



THE UNIVERSITY
of EDINBURGH

Seminar: E-cigarettes and tobacco inequalities

Tuesday 5th June 2018, Sydney Smith Lecture Theatre, Old Medical School,

MEETING REPORT

Seminar Overview

This seminar was organised by the University of Edinburgh's Group for Research on Inequalities and Tobacco (GRIT) and was held in the University's Old Medical School on 5 June 2018. It was chaired by Sarah Hill, Senior Lecturer in the Edinburgh School of Social and Political Science's Global Public Health Unit. The panel discussion was chaired by Amanda Amos, Professor of Public Health Promotion at Edinburgh's Usher Institute of Population Health Sciences and Informatics.

Funding for the seminar was provided by Cancer Research UK, which also funded the two research projects from which preliminary findings were presented. These were '*E-cigarettes, harm reduction and inequalities: a review of evidence and stakeholder claims*' (C55561/A21553), led by Dr Sarah Hill at the University of Edinburgh from July 2016 to June 2018; and '*E-cigarettes, health inequalities and smoking cessation: a community study of take-up and market evolution in two high smoking prevalence areas of the North of England*' (C60554/A23886), led by Dr Frances Thirlway at the University of York from April 2017 to March 2019.

The meeting was attended by invitees from public health bodies, academia, Scottish local and national government, the NHS and the third sector with an interest in health inequalities, tobacco control and public health. No commercial sector representatives were present.

The programme of the meeting can be found in the Appendix.

Background: e-cigarettes and tobacco inequalities

Addressing inequalities in tobacco-related harm is an ongoing challenge for the UK and Scottish governments. The growing use of e-cigarettes within the UK represents a new development for the public health community as practitioners, researchers, advocates and policymakers try to make sense of this 'disruptive technology' and how it fits into or challenges existing tobacco control frameworks.

While evidence is lacking regarding the impact of e-cigarettes on smoking inequalities, discussions in the UK make frequent reference to their potential appeal amongst smokers who have found traditional cessation services inaccessible or ineffective, including smokers from lower socioeconomic groups. Enthusiasm about e-cigarettes' harm reduction potential is reflected in calls to improve their accessibility for disadvantaged smokers. However, the role of e-cigarettes in tobacco control is a subject of ongoing debate. Depending on how issues of harm and the root causes of tobacco-related inequalities are understood, stakeholders have different views on the most appropriate approach to regulating the availability, advertising and use of e-cigarettes.

This seminar explored the relationship between the emerging use of e-cigarettes and tobacco-related inequalities in the UK, and considered the implications for policy, research and practice. The emerging findings of two current Cancer Research UK-funded projects were presented. These presentations were followed by a panel discussion providing responses from key figures in tobacco policy, advocacy, research and practice.

Synopses of presentations

Three papers were presented at the seminar. The first and third of these drew upon a CRUK-funded project based at the University of Edinburgh mapping the evidence base informing policy around e-cigarette use and health inequalities, and the way this has been invoked or contested by those seeking to influence public policy. The first paper presented the findings of a systematic review of evidence on e-cigarettes and inequalities in tobacco use; the final paper was an exploration of how 'equity' is understood in relation to e-cigarettes, based on analysis of submissions to a Scottish Government consultation. The second paper reported on a qualitative enquiry into e-cigarette use in two working-class areas of North East and North West England.

[Paper 1: E-cigarettes and inequalities in smoking: a systematic review of academic literature](#)

Mark Lucherini, University of Edinburgh

This study included both quantitative and qualitative literature. The quantitative review found no direct evidence on the equity impacts of e-cigarettes; a synthesis of the best available (indirect) evidence – examining prevalence of e-cigarette use by various markers of disadvantage in high income countries – suggests any harm reduction impact from e-cigarettes is unlikely to be concentrated in disadvantaged groups. The qualitative literature, synthesized via a metaethnography, revealed the complex and nuanced practices of e-cigarette use among disadvantaged populations that act as barriers and facilitators to

uptake of e-cigarette devices and to the purposes of their use (which can be for smoking cessation/harm reduction purposes but which may also be for other purposes). This suggests that, if policymakers and practitioners want to intervene to try to ensure that e-cigarette use does not widen inequalities, tailored approaches will be needed for different social groups.

