

Incorporating nicotine vapes (e-cigarettes) into Stop Smoking Services: **Making the case and addressing concerns**

Produced in conjunction with the [Office for Health Improvement and Disparities](#)

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Purpose

The purpose of this document is to help English stop smoking services make nicotine vapes (e-cigarettes) available to their clients. It makes the case for providing nicotine vapes as a first-choice option for clients alongside medically licenced stop smoking products, because of the known effectiveness of vaping as a stop smoking aid. It also addresses common misconceptions and concerns, and offers a checklist for the types of things to consider when deciding how services will provide clients with access to vaping products.

This edition updates some of the evidence on safety and effectiveness of nicotine vapes. The main update, however, is **information on Crown Commercial Services' inclusion in April 2023 of new vaping product catalogues within existing public sector procurement frameworks (see from page 7).**

Background

Expert support from a trained stop smoking practitioner within a local stop smoking service (LSSS) gives people who smoke the best chance of quitting for good. Depending on the area, services can be based in a range of settings including specialist services, digital services, integrated lifestyle services, community pharmacies and GP surgeries. Stop smoking services are free to the client and offer one-to-one (or in some cases group) behavioural support together with effective stop smoking aids.

The evidence shows that while nicotine is the substance in cigarettes that causes dependence, it is relatively harmless and nicotine-containing products are effective for smoking cessation. In fact, almost all the harm from smoking comes from the thousands of other chemicals in tobacco smoke, many of which are toxic. Despite this, research published in 2025 found that:

- only 6% of adults correctly state that vaping is a lot less harmful than smoking.
- 53% of people who smoke think that nicotine vapes are a lot more, more or equally harmful as cigarettes

Advising people who smoke on the relative risks of nicotine-containing products compared to smoked tobacco is an integral part of supporting them to quit. The National Institute for Health and Care Excellence (NICE) guidance on **"Tobacco: preventing uptake, promoting quitting and treating dependence"** (NICE guideline NG209, 2021) includes advice on the use of nicotine vapes to help people to stop smoking or reduce their harm from smoking.

The independent evidence report **Vaping in England: an evidence update**, published by Public Health England in February 2021, found **strong evidence that nicotine vaping products are effective for smoking cessation and reduction**. Combining nicotine vapes (the most popular source of support used by people making a quit attempt in the general population) with stop smoking service support (the most effective type of support) should be an option available to all people who want to quit smoking.

An **ASH/CRUK report** (2022) found that a majority of English local authorities (52%) offered nicotine vapes to users of stop smoking services. They were provided directly or via vouchers or other arrangements with vape shops.

Why services should offer nicotine vapes

Nicotine vaping is an effective aid to stopping smoking

A large UK clinical trial published in 2019 found nicotine vapes, when combined with face-to-face behavioural support, to be **twice as effective** for quitting smoking as other nicotine replacement products such as patches or gum, and **one fifth of the cost**.

The living systematic evidence review '**Electronic cigarettes for smoking cessation**', published by the Cochrane Library, finds high-certainty evidence that nicotine vapes are more effective for quitting smoking than licensed NRT.

Nicotine vapes are a popular method of quitting

Nicotine vapes are **the most popular stop smoking aid** in England, with approximately 5.5 million adult users in 2025. Over half (55%) have stopped smoking completely and of the 40% who still smoke, 16% say that they are vaping to cut down the amount they smoke, 10% say they are vaping to help them quit and 8% say they want an aid to help keep them off tobacco. It is estimated that 3.3 million people who used to smoke and have tried nicotine vapes have now stopped vaping as well.

The following are the main findings from nationally representative survey data (Smoking Toolkit Study).

