



The role of vaping in smoking cessation

**An addendum to the ‘Guide to smoking
cessation in Scotland – Planning and
providing specialist smoking cessation
services (2017)’**

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Version history

Version	Date	Summary of changes
1.0	27.01.26	First publication

1. Purpose of the addendum

Smoking remains the biggest preventable cause of disease and premature death in Scotland. There is a need to adapt smoking cessation services as new smoking cessation aids and medications develop. The role of this document is to provide additional guidance to the existing Smoking Cessation Service Specification reflecting emerging products and smoking cessation aids. Please note, specific guidance on advice for pregnancy is provided in [section 6](#). This document aims to support services in Scotland and to ensure a consistent approach across the country. The document outlines that services should respect the wishes of someone who smokes if they make an informed decision to use a vape to quit smoking.

2. Definition of vaping

Vapes, also known as e-cigarettes, are a product that can be used for the inhalation of vapour through a mouthpiece. Vapes are refillable by means of a refill container and a tank or can be rechargeable with single-use cartridges. Products may be used to consume nicotine or used without nicotine (see [nicotine-containing e-cigarettes](#)).

Products that contain or could contain nicotine in the form of e-liquid are covered under the [European Union's 2014 Tobacco Products Directive](#) and need to be notified to the Medicines and Healthcare products Regulatory Agency (MHRA). Other devices such as vapes that do not contain nicotine, and 0% nicotine e-liquids, are regulated under the General Product Safety Regulations (2005; definition informed by the [MHRA's e-cigarettes regulations for consumer products](#)). Vapes are not currently licensed medicines but are regulated by the [Tobacco and Related Products Regulations \(2016\)](#).

Vapes are not one single product. They vary widely and are rapidly evolving products. Research on vapes is at an early stage in comparison to other health-harming commodities such as alcohol and drugs, and the potential

long-term harms are unknown. However, given what we know about the harm caused by tobacco and considering the burden of disease, current evidence suggests that for non-pregnant adults, vaping is less harmful than smoking. Nicotine replacement therapy (NRT) and medication will continue to be the preferred method of supporting someone to stop smoking.

3. Scotland's approach and advice on the use of a vape for smoking cessation

Smoking cessation services take a person-centred approach, as per **Practising Realistic Medicine**. A person-centred approach to quitting smoking is defined as being one that respects the wishes of people who smoke if they make an informed decision to use a vape to quit smoking.

Given evidence that vapes are not harm-free, services should not promote vapes proactively. Smoking cessation services can provide advice for those wishing to use a vape (see **section 4**).

4. Advice for those who want to use a vape to quit smoking tobacco

For people who smoke and want to quit, the first step is to advise them on the use of combination NRT, stop-smoking medication (e.g. varenicline) and behavioural support. However, if the client makes an informed choice to use a vape as part of their quit attempt, they will be supported to do so by services. The decision to proceed with this method must be part of an evidence-informed, shared decision-making process, where the client is aware of the following:

- Due to the lack of available evidence, the long-term health effects of vapes are unknown.

- The lack of uniformity in vaping devices (e.g. in ingredients and dosage) increases the uncertainties and risks associated with their use.
- To maximise possible benefits and minimise risk of harms, dual use (using a vape in addition to smoking cigarettes) should be avoided, and the duration of vape use should be minimised.

Advice to services:

- Give clear, consistent and up-to-date information about nicotine-containing vapes to people who smoke and are interested in using them to stop smoking. See [**Vaping – Health harms: evidence briefing. Scottish Government \(2024\)**](#)
- Explain that vapes are not licensed medicines but are regulated by the [**Tobacco and Related Products Regulations \(2016\)**](#).
- Highlight the importance of the client engaging with ongoing support for the duration of the 12-week programme.
- If the client has made the choice to use a vape to quit smoking, staff should take a cautionary approach regarding the use of additional NRT. It is impossible to know the levels of nicotine a client will be exposed to through their vape use, making it difficult to provide a licensed product when nicotine levels are unknown.

5. Planning a quit attempt with the use of a vape

If the client has made the informed decision to use a vape to stop smoking, advisors should continue to provide the same behavioural support as you would for someone who chooses to use combination NRT or stop-smoking medication. The vape should be used as part of the overall care plan with the aim of becoming nicotine free. The following is additional advice for those opting to use a vape to quit smoking tobacco:

- Discuss current smoking with the client and advise them to check with a reputable e-cigarette retailer as to what the best strength of nicotine is for them based on their current levels of smoking, to help them manage withdrawal symptoms.
- Provide advice around tailoring the use of a vape to smoking behaviour and existing level of nicotine addiction, i.e. using the vape in the same routine as they smoked cigarettes, to avoid compensatory smoking. Compensatory smoking is where someone adjusts their smoking behaviour when using lower nicotine products to maintain stable nicotine levels. Ask and agree how long the person intends to use the vape for. Advise the client about using a vape for long enough to prevent a return to smoking cigarettes.
- Signpost to **NHS inform** if people wish to stop vaping after successfully quitting smoking.
- Ask clients using nicotine-containing vapes about any side effects or **safety** concerns that they may experience. Report these to the **MHRA Yellow Card scheme** and let people know they can report side effects directly.

