

**North East North Cumbria ICB Smokefree NHS/Treating Tobacco Dependency Taskforce
Position Statement on Nicotine Vaping
June 2025**

Key points

Smoking is still our biggest avoidable killer

The ICB recognise that tobacco smoking is still our biggest killer, with up to two out of every three long term users dying early as a result of their addiction. As a system, the ICB has prioritised treating tobacco dependency and is committed to the shared regional ambition of a smokefree future as outlined in our [regional declaration](#) with colleagues across the NHS and local authorities. The priority for the Taskforce must be to reduce the number of people who smoke a known uniquely lethal product.

Vaping poses a small fraction of the risks of smoking but is not risk-free – it is not recommended for non-smokers and young people

The most robust evidence on nicotine vaping is contained in the 8th [Nicotine Vaping in England: 2022 evidence update](#) covering national and international evidence. It found:

- In the short and medium term, vaping poses a small fraction of the risks of smoking, but that vaping is not risk-free, particularly for people who have never smoked.
- There is significantly lower exposure to harmful substances from vaping compared with smoking.
- However, there is similar or higher exposure to harmful substances from vaping compared with not using any nicotine products.

Vaping is therefore not recommended for non-smokers and young people because it is not completely harmless. Indoor exposure to secondhand tobacco smoke can be lethal. In households where people smoke indoors, vaping instead offers a less harmful alternative.

Vaping is effective in helping people quit smoking

NICE is clear in its [tobacco guidance](#) that healthcare professionals should be supportive of patients switching to e-cigarettes completely and the [Cochrane living systematic review on electronic cigarettes for smoking cessation](#) shows that there is high certainty evidence that vaping is effective at stopping people smoking. It is important to note that the benefits of vaping are only realised when a smoker switches completely away from tobacco. Completely switching to vaping should be promoted as an accessible, less harmful alternative for adult smokers and we support healthcare professionals to help their patients understand that vaping is a significantly less harmful option than continuing to smoke.

We need to promote effective quitting options – including vaping – while protecting children from using nicotine

While vaping poses a fraction of the risks of tobacco smoking, and can help people quit smoking, we recognise that vaping is not risk-free and that those who don't smoke should not vape. Most importantly, the use of vapes – and tobacco – by children should be discouraged. Action is needed nationally to improve regulation for e-cigarettes – and tobacco – to reduce appeal and accessibility among young people.

North East North Cumbria ICB Smokefree NHS/Treating Tobacco Dependency Taskforce Position Statement on Nicotine Vaping

This is the position statement on nicotine vaping from the North East North Cumbria ICB Smokefree NHS/Treating Tobacco Dependency Taskforce and replaces the previous statement from April 2023. It outlines the evidence on vaping in relation to tobacco smoking and seeks to provide to staff working in NHS, including in Trusts, guidance on promoting vaping to support smoking cessation. It can be read in conjunction with the [Association of Directors of Public Health North East position statement on nicotine vaping](#). It has been developed following publication of the 8th [Nicotine vaping in England 2022 evidence update](#).

The Taskforce will continue to review and update this position statement in line with the latest evidence base and guidance, including NICE guidance. Insight and data from our local Stop Smoking Services & NHS Trusts will also be reflected in this statement.

Please note that for the purposes of this document, any references to vapes, vaping or e-cigarettes relate to nicotine-containing vapes, nicotine vaping and nicotine-containing e-cigarettes that comply with UK regulations.

Smoking is still our biggest avoidable killer

Smoking tobacco is the biggest avoidable cause of death, disease and disability, killing up to two out of every three long term users and significantly reducing healthy life expectancy. It accounts for more years of life lost than any other modifiable risk factor and is a leading cause of health inequalities. The ICB, working as a system, has prioritised treating tobacco dependency and is committed to the shared regional ambition of a smokefree future as outlined in our [regional declaration](#) with colleagues across the NHS and local authorities. [The NENC Better Health and Wellbeing for All-Clinical Conditions Strategic Plan](#) identifies tackling tobacco use as one way to reduce health inequalities.