1. Nicotine vapes are the most popular aid used by people trying to quit smoking. In September 2025, 35% of people used a vape in a quit attempt in the previous 12 months; this is more than those who used NRT obtained over the counter (8.4%) or a prescribed medication (4%).
2. Vaping is positively associated with quitting smoking successfully. In 2017, over 50,000 people stopped smoking with a vaping product who would otherwise have carried on smoking.
3. Prescription medication and licensed NRT for harm reduction were also positively associated with successfully quitting smoking. This shows how important it is for people who smoke to have access to a wide choice of cessation aids.
4. The extensive use of nicotine vapes in quit attempts compared with licensed medication suggests vapes may reach more people who smoke and so have more impact than NRT and prescription medications.
5. Daily (rather than occasional) use of nicotine vapes is **more strongly associated with successful quitting of tobacco**.

Stop smoking services are seeing positive quit rates when using nicotine vapes

The following are the main findings from English stop smoking services data.

1. Between April 2024 and March 2025, 238,166 quit dates were set with a stop smoking service and 127,541 (53.6 %) of these led to self-reported quits four weeks after the quit date.
2. A nicotine vape was used in 29% of quit attempts with an average quit rate of 59%. This was either using the vape alone or at the same time as, or following use of, a licensed medication.
3. Quit rates were similar for people using a nicotine vape and licensed medication at the same time (61%), a nicotine vape alone (56%) and varenicline alone (58%). The quit rates for single NRT and combination NRT were 56% and 54% respectively.
4. Quit rates involving a nicotine vape were higher than any other method in most regions in England. These ranged from 42% (nicotine vape only) in the North West to 68% (nicotine vape in combination with NRT) in Yorkshire and the Humber.

An important limitation of the LSSS data is that it is observational, and it is possible that the people using a nicotine vape alone or in combination with licensed stop smoking medicines may differ in their demographic, clinical and smoking characteristics from people making a quit attempt with licensed medication only, or those who opt only for behavioural support.

Notwithstanding these factors, LSSS data is remarkably consistent with peer reviewed studies, including the 2025 Cochrane Review.

Are nicotine vapes safe?

Nicotine vapes are not without risk, but the evidence is clear that they are substantially less harmful than cigarettes.

The **eighth in a series of independent evidence reports** commissioned by Public Health England and now by the Office for Health Improvement and Disparities, published in 2022, includes a systematic review of the evidence on the health risks of nicotine vaping. Its overall conclusions are that:

- in the short and medium term, vaping poses a small fraction of the risks of smoking
- vaping is not risk-free, particularly for people who have never smoked
- evidence is mostly limited to short- and medium-term effects and studies assessing longer term vaping (for more than 12 months) are necessary

The evidence reviewed suggests 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.

NICE guideline **NG209** provides recommendations for people who provide stop smoking support or advice to adults. It advises on giving clear, consistent, and up-to-date information on nicotine-containing e-cigarettes to adults who are interested in using them to stop smoking.

Vapes are regulated in the UK

Under the **Tobacco and Related Products Regulations 2016**, nicotine vapes are subject to minimum standards of quality and safety, as well as packaging and labelling requirements to provide consumers with the information they need to make informed choices. All products must be notified by manufacturers to the UK Medicines and Healthcare products Regulatory Agency (MHRA), with detailed information including the listing of all ingredients.

The e-cigarette or vaping use-associated lung injury (EVALI) outbreak in the United States

On 25 February 2020, the US Centers for Disease Control and Prevention (CDC) published its final update on the number of hospitalised cases and deaths nationally. It concluded that nicotine-containing e-cigarettes per se were not the cause of the outbreak: "tetrahydrocannabinol (THC)- containing e-cigarette, or vaping products, particularly from informal sources like friends, family, or in-person or street dealers, are linked to most EVALI cases and play a major role in the outbreak" and "Vitamin E acetate is strongly linked to the EVALI outbreak". This conclusion was endorsed in a **published paper**. Vitamin E acetate is a banned ingredient in UK-regulated nicotine-containing vape liquid.

Gateway hypothesis

OHID's **Vaping in England Evidence Review** (2021) found no evidence to support the concern that vaping is a route into smoking among young people.

NHS Digital's most recent **Smoking, Drinking and Drug Use among Young People in England** survey found that current vape use was reported by 9% of the 11-to-15-year-old respondents – the same percentage as in 2021.

