Electronic Cigarettes for Tobacco Harm Reduction
OVERVIEW
People with drug and alcohol dependence have high smoking rates and greater difficulty quitting than other smokers. They are more likely to die from a tobacco-related disease than from their primary drug problem. Electronic cigarettes (E-cigarettes) are battery-operated devices that heat a liquid solution, which may or may not contain nicotine into a vapour for inhalation, simulating the behaviour and sensory aspects of smoking, and they are currently seen as a legitimate form of tobacco harm reduction.
Nurses have an important role in asking people about their smoking, assessing the risk of tobacco use, advising about the risks, assisting smokers to stop or reduce their tobacco consumption, and arranging further support as appropriate.

POSITION
DANA supports:
- The use of e-cigarettes as a harm replacement tool or cessation aid for smokers who cannot quit with approved therapies;
- Making low concentrations of nicotine legally available for vaping for tobacco harm reduction, with appropriate regulations to minimise risk and uptake by young people;
- Low or no taxation on vaping products to maintain a price advantage to encourage smokers to switch.

BACKGROUND
- Smoking cessation is a priority in substance users;
- Substance users have a very high smoking prevalence and low quit rates and are more likely to die from a tobacco-related disease than from their primary drug problem;
- E-cigarettes are a much safer alternative to smoking for those who are unable to quit with conventional therapies;
- E-cigarettes can be used as a long term safer alternative to smoking (tobacco harm reduction) or as a short-term quitting aid;
- E-cigarettes are not risk free but evidence suggests they are around 95% safer than smoking;
- Most of the harm to health from tobacco is caused by the smoke from burning tobacco - Nicotine has relatively minor health effects, except in pregnancy;
- Switching to vaping is likely to lead to substantial health improvements;
- Research into the use of E-cigarettes is still in its infancy and DANA will follow the outcomes of further studies to inform our ongoing position.

CLINICAL USE
- All patients should be encouraged to stop smoking and offered best practice treatment to assist quitting;
- Consider E-cigarettes for smokers who are unable to quit with conventional therapies.

PROVIDING ADVICE TO PATIENTS
- Explain that E-cigarettes deliver nicotine in a safer form than smoking and may assist smokers to quit;
- Discuss safety issues such as correct battery charging and keeping nicotine out of the reach of children;
- Highlight that second hand vapour has negligible side effects but it is best not to vape around children or pregnant women;
- Discuss legal issues with regards to obtaining nicotine for vaping. For example, in Australia nicotine for vaping can be obtained legally from a compounding pharmacy or importing from overseas under the TGA Person Importation Scheme however a prescription from a registered medical practitioner is required;
- E-cigarette users should be advised to stop smoking altogether, although a transition period of dual use may be needed;
- Encourage e-cigarette users to stop vaping within 3-6 months, however long term use of e-cigarettes is much safer than relapsing to smoking;
- Offer behavioural counselling and support (e.g. Quitline) to assist with cessation;
- For pregnant smokers who are otherwise unable to quit, E-cigarettes are likely to be safer than smoking;
- Further advice and support may be available via the use of online forums or the local vape shop.

REFERENCES
- http://www.smokefreeaction.org.uk/DFFiles/Guides/eCigs.pdf

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