[Paper 2: A grassroots enquiry into e-cigarette use in two working-class areas in North East and North West England](#)

Frances Thirlway, University of York

This paper presented some emerging findings from an ongoing study looking at whether e-cigarettes were enabling smokers to quit in two deprived areas. The study drew on interview data with 20 e-cigarette retailers and 40 smokers or former smokers with a range of e-cigarette experiences. The author argued that smoking cessation is one symbolic way in which the dominant class has separated itself from the dominated class; this also means that smoking cessation for working-class smokers is associated with pretention and rejection of the community. The author proposed a life course model whereby smoking was a default for young people; smoking cessation became morally necessary in adulthood where there was an immediate health threat to self or family, but not if the smoker's connection to the future was severed by isolation, depression or precarity. She argued that e-cigarettes can facilitate smoking cessation by working-class smokers in two ways: their functional aspect can facilitate smoking cessation linked to protecting family, and their recreational aspect allows them to take over smoking's hedonistic role; she concluded that the recreational aspect may be key to their success in addressing health inequalities.

[Paper 3: Equalities, inequalities and e-cigarettes: divergent understandings of "equalities" in a Scottish Government consultation](#)

Rosie Anderson, University of Edinburgh

This paper began by outlining a four-part typology of definitions of equality, noting the varying implications of each for thinking about inequalities and e-cigarettes. The paper then drew on a documentary analysis of 36 public and third sector submissions to a 2015 Scottish Government consultation examining the ways in which these organisations described the concept of equality in statements concerning e-cigarettes and inequalities. The study found that the conceptions of "equality" reflected in these submissions were rarely stereotypically "negative" (libertarian) or "positive" (focused on equality of outcome), but more often represented intermediary concepts of equality, such as non-discriminatory regulatory approaches or differentiated statutory duties. Organisations that described strongly "negative" or "positive" understandings of equality also tended to advocate tighter regulation of e-cigarettes. Overall, the study found that organisations tended to reference more than one conception of equality in their submissions, and few were purely "positive" or "negative".

Thematic summary of panel discussion: “E-cigarettes and inequalities: challenges and opportunities”

Panel members:

Martin Dockrell, Public Health England;

Sheila Duffy, ASH Scotland;

Morris Fraser, Scottish Government;

Karen Gray, NHS Lothian

Chair: *Amanda Amos, University of Edinburgh*

The panel discussion included reflections from the panel members as well as questions and comments from those attending the meeting. This discussion covered a broad range of issues, from which we have drawn out five key themes (described below). While diverse views were presented on each of these themes, we have sought to draw out the main points of discussion.

1) E-cigarettes and the challenge of addressing inequalities in tobacco control policy

In keeping with the focus of the seminar and presentations, there was extensive discussion about the challenge of addressing inequalities in smoking. Much of this discussion focused on the higher prevalence of smoking observed among social groups categorised as being of relatively lower socioeconomic status in Scotland and England, although mention was also made of other important axes of inequalities (including mental health and gender).

It was observed that the Scottish Government has a well-accepted process for ensuring that policies are not discriminatory, in that all Scottish government policy is subject to equality impact assessment. However, this is not the same as actively working to address the wider determinants of health inequalities (including inequalities in smoking) and embedding this aim across health and other policy sectors. Despite a desire to move toward this wider aim, challenges were discussed in terms of inadequate conceptualizations of and strategies for addressing inequalities, as well as limitations from a policy and political perspective for tobacco control engagement on inequalities.

Several participants felt it would be helpful for the Scottish Government to provide a clearer articulation of the link between its efforts to tackle the underlying determinants of inequality and activities aimed at reducing inequalities in smoking. For example, Scotland’s Stop Smoking Services are recognised as an effective way of mitigating smoking inequalities, but there is less clarity as to how such ‘tobacco control’ interventions link with broader efforts to address the underlying determinants of inequalities (including inequalities in smoking). It was argued that a clear conception of inequalities could be more consistently developed across public health and health promotion more broadly, not only in tobacco control, and that such development would be useful in facilitating more rigorous analysis and a common conceptual understanding.