Most young people (98%) who have never smoked are also not currently vaping. **Regular use remains low and is mostly confined to those who currently smoke or used to smoke.**

OHID will continue to monitor the trends in nicotine vape use alongside those in smoking. See our **Young people and stopping vaping** and **Young people and stopping smoking** briefings for further information.

Adherence to WHO FCTC Article 5.3 – protection of public health policies

The UK is a Party to the **WHO Framework Convention on Tobacco Control** (FCTC). WHO FCTC Article 5.3 requires Parties to protect public health policies from the commercial and other vested interests of the tobacco industry. **Guidelines** set out principles and recommendations to support implementation.

Relevant recommendations include:

- Establish measures to limit interactions with the tobacco industry and ensure the transparency of those interactions that occur.
- Reject partnerships and non-binding or non-enforceable agreements with the tobacco industry.
- Avoid conflicts of interest for government officials and employees.
- Denormalise and, to the extent possible, regulate activities described as “socially responsible” by the tobacco industry, including but not limited to activities described as “corporate social responsibility”.

The advice covers tobacco companies and those working in their interest. Binding contracts to provide goods are unlikely to be considered prohibited by Article 5.3; however, national and local government bodies including NHS providers should take steps to ensure that Article 5.3 is not breached. Any project requiring non-binding partnerships or implying corporate social responsibility would not be appropriate under Article 5.3. The provision of nicotine vapes and advice on their use should always be consistent with NICE Guidelines or other official guidance. In procuring any goods or service, it is appropriate to invite prospective providers to declare any conflict of interest.

It should be noted that there are many manufacturers and suppliers who are completely independent of the tobacco industry.

Procuring nicotine vapes

Whether directly with vape suppliers or in partnership with local vape stores, local authorities and NHS providers procure nicotine vapes by successfully navigating standard local authority and NHS procurement processes.

Within these established processes, there is the option to use procurement frameworks and to take advantage of the associated benefits they provide when it comes to contract awarding and contract management.

Spotlight on: Tail Spend Solution, Crown Commercial Services

Crown Commercial Services (CCS) previously responded to an identified need by their customers for a public sector platform to manage their off-contract, ad-hoc, or 'tail' spend. The aim was to reduce the significant administrative costs related to invoicing and purchase order activities.

To address this problem, and following extensive customer and market research, CCS implemented a first-of-its-kind framework – **Tail Spend Solution (RM6202)**. The framework provided compliant access to an initial product portfolio of over 8 million different products. **Vaping Solutions** is a new product category enabled within the platform, available for local authority and NHS customers who offer stop smoking service interventions. The product category includes a range of vape starter kits and associated e-liquids/pods, in accordance with direct market engagement findings.

The **framework has two suppliers** who provide separate digital marketplace solutions, each with their own look, feel and ability to be flexible in providing what a customer requires in order to successfully manage their vaping solutions requirements. The two platforms are **Office Team Group** and **Unite**. They are each responsible for on-boarding vendors (vape suppliers) to provide vaping products. The product selection and vendor availability will organically grow over the framework term, aligned to the needs of customers. Customers have the opportunity, through the platforms, to work with vendors to create specific product bundles for their service needs.

Key features of the framework include:

- **Compliance** – compliant with PCR 2015 and contracted under public sector terms.
No need for additional tenders and quotes from individual vape suppliers. Customers can enter into a call-off contract with either Tail Spend supplier by way of a Direct Award or a Further Competition, depending on their individual requirements.
- All vape **suppliers/vendors are required to declare any conflicts of interest** – clearly identifiable and filterable.
- **A discrete catalogue of vaping products** – aligned to the needs of varying quit service models as identified by quit services.
- All products are **MHRA registered** and have **undergone an on-boarding process** to be made available within the platform.

Further information: [CCS Tail Spend Solutions](#) | [Office Team Group Vaping Solutions](#) | [Unite Vaping Solutions](#)

Considerations when choosing how to provide nicotine vapes as part of your local stop smoking service offer

Consider the following nine questions to guide your decision-making regarding choice of a service model.

