

# Cross Party Group on Smoking & Health

## Meeting Minutes

### Meeting details:

- **What:** Cross Party Group On Smoking & Health, Chaired by John Griffiths MS
- **When:** 10.00 – 11.00, Weds 30 November 2022
- **Where:** Teams meeting

**Purpose:** To explore how electronic cigarettes fit within tobacco control in Wales. Recent research has found that vaping rather than smoking leads to a substantial reduction in exposure to toxicants which implicate cancer, lung disease, and cardiovascular disease.

The research was conducted by the Institute of Psychiatry, Psychology & Neuroscience (IoPPN) at King's College London, and was commissioned by the Office for Health Improvement and Disparities (OHID). This meeting heard the research findings, which had a focus on:

- Health risks of vaping compared to smoking
- Second-hand vape exposure (risks)
- E-cigarettes within smoking cessation services (effectiveness)
- Reflections on vaping's long-term harms\*

Time	Item
10.00	1. Welcome from Chair
10.05	2. Introduction by ASH Wales
10.10	3. Presentation by King's College London
10.35	4. Questions and Discussion
10:50	5. Summary and Close

**Apologies:** Lynne Neagle MS (Senedd), Jeremy Miles MS (Senedd), Rhun ap Iorwerth MS (Senedd), Heledd Fychan MS (Senedd), James Evans MS (Senedd), Joseph Carter (Asthma & Lung UK), Helen James (Powys Teaching Health Board - Public Health Team).

# ATTENDEES:

## Senedd Members & Representatives

1. John Griffiths MS -Senedd (Chair)
2. Atlaf Hussain MS- Senedd
3. Darren Millar MS-Senedd
4. Andrew Bettridge-Support Staff for John Griffiths MS
5. Rose Wildlake- Support Staff for Jeremy Miles MS
6. Emilia Douglas- Support Staff for Laura Anne Jones MS
7. Rhys Hughes- Support Staff for Rhun ap Iorwerth MS

## King's College London

8. Professor Ann McNeill-KLC (Speaker)
9. Dr Leonie Brose-KCL (Speaker)
10. Dr Erikas Simonavicius-KCL (Speaker)
11. Dr Debbie Robson -KCL (Speaker)

## ASH Cymru

12. Suzanne Cass- ASH Cymru (Speaker)
13. Simon Scheeres- ASH Cymru (Speaker)
14. Lloyd Bowen-ASH Cymru
15. Leyla Elmi- ASH Cymru
16. Rachel Bott- ASH Cymru
17. Matthew Cass- ASH Cymru
18. Anastasiia Mironchuk-ASH Cymru

## Additional

19. Cathryn Hurrell- Hywel Dda UHB - Smoking & Wellbeing Team
20. Daniel Parker- Caerphilly Youth Service
21. Trina Nealon- Cardiff & Vale UHB - Local Public Health Team
22. Anne Wilson- Hywel Dda UHB - Senior Practitioner (Smoking)
23. Alison Osborn - Hywel Dda UHB - Smoking Practitioner
24. Laura Thomas- Aneurin Bevan UHB - Health Promotion
25. Kayleigh Day- Cardiff and Vale UHB - Child Health
26. Jackie Browne-Hywel Dda UHB - Smoking Advisor
27. Stacy Baker- Hywel Dda UHB - Smoking & Wellbeing Practitioner
28. Suzanne Williams-BCUHB - Primary and Community Care
29. Sarah MacHenry-Hywel Dda UHB - Smoking & Wellbeing Practitioner)
30. Carla Gregg- Y Bont
31. Bethan Jones- Cardiff and Vale UHB
32. Elizabeth McIntosh- CTM UHB - Health Improvement Team
33. Nicola Thomas- Cardiff and Vale UHB - Child Health
34. Bethan Ridsdale- Aneurin Bevan UHB - Public Health Team
35. Chloe Male- BCUHB - Primary and Community Care
36. Roger Mapleson- Wrexham CBC-Trading Standards & Licensing Lead

