

# Vapes (e-cigarettes) Position Statement

**Date: 2 February 2026**

**Authors:**

Chris Emmerson, Consultant in Public Health  
Mary-Ann McKibben, Consultant in Public Health

**Tobacco, Vapes and Nicotine Addiction Programme, Health Improvement  
Division, Public Health Wales**

**Date: 2 February 2026**

*This position statement replaces the papers previously published by Public Health  
Wales:*

***Public Health Wales Electronic Nicotine Delivery System (ENDS) Position  
Statement (2017)***

***Public Health Wales ENDS evidence briefing (2019)***

ISBN 978-1-83766-817-5

© 2026 Public Health Wales NHS Trust.

Material contained in this document may be reproduced under the terms of the  
Open Government Licence (OGL) provided it is done so accurately and is not used in  
a misleading context. Acknowledgement to Public Health Wales NHS Trust to be  
stated.

## Position Statement

### A public health approach to vapes and vaping

A public health approach to vapes and vaping in Wales uses the best available evidence to:

- understand their impact on health across the whole population, and
- balance risks and benefits that may exist for multiple groups in relation to the health of the population as a whole

Evidence in relation to the impact of the widespread availability of vapes in Wales, the health outcomes of long term vape use and the complex relationships between vaping and smoking is still emerging. Therefore, this position statement will continue to be reviewed and revised as necessary as further evidence emerges.

### The health impact of vapes and vaping:

- There is strong and consistent scientific consensus that vaping is substantially less harmful than smoking. Therefore smoking will always be much more harmful than vaping for any individual. Smoking also causes considerably more harm to the health of the population of Wales as a whole, given that rates of smoking are currently higher than rates of vaping.
- Most vapes contain nicotine, which is a highly addictive substance. Nicotine use typically leads rapidly to dependence, with experiences of withdrawal and cravings experienced as unpleasant by most, but not all, users. As vapes have become more effective at delivering nicotine, more vapers in Wales, in particular children and young people who vape, have reported experiencing disruption to their health and wellbeing due to nicotine dependency.
- Vapes also contain a range of toxins. Although the harms associated with the contents of vapes are considerably less than those contained in tobacco products, these still have the potential to produce harm, especially over the long term.

### Vaping and non-smokers:

- Anyone who does not smoke should not vape.
- Every non-smoker who vapes risks some harm to their health, with particular concerns in relation to those with pre-existing respiratory conditions such as asthma. If vaping prevalence continues to rise in Wales, the related burden of disease and healthcare use will rise.
- There are no benefits to vaping to anyone who is not using vapes to reduce or stop smoking. Therefore policy and service delivery should ensure never-smokers are discouraged from initiating vaping.
- At an individual level, there is evidence that vaping can adversely affect physical health, in particular amongst those who have pre-existing medical conditions.



- There is considerable evidence that nicotine dependency is likely to have a negative effect on social and psychological wellbeing for many people, especially children and young people.
- Nicotine use is not an effective strategy to manage stress or other mental health conditions and may make these difficulties worse. Those who are using nicotine in the belief that it helps manage their mental health should be supported to find effective ways to stop smoking or vaping and to access support for their mental health and wellbeing.

### **Vapes and smoking cessation:**

- There is evidence from trials that providing vapes (instead of Nicotine Replacement Therapy, NRT) is effective in cessation.
- There is evidence that switching entirely to vapes is more effective in helping some smokers to quit than other methods.
- However, the evidence in relation to who would benefit from vape use in a quit attempt may be different depending on factors such as the smoker's current dependency, smoking and quit history, motivation to quit, experience and expectation of cessation support services and quit aims, including whether their goal is to be tobacco free or nicotine free.
- Support for smokers and vapers should be evidence-based and person centred.
  - The primary aims of any conversation about smoking between any professional and a patient or client are to:
    - (1) support and encourage them to make an attempt to stop smoking completely.
    - (2) support them to identify an approach to quitting smoking that is most likely to be effective for them, given their personal circumstances, history and preferences.
- These core principles continue to apply if advice on vaping is provided in the context of 'harm reduction' (i.e. to replace some smoking with vaping without requiring early commitment to an abrupt quit). Advice on vaping in this context should be evidence-based and reflect the needs and preferences identified in collaboration with the smoker.
- All other factors being equal, professionals should encourage smokers considering a quit attempt to engage with Help Me Quit, explaining what support is available and emphasising that Help Me Quit is an evidence-based NHS service that is more effective for most smokers than attempting a quit unsupported.
- If a patient or client indicates they are considering switching entirely from smoking to vaping, they should be advised that:
  - a complete switch would reduce damage to their health compared with smoking.
  - this would not preclude them receiving support from HMQ.