1. Are you planning to offer vapes to all adults who smoke who engage with your service?

As a cost-effective approach, nicotine vapes should form part of a universal offer to all adults who smoke. If you are planning to only offer nicotine vapes to specific groups, do you have a clear rationale for restricting the offer?

2. How do you want to provide access to nicotine vapes?

Consider equity of access and barriers to access.

3. Who will deliver product expertise and support to your clients?

High quality product support is important to success. Stop smoking service practitioners don't have to be experts in vaping, they just need to have confidence in the category and a willingness to learn. Training on vaping is available from the NCSCT. Vape suppliers and local specialist retailers may provide specific product support. You could also use expert ex-smokers to volunteer as 'Vaping Buddies'.

4. Who will provide behavioural support to clients?

Consider the most effective against the most accessible behavioural support. Outside of your own service, consider promoting NCSCT VBA+ and/or the practitioner programme to staff at local vape shops. This is also an opportunity to engage providers of other services (e.g. mental health, housing, homelessness, substance use, debt relief) to partner with you to provide Swap-to-Stop vapes.

5. Who will promote the vape programme?

How will you promote the programme to the public and professionals? If working with a local specialist vape shop, what resources will you provide to them? See **NCSCT guidance on working with retailers**. A local specialist vape shop is in an ideal position to promote the programme for the service. An online supplier is unlikely to due to advertising rules. Retailers can verbally promote the service to customers and use service resources that advertise the programme, not the products. A service can identify the retailer(s) it is working with on their website and other resources.

Engagement and training of local stakeholders, healthcare providers and community organisations is important to ensure clients' treatment is not undermined by conflicting information or personal views.

Consider providing accessible information for partners and other family members who may not be well informed or supportive of vaping.

6. Will you provide medically licenced NRT alongside nicotine vapes?

Vaping is different to smoking and some clients will take longer to get used to it. Additional NRT is less likely to be required when clients have the right vape kit and high enough nicotine content to alleviate nicotine withdrawal symptoms, alongside expert support to vape effectively. Highly nicotine dependent clients (more likely in clients with severe mental illness, learning disability and those who use other substances) may benefit from an NRT patch for the first few weeks of a quit programme. The dosage and combination can be refined through experience of withdrawal symptoms by individuals.

7. Does your service have a position on nicotine cessation?

This may impact on length of product supply, nicotine level management and programme support. If you are considering providing support to quit vaping, consider the high risk of relapse back to smoking if vaping is stopped too soon.

8. How simple or bespoke do you want to make the model?

Vaping programmes and models of delivery vary from simple and easier to manage to more complex and bespoke. Easy may very well be 'good enough' to meet your service needs and increase access to successful vaping. More complex or bespoke programmes, such as those involving multiple retailers and safeguarding training requirements, will need more complex management but could bring additional benefits, enhance service provision and meet additional or targeted client needs. Most programmes can be adapted to meet local circumstances.

Discuss your requirements with service users, partners and/or your vape suppliers, as they may be able find a solution with you. A single programme may be selected, or multiple programmes delivered concurrently, depending on local circumstances and preferences. You may start your clients off with a simple device, but they may well experiment with other devices once their confidence grows.

9. How are you supporting the correct disposal of vaping devices?

Vapes are classed as waste electrical and electronic equipment (WEEE). This means that consumers should dispose of them at a household recycling centre or at the shop/location where they obtained the device. Many consumers, however, are unaware that vapes can or should be recycled. For more information, see [Appendix 1: Correct disposal of vaping devices](#).

Key questions for successful implementation of programmes

The questions under each of the domains below support successful implementation of the most successful stop smoking aid with the most successful behaviour change support. Some are dependent on the type of programme being offered. Others, such as contract management, tendering and procurement concerns, are partially addressed if using an approved procurement framework (see [CCS Tail Spend Solutions](#) as an example).