37. Deb Sugrue-Cardiff and Vale UHB - Stop Smoking Wales
38. Andrew Misell- Alcohol Change UK- Director for Wales
39. Cath Einon-Hywel Dda UHB - Service Development Manager
40. Dobbin, Lowrie- Caerphilly County Borough Council-Youth Worker
41. Christian Williams- Caerphilly Council Youth Service
42. Dan Clayton- ABUHB
43. Philip Garrod-HD UHB - Senior Practitioner - Smoking & Wellbeing
44. Jago Brockway- Cavendish Advocacy
45. Cheryl Richards- Public Health Wales
46. Lucy Duncanson-HDUHB -Senior Practitioner-Smoking & Wellbeing
47. Liz Newbury-Davies- Public Health Wales
48. Craig Whitehouse- Glanynant Learning Centre (PRU)
49. Cerys James- Public Health Wales
50. Ieuan Parsons- Caerphilly Youth Service- Senior Youth Worker
51. Carin Quinn- CCBC- Healthy Schools Lead Practitioner
52. Helen Wright -HD UHB - Smoking & Wellbeing Practitioner
53. Gemma Mark- Caerphilly Youth Service
54. Luke Carter -Public Health Wales
55. Tess Falzon- Hywel Dda UHB - Smoking & Wellbeing Practitioner
56. Sarah Griffiths- Public Health Wales
57. Chris Tarbuck- Caerphilly Council- Substance Misuse Worker
58. Victoria Vaughan- Public Health Wales
59. Jacqueline Hotchkiss- HSS- Health&Wellbeing-Health Improvement
60. Megan Cole- Cancer Research UK
61. Claire Nott -CTM Public Health
62. Matthew King- HSS - Health and Wellbeing - Health Improvement
63. Helen Poole- Cardiff and Vale UHB - Smoking Cessation
64. Rachel Howell- Public Health Wales
65. Caoimhe Pugh- Public Health Wales
66. Susan O'rourke- Swansea Bay UHB - Help Me Quit
67. Orla Thomas- Health and Wellbeing - Business Management Team
68. Alison John- Hywel Dda UHB - Practitioner - Smoking & Wellbeing
69. Fiona Edwards-Hywel Dda UHB - Smoking & Wellbeing Practitioner
70. Melody Abbott- HD UHB -Smoking & Wellbeing Practitioner
71. Amar Patel- Public Health Wales
72. Michelle Morgan-Aneurin Bevan UHB - Health Promotion
73. Melina Williams- PHW- Smoking Prevention Trainer
74. Dean Wood- Caerphilly Youth Service
75. Lisa Stanton-Jenkins- HD UHB - Smoking & Wellbeing Practitioner
76. Trystan Sion- Hywel Dda UHB – Smoking & Wellbeing Practitioner
77. Jen Thomas- Cardiff and Vale UHB - Children First Team
78. Greg Pycroft- Tenovus Cancer Care
79. Annalies Hitchman-Morgan- Hywel Dda UHB - Senior Practitioner
80. Katie Till- Cancer Research UK
81. Jessica K Harvey- Caerphilly Youth Service
82. Carole Challenger- Caerphilly Youth Service

## Meeting minutes

**Item 1:** The Chair, John Griffiths (JG), MS for Newport East, welcomed everyone to the meeting. He began by relaying the stats on smoking, and how e-cigarettes fit within this discourse. JG highlighted:

- The recent independent report on vaping (commissioned by OHID), cited as the most comprehensive review on vaping to date.
- Smoking's ongoing impact on Wales. Smoking remains the largest cause of preventable illness and premature death in Wales, as tobacco is:
  - Attributed to 3,000 Welsh cancer cases (each year).
  - Attributed to 1,000 heart and circulatory deaths in Wales (each year).
  - Smoking is estimated to be responsible for 5,000 deaths in Wales each year.
- E-cigarettes are often used in Wales, as according to the National Survey for Wales:
  - Around 6% of adults use an e-cigarette in Wales.
  - 76% of current vapers in Wales, use e-cigarettes to help stop smoking tobacco.

JG handed over to ASH Cymru, to provide additional context to vaping within tobacco control in Wales.