In the absence of a clear, universal definition of what we wish to achieve in terms of addressing inequalities, and a coherent strategy for doing so, it can be difficult to advance an equity agenda, and progress tends to be piecemeal, at the margins. Part of the challenge

is the lack of a central driver to tackle the multiple dimensions of inequalities. More positively, the Scottish Government is seeking to coordinate strategies to support service users and health professionals across the areas of tobacco control, alcohol prevention, substance use, diet and obesity, and physical activity, with linked public health strategies and plans due to be published in each of these areas during the course of 2018. Integrating tobacco control services into a broader approach to inequality is difficult, but it was argued that baby steps are being made and gains may be achieved if enough stakeholders work together.

2) The need to work beyond silos to address issues that affect disadvantaged communities.

The discussion reflected both a need for greater collaboration and working beyond silos, as well as a desire to do so among policymakers, practitioners and third sector agencies. It was argued that tobacco control is often still very focused on individual change (i.e. cessation and choice), and that public health practitioners and policymakers may need to do more to engage with communities for mobilisation on addressing broader conditions.

The need for coordination was also expressed with respect to consistency around policies, particularly in relation to vaping on hospital grounds. Currently each Health Board sets their own policy regarding the use of e-cigarettes on NHS grounds, which makes enforcement harder for local staff, and is also confusing for patients and visitors in terms of sending an unclear public health message about vaping. On the other hand, it was recognized that there is the potential for tension between a national framework set by central government and the local autonomy of Health Boards.

More broadly, in relation to the coordination of approaches to address inequalities, participants articulated the need for the tobacco control community to have input into strategic direction. This was seen as a necessary step since working in isolation will not permit the desired achievement with regard to addressing inequalities.

3) Tobacco control has improved in its approach to addressing inequalities, partly by moving beyond a narrowly defined role

The tobacco control community seems to be engaging with the issue of inequalities more thoughtfully, self-critically and with greater nuance, as was commented on by several participants. They perceived a greater openness among the tobacco control community to recognising the relationship between smoking and inequalities, as well as stronger levels of collaboration and cooperation in working across issues.

One particularly productive relationship that was highlighted is the collaboration between ASH Scotland and the Poverty Alliance on smoking cessation, which is taking a wider approach encompassing both health benefits and financial savings from smoking cessation. This was framed as both a positive thing for families and individuals, but also for communities where money would now be spent on other things.

There was an extended discussion of the structure of the emerging e-cigarette market and vaping industry, and it was observed that some of the marketing and retail practices around e-cigarettes have the potential to reflect or exacerbate existing inequalities (socio-economic

inequalities, but also notably gendered ones as well). “E-cigarettes” are not one product but many, and policy and practice is starting to catch up with this. It was argued that the tobacco company-owned nicotine products tend to be inferior to other models and thus less effective at aiding tobacco cessation (arguably serving as a driver to return to cigarette smoking); however these products also tend to be less expensive than more sophisticated models, and thus are more accessible to low-income smokers. The more sophisticated models (and tailored advice) tend to be available in vaping shops, but these were observed anecdotally to be “male” spaces, with women more likely to buy less effective generic products from supermarkets. The ongoing evolution of this industry (which it was argued is perhaps not reflected in the literature currently) and uncertainty about its impacts on smoking outcomes was also reflected in comments about how new devices pose a risk of attracting young people.

4) The importance of leadership

The need for clear guidance and leadership was an important theme emerging from the discussion. In particular, there seemed to be many who felt that the Scottish Government needs to take a stronger leadership role in a number of areas and is uniquely placed to do so. Some delegates drew the comparison with the “smokefree” policies of the early years of the Scottish Parliament; arguing that similar clarity of purpose and guidance from the centre (which could be developed in consultation with all Health Boards) is needed in relation to e-cigarettes for public policy to be effective. Support was expressed for the ‘Quit Your Way’ strategy, however it was observed that e-cigarettes are not offered as a tool to support quitting via NHS stop smoking services when in some cases this might be appropriate (smokers wishing to quit with e-cigarettes are currently not being served via stop smoking services). This reflects a position that while e-cigarettes are not a magic bullet and should not be presented as such, they have the potential to be part of the wider tobacco control landscape.