Contracting tendering and procurement:

- Have you ensured **compliance** with MHRA notification list and TPD/TRPR? Check ECID (European Community Identification) number of device or nicotine-containing liquid.
- Have you set a minimum term of **business trading** prior to contracting?
 - Demonstrates history of financial stability and trading.
- How are you ensuring compliance with **Article 5.3**? Contracts with vape providers should include statements covering the points below:
 - Identify conflict of interest with vape provider.
 - Ensure service policies are consistent with Article 5.3.
 - Retailer/supplier not to seek to influence policy or for Corporate Social Responsibility (CSR) purposes.
- Have you checked **insurance liability** of supplier? Ensure supplier has liability that includes specific vape retailer/provider in addition to general business liability. Ensure minimum limit is adequate to cover supply chain issues.
- Does supplier have reliable **supply chain management** for products to meet service needs?
- How have you reduced the risk of the **products being sold** on for financial gain by the client? (Products can be marked with permanent marker or stickers to deter this).

Contract management:

- What are your key performance indicators?
- How will you change the range and type of products with the retailer/supplier?
- Have you or the retailer/supplier got a clear pathway for managing product complaints?
- If purchasing products in bulk, consider how to manage item shelf-life. Can you return unwanted products to the supplier?
 - Products may also go out of fashion or be superseded by more effective models.
- Have you made **payment terms** flexible and supportive?
 - Local retailers/suppliers may need more flexible terms and/or support with invoicing to NHS/LA.
- If utilising voucher or discount codes, how are you **limiting the risk of fraud**?
 - Unique ID numbers for each voucher with digital checks by retailer/supplier help reduce risk.

Accessibility:

- How are you achieving access for clients who are digitally excluded?
- If utilising local vape shops, is the range and distribution of outlets suitable to ensure reach of the programme and meet clients' needs?
 - Independent British Vape Trade Association (IBVTA) can help identify them but note that the shop is not required to be an IBVTA member.
 - Trading Standards can support compliance with relevant TPD standards.
 - Visit them in person and consider whether you would be confident sending clients to them.

Products:

- Are your retailers/suppliers able to provide the range of products that you need to deliver choice to clients and meet their needs?
- How will you ensure choice of product to meet client needs whilst keeping it manageable?
- How are you ensuring high quality product knowledge and support is provided to the client? Is the retailer/supplier able to do this (to the client directly and/or through training advisors)? Does the supplier/retailer have a website with advice for new users?
 - Could you develop a 'Vaping Buddy' system for peer support?

Partner engagement:

- Have you considered and involved partners and stakeholders at an early stage (see suggested list of key partners below)? This will help ensure smooth engagement, management and compliance with legislation.

Marketing and promotion:

- How will you promote the scheme?
 - Will the provider promote your LSSS and the vape scheme in their retail outlet or website?
 - **Have you all met Advertising Standard Agency regulations?**
 - **Have you met all other regulations/legislation?**
For example: **Electronic cigarettes: General – ASA | CAP**

Storage and postage of products:

- How will you ensure secure storage and transport for products if managed within the LSSS?
- Have you built in postal/transport costs (if required)?
- Do you have enough safe/secure space to keep vaping products (if applicable)?

Knowledge and Training:

- Have you considered where and how the client will receive high quality products and behavioural support?
- How will you train the staff?
- How will you monitor standards of product and behavioural support knowledge?
- Have you checked National Centre for Smoking Cessation Training (NCSCT) briefings and training?

Nicotine vape delivery models: representative examples

Engagement with and collaboration between LSSS staff, commissioners and local stakeholders is crucial to the success of any programme. There are many service delivery models; the following are representative examples:

1. Direct supply to stop smoking service – online vape supplier

The LSSS obtains a supply of nicotine vapes from an online supplier. The LSSS stores and supplies the nicotine vapes to clients in the same way that direct supply of NRT works in many LSSS – either face-to-face or posted to client. The online supplier could provide product training for LSSS staff. The online supplier is selected by the LSSS through standard NHS/LA procurement processes or established procurement frameworks.