6. Pregnancy guidelines

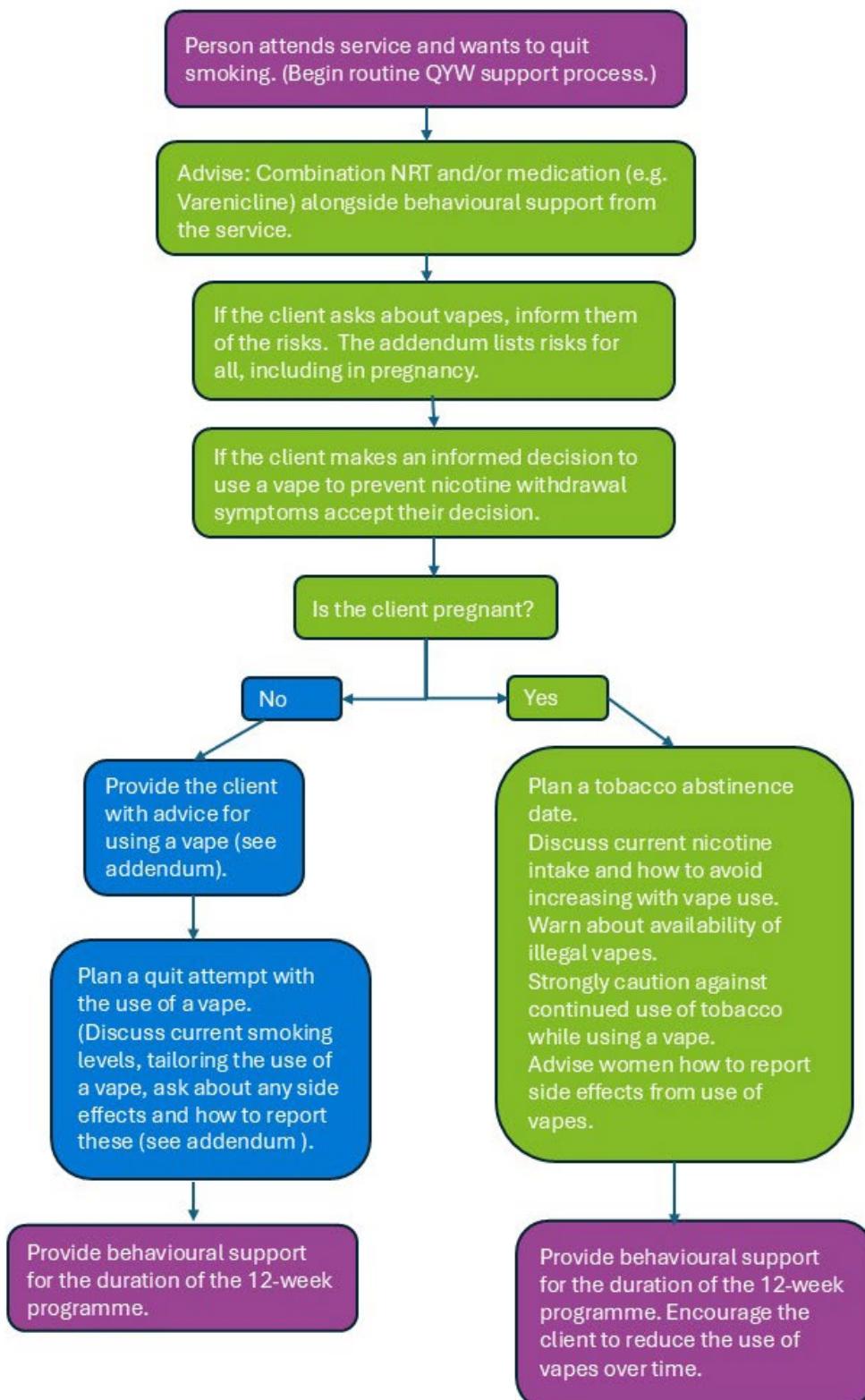
If a pregnant woman, non-binary person or trans man asks about vapes, explain:

- Vapes do not contain some of the harmful chemicals found in tobacco cigarettes and may be less harmful for non-pregnant adults who switch completely from smoking tobacco to vapes.^{1,2}
- No brand of vapes is currently regulated as a medicine for treating tobacco addiction.
- Vapes contain chemicals which are not present in tobacco.³ We do not yet know how they affect health in pregnancy or the health of developing babies and therefore if they are a safe and effective way to stop smoking in pregnancy.^{4,5}
- Nicotine itself may be harmful to the health of developing babies.^{6,7,8} Nicotine intake from vapes varies depending not only on the brand of vapes and e-liquid strength but also on how intensely and how often the vape is used.⁹ NRT, conversely, is a licenced medicine which provides a controlled dose of nicotine and is recommended as safe to use in pregnancy.⁵ If treatment of nicotine withdrawal symptoms is needed, in addition to psychological support, recommend the use of combination NRT rather than a vape.

Following this information, if the pregnant woman, non-binary person or trans man decides to use a vape to prevent nicotine withdrawal symptoms:

- Accept their decision and continue to provide behavioural support to treat nicotine addiction.
- Strongly caution against continuing to smoke tobacco while using a vape, advising that this may be more harmful than tobacco or a vape alone.
- Provide encouragement to reduce reliance on e-cigarettes over time.

Vaping addendum – flowchart – support steps



References

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