“Trust me, I’m a vaper...”

Vapers’ views on partnership working between health professionals and the vaping community

Emma Ward

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E-Cigarette Trajectories (ECTra)
Phase 1: Real world experiences of using e-cigarettes for avoiding relapse to smoking: success or failure. A qualitative study.
Phase 2: A mixed methods longitudinal study exploring real world experiences of using Electronic Cigarettes for avoiding relapse to smoking.

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Disclosure of Interests

I declare no conflicts of interest.
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Background: Contradictory UK policy and practice

PH Policy:
- Tobacco quitters should be supported to quit using e-cigarettes (e.g. PHE, CRUK, NCSCT, RCP, RCGP, NICE, BMA)

Practice:
- Many health professionals lack confidence to support patients to use e-cigarettes (e.g. Stepney et al, 2019).

Local policy and society:
- Vaping viewed the same as smoking
Background: Vape shops can be a source of support

Partnerships between HCP and vaping industry might help some quitters

Figure 1. Thematic structure relating to the role the vape shop environment has in supporting smoking abstinence. (Ward et al, 2018)
Background: Possible approaches

• E-cigarettes available on prescription
• Peer support (Russell, Dickson, & McKeeganey, 2018)

Existing partnerships in UK include:
  • Informal referrals
  • Written information displayed in vape shops
  • Voucher schemes
  • Outreach
  • Smoking cessation training for vape shops
  • Pay per quit – recruiting, supporting, and monitoring SSS clients by vape shop staff
  • Training for pharmacists by vaping industry

‘According to the shop assistant, the shop owner took the time to meet with the local GP (family doctor) when he first opened the store and the GP was “fully on-board”’

(Vape shop observation data cited in Ward et al, 2018:297)
Methodology: Study research design

Phase 1: 2016 to 2017
• 40 in-depth interviews with people who had attempted to quit smoking using an e cig
• 374 survey responses
• 6 vape shop observations

Phase 2: 2018 to 2019
• **37 follow up interviews**
• **147 follow up survey responses**
• Survey of HCPs and vaping industry

• Helpfulness ratings of 14 different partnership approaches

• Thematic analysis of open ended questions
Methodology: Sample

<table>
<thead>
<tr>
<th>ECTra Phase 2</th>
<th>Time 2 in-depth interview (n=37)</th>
<th>Time 2 online survey (n=147)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>49% Female</td>
<td>24.4% Female</td>
</tr>
<tr>
<td>Age</td>
<td>Range 22-71, m42, mdn39</td>
<td>Range 26-79, m51</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>100% White</td>
<td>96.2% White</td>
</tr>
<tr>
<td>Vaping status</td>
<td>62% (23) Vaping and abstinent from tobacco 16% (6) Abstinent from both vaping and tobacco 22% (8) Relapsed to tobacco (2 dual using)</td>
<td>95.2% Vaping and abstinent from tobacco 3.4% Abstinent from both vaping and tobacco 1.4% Relapsed to tobacco (all dual using)</td>
</tr>
<tr>
<td>Vaper identity</td>
<td>16% (6) self identified as vaping enthusiast/hobbyist</td>
<td>72.8% agreed with the statement “vaping is very important to me – I view it as a hobby”</td>
</tr>
</tbody>
</table>
Findings: Vapers’ ratings of how helpful approaches would have been to help them stay stopped from smoking

<table>
<thead>
<tr>
<th>Approach</th>
<th>Not at all helpful</th>
<th>Slightly helpful</th>
<th>Somewhat helpful</th>
<th>Very Helpful</th>
<th>Extremely helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral by HCP to shop (n163)</td>
<td>2</td>
<td>4</td>
<td>13</td>
<td>31</td>
<td>50</td>
</tr>
<tr>
<td>Shop voucher (n161)</td>
<td>6</td>
<td>6</td>
<td>21</td>
<td>26</td>
<td>41</td>
</tr>
<tr>
<td>Kite mark (n160)</td>
<td>13</td>
<td>5</td>
<td>19</td>
<td>26</td>
<td>37</td>
</tr>
<tr>
<td>Ecig prescription (n161)</td>
<td>21</td>
<td>11</td>
<td>15</td>
<td>23</td>
<td>30</td>
</tr>
<tr>
<td>SC behavioural support in shop (n160)</td>
<td>13</td>
<td>16</td>
<td>31</td>
<td>20</td>
<td>20</td>
</tr>
</tbody>
</table>