Benefits	Considerations
<ul style="list-style-type: none">■ Tailored to meet local circumstances■ Product discounts for single supplier■ Single contract to manage■ Highly accessible for clients as service can tailor how the products are handed to the client	<ul style="list-style-type: none">■ Unless using a procurement framework, ensure all relevant governance, legislation and compliance standards are met by product supplier■ Storage and transport required by LSSS■ Postal costs if limited face-to-face clinics

2. Direct supply to client – online vape supplier

Either a discount or voucher code is supplied to the client by the LSSS for use directly with an online supplier, or the service initiates delivery of goods (e.g. vape starter kits) directly from the supplier. The nicotine vape is delivered direct to the client's home. The online supplier is selected by the LSSS through standard NHS/LA procurement processes or established procurement frameworks.

Benefits	Considerations
<ul style="list-style-type: none">■ Tailored to meet local circumstances■ Product discount for single supplier■ Single contract to manage■ No handling or storage of product by LSSS■ Highly accessible for client at home■ Product complaints dealt with by supplier	<ul style="list-style-type: none">■ No choice of retailer for client■ Unless using a procurement framework, ensure all relevant governance, legislation and compliance standards are met by product supplier■ Requires the client to be able to go online

3. Local 'bricks and mortar' vape retailer voucher scheme

Vouchers issued by a LSSS are redeemable by clients against an agreed range of products in sub-contracted local retailers. Retailers tend to be specialist vaping stores. Vouchers are issued to a set value or with a discount to cover starter kits and consumables. The client could self-purchase a product that is higher than the voucher value.

The LSSS may choose to restrict the product range available to clients using a voucher within retailers. Vouchers are generally given at set points in the stop smoking programme to incentivise ongoing engagement with the LSSS, promote abstinence and achieve a four or twelve week quit. Alternative patterns of use may be more appropriate for different models, settings or when targeting certain client groups. The client has choice of retailer and products within local contract arrangements and as locally available. Some local retailers will additionally have an online store. Visits to stores by LSSS are highly recommended. The retailer is selected by the LSSS, adhering to standard NHS/LA procurement processes, or procurement frameworks could be utilised.

Benefits	Considerations
<ul style="list-style-type: none">■ Increased footfall through LSSS as reaches new client group in specialist vape shops■ Local face-to-face access for clients to sample and test products■ Expert product advice in-store from retailer■ Expert behavioural support by LSSS■ Increased range and choice for clients■ Additional marketing opportunity in-store■ Some retailers have online presence too■ Product complaints dealt with by retailer■ No handling or storage of product by LSSS	<ul style="list-style-type: none">■ Lack of suitable retailers available in locality■ Contracting and performance management with multiple retailers■ Lack of discount on products for LSSS■ Client directly engages with both LSSS and retailer (unless product delivered to home)■ NCSCT VBA+ Training undertaken by retailer staff

4. Local 'bricks and mortar' vape retailer 'in-house' stop smoking programme

An NCSCT stop smoking programme is delivered by vape shop staff within the retail environment. Products and a programme of behavioural support are supplied by the retailer to meet local contract agreement. Any client deciding to use alternative stop smoking aids such as NRT are referred to LSSS for support.

Benefits	Considerations
<ul style="list-style-type: none">■ Increased footfall through LSSS as reaches new client group in specialist vape shops■ Local access for clients■ Behavioural support, vaping products and product expertise supplied at single point of access for client■ Some retailers have online presence too■ Releases LSSS practitioner time	<ul style="list-style-type: none">■ Lack of suitable retailers available in locality■ Stores need space for consultation■ CO monitor and consumables provision■ Contracting and performance management with multiple retailers■ Safeguarding training, information governance (data handling) and DBS requirements for vape shop staff

5. Nicotine vapes supplied with Very Brief Advice on Smoking (VBA+) to targeted or vulnerable clients in homelessness, workplace and social housing settings (harm reduction or quit)

Bespoke, opportunistic, or universal programme delivered to a target or highly vulnerable client group. Staff at the service are trained in delivering Very Brief Advice on Smoking (VBA+) via the NCSCT online training or by a LSSS. An opt-out referral pathway to a LSSS or provision of free access to a smoking cessation app will increase behavioural support element. Working with partners will increase engagement. Training and support of partners would benefit both product knowledge and behavioural support provided to clients. The provision of CO monitoring in the setting can support programme engagement, success and validation.