**Item 2:** Suzanne Cass (SC), CEO of ASH Wales, relayed that a tobacco control strategy for Wales was launched in 2022.

- Wales has launched an ambitious tobacco control strategy, which has a commitment to reducing smoking prevalence in Wales to 5% by 2030.
- One of the first actions under this strategy is to explore the role of e-cigarettes and other nicotine products as a smoking cessation tool. To support this, a position statement is being formulated.
- This meeting will support the position statement (through recommendations).
- A position statement on e-cigarettes is needed in Wales. A lack of a unified position has meant that approaches have been varied and uncertain. The people who work in smoking cessation need this statement; smokers who wish to use e-cigarettes to quit tobacco also need this statement. Health professionals are using outdated and non-evidence-based policies to guide practices and smokers are using the internet to make their decisions on the harms of vaping. When you leave a gap (information on vaping), people will fill it. The new position statement will add much needed clarity to the use of e-cigarettes in Wales.
- Statement needs to adopt a balanced approach, which is steered by relevant evidence.

Simon Scheeres (SS), Policy and Public Affairs Manager for ASH Wales, marked the importance of a balanced approach to vaping. SS also provided ASH Wales' current policy stance on vaping in Wales (below):

- Important to strike a balance on vaping, that:
  - Protects children, youth and never smokers from using vaping products.
  - Recognises that e-cigarettes are the most commonly used smoking cessation tool in Wales.
  - Recognises that public misconceptions on the relative harms on vaping continue to grow.

- This balance has led ASH Wales to the following policy position:
  - **If you don't smoke, don't vape; as vaping is not risk-free.**
  - **Vaping is not recommended for children, youth and never smokers.**
  - **However, vaping should be framed as holding a fraction of the risks of smoking and should be supported within the context of smoking cessation in Wales.**
- This meeting will primarily focus on vaping's reduced harms when compared to tobacco, and vaping's role within smoking cessation. Viewing e-cigarettes through this lens (harm reduction/smoking cessation) must be informed by the most comprehensive and relevant research in this field.

King's College London relayed findings within the recent independent report on vaping.

**Item 3:** Prof Ann McNeill (AM), Professor of Tobacco Addiction at King's College London, one of the report's authors relayed the following:

- An overview of the research and the authors (who were in attendance):
  - Dr Leonie Brose, Reader in Addictions Education and Nicotine Research.
  - Dr Erikas Simonavicius, Research Associate.
  - Dr Debbie Robson, Senior Lecturer in Tobacco Harm Reduction.
- The title of the latest report is: 'Nicotine Vaping in England: an evidence update including health risks and perceptions'. Published in September 2022, the report is the sixth in series of reports that King's (KCL) have been commissioned by government (UK) to produce on e-cigarettes. This year's report focused on health risks and perceptions.
- The report can be found in full here: [www.gov.uk/government/publications/nicotine-vaping-in-england-2022-evidence-update](http://www.gov.uk/government/publications/nicotine-vaping-in-england-2022-evidence-update)
- Thanked research authors, collaborators and data sharers.
- The report holds 16 chapters and 1,400 pages: it is King's largest report on vaping to date.
- The report's research methods: routine survey data was used within the report (from England) to examine the behaviours of youth and adults. In addition, the report carried out two new systematic reviews of the international literature in this field (these focused on: the health risks on vaping, and vaping risk perceptions and communications).
- The report did not focus on gateway theory (that vaping leads to smoking), as AM is involved in a much larger piece of work centred around the gateway hypothesis. This is being led by the Cochrane review group. However, AM offered her input on this subject given the concern on this area.
- The gateway hypothesis has been around for a long time, and it is contested. The hypothesis suggests that the use of one drug will lead to the use of another drug. It is often implied that this is a causal relationship (vaping to smoking), but there is often no evidence given other than the sequence of use.
- When applying vaping and smoking to this theory, it is slightly different: as they are the same drug (nicotine), but with different delivery systems. It is important to note that vaping could also be a gateway out of the more harmful drug (tobacco).
- There is an alternative explanation to the gateway hypothesis, that is called 'common liability hypothesis'. The common liability hypothesis argues that traits such as impulsivity, or curiosity, are associated with the use of both drugs or both delivery systems (vaping and smoking).

- At the very least, if vaping were a gateway into smoking: we would expect smoking to increase as vaping increases. Though, even this would not be substantial evidence of a gateway effect.
- Smoking prevalence in England of 11-15-year-olds data marks a continued decline in youth smoking, since vaping became popular in England.
- To date, there is not currently sufficient evidence in England to indicate that vaping is a gateway into smoking.