Several delegates suggested that NHS staff in Scotland are reluctant to go beyond official Government policy in relation to e-cigarettes because they are concerned this may expose them to criticism. While the Scottish consensus statement on e-cigarettes was regarded as useful, there was a feeling that further policy guidance on e-cigarettes is needed in order to keep pace with actual use and evidence. Civil servants too feel vulnerable about going beyond the current guidance. In particular, a desire was expressed during the meeting for guidance and policy change regarding the use of e-cigarettes in mental health units, an issue on which ground-level health providers such as nurses are questioning inconsistencies between jurisdictions.

There was some concern that the agenda around e-cigarettes and health inequalities is being set in part by public health actors in the public and voluntary sectors in the absence of leadership from higher levels. Several delegates expressed a hope that Ministers and Government would engage with the challenge of e-cigarettes in a constructive, pro-active way.

5) Despite ongoing debate, the discussion on e-cigarettes is starting to move forward in a constructive way

Importantly, panel members and participants reflected that significant strides have been made in the discussion around e-cigarettes and inequalities (and inequalities more broadly). Acknowledging that things may not be moving as quickly as desired, it was argued that policymaking in this area is occurring in a context in which there is an emerging evidence base, therefore caution is required. Things that are believed passionately today may prove over the long term to be inaccurate or counter-productive, therefore public health bodies and advocates must build in serious self-critical review processes and set examples for others, i.e. other government departments or agencies.

In moving beyond polarisation and acknowledging the slippery categories and fuzziness of the field, there was recognition of the importance of spaces for measured and constructive discussion to explore how much common ground there actually is. The distinctiveness of the University of Edinburgh's 'GRIT' group and the seminars it hosts was recognized among panel members, including the unique contribution it makes in brokering opportunities for open exchange about the intersection of inequalities and tobacco/nicotine use. The seminar was recognised as valuable for the quality and diversity of inputs that it exhibited, reflecting the breadth of participants in the meeting and overall progress in the terms of the debate.

Next Steps

GRIT will continue the discussion of e-cigarettes, public health and inequalities through:

- Disseminating findings from the work informing this report via a range of formats, including a short blog piece for the GRIT website (<https://www.ed.ac.uk/usher/tobacco-control-inequalities>) and forthcoming research articles in peer-reviewed journals from both CRUK-funded studies.
- Providing space to continue constructive discussion of these issues by hosting a regular engagement seminar series, building on the success of this meeting and the previous 'Inequalities and Tobacco' seminar (October 2016), with summary meeting reports available to those unable to attend.

GRIT will champion the collaborative development of more sophisticated approaches to inequalities and tobacco control in public health policy by:

- Seeking opportunities to promote equity considerations across tobacco control and other NCD prevention strategies beyond academic institutions, for example via public bodies and parliaments (e.g. the Cross Party Group on Improving Scotland's Health, public policy consultations).
- Proactively engaging with wider inequalities agendas and seeking opportunities to collaborate with researchers and practitioners from beyond public health.



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 Doorway 1, 2nd floor, Teviot Place, Edinburgh, EH8 9AG

Seminar schedule

14.00-14.05	Welcome and introductions (Sarah Hill, University of Edinburgh)
14.05-14.25	E-cigarettes and inequalities in smoking: a systematic review of academic literature <i>Mark Lucherini, University of Edinburgh</i>
14.25-14.45	A grassroots enquiry into e-cigarette use in two working-class areas of North East and North West England <i>Frances Thirlway, University of York</i>
14.45-15.05	Divergent understandings of “equalities” in a Scottish consultation on e-cigarettes <i>Rosie Anderson, University of Edinburgh</i>
15.05-15.15	Coffee
15.15-16.15	Panel discussion: E-cigarettes and inequalities in smoking – challenges and opportunities <i>Panel members:</i> <i>Martin Dockrell, Public Health England;</i> <i>Sheila Duffy, ASH Scotland;</i> <i>Morris Fraser, Scottish Government;</i> <i>Karen Gray, NHS Lothian</i> <i>Chair: Amanda Amos, University of Edinburgh</i>
16.15	Summary and close

*This seminar is hosted by the Group for Research on Inequalities & Tobacco (GRIT)
 at the University of Edinburgh*