Benefits	Considerations
<ul style="list-style-type: none">■ Partnership work with community partners to increase engagement■ Directly addressing health inequalities■ Highly accessible by client group	<ul style="list-style-type: none">■ Ensuring all relevant governance, legislation and compliance standards met by product supplier■ Outcome measures for monitoring and evaluation

Key partners for support and additional information

- Local Trading Standards
- Local NHS Stop Smoking Service
- Local Authority public health team
- Local Authority and local NHS procurement specialists
- Smoking in Pregnancy Challenge Group
- Independent British Vape Trade Association (IBVTA)
- National Centre for Smoking Cessation Training (NCSCT)
- Local vape shops
- Senior Management Boards
- Local Authority elected members
- ICB prevention lead

Nicotine vape procurement case studies

1. Bexley Stop Smoking Service: Swop to Stop – Universal voucher model with flexible direct supply option. Additional targeted offer to Social Housing residents

Started as two Swop to Stop pilots in 2019/20 that have moved to standard service – one with general users and the other targeted at social housing users in partnership with the housing provider. Both models provide a specific starter device, but no liquid, through local vape retailers (in-store or by post). The clients are issued a unique code via SMS to redeem with the local retailer to collect and the service has some limited direct supply. Clients are supported through the usual programme. The service has seen an increase in the stop smoking quit rate for pregnant women. Benefits of using local retailers noted. The service is in the process of establishing the vape offer as a first line treatment.

For more information, contact:

Emma Barry (Tobacco and Stop Smoking Service Manager):
emma.barry@bexley.gov.uk / Tel: 0203 045 4152

2. Essex Wellbeing Service – Targeted direct supply offer to smokers in areas of higher deprivation

A pilot programme targeted smokers over 18 years of age in areas of higher deprivation. Users receive a vape starter-kit directly from a vape supplier following an email from the service. Standard behavioural support is provided by the service. Outcomes showing higher conversion rates from smoked tobacco to vapes when compared to single NRT product (cost savings of £45 for an eight-week programme).

For more information, contact:

Essex Wellbeing Service: provide.essexwellbeing@nhs.net / Tel: 0300 303 9999

3. Hampshire Stop Smoking Service – Universal voucher offer plus in-house support and products by vape retailer

The service has provided a voucher programme through local vape retailers since 2016. An in-house model has also been added that offers standard behavioural treatment plus products delivered within a local vape shop. Digital and SMS management of processes. This offer benefits from expert advice and access to local retailers. Additional clients have been attracted by the vape retailer. Challenges exist in areas where there are few local retailers available.

For more information, contact:

Hampshire County Council: **Sophie Krousti:** sophie.krousti@hants.gov.uk

Solutions 4 Health: **Chris McMahon:** chris.mcmahon@solutions4health.co.uk

4. Hull. Change, Grow, Live: Swap to Stop

– First line offer to non-pregnant smokers over 18

The service offers vapes as part of a standard 12-week support programme. Starter packs and liquids are available for up to 12 weeks through four local vape shops. Benefits include budget savings and clients staying on the programme.

For more information, contact:

Tracy Mikkelsen Edwards: t.mikkelsenedwards@cgl.org.uk

5. North East Lincolnshire Wellbeing Service

– Targeted direct supply offer to pregnant smokers. Recent move to Universal model

The service offers a programme supplying vapes to pregnant women as part of the local Maternity BabyClear pathway. Paper vouchers are issued by midwives to obtain the vape-kit starter pack and supported by wellbeing service for behaviour change and NRT as required. This has helped to reach the most dependent smokers. Initial challenges experienced with shops closed during lockdown but moved to a better 'click and collect' system during lockdown, now collected in person with vape shops providing information on use and maintenance. Training and resources for midwives has been positive. Had challenges engaging with women and maintaining contact plus dual use with tobacco rather than cessation. Started vape project in September 2021, supplying starter pack plus additional two weeks of liquid alongside device providing the client adheres to quit criteria.

