



Report title: Rochdale Borough response to consultation on the proposed actions the UK Government and devolved administrations will take to tackle smoking and youth vaping.

Report to: Health and Wellbeing Board

Date of meeting: 08/11/2023

Cabinet Portfolio Holder: Cllr Daalat Ali

Report of: Kuiama Thompson

Public or private: Public

Key Decision?: No

Published on the Forward Plan: No

1. Report summary

- 1.1 Smoking continues to be the lead cause of preventable death in the UK, representing approximately 74,600 deaths a year in England. For every death caused by smoking, approximately 30 smokers are suffering from a smoking related disease.
- 1.2 In Rochdale approximately 15.3% of the population smoke, which is higher than the England and North West average and represents approximately 25,000 people.
- 1.3 Each year smoking costs the Rochdale borough £90.3million. This includes a £73.9million in productivity loss (smoking has a serious impact on earnings and employment prospects and is a direct and indirect cause of poverty); £9.8million in health care costs (due to smoking-related hospital admissions and the cost of treating smoking-related illness via primary care); £5million in social care costs (many current/former smokers require care as a result of smoking-related illnesses); and £1.6million in fire related costs (there are approximately 11 smoking related fires attended by Fire and Rescue Services in Rochdale borough each year).
- 1.4 Vaping is much safer than smoking, and is an evidence based and effective stop smoking tool. We want as many people as possible who currently smoke to quit and, given the effectiveness of e-cigarettes for quitting (they are proven to be more effective than other nicotine replacement therapy products, like gums and patches, for example), want to make sure they are available to any smoker who wants to quit using this method.
- 1.5 While safer than smoking, vaping is not risk free and is not for children or non-smokers. Vaping amongst children and young people has increased over recent years, particularly with the proliferation of disposable vapes. It is clear

- that some vaping companies, particularly those producing illegal vapes, are explicitly targeting products at children through certain flavours and designs.
- 1.6 The UK Government is keen to achieve the target of a smokefree England by 2030 (defined as a smoking rate of 5% or less). To achieve this, they are planning to: ban the sale of tobacco products to future generations; provide a million vapes to encourage smokers to 'swap to stop'; increase funding for stop smoking services; improve resourcing, capacity and powers of trading standards; tackle youth vaping; and increase funding for smoking awareness campaigns.
 - 1.7 The UK Government, therefore, has launched a consultation titled "Creating a smokefree generation and tackling youth vaping". This covers three areas where new legislation would be needed:
 - 1.7.1 Creating a smokefree generation: consulting on the smokefree generation policy and its scope.
 - 1.7.2 Tackling youth vaping: consulting on several options to ensure we take the most appropriate and impactful steps, building on England's analysis of the youth vaping call for evidence.
 - 1.7.3 Enforcement: consulting on the proposal to introduce new powers for local authorities in England and Wales to issue fixed penalty notices to enforce age of sale legislation of tobacco products and vapes.
 - 1.8 We propose to use the November Health and Wellbeing Board to formulate a cross-system response to this consultation.

2. Recommendations

- 2.1 To support, and provide feedback on, the UK government's proposal to create future smokefree generations.
- 2.2 To support, and provide feedback on, the UK government's broad intention to tackle youth vaping, while taking a balanced view as to some of the policy areas that may have adverse effects on those quitting smoking and smoking prevalence in Rochdale.
- 2.3 To support, and provide feedback on, the UK government's proposal to introduce new powers for local authorities to issue fixed penalty notices to enforce age of sale legislation of tobacco products and vapes.

3. Reason for recommendation

- 3.1 Smoking is the lead cause of preventable death in England.
- 3.2 Vaping is safer than smoking, and an effective way to quit. However, it is not for children and so action needs to be taken to reduce the availability and desirability of vapes for children.
- 3.3 Trading standards have a vital role to play in achieving a smokefree Rochdale by 2030. New powers to better enforce age of sale legislation has the potential to be an important way to support this ambition.

4. Alternatives considered

- 4.1 N/A

5. Key information

- 5.1 Please see the appendices below.

- 6. Finance**
- 6.1 N/A
- 7. Legal**
- 7.1 N/A
- 8. Human resource**
- 8.1 N/A
- 9. Sustainability impact**
- 9.1 N/A
- 10. Other considerations (corporate priorities, risks)**
- 10.1 N/A

Background Papers:

Appendix 1 – Consultation Overview and Questions

Appendix 2 – Reducing Tobacco Use Narrative

Appendix 3 – Addressing common myths about vaping briefing by ASH

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Appendix 1

Creating a smokefree generation and tackling youth vaping

Consultation description

This consultation asks questions on proposed action to protect future generations from the harms of smoking, by creating the first smokefree generation. It also asks about proposals to crack down on youth vaping and ensure the law is enforced.

The proposed actions are outlined in more detail in [Stopping the start: our new plan to create a smokefree generation](#).

Consultation overview

The consultation asks questions in 3 areas for which new legislation would be needed:

1. Creating a smokefree generation: on smoking, the case for change is clear and the UK Government and devolved administrations are consulting on the smokefree generation policy and its scope to inform future legislation.
2. Tackling youth vaping: while there is also significant evidence for action to tackle youth vaping, within each proposal the UK Government and devolved administrations are consulting on several options to ensure we take the most appropriate and impactful steps, building on England's [analysis of the youth vaping call for evidence](#).
3. Enforcement: the consultation also asks questions on the proposal to introduce new powers for local authorities in England and Wales to issue fixed penalty notices to enforce age of sale legislation of tobacco products and vapes.

The questions in the consultation are available here: [Creating a smokefree generation and tackling youth vaping: your views - Department of Health and Social Care \(dhsc.gov.uk\)](#).

Appendix 2

Reducing Tobacco Use Narrative January 2023

What we want to see happen

We want all Rochdale residents to feel healthy and remain in good health for as long as possible. Using tobacco products, such as cigarettes, is the single biggest cause of preventable illness and death. It is also the single biggest driver of health inequalities in England, responsible for half of the difference in life expectancy between rich and poor. Using tobacco products is not a simple lifestyle choice. The majority of current smokers want to quit, but the addictive effect of nicotine can make this difficult.

Ultimately, we want to see a Smoke Free Rochdale where our residents are protected from the harmful effects of tobacco. In the short to medium term, we want to see a reduction in the number of people who use tobacco products in Rochdale. There are many evidence-based steps we can take to achieve this goal, with two main focuses. Firstly, preventing people from ever starting to use tobacco products. Secondly, helping people who currently use tobacco products to quit. Either by helping them to stop using tobacco products completely, or by helping them to switch completely to vaping using e-cigarettes instead. Evidence shows that vaping using e-cigarettes is much less risky to health than smoking tobacco products. We do not want people who do not already use tobacco products to start vaping, especially children. It often takes a long time for diseases caused by tobacco to develop. In the long-term, we want to see a reduction in the number of hospital admissions and deaths in Rochdale that are related to smoking. Reducing tobacco use in Rochdale will in turn protect our whole community from harmful exposure to second hand smoke.

