

E-cigarettes and Nicotine Containing Products (NCPs)

Alcohol and Drug Prevention Briefing Paper

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This briefing paper is **part of a series** produced by **Mentor ADEPIS** on alcohol and drug education and prevention, for teachers and practitioners.

Questions for schools

1. What are e-cigarettes? Are e-cigarettes harmful?
2. Is the use of e-cigarettes an issue among pupils?
3. How should schools behave in relation to e-cigarettes? What issues should policies and guidance cover around the use of e-cigarettes by pupils, and by parents on school premises?

What are e-cigarettes?

Electronic cigarettes are battery-powered devices designed to deliver nicotine in a toxin-free vapour. These devices generally tend to simulate tobacco smoking. However, whilst many are designed and produced to look and feel like traditional cigarettes, others have different shapes and designs, and not all produce vapour.

Are e-cigarettes harmful?

Unlike conventional cigarettes e-cigarettes do not generate smoke from combustion, instead they generate vapour that contains nicotine.

“Nicotine is a highly addictive drug. It is both a stimulant and a sedative to the central nervous system. The ingestion of nicotine

results in an almost immediate kick because it [...] stimulates the central nervous system, and other endocrine glands, which causes a sudden release of glucose. Stimulation is then followed by depression and fatigue, leading the abuser to seek more nicotine.”¹

E-cigarettes generally contain nicotine, propylene glycol (used to create the artificial vapour), glycerin, water, and flavourings.

The amount of nicotine contained in e-cigarettes can vary between and within brands, from nicotine-free products through to high doses of nicotine. However, there is

E-shisha products:

Some products are currently being marketed as e-shisha. E-shisha products, like e-cigarettes, consist of devices that vaporise liquid containing different types of chemical flavourings and a solvent. E-shisha are normally described as nicotine free. However, the e-liquid or 'e-juice', which is normally sold separately from the device, may or may not contain nicotine. Like e-cigarettes they are available in a range of nicotine concentrations, either rechargeable or disposable, and with a range of flavours. There is therefore no meaningful distinction between e-shisha products and e-cigarettes, other than marketing. When we refer to e-cigarettes in this briefing paper, we therefore include e-shisha pens and similar products.



very little quality control which often means there is difference between what is on the label and what is delivered to the user – with nicotine concentration generally lower than claimed. Other factors will also influence the amount of nicotine ingested, such as the design of the product, the way the product is used (longer or shorter puffs etc), and the individual's metabolism.

Is the use of e-cigarettes an issue among pupils?

- Are e-cigarettes becoming more popular among young people?
- Will they be an issue among school pupils?

A recent survey suggests that the use of e-cigarettes among children and young people is rare.²

Only 1 in 10 16-18 year olds who had heard of e-cigarettes (1 in 20 among 11-15 year olds) had “tried e-cigarettes once or twice”; and only 1% 16-18 year olds (0% 11-15 year olds) were using e-cigarettes more than once a week.

It appears that young people's use of e-cigarettes is mainly amongst those who are already smoking or have previously smoked. Among young people who have never smoked only 1% have “tried e-cigarettes once or twice”, none report continued e-cigarette use or expect to try an e-cigarette soon.

The survey also showed that knowledge and general understanding of e-cigarettes among children and young people is mixed. 74% of respondents correctly understood e-cigarettes to be safer than conventional cigarettes and half (51%) believed them to contain nicotine – which many, but not all, of the products do.

How should schools behave in relation to e-cigarettes?

The anti-smoking campaign ASH www.ash.org.uk has produced detailed guidelines on whether e-cigarettes should be prohibited in public places. They are not specific to schools but the framework may

be useful. Key questions for decision makers include:

- What are the issues you are trying to deal with?
- What do you think you need to control?
- Do you have concerns about the possibility of harm from NCPs?³

What issue you are trying to deal with? What do you need to control?

Most schools have a smoke-free policy that covers the entire campus. Outside of schools some public places have recently decided to include e-cigarettes in their smoke-free policies to avoid confusion in distinguishing an electronic device from a conventional cigarette. Where schools have yet to decide their policy they might want consider implementing the same action to avoid confusion among pupils and staff.

The following questions may help:

- Is the policy extended to all adults, members of staff and site visitors?
- Can the school provide clear information about the difference in harm between tobacco products and e-cigarettes?
- Should the school provide standard information to parents about using alternative nicotine containing products, so as not to undermine their efforts to quit or reduce smoking?

Do you have concerns about the possibility of harm from e-cigarettes?

E-cigarettes substantially reduce exposure to all tobacco smoke toxicants. There are no circumstances in which it would be safer to smoke than to use an e-cigarette. However, the extent of nicotine uptake and safety of e-cigarettes has not yet been established and although at present we have little evidence of harm, this could emerge over time.

The lack of regulation and the consequent inconsistency in safety and quality controls among different products represent the biggest identified safety concerns.

In June 2013 the Medical and Healthcare Products Regulatory Agency (MHRA) announced that they would regulate all NCP as medicines by 2016 to “ensure that high-quality products can be made available to help support smokers to cut down their smoking and to quit.”⁴

Meanwhile, the MHRA has said that, as a result of concerns over the quality of currently unregulated products, e-cigarettes **cannot be recommended for use** at present.

They say:

“Testing data confirm that nicotine levels can vary considerably from the labelled content and the amount of nicotine per product can differ from batch to batch. In terms of how well Nicotine Containing Products work, there can be widely differing amounts of nicotine from the same format with one form delivering what could be an effective therapeutic dose, another a ‘placebo’ dose. With regards to safety, toxic elements may be included at unexpectedly high doses which could produce adverse effects, particularly in vulnerable patient groups.”⁵

Harm related to conventional smoking is normally divided into three categories: Direct harm, indirect harm, and role models. The same framework can be applied to e-cigarettes.

Direct harm: Testing by the MHRA has found potentially harmful chemicals contained in some devices. However, the findings have been inconsistent and there is not yet strong enough evidence to consider e-cigarettes harmful. Although current findings do not present any cause for major health concern, the MHRA stressed the need to regulate NCPs for safety reasons.

Indirect harm: There are currently no scientific studies proving harm from second hand e-cigarette vapour. Reviews conducted by the MHRA have found potentially harmful constituents in vapour released by e-cigarettes, nevertheless it is important to note that these have been estimated to be less harmful than conventional cigarettes, and in one case as non-harmful to human health.

Role models: Some fear the potential of e-cigarettes in re-normalising cigarette use, both through marketing and observed

behaviour. Some also see e-cigarettes as a potential gateway to conventional cigarettes, although at present there is no consistent evidence pointing in that direction. Others argue that children witnessing adults choosing e-cigarettes over conventional cigarettes might de-normalise tobacco use in the longer term. Again there is no clear evidence for this theory.

Curriculum

- How can e-cigarettes be included in the PSHE or science curriculum?
- How can pupil’s current knowledge of e-cigarettes be assessed?

School policies, searching and confiscation

A rigorous school policy should set out the school’s approach to e-cigarettes and other non-licensed NCPs. Both pupils and staff should be aware of how these products are regarded and treated by the school; and whether possession and use of those devices by pupils, staff and visitors is allowed on school premises.

Should e-cigarettes or other non licensed NCPs be prohibited, schools must ensure they follow the guidance produced by the Department for Education when exercising their powers to search and confiscate items from pupils.⁶

E-cigarettes do not contain tobacco; therefore schools have problems categorising them as ‘tobacco products’. ADEPIS asked the Department for Education for further clarification and were told that, although their guidance only lists some prohibited products, all schools and FE colleges would be entitled to include e-cigarettes to their list of prohibited items should they choose.

What advice does the National Institute for Care and Health Excellence (NICE) give?

NICE guidance on smoking cessation suggests that young people (aged 12-17) are offered clear information, advice and support on how to stop smoking; and they

are encouraged to use local NHS Stop Smoking Services before considering the use of Nicotine Replacement Therapies (patches, gum etc.). Professional judgement must be used to decide whether or not to offer NRT to pupils showing noticeable nicotine dependence; and if prescribed, whether this should be offered as part of a supervised regime.⁷

Nevertheless NICE guidance makes clear that all forms of licensed NRT can be used for young people aged 12–17 who smoke, as long as they have been made aware of the risks and benefits of the products.

None of the above guidance currently includes e-cigarettes, as they are not licensed and should not be treated as Nicotine Replacement Therapy until medical regulation comes into effect. It is also likely that when e-cigarettes are licensed and regulated they will carry age-related sale restrictions.

Conclusion

Whilst there is lack of clear information and regulation around e-cigarettes and other non-licensed Nicotine Containing Products, in the absence of firm guidelines, schools are perfectly entitled to prohibit the use of e-cigarettes and e-shisha products.

Given that many adults appear to be using e-cigarettes to quit or cut down smoking, schools will want to consider whether a complete ban could have the unintended consequence of adults who are trying to stop smoking failing to quit.

We strongly recommend reading the different resources and recommendations produced by ASH, NICE and the MHRA, links for which are given below.

References:

1. Mentor International Prevention Hub, Nicotine <http://preventionhub.org/training/drugs/nicotine>
2. ASH, Use of e-cigarettes in Great Britain among adults and young people (2013) http://www.ash.org.uk/files/documents/ASH_891.pdf
3. ASH, Will you permit or prohibit e-cigarette use on your premises? Five questions to ask before you decide http://www.ash.org.uk/files/documents/ASH_900.pdf
4. MHRA, Nicotine Containing Products, <http://www.mhra.gov.uk/Safetyinformation/Generalsafetyinformationandadvice/Product-specificinformationandadvice/Product-specificinformationandadvice%E2%80%9393M%E2%80%9393T/Nicotinecontainingproducts/index.htm>
5. ASH, Briefing for MEPs on nicotine regulation in the Tobacco Products Directive, http://www.ash.org.uk/files/documents/ASH_899.pdf
6. DfE, Screening, searching and confiscation. Advice for headteachers, school staff and governing bodies, July 2013 <http://media.education.gov.uk/assets/files/pdf/s/screening%20searching%20and%20confiscation%20advice.pdf>
7. NICE, Smoking cessation services, public health guidance 10, recommendation 10 <http://www.nice.org.uk/nicemedia/live/11925/39596/39596.pdf>

Further resources:

1. ASH, The regulation of e-cigarettes and other nicotine products in the UK, Q&A, http://www.ash.org.uk/files/documents/ASH_897.pdf
2. Cancer Research UK, The Marketing of Electronic Cigarettes in the UK, http://www.cancerresearchuk.org/prod_consump/groups/cr_common/@nre/@pol/documents/generalcontent/cr_115991.pdf
3. Centre for Disease Control and Prevention, Notes from the Field: Electronic Cigarette Use Among Middle and High School Students — United States, 2011–2012 http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6235a6.htm?s_cid=mm6235a6_w
4. MHRA, Nicotine regulation: The next steps, http://www.ash.org.uk/files/documents/ASH_864.pdf
5. NICE, Tobacco harm reduction approaches to smoking, public health guidance 45 <http://www.nice.org.uk/nicemedia/live/14178/63996/63996.pdf>
6. Smoking, Drinking and Drug Use Among Young People in England - 2012 [NS] : <http://www.hscic.gov.uk/catalogue/PUB11334>

About ADEPIS

The Alcohol and Drug Education and Prevention Information Service is run by Mentor, the drug and alcohol protection charity, in conjunction with DrugScope and Adfam, and is funded by the Department for Education.



More resources and advice are available from mentor-adepis.org. For further information, contact:

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