

Public Health (Wales) Bill / Bil Iechyd y Cyhoedd (Cymru)
Evidence from ECITA – PHB AI 04 / Tystiolaeth gan ECITA – PHB AI 04

One year on – a summary of what ‘ecig-friendly’ has meant for Stop, Leicester City

On No Smoking Day 2014, Stop started to advertise itself as ecig-friendly, meaning that although the service could not supply ecigs, it was very welcoming to people who had chosen to stop smoking using these increasingly popular devices. This is my personal reflection on the year.

Preparation: the team worked with a retailer (a vaper himself) to educate themselves about use, models, diversity, cost, flavours, health, preferences. This increased team members’ confidence about the products. Much sharing of new learning has been done since then (team discussions, sharing of insights from service users, the Ecig Learning Event, articles, blogs, research, and consultation with experienced vapers).

Language: we changed our language when talking to members of the public. For example, instead of saying ‘We can’t recommend them’ (which someone will hear as ‘they’re unsuitable and you should stay away from them’) we say ‘we can’t supply them but we can certainly help you with the extra behavioural support that makes it much more likely that you’ll be successful in stopping smoking’. The team tends to use the term ‘ecig’ as it is widely understood and used by the general public. We recommend to people interested in them that they go for a better quality (2nd generation) vaporiser rather than a cheap and ineffective ‘cigalike’ (1st generation) product.

Additionally, we don’t say that ‘nicotine is highly addictive’ or that ‘nicotine is addictive as heroin or cocaine’, because it is recognised in some circles at least that when not inhaled from a smoked cigarette, nicotine appears to be far less addictive. Prof Peter Hajek and others have likened the degree of addictive action as similar to caffeine, when not smoked.

https://www.youtube.com/watch?v=SVS0_BGHHjM

Smokefree or nicotine free: We are regularly asked by other services, and commissioners, whether we try and get people off nicotine altogether. It’s really important to understand that for lifelong smokers, the lack of nicotine, especially after a treatment episode has finished, can leave them hugely vulnerable to relapse as soon as a trigger happens (stress, a crisis, simple boredom) and that if advisors can become comfortable with the idea of maintenance/recreational nicotine, it will give the ex-smoker a safety net that they don’t have to feel guilty or anxious about. The pressure to come off all nicotine can mean that the person relapses to smoking and gives up giving up.

When stop smoking workers and others ask me about how they can help people 'come off ecigs', I suggest that they consider that staying on ecigs might actually be a protective factor against starting to smoke again. People we see titrate down (sometimes) in their own time, certainly though it may take longer than 12 weeks. If the person chooses to continue using nicotine forever, that's their choice; my role is to tackle smoking, not nicotine use. The most recent ASH briefing is relevant here:

http://www.ash.org.uk/files/documents/ASH_715.pdf

Pregnancy: the Smoking in Pregnancy advisors have been asked many times if ecigs are safe to use in pregnancy. Our answer has to be that we have many licensed products that can help, and that are known to be much safer than smoking. However, if the woman feels she is managing to stay off combustible cigarettes with ecigs, we are always there to offer behavioural support, and would rather that they are using ecigs than going back to smoking. If we were to show disapproval about their use of ecigs, they would be unlikely to return for appointments. We have had our first full ecig-supported smokefree pregnancy, with a healthy baby born, and have submitted this as a case study (University of Stirling), as there is much interest in this field. Also see the NCSCT guidance on ecigs in pregnancy http://www.ncsct.co.uk/usr/pub/NCSCT_midwifery_briefing.pdf

Flavours, strengths: we have discovered much diversity in preferences for flavours and strengths. Some people will titrate down in strength fairly soon after stopping smoking, others will vary their strength throughout the day, others will take months to change their dose, and may stick with what they like without ever anticipating a reduction. Again, this can be a sensible precautionary measure against starting to smoke again. Flavours are also a very personal matter, some liking the tobacco flavours because of the similarity to smoking, others absolutely rejecting anything that tastes like smoking, preferring the fruit or mint flavours. Despite the assertion among some critics that flavours should be avoided in case they attract children to the product (there appears to be no evidence that this is happening), it is clear that adults do like flavours, and we have even been told that sweet flavours are helping service users not to over-eat chocolate and sweets when they stop smoking.