Dr Erikas Simonavicius (ES), is a research associate at King's College London, and is one of the independent review's authors. ES noted some of the systematic review components of the independent report, and relayed the following:

- The research focused on the following question:
  - How vaping is associated with the development of risks (cancers, respiratory diseases, cardiovascular diseases, and other diseases).
- The report relays both relative risks (comparing smokers to vapers) and absolute risks (comparing vapers to non-users).
- The researchers looked for studies published between August 2017 and July 2021. The researchers screened approximately 10,000 studies, whereby 413 studies were included in the King's report. 275 of the selected studies were human studies, which was supplemented with data from animal and cell studies.
- The study looked at two kinds of biomarkers:
  - The first group of biomarkers were biomarkers of exposure, which looked at measurements of toxicants levels in the human body (after a person: smokes, vapes, or uses nothing). This was used as a proxy for the harms to health, as we know that exposure to some toxicants may lead to specific diseases.
  - The second group of biomarkers were, biomarkers of potential harm (measures of biological changes in the body).
- In terms of biomarkers of exposure for vapers and smokers (relative risk), the report's meta-analyses found that: most toxicant levels were significantly lower in vapers than smokers, but in some cases, there were similar levels.
- In terms of biomarkers of exposure for vapers and non-users (absolute risk), the report's meta-analyses found: in most cases, exposure to toxicants were at a similar level, but for some toxicants levels were significantly higher (but still these were at lower levels compared to smoking and non-use).
- Summary on biomarkers of exposure: i) levels of toxicants were found to be significantly lower among vapers than smokers, suggesting much lower harms to health when vaping than smoking. ii) Levels of toxicants were at a similar or higher levels amongst vapers and non-users, suggesting that vaping is not risk-free when compared to non-use.
- The researchers also analysed toxicants that are specific to the following diseases: cancer, respiratory disease, and cardiovascular disease. The findings are as follows.

Biomarkers of **exposure** related to specific diseases:

	<b>Cancer</b> Exposure to carcinogens	<b>Respiratory disease</b> Exposure to related toxicants	<b>Cardiovascular disease</b> Exposure to related toxicants
<b>Vaping vs smoking</b>	Significantly lower	Significantly lower	Significantly lower
<b>Vaping vs non use</b>	Similar Higher for some	Similar for most	Similar

- In context to the above in terms of relative risks:
  - When vaping was compared to smoking, disease specific toxicants were at significantly lower levels amongst vapers than smokers. This suggests that there is reduced harm amongst vapers when compared to smokers.
  - When comparing vapers to non-users, regarding respiratory and cardiovascular disease specific toxicants, these levels were similar, or similar for most of the toxicants. With regard to cancer, some of the toxicant levels were similar, and some were higher amongst vapers and non-users.
- Another type of biomarker the researchers examined were biomarkers of potential harm. There are disease specific biomarkers of potential harm, for example, a sustained change in heart rate is a specific biomarker for harm for cardiovascular disease. These biomarkers are measured via biological changes in the body after a person smokes, vapes, or doesn't use anything.
- For cancer, the report didn't identify many studies on humans: but the researchers supplemented this with animal and cell studies. Unfortunately, the report did not identify any studies that explored vaping's prevalence within people living with a cancer diagnosis, or a previous cancer diagnosis. This is a serious limitation. Research on methylation and demethylation of specific genes would be potentially useful to identify how vaping might be associated with cancer.
- For respiratory diseases, the researchers found insufficient evidence on vaping's associations on lung function. There was also limited evidence that vaping negatively affects lung function amongst those living with asthma. Studies with the longest follow up (up to 5 years) were of smokers who had COPD, who switched to vaping. These studies found some improvements in lung function and a reduction in exacerbations in COPD symptoms.
- With regards to cardiovascular disease and biomarkers of potential harm, heart rate and blood pressure were lower in vapers than smokers; and similar to non-users after long term vaping. Furthermore, data on arterial stiffness and oxygen saturation were insufficient or had no evidence on these specific biomarkers of potential harm. Similar to cancer, there were no studies in people with existing cardiovascular conditions, and no studies on clinical outcomes associated with cardiovascular conditions and vaping.
- An additional aspect of biomarkers of potential harm that the report examined were biomarkers that cut across multiple diseases. For example, one of these included oxidative stress (which is associated with both cancer and cardiovascular disease). The report found the following:

Oxidative stress	Mostly no difference between vaping, smoking or not using tobacco or nicotine
Inflammation	Evidence mixed and no definite conclusions could be drawn
Endothelial function	Switching from smoking to vaping might improve endothelial function in the short-to-medium term
Platelet activation	Evidence insufficient for conclusions

- In light of the above, the report found: i) mixed evidence about negative vaping effects on biomarkers of potential harm. ii) However, the report found no major causes of concern regarding vaping's harm to health in acute and short to medium term.
- One of the limitations of examining biomarkers of potential harm: most of the studies analysed did not compare vaping to non-use.
- ES went on to vaping second hand exposure, and findings within this context. 6 studies were analysed, which explored biomarkers of exposure and biomarkers of potential harm amongst people who do not vape, but who are exposed to vaping aerosol. 2 of these studies exposed people to atypically high levels of vaping emissions. The report found: acute exposure to second hand exposure to vaping aerosol resulted in non-significant changes in toxicant biomarkers of exposure. The researchers only identified 2 studies that explored biomarkers of potential harm (in context to second hand vaping), but these two studies had serious risk of bias. No conclusions could be drawn from them.

Dr Debbie Robson (DR) is a Senior Lecturer in Tobacco Harm Reduction, and is one of the independent reports authors. DR relayed 'nicotine and flavours' key findings within the report, and the following points:

- The report found that : Acute (exposed to a few puffs/or up to 7 days) vaping and smoking: people were exposed to lower levels of nicotine when vaping compared to smoking. However, the more experienced you are at vaping, you can extract similar levels of nicotine from vaping devices that are comparable to smoking.
- In terms of flavours, the report found that the most popular flavours in adults and young people in England were fruit flavours followed by menthol flavours. In adults, the third most popular flavour was tobacco, and for children it was sweet flavours.
- Non-tobacco flavours can be seen as important for helping smokers initiate vaping, stay vaping, and go on to stop smoking.
- In terms of the health effects of flavours, the report found very few studies on the health effects of flavours in humans. This is because this is difficult to do (i.e. separating the carrier solution from the nicotine, and flavours, and seeing their individual effects). The report supplemented this area with data from animal and cell studies.
- Out of the thousands of flavours that were available, there was one particular flavouring that was a potential cause for concern: Cinnamaldehyde. However, this was less of a concern than tobacco smoke. More research is needed in this area.

DR went on to relay findings on poisons, fires and explosions relating to e-cigarettes.

- Fortunately, instances of poisonings, fires, and explosions are quite rare.
- Data (from the National Poisons Info Service in 2021) shows that out of 40,000 telephone enquiries 187 were about vaping products. Just under half of these calls (187) were about children under the age of 5 who had ingested e-liquids. Case reports were also examined, where there were some reports of intentional poisoning from e-liquids (one in which someone had died). There were 16 non-UK deaths from exposure to e-liquids.
- In terms of fires, data from the London Fire Brigade shows that between 2017-2021, they had attended 15 fires related to vaping, and 5606 fires related to smoking. There were no injuries or deaths related to vaping fires. There were approximately 40 deaths related to fires caused by smoking.
- The report also looked at malfunctioning e-cigarettes (explosions). Instances were found to be rare, though injury could be seen as serious. Two case reports were found (in the period 2017-2021). These cases did not include fatalities. International case reports: 23 were found, 1 case included a fatality.

Dr Leonie Brose (LB), Reader in Addictions Education and Nicotine Research at King's College London, is one of the independent report's authors. LB relayed the report's findings on risk perceptions, and communications on relative risks. LB went on to relay vaping's role within smoking cessation, which was included in the report.

- Data on risks perceptions on vaping among adult smokers in England showed that approximately 12% believed vaping to be more harmful than tobacco cigarettes. Only a third (34%) thought that vaping was less harmful than tobacco cigarettes.
- The research team conducted a systematic literature review on vaping risk perceptions and communications. This review was guided by two research questions:
  - What interventions had been effective in changing vaping risk perceptions?
  - To what extent are vaping risk perceptions predictive of any changes in vaping and smoking behaviour?