Understanding the issue

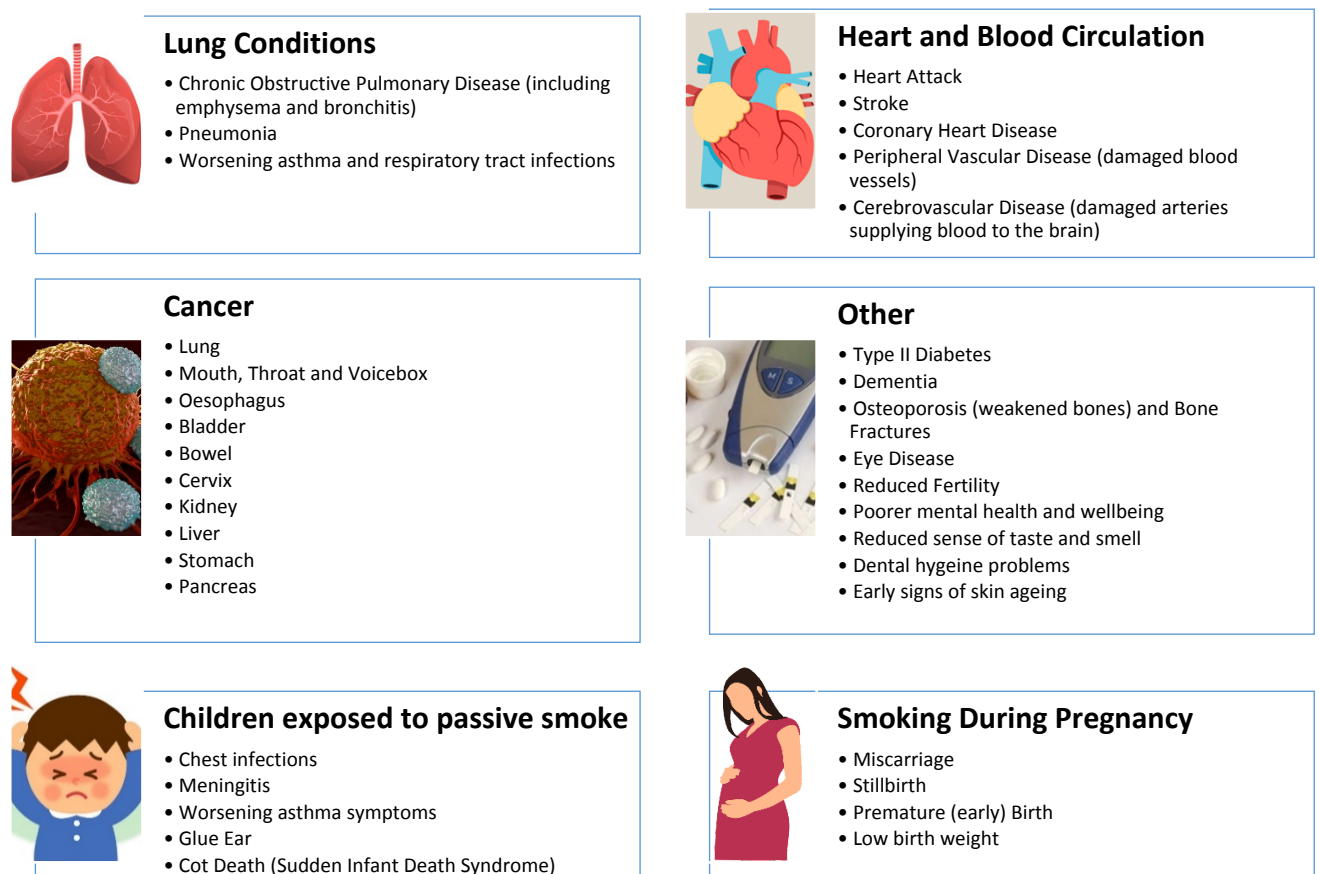
Tobacco is a dried leaf which is used in several different products. Tobacco can be smoked, most commonly in cigarettes but also in cigars and waterpipes such as shisha and hookah. Smokeless tobacco can also be consumed through chewing, inhaling or placing tobacco in the mouth, using products such as snuff, snus, chewing tobacco, and nicotine pouches. The most common way to use tobacco is through smoking cigarettes.

Tobacco products can harm nearly every organ in the body, significantly reducing people's quality of life and life expectancy. Two out of every three long-term smokers dies from a smoking-related condition, on average dying 10 years earlier than non-smokers. The diagram below shows the range of physical and mental health problems that are caused by, or made worse by tobacco use. No amount of tobacco use is risk-free. The more cigarettes a person smokes per day, and the longer they smoke for, the greater their risk of developing smoking-related health problems. Health problems are also experienced by other people who breathe in second hand smoke, with children especially vulnerable. Exposure to second hand smoke causes around 10,700 deaths a year in the UK. What's more, children of parents who smoke

are three times more likely to take up smoking themselves, continuing generational smoking patterns.