For more information, contact:

Wayne Gould: wayne.gould@nelincs.gov.uk

Tobacco Control Officer: 07767671917 / 01472 325500

6. Northamptonshire Stop Smoking Service

– Universal direct supply offer

Universal direct supply of vapes within the stop smoking service started in early 2020. The service encourages use of NRT too (generally patch) over 12-week intervention. Whilst a national supplier was appointed, the service itself retains stock management and postage duties. The service sends users a video to explain use. Have seen financial savings and great outcomes.

For more information, contact:

Richard Holley (Area Manager and Tobacco Control Lead):

richard.holley@northnorthants.gov.uk / Tel: 07827088353

7. South Tees Stop Smoking Service (Middlesbrough and Redcar & Cleveland Borough Authorities) – Universal direct supply offer

Pilot started February 2021 (excluded pregnant women) and now moving to universal offer. This consists of a starter kit and e-liquid directly supplied for up to four weeks through a single vape provider following a procurement process. Package also includes a safety leaflet (information for where to source additional liquid or product concerns). Clients who give consent also receive two video links via SMS from the NCSCT on vaping safety. Have streamlined process with direct supply from retailer to client, removing the resource intensity and administrative burden on the LSSS. Improved quit rates noted by the most dependent smokers, along with reduced pharmacotherapy costs. Opportunities to consider engaging with housing providers, homelessness agencies and drugs and alcohol services. A Pathway flow chart is available.

For more information, contact:

Completed by **Rachel McIlvenna**

rachel.mcilvenna@fresh-balance.co.uk (on behalf of South Tees Public Health as was previous service manager) Tel: 01642 728220 / 07881354379
or email: **stopsmoking@middlesbrough.gov.uk**

Resources

The Royal College of General Practitioners has published a [position statement on e-cigarettes](#) in partnership with Cancer Research UK.

Cancer Research UK [provide information and access to resources on nicotine vapes for health professionals](#).

[Stop smoking options: guidance for conversations with patients](#) supports healthcare professionals in their conversations with patients on the different options available for stopping smoking and their effectiveness.

The National Centre for Smoking Cessation and Training (NCSCT) has developed a free [online training module on vaping](#) for healthcare professionals.

OHID's blog: ['Clearing up some myths around e-cigarettes'](#) provides the evidence in response to some of the more commonly reported inaccuracies and misconceptions about e-cigarettes and vaping.

[OHID Evidence Reviews](#) on nicotine vapes and vaping.

The Independent British Vape Trade Association (IBVTA) has information on its [website](#) for people who smoke, people who vape and professionals.

Appendix 1: Correct disposal of vaping devices

Incorrect disposal of these items can potentially release plastic, electrical and hazardous chemical waste into the environment. In particular, incorrect battery disposal can cause fire and health and safety risks at landfill sites. There is also concern about the use, and subsequent loss, of lithium contained in these products; a critical material which is in high demand.

Single-use (disposable) vapes are non-rechargeable devices that typically come ready-filled with e-liquid (which generally contains nicotine). They can no longer be sold or supplied legally but may still be found in circulation.

A typical single-use vape contains plastic, copper, rubber and a lithium battery. Some parts, like the battery, can be widely recycled, whereas others, such as any plastic parts, may not be. Most single-use vapes are not designed to be taken apart easily.

Correct disposal of vapes:

- Vapes should not be thrown away in general waste in order to avoid the risk of fire.
- Vapes can be disposed of at electrical waste and electronic equipment receptacles that are widely available at household waste recycling centres.
- Shops that sell vapes also have a legal duty to take them back for recycling and therefore should promote themselves as a place where vapes can be returned for safe disposal.
- If the battery inside a vape is easily removable, it should be removed and disposed of in a battery recycling receptacle.