

# When and how should health professionals recommend use of e-cigarettes?

Robert West  
University College London

@robertjwest

# Aims

To analyse alternative approaches to recommendations regarding e-cigarette for smoking cessation

## Recommendation 1

We do not know how harmful e-cigarettes are, or whether they help with stopping smoking so they are not currently recommended

## Recommendation 2

E-cigarettes are almost certainly far less harmful than smoking but we do not have strong evidence on how effective they are in helping you stop smoking so you are recommended only to use them if you are sure that there is no other way of stopping for you

## Recommendation 3

E-cigarettes are almost certainly far less harmful than smoking. They are popular and many smokers appear to be able to switch to them without difficulty.

**Have a go at switching straight away.**

If that doesn't work try to stop smoking using one of the more established methods.

If you can switch then you should consider quitting e-cigarette use later.

# Things to consider: Health effects of smoking and e-cigarettes

- Every day of continued smoking costs an average of 4-6 hours of life expectancy [doi: 10.1080/08870446.2017.1325890](https://doi.org/10.1080/08870446.2017.1325890)

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- The short-term physiological and clinical effects of inhaling e-cigarette vapour suggest that there may be long-term harmful effects but far less than from smoking [McNeill, \*Public Health England\* 6 \(2018\)](#)

# New Committee of Advertising Practice ruling

Following consultation, CAP and BCAP are amending rules in each of their Codes to remove the absolute prohibitions on claims being made about health in lawful advertisements for electronic cigarettes. Since this prohibition came into force in 2014, the evidence for the relative safety of e-cigarettes has improved, alongside a regulatory regime to set product standards. In light of these sector-wide changes, CAP and BCAP consider that an absolute prohibition on health claims in lawful ads for e-cigarettes can no longer be justified. Marketers will still need to hold evidence for any claims in their ads, and the requirement to carry MHRA authorisation for medicinal claims is unchanged.

Nicotine-containing e-cigarettes are legally banned from advertising in a range of media, including magazines, TV, and radio.<sup>1</sup> The changes made to the Codes do not undo or otherwise affect the application of these media bans.

## Claims about health in ads for e-cigarettes

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# Things to consider: Impact on stopping smoking

- Smokers who, at a given time point, have tried e-cigarettes in the past but not achieved cessation with them are less likely subsequently to stop smoking than smokers who have not [doi: 10.1016/S2213-2600\(15\)00521-4](https://doi.org/10.1016/S2213-2600(15)00521-4)

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- Smokers randomised to use an e-cigarette containing nicotine in a quit attempt appear to be approximately twice as likely to achieve abstinence than those randomly assigned to a nicotine-free e-cigarette [McNeill, \*Public Health England\* 6 \(2018\)](#)

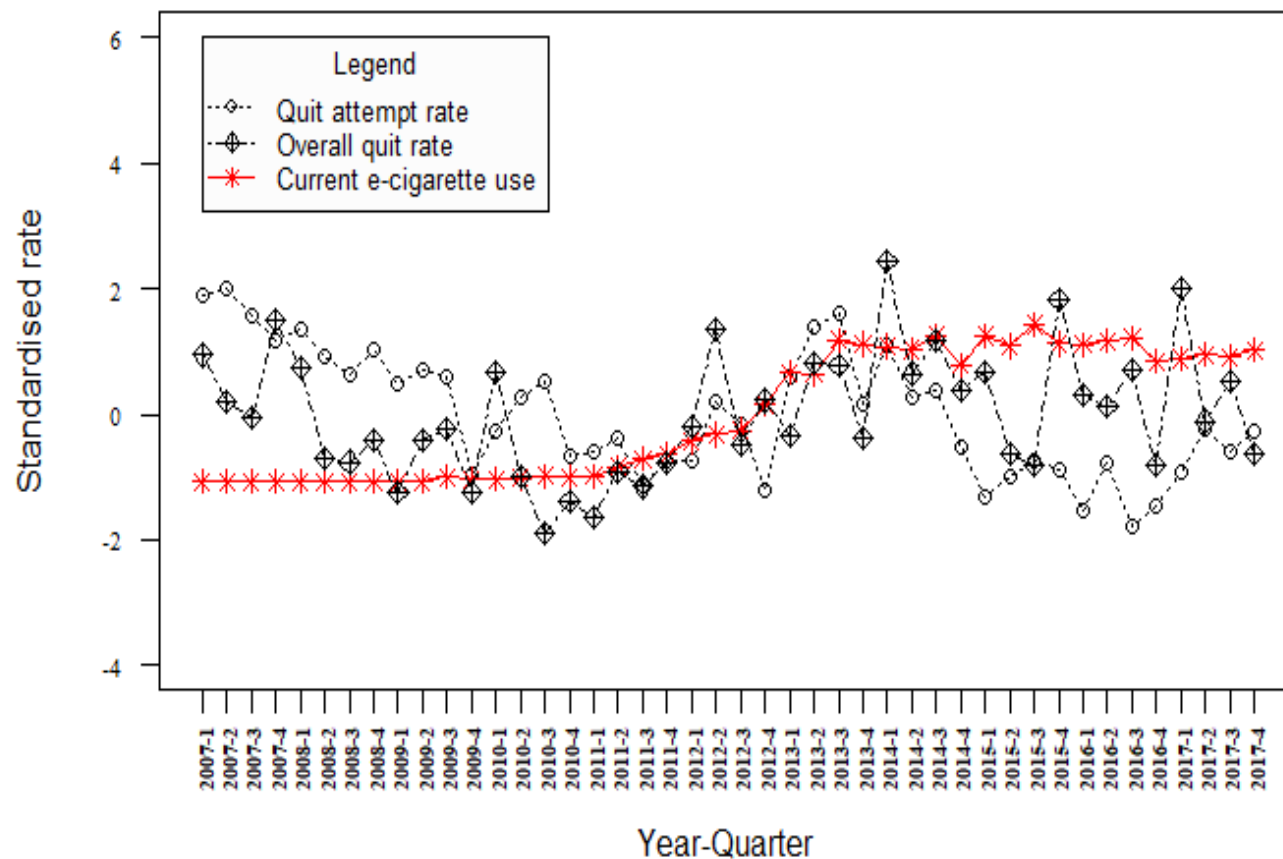
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- Smokers in England who used an e-cigarette in their most recent quit attempt were almost twice as likely to still be abstinent a few weeks or months later than those who did not, with and without adjusting for a range of smoker characteristics doi: [10.1111/add.12623](https://doi.org/10.1111/add.12623)