Health outcomes: advisors are hearing from their service users that the same rapid health improvements occur with ecigs as they do with any other means of stopping smoking – better complexion, more energy, less breathlessness and a more positive outlook. Some people report a scratchy throat, but we now know that this can be resolved by changing from an e-liquid that contains PG (propylene glycol) to one that contains VG (vegetable glycol), which can be more soothing.

Service results: we now have a full year of results which include the use of ecigs among people who wanted to stop smoking. Some service users have used them exclusively, others have combined them with NRT. In Quarter 1, success with ecigs, with or without NRT, was 77%. Shortly after that the WHO published a very negative report about ecigs, which was picked up by the media; this noticeably damaged user confidence in the products, and use fell. We have seen a return to confidence in the last few months of the year, and success rates for 2014-15 were 62% for ecigs with or without NRT, compared to 47% for NRT alone. A more detailed analysis is attached here.

Stop still didn't meet its target for four week quits (74% achievement against target), but we appear to have done rather better than some services. See Appendix A for analysis of Leicester City results 2014-15.

It should be noted too that once smokers who want to stop smoking are sitting in front of an advisor, they are in a position to learn about what else we can offer (traditional licensed products) and the team commonly see migrations, from NRT to ecigs, ecigs to NRT, ecigs to Champix, a combination of ecigs and NRT throughout the treatment episode; the key learning here is that the advisor-guided quit attempt is a learning opportunity for the smoker who may not have realised how many choices they actually have.

See http://www.ncsct.co.uk/pub_stop-smoking-medications.php for guidance on how to combine behavioural support with patient education on licensed products and ecigs.

Advice to other providers & commissioners: many other services have approached us, wanting to know how the first steps can be taken. One particular worry is that it may breach the rules of the service specification. It is clear both from the NCSCT http://www.ncsct.co.uk/publication_ecigarette_briefing.php and the national data collection tool that ecigs are a recognised method of stopping smoking, and indeed the data collected is already helping national tobacco control leaders to assess the different pathways used by smokers. As Stop Smoking Services, we should be welcoming smokers who want to stop smoking, and doing everything we can to attract them to the service and keep them there. This also involves listening to them, and giving them credit for the ability to manage their needs, even if their ways don't accord with our own long-held beliefs. We don't have the expertise in this new and challenging field, but we can learn from those who are keen to show us. Here are two examples from a recent survey among Leicester's Stop service users:

'I quit last year and haven't smoked since October 2014. My partner also quit with me. I wasn't intending to quit myself but my partner was hospitalised with breathing related difficulties and I wanted to be supportive. I was surprised by how easy the process was, and kept thinking "when is the difficult bit people talk about going to happen".'

Notes from Stop advisor who did the survey: *Had tried quitting a few times previously without the support from the service and had managed about 2-3 days. Started off with patches and mouth spray which were helping a lot but was finding first thing in the morning and after food difficult. The advisor suggested an e-cig might help – once he tried this he found it made a big difference and actually stopped him from needing the NRT. Still using the e-cig a couple of times per day (first thing and after food). Initially used a nicotine flavour, and a low strength, but found that he was using the e-cig quite frequently throughout the day. Switched to a higher strength (is on the 2.4mg now) and then only really needed it a couple of times per day. Went off the smell of smoke, and as a result switched to the blueberry flavour liquid (with nicotine), which he has continued with. He did try a few others but this was the one he liked the most. I asked whether he would have managed to quit without the e-cig/without the NRT – not sure but definitely thinks they both made a difference. He also commented on how impressed he had been with the service and what a help the support element had been.*

And another: *8 months pregnant and using the e-cig alongside patches. Has been quit since February 2015 and is still using both NRT (low dose) and e-cig. Did stop the patches for a short time but found the cravings returned so restarted.*

Has tried quitting before with just the e-cig, and also with just the patches, but has found the combination of the two has made the whole process much easier. Surprised actually by how easy it has been. Also the pregnancy has acted as much more of a motivator too (first baby)

Uses the e-cig when she has stronger cravings, just a couple of puffs probably 3-4 times per day, but this is enough to take the edge off. Feels that the distraction for her hands is almost as important as the actual nicotine.