No significant associations found between helpfulness ratings of approaches and gender or vaper identity.
Thematic analysis: 3 theme groups

• Pro partnership
• Anti partnership
• Laissez faire
Pro partnership themes

- Reassurance on health risk, safety and quality of advice
- Simplifies vaping and reduces intimidation
- Overcomes price barrier, especially for low income or vulnerable groups
- Comparative to NRT
- Prevention cheaper than cure
- Concerns about commerciality – need to ensure consistency in participating shops
[Shops] are playing quite a huge role in helping people with their health so to know that somebody’s qualified and gone through a lot of training should give you a bit more confidence.

How it would affect the budget of the NHS? If it’s helping people become more healthy, there are fewer people who are going to need heart operations and help with lung problems. It would help people in less advantageous financial conditions.

Most smokers aren’t going to know the first thing about vaping. [...] These ideas will reassure smokers that the media are actually still feeding them bull**** and that not all devices are complicated.
Anti-partnership themes

• People should be responsible for own health – vaping is a personal choice
• Unethical to fund e-cigs:
  • normalise nicotine
  • continue addiction
  • not proven safe
• NHS already underfunded perception
• Open to fraud and abuse
• Concerns around commerciality – shop advice cannot be relied upon
I feel very strongly that vaping should not be treated as anything other than an individual's lifestyle choice.

I suppose that could be quite a draining resource on the NHS if people just think “oh well that’s free, I’ll have it, I’ll try it” and then don’t actually commit to it.

I would question whether a vape shop employee is the best person to deliver [an intervention], just from them having invested interests in selling vape products.
Laissez-faire themes

• Already affordable and effective - support currently offered in shops
• Smoking is not an illness and e-cigs are not smoking cessation devices
• Limit vaping choice, price and pleasure
• Industry become monopolised by tobacco and pharma companies
• Concerns around commerciality – unfair on staff
• Favour dialogue between health professionals and vaping community
Vaping should not be available on the NHS. It just opens the door for tobacco companies to rip off the government.

It works because it's a consumer product. For a start [ecig prescription] would drastically reduce the amount of products available, advances in equipment would stagnate and I believe it would become less effective.

I'm not sure if [intervention] is what most smokers want/need to be honest. From my experience you're better off leaving it to good quality vape shops that know what they're doing. Identifying them is really easy. I think all medical professionals should do is visit them.
Discussion

• Most vapers believe they would have found partnership working helpful
• E-cigs available on prescription may help some quitters, but vaping specific support and product choice are perceived as crucial for others
• Vapers face same dilemmas as academics, advocates, policy makers, industry, and general public – can there be policy/practice to please all?

Next steps...
• Health professionals, vaping industry and smoker perspectives (in progress)
• Trial and evaluate intervention (funding application in progress)
Vaping is 95% less harmful than smoking

The unique contribution of e-cigarettes for tobacco harm reduction in supporting smoking relapse prevention

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A Qualitative Exploration of the Role of Vape Shop Environments in Supporting Smoking Abstinence

Emma Ward 1, Sharon Cox 2, Lynne Dawkins 2, Sarah Jakes 3, Richard Holland 4 and Caitlin Notley 1

Vaping as an alternative to smoking relapse following brief lapse

Caitlin Notley, Emma Ward, Lynne Dawkins, Richard Holland, Sarah Jakes

First published: 28 November 2018 | https://doi.org/10.1111/dar.12876 Cited by: 1

Image credit: Vecteezy.com
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