- The focus of any conversation should remain on encouragement to make a quit attempt and support to identify an approach that gives them the best chance of quitting.
- Anyone who has switched entirely from smoking to vaping should be considered to have quit smoking and smoking cessation services should clients who remain smokefree whilst vaping in the same way as they would for clients using other products. The priority for their health is to prevent any return to smoking, and any advice provided to them in relation to smoking and vaping should consider preventing a return to smoking as the most important outcome.
- All those accessing support for smoking or vaping cessation in Wales who ask about vapes and vaping should be given information and advice that is consistent with the evidence described in this Position Statement. Professionals who are uncertain of current evidence and advice should refer (and direct patients and clients) to the Help Me Quit website or contact the service directly.
- All health and social care services in Wales should provide consistent and evidence-based advice and support to smokers and vapers at all points of contact
- Service and professionals supporting only-vapers should prioritise avoiding initiation of smoking or relapse to smoking.

### **Pregnant smokers:**

- Smoking is considerably more harmful than vaping during pregnancy, to both the smoker and the developing foetus. Advice elsewhere in this Position Statement on the relative harms of smoking and vaping and approaches to cessation also apply in general to pregnant smokers.
- However, those advising or developing guidance for pregnant smokers should also consider how to support them to reduce smoking over the course of the pregnancy, if they do not consider an abrupt quit to be realistic and/or desirable. This should include discussion of using vapes if the client feels this would help them smoke less, e.g. by substituting vaping for smoking on some occasions.

### **Vaping and children and young people:**

- There is no legal way for anyone under 18 in Wales to acquire a vape or vaping product. Professionals who identify a vaper under 18 should support them to quit.
- All professionals and institutions should apply as a matter of course an empathetic and non-judgemental approach to smokers and vapers under 18, recognising that they have a right to support and advice and access to age-appropriate vaping cessation services.
- Environments intended for the care and education of children and young people should adopt and publicly communicate policies to prevent uptake of both smoking and vaping by children in their care. This should include



denormalisation, for example, by prohibiting smoking and vaping by adults in their grounds.

- Opportunities to regulate and reduce availability, accessibility and appeal of vapes to young people should be maximised wherever possible at local and national levels in Wales. This should include reducing the visibility and availability of vapes and vaping products through enforcement of current restrictions on advertising, marketing and sales of vapes, and the maximising the public health benefit of future legislation and regulation, for example as set out in the UK Tobacco and Vapes Bill.
- Any person or business providing vaping or tobacco products to under 18s is engaging in an illegal act. Anyone who becomes aware of a shop or other commercial enterprise providing vaping or tobacco products can make an anonymous report at <https://noifs-nobutts.co.uk/>

# Appendix: Background and context for the Public Health Wales Vapes (e-cigarettes) Position Statement

## 1. Purpose, rationale and scope of position statement

Rates of vaping have risen in recent years and professionals and organisations at national and local levels in Wales have found it necessary to develop policies and practices in relation to vaping. A need to respond to rises in vaping has been highlighted by those working in public policy, public health, including smoking cessation, clinical practice, education, youth services, trading standards and environmental management, amongst others. This Position Statement has been defined by the need for professionals, organisations and the public to have clear understanding of the current evidence and for the implications of this evidence for in relation to health and health inequalities in Wales and policy and practice in relation to vaping. Public Health Wales previously issued a position statement on 'Electronic Nicotine Delivery Systems (ENDS)' in 2017 and an updated Public Health Briefing in 2019.

### 1.1 What this statement covers

This Position Statement only considers vaping. It focuses on vapes containing nicotine, but all statements in relation to vapes should be understood to include non-nicotine vapes unless otherwise noted.

### 1.2 What this statement does not cover

The Statement does not cover other tobacco products (e.g. heated tobacco) or other nicotine products directly, although these are noted where relevant. The evidence is that use of these products is currently much less widespread than vape use, but Public Health Wales continues to identify and review evidence of use and may update this statement to include these products at a later date.

The Position Statement summarises some of the key evidence and data relevant to vapes and vaping. It is not within the scope of this Statement to provide a comprehensive review of this evidence, but key sources are referenced in the text.