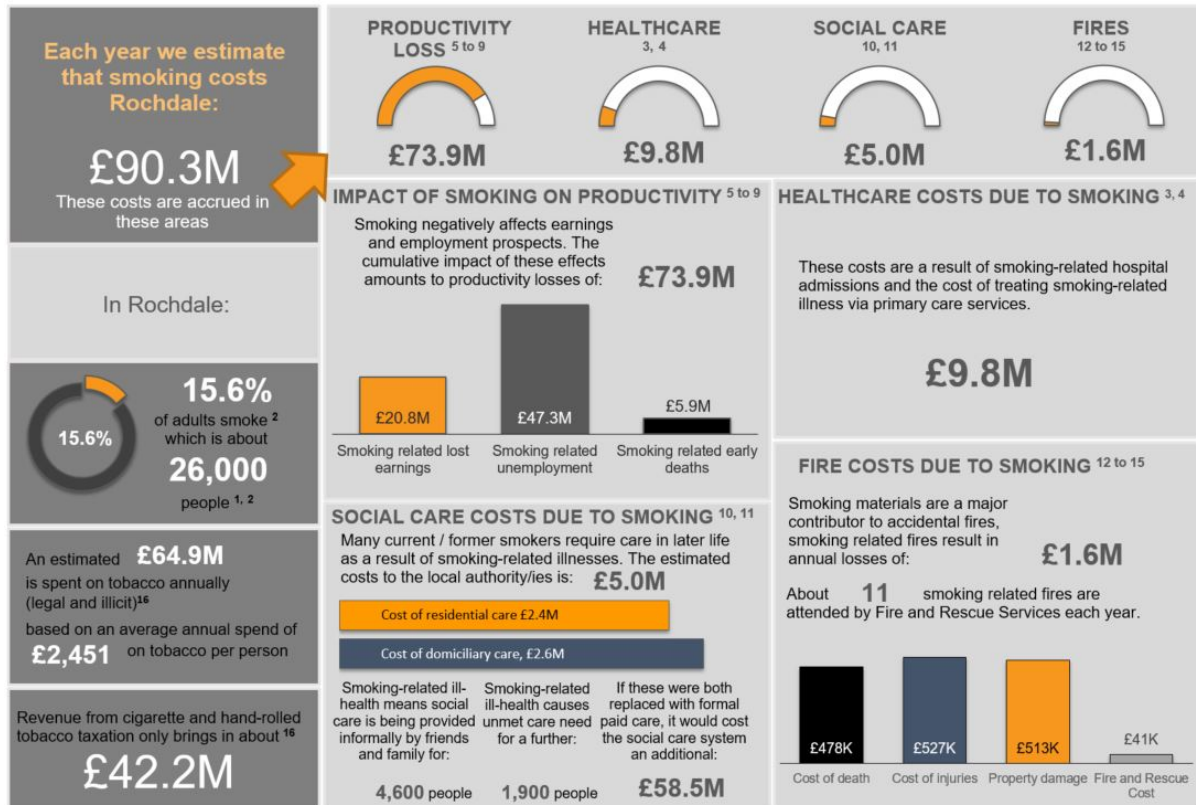
Supporting Rochdale residents to stop using tobacco products will help them to live longer, healthier lives. It will also improve the health of their family and wider community by reducing second-hand exposure to cigarette smoke. At a population level it will help us to address our agreed disease priorities, including reducing rates of cardiovascular disease, lung disease, diabetes and cancer in Rochdale, as tobacco use is a risk factor for all of these conditions.

Figure One: A summary of the range of health problems that are caused by or made worse by smoking or chewing tobacco products



As well as causing numerous health problems, tobacco products have a financial impact. The ASH Ready Reckoner tool estimates that the average smoker in Rochdale loses £1,945 per year on tobacco spending. Around 500,000 households across England are in poverty as a direct result of losing income to tobacco products. Helping people to stop using tobacco products could help them to better weather the cost of living crisis. However, quitting tobacco products will be much harder for many of our residents whilst they are dealing with acute stressors such as struggling to afford food, heating and electricity. At a population level, the ASH Ready Reckoner tool estimates that smoking costs Rochdale £90,300,000 per year through productivity, healthcare, social care and fire costs. The production and distribution of tobacco products also has significant environmental impacts as a

result of deforestation and fossil fuel use. Many cigarette butts are littered, which damages local ecosystems. The microplastics found in cigarette filters are the second biggest cause of plastic pollution worldwide. Reducing tobacco use in Rochdale would result in less demand for cigarettes and other tobacco products, reducing these environmental effects.



ASH Ready Reckoner Tool

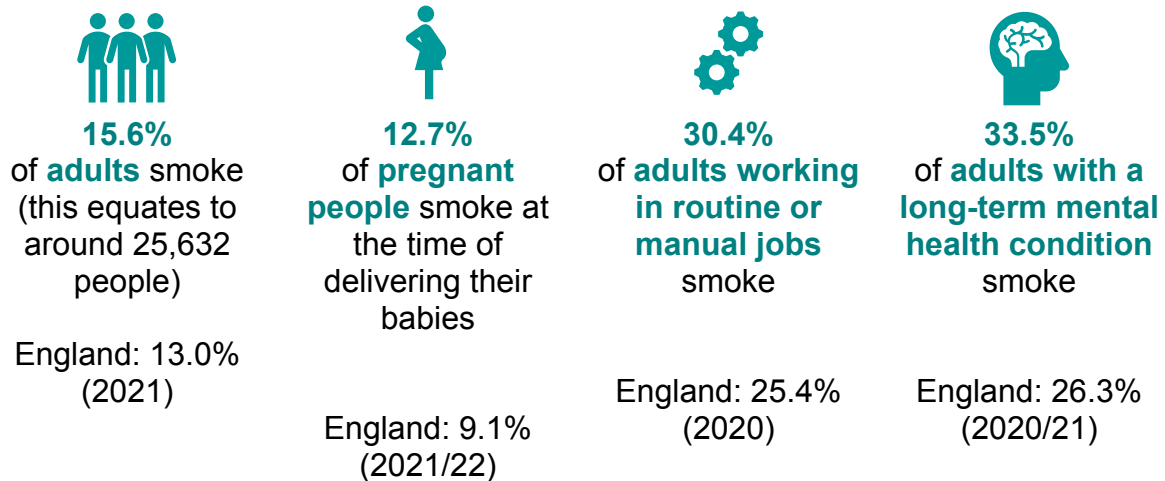
To achieve our goal of reducing tobacco use in Rochdale, we need to both prevent people from starting to use tobacco products, and help current users to quit. One way of doing this is through educating people about the dangers of using tobacco products, and the stop smoking support available. This could be delivered at a large scale through local, regional or national media campaigns. It could also be delivered one to one through interactions with trained professionals such as healthcare workers. On their own, educational interventions are unlikely to lead to behaviour change and can widen inequalities. Accessible stop smoking services are also essential. Smokers are three times more likely to successfully quit with local stop smoking services compared to going alone. These services provide individualised counselling and stop smoking aids, such as nicotine replacement therapy, e-cigarettes and prescription tablets. All of these aids have a robust evidence base supporting their use in helping people to stop smoking.

Regulations can also be used to try to reduce tobacco use, such as the 2007 Smoking Ban. Often regulations are introduced at a national level and can have a significant impact on changing social norms. At a local level we can enforce relevant legislation, for example through under-age sale checks and by tackling the illegal tobacco trade. We can lobby national government to introduce further regulations

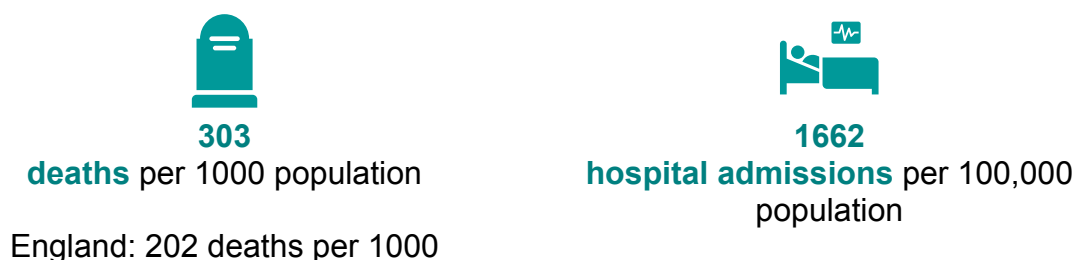
that will help to reduce tobacco use. We can also work to de-normalise tobacco products by creating and promoting smoke free spaces in our borough. Smoke free spaces can help to show young people that using tobacco products is no longer the norm, support people who are trying to quit to stay tobacco free, and provide a healthier environment for everyone to enjoy without second hand smoke exposure.