Cigarettes are the only legal consumer product that will kill when used exactly as the manufacturer intends them to be used. Tobacco and vapes both contain nicotine and, while nicotine is an addictive substance, it does not cause the negative health effects associated with smoking. Nicotine delivered via cigarettes is particularly addictive because it is inhaled into the lungs, rapidly absorbed into the bloodstream and reaches the brain within 10-20 seconds. The speed of nicotine delivery is one of the key factors that leads to tobacco addiction.

In comparison, nicotine is absorbed much more slowly via other routes of administration, such as the skin or oral mucosa. Nicotine delivery varies across different types of vapes but is not comparable to tobacco: evidence suggests that devices with better nicotine delivery are associated with higher quit rates. Nicotine has been used safely for many years in medicines to help people stop smoking.

However, tobacco and the smoke it produces contains a toxic mix of over 6,000 chemicals, many of which cause cancer and other fatal and life limiting conditions including respiratory and cardiovascular disease, not just among smokers but also among those who are exposed to secondhand smoke.

"I see patients with lung cancer, COPD and complex respiratory infections every day. 95% of the respiratory ill health I see is directly caused by people having smoked tobacco. In that 'crisis moment' of recognising how fragile their health is, we need to be able to offer those who still smoke an immediately acceptable and effective form of nicotine that will help to reduce the harms from smoking."

High levels of nicotine addiction and a lifetime of habitual smoking behaviour is hard to treat with NRT alone. The accessibility of vapes has bought an extremely successful product to a group who would otherwise not manage a quit attempt and with that extends the life expectancy of those facing the most significant ill health.

Prior to NHS access to vapes and schemes such as swap to stop, we did not have a product offer that was so acceptable or effective in those hard-to-reach groups, such as those with Severe Mental Illness, Multiple and Complex Needs etc. The need for clear, co-ordinated and consistent messaging, informed by the evidence base, around the role of vapes to support smoking cessation is paramount to protect these vulnerable groups.”

Dr Ruth Sharrock
Respiratory Consultant Gateshead NHS Foundation Trust
and Clinical Lead for Tobacco Dependency, North East and North Cumbria

10.9% of adults in the North East North Cumbria smoke, down from 29% in 2005, but despite faster progress in this region than other areas, an inequalities gap remains. The smoking rate among routine and manual workers is 17.8% and among those with mental health conditions, it is 24.4%, though it can be much higher in certain populations such as SMI who have around 42% smoking prevalence. As well as being a significant driver of household poverty, smoking costs the North East North Cumbria £2.2 billion every year, £93.7 million of which is spent on smoking-related health care and £717 million on social care ([ASH Ready Reckoner](#)).

Our priority for the Taskforce must be to reduce the number of people who smoke a known uniquely lethal product:

- People who smoke make up a significant number of those admitted to hospital and the impact of smoking-related admissions affects every hospital and all clinical pathways from pregnancy through to children and adults.
- Many smokers find quitting difficult due to addiction, previous failed quit attempts and living or working around others smokers. Being admitted to the NHS can present a compelling opportunity to stop smoking, or at least stop while in hospital to improve the chances of a quick and successful recovery.
- The Royal College of Physicians has clarified that cigarette smoking should be understood first and foremost as addiction, with nicotine delivered by tobacco as addictive as ‘hard’ drugs such as heroin. Smokers usually start as children and are addicted by the time they are adults. Most smokers wish they had never started, and most have tried to stop.

Vaping poses a small fraction of the risks of smoking but is not risk-free – it is not recommended for non-smokers and young people.

The most robust evidence on nicotine vaping is contained within the [Nicotine Vaping in England: 2022 evidence update](#). The report is the most comprehensive to date, its main focus being a systematic review of the national and international evidence on the health risks of nicotine vaping. The summary of conclusions is that:

- In the short and medium term, vaping poses a small fraction of the risks of smoking, but that vaping is not risk-free, particularly for people who have never smoked.
- It is important to note that the benefits of vaping are only realised when a smoker switches completely away from tobacco. There is significantly lower exposure to harmful substances from vaping compared with smoking, as shown by biomarkers associated with the risk of cancer, respiratory and cardiovascular conditions. However, there is similar or higher exposure to harmful substances from vaping compared with not using any nicotine products.

In households where tobacco smoking occurs, vaping offers a less harmful alternative. Exposure to secondhand tobacco smoke is dangerous. Compared with cigarettes, vaping products produce no or little side-stream emissions. The evidence update found that there is no significant increase of

toxicant biomarkers after short-term secondhand exposure to vaping among people who do not smoke or vape. This is an important consideration for healthcare professionals working with patients whose conditions are made worse by exposure to tobacco smoke including asthma and heart disease.

ASH monitor the [use of vapes by adults on an annual basis and have done so since 2013](#). Their 2024 survey showed:

- The proportion of the population who currently vape is 11%, the highest rate ever, equal to 5.6 million adults in Great Britain.
- More than half (53%) of current vapers are ex-smokers, equal to 3 million people. This proportion peaked in 2021 at 65%.
- More than half of ex-smokers who quit in the last five years say they used a vape in their last quit attempt, which amounts to 2.7 million ex-smokers, of whom around two thirds are still vaping while around a third have quit vaping as well.
- The proportion of smokers who are current vapers has increased from 2021 (17%) to 2024 (32%), which is 2.2 million people.
- The proportion of adult smokers who have never tried e-cigarettes is continuing to decline slowly, down to 26% in 2024 which amounts to 1.7 million people.
- Around 1.6% of never smokers are current vapers, amounting to 8.0% of vapers, which represents around 440,000 people.

"I see on a daily basis the devastating impact of tobacco use on patients in hospital and as clinician recognise that more needs to be done to reduce these harms amongst smokers. Vaping is a highly effective treatment option for tobacco dependency and should be offered to patients who smoke alongside all other treatments available to help smokers quit as recommended by NICE."

Prof Sanjay Agrawal

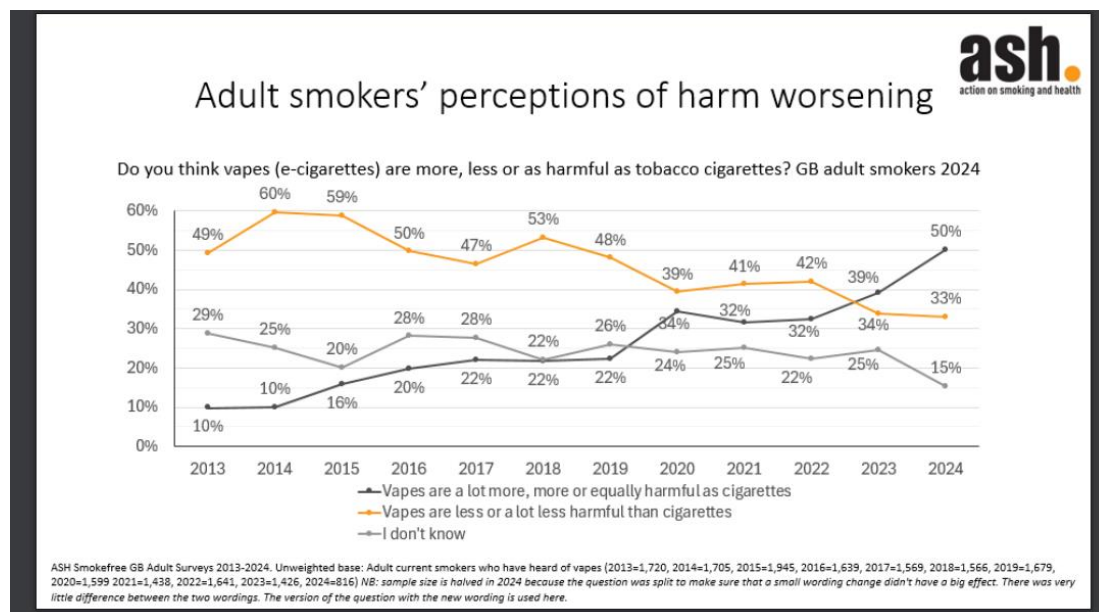
**NHS England: National Specialty Adviser on Tobacco Dependency
Royal College of Physicians: Special Advisor on Tobacco**

Vaping is effective in helping people quit smoking

The evidence is clear that, for smokers, vaping is a far less harmful option and, in the short and medium term, vaping poses a small fraction of the risks of smoking. Completely switching to vaping should be promoted as an accessible, less harmful alternative for smokers who want to reduce their risk of developing a smoking-related disease. However, only a small proportion of adults who smoke accurately believe that vaping is less harmful than smoking: half of all adult smokers (50%) incorrectly believe vaping is more or equally as harmful as smoking (Figure 1).

This is the highest ever proportion with this misconception across all waves of the survey and a significant increase on misperceptions found in 2023. Only one third of smokers understand vaping is less harmful than smoking. For smokers who have never vaped, 60% believe vapes are as or more harmful than smoking, compared with 24% of ex-smokers who quit in the last five years and used a vape in that successful quit attempt.

Figure 1. Adult smokers' perception of harm from e-cigarettes, Great Britain (2013- 2024)



Despite national guidelines that clinicians should offer e-cigarettes as a treatment for tobacco dependency to their patients who smoke, a high proportion of health professionals report that they would not advise their patients to use e-cigarettes due to concerns about addiction and uncertainty about long-term harms. We support healthcare professionals to have discussions with their patients, based on the evidence, to ensure smokers understand that completely switching to vaping is a significantly less harmful option than continuing to smoke:

- NICE clearly suggests in its [tobacco guidance](#) that healthcare professionals should be supportive of patients switching to e-cigarettes completely.
- The [Cochrane living systematic review on electronic cigarettes for smoking cessation](#) shows that there is high certainty evidence that vaping is effective at stopping people smoking: more people stopped smoking for at least six months using nicotine e-cigarettes than using nicotine replacement therapy.
- An article (paywall) from Professor Ann McNeill (lead author on the 8th OHID evidence review) and colleagues looks at the role of [nicotine e-cigarettes as a smoking cessation tool](#) and summarises that “*there is abundant evidence that e-cigarettes can help some individuals to quit smoking, so they should be more widely recommended as smoking cessation aids.*” The article also provides a series of recommendations for healthcare professionals to provide advice and guidance to smokers.
- Vapes are currently the most common aid used by smokers to help them to quit. However the majority who use them are doing so without behavioural support: quit rates will increase if behavioural support is provided alongside switching to vaping.
- A critical recommendation to the government from Dr Javed Khan OBE’s independent review on making smoking obsolete is to promote vaping as an effective tool to help people to quit smoking tobacco, outlining the role that vaping can play in an effective tobacco control strategy.
- [The RCP estimates](#) that the use of e-cigarettes in quit attempts appears to have helped in the region of 30,000–50,000 additional smokers to quit successfully each year in England since 2013.
- [Guidance has been developed to support NHS Trusts](#) in incorporating a vape offer into Treating Tobacco Dependency Services covering topics such as the cost involved, types of vapes available, supply, policy, training and shared learning. An OHID portal is available to support Trusts and local authorities through the procurement process.

- A NENC ICB pilot scheme supporting NHS Foundation Trust staff who smoke to make a quit attempt saw over 75% of those accessing support opt for a refillable vaping device as a tool to quit smoking. Many of the staff utilising the regional vape offer had either never thought about quitting previously, or had a previous failed quit attempt. This provides a clear preference by a vast majority of those who smoke to utilise a vape over traditional nicotine replacement therapies.
- All 12 local authorities in the North East are taking part in Swap to Stop, and there is a NENC ICS wide Swap to Stop Offer available for all adult smokers wanting to switch. Following a successful vape pilot trialled in 4 NHS foundation Trusts, 9/10 Trusts currently provide vapes as part of their inpatient acute/mental health/maternity / staff treating tobacco dependency pathways and vapes liquid flavours with fruit flavours were more popular in use.
- A study published in [Nature Medicine](#) found that vaping was as safe as and may be more effective than NRT in helping pregnant women to quit smoking. [NHS guidelines](#) also state that *'if using an e-cigarette helps you to stop smoking, it is much safer for you and your baby than continuing to smoke.'*
- E-cigarettes represent a cost-effective smoking cessation intervention, with an incremental cost-effectiveness ratio of £1,100 per quality-adjusted life year (QALY) gained over the course of 12 months and of £65 per QALY over a lifetime. ([RCP, 2024](#))

We need to promote effective quitting options – including vaping – while protecting children from using nicotine

In its [guidance on preventing uptake of tobacco](#), NICE recommends that, with children, e-cigarettes are talked about separately from tobacco products.

ASH regularly monitor [youth use of vapes](#). Their 2024 survey showed:

- The rates of vaping among 11-17 year olds appear to have stabilised after a period of increase.
- The proportion of young people aged 11-17 who have ever vaped has not significantly changed between 2023 (20%) and 2024 (18%).
- Current vaping among 11-17 year olds, which includes vaping less than once a month, is 7.2% and has not significantly increased since 2022.
- Those experimenting with vaping (trying once or twice) has not significantly changed between 2023 (11.6%) and 2024 (9.5%).
- The 18% of 11-17 year olds who have tried vaping amounts to around 980,000 children. Over half of these (53% of ever vapers, or 9.5% of all youth) had only tried once or twice (520,000 children), with 3.0% of all youth vaping less than once a week (160,000 children), 4.2% more than once a week (230,000 children), and the remainder (1.3%) saying they no longer vape.

Data from North East young people's surveys show similar results in terms of the proportion of young people currently using vapes.

Vapes are tightly regulated in the UK through legislation relating to quality, safety, age of sale and advertising. Enforcement of laws on underage sales, sales of non-compliant products, and point of sale advertising is the responsibility of Trading Standards and any intelligence on illegal vape sales should be passed to local authority Trading Standards services. Enforcement of other advertising and promotion of vaping to under-18s, for example on social media, is the responsibility of the Advertising Standards Authority.

We need to reduce the accessibility and appeal of vapes to young people and to reduce the amount of non-compliant e-cigarettes available for sale. As such we will continue to advocate for tighter e-cigarette regulations where needed, particularly in relation to promotion, packaging and accessibility, ensuring the right balance is taken around protecting young people while also supporting smokers to quit.

At the time of writing, the Tobacco and Vapes Bill is making its way through parliament and it includes a number of regulations to reduce the appeal of vaping to children and young people. We will respond

as needed to relevant consultations on future tobacco and vapes policy. We will also need to monitor the impact of other vape-related policy developments, including the ban on single use vapes and forthcoming introduction of the new vaping products duty.

Please contact rachel.mcilvenna@nhs.net or catherine.taylor@fresh-balance.co.uk for more information

“There is a need for regulation to reduce direct and indirect adverse effects of e-cigarette use, but this regulation should not be allowed significantly to inhibit the development and use of harm-reduction products by smokers.

“However, in the interests of public health it is important to promote the use of e-cigarettes, NRT and other non-tobacco nicotine products as widely as possible as a substitute for smoking in the UK.”

[Nicotine without smoke: Tobacco harm reduction | RCP London](#)

Further reading and resources

[8th Nicotine Vaping in England: 2022 evidence review](#)

ASH Smokefree GB survey data on e-cigarette use by [adults](#) and [young people](#)

[APPG Smoking and Health report on Delivering a Smokefree 2030](#)

[Independent review into making smoking obsolete – Dr Javed Khan OBE](#)

[Role of vaping in ending smoking -Professor Ann McNeill: Professor of Tobacco Addiction, Kings College London](#)

[Royal College of Physicians 2024, E-cigarettes & Harm Reduction](#)

For smokers

[OHID Better Health pages on vaping to quit smoking](#)

[Fresh Quit](#)

For health care professional and public health colleagues

[Cochrane living systematic review on the use of e-cigarettes for smoking cessation](#)

[NICE guidance on tobacco: preventing uptake, promoting quitting and treating dependence](#)

[NCSCCT, Vaping a guide for health and social care professionals](#)

[PHE guidance on using e-cigarettes in NHS mental health organisations](#)

[NCSCCT guidance on supporting clients who want to stop vaping](#)

[Smoking in Pregnancy Challenge Group: Using e-cigarettes before, during and after pregnancy](#)

For schools

[ASH guidance for schools and colleges](#)