## 2. How we developed this position statement

This Position Statement has been developed with reference to:

- Published research, data and expert evidence on vapes and vaping, including evidence relating to the harms, epidemiology and perceptions of vapes and their relationship to smoking initiation and cessation.
- Evidence gathered from those working in the smoking cessation system in Wales, through the Help Me Quit Service Review carried out in 2024-25.

- Engagement with other expert stakeholders, including those working in public health, smoking cessation and academia, in Wales and the other nations of the UK.
- Review of vaping positions published by other public health organisations.

### **2.1. Work we have already published**

Public Health Wales has published evidence and guidance on vaping for specific groups which also supports professionals and organisations to develop their policies and practices in line with the current public health evidence:

- [Information and Guidance on Vaping for Secondary-aged learners in Wales](#) (September 2023)
- [Young People and Vaping Information for parents and carers](#) (December 2024)
- [Guidance and resources for teachers to discuss vapes and vaping with learners](#) (July 2024)
- [Report of the national Incident Response Group to review the evidence on vaping amongst children and young people in Wales and make recommendations for support and policy](#) (April 2024)

### **2.2. Work which will come after this position statement**

This Position Statement will inform a practice note for all services supporting smoking and vaping cessation through Help Me Quit, Wales's national smoking cessation service.

Research, data and evidence on vapes and vaping continues to emerge, and Public Health Wales will regularly review this Position Statement to ensure it continues to reflect the best available public health evidence.

## **3. Vapes and vaping: brief background**

### **3.1. What are vapes?**

By vapes, we mean handheld battery-powered electronic devices that heat liquid (usually referred to as 'e-liquid') to create a vapour that is drawn into the lungs when the device is inhaled. E-liquids usually contain nicotine, although non-nicotine versions exist. Until June 2025, many vapes were disposable, meaning that it was not possible for them to be refilled or recharged. From June 2025 it became illegal in Wales to sell a vape that cannot be refilled or recharged ([Single-Use Vapes Ban](#)).

Vapes first became commercially available around 2005-7<sup>1</sup>. These early devices (often referred to as 'cig-a-likes') were designed to look like cigarettes and marketed to smokers as a cessation aid. Contemporary devices are marketed in a wide variety of forms, many showing very little similarity to a cigarette stick.

Uptake of vapes across the UK grew slowly for many years, but from 2019 onwards started to grow more rapidly<sup>2</sup>. These rises may be the result of a wide range of factors, including:

- improvements in the effectiveness of devices in delivering nicotine
- products and marketing targeting a greater proportion of the population
- use in smoking cessation
- the availability of cheaper disposable devices.

Vaping products have been referred to by a variety of names, including ‘e-cigarettes’ and ‘electronic nicotine delivery devices (ENDS)’. Public Health Wales has engaged extensively with stakeholders in recent years, including adults and children and young people who use vapes, teachers and smoking cessation teams, and there is a consensus that these devices are typically referred to as ‘vapes’ in Wales at the time of writing. This is therefore the term that we use in this Position Statement.

### **3.2. Harms associated with vaping**

There is now a large body of strong and consistent scientific evidence that vaping is substantially less harmful than smoking. It is important to note that comparisons with smoking should include consideration that “when used exactly as recommended by the manufacturer, cigarettes are the one legal consumer product that will kill most users”<sup>3</sup>.

Although much less harmful than smoking, vaping is not risk free. It is recognised that quantifying the risks of vaping either absolutely or relative to smoking is challenging, given that many potential harms from vaping, as for tobacco use, could only emerge after a period of use that is considerably longer than vapes have been commercially available. In the short term, vaping may cause headache, cough, throat irritation, dizziness and nausea<sup>4</sup>. There is evidence that over the long term, regular vaping may increase risks of a range of health conditions in particular respiratory conditions<sup>5</sup>, although the relatively recent spread of vaping at a population level means that evidence is limited<sup>4</sup>.

Most vapes contain nicotine, which is a highly addictive substance. Nicotine use typically leads rapidly to dependence, with experiences of withdrawal and cravings experienced as unpleasant by most. As vapes have become more effective at delivering nicotine, more vapers in Wales, in particular children and young people who vape, have reported experiencing disruption to their health and wellbeing due to nicotine dependency.