Situation in Rochdale

Since 2011, adult smoking rates in Rochdale have fallen by 8.2%, from 23.8% in 2011 to 15.6% in 2021. The gap in the number of adult smokers in Rochdale compared to the England average has also been narrowing. In 2011 adult smoking rates were 4% higher in Rochdale than the England average. By 2021 this gap had decreased to 2.6%. Whilst these downward trends are a real success, more can be done to reduce smoking rates in Rochdale, which remain significantly higher than the England average among adults and pregnant women. However, smoking is not spread evenly among the population. Adults working in routine and manual jobs, and adults with a long-term mental health condition are significantly more likely to smoke. Working specifically with these groups will help us to reduce smoking inequalities in Rochdale. The latest data shows that in Rochdale:



There are also significantly more deaths and hospital admissions in Rochdale that are related to smoking, compared to England as a whole. We want to continue to move smoking rates in Rochdale closer to the England average. In the long-term we want to prevent as many tobacco related deaths and hospital admissions as possible.



(2020)

England: 1398 hospital admissions per
100,000
(2019/20)

We do not have enough local data to clearly show how many people in Rochdale use waterpipes or smokeless tobacco products, and how this affects hospital admissions and deaths. In a 2019 national survey, 9% of people from South Asian backgrounds reported currently using smokeless tobacco products, compared to 1% of White people. In the same survey, 11% of South Asian people reported using waterpipes more than once a year, compared to 2% of White people. As Rochdale has a higher proportion of residents from South Asian backgrounds than the England average, we might anticipate that water pipe and smokeless tobacco products are used more commonly in Rochdale than in other areas in England.

Current Services

There are currently four stop smoking services in Rochdale, detailed below. Additionally, Rochdale residents can access digital stop smoking support through the Smoke Free app.

Service	Description	Funding Provider
Living Well	Provides stop smoking services to adults in the community. This includes up to 10 weeks of behavioural support and 6 weeks of nicotine replacement therapy (NRT). Priority groups are also able to access e-cigarettes for 6 weeks.	Rochdale Public Health Budget
Smoke Free Pregnancy	Provides stop smoking services to pregnant people. This includes carbon monoxide monitoring, behavioural support, NRT, and a financial incentive scheme.	Rochdale Public Health Budget & Greater Manchester Making Smoking History
Smoking Cessation & Mental Health	Living Well are also working with Pennine Care on a pilot project providing e-cigarettes and behavioural support to Rochdale residents with a serious mental illness who are current smokers.	Rochdale Public Health Budget
CURE	Provides stop smoking services to adult in-patients in hospital. This includes behavioural support and NRT throughout admission. The CURE programme also refers on to community support on discharge which can be provided through pharmacies or Living Well for 6-12 weeks.	Rochdale Public Health Budget & Greater Manchester Making Smoking History
Smoke Free App	Greater Manchester residents can access six months free stop smoking support digitally through the Smoke Free app.	Greater Manchester Making Smoking History

If no additional action is taken, smoking rates in Rochdale are likely to stall or decline more slowly than our peers. This will widen inequalities between Rochdale residents and people living in other parts of England.

What can be done?

Preventing people from starting to use tobacco products

Most current smokers began smoking cigarettes in childhood, trapping them in a nicotine addiction early in life. Preventing children and young people from ever beginning to use tobacco products is therefore essential. Never starting to smoke is easier than trying to quit. This can be achieved through regulation, changing social norms and education. Regulation could raise the age of sale for tobacco products, or require warnings on each cigarette stick, as well as the packaging. Although we can advocate for such legislation and regulation, at a local level we have limited influence. We could however, extend smoke free spaces in Rochdale to include all hospitality settings and outdoor public spaces, particularly those where children may be present. As a local authority we can aim to ensure a significant proportion (70% or more) of new social housing tenancies and new developments are smoke free sites. This would help to protect children and young people from the effects of second hand smoke, as well as reducing their exposure to smoking role models and their access to tobacco. We can enforce existing regulations and legislation, for example by encouraging the reporting of underage sales of tobacco products and increasing underage sales testing. This would likely require increased funding for Trading Standards teams.

At a local level we can also involve children and young people in designing educational interventions. Our Tobacco Control Stakeholder meeting in November 2022 identified an emerging need for educational material to discourage young people from starting to vape, in addition to resources around tobacco products. National regulation would be useful to dissuade young people from starting to vape, for example through prohibiting vaping companies from giving out free vapes. However, at a local level we can make use of school councils, youth councils and youth champions to share the key message “If you don’t smoke, don’t vape”. This work should be targeted at our communities with the highest rates of tobacco use.

Helping people to stop using tobacco products

Supporting residents to stop using tobacco products is essential to achieve our goal of a Smoke Free Rochdale. Again, there are several possible regulatory and legislative national interventions such as decreasing the affordability of tobacco through duties. Introducing a tobacco license for retailers (as is required for alcohol sales) could also help to limit tobacco availability and reduce illicit tobacco sales. At a local level we can work to reduce access to illicit tobacco, which is disproportionately sold in more deprived communities and to children. This would again require increased funding for Trading Standards teams. Real terms cuts to the public health grant over the last decade have significantly affected funding for stop

smoking services and interventions. The Khan review has called for a £125 million investment from national government, preferably through a ‘polluter pays’ industry levy on profits from cigarette sales. There is currently no suggestion of additional funding becoming available. So, our short-term priorities in Rochdale need to be feasible within our existing tobacco control budget.

Continuing to fund our stop smoking services is essential to give current tobacco users the best chance of successfully quitting. Vaping products such as e-cigarettes are the most effective and popular stop smoking aid in the UK, but are not widely available through stop smoking services. Whilst not risk free, vapes pose a very small fraction of the health risks of tobacco products. They give smokers the nicotine they crave whilst protecting them from the toxins found in tobacco products. Locally, we can influence Greater Manchester Making Smoking History to introduce an e-cigarette offer in the CURE and Smoking in Pregnancy stop smoking services. We can expand our e-cigarette offer in the Living Well community stop smoking service to include everyone who accesses the service, and look to expand our pilot project targeting current smokers with a serious mental illness. We can work with our residents in Rochdale to ensure our community stop smoking service is accessible and inclusive for all communities. For example, ensuring there is effective support for residents who use water pipes or smokeless tobacco products, as well as cigarettes. We could extend smoke free spaces in Rochdale, as previously discussed, which would support people who are trying to quit to stay tobacco free. Finally, to ensure our tobacco control work is as effective as possible we can engage with local stakeholders to build relationships across the system. This could include forming a local tobacco control alliance to steer and monitor our tobacco control work.