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- In England, quarterly changes in the prevalence of use of e-cigarettes since 2011 have been positively associated with changes in population rates of quitting smoking after adjusting for a range of other events that influences quit rates doi: [10.1136/bmj.i4645](https://doi.org/10.1136/bmj.i4645)

# Standardised e-cigarette use and quitting



Unpublished data from Smoking Toolkit Study



# Prevalence of e-cigarette use as input variable

	Quit attempts			Quit rate			Mean CPD		
	% change per 1% change in exposure	95% CI	P value	% change per 1% change in exposure	95% CI	P value	% change per 1% change in exposure	95% CI	P value
<b>Prevalence of current e-cigarette use</b>	0.011	-0.046 to 0.069	0.698	<b>0.054</b>	<b>0.032 to 0.076</b>	<b>&lt;0.001</b>	0.019	-0.043 to 0.082	0.542
Mass media	0.026	-0.014 to 0.066	0.196	<b>0.214</b>	<b>0.118 to 0.309</b>	<b>&lt;0.001</b>	-0.005	-0.032 to 0.023	0.739
	Total change due to exposure	95% CI	P value	Total change due to exposure	95% CI	P value	Total change due to exposure	95% CI	P value
Smoking ban (temporary impact in third quarter of 2007)	-0.026	-0.133 to 0.081	0.636	<b>0.480</b>	<b>0.187 to 0.772</b>	<b>0.001</b>	-0.034	-0.084 to 0.017	0.193
Increase in age of sale	0.036	-0.070 to 0.143	0.503	<b>0.446</b>	<b>0.147 to 0.745</b>	<b>0.003</b>	0.011	-0.041 to 0.064	0.674
Move to local authority	0.041	-0.055 to 0.138	0.403	-0.027	-0.320 to 0.265	0.854	0.018	-0.034 to 0.071	0.498
Tobacco control directive	-0.078	-0.169 to 0.012	0.089	0.147	-0.143 to 0.436	0.322	-0.039	-0.106 to 0.029	0.261

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## Things to consider: Popularity of quitting methods

- After more than 20 years of availability of aids to smoking cessation, use in quit attempts remains low at less than 10% of quit attempts, with the exception NRT bought over the counter and e-cigarettes [doi: 10.1186/s12889-016-3862-7](https://doi.org/10.1186/s12889-016-3862-7)