The evidence on vaping as a risk for smoking initiation or relapse is currently unclear. Whilst there has been consistent evidence that children and young people who start to vape are more likely to go on to smoke than those who do not, it is less clear that those who initiate vaping and then smoking would not have initiated smoking if vapes were not available. Similarly, it is not clear whether those who quit smoking

using vapes are more or less likely to relapse over the longer term. Public Health Wales will continue to review emerging evidence in these key areas.

### 3.3. The epidemiology of vaping in Wales

There are a number of sources of data for the epidemiology of vaping in Wales. Most sources involve population surveys, with vaping only included as a question in the most recent waves, and therefore there is only limited data on trends.

- The National Survey for Wales reported 8% of the population aged 16+ were vaping (“using an e-cigarette at all nowadays”) in Wales in 2022-23, an increase from 6% reported in 2021-22<sup>6</sup>.
- More recent evidence (from the Smoking Toolkit Study (STS), a monthly telephone survey systematically sampling the populations of England, Scotland and Wales), also reported an estimate of 8% for the prevalence of vaping amongst adults in Wales.
  - The STS also suggested that it is comparable to the proportion vaping in Scotland (8.5%) but less than reported in England (11.8%)<sup>7</sup>.
  - The STS also reported that 2.5% of the Welsh adult population were using disposable vapes regularly in 2023.
  - Across Great Britain as a whole, vaping was concentrated amongst younger age groups, with 23.3% of all 16-24-year-olds vaping compared with 9.6% of 45–54-year-olds.
  - Amongst vapers, 45.2% were current smokers, 9.8% smokers who had quit in the past year, 31.1% smokers who had quit more than 1 year ago and 13.8% had never smoked.
- Surveys typically report that vaping rates are lower amongst those of high socioeconomic status, however measured.

Data from the 2023 Welsh Student Health and Well-being (SHW) Survey indicated:

- 7% of learners in Years 7-11 vaped at least weekly, an increase on 2021 when the figure was 5.4%<sup>8</sup>.
- Girls (8.6%) are more likely to vape than boys (5.1%).
- Learners in Year 11 are most likely amongst this population to vape (15.9%).

A total of 5.2% of all learners in Years 7 to 11 reported vaping but not smoking. For reference, the adult smoking rate reported for the same period was 12.8%<sup>6</sup>, whilst 2.7% of learners in Years 7-11 reported smoking.

It is important to note that in Wales and the wider UK, vaping prevalence has shown substantial increases year-on-year in recent years amongst both adults and young people.

### 3.4. Perceptions of vaping

There is consistent evidence that risks related to vaping are not well understood by the general public, in particular in comparison to smoking risks<sup>9,10</sup>. In particular there are concerns that many people in Wales incorrectly believe vaping is more harmful than smoking. There is a risk that these misperceptions prevent smokers who would otherwise switch to vapes from making that change. It is essential that all professionals and organisations working with and supporting adults who smoke, especially in healthcare and smoking cessation, provide consistent and accurate information on the relative harms of smoking and vaping.

### 3.5. Vape use in smoking cessation

There has been considerable recent research into the use of vapes as a smoking cessation device. Randomised Controlled Trials (which, to consider this, involved smokers randomly provided with either a vape or an alternative cessation intervention) suggest that vapes may be effective when provided alongside behavioural support within a structured smoking cessation service. As an NHS Wales service, Wales's national smoking cessation service, Help Me Quit, only provides medications and medical devices licensed by the Medicines and Healthcare products Regulatory Agency (MHRA). To date, no manufacturer has chosen to license vapes for the purposes of quitting smoking. Public Health Wales continues to monitor the evidence in relation to vapes and smoking cessation, including in relation to the 'swap to stop' scheme introduced by the Department of Health and Social Care in England.

### 3.6. Law and regulation

Legislation relating to vapes and vaping devices continues to develop and it is anticipated that the Tobacco and Vapes Bill will create new powers for Welsh and other UK Governments to regulate in this area.

