.uk/uploads/190913-ASH-Factsheet_Youth-Smoking.pdf?v=1650645351
- ¹⁹ Action on Smoking and Health: Brief for local Authorities on youth vaping, August 2022: <https://ash.org.uk/uploads/ASH-brief-for-local-authorities-on-youth-vaping.pdf>
- ²⁰ <https://tobaccotactics.org/wiki/nicotine-pouches/>
- ²¹ <https://www.gov.uk/government/publications/e-cigarettes-and-heated-tobacco-products-evidence-review/evidence-review-of-e-cigarettes-and-heated-tobacco-products-2018-executive-summary#heated-tobacco-products>