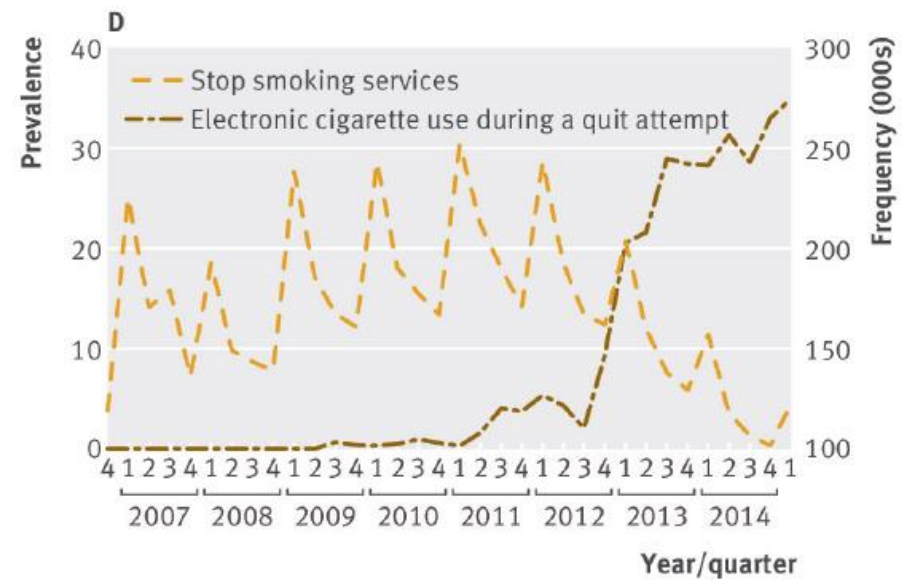
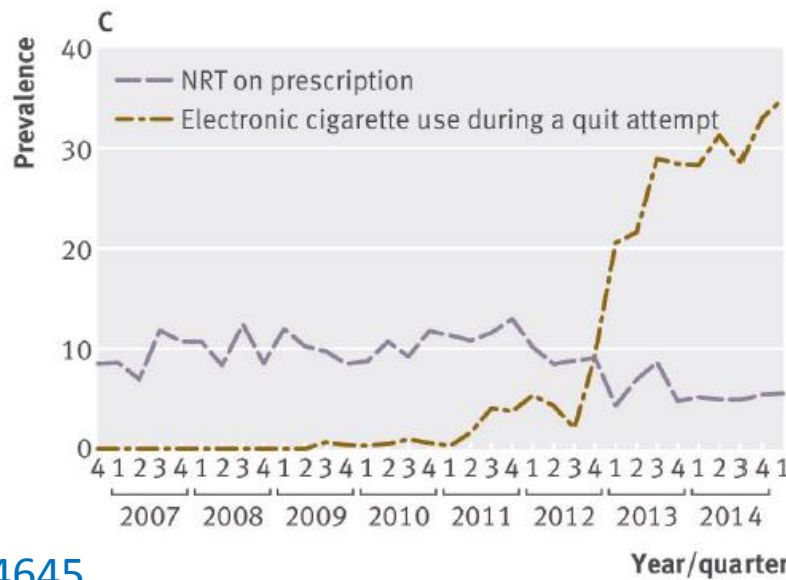
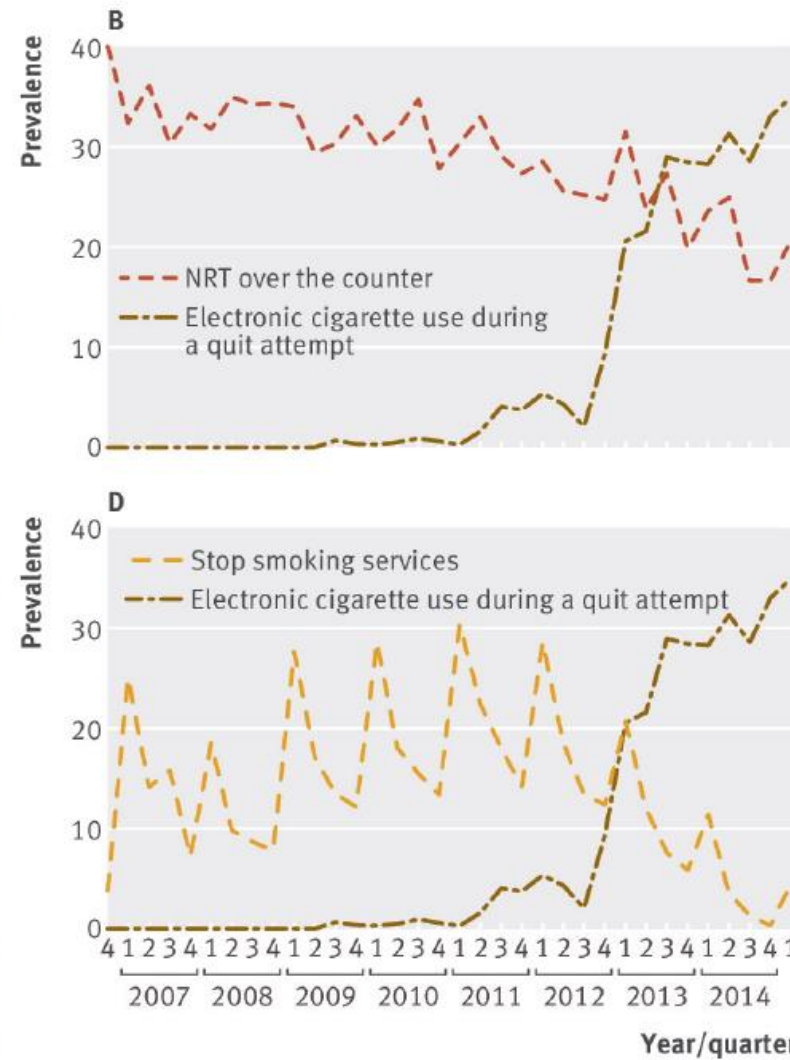
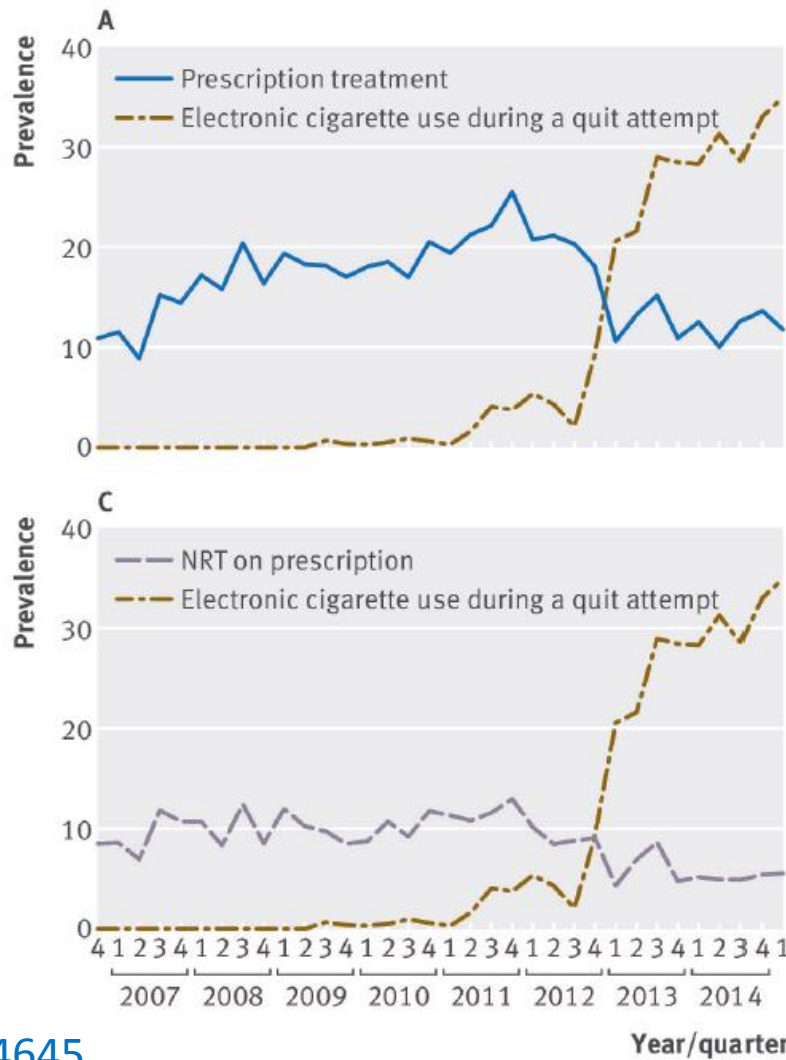
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- The increase in popularity of e-cigarettes appears to have little or no effect on use of stop-smoking services but has been associated with a reduction in prescription NRT use, albeit from a low level doi: [10.1136/bmj.i4645](https://doi.org/10.1136/bmj.i4645)

# Prevalence of e-cigarette use and use of aids to cessation



## If smokers followed Recommendation 1

- Smokers would not use e-cigarettes and an estimated 50,000 per year would continue smoking who would have stopped under current conditions

## If smokers followed Recommendation 2

- Smokers would only use e-cigarettes as a last resort, once they were convinced that there was no other way of stopping. Since uptake of these other methods remains low, this would probably reduce the use of e-cigarettes from current levels without increasing the use of other methods

## If smokers followed Recommendation 3

- The proportion of smokers attempting to stop smoking would increase substantially and the population level success rate would increase by a factor of nearly two
- There would be little or reduction in the rate at which smokers used other evidence-based methods and if stop-smoking services were 'e-cigarette' friendly it may increase their use



# Conclusions

- Under an expected utility model, Recommendation 3 appears to offer the best prospects for increasing population smoking cessation rates

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- It would be counterproductive relative to the current situation if:
  - Trying to switch to an e-cigarette reduced the likelihood of stopping smoking despite current evidence to the contrary
  - E-cigarettes turned out to be much more harmful than current evidence indicates
  - Increased use of e-cigarettes was more than offset by reduction in use of stop-smoking services, despite evidence to the contrary