

The UK e-cigarette market increased by 340% in 2013 to reach £193 million, and is expected to be worth £340 million by 2015 ⁽¹⁾.

An estimated 2.1 million people use e-cigarettes and about two thirds are current smokers and the remaining users are ex-smokers; this has increased threefold since 2010 ⁽²⁾.

The numbers of children and young people using e-cigarettes are increasing and many organisations do not yet understand what the issues associated with e-cigarette use might be and how their use should fit into their smoking policies.

What is an e-cigarette?

E-cigarettes are battery operated devices that aim to replace cigarettes. The main difference between e-cigarettes and traditional cigarettes is that e-cigarettes do not produce nicotine by burning tobacco. They operate by heating nicotine and other chemicals into a vapour that is inhaled.



Nicotine is the addictive substance in tobacco but it is the many other chemicals in cigarettes that are responsible for smoking-related diseases. Not all e-cigarette solutions contain nicotine but they may contain a wide variety of other substances including some substances that are known to have the potential to cause health problems.

Possible health issues

Smoking conventional cigarettes generates more than 5,000 different chemicals and although the precise chemicals responsible have not been completely identified, smoking is known to be associated with the development of:

- Lung cancer;
- Lung disease; and
- Heart disease.

Solutions for e-cigarettes contain a wide mix of chemicals including scents and flavourings, but the levels in e-cigarettes of these tobacco chemicals are much lower than in tobacco cigarettes. However they vary depending on the device, battery power, heat generated and how much puff the individual uses.

The chemicals used in e-cigarettes are known to cause side effects including:

- Lung irritation;
- Increase in heart rate and blood pressure;
- Possible heart rhythm disturbances.

Some of the flavourings have been associated with a condition called Bronchiolitis Obliterans, a rare condition that may cause lung failure and need a lung transplant to treat it.

There is no evidence as yet of any serious health condition occurring in e-cigarette users but use of e-cigarettes is relatively new and it takes many years for conditions such as cancer to show up.

The risks to bystanders are also not yet understood. Unlike traditional cigarettes, e-cigarettes do not produce side stream vapour or smoke but the smoker will breathe out some of chemicals they inhaled and potentially this could affect those around them. As yet there has not been enough research done in this area to be able to draw any conclusions ⁽³⁾.

Do e-cigarettes prevent smoking?

It is recognised some smokers have quit smoking using e-cigarettes but their efficacy has not been systematically evaluated. Only a few studies have examined whether the use of e-cigarettes is an effective method for quitting tobacco smoking and the evidence for their effectiveness in this capacity is limited and does not allow conclusions to be reached. Indeed there is also concern that e-cigarettes may provide a gateway into tobacco smoking for young people.

Should e-cigarettes be covered by your Smoking Policy?

Smoke-free policies are designed not only to protect non-smokers from second-hand smoke, but also to provide incentives to quit smoking and to make smoking inconvenient and "abnormal" as adolescents are particularly vulnerable to visual cues and social acceptability. The World Health Organisation recommends that e-cigarettes should be covered by smoking policies because the use of e-cigarettes in places where smoking is not allowed:

- Possibly increases the exposure to exhaled chemicals that might cause potential harm to bystanders;
- Reduces quitting incentives for smokers; and
- May conflict with the effect of making smoking socially unacceptable ⁽⁴⁾.

This would seem sensible advice and lessens the potential for confusion and possible conflict in workplaces about where and when smoking is permitted.

For further information and if you would like assistance with writing or reviewing a smoking policy, please contact your Relationship Manager

References

- (1) *E-cigarette uptake and marketing! A report commissioned by Public Health England*; Authors: Professor Linda Bauld, Kathryn Angus and Dr Marisa de Andrade, Institute for Social Marketing, May 2014, PHE publications gateway number: 2014079.
- (2) *Use of electronic cigarettes in Great Britain. ASH Oct 2014*
- (3) *Guidance to Employers on Integrating E-cigarettes / Electronic Nicotine Delivery Systems Into Tobacco Worksite Policy*. ACOEM Guidelines. Whistel, Laurie P et al. JOEM March 2015; 57 (3) 334-343.
- (4) *Electronic nicotine delivery systems, Report by WHO*; Conference of the Parties to the WHO Framework Convention on Tobacco Control FCTC/COP/6/10 Rev.1 1 September 2014