How to improve outcomes	What we can do in Rochdale	Our short term local priorities
Prevent people from starting to use tobacco products	<ul style="list-style-type: none"> • Extend smoke free spaces in Rochdale to include all hospitality settings and outdoor public spaces, particularly those where children may be present. • Ensure 70% or more of new social housing tenancies and new developments are smoke free sites. • Enforce existing regulations and legislation around underage tobacco sales • Engage children and young people in the design of educational material to discourage smoking and vaping. 	<p>Engage young people in the design and development of local interventions</p> <p>Extend Smoke Free Spaces</p>
Help current tobacco product users to quit	<ul style="list-style-type: none"> • Fund our local stop smoking services • Expand e-cigarette offers in all local stop smoking services • Ensure our stop smoking services are accessible and inclusive for all communities in Rochdale, and for residents who use cigarettes and niche tobacco 	<p>Increase e-cigarettes access in our stop smoking services.</p> <p>Understand niche tobacco</p>

	<p>products (including water pipes and smokeless tobacco products).</p> <ul style="list-style-type: none"> • Extend smoke free spaces in Rochdale to include all hospitality settings and outdoor public spaces, particularly those where children may be present. • Ensure 70% or more of new social housing tenancies and new developments are smoke free sites. • Enforce existing regulations and legislation around illicit tobacco • Form a local Tobacco Control Alliance to steer and monitor our tobacco control work in Rochdale 	<p>use in Rochdale, and agree appropriate local actions.</p> <p>Extend Smoke Free Spaces</p>
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Measuring change

Ultimately to achieve a Smoke Free Rochdale the outcomes we want to see are:

- Fewer people starting to use tobacco products
- More people who currently use tobacco products successfully quitting, or switching completely to e-cigarettes instead
- Fewer residents being exposed to second-hand tobacco smoke in their homes, schools, workplaces and wider community
- Appropriate, accessible and inclusive tobacco control services and interventions, targeted at the needs of local Rochdale residents.

Following the Tobacco Control Stakeholder Workshop in November 2022, we have identified seven priority areas to focus on in Rochdale over the next one to two years. It is estimated that it takes the average smoker 30 quit attempts before they succeed. We also recognise that there are a range of factors that can positively or negatively affect the success of quit attempts and wider tobacco control work. Many of these, such as the current cost of living crisis, are outside of our direct control. Over the next two years therefore, we will need to look at other measurable outputs to assess our progress towards achieving these priorities, which are outlined below.

Priority Activities for Rochdale	Measurable Outputs
Expand the e-cigarette offer in the community-based Living Well Stop Smoking Service so that e-cigarettes are available as a quitting aid to all residents.	<p>Increase in the number of people:</p> <ul style="list-style-type: none"> • Accessing Living Well's Stop Smoking Service • Setting a quit date • Achieving a 4-week quit
Extend the Living Well & Pennine Care pilot project to provide targeted behavioural support and 12-weeks of e-cigarettes to people with a serious mental illness (SMI).	<p>Increase in the number of people with a SMI:</p> <ul style="list-style-type: none"> • Accessing the pilot project • Setting a quit date • Achieving a 4-week quit
Reduce language barriers by ensuring stop smoking resources are available in the priority languages for the borough, and are	<ul style="list-style-type: none"> • All Living Well & council-produced information sources are available in the top priority languages in the borough.

available in audio or visual formats as well as written formats.	<ul style="list-style-type: none"> • Relevant community groups have been actively involved in the design and development of these resources.
Understand the use of niche tobacco products in the borough (including smokeless tobacco and water pipes) and agree local actions to tackle the challenge.	<ul style="list-style-type: none"> • Complete the OHID Niche Tobacco Deep Dive Self-Assessment tool • Complete local insight and engagement work to understand the scale of use, and the support needed to reduce access and use. • Feed the insights and agreed actions into an updated Tobacco Control Narrative.
Engage young people in the design and development of interventions and resources which aim to prevent young people from starting to use tobacco products and particularly e-cigarettes.	<ul style="list-style-type: none"> • Increase in the number of resources, events and activities (which have engaged local young people in their design and delivery) aiming to increase knowledge about the harms of tobacco and the “Don’t smoke, don’t vape” message
Ensure social housing tenancies in Rochdale are smoke free sites.	<ul style="list-style-type: none"> • In the areas of Rochdale with the highest smoking rates, all social housing providers have been engaged about becoming smoke free sites. • Increase in the number of social housing tenancies in Rochdale that are smoke free sites.
Extend smoke free spaces in Rochdale to include all hospitality settings and outdoor public spaces, particularly those where children may be present.	<ul style="list-style-type: none"> • All council run outdoor spaces are smoke free • In the areas of Rochdale with the highest smoking rates at least 50% of local sports clubs and playgrounds have been engaged about becoming smoke free.

Further Reading Resources

- ASH Ready Reckoner Tool (2022) [ASH Ready Reckoner - ASH](#)
- Greater Manchester Health and Social Care Partnership Making Smoking History (2017-2021) [Tobacco-Free-Greater-Manchester-Strategy.pdf \(gmhsc.org.uk\)](#)
- NICE (2021) [Overview | Tobacco: preventing uptake, promoting quitting and treating dependence | Guidance | NICE](#)
- OHID Nicotine Vaping in England (2022) [Nicotine vaping in England: an evidence update including health risks and perceptions, September 2022 \(publishing.service.gov.uk\)](#)
- The Khan Review: Making Smoking Obsolete (2022) [The Khan review: making smoking obsolete - GOV.UK \(www.gov.uk\)](#)

Appendix 3

DEADLY RISK Urgent warning as vapes contaminated with flesh-eating drug found in Britain

Teen vaping becoming an 'epidemic' across UK

Vaping: E-cigarettes have ruined my life, woman says

If you think that your teen vaping is better than them smoking – think again

Vape tongue symptoms to look out for as e-cigarettes spark fear for new health condition

'Vaping is the crack cocaine of tobacco': Experts say ultra-concentrated hit of nicotine makes devices **WORSE** than smoking - as data shows cigarette use at historic low

QUIT IT Any nicotine in pregnancy 'increases risk of sudden infant death', scientists warn

Addressing common myths about vaping

Putting the evidence in context

ash.
action on smoking and health

Expert shares five 'hidden dangers' of vaping – four million Britons at risk

SMOKE SCREEN New alert over **SECONDHAND** vaping as pens spew out toxins 22-times over safe limit

Vaping warning for mums-to-be: Study claims risk of miscarriage is up to 2 TIMES higher for certain flavours

What happens to your body when you vape as doctor warns of risks similar to smoking

Smoking is back in candy-coloured disguise - and a whole new generation is addicted

Lead in vapes may be poisoning our children – it's time we took serious action

The child vaping crisis: 'From what my daughter says, 90% of her year do it'

Inside Britain's child vaping epidemic: Our horrifying investigation exposes predatory tactics of sweet shops selling e-cigs, vibrant 'dupes' made to resemble Skittles and Jolly Ranchers... and the kids left scarred for life

ASH brief addressing common myths about vaping

Putting the evidence in context

Purpose

1. This short brief is to aid responsible reporting of the evidence about vaping and reduce:
 - Repetition of misconceptions as conventional wisdom;
 - Overstating the evidence, with caveats downplayed or missed out;
 - Presenting opinions as facts.
2. The Chief Medical Officer, Professor Sir Chris Whitty, has put the case very succinctly, *"The key points about vaping (e-cigarettes) can be easily summarised. If you smoke, vaping is much safer; if you don't smoke, don't vape."*¹
3. Yet fewer than one in ten smokers understand this, and media coverage often fails to make this clear. In 2023, more than a quarter of adult smokers have never tried vaping to help them quit smoking, although it is one of the most effective quitting aids.²
4. And although representation of vaping in a way which overstates the risk can discourage adult smokers from vaping, it isn't an effective deterrent for adolescents, who are more likely to engage in risky behaviour than adults, and are more susceptible to peer pressure.³ Indeed in 2023 despite more than half all adolescents believing vaping to be more than or equally as harmful as smoking, the highest proportion ever recorded, we also have the highest proportion trying vaping.⁴
5. Adolescent smoking was only successfully reduced⁵ after tough regulations were introduced,⁶ and the policies that worked for youth smoking are equally applicable to youth vaping. That is why ASH strongly supports stricter regulation of e-cigarettes to reduce their affordability, appeal, accessibility and promotion to children, while at the same time ensuring that adult smokers are not discouraged from using vaping to quit smoking.
6. This brief has been peer reviewed by academics and clinicians expert in addiction; behaviour change techniques; electronic cigarettes, smoking cessation and tobacco control; epidemiology; mental health and health inequalities; and respiratory and critical care medicine.
7. For a full list of reviewers see page 8 of this document. Journalists and others reporting on vaping are encouraged to approach the ASH press office (press@ash.org.uk) or the Science Media Centre (<https://www.sciencemediacentre.org/>). ASH can provide advice on how to interpret the evidence and both organisations can put you in touch with relevant topic experts.

Why it is important to represent the evidence accurately

8. Smoking is the leading preventable cause of premature death, responsible for half the difference in life expectancy between the most and least advantaged in society.⁷ Smoking is highly addictive and difficult to quit,⁸ and nearly a million people in the UK have died from smoking since 2010.⁹
9. High quality randomised controlled trials have found nicotine containing e-cigarettes to be an effective aid to quit smoking,¹⁰ Their use has been endorsed by NICE guidance,¹¹ the British Thoracic Society,¹² the Royal College of General Practitioners,¹³ the Royal College of Physicians,¹⁴ the Royal College of Obstetrics and Gynaecology and the Royal College of Midwives,¹⁵ amongst others.^{16 17}
10. 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.^{18 19}
11. Nevertheless, one in four smokers have never tried vaping, equivalent to 1.8 million smokers, who could potentially benefit from trying vaping to help them quit. Not to mention those who have tried vaping in the past but failed, amounting to another 2.9 million smokers. The provision of accurate information about vaping is vital, as currently 43% of smokers who have not tried vaping, think vaping is as or more harmful than smoking, up from 27% in 2019.²⁰

Common misconceptions about vaping

12. Common misconceptions include the following. See paragraphs listed for the evidence that these are untrue:
 - Vaping nicotine is more harmful than smoking tobacco (paras 21-30)
 - Vaping is more addictive than smoking (paras 31-35)
 - Disposable vapes deliver as much nicotine as 50 cigarettes (paras 36-42)
 - Vaping is a proven gateway into smoking (paras 43-49)
 - Nicotine damages brain development in young people (paras 50-53)
 - The main reason children vape is because they like the flavours (paras 54-56)

Overstating the evidence

13. There are too many of these to cover them all, but here are a couple of recent examples.

DANGER ZONE Vaping while pregnant is NO SAFER than smoking and can leave your baby 'deformed', study suggests (The Sun 7 July 2023)²¹

14. Only in the body of the article is it made clear this is a study of pregnant mice, not humans, and the article fails to acknowledge that mice are not a good model for

human impact.^{22 23} Furthermore, “study suggests” is buried at the end of the headline and should be up front. All that can be concluded from this study is that exposing 9 pregnant mice to the vapour contained in 3 UK standard vapes on a daily basis during pregnancy suggests that that vaping nicotine interferes with fetal bone and lung development in mouse embryos, but this does not prove that this would be true for human embryos.”

15. Much more relevant to human health, a study of 1,140 pregnant women who were smoking in pregnancy found that those who used electronic cigarettes to help them quit smoking had significantly fewer babies with low birthweight compared with those using nicotine patches. Nicotine patches are licensed by the MHRA to help pregnant smokers quit. Furthermore, the trial did not detect any signs of harm to the mother, the fetus or the new-born baby.²⁴

E-cigarettes: Primary school age children are ending up in hospital due to excessive vaping. Figures show there were 15 cases where children aged nine or under needed to be admitted in the year to April. (Sky News 25 June 2023)²⁵

16. This was fifteen admissions due to primary and secondary diagnoses of ‘vaping-related disorder’ which is defined as a respiratory condition thought to result from vaping or use of e-cigarettes.²⁶ Although any hospital admission is undesirable, this compares to 11,051 admissions to hospital among children aged nine or under for asthma in 2021/22.²⁷
17. Furthermore smoking behaviour is not controlled for in the figures for vaping-related disorder (most young people who vape also smoke) nor is it possible to determine whether there was exposure to secondhand smoke. Smoking by parents and carers is estimated to be responsible for around 5,000 children to be admitted to hospital each year, primarily from respiratory conditions.²⁸

Presenting opinions as facts

18. Again there are too many of these to cover them all, but here is a recent example.

‘Vaping is the crack cocaine of tobacco’: Experts say ultra-concentrated hit of nicotine makes devices WORSE than smoking - as data shows cigarette use at historic low (Mail Online 30 April 2023)²⁹

19. The article ascribes the quote to Dr Andrew Huberman, Associate Professor of Neurobiology at Stanford University, “*who said on his popular podcast that nicotine and cocaine both stimulate a psychoactive rush within minutes. Dr Huberman said: ‘Both crack cocaine and vaping cause very rapid increases in the relative substances that are psychoactive.’”* Huberman is also quoted as concluding that, ‘*in the case of vaping there’s a very rapid increase in blood concentrations of nicotine, much faster than occur with cigarette smoking.*’
20. There is no link in the article to any research to underpin these assertions, either by Dr Huberman or anyone else. Indeed, research demonstrates a similar time

course of plasma nicotine uptake with e-cigarettes compared to tobacco cigarettes, although on average levels are somewhat lower from e-cigarette use.³⁰

Common misconceptions about vaping

Vaping nicotine is more harmful than smoking tobacco: NO

21. Over 75,000 people a year die from smoking in the UK, and smoking is still one of the biggest causes of death and disease in the UK.³¹ Passive smoking is the leading modifiable risk factor for poor birth outcomes including miscarriage, stillbirth and sudden infant death syndrome and a significant cause of death and disability in children.³²
22. In the last twelve years five fatalities linked to vaping products (2 cardiac and 3 respiratory) have been reported to the Medicines and Healthcare products Regulatory Agency.³³ In total there were 339 reports covering 942 adverse reactions to vaping. However, the MHRA is careful to point out causation was not proven as healthcare professionals are asked to report even if they only have a suspicion that the e-cigarette may have contributed to the adverse event.³⁴
23. Over 500,000 admissions to hospital a year are caused by smoking, compared with 420 for 'vaping-related disorder'. In other words, there are over 1,000 hospital admissions due to smoking for every one linked to vaping.³¹
24. Furthermore, while a diagnosis of 'vaping-related disorder' shows an association with vaping, causality has not been shown, and smoking behaviour has not been controlled for. Reporting in these cases doesn't currently distinguish between possible harmful effects of legal products and harms from non-licensed products and from the vaping of illicit drugs.
25. In 2023 there are 4.7 million adults currently vaping in Great Britain,³⁵ 93% of whom are ex- or current smokers. Use by never smokers has increased since 2021 but remains relatively rare with 1.1% of never smokers vaping in Apr-Jun 2023, amounting to 320,000 people.³⁶ Around 400,000 children in Great Britain aged 11-17 are current vapers in 2023, of whom around a quarter, amounting to 100,000 have never smoked.³⁷
26. Among children, as among adults, smoking is a cause of much more harm than vaping. Around 5,000 children are admitted to hospital every year because of passive exposure to tobacco smoke,³⁸ compared with 40 admissions among those under 20 in 2022 for 'vaping related disorder'. In other words for every admission linked to vaping among those under 20, there are 125 admissions for children caused by tobacco smoke exposure.
27. The levels of exposure to toxic chemicals from vaping are a tiny proportion of those from smoking.³⁹ Furthermore UK regulations have, since 2016, prohibited the use of any ingredient in nicotine containing e-liquid that poses a risk to human health in heated or unheated form. Prohibited chemicals include vitamins, and diacetyl.⁴⁰

28. Diacetyl has been linked to a rare condition, bronchiolitis obliterans, also known as 'popcorn lung'. It became known as 'popcorn lung' because it was thought to be caused by exposure to diacetyl used as a food flavouring in popcorn factories, although that is disputed.⁴¹ The idea that vaping can cause popcorn lung is frequently repeated,⁴² but although cigarette smokers are exposed to over ten times as much diacetyl as people who vape, smoking has not been shown to cause 'popcorn lung'.⁴³
29. Vitamin E acetate in cannabis vapes was linked to an outbreak of serious respiratory disease in the US called EVALI. Between March 2019 and February 2020 over 2600 cases of EVALI and 60 associated deaths were reported to the US Centers for Disease Control and Prevention. An investigation by the UK medicines regulator found only 2 potential cases in the UK (both fatal),⁴⁴ which met the US case definition of EVALI⁴⁵.
30. There are over 70 years of evidence of the harms of smoking while vaping has only been around for 16 years since 2007, so we cannot yet be precise about the long-term risks of vaping. However, the most recent independent review of the evidence commissioned to inform the government's policies and regulations published in 2022, concluded that vaping poses only a small fraction of the risk of smoking. The review also highlighted that vaping is not risk free and advised against people who have never smoked from taking up vaping.⁴⁶

Vaping is more addictive than smoking: NO

31. How addictive nicotine is depends on product design and the mode of use. Cigarettes carry the highest risk of addiction following initiation, due to cigarette designs that facilitate efficient and tolerable inhalation of nicotine-laden smoke deep into the lung and from there to the brain,⁴⁷ and constituents that reinforce the addictiveness of nicotine.^{48 49}
32. Two thirds of those trying one cigarette will go on to become daily smokers, at least temporarily.⁵⁰ For those who manage to quit, it takes on average 30 attempts before they succeed,⁵¹ and many fail to succeed, with up to two thirds of long-term smokers dying prematurely from smoking-related diseases.⁵²
33. People addicted to nicotine because of smoking who switch to vaping may remain addicted, but they are reducing their risks of relapsing back to smoking which is far more harmful. The same is true for licensed nicotine products (NRT),⁵³ which are licensed by the medicines regulator to help people stop smoking and prevent relapse back to smoking,⁵⁴ the main reasons why ex-smokers vape.
34. One analysis of US surveys of youth use between 2012 and 2019 found that young people who vape but don't smoke are much less likely to be strongly nicotine dependent than those who smoke. There has been no limit on nicotine concentration in e-cigarettes in the US, and the concentration tends to be much higher (5% or 50 mg/ml) than the 2% or 20 mg/ml maximum allowed in the UK.⁵⁵

35. However, it is important to keep monitoring this, as there are some signs that dependency on vaping products might be changing over time.⁵⁶

Disposable vapes deliver as much nicotine as 50 cigarettes: NO

36. The claim that disposable vapes contain, and deliver, as much nicotine as 50 cigarettes has been repeated by, for example, the Times,⁵⁷ the Mail,⁵⁸ the Daily Express,⁵⁹ and Cosmopolitan⁶⁰ sometimes citing sources, sometime not. This claim is not true.

37. The Sun said between 40 and 60 cigarettes,⁶¹ but did at least clarify that it was not implying that this was equivalent in harm to this many cigarettes, as they don't contain many of the harmful toxins to be found in cigarettes, which many articles fail to do.

38. Cigarettes generally contain 10 to 15 mg nicotine per rod, which is 200 to 300 mg per pack of 20 cigarettes.⁶² A UK standard disposable vape with the highest legal level of nicotine (20 mg/ml) contains 2 ml of liquid which amounts to 40 mg of nicotine.

39. On average each cigarette delivers 1.0 to 1.5 mg nicotine into the bloodstream of the smoker, a total of 20 to 30 mg for a packet of 20 cigarettes. Most of the nicotine from cigarette tobacco is delivered into the air as secondhand smoke.⁶³

40. On average about 50% of the nicotine contained in a vape is absorbed by the person vaping. That amounts to 20 mg of nicotine which is at the lower end of the amount of nicotine the average smoker will take in from smoking a pack of 20 cigarettes.⁶⁴

41. Moreover, only 3% of current vapers in the ASH adult survey used nicotine strengths above the legal limit of 20mg/ml of nicotine. The most frequently used strength was 1-3 mg/ml which is equivalent to between 1 and 7 cigarettes. Of the children who have tried vaping, eight out of ten say they use nicotine-containing vapes. Two thirds (64%) most frequently used at the legal limit or below, a quarter (27%) said they didn't know. Fewer than one in ten (8%) used above the legal limit, most of whom used nicotine strengths of less than 30 mg/ml.

42. Furthermore, the amount of nicotine absorbed by an individual depends on how they vape, or smoke, their puffing patterns and how deeply they inhale. Those trying smoking or vaping for the first time, or who are inexperienced, are likely to absorb less nicotine.

Vaping is a proven gateway into smoking: NO

43. If vaping were a gateway into smoking at population level, as vaping increased smoking rates would be expected to show a reduced rate of decline or start to increase. To the contrary between 2010 and 2021 when e-cigarette use grew rapidly from a low base in England, smoking rates among children continued to fall at least as rapidly as previously, which does not support the gateway hypothesis at population level.

44. NHS digital data on current smoking rates among 11-15 year olds in England found that it fell from 9% in 2010 to 6% in 2016 and 3% in 2021.⁶⁵ Among those aged 16+ smoking rates fell from 20% to 18% between 2010 and 2016, and 12% in 2021.⁶⁶
45. Data collected by the UCL Smoking Toolkit Study between 2007 and 2018, showed that the quarterly prevalence of e-cigarette use among the youth (16-24) population in England was not associated with detectable increases or decreases in the quarterly prevalence of smoking uptake.⁶⁷
46. Between 2021 and 2022, the use of disposable e-cigarettes in Great Britain grew rapidly, especially among younger adults, but the overall prevalence of inhaled nicotine use was stable over time, with the increase in vaping likely being offset by a decline in smoking among young adults.⁶⁸ The ASH survey finds a clear upward trend in vaping among 11-17 year olds between 2013, the first year of our youth survey, and 2023, while smoking prevalence continues to be on a downward trend.⁶⁹
47. Moreover survey data shows that children who tried vaping in the US between 2014 and 2017, compared with matched children who did not try vaping, were equally likely to try a cigarette but less likely to progress to regular smoking.⁷⁰
48. However, it is important not to be complacent and to keep monitoring behaviour, particularly among the age of cohorts most associated with smoking initiation. Vaping products are continuing to evolve, and inaccurate perceptions of the risk of vaping are continuing to grow, both of which could change behaviour. Young people in particular are still dealing with the aftereffects of the COVID pandemic, and mental distress in young people has grown in recent years⁷¹ (mental distress is associated with higher smoking rates and greater dependency^{72 73}).
49. Furthermore, it should not be ignored that vaping could be a gateway into smoking for some individuals, although for others vaping could be a gateway out of smoking. Causation is hard to prove as some children who try vaping first may go on to smoke cigarettes, but this association works both ways, and there are common risk factors for both behaviours (e.g., parental smoking, risk-taking and impulsivity); making it hard to prove that vaping caused subsequent smoking.^{74 75} The theory that vaping is a gateway into smoking is supported by some peer reviewed analyses,⁷⁶ but not by others.^{77 78 79 80 81 82}

Nicotine damages brain development in young people: NO

50. Nicotine Replacement Therapy (NRT) is on the WHO list of essential medicines needed to meet the priority healthcare needs of populations, because there is good evidence of efficacy, safety and comparative cost-effectiveness.⁸³ NRT is licensed by the MHRA for smoking cessation, not just by adults but also by young people from age 12 upwards, pregnant women and people with cardiovascular disease.
51. Systematic reviews of the evidence have concluded that evidence is insufficient or unavailable regarding the effects of nicotine and non-nicotine e-cigarette use on development in children and adolescents, and neurological conditions.⁸⁴

52. Furthermore the UK Committee on Toxicity, which was asked to review the evidence of the toxicity of e-cigarettes, concluded that no data were available on direct effects of nicotine exposure in human adolescents, and that while animal studies showed that there was biological plausibility of an impact on development, *"the Committee had reservations about trying to quantify the effects of nicotine in humans from the animal studies as the relationship of the dosing to human exposures is not clear."*⁸⁵

53. Nearly 90% of lifetime smoking in the UK was initiated between 10 and 20 years of age,⁸⁶ and there is, therefore, longer-term evidence concerning the impact on the brain of adolescent smoking. A Scottish study following up a cohort of children born in 1932 who had their IQ tested at age 11, found that at age 70 there was no difference in cognitive function between never and ex-smokers, once IQ had been controlled for, but that there was a small negative association between cognitive function and smoking in old age.⁸⁷ If adolescent smoking doesn't damage cognitive function, it is implausible that adolescent vaping would.

The main reason children vape is because they like the flavours: NO

54. The main reason children give for vaping is 'to give it a try', cited by a quarter (26%) of those who have smoked tobacco and more than a half (54%) of those who have never smoked. The next most common reason is because 'other people use them, so I join in', in other words peer pressure, cited by 21% of ever smokers and 18% of never smokers. Liking the flavours comes third on the list, cited by 16% of ever smokers and 12% of never smokers as their reason for trying vaping.

55. Banning or restricting flavours brings with it the risk of increased cigarette consumption.⁸⁸ In the US where flavour bans and restrictions have been imposed on e-cigarettes, sales data have shown that although there has been a consequent decline in e-cigarette sales, there has also been a significant rise in consumption of cigarettes. The authors noted that 38% of the impact on cigarette sales stemmed from a growth in sales of cigarettes disproportionately consumed by youth.⁸⁹ While increased smoking among adults will almost entirely be due to former smokers relapsing back to smoking, among children it is likely to be a combination of increased initiation and relapse.

56. A decision tool developed by academics at the University of Bristol concluded that, based on the available evidence, a flavour ban would lead to increased smoking. As a result there would be a negative net population impact of a flavour ban, both in the general UK population and low-socioeconomic position UK population, who have higher than average smoking rates.⁹⁰

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