Current key legislation in this area includes:

- **Age of sale:** It has been illegal to sell nicotine vaping devices and consumables to anyone under 18 since October 2015, under the Nicotine Inhaling Products (Age of Sales and Proxy Purchasing) Regulations 2015, which implemented this element of the Children and Families Act 2014. Note that this criminalises selling vapes or vaping products and 'proxy purchase' of products by adults for those under 18. It does not criminalise those under 18 who use these products. It is also important to note that this currently applies only to nicotine containing vapes and vape products.
- **Product restrictions:** Part 6 of the Tobacco and Related Products Regulations 2016 (TRPR) introduced a range of product restrictions on vapes and e-liquids:
  - restriction of e-cigarette tanks to a capacity of no more than 2ml
  - restriction of the maximum volume of nicotine-containing e-liquid for sale in one refill container to 10ml



- restriction of e-liquids to a nicotine strength of no more than 20mg/ml
- requirement for nicotine-containing products or their packaging to be child-resistant and tamper evident
- bans on certain ingredients including colourings, caffeine and taurine
- mandatory labelling requirements and warnings
- requirement for all e-cigarettes and e-liquids to be notified and published by the MHRA before they can be sold
- **Marketing of vapes and vaping products:** marketing of products is restricted through several pieces of legislation and regulation, including the Communications Act 2003 as amended by the Tobacco and Related Products Regulations 2016 and the UK Code of Broadcast Advertising. Amongst other measures, since 2016 it has been illegal to:
  - Advertise vapes and vaping products on broadcast TV or radio channels, including on demand TV, radio or print media (except specialist trade publications)
  - Advertise vapes and vaping products through internet display advertising, email or text messaging
- **Ban on disposable vapes:** Disposable (non-refillable, non-rechargeable) vapes were banned in Wales from 1 June 2025 under the Environmental Protection (Single-use Vapes) (Wales) Regulations 2024. Identical regulations came into effect in the other nations of the UK on the same date. Whilst the key goal of these regulations was to address the environmental harms of waste associated with vapes, vaping devices and vaping consumables, it was anticipated by policymakers in the four nations that the ban would reduce vaping prevalence amongst young people

The **UK Tobacco and Vapes Bill** is expected to complete its passage through UK Parliament in the Autumn of 2025. Key measures in relation to vapes currently in the Bill include:

- Restrictions on appeal, advertising and packaging of vapes
- Powers for devolved administrations to further regulate smoking and vaping in public areas, and to create retail licensing schemes for suppliers of tobacco and nicotine products
- Bringing other commercial nicotine products (e.g. nicotine pouches) in line with legislation for vaping products
- Bringing non-nicotine vapes within the same regulatory framework as nicotine vapes

## References

1. McEwen, A., McRobbie, H., Ross, L. & Soar, K. *Vaping: A Guide for Health and Social Care Professionals*. <https://www.ncsct.co.uk/library/view/pdf/Vaping-a-guide-for-health-and-social-care-professionals.pdf> (2023).
2. Office for National Statistics (ONS). *Adult Smoking Habits in the UK: 2023*. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2023> (2024).
3. Khan, J. *The Khan Review: Making Smoking Obsolete*. <https://www.gov.uk/government/publications/the-khan-review-making-smoking-obsolete> (2022).
4. McNeill, A. *et al. Nicotine Vaping in England: An Evidence Update Including Health Risks and Perceptions, 2022*. <https://www.gov.uk/government/publications/nicotine-vaping-in-england-2022-evidence-update> (2022).
5. Golder, S. *et al. Vaping and harm in young people: umbrella review. Tobacco Control* (2025) doi:10.1136/tc-2024-059219.
6. Welsh Government. *National Survey for Wales*. <https://www.gov.wales/national-survey-wales> (2023).
7. Jackson, S. E. *et al. Who would be affected by a ban on disposable vapes? A population study in Great Britain. Public Health* (2024) doi:10.1016/j.puhe.2023.12.024.
8. Emmerson, C., McKibben, M.-A., Hughes, R. & Bishop, J. *Vaping and Smoking amongst Learners in Year 7 to 11 in Wales: Analysis from The School Health Research Network (SHRN) Student Health and Well-Being (SHW) Survey in Secondary Schools, 2023*. <https://phw.nhs.wales/news/new-vaping-regulations-welcomed-as-vape-use-rises-among-young-people/vaping-amongst-children-and-young-people-in-wales-in-2023/> (2024).
9. Action on Smoking and Health (ASH) GB. *Use of E-Cigarettes (Vapes) among Adults in Great Britain*. <https://ash.org.uk/uploads/Use-of-e-cigarettes-among-adults-in-Great-Britain-2023.pdf?v=1691058248> (2023).
10. Action on Smoking and Health (ASH) GB. *Use of Vapes (e-Cigarettes) among Young People in Great Britain*. <https://ash.org.uk/uploads/Use-of-vapes-among-young-people-in-Great-Britain-2024.pdf?v=1725288402> (2024).