

Dr Aryeh Greenberg<sup>1</sup> and Dr Ricardo José<sup>2</sup>

<sup>1</sup>Core medical trainee (CT2)

<sup>2</sup>Clinical lecturer in Respiratory Medicine

## **Where there's smoke there's fire – Fire proof our NHS finances!**

Dear Editor,

We read with interest the Public Health England (PHE) commissioned report on e-cigarettes<sup>1</sup> highlighted in your news article<sup>2</sup> and were struck by its relatively permissive stance on key health issues when compared to the contemporaneous US report<sup>3</sup>.

The PHE review recommends that “e-cigarette use, alone or in combination with licensed medication and behavioural support from a Stop Smoking Service, appear to be helpful in the short term”<sup>1</sup>. In contrast, the US review has said that “there is insufficient evidence from randomized controlled trials about the effectiveness of e-cigarettes as cessation aids compared with no treatment or... smoking cessation treatments”<sup>3</sup>. Furthermore, while the PHE review says that “e-cigarettes are attracting very few young people who have never smoked into regular use”<sup>1</sup>, the US report concludes that “there is substantial evidence that e-cigarette use increases risk of ever using combustible tobacco cigarettes among youth and young adults”<sup>3</sup>.

Both reports corroborate the purported overall reduction in harm afforded by e-cigarettes compared to conventional tobacco cigarettes<sup>1,3</sup>. However, while the US reviewers suggest, with a notable degree of caution, that “there is no available evidence whether or not e-cigarette use is associated with clinical cardiovascular outcomes... and respiratory diseases in humans”<sup>3</sup>, the UK reviewers confidently conclude, in the absence of long-term follow-up data, that these putative risks are likely to be “substantially below” those of smoking<sup>1</sup>. Moreover, the US review asserts that “there is no available evidence whether or not e-cigarette use is associated with intermediate cancer endpoints in humans”<sup>3</sup>. Yet the UK reviewers promote the finding that “the cancer potencies of e-cigarettes” are “largely under 0.5% of the risk of smoking”<sup>1,4</sup>.

Who should be believed? We respectfully submit that this disparity of opinion, existing as it does amongst tobacco experts, reflects the wider degree of uncertainty that currently surrounds the long-term health risks of e-cigarettes. We therefore find it astonishing that PHE, a body whose *raison d'être* is “to protect and improve the nation's health and wellbeing”<sup>5</sup>, should endorse e-cigarette use at the population level. At a time when 112 out of 135 Acute NHS Trusts are in financial deficit<sup>6</sup>, a decision for the NHS to invest in e-cigarettes on the basis of, at best, an embryonic and inconclusive evidence base appears all the more perplexing. Finally, the UK report repeats the now widely publicised argument that “vaping is at least 95% less harmful than smoking” and includes the caveat that “this does not mean e-cigarettes are safe”<sup>1</sup>. For the aforementioned reasons, we believe that the PHE report represents an unwarrantedly premature, evidence-deficient endorsement of e-cigarettes to the smoking public.

1. McNeill A, Brose LS, Calder R, Bauld L & Robson D (2018). Evidence review of e-cigarettes and heated tobacco products 2018. A report commissioned by Public Health England. London: Public Health England.
2. Wise J. Doctors should state clearly that vaping is much lower risk than smoking, says report, BMJ 2018; 360 doi: <https://doi.org/10.1136/bmj.k575>
3. National Academies of Sciences, Engineering, and Medicine. 2018. Public health consequences of e-cigarettes. Washington, DC: The National Academies Press. doi:<https://doi.org/10.17226/24952>
4. Stephens WE. Comparing the cancer potencies of emissions from vapourised nicotine products including e-cigarettes with those of tobacco smoke. Tobacco Control 2018;27:10-17.
5. Public Health England Website. Available at: <https://www.gov.uk/government/organisations/public-health-england/about>. [Accessed 13 February 2018].
6. Quarterly performance of the NHS provider sector: quarter 2 2017/18. NHS Improvement. Available at: <https://improvement.nhs.uk/resources/quarterly-performance-nhs-provider-...> [Accessed 14 February 2018]

**Competing interests:** No competing interests