Using a menthol flavour (was given a Switch sample). Started out with a Socialite e-cig but this broke, so has the liquid version now. 1.8mg. Hasn't made any changes to the strength since she started using it. Intends to continue with it throughout the pregnancy (still seeing her)

Conclusion: The recognition in a stop smoking service of ecigs as a means of stopping smoking, either in combination with licensed products or as a stand-alone aid, appears to be a valid means of attracting people who smoke to use a stop smoking service. This may help to increase numbers of people benefitting from the expertise offered by experienced stop smoking advisors,

who can make the difference between an unsuccessful quit attempt and the likelihood of a person never smoking combustible tobacco again.

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Appendix A

Leicester Stop Smoking Service

Unlicensed Nicotine Containing Product Summary 2014-15

Number of clients using Unlicensed Nicotine Containing Product

Row Labels	Number Set a quit date	Number successfully quit	% Quit Rate
E-Cigarette only	107	68	64
Concurrently	160	92	58
Consecutively	29	23	79
Grand Total	296	183	62

Number of people setting a quit date and successful quitters by age & gender

Number Set a quit date	Number Set a quit date	Number successfully quit
Female	165	104
Male	131	79
Grand Total	296	183
Female	Number Set a quit date	Number successfully quit
Under 18	0	0
18-34	41	27
35-44	33	21
45-59	68	37
60 and over	23	19
All ages	165	104
Male	Number Set a quit date	Number successfully quit
Under 18	1	0
18-34	31	19
35-44	17	14
45-59	50	26
60 and over	32	19
All ages	131	79

% Quit Rate
62
0
66
64
54
83
63
0
61
82
52
59
60

Number of people setting a quit date and successful quitters exempt or pay prescription charges

Number Set a quit date	Number Set a quit date	Number successfully quit
No : Is Exempt From Prescription Charges	232	140
Yes : Pay For Prescriptions	64	43
Grand Total	296	183

Number of people setting a quit date and successful quitters by Intervention Setting

Number Set a quit date	Number Set a quit date	Number successfully quit
Community Setting	223	143
General Practice Setting	13	6
Home Visit	1	1
Pharmacy Setting	59	33
Grand Total	296	183

Number of people setting a quit date and successful quitters by Socio-economic classification

Number Set a quit date	Number Set a quit date	Number successfully quit
1 - Sick/disabled and unable to work	54	33
2 - Never worked/long term unemployed	45	22
3 - Managerial/professional	29	16
4 - Routine & manual	81	49
5 - Intermediate	19	15
6 - Home carer	26	20
7 - Full-time student	2	1
8 - Retired	40	27
Grand Total	296	183

% Quit Rate
61
49
55
60
79
77
50
68
62

Number of people setting a quit date and successful quitters by ethnic category

Number Set a quit date	Number Set a quit date	Number successfully quit
A - White British	243	155
B - White Irish	5	1
C - White other	13	5
D - Mixed White and Black Carribean	6	4
E - Mixed White and Black African	1	1
H - Asian/Asian British Indian	22	14
K - Asian/Asian British Bangladeshi	1	1
L - Asian/Asian British Other Background	1	1
P - Black/Black British Other	1	0
S - Any Other Ethnic Group	2	0
Z - Declined	1	1
Grand Total	296	183

NOTE: All Stop Smoking Service data has been extracted from Leicesterstopsmokingservice QuitManager database

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