Greater Glasgow and Clyde NHS Board

Board Meeting
15th December 2015   **Board Paper No. 15/63**

Interim Director of Public Health

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Proposed amendment to NHSGGC Smokefree Policy

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Recommendations:

The NHS Board is asked to note the content of the report and to support the implementation of the following recommendations:

1.   Amend the current smokefree policy to allow the use of e-cigarettes in designated areas within NHS Greater Glasgow and Clyde grounds.

2.   Establish a Board-wide process to develop a shared criteria for identifying suitable arrangements allowing the use of e-cigarettes on NHSGGC grounds

1.0   Background

1.1   Scotland's tobacco control strategy "Creating a Tobacco-Free Generation" called for all NHS Boards to implement smokefree grounds by April 2015. NHSGGC grounds have been smokefree since 2007. The challenges around implementing this are well documented.

1.2   NHSGGC's current Smokefree Policy (2014) prohibits smoking on all NHS Greater Glasgow and Clyde sites, including all buildings, all vehicles and grounds. It also currently includes e-cigarettes and smokeless cigarettes.

1.3   The policy also states that the position around e-cigarettes will be reviewed in accordance with emerging evidence around the potential role that they can contribute towards tobacco control.

1.4   August 2015 saw the publication by Public Health England of the most comprehensive review of the evidence base around e-cigarettes to date.

1.5   Key findings of the review include:
   • the current best estimate is that e-cigarettes are around 95% less harmful than smoking
   • nearly half the population (44.8%) do not realise e-cigarettes are much less harmful than smoking
   • there is no evidence so far that e-cigarettes are acting as a route into smoking for children or non-smokers

1.6 The review called for action by all stop smoking services to welcome and support the e-cigarette user when they are attempting to switch from combustible tobacco.

1.7 Since the end of 2014 Smokefree Community Services have been "e-cig friendly" and currently support smokers switching to e-cigarettes to reduce harm. A range of indicators to supplement the National Cessation Database have been developed by ISD in order to monitor the uptake of cessation services by e-cigarette users across Scotland.

1.8 This paper provides an update on the emerging evidence around e-cigarettes and an analysis of the debate leading to the above recommendations.

2.0 E-Cigarettes – Safety, Concerns and the Situation in NHSGGC

2.1 E-cigarettes are available in many forms. They are essentially a device which allows nicotine to be delivered to the user without the many thousands of chemicals created by combustible tobacco. This vapour is a mixture of propylene glycol/glycerine and frequently contains flavourings. Some e-cigarettes do not contain nicotine.

2.2 As these products are a new phenomenon over the past decade, the long term effects of using e-cigarettes are not yet known. However there is general consensus that they are significantly safer than combustible tobacco (Briton & Bogdanovica 2014; Hajek et al 2014; McNeill et al 2015; Nutt et al 2014).

2.3 A Cochrane Review of e-cigarettes in 2015 identified there were no safety concerns over the short or medium term in those using e-cigarettes.

2.4 Second-hand vapour produced by e-cigarettes does not contain the levels of toxicants that make second-hand tobacco smoke harmful to others (Hajek et al 2014). Although second-hand vapour from an e-cigarette can contain nicotine, several studies have shown that the nicotine levels in the ambient air are negligible, even in indoor settings, with no identified risks to bystanders (McNeill et al 2015).

2.5 In Greater Glasgow and Clyde, data from local Health and Wellbeing Surveys show 36% of current smokers and 12% of ex-smokers have used an e-cigarette in the last 12 months. Use amongst non-smokers is negligible at 1%, both locally and nationally.

2.6 Research commissioned by Smokefree Services at the end of 2014, explored attitudes and behaviours of smokers from SIMD 1&2 quintiles to stop smoking and their views on NHS services. The research also showed that 32% of smokers indicated that they anticipated using an e-cigarette during their next quit attempt.

2.7 Data from a large repeated cross-sectional survey in England indicates that between 35-40% of smokers use e-cigarettes as part of a quit attempt. This is similar to findings from local research in Greater Glasgow and Clyde which

showed that 32% of current smokers indicated that they would use e-cigarettes in their next quit attempt and 18% of recent ex-smokers used them to stop smoking in the last 12 months.

2.8   The main areas of safety concern around e-cigarettes are based around inappropriate use of the products such as ingesting nicotine liquid and fire hazards associated with poor quality chargers.

3.0   Opportunities

3.1   Tobacco control has traditionally been reluctant to embrace harm reduction approaches, however the UK is the first country in the world to develop specific harm reduction guidelines and the Public Health England review suggests that e-cigarettes play a role in this approach.

3.2   This review of evidence asserts that a harm reduction approach is the most appropriate strategy going forward and that *"the option of switching to electronic cigarettes as an alternative and much safer source of nicotine, as a personal lifestyle choice rather than medical service, has enormous potential to reach smokers currently refractory to existing approaches"*

3.3   Tobacco control policies of territorial boards could acknowledge the harm reduction contribution of e-cigarettes for patients and visitors and enable the use of these products to be made in identified areas within hospital grounds. Inpatient and outpatient communication should make clear that tobacco and e-cigarettes are treated differently in these policies.

3.4   As discussed in Section 1.7, Smokefree Community Services have been "e-cigarette friendly" since the end of 2014. Whilst the services cannot provide the e-cigarette, they can support patients who are currently smoking tobacco and who plan to use an e-cigarette as part of their quit attempt. Due to the current Smokefree Policy the hospital based Smokefree Services have been unable to implement this.

3.5   If e-cigarette use was permitted within hospital grounds, inpatients being supported by Acute and Mental Health Smokefree Services could proactively support use of e-cigarettes as part of their quit attempts.

3.6   There is an opportunity for e-cigarettes to help tackle the high smoking rates among people with mental health problems, particularly in the context of creating smokefree mental health units and supporting the transition from smoking areas to alternative e-cigarette arrangements.

A number of staff from Smokefree Services and mental health settings visited the South London and Maudsley Hospital Trust in November 2015. This provider has been a smokefree mental health hospital for some time and allows the use of e-cigarettes for patients internally as well as externally. A number of learning points were explored with the trust including; guidance on charging of e-cigarettes in the hospital setting; explicit policy direction relating to the use of

e-cigarettes (within the context of NHSGGC's Smokefree Policy) as well as a number of practical considerations, should internal use be considered.

3.7   The Public Health England Review recommends strongly that e-cigarettes should not be treated in the same way as tobacco, as this is likely to widen inequalities. Health Scotland published an e-cigarette position statement aimed at NHS Smoking Cessation Services and the wider tobacco control arena. The position statement recommends that cessation services should support those choosing to quit by using e-cigarettes. They also state that NHS Boards should consider the potential benefits around whether e-cigarettes would support existing smokefree policies.

3.8   Currently in Scotland, only NHS Lothian allows e-cigarette use to take place in designated areas. A number of other Boards are now reviewing this situation in light of the evidence that has been published recently.

In conclusion:

Based on the emergence of new evidence a review of the NHSGGC Smoke Free Policy position on e-cigarettes is timely and would improve consistency between the use of e-cigarettes within NHS grounds and the "e-cig friendly" approach being recommended for cessation services.