Over 11, 000 records were identified, 53 of which were included in the above systematic review (data synthesis).

- The key take-home messages from the above review were as follows:
  1. Communicating accurate information about the relative harms of vaping can help to correct misperceptions of vaping, particularly among adults.
  2. This is important because vaping harm perceptions can change vaping (& smoking) behaviours.
  3. Interventions on absolute harms of vaping need to be carefully designed so as not to misinform young people (particularly smokers) about the relative harms of smoking & vaping.
- Data on e-cigarettes within smoking cessation services in England from 2020-2021 showed that e-cigarettes were a successful quitting aid in the short term (comparable with varenicline).
- Population level data from the English Smoking Toolkit study showed that in recent years e-cigarettes have remained the most popular quitting aid, which is followed by no evidence based support.



- The living Cochrane Review on e-cigarettes for smoking cessation, which was recently updated in November 2022, concluded that there is high certainty evidence that e-cigarettes with nicotine increase quit rates compared to NRT, and there is moderate certainty evidence that they increase quit rates compared to e-cigarettes without nicotine. NB: the Cochrane review was not included in the independent report (KCL).

Prof Ann McNeill (AM) provided a presentation summary, noted implications, and relayed reflections on vaping's long-term harms. AM relayed that:

- Vaping carries only a fraction of the risk of smoking in the short to medium term.
- Vaping is not risk-free, particularly for people who have never smoked.
- Two thirds of adult smokers do not know that vaping is less harmful than smoking; accurate information is needed.
- Vapes are the 2<sup>nd</sup> most popular aid (1<sup>st</sup>: no support); Cochrane review shows that vaping is effective for smoking cessation.
- AM commented on vaping's anticipated long-term harms. The longest study that examined biomarkers covered a 5-year period. In the UK, the longest study examining biomarkers had a 2-year follow up (this was a tobacco industry study).
- However, based on the independent report's findings (substantially lower levels of toxicants of exposure found in vapers compared with smokers, and no major causes of concern when assessing biomarkers of potential harm): they are confident that vaping also poses a fraction of the risk of smoking in the long-term. However, AM noted that more long-term studies are needed to be carried out.
- In terms of implications of the report findings:
  - Vaping can be used as an alternative to smoking to reduce the health harms of smoking.
  - Never or long-term former smokers should be discouraged from taking up vaping (unless they would smoke instead).

#### **Item 4- Questions and Discussion**

**Cathryn Hurrell (Hywel Dda UHB - Practitioner - Smoking & Wellbeing).** CH asked the following in the meeting chat: which ENDS were safe, what quality and oil for propellants, and how much nicotine and flavour were safe, and if there was any advice on safe manufacturers.

AM answered by saying that KCL's methodology was heterogeneous (diverse), which makes statements on individual e-cigarettes (models, liquids etc) difficult. AM relayed that all products on the market are notified by the MHRA, and have to conform to certain standards. In terms of higher nicotine, AM relayed that higher nicotine containing ENDS may result in lesser puffs, which in turn may result into inhaling less of the additional components of a vape. DR added:

- E-liquids don't contain oil.
- The report did not find studies on the health harms of the newer disposable products.

**Darren Millar MS-** reiterated that e-cigarettes are much less harmful than smoking, but not without their risks. DM relayed that he fully supported the conclusions that had been drawn: that we shouldn't encourage people to take up vaping or smoking, but if they are smoking, we should encourage them to switch (to reduce harm). DM relayed his hope that Welsh Government would move towards including vapes within NHS smoking cessation in Wales.

DM raised concern over the regulatory framework for e-cigarettes: in terms of the growth in use of disposable e-cigarettes (which cause environmental harm), and how they are marketed to children (DM showed a skittle and glow stick disposable vape to attendees). DM relayed that there is a need for cross-UK work on regulation (especially in terms of marketing).

SS-ASH Wales-relayed that DEFRA should be holding a consultation on how the environmental impact of disposable vapes should be managed in UK. SS relayed that ASH Wales believes there should be more regulations in terms of marketing aimed at youth. SS relayed that one of our recommendations for this meeting is: deterring youth vaping and use amongst never smokers, and that vapes for smoking cessation should be addressed separately.

**Suzanne Cass- ASH Wales-** noted that DM raised that smokers started with tobacco flavoured liquids, and asked what King's had found in terms of flavours used to quit smoking .

AM relayed that fruit flavours were the most popular in the report's findings. This was popular amongst adult and youth. AM relayed that there was some evidence (pertaining to adults) to say that fruit flavours were more likely to help them to stop smoking, however, this was not always consistent across all of the research examined. DR mentioned that there was one study which found that when smokers switched to vaping, they started with tobacco and then transitioned to other types of flavours.

**Darren Millar MS-** relayed that he was not keen on the voucher-based systems, whereby services could supply vouchers to access e-cigarettes, which would allow people to purchase any type of product. DM relayed that in context to supplying e-cigarettes to quit smoking: these products should be the most regulated, safest, and non-disposable. DM asked how this is handled elsewhere.

DR relayed there are 2 ways in which smoking cessation services are managing this: i) vouchers to local vape shop ii) and provide a device with a choice of possibly 2 flavours<sup>1</sup>. DR relayed that there wasn't evidence to say which worked best. DM noted that disposables are contentious, but they can be a good entry product into vaping for cessation (due to simplicity and ease). DM noted that whatever decisions on regulation we make for young people, that this may have an impact on adults, and vice versa.

**Roger Mapleson- Trading Standards Tobacco Lead-** relayed that from an enforcement view, he doesn't want vaping to distract from addressing tobacco. RM relayed his concern over the prevailing misconception that vaping is more harmful than tobacco. RM highlighted the need to set vaping in the right context. RM relayed that the attractiveness of products doesn't help in term of regulation and youth purchasing. RM relayed that youth vaping is a visible problem (you see children vaping in your local area), which in turn makes it a difficult to counteract perceptions. RM noted that this CPG meeting relayed some clarity to the vaping discourse.

SS reiterated that we have two separate issues on our hands: vaping for cessation, and regulation for youth. SS thanked RM for the enforcement perspective.

**Simon Scheeres ASH Wales-** brought the discussion back to vaping within smoking cessation, given the large amount of health care practitioners in attendance. SS asked if there was a unified approach to e-cigarettes within Welsh services/healthcare. SS relayed that approaches were inconsistent, as we don't have a published position in Wales, despite NICE guidance being recently updated and the NCSCT.

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<sup>1</sup> NB: This is from experience in England.

**Helen Poole -Smoking Cessation Counsellor at NHS Cardiff and Vale-** relayed that approaches are varied across health boards in Wales. HP relayed that in Cardiff and Vale, whichever product a person decides to use, they will still be provided with behavioural support. HP relayed that the biggest issue for her is that this product works for many smokers in Wales, and relayed concern that this could be taken off the list of choices for people wishing to seek smoking cessation support. HP relayed that her health board does not actively encourage e-cigarette use, but if a patient wishes to use them, they will still support to get the patient off cigarettes. HP relayed her experience, which was that e-cigarettes can be effective in getting people to quit smoking.

SS- relayed that varied approaches would hopefully be addressed in the publication of the Welsh Governments position statement on e-cigarettes.

**Rachel Howell- Principle Practitioners for Public Health Wales-** currently oversees the Help Me Quit service in Wales. RH relayed that PHW and HMQ are very aware of the emerging evidence and are exploring the possibility of extending services to be a nicotine addiction service, rather than a smoking cessation service. RH relayed that anyone who accessed services would not be turned away if they wanted to use an e-cigarette, but they would support by offering additional forms of NRT. RH relayed that they are looking to review their service position, so they are able to actively support those wishing to use an e-cigarette (as part of a smoking cessation attempt). RH relayed they would also look at supporting long-term vapers, if they did want support to come off e-cigarettes (utilising evidence supplied by NCSCT recently).

**Suzanne Cass- CEO ASH Wales-** raised to John Griffiths MS: should we address the misconceptions around the harms of vaping in Wales?

**John Griffiths MS-** JG relayed that we should work towards ensuring that the population has an accurate perception on risk, harms and benefits. JG agreed that there needs to be work conducted in this area.

#### **Item 5- Meeting Close**

John Griffiths MS (Chair) thanked speakers and attendees for joining the meeting, and raised that the points and recommendations will help to reach a consensus position on e-cigarettes